Physician-in-ordinary S.P. Botkin and Empress Maria Alexandrovna: 
the facts and circumstances of a courtier’s career and the specific 
character of interrelationships

Sergei G. Zhuravskii1,2, Vasilii V. Chikulin1
1Pavlov First Saint Petersburg State Medical University  
6–8 L’va Tolstogo St., Saint Petersburg, 197022, Russia  
2Federal Almazov North-West Medical Research Centre, Russian Federation  
2 Akkuratova St., Saint Petersburg 197341, Russia  

For eight years (1872‒1880), S.P. Botkin served as the private physician of Empress Maria Alexandrovna who suffered from pulmonary tuberculosis. The particular details of this clinical case were defined by its unique deontological aspects: a doctor, a famous professor, a recognized expert Europe-wide, was also a subject of the royal patient – his prescriptions were dependent on her wishes. Medical recommendations were often met with resistance, since due to her deep religiosity, the empress had no motivation to seek treatment. The long-term illness and the particular circumstances of the family background (the existence of the emperor’s second family) contributed to the fact that the relationship between the physician-in-ordinary and the empress was not confined to his official duties. Botkin sympathized with Maria Alexandrovna and understood that her spouse’s behavior was causing her distress; he was grateful for his participation in family affairs. The foundation of the empress’ attitude to Botkin lay in her Slavophile sentiment. It was significant that the authority of the court physician convinced society of the opinion that the royal couple’s separation was due to the state of the empress’ health. His professional enthusiasm, ability to influence the psyche and non-conformism – unusual for a royal household member – generated goodwill in the uncompliant patient, which largely ensured successful treatment. Botkin’s presence let the patient realize her need for care.

Keywords: history of medicine, court medicine, physician-in-ordinary S.P. Botkin, Empress Maria Alexandrovna, the health and illness of representatives of the Romanov dynasty, S.P. Botkin as a clinical psychologist


About the authors
Sergei G. Zhuravskii – Doctor of Medical Sciences, Leading researcher at the Laboratory for hearing and speech, the Pavlov First Saint Petersburg State Medical University, The Ministry of Health of the Russian Federation, Head of the Experimental Pathomorphology Research Group of the Institute of Experimental Medicine, Federal Almazov North-West Medical Research Centre, the Ministry of Health of the Russian Federation (Saint Petersburg). E-mail: s.jour@mail.ru  
Vasilii V. Chikulin – Laboratory assistant at the Laboratory for hearing and speech, the Pavlov First Saint Petersburg State Medical University, The Ministry of Health of the Russian Federation (Saint Petersburg). E-mail: vch_spb@mail.ru  

Sergey Petrovich Botkin (1832–1889) was known also as a doctor, who was treating the empress. One of the first researchers to address the topic of his waiting at the court was Leningrad historian and expert in local history A.V. Shabunin. Shabunin began his studies in the 1980s, and his name is found on many of the service lists of the archive documents related to Botkin’s professional activities.

The monograph published after the researcher’s death [1] elaborates on some of the aspects of the physician-in-ordinary’s practice. In a collective work on the doctors of the House of Romanov, this topic is discussed in a chapter devoted to the Emperor Alexander II [2]. However, in neither publication is it emphasized that the patient was not a lay person, but a Russian Empress, or that the doctor was no ordinary physician, but a professional of a European level, popular in the capital and recognized as a leader of the national medical school.
We have earlier explored deontology as it pertains to bedside manner in court medicine, and we have underscored the peculiarities that arose from the status of the persons concerned. On one side were the members of the royal family as patients, and on the other was a doctor who was also their subject. This paper addresses the relationship of Sergey Petrovich Botkin and the Russian Empress Maria Alexandrovna (1824–1880), the wife of Alexander II.1

Let’s say a few words on the personality and in particular, the premorbid personality of the “main patient” as Sergey Petrovich Botkin referred to the Empress. It is well-known that Maria Alexandrovna possessed most uncommon traits for a First Lady of the Empire. Professor B.N. Chicherin, who taught state law to her children, noted that “she didn’t enjoy the world, the luxury, nor the finery…and led a solitary life”; “she occupied herself exclusively with bringing up the children”. The defining trait of the Empress’s personality was an “amazing inertia that made her incapable of any activity. Getting out of the common rut was a feat she had to pay for with extraordinary efforts” [4, p. 83-84].

The aristocratic lifestyle did not encourage the physical activity necessary for an adult, and after her arrival in the cold, wet climate of the Russian capitol in 1840, Maria Alexandrovna began to suffer from respiratory diseases [5, p. 164, 176; 6, p. 360, 365, 395]. Early sexual activity had a negative effect on the young princess’s health,2 as was observed even by non-professionals [7, p. 119]. Her multiple pregnancies – she carried eight children from 1842 to 1860 – certainly affected her overall state, as well. Her illnesses, which became more frequent starting in the 1860s, P.A. Valuev, a connoisseur of the court life and Minister, called a “sign of the times” [8, p. 268].

In 1865, the heir to the throne Grand Duke Nikolay Alexandrovich3 died at the age of 21. He had been to his mother “a pride, a solace, and an object of her best efforts and solicitude” [9, p. 125], and his death proved disastrous to her health. Those who were in close attendance to her unanimously indicated that “the death of the Crown Prince… was a heavy blow to the Empress from which she never really recovered. Before 1865 …it was one woman, and after 1865 — another” [10, p. 120]. “She was not like her old self. Everyone could see that inside she had died and only the external frame continued to lead a mechanical life” [11]; “she was crushed with grief and ever since then and till the very end something in her had overstrained; many …strings of her soul were broken” [12, p. 440]. Later on, S.P. Botkin wrote, “From that moment on she had obviously shrunk, withdrawn into herself… and seemingly lost all hopes for the future.” 4

This tragedy was aggravated by the infidelity of her husband, Alexander II. Maria Alexandrovna was no longer young, and, deeply religious, she took no interest in physical pleasures; she could no longer attract her sentimental husband, who needed a woman’s attention. What began in the 1860s as the 47-year-old monarch’s infatuation with young Princess Catherine Dolgorukova grew rapidly into a heartfelt attachment, and after their son George — the first of the Emperor’s illegitimate children — was born in 1872 it became the second family. The Emperor, according to some sources, did not try to conceal the affair from his wife [13, p. 692; 14, p. 51, 68] and in 1876 or 1877 decided to give quarters to Catherine Dolgorukov in the Winter Palace [15, p. 166, 168].5 The Emperor’s double life was no longer a secret to the dynasty, the court, or society. The “openness” of his adultery created strong

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1 This paper is the first in the series devoted to the extra-medical circumstances of S.P. Botkin’s service as a physician-in-ordinary to the Royal Court.
2 Princess Maximiliane Wilhelmine Auguste Sophie Marie of Hesse and by Rhine married the Crown Prince Alexander Nikolaeievich in 1841 when she was not yet 17, and when she was 18, she gave birth to her first child Alexandra (1842–1849).
3 Grand Duke Nikolay Alexandrovich (1843–1865) died in Nice of tuberculous meningitis.
5 This is indirectly confirmed by the Alexander II’s letter to the Crown Prince of 28th of June 1877. Russian State Historical Archive (RSHA), Collection of the Cabinet of His Imperial Majesty at the Ministry of the Imperial Court. Collection 468, list 46, Document 38 (the will of Alexander II, Alexander II’s death letter to his son, the would-be Emperor Alexander III, on transferring some of his belongings to Prince Catherine Dolgorukova). Letter №8 of June 28th, 1877.
resentment on the “women’s side” and amongst the eldest Romanov children.

According to some studies, the Empress’s deeply ingrained feeling of familial inferiority⁶ [16, p. 302; 17, p. 182; 18, p. 94] fettered her activity [19, p. 314]. Awareness of her “imperfection” made the Empress always reserved, cold in her manners, and, by the last decade of her life, melancholy. In 1874 by a secret decree, Alexander II officially recognised his children born from Catherine Dolgorukova [20, p. 109; 21, p. 322].⁷ The relationship was serious, and should the Empress pass away, his second marriage was inevitable.⁸ The next step would be the coronation of the young mistress, up on which the title of the grand duke would be bestowed on the bastards, allowing them to join the line of succession to the Russian crown [15, p. 204; 22, p. 235; 23, p. 53; 24, p. 65, 77]. This was the dynastic crisis mentioned by a number of authors [16, p. 328; 25, p. 393–394].

It is believed that the Empress was primarily concerned about the fate of the legitimate heirs and the prestige of the dynasty. Emotionally reserved, she took a stance that allowed her to evade rumour and gossip: she determined to keep up the appearance of an orderly family. All talk of the adultery was banned from the court [15, p. 72]. Maria Alexandrovna’s reaction to the news of the adultery of her august father-in-law Nicholas I was characteristic: “If anyone of my friends would have indulged herself in such a disclosure, I could not have continued meeting with her” [quoted in 15, p. 81]. Such a strategy rendered any psychological support impossible. Thus Botkin wrote, “The tsarina was never sincere, always reserved, almost always official”.⁹ Anastasia Nikolaevna Maltsova (1820-1894), a Fräulein first and a Statsdame later, whose marriage was no more of a success than the Empress’s, became her confidante. Count Sheremetev believed that Maltsova’s influence was “particularly pernicious, eternally fretting a sore that didn’t heal” [10, p. 238].

Now we can understand why tsarina’s appearance was in sharp disagreement with all the possibilities she had to enjoy her social status. The photographs of the Empress taken during the last decade of her life emphasize her characteristics. Her internally strained expression and thin, pursed lips — evidence of “self-restraint, total inability to experience enthusiasm or elation” [5, p. 29] — speak of the repressed emotions of this woman who “knows it all”. We can draw similar conclusions from the portraits painted by Ivan Kramskoi in 1877, by Ivan Tyurin in 1880, and by Johann Köler in 1881. Art and literature scholars noted that “her face still kept the traces of the lost beauty. She was noticeably, hopelessly ill and unloved” [26, p. 378]. Konstantin Kavelin —

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⁶ Marie and her brother Alexander were born from the affair of Grand Duchess of Hesse and Baron August de Grancy and were living away from the court. A strongbox with documents related to Maria Alexandrovna’s descent was found in 1923 in the Winter Palace [18, pp. 93–94].

⁷ In the history of the European dynasties, recognizing collateral branches was quite common. Maria Alexandrovna herself and her brother Alexander were recognized under the influence of the Russian Imperial House as the spouse of Alexander I – Elizaveta Alekseevna — was their maternal half-sister. In 1858, a morganatic branch of the Dukes of Hesse, which began with Prince Alexander, Maria Alexandrovna’s elder brother, joined the European monarchical family. Interestingly, one of its contemporary descendants is Prince Philip Mountbatten, Duke of Edinburgh, the husband of Queen Elizabeth II of England.

⁸ Maria Alexandrovna died on May 22nd, 1880, and on July 6th, 1880, Alexander II secretly married Princess Catherine Dolgorukova, who received the title of Princess Yuryevskaya. Her children also received titles.

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a historian and a publicist who spoke with the Empress — saw “a victim, not a master of the circumstances”, and predicted that “a horrible fate [was] awaiting this kind and honest woman” [27, cols. 1157–1180]. Maria Alexandrovna’s suffering was evident to those around her. Much later, her son, Emperor Alexander III, noted in his letter to Empress Maria Fedorovna [quoted in 28, p. 99], “If someone was to canonise my mother, I could not have been happier. For I know, she was a saint”.

Another important trait of the Empress was her deep religiousness. Botkin wrote that she considered Christianity “the best philosophy there is for human beings”.10 From her standpoint, an ailment was a trial sent by God, not something to be cured by doctors, and a pious person was to respond with prayer and meekness to the difficulties of life. It may also be that Maria Alexandrovna sensed a danger that “new medicine”, with its scientific approach to humans and disregard for one’s social standing, posed a threat to the monarchy, desacralizing it and destroying the cult.11 Regarding her own illnesses, the Empress characteristically underestimated the importance of her symptoms or even concealed them. According to Botkin, she had “no habit of complaining... and always tried to conceal or diminish her painful physical sensations”.12 The Empress who allowed herself to be treated but did not ascribe her recovery to the help of her doctors, whose opinion had “very little influence on her” [15, p. 28]. Her perception of her state is summarized in her statement, “I know that I’m not ever going to recover, but I’m content with what I have and choose illness over death” [quoted in 15, p. 41].

Her depressed state of mind was aggravated by anaemia resulting from a chronic malaria infection and multiple pregnancies. That she was turning 50 in 1874 also implied a high probability of climacteric changes with corresponding symptoms. Her low level of physical activity, coupled with frequent colds and her weak respiratory system, contributed to the development of chronic lung disease. Her inability to influence her husband’s position, her low spirits, and her high religiosity resulted gave her no motivation to recover.

Such were the circumstances of the family and personal history and the psychophysical state of the “main patient” of the winter palace by the time Botkin was appointed as a court physician. Beginning in November 1870, he was recognised as an honorary physician-in-ordinary13 and was required to participate in the conferences of the regular doctors of the court. In the winter of 1872, he was for the first time called to examine the Empress. The reason was a bronchial inflammation coupled with a “long-lasting fever with night sweatings”.14 In a report to the Minister of the Imperial Court Alexander Adlerberg written on the 21st of February, the physician-in-ordinary Haartman15 characterised the state of the Empress as mysterious “énigmatae”, indicated that it required an external consultation, and added that “the Empress [had] chosen Botkin”.16

According to Duke Sergey Sheremetev, the candidate was suggested by Maltsova, whose son Botkin had treated earlier [10, p. 117].

The doctor invited to the palace was a recognised leader of the medical community of Saint Petersburg and a diagnostician “popular in all circles” [29, p. 359; 30, p. 44]. A professor of the Imperial Medical and Surgical Academy, Botkin, who was then 40 years old, had gained

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10 Ibid., p. 157
11 An indirect proof for that is the Tsarina’s last will “I also wish... that there is, if possible, no postmortem examination” [quoted in 15, p. 43].
13 Russian State Historical Archive (RSHA), Collection of the Court Medical Department of the Ministry of the Imperial Court. Collection 479, list 1, Document 1632 (Following the suggestion of the Minister of the Imperial Court, on His Majesty’s appointment of the docent of the Imperial Medical and Surgical Academy as an honorary first physician), p. 14.
14 MD, NLR, S.P. Botkin Collection, Collection №98, Item №1, p. 111, reverse side.
15 Karl Karlovich Haartman (Carl Frans Gabriel von Haartman, 1819-1888) graduated from the Helsingfors Universtitet — now the University of Helsinki — as a gynecologist. From 1852 he was the first physician of the Grand Princess Maria Nikolaevna, and beginning in 1860 the first physician of the Empress Maria Alexandrovna. He retired in 1875.
his well-deserved medical fame for the brilliantly mastered methodology of objective diagnostics, which he attempted to include as much as possible in the education of future doctors. This methodology allowed doctors to “individualise cases on the basis of perceivable scientific evidence” [31, p. 392] and made medicine “a rational, practical <science>, with the precision of a mathematical equation” [32, p. 14].

To quote the only official comment given on the appointment of Botkin as a physician of the Imperial court, “When the Tsarina fell ill... the diagnosis... was based on questioning her about the fits, a method that was outdated, unreliable, and in this case simply criminal, for the illness in its essence remained unidentified. When Botkin was called in for consultations, he said that the science... for the sake of the patient requires that the latter be examined using the objective methods such as thumping and listening etc... This was reported to the Emperor, who of course gave his approval. This is how the experienced clinicians — Zdekauer, Eck, and Obermiller17 — were all shamed by a young man, who now became a physician-in-ordinary” [33, p. 58].

The objective examination of the organs of the chest and abdomen, which is common today, was not yet part of the doctors’ routine in the second third of the 19th century. Their lack of understanding that the human body followed universal natural laws resulted in disbelief and resistance to materialistic medical methods. We have all grounds to assume that Sergey Petrovich Botkin was the first among the physicians of the Imperial court who gained permission, when treating royal patients, as well as those of high social standing, to examine the uncovered body, to thump, to apply percussion, palpation, and auscultation techniques, to measure the body temperature, and to conduct microscope studies of the biological substances [3]. We can only guess how the Empress reacted to Botkin’s unconventional clinical practice. No doubt she found it difficult to undress in front of the doctor.

As we discuss Botkin’s service as a physician-in-ordinary, it is important to demonstrate his attitude towards his professional duties. His diary entry of September 6th, 1878 — which addresses the Empress’s acute illness, probably a spotted fever — simultaneously reveals Botkin’s independent clinical thinking and his ambitions: “Of course, all these ideas could be of help for no one but me; they are my own and only those who adhere to my school can consciously <follow> such an outlook on disease”.18 The conceit noticed by Botkin’s contemporaries [29, p. 428] as well as his fanatic interest in medical science, whose moving force he was then, might explain the unnecessarily detailed status praesens of the royal patient that we see not only in his diaries, but also in his reports to Alexander II and the Minister of the Imperial Court19 (at the time there was no such thing as patient history).

How did the “main patient”, who was accustomed to German doctors, see her newly appointed physician-in-ordinary? At the palace he was easy to identify; he was relatively tall, large, heavy for his age, with light brown hair and the appearance of an “senior draper’s shopman at the Nizhny Novgorod Fair” [34, p. 160]. “Integrity of nature with its purely Russian traits, with his own take on science and people”, revealed itself in his conversations [35, p. 63]. His confidence in his actions spoke of his high professional level. These traits allowed him to play his part with dignity even when in front of the members of the royal family. One of the court ladies noted that he “was no flatterer”[15, p. 203]. All these traits, coupled with his passionate nature and devotion to science, made him a non-conformist at court.

Maria Alexandrovna’s attitude towards Botkin in its turn was largely defined by subjective circumstances. The new physician-in-ordinary, with all his well-pronounced national traits, matched well the Slavophile ideas of the Empress, whose “thoughts and mere instincts were deeply

17 Zdekauer Nikolay Fedorovich (Nicolaus Theodor, 1815–1897) — honorary first consulting physician; Eck Vladimir Egorovich (1818–1875) — doctor of medicine and head of clinics, professor at Imperial Medical and Surgical Academy; Obermiller Alexander Leontievich (Alexander von Obermüller, 1828–1892) — surgeon-in-ordinary. A struggle for influence was ongoing within the medical circles of the capital between the parties of German and Russian doctors. Botkin was an unofficial leader of the latter in 1860–80s.

18 MD, NLR, S.P. Botkin Collection, Collection №98, Item №1, pa., reverse side

19 Ibid., p. 225; RSHA, Adlerberg Collection. Collection 1614, list 1, Document 218 (Letters and telegrams written by doctor Botkin... on the state and treatment of Empress Maria Alexandrovna... from 10.02.1872 to 07.08.1879), p. 50.
Russian in spite of her German origin, and who valued in every man first and foremost that he was Russian, in the patriotic sense of this word” [36, p. 677]. In addition, the external dissimilarity between the physician and the Emperor notwithstanding, Botkin’s good nature, sincere interest in professional affairs, and well-developed intuition, may have reminded the Empress of her husband of the old days, the young Alexander who plunged into both state and personal affairs with equal enthusiasm. Maria Alexandrovna was lacking her husband’s care in her marriage, and it is likely that, in her subconscious perception, Botkin compensated for her need to be looked after.

One of the defining qualities of a doctor working with non-compliant patients is the ability to ensure that the patient follows the necessary prescriptions. Sergey Petrovich Botkin’s clinical style was distinct with what we could call today an empirical mastery of psychotherapeutic influences. The publisher Aleksey Suvorin recollected in his memoirs of Botkin that “his natural trait... an integral part of talent” was “his ability to affect the soul of the sick and the souls of those around him... his attention and empathy were... better than his medical advice” [35, p. 63]. Someone exhausted by illness would naturally have found relief in her doctor’s zest for life and epicureanism and his stories of “Botkin’s Saturdays” and A.M. Unkovskiy’s “literary Fridays”, of feasts of the “gastronomic society”, and of the cello playing that was so popular in those days [30; 39, p. 315–316].

Botkin’s diaries give no evidence of his psychological influence on his patients of high social standing. The greatest difficulty in treating such patients posed the fact that it was impossible to use all the doctor’s tools available that were commonly applied to a layperson. Strong intuition was required to make possible this perception “without words”. “I have an instinct that I trust”, wrote Botkin [quoted in 41, p. 580], and this instinct probably influenced his understanding of human relationships, as well as it affected his comprehension of disease. We can only guess how the physician for almost a decade managed to persuade the ill Empress, who had no motivation to recover and who was well aware of her husband’s affair, to leave her house for prolonged periods of time. The arguments that the family situation could not be changed and that she had to focus on recovering her own health could by no means be applied to her. As the Minister Pyotr Valuev had rightly noted, “in the court, both patients and doctors do not fit the regular understanding of diseases and medical science” [42, p. 52].

That the newly appointed doctor gained royal approval we can see from changes in some of the habits of the court, which occurred in the first months of his service: 1) The royal family departed for Livadia in Southern Crimea unusually early in 1872 — still in the cold season, whereas in previous years, they had spent only the end of summer there; 2) Maria Alexandrovna spent considerable time away from Saint Petersburg without her husband; and 3) she was absent from a number of state events, including the celebrations of the 200th anniversary of the birth of Peter the Great and the opening of the Moscow Polytechnic Fair.

The new doctor’s considerable credibility in the eyes of the Emperor’s family is also indicated by the alterations undertaken at some of their residences: at the outskirts of the Livadia mansion, the Erelik summer house was built for physiotherapeutic purposes (“The Empress every day goes to Erelik to breathe some mountain air” [44, p. 998]); and in the Winter Palace, the heating system was improved first on the Empress’s side (from May to November 1872) and later in the Emperor’s residence. Neither Botkin’s predecessors nor his successors conducted their professional activities on such a scale.

20 For more on the personality of Alexander II, see [37].
21 Based on the concept by V. Paperni [38].
22 For detailed discussion, see [3, p. 55].
23 A description of his personal style of psychotherapeutic work with patients in a state of reactive depression is found in the memoirs of the wife of Russian physiologist Ivan Petrovich Pavlov, whom Botkin advised in the 1880s [40].
24 In 1862, Sergey Botkin, a young doctor, had made himself known at the Imperial Medical and Surgical Academy for having refuted such a “methodology” for diagnostics and having chosen instead the approaches of empirical and scientific medicine [31].
25 RSHA, Collection of the Cabinet of His Imperial Majesty at the Ministry of the Imperial Court. Collection 469, list 1, Document 185 (On arranging a new heating system in the part of the Winter Palace that faces the Admiralty).
Let us return to the first visit that Sergey Petrovich Botkin paid to the Empress, who had been unwell for some time. Having taken into account the information on her episodes of blood-spitting in the mid-1860s, he recognised a “tubercular nest”. According to the diaries of the Duke Pyotr Valuev, “the lungs are affected indeed... Haartman had not noticed the evil in time and let it grow. Doctor Botkin identified the disease and the Crimea trip is undertaken under his pressure” [8, p. 278].

Given the capabilities of the medicine of the time, climatotherapy was a well-accepted treatment for pulmonary tuberculosis, as such treatment was the only known way of maintaining physical well-being. However, analysis of the physician-in-ordinary’s personal records demonstrates that the recommendations to leave were not always justified solely by the health of the patient, and in some cases, the 1873 trip to Sorrento for example, the recommendations somewhat ambiguously stemmed from “common sense”. We admit that under the guise of preventive measures against exacerbation of lung disease, the real goal, achieved by a temporary separation from her husband, was to “kill the pain” of Maria Alexandrovna’s soul. Such a separation could easily be presented to the public as a medical necessity. In a society that was far more patriarchal than ours, this explanation could prevent the monarchy from losing its prestige and protect the tsar’s children from psychological trauma.

Botkin and the Empress’s perception of each other developed an informal component under the complicated circumstances of their interaction. The Empress – thin, consumed by disease, and deeply worried about the fate of the Dynasty – seemed to find relief in the positive energy radiating from this large and confident doctor. Indeed, under Botkin’s close observation during the summer of 1872 in Livadia, Maria Alexandrovna started to feel better and more self-assured. The Empress, who usually avoided public gatherings, ordered the organisation of the fireworks on July 27 in celebration of her birthday — a telling detail [28]. In a paper to the Minister of the Imperial Court, the physician-in-ordinary reported that the Empress started to laugh. “Botkin’s presence was calming and desirable for the Empress”, underscored Duke Sergey Sheremetev, an adjutant to the heir to the throne [10, p. 151].

Botkin’s significant authority is evidenced by the fact that Maria Alexandrovna referred to his advice in concerning both the health of the other family members and public healthcare. In spring 1877, he disagreed with Zdekauer, one of the consulting physicians, over the illness of Grand Duke Sergey Alexandrovich, and Maria Alexandrovna ordered that exclusively Botkin’s orders were to be followed [41, p. 580]. During the plague epidemics at Vetlyanka (1878–1879), Botkin participated in the discussions that led to the selection of the head doctor of the medical regiment, and his opinion was taken into account [30]. Following a report of the physician-in-ordinary, the Empress donated a plot of land and 50,000 roubles to the construction of the “Russia” hotel in Yalta in 1872, which propelled the development of the health-resort establishments on the southern Crimean coast.

Let us now turn to the material side of the doctor’s work. From 1875 to 1880, he was paid 4,290 rubles a year for his work at the Imperial Court [45, p. 489]. Botkin was permitted take his family along on his trips with the Empress. His wife, usually with the younger of their children and accompanied by several relatives, a cook, and servants, followed him on a service train following the Emperor’s. The physician-in-ordinary’s family stayed not far from the tsar’s residence; in

26 From the letter of Maria Fedorovna, the wife of the Grand Duke, to Grand Duke Alexander Alexandrovich [44, p. 144].
27 MD, NLR, S.P. Botkin Collection, Collection №98, Item №1, p. 48.
Yalta, they stayed in houses that belonged to the Livadia mansion. It’s worth noting that Botkin was not the only one to enjoy such privileges.32

The doctor enjoyed considerable personal freedom during his trips. Curious by nature, Botkin had the opportunity to examine areas such as Rome, Napoli, Albano, Yalta, and Bakhchisaray in order to understand their sanitary and epidemiological states. He was also able to meet with friends and relatives who happened to be travelling at the same time, and he was allowed to leave the Empress’s train for his own mineral and water baths and drinking cures. He could continue with his private practice, as well, which increased his income significantly and inspired him, notwithstanding the high address of his main service. In the memoir of an inhabitant of Yalta is the characteristic though probably exaggerated claim that during the summer of 1872, when the Empress came for her first climatotherapy treatment, Botkin advised over 800 patients [46, p. 315]. In 1873, having left the Empress’s train for a month for treatment in Carlsbad, Botkin received a considerable income from medical consultations: “From Carlsbad, I’m taking with me 4,400 francs in gold, 1,000 rubles in banknotes, 125 Prussian thalers and 1,000 rubles in cheques”.33

During the six months of the Danube campaign of 1877, Sergey Petrovich used an exclusive tool — a channel of the government telegraph — to communicate with his family. “Personal notices they do not send, to me they are doing a great favour”, he said [47, p. 104]. The telegrams came first to Tsarskoye Selo, and from there, by the Empress’s order, they were sent by courier to the Botkins’ address in the city, as evidenced by the delivery address, “Galernaja str. bldg. 77”.34 A telegram sent in the morning was received around seven or eight in the evening. With her help, Botkin received the replies of his spouse.

Signs of appreciation for service in the Imperial Court were the state awards. That Botkin received one of them we learn from his letter to his brother: “On the 27th <of July 1874, the Empress’s saint’s day> I received an award of Anna, first class, they say that’s appropriate to my standing: I’m leaving with the very best possible relationships” (Letter of 29th of July 1874 from Gatchina).35 The Order of Saint Anna was a dynastic award of the House of Romanov.

The Empress’s personal attitude towards Botkin can be clearly seen in the circumstances of winter 1874—1875, by the end of the climatotherapy season. In spite of her strong desire to return to Saint Petersburg, the Empress generously postponed her departure for two weeks, as the physician-in-ordinary’s wife was seriously ill. It was suggested that the doctor remain with his wife, while Maria Alexandrovna herself traveled with Botkin’s assistant, but Botkin refused the offer and, tragically, received news of his wife’s death upon his arrival in the capitol.36 Memoirs of his contemporaries also testify to the royal family’s appreciation of Botkin. Yakov Chistovich, who served as a head of the Imperial Medical and Surgical Academy in the 1870s, wrote in his diaries, “Botkin enjoys the complete trust of his high patient”.37 He also recounted that when Botkin broke his arm in January 1878, the Empress enquired daily about his health and even sent her brother, Prince Alexander of Hesse, to see him.38

Botkin’s life as a courtier, however, was not entirely serene. Doctor-patient communication in his case, was hampered by an impassable distance between monarch and subject. Botkin received his first lesson in 1873, when he quoted the Empress in his diary, saying that he could “lose all of his importance, having once touched something that was not of his business”.39 Service in the Imperial court changed Botkin, making him into a more solemn man. In December

32 Similar privileges were granted to other physicians in the Court — F.Ya. Karel, K.K. Haartman, I.V. Enokhin.
34 Sixteen of Botkin’s telegrams from the Balkan frontline have been preserved. FL, MMA Botkin Archive, Collection XV, Item 8, №3(1–18) (Telegrams of S.P. Botkin to his wife E.A. Botkin (5 June – 25 September 1877). 18 p.
39 Manuscript Department (MD) IRLI PH D. 13.874, p. 34.
1879 in Cannes, witnessing the onset of the terminal stage of the Empress’s disease, Botkin “[did] not consider himself entitled to make the slightest hint [as]to the real state of affairs”; he only regretted that “there[was] no one firm enough with considerable moral authority, who could suggest... what a doctor has to conceal so carefully”.40 The physician-in-ordinary was not allowed to express his opinion directly on the gravity of the condition, and he had to support the decisions dictated by state interests.

Botkin’s diary records evidence the complications of having Maria Alexandrovna for a patient as the psychological circumstances aggravated. Her mood depended on her husband’s decisions. She could abstain from taking medicines, refuse to undergo “passive gymnastics” (massage) or to follow the regime to which she had previously agreed, or refuse to go out for a walk in favorable weather under some pretext such as the “imperfections of the rubber tires” when they were the best available.41 Yet on cold days, without any reason, she would go out in light clothing “without warm drawers”. Such were the daily working conditions with which the physician-in-ordinary had to cope. The tensest was the period between 1873 and 1876, which was marked by the birth of two illegitimate children to the Emperor. During this time, the physician-in-ordinary found himself in similar circumstances. In 1873, Botkin, who had been married for ten years and fathered six children, began an affair,42 and the Empress was certainly aware of it. We assume that the tension between them were related to the Empress’s suspicion that her doctor sympathized with the new family of Alexander II. In describing the events of the spring of 1873, during Catherine Dolgorukov’s pregnancy, the physician-in-ordinary indicated that the Empress was “talking dryly” for no obvious reason.43 In his diary record of October 26, 1876, while apartments were being set up for Catherine Dolgorukov on the third floor of the Winter Palace, Botkin wrote, “My relationship with the court is pretty cold... the Empress is almost up in arms about me... probably some abhorrent rumours”.44 At the same time, the Empress, most likely understanding that the physician-in-ordinary was engaged in the private affairs of her family against his will, did not agree to replace him even when he asked to resign in 1875, 1877, and 1879.

Botkin’s professional diaries reflect his response: “Should the Empress continue to show her indisposition I will retreat at the first possibility and this, so it may seem, could be my greatest luck”45 (May 10, 1873). At times, the conditions of service at court became so unbearable that the physician-in-ordinary excused himself from ceremonial visits to the court under the pretense of being ill: “On the first day of the feast <March 26, 1877, Easter> I said that I was ill, which was well understood and as a consequence I received a letter from the Tsarina with her excuses”.46 Let us note how extraordinary it was to receive excuses from a member of the royal family.

In Botkin’s description of Grand Duke Sergey Alexandrovich’s (one of the August couple’s sons) disease, we see the first physician’s understanding of his own unenviable position, all the privileges of court service notwithstanding. This occasion afforded Botkin a reason to record his concern, which had been bothering him for some time, on the “difficulty of the situation of an obliged physician-in-ordinary who has no right to leave even when it becomes difficult to bear with the patient”.47 The words that could not be spoken to the Empress were now addressed to her son. Sergey Botkin had very rarely written down such extra-medical details but had often discussed them among his colleagues and his protégés in the Court. One of them, Evgraf Golovin,48 was

40 MD, NLR, S. P. Botkin Collection, Collection №98, Item №1, page 141.
41 MD IRLI PH D. 13.874, page 53 reverse side, 122.
42 Sergey Petrovich spent five years in this state which ended in 1878 with recognition of his daughter Maria (1875–1960) who was born when the first Botkin’s wife was still alive (RSHA, Collection of the Registry of his Imperial Highness devoted to accepting the requests pending the Imperial approval. Collection 1412, List 2, Folder 1190 (On the legitimization of the daughter of the Physician-in-Ordinary, Privy Councilor, Sergey Botkin).
44 MD IRLI PH D. 13.874, page 120.
45 MD IRLI PH D. 13.874, p. 34, reverse side — 35.
46 MD IRLI PH D. 13.874, p. 132.
47 MD IRLI PH D. 13.874, p. 131, reverse side.
48 Golovin Evgraf Aleksandrovich (1843–1909) – doctor of medicine, honorary first physician beginning in 1875 — was invited to the Court as Botkin’s assistant in 1872.
of the following opinion: “After such complete absence of delicacy on Her Majesty’s side, you will, of course, stay in the court only to the day that the real illness passes; it’s impossible to stay any longer, even if the earth <opens wide> and the stars start falling from the sky... No, Sergey Petrovich, thankfully you have a reason — do run away from the court. It’s time to breathe some fresh air.”

It was difficult for Botkin to adapt to the courtier’s life, especially in the first years of his career. “What a thick air!” he wrote. “One has to have sufficient reserves inside in order not to get suffocated.” During this period, Botkin frequently mentioned the palace intrigues in which he became accidentally involved, not possessing, in his own words, “an instinct of court survival.” “Today I have for the first time consciously felt a court intrigue” with these words he began a description of the conflict in the “Tramontana” hotel in Sorrento in 1873. “I feel that I’m out of place, with no intrigue running in my blood and brains I won’t bring any good to anybody, I will only demolish my own forces... For such a job... there is the kind of Haartmans, Karells and the like, they get the right to exercise their ignorance on the trusting Russian admirers.”

Ladies of the Court who reproached Alexander II’s affair — Anastasia Maltsova, Alexandra Tolstaya, and Daria Tutcheva — might have suspected that the physician-in-ordinary approved of the Emperor’s behaviour. Their suspicion, we believe, explains the diary entry of autumn 1876 — “The servants <here — the courtiers> are also throwing mean looks in my direction” — which was written when the Princess Dolgorukov moved to the Winter Palace. The necessity of conversing with the royal family and courtiers, of adhering to court etiquette, and of participating in court ceremonies was a burden to Botkin that complicated his professional activities.

There is little information about Botkin’s attitude towards the Empress. The physician-in-ordinary, who had no vanity as a courtier, wrote almost nothing on this topic. One phrase from a letter to his brother in the early days of his career at the palace indicates his sympathy towards Maria Alexandrovna. “The nicest person,” wrote Botkin, was ‘She’ herself.

Especially important to Botkin was the permission granted him to remain the head of the department. Years of service helped develop his sense of gratitude to the “main patient” for her attention to his family, as well. “I dare to relay to Your Majesty <some words> of sincerest gratitude and thankfulness for the heartfelt compassion you honoured me with during those difficult days that I had to live through during my wife’s illness,” wrote Botkin to the Empress, when he was notified of his wife’s state after a difficult delivery.

Born into merchant society and holding no monarchist beliefs, Botkin leaned towards nihilism in his youth, but had great respect for the spiritual strength of his patient and was sincerely sympathetic towards her. In his memoirs, Prince Kropotkin recounts that a “well-known Russian doctor” — who we believe was Botkin — was indignant at the “neglect that the Empress received during her illness”.

Only in the last part of his diary devoted to Maria Alexandrovna did the first physician reveal his attitude towards her. His record of the Empress’s death opens with a description of the reaction of Botkin’s wife: “May 22, Thursday, about 8 o’clock in the morning my wife woke me up, her face was bright, and her eyes expressed some very calm content: “A letter from

5 FL MMA Botkin Collection, Collection XV, Item 9, №8 (Letter of E.A. Golovin to S.P. Botkin of June 5 1873), p. 1.
50 IRLI PH M.P. Botkin Collection, Collection 365, list 1, Item 12 (Letter to M.P. Botkin of April 20 1873), p. 93.
51 The expression is taken from the “Botkin’s letters from Bulgaria 1877” [47, p.212].
52 MD IRLI PH D. 13.874, p. 33 (entry of May 10, 1873).
53 MD IRLI PH D. 13.874, pp. 35–35, reverse side (entry of May 10th, 1873)
54 MD IRLI PH D. 13.874, p. 120.
55 IRLI PH, Botkin Collection, Collection 365, List 1, Item 12 (Letter of April 20 1873) p. 93, reverse side
56 When “the main patient” was in the capitol, Botkin was extremely busy giving lectures, conducting doctor’s rounds at the clinic, and holding reception hours for outpatients.
57 MD, NLR, S.P. Botkin Collection, Collection №98, Item №1, p. 23, reverse side. The baby who received the name Dimitri at his christening died several days after his birth and was buried at the Novodevichy monastery cemetery in Saint Petersburg.
58 Botkin’s second wife was Ekaterina Alekseevna Obolenskaya (Mordvinova in her first marriage) (1850–1929). Their church wedding took place in summer 1876, a year after the death of his first wife, Anastasia Alexandrovna Botkina (née Krylova).
Professional ethics required that the physician fight for his patient’s life until the very end, but the Empress’s death resolved the unenviable situation of a doctor forced to observe the sufferings of a dying patient. Botkin’s description of the reaction of a third party is quite uncommon for this document and can be explained by the doctor’s psychological exhaustion and his need for emotional support, a need to share his attitude towards this death. “I didn’t cry for the deceased, I didn’t drop a single tear, but only now I understand that between her and me there was a link that broke up and that I can feel it deep inside”. These words lack the detachment of a physician observing a patient’s death. We can read in them a sense of personal loss and an attachment to the poor woman whose health depended on his mastery. Botkin’s notes on the Empress are an independent memoir in which we see his deference to her position and his respect for a fellow human being. Botkin called Maria Alexandrovna “one of the best and most culturally educated women in Russia”, who was “strict to herself to the highest degree”, “with a deeply ingrained sense of duty towards her husband, and children, towards her country”. He noted that she was considered “bigoted” but only because she was so little known. In relation to himself, Botkin, who was far from pious, noted that she “tolerated well the <non-religious> people”.

Documents related to Botkin’s work at the Imperial Court reflect his early understanding of the price to be paid for the honor of serving the Emperor and Empress: “During this year I did not move much forward as a doctor and at the same time how much effort was spent on treating the heir, the Empress, Pyotr Nikolaevich…, the Grand Princess…what’s going to come out of all that?…No, this is not the way I’m going to live, I have no right to live so; I have a talent I have to share, I have to pass on to the Russian youth all that I achieved through my experience and quick observation” (spring 1873). Such were Botkin’s personal attitudes even when his career at court was progressing well. His lack of time for his previous activities was evident to his colleagues and students: “unfortunately, being a physician-in-ordinary, Botkin gave too much of his time to the court and not enough to the students” [49, p. 17]; he “split his time between the duties of a first physician and the duties of a professor, resulting in significant damage to the latter” [50, p. 283].

His court duties allowed him to only formally lead the department, direct the work of the clinics, the lab, and the portfolio of the papers to be published in the yearbook and in the newspaper. The beginning of his career at court put an end to his own research. We can only guess what kind of permanent tension Botkin experienced at the palace. The first physician’s duties made him merely an ordinary doctor, though he served the most renowned family of the Empire, with psychologically unhealthy patients who frequently refused to comply. No doubt it was extremely difficult for an extrovert with an interest in science to attend one person, surrounded by a pompous, envious, and flattering train of attendants, for so many years. Let us note also Botkin’s personal circumstances: as valued as he was by his royal employers, the doctor was living through a mid-life crisis. In one of his letters to his brother we read, “What’s left is the feeling of moral fatigue, some indefinite sadness; one starts to think more often that the best part of life is over, that the onset of senility…No, this is not the way I’m going to live, I have no right to live so; I have a talent I have to share, I have to pass on to the Russian youth all that I achieved through my experience and quick observation” (spring 1873). Such were Botkin’s personal attitudes even when his career at court was progressing well. His lack of time for his previous activities was evident to his colleagues and students: “unfortunately, being a physician-in-ordinary, Botkin gave too much of his time to the court and not enough to the students” [49, p. 17]; he “split his time between the duties of a first physician and the duties of a professor, resulting in significant damage to the latter” [50, p. 283].

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is close, feels own feebleness; I’m often irritable as a spinster, nagging as an old man”. The onset of heart disease is stark evidence of the emotional and psychological efforts that Botkin had to undertake for years [51, p. 4]. For these reasons, Alishevski was invited to the court in 1879 to attend the Empress during the last half year of her life.

Conclusions

The material available allows us to conclude that Maria Alexandrovna, owing to the severity of her chronic disease and family circumstances, was the most difficult of all the patients of the House of Romanov. During her lifetime, early diagnosis of tuberculosis was impossible, and its infectious nature was not understood; the doctor’s primary goal was to persuade his royal patient that treatment was necessary. This goal he achieved was possible through his great mastery of clinic methods. Permanently high levels of psychological stress in the Emperor’s family made the doctor responsible for relieving his “main patient’s” psychological tension. The Empress’s extended trips away from Saint Petersburg for climatotherapy created an illusion of the royal couple’s well-being, objectively justifying their separation and preserving the reputation that the Empress strove to uphold.

65 IRLI PH, Botkin Collection, Collection 365, List 1, Item 12, p. 12 (Letter of August 5 1868).

Sergey Petrovich Botkin’s service in the Imperial Court did not pass in a comfortable deontological environment. The Empress’s attitude towards her physician-in-ordinary varied from gratitude, royal vouchsafements, and participation in her doctor’s personal life to suspicion of his approval of the Emperor’s behaviour and irritation at her own dependence on her subject’s professional skills.

Documents written by Maria Alexandrovna in German and French still await detailed study. It seems that Sergey Petrovich Botkin was the only court physician whom the Empress perceived as a personality and whose recommendations meant more to her than merely a doctor’s prescriptions. Certainly the success of Botkin’s treatment was influenced by the relationship that formed between the patient and doctor. Botkin remained the Empress’s first physician until her death. She trusted him with her health, which at the time (between the 1870s and 1880s) was of crucial importance, as it guaranteed the retention of status quo in the Romanov dynasty.

The authors thank Nasser Amini of the Hessian State Archives (Darmstadt, Germany) for providing photographic material.

66 State Archive of Russian Federation. Collection of Maria Alexandrovna, the wife of the Emperor Alexander II, Collection 641; RSHA, Adlerberg Collection, Collection 1614, List 1, 1 D. 812-821 (Letters of Empress Maria Alexandrovna to the Minister of the Imperial Court, Duke Adlerberg).

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