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PHYSICIANS AND THE STATE
THE DEVELOPMENT OF THE RUSSIAN MEDICAL PROFESSION, 1856-1896

by
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PREFACE

Russia entered a period of dynamic change after the Crimean War. The Great Reforms of the 1860s restructured the nation's political and social organization and presented the possibilities for a thorough reordering of Russian society. The impact was particularly great on the educated elite, whose role was previously determined by the service framework superimposed on most aspects of Russian life. The numerous innovations of the 1860s upset traditional patterns and permitted new modes of individual development.

Russia's traditional socio-political structure differed markedly from that of western Europe. In the West, various institutions and social groups--estates, free professions, parliaments--accumulated corporate powers, claimed specific rights, and eventually gained recognition as autonomous entities in their societies. Through this achievement, corporate groups protected their members' individual rights and thereby contributed to the gradual attainment of civil liberties in the West. In Russia, on the contrary, most social groups were defined and conditioned by the service

nexus of the state. The few civil rights Russians did acquire were gained not by corporate action, but were received as direct grants from the state.

The Great Reforms transformed this narrow framework. Whereas before the Reforms state service defined the social role of the educated person, in the subsequent period opportunities outside the bureaucracy offered new means to establish one's social identity. State service was no longer the only possible career for students of jurisprudence. The Judicial Reform of 1864 introduced a system of civil justice and stimulated the rapid formation of a private legal profession. Similarly, the state-controlled sphere of local administration was partially replaced by newly constituted institutions of local self-government, the zemstvo and city governments. These new institutions offered employment for technically trained personnel and a political role for elected representatives. Careers within the central bureaucracy thus became but one of several options for Russia's educated classes. An increasingly diversified institutional and social structure changed the relationship of the individual to the state and opened new avenues for personal development.

The changes of the Reform Era produced a variety of

responses among Russia's educated elite. Historians have been especially attracted to the intelligentsia of this period, indeed a fascinating subject. The gadfly of the tsarist regime, impatient for change, the intelligentsia pursued innumerable paths in a quest for the liberation of the individual and a change in the inequitable conditions of the lower classes. Despite the difficulty of defining so complex a group, one can generalize that it was extremely diverse, disunited, oppositional, and individualistic.¹ These characteristics often precluded the attainment of its goals within the existing regime.

Many intellectuals did not share the temperament of the intelligentsia, but instead made the necessary compromises to work productively within the established political structure. Some continued to work in the bureaucracy, retaining a state service orientation. Other segments of the educated elite, however, entered a stage of corporate growth that paralleled the earlier experience in the West. Lawyers, local representatives in the new institutions of self-govern-

¹Michael Confino, "On Intellectuals and Intellectual Traditions in Eighteenth- and Nineteenth-Century Russia," Daedalus 101 no. 2 (Spring 1972): 117-49, reviews historical treatment of the intelligentsia; see especially p. 133, for the individualism of the group.

ment, physicians, and other technically trained personnel, began to assume corporate identities in the second half of the nineteenth century. Historical investigation has not, however, ascertained the degree or the significance of that corporate development.²

The purpose of this study is to analyze one group, the medical profession, which became imbued with strong corporate attitudes and goals in the period 1856-1896. At mid-century, most Russian physicians were state employees, by rank and social status cast amid the lowly clerks of the bureaucratic machinery. Although according to their medical oath members of a soslovie--a corporate group--they did not seek the privileges and status enjoyed by physicians in the West, but instead adopted the state service orientation of most educated Russians. In the post-Reform Era, physicians became a self-conscious group, and by the end of the century discarded the stereotype of the physician-bureaucrat. Strengthened in

²Samuel Kucherov, Courts, lawyers, and trials under the last three tsars (N.Y.: F.A. Praeger, 1953) suggests the rich development of corporate attitudes in the legal profession. Russian historians are not alone in their neglect of the study of occupational groups; see William J. Bouwsma, "Lawyers and Early Modern Culture," The American Historical Review 78 no. 2 (April 1973): 303-327, for a discussion of such research as "an opportunity, unique in its concreteness, to study the sources and the nature of social change" (p. 303).

numbers, proud of their scientific abilities, and confident of their social worth, Russian physicians sought recognition as members of a free profession.

The Great Reforms stimulated changes in the medical profession. Reforms in the universities and in the army attracted so many students to the medical schools and the Military Medical Academy, that in the last third of the century medical students averaged forty percent of the total university population.³ The medical schools were fertile seedbeds for the growth of corporate consciousness. Medical students were a socially diverse group--the children and grandchildren of former serfs, poor clergymen, lowly clerks and high bureaucrats; and also wealthy and impoverished Jews, women of various classes, and a few members of the nobility. The disparate backgrounds were rapidly submerged. A physician writing in the Contemporary in 1861, remarked on the impact of the university atmosphere on the many medical students from the religious seminaries:

Their background is quickly effaced by education in the secular universities, where they are influenced by greater communications with their colleagues, by the freedom that gives them the opportunity to become aware of their individuality,

³See table 5.

where they are influenced by the living words of their professors;--and gradually they are molded by work that is noble and wise--fascinating work--poetry--which compels them to forget much, and which they remember with such love for many years.⁴

During five years of medical training, students and professors established an unusual atmosphere of mutual concern and developed bonds that lasted a lifetime.⁵

The state's encouragement of medical training spurred the growth of the profession from 6,889 in 1858 to 21,260 in 1900.⁶ The 1897 census listed 104,321 people with some university training; physicians thus comprised about twenty percent of this privileged group. Of the total number of university graduates in the second half of the nineteenth

⁴R.V., "Russkii vrach," Sovremennik 89 (October 1861): 582.

⁵Memoirs of physicians rarely omit this facet of a medical career. See, for example, S.I. Sychugov, "Nechto v rode avtobiografii," Golos Minuvshago, nos. 1-3, 5-8 (1916); and A.A. Sinitsyn, "Iz vospominanii starago vracha," Russkaia starina 152 nos. 10-12 (October-December, 1912). The history of women and Jews in the medical profession in nineteenth-century Russia--both admittedly fascinating topics--will not be treated in the present study.

⁶G.I. Arkhangel'skii, "Bogata-li Rossiia vrachami?" Arkhiv sudebnoi meditsiny i obshchestvennoi gigieny 6 no. 4 (December 1870), Section V, 22. Ministerstvo vnutrennykh del. Meditsinskii departament, Otchet o sostoianii narodnago zdравиia i organizatsii vrachebnoi pomoshchi v Rossii za 1900 g. (Pbg., 1902), p. 138.

century, estimated at approximately 60,000, at least 25,000 were physicians.⁷ Such an outstanding increase reversed the nation's earlier dependence on foreign physicians, and by the end of the century a medical publication claimed that "Russian physicians are able to fill all positions in the administration, the military, and even in the medical faculties."⁸

The reorganization of the local administration similarly influenced physicians. The state was unable to provide employment for the rising number of medical graduates and encouraged them to seek positions outside of the bureaucracy. Moreover, local public health functions were reassigned to the newly constituted institutions of self-government, automatically transferring some state-employed physicians to the jurisdiction of these local institutions. In the rural self-governments, the zemstvos, physicians developed an outstanding program of free rural medical care, "zemstvo medicine." The program incorporated contemporary public

⁷V.R. Leikina-Svirskaja, Intelligentsia v Rossii v vtoroi polovine XIX veka (Moscow, "Mysl'," 1971), pp. 57, 140-41.

⁸E.A. Osipov, I.V. Popov, and P.I. Kurkin, Russkaia zemskaja meditsina (Moscow, 1899), p. 57.

health techniques, and zemstvo physicians gained a fine reputation for their willingness to work in the "dark corners" (as they so often called them) of rural Russia. A major contribution to community medicine, zemstvo medicine gradually became the symbol of the medical profession's scientific abilities and social worth. Although at any given time only ten or fifteen percent of the profession was affiliated with the zemstvos, by the end of the century about one-half of the profession had some zemstvo experience. Medical students worked in the zemstvos during their vacations, professors taught post-graduate courses for zemstvo physicians and some even devoted their vacation periods to zemstvo work, many physicians assisted their zemstvo colleagues during epidemics, and a significant number worked in the zemstvos before (as their obituaries often stated) they moved to a larger city in the interest of their children's education.

The new occupational experience outside the bureaucratic machinery weakened physicians' identification with the state. They began to perceive themselves not as servants of the state, but as members of "the family of physicians," as they began to refer to their soslovie. As social and institutional changes inspired them to develop an independent

corporate life, physicians acquired well-defined attitudes related to their professional role. The transition from state servants to members of a free profession on the Western model, however, was encumbered by the nature of Russia's institutions.

A recent study of the American medical profession in the nineteenth century defines a profession as "a manner of earning a livelihood through the application of a body of highly abstract knowledge in some set of institutions."⁹ After the Crimean War, Russian physicians shared with physicians everywhere a common body of knowledge and also the enthusiasm for the momentous medical advances of the period. On the other hand, they worked within a very different set of institutions. Increasingly aware of their lack of status in comparison with physicians in other lands, Russian physicians matured into a self-conscious group and endeavored to achieve the corporate rights of a "free profession."

⁹William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: The Johns Hopkins University Press, 1972), p. 8.

A Note on Sources

The contemporary Russian medical press reflects well the physicians' changing perceptions as they became a strong professional group. In addition to their technical content, medical publications ranged extensively over questions of education, employment, income, status, and political issues relating to physicians' lives. Although I consulted a number of medical periodicals, the widely read weekly newsletter, Vrach (The Physician, 1880-1901), has served as a major source. It was a veritable forum, where physicians could complain, commiserate, plan reunions, request famine relief for starving patients, organize pension funds, and air general professional problems. Its editor, V. A. Manassein, established a fund for indigent families of deceased physicians, which developed into the institution of the "Manassein ruble"--every physician's yearly contribution. Vrach also digested and commented on items of general interest from the provincial press and carried obituaries of all Russian physicians. I have been fortunate in having access to the entire series at the New York Academy of Medicine. Reading hundreds of issues of this remarkable publication, I have felt drawn into the milieu of the many physicians whose major contact with their medical colleagues

was through the pages of Vrach; scanning thousands of the obituaries gave me rich insight into the patterns of physicians' lives. I will discuss the importance of Vrach and the influence of its editor in more detail in chapter three.

The variety and richness of Russian medical periodicals in the period covered by this study, precludes a thorough discussion of them as an historical source. One extremely interesting fact, however, should be noted. The Medical Department of the Ministry of the Interior published reports and journals that provide not only a fund of valuable information, but also insight into the attitudes of physicians working within the government. Medical department personnel identified with the medical profession, not with the bureaucracy. This was a critical factor in the profession's corporate development, for in seeking an independent status, it was supported by government physicians.

The records of medical meetings present physicians in various settings, confronted with a diversity of medical problems. A medical society composed of military doctors in the outposts of the Caucasus had very different concerns from those of the Kazan medical society, composed of professors, private practitioners, and public health physicians.

Medical specialists meeting in the capitals had interests that varied greatly from those of rural physicians, who managed to leave their remote clinics every year or two to plan future public health activities or measures against expected epidemics. Underlying the regional and scientific differences, however, medical societies were united in the mutual goal of improving the profession's status. Russia's first national medical society, the Pirogov Society, began to meet in 1885, producing an exhilarating experience for its participants in an era of increasing repression. The reports of its Congresses are vital documents of physicians' rising corporate consciousness.¹⁰

My use of physicians' memoirs is limited almost entirely to those written (but sometimes not published) before the turn of the century. A valuable source for physicians' personal reactions, they are no more scientifically written than other memoirs, which frequently exaggerate impressions for

¹⁰Russkii vrach, 1902, no. 9, p. 336, gives the following data on Pirogov Congresses:

<u>Congress</u>	<u>Place</u>	<u>Year</u>	<u>Number of participants</u>
I	Petersburg	1885	573
II	Moscow	1887	1287
III	Petersburg	1889	1648
IV	Moscow	1891	1382
V	Petersburg	1894	1176
VI	Kiev	1896	996

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literary purposes. I have therefore warned the reader when quoting from a memoir, and recognize that the few I used dating from the twentieth century may be especially unreliable as accurate portrayals of the earlier period.

The writings of Anton Chekhov (1860-1904) have a unique relevance to this study. A medical student in the early 1880s, Chekhov practiced medicine intermittently during the next two decades. His letters, stories, and plays present dozens of descriptions of physicians, which seem to me to be a compendium of the physicians I encountered in the pages of *Vrach*. Chekhov not only reflected the general attitudes of physicians but also undoubtedly influenced their outlook. One can imagine physicians' reactions to the portrayals of the incompetent Dr. Ragin in "Ward no. 6," and of the callous German doctor in The Island of Sakhalin, who coldly examined a prisoner and "prescribed" a certain number of lashes. Chekhov's flattering presentations of physicians were readily accepted by the profession as their proper representatives. A special performance of "Uncle Vanya" for the Pirogov Congress in 1902 prompted the Society to wire Chekhov its appreciation of his characterization of Dr. Astrov as an illustration of the life of the average Russian physician.

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Chapter I

The Economic and Social Status of the Russian Physician in the Nineteenth Century

In the course of the nineteenth century the role of the average Russian physician changed dramatically. "Who does not remember,"¹ asked a Russian doctor in 1898,

how the physician once stood in the doorway not daring to sit down, how there were physicians who were able to treat only serfs, how there were household physicians who appeared like some kind of watchmaker in a frock-coat at an established hour to inquire about the health of the lord, for which he was recompensed at the office and given a "portion" at holiday-time: flour, oats, poultry . . . his work, advice and time were judged lightly and as non-essential and the physician's presence as part of the setting rather than a necessity.¹

From the negligible role of lowly bureaucrat or household fixture the physician gradually shifted to the position of respected scientist. But it was not a total transformation. Although the physician's public image improved, his limited social and economic status provided a persistent source of disaffection. So great was the physician's consciousness of his

¹V. F. Snegirev, "Pamiati G. A. Zakharina," a eulogy delivered in 1898, published as the Introduction to G. A. Zakharin, Klinicheskie lektsii (Moscow: A. I. Snegireva, 1910), p. 14.

disadvantaged position, that the development of the medical profession cannot be understood without a preliminary survey of the personal disabilities that beset the physician in nineteenth-century Russia.

The medical profession developed within the restricting confines of the bureaucratic framework that pervaded Russian life before the 1850s. The original impetus for an indigenous medical profession came from the government, which in 1654 began to organize and subsidize medical training for its own citizens to overcome its reliance on foreign physicians to fill government positions. Professor Roderick E. McGrew's study of the early history of the Russian profession indicates the obvious advantages of state support. By 1830 the state's medical schools had succeeded in training a small but capable group of physicians, who maintained close contacts with western Europe and were informed on current medical literature and scientific advances.² For members of the Russian medical profession, however, there were major drawbacks to the profession's genesis and growth as a cog in the bureaucratic machinery. Unlike their medical colleagues abroad, who enjoyed social prestige and independence as members of a

²Roderick E. McGrew, Russia and the Cholera? 1823-1832 (Madison: University of Wisconsin Press, 1963), pp. 26-40 and passim.

"free profession", Russian physicians were extremely dependent on the state.³

The state exerted its control over the medical profession through its administration of medical education. A school for military pharmacists was founded in 1654 and a military medical institute (glavnyi voennyi gosspital') in 1707. Between 1763 and 1805 medical faculties were incorporated into the universities of Moscow, Dorpat, Vilna, Kazan and Khar'kov, and a Medical-Surgical Academy was founded in Petersburg to train military doctors. These medical schools were administered directly by the state, first by an Apothecary Department (aptekarskii prikaz, 1654-1763), then by a Medical Chancellery (Meditsinskaia kollegiia, 1763-1803), and after 1803 by the Ministries of the Interior, Education, and of the Army. The teaching of medical students, the publication of medical textbooks, and the examination of medical graduates were thus all closely

³William T. Rothstein, The American Physician in the Nineteenth Century (Baltimore: Johns Hopkins Press, 1972), pp. 7-25, establishes a convenient model for comparison; see especially p. 7. For the situation in France see Erwin H. Ackerknecht, Medicine at the Paris Hospital: 1794-1848 (Baltimore: Johns Hopkins Press, 1967), pp. 183-218.

supervised by the state.⁴

The physician's dependence on the state continued throughout his medical career. Students entering the medical faculty of Kazan University in 1849 were told, "You are now no longer ordinary citizens but state officials," and when they graduated they took their medical oath before the portrait of the Tsar.⁵ The obligations of practicing physicians were first defined by the military regulations (ustav voinskii) of 1716, and subsequently the state maintained legal jurisdiction over all aspects of the profession.⁶ The physician was tested and licensed by the state, his oath to uphold his ethical obligations was a legal obligation under Russian law, and his career was usually within the bureaucracy. Dependent on the state for his education and employment, the physician was a servant of the state.

⁴Bol'shaia meditsinskaia entsiklopediia (hereafter cited as BME), 2d ed., (Moscow, 1956-65) s.v. "Meditsinskaia kollegiia," 17:661-63; Ia. A. Chistovich, Istoriia pervykh meditsinskikh shkol v Rossii (Pbg.: Iakov Trei, 1883).

⁵A. I. Il'inskii, "Za polstoletii: 1841-1892. Vospominaniia o perezhitom'," Russkaia starina 81 no. 3 (March 1894): 42-43; 81 no. 6 (June 1894): 31.

⁶BME, 2d ed., s.v. "meditsinskie kadry," 17: 748; Pravila ob ekzamenakh meditsinskikh chinovnikov (Pbg.: Ministerstvo narodnogo prosveshcheniia, 1810).

When he received his license for the "free practice of medicine" he was, in reality, embarked on a career that was circumscribed by rigid bureaucratic regulations and encumbered by moral and legal obligations.⁷

State policies regarding medical training determined the social composition of the medical profession. In order to attract a sufficient number of candidates to the medical schools, the state encouraged students of limited social and economic status to apply. Entrance requirements for the first pharmacists' school specified that "children of strel'tsy and pharmacists" be admitted, and regulations of the period of Peter the Great decreed that medical students be chosen "from all ranks of people."⁸ Medical education thus offered advancement on the bureaucratic ladder to the lower ranks of Russian society--children of cossacks, foreigners, clergymen, and low-ranking bureau-

⁷N. G. Freiburg, "Professional'naia otvetstvennost' vracha," *Obshchestvo Russkikh vrachei v pamiat N. I. Pirogova* (hereafter cited as ORVvpNIP), Trudy deviatago s'ezda (Pbg., 1904), 5:216-23.

⁸EME, 2d ed., s.v. "Medit'sinskoe obrazovanie," 17:816. Strel'tsy were low ranked hereditary soldiers, garrisoned in towns and engaged in crafts and trade.

crats.⁹ Sons of clergy predominated this motley assortment of medical students of humble origins. In the eighteenth century the government established a firm bond between the Church and the profession by ordering the Church to designate a specific number of seminary graduates to enter the medical schools every year.¹⁰ Seminarists were trained in Latin, the language essential for the study of medicine, and therefore the state singled them out to fill the medical schools.¹¹

Throughout the nineteenth century the central government continued to encourage non-noble candidates to enroll in the medical faculties. An article in the Contemporary in 1861 noted the prevalence of the seminarist among medical students and described his eccentric appearance with his "exceedingly long frockcoat, sharp local accent, snuff box,

⁹S. M. Grombach, Russkaia meditsinskaia literatura XVIII veka (Moscow: Akademiia meditsinskikh nauk SSSR, 1953), pp. 35-36. R. E. McGrew, Russia and the Cholera, p. 27.

¹⁰Ia.A. Chistovich, Istoriia pervykh meditsinskikh shkol, pp. 289-90, 289 nn.1-2, 329-33.

¹¹A. A. Sinitsyn, "Iz vospominanii starago vracha," Russkaia starina 152 no. 10 (October 1912):96. Polnoe sobranie zakonov rossiiskoi imperii, 2d series (II) (hereafter cited as PSZ followed by the series, I, II, or III), no.8688, 18 December 1835, articles 82-84; and no.14154, 3 January 1841.

clumsy movement,--a quality of a splendidly adorned son of Taras Bulba. . .strange to unaccustomed eyes."¹² One such seminarist, S. I. Sychugov (1841-1902), described in his memoirs his difficult years of medical training in the 1850s, when he was forced to work as a manual laborer to support himself.¹³ In 1880 sons of the clergy comprised over half of the medical students at Kazan University and at least one-quarter of the total number of medical students in Russian Universities.¹⁴

According to a law of 1808, medical training was also open to serfs--"young people even of non-free status, having the permission of the place or person to whom they belong." After graduation the serf-physician was obligated to work for his benefactor for six years in his professional capacity, and then he was freed.¹⁵ Along with his freedom the serf-physician received other benefits. He was no longer subject to corporal punishment, and if he attained bureaucratic

¹²"Russkii vrach," Sovremennik 89 (October 1861): 582.

¹³S. I. Sychugov, "Nechto v rode avtobiografii," Golos Minuvshago 7-8 (1916): 143-70.

¹⁴See tables 1 and 2.

¹⁵PSZ, II, no.13861, 14 October 1840; no.23817, 11 January 1850, article 3, section 26.

rank (IX or above) or the title of "honorary citizen," his children were also freed from the estate to which their father belonged before he received the right to the "free practice of medicine."¹⁶ The University Statute of 1835 limited the universities to the upper classes, but exceptions were made for the medical faculties, which continued to enroll lower class elements, including serfs.¹⁷ With some justification the state could require that Russian medical students be informed that

no other European government gives so great support to popular education as Russia; that only Russian universities are open to all without distinction of estate... that only in Russia are success in study, diligence, and good morals rewarded with special rights and privileges and the opportunity for productive work.¹⁸

There was a price to be paid for the policy of medical "careers open to talent." Many medical students became indebted to the state in order to finance their five years of training. The government supported most medical students

¹⁶PSZ, II, no.13861, 14 October 1840; no.23817, 11 January 1850, article 3, section 26.

¹⁷PSZ, II, no.8688; no.11896, 28 December 1838.

¹⁸D. M. Rozsiskii, 200 let meditsinskago fakulteta Moskovskago gosudarstvennago universiteta (Moscow: Medgiz, 1955), p. 64.

in the eighteenth century, provided additional stipends with the University Statute of 1804, and greatly increased the number of medical scholarships when the medical faculties were reorganized in 1835. To repay the state for its largesse, medical graduates served from seven to ten years in the civilian or military bureaucracies. Even after these lengthy terms of service, physicians could be called from the reserves in times of war and epidemics.¹⁹ According to the memoirs of the famous surgeon, N. I. Pirogov (1810-1881), the obligations imposed in return for state assistance were considered humiliating, and therefore scholarships were accepted only in direst need. Pirogov's own family was in straitened circumstances, but he was not forced to accept state support because his sister worked and his mother took in boarders in order to pay for his education.²⁰ A more usual personal history was that of a physician who wrote of his choice of career in 1850:

¹⁹PSZ, II, no.8337, 26 July 1835, articles 160-63, and the related tables, Vol. 10 (2): II, III, IV; PSZ, II, no.8688, article 95; PSZ, III, no. 2404, 23 August 1884; no. 5211, 17 March 1888.

²⁰N. I. Pirogov, Sochineniia, 2 vols, (Pbg.: Stasulevich, 1887), I: Voprosy zhizn: Dnevnik starago vracha, pp. 129-33, 145-46, 203-07, 303.

I entered the Military-Medical Academy not because I had any special calling to medicine, but because. . . I had no means of supporting myself. . . In the Medical Academy I could hope to enter the ranks of the state supported students.²¹

The majority of physicians began their careers in state service, usually in the army, where they wore a uniform that was hardly distinguishable from that of a feldsher (barber surgeon). Although their education and positions entitled them to rank VIII on the Table of Ranks, military doctors served for many years with only the title and rights of rank IX and often wore the epaulets of an even lower rank. The most distressing aspect of military service, according to physicians' memoirs, was the disdain and disrespect of their "superiors". One military doctor attempted to explain the attitudes of non-medical officers:

They always envied the physicians, or more correctly their rights, obtained by their examinations for the degree of Doctor of Medicine or physician; this alone explains that rein the military powers imposed on physicians regarding their type of uniforms.²²

Education permitted physicians to begin the climb up

²¹A. A. Sinitsyn, "Iz vospominanii," Russkaia Starina 152 no. 10 (October 1912): 94.

²²Il'inskii, "Za polstoletia," Russkaia starina 82 no. 1 (July 1894): 16-18.

the bureaucratic ladder, but it did not grant social status. Class differences and the tradition of state support and control had created a medical profession of slight prestige and very limited independence.

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Educational policies adopted during the reign of Nicholas I (1825-1855) raised the possibility that the class composition of the medical profession might be changed. Several regulations influenced members of the upper classes to enter the medical faculties, instead of the other faculties that they had preferred in the past. The revolutions of 1848 in Western Europe triggered fears in Russian ruling circles that disorders might occur in the universities, and an array of restrictive measures were imposed, from such petty matters as the length of students' hair to a substantial change in the number of students in the various faculties. In each university the faculties of Mathematics, Natural Science, Law and History were limited to three hundred students. The medical faculties were excepted from this re-

striction,²³ and consequently some members of the upper classes excluded from other faculties entered medical training.

Under Nicholas I, the state gymnasias were strengthened and children of nobles and officials were encouraged to study in these schools in preference to the private secondary schools. The state decreed that only graduates of the gymnasias would be admitted to the universities, but again made an exception for the medical faculties. The persistent problem of recruiting medical students could not be resolved under this decree, and therefore the medical faculties were allowed to admit students from private secondary schools. Sons of nobles who graduated from private schools were confronted with the fact that the only route to a university degree was through a medical faculty, and a number of people who later made significant contributions to Russian medicine were launched on their careers because of this policy. S. P. Botkin (1832-1889), an acclaimed therapist and court physician to Alexander II, had shown great mathematical ability as a youth. As a graduate of a private secondary school, he was ineligible for higher education in mathematics and only the

²³Ibid., 81 no. 3 (March 1894): 40. See also I. M. Sechenov, Avtobiograficheskie zapiski (Moscow: Akademiia nauka SSSR, 1945), p. 68.

medical faculties were open to him.²⁴ N. F. Gamaleia (1859-1949) chose a medical career for the same reason. Although interested in botany, he was unable to enter the Science faculty at the University because he had not been educated in a state gymnasium. During the entrance examinations for the medical schools, Gamaleia later wrote, the examiners "looked through their fingers" in order to pass the students of the gymnasias "to uphold the honor of the government schools."²⁵ Russia benefitted from Gamaleia's enforced career choice, for he later worked with Pasteur and, among his many contributions, established Russia's first Bacteriological Institute in 1886.

Commenting in 1903 on the results of these university admissions policies, a past curator of the Moscow education district, V. I. Kapnist, observed: "These restrictive measures brought us nothing but harm, and they were constantly bypassed since a mass of students began entering the medical faculties but did not subsequently dedicate themselves

²⁴Stareishii meditsinskii institut SSSR (Leningrad: Medgiz, 1940), p. 18.

²⁵N. F. Gamaleia, Sobranie sochinenii, Vol. 5: Vospominaniia (Moscow: Akademiia meditsinskikh nauk SSSR, 1953), p. 17.

to medicine."²⁶ Thus although the profession began to include physicians of upper class origins, a few of whom became outstanding scientists, the social composition of the profession did not change. There continued to be a social stigma attached to the practice of medicine that was the residue of two centuries' development as a lower class group.

The university experience of V. A. Manassein (1841-1901), whose later career will be discussed in subsequent chapters, exemplifies the views of the upper classes towards the medical profession. Manassein was the son of a nobleman-bureaucrat and the younger brother of N. A. Manassein, Minister of Justice from 1885 to 1894. In 1857 he left the private juridical institute where his elder brother had trained, to enroll in the medical faculty of Moscow University. As a result, he became estranged from his father, who considered a "plebeian university" and a career in medicine as socially unacceptable. Manassein was "cut off from his family, without any means, face to face with need" during his university years. His poverty must have matched that of his lower class fellow students, for he

²⁶V. E. Kapnist, "Universitetskiye voprosy," Vestnik Evropy 38 no. 11 (November 1903): 187.

alternated with his roommate in wearing their mutually-owned overcoat, which fit the roommate but was several sizes too large for him.²⁷ Manassein later endeavored to improve the social stature of the physician. It was a much-needed improvement, for the attitude of Manassein's father toward a medical career was not unusual in Russia in the 1850s.

An article entitled "The Russian Physician" (Russkii vrach), published in The Contemporary in 1861, described well the limited prestige accorded the medical profession. The article stressed the fact that the father of the average physician was usually poor: ". . . a clergyman, physician, merchant (but not of the first guild), bureaucrat, or perhaps a landlord who owned no more than fifteen souls."²⁸ The author deplored the attitude of the upper classes toward a medical career:

We wish that our youth with independent means would not shy away from nor disdain the study of medical science. Archeology, history, literature, music, painting and engraving have among

²⁷S. Gruzdev, "Viacheslav Avksent'evich Manassein," Izvestia Imperatorskoi Voenno-Meditsinskoi Akademii 2 no. 3 (March 1902): 352; G. I. Arsenev, V. A. Manassein (Moscow: Medgiz, 1951), p. 11.

²⁸Sovremennik 89 (October 1861): 580.

us their representatives belonging in origin to the wealthy classes; in medicine there are no such flattering examples, and physicians comprise a separate caste.²⁹

Despite the changes in university admissions instituted under Nicholas I, therefore, psychologically and socially the medical profession continued to be a "separate caste."

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In the transitional period between the Crimean War and the Great Reforms of the 1860s, the physician retained his traditional characteristics--modest social origins, dependency on the government, and prestige as limited as that of a lowly bureaucrat. The father of the medical student, Bazarov, in Turgenev's Fathers and Children (1862), was typical of the majority (seventy percent) of physicians of the period who were government employees.³⁰ After a career as a military doctor, Bazarov's father retired to

²⁹Ibid., p. 596.

³⁰A. P. Zhuk, Razvitie obshchestvenno-meditsinskoi mysl' v Rossii v 60-70-e godakh XIX veka (Moscow: Medgiz, 1963), p. 24. I am indebted to Professor Marc Raeff for procuring a microfilm of this useful book when he was in the Soviet Union.

his wife's estate near a provincial town and lived in a style only slightly above that of the surrounding peasantry. Although Turgenev does not portray him as dissatisfied, many physicians active in the middle decades of the nineteenth century did indeed resent their unenviable position.

Military doctors in particular experienced mistreatment by officers, administrators, and senior doctors. At mid-century many foreign physicians held the higher government posts, and they often treated with disdain the Russian physicians under their command. One physician who heard in 1849 when he began his medical training that he had become a "state official," discovered in his subsequent career the full meaning of that term. "Working like an ox from morning to night," he recalled of his work in a military hospital, "I received neither respect for my work nor encouragement, but heard from Scherring [his German chief] only intimidation and rude mockery."³¹ Three days before the defense of his doctoral dissertation in 1856, he was ordered on active duty and was told:

The defense of a dissertation--that is your business. . . . Departure for Moscow with the

³¹A. I. Il'inskiĭ, "Za polstoletia," Russkaia starina 81 no. 6 (June 1894): 13.

battalion for the coronation--that is state service. . . . Service, my man, should be first, and your business second.³²

After his hospital service, work as a regimental doctor convinced him that

The difficult service in the hospital existed also in the regiment, where there were constant missions, in the summer--camp life, in the winter--posts in the country; but the primary persistent problem for the junior physician was the haughty mistreatment of him by all the commanding officers, who were accustomed to regard him as an unfeeling machine. . . .³³

Resentment of their treatment by army officers is a recurring theme in physicians' memoirs. "Let me tell you of my fellow officers," begins an account of military medical life in the 1860s:

Army surroundings were new to me. . . . At Grodno I had come into conflict with officers only as a hospital physician; now I was living among them. Before I had been comparatively independent, but now I felt my dependence upon them at every step. The junior physician was the last person in the regiment and was usually subordinate to any ensign. This would not have been especially difficult had there been some kindness in the officers' relations with the physician, but such kindness did not exist because of education and training and especially the conception of the importance of the officer's rank as determined by the uniform he wore, not by his personal character. Nor was

³²Ibid., p. 28.

³³Ibid., 82 no. 1 (July 1894): 12.

the physician raised in the eyes of the officers by the responsibilities imposed on him by military law; officers did not see the need to cooperate with the physician in improving the soldier's life. On the contrary, the physician's interference in this area was unpleasant and offensive to the officers.³⁴

The military physician's resentment centered on his consciousness that in contrast to his haughty superior officers he was better educated and fulfilled a useful function in the military community. The officers, on the other hand, appeared to the physician as coarse, uneducated, drunkards, gamblers who importuned him for medical excuses whenever they were scheduled for active duty.³⁵

After the Crimean War some enlightened government officials began to reform the military medical service and the conditions in the Military Medical Academy.³⁶ A high ranking doctor later wrote that he had served as a staff physician from 1861 to 1864 "to absorb the bitterness of the routine," and that later as Military Medical Inspector he

³⁴I. A. Mitropol'skii, "Iz vospominanii vracha," Russkii arkhiv 33 no. 9 (1895): 100-01.

³⁵Ibid., pp. 105-06.

³⁶A. I. Il'inskii, "Za polstoletia," Russkaia Starina 82 no. 1 (July 1894): 13-22.

strove to deliver physicians from the slavish dependence on the military command, and in this spirit wrote the proposals for the reorganization of the military medical administration and the military hospitals, which. . .were approved.³⁷

Progress was extremely slow, however, and the position of the physician in government service continued to be unpleasant and a source of discontent.

The doctor's dilemma hinged on his dependency on government or government-affiliated institutions for his employment. This was a different pattern from that of most medical practitioners outside of Russia, who could rely on patients' fees for their financial support.³⁸ Had the Russian physician been similarly able to earn an adequate income outside of government service, he might have overcome the stigma of lower class origins and limited social status. In the 1850s, however, most of the thirty percent of physicians not in government service were financially insecure.³⁹ The few exceptions who enjoyed lucrative medical practices were usually foreign doctors living in the capitals. They

³⁷C. Ianovskii, "Otpoved' g-mu Mitropol'skomu," Russkii arkhiv 34 no. 5 (1896): 303.

³⁸William T. Rothstein, American Physicians, p. 7.

³⁹A. P. Zhuk, Razvitie obshchestvenno-meditsinskoi mysli, pp. 23-24.

treated the upper classes, among whom old prejudices prevailed, and for whom "it was sufficient to have a foreign name to be preferred."⁴⁰

Among the large majority of physicians who were government employees, the financial situation was further aggravated in the early 1860s, when the medical schools began to graduate many more physicians while the state failed to increase the number of medical positions to absorb the new supply. The employment situation became so tight that the government was forced to retire some military doctors from service "to open the way in the army and in the military hospitals to younger physicians," and fifty-eight unemployed graduates of the Medical Academy were paid twenty rubles a month until they could find employment.⁴¹ Granted a diploma that purportedly entitled him to enter the ranks of the educated elite, the Russian physician often faced financial insecurity and even unemployment. When the number of "freely practicing" physicians increased it was not a matter of personal choice, but a result of constricting employment possi-

⁴⁰V. F. Snegirev, "Pamiat' G. A. Zakharina," p. 13.

⁴¹A. P. Zhuk, Razvitie obshchestvenno-meditsinskoi mysli, p. 24.

bilities. The Russian physician might justifiably resent his treatment by his "superiors", but he was forced to submit to that treatment because of his stark economic need for state employment.

* * *

From the 1860s to the end of the nineteenth century, Russian physicians were unable to change significantly the pattern of their personal lives. The average physician retained his lower class image, experienced social discrimination, and continued to be saddled with the kind of employment that limited his independence. Throughout the period, however, physicians became increasingly conscious and resentful of their lack of social and economic status, and their complaints multiplied. Statistical records reveal that physicians' perceptions of their unenviable position in Russian society were valid. University records for the years 1880-1904 and information on physicians' earnings from 1889 to 1902 attest to the stunning failure of the medical profession to change its class position or to

improve its material well-being.⁴²

Class categories used in official Russian statistics are generally unsatisfactory; when applied uniformly to all university students, however, they are useful as a common standard of measurement. Thus an analysis of medical students and of the general university population listed as "hereditary nobles" gives concrete comparative data. Table 1 shows that in 1880 almost one-third of non-medical students in contrast to 17.3 percent of medical students belonged to this category. At the other end of the class ladder, the grouping of "peasants and artisans" comprised 11.7 percent of the non-medical and 19.3 percent of the medical students. These statistics are corroborated by memoirs and also by contemporary literary works, such as a story, "Late Blooming Flowers" (1882), written by Anton

⁴²The following analysis of medical students is based on yearly reports of the universities, general studies by the Ministry of Education, and the sources listed for table 1. Physicians earnings for 1889 are analyzed in V.I. Grebenshchikov, "Opyt razrabotki rezul'tatov registratsii vrachei v Rossii," Spravochnaia kniga dlia vrachei, vol. 1 (Pbg.: Meditsinskii department Ministerstva vnutrennykh del, 1890), pp. 103-49; the same author reviewed the subject for the years 1890-1902 in "Material'naia obezpechennost' i smertnost' sredi russkikh vrachei za godi s 1890 po 1902," Obshestvo russkikh vrachei v pamiat' N. I. Pirogova (hereafter cited as ORVvpNIP), Trudy deviatogo s'ezda (Pbg., 1904), 5:238-54.

TABLE 1
CLASS OR "ESTATE OF UNIVERSITY STUDENTS, 1880

Class or "estate"	<u>Non-Medical Faculties</u>					<u>Medical Faculties*</u>	
	Law	Math. Sci.	Hist- ory	<u>Total</u>		Number	%
				Number	%		
Hereditary nobles	625	447	174	1346	31.0	639	17.3
Personal nobles, bureaucrats	465	413	216	1094	25.2	816	22.1
Clergy	269	340	315	924	21.3	949	25.7
Urban upper class	191	146	59	396	8.9	339	9.1
Artisan	142	192	74	408	9.4	581	15.7
Peasants	32	42	27	101	2.3	132	3.6
Other	66	52	49	167		237	
Total	1790	1632	914	4336		3693	

SOURCE: Statistika Rossiiskoi Imperii, III: Universitety i srednie uchebnye zavedeniia v 50 guberniakh Evropeiskoi Rossii i 10 guberniakh Privisljanskikh po perepisi 20 Marta 1880 goda. (Pbg., 1888), p. 6, Table 4.

*Students listed in the Medical Faculties are those of the Universities of Moscow, Khar'kov, Kazan, St. Vladimir (Kiev), Derpt and Warsaw. This does not include students of the Military-Medical Academy in Petersburg (approximately 750); for their social background see V.R. Leikina-Svirskaja, Intelligentsia v Rossii vo vtoroi polovina XIX veka (Moscow: "Mysl'," 1971), p. 137, which computes the lower class group in 1865 as 14.5%.

Chekhov while he was in medical school at Moscow University.

Chekhov, the grandson of a serf, described a physician whose

father had been the serf Senka, valet of the late Prince. Nikofof, his uncle on his mother's side, remained to this time valet to Prince Yegorushok. And this very Dr. Toporkov in his early childhood had received a slap on the nape for poorly cleaned princely knives, forks, boots or samovars.⁴³

Although this particular portrayal may have applied to relatively few physicians, university records show that the social origins of medical students continued to be more modest than those of other students throughout the nineteenth century.

The tendency for medical students to be from less privileged groups continued to be the result of state policies governing admissions and financial aid. Dmitri Miliutin as Minister of War (1861-1881) reviewed these policies with reference to the Military Medical Academy and supported the "lenient acceptance" regulations of the Academy. The entering classes could not be filled, he showed, without admitting seminarists and other lower class groups; of 470

⁴³"Tsvety zapazdalye," Polnoe sobranie sochinenii i pisem, (Hereafter cited as Chekhov, PSSiP), 20 vols. (Moscow: Ogiz, 1944-51), vol. 2, pp. 430-31. This story first appeared in Mirskoi tolk, 1882, nos. 31-41.

applicants in the years 1871-1873, only 95 were graduates of the classical gymnasia. The Tsar objected that the admission of lower class elements might foster revolutionary activity, but Miliutin nevertheless succeeded in maintaining liberal admissions policies for the Military Medical Academy.⁴⁴

A law of 1876 entitled "Measures to increase the number of physicians in the Empire," greatly increased the amount of financial aid to medical students. 320 scholarships of 300 rubles each were distributed among the various medical faculties, and upon graduation the recipients received a grant-in-aid of 100 rubles and a physician's "black bag" (karmannyi nabor) with surgical instruments and an ophthalmoscope. Scholarship students continued to be obliged to enter government service, and other students were encouraged to accept some government assistance in exchange for service obligations.⁴⁵ Over half the monies for medical

⁴⁴Forrestt A. Miller, Dmitri Miliutin and the Reform Era in Russia (Charlotte, North Carolina: Vanderbilt University Press, 1966), pp. 211-12. D. A. Miliutin, Dnevnik D. A. Miliutina, ed. P. A. Zaionchkovskii, 2 vols. (Moscow, 1947-50), 1: 98, 102, 109-14.

⁴⁵PSZ II, #55655, 2 March 1876, Section 3, articles 1-2, Section 4, article 1.

scholarships were sequestered from funds that had been available to non-medical students, and thus students of limited means had strong incentives to enroll in the better-funded medical faculties.⁴⁶

The University Statute of 1884 was designed to eliminate lower class elements from the universities, but it did not effect such a change in the medical faculties. Table 2 compares the social origins of medical students at the Universities of Kazan and Khar'kov before and after 1884, showing that although the upper class element remained stationary or increased, the percentage of "artisans and peasants" grew rapidly. At Kazan the lower class grouping had a startling change from 16.2 percent in 1880 to 39.7 percent in 1904; at Khar'kov the lowest grouping rose from 16.1 to 53.2 percent from 1880 to the end of the century. Relaxed admissions policies and generous financial aid had fostered the continuance of a lower class composition of medical schools. The portrayal of a struggling medical student, such as Kirsanov in What is to be Done? (1863), was realistic and he continued to be a familiar character in Russian literature. The sections on medical students'

⁴⁶Ibid., Section 2, articles 1-3.

TABLE 2

SOCIAL ORIGINS OF MEDICAL AND NON-MEDICAL STUDENTS AT
KAZAN AND KHAR'KOV UNIVERSITIES BEFORE AND AFTER 1884

KHAR'KOV UNIVERSITY				
Class or "estate"	1880		1888-1897	
	Medical	Non-medical	Medical	Non-medical
	(374)	(146)	(1777)	(2339)
Gentry or bureaucrat	29.9%	51.6%	29.1%	54.7%
Clergy	43.1%	32.8%	4.8%	6.5%
Urban upper class	10.9%	5.3%	13.2%	10.9%
Artisan	9.7%	4.6%	43.3%	19.5%
Peasant and other	6.4%	5.7%	9.6%	8.4%

KAZAN UNIVERSITY				
Class or "estate"	1880		1904	
	Medical	Non-medical	Medical	Non-medical
	(476)	(230)	(441)	(824)
Gentry or bureaucrat	25.0%	45.7%	43.1%	54.5%
Clergy	52.6%	20.8%	8.6%	5.6%
Urban upper class	6.2%	13.0%	8.6%	10.0%
Artisan	7.4%	7.0%	28.5%	22.4%
Peasant and other	8.8%	13.5%	11.2%	7.5%

SOURCES: Statistika Rossiiskoi Imperii, III: Universitety i srednie uchebnye zavedeniia (Pbg., 1888), p. 6 table 4; Prof. I. Miklashevskii, "K voprosu o professorskom gonorar' (statisticheskaiia spravka)," Obrazovanie 6 no. 12 (December 1897): 14; Uchenye zapiski Imperatorskago Kazanskago universiteta 72 no. 12 (December 1905): 230-31.

lives in V. Veresaev's Memoirs of a Physician, published in 1901, showed that there had been very little change in the decades between the publications of these two famous works.⁴⁷

The class status of the average medical student was perpetuated in his subsequent medical career, when he enjoyed a very modest standard of living. An 1889 study of physicians' incomes shows the limited socio-economic status of the average physician. Incomes from medical practice were far lower than those of other university graduates and of many bureaucrats who had little or no higher education. For example, only ten percent of the medical profession earned over 2000 rubles a year, as compared to the 2500 rubles earned by rural administrators (zemskii nachal'niki), less than a quarter of whom had been educated beyond secondary school.⁴⁸ The appreciable difference between the incomes of physicians on the one hand and

⁴⁷N. G. Chernyshevskii, What is to be Done? Tales about New People, trans. Benjamin R. Tucker (New York: Vintage Books, 1961); V. Veresaev, Zapiski vracha, 4th ed. (Pbg.: A. E. Kolpinski, 1902). See also A. Vinogradov, "Usloviia zhizni studentov-medikov iurevskago universiteta," Bol'nichnaia gazeta Botkina, 1902, nos. 28-32.

⁴⁸Vestnik Evropy 26 no. 9 (September 1891): 371.

lawyers and bureaucrats on the other is evident in the following comparison of the annual incomes of the three groups:

<u>Income</u>	<u>Physicians</u>		<u>Lawyers</u>	<u>Bureaucrats</u> (91,204)
	Self-employed (4243)	Salaried (8428)		
Less than 1000 rubles	70.2%	44.9%	---	---
1001-2000 r.	18.9%	46.0%	7.9%	53.5%
2001-5000 r.	9.3%	8.8%	55.0%	36.3%
5000-10,000 r.	1.3%	0.3%	29.0%	7.1%
over 10,000 r.	0.3%	---	7.4%	3.1%

Adapted from V. I. Grebenshchikov, "Opyt razrabotki rezultatov registratsii vrachei v Rossii," Spravochnaia kniga dlia vrachei, vol. I, (Pbg.: Meditsinskii departament MVD, 1890), pp. 120, 123; and L. K. Erman, Intelligentsia v pervoi russkoi revoliutsii (Moscow: "Nauka", 1966), pp. 27-28. The figures for the lawyers and bureaucrats are for 1905; those for the physicians were for 1889, which according to a later work by Grebenshchikov, remained about the same in 1903.

Such a great income differential had numerous ramifications. Members of these three groups would have similar desires to provide for the higher education of their children, but to finance university training with an income of 2000

rubles was a hardship.⁴⁹ Almost half of the bureaucrats and 92.1 percent of the lawyers were financially able to educate their children, whereas only 10.9 percent of the physicians were in a position to do so. The physician's economic position also determined that his life style would be modest in comparison to that of non-medical people among the educated (and not-so-well-educated) elite. The majority of physicians earned less than 1200 rubles, an income considered inadequate to feed and clothe a family and to cover the special needs associated with the practice of medicine--the purchase of medical journals, books and instruments.⁵⁰

The financial situation of physicians was, of course, relative. The comparison with the upper classes is most germane because of similarities in education. Although less advantaged than other university graduates, most physicians were quite removed from the lower classes on the income ladder of the general population. School teachers' incomes ranged from 180 to 400 rubles a year, with only twelve

⁴⁹I. Miklashevskii, "K voprosu o professorskom gonorar' (Statisticheskaiia spravka)," Obrazovanie 6 no. 12 (December 1897): 14.

⁵⁰K.G. Turovskii, "Sovremennye voprosy, vrachebnoi zhizn' i sanitarii: Deistvitel'nosti i mehty," Russkii vrach, 1902, no. 3, p. 107.

percent earning over 360 rubles; among the working classes of Moscow province only twelve percent earned over 360 rubles, almost half earned from 180 to 360 rubles, and the rest earned less than 180 rubles a year.⁵¹ On the whole, the medical profession was thus financially far more secure than the working classes and the intelligentsia without university training, such as school teachers. There were, however, some very disconcerting exceptions. As indicated in table 3A and table 4A, a significant percentage of physicians earned less than 500 rubles a year as private practitioners or in salaried positions. Moreover, eight percent of the medical profession had a total income of less than 400 rubles, which put this group on a par with the higher paid school teachers and laborers.⁵² In a society where the minimum salary of engineers was 1800 rubles, the fact that even a few physicians earned under 400 rubles requires careful exploration.

The Russian physician's continued pattern of modest

⁵¹L. K. Erman, Intelligentsia v pervoi russkoi revoliutsii (Moscow: "Nauka," 1966), pp. 19, 25-26; L. K. Erman, "Sostav intelligentsii v Rossii v kontse XIX i nachale XX v.," Istoriia SSSR, no. 1 (1963), p. 177.

⁵²V. I. Grebenshchikov, "Opyt razrabotki (rezul'tatov registratsii vrachei v Rossii)," p. 122.

TABLE 3

INCOME FROM PRIVATE
MEDICAL PRACTICE, 1889

A. 6106 Physicians in Full or Part-time Private Practice

Income range	Civilian		Military*	Total
	Non-zemstvo	Zemstvo*		
Under 500 rubles	1745/41.1%	695	702	3142/51.5%
501-1000 rubles	1233/29.1%	133	190	1556/25.5%
1001-2000 rubles	801/18.9%	27	58	886/14.5%
2001-3000 rubles	251/ 5.9%	11	20	282/ 4.6%
3001-30,000 rubles	205/ 5.0%	10	17	240/ 3.9%
Total	4243	876	987	6106

*Private income of zemstvo and military physicians supplemented their salaries, which are analyzed in table 4.

B. 857 Civilian Physicians in Four Major Cities

	Number of physicians	Average income
St. Petersburg	243	2,200 rubles
Moscow	353	1,700 rubles
Warsaw	171	1,500 rubles
Odessa	90	3,600 rubles
Average		2,000 rubles

SOURCE: V.I. Grebenshchikov, "Opyt razrabotki rezul'tatov registratsii vrachei v Rossii," Spravochnaia kniga dlia vrachei vol. 1, (Pbg.: izd. Meditsinskii departament MVD, 1890), pp. 120, 123. This study (Ibid., pp. 103-43) was based on information received from 12,274 physicians, approximately nine-tenths of the Russian medical profession.

TABLE 4

INCOME FROM SALARIED MEDICAL POSITIONS, 1889

A. Variations among 8428 Physicians

Salary	Civilian			Military	Total	
	Non-zemstvo	Zemstvo	Women		Number	%
Under 500 rubles	861	50	41	--	952	11.1
501-900 rubles	858	156	39	708	1761	21.7
901-1000 rubles	564	208	10	155	937	11.6
1001-1200 rubles	413	590	12	351	1366	16.9
1201-1500 rubles	430	507	3	341	1281	15.8
1501-2000 rubles	414	218	2	444	1078	13.3
2001-3000 rubles	253	58	1	265	577	7.1
Over 3000 rubles	78	2	0	77	157	2.0

B. Salary Range and Average Salaries for Major Positions

Position	Salary range	Average salary
Professor	1500-5500 rubles	3000 rubles
Medical Inspector	1165-3000	1800
Factory physician	200-5000	1500
Railroad physician	200-4500	1500
Military physician	600-7000	1390
Zemstvo physician	200-3000	1315
Medical Inspector, Aide	1000-1500	1000
District physician	465-1650	920
Village physician	920	920

SOURCE: I.V. Grebenshchikov, "Opyt razrabotki rezul'tatov registratsii vrachei v Rossii," Spravochnaia kniga dlia vrachei (Pbg., 1890), pp. 119-20, 123.

earnings was controlled at the end of the nineteenth century by the same factors that had been extant at mid-century: the inability of most Russians to pay for medical care and the physician's consequent need of salaried medical employment. The general employment pattern had not changed greatly from that of the 1860s, when the ratio had been 70 percent in government service and 30 percent in private medical practice. There had been, however, an increase in the number and types of positions: in the 1860s only positions in the Ministries and the military were available, but by the end of the century there were additional possibilities for employment in hospitals, clinics, the universities, factories, railroads and under the jurisdiction of the local self-governments. As is evident in table 5 the ratio between the two categories--salaried physicians employed in public or semi-public institutions and "freely practicing" physicians--remained almost the same in 1889, when three-fourths of the profession was in the former category. The persistent pattern of salaried employment was fostered by the service obligations of many physicians and the continuing lack of financial reward from private practice.

The majority of medical graduates who had received scholarships were obligated to accept positions in the state

TABLE 5

EMPLOYMENT PATTERNS OF PHYSICIANS, 1889 AND 1903

<u>Employer</u>	<u>1889</u>		<u>1903</u>	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
A. <u>Government</u>				
Military	2629	21.0	3575	17.3
Cities, Health Officers	565	4.5	878	4.2
Districts	672	5.4	681	3.3
Central Administration	315	2.5	499	2.4
Villages	247	2.0	487	2.4
Schools	283	2.3	393	1.9
Medical Faculties	235	1.9	277	1.3
Police and Prisons	128	1.1	146	0.7
B. <u>Local, Semi-public, and Private Institutions</u>				
Zemstvo	1818	14.5	2694	13.0
Hospitals, Shelters	1470	11.8	2253	10.9
Factories	280	2.3	577	2.8
Railroads	186	1.5	532	2.6
Charities	92	0.8	247	1.2
C. <u>Self-employed</u>	3289	26.3	6873	33.3
D. <u>Unknown, non-medical, or no occupation</u>	302	2.4	491	2.3

SOURCES: V.I. Grebenshchikov, "Opyt razrabotki rezul'tatov registratsii vrachei v Rossii," Spravochnaia kniga dlia vrachei (Pbg., 1890), pp. 105-06, and "Material'-naia obezpechenost' sredi russkikh vrachei za godi c 1890 po 1902," Obshchestvo russkikh vrachei v pamiat' N.I. Pirogova, Trudy deviatogo s'ezda (Pbg., 1904), 5: 240-41.

or local governments, mine or factory that had financed their education. Graduates unencumbered by service obligations were inclined to seek paid positions instead of attempting to earn a livelihood as private practitioners. A few outstanding graduating scholars were asked to remain in training for professorships, and another small group received positions in hospitals in the university cities; both of these situations offered very little pay and thus were not open to the many physicians who were without independent means.

Most physicians who became "freely practicing" did so not through choice, but because they were unable to find or were ineligible for public employment. Clearance for positions in the central and local bureaucracy was complicated and restrictive. Physicians who were political exiles were legally enjoined from public employment during and after their term of exile and after their release from police supervision. Jews, who were usually refused employment in public positions, dominated the group of private practicing

physicians.⁵³

A comparison of table 3A and table 4A shows that the income of the private practitioner was usually lower than that of the salaried physician. This was especially true in rural areas, the areas that were most in need of medical attention. The popular notion of serving the people by becoming a self-employed rural physician often foundered on the harsh realities of the peasants' inability to pay for medical services. The seminarist who did manual labor to support his medical training later returned to his native village "to live the village life, to live at one with the peasants." Attempting to maintain himself by charging five to fifteen kopeks or accepting produce for his services, in one year he treated 10,000 patients and earned 620 rubles, almost half of which he used to purchase medicine for his

⁵³S.M. Ershov, "Obzor grazhdanskikh vrachebnykh zakonov Rossiiskoi Imperii," Spravochnaia kniga dlia vrachei, vol. 1, p. 19 n.1; V.I. Grebenshchikov, "Opyt razrabotki rezul'tatov registratsii vrachei v Rossii," Ibid., p. 111, shows that although Jews comprised at least 13.4% of the medical profession they held only 5.8% of the positions in the military and 4.7% of the positions in rural governments. See also K.G. Turovskii, "Sovremennye voprosy," Russkii vrach, 1902, no. 3, p. 107.

patients.⁵⁴ Another physician who resolved to become a "free" rural physician when he received his diploma, was, within two years, employed in a salaried position.⁵⁵ The choice of "free practice" was either a luxury for the few with independent means or the mark of an unsuccessful medical career.⁵⁶ Although the average income of the private practitioner was computed at 1200 rubles, this figure was distorted by the averaging in of incomes of those few (205) who earned over 3000 rubles. Actually, 77 percent of the physicians listed as "freely practicing" earned under 1000 rubles from private practice (table 3A).

The salaried physicians were also often financially insecure: 44.4 percent earned less than 1000 rubles a year (table 4A). As a result some held several positions or

⁵⁴Russkii vrach, 1902, no. 10, p. 404; no. 16, p. 644. S. Sychugov, "God' vol'noi derevenskoi praktiki," Zemskii vrach, 1890, no. 48, pp. 745-49; no. 49, pp. 773-77.

⁵⁵A.I. Shingarev, Kak eto bylo: Dnevnik Petropavlovskaya Krepost' (Moscow, 1918), p. 35; Rossiiskii Meditsinskii Spisok (Pbg.: Meditsinskii departament MVD, 1896), p. 305. E.K. Pimenova, Dni minuvshie: Vospominaniia (Leningrad-Moscow: "Kniga," 1929), pp. 111-12, describes her meager earnings as a physician in a factory town.

⁵⁶The obituary of Ia.B. Kerner, Vrach, 1894, no. 17, p. 512, for example, describes how his independent wealth enabled him to train abroad and then open a free clinic, where he treated "thousands" from the surrounding provinces.

attempted to complement their meager salaries with earnings from private practice. An overworked physician in one of Chekhov's stories

worked in two hospitals, in one as chief extern and in the other as dissector. Daily from nine to twelve he saw patients and after noon travelled by horsecar to the other hospital to dissect bodies. His private practice was insignificant, about 500 rubles a year.⁵⁷

Even with an income from two or more jobs, physicians' proceeds were not excessive; the majority of the 734 physicians in this category who were studied in 1889 earned less than 1500 rubles, and 164 earned less than 1000 rubles from two positions.⁵⁸ The physicians' general pattern of economic insecurity prompted Chekhov to write in his Notebook:

Badly paid physicians and their assistants even miss the satisfaction of thinking that they are exclusively serving an ideal, because they are always thinking about their salary and about where their next meal is coming from.⁵⁹

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⁵⁷"Poprygun'ia," PSSiP, vol. 8, p. 51.

⁵⁸V.I. Grebenshchikov, "Opyt razrabotki," pp. 121-22.

⁵⁹The Oxford Chekhov, trans. and ed. Ronald Hingley (London: Oxford University Press, 1965) vol. 8, p. 314.

While the Russian physician continued to suffer from a limited socio-economic status, he did not suffer silently. Russian medical journals of the last quarter of the nineteenth century were filled with physicians' jeremiads, and one publication was even closed down because of a severely critical article on the subject.⁶⁰ The 1889 study, cited above, was mentioned frequently, but the usual grievance was more subtle, centering on the emotionally charged issue of the numerous impoverished families of deceased physicians. The average physician not only had a modest income, but little or no pension protection and no capital holdings.⁶¹ It was more the rule than the exception for a physician's obituary to end with "Dr. X left a wife and children without any means of support," or "Bedniakom [as a pauper] he lived and bedniakom he died, leaving his aged mother with no means of support."⁶² It was demoralizing, complained a

⁶⁰EME, s.v. "Meditzinskaia periodicheskaia pechat'," 17:678.

⁶¹v.I. Grebenshchikov, "Opyt razrabotki," p. 119.

⁶²Vrach, 1894, no. 14, p. 248.

physician, to consider that he had

received a diploma that provided him with nothing, but deprived him of the right to control his own time; that he worked for the good of others and constantly risked his own life, but could not even have the consolation that when he rested on his bier his family would not find itself in the street and die of hunger.⁶³

This problem was one that physicians could not ignore.

Obituaries were frequent reminders, and there were also

news items of an alarming nature:

To what terrible extremes the unprotected families of deceased physicians are carried, the following instance shows. . . . Two unfortunate girls were left with their sick mother on a pension of 23 rubles a month after the death of their father, a district doctor. . . . After their mother's death the girls had reached maturity and did not receive the pension. They thought they could live by doing sewing, but they starved. In an evil moment of misfortune their suffering led them to become prostitutes. Coming to their senses, they entered the House of Charity for several years. They must now find work outside the shelter.⁶⁴

With good reason physicians were concerned about their families' unprotected position in the event of their illness or death. The health of the nineteenth century medical

⁶³K.G. Turovskii, "Sovremennye voprosy," Russkii vrach, 1902, no. 5, p. 183; this article estimated that 75% of physicians' obituaries indicated the material need of their families.

⁶⁴Vrach, 1894, no. 4, p. 129.

practitioner was extremely precarious, for he was repeatedly exposed to infectious disease. The Russian physician's vulnerability was especially great, for Russia had minimal public health protection and widespread, uncontrolled epidemics. Infectious disease caused 42.3 percent of the deaths of Russian physicians in 1889,⁶⁵ and accounted for 60 percent of the deaths of rural (zemstvo) physicians in the following decade when cholera and typhus raged.⁶⁶ A 1896 study of Russian physicians' unusually high suicide rate gave the following grim facts: the figure was 63.1/10,000 as compared to 16.3/10,000 among Italian physicians and 26.2/10,000 among Russians engaged in other intellectual pursuits. The author of the study suggested that the causes were physicians' overwork, material need, and the unpleasant conditions of their daily work.⁶⁷

⁶⁵V.I. Grebenshchikov, "Opyt razrabotki," p. 124.

⁶⁶V.A. Skibnevskii, quoted in Izvestia imperatorskoi Voenno-Meditsinskoi Akademii 4 no. 1 (January 1902): 76.

⁶⁷Vrach, 1896, no. 38, p. 1057. See also N.L. Zeland, "O Smertnosti russkikh vrachei," Vrach, 1894, no. 28, p. 789, which computed that 8.8% of physicians' deaths were from suicide; V.I. Grebenshchikov, "Material'naia obezpechennost' i smertnost' sredi russkikh vrachei za godi c 1890 po 1902," p. 243, estimates that 10% of Russian physicians were unable to work, one third of whom suffered from psychiatric illness.

An analysis of physicians' mortality in the years 1890-1900 revealed that death at an early age was common. Of the total number (3040) that had died, 31.7 percent had been under forty years of age, and in rural areas, where medical practice was especially hazardous, almost half died before the age of forty.⁶⁸ These were truly sobering figures for physicians and their families to contemplate, and frequent references to them in the medical press were constant reminders. Despite mutual aid and charity funds to assist physicians' families that were in need, the medical profession was unable to deal successfully with a problem of such magnitude. At the request of a national medical congress in 1894, a physician in the Medical Department of the Ministry of the Interior studied the profession's pension needs. He reported in 1904 that adequate pension protection could be financed only if assisted by the government

⁶⁸Izvestia Imperatorskoi Voenno-Meditsinskoi Akademii
4 no. 1 (January 1902), p. 76, gives the following analysis
of mortality data on 3040 physicians, 1890-1900:

Age	Total	Zemstvo (rural) physicians
	(3040)	(359)
Under 40 years	31.7%	48.2%
41-50 years	20.3%	21.2%
51-60 years	18.5%	10.9%
Over 60 years	29.6%	9.7%

and physicians' other employers.⁶⁹ In the four decades after the Great Reforms, despite the medical profession's vigorous attempts to improve its lot, the physician's economic status remained a legitimate source of discontent.

Physicians' second major complaint was their unpleasant, subordinate position as employed personnel. Reminiscent of physicians' grievances at mid-century, they complained of the haughty treatment and arbitrary rule of their superiors. The physician in Chekhov's story, "The Princess" (1889), erupts angrily when he meets his former employer who had summarily dismissed him:

I am a Doctor of Medicine and a gentleman. I trained at Moscow University. I am the father of a family--that is, I am such a worm and a non-entity that I can be thrown out on my ear without any explanation.⁷⁰

Dependent for their livelihood on others, physicians were often subjected to indignities, some subtle, some rather obvious. University graduates and experts in their field,

⁶⁹For the activities of some mutual funds, see A.I. Eberman, "O deiatel'nosti Peterburgskogo obshchestva vzaimnoi pomoshchi," Vrach, 1894, no. 4, pp. 118-19, and "Otchet vspomogatel'noi Meditsinsko-kassy, uchrezhdennoi Ia. A. Chistovichem za 1900 g.," Vrach, 1901, Supplement, 30 pp. For the report delivered in 1904, see above, n. 42.

⁷⁰The Oxford Chekhov, vol. 5, p. 26.

they were nevertheless

without exception subordinate to various superiors, governors, members of local self-governments, and, unfortunately, the spouses and relatives of those people--people unfamiliar with medical science. The physician should be able to give care to the Russian people without hindrance from these incompetent people.⁷¹

There was little recourse from unfair treatment, except to seek other employment. If they were dissatisfied, they should leave, argued a landlord in a local governing body, who opposed an increase in salaries to physicians employed more than ten years. His comments were reported in the medical press:

One of our physicians (and he mentioned by name the physician who was sitting in the audience and who had served the area for seventeen years) received his education at the expense of the local government--why should we pay him more?⁷²

The physician's need for salaried employment thus remained at the end of the century, as it was in the 1860s, the cause of the physician's dependent, subordinate role. Some physicians referred to themselves as "hired hands" (naëmniki)

⁷¹Vrach, 1895, no. 5, p. 131. This complaint was aired at a national medical congress in 1887; see ORVvpNIP, Trudy II-ogo s'ezda (Moscow, 1887), vol. 1, 25-28, 38; vol. 2, 6-13.

⁷²Vrach, 1894, no. 46, p. 1282.

or simply as "workers" (rabotniki), and towards the end of the century the term proletariat crops up also. In 1904 a physician who had been dismissed from his position warned a group of factory doctors that had sided with management against labor:

Do not forget, gentlemen factory doctors, that you also sell your labor as the workers do, that you are in essence proletariat, only occupied with intellectual instead of physical labor, and that your position is just as vulnerable and unstable as the plain worker's.⁷³

The controlling role of the state had created a medical profession of limited economic status and cast it in an awkward, subordinate position. The physician remained locked into a lowly position because of the country's prevailing economic backwardness. While his modest earnings and traditional patterns of employment remained unchanged, the license for the "free practice of medicine" did not, in fact, make him "independent . . . as someone to whom is entrusted that which is most dear, health and life."⁷⁴

The Russian medical profession evolved a unique means

⁷³A. Vislouxh, "K kharakteristik' fabrichno-zavodskoi meditsiny i eia predstavitelei," ORVvpNIP, Zhurnal 44 no. 4 (August 1904): 319.

⁷⁴V.F. Snegirev, "Pamiati G.A. Zakharina," p. 13.

to overcome its modest social status. Instead of a direct assault on its personal disabilities, the profession developed attitudes and goals to enhance its public image. The scale of social values was changing in Russia. In place of class, rank, and income levels, there appeared new criteria of social worth--technological ability and public service. Within the changing set of values, the physician's occupational role enabled him to claim greater recognition for his scientific capabilities and contributions to the nation's welfare.

Professor A. V. Petrov of the medical faculty of Kazan University, died in 1885 after many years of community work in Kazan province. One of his medical colleagues eulogized him precisely for his contribution to the medical profession through his public service:

He showed his fatherland the importance of medicine We have seen a series of events unprecedented in our land: representatives of all educated society, of the administration, the courts, scholars, local governments, and the military--almost simultaneously heeding the voice of physicians, led by their advice, presenting them questions to be resolved. . . He showed that the physician could be a public worker as the repre-

sentative of community medicine.⁷⁵

There had been a significant change in the public role of the Russian physician. The doctor who in 1898 described the physician of an earlier era standing "in the doorway not daring to sit down," ended his observations with the comment, "But of this there now is nothing."⁷⁶

As the public image of the physician improved, resentment of the disadvantaged conditions of his daily life rose proportionately. An underlying but persistent element of discontent conditioned his attitudes toward society and the state. This review of the socio-economic status of the Russian physician provides, therefore, an essential dimension to the ensuing study of the professional role and corporate growth of the Russian medical profession in the latter half of the nineteenth century.

⁷⁵Funeral oration by A. Ia. Shcherbakov, printed in *Obshchestvo vrachei Permskoi gubernii, Protokoly, 1885-1886* (Perm: Gubernskaia zemskaja uprava, 1886), p.8.

⁷⁶V.F. Snegirev, "Pamiati G.A. Zakharina," p. 14

Chapter II

The Changing Role of Physicians in the Reform Era

The Great Reforms of the 1860s aroused high expectations among Russia's educated classes. The emancipation of the serfs, the University Reforms, and the introduction of a rational system of justice and of local institutions of self-government were viewed as the beginnings of vast and fundamental changes. Imbued with the "ideals of the 'sixties" many desired to participate in the anticipated regeneration of Russia. After the attempted assassination of the tsar in 1866, however, the imperial government became increasingly repressive and restricted the activities of many public spirited people.

Among the many who responded to the challenging atmosphere, Russian physicians were among the few who were able to carry their zeal for reform into actual practice. The medical profession not only participated in the general scientific progress of the period, but also made a unique contribution--"zemstvo medicine," a system of free rural

medical care. The ideological climate of the era, a medical tradition oriented toward public medicine, and the ability to adjust its goals to Russia's institutions, contributed to the profession's unusual success.

The lively intellectual currents that stirred Russian society after the Crimean War were especially meaningful to physicians and to medical students, who comprised about forty percent of the university population (see table 6). N. I. Pirogov (1810-1881), an internationally renowned surgeon venerated by Russian physicians, precipitated a major debate of the period. His widely read essay, "Questions of Life" (1856), explored the problem of the essential purpose of education; he argued that instead of the utilitarian goals of bureaucratic advancement, education should stress humanitarian aims of service to society.¹ Echoing Pirogov's views, many writers of the period urged the educated elite to assume broad social obligations. That education should be used to improve the conditions of the masses became an axiom of the period; that the educated members of

¹William L. Mathes, "N.I. Pirogov and the Reform of University Government, 1856-1866," Slavic Review 31 no. 1 (March 1972): 30; Patrick L. Alston, Education and the State in Tsarist Russia (Stanford: Stanford University Press, 1969), pp. 64-76.

TABLE 6

DISTRIBUTION OF UNIVERSITY STUDENTS

A. Medical students in relation to total university population, 1871, 1880, 1886, 1890

Year	Total number of University students	Medical students	
		Number	%
1871	8142	2813	34.5
1880	8956	4456	49.8
1886	14201	5625	39.7
1890	12072	5587	46.6

B. Distribution of university students among the various faculties, 1890

University centers	Total student body	Non-medical students			Medical students	
		History Philos.	Math. Law Science		Number	%
Petersburg	2514	210 ^a	909	662	733 ^b	29.2
Moscow	3473	211	1288	794	1180	33.6
Kazan	714	25	226	100	363	50.9
Kiev	1382	50	201	255	866	64.0
Novorossia	297	38	89	170	---	00.0
Derpt	1583	392 ^c	29	174	988	62.3
Warsaw	844	50	73	133	588	69.8
Tomsk	262	--	--	--	262	100.0
Khar'kov	1003	34	250	132	587	58.5

SOURCES: Izвлечение из всеподаннeshago otcheta Ministerstva narodnago prosveshchenia za 1871, 1886, 1901 (Pbg., 1874-1903); Istoriia Voenno-Meditsinskoi (byvshei Mediko-khirurgicheskoi) akademii za sto let, ed. N.I. Ivanovskii (Pbg., 1898); Obzor deiatel'nosti vedomstva Ministerstva narodnago prosveshchenia za vremia tsarstvovaniia Imp. Aleksandra III (Pbg., 1901); Statistika Rossiiskoi Imperii, III: Universitety i srednie uchebnye zavedeniia (Pbg., 1888), p. 6, table 4.

^aIncludes 88 students enrolled in Eastern Languages.

^bEnrolled at the Military Medical Academy.

^cIncludes 260 students enrolled in Religion.

society should carry out those improvements, its necessary corollary.

These service concepts of the Reform Era were especially challenging to physicians who could apply their expertise to society's practical needs. A Nobel Prize recipient, Ilya Mechnikov (1845-1916), who was a student during these years, later recalled the overriding concern for the general welfare. Reminiscing in 1902, Mechnikov wrote:

There was a time, in the 'sixties of the last century, when young people eagerly devoted themselves to science and believed that in it they would find peace of mind and the answers to the major problems tormenting mankind.²

Mechnikov's recollection has been verified by A. P. Zhuk, a Soviet historian who has carefully analyzed the medical thinking of the period.³ Reviewing the medical journals and reports of medical meetings of the 1860s and 1870s, Zhuk demonstrates Russian physicians' prevailing interest in the general welfare. An article published in the Moscow Medical Gazette in 1858 is indicative of this attitude:

²Ilya Mechnikov, "Aleksander Onufrevich Kovalevskii: Ocherki iz istorii nauka v Rossii," Vestnik Evropy 37 no. 12 (December 1902): 798-99.

³Aron Petrovich Zhuk, Razvitie obshchestvenno-meditsinskoj mysli v Rossii v 60-70-e godakh XIX veka (Moscow: Medgiz, 1963).

All community life, all of its economic relationships, as well as the needs of individuals, can benefit from the knowledge pertaining to medicine. Any discussion of community work, public buildings, the improvement of the conditions of the working class, the construction of factories, and even civil and criminal justice, those interests precious to the citizen . . . can be illuminated by medical science.⁴

Russian physicians' adoption of the current service ideology was not only a matter of joining a fashionable movement, but also rested on their traditional employment pattern. The majority of physicians worked in the public sector.⁵ The public nature of the average physician's daily work made him aware of and responsible for the solution of Russia's vast public health problems. He was not concerned primarily with healing private patients, but instead faced broad problems of sanitation, infectious disease, and a multitude of adverse environmental conditions. Even the few physicians in private practice had usually experienced public service. If they had been educated at state expense, they served obligatory tours of duty in the military or civilian bureaucracies, where they learned public health

⁴Ibid., p. 131, quoted from the Moskovskaia meditsinskaia gazeta, 1858, no. 4, p. 3.

⁵See above, p.35 and table 5. In 1889 26.3% of the Russian medical profession was in private practice.

techniques; and according to Russian law the government could press the private practitioner into service in time of emergencies.⁶ Throughout its history the Russian medical profession had been conditioned to assume the broad social service obligations that were adopted by the educated elite in the Reform Era.

An active interest in public health was not unique to the Russian medical profession, but its attention to public problems was far greater than that of its counterparts abroad. A comparison with a non-Russian medical profession clarifies this distinguishing feature. A recent study of the American medical profession in the nineteenth century postulates that because most American physicians were private practitioners, their medical interests were narrowly directed toward healing their private patients, they were not concerned with general questions of public health, did not

⁶The legal obligations of physicians as they were perceived in the 1860s are discussed in I. K. Savitskii, "Ob ustroistve vrachebnykh posobii dlia sel'skago naseleniia," Arkhir sudebnoi meditsiny i obshchestvennoi gigieny (hereafter cited as Arkhir SMiOG) 5 no. 1 (March 1869), Section V: 14-16. V. F. Selezneva, Ocherki po istorii zdnavookhraneniia na dorevoliutsionnom Urale (Molotov: Molotovskoe knizhnoe izdanie, 1955), gives biographical data on a number of physicians who worked in the industrial plants of the Urals before 1860.

avail themselves of such new instruments as the ophthalmoscope, and later in the century gave little attention to the practical application of the great bacteriological discoveries. Although there were exceptions, only the few American physicians employed in the public sector became interested in applying medical science to the broad health needs of the community.⁷ The model of non-Russian medical practitioners devoted primarily to healing private patients contrasts sharply with the pattern of Russian physicians, who were more interested in techniques of preventive medicine, conceived their professional role as one of public service, and had a keen interest in scientific advances that could improve public health.

A tradition of public medical service coupled with the intellectual climate of the 1860s thus motivated the medical profession to participate in medical reform. The unusual success in translating reformist goals into actual programs, however, depended primarily on the effectiveness

⁷William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: The Johns Hopkins University Press, 1972), pp. 10, 265-67, 311. This generalization may need further refinement, but it does provide a useful comparative framework for the study of Russian physicians of the period.

of its practical medical work.

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Our conception of the average medical practitioner in nineteenth century Russia has been distorted by the characterizations of physicians in two major literary works of the 1860s. In Fathers and Children the medical student Bazarov is portrayed as more interested in dissecting frogs and doing autopsies than in the practice of medicine. And Kirsanov in What is to be Done? is described as sharing the view of many colleagues who were indifferent to careers as medical practitioners:

To them the medical art is in its infancy, and they busy themselves less with the art of attending the sick than with the gathering of scientific materials for future physicians. They busy themselves less with the practice of their art than with the program of their beloved science.⁸

Bazarov was patterned after a physician Turgenev met on a train, and Kirsanov's prototype, Sechenov, did make a major breakthrough in the field of neurophysiology with his

⁸N.G. Chernyshevskii, What is to be Done? Tales about New People, trans. Benjamin R. Tucker (New York: Vintage Books, 1961), p. 59.

experiments on frogs.⁹ But neither of these figures represented the mass of physicians in the Russia of their day.

Most Russian physicians were engaged in very practical work, especially efforts to control infectious disease, the major cause of Russia's exceedingly high mortality rates. During the Crimean War physicians recognized that the majority of fatalities were not caused by battle wounds but by infectious disease. Not only the rank and file in the armed forces were vulnerable to this hazard, moreover, for many physicians had died or were disabled from infections contracted in the military hospitals in the "Eastern War".¹⁰ In both war- and peacetime, the most critical and persistent problem was epidemic disease. Between 1823 and 1859 there

⁹Isaiah Berlin, "Fathers and Children: Turgenev and the Liberal Predicament," Part II, New York Review of Books, 1 November 1973, p. 22. The work of I.M. Sechenov, Refleksy golovnogo mozga (Moscow, 1961), was first published in 1863 in Meditsinskii vestnik.

¹⁰Sinitzyn, "Iz vospominanii," Russkaia starina 152 no. 11 (November 1912): 422. Brokhaus-Efron, s.v. "voennaia meditsina," 8:840. C.R. Parke, "American Surgeons in the Russian Army," The American Journal of Medical Science 39 (April 1860): 570-72, reported that twenty-seven American surgeons served in the Russian army during the Crimean War, nine of whom died, seven of "typhus fever" and two of cholera. I am indebted to Dr. James E. Cassidy of the History of Medicine Department of the National Library of Medicine for this reference.

were over three million registered cases of cholera and a reported cholera mortality of over 1.28 million;¹¹ and cholera was only one of many of the epidemic diseases that afflicted Russia.

Russia's inability to control cholera epidemics after the middle of the nineteenth century indicated that she lagged far behind western Europe in her public health administration. During the period 1865-1872 almost one million Russians contracted the disease, and the figures indicated that not only was Russia unable to diminish the effects of cholera, but that the mortality from cholera was rising.¹² In England, on the other hand, the Medical Office of the Privy Council under the direction of Sir John Simon had succeeded in significantly reducing cholera morbidity

¹¹G.I. Arkhangel'skii, Kholernyia epidemii v Evropeiskoi Rossii v 50-ti letnii period 1823-1872 gg. (Pbg.: Stasulevich, 1874), pp. 2-3, gives the following statistics:

	<u>Cholera cases</u>	<u>Cholera deaths</u>
1823-1838	561,135	243,117
1847-1859	2,589,833	1,032,864

In 1848 alone there were 1,742,439 cases and 690,150 deaths.

¹²Ibid. See also, D.N. Zhbakov, Kholernyia epidemii v Smolenskoii gubernii 1831-1872 gg. (Smolensk: Mediko-statisticheskoe otdelenie Smolenskago Gubernskago zemstva, 1893), Table 1 (Supplement), p. 1.

and mortality.¹³ Although it was not uncommon for the uneducated Russian peasant to accept these epidemics as God's judgment, the medical profession could not be indifferent to the major improvements in cholera control in the West.¹⁴

According to medical thinking in the mid-nineteenth century, medical reform was not to be accomplished in the laboratory. Not until the 1880s, when the microscope had been sufficiently perfected to make possible the great bacteriological discoveries, was the practical significance of basic science fully recognized. Physicians in the 1850s and 1860s relied instead on empirical and statistical evidence to understand the causes and control of disease. Professor D. E. Min of the medical faculty of Moscow University argued for such an approach in 1862 in a speech to the Moscow Medical-physical Society entitled "Concerning the reform of medicine and the significance of hygiene as the

¹³Royston Lambert, Sir John Simon, 1816-1904, and English Social Administration (London: Macgibbon and Kee, 1963), pp. 377, 618.

¹⁴I.V. Vengrova, Iz istorii sotsialnoi gigieny v Anglii XIX veka (Moscow: Meditsina, 1970), pp. 190-217, shows the awareness among Russian physicians of English advances in public health.

science of society." Traditional medicine that focused on treatment had failed to overcome such great hazards as cholera, he said, and therefore Russia needed a "revolution in medicine, in the manner of a reform, based on the guiding principle that the physician's work should be less therapeutic and more prophylactic." As part of this reform, Professor Min recommended broad studies of environmental conditions, the collection of "statistics of the life and of the health of the populace," in order to learn the etiology of diseases.¹⁵

Professor Min's advice was in keeping with current techniques of preventive medicine. Most physicians ascribed to the "filth theory," the belief that many diseases could

¹⁵Zhuk, Razvitie obshchestvenno meditsinskoi mysli, p. 32. R.H. Shryock, The Development of Modern Medicine (N.Y.: Alfred Knopf, 1947), pp. 223-28, discusses the relationship between statistics and the public health movement in western Europe in the nineteenth century. James H. Cassedy, Demography in Early America: Beginnings of the Statistical Mind, 1600-1800 (Cambridge, Mass.: Harvard University Press, 1969) is an excellent introduction to this topic.

be traced to unwholesome environmental conditions.¹⁶ This premise was reinforced by physicians' observations of their patients, and even of their own experiences. As medical students, for example, they might have suffered the poor health described in the "Report on the health of students at the Medical-Surgical Academy for the academic year 1866-1867." Forty-nine percent of the 622 medical students had been sick and ten had died. The report correlated illness with living conditions, showing a greater incidence of illness among those students who lived in squalid apartments on the Vyborg side of the Neva River, ate poorly, and took on extra work such as tutoring, translating and copying.¹⁷

Cholera epidemics had repeatedly demonstrated that environment affected vulnerability to disease. The living

¹⁶More precisely, the theory was that disease was often caused by miasma--atmospheric vapors or particles that emanated from the refuse that was such an urban blight during this period. See John M. Eyler, "William Farr on the Cholera: The Sanitarian's Disease Theory and the Statistician's Method," Journal of the History of Medicine 28 (April 1973): 79-100, for a discussion of these disease theories and their gradual refinement with the improvement of medical-statistical research.

¹⁷A. Poletobnov, "Otchet o sostoianii zdorov'ia studentov Mediko-khirurgicheskoi akademii za 1866-67 uchebnyi god," Arkhiiv SMIOG 5 no. 1 (March 1869), Section IV: 30-31.

conditions of the poor--crowding, hunger, squalor--were fertile grounds for the rapid spread of cholera.¹⁸ But the disease also often followed strange, imponderable patterns indicating that other factors were involved. A report on the cholera epidemic in Warsaw in 1867 reflected current medical speculation:

Cholera has reigned in thousands of places in Russia, in most varied atmospheres and conditions, but Russian medicine has very limited data on the etiology of cholera The study of the statistics of cholera epidemics in certain places, the study of favorable conditions for its spread, might give the scientific nature and proximate causes of cholera, and even suggest some radical measures against it.¹⁹

Like their west European colleagues, Russian physicians stressed the need for careful medical-statistical investigations to discover the causes of cholera and other infectious diseases.

Russia's strong tradition of statistical research began in the eighteenth century with the encouragement of

¹⁸A. Leontovich, "Kholernaia epidemia v Khar'kov letom 1866 goda," Arkhiv SMIOG 5 no. 3 (September 1869): 1-33. Analysis of vulnerability in relation to class showed (p. 3) that the upper class (dvorianin) was half as vulnerable as the peasantry and only one fifth as susceptible as foreigners who lived in the least sanitary sections of the city.

¹⁹Arkhiv SMIOG 6 no. 3 (September 1870): 45-46.

the scientist and educator, M. V. Lomonosov (1711-1765). The first Russian work on hygiene, a study of working conditions in the mines and iron works of the Urals, appeared in 1798,²⁰ and records of the first cholera epidemics, 1823-1832, indicate that by then Russian medical statistics were well developed.²¹ By the time of the Great Reforms, many publicly employed physicians accepted as their standard task the analysis of mortality and disease in relation to environmental conditions--the quality of food, water, soil and air, living conditions, ethnic patterns, and

²⁰O.V. Grinina, "Obshchestvenno-politicheskoe znachenie sanitarno-saniticheskikh issledovanii vtoroi poloviny XIX v.," Sovetskoe zdravookhranenie, 1954, no. 4, pp. 48-53; Selezneva, Ocherki po istorii zdravookhranenie, pp. 135-40.

²¹McGrew, Russia and the Cholera (Madison, 1965) 1823-32, pp. 43-47, 84-97. The Soviet claim that Russia was a leader in medical statistics (Ibid., p. 187, n. 33) seems valid, particularly in the field of morbidity statistics; the cholera data collected in Khar'kov in 1866 (see above, n. 18) indicates careful attention to incidence of disease, as well as mortality. The lack of morbidity statistics in England in the nineteenth century is discussed in Eyler (see above, n. 16), p. 87 and nn. 35-36. I am indebted to Dr. James E. Cassidy of the National Library of Medicine for assistance in evaluating this material.

labor conditions in rural and urban industry.²² The importance of this technical ability cannot be overestimated, for Russian physicians were not only well informed on Western medical techniques, but also had the statistical tools to apply that knowledge.

The Medical Department of the Ministry of the Interior further stimulated medical statistical investigations with two new publications, The Archive of Forensic Medicine and Community Hygiene (1865-1871) and the Medical Topography Collection (1870-1876). The former publication was a substantial quarterly distributed to all government-employed physicians. Devoted in large part to questions of medical reform, its contributors shared the attitude that "the times and the accomplished reforms of our society, by the natural order of things, must also touch on medical problems in Russia."²³ Both publications ranged widely over questions

²²B.D. Petrov, "Medico-topograficheskie opisanie v Rossii (do 1861 g.)," Sovetskoe zdravookhranenie, 1960, no. 1, pp. 46-52; F.D. Markuzon, Ocherki po sanitarnoi statistike v dorevoliutsionnoi Rossii i v SSSR (Moscow: Gosstatizdat, 1961).

²³Vl. Snegirev, "Medico-khirurgicheskaya akademiya, ili meditsinskii fakultet?" Arkhiv SMIOG 6 no. 3 (September 1870), Section V: 1. The thrust of this article is that the Medical-Surgical Academy should be dissociated from the Army and be coordinated with the other medical faculties. The history of the Arkhiv SMIOG is discussed in Zhuk, Razvitie obshchestvenno-meditsinskoi mysli, pp.81-91.

of public health--working conditions in the mines of the Urals, on Volga River steamships, and in rural areas where distilleries existed; venereal diseases among prostitutes in the capitals; and the general living conditions of the peasantry.²⁴ Emphasizing the problems of the neglected lower classes, the writers for these publications urged that trained medical care be provided for the rural and urban working classes. The editor of one volume of the Medical Topography Collection, G.I. Arkhangel'skii (1837-1899), argued that statistical analyses of various areas of the Empire were essential to define Russia's

needs in sanitary matters and to show the means appropriate to satisfying those needs . . . Intrinsic to the medical profession are the specialized knowledge and the close contact with the people, which enable the physician to carry out investigative work; he is more able than any other to describe those biological and local conditions that cause illness and weaken resistance to epidemics--those conditions that were so ap-

²⁴See, for example, V.O. Portugalov, "Rabota v rudnikakh i giiena gornorabochikh rudokopov," Arkhiv SMIOG 6 no. 4 (December 1870), Section III: 43-83, and A. Leontovich, "Medikotopograficheskoe i mediko-statisticheskoe opisanie Khar'kovskoi gubernii," Mediko-topograficheskii sbornik 2 (1871): 1-450. Reginald E. Zelnik, Labor and Society in Tsarist Russia: The Factory Workers of St. Petersburg, 1855-1870 (Stanford: Stanford University Press, 1971), Chapter 7, relies heavily on the Arkhiv SMIOG.

parent during the last cholera epidemic, the virulence and spread of which was significantly abetted by the unsatisfactory sanitary, economic and cultural conditions of the populace.²⁵

Medical statistics, in other words, were considered the key to medical reform.

In St. Petersburg a series of medical studies confirmed current fears that Russia was encountering urban problems similar to those prevalent in western Europe. A study entitled "Life in St. Petersburg according to statistical data" portrayed the unfortunate by-product of industrialization--an impoverished proletariat that was susceptible to disease because of unhealthy living and working conditions. The author estimated that the lower classes comprised only one-seventh of the city's population but contracted eighty-nine percent of the cases of small pox, seventy-four percent of typhus, sixty-two percent of tuberculosis, and fifty percent of the cases of scarlatina.²⁶ A comparison with data for western Europe revealed that mortality

²⁵Mediko-topograficheskii sbornik, 2 (1870): 1-2.

²⁶G.I. Arkhangel'skii, "Zhizn v Peterburge po statisticheskim dannym," Arkhiv SMiOG 5 no. 2 (June 1869), Section III: 45; for the entire study, see *Ibid.*, 33-84, and 5 no. 3 (September 1869), Section III: 85-143.

rates in Petersburg were much higher. The mortality per thousand in Petersburg for 1856-65 was 42.4, as compared to 28.9 for Brussels, 28.5 for Paris, 27.4 for Berlin, and 25.0 for London.²⁷

F. F. Erisman (1841-1915), a Swiss physician who emigrated to Russia in 1869 and became a leader of the Russian medical profession, began his Russian career with several publications about Petersburg conditions in the Archive of Forensic Medicine and Community Hygiene. He described the sanitary hazards of the basement dwellings of the lower classes of Petersburg and criticized the inadequacy of the legal restraints on tenement owners.²⁸ A contemporary satirist commented that

Dante would have made of this material an additional and perhaps most stupendous Canto of his Inferno. Only Beelzebub might be able to imagine something more hellish, more loathsome as a punishment for sinners, than

²⁷ Ibid. 5 no. 2, Section III: 37.

²⁸ "Podval'nye zhilishcha v Peterburge," Arkhiv SMIOG 7 no. 3 (September 1871), Section III: 1-56; "Nastoiashchee sostoianie v sanitarnom otnoshenii domov kniaza Viazemskogo v Peterburge," is reprinted in F.F. Erisman, Izbrannye proizvedeniia, 2 vols. (Moscow: Medgiz, 1959), 1: 239-56. Erisman's career will be discussed below, pp.

Petersburg cellars.²⁹

The Kazan Medical Society conducted an unusually comprehensive medical-statistical analysis under the direction of its president, Professor A. V. Petrov of the medical faculty of Kazan University. All but four of the fifty-five physicians practicing in the city of Kazan in 1872 participated in a survey of 10,987 patients with major illnesses. Echoing the conclusions of Petersburg physicians, the study pinpointed poverty and local labor conditions as causative factors of illness.³⁰

Studies of the effects of urbanization and industrialization were unpleasant portents, for Russia was entering a period of increased industrial activity, and there was an obvious need to reverse the current debilitating trends in urban health. Ninety percent of Russia's population lived in rural areas, however, and therefore many medical researchers turned from studies of urban conditions to the general problems of public health throughout the Empire,

²⁹Vl. Mikhnevich, Nashi znakomye (feletonnyi slovar' sovremennikov s 71-m portretam-karikaturami) (Pbg.: E. Goppe, 1884), p. 247.

³⁰Zhuk, Razvitie obshchestvenno-meditsinskoi mysli, pp. 129-32.

particularly to the immense problem of medical care of Russia's recently emancipated peasantry.

Extensive epidemics in rural areas indicated the need for a radical improvement in rural medical care, but little was known of the specific environmental hazards that affected peasant life. The study of "popular medicine" (narodnaia meditsina)--peasant health traditions, habits, and needs--became a new area of medical investigation. I. I. Molleson (1842-1920), who later figured largely in the progress of Russian rural medical programs, published one of the earliest of these studies in 1869. He described the incredibly superstitious and harmful practices of peasant witchdoctors and midwives and reached this conclusion:

Here is thus a short sketch of popular medicine. Many healthy people die in Russia solely because of it, even more are crippled and remain broken, weak or feeble-minded for an entire lifetime. . . . Much hope was placed in the local self-governments [zemstvos], but that hope seems futile. . . . The physicians they employ flee from this service at the first convenient opportunity without a backward glance. The Russian people are again left with their superstitions, inseparable from the midwives and bonesetters.³¹

The injurious influence of folk healers and a fatalis-

³¹I. I. Molleson, "Ocherk narodnoi meditsiny v Rossii," Arkhirv SMIOG 5 no. 4 (December 1869), Section III: 19.

tic attitude toward death affected the health of the peasantry. "Many mouths--little bread" the impoverished peasant would say in resignation when a child died, viewing infant death as some divinely ordered method of population control. It was difficult for physicians to convince the peasantry to practice the rudiments of infant and child care, for mothers would argue that "if the children do not die, what will we do then? . . . Soon there will be no place to stand in the izba."³² The problems of ignorance, fatalism and superstition were, of course, closely bound to the poverty and hunger that prevailed among much of Russia's peasant population. Molleson wrote in 1871:

It is astounding that in these conditions the people do not die one and all. Needless to say in such circumstances drugs have not the least significance, because medicine is hardly nourishment, and the peasant needs not to be

³²A.I. Shingarev, Vymiraiushchaia derevnia (Pbg.: "Obshchestvennaia pol'za," 1907), p. 137; See also, D.I-va, "Iz zapisok zemskago vracha," Russkaia mysl' 5 no. 12 (December 1884): 75 and V.A. Posse, Moi zhiznennyi put', (Moscow-Leningrad: "Zemlia i fabrika," 1929), pp. 91-97. William L. Langer, "Checks on Population Growth: 1750-1850," Scientific American, February 1972, pp. 92-99, shows that this was not an isolated Russian pattern.

treated but to be fed.³³

Physicians' studies exposed desperate conditions of the Russian masses that could not be resolved if the profession viewed its role as one devoted primarily to treatment medicine. The delivery of direct medical care to all of the Russian people was, for practical reasons, impossible--it would be many decades before Russia would have enough physicians to establish a physician/patient ratio of satisfactory proportions.³⁴ The only logical solution was to concentrate on preventive medicine to ameliorate the conditions that made the lower classes so vulnerable to disease. Statistical evidence would be used to pinpoint major causes of Russia's high infant mortality and the geographic areas where epidemic diseases were unusually preva-

³³Selezneva, Ocherki po istorii zdravookhraneniia p. 157, gives this quotation from Molleson's Zemskaia meditsina (1871). See also, P.A. Peskov, "Opisanie Durykinskoi volosti Moskovskago uезда v sanitarnom otnoshenii," Sbornik statisticheskikh svedenii po Moskovskoi gubernii. Otdel sanitarnoi statistiki (hereafter cited as Sbornik SSMG.OSS) 1 no. 3 (Moscow: Moskovskoe gubernskoe zemstvo, 1879): 156-58.

³⁴Savitskii, "Ob ustroistve vrachebnykh posobii," pp. 8-12, and p. 9 n. 1; G.I. Arkhangel'skii, "Bogata-li Rossiia vrachami?" Arkhiv SMiOG 6 no. 4 (December 1870), Section V: 20-25; V.V. Garmiza, Podgotovka zemskoi reformy 1864 g. (Moscow: izd.Moskovskogo universiteta, 1957), pp. 29-33.

lent. The data on infant mortality, for example, showed a sharp rise during harvest time; physicians therefore established summer nurseries to care for infants when their mothers must work in the fields. Using statistics on geographic patterns of epidemics, physicians could concentrate their efforts on the vulnerable areas, encouraging the populace to report illnesses immediately, when there was a greater possibility of cure and time to limit the spread if there was danger of contagion.

Programs for medical reform, no matter how scientifically valid they might be, could be only as effective as the nation's public institutions permitted. Before the Great Reforms Russia's administration of public health had many defects. After 1864 a new administrative structure, although far from optimal, offered physicians an unusual opportunity to turn their reform projects into actual programs.

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Russia's public administration was drastically reorganized by the zemstvo statute of 1864, which established local organs of self-government (zemstvos) in Russia's thirty-four central provinces. Looking back on this re-

organization thirty five years later, a prominent medical leader emphasized its importance to medicine as the demarcation between a period (1620-1864) of medical centralization under state control (gosudarstvenno-tsentralizatsionyi) to one of decentralization under community control (gosudarstvenno-obshchestvennyi).³⁵ During the 1860s physicians evaluated the state's public health record and considered projects to be introduced under the new system.

Many physicians had served in the armed forces, especially during the Crimean War, and therefore frequently judged the government's administrative abilities according to these experiences. N. I. Pirogov spent a discouraging tour of duty in the Crimea, where "while supervising the treatment of wounded soldiers at Sevastopol, he simultaneously waged a campaign against the embezzlers, speculators,

³⁵E.A. Osipov, E.V. Popov, and P.I. Kurkin, Russkaia zemskaja meditsina (Moscow, 1899), p. 58. There is an extensive body of literature on the local self-governments' public health work. Several good treatments are V. Ia. Kanel', "Obshchestvennaia meditsina v sviazi s usloviami zhizni naroda," Istoriia Rossii v XIX veka, 9 vols. (Pbg.: A. & I. Granat, 1909-11), 8:156-262; Ocherki istorii russkoi obshchestvennoi meditsiny (k stoletiiu zemskoi meditsiny). Sbornik statei, ed. P.I. Kal'iu (Moscow: "Meditsina," 1965); and L.N. Karpov, Zemskaja sanitarnaia organizatsiia v Rossii (Leningrad: "Meditsina," 1964).

and incompetents who were disgracing Russia's military hospitals."³⁶ He published a full critique of Russian military medicine in 1865, The Principles of General Military Surgery, based on observations of military hospital practice and memoirs of the Crimean War, in which he argued that proper administration rather than specific medical improvement was essential to reform military medicine. In the Crimea medical administration had been in the hands of non-medical commanders, with disastrous consequences. The mismanagement of the evacuation of the wounded, the maladministration of military hospitals, and the rampant spread of epidemic diseases could be traced to the fact that medical personnel had not been given adequate powers.³⁷

Medical writers analyzing the state's administration of the public health of the civilian population focused particularly on the plight of the newly emancipated peasantry.

³⁶ Mathes, "N.I. Pirogov and the Reform of University Government," p. 36.

³⁷ BME, 2d ed., s.v. "Meditsinskaiia voenaiia," 17:561-66, gives a resumé of Pirogov's Nachala obshchei voennopolevoi Khirurgii (Dresden, 1865). M. Jeanne Peterson, "Kinship, Status and Social Mobility in the Mid-Victorian Medical Profession" (Ph.D. dissertation, University of California, Berkeley, 1972), pp. 331, 399 n. 11, notes that British doctors in the Crimea had similar complaints.

The average peasant passed from birth, through sicknesses to death without contact with trained physicians. In the memoirs of the painter, Vladimir Maksimov, there is a vivid description of how this situation was perceived by someone of peasant origin. He returned to his peasant home in the early 1860s after living among university youths who "talked of the narod and freedom behind their glasses of ale in their noisy meetings." Their talk had accomplished little, he thought bitterly, as he watched his ten-year old niece dying in the typical state of "helplessness of the peasantry, with neither medical care nor money, living in neglect."³⁸

Russia's rural population lived far from medical centers, and the few government physicians assigned to the outlying districts were usually located in cities and had little time to venture beyond their administrative duties. They were employed by the Ministry of the Interior in the Office of Community Services (Prikaz obshchestvennago prizreniia)

³⁸V.M. Maksimov, "Avtobiograficheskie zapiski V.M. Maksimova," Golos minuvshago 1 no. 6 (June 1913): 167; Ibid. 1 no. 4 (April 1913): 147, recounts Maksimov's experience as a six-year old, left to watch over his dying father, who was also without medical care. I am indebted to Dr. Elizabeth Valkenier for this reference.

established in the time of Catherine the Great. Overburdened with administrative functions, they examined recruits, performed autopsies, supervised corporal punishments; and during epidemics they assisted the police in enforcing disinfection measures, compulsory hospitalization and quarantines. Their work was more in the realm of bureaucratic or police functions than direct medical care for the populace.³⁹

Many government physicians worked in the state hospitals in the provinces, but here too they had little contact with the rural population, which assiduously avoided the hospitals. Often located in distant cities and too expensive for the peasantry, these hospitals were greatly distrusted. They

repelled the simple people by requiring their passports, by the negligence of hospital personnel, the coarse mistreatment by drunken feldshers, and, primarily, their bureaucratic

³⁹Savitskii, "Ob ustroistve vrachebnykh posobii," pp. 8-18; B.B. Veselovskii, Istoriia zemstva za sorok let, 4 vols. (Pbg.: O.N. Popov, 1909-11) 2:267-72; N.P. Zagoskin, Vrachi i vrachebnoe delo v starinnoi Rossii (Kazan: izd. Kazanskago universiteta, 1891). Osipov, Russkaia zemskaiia meditsina, pp. 67-70, discusses the study made by the Medical Department of the Ministry of the Interior and its report (1862) that drastic reforms were needed.

(kazënyi) appearance and annoying regimentation.⁴⁰

In subsequent years physicians vied with each other to describe the horrors of pre-Reform state hospitals. In a hospital in Kursk, it was reported, the "lavatory walls were covered with dirt, urine seeped to the ward on the floor below, and there was no adequate ventilation."⁴¹ In Tver province the state hospitals "had the reputation of being worse than jails, and to be in one was considered the greatest of misfortunes."⁴² Some hospitals found it necessary to include in their registries the category bezhalo bolnykh--the patients who ran away.⁴³

The central administration's record in providing medical services was assuredly a poor one, but some remnants of the

⁴⁰Savitskii, "Ob ustroistve vrachebnykh posobii," p. 11. Before the 1880s feldshers were usually semi-literate peasants who had received minimal training to be hospital attendants or to give health care to the peasantry; subsequently their training improved.

⁴¹Osipov, Russkaia zemskaia meditsina, p. 65.

⁴²S.N. Korzhenevskii, Zemskaia meditsina v Tverskoi gubernii, vol. 1: Meditsinskoe delo v uezdakh (Tver: Sani-tarnyi otel Tverskoi gubernskoi upravy, 1903), p. 162.

⁴³Vrach, 1894, no. 18, p. 513. For other descriptions of pre-Reform hospitals, see Sinitsyn, "Iz vospominanii," Russkaia starina, 154 no. 6 (1913): 502, and Zhuk, Razvitie obshchestvenno-meditsinskoi mysli, pp. 23-29.

state pattern were useful to future programs of public health. The government had recognized that because the vast majority of the peasants were impoverished, physicians could not afford to work in rural areas. In the 1850s the Ministry of State Properties introduced a pilot project to provide regional (okruzhnye) physicians for some of the state peasants. The program's success was limited because the number of physicians was too small and they were assigned districts of unmanageable size. At the time of the Great Reforms most of rural Russia, and urban Russia too, remained in a state of "helplessness . . . living in neglect." The project for regional physicians of the 1850s, although inadequate in practice, did establish an important model for future programs of rural medical care.⁴⁴

The shift of public health functions to the local self-governments had wide repercussions. When the zemstvo statute was framed, there was disagreement over whether health and education should be entrusted to the local institutions. A recent study of the decentralization of Russian administration in the 1860s notes that the ultimate

⁴⁴I.D. Strashun, "Polveka zemskoi meditsiny (1864-1914)," Ocherki istorii russkoi obshchestvennoi meditsiny, pp.31-33.

decision

to draft legislation to cover zemstvo activity in the areas of health, education and jails . . . dramatically broadened the range of public life in the provinces for generations to come.⁴⁵

The zemstvos devoted great energy and expenditures to developing an impressive rural medical program, "zemstvo medicine," and the Russian medical profession gave that program its solid support. Although the zemstvo representatives (zemtsy) and physicians worked together to achieve this success, their attitudes toward the program were quite dissimilar. A brief description of the functioning of the zemstvos, their work in the field of public health, and the physicians' position within the zemstvos, will clarify this difference.

The zemstvos were institutions that embodied a very limited form of representative government. Local property owners, the landowning nobles and also the peasant communities, elected representatives to district (uezd) zemstvo assemblies. The representatives were primarily of the noble class, although there were some peasants among

⁴⁵S. Frederick Starr, Decentralization and Self-Government in Russia, 1830-70 (Princeton; Princeton University Press, 1972), p. 287.

them. The district assemblies met for a few days in the fall and elected from among their members delegates to the province (gubernia) assembly that met at the end of the year. Both the district and province assemblies resolved issues within their respective jurisdictions and agreed on general policies for the ensuing year. During the considerable period between assembly meetings, the administration of the zemstvos was entrusted to the board (uprava) of each district and province zemstvo. The boards, composed of from three to six zemtsy who had been elected by their assembly, were virtually all-powerful for most of the year.⁴⁶

The substance, or purview, of these "institutions of local self-government" was as limited as their form. Their competence was narrowly defined to include only local, economic problems that had neither national nor political ramifications. To many contemporaries, however, the zemstvo statute had political implications as the first step toward representative government in Russia. The

⁴⁶Samuel E. Allen, "The Zemstvo as a force for social and civic regeneration in Russia: A Study of Selected Aspects, 1864-1905" (Ph.D. Dissertation, Clark University, 1969), surveys the organization of the zemstvos.

successful administration of local needs was cited as proof of Russia's self-governing abilities, proof that representative government could be extended to the national level. As the zemstvos gradually displayed their capabilities in the field of public health, zemtsy and the supporters of the zemstvos in the press and society in general, began to cite zemstvo medicine as eloquent proof of the advantages of self-government.

The zemstvos did not immediately show great zeal for improving local public health. In fact, the initial response of many zemstvo assemblies to the government's charge of responsibility in this field was one of negligible enthusiasm. An article published in 1869 in the Archive of Forensic Medicine and Community Hygiene severely criticized the zemstvos' record in health administration. The province of Pskov had eliminated the position of district physician, and many other zemstvos had begun to follow this example in an effort to reduce expenditures. In areas where regional physicians for state peasants had been instituted before 1864, the assemblies began to "argue for the urgency of abolishing them," finding physicians, veterinarians and feldshers unnecessary.⁴⁷ An examination

⁴⁷Savitskii, "Ob ustoiistve vrachebnykh posobii," p. 18.

of zemstvo petitions in the early 1870s reveals that many zemstvos wanted to be relieved of their financial responsibilities for medical care.⁴⁸

The Kazan province zemstvo rejected a broad and imaginative plan for health reform proposed by the Kazan Medical Society in 1871. The following year the Kazan zemstvo physicians gathered for their first meeting to discuss their program and progress. Reviewing the Report of that meeting, the Secretary of the Kazan Medical Society suggested that it be retitled "The Tears of the Zemstvo Physicians of Kazan Province" because from "beginning to end it was filled with complaints about the unfortunate position of zemstvo physicians, who were looked upon by the zemstvo board and assembly as the former serfs were by their masters."⁴⁹

Despite these unpleasant and ill-omened beginnings, the zemstvos gradually developed constructive programs of public health. There were some practical reasons for the change in attitude from resistance to active support. After

⁴⁸N. Karyshev, Zemskie khodataistva, 1865-1885 gg. (Moscow: A.A. Lang, 1900), pp. 228-30.

⁴⁹Zhuk, Razvitie obshchestvenno-meditsinskoi mysli, pp. 142-43.

the emancipation of the serfs there was a shift in the living patterns of some of the nobility, for they could no longer realize an adequate income as absentee landlords and were forced to give up their urban residences and devote themselves to the management of their estates. The upper classes needed local physicians for their own care and for the prevention and control of the contagious diseases that plagued the rural areas. The fear of contagion from the lower classes is evident in an early report on syphilis:

No family, regardless of estate, is safe . . . no person, no matter how just or high-minded his life, can be guaranteed that this illness will not be carried into his home by a nurse, wet-nurse for his infants, or a housemaid for his mother, wife or daughter . . .⁵⁰

Enlightened self-interest was one motivating factor in the support the zemtsy gave to local medical programs.

Political factors also attracted some zemstvo representatives to the program of zemstvo medicine. In marked contrast to programs for popular education and food supply, zemstvo medicine was relatively free of control

⁵⁰Quoted in L.N. Karpov, Zemskaia sanitarnaia organizatsiia, pp. 49-50, from the 1867 report of the commission on zemstvo medicine of the Poltava assembly.

and restraint by the central government.⁵¹ Consequently, progressive zemtsy interested in the development of the local self-governments as independent political institutions often concentrated their efforts on the medical programs. Zemtsy did in fact play an essential part in fostering zemstvo medicine, for the zemstvo physicians were seldom members of the zemstvo assemblies and therefore had no control over the legislation for and executive supervision of the program. Zemtsy on the zemstvo board, or in the special "medical conferences" that some boards appointed, served as the coordinators of zemstvo medicine. They reviewed current medical programs, evaluated physicians' recommendations, formulated proposals for the zemstvo assembly to consider, and explained those proposals when they were discussed in the assembly.⁵²

⁵¹S.N. Igumov, "Zemskaia meditsina i narodnichestvo," ORVvpNIP, Trudy odinnadtsatogo s'ezda (Pbg., 1910), 1: 80. For the difficulties that impeded the zemstvo operation of food supply, see Richard G. Robbins, Jr., "Russia's system of Food Supply Relief on the Eve of the Famine of 1891-92," Agricultural History 45 no. 4 (October 1971), 259-69.

⁵²For a history of the various collegiate organs of the zemstvos that supervised the medical programs, see D.N. Zhbakov, O deiatel'nosti sanitarnykh biuro i obshchestvenno-sanitarnykh uchrezhdenii v zemskoi Rossii (Moscow: Rikhter, 1910). Osipov, Russkaia zemskaia meditsina, pp. 153-58, describes the work of the Moscow province medical conference in the 1870s.

The expansion of medical services in areas administered by the zemstvos in the two decades after the zemstvo statute of 1864 was, in fact, impressive. Where there had been no health services, the zemstvos had developed a network of clinics, hospitals, and public health programs staffed with competent medical personnel. Where there had been only illiterate feldshers who treated the peasantry from their filthy izbas, the zemstvos had introduced well-trained paramedical personnel, whose work was supervised by zemstvo physicians.⁵³ The record was striking when compared with that of the state: in 1886, 20.06 percent of the people living in the zemstvo provinces received medical care, whereas in the non-zemstvo regions of European Russia where public health was administered by the state only

⁵³In 1870 there were approximately 600 zemstvo physicians and 2,800 assistant medical personnel; in 1890 the figures were 1610 physicians and 6,800 assistants (B.B. Veselovsky, Istoriia zemstva za sorok let, 1:359, 431). The number of hospital beds received by the zemstvos was 11,309; in 1890 the number had increased to 26,446 (Ibid., 387). Expenditures on zemstvo medicine rose from 2,229,200 rubles in 1871 to 10,908,500 rubles in 1890 (Ibid., 415).

6.39 percent of the population received medical care.⁵⁴ The early historian of the zemstvos, B. B. Veselovskii, expressed a commonly held view when he stated that zemstvo medicine was "one of the most valuable products of the works of the local self-governments, of which the zemstvos had every right to be proud."⁵⁵ Thus where zemstvo medicine progressed rapidly and effectively, interested zemtsy could justifiably cite the program as evidence of the benefits of local self-government.

The Russian medical profession's interest in zemstvo medicine was of a somewhat different order than that of the zemtsy. Physicians were not as interested in the zemstvos as examples of representative government as they were in the practical consequences of the shift of public health administration to these new local organs. The zemstvo statute directly affected physicians' professional role, for many of that large majority of physicians who worked

⁵⁴D.N. Zhbakov, writing in Vrach, 1888, no. 48, p. 974, cited these figures in a review of the annual (1886) report of the Medical Department, and claimed that they were a "brilliant acknowledgement of the significance of zemstvo medicine."

⁵⁵B.B. Veselovskii, Istoricheskii obzor deiatel'nosti zemskikh uchrezhdenii S. Peterburgskoi gubernii (1865-1915) (Petrograd, 1917), p. 277.

for the state before the Great Reforms were subsequently transferred to zemstvo employment. Zemstvo boards assumed jurisdiction over regional physicians and employees of the Office of Public Services; and the boards were also empowered to hire other physicians, as well as teachers, agronomists, veterinarians, and statisticians to carry out their functions. As hired experts physicians were interested in the zemstvo institutions primarily as a new type of employer. Rarely members of the zemstvo assembly, they did not participate directly in the growing local political activity.⁵⁶

Two major questions were of concern to the medical profession at this juncture: Would employment in the zemstvos have advantages over medical employment in the civilian and military bureaucracies? And would the zemstvos be more effective than the central administration in resolving Russia's health problems? The first of these

⁵⁶The public health functions assigned to the zemstvos by the Zemstvo Statute of 1864 were subsequently enlarged: PSZ, II, no.44240, 11 February 1867, reassigned taxes collected from state peasants for their medical care to the zemstvos, and PSZ, II, no.59399, 9 March 1879, entrusted epidemic controls to the district zemstvos. The expansion of functions necessarily increased the number of medical employees.

questions will be explored in the following chapter from the point of view of the medical profession in 1890. What concerns us here is the record of the zemstvos in the field of public health after "the role of the state had ended and the role of the zemstvos had begun."⁵⁷

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The development of zemstvo medicine, like that of the zemstvos in general, varied greatly from province to province, and even within a province each district program often evolved quite independently. A detailed analysis of zemstvo medicine throughout Russia, therefore, would be a cumbersome task, requiring numerous separate studies. Zemstvo medicine can be evaluated, however, by reviewing the gradual development of its essential features and examining the unusually successful program in Moscow province. Through its early development and the model program in Moscow, zemstvo medicine achieved well-defined characteristics and goals.

⁵⁷Savitskii, "Ob ustroistve vrachebnykh posobii," p. 18.

Early medical proposals for zemstvo medicine indicated an overriding interest in preventive, as opposed to treatment, medicine.⁵⁸ Despite this agreement on approach, however, physicians had quite varying degrees of success in implementing their programs. The province zemstvo of Poltava was among the first zemstvos to consider a program of rural health care. On the initiative of Prince N. A. Dolgorukov, who had served as a doctor under Pirogov in the Crimean War and who was President of the Poltava province zemstvo board, a commission was appointed to propose a rural health plan. The Poltava zemstvo published the commission's report in 1869 and also communicated with Pirogov to ask his opinion of it. Pirogov counselled that zemstvo medicine should concentrate on preventive methods to control the virulent epidemics among the lower classes, and that the rural physician should be not only a medical expert but an educator also, for his major task would be "to fight the ignorance of the popular masses and to change

⁵⁸ Most discussions of the early years of zemstvo medicine focus on the replacement of "travelling" physicians by "stationary" physicians, which was essentially a recognition that zemstvo physicians could not successfully bring treatment medicine to the entire population of their medical districts. See B.B. Veselovskii, Istoria zemstva, 1:349-55.

the aspect of their entire world view."⁵⁹ Despite this early interest in zemstvo medicine in Poltava, public health programs progressed slowly there. The publication of the commission's report and the publicity given to Pirogov's comments on that report, however, attracted the attention of the medical profession to the problems of zemstvo medicine.⁶⁰

Several other programs for zemstvo medicine were proposed in the next few years. In 1871, I.I. Molleson, later known as "the father of zemstvo medicine," published a widely publicized book, Zemstvo medicine. He envisioned the zemstvos as potential centers for extensive public health systems:

In this matter we Russians have the prospect of taking a strong step forward and showing the way to others, for, as is known, nowhere abroad

⁵⁹Osipov, Russkaia zemskaia meditsina, p. 146. For similar advice to the Perm province zemstvo, including the suggestion of hiring experts to do a medical statistical survey of the area in order to develop preventive medicine techniques, see "Nikolai Ivanovich Pirogov: 1872," Russkaia starina 52 no. 11 (November 1886): 505-07.

⁶⁰Zhuk, Razvitie obshchesvenno-meditsinskoï mysli, pp. 356-64. The report of the commission, Trudy postoiannoï meditsinskoï kommissii pri Poltavskoi gubernskoi zemskoi uprave (Poltava, 1869), was reviewed in Arkhiv SMIOG 5 no. 4 (December 1869), Section IV: 1-10.

has there been even an attempt at such an organization of public medicine, nor a systematic collective study of the causes of disease, with the aim of eradicating those diseases and thereby ending human suffering and raising the level of popular health, wealth and happiness.⁶¹

Molleson suggested that each province be blanketed by a network of zemstvo medical personnel, who would collect statistics on the health of every district and then submit that information to a central office for processing. The importance of such statistical research in the medical thinking of the era is apparent in Molleson's claim that his plan for such investigations was a means of "eradicating . . . diseases and thereby ending human suffering."

Molleson's views were echoed in Tver province in 1872 at one of the first meetings of zemstvo physicians, where one participant contended that

the zemstvo physicians must have full information on all aspects of popular life, the special conditions of his district regarding hygiene, economic well-being, food supply, traditions, superstitions and the degree of cultural development.⁶²

And at the second conference of zemstvo physicians in Samara in 1873, E. A. Osipov (1841-1904) carefully defined a public

⁶¹Quoted by Selezneva, Ocherki po istorii zdravookhraneniia, o. 163.

⁶²Osipov, Russkaia zemskaiia meditsina, p. 146.

health structure. His program was not fully implemented in Samara, but it has special interest because he introduced it in Moscow within a few years. Osipov proposed that zemstvo medicine be organized under the direction of a public health physician (sanitarnyi vrach).

The public health physician should be well acquainted with methods of community and personal hygiene and with medical statistics, on the basis of which he should be able to recommend to the district medical meetings whatever special public health work is needed All projected sanitary measures proposed by the public health physician should be submitted to the district meetings of physicians; but in the event of an epidemic or situations not permitting of delay, he should not await that meeting, but should in the interim take the necessary measures according to his own judgment and personal responsibility.⁶³

Osipov's proposal was eminently logical, and its scientific validity would not be contested today. The introduction of public health physicians throughout Russia became a primary goal of the medical profession as the best way to establish effective programs of preventive medicine. But the realization of that goal was difficult and success varied greatly from district to district.

Molleson and Osipov both had the opportunity to put

⁶³Zhuk, Rzavitie obshchestvenno-meditsinskoï mysli, p. 140.

their proposals into practice. Molleson became Russia's first zemstvo public health physician, employed by the Perm province zemstvo board in 1872. He left that position the same year, however, because of a conflict with the president of the board ostensibly over Molleson's action of affiliating the Perm Medical Society with the Kazan Medical Society. Molleson contended that the actual reason for his dismissal was his "meddling" in the general health conditions of the area, which had provoked the president of the zemstvo board to remark that Molleson would be replaced by a German doctor who would confine himself to his hospital responsibilities.⁶⁴

In 1873 Molleson established Russia's first zemstvo public health bureau in a district of Perm, but again he met with difficulties. Although Molleson could demonstrate with his medical-statistics that specific reforms were needed, the zemstvo refused to act on his proposals, and in 1876 the bureau was closed.⁶⁵ These were but the first of a

⁶⁴Karpov, Zemskaia sanitarnaia organizatsiia, pp. 52-54.

⁶⁵Selzneva, Ocherki po istorii zdravookhraneniia, pp. 164-67; D.K. Sokolov, "Pervyi vrachebnyi sovet v Rossii: K 100-letiiu do dnia organizatsii," Sovetskoe zdravookhranenie, 1973, no. 10, pp. 5962.

series of hassles with zemstvos and zemtsy that dotted Molleson's long career. Widely publicized because of Molleson's high reputation among physicians, these conflicts were not unique, but reflected the difficulties experienced by zemstvo physicians who attempted broad reforms. The tasks of zemstvo physicians often involved the investigation, detection, reporting and demand for change, of conditions existing on the personal properties belonging to the zemssy. The essential core of zemstvo medicine--its use of the tools of preventive medicine--was thus also the source of many political conflicts over its functioning, and one reason that in some areas its progress was blocked.

Osipov was far more successful than Molleson in implementing his ideas, for he was fortunate to be affiliated with the Moscow province zemstvo, one of Russia's most progressive zemstvo organizations. The outstanding record of Moscow zemstvo medicine was due in part to the guidance of D. N. Naumov (1830-1895), who presided over the province zemstvo board for its first twenty-five years. A graduate of the law faculty of Moscow University, Naumov was especially interested in the use of statistics in social reform, and it was under his aegis that medical statistics

flourished in Moscow province and established the guidelines for such work in the entire country.⁶⁶ In 1875 Osipov was invited by Naumov to become Secretary of the Moscow province public health bureau, a position that enabled Osipov to put into effect the proposals he had made to the meeting of zemstvo physicians in Samara in 1873.⁶⁷ In the following decade Osipov established a program that became the model for zemstvo medicine throughout Russia. It had a pyramidal structure based on zemstvo clinics distributed throughout the province and staffed by physicians and paramedical personnel. Along with their general medical work of treating the local population, these medical workers cooperated in two essential parts of the Moscow medical program--statistical investigations and popular hygiene education.

⁶⁶B.B. Veselovskii, Istoriia zemstva, 4:521; Entsiklopedicheskii slovar (Pbg.: F.A. Brokhaus and I.A. Efron, 1893-1904) (hereafter cited as Brokhaus-Efron), s.v. "Naumov (Dmitri Alekseevich)," 20A (1897): 694-95.

⁶⁷E.I. Arsen'ev, "Evgraf Alekseevich Osipov," Sovetskoe zdravookhranenie, 1954, no. 2, pp. 50-55. The following discussion of Moscow zemstvo medicine is based on Zemskomeditsinskii sbornik, Vol. 2: Moskovskaia guberniia. Material' obrabotan' v gubernskom sanitarnom biuro Moskovskago zemstva (Moscow: ORVvpNIP, 1891) and Osipov, Russkaia zemskaia meditsina, Part III: "Zemskaia meditsina v Moskovskoi gubernii."

One of Osipov's first projects in Moscow province was a review of the mortality rates, which showed that mortality was higher there than in Russia in general and the highest in the rural areas. In this study Osipov noted the inaccuracies of church statistics and began to devise a more uniform method of statistical research. Under his direction medical statistics were integrated into the program of Moscow zemstvo medicine, reflecting his conviction that the analysis of local variations of disease would reveal the "basic causes of illnesses en masse."⁶⁸ Every zemstvo physician learned the correct method to register patients, how to correlate data on morbidity and mortality with environmental conditions, and to file accurate statistical reports. Dr. Astrov, who was preoccupied with maps that plotted changes in the local ecology in Chekhov's "Uncle Vanya," was the personification of a Moscow zemstvo physician; Chekhov had, in fact, borrowed the maps for this play from a friend who was a medical statistician for the Moscow zemstvo.⁶⁹ The practical value of such statistics

⁶⁸E.O. E. Osipov, "Dolzhna li sushchestvovat' u nas zemskaya meditsina?" Vrach, 1880, no. 11, p. 190.

⁶⁹Chekhov, PSSiP, vol. 17, pp. 533-34.

was their definition of specific health needs that guided zemstvo physicians' plans for medical programs.

The second major feature of Moscow zemstvo medicine was its emphasis on popular hygiene education by local physicians. Well aware that rural health would not improve where superstition and popular ignorance militated against their work, zemstvo physicians carefully attempted to educate their rural patients in proper health practices. They gave instructions in infant and child care, explained the hazards of rural living, such as the effects of the smoke-filled izba on the eyes and lungs of its inhabitants, and tried to show the advantages of trained medical care over the practices of peasant healers and witch-doctors.

The medical program of the Moscow zemstvo was particularly notable for its good coordination. Gradually each district instituted a public health bureau composed of zemstvo physicians with a public health officer at its head; these bureaus processed the medical statistics, evaluated local needs, and worked together with the district zemstvos to plan and direct the local medical program. At the province level Osipov's public health bureau maintained contact with the district programs, giving needed assistance and direction. Osipov also organized annual week-long meetings

of Moscow zemstvo physicians, who reviewed their work, planned future programs, and transmitted their proposals to the zemstvo board for its consideration. After discussing such proposals with Osipov's bureau the board forwarded them to the zemstvo assembly for consideration.

Under Osipov's direction, zemstvo medicine in Moscow province thus developed an efficient structure that utilized preventive medicine techniques, gave the zemstvo physicians an integral role in the program, and coordinated medical work with the zemstvo institutions. With good reason physicians throughout Russia considered it an outstanding program and attempted to reproduce it wherever possible.

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Among the many contributors to zemstvo medicine, the stately and influential figure of F. F. Erisman towers above all others.⁷⁰ Vitally interested in the new "sanitary science," closely associated with the Moscow zemstvo pro-

⁷⁰V.A. Bazanov, F.F. Erisman, 1842-1915 (Leningrad: "Meditsina," 1966), is a good biography of Erisman. See also "F.F. Erisman, ego zhizn i deiatel'nost'," F.F. Erisman: Izbrannye proizvedeniia, 1: 7-43.

gram, and eventually Professor of Hygiene at Moscow University, Erisman's work from 1869 to 1883 epitomizes the outstanding developments in Russian public health during these years. A brief review of this portion of Erisman's career thus summarizes the professional attitudes of physicians after the Great Reforms.

Dr. Erisman was a Swiss physician who met and married one of Russia's first women physicians, N. P. Suslova, while she was studying abroad. Emigrating to Russia with Suslova in 1869, Erisman worked as an investigator and writer in the field of public health and then returned to western Europe for several years of advanced study. In 1875 he settled permanently in Russia, where he hoped to apply the ideas and methods he had learned abroad under the guidance of Max von Pettenkofer (1818-1901) of Munich, a leader in the field of public health.

In 1875-1876 Erisman published four lengthy articles in Notes of the Fatherland on techniques of preventive medicine used abroad and indicated how these methods could be used in Russia.⁷¹ "The Organization of Community Hygiene

⁷¹The articles varied in length from ten to forty pages, and appeared in Otechestvennye zapiski 37 nos. 4, 7, 11 (1875) and 38 no. 6 (1876).

in Russia" (1876) described Western governments' investigations and controls of industrial plants, and argued that the Russian urban and rural working classes needed similar protection. He concluded with a specific suggestion for the administration of such a program:

Thus our essay is finished. It was designed in the sincere hope that current health conditions of our rural and city life will not persist. In the projected organization of health planning in Russia it will be necessary to utilize the experience of Western governments and also to construct the proposed organization in accord with our local conditions Our laws recognize that public health is the responsibility of the local organs of self-government. It is hoped, therefore, that these organs will accept this essay as an appeal to them to give more attention than they have to this time to the question of community medicine--that they will fulfill the obligation imposed on them both by law and in the name of humanity.⁷²

Erisman was able to put his proposal into effect, when in 1879 Osipov invited him to direct an investigation of the factories of Moscow province.

Erisman's study of factory conditions in Moscow province exemplified the possibilities of adapting medical expertise to the zemstvo organization. In 1875 the Moscow

⁷²"Organizatsiia obshchestvennoi gigieny v Rossii," Otechestvennye zapiski 38 no. 6 (1876), republished in F.F. Erisman, Izbrannye proizvedeniia, 1: 83-95. The quotation is pp. 94-95.

province zemstvo petitioned the central administration for permission to conduct a statistical study of factory conditions. The government did not respond until 1879 when, mobilized by a threat of plague, it consented. Erisman devised an extensive questionnaire to evaluate the impact of factories on the health of the factory workers and the surrounding countryside.⁷³ It was an ambitious project that relied upon the cooperation of many people. Zemstvo, factory, and private physicians contributed to the study; local landowners, police officers, factory administrators and technicians, and zemstvo and other government employees also assisted in the work.⁷⁴ Erisman's factory study became a model for medical statistical work throughout Russia, with each region adjusting the techniques to its special needs.

⁷³The questionnaire used in the study is reprinted in F.F. Erisman, Izbrannye proizvedeniia, 2:201-07. The study comprised nineteen volumes, Sbornik SSMG.OSS 3 nos. 1-19 (1881-85); there is a summary of the work, F.F. Erisman, A.V. Pogozhev, and E.M. Dement'ev, Obshchaia svodka po sanitarnym issledovaniiam fabrichnykh zavedenii Moskovskoi gubernii za 1879-1885 gg. Sbornik SSMG.OSS 4 no. 1 (1886). This work was the basis for E.M. Dement'ev, Fabrika, chto ona daet' naseleniiu i chto ona u nego берет' (Moscow: I.D. Sytin, 1893)

⁷⁴Acknowledgements of indebtedness to community workers are noted in Sbornik SSMG.OSS 3 no. 1 (1881): iii-v, and no. 3, p. iv.

The study of Moscow's factories had very practical results. The introduction to one volume indicated the hope that the exposure of adverse sanitary conditions in factories would motivate social action and that

the contemporary chronicle of sanitary conditions in Russia . . . passing through the crucible of human understanding, would stimulate as a consequence zemstvo community medicine.⁷⁵

The hope was not unfounded. At the conclusion of his study, Erisman proposed that the zemstvo assume jurisdiction of the medical care of the industrial working classes and their families, and upon his recommendation, the Moscow province zemstvo assembly petitioned the central government for the right to do so. "Voluntary agreements" between zemstvo councils and factories were allowed, a procedure that developed slowly but fruitfully in subsequent years. Dry statistics had thus elicited community action that in turn developed improved factory medicine, a significant advance in a region undergoing rapid industrialization.⁷⁶

⁷⁵A.V. Pogozhev, "Kirpichno-gonsharnoe proizvodstvo Moskovskago uezda," Sbornik SSMG.OSS, 3 no. 2 (1881): 11. The underlined words are italicized in the original.

⁷⁶Osipov, Russkaia zemskaiia meditsina, pp. 155-58. Erisman's report to the eighth meeting of Moscow zemstvo physicians (1885) stimulated the petition, according to Vrach, 1885, no. 40, p. 671. For a contemporary evaluation of the program see D. Orlov, "Kratkii ocherk razvitiia zemskoi meditsiny v Moskovskom uezde," Zemskii vrach, 1891, no. 42, pp. 614-18.

Erisman's role as a leader of zemstvo medicine was strengthened in 1882, by his appointment as Professor of Hygiene at Moscow University. His inaugural address was a concise statement of his medical goals; he described the methodology of medical statistics, their practical application, and the distinctive advantages of preventive medicine. Erisman portrayed the statistical method as the means to discover "laws" to show the "causative relationships between natural phenomena and social life on the one hand, and the destruction of physiological functions of man, his illness and mortality--on the other."⁷⁷ Armed with these "laws", the medical profession could prevent disease. Erisman was emphatic in his preference for the techniques of preventive medicine:

Personally, I strongly believe that public health advances will sustain a brilliant victory over pure treatment methods; I do not doubt that soon even those medical students and physicians who are inclined to view medicine as an ordinary trade, will be forced to yield to public pressure and in their own interests take care that they are not too removed from the more ideal (ideal'nye) methods of sanitary science.⁷⁸

⁷⁷"Osnovy i zadachi sovremennoi gigieny," F.F. Erisman: Izbrannye proizvedennia, 1:54; the inaugural lecture was published in Russkaia Mysl' 4 no. 1 (January 1883): 38-49.

⁷⁸F.F. Erisman: Izbrannye proizvedennia, 1:59.

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In one respect, Erisman's appointment was the culmination of the period when a number of Russian physicians became convinced that preventive medicine was the correct pattern for health reform. For Erisman, however, the position marked the beginning of a new phase in his career. He hoped to use his teaching post to influence Russia's future physicians:

I will be happy, if during this course I am able to convince you that for the medical practitioner the practical significance of public health is fully equal to that of other fields of our medical education. I would predict, however, that even if I do not succeed in making you conscious of the great importance of good public health preparation for physicians, then in your practical experience--and especially in the work of a zemstvo physician which in all probability awaits many of you--you will quickly be convinced that preventive medicine--hygiene--has the prospects of a great future.⁷⁹

Erisman would be fully gratified in his hopes, for in the 1880s the rank and file of the medical profession did become convinced of the advantages of preventive medicine. It was the most effective means of translating the "ideals of the 'sixties" into medical practice.

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⁷⁹Ibid., p. 60.

In the 1860s, Ilya Mechnikov later recalled, "young people eagerly devoted themselves to science" in order to answer the "problems tormenting mankind." The intellectual excitement of the Reform Era and the pattern of medical employment stimulated physicians to concentrate on broad questions of medical reform. The shift of public health administration to the local self-governments in 1864 was an additional incentive, offering an opportunity to work within a new institutional framework. Physicians hoped that in the zemstvos they would be able to function more independently, unfettered by governmental controls and the dead weight of bureaucratic lethargy. To the medical profession, the Great Reforms presented the chance to shed the habits and hindrances of bureaucratic service and to construct a new professional role.⁸⁰

In 1880 Osipov claimed that there had been greater gains in public health in the years after the establishment

⁸⁰ Implicit in the medical literature of the 1860s and 1870s, this attitude is stated explicitly in Brokhaus-Efron s.v. "Zemskaia meditsina," by Ia.A. Kapustin, 12A (1894): 485. See also V.Iu. Skalon, "Zemstvo i narodnoe zdravie," Russkaia Mysl' 4 no. 5 (May 1883): 58-92.

of the zemstvo institutions than in the entire period from Peter the Great to 1864.⁸¹ Although in relative terms zemstvo medicine was an outstanding improvement, a realistic appraisal of its accomplishments in 1880 must conclude that its goals were quite imperfectly realized. What had been achieved was the establishment of a model--Moscow zemstvo medicine, predicated on close cooperation between the zemstvo institution and the zemstvo physicians and directed by a medical bureau that infused the program with preventive medicine techniques. But Moscow zemstvo medicine was only an oasis of achievement in the thirty-four zemstvo provinces. Other zemstvos continued to "stike at the enemy on all fronts" by employing treatment techniques instead of introducing broad programs of preventive medicine.⁸² Moreover, zemstvo medicine did not extend to the cities of the zemstvo provinces, nor, of course, to the non-zemstvo regions that were administered by the central

⁸¹Vrach, 1881, no. 1, p. 15; this was part of an article by Osipov, "Zemskaya sanitarnaya zadacha," that had appeared in Zemstvo 2 (1880).

⁸²"Vopros ob organizatsii zemskoi meditsiny na s'ezdah zemskikh vrachei," Sbornik sochinenii po sudebnoi meditsiny (hereafter cited as Sbornik SpSM) 11 no. 2 (June 1882), Section IV, p.23.

government. Public health reform in Russia was in reality in its infancy. Despite these reservations the establishment of a model program in Moscow province and the gradual incorporation of its methods in zemstvo programs elsewhere, had a profound impact on the medical profession.

Moscow zemstvo medicine was evidence that Russian physicians could translate their public service goals into a viable program. Adapting their programs to the realities of the local administrative and political organs, physicians in Moscow province had demonstrated the potentialities of the zemstvo institutions and the social value of their expertise. Of the many educated Russians stimulated by the Great Reforms to work for the general welfare, physicians were among the few who had been able to realize these goals by the early 1880s.

Such success could not be achieved without affecting the attitudes of the medical profession toward its role in Russian society. The following chapter will explore the growth of the profession in the 1880s, when pride in zemstvo medicine became an integral part of the corporate identity of the average Russian physician.

Chapter III

The Emerging Corporate Identity of Russian Physicians

During the 1880s the Russian medical profession matured as a corporate group with well-defined attitudes and goals. The profession had almost doubled in size since the Crimean War as a consequence of the government's generous subsidies to the medical faculties. The number of annual graduates of the medical schools and the Military Medical Academy was approximately three hundred in the 1860s, four hundred in the 1870s, and in the 1880s rose to over eight hundred.¹ Of the 12,520 physicians registered in Russia in 1889, over half had received their diplomas in the preceding decade.²

¹There were 6,889 physicians in Russia in 1858 and 10,830 in 1869, according to G.I. Arkhangel'skii, "Bogato-li Rossiia vrachami?" p.21. Legislation of 1876 encouraging medical studies is discussed above, pp.26-27. Table 6 shows growth in enrollment in the medical schools. Brokhaus-Efron, s.v. "Meditsinskii personal'," 18A (1896): 895, estimates that eight hundred physicians graduated each year.

²V.I. Grebenshchikov, "Opyt razrabotki rezul'tatov registratsii vrachei v Rossii," pp. 116-17; according to this study, in 1889 51.5% of the profession was under forty years of age.

They had entered the medical profession during its period of rapid transformation, for as the number of physicians multiplied, they began to strengthen their professional organization.³

Russian and non-Russian medical professions shared the same professional goal, the improved status of the medical practitioner, but because of basic differences in development, they employed divergent means to achieve this goal. In the West, where medical professions grew without governmental controls and "doctors" with questionable qualifications posed a problem, the movement for incorporation aimed at raising the caliber of medical practitioners. The Western professions pressured their governments to impose licensing

³BME, 2d ed., s.v. "Meditzinskie obshchestva," 17:759-63, describes the rapid growth of medical societies after 1858, especially in the 1870s and 1880s; by the end of the century there were over 150 provincial societies in addition to many in the capitals. D.N. Zhbakov, "Materialy dlia istorii russkoi meditsinskoi zhurnalistiki," Vrach, 1890, no. 12, p. 280, shows that thirty-eight journals were founded in the 1880s, compared with thirty-two in the preceeding three decades.

laws which would eliminate poorly trained physicians and sectarian "quacks".⁴ In Russia the profession had been created by the state, which controlled medical competence by supervising the examination and licensing of all physicians. Improving the caliber of physicians by enlisting the state's assistance was therefore not the profession's main objective. On the contrary, Russian physicians sought specifically to lessen state controls, which they perceived as the major cause of their limited prestige. They asserted that physicians in the West had been granted greater independence and that in Russia also "their freedom of action should be inviolable."⁵ To achieve this independence, they developed their professional institutions in a manner that would overcome their previous dependency upon the state.

In the process of redefining its position vis-a-vis

⁴Erwin H. Ackerknecht, M.D. A Short History of Medicine (New York: The Ronald Press, 1968), pp. 217-18; Richard Harrison Shryock, Medical Licensing in America, 1650-1965 (Baltimore: The Johns Hopkins Press, 1967), pp. 11-13, 109-11. For a lively contemporary analysis of the situation in the West, see H.J. Hardwick, Medical Education and Practice in All Parts of the World (London: J.A. Churchill, 1880).

⁵Discussion at the First Pirogov Congress, 1885, reported in Vrach, 1886, no. 2, p. 44. For the pattern of state controls, see above, chapter 1, and Ia. Chistovich, Istoriia pervykh meditsinskikh shkol' v Rossii (Pbg., 1883), pp. 366-79.

the state, the medical profession developed an unusual attitude toward its social role. During the 1880s most physicians continued to work in the public sector, which involved them in problems of public health. This occupational pattern, the numerical growth of the profession, the strengthening of its institutions, and the continuing expansion and achievements of zemstvo medicine, combined to give the Russian profession its distinctive aspect. Identifying with zemstvo medicine, the profession perceived the program as an effective means to improve its position in Russian society.

The consolidation of strong professional bonds among physicians was an unusual accomplishment. Russian society lacked professional and social groups with a marked degree of corporate consciousness and institutionalized forms of action, and the state did not encourage their growth. The expanding legal profession, for example, suffered a major setback in the 1880s. In 1879 the famous jury trial of Vera Zasulich, indicted for the attempted murder of the police chief of St. Petersburg, resulted in her acquittal. This was sufficient proof for the tsarist administration that the Court Reform of 1864 promoted political resistance, and thereafter military tribunals handled cases of civil

disorder.⁶ Lawyers who defended private citizens such as Zasulich against government actions or officials were quite expendable to a repressive government. A legal system with fragile principles of justice and judicial procedures that could be altered at will, posed major obstacles to the development of an independent legal profession.⁷

In the institutions of local self-government similar impediments to corporate action were imposed. The assassination of Alexander II in 1881 ushered in an era of harsh repression, when Alexander III and his advisors adopted policies of increased administrative controls over all areas of civic life. Throughout the decade, Russian educated society was aware that the administration was planning to reorganize the zemstvo and city governments. Several government commissions had considered proposals for changes in the zemstvo statute of 1864, and under the direction of the reactionary Minister

⁶Hugh Seton-Watson, The Russian Empire, 1801-1917 (Oxford: The Clarendon Press, 1967), p. 43.

⁷Some of the difficulties confronting the legal profession are treated in Samuel Kucherov, Courts, lawyers, and trials under the last three tsars (N.Y.: F.A. Praeger, 1953). See also Istoriia russkoi advokatury, vol. 1: Advokatura, obshchestvo i gosudarstvo, 1864-1914, by I.V. Gessen; vols. 2-3: Soslovnaiia organizatsiia advokatury, 1864-1914, ed. M.N. Gernet' (Moscow: izd. Sovetov prisiiazhnykh poverennykh, 1914-1916).

of the Interior, D. N. Tolstoy, the "counter-reforms" of 1889-1892 were planned.⁸ Public spirited people who had hoped to develop civil and political liberties in the local self-governments were thus greatly disappointed.

Against this backdrop of intensified restriction and repression, the growth of the medical profession in the 1880s was impressive. In 1881 a group of outstanding physicians founded Russia's first national medical society, the Pirogov Society, which sponsored three Congresses during the decade. The introduction to the Reports of the Third Congress that met in 1889 remarked on the singular nature of a meeting of 1,648 physicians in Saint Petersburg:

On the third of January in the Hall of the Nobility, the Third Pirogov Congress convened. In our quiet public life, not rich in remarkable occurrences, such an event as an all-Russian meeting of Russian physicians gathering not only from the great university centers, but also from the most remote places and distant regions, presents of itself in the highest degree a remarkable and gratifying fact.⁹

⁸Seton-Watson, The Russian Empire, pp. 463-67. The Counter-reforms will be discussed below, chapter 6. . L.G. Mamulova, "Zemskii vopros v periodicheskoi pechati epokhi Kontrreform," Vestnik Moskovskogo Universiteta, Seria IX: Istoriia, no. 2 (1966), pp. 57-68, reviews press coverage of the reorganization during its planning.

⁹G.M. Gertsenshtein, Introduction to Tretii s'ezd russkikh vrachei (Pirogovskii) v. S. Peterburge (3-10 Ianvaria, 1889): Polnyi otchet (Pbg.: izd. zhurnala "Prakticheskaiia meditsina," 1889), p. 1.

The medical profession's ability to develop its corporate institutions despite Russia's "quiet public life" was related directly to its professional role.

Physicians were relatively protected from the general repression because the government recognized the vital nature of their skills. Unlike private lawyers and local zemtsy, interested in civil and political liberties and therefore a nuisance to the tsarist regime, physicians possessed indispensable technical expertise. An outbreak of plague, such as was rumoured in 1879, was not only a national disaster but also had dire international ramifications affecting trade and foreign alliances.¹⁰ During such emergencies--which were frequent--physicians received governmental cooperation and assistance that was not accorded other public spirited people. Zemtsy, for example could not coordinate the activities of various provincial zemstvos because a statute promulgated in 1867 and numerous subsequent decrees prohibited inter-zemtvo meetings, but exceptions were made for physicians. The prospect of a diphtheria epidemic resulted in a large congregation of physicians in

¹⁰H. Heilbrunner, "The Russian Plague of 1878-79," Slavic Review 21 no. 1 (March 1962): 89-112.

Khar'kov in 1881, and in 1886 forty-four physicians affiliated with various zemstvos met in Kazan to coordinate measures against an anticipated epidemic of the plague.¹¹ The very nature of their skills thus enabled Russian physicians to meet, exchange ideas, cooperate in public health programs, and to develop strong corporate bonds.

Medical publications and societies reflected the profession's growth and also determined some of its special characteristics. Physicians were strongly influenced by two major institutions, the weekly newsletter, Vrach (The Physician, 1880-1901), and the Pirogov Society (Obshchestvo Russkikh vrachei v pamiat N.I. Pirogova, 1881-1917). Vrach was the most widely read of all medical publications; it "acquired an unusual authority in the medical world, influencing many by its social view," and attracted non-medical as well as medical readers by its "Chronicle" of current events.¹² The Pirogov Society became national in scope, and its Congresses represented a cross-section of the pro-

¹¹PSZ II, no. 44690, 13 June 1867, curtailed inter-zemstvo meetings. "Zemskii oblastnoi s'ezd," Nedelia, 1886, no. 25, pp. 827-29, reported on the meeting in Kazan and concluded that no effective measures against plague could be instituted without extensive regional organization.

¹²N.F. Gamaleia, Vospominaniia (Moscow, 1953), p. 28.

fession.¹³ An analysis of Vrach and the Pirogov Society in the 1880s will therefore reveal the developing goals and attitudes of the medical profession.

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Vrach was founded and edited by Professor V. A. Manassein, of the Military-Medical Academy, a devoted teacher, recognized scientist, and a person known to be committed to social causes. Manassein received his medical degree in 1866 after ten years of university studies that had been interrupted by radical activities and expulsion from several universities.¹⁴ His affiliation with radical causes during his student years was not atypical, for medical students were among the most numerous of radical university

¹³D.N. Zhbakov, "XI s'ezd estestvoispytatelei i vrachi i VIII Pirogovskii s'ezd," Russkii vrach, 1902, no. 9, p. 336 tabulates the participants of Pirogov Congresses according to their employment positions; the distribution follows closely the general distribution of the profession, as shown in table 5.

¹⁴G.I. Arsenev, V.A. Manassein, zhizn i deiatel'nost, 1841-1901 (Moscow: Medgiz, 1951), is a good biography of Manassein. See also, D.N. Zhbakov's eulogy in Vrach, 1901, No. 13, pp. 387-410.

youth.¹⁵ And like many of his fellow students who completed their medical studies, he turned from radical activities to the more mundane but practical application of his medical skills. The vagaries of the tsarist bureaucracy were such that despite Manassein's political involvement, he was invited to remain at the Academy after his graduation to work under S. P. Botkin, and he became a professor of medicine in 1876.

Manassein, like Erisman, contributed to the Arkhir of Forensic Medicine and Community Hygiene (1865-1871) and after the demise of that journal, continued to promote its public health concepts. Manassein influenced physicians

¹⁵ Zhuk, Razvitie obshchestvenno-meditsinskoi mysli (Moscow, 1963), pp. 19-23; V.S. Antonov, "K voprosu o sotsial'nom sostave i chislennosti revoliutsionerov 70-kh godov," Obshchestvennoe dvizhenie v poreformennoi Rossii (Moscow: izd. "Nauka," 1965), p. 240, Table 2, shows that of the 1414 students involved in radical activity in the 1870s, 366 or 25.9% were students at the Military Medical Academy. Among the many unable to finish their education because of these activities, S.L. Chudnovskii describes his student years and exclusion from the universities in "Iz dal'nykh let," Byloe, nos. 9/21-10/22 (September-October 1907). The few who completed their courses submerged their political goals in their professional activities; see, for example, the physicians described in N.G. Kuliabko-Koretskii, Iz davnikh let: vospominaniia Lavrista, ed. B.P. Koz'min (Moscow: izd. Politkatorzhan, 1931), pp. 275 and nn. 2-3, 277, n. 13.

throughout Russia, for at least one third of the medical profession read Vrach.¹⁶ Lead articles treated medical problems confronting the average physician, book reviews included non-Russian as well as Russian medical works, and recent scientific advances were carefully explained. During the epidemics of 1894, for example, Vrach published an illustrated article describing how the cholera and typhoid bacilli could be detected microscopically.¹⁷ In an age of rapid scientific progress and increasing medical specialization, Vrach provided useful material for the general practitioner.

Interwoven with practical scientific matters, Vrach gave persistent support to zemstvo medicine as the most effective means to resolve Russia's health problems. The first issue of Vrach set this pattern, giving prominent attention to a statistical study of the Moscow province zemstvo that correlated living conditions with epidemics, showed the utility of medical statistical analyses, and suggested programs of

¹⁶Arsenev, V.A. Manassein, p. 176, gives the circulation as 2,800 in 1880 and 6,200 in 1900.

¹⁷N.F. Gamaleia, "Geteromorfizm' bakterii pod' vlianiem solei litia," Vrach, 1894, no. 19, pp. 541-43; no. 20, pp. 578-79.

popular hygiene education.¹⁸ Vrach served an important function by reporting conferences on community medicine; the proceedings of these conferences were extremely helpful to physicians and zemstvo representatives concerned with public health. Physicians in remote zemstvo clinics, forced to rely on methods of trial and error in the early years of zemstvo medicine, were eager to learn from the experiences of their colleagues in other zemstvos. Zemtsy interested in innovations such as the Moscow public health bureaus used the records of the Moscow medical meetings as guidelines for their own administrative work. Vrach thereby actively fostered zemstvo medicine, for although inter-zemstvo medical meetings were permitted in times of emergencies, they were not routine, and the exchange of ideas was limited to the "path of the printed word."¹⁹

¹⁸P.A. Peskov, "K voprosu o merakh dlia nabliudeniia za epidemiiami v sel'skoi praktike," Vrach, 1880, Nos. 15-17. The first and third sections of this essay were lead articles, indicating Manassein's priorities; it was based on the author's report published originally in Sbornik SSMG. OSS 1 bk. 3 (1879), the readership of which was slight in comparison with that of Vrach.

¹⁹D.P. Nikol'skii, Obzor deiatel'nosti gubernskikh s'ezdov zemskikh vrachei, byvshikh v 1885-1886 godakh (Pbg.: Iablonskii i Perolt, 1888), p. 2, discusses the problem.

Manassein's influence was not limited to publishing scientific matter, public health concepts, and reports of medical meetings. Manassein also assumed the responsibility of upholding the honor and improving the status of the Russian medical practitioner. Chekhov introduces Dr. Ragin in "Ward no. 6" (1892) with a description of his reading habits: ". . . the only medical publication he subscribes to is Vrach, which he invariably starts reading from the back."²⁰ In these back pages Manassein provided a platform where critics of the medical profession and of zemstvo physicians could be answered. Some entries were more amusing than significant, such as a report that a physician's medical abilities had been questioned on a gravestone: "Here lies the body of Tatiania F. S., killed by Dr. Ia.-m, after a long illness and extensive medical treatment."²¹ Another entry reported that a Russian physician had terrified a hostess in a Paris restaurant by leaving a package with her; the woman had been surprised to find that it did not

²⁰Chekhov, Polnoe sobranie sochinenii i pisem, (Moscow, 1944-51).

²¹Vrach, 1895, no. 34, p. 963.

contain the expected anarchist bomb but an enema bag.²² Most items on these back pages, however, were concerned with the important questions of the professional and personal rights of Russian physicians.

Vrach gave prominent attention to the "burning question" (zhguchii vopros) of zemstvo medicine, the recurring confrontations between zemstvo physicians and their employers. Many of these conflicts arose because the rights and obligations of zemstvo physicians were poorly defined. Physicians employed in the military and civilian bureaucracies also experienced unpleasant, if not worse, conditions; the difference was that there was little recourse within a rigid administration. It was expressly for this reason that some physicians had turned to the zemstvos for employment which they anticipated would be more amenable. They were often disappointed, but unlike their colleagues within the bureaucracy, zemstvo physicians could appeal to public opinion through the news media, especially Vrach. The dissatisfied physician in Chekhov's story, "An Unpleasantness" (1888), was following a typical pattern when he considered "how he would leave the zemstvo hospital . . .

²²Ibid.

how he would write a letter to the editor of Vrach, how his colleagues would reply with addresses of sympathy."²³ When such conflicts resulted in the dismissal or "walk-out" (ukhod) of the physician, he could state his case in the back pages of Vrach and warn his colleagues against working in a particular district. This means of influencing public opinion was obviously effective, for zemstvo representatives usually felt compelled to reply in Vrach to the charges made against them.

Vrach was not the only medical publication interested in zemstvo medicine and zemstvo physicians.²⁴ The prolific medical literature in the 1880s included several publications specifically dedicated to zemstvo medicine: Zemskii vrach, published in Chernigov, 1888-1894; Zemskaia meditsina, Moscow, 1885-1888; and Meditsinskaia beseda, Voronezh, 1887-1906. Although a rich source for the study of zemstvo medicine, their limited circulation indicates that they were not a significant force beyond the zemstvo physicians

²³Chekhov, PSSiP, vol. 7, p. 117.

²⁴D.N. Zhbakov, "Materialy dlia istorii russkoi meditsinskoi zhurnalistikii," lists Russian medical publications.

themselves.²⁵ The impact of Manassein's Vrach was otherwise, for it stimulated general interest in zemstvo medicine. Manassein's resolute support of the program as an effective use of contemporary medical techniques and an opportunity for improved medical employment, convinced the profession that zemstvo medicine was of vital importance to all Russian physicians.

Paralleling the influence of medical publications, medical societies fostered unity among physicians. Medical congresses provided medical leaders the opportunity to coordinate their work, formulate plans for future programs, and to establish contacts with the rank and file physicians who implemented those programs. Interested in the improved status of physicians, medical societies in the 1880s focused on zemstvo medicine as the optimum system to advance the profession's goals.

The Seventh Congress of Natural Scientists and Physicians, meeting in Odessa in August of 1883,²⁶ attracted

²⁵Zemskii vrach, 1891, no. 3, p. 1, indicates that its circulation was about 400.

²⁶Vrach, 1883, nos. 36-42, gives a full report of this Congress. The proceedings of the zemstvo sub-sections are found in no. 37, pp. 585-90; no. 39, pp. 621-22; and no. 42, pp. 668-71.

physicians from areas as distant as Kazan, Samara, Viatka and Perm provinces. Zemstvo physicians in particular seized the opportunity to congregate, because the government continued to restrict inter-zemstvo medical meetings. The special meetings permitted in times of impending epidemics, although an important concession to the profession, did not fulfill the need for routine regional meetings of zemstvo physicians. The opportunity to meet in Odessa seemed to establish a precedent, a healthy antidote to the regime's restrictions. Six sessions of the Odessa Congress were devoted specifically to zemstvo medicine. The participants considered plans for a unified program and then entrusted the preparation for the next Congress to a group of physicians in the Moscow zemstvo, which had "in only ten years developed the best zemstvo medicine."²⁷ The next Congress of Natural Scientists and Physicians was postponed, however, and the medical profession turned its energies to founding the Pirogov Society.²⁸

²⁷Ibid., no. 42, p. 671.

²⁸Tretii s'ezd russkikh vrachei, p. 6. For the history of the Pirogov Society see Nikolai Ivanovich Pirogov i ego nasledie: pirogovskie s'ezdy, iubileinoi izdanie, ed. M.M. Gran, Z.G. Frenkel, and A.I. Shingarev (Pbg.: A.M. Karachunskii, 1911); and P.E. Zabludovskii, Istoriia otechestvennoi meditsiny (Moscow: Ministerstvo zdravookhraneniia SSSR, 1960), pp. 335-69.

Pirogov died in 1881, shortly after the nation had commemorated his fifty years of public service,²⁹ and a number of prominent physicians resolved to form a medical society in tribute to his memory. By the nature of its namesake, therefore, the Pirogov Society was predisposed to adopt the broad interests that had engaged Pirogov during his long and varied career--the improvement of general as well as medical education, the elimination of corporal punishment, toleration for Russia's Jewish population, and a preponderant interest in problems of public health and the general welfare.

The founders of the Pirogov Society included professors at the Military-Medical Academy, S. P. Botkin, V. A. Manassein and A. P. Dobroslavin; the well-known zemstvo physicians, M. I. Petrunkevich, I. I. Molleson and S. I. Sychugov; and leaders of Moscow province zemstvo medicine, E. A. Osipov, F. F. Erisman and A. V. Pogozhev. All of these physicians were involved in community medicine, and therefore from its inception the Pirogov Society focused on

²⁹See, for example, "Iubilei N.I. Pirogova," Izvestiia i ucheniia zapiski Imperatorskago Kazanskogo universiteta 48 no. 3 (May-June 1881): 1-66; I.V. Bertenson, "N.I. Pirogov i ego professorsk_aia uchenaia i obshchestvennaia deiatel'nost," Russkaia starina 30 no. 3 (March 1881): 603-50.

public health and zemstvo medicine. The president of the First Congress (1885), Professor N. V. Sklifosovskii, had organized statistical studies in Odessa in the 1860s; the secretary of the Third Congress (1889), M. S. Uvarov, had, as head of the medical bureau of the Kherson province zemstvo, trained many outstanding zemstvo physicians. Erisman was president of the Third Congress, and in his address to that Congress expressed what seems to have been the general view:

Undoubtedly these Congresses of Russian physicians have a great significance not only for us physicians but for Russia in general, and mainly, of course, because in these Congresses not only questions of private practice and medical specialties are discussed, but also general questions regarding the improvement of medical and sanitary science in Russia--of the further development of our treasure (sokrovishche), to which there is no equal in Western Europe--our public zemstvo medicine.³⁰

The interest of the Pirogov Society's leaders in zemstvo medicine was shared by most of the physicians who attended the Pirogov Congresses. The editor of the proceedings of the Third Congress remarked on the importance of Pirogov Congresses to the isolated zemstvo physicians

³⁰F.F. Erisman, Izbrannye proizvedennia (Moscow, 1959), vol. 1, p. 35.

who lived in

remote places . . . where great energy was needed, an iron strength of will--in order to preserve in some degree, or not to smother entirely, those shining ideals that they carried away from their alma mater. For these physicians the Congresses are the greatest benefit. Coming to them they . . . renew their thoughts, knowledge and pure ideals. They hear on all sides interest in their selfless activity in the forests and tundras, they meet colleagues in similar positions, are able to evaluate their work and discuss various different questions, and to realize that their modest effort to carry a ray of light into the obscure regions of darkness are not fruitless, that there is beauty in their modest labor.³¹

Zemstvo physicians averaged only seventeen percent of the participants of Pirogov Congresses, however, so their numbers alone cannot account for the prominence the Society gave to zemstvo medicine.³² The overwhelming interest in the program resulted in part from the preponderance of publicly employed physicians in Russia, a pattern which was reflected in the composition of the Pirogov Congresses. The percentage of participating zemstvo physicians and private practitioners, seventeen and twenty-three percent

³¹ORVvpNIP, Tretii s'ezd russkikh vrachei, p. 4.

³²ORVvpNIP, Svod postanovlenii i rabot I-VI-ogo Vserossiskikh s'ezdov vrachei, ed. K.I. Shidlovskii (Moscow, 1899), a resume of the resolutions passed by the Society, 1885-1896, is evidence of its predominant interest in community medicine.

respectively, approximated the actual proportions of physicians affiliated with the zemstvos and in private practice. The remaining sixty percent of the physicians at Pirogov Congresses were employed in positions related to public health, such as in factories and railroads, city governments, and the civilian and military bureaucracies.³³ As the achievements of zemstvo medicine gained recognition, publicly employed physicians throughout Russia developed an active interest in the program and were eager to adopt the fruitful experiences of their zemstvo colleagues. The sessions devoted to community medicine were therefore the most heavily attended of all the sessions of Pirogov Congresses because they served the professional needs of most Russian physicians.

The Third Pirogov Congress (1889) firmly established the special bond between the Society and zemstvo medicine. It resolved to collect all available data on zemstvo medicine in recognition of its significance to "an immense

³³Table 5 shows that in 1889 72.3% of the profession was employed in public or semi-public positions. The tabulation by D.N. Zhbankov (n. 13 above) includes these proportions of Pirogov Congress participants, 1885-1902: physicians employed by factories and railroads - 4.5%; the central government - 6%; city governments - 18.5%; the military - 9%; the universities - 12%.

part . . . of the rural population, the peasantry, who had an inalienable right to benefit, however little, from the culture that they alone nourish and support."³⁴ With the cooperation of zemstvo physicians and organizations throughout the zemstvo provinces, the Society amassed information on the development of each province and district zemstvo medical program. A standardized questionnaire enabled D. N. Zhbakov, who processed the material, to make a comprehensive analysis and comparison of the programs. The product of this first practical undertaking of the Pirogov Society was a seven volume survey, The Zemstvo Medical Collection,³⁵ a tribute to the first twenty-five years of zemstvo medicine, ". . . the successful fulfillment of an idea that many thought--and not without cause--to be utopian, and in the given conditions unfeasible."³⁶ The project also set the Society firmly on its course,

³⁴ORVvpNIP, Tretii s'ezd russkikh vrachei, p. 9.

³⁵For a resumé of the Zemsko-meditsinskii sbornik (Moscow, 1890-94), see D.N. Zhbakov, "Itogi zemskoi meditsiny," Vrach, 1894, no. 18, pp. 513-19; no. 19, pp. 546-51. Characteristically, Vrach assisted the work by publishing requests for information, zemstvo publications, completed questionnaires, and money to finance the project.

³⁶Russkaia mysl' 12 no. 9 (September 1891): 407-09.

cementing its objectives and those of the medical profession in general to the goals of zemstvo medicine. The Pirogov Society completed what Manassein's Vrach had begun-- the identification of the medical profession with the program of zemstvo medicine.

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Zemstvo medicine, as the coordinate point of interest of the medical profession, became an essential ingredient of its corporate consciousness. Supporting this important public health program, the entire profession basked in the reflected image of the zemstvo physician, who was gradually idealized as typical of the altruistic, self-sacrificing physician. Physicians eagerly adopted such a reconstructed public image to replace the earlier conception of the physician-bureaucrat. In 1861 the Contemporary had described the average Russian physician:

The difficult five-year medical course finished, the young physician with a diploma in one hand and a black bag in the other enters the medical field . . . the army . . . the civilian bureaucracy where he is gnawed by poverty... . Old before his time, he becomes painfully dry, distrustful, negative, stern with himself and others.³⁷

³⁷"Russkii vrach," Sovremennik 89 (October 1861): 583-85.

In subsequent decades, physicians continued to experience such hardships, and undoubtedly agreed with Professor Erisman's portrayal of medical practice, presented in his textbook, The Hygiene of Intellectual and Physical Labor (1877):

In general, of all these branches of intellectual work, the most difficult and ruinous is the profession of the practicing physician. . . . He is never able to be at peace, never assured that his sleep will not be disturbed by a request for his immediate attention to someone who is ill or dying. In addition to this physical strain--and fatiguing to a high degree for the medical practitioner--is the constant emotional anxiety caused by worry about his patients' health.³⁸

Despite the physician's obvious contributions to the general welfare, Erisman continued, society regarded him with scant appreciation:

It is impossible to conceal that even people of so-called educated society frequently treat physicians quite discourteously, at each step pursuing them with mistrust and assuming they have the right to look upon them as simple artisans.³⁹

In the 1880s it remained a familiar complaint that physicians were "treated almost as clerks" and "did not receive

³⁸ F.F. Erisman, Izbrannye proizvedeniia, Vol. 2, p. 15; one of the first Russian textbooks on public health, it was probably used by most medical students.

³⁹ Ibid., p. 16.

the cooperation and esteem pertaining to many other free professions."⁴⁰

Zemstvo medical service was far from perfect, but it did offer physicians the chance to structure a new occupational role endowed with both scientific and ideological attributes. The originators of the program, such as Osipov and Molleson, were highly trained and practical medical experts, who carefully conceived their work as a scientific approach to Russia's public health needs. In addition, many zemstvo physicians were motivated by the ideological currents of the 1860s and 1870s, and they assumed the role of the dedicated public servant. By 1890 zemstvo medicine had integrated the dual image of the scientist and idealist in the average zemstvo physician.

From the objective medical point of view, the most pronounced accomplishment of zemstvo medicine was its incorporation of modern scientific techniques. The Moscow province zemstvo used advanced methods of preventive medicine, medical statistics, epidemiology, and hygiene education; and during the 1880s other zemstvos began to duplicate

⁴⁰N.L. Zelanda, "Po povodu mnenii o stat'e 872 ulozhenie o nakazaniakh," Meditsinskii vestnik, 1884, no. 35, p. 567.

these procedures. The Kherson province zemstvo sent N. F. Gamaleia to the Pasteur Institute in Paris to study the new rabies treatments in order to establish a similar institute in Russia. Pasteur, however, refused to share his expertise, contending that treatments could be delayed and that people from America and Russia could be treated at his Institute. Fortunately, Gamaleia was able to prove that rapid treatment was essential, and consequently Pasteur assisted the founding of the Odessa Bacteriological Institute, the second of its kind in the world.⁴¹ Funded by the Kherson zemstvo, the Odessa Institute focused on both basic science and the practical medical needs of the community. In 1886 Gamaleia's colleague, Professor Mechnikov, gave the Kherson province zemstvo physicians a two-week course on the techniques of preparing cultures, the use of microscopes, and the application of that expertise to their daily

⁴¹ORVvpNIP, Zemsko-meditsinskii sbornik, Vol. 2: Moskovskaia guberniia (Moscow, 1891), pp. 53-73, describes the rapid progress in Moscow zemstvo medicine in the 1880s. D.P. Nikol'skii, Obzor deiatel'nosti, p. 14, notes that the Moscow province zemstvo received requests for advice and publications on its program from zemstvos throughout Russia. N.F. Gamaleia, Vospominaniia, pp. 36-50, gives an interesting account of the formation of the Odessa Bacteriological Institute.

work.⁴² Incorporating such techniques into the zemstvo medicine programs, the small Russian profession had devised a means to maximize its services to benefit large segments of the population.⁴³

After the first twenty-five years of zemstvo medicine the medical literature was permeated with self-congratulatory comments on this fine accomplishment. D. N. Zhbakov, the editor of the Pirogov Society's Zemstvo Medicine Collection, claimed that

in general the activity of the zemstvos in the area of community medicine is indeed brilliant. Having inherited broken-down hospitals on the one hand, and the popular fear of physicians on the other, the zemstvos now spend 8.5 million rubles yearly on medicine and treat millions in clinics and hundreds of thousands in zemstvo hospitals.⁴⁴

M. Ia. Kapustin, Professor of Hygiene at Kazan University, published the first major book on zemstvo medicine in 1889.

⁴²Report by D.N. Diatroptov, Trudy Elizavetgradskikh vrachei, 1886-1887 gg.: Protokoly (Elizavetgrad: I. Temkin, 1887), pp. 33-34.

⁴³For the contrast with American physicians, see William G. Rothstein, American Physicians in the Nineteenth Century (Baltimore, 1972), pp. 261-67.

⁴⁴D.N. Zhbakov, "Kratkii istoricheskii ocherk zemskoi meditsiny i zaboлеваemost' naseleniia v Soligalicheskom uезде (Kostromskoi gubernii)," Zemskii vrach, 1888, no. 17, p. 257. The editor corrected the sum to 13 million rubles.

He emphasized the special scientific value of the program which provided a coordinated network of zemstvo physicians who could collect data "as no private physicians were able to do."⁴⁵ Such statistical work was the foundation of Moscow zemstvo medicine, the "example for other zemstvos . . . on the complex scientific treatment of questions of zemstvo medical organization."⁴⁶ Physicians who originated the program and who evaluated it after its first twenty-five years thus emphasized its scientific contributions.

Chekhov, who had worked in a zemstvo hospital and portrayed zemstvo physicians as the most attractive of the many physicians in his writings, was an enthusiastic supporter of zemstvo medicine. He valued it as the embodiment of current scientific achievements and also for its ideological appeal. In a letter written in 1890 he displayed the general excitement among medical circles about recent bacteriological discoveries:

. . . this is only the natural result of all that has been done in the last twenty years. Much has

⁴⁵M. Ia. Kapustin, Osnovye voprosy zemskoi meditsiny (Pbg.: Rikker, 1889), pp. 108-10.

⁴⁶A. Skibnevskii, "Desiatyi gubernskii s'ezd vrachei Moskovskago zemstva," Meditsinskoe obozrenie, 1889, no. 21, pp. 833-60 (quotation, p. 860.).

been done, golubchik. Surgery alone has accomplished so much that one is dumbfounded. Recalling now the medicine of twenty years ago, it seems simply miserable.⁴⁷

Chekhov associated these medical advances directly with zemstvo medicine; the next sentence of this letter reads:

My dear, if I were asked to choose somehow between the two: the "ideals" of the celebrated people of the 'sixties or the worst zemstvo hospital of today, I unhesitatingly would choose the second.⁴⁸

Sharing the medical profession's high regard for the practical scientific value of zemstvo medicine, Chekhov estimated the social contribution of the idealists of the 'sixties as slight in comparison with the work of the physician in the "worst zemstvo hospital." Chekhov was not, however, suggesting that the ideals of the 'sixties had been forgotten or betrayed. He was claiming that through zemstvo medicine they had been realized.

From the 1860s to 1890 the medical profession had made an obvious effort--conscious or not--to efface the unflattering image of the physician of the previous era. In the Reform Era, physicians adopted the current fashion of

⁴⁷A.P. Chekhov to A.S. Suvorin, 24 December 1890, PSS1P, Vol. 15: pp. 137-38.

⁴⁸Ibid.

the intellectuals, who stressed their non-aristocratic backgrounds and modest living conditions.⁴⁹ In his autobiography, I. M. Sechenov (the model for Dr. Kirsanov in What is to be Done?) described with evident pride the simplicity of his life as a professor at the Military Medical Academy in the 1860s:

Life began to flow for long years as it does for all working people in general--the week for work, then rest among a group of friends. Our friends were all good people, workers like ourselves, not in need of any special embellishments for the weekend rest except simple, friendly discussion.⁵⁰

Minimizing his interest in financial gain, Sechenov thus reflected the general ethos of the period. Incorporated into the features of the zemstvo physician, this ethos accumulated some specific characteristics.

Physicians turned to zemstvo employment because they hoped it would offer them an improved social role, predicated on service to the narod. A. P. Voskresenskii, a zemstvo physician in Samara province for many decades,

⁴⁹Michael Confino, "On Intellectuals and Intellectual Traditions in Eighteenth- and Nineteenth-Century Russia," p. 136.

⁵⁰I.M. Sechenov, Avtobiograficheskie zapiski Ivana M. Sechenova (Moscow: Akademia Nauka SSSR, 1945), p. 116.

claimed in his memoirs that the university atmosphere of the 1870s had influenced his choice of career:

We medical students, narodniki, understood--could not forget--that higher education gave us the intellectual development, knowledge that workers and peasants did not have, that universities were built and maintained by impositions on the people; we were conscious that in our life we were obligated to repay our debt to the people, to serve them with our knowledge.⁵¹

To construct a life of service to the narod was not a simple matter, he discovered. It was necessary to restrain the peasants from falling on their knees and addressing him as "your honor" or "your excellency" or "your majesty."

And he complained that

It was painful to see the debasement of the human personality; it was necessary to wean the population from these slave-like habits and explain that a physician was not a barin, but a person who also served and worked.⁵²

The peasants' attitude was unpleasant for the idealistic physician and also interfered with his effectiveness, for the will to serve was not sufficient if the physician was not accepted by the narod. In order to bring modern medical

⁵¹A.P. Voskresenskii, "Iz vospominanii," quoted in P.E. Zabludovskii, Istoriia otechestvennoi meditsiny, p. 74.

⁵²"Iz vospominanii zemskogo vracha A.P. Voskresenskogo: Derevenskaia Rossiia v Tsarstvovanie Aleksandra III (1881-1894)," Sovetskaia meditsina, 1946, nos. 5-6, p. 29.

care into rural areas, it was essential to overcome the peasantry's fear and distrust of the physician-barin.

To bridge the gulf between themselves and the peasantry, some zemstvo physicians adopted a distinctive life style, attempting to blend with the rural population by wearing a simple peasant blouse and living in a humble izba.⁵³ In some areas the zemtsy "cooperated" in forming such characteristics by treating the zemstvo physicians as "hirelings" and by assigning them very modest living quarters. Judging from advertisements for zemstvo physicians, memoirs, and literary references, physicians' residences provided by the zemstvos usually consisted of only a few rooms. Either by choice or necessity, therefore, the average zemstvo physician had an unassuming way of life. The "fashion" of the intellectuals of the 'sixties was a reality--and often a harsh reality at that--for over two thousand zemstvo physicians in the 1890s.

Definite compensations counterbalanced the hardships experienced in zemstvo service. The unpretentious figure of the average zemstvo physician appealed to the entire

⁵³E.A. Osipov, Russkaia zemskaiia meditsina (Moscow, 1899), p. 179.

medical profession, which praised

. . . the multitudinous army of Russian physicians, who with energy, selflessness, love and deep devotion to their work, joined the dark mass of our peasantry and not only treated illnesses, but performed the task of introducing culture into the villages and an understanding of basic health concepts.⁵⁴

The contemporary medical press cited endless examples of the "hardworking" zemstvo physicians who had gained a reputation for "their heroism performed amid great difficulties" and for their contributions that were rewarded "not by rubles but by respect."⁵⁵

What a metamorphosis since the 1860s! In a few decades a "multitudinous army" of medical graduates of the "universities built and maintained by impositions on the narod" had chosen careers of service to "repay their debt," for which they were--they believed--rewarded by "respect". Understandably the profession appropriated the zemstvo physician as its symbol--the embodiment of the scientist and idealist who worked productively for the general welfare.

⁵⁴ORVvpNIP, Tretii s'ezd russkikh vrachei, p. 9.

⁵⁵Quoted in K.I. Idel'chik, N.I. Teziakov i ego rol' v razvitiie zemskoi meditsiny (Moscow: Medgiz, 1960), p. 27, from Professor V.F. Snegirev's introduction to a textbook he dedicated to zemstvo physicians.

Russian physicians had adjusted their professional goals to the ideological framework of post-Reform Russia, when the measure of one's worth was gauged according to his social service. With zemstvo medicine the medical profession had constructed a more prestigious public image.

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The medical profession's emerging corporate pride was evident when 1,382 physicians gathered in Moscow for the Fourth Pirogov Congress, 3-10 January 1891. The ledger was not entirely positive, for the average physician's economic status was as modest in 1891 as at mid-century, a fact implicit in the announcement that in memory of Professor Botkin a shelter had been established for indigent and aged physicians and their families.⁵⁶ Other aspects of the medical profession's condition had changed considerably. Addressing the Congress, Professor A. S. Tauber of the Military Medical Academy discussed physicians' improved

⁵⁶Vrach, 1891, no. 3, p. 47. For the full proceedings of the Fourth Pirogov Congress see ORVvpNIP, Dnevnik IV-ogo s'ezda russkikh vrachei v pamiat' N.I. Pirogova, ed. P.I. D'iakonov (Moscow, 1891).

social status, gained primarily through their public service and rewarded by "the sympathy of the narod, from which we ourselves have come and for whose well-being we are called (prizvany) to work."⁵⁷ The prestige of Russian physicians did not yet match that of their colleagues in France and England, but the marked improvement was evident in the changing composition of Russian medical schools. No longer was medical training scorned by many as it had been in the past:

Our medical schools not only need not recruit seminarians now, as was necessary not long ago, but on the contrary, there is such an overcrowding of the medical schools that it is now necessary to limit the number of seminarians.⁵⁸

The past decades had indeed been ones of progress.

The Fourth Pirogov Congress clearly anticipated that the pattern of progress would continue. Focusing on zemstvo medicine as the profession's vital base for improving its occupational role and the personal status of its members, the Congress discussed the means to strengthen that program. The section on community medicine, after electing Molleson its president in honor of his twenty-

⁵⁷Vrach, 1891, no. 3, p. 61.

⁵⁸Ibid., p. 60.

five years of zemstvo service, analyzed the specific needs of the zemstvo programs. Publicly employed physicians recognized the advantages of the Moscow system of supervision by a province bureau and discussed means to implement that system elsewhere. Surprisingly, the participants did not consider the newly promulgated zemstvo statute of 1890, which made institutional changes that would ease the centralization of zemstvo medicine under provincial control. Instead of relying on governmental direction, Pirogov members were more inclined to trust their own abilities, plan their programs independently, and use the Pirogov society as their organizational center and instrument for change.⁵⁹

The significance of zemstvo medicine to the medical profession is evident in the Congress' action on the future role of the Pirogov Society. Discussing the distinctive features of Russian medicine, an active zemstvo physician, V. I. Dolzhenkov, recommended that the Pirogov Society become even more involved in local community medicine. In other countries, he noted, where medical professions were engaged primarily in private practice, it was possible to

⁵⁹Vrach, 1891, no. 4, pp. 107-08; ORVvpNIP, Dnevnik IV-ogo s'ezda, pp. 199-213. The zemstvo statute of 1890 will be analyzed in chapter 6.

have sporadic medical meetings which discussed "purely" scientific matters. But in Russia, where the "goal was to create Russian community and practical medicine," continuous coordination and direction were essential. The Pirogov Society as merely an impermanent body reconstituted every few years to hold a Congress, could not fulfill this function. Physicians working separately could achieve very little:

Their observations are lost without a trace or are carried out incoherently without a plan . . . And although of effort there is much, of order there is nothing. We have a pressing need of structure; but for corporate strength we cannot call in the Varangians.⁶⁰

Zemstvo medicine, developed without foreign example (the "Varangians"), epitomized the service goals of the Russian medical profession and also required a special corporate structure. Dolzhenkov therefore proposed that the Pirogov society institute closer coordination with local medical societies and zemstvo physicians. To accomplish this the Society needed a permanent Board in place of the "organizing committee" formed for each Congress, a constant membership instead of members consisting of only Congress participants,

⁶⁰ ORVvpNIP, Dnevnik IV-ogo s'ezda, p. 10.

and the right to publish a journal. The Fourth Congress voted to petition the government for the right to change its charter to accommodate these needs.⁶¹ Through the Pirogov Society, Russian physicians were coalescing into an independent corporate group.

⁶¹Vrach, 1891, no. 3, p. 77.

Chapter IV

The Famine and Cholera Years, 1891-1893

Russian physicians attending the Fourth Pirogov Congress in January, 1891, had displayed great pride in their past achievements and also optimism that their slow but effective progress would continue. Between that Congress and the Fifth Pirogov Congress that met at the end of 1893, the catastrophes of famine and cholera struck the country, exposing the fundamental weaknesses in Russia's social and economic structure and the inadequacies of her administrative institutions. During these crises, physicians experienced at first hand the deplorable consequences of Russia's backwardness and became convinced that the pace of medical reform in Russia must be accelerated. The cholera epidemics in particular magnified the serious social and institutional obstacles to public health programs and the need for radical change.

There was a stark contrast between Russia and her Western neighbors in their abilities to deal with cholera epidemics at the end of the nineteenth century. When

cholera struck Europe in 1830 Russia had been in the same position as the rest of Europe--unprepared and inexperienced for the mammoth task of dealing with what was then a mysterious disease. During the Russian cholera epidemic of 1830-1832 the government mobilized all available medical personnel and instituted rigid quarantine measures. Its efforts were quite ineffective, however, for at that time medical science and public health practices were insufficiently advanced to control the epidemic. Along with the rest of Europe, Russia suffered a high mortality rate and experienced violent mass reactions caused by the fear of the strange disease and by the harsh governmental measures that inflamed those fears.¹ In Hungary, for example, physicians were assaulted, murdered, forced to eat chlorinated lime--the latter punishment an obvious act of retribution for their hated disinfection measures. In Spain agitated mobs invaded monasteries and killed sixty-nine monks who were

¹Roderick E. McGrew, Russia and the Cholera, 1823-1832, provides essential background for the ensuing analysis; I have attempted to follow McGrew's categories--the appraisal under the heightened conditions of cholera of administrative efficiency, medical effectiveness, and social tensions.

accused of poisoning the wells.² Similarly in Russia the first cholera epidemic brought a wave of fear that frequently crested into mob violence directed at "the military, the police, and administrative officials."³

The Russian response to cholera in the first third of the century had been typical of the general European scene, but by the end of the century, Russia lagged far behind Western Europe, where there had been dramatic accomplishments in the field of public health. An outstanding example was provided by England, where "Chadwick and his associates. . . [by] their procedures of empirical sanitation were sufficiently effective to eliminate the widespread epidemics of cholera. . ."⁴ In 1854 John Snow had demon-

²D.N. Zhabankov, Kholernye epidemii v Smolenskoii gubernii, 1831-1872 gg. (Smolensk, 1893), p. 8. For studies of the West see Louis Chevalier, Le Choléra: La Première Epidémie du XIX^e Siècle (La Roche-sur-Yon: Bibliothèque de la Révolution de 1848, tome XX, 1958); Charles E. Rosenberg, The Cholera Years: The United States in 1832, 1849, and 1866 (Chicago: University of Chicago Press, 1962); and Asa Briggs, "Cholera and society in the nineteenth century," Past and Present 19 (April 1961): 76-96.

³Roderick E. McGrew, "The First Russian Cholera Epidemic: Themes and Opportunities," Bulletin of the History of Medicine 36 no. 3 (1962): 241.

⁴C.E.A. Winslow, The Conquest of Epidemic Disease (Princeton: Princeton University Press, 1943), p. 336.

strated that the cholera epidemic of London, 1853-54, was directly related to impure water supply; although this did not explain the etiology of the disease, it did produce effective preventive measures.⁵ In Russia cholera epidemics remained a serious threat. The country's public health institutions were by and large poorly equipped to deal with epidemics, and her continuing cultural backwardness posed critical problems in maintaining social calm during such catastrophes. Russia's inability to control cholera epidemics was another of those embarrassing marks of her backwardness in comparison with the rest of Europe.

When cholera struck Europe for the fifth time in the mid-1880s the Russian medical and non-medical press focused on Russia's vulnerability to the disease. Russia's mortality rate in 1885 was approximately double that of England, glaring evidence that the remarkable sanitary improvements of Western Europe had not been effectively adapted to Russian

⁵John M. Eyler, "William Farr on the Cholera: The Sanitarian's Disease Theory and the Statistician's Method," Journal of the History of Medicine 28 (April 1973): 79-100, gives an outstanding analysis of the practical impact of Snow's work on sanitarians in England.

needs.⁶ The inadequacy of Russia's local administration of public health was apparent to physicians in Kazan in 1885, when the local authorities attempted to prepare for an imminent cholera epidemic. The Kazan city council appointed a cholera commission, giving the local physicians "the pleasant feeling that there would appear the correct decrees . . . and that they would not be caught by surprise if an epidemic occurred." When the Kazan medical society met a few months later, however, it realized that the commission had accomplished nothing, and formed a commission of its own to prepare for the emergency. After completing its report, the medical society was unable to discern which organ of the government was empowered to act on its suggestions, and the city of Kazan remained unprepared to meet a medical emergency.⁷

⁶Nedelia, 1886, no. 21, pp. 697-700, gave the following figures for the mortality rate per thousand: England - 19.5, France - 21.5, Holland - 25.6, Russia - 36.0; the mortality rate in the province of Perm was 46.0.

⁷Meetings of the Kazan Medical Society, 15 January 1885 and 15 March 1885, Dnevnik Kazanskago obshchestva vrachei pri Imperatorskom universitete, 1885, no. 1, p. 9; no. 5, pp. 70-71. See also Obshchestvo vrachei Permskoi gubernii, Protokoly, 1885-1886 (Perm: Gubernskaia zemskaiia uprava, 1886), pp. 92-96, for an example of the obstacles to sanitary controls in a city run by a corrupt council.

In 1885 there was justifiable concern that a cholera epidemic would again provoke social unrest. The Russian government's record of unenlightened handling of previous epidemics was aired in a report to the Poltava Medical Society. Examining the pattern of government controls in 1830-31, the report concluded that rigid quarantines and other harsh restrictions had not only been ineffective but had stimulated violent cholera riots.⁸ The inference was obvious--that such methods should be avoided in the future.

Although cholera did not spread to Russia in 1885 the concern about Russian public health practices did not abate. The Russian delegate to the International Sanitary Conference in Rome, 1885, read a paper that was bound to keep the issue before the public. N. V. Ekk (1849-1911), a physician and the son of a professor at the Military Medical Academy, presented a report "Regarding measures to combat mortality in Russia." It seems unlikely that the paper could have been cleared by the Russian censors. Ekk reviewed the extremely high mortality rates in Russia and compared them to those of Western Europe, showing the enormous discrepancy.

⁸D.D. Akhsharumov, "Kholera v Malo-rossii v 1830-1831," Russkaia starina 47 no. 8 (1885): 209-22.

It was not exactly good public relations, and the Russian government immediately set about to improve its international reputation, and perhaps its public health, by appointing a commission to study the problem and recommend reforms. The renowned therapist, S. P. Botkin (1832-1889), was appointed head of the commission, and for several years there was a flurry of activity and discussions on health reform. There were, however, only two concrete results from the labors of the "Botkin Commission": the verification of Dr. Ekk's statistics and the recommendation that Russia have a proper census.⁹ Botkin died in 1889 and with him any expectation that the Commission's work would result in an improvement in Russia's public health. By its very failure, in fact,

⁹V. Portugalov, "Sanitarnaia polemika," Zemskii vrach, 1888, pp. 101-03, reviews contemporary criticism of the Commission. See also E.A. Osipov, Russkaia zemskaja meditsina (Moscow, 1899), p. 35, and BME, 2d ed., s.v. "Zdravookhranenie," 10: 776-77. The statistical findings of the Commission were published in N.V. Ekk, Opyt obrabotki statisticheskikh dannykh o smertnosti v Rossii (Pbg.: Ministerstvo vnutrennikh del, 1888), which compared Russia's public health with that of England; see, for example, p. 18: the mortality from typhus in Petersburg was over six times that of London in 1886; and p. 57, which compares the mortality rates for the years 1871-1880 in the two countries:

	<u>England</u>	<u>Russia</u>
Ages 0-5.....	63.1/1000	167.6/1000
Ages 5-10.....	6.4/1000	16.8/1000
Total, all ages	21.3/1000	38.1/1000

the Commission had demonstrated the inability of the central administration to initiate medical reforms.

Russia's failure to keep pace with Western Europe's progress in public health placed Russian physicians in an exceedingly difficult position. With the exception of those few areas where zemstvo medicine was well developed, most physicians confronted enormous obstacles in their professional work. Their predicament was typical of that of the trained expert in a backward country, who is scientifically capable but whose efforts are impeded by inadequate administrative institutions and by the overwhelming problems posed when working among an uncultured and impoverished people. The cholera crisis of 1892-93 vividly dramatized this predicament of Russian physicians. There were, of course, similarities with past cholera epidemics, when physicians' burdens were greatly complicated and magnified by the inadequacies of the governmental policies and by the social tensions that the epidemics produced. But in the 1890s a new element was introduced. Of the three categories of analysis that Roderick E. McGrew employed in studying Russia's first cholera epidemic--administrative efficiency, social antagonisms and medical abilities--the last category had not remained static. Physicians were

well informed on methods of cholera prevention and control that had been effective abroad, but they lacked the necessary powers to utilize that knowledge.

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The famine of 1891-1892 exposed the economic backwardness of Russia and the inadequacies of her administrative institutions. The thorough investigation by Professor Richard E. Robbins, Jr., of the policies of the imperial government during the famine has shown that the government was not so negligent during those years as contemporaries believed it to be. Given its obsolete and rigid bureaucratic machinery, the government did mobilize as best it could to alleviate the suffering.¹⁰ In the view of contemporary Russian society, however, the government appeared to be not only inept, but unconcerned and following a course that was leading the country to ruin. In contrast, the local self-governments and emergency relief organizations had demonstrated the vitality and abilities of local institu-

¹⁰Richard G. Robbins, Jr., "The Russian Famine of 1891-1892 and the Relief Policy of the Russian Imperial Government" (Ph.D. dissertation, Columbia University, 1970).

tions and private persons.¹¹ Physicians who assisted in famine relief shared these attitudes, for their locally-based emergency work was often more efficient than administration-sponsored programs.

Physicians claimed a right to a prominent role in famine relief because they were convinced that epidemics followed ineluctably in the wake of famines. The relationship between hunger and susceptibility to disease had been so well impressed upon the profession, in fact, that many reports of physicians active during this period mention the standard precaution of eating something substantial before going out to attend the sick.¹² Professor Kapustin of the

¹¹Ibid., p.vi, notes that the famine exposed the "rusty joints of the government apparatus," which necessitated the encouragement of some local initiative to fill the "gaps" . . . in the structure of zemstvo relief" (p. 218). When this occurred "the initiative of a single person, a Marshall of the Nobility, a zemskii nachal'nik or a private citizen could be extremely effective" (p. 232); that effectiveness undoubtedly encouraged the attitude of private persons that their efforts had been of maximum importance.

¹²G.A. Friedman, "Recollections of cholera epidemics in Russia," The Medical Record (New York) 80 (1911): 369-71, the author's experiences as a cholera doctor in 1892-94 mentions the precautions physicians took to have a "full stomach" when they were on duty. See also V. Veresaev, "Bez dorogi," Russkoe Bogatstvo, no. 8 (August 1895), p. 8; this is a fictionalized account of the author's experiences as a cholera physician, also described in V. Veresaev, Sobranie sochinenii v plati tomakh, V: Vospominaniia (Moscow: "Pravda", 1961), pp. 331-35.

Medical Faculty of Kazan University was among the many physicians who in 1891 called upon the medical profession to help avert future illnesses by assisting measures to aid the starving. He rejected the notion that food relief was solely the domain of government officials and economists, and argued that because of the interdependence of famine and disease ". . . the physician should be one of the most important advisors and co-workers in the struggle with the disasters of the famine."¹³

Many physicians were geographically well placed to be of vital assistance in the distribution of famine relief. Richard Robbins' study demonstrates that one of the major obstacles to the efficient distribution of food to the hungry was the lack of a direct link to the peasant communities. In many areas the land commandants (zemskie nachal'niki), who had been appointed after 1889 when their office was established,

¹³M. Ia. Kapustin, "Zadachi gigieny pri bedsviakh neurozha," an address to the Kazan Medical Society, September 22, 1891; Dnevnik obshchestva vrachei pri Imp. Kazanskom Universiteta (hereafter cited as Dnevnik OVpiKU) 1892, no. 1, p. 195; this speech was published in Vrach, 1891, no. 41, pp. 930-32. For other articles on the medical consequences of famine see I. Skvortsov, "Pishcha i zdorov'e: Golodanie i ego posledstviia," Russkoe Obozrenie 2 (April, 1892): 644-75; and A.V. Pogozhev, "Apatia, golodaniia, i gigiena," Russkoe bogatstvo, nos. 4-5 (April-May, 1892), pp. 18-41.

assumed responsibility for famine relief. Their knowledge of local needs was often limited, however, whereas the local physician might be well acquainted with the area.¹⁴ Particularly in those areas where the zemstvos had developed efficient medical programs, physicians were able to assume an important role in famine relief. They afforded a line of communication to the rural communities, and because their medical district (uchastok) was often smaller than the area administered by the land commandant, their contact with the peasant population was closer.

While the work of one physician might be limited in scope, if he had a good network of zemstvo clinics and a staff of competent paramedical personnel within his medical district, he could supervise a broad relief operation. The zemstvo physician in the Ardat district of Simbirsk province, A. P. Voskresenskii, showed how the potentialities of the rural physician's position could be utilized during the famine. He received funds from physicians throughout Russia which enabled him to set up canteens (stolovye) and to provide the peasants of his district with seed, milk and

¹⁴Robbins, "The Russian Famine," Chapter X, "Relief in the Provinces: The Work of Local Institutions," analyzes the role of the zemskie nachal'niki.

horses. He reported his success in Vrach--6500 rubles received, 102,082 meals distributed to 1031 people--and thanked all who had aided him "in the name of the recipients and of the zemstvo physician whose situation was thereby lightened."¹⁵

The zemstvo physicians in the province of Kherson inaugurated a program that significantly expanded their ability to act in an emergency. An important agricultural province, Kherson was inundated every summer by migrant laborers in search of employment. Local physicians recognized that this transient labor force often transmitted infectious diseases to the local population. In order to regulate this problem, the zemstvo physicians petitioned the province zemstvo board for permission to establish medical/food supply stations that could be used to supervise the migrant workers. It was not until the critical situation created by the famine of 1891, however, that this program was approved. The medical/food supply stations of Kherson established an important precedent and pattern, for they proved efficient in the distribution of famine relief and vital to the control of epidemics. Migrant laborers and the local population were

¹⁵Vrach, 1892, no. 41, pp. 1048-49.

fed at these stations; and physicians assigned to the stations registered and examined all migrant laborers, and collected the medical statistics needed for the zemstvo's public health planning.¹⁶ A comparison of this program with procedures now recommended for dealing with such disasters as famine shows that the Kherson program was exceptionally well-conceived.¹⁷

The effectiveness of zemstvo physicians in Kherson province and of Voskresenskii in Simbirsk province during the famine of 1891-1892 depended on the adaptability and strength of their local public health organizations. Where adequate medical organization was lacking--in most of Russia, that is--physicians were less able to serve as a vital conduit to the peasantry in food relief programs. Physicians who worked in the field thus experienced the practical

¹⁶M. Uvarov, "K voprosu o vliannii nedostochnago pitaniia naseleniia na razvitie epidemii," Vestnik obshchestvennoi gigieny sudebnoi i prakticheskoi meditsiny (hereafter cited as Vestnik OGSiPM) 8 no. 3 (May 1897): 248-57.

¹⁷Famine: A Symposium dealing with Nutrition and Relief Operations in Times of Disorder, Symposia of the Swedish Nutritional Foundation, no. 9 (Uppsala, 1971) includes several pertinent articles: Jean Mayer, "Famine Relief," pp. 178-86, and Wm. H. Foege, "Famine, Infections and Epidemics," pp. 64-73; see especially pp. 69, 182-84.

advantages of strong local organization over the more cumbersome machinery of the centralized bureaucracy. Along with other famine relief workers, many physicians were thereby stimulated to take a renewed interest in the local institutions of self-government. Those who might not have perceived the need for greater local development during the famine were thoroughly convinced by the cholera crisis that followed in its wake.

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Throughout 1891 Russian physicians apprehensively awaited the appearance of cholera and typhus, the hunger-related diseases that would strike with special virulence after the severe famine. The predicament of medical experts in a backward country is quite evident in their debates over their role in a country with a grossly inadequate public health organization. Well aware of scientific advances in Western Europe, Russian physicians were drawn into the current discussions of the etiology of cholera--the controversy between "contagionists" and "environmentalists" that centered on whether the cholera vibrio or endemic local factors were of paramount importance in the spread of

the infection.¹⁸ For Russian physicians the debate was of scientific interest but had very little practical application in a country where environmental factors were so deplorable.

Professor Erisman was a staunch environmentalist and stressed empirical proofs of the value of the control of local conditions. His arguments were cogent and in accord with those of public health experts throughout Europe, who cited the convincing example of England where, for several decades prior to the isolation of the cholera vibrio, the disease had been checked by improving environmental factors. Erisman warned that inordinate attention to microscopic analysis and research on the etiology of cholera might deflect physicians from the vital work of cholera prevention

¹⁸C.E.A. Winslow, The Conquest of Epidemic Disease, pp. 332-33, summarizes the controversy between Robert Koch and Max von Pettenkofer and their disciples. Throughout the cholera years the medical press gave full coverage to both schools; see, for example, Zemskii vrach, 1892, no. 20, pp. 342-45; no. 21, pp. 360-63; no. 22, pp. 379-83; no. 23, pp. 392-97. R.E. McGrew, Russia and the Cholera, pp. 3-16, traces the development of scientific understanding of the disease.

through the improvement of sanitary conditions.¹⁹

Integral to Erisman's arguments for improved public health was his emphasis on the importance of preventive medicine. In his address to a general meeting of the Fourth Pirogov Congress of January, 1891, Erisman reiterated his well-known views: in a country where from thirty to forty percent of all deaths resulted from infectious disease, ". . . the influence of treatment on lessening the general mortality rates would hardly be significant."²⁰ Erisman's influence through the Moscow zemstvo, the medical faculty of Moscow University and the Pirogov Society had been effective, for physicians in the field were thoroughly in accord with his emphasis on preventive medicine. Medical meetings in the 1880s had persistently proposed better public health organization: the improvement of the sanitary

¹⁹See his comments, for example, at the Second Pirogov Congress, ORVvpNIP, Trudy vtorogo s'ezda (1887), 1:18-28, and F.F. Erisman, Kholera: Epidemiologiya i profilaktika (Moscow: I.N. Kusherov, 1893). D.P. Nikol'skii, Obzor deiatel'nosti gubernskikh s'ezdov (Pbg.: 1888), p. 10, records a typical debate: a public health physician in Kherson expressed concern in 1886 that Professor Mechnikov's interest in bacteriological aspects of cholera would impede the statistical work needed for sanitary improvements.

²⁰"Bor'ba so smert'iu," January 3, 1891, quoted in Zemskii vrach, 1891, no. 1, p. 1; the speech in full is in F.F. Erisman, Izbrannye proizvedeniia, 1:106-113.

conditions of rivers, streets, factories and homes, of water supply and the sale of foodstuffs; the further development of zemstvo medical statistics; and the introduction of hygiene education into the elementary schools, teacher training schools and religious seminaries.²¹ In 1891 the consensus of the medical profession continued to be that zemstvo medicine on the Moscow province model should be implemented throughout Russia. Erisman was unduly concerned, therefore, that the current scientific controversy over the etiology of cholera would interfere with medical interest in programs of preventive medicine. The experience of working in an underdeveloped country had convinced Russian physicians of the overwhelming need to improve the environment.

Convincing physicians of the need for preventive measures to avert and control epidemics was but the first step, for implementation of these measures depended on the functioning of public institutions. In the thirty-four zemstvo provinces the institutions of local self-government

²¹Istoriia Rossii v XIX veke (Granat), 8: 200, summarizes the interest. See also ORVvpNIP, Svodka khodataistve pirogovskago obshchestva (1883-1903), ed. K.I. Shidlovskii (Moscow, 1904), passim, and ORVvpNIP, Trudy chetvertago s'ezda, pp. 317-20.

controlled public health, while in the remaining quarter of European Russia the central administration retained this responsibility. In these latter areas public health programs ranged from minimal to non-existent, a situation that the government had attempted to rectify in 1888 with a spate of legislation that in 1891 remained little more than "paper projects." Our discussion will therefore focus on the public health planning of the institutions of local self-government. In 1864 the zemstvos were assigned general responsibility for rural public health and in 1879 had been granted additional powers in time of epidemics; moreover the zemstvo statute of 1890 had greatly expanded their powers to impose the stringent sanitary measures that were essential for epidemic control.²² The right to establish programs of preventive medicine was thus well within the legal competence of the zemstvos. In many zemstvos, however, progress was as slow as in non-zemstvo areas, for there was strong resistance to the adoption of adequate medical programs.

The essential difficulty lay in the basic power struc-

²²See above, p.88n.56, for the earlier regulations. The zemstvo statute of 1890 will be discussed below, chapter 6.

ture of the zemstvos, where the landed representatives in the zemstvo assemblies and on the zemstvo boards controlled the medical programs. Zemstvo physicians, who were rarely members of these elective institutions, had little influence over the planning and funding of the rural medical programs. They frequently complained that in their subordinate position to their zemtsy-employers, they were forced to work "in a passive role, dependent on the zemstvo establishment, as hired men and unable to do anything for public health."²³ They were deeply resentful of a situation in which "even intelligent segments of society opposed the physician," where they were controlled by the "arbitrary rule of non-medical administrators," and were overburdened with responsibilities imposed by "incompetent people."²⁴ The physicians were claiming a right to authority by virtue of their medical expertise, while the zemtsy resisted the

²³P.A. Dobichina, "Zemskaia meditsina na iuge Rossii," Meditsinskii vestnik, 1884, no. 37, p. 601. A.P. Chekhov, "Nepriiatnost' " (An Unpleasantness), PSSiP, vol. 7, pp. 112-30, describes the difficulties. See also V. Sviatlovskii, "Po povodu otnosheniia zemstva k postanovleniam s'ezdov zemskikh vrachei," Zemskii vrach, 1888, no. 1, pp. 2-4.

²⁴Zdorov'e, 1876 no. 44, p. 321; Vrach, 1881, no. 24, p. 403; ORVvpNIP, Trudy vtorogo s'ezda russkikh vrachei (Moscow, 1887), 1:28.

"pretensions" embodied in physicians' proposals, because those proposals seemed to infringe on their powers as elected representatives. These conflicts between the zemstvo authorities and medical experts were compounded by the underlying social antagonisms that existed between politically powerful "superiors" and their (usually) better-educated "inferiors".²⁵

A major area of disagreement between physicians and zemtsy was the basic issue of preventive medicine. Zemtsy were hostile to physicians' attempts to assume the role of educator and public health officer, instead of just "healer." One critic wrote that

if the physician wishes to prevent disease, there is only one way--to cease to be a physician and to occupy himself with the improvement of the economic, material and moral structure of our life.²⁶

Zemstvo physicians, on the other hand, contended that such work was integral to their role as physicians. Much in accord with Pirogov's advice, they sought to change the fabric of rural life by improving sanitary conditions,

²⁵D.N. Zhbakov, "Zemskaia meditsina i eia protivniki," Meditsinskoe Obozrenie 16 no. 3 (1889): 360-79.

²⁶B. Lenskii, "Illitsii zemskoi meditsiny," Slovo, 1880, no. 10, p. 49.

using medical statistics, and introducing hygiene education. During a cholera epidemic, for example, they instructed the populace to observe strict cleanliness, boil drinking water, avoid fresh fruits and vegetables, and to register cholera patients immediately so that they could be isolated and the infection localized. Such an educational program could not be implemented, however, without an established program of preventive medicine.

In Moscow province the issue had been settled. There, an effective program of preventive medicine functioned under the authoritative direction of zemstvo physicians. The medical bureau that Osipov organized in the 1870s was reorganized in 1885 to give physicians an integral role in the planning and supervision of zemstvo medicine in the province. In 1891, however, the Moscow bureau continued to be little more than a fine model that physicians sought to imitate wherever they worked. Only one third of the zemstvos had introduced medical bureaus on the Moscow model, and very few of those accorded physicians sufficient authority to implement broad programs of preventive medicine.²⁷

²⁷D.N. Zhbakov, O deiatel'nosti sanitarnykh biuro i obshchestvenno-sanitarnykh uchrezhdenii v zemskoi Rossii (Moscow: V. Rikhter, 1910), pp. 14-18, 66-67.

When a cholera epidemic seemed imminent in 1891 physicians were therefore legitimately concerned about the defects of Russian public health organization.

During the famine of 1891 a zemstvo physician of the Saratov district, O. V. Aptekman, published a report of his observations of the unsanitary conditions of the peasantry and the consequent high mortality rates. The terrible suffering from famine-related diseases, he argued, was caused by the failure of the zemstvos to institute preventive measures against contagious diseases. The biweekly, Zemskii Vrach (The Zemstvo Physician) carried numerous commentaries and editorials on Aptekman's article, all of which concurred with his basic premise that physicians needed greater authority to improve rural sanitary conditions.²⁸

One comment summarizes the attitude:

The zemstvos which were charged with the honorable mission of caring for the people's health, in the broadest meaning of the word, are limited to the structure of treatment medicine and are frozen in indecision before a wide sea of sanitary measures.²⁹

²⁸Zemskii vrach, 1891, nos. 29-33. Aptekman's article was originally published in Saratovskii sanitarnyi listok.

²⁹M. Timarenko, "O merakh preduprezhdeniia zaboлеваemosti, kak sistem v zemsko-meditsinskoi organizatsii," Zemskii vrach, 1891, no. 35, pp. 501-03.

Despite physicians' warnings and arguments, most zemstvos continued to resist physicians' efforts to implement programs of preventive medicine. The situation in Saratov that Aptekman had described not only did not improve, but retrogressed considerably during 1891. The particular location was significant, for Saratov province was doubly exposed to a cholera epidemic: it had suffered severely during the famine of 1891 and it was located on the Volga River, a known route of both contagious diseases and the social unrest that often accompanied those diseases.

A dispute erupted in Saratov in 1891 that was indicative of the difficulties encountered by physicians in working in the zemstvos. The issue centered on the status of physicians in the district zemstvo medical bureau. As originally structured when it was introduced in 1887, the Saratov district medical bureau was patterned on the Moscow model, composed of both physicians and zemstvo representatives. The bureau reviewed physicians' medical reports and recommendations, formulated public health programs, and then submitted proposals to the zemstvo board, which in turn forwarded those proposals to the zemstvo assembly. In 1891 a newly elected body of representatives in the Saratov district zemstvo assembly reconsidered the structure

of the medical bureau and made some drastic changes. The physicians, who had previously held a responsible position in the bureau, were eliminated; they might attend a meeting if invited by the zemtsy who now alone comprised the bureau, but they were expressly barred from voting on the decisions of the bureau. The Saratov zemstvo physicians complained that they were unable to maintain their medical programs under these conditions, but the district zemstvo ignored their complaints.

The issue came to a head early in 1892 when the chairman of the zemstvo board, by a particularly arbitrary action, demonstrated the physicians' lack of power. Contrary to the accepted practice of allowing zemstvo physicians the right to choose their assistant personnel, the chairman insisted that a physician accept as a medical assistant a poorly trained military feldsher. When convincing proof that the feldsher was unfit for the job was ignored, all eleven zemstvo physicians of the district joined in a walk-out (ukhod) in protest against the zemstvo's policies. A long letter in Vrach signed by the eleven physicians, including O. V. Aptekman, described the situation and concluded: ". . . our medical organization has been demolished with one blow, our personal and professional dignity

trampled."³⁰ Although there was criticism in the general press of physicians who abandoned their posts when a cholera epidemic was anticipated, the medical profession was in full support of the walkout. The incident dramatized physicians' difficulties in the zemstvo institutions: not only were they denied the right to consult on the formulation of medical policies, but their daily work could be subverted by their employers' interference.³¹

The situation in the district of Saratov in 1891 was similar to that in most areas of Russia. For several decades the medical profession had attempted to institute programs of preventive medicine, but with the exception of a few areas such as Moscow and Kherson provinces, had achieved minimal results. When cholera swept through Russia in 1892, however, the nation was awakened to the dire need for change. The epidemic and the incredible events accompanying the disease exposed the shocking consequences of Russia's backwardness.

³⁰Vrach, 1892, no. 11, pp. 270-71.

³¹B.B. Veselovskii, Istoriia zemstva za sorok let (Pbg.: 1909), 1: 336-47, reviews the problem of feldsherism; the Chekhov story cited above (n. 23) exposes the issue beautifully.

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Cholera invaded Russia in June of 1892, bearing its usual frightening characteristics--rapid spread, ghastly physical effects on its victims, and an extremely high mortality rate.³² Appearing first in the city of Astrakhan at the mouth of the Volga River, this cholera epidemic seemed to be particularly lethal. Between June 14 and July 31, in the province of Astrakhan, 3151 of the 4499 cholera victims died, a mortality rate of seventy percent.³³ It was not only the clinical aspect of the disease that was disturbing, however, for cholera brought with it the "terror".

Terror, given the backward conditions of Russia at that time, was almost unavoidable. When cholera struck it moved with seemingly strange designs, striking with extra force the poor and hungry, the ignorant and superstitious. Russia's uncultured masses referred to cholera as "ona"

³²Charles E. Rosenberg, The Cholera Years, pp. 2-3, gives a classic description of the virulence of the disease.

³³M.I. Arustamov, "Kholera v Astrakhan gubernii v 1892 godu," ORVvpNIP, Trudy platogo s'ezda (1894), 1: 657-66.

(she), as if the mere pronounciation of its name wrought havoc.³⁴ Fear of this virulent scourge soon turned to blind destruction in the city of Astrakhan: a frenzied mob invaded the cholera barracks, attacked the medical personnel, "rescued" the patients and burned down the buildings. Fleeing from the disease, the riots, and the troops that were sent to quell the disorders, crowds of migrant workers hurried north along the Volga River, spreading news and rumors of the affliction among the thousands of workers who joined them in their flight.³⁵

The cholera "terror" soon erupted elsewhere as the epidemic travelled up the Volga River. Russian physicians could get a full report on the situation from the medical newsletter, Vrach, which summarized the provincial news. In the town of Srednaia Akhtuba, Astrakhan province, a feldsher and pharmacist were killed, the village policeman maimed, and a priest who tried to mollify the crowd was harried out of town. Peasants in Saratov district killed a student who tried to reason with the mob, dragged the cholera

³⁴S.Ia. Elpat'evskii, Vospominaniia za piat'desiat let', (Leningrad, 1929) p. 235.

³⁵A.K. "Vospominaniia o kholere 1891 [sic] goda," Istoricheskii vestnik 114 (November 1908): 570-75.

patients into the streets and burned down the cholera barracks. The medical examination of migrant laborers on a ship entering the harbor of Saratov was obstructed by the workers on board, who threatened to throw the captain overboard if he obeyed the quarantine, and the city militia had to be called to quell the disturbance. Mobs in the city of Saratov raided the homes of six physicians, the police chief, a council member, and a music teacher who was thought to be hiding a physician.³⁶

The frenzied reaction of the Russian populace to the cholera crisis was epitomized in a horrifying act of violence in the city of Kvalyn, Saratov province. A physician, Dr. A. M. Molchanov, had been called into service when the cholera epidemic was anticipated, and he began to staff the cholera barracks and to inform the local populace of the need for various precautions to protect themselves from the disease. There were indications that a popular disturbance was brewing, and Molchanov was warned that he should leave the city, but he remained, commenting that it would be "disgraceful" and "dishonorable" to abandon his post. Vrach reported on the consequences of Molchanov's decision:

³⁶Vrach, 1892, no. 28, p. 711; no. 29, p. 738.

Tuesday, June 30, the rumours and rumblings among the populace intensified . . . a crowd of ruffians gathered, shouting and attacking the homes of members of the Sanitary Commission and City Council, searching for these people and for physicians Part of the gang headed for the barracks to find A. M. Dr. Molchanov. But he was on horseback and had galloped off Finding the riot at its height, he stopped at the house of Graf B. Apparently the street urchins told the crowd of his refuge and the mob arrived at the home of Graf B. as Molchanov came out. The mob hurled itself at him: they beat him mercilessly. . . raised him in the air and threw him on the roadway; seizing his feet they beat his head on the ground, trampled him Having butchered him beyond recognition, stealing his money, gold watch and silver cigarette case, the murderers tossed him aside and set off to menace others, leaving around the corpse several people who would not allow the body to be moved or covered. The street urchins jeered at the corpse and peasant women spat in the face of the deceased and railed at his imagined crimes, rejoicing that the poisoner had received proper retribution Panic reigned in the city.³⁷

The press and public followed such reports of cholera disorders in horror and dismay, equating the occurrences with a "chapter from an African adventure of Livingston or Stanley . . . with a whole tribe of absolutely wild people."³⁸ The uncivilized behavior of the crowds was in many instances provoked by strange and macabre physical

³⁷Ibid., no. 29, p. 742.

³⁸"Iz obshchestvennoi khroniki, August 1, 1892," Vestnik evropei 27 no. 8 (August 1892): 901.

characteristics of the disease. Physicians were aware of the relationship between the terror and clinical peculiarities of cholera. They knew, for example, that "... with cholera the living patients look like the dead and the dead like the living," making difficult so elementary a diagnosis as "alive";³⁹ cholera patients had on rare occasions been erroneously declared "dead" on the basis of their deathly facial pallor and skin tone. Another confusing manifestation of the disease was that after cholera patients died, an eerie reaction might occur--the corpse moved. Post-mortem muscle spasms of fingers and feet, appearing up to forty minutes after death, terrified onlookers and understandably created "a strong impression on the uneducated crowds and resulted in tales that people were being buried alive."⁴⁰

Popular fears were further aggravated by the fact that cholera was known to have a predilection for the "ragged

³⁹A. Paevskaia, "Komandirovka na kholeru iz zapisok zhenshcheny-vracha," Russkoe bogatstvo, no. 7 (July 1903), p. 125.

⁴⁰V.M. Rozhanskii, "Iz nabliudenii nad kholernoii epidemiiei 1892 g. v Nizhnem Novgorode," Dnevnik OVpIKU, 1893, no. 3, p. 184. See also E.D. Kuskova, "Davno minuvshee," Novyi Zhurnal 49 (June 1957): 163.

working class." Those few persons of the upper classes who did contract cholera rarely died, undoubtedly because their diet was adequate, whereas the average mortality rate was over fifty percent of cholera patients. One analysis showed that four times as many illiterates as literates contracted cholera, thus validating the observation that ". . . the epidemic might in truth be called 'cholera of the poor' because without a doubt the educated people fulfilled all preventive measures, unlike the simple folk."⁴¹ A virulent disease that singled out the lower classes for its victims, cholera struck terror in Russia's illiterate masses. They sought some explanation for the fearful scourge and, with what now appears to be a pattern of mass reaction during famine and epidemics, misinterpreted the

⁴¹Dr. L. Mandelshtam, Dnevnik OVpIKU, 1893, no. 3, p. 36. A.P. Stolypinskii, "O Kholernoï epidemii v Kazani 1892 g. po dannym vremennoi zemskoi bol'nitsy v Pletniakh," Dnevnik OVpIKU, 1893, no. 1, p. 7, gives the following data on cholera victims:

<u>Social background</u>	<u>Education</u>
Gentry..... 5	Literate..... 87
Bureaucrat..... 7	Illiterate... 321
Clergy..... 2	
Merchant..... 2	
Artisan..... 91	
Peasant.... 313	

A.V. Smirnov, "Kholera vo Vladimirskoi gubernii v 1892 g.," Zemskii vrach, 1893, no. 18, p. 313, notes that of the 346 cases of cholera he observed, only five were among people of the upper classes, and of those only one died.

evidence.⁴²

Of the variety of myths and legends used to explain the appearance of the "dreaded guest" one was particularly prevalent: the government had wilfully produced the epidemic for the specific purpose of killing a given number of people. The writer, N. G. Korolenko (1853-1921), witnessed some of the cholera disorders and investigated their source; his description of the rigid naval quarantine in the harbor of Astrakhan reveals the climate of distrust that produced the legend of the government's sinister designs. At the beginning of the cholera epidemic in 1892, hundreds of ships with thousands of passengers were halted in the harbor of Astrakhan, forced to wait for many days to be cleared by the understaffed medical examining station. Food and water became scarce, but at last a government vessel was sighted, raising hopes of relief--

But when the steamship approached the quarantined ships, it seems it bore neither a supply of fresh water nor bread for the detainees Instead of all this, the steamship brought--coffins.

The implication that it gave to the crowd was unusually clear: it had been decreed to kill

⁴²Jean Mayer, "Famine Relief," p. 180; Louis Chevalier, Le Choléra, pp. xv, 17-20.

as many people as there were coffins. . .⁴³

The bungling of the quarantine in Astrakhan showed that the Russian bureaucratic machinery--already overburdened by the famine relief program--could not cope with a new disaster. To the uncultured masses, however, it was a sign that the government had marked them for destruction.

The government further aggravated suspicions of its sinister intentions by decreeing stringent limitations on large religious gatherings and burial practices. Such restrictions interfered with traditional practices and challenged popular beliefs. Superstitious and religious, many of the lower classes believed that cholera was a mark of God's displeasure with worldly sinners. Rural priests often encouraged resistance to measures designed to alleviate the epidemic. "This was the stone in my garden, . . ."

remarked a cholera volunteer who tried to teach the powers of clean hands and boiled water, while the local priest taught that God inflicted cholera in retribution for one's

⁴³V.G. Korolenko, "Kholernyi karantin na deviaty-futovam reide: Stranichka iz nedavnago proshlago," Russkoe bogatstvo, no. 5 (May 1905), p. 70. Submitted to Russkaia mysl' in 1892, this article (pp. 58-78) was first published in 1905; it is part of "V kholernyi god," Polnoe sobranie sochinenii 9 vols. (Pbg.: Marks, 1914) 3: 369-421.

sins and warned his parishioners not to yield to ". . . those young people, who are seized with arrogance, and who in their blindness seek to overcome cholera."⁴⁴

Preaching that God's wrath must be averted by special services, some priests organized large processions of icon-carrying worshippers. One physician reported the effects of such supplications in Simbirsk: Prayers began at 7 A.M. on July 12, an extremely hot day, and continued until 4 P.M. A large number of people followed the icons around the city limits, many of them succumbing to the heat, many drinking water directly from wells and the river. After July 12 the hospital quickly overflowed, and the city was forced to open temporary cholera barracks; "but the passage of crowds of worshippers with icons from one house to another, often from sick to well, somehow was unable to deliver the city from infection!"⁴⁵ The limitation of such gatherings by the government had an adverse psychological

⁴⁴S. Anikin, "Kholernyi god," Vestnik evropi 49 no. 1 (January 1913) :116. See also V. Veresaev, "Bez dorogi," Russkoe bogatstvo, no. 8 (August 1895), pp. 12-15.

⁴⁵V.P. Neboliubov, "Nabliudeniia iz poezdki na epidemiiu kholery v g. Simbirsk v 1892 godu," Dnevnik OVpIKU, 1894, no. 4, p. 165 "Kholera v Kurske," Vrach, 1894, no. 2, p. 47.

effect, as did the restrictions on the funerals and burials of cholera victims. Families were not allowed to perform the ritual bathing of the body, coffins were not permitted in the churches for funeral services, bodies were buried undressed or covered with only a lime-soaked sheet, and often a priest was not available or was unwilling to attend burials at a distant, separate cemetery for cholera victims.⁴⁶ One physician noted that "the disrespectful attitude toward the bodies of those who had died of cholera, and the absence of rites for the dead deeply affected even the educated."⁴⁷

In addition to the quarantines and restrictions on religious observances, administrators also ordered compulsory hospitalization in the dreaded cholera barracks, confiscation of cholera patients' possessions and disinfection of their homes. When cholera riots erupted, the government quelled them with predictable severity--mass

⁴⁶N.N. Vnukov, "O kholernom barake na Bakaldinskoi pristan v gorode Kazani," Dnevnik OVpIKU, 1893, no. 1, p. 53.

⁴⁷Neboliubov, "Nabliudeniia iz poezdki," p. 166, n. 1. See also Korolenko, "V kholernye god," pp. 387-88.

arrests, death sentences and punishments of hard labor.⁴⁸

A report to Tsar Alexander III on the Astrakhan disorders elicited his opinion that "corporal punishment was the sole means of ending these rumblings," and the governors were instructed to jail the leaders and "birch" the other offenders.⁴⁹ The governor of Simbirsk province had the temerity to respond that the birch rod could not discourage superstitious rumours.⁵⁰ Other contemporary observers such as Korolenko and the zemstvo statistician, N. F. Annenskii, were convinced, in fact, that the government's harsh measures strengthened popular suspicions and contributed to the disturbances.⁵¹

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⁴⁸Korolenko, "Kholernyi karantin," p. 75, cites the decisions of the military court in Astrakhan: 20 death sentences (commuted to hard labor for life), 22 sentences of hard labor for 12 to 20 years, and 33 lesser sentences. See also S. Anikin, "Kholernyi god," p. 126.

⁴⁹V. Kolpenskiĭ, "Kholernyi bunt v 1892 godu," Arkhiv istorii truda v Rossii, Book 3 (1922): 111; according to this source, which is based on police records, 170 persons were jailed in Astrakhan for participation in cholera riots in 1892.

⁵⁰Ibid., p. 111, n. 1.

⁵¹Korolenko, "V kholernyi god," p. 369, n. 1.

A very sensitive situation thus confronted the "cholera physicians" who volunteered or were reassigned to work in the afflicted areas during the epidemic of 1892. The Military Medical Academy and the medical faculties of the universities remained closed until late November so that students and professors could continue to assist in relief efforts until the winter frosts brought some remission of the disease.⁵² Local medical societies and the zemstvo institutions mobilized all available personnel, adding an important dimension of voluntary activity to medical relief work. Chekhov, who was living on his estate in Melikhovo, Moscow province, in the summer of 1892, put aside his writing to serve as the local zemstvo public health officer during the emergency. In the established pattern of the Moscow zemstvo physician, he travelled about his medical district to survey and remedy sanitary condi-

⁵²Experiences of medical students are described in S.I. Mitskevich, Na grani dvukh epokh (Moscow: Gos. sotsial'no-ekonomicheskoe izd., 1937), pp. 110-114, and V.A. Posse, Moi zhiznennyi put'; Dorevoliutsionnyi period (1864-1917 gg.) (Moscow: Gos. sotsial'no-ekonomicheskoe izd., 1937), pp. 80-101.

tions of factories and villages and to instruct factory owners and local authorities on various precautionary measures.⁵³

The relief work during the famine and cholera might well be considered a renewed movement v narod (to the people).⁵⁴ Like the youth of the '70s who moved into rural areas to participate in the life of the common people, relief workers in the early '90s were motivated by humanitarian goals. And also like the narodniki, many of the famine and cholera relief workers were shocked by their first experience among Russia's uncultured backward masses. The initial horror of perceiving the abject poverty of the masses was compounded by the realization that the lower classes harbored suspicions and even hatred of the educated "missionaries" who were trying to assist them. The medical "missionaries" in particular became acutely conscious of both the extreme poverty and the gulf of ignorance and enmity that separated them from the narod.

⁵³"A.P. Chekhov kak zemskii vrach," Obshchestvennyi vrach 3 no. 4 (1911): 66-72.

⁵⁴Alan K. Wildman, The Making of a Workers' Revolution: Russian Social Democracy, 1891-1903 (Chicago: University of Chicago Press, 1967), p. 6, draws the analogy with the earlier movement v narod.

One physician wrote:

There is one unhappy picture I shall never be able to forget. In a cottage lay the bodies of a mother who had died of cholera and of her three-month old infant who had died of hunger, his body still warm. Outside lay the cholera-infected father and two frightened, starving, five- or six-year old children. There was no one else around.⁵⁵

The immediate concern of most physicians was the explosive situation arising out of popular distrust of medical personnel. The gulf between the masses and the educated classes was fully exposed when cholera rioters turned with special venom against physicians. Vrach expressed the general anxiety of the medical profession:

The poor Russian physicians: honorably fulfilling their duties, they have not spared their strength against typhus, dysentery, scurvy, etc., have become sick and have died by the dozens; and yet the blind masses hurl at them such absurdities, so many vile insults, and finally slaughter them, their most true and honorable servants.⁵⁶

Attacks on medical personnel became so prevalent that members of the educated classes were careful to dress in a

⁵⁵K. Pashkov, "Epidemiia kholery v derevne," Zemskii vrach, 1893, no. 4-5, p. 56.

⁵⁶Vrach, 1892, no. 28, p. 711.

fashion that would distinguish them from physicians!⁵⁷

Under these conditions cholera physicians were justifiably concerned about their personal safety. One volunteer physician, travelling across the steppes of Samara to his post, recognized that it was not his medical expertise that was about to be tested but his ability to "overcome the power of rural ignorance."⁵⁸ A story by V. Veresaev published in 1895 reflected the author's troubled state of mind when he had served as a cholera physician in 1892:

I tried to convince myself that I was not afraid, but with each drunken song in the street, with each noise, my heart involuntarily flinched.⁵⁹

Physicians were haunted by the

clear memory of the destruction of the Astrakhan cholera hospital by the ignorant crowd, the atrocities to those who worked in the hospital, and the reckless treatment of the patients, which resulted in the immediate appearance of a mass of new cases.⁶⁰

⁵⁷That physicians were specifically sought is verified by A.K., "Vospominaniia o kholere," p. 574; Vrach, 1892, no. 31, p. 946, and V. Korolenko, "V kholernyi god," p. 377.

⁵⁸Posse, Moi zhiznennyi put', p. 90.

⁵⁹Veresaev, "Bez dorogi," Russkoe bogatstvo, no. 8 (August 1894), p. 18.

⁶⁰Vnukov, "O kholernom barake," p. 53.

Not until popular suspicions and the violence they engendered were allayed could physicians work effectively to counteract the ravages of the cholera epidemic.

To combat the "terror," cholera physicians assessed the conditions that provoked popular fears and concluded that the cholera barracks were the major source of discontent. The barracks, temporary buildings used to isolate and treat cholera patients, were as feared as government hospitals had been before the zemstvos reorganized rural medical care. "Many patients who recovered," reported a physician who had volunteered to work in Kazan,

told me of the terror they felt when they entered the cholera barracks, from which they thought there was only one exit--the grave. They had heard that some sort of sanitaire in leather gloves with an iron hook roamed the streets; if he saw someone who looked sick--or just a bit drunk--he would seize the unfortunate one with the hook, throw him like a dog into a cart, and carry him to the cholera hospital. There they would shower him with lime, cram it into his mouth, eyes and ears . . . throw his bare body into a pitch coffin, nail down the lid, and without confession or Holy Communion throw him into a grave quite disrespectfully. And they would not even place a cross over the grave, so that no one would know where the unfortunate martyr was buried.⁶¹

The cholera barracks had gained their dreadful reputa-

⁶¹Ibid.

tion because they were associated with the government's use of force to deal with cholera patients. "The cholera barrack," reported one physician,

was located in an area crowded with unskilled workers; and therefore as a precaution against disorders there was a permanent guard of six militia under the supervision of the police and a cossack.

But such a show of force could not be especially convincing to the workers of the advantages of the barrack.⁶²

Physicians observing popular reactions to such government policies concluded, not unreasonably, that it was the physicians' role as employees of the government and their connection with the cholera barracks that made them vulnerable to the wrath of cholera rioters. As government officials, physicians were rumoured to be accomplices of the government's supposed intrigues against the poor: they poisoned the wells, forced the healthy into cholera barracks to contaminate or kill them, carted off wagons full of writhing bodies to be buried alive. Physicians committed these crimes, so the rumours went, under bureaucratic orders, to earn their salaries and also to create jobs for their colleagues whom they invited to assist them in their deadly

⁶²Ibid.

work.⁶³ Physicians carrying out their "mission" to the narod that harboured such suspicions might well agree with the comment in Vrach:

What a disgrace at the end of the nineteenth century, and along with that, what a graphic lesson in the need for more light and learning!⁶⁴

Although the volatile situation produced by the cholera epidemic greatly complicated the medical work, some cholera physicians were able to work effectively. Along with their administration of the cholera barracks, they instituted educational programs in the surrounding area to explain the necessary preventive measures. These efforts helped to reduce the ravages of the disease and also to maintain social calm. Other physicians were not so effective. As cholera spread through Russia, marked differences in its medical and social impact in various areas became quite apparent.

A month after the Astrakhan cholera riots and the murder of Dr. Molchanov, Chekhov predicted that in Melikhovo

⁶³This summary of cholera legends is based on the contemporary medical reports and the articles cited above by Korolenko, Kolpenski, Kuskova, and A.K. "Vospomaniia o kholere."

⁶⁴Vrach, 1892, no. 28, p. 711.

there would be little chance of either a cholera epidemic or the "terror". He based his optimism on the observation that in Moscow province the organization of zemstvo medicine had given the populace confidence in local medical personnel and had also "entrusted the physicians with wide powers" needed for effective action.⁶⁵ And in fact in comparison with other regions of Russia, in Moscow province the cholera epidemic was well controlled. The two decisive factors that Chekhov had pinpointed--the trust of the populace and the granting of adequate powers to physicians--did not, however, exist in many other areas. As the epidemic moved from Astrakhan into the hinterland of Russia, it exposed the acute vulnerability of the lower Volga River basin to both disease and disorder.

Two types of public health administration existed side by side on the lower Volga. Astrakhan was not one of the thirty-four provinces administered by zemstvo institutions; its public health organization was in the jurisdiction of the Ministry of the Interior and the local police. The physician who supervised the quarantine in the harbour, for

⁶⁵Chekhov to N.M. Lintvareva, July 22, 1892, PSS1P, vol. 15, p. 411.

example, was a government employee carrying out that inefficient operation under bureaucratic orders. Astrakhan province's extremely high cholera mortality indicated that its public health organization was quite inadequate. Moreover the vicious cholera riots were attributed to the compulsory measures used to force people into the cholera barracks and the inordinate use of troops to quell the riots.⁶⁶ From Astrakhan the epidemic travelled up the Volga River into areas where the zemstvo institutions administered public health. The mere jurisdiction of the zemstvos did not, however, prevent disease and disorder. In Saratov province the record of cholera control was as bleak as that of Astrakhan. The high cholera mortality of the province and the numerous cholera riots indicated the failure of the zemstvo institutions of Saratov province to meet their responsibilities in the field of public health.⁶⁷

Contemporary medical reports on cholera relief measures further up the Volga River in Simbirsk, Kazan and Nizhny Novgorod, presented a different picture. The local medical

⁶⁶Korolenko, "V kholernyi god," p. 369, n. 1.

⁶⁷Kuskova, "Davno minuvshee," Novyi zhurnal 47 (1957): 139-62 and 48 (1957): 145-70, gives a vivid picture of medical work in Saratov during this period.

societies in these three cities and a number of medical professors from the University of Kazan assumed the direction of cholera relief in the region. In a letter dated August 1, 1892, Chekhov commented on the vigor and effectiveness of this activity:

The cholera is sharply different from the famine, as we observed it during the winter. Now all are at work. Fiercely they work. At the fair in Nizhny, they perform miracles which would force even Tolstoy to respect medicine and the contribution of the cultured people to popular life.⁶⁸

The medical record in this region was not only a fine example of the contributions "cultured people" could make to the general welfare, but also of the manner in which that work should be done.

In Simbirsk, physicians carefully adjusted their relief work to counteract the superstitious rumours that were known to trouble the populace. Forced admission to the cholera hospitals was prohibited; the prevalent rumour that patients were being "buried alive" was forestalled by changing hospital regulations so that corpses remained on view for several hours after death. Physicians were particularly sensitive to the popular resentment of the curtailment of religious

⁶⁸ Chekhov to A.S. Suvorin, August 1, 1892, PSSiP, vol. 15, p. 416.

ceremonies for the dead, and therefore permitted the ritual washing, under close supervision, and conventional burial in shrouds. And to prevent the common rumour that the government had decreed a given number of deaths, coffins were neither made in advance nor was "such merchandise transported through the city;" instead the coffins were built only as needed at the hospital.⁶⁹

Similar policies were adopted in Nizhny Novgorod, where no one was admitted to the cholera barracks without his consent, and cholera patients were treated at home whenever possible. Some physicians took the added precaution of making home visits only at night in order to allay patients' fears that the police would be notified and demand that they be sent to the cholera barracks. And in consideration of both religious beliefs and public tranquillity, burial regulations were eased so that people could ". . . die like their fathers and grandfathers, not like cattle."⁷⁰

⁶⁹Neboliubov, "Nabliudeniiia iz poezdki," p. 166, n. 1; Vnukov, "O kholernom barake," p. 55.

⁷⁰Korolenko, "V Kholernyi god," pp. 385, 388; Elpat'evskii, Vospominaniia, pp. 235-43; Vrach, 1892, no. 29, p. 738; S.I. Mitskevich, Na grani dvukh epokh, p. 112.

In Kazan in the late autumn of 1892, cholera physicians reported on their experiences to the meetings of the local medical society, which often attracted audiences of from 100 to 400 non-medical people. Physicians in Kazan had been equally attentive to the need to dispel unfounded rumours, such as the ones cited above of the "sanitaire in leather gloves" with a hook attached, and they attempted to prevent incidents ". . . unimportant in themselves, but which in their frequent retelling were embroidered with fantasies, the popular imagination adding hooks to the gloves and other embellishments"71

The reports of cholera physicians who had worked in the Upper Volga region showed that although the epidemic had not been halted, a repetition of the disturbances of the Lower Volga could be avoided. In the cities of Kazan, Nizhny Novgorod, and Simbirsk and their surrounding areas, physicians had established the popular trust needed for effective cholera controls. The dissimilarities of response of the two regions could not be ascribed to the dissimilarities of administrative machinery in zemstvo and non-zemstvo areas. The zemstvo province of Saratov had been as wracked

⁷¹Vnukov, "O kholernom barake," p. 54.

by disorder as had the non-zemstvo province of Astrakhan. In the upper Volga region where physicians reported success in dealing with the populace, the cities were, of course, beyond the jurisdiction of the zemstvo institutions; and in the rural areas zemstvo medical organizations were generally inadequate. Among physicians the consensus was that the essential difference lay not in the type of government administration, but in the willingness of the local authorities to delegate powers to physicians. Given adequate power, they had established the necessary programs.

One observation of physicians during the epidemic attracted considerable attention--their marred image among the narod as government-employed officials. The policies of the central administration and its local agents during the epidemic had fanned the superstitious rumours among the uneducated masses. Blaming their troubles on the government, the populace turned against its agents--including the medical personnel that often seemed to them to appear in cunning conjunction with the epidemic. Therefore many physicians found that in order to gain the trust of the populace, they must disassociate themselves from the hated bureaucracy. Addressing the Kazan Medical society, Professor Kapustin was quite explicit in cautioning his colleagues

to efface their image as "police officers introducing various constraints and prohibitions" and instead to project themselves as "public servants and friends of the sick."⁷² Successful work thus often depended on physicians' establishing their independent role. One physician who worked in Nizhny Novgorod in 1892 later recalled that his wife had asked some peasants why, in contrast to their former resistant attitude toward physicians, they trusted her husband. "But he is a free (vol'nyi), not a government physician. What interest does he have in killing people?" was the answer.⁷³ Cholera physicians arrived at the same conclusion held by people who had been active in famine relief work: local initiative and control were more effective than government-sponsored efforts. This contrast was symbolized by the shifting image of the physician. As a government official the physician was mistrusted, maligned, attacked. As a "free" physician he was trusted

⁷²September 20, 1892, reported in Vrach, 1892, no. 40, pp. 1020-21.

⁷³Elpat'evskii, Vospominaniia, p. 242. See also V. Veresaev, "Bez dorogi," Russkoe bogatstvo, no. 8 (August 1895), p. 15, in which a cholera physician is at first distrusted as a government official but finally accepted as a "genuine" (nastoiashchii) physician.

and could be effective in his work.

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As the cholera epidemic of 1892 receded, Russian physicians turned to the acute problem of a recurrence in the following year. They knew empirically that the second year of cholera epidemics in Russia had been more severe than the first,⁷⁴ and since the toll of the epidemic of 1892 had been very great, there was cause for deep concern. The estimates for cholera losses were beginning to reach the figures published in 1893: 433,643 registered cases of cholera and 215,157 cholera deaths.⁷⁵ Moreover the crisis

⁷⁴G.I. Arkhangel'skii, Kholernyia epidemi v Evropeiskoi Rossii v 50-ti letnii period. 1823-1872 was the standard reference work; D.N. Zhbakov relied on it in his Kholernyia epidemi v Smolenskoi gubernii, 1831-1872 gg. to show that Russia's three earlier cholera epidemics were more severe in the second year.

⁷⁵Vestnik OGSiPM (Oct.-Dec., 1893), p.17. An official report of the Medical Department, published in 1896 and cited in Vrach, 1896, no. 23, p. 676, gives the following figures for infectious disease in Russia in 1892:

Total number of cases of infectious disease. . .	4,444,319
Which included: cholera.	648,000
typhus	627,000
dysentery	366,00

M.S. Onitsanskii, O rasprostraneni kholery v Rossii (Pbg., 1911), pp. 1-2 gives the total cholera mortality as 300,324.

could not be measured in mortality rates alone, for the cholera riots that reminded one journalist of "a tribe of absolutely wild people," added another dimension of concern. The disease of the hungry and superstitious, cholera served as a barometer of Russia's cultural lag.⁷⁶

D. N. Zhbakov (1853-1932), a leader of the Pirogov Society, proposed that the Society sponsor a special congress to coordinate physicians' work in the epidemics during the following year. He suggested that the Society help to establish specialized training for medical students and volunteers, aid physicians in their efforts to improve food supply, and develop programs of popular education in order to avoid "the sad history" of 1892.⁷⁷ Such an effort by the Pirogov Society was not necessary, however, because the Medical Department of the Ministry of the Interior sponsored a special cholera congress to plan for the expected epidemics of 1893.

Considering the Imperial government's record of re-

⁷⁶Robbins, "The Russian Famine of 1891-1892," pp. 345-48, discusses the relationship between famine and cholera.

⁷⁷D.N. Zhbakov, "O platom Pirogovskom s'ezde i kholere," Vrach, 1892, no. 40, pp. 999-1000.

restrictions on national meetings involving zemstvo representatives, the congress that was convened in St. Petersburg at the end of December, 1892, was most unusual. Zemstvo and other public health physicians and professors of medicine met together with the representatives of the local self-governments to consider policies for the coming emergency.⁷⁸ The government not only sponsored this meeting and paid the expenses of the physicians who participated; it also accepted the recommendations of the congress and--in a rather drastic move--altered its role in epidemic work. In reviewing the events of the past year, the central government acknowledged its lack of success: "In view of the weakness of quarantines and the absence of a modern sanitary structure, we are able to fight cholera only with palliatives."⁷⁹ The government therefore decided to delegate

⁷⁸Vestnik OGSiPM 16 no. 2 (November 1892), Section I: 16, published the circular of the Medical Department, dated October 30, 1892, requesting that the governors of the cholera-affected provinces appoint one or two physicians to attend the meeting. O.V. Aptekman, "Partiia 'Narodnogo Prava': Vospominaniia," Byloe 7/19 (July 1907): 191-96, recounts the author's participation in the meeting.

⁷⁹K. Tolstoi, "S'ezd vrachei prinitavshikh neposredstvennoi uchastie v borbe s kholernoï epidemieï 1892 g.," Vestnik OGSiPM 17 no. 1 (January 1893), Section VII: 3.

even greater authority for epidemic work to local medical organizations and to the local self-governments. The administration agreed to provide additional funds and medical personnel, and directed the local organs of government to establish temporary "sanitary commissions" to organize and supervise cholera relief work.⁸⁰

What may seem to be a simple bureaucratic reshuffling of medical functions had, in fact, a substantial impact on the medical profession, zemstvo medicine, and the local self-governments. The special recognition by the government of the zemstvo physicians was considered an admission of the superiority of zemstvo medicine and local initiative over the public health methods of the central government. Thus encouraged by the government's support, physicians in zemstvo and other local medical organizations expanded their work in preparation for the expected crisis of 1893. In Kherson province, for example, there was a seven-day conference attended by zemstvo representatives and by physi-

⁸⁰ Ibid. Leonid Dashkevich, Nashe ministerstvo vnutrennikh del' (Berlin, 1895) p. 71, commented on this policy: "In this way the local sector, that scapegoat, was often used by the Ministry to cover its ignorance and inability to fulfill its obligations."

cians employed by the zemstvos, factories, and armed forces in the area, who planned a network of medical services and controls and increased the activities of the medical/food supply stations that had been inaugurated in 1891.⁸¹

Similar meetings elsewhere of zemstvo physicians and local medical societies emphasized the need for not only emergency epidemic measures but also for general improvements in public health organization. The cholera epidemic had convincingly demonstrated the ineffectiveness of medical programs that were not directed toward preventive medicine. In the province of Vladimir, for example, the zemstvo had provided generous funds for a good network of hospitals and medical personnel; but because all medical efforts had been directed toward treatment medicine with no attention to the sanitary conditions of the villages, the province had been in a vulnerable position in 1892. During the epidemic the Vladimir zemstvo had added thirty physicians to its staff but it had been impossible to institute preven-

⁸¹"Khersonskoe gubernskoe soveshchanie zemskoi vrachei i predstavitelei uezdnykh uprav' po voprosy o kholere, March 12-18, 1893," Zemskii vrach, 1893, nos. 14-17.

tive measures in one or two months to "change what had been neglected for many years."⁸²

As the local sanitary commissions took over epidemic work, physicians stressed both the scientific and educational functions of medical personnel. Extensive medical statistics were compiled for the study of geographic and other variables in the spread of cholera; the epidemics thus stimulated epidemiological research that might enable physicians to predict disease ". . . as Sydenham had suggested, as astronomers do the comets."⁸³ For immediate improvements in the pattern of popular reaction to the disease, physicians concentrated on educational programs that persuaded, instead of forced, the frightened lower classes to adopt basic hygiene practices and accept the need for isolation of cholera patients. For example, when the inhabitants of a mill town in Simbirsk province refused

⁸²A.V. Smirnov, "Kholera vo Vladimirskoi gubernii v 1892 g.," Zemskii vrach, 1893, no. 18, p. 315. E. Il'in, "Vopros vazhnee kholernago," Zemskii vrach, 1893, nos. 25-27, 30, summarizes the arguments for preventive, as opposed to treatment medicine.

⁸³D.N. Zhibankov, "Neskol'ko zametok o kholere 1892-1893 gg. i o borbe s neiu," Vrach, 1893, no. 50, p. 1379. For Molleson's statistical work in Saratov province see Vrach, 1892, no. 43, p. 1104; no. 45, p. 1183.

to permit the construction of a cholera barracks and threatened to chase away any physician sent there, the local sanitary commission explained its goals and decided to "wait until the workers requested medical care"--which they eventually did.⁸⁴ Cholera patients were not forced into cholera hospitals, but where peasants observed that fewer patients died in the hospital than at home the cholera hospital was well utilized.⁸⁵ Memoirs and medical reports repeatedly noted the paramount need to overcome the initial hostility of the populace, the need for calm persuasion, and the great success when popular hostility was surmounted.⁸⁶

By the end of 1893 there was abundant evidence that the concerted efforts of the medical profession in cooperation with the local self-governments had reaped rewards. Contrary to all expectations and the pattern of earlier epidemics, cholera claimed far fewer victims during its

⁸⁴V.P. Neboliubov, "Nabliudeniia iz poezdki," p. 166.

⁸⁵S.I. Dubenskii, "Otchet' o kholernoï epidemii v Novosil'skom uezd, Tambovskoi gubernii," Vrach, 1894, no. 2, p. 47.

⁸⁶A. Paevskii, "Komandirovka," Russkoe bogatstvo, no. 7 (July 1903), pp. 141-42; no. 8, p. 63.

second year. Vrach reported 38,922 cholera deaths in 1893, a striking contrast to the 215,157 cholera deaths estimated for 1892.⁸⁷ There may have been other reasons for the radical improvement, but the medical profession and the local self-governments prided themselves that their efforts had produced the remarkable change.⁸⁸ The general press turned from reporting sensational stories of superstitions and mob violence and cited the improvements in cholera controls. In a district of Kherson, three "sanitary squadrons," each composed of a physician, three feldshers and three assistants, had travelled through many villages and taught peasants to boil drinking water, disinfect houses, and to detect and care for cholera victims.

Donskaia pchëla printed a letter from a physician who had organized an educational program among the villagers of his district and who claimed exceptional results with the use of patient persuasion. The great improvement of popular response to the epidemic caused some speculation on the

⁸⁷Vrach, 1893, no. 50, p. 1379.

⁸⁸D.N. Zhibankov, "Neskol'ko zametok o kholere," Vrach, 1893, no. 50, pp. 1380-81, states that without the preventive measures taken in Smolensk, the toll would have been much higher for that province. See also Vrach, 1894, no. 5, p. 149.

reasons for that progress. Iuzhnyi krai asserted: "The answer is clear. It is the correct development of zemstvo medicine and popular schools which the zemstvos have so willingly funded."⁸⁹

"The correct development of zemstvo medicine" had in fact been greatly strengthened by the cholera crisis. The sanitary commissions that had been instituted to supervise and coordinate the work of medical personnel had effected a major change in many areas, for they projected physicians into positions of power during the emergency. While in 1892 many physicians had managed to work effectively through the sheer necessity of their assuming authority in cholera-affected areas, in 1893 the sanitary commissions institutionalized, if only temporarily, their augmented role. Invested with primary responsibility for the direction of the local sanitary commissions, the physicians were able to institute both long range and short term prophylactic measures and to introduce much-needed programs of hygiene education. In the crisis situation of 1893, in other words, the model program of zemstvo medicine

⁸⁹These news items are cited in V. Korolenko, "V kholernyi god," pp. 393-96.

in Moscow province had been hurriedly introduced into other areas in a major effort to control the epidemic. The "temporary sanitary commissions" were replicas of the zemstvo medical bureaus of Moscow province, and the cholera physicians' increased powers duplicated the established authority of Moscow zemstvo physicians.

When the cholera crisis had passed, Russian physicians resolved to make permanent their improved position gained during the emergency. The central administration, through specific regulations and the Petersburg Cholera Conference of December, 1892, had prodded the local self-governments to introduce sanitary commissions; it could as easily dispense with these commissions. The local self-governments had released powers to physicians to direct the sanitary commissions; it was expected that after cholera receded, the zemtsy would reassert their powers in the field of public health--powers that they had previously so zealously guarded. Any efforts by the central or local governments to reimpose such restraints would, however, arouse firm resistance. Tempered by the experiences of the famine and cholera years, physicians coalesced into a more unified professional group. In the following months they would re-evaluate their role in Russian society and seek a course of action to gain greater control over their personal and professional lives.

Chapter V

The Impact of the Cholera Crisis on the Medical Profession

The cholera years catalyzed the growing corporate consciousness of the Russian medical profession. In the decades after the Great Reforms the profession had slowly emerged from its position within the state machinery into a more autonomous and more prestigious role. Russian physicians shared with the international community of medical scientists the heightened self-confidence produced by rapid and significant advances in the field; and they had made their unique contribution to public health administration, zemstvo medicine. As scientists and public servants, they perceived themselves as valuable members of Russian society. The profession's gradual corporate growth might have continued on its uneventful course, had not the cholera crises of the early 1890s impelled physicians to reevaluate their public image and their social role.

The massive epidemics of cholera and typhus dramatized the powerless position of physicians, shackled by archaic

administrative machinery and the resistance of local authorities. The central government's inability to instigate reform through the Botkin Commission, the years of dissension in some zemstvos; and the general disregard of the profession's warnings and proposals for preventive emergency measures during the famine of 1891, contributed to the tragedy of 1892.¹ Only after that major catastrophe, when the rapid, uncontrolled spread of infectious disease felled hundreds of thousands of Russians, were physicians granted the authority they needed. In 1893, like experimenters in some gigantic laboratory, the medical profession demonstrated the advantages of its scientific knowledge and practical skills and achieved success and recognition. Although employed in public institutions, within those institutions physicians had attained greater independence by virtue of their technical ability.

¹Vrach, 1896, no. 22, pp. 652-53; no. 23, pp. 676-78, reviews of the official report of the Medical Department of the Ministry of the Interior for 1892, give the following approximate comparative figures for infectious disease:

	<u>1891</u>	<u>1892</u>
cholera	0	613,000
dysentery	263,000	366,000
typhoid fever	247,000	284,000
typhus	74,000	184,000
The total number of cases of infectious disease was		
4,444,319, an increase of 660,000 over 1891.		

Paradoxically, while the cholera crisis distinguished physicians as scientific experts, it also served to magnify the continuing disabilities of their daily lives. Trained as scientists, most physicians existed in a cultural backwater, working in rural areas and provincial towns where their achievements were unappreciated by the illiterate majority and were often resented by the less-than-well-educated upper classes that held the reins of government. Compounding their lack of social status, their material rewards were not gratifying. The harsh socio-economic conditions that existed at mid-century still obtained, and were accentuated during the cholera years. In periods of relative tranquillity the personal disabilities of physicians were considerable. The 1889 study, cited extensively in Chapter I, had thoroughly exposed their high mortality from infectious disease and suicide, inadequate incomes and pensions that consigned their families to destitution should they die, and their economic and legal dependence on the state.² With

²See above, chapter I, pp.29-40, and Vrach, 1894, no. 3, p. 87. Included in the same book with the statistical report on physicians, another article defined the stringent legal obligations: S.M. Ershov, "Obzor grazhdanskikh vrachebnykh zakonov Rossiiskoi Imperii," Spravochnaia Kniga dlia vrachei, Vol. 1 (Pbg., 1890) pp. 1-41.

the advent of the cholera years, it was as if some ghastly drama had been staged to portray the statistical findings of the 1889 report.

The obituary columns of the medical press in the 1890s were even more depressing than usual. One physician remarked that many who had taken "an active part in the fight against cholera had met this insidious enemy face to face and not rarely had been vanquished by it."³ The final toll of "medical martyrs," as Vrach labelled them, for the years 1892-1893 was eight-one: sixty physicians and two medical students died of typhus, sixteen physicians and two students died of cholera, and one physician was murdered in a cholera riot.⁴ Many times that number were infected by their patients, and although they may have recovered temporarily, in the following years their obituaries ("in failing health since he contracted cholera--or typhus or dysentery--when he went na kholeru") were constant reminders of the lingering toll. These obituaries created not only feelings of sympathy but also apprehension. Physicians knew that the rampant epidemics would not abate rapidly, and within the next few

³S. Iaroshevskii, "Otchego v Samara tak sil'no svirepstvovala kholera," Meditsina, 1892, no. 47, p. 643.

⁴F.F. Erisman, Izbrannye proizvedeniia (Moscow, 1959), vol. I, p. 376, n. 1.

years they too might join the ranks of the medical "martyrs," leaving, like so many of their colleagues, a "wife and small children without any means of support."⁵ A major impact of the cholera years on the medical profession, therefore, was a heightened awareness of its vulnerability.

Russian physicians spoke of the terrible conditions "where fate tosses them to work,"⁶ but "fate" was but a euphemism for Russia's continuing economic backwardness. In France and England, many more physicians per capita were supported by the private sector, whereas Russia could not even adequately support the few physicians who were trained.⁷ Because insufficient funds were allocated for medical care,

⁵A random sampling of forty-six obituaries in Vrach the first six months of 1894 shows that seventeen families were left unprotected (six of those were families of private practitioners); four physicians died of suicide and about half of infectious disease. For a typical hard luck story, see Vrach, 1897, no. 21, pp. 615-16, the obituary of a young zemstvo physician; educated with stipend assistance at Kazan University, he had specialized in medical statistics, but had been an invalid since contracting typhus in 1893.

⁶S.I. Dubenskii, "Otchet o kholernoï epidemii," Vrach, 1894, no. 2; pp. 47-48.

⁷Brokhaus-Efron, s.v. "Meditsinskii personal," 18A (1896): 895, gives the following ratio of physicians to every 100,000 inhabitants: European Russia - 9.2, Switzerland - 14.8, Germany - 30.9, France - 31.1, England - 63.8. The limited earnings of the private practitioner in Russia is discussed in Chapter I, pp.37-39; see also Tables 3 and 4.

medical positions were so scarce that a "multitude of applicants" responded to every position advertised by the zemstvos.⁸ This fierce competition perpetuated the limited number of physicians, their low earnings, and dependent status.

Translated into the realities of their careers, "fate" dictated that physicians work under conditions of psychological and physical strain. The persistent confrontations with zemtsy impeded their effectiveness and were demoralizing. One physician claimed in 1892 that

The zemstvos regard as useless the qualities of independence and initiative. . . . They want only simple workers, subordinate to the Board, whose positions are insecure and in some areas such as Saratov, even deplorable.⁹

In addition to experiencing such social tensions, physicians also suffered real physical hardship, for the average physician was assigned an enormous number of patients and even in ordinary times faced an overwhelming task.¹⁰ Exhaustion

⁸Vrach, 1894, no. 5, p. 150.

⁹S. Iaroshevskii, "Otchego v Samara," p. 644.

¹⁰B.B. Veselovskii, Istoriia zemstva (Pbg., 1909) 1: 364, shows that in about two-thirds of the zemstvos the number of inhabitants in each physician's medical district was between 20,000 and 40,000.

from overwork was not uncommon and, judging from comments in the medical press, was considered a major factor in the death and disabling of many physicians. During the cholera epidemics these problems were severely aggravated.

The state imposed additional burdens. Physicians who were publicly employed in cholera-affected areas were automatically absorbed into cholera relief work in 1892-1893. But the entire Russian medical profession was also liable to service; the Russian legal code stated clearly that during emergencies such as war and epidemics all physicians could be called into active duty.¹¹ Medical students and professors were "freed" from their academic obligations to assist in the emergency, and throughout Russia any physician could be pressed into service by the governor of the province in which he worked or by his medical superior. Unlike others who volunteered to assist during the famine and cholera emergencies, physicians were legally obligated to perform the arduous and often hazardous service of cholera relief work. The cholera years therefore not only magnified the fact that Russian physicians were overworked and underpaid, but also

¹¹N.G. Freiberg, Vrachebno-sanitarno zakonodatel'stvo v Rossii, 2d ed. (Pbg.: 1zd. "Pravo," 1910), pp. 64-65.

vividly reminded them that they were still considered servants of the state.¹²

Physicians who had worked among the diseased, starving, impoverished masses during the cholera years were aware that their own unenviable financial situation was closely bound to Russia's general backwardness.¹³ The medical profession might devise some palliatives to protect physicians and their families in time of need, but it would be many years before significant changes could occur. As Russia in general became more advanced in its health protection physicians' high mortality from infectious disease would lessen; when the state had trained many thousands more physicians their workload could be reduced to manageable proportions; and as the economy improved physicians might be paid adequately. With these changes perhaps the profession might be able

¹²The legal obligations of physicians are treated in greater detail in N. Frieden, "Physicians in pre-Revolutionary Russia: Professionals or Servants of the State?" paper presented at the 47th meeting of the American Association for the History of Medicine, Charleston, South Carolina, 3 May 1974.

¹³The sessions of the Pirogov Congresses devoted to professional problems and ethics (Vrachebnyi byt') display physicians' consciousness of their economic dependence on the impositions on the peasantry. See also the final chapter of V. Veresaev, Zapiski vracha (Pbg.: A.E. Kolpinski, 1902).

to eliminate the unusual legal obligations that the state imposed upon it and become in fact a "free profession." But it would not be soon.

While acknowledging these harsh realities of Russian life, physicians also became increasingly conscious of the contradictions between their augmented technical abilities and their static socioeconomic position. The cholera violence intensified physicians' consciousness of their failure to act effectively to protect their professional and personal well-being. Recognizing that they had very little control over their economic predicament, they determined to change other conditions threatening their security in the "remote places" where "fate" tossed them to work.

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Like some dreary leitmotif, references to Dr. Molchanov's murder became a recurring, almost obsessive theme in Russian medical circles for many years. The memory of the incident was still so vivid in 1905, that when zemstvo physicians in one district of Saratov were again confronted with obstacles to their cholera prevention measures, they refused to continue to work for the zemstvo. In 1892-1894 the medical profession responded to Molchanov's murder as if it dramatized physicians' general predicament. Saratov province, where the incident occurred, exemplified the failure of some zemstvos to implement adequate health programs. Molchanov's history exemplified the limited control physicians exerted over the conditions of their employment: although on a leave of absence Molchanov was ordered to serve during the epidemic and under Russian law could not refuse that order. Thus he was forced to work in an area which, because of the failings of an unenlightened local government, was medically dangerous and socially volatile. Physicians believed that his death, as well as the massive suffering of the population, could have been avoided had the medical profession possessed adequate authority. The success of Moscow zemstvo medicine in 1892 and the remarkable improvements elsewhere when physicians gained emergency

powers, demonstrated that uncontrolled epidemics and cholera riots need not occur.¹⁴

The medical press of the mid-1890s reveals a singular preoccupation with Molchanov's death. One physician proposed that every medical clinic, auditorium, and laboratory install a black cross with a crown of thorns, the date of Dr. Molchanov's death and the following inscription:

"If any man will come after me,
let him deny himself and take his
cross and follow me" (Matthew, 16:24). . .

as a symbol of the selflessness and suffering held before the eyes of the physician . . . so that he would know how to perform his professional duties and what he should expect here on earth . . . so that the blood of Molchanov would not have been in vain.¹⁵

Veresaev similarly exaggerated the dangers with his story, "No exit" (Bez dorogi, 1895), which turned his own rather uneventful experiences as a cholera physician into a story that included a fatal attack on the physician by an illiterate

¹⁴The medical profession's response to Molchanov's murder can be assessed in Vrach, which has a remarkably extensive and efficient index. The role of the medical profession during the 1905 Revolution will be treated in a future project.

¹⁵I. Mitropol'skii, "Dlia chevo i kak sledovalo by uvekovechit' v russkom meditsinskom soslovii pamiat o doktore Molchanove," Zemskii vrach, 1893, no. 24, pp. 410-11.

mob.¹⁶ There was real basis for apprehension. Reports and memoirs of cholera physicians routinely described the fears engendered by their isolated and exposed positions. The inordinate amount of attention the medical press devoted to Molchanov's death and the general problem of the cholera riots, however, suggests that fear alone did not cause this reaction. The attacks on physicians had touched an extremely sensitive nerve.

The cholera riots severely threatened one important aspect of the self-image Russian physicians had constructed in the previous quarter of a century. Lacking the economic and social status accorded their non-Russian colleagues, Russian physicians made of this lack a positive virtue. They were not "tradesmen" of medicine concerned with their own material well-being, but were instead dedicated public servants. When Professor Petrov of Kazan University died in 1885, physicians honored and remembered him because he had increased the "importance of medicine He showed that the physician could be a public worker as the representative

¹⁶Russkoe bogatstvo, no. 7 (July 1895), pp. 4-48; no. 8 (August 1895), pp. 2-33.

of community medicine."¹⁷ These professional service goals were undoubtedly sincere, as well as being a means to overcome a sense of inferior social status. But physicians' perception of themselves as gracious public servants also carried an element of self-delusion. Fully convinced by their own rhetoric of their value to society, they seemed unaware that the image they attempted to project was not always the image that was perceived.

The critical assumption of physicians' claim to prestige was that they had a unique relationship with the narod, that their "mission" of service was well appreciated by the people whom it was their "calling" (naznacheniia) to serve. The epigraph to a eulogy to Professor Petrov, for example, quoted these few lines of Nekrasov as fitting tribute:

Rest well, wise, kind, and true--
Rest well! And sincere thanks to you
from the Russian narod.¹⁸

The physicians' self-image was based on the belief that they were trusted and admired by a grateful people, from

¹⁷For a longer excerpt from the eulogy, see above, Chapter I, pp. 48-49.

¹⁸Dnevnik Kazanskago obshchestva vrachei pri imperatorskom universitete, 1885, no. 19-20, p. 281.

which, they often said, "we ourselves have come."¹⁹

The cholera riots of 1892 had exposed the fallacy. Physicians perceived themselves quite differently reflected in the eyes of the narod--distrusted, slandered, hated allies of the upper classes and the state. The experience was bitter, shattering, and obliterated that carefully constructed public image of the physician as a beloved public servant. The unusual preoccupation of the profession with the problem of popular violence should be viewed within this context: the attacks on physicians not only posed a threat of physical injury, but were a massive assault on the keystone of the profession's corporate pride.

The name of Molchanov thus conjured up physicians' tenuous claim to independence, their physical and economic insecurity, and their lack of authority and prestige. Recognizing most of these factors were impervious to change in the near future, the profession directed its energies to one problem it believed could be resolved. The cholera riots had revealed the vast gulf that separated the profession from the narod, and therefore physicians planned con-

¹⁹An extremely common remark, based in part on the humble origins of many physicians. See above, chapter 1, pp. 5-11, and chapter 3, p.143 n.57.

certed action to bridge that gulf, in the hope that they could rehabilitate their public image. They diagnosed the cause of the cholera violence--popular ignorance; and they prescribed a remedy--a massive educational campaign to be conducted by physicians.

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The cholera riots had laid bare the abysmal and almost unbelievable ignorance of the Russian masses. In the province of Tomsk, Vrach reported, six villagers murdered a woman they believed to be "cholera" and then hurried into town shouting "Give thanks unto God! We have killed cholera, dressed in the clothes of a woman but a man underneath!"²⁰ The revelation of the depths of ignorance of the lower classes stimulated a revised view of the peasantry. With Veresaev's "No exit" and Chekhov's "Peasants" (Muzhiki, 1897) the portrayal of the Russian peasant assumed a more lifelike, albeit unflattering form. Veresaev's story had frequent references to popular superstitions and ignorance, such as the following vignette:

An old man with dysentery was given carbolic

²⁰Vrach, 1893, no. 41, pp. 1157-58.

acid to disinfect the outhouse; "Why use medicine in such a place?" he mused, drank it, and by evening was "under the icon."²¹

The pattern of popular ignorance exposed during the cholera years was hardly a surprise to physicians accustomed to living and working among the masses. They knew the "noble" peasant idealized in many literary works was not to be found in the smoke-filled izbas they visited on medical rounds. Recognizing that education was essential for successful programs of preventive medicine and epidemic controls, physicians had stressed the crucial need for popular hygiene education for decades before the cholera disasters.

When Molleson first investigated the desperate health conditions of the peasantry in 1869 he emphasized that popular ignorance and superstition were major obstacles to improved rural health. Pirogov advised zemstvo physicians in 1872 to be not only "healers" but teachers too, for to improve the health of the masses it would be necessary to

²¹Russkoe bogatstvo, no. 7 (July 1895), p. 45. For an interesting discussion of Veresaev's writing, including "Bez dorogi," see V. L'vov, "Pisatel'-intelligent (Desiat let literaturnoi deiatel'nosti V. Veresaeva)," Obrazovanie 13 no. 2 (February 1904): 48-80.

"change their entire world view."²² Since the early days of the Reform Era many zemstvo physicians had tried to follow Pirogov's advice, introducing programs of hygiene education wherever possible. Success had been limited to a few areas such as Moscow province, however, and the cholera riots verified what physicians already knew: public health advances were impossible among a culturally backward people.

With public opinion aroused by the violence of the cholera riots, physicians were encouraged to expand their educational work. Reviewing their cholera experiences, many stressed the advantages of careful educational programs--lectures and the distribution of simple brochures that explained diseases and their prevention and cure.²³ These programs to acquaint the populace with the advantages

²²The early studies of peasant conditions are discussed above, chapter 2, pp. 69-73. Pirogov's words were quoted frequently; see, for example, D.N. Zhbakov, "Zemskaia meditsina i eia protivniki," Meditsinskoe obozrenie, 1889, no. 3, p. 360.

²³Vrach, 1893, no. 51, p. 1405. Dnevnik OVpIKU: Protokoly, 1894, no. 1 pp. 16-21, describes a course to train 232 people to assist physicians in disseminating hygiene information. Ibid., p. 32 notes the outstanding work of nurses trained in a special cholera course given in the zemstvo hospital in Simbirsk. E.D. Kuskova, "Davno Minuvshee," Novyi Zhurnal 48 (1957): 160-66, discusses her experiences as a paramedic after training in such a course in Saratov in 1892.

of modern medicine and its practitioners, were successful when carried out over a long period of time. But temporary measures were inadequate, for it was essential "to act in time, not--as the proverb goes--'when the thunder crashes'."²⁴ Although some advances had been made while the cholera raged, many feared that as the epidemics subsided the public would relapse into its former state of indifference. "A question more important than cholera," as a physician entitled an article, was how to control through education and preventive medicine, not only cholera but the many diseases that constantly decimated the lower classes.²⁵ With the public alerted to the relationship between education and public health, the medical profession pressured to continue its educational role after the emergency had passed.

When the Fifth Pirogov Congress convened in Petersburg at the end of 1893, the question of popular education became

²⁴(Vrach) Liubomudrov, "Bolshoe Melik Balashovskago uezda," Meditcina, 1892, no. 42, p. 560.

²⁵E. Il'in, "Vopros vazhnee kholernago," Zemskii Vrach, 1893, no. 25, pp. 422-26; no. 26, pp. 440-46; no. 27, pp. 457-60.

a prominent issue on its agenda.²⁶ Approximately 1,200 physicians from the "remote places" of Russia's troubled empire considered the problems raised by the cholera epidemics and the means to avoid such disasters. In addition to many other projects to improve the nation's public health organization, the Society inaugurated an extensive educational program that became its most outstanding and influential activity. A. P. Voskresenskii, the zemstvo physician from Simbirsk who reported great success in his famine relief work two years earlier, proposed the formation of a capital fund to finance the teaching of "medical-hygiene truths to the narod." His speech represented the general attitude that the "predawn darkness of the popular masses" was a threat to the health of the nation and a hazard to the medical profession as well.²⁷ The cholera years had convinced physicians that they could not wait for time, chance or the

²⁶The full record of the Congress is in ORVvpNIP, Trudy piatogo s'ezda russkikh vrachei v pamiat N.I. Pirogova, 2 vols. (Pbg., 1895). Vrach, 1894, nos. 1-6, gave very complete coverage of the Congress, which will be cited here to indicate what information was readily available to the medical profession.

²⁷A.P. Voskresenskii, "O popularizatsii vrachebno-sanitarnym istin v narod," Vrach, 1894, no. 2, pp. 51-52. At the same session four other speakers also proposed educational programs. Voskresenskii's famine relief work is discussed above, chapter 4, pp.158-59.

good will of state and local administrators to remedy the situation. They resolved to act in concert in their own interest.

Voskresenskii first discussed the relationship between disease and education, an old theme:

There is no doubt as to the importance of the spread of hygiene information among the masses; otherwise the abnormal amount of disease will continue and the work of the physician-sanitaire will be fruitless. The deplorable events at the time of the cholera eloquently and graphically demonstrate the need to educate the populace to prevent the repetition of such disasters in the future and . . .

It is the section that follows this "and . . ." that reveals the emotion stirred by the cholera riots:

. . . and to restore the honor and good name of the physicians, who were discredited by the cholera risings, when they were judged by the people to be criminals, poisoners for mercenary aims. Our great teacher, N.I. Pirogov, in whose name we periodically gather . . . has shown us that the physician must also be a teacher Let us follow his example, let us with all our strength and means attempt to shed the light of learning and understanding on the impenetrably dark realm of the popular masses ²⁸

The cholera riots had not destroyed physicians' confidence in their powers as bearers of enlightenment. They held the paternalistic view that the lower classes were "unusually

²⁸Vrach, 1894, no.2, pp.51-52.

receptive to public health measures but, like children, respond only to the dexterity of a pediatrician," requiring special treatment.²⁹ Although they continued to emphasize their combined role as physician and educator, physicians were forced to recognize that their relationship to the narod had changed.

The narod could no longer be viewed as a mirror reflecting physicians' social worth. The cholera experience destroyed the medical profession's notions of popular acclaim, an important prop to its corporate pride. It was now necessary "to restore the honor and good name of physicians" by realistic measures. A changed perception of the physician's role is implicit in Voskresenskii's practical suggestions for implementing the Pirogov Society's educational program;

Many physicians perished in the Russo-Turkish War and stone memorials were dedicated to them in Sofia and Kars. Recently, in the fight against typhus and cholera many of our dear colleagues perished. All of you, of course, are agreed that we physicians, and even all of Russian society owe them a memorial, but the finest memorial--good deeds. I propose the formation of a capital fund [for education] in memory of those lost comrades, because they perished, in part, because of the ignorance

²⁹Ibid., p. 52.

of the popular masses.³⁰

Through physicians' independent activity--their "good deeds"--Voskresenskii was suggesting they could change the cultural backwardness of the narod. His analyses of education as integral to improved public health and of physicians' need to bolster their public image reflected current medical attitudes. The suggestion that physicians should undertake an independent project to ameliorate the conditions of the masses, on the other hand, was obviously a new tack.

The Pirogov Society resolved to establish a fund to finance a "Commission for the hygiene education of the narod."³¹ As envisioned by the Fifth Congress the Commission would supervise and finance the publication of suitable literature for a popular education campaign, organize hygiene lectures, and ease the way for physicians to fulfill Pirogov's advice--to be not only "healers" but also educators. This was indeed the assertion of an active role that the

³⁰Ibid.

³¹The Kommissiia po raspostraneniui gigienicheskikh znanii v narod is discussed in Nikolai Ivanovich Pirogov i ego nasledie, ed. M.M. Gran, p. 170, and ORVvpNIP, Zhurnal 58 (December 1906): 818. During its first decade the Commission distributed 300,000 copies of nine brochures and four million copies of sixteen leaflets.

Society had not presumed to propose in previous years.

The discussion of the project indicates that although the participants recognized the difficulties in such a course of action, they did not consider them unconquerable.

Final authority for popular lectures rested with local governing bodies and administrators, that had in the past been unsympathetic to physicians' educational work. Local authorities frequently refused to approve lectures sanctioned by the central government. In one instance an article in a government journal entitled "What is infection (zaraza)?" was judged by a local official to be unsuitable for a popular lecture.³² Physicians who had tried to present lectures on hygiene in the schools found that they were "excluded from the schools by impenetrable walls."³³ The zemtsy who comprised the school boards failed to perceive

³²Vrach, 1894, no. 2, pp. 51-52. The article had appeared in Sel'skii vestnik; the incident occurred in Riga. For a contemporary view of the extreme variation in censorship throughout the Empire, see V.M. Khizhniakov, Vospominaniia zemskago deiatelia (Pbg.: Bibliotek Ogni: Series I, 1916), pp. 172-74.

³³Vrach, 1894, no. 2, p. 52; this comment referred to a situation in Saratov which was prevalent in many areas. For a resume of the interest of the medical profession in school hygiene see ORVvpNIP, Svodka khodataistva, ed. K.I. Shidlovskii, Supplement to Zhurnal 44 no. 4 (August 1904), pp. 115-20.

the correlation between education and public health; they often resisted the "pretensions" of their physician-employees who proposed improvements, viewing such actions as infringements on their jurisdiction. Physicians' resentment of these attitudes increased during the cholera years. Zemtsy, who were responsible for limiting educational work that might have protected the populace and the physicians from the epidemic, had not suffered greatly. But the physicians sacrificed ". . . their property, health, and even their lives, paying for the sins of all society, which cared so little about the enlightenment of the dark and poor peasant masses."³⁴

Voskresenskii's proposal stimulated petitions that reveal the resentment and distrust of the local authorities. The Pirogov Society petitioned the central government to assume jurisdiction over popular lectures, which would eliminate the need for local authorization. The Congress' discussion of the censorship of educational materials similarly focused on the means to obviate local control. The suggestion that the local priest be empowered to censor physicians' lectures was firmly rejected, for, it was asserted, physi-

³⁴D.N. Zhbakov, "Neskol'ko zametok o kholere," Vrach, 1893, no. 51, p. 1404.

cians were quite capable of judging their own actions. The Congress resolved instead that the Pirogov Board establish an editorial staff of physicians to review appropriate popular literature, improve its quality, increase its quantity, and obtain the censor's prior approval so that the material could be used without local interference. The Congress also petitioned for the right to introduce hygiene education into teachers' seminaries, technical schools, and all teachers' preparatory schools.³⁵

The medical profession had clearly embarked on a new course of action, asserting its right to an independent and responsible role in the field of education as it related to public health. Interested in the correlation between health and education since the early years of zemstvo medicine, the profession realized it had not been sufficiently assertive of its right to implement hygiene education. In the past physicians had funneled their energies through local medical societies and the self-governments and had been encumbered by innumerable restraints. At the end of 1893 the profession revised its methods. Pursuing a course of in-

³⁵Nikolai Ivanovich Pirogov i ego nasledie, ed. M.M. Gran (Pbg., 1911), p. 235.

dependent action, the medical profession displayed growing confidence in its right to act and the expectation that in the future the annoying obstacles to its work would be removed.

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The developing spirit of independence of the medical profession was unusual in the tightly controlled atmosphere that characterized Russia at the end of the nineteenth century. It can, perhaps, be explained by the fact that the position of the profession vis-à-vis the state had been temporarily changed by the state itself. During the early 1890s the imperial government had inaugurated significant action that released the medical profession from its dependent status. After years of limited success in its efforts to reform public health, in 1893 the profession witnessed a "revolution from above." With a few simple directives the imperial government altered the power relationship in the local administration of public health. During the emergency it had been essential to permit physicians to use their expertise as they deemed necessary, unfettered by the local authorities that had in the past resisted their efforts.

The government's enlargement of physicians' authority

left a strong impression. The inclusion of many zemstvo physicians in the government-sponsored cholera conference of December, 1892, was proudly viewed as recognition of the "significance of zemstvo medicine and the work of zemstvo physicians,"³⁶ which in turn was interpreted as complimentary to the entire medical profession. Moreover, the government had acted on the advice of those physicians in its decision to turn cholera relief work over to the local sanitary commissions. The maintenance of the sanitary commissions in the expectation of another wave of epidemics in 1894 was lingering proof of the government's power to establish physicians' authority. Not illogically, therefore, physicians expected that the state's high regard for their scientific expertise insured them a continuing authoritative role.

Physicians were not alone in holding an optimistic view of the intentions of the imperial government at this time. Many who had participated in community work during the famine and cholera emergencies interpreted the state's encouragement of local voluntary activity as a sign that

³⁶Vrach, 1894, no. 5, p. 149. The comment was made by I.A. Dmitriev, public health officer for the Petersburg province zemstvo.

"there seemed to be the possibility of some kind of reconciliation between the government and the liberal public," and that there was "hope that the regime was about to abandon its repressive policies and join with public-spirited citizens in an attack on the Empire's economic and social problems."³⁷ The medical literature of this brief period of optimism shows a renewed faith in the regenerative role of the state that had intermittently characterized the imperial government since the time of Peter the Great.

The zemtsy, encouraged by the reactivation of zemstvo work, hoped that as a consequence of the zemstvos' proven usefulness during the emergencies the institutions of local self-government would be strengthened. Zemstvo physicians, as employed technical workers, analyzed the situation from a different point of view, evaluating possible changes in the zemstvo institutions as they might affect medical work. For physicians the lesson of the cholera years was that the "center," not the local self-governments, could act to improve their position. In many instances only after the central government intervened the local institutions allowed

³⁷Richard G. Robbins, Jr., "The Russian Famine of 1891-1892," pp. 218, 372-73.

physicians to take a more active role during the cholera crisis. The physicians therefore differed sharply from the zemtsy in their expectations. Zemtsy hoped to gain greater freedom of action for the zemstvos; the physicians hoped to overcome local resistance and apathy by enlisting the support of the central administration.

There was good evidence that the physicians' newly acquired leverage over local programs of public health was not merely an emergency situation. The local institutions of self-government were undergoing an extensive reorganization; the zemstvo statute of 1890 had replaced the original zemstvo statute of 1864.³⁸ Although implementation had been temporarily delayed, there had been sufficient time for the medical profession to examine the new statute and to recognize its potential advantages. Discussions in the medical press and at the Fifth Pirogov Congress indicate that although certain aspects of the statute were unclear, several sections relating to public health administration were interpreted as a means to increase zemstvo physicians' authority.³⁹

³⁸PSZ, III, no. 6927, 12 June 1890.

³⁹See, for example, I.I. Molleson, "Zemstvo i zemskie vrachi," Vrach, 1892, no. 17, pp. 419-22. The relevant discussions at the Fifth Pirogov Congress are reported in Vrach, 1894, no. 5, 149-56.

These changes, which will be discussed in detail in the following chapter, seemed to signify that the government would assist physicians in utilizing their expertise. Anticipating the rationalization of their position in the local self-governments, physicians were further encouraged in their growing spirit of independence and self-confidence.

The imperial government further strengthened the medical profession by approving a new charter for the Pirogov Society in 1892.⁴⁰ As the only national medical society, the Pirogov Society had strongly influenced the rising corporate consciousness of the profession, but its activities were hampered by the limitations imposed by its first charter. During the first decade of its existence the Society had neither a permanent membership, nor a periodical; it merely had the right to hold biennial congresses, each of which was directed by a temporary organizing committee. An important function of the Congresses had been their adoption of petitions to the central government regarding improvements in public health and in the professional status of physicians. Without a permanent organization, however,

⁴⁰ Nikolai Ivanovich Pirogov, ed. M.M. Gran, p. 159. The new charter was granted 15 January 1892.

there had been little continuity between Congresses and difficulty in achieving the objectives of the Society's petitions. With the granting of a new charter these limitations were removed, for in 1893 the Society elected a permanent Board and in 1895 began to publish a journal. The proceedings of the Fifth Pirogov Congress, the first to be convened under the new charter, show that its participants were acutely aware that the Society was in an important transitional stage.

The structural changes in the Pirogov Society offered the medical profession new opportunities for corporate action. At the first session on community medicine its chairman, I. A. Dmitriev, the public health physician for the Petersburg province zemstvo, reported on the results of the Society's first major cooperative effort--the Zemstvo Medicine Collection. When this work was undertaken many had regarded it as an impossible task. Based on data submitted by hundreds of physicians and zemstvo boards throughout Russia, it was being completed by over twenty physicians who were volunteering their services. The Collection was a tribute to the profession's public service through its development of zemstvo medicine, but for Dmitriev it signified something

more--proof of the value of physicians' cooperative work, proof that "in unity there is strength." He hoped that the example of this one success would inspire the current Congress to expand the collective efforts of the Pirogov Society.⁴¹

The desire for greater unity was also a central theme of the last session on community medicine. V. I. Dolzhenkov, the zemstvo physician from Kursk province who had urged the Fourth Congress to petition for a new charter, envisioned a new era for the profession. He discussed the relationship between the Pirogov Society and local medical organizations, noting that Russian medicine was entering a path of independent development and needed improved cooperation. The lack of coordination could be overcome, however, with the permanent Board of the Pirogov Society operating as an advisory body for all medical organizations. The objection was raised that such extensive collaboration was contrary to the law governing medical societies, which were under the jurisdiction of local medical inspectors. The discussion of this point reveals the rising expectations of, and seeming governmental acquiescence to, the physicians' strengthened role.

⁴¹Vrach, 1894, no. 5, p. 149.

M. S. Uvarov, one-time head of the Kherson zemstvo medical bureau and now an employee of the Medical Department of the Ministry of the Interior, expressed the opinion that the existing law governing medical societies could be changed easily by a petition to the central administration.⁴²

The medical profession's presumption that its role in Russian society was rapidly improving developed in tandem with its changing self-image. Before the cholera crises the prestige of the profession rested on two major features, its scientific abilities and its self-definition as a service profession with a special relationship to the narod. Partly because of the stage of medical science and partly because of the peculiarities of medical practice in Russia, physicians stressed the second feature, their public service role. After the cholera years it was no longer possible to claim distinction on the basis of the humble appreciation of the masses, whom it was the physician's "calling" to serve. Nor was it necessary to do so. The combined factors of rapid scientific change and the fine record of the profession during the cholera emergencies had proved the value

⁴²Ibid., no. 3, pp. 86-87.

of physicians in their scientific capacity.⁴³ There had occurred a decided shift in the relative importance of the two elements basic to the prestige of the profession: the need for recognition as servants of the narod diminished as physicians became recognized scientific experts.

A changed self-image and perception of its social role were the medical profession's legacies of the cholera years. These years seemed to transform Russian physicians from dependent bureaucrats or "hirelings" of the zemstvos into respected scientists with greater rights and responsibilities. Physicians' strengthened position derived from the intervention of the state--the grant of emergency powers, the new zemstvo statute, and a new charter for the Pirogov Society. The greater role accorded the profession by the imperial government accentuated its corporate consciousness and indicated that in the future the state would maintain the physicians' improved position. In their future work they anticipated that within the local self-governments, the unpleasant control by local authorities and zemtsy would decrease as physicians' authority as experts increased. This

⁴³Work in progress considers the impact of rapid scientific advances on the changing self-image of the Russian physician in the mid-1890s.

was a critical point in the growth of the Russian medical profession, for it sensed that it would soon achieve the status of a "free profession."

This period of high hopes was only a brief interlude. When the emergency passed, the imperial government revealed that its recognition of physicians' scientific expertise did not, in fact, signify that it envisioned a more powerful and independent role for the medical profession. Within a few months of the Fifth Pirogov Congress, the medical soslovie would be forced to realize that even at the end of the nineteenth century the tsarist regime would resist the full development of independent corporate groups.

Chapter VI

Towards an Autonomous Medical Profession

The famine and cholera period of 1891-1893 was a turning point for the medical profession, as it was for many elements of Russian society.¹ Before the 1890s the profession was in limbo between the central and local governments, seeking some means to improve its role within the country's institutions. The tsarist regime remained rigid and demanding of physicians, and the local self-governments also frequently impeded their medical work. In the first months of 1894 medical meetings and the medical press revealed a new mood of optimism, born of the belief that the central government would maintain the profession in the position of authority it achieved during the cholera crisis. Within a year, however, the medical profession discovered that such optimism

¹Alan K. Wildman, The Making of a Workers' Revolution: Russian Social Democracy, 1891-1903 (Chicago: The University of Chicago Press, 1867), pp. 1-14, reviews varied responses to the famine. See also Leopold H. Haimson, The Russian Marxists and the Origins of Bolshevism (Boston: Beacon Press, 1955), pp. 49-51.

was unrealistic and turned instead to the local self-governments for protection for its autonomous development.

The medical profession's shifting perception of its position within Russia's institutions paralleled the gradual revelation of the significance of the Counter-Reforms of 1889-1892.² The profession interpreted one of those measures, the zemstvo statute of 1890, as a means to foster its public health goals and the professional status of physicians as well. Other interested groups also took an optimistic view of the new statute, for initially it was not perceived as a basic threat to the zemstvos. An analysis of the zemstvo statute of 1890 and the early response to it provides essential background, therefore, for an understanding of the eventual disillusionment in 1894, when the government clarified its intentions.

The Counter-reforms have been studied primarily as regressive measures that altered the class composition of the

²The three major statutes considered the "Counter-reforms" were PSZ, III, no. 6196, 12 July 1889, introducing the zemskie nachal'niki; PSZ, III, no. 6927, 12 June 1890, the zemstvo statute; and PSZ, III, no. 8708, 11 June 1892, the city statute. For a discussion of these measures see P. A. Zaionchkovskii, Rossiiskoe samoderzhavie v kontse XIX stoletia (Moscow: izd. "Mysl'," 1970), pp. 366-428, and L.G. Zakharova, Zemskaia kontrreforma, 1890g. (Moscow: izd. Moskovskogo universiteta, 1968).

zemstvo and city governments.³ This point of view may, in part, have resulted from the fact that a similarly confining emphasis on the social make-up of the zemstvo institutions characterized historical analyses of the zemstvo statute of 1864. S. Frederick Starr, however, has set the original zemstvo reform in its broader framework, examining its far-reaching effects on the basic structure of the local administration of government. An attempt to decentralize authority as well as to encourage local self-government, the statute of 1864 was multifaceted and complex. The class composition of the new institutions of self-government was but one of many important facets of that change.⁴ The zemstvo statute of 1890 and the city statute of 1892, although interesting from the point of view of their alteration of the class base of the self-governments, were equally if not more significant

³This is the central thesis of Zakharova, Zemskaia kontrreforma. See also L.G. Mamulova, "Sotsial'nyi sostav uezdykh zemskikh sobranii v 1865-1886 godakh," Vestnik Moskovskogo universiteta. Seriya IX: Istoriia, no. 6 (1962), pp. 32-48. B.B. Veselovskii, whose extensive works on the zemstvos are a valuable resource, had a decided class bias; see his polemical tract, written in the heat of the Revolution of 1905, K voprosu o klassovykh interesakh v zemstve (Pbg.: "Obshchestvennaia Pol'za," 1905).

⁴S. Frederick Starr, Decentralization and Self-Government in Russia (Princeton, 1972), pp. x-xi and passim.

for their administrative changes.

The problem of administering Russia's "undergoverned provinces," as S. Frederick Starr termed Russia's local governments in the pre-Reform Era, remained unresolved in the early 1890s. A combination of factors militated against the effectiveness of the local institutions introduced by the zemstvo statute of 1864--the repressive policies of the imperial government, the limited capabilities and reluctant participation of many local representatives, and also serious defects in the original statute. The poorly defined allocation of functions between the local and central administrations had created confusion and tension in zemstvo work from its inception.⁵ In some areas of competence such as public health, there was a gradual accretion of zemstvo functions and some degree of independence, but the zemstvo system as a whole lacked a rational, institutionalized form. The greatly disparate programs of zemstvo medicine attested to the lack of order in a system that could vary according to the personal whims, prejudices, or special capabilities of local

⁵Ibid., pp. 289-90, 299-336.

zemtsy and administrators.⁶ A thorough reorganization of the local self-governments was obviously needed.

Fundamental changes in the administration of the provinces had been under discussion in government circles throughout the 1880s. There had been particular emphasis on the intended shift in the class base of the local self-governments in order, as one of Alexander's advisors said, to limit the influence of "the intelligentsia, eager to experiment with political theories."⁷ The statutes that eventually resulted from these deliberations, however, were most significant for their effect on the relationship between the self-governments and the state bureaucracy. The first statute of the Counter-reforms introduced the land commandants (zemskie nachal'niki) and removed some responsibilities from the

⁶ORVvpNIP, Zemsko-meditsinskii sbornik (Moscow, 1890-1896), describes in great detail the unequal development of zemstvo medicine; see above, chapter 2, pp.95-96, for a description of D.A. Naumov's service to the Moscow zemstvo, an example of the constructive influence of one outstanding zemets.

⁷A.D. Pazukhin, Sovremenno sostoianie Rossii i soslovnyi vopros (Moscow: M. Katkov, 1886), p. 59

jurisdiction of the zemstvos.⁸ The zemstvo statute of 1890, which is our main concern, drew the zemstvos more tightly into the central administration. The provincial governors and Ministry of the Interior gained greater control over the zemstvos, government officials were added to the zemstvo assembly,⁹ and members of the zemstvo boards were given ranks (from VII to V) as state officials.¹⁰ Moreover, a new executive organ composed of a minority of zemtsy and a majority of non-zemstvo bureaucrats became the essential link in a rigid chain of command between the central

⁸Zaionchkovskii, Rossiiskoe samoderzhavie, pp. 366-401. The introduction of the zemskie nachal'niki was accompanied by the elimination of most of the Peace Courts, one of the few links between the zemstvos and the peasant communities. George L. Yaney, The Systematization of Russian Government: Social Evolution in the Domestic Administration of Imperial Russia, 1711-1905 (Urbana: University of Illinois Press, 1973), pp. 312-313, 360-76, discusses the zemskie nachal'niki as a means of "extending bureaucracy into the countryside" (p. 365).

⁹N.P. Eroshkin, Istoriia gosudarstvennykh uchrezhdenii dorevoliutsionnoi Rossii (Moscow: izd. "Vyshaia shkola", 1960), pp. 237-39.

¹⁰PSZ, III, 1890 Supplement, vol. II, p. 399, gives the following ranks:
Province zemstvo boards: President - V: Member - VI
District zemstvo boards: President - VI: Member - VII.

and local governments.¹¹ The full implications of these structural changes were not, however, immediately perceived by the liberal press and zemstvo representatives.

There were several reasons for the less-than-realistic response to the promulgation of the zemstvo statute of 1890. The final statute undoubtedly produced a general feeling of relief because it fell far short of the drastic change that had been anticipated earlier, when many had feared that the zemstvos might be abolished entirely.¹² Russkiye vedomosti, for example, criticized the augmented powers of the governors and the Ministry of the Interior over the zemstvos and objected to the changed voting regulations, but also expressed the opinion that "the foundations of self-government have remained inviolable."¹³ The power of the provincial

¹¹N.M. Korkunov, Russkoe gosudarstvennoe pravo, 2d ed. (Pbg.: M.M. Stasulevich, 1897), vol. 2, pp. 391-96. The new executive organ was the Gubernskoe po zemskim delam prisutstvie.

¹²L.G. Mamulova, "Zemskii vopros v russkoi periodicheskoi pechati epokhi kontrreform," Vestnik Moskovskogo universiteta, Seriya IX: Istoriia, no. 2 (1966), pp. 57-68. B.B. Veselovskii, Istoriia zemstva, 2: 140, states that the "zemstvos hardly noticed the new law" of 1890.

¹³Russkiye vedomosti, 1890, no. 181, quoted in L.G. Zakharova, Zemskaiia kontrreforma, p. 160.

governors to veto legislation, although an invasion of the former rights of the zemstvos, seemed limited because the zemstvos retained the right of petition to the Senate or the Committee of Ministers in the event of a conflict with a governor.¹⁴

The confused reception of the statute stemmed from its imprecision. A basic dualism characterized the measure, reflecting the contending groups within the government that fashioned it. Official circles were agreed that closer contacts between the central and local administrations were essential but differed on the means to effect the change, clashing particularly on the definition of the role of the local self-governing bodies. One faction would have incorporated the zemstvo and city self-governments solidly within the bureaucratic hierarchy, while another group argued that these institutions should retain the limited degree of independence they possessed. As a consequence the web of governmental control was, on the one hand, greatly strengthened; but certain safeguards such as the right of petition reassured many that the local self-governing bodies

¹⁴Zaionchkovskii, Rossiiskoe samoderzhavie, p. 408; PSZ, III, no. 6927, Articles 87-94.

were not in danger of extinction.¹⁵

The zemstvo statute of 1890 was thus a rough-hewn compromise between two positions and could be interpreted either as supportive of the local governments or as a threatening wedge into their jurisdiction. The liberal press and zemstvo circles chose to interpret the statute in the former manner. This response was not only a case of hopeful optimism--although one cannot discount that factor--but did also rest on a logical construction of the document. A contemporary professor of law noted that the dualism built into the statute could cause some confusion in its interpretation;¹⁶ and the Minister of Finance, Count Witte, observed in his famous memorandum, Autocracy and zemstvo (1899), that some of the improvements introduced by the statute could be interpreted as strengthening the zemstvos.¹⁷ The actual

¹⁵Zaion_chkovskii, Rossiiskoe samoderzhavie, pp. 401-11; N.A. Manassein, the Minister of Justice and also the elder brother of the editor of Vrach, was aligned against the more reactionary faction.

¹⁶Korkunov, Russkoe gosudarstvennoe pravo, vol. 2, pp. 395, 438-39.

¹⁷S. Iu. Witte, Samoderzhavie i zemstvo: Konfidentsial'naia zapiska Ministra finansov Stat'-Sekretaria S. Iu. Witte (1899g.), 2d. ed. (Stuttgart: Verlag und Druck von J.H.W. Dietz Nachj, 1903), p. 145.

significance of the zemstvo statute of 1890 as a means to bureaucratize the self-governments would not be recognized until it was transferred from the statute books into practice. The famine and cholera emergencies delayed its application, and while the statute was thus held in abeyance it could be interpreted as either the sword of Damocles or a potent elixir for the regeneration of the local self-governments.

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The medical profession took a vital interest in the new zemstvo statute, construing it as advantageous to its professional goals. Zemstvo medicine, in addition to contributing the idealized image of the zemstvo physician, was becoming the model for medical programs throughout the nation. Although only twenty percent of the profession worked in the zemstvos at any given time, by the mid-1890s at least half of Russia's physicians had some zemstvo experience, and most were convinced the system should be strength-

ened and expanded.¹⁸ The profession therefore welcomed the zemstvo statute of 1890, because some of its provisions would introduce constructive, much-needed improvements in zemstvo medicine. It corrected organizational weaknesses inherent in the original zemstvo statute, responded to the changing health requirements of a nation in the throes of rapid industrialization, and also seemed to improve the position of physicians in the local self-governments.

One extremely beneficial change was the shift of responsibility for public health from the district to the province zemstvos.¹⁹ Broad regional organization, a fundamental need of all public health programs, had been under discussion for decades. During the Reform Era writers on Russia's health conditions had recommended national regulation and supervision of health reform, but enthusiasm for

¹⁸In addition to the public health advantages, expansion of zemstvo medicine would alleviate the problem of medical unemployment, which was becoming acute in the mid-1890s; see above, chapter 5, pp. 211-12, and ORVvpNIP, Dnevnik shestago s'ezda (Kiev, 1896), II: 20-25.

¹⁹PSZ, III, no. 6927, articles 80-94, 108. ORVvpNIP, Trudy vtorogo s'ezda (Moscow, 1887), pp. 6-13, discusses the difficulties created by the lack of province-level direction in zemstvo medicine. For a concise review of the impact of the zemstvo statute of 1890 on zemstvo medicine, see N.G. Freiberg, Vrachebno-sanitarno zakonodatel'stvo v Rossii (Pbg.: Pravo, 1910), pp. 61-63.

such direction faded as the central administration failed to provide adequate factory legislation, foundered during epidemics, and finally exposed its essential incapacity in the field of public health with the dismal record of the Botkin Commission.²⁰ Consequently physicians attempted to work independent of the central government, looking to medical professors, Vrach and the Pirogov Society for leadership, constructing their own norms and programs and implementing them through the local medical societies and the self-governments.²¹ Because public health had been by law entrusted to the district zemstvos, however, physicians confronted difficulties in establishing province-wide coordination. The structural problem was compounded by the fact that state officials often prevented or closely regulated province meetings of zemstvo physicians that were essential for such

²⁰For representative early writings see above, chapter 2, p. 66 n. 24; the Botkin Commission is discussed above, chapter 4, pp. 152-54.

²¹The Pirogov Society communicated all resolutions on community medicine to the local medical societies and the various organs of the zemstvo and city governments; Vrach remained the clearing house for cooperative efforts, publishing reports of meetings, proposals for change, and in general guiding the program of zemstvo medicine.

planning.²² The zemstvo statute of 1890 corrected this defect, for it transferred the direction of sanitary and medical functions from the district to the province zemstvos.

Equally important as the structural changes were the additions to the substance of the public health powers granted to the province zemstvos. The major sources of Russia's high mortality rates--uncontrolled infectious disease and the adverse effects of industrialization--merited greater attention. The new zemstvo statute clearly specified that the zemstvos could control these vitally important medical problems.

Physicians were increasingly concerned about the impact of industrialization on public health. Factory legislation had attempted to provide medical care for the industrial working class but in practice was not effective. It applied only to factories employing more than one hundred workers and in those institutions it was seldom adequate; it did not include the families of workers and did not extend to commercial agriculture such as the large sugar

²²E.A. Osipov, Russkaia zemskaiia meditsina (Moscow, 1899), p. 167. V. Ia. Skalon, "Zemstvo i narodnoe zdravie," Russkaia mysl' 4 no. 5 (May 1883): 58-92.

beet plantations of the South.²³ Zemstvo physicians knew that their rural patients in areas surrounding industries often suffered from diseases that were traceable to those industries: pollution of the water supply, contagion from migrant workers or from workers who lived and worked in unsanitary conditions that bred disease.²⁴ In addition to the effects of local industry, the expansion of the railroads and the steamship lines also had an adverse impact on the nation's health. The cholera epidemics of 1892-1893, for example, had spread further and more rapidly than any previous epidemic precisely because of these improved communications.²⁵ While in the past the zemstvo physicians

²³Osipov, Russkaia zemskaiia meditsina, p. 157; V.V. Khizhniakov, Polozhenie rabochikh v sel'skom khoziaistve v sanitarnom otnoshenii (Kherson: izd. Khersonskoi gubernskoi upravli, 1899), portrays the difficulties in regulating agricultural enterprises. Medical care of industrial workers was often provided by zemstvo physicians, although it was the responsibility of the factory owners.

²⁴D.N. Nikol'skii, "O tif' v niazepetrovskom zavode v 1882-83 gg." Meditinskii vestnik, 1884, no. 40, pp. 651-53. S.N. Korzhenevskii, Zemskaiia meditsina v Tverskoi gubernii (Tver: Sanitarnyi otel' Tverskoi gubernskoi upravly, 1903), pp. 22-23.

²⁵D.N. Zhbakov, "Neskol'ko zametok o kholere," Vrach, 1893, no. 50, pp. 1377-82, lists improved communications as one of four major conditions affecting the spread of cholera. See also A.V. Smirnov, "Kholera vo Vladimirskoi gubernii v 1892," Zemskii vrach, 1893, no. 18, pp. 313-16.

had no jurisdiction over these adverse side-effects of industrialization, the zemstvo statute armed them with new powers in this field.

Article 108 of the new statute broadened the jurisdiction of the province zemstvo to impose obligatory regulations for the sanitary conditions of highways, railroad stations, fairs, food markets, water supply, public baths, and public and private courtyards. Sections six and twelve of this article were of considerable importance. Section six gave jurisdiction over "the structure and maintenance of the sanitary conditions of . . . manufacturing enterprises," which permitted zemstvo physicians to control an area previously prohibited to them and which would become increasingly important in the following decades.²⁶ Section twelve encompassed the "prevention and control of infectious, epidemic, and endemic diseases," which reached to the core of zemstvo medicine, preventive medicine. According to these provisos all the zemstvos were empowered to adopt procedures developed in Moscow province in the course of the last two decades; the Moscow zemstvo projects such as Erisman's factory survey

²⁶psz, III, no. 6927, Article 108, paragraph 6. Osipov, Russkaia zemskaja meditsina, p. 292, n. 1, describes the tedious but successful manner that the Moscow province zemstvo instituted sanitary regulations as specified under Article 108.

had been implemented through receipt of special permission from the state. With the zemstvo statute of 1890 all province zemstvos could introduce similar programs, which they had been unable to do under their former limited jurisdiction.²⁷

The zemstvo statute of 1890 not only specified greater jurisdiction for the zemstvos but also provided additional machinery and staff. Several articles defining the role of experts who would perform the new functions of the zemstvos attracted special interest. Physicians interpreted them as a means to improve their role in the local self-governments. Article 73 specified that "experts" (svedushchii litsa) who were not zemstvo representatives could participate in zemstvo meetings to guide deliberations on issues relating to their expertise. This was a marked improvement over previous practices, when physician-employees of the zemstvos were barred from presenting their reports and recommendations to the

²⁷Shmuel Galai, The Liberation Movement in Russia, 1900-1905 (Cambridge: Cambridge University Press, 1973) p. 31, repeats a standard misinterpretation of the overall effect of the zemstvo statute of 1890: "Despite the various governmental restrictions, the 1890s witnessed a sharp rise in the economic and welfare activities of the zemstvos." It can be argued that the new zemstvo statute was a major impetus for action.

zemstvo assemblies and were forced to rely on interested zemtsy to explain medical proposals. Article 105 defined the procedures for zemstvo boards to appoint experts to "fulfill zemstvo obligations which demand special knowledge and preparation." Thus although the imperial government might claim that the new zemstvo statute made the zemstvos more representative of the "most intelligent class, the nobility," the non-noble hired experts who carried out the daily functions of the zemstvos assumed a new importance.²⁸

I. I. Molleson attached great importance to the provisions for medical advisors in the local self-governments. In an essay in Vrach in 1892 he explored the advantages of articles 73 and 105 of the new statute and proposed they be made obligatory, instead of optional, so that medical advisors would be legal members of all zemstvo and city self-governments.²⁹ Together with article 108 that expanded the functions of the zemstvos, these sections defining the role

²⁸PSZ, III, no. 6927, Articles 73, 105. The Statesman's Handbook for Russia, ed. by the Chancery of the Committee of Ministers (Pbg.: Eugene Thiele, 1896), p. 328, makes the statement about the nobility.

²⁹I. I. Molleson, "Zemstvo i zemskie vrachi," Vrach, 1892, no. 17, pp. 419-22. Molleson was head of the Saratov province medical bureau from 1889 to 1896.

of expert advisors were construed as evidence of the state's growing respect for technical expertise. The greater jurisdiction of the zemstvos was not solely a grant of greater rights, but was also an imposition of greater obligations, and to carry out these obligations the zemstvos were instructed to utilize experts in the planning and execution of their programs. Within the medical profession's orbit of interest, the zemstvo statute of 1890 had a particular meaning: conscious of their growing role as scientific experts, heartened by the state's support of their independent activity during the cholera emergencies, physicians interpreted that statute as further evidence that the imperial government would assist them as a corporate group. The heady wine of success would soon wear off.

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In 1894 the imperial government revealed its actual designs in the reorganization of local administration. A hospital statute, scheduled to go into effect on 1 July 1895, clarified several sections of the zemstvo statute of

1890.³⁰ It was a significant wedge into zemstvo competence, an example of how the regime planned to use the seemingly benign structural changes of the new zemstvo statute to draw the local self-governments into a highly centralized bureaucratic framework. People interested in the vitality of the self-governments were justifiably concerned, perceiving the hospital statute as a test of the permanence of the local institutions introduced by the Great Reforms. The hospital statute also alerted the medical profession to the fact that the state had no intention of supporting the profession's autonomous role, but instead planned to reincorporate it into the ranks of the bureaucracy. The hospital statute thus threatened the corporate interests of zemtsy and physicians alike, forcing both groups to reevaluate their respective

³⁰"Ustav lechebnykh zavedenii vedomstva ministerstva vnutrennikh del'," Sobranie uzakonenii i Rasporiazhenii Pravitel'stva 1893 goda (Pbg., 1894), no. 99, pp. 2206-2222, gives the full text of the statute. Brief notice of it appears as PSZ, III, no. 9789, 10 June 1893, but its details were unknown to the medical profession until the following year; there is no mention of it at the Fifth Pirogov Congress at the beginning of 1894. The sections of the zemstvo statute of 1890 that required clarification were Article 2, Sections 7-8, and Article 3, relating to public health, hospital care, and the distribution of health functions between the district and province zemstvos.

positions vis-à-vis the state.

Zemstvo circles analyzed the hospital statute with care, coordinated a concerted campaign against it, and achieved an unusual victory that surprised and invigorated zemstvo partisans. The brief history of the episode is well worth retelling, for it has been ignored by historians interested in the emerging "zemstvo opposition movement" of this period. Of immediate concern to the present study, the conflict caused the medical profession to assert its independence from the imperial government and to recognize that the local self-governments had become more responsive to its needs.

The new hospital statute was designed to standardize hospital care throughout Russia. Hospitals were to be classified into five groups according to their size, the first three groups including those with over sixty beds, and the fourth and fifth categories with fewer than sixty beds. The size and the rank of the medical staff would in turn be determined according to the classification of the hospital. It was a rigid organization, bordering on the absurd, with the rank of physicians (from VIII to V) determined not by qualifications or records of service, but by the number of

beds in the hospital in which they worked.³¹ In addition to this arbitrary classification of hospitals and their staffs, the management of the hospitals and the supervision of medical personnel would be transferred to the Ministry of the Interior and its local agents. In the future the central administration would control such items as hospital architecture, food supply, admissions, registration forms, and the hiring and firing of physicians.³² Applied to the zemstvo and city hospitals, the statute deprived the local governments of their administrative control but specified

³¹"Ustav lechebnykh zavedenii" (Pbg., 1894), p. 2222, gives the following classification of hospitals and some of their staff:

<u>Classification</u>	<u>Number of beds</u>	<u>Ranks of physicians</u>
I	Over 300	VIII to V
II	101-300	VIII to VI
III	61-100	VIII to VII
IV	16- 60	VIII
V	5- 15	VIII

³²The statute also defined the qualifications of the head physicians (Article 18), the number to be employed in each hospital (Article 26), and required that the head physician be hired and released by the Ministry of the Interior and that the other physicians be approved by the Governor or City Prefect (Articles 63, 65).

their continued financial responsibilities.³³ Moreover, the statute mandated major improvements in the large province hospitals within the zemstvos' jurisdiction, which would force drastic changes in the organization of zemstvo medicine.

During its deliberations on the statute the State Council was forewarned that zemstvo representatives would object to these projected changes. The government department responsible for the legal analysis of pending legislation, the Review Department of the Council's three major chancelleries, analyzed the law and reported its findings to the State Council. The sections that extended administrative controls to hospitals under the jurisdiction of the zemstvo and city self-governments were severely criticized:

It would be neither desirable nor necessary to extend the same order to the zemstvo and city hospitals. One should bear in mind the fact that when the zemstvo and city governments were asked to participate in . . . the protection of public health, the lawmakers did not deem it useful to regulate the operation of the zemstvos and cities in this field It was assumed that zemstvo and city participants (deiateli), knowledgeable about local conditions . . . would best be able to find the ways and means for the appropriate management of the hospitals. Subsequent ex-

³³Ibid., Articles 57-70, applied the statute to hospitals of the zemstvo and city governments, as defined by Article 85 of the zemstvo statute of 1890 and Article 81 of the city statute of 1892 (PSZ, III, no. 8708).

perience entirely justified these expectations.³⁴ Citing the superiority of zemstvo hospitals over other hospitals of the Empire, the Review Department advised that the projected change would "weaken the energy of the self-governing bodies in public health work," for if the self-governments were relegated to being mere rubber stamps for the Ministry of the Interior there would be "no doubt that many useful people would refrain from further participation."³⁵

The officials of the Review Department also argued that the zemstvo and city statutes of 1890 and 1892, respectively, had already established sufficient means for the Ministry of the Interior to exert control over the hospitals in the jurisdiction of the local self-governments.³⁶

³⁴"Po proekty novago ustavo o lechebnykh zavedeniakh grazhdanskago vedomstva," Otchet po deloproizvodstvu Gosudarstvennago Soveta (za vremia s 1 Ianvarii 1892g. po 31 Mai 1893g.) (Pbg.: 1893), I: 557; the full transcript is Ibid., 542-38. The term "Review Department" refers to the Soedinennye Departamenty Zakonov Ekonomikh i Grazhdanskikh.

³⁵Ibid., p. 558. The Review Department also predicted that the statute would impose severe financial strain on the local self-governments (pp. 563-65).

³⁶Ibid., p. 559; the relevant articles of the statutes are listed above, n. 33.

Although these were cogent arguments they could not prevail, for the position of the Review Department was contrary to the expressed wish of the Minister of the Interior, I. N. Durnovo (1830-1903). The personal intervention of the Minister had, in fact, dictated that the new hospital statute be extended to hospitals controlled by the zemstvo and city self-governments,³⁷ and Durnovo succeeded in imposing his will. The statute retained the criticized sections, and its publication was accompanied by an Imperial rescript that carried a strong rebuke to the Review Department. The rescript stated:

. . . against the recommendations of the Review Department that it would be neither desirable nor necessary to subordinate the zemstvo and city hospitals to the projected supervision of the Ministry of the Interior, His Majesty declared that: "It was entirely desirable," and in opposition to the changes proposed by the Department empowering the Minister with the above-mentioned supervision: "with these changes I am not in agreement, but approve that which was introduced by the Minister of the Interior."³⁸

Durnovo had won the first round.

³⁷Ibid., p. 555. I.N. Durnovo was Minister of Interior, 1889-1895, and Chairman of the Committee of Ministers, 1895-1903.

³⁸Ibid., 588. The underlined words are darkened in the original.

The legal analysts of the Review Department had been quite correct in anticipating that the zemstvos would object to the application of the hospital statute to zemstvo medical programs. The first evidence of resistance to the measure occurred in March, when several zemstvos altered their "architectural plans" for zemstvo hospitals to reduce their size to below sixty beds; this reclassified them into categories IV or V, which did not seem to be encompassed by the new statute.³⁹ Within a few months, however, it was obvious that this type of maneuver could not protect the zemstvos against the impending onslaught Durnovo had planned. In July the Minister of the Interior directed the province governors to begin "without delay" to plan for the addition of new staff members to the zemstvo province hospitals and to alter their management as specified in the hospital statute of 10 June 1893.⁴⁰ The zemstvo representatives per-

³⁹Vrach, 1894, no. 14, p. 426, carried the following items on the reduction of the number of beds in zemstov hospitals: in Kherson, from 100 to 55; in Vologda, from 90 to 60; in Voronezh the zemstvo board asked the zemstvo assembly to decide the correct number of beds that would permit the hospitals to remain under zemstvo control. Article 14 of the hospital statute seemed to provide the loophole.

⁴⁰Vrach, 1894, no. 28, p. 808.

ceived this as a direct and blatant attempt of the government to assume control of zemstvo medicine and an indirect challenge to the entire structure of the local self-government introduced by the Great Reforms.

The hospital statute provoked stiff resistance, in marked contrast to the rather tepid initial reaction to the zemstvo statute of 1890. Vestnik evropy (June 1894) compared the two statutes and distinguished an essential difference:

The zemstvo statute of 1890 materially changed the composition of the zemstvo assembly, limited its independence, and incorporated the zemstvo councils into the local administrative offices, but left inviolable--at least in broad outlines--the sphere of activity of the zemstvos. One ventured to think that the zemstvos retained the ability to continue as before, meeting obstacles and difficulties more often (but) not parting from the tasks that were entrusted to them in 1864.⁴¹

The hospital statute, on the other hand, had changed what "one ventured to think" about the future role of the zemstvos, for it was one of

. . . an entire series of measures recently instituted or projected that significantly narrow the competence of the zemstvos The hospital statute . . . proclaims that the zemstvo and city

⁴¹"Vnutrennee obozrenie," Vestnik evropy 29 no. 6 (June 1894): 390. Underlined words are italicized in the original.

hospital activity be governmental and subordinates their direction to the province administration, under the supervision of the Ministry of the Interior.⁴²

There could be no doubt that the statute was intended as an assault on the zemstvo's rights, for Moskovskye vedomosti, the mouthpiece of the imperial government, had hailed the statute as the "subordination of zemstvo medicine to the government."⁴³

The zemstvo and city self-governments united in determined opposition to the hospital statute, recognizing it as a test of their prerogatives and competence in local affairs. Zemstvo medicine, considered the prime example of the value of the self-governments, utilized more funds (from 32.8 to 42.0 percent)⁴⁴ and received greater recognition than any other zemstvo project. Zemstvo supporters quoted M. Ia. Kapustin, Professor of Hygiene at Kazan University and an authority on zemstvo medicine, to extoll the virtues of the program--"The pride and glory of the zemstvos, Rus-

⁴²Ibid., p. 391.

⁴³Ibid., p. 393, cites the comments of Moskovskye vedomosti, 1894, no. 279.

⁴⁴B.B. Veselovskii, Istoriia zemstva, I: 260, 262, analyzes the allocation of funds.

sia's unique contribution to public health, developed without previous example in the West and adapted especially to Russian needs."⁴⁵ In contradistinction to the zemstvo system, the imperial government had an exceedingly poor record of public health administration. In the pre-Reform Era the Office of Public Services was permeated with "rigid bureaucratic controls" and produced very limited results.⁴⁶ Even the Medical Department of the Ministry of the Interior recognized that its rural programs were inferior to the zemstvo system, for in 1888 it had reorganized its rural medical services on the model of zemstvo medicine.⁴⁷ If the hospital statute were implemented, opponents of the statute argued, the discredited bureaucratic methods characteristic of the

⁴⁵Vestnik evropy 29 no. 6 (June 1894): 391-92, quoting Brokhaus Efron, s.v. "Zemskaia meditsina," by M.Ia. Kapustin, 12A (1894): 482-91.

⁴⁶D.V. Drutskoi-Sokol'ninskii (kn), "Zemstvo po polozheniiu o zemskikh uchrezhdeniakh 12 Iun' 1890," Vestnik evropy 30 no. 3 (March 1895): 391-409, and especially p. 403.

⁴⁷Nedelia, September 18, 1894; Vrach, 1894, no. 38, p. 1060. PSZ, III, no. 4377, 24 April 1887, defined medical care in non-zemstvo areas; the attempt was made to reproduce the system, but not the salaries of zemstvo physicians: government physicians in rural health programs earned 920 rubles/year, the average income for a zemstvo physician was 1200 rubles.

state's health care in the pre-Reform period and in non-zemstvo regions, would replace a dynamic, successful program. The hospital statute called forth defenders of the principles of local self-government against an invasion of a centralizing bureaucratic machine.

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The medical profession had a fundamental interest in the hospital statute. Its application to zemstvo medicine threatened the profession's model for health care and medical employment. Although not fully and uniformly developed, zemstvo medicine in many areas had established a system that allowed physicians greater independence. The hospital statute, by minimizing the zemstvos' role in public health, would destroy that independence and reimpose the former pattern of rigid, centralized medical work. The medical press therefore carefully followed the emerging conflict.⁴⁸

⁴⁸Vrach, 1894, no. 51, p. 1393 n. 1, noted the increase of zemstvo medical councils composed of physicians who controlled the employment of medical personnel; an important step toward the profession's independence, these councils would become obsolete under the new hospital statute. The following discussion is based primarily on Vrach, because of its wide readership and influence. The medical press in general was in accord with the position taken by Vrach against the statute; see especially Zemskii vrach, 1894, pp. 81-86, 109-11, 144-48, 179-85, 206-09.

The issue hinged on the role of the large province hospitals. The zemstvos' inheritance from the pre-Reform system, these hospitals symbolized the inferior medical care provided by the central administration before the local self-governments were introduced. They were vestiges of the period when the peasantry looked upon hospitals as jails, to be avoided at all cost. Their unpopularity had posed a major obstacle to the development of zemstvo medicine, which had overcome the distrust these hospitals engendered by decentralizing medical services throughout each province. In his analysis of the material gathered for the Zemstvo Medicine Collection, D. N. Zhbakov stressed the fact that over sixty percent of zemstvo physicians lived in rural areas, and only twelve percent in the province capitals,⁴⁹ where most province hospitals were located. Zemstvo physicians' commitment to carry medical care into "remote corners" of Russia, a source of pride for the profession, was a major attribute of the program. The recent cholera epidemics had conclusively demonstrated that rural Russia needed small local clinics with permanent medical personnel whom the peasantry would trust, not large, forbidding, and inaccessible.

⁴⁹Vrach, 1894, no. 18, p. 514.

ble hospitals.

Currently the province hospitals created a problem because they drained funds the zemstvos would have preferred to spend on rural medical care. In the province of Nizhnii Novgorod twenty percent of the zemstvo budget was used for the province hospital, which served a predominantly urban population. The legitimate concern of the zemstvos was the rural area, and yet they were required to support these hospitals, relieving the city governments of the need to shoulder the responsibility for urban medical care. Writing in the Saratov Public Health Review (Saratov sanitarnyi obzor), I. I. Molleson contended that province hospitals were only "a burden for the zemstvos" and that they should have "no role in the future of zemstvo medicine."⁵⁰ The hospital statute, however, immeasurably strengthened province hospitals, mandating increased staff, additional buildings, and a revision of their management. The additional expenditures would be considerable, absorbing so much of the monies earmarked for health care that zemstvo medicine would be endangered.

With zemstvo medicine so obviously threatened, the

⁵⁰Vrach, 1894, no. 44, p. 1230.

medical profession considered possible action it might take against the hospital statute. In October, 1894, Vrach published a zemstvo physician's letter describing his efforts to pressure the local zemstvo to oppose the statute. At a meeting of zemstvo physicians and the district zemstvo board, he convinced the board to propose a petition against the statute to the November meeting of the zemstvo assembly. The physician urged all zemstvo physicians to exert similar influence on their local governments, because the issue was "basic to zemstvo medicine . . . significant to all zemstvo physicians," and he therefore "hoped to hear other voices" in an effort to change the law before it was imposed.⁵¹ In practice, however, physicians had very limited powers. They could give their advice, exert some pressure, and if they were in a position of responsibility such as Erisman's, they might have a deciding voice. The actual political power was in the hands of the elected representatives. Physicians therefore focused close attention on the local self-governments as those institutions coordinated a concerted campaign against the statute.

⁵¹P.P. Efreimov, "K voprosu o vliianii novago ustava lechebnykh zavedenii na khod zemskoi meditsiny, "Vrach, 1894, no. 43, p. 1195.

Following accepted channels of political action, district zemstvo assemblies sent petitions to province assemblies, which in turn voted to petition the administration to delay, change, or rescind the hospital statute. In late December, 1894, Vrach gave prominent space to the campaign, publishing two lengthy articles by Zhbankov, who explained the statute, analyzed the zemstvo petitions, and supported the zemstvo position.⁵² A prominent member of the Pirogov Society, Zhbankov had been a zemstvo physician, authored several outstanding statistical studies of peasant conditions, and since 1893 headed the medical statistics bureau of the Smolensk province zemstvo board.⁵³ Zhbankov's comments undoubtedly influenced the wide readership of Vrach. His close attention to the arguments of the Smolensk zemstvo may indicate that he assisted in the formulation of its petition.

In his first essay Zhbankov examined various articles of the hospital statute. Reviewing a current debate on the

⁵²D.N. Zhbankov, "O zatrudnieniakh vvedeniia s 1 Iiulia 1895g. novogo ustava lechebnykh zavedenii," Vrach, 1894, no. 51, pp. 1393-95, and "Eshche po povodu novogo bol'nichnago ustava," Vrach, 1894, no. 52, pp. 1421-22.

⁵³BME, 2d ed., s.v. "Zhbankov, Dimitri Nikolaevich," 9: 1055-56.

interpretation of the statute--whether or not it applied to all categories of hospitals, including the small zemstvo hospitals--Zhbakov tersely commented:

The juridical side of this affair, the interpretation, is of limited importance. It is not necessary for zemstvo physicians to become lawyers and get lost in interpretation, but what is important is the essence The essence of the misunderstanding is that the new statute introduces difficulties for the successful development of zemstvo medicine. Rather than consider these theoretical difficulties, I will explain . . . the simple practical considerations that were the bases for the Smolensk petition.⁵⁴

The Smolensk zemstvo objected to its loss of control over hospital administration and claimed it would be unable to finance the mandated expansion of the province hospital without seriously impairing its rural medical program. The most serious defect, from the physicians' point of view, was the anticipated change in their role. The shift of emphasis from the rural program to the large hospitals would destroy the essential character of zemstvo medicine:

The problem is that each zemstvo physician who administers a hospital has, in addition to treating patients there, many other important obligations: epidemic controls, vaccination, home visits to the seriously ill, inspection of schools and health examinations of schoolchildren--in a word, the

⁵⁴Vrach, 1894, no. 51, p. 1395. See above, n. 39, for background for the juridical "misunderstanding" of the statute.

hospital physician of a given district is responsible for the public health of his entire district. The new statute pertains only to the hospital, chains the physician to it, and does not mention the other activities of the zemstvo district physician. . . . It will squeeze zemstvo medicine into narrow confines and hinder its further development.⁵⁵

The Smolensk zemstvo petition thus recognized the importance of zemstvo physicians' interest in preventive medicine and general problems of public health. Representing a new attitude in many zemstvos in the post-cholera years, this was clearly a victory for the medical profession, which had long urged such an emphasis.

At the end of 1894 Zhbakov reported--with evident satisfaction--that zemstvos throughout Russia had unanimously voted to oppose the hospital statute. The Smolensk zemstvo had taken an extremely firm stand in its petition:

The new statute breaks with all the existing advances of zemstvo medicine and its introduction would destroy the entire zemstvo medicine structure. Zemstvo medicine is new and dynamic work, developed on the basis of decentralization; placing it in a narrow framework and introducing formalism would undoubtedly retard the correct development of medical care for the populace.⁵⁶

And Zhbakov warned, "If all these petitions are rejected

⁵⁵Vrach, 1894, no. 51, p. 1395.

⁵⁶Ibid., no. 52, p. 1421.

and the new statute is introduced on 1 July 1895 without any change . . . there will be great difficulty for the zemstvos and the administration."⁵⁷

After years of dissension in many zemstvos between physicians and their employers, the medical profession could be deeply gratified by the tenor of the zemstvo petitions. Following a general pattern, the Kostroma zemstvo acknowledged the vital role medical personnel had played in creating zemstvo medicine:

Popular medicine was created entirely by the zemstvo; it established hospitals and clinics in the remote districts . . .; it has delivered free medical care in the hospitals and free medicine to outpatients; medical personnel serving in the zemstvo have sacrificed their work, time and knowledge,--and zemstvo medicine has gained the trust of the narod.⁵⁸

The Kostroma petition argued that the established organization of zemstvo medicine was far superior to the structure that would be imposed by the new statute:

To this time the zemstvo physician has been the head of the entire medical district (uchastok) with the hospital at the center and feldsher stations at various points. The new statute recognizes only the hospitals, as if isolated from the area where they are located and for which they

⁵⁷Ibid., p. 1422.

⁵⁸Ibid., p. 1433.

exist. Where there are more than sixteen beds in the hospital the physicians would be bound to it, and the zemstvo would not have his services as a district physician. . . . The statute concentrates all attention on the hospitals and leaves to arbitrary fate the medical care of the entire peasant population of the district.⁵⁹

Molleson, Osipov, Erisman, and the thousands of physicians who had helped to create the program of zemstvo medicine could perceive the proceeds of their efforts in these petitions. The zemstvos fully appreciated the unique program and were determined to protect it from the deleterious influence of the central government.

The zemstvos' commitment to retain control of their medical programs provided important protection for zemstvo physicians. The hospital statute would introduce for the physicians a reconstructed role, which the Kostroma petition vividly described:

Finally, the physician must present reports on the hospital's medical . . . and financial administration. In this manner the physician would be converted into a housekeeper and bureaucratic official (ekonom i kantseliarskii chinovnik), with no time to devote to medicine.⁶⁰

A zemets in the Samara district zemstvo had drawn the same

⁵⁹Ibid.

⁶⁰Ibid.

conclusion: the hospital statute would convert zemstvo physicians into "state officials (chinovniki)" and "the serious work of public health, which should be in the hands of society itself, . . . would revert to the outdated methods of the Office of Public Services."⁶¹ Just a few weeks earlier Vrach reported that a district assembly had proposed that "zemstvo physicians be given uniforms!"--italicizing the phrase to indicate the proposal was regarded as outrageous.⁶² The hospital statute in effect prescribed uniforms for all zemstvo physicians.

It is an interesting insight into the mentality of Russia's high bureaucrats that when the State Council discussed the measure, it did not consider the possibility that physicians might object to the "benefits" the hospital statute offered--a position within the Ministry of the Interior, with the security of rank and pension and possibly protection from the vagaries of zemstvo employment. To physicians, the offer was clearly unacceptable. It signified a return to centralized, state-controlled public health administration, which was diametrically opposed to the principles of

⁶¹Ibid.

⁶²Ibid., no. 49, p. 1366.

zemstvo medicine; and it would also recast physicians into their former, unsatisfactory mold of lowly state servants. The statute clarified the government's attitude toward the medical profession, which some physicians had misinterpreted in their analysis of the zemstvo statute of 1890. That statute was not designed to give physicians greater powers within the local self-governments, but as experts directly responsible to the central bureaucracy. The reorganization of the local governments was a means to take over local administration and also local zemstvo and city employees. The medical profession's temporary enthusiasm for the possible regenerative powers of the state suddenly cooled. Physicians' future autonomy depended greatly on the outcome of the campaign against the hospital statute.

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At the end of 1894 the Minister of the Interior received a flood of petitions from the local self-governments and also visits from zemstvo representatives sent expressly to argue against the hospital statute. As might be expected, the Moscow province zemstvo occupied a key position in the campaign. Professor Erisman convinced the Moscow province medical conference, a collegiate organ composed of zemtsy

and the public health bureau, that the statute could be interpreted as inapplicable to zemstvo hospitals. On the advice of the medical conference, the Moscow zemstvo requested that the statute be rescinded as inconsistent with past laws and practices.⁶³ The dispute between the Moscow zemstvo and the central administration was critical, for its resolution would decide the issue for the rest of the zemstvo provinces. The outcome was known on 15 January, 1895, when Russkye vedomosti reported that the administration had concurred with the zemstvo's interpretation of the statute.⁶⁴ The Moscow zemstvo immediately secured its victory on 19 January 1895, by passing new regulations that clearly defined the zemstvo assemblies' control of district and province zemstvo hospitals.⁶⁵ Within a few months the governors were notified that the implementation of the hospital statute had been "postponed for an indefinite time."⁶⁶

The unusual outcome of the campaign against the hospi-

⁶³Russkye vedomosti, 14 October 1894; 12 November, 1894.

⁶⁴*Ibid.*, 15 January, 1895; Vrach, 1895, no. 3, p. 81.

⁶⁵Osipov, Russkaia zemskaiia meditsina, pp. 273-75.

⁶⁶Vestnik evropy 30 no. 3 (March 1895): 847-51

tal statute was hailed by the liberal press as a victory for the integrity of law and political rights. Political action in the form of the "right to petition regarding local needs and welfare" had been so effective against the statute that its importance was inflated to signify basic, incontrovertible powers for the local self-governments.⁶⁷ The powers of the Minister of the Interior, on the other hand, were minimized, for although he could delay the introduction of the hospital statute, it was argued,

he could not determine how the highest government institutions would regard the zemstvo petitions for changes of specific articles of the hospital statute, for the review of the entire statute, and for the remote date to be fixed for its implementation. All petitions must be presented by the governors to the Minister of the Interior, but may not be declined except by the command of the Committee of Ministers.⁶⁸

Actually, the victory was but a temporary triumph for zemstvo partisans and must be viewed within a broader poli-

⁶⁷"Poriadok napravleniia zemskikh khodataistve," Russkyye vedomosti, 14 March 1895, 22 March 1895, reviews the law and the practice of petitioning since the zemstvo statute of 1864 and concludes that the governors must forward zemstvo petitions to the central administration, where the Committee of Ministers exercised final authority.

⁶⁸Vestnik evropy 30 no. 3 (March 1895): 850-51. Ironically, in October, 1895, I.N. Durnovo became chairman of the Committee of Ministers.

tical framework.

The defeat of the hospital statute was concurrent with the famous deputation of zemtsy to the Tsar on 17 January 1895, when the request for greater political powers for the self-governments received from Nicholas II the epithet of "senseless dreams."⁶⁹ The defeat of the hospital statute was not directly relevant to these "senseless dreams," because it did not signify increased political powers for the local governments. The successful campaign did, however, reassert and maintain prerogatives granted by the zemstvo statute of 1864. As the imperial government gradually unfolded its plans for the implementation of the Counter-reforms, which were now realistically viewed as a basic threat to the original zemstvo statute, the hospital statute assumed some general importance. A step in the imposition of the Counter-reforms, its "postponement" suggested that those major changes might be delayed or mitigated. According to Count Witte, the campaign against the hospital statute did have a chastening effect on the central administration, for it proved that the zemstvos would be resolute in

⁶⁹Richard Pipes, Struve: Liberal on the Left, 1870-1905 (Cambridge, Mass.: Harvard University Press, 1970), pp. 153-54.

guarding their prerogatives and that the administration would be well-advised to be more cautious in controverting established "practice and habit."⁷⁰

The political significance of the successful campaign against the hospital statute does not lie in any long range constitutional achievement. On the contrary, it was only a holding action that encouraged zemstvo partisans to defend what they regarded as their "ancient constitution," the rights of the local self-governments as established by the Great Reforms. Concerted action among the zemstvos had forced the imperial government to retreat from its position, giving the episode special significance:

It was remarkable that all the province zemstvos passed similar petitions on this question. Within six months [of the December assemblies] a ministerial circular was published, announcing that the introduction of the hospital statute had been postponed for an indefinite time.

This was the sole occasion that the Minister [of the Interior] in his actions against the zemstvos was forced to yield and to give up his position.⁷¹

⁷⁰S.Iu. Witte, Samoderzhavie i zemstvo, p. 147.

⁷¹V.M. Khizhniakov, Vospominaniia zemskago delatelia, pp. 208-09. See also D.N. Shipov, Vospominanii i dumy (Moscow: izd.: M.&S. Sabashnikovykh, 1918), p. 198; E.D. Maksimov, Iz istorii i opyta zemskikh uchrezhdenii v Rossii (Pbg., 1913), p. 524; I.P. Belokonskii, Zemstvo i konstitutsia (Moscow: "Obrazovanie," 1910), p. 36; Brokhaus-Efron, s.v. "Lechebnyia zavedeniia," 18 (1896): 198.

When the zemstvo opposition movement was gathering momentum in the mid-1890s its partisans could not know that the victory over the hospital statute was a single achievement to be followed by a number of defeats. "In its time this victory created a strong impression in zemstvo circles,"⁷² giving sufficient encouragement to the use of similar tactics in subsequent years. The campaign of 1894 thus helped to crystallize the political goals of zemstvo partisans and to establish a course of political action.

The medical profession attached specific significance to the successful campaign against the hospital statute. The statute had raised the fundamental issue of whether the medical profession would be allowed to mature as an independent corporate group or be restricted to a bureaucratic existence. For years to come the profession was alert to the possible reintroduction of the statute, which, after all, had only been "postponed for an indefinite time." Whenever rumours arose that it might be implemented--and this was not infrequent--the profession recoiled en masse to resist the measure that symbolized the state's intended destruction of

⁷²V.M. Khizhniakov, Vospominaniia zemskago deiatelia, p. 209.

the medical profession's corporate autonomy.⁷³

The campaign against the hospital statute was a terminal point in the medical profession's dependent relationship to the state and the beginning of a new era of cooperation with zemstvo partisans. Dissimilar attitudes toward zemstvo medicine had affected the actions of zemtsy and physicians throughout the history of the local self-governments. The zemtsy had been motivated to support rural health programs for reasons ranging from fear of being infected with syphilis by the lower classes to the desire to prove that Russia was ready for some form of representative government. Physicians had viewed zemstvo medicine as a means to realize their scientific, public health goals and also their personal, professional goal of corporate autonomy. Although zemstvo medicine managed somehow to progress for a quarter of a century, the programs in many areas were weakened and often disrupted by frequent conflicts between zemtsy and

⁷³ORVvpNIP, Svodka khodataistva Pirogovskago obshchestva, ed. K.I. Shidlovskii, p. 40, notes, for example, the petition of the Seventh Pirogov Congress (1899) requesting that medical faculties, medical societies and the local self-governments be allowed a consultative voice in the formulation of new hospital laws that were "rumoured" to be in preparation. The issue came to a head in 1903 and will be explored in another study.

physicians. The disparate interests of these two groups that often created tensions between them, became submerged during the campaign against the hospital statute in 1894. During that campaign their mutual interests became apparent as each realized it must defend its corporate rights against an encroaching state. The hospital statute, as a clarification of the Counter-reforms, dispelled the rising expectations that existed briefly after the famine and cholera years.

The Sixth Pirogov Congress in Kiev, 21-28 April 1896,⁷⁴ placed the medical profession firmly in the ranks of the zemstvo movement. Parts of the proceedings can be read as an epilogue to the battle over the hospital statute, the mustering of final proof against it and arguments to prevent its reintroduction. The first session on community medicine heard four reports demonstrating the superiority of rural health programs in zemstvo areas over those in non-zemstvo areas, and the session passed the following unanimous resolution:

The correct progressive advancement of rural medicine is possible only with the direct

⁷⁴ORVvpNIP, Dnevnik shestago s'ezda obshchestva russkikh vrachei v pamiat' N.I. Pirogova, ed. Prof. A.V. Khodin (Kiev, 1896). There were 1,053 participants of the Sixth Congress.

participation of the physicians and the local population. The absence of local community power is the primary reason for the weak development and defects of rural medicine in the non-zemstvo provinces.⁷⁵

The medical profession firmly supported the local self-governments, which fostered better public health administration and increasingly advantageous conditions of medical employment.⁷⁶

Positive support of the zemstvo movement implied a negative attitude toward the imperial government, a position that the Pirogov Society clearly adopted at its Sixth Congress. The participants roundly criticized a proposal for a national Minister of Health, and Erisman summed up the de-

⁷⁵Ibid., no. 7 (Supplement), pp. 3-4. A petition was proposed for the introduction of zemstvos into non-zemstvo regions, but Erisman, as chairman, ruled it beyond the purview of the Congress and introduced the resolution quoted here. Ibid., no. 1 (Supplement), pp. 1-14, gives abstracts of the four reports, and no. 7 (Supplement), pp. 1-14, records the discussion of them. One of the reports, which is a good review of the arguments, was published earlier: M. Levitskii, "Sel'skaia meditsina v ne-zemskikh guberniakh," Vestnik evropy 30 no. 4 (April 1895): 789-807.

⁷⁶D.N. Zhbakov, O deiatel'nosti sanitarnykh biuro, pp. 48-54, shows the improvements implemented under PSZ, III, no. 6927, Article 108. The improved working conditions for zemstvo physicians in the 1890s were noted by many, including S.N. Korzhenevskii, Zemskaia meditsina v Tverskoi gubernii (Tver, 1903), p. 123.

bate:

Yesterday we reached the unanimous conclusion that the weak side of rural medicine in non-zemstvo provinces consists for the most part in the lack of community participation (and) because the administration . . . does not possess the necessary familiarity with local conditions. But the proposal [for Minister of Health] consists in establishing new administrative echelons without incorporating the local community. Of course, public health in Russia is not brilliant. All the same it is undoubtedly advancing and it would be quite unfortunate to remove it from the self-governments and to transfer it to the administration.⁷⁷

A Minister of Health, Erisman continued, would be as counter-productive as the hospital statute the profession opposed, and like that statute would be "inconvenient and not in accord with the normal development of public health work in Russia."⁷⁸ The Sixth Pirogov Congress, espousing the general arguments of the zemstvo opposition, cited the advantages of local control and the need to resist the encroachment of the imperial government on the competence of the local self-governing bodies. When the zemstvos began their next major effort, a campaign to abolish corporal punishment, medical organizations throughout Russia plunged into the forefront

⁷⁷ORVvpNIP, Dnevnik shestago s'ezda, no. 6 (Supplement), p. 25.

⁷⁸Ibid.

of that battle.⁷⁹

The medical profession made a political choice rejecting the "benefits" the state offered in the hospital statute, choosing instead to retain the current pattern of zemstvo employment. The profession perceived that its former apolitical interest in the zemstvos was short-sighted, for if the zemstvos were subverted the model program of zemstvo medicine also faced possible destruction. In order to protect their public health role and their professional independence physicians assisted the growing effort to defend the zemstvos.

The coalescence of the political goals of the medical profession and zemstvo representatives did not signify a sudden harmony of basic interest and attitudes. The motivations of zemstvo activists in the 1890s have not been thoroughly investigated,⁸⁰ but their campaign against the

⁷⁹D.N. Zhbakov, "Golos zemstva o telesnom nakazanii," Russkoe bogatstvo, no. 6 (June 1898), pp. 1-33.

⁸⁰Terence Emmons, "The Beseda Circle, 1899-1905," Slavic Review 32 no. 3 (September 1973): 461-90, is a major contribution to our knowledge of political attitudes among leading zemtsy at the turn of the century. One might question, however, the assertion (p. 463) that the "reform movement in the zemstvos in the mid-1890s was directly provoked by the death of Alexander III . . ." (20 October 1894); the zemstvo movement should be placed within the context of the Counter-reforms and the brief interlude of optimism that followed the famine and cholera crises.

hospital statute does suggest a basic outlook. Zemtsy defended the zemstvo statute of 1864 as the source of their political rights to act in local affairs--the corporate rights of a propertied social group. Physicians, on the other hand, cooperated in the campaign to defend their professional interests--the corporate interests of an occupational group. Strongly averse to the reimposition of the state's control, the medical profession was drawn into the zemstvo movement to protect its corporate identity.

CONCLUSION

During the four decades after the Crimean War, Russian physicians coalesced into a strong professional group. In 1898 a doctor recalled the time when the physician ". . . stood in the doorway not daring to sit down, . . . when his work, advice, and time were judged lightly and as non-essential;" but, he added, with confidence, "Of this there now is nothing."¹ Major changes in Russia's social and institutional structure, and significant developments within the medical profession, had transformed the physician's role.

The reorganization of local government by the Great Reforms influenced physicians' professional lives by creating in the zemstvos a new occupational milieu. The importance of zemstvo medicine to the profession is evident in D. N. Zhbakov's address to the Twelfth International Congress of Physicians in Moscow, 1897:

We have much to learn from you, honored gentlemen, as we do from our older colleagues, but community

¹V.F. Snegirev, Introduction to G.A. Zakharin, Klinicheskie lektsii (Moscow, 1910), pp. 13-14

medicine is a special Russian creation, and we are proud of this creation as the best solution to the problem of the delivery of medical care to the needy. Education and medical care should be available to all; this is the goal toward which our Russian zemstvos strive.²

In honor of the Twelfth Congress, and also to describe their "special Russian creation" to their foreign visitors, the Pirogov Society and the Moscow province zemstvo published a study of zemstvo medicine by Osipov and two of his colleagues on the Moscow public health bureau. The volume stressed not only the program's medical contribution, but also the role of the "corps of zemstvo physicians," who were described as:

dedicated to serve the people, possessing the warm and sincere desire to investigate seriously the essence of national life, to explore the character of the disastrous national illnesses and the very etiology of their development. The zemstvos found in these physicians not only energetic, indefatigable workers, but also constantly reliable and fully competent advisors on the development of zemstvo medicine.³

Through zemstvo medicine, physicians had redefined their social role by projecting a new public image of the public

²"Sposoby obezpechenia naselenia pravil'noi meditsinskoï pomoshch'iu pri raznykh usloviakh: gorodskaiia i zemskaiia (sel'skaiia) meditsina," Vrach, 1897, no. 39, p. 1138.

³E.A. Osipov, I.V. Popov, and P.I. Kurkin, Russkaiia zemskaiia meditsina (Moscow, 1899), p. 171. This volume was published as the eighth and last volume of the Pirogov Society's Zemsko-meditsinskii sbornik.

servant possessing specific scientific competence.

A changed perception of their social role caused Russian physicians to reevaluate their professional status. Increasingly self-assured of their abilities, they became acutely conscious that within the international community of physicians, they occupied an anomalous position. Sharing knowledge available to all, and active contributors to the rapid advances of medicine, they considered themselves scientifically on a par with their colleagues abroad.⁴ This confidence served to intensify their reaction to the less flattering side of the international mirror--the fact that they continued to lag behind physicians elsewhere in social prestige and economic well-being. Although the causes of the discrepancy were legion, they focused on one critical difference, their position vis-à-vis the state. In the West, medical professions had acquired "powers to discipline their members, and with such powers the corporations could define and enforce standards of both expertise and conduct which

⁴A good introduction to this topic is Liudi russkoi nauk, Vol. III: Biologiya, meditsina, sel'skokhoziaistvennyye nauki, ed. I.V. Kuznetsov (Moscow, 1963).

upheld the 'honor and dignity of the profession'."5 In Russia, in contrast, the state continued to regulate standards of expertise and conduct, signifying the profession's failure to achieve independent status.

Membership in the medical soslovie gathered new significance as the century drew to a close. The oath (fakul'tetskoe obeshchanie) taken when entering the profession remained the same:

The physician, accepting the scientific degree bestowed upon him, is bound to maintain the honor of the soslovie he enters, promises to assist in good time all who request his services, guard family confidences, continue his study of medicine, and communicate with his colleagues his scientific discoveries. . . .6

The connotations of the oath had changed. It was no longer merely the password into the bureaucracy, but a sign of the physician's rights as a member of a free profession. Acquiring such membership, physicians were no longer willing to be controlled by the state, but desired instead an inde-

⁵M. Jeanne Peterson, "Kinship, Status and Social Mobility in the Mid-Victorian Medical Profession" (Ph.D. Dissertation, University of California, Berkeley, 1972), p. 507.

⁶BME, 2d ed., s.v. "meditsinskoe obrazovanie," 17: 819-20. The legal ramifications that physicians attached to this oath will be treated in a future study.

pendent corporate existence. Russia, however, retained autocratic institutions, with powers to deny new rights and to rescind rights previously granted--infertile ground for the growth of corporate autonomy. Physicians' tenuous claim to corporate rights was epitomized by the hospital statute of 1893, which threatened to reincorporate the profession into the bureaucracy. The medical profession--once the product of the state--shifted to the role of adversary.

The hospital statute produced an unexpected dividend. In the campaign against the statute, the zemstvos' defense of the rights and programs of zemstvo physicians was in effect a defense of the interests of the medical profession in general. The campaign inaugurated an era of improved cooperation between zemtsy and physicians that resulted in the remarkable expansion of zemstvo medicine. The zemstvos added many new clinics, expanded educational and preventive medicine programs, hired more medical personnel, and greatly

ameliorated the status of zemstvo physicians.⁷ In sharp contrast to the bureaucratization implicit in the hospital statute, the local self-governments became more accommodating to physicians' professional goals. In a period when the zemtsy became conscious of their own need to secure their corporate rights, physicians perceived that the growing "zemstvo opposition movement" could provide vital support for the medical profession. Moreover, the gains of the profession, like those of the self-governments, were rooted in the Great Reforms, and therefore both groups were united in defense of those Reforms.

At the end of the century a physician-memoirist reviewed his long and fruitful career during the years covered

⁷The expansion is discussed and charted in B.B. Veselovskii, Istoriia zemstva za sorok let (Pbg., 1909), I:25-29, 381-93, 415, 430-34, and 683-87. Osipov, Russkaia zemskaiia meditsina (Moscow, 1899), p. ix, noted that the growth in zemstvo medicine was so rapid in the decade that the Zemsko-meditsinskii sbornik, completed in 1893, was outdated by 1897. He estimated the increment of medical services in 17 zemstvo provinces from 1890 to 1896 as 38% (p. 89), and gives the following information on the increased staff and services (p. 158):

Number of inhabitants per:	1890	1897
1 hospital	42,000	36,400
1 hospital bed.....	2,243	2,061
1 physician.....	34,927	24,977
1 medical district.....	43,714	32,234
Area served by 1 physician...	1,760	1,143 sq.km.
There were 1805 zemstvo physicians in 1890, 2516 in 1898.		

by this study. A student at the Military Medical Academy in the early 1850s, he served in the Crimean War, became a zemstvo physician and the head of the province zemstvo hospital in Tver, and served as a peace justice. He had hoped that the experience of local self-government would encourage the general development of civil liberties in Russia:

The zemstvos developed correctly, without outside interference and limited only by public opinion. That form of civil society that strengthens west European governments in which the free development of the individual goes hand in hand with social progress, was beginning to form.

We thought that we too could travel this route, and that eventually there would be a time when the severe judgment of P. Ia. Chadaev in his famous Philosophical Letters, would fade into the realm of legend.⁸

In the post-Reform Era, many physicians shared his optimism. With the Counter-Reforms, however, the state seemed determined to turn back the clock, undermining the gains of the Great Reforms and recasting physicians in their former state-service mold. The previous decades had imbued physicians with sufficient corporate pride to resist the state's threat to their corporate life. The opposition movement that gained momentum after 1896, therefore, found ready support in the Russian medical profession, which recognized that its goals could not be achieved in an autocratic state.

⁸A.A. Sinitsyn, "Iz vospominanii starago vracha," Russkaia starina 155 no.7 (July 1913): 146.

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