
In the last quarter of the fifteenth century, Tatar dominance over Russia came to an end after roughly 250 years, and contacts with western neighbours increased. The Russian Grand Princes soon became aware of the technical achievements of the west and were eager to take advantage of them. From the reign of Ivan III (1462–1505), western specialists in various fields (for example, military matters, building, and mining) were systematically recruited, among them also medical men.

In her comprehensive work, a PhD thesis at the University of Hamburg, Sabine Dumschat meticulously traces the lives of the western medical practitioners who came to Russia between the end of the fifteenth and the end of the seventeenth centuries. She found 294 persons who had contact with Muscovy and concentrates on the 240 who entered the service of the state. Only thirty-six of these foreigners had an academic training as doctors; most were surgeons, and forty-one were apothecaries. Dumschat has used a wide range of sources, but most important were the files of the Aptekarskij prikaz, the Apothecary Office of the seventeenth century. As the author indicates, these files are an excellent source for medical history in the narrow sense, as they contain, among other material, precise notes on diagnoses and treatments.

The book contains six main chapters, besides the Introduction (A). In the first (B), the organization of official health care is described. It is important to stress that the authorities did not provide medical services for the general population, who continued to be treated by Russian male and female healers and by clerics. The foreign medical men and the state apothecary initially worked solely for the court and a small part of the elite. They were employed by the state, and it was only in the last quarter of the seventeenth century that they were allowed to practise freely outside this narrow circle.

But, due to the lack of sources, the author is not able to shed light on these activities.

In chapter C the origins of the foreign medical practitioners are dealt with as far as they could be ascertained. The biggest group (sixty-two men) was formed by Germans, mostly from the Protestant north; forty more came from Poland–Lithuania, most of them White Russians. The next big group (twenty-three) consisted of Englishmen and Scotsmen, followed by the Dutch (twelve). Remarkably, the number of Jews was quite small, as they were not, in principle, allowed to settle in Muscovy.

Although there were particular individual motives for emigration to Russia (chapter D), the author indicates two strong incentives: the excellent career possibilities and the enormous salaries, as well as other privileges. In the seventeenth century, a physician with a university degree could earn even more than the most important boyars at court. The English doctor Samuel Collins wrote to a friend in July 1663: “My businesse in Russia was to gett an Estate to subsist upon in my laterdays” (p. 137). The income of the surgeons was considerably lower, but probably still better than in the west. As Dumschat shows in the chapter (E) entitled ‘Von der Anwerbung zur Ausreise’, the requirements were high and not many charlatans seem to have made their way to Muscovy. This is not surprising, for among the activities of the medical men (chapter F), the most important duty was caring for the health of the monarch’s family. The physicians were responsible for diagnosis, while external treatment, for instance blood-letting, was carried out by surgeons; drugs, which were taken internally, could be administered only by doctors. The rigid fasting prescriptions of the Orthodox Church did not allow medicine containing animal components to be consumed on fast days. As western prescriptions usually included animal components—while the Russian ones were herbal—this posed considerable problems.

If the Tsar gave his consent, further groups of patients such as nobles, members of foreign embassies, and clerics could be treated by these men. From the middle of the seventeenth century, the care of wounded soldiers became a main occupation of the surgeons. It was at this
point that the *Aptekarskij prikaz* started to organize the training of native medical staff.

As Dumschat points out, the western *doctores medicinae* and apothecaries had a high standing, and were important figures in the cultural sphere, many being active as artists, writers, merchants, translators, diplomats, astronomers, and astrologers. The social and religious life of these medical practitioners (chapter G) mostly took place among the other foreigners. They were active members of society, especially on behalf of their respective religious communities. On the other hand, their contact with Russians seems to have been restricted to the professional level. The author believes that these doctors and surgeons had a decisive role in spreading western learned medicine in Russia, especially from the mid-seventeenth century when the number of western surgeons rose, thereby increasing contact with the lower classes of the population.

Dumschat has written a very valuable, carefully researched and well structured book, using an impressive amount of primary sources. In an immense effort, she has traced all foreign medical men in Muscovy over two centuries and has collected the available information about them. Of great value also is Appendix 1, which provides short biographies of these men, including references to primary and secondary sources. The book could have been tightened to some extent—there are redundancies (especially between the main text and Appendix 1), and the detailed display of the source material is not always necessary—but anyone who has done time-consuming archival work with hand-written sources and has collected scattered information on a new topic knows how difficult it is to restrict oneself.

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Cleanliness is next to godliness, table manners, monetary exchange and a host of other human behaviours; how has it escaped the notice of anthropologists, ethnologists and historians for so long? One of Virginia Smith’s many accomplishments in this excellent study is integrating the philosophies and practices central to the subject. Cleanliness is part of medical routines essential for the prevention of disease; it has an aesthetic foundation in the human love of order and beauty and the exercise of such on the body; and it has a moral dimension in perceptions of purity, that of the body in harmony with the soul. By explaining the contradictions inherent in these concepts, the author identifies why the very few previous publications on cleanliness have dealt with either theories of hygiene or related inventions, but not both. Practices enhancing beauty can endanger health; they encourage vanity and self-obsession, behaviours in conflict with moral purity, and scientific discoveries connecting health with hygiene are sometimes incompatible with religious beliefs. Because of these tensions, the history of cleanliness has not been a “positivist” progression of improvement, as Smith demonstrates, but characterized by periods of “regression”, when moral concerns take precedent over the aesthetic or the latter over the scientific.

This crucial theoretical basis is clearly laid out in the introduction, after which the author presents a very comprehensive narrative from animal grooming behaviour through to twenty-first-century environmental concerns. Cleanliness begins with biological processes at a cellular level and the instinctive revulsion of all primates for the rotten and excremental. In human society, technology comes to the aid of cleaning activities and influences a wide range of behaviours and artefacts; bathing, shaving, perfuming, hairdressing, laundering, housekeeping, food preparation, to list a few, all of which have a huge impact on domestic material culture, architecture and urban planning.

Hygiene is closely linked to religious beliefs and practices: dietary restrictions, the sacred properties of water, beliefs and rituals relating to pollution and purity. The Greeks first made the conscious connection of cleanliness with health and absence of disease, placing the care of the