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HEALTH CARE SYSTEM IN TURKESTAN REGION: FERGANA PROVINCE AS AN EXAMPLE (END OF THE XIX CENTURY - BEGINNING OF THE XX CENTURY)

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ABSTRACT

By the middle of the XIX century, the Central Asian khanates fell into a serious socio-economic crisis due to mutual wars and the weakness of the central government. As a result, during the years 1864-1895, the land of Turkestan became a colony of the Russian Empire. The Bukhara Emirate and the Khiva Khanate lost their large territories and became vassals of the Russian Empire, while the Kokan Khanate was completely abolished and Fergana Province was established in its place. Along with Russian officials and soldiers, Russian doctors also entered the country. This article examines the entry of Russian doctors into the Fergana region, the activities of Russian medical institutions, and the attitude of the local population to modern medicine.

KEYWORDS

Colonial medicine, public health, Fergana region, outpatient clinic, city hospital, women's and children's hospital, paramedic station, rural district hospital.

INTRODUCTION

Infectious-parasitic diseases such as malaria, syphilis, gonorrhea, smallpox, measles, dysentery, leishmaniasis, gout, flu were widespread among the residents of Fergana region. There was also a risk of

cholera and plague epidemics entering through Afghanistan, Iran and Kashgar. The administration of the Russian Empire had to seriously approach the spread of malaria, syphilis, and smallpox, as well as the

introduction of epidemics of plague and cholera from neighboring countries. First of all, this was caused by the fact that the Russian army, officials, and the displaced population suffered serious damage from these diseases, and the Russian government could lose the economic income it intended to receive from the local population due to epidemics. Although Russian medicine entered Turkestan, its spread among the local population was very slow. According to statistics, less than 10 percent of the population of Fergana Valley applied to Russian medicine, the local population continued to use traditional medicine.

MATERIAL AND METHOD

The article is covered on the basis of generally accepted historical methods - historicity, scientificity, comparative-logical analysis, sequence, principles of objectivity.

DISCUSSION

The history of the health care system has been the focus of many researchers as an important part of socio-economic life. Among the authors, the works of Russian doctors V. Kushelevsky, A. Shishov, G. Kolosov, I. Pokrovsky, who worked in the country during the studied period and were well acquainted with the health care system of the region, are of particular importance. In their research, the introduction of Russian medicine to the Fergana region, local medicine, widespread diseases in the country and the

fight against them are highlighted. During the Soviet Union, modern medicine was opposed to religion and folk medicine, and the history of medicine was illuminated from the perspective of communist ideology. Among the authors of the Soviet Union period, A.K. Khusanboeva studied the introduction of medicine in villages, A. Pogosyants the history of the healthcare system of the Turkestan region, A. Karasev studied the activities of female doctors. In recent years, scientists such as S. Shodmonova, M. Mahmudov have been conducting scientific research on the history of medicine in Turkestan.

RESEARCH RESULTS

In 1867, by order of Emperor Alexander II, the General Governorate of Turkestan and the Military District of Turkestan were established to manage the lands occupied by the Russian Empire. According to the Regulation on the administration of the Turkestan region adopted on July 14, 1867, one doctor and one midwife were appointed to each uezd in Syrdarya region. In order to reduce the costs of the health sector, the management of the medical part of the Turkestan region was assigned to the district military sanitary inspector, and the control of the regional medical part was entrusted to the regional military doctor. (Report, 1884:157) In 1876, when the Koqan khanate was terminated and Fergana province was established in its place, which is part of the general governorate of Turkestan, this order was introduced to

Fergana province as well. As a result, the medical-sanitary part of Fergana region had the following structure: one uezd doctor and midwife worked for each uezd, and a city doctor and midwife worked in the city of Yangi Margilon. Also, 1,000 rubles were allocated to hire 2 paramedics for each doctor. The medical and sanitary department of Fergana region was supervised by the regional doctor. The regional doctor is subordinate to the military governor of the region and the military sanitary inspector of the region. It should be noted that in the 70s and 80s of the XIX century, uezd doctors in Fergana region never worked on a full-time basis. This was mainly due to the recruitment of uezd doctors for military purposes. For example, the doctor of Kokan district was assigned the sanitary control of the city battalion, the doctor of Margilon uezd was assigned the sanitary control of the army units in Andijan uezd, the doctor of Isfara uezd was the doctor of the Margilon hospital. As a result, uezd doctors have no time left to perform their main duties. In Chust uezd there was no doctor at all in 1879-1881. Uezd doctors are given the following: 1) to provide medical assistance to the local residents and provide them with free medicines; 2) implementation of sanitary control among the population and establishment of medical-police control to stop contagious infectious diseases, especially fight against natural smallpox and syphilis; 3) study the lifestyle and economy of the local population, local diseases and traditional ways of their treatment, create a medical-

topographical description of the uezd, determine areas with a good climate for the deployment of troops and the construction of sanitary stations; 4) great obligations were imposed, such as conducting a forensic examination (NA Uz, 15: 21-24). As a result of the large number of responsibilities of uezd doctors and their involvement in work beyond their authority, the hospital practically has no time left to treat patients, and it was necessary to introduce a separate doctor's staff to the cities. In 1890, the doctor of Kokan uezd K. Schultz also wrote that he would be traveling for several days to perform a forensic examination and would not be able to come to the hospital. At that time, the hospital was managed by a paramedic (Makhmudov, 2015: 76). According to the report of the Fergana regional administration on May 28, 1893, not only remote villages, but also urban residents could not always use the services of one doctor and paramedic attached to the uezds (NA Uz, 99: 1). Only by 1895, the Minister of War Vannovsky issued a decision to introduce the status of city doctor and paramedic in the cities of Kokan, Andijan and Namangan of the Fergana region (Volkov I, 2019). From October 1896, the Governor-General of Turkestan allows to allocate 180 rubles for a translator and 120 rubles for a city paramedic to the city hospital in the cities of Andijan, Namangan and Kokan (Na Uz, 32614: 20). Hospitals in Margilon, Chust and Osh were left under the control of the uezd doctor. Although the hospital in the city of Margilon was headed by the head physician of the

uezd, due to his residence in New Margilon, his busyness with forensic examination, vaccination against smallpox and other work, the hospital was actually managed by a paramedic (Turkestan Gazette. No. 14, 1898).

By 1882, 5 hospitals with 115 beds were operating in Fergana region. In particular, 35-bed hospitals were established in New Margilon, 20-bed hospitals in Kokan and Namangan cities, 15-bed hospitals in Andijan and Margilon, 5-bed small emergency rooms in Osh and Chust (Makhmudov, 1992: 116). The economic part of the hospital and emergency rooms was managed by a special committee under the supervision of the Fergana regional administration, and the medical part was managed by uezd or city doctors under the supervision of the regional doctor (Review of the Fergana region, 1900: 117). Hospitals were located in private houses, and only in 1885 in Ko'kan and Namangan, and in 1887 in Andijan, the construction of separate buildings for hospitals began. The conditions created in the hospitals were not so good. According to the official report of the Kokan city doctor on February 17, 1901, the Kokan city hospital consisted of 3 men's rooms and 2 women's rooms, each room accommodated 4 patients. It was not possible to place patients according to the type of disease. Due to the large number of patients, they had to sleep in an unheated hall. The hospital did not have operating

rooms, washrooms, kitchens, and separate rooms for servants (Pogosyants, 1958).

City hospitals served men only. As a result, there was a need to establish a separate hospital for women. In 1887, the first outpatient clinic for women and children was opened in the city of Kokan in the Fergana region. In 1890, a 4-bed, 10-bed inpatient was established under the ambulatory. In 1887-1897, 34,680 people, including 22,613 women and 12,067 children, were treated at the outpatient clinic. Similarly, women's and children's clinics were opened in Andijan on February 9, 1888, in Namangan on September 23, 1889, and in Margilon on April 1, 1891 (Karasev, 1961). Namangan women's and children's outpatient clinic was opened in the "old" part of the city due to the lack of a suitable building in the Russian part. In the early days, due to local people's lack of trust in Russian doctors and traditions, women did not allow themselves to be touched and heard, did not show their venereal diseases to a doctor, and resisted burning their eyes and instilling medicine. During the 16 months from September 23, 1889 to January 1891, 3,401 patients visited the Namangan women's and children's outpatient clinic 9,688 times (Turkestan Gazette. 1892 g. № 45.).

The local population's appeal to women's and children's hospitals gradually increased. The fact that treatment is free also played a big role in this.

The rate of referral to women's and children's hospitals

in 1897-1900 (NA Uz, 32651: 18 ob).

Andijan Women's Hospital				
Stationary			Ambulatory	
Years	Number of patients	Days of treatment	Patients	Appeal
1897	11	293	7401	11662
1898	10	192	6750	10752
1899	85	1034	8578	12721
1900	66	898	8008	11562
Namangan Women's Hospital				
1897	103	1230	3437	6907
1898	157	2134	4077	8231
1899	172	1878	4599	7512
1900	213	2215	5537	10329
Kokan Women's Hospital				
1897	149	2363	4434	7283
1898	204	3163	7179	10865
1899	194	3197	6814	11585
1900	198	4407	7427	13740
Margilon Women's Hospital				
1897	4	47	4745	8957
1898	21	210	5478	8873
1899	24	233	6443	10011
1900	20	315	5119	6271

Taking into account the increase in the number of applications to women's and children's hospitals, on March 9, 1901, by the order of the Governor-General of Turkestan № 2336, 1000 rubles were allocated annually from the budgets of the cities of Namangan, Andijan, Kokan, and Margilan for women's and children's hospitals for medicines and other supplies (NA Uz, 32651: 21).

Initially, Russian medical institutions operated only in cities. Due to the lack of hospitals, the villagers could

turn to military infirmaries and hospitals. However, they were often refused due to lack of space, and the cost of treatment was very high (Kolosov, 1903: 98). In 1898, a plague epidemic spread in the village of Anzob of Samarkand uezd seriously frightened the local authorities. This epidemic put the issue of non-organization of medical services in the villages on the agenda. As a result, on December 3, 1898, the Council of the Governor General of Turkestan decided to establish paramedic clinics in the villages of Fergana

region. By 1900, a total of 11 paramedic clinics were operating in the villages of Chimyon, Kuva, Rus in Margilon uezd, Sultanabad, Bozorkurgan, Butagora villages in Andijan uezd, Konibodom, Rishton villages in Kokhan uezd, Koson and Asht villages in Namangan uezd, Pokrovsky village in Osh uezd by 1900 in Fergana region. In paramedic clinics, medical advice and medicines are provided free of charge at the expense of uezd funds (NA Uz, 32651: 133. 135). But the allocated funds were not enough. In particular, according to the report of Andijan uezd doctor on March 18, 1901, in 1900, 8,070 patients applied to the district medical center, of which 2,387 were malaria patients. 300 rubles per year were allocated for medicine to 3 paramedics in Andijan district. If it is taken into account that 10 grans 3 powders of quinine are needed to treat each malaria patient, 5 kilograms of quinine were needed to treat 2387 patients. This year, the price of 1 kg of quinine was 54 rubles. Therefore, 270 rubles of the 300 rubles allocated to paramedics were used only for the purchase of necessary quinine (NA Uz, 32653: 9 ob).

Although paramedics were not as skilled as doctors, they were more successful in treating malaria, skin diseases, and other common ailments. In 1904, out of 102,149 patients who applied to Russian medical institutions, 35.4 percent were treated by paramedics (Pogosyants, 1958). The condition of paramedics was dire. Due to the enormous size of the service area of

the paramedics, a large part of the population could not use them. In particular, in 1898, 10 paramedic clinics served 1,274,042 people in the villages of Fergana region. An average of 127,404 residents corresponded to each paramedic clinic (Turkestan Gazette. 1898. № 84). Most of the paramedics were former company paramedics who did not graduate from paramedic school. Due to the lack of medical education of the paramedics, lack of knowledge of the language and customs of the local population, the lack of control over them, and the fact that the annual budget of 150 rubles allocated to the outpatient clinics did not reach even the most necessary drugs, it was difficult for the paramedic clinics to provide the population with quality medical services (Kolosov, 1903: 41). According to the report written by the doctor of Andijan district Nesmelov to the doctor of Fergana region, the paramedic clinics were located in the houses rented from the residents and were in a bad condition due to repairs. The roof of the paramedic clinic in Sultanabad village of Andijan uezd will collapse due to lack of repair. As a result, outpatient paramedic Ignatyuk moves to an empty prison with medicines (Khusanbaeva, 1964).

Paramedic clinics could not provide the villagers with full medical service. For this reason, the issue of establishing medical centers in villages was also raised. On December 25, 1905, a special law was passed and it was established that 44 village medical centers would

be established in 3 regions of Turkestan, including 16 in Fergana region.

Distribution of district hospitals in Fergana region (Na Uz, 849: 131-132; 405: 155-156).

No	Medical departments	Volosts who entered the medical section	Total population	Appeal in 1907	Explanation
Margilon uezd					
1	Shahri Khan	Shahrikhan, Asaka, Karatepa-Chaukent, Segazin, the northern part of Yozyovan, Baliqchi	142291	5177	
2	Vodil	Chimyon, Auval, Aukesek-Boston, Naiman, Altirik volosts, the southern part of Margilon	95908	6150	
3	Rus village	Aravan, Ichliklik, Kuli, Markhat, Nowkat	48736	7529	
4	Quva	Kuva, Kokangqishlaq, Yakkatut, the southern part of Yozhiovon, Margilan and the northern part of Faiziabad.	108372	4091	
Andijan uezd					
5	Izboskan	Izboskan, Maili-Soy, Khakkulabad, Norin, Kanol-Karagir	-	10436	
6	Bazar Kurgan	Bozorkurgan, Kokangishlak, Naukentskaya, Maygirskaia	-	3660	
7	Kurgantepa	Korgontepa, Yorboshi, Jalaguduq, Karasuv, Khakent	-	2510	
8	Jalalabad	Jalalabad, Aim, Yasin, Kogart	-	3358	
Kokan uezd					
9	Rishton	Rishton, Karakalpak, Naiman, Yangikorgan, Ultarma, Zadian, Buvaida, Kenagas	-	6481	
10	Besharik	Beshariq, Kaynar, Aravon, Ganjiravon, Kudash, Kipchok, Janjal, Yaipan	-	5166	
11	Isfara	Isfara, Konibodom, Makhram, Laylak, Naygut-Kipchak, Sokh	-	1549	
Namangan uezd					
12	Zarkent	Nanay, Bayaston, Baghish, Chotkal, Sarui, Pishkurgan, Yangikurgan	74924	1140	
13	Pop	Pop, Almas, Varzik, Asht Bobodarkhan, Chodak	83634	2619	

14	Kososn	Koson, Tergachi, Torakurgan, Kutlug-Said, Kyrgyzkurgan, Shahand	84323	3932	
15	Chortok	Susamir, Kirkogul, Arim, Chortoq, Khanabad, Uychi, Kepi	82406	9932	
Osh uezd					
16	Pokrovsky	Gurshab, Gulchin, Aloy, Turuk, Bulagboshi, Ozgan, Manyak, Akburi, Kashgarqishloq	121000	2252	

Due to the small number of hospitals, they had to serve very large areas. For example, the Shahrikhan plot has 1,422,391 inhabitants in an area of 250 square meters, and the Kuva plot has 300 square meters. 108,372 inhabitants in the verst area, the plot of the village of Rus is 500 sq. 48736 inhabitants in verst area, Vodil area is 500 sq. served 95,908 inhabitants in the verst region (NA Uz, 405: 155).

According to the report of the governor of Fergana region, not a single suitable building has been found for the 16 district hospitals to be built in the region. The issue of building a new building by the local population was also rejected due to the lack of rent paid to the hospitals (300 rubles). For this reason, the governor of Fergana region asks the governor general of Turkestan to allocate 10,000 rubles for the construction of each hospital (NA Uz, 849: 325-326). As a result, although 6 beds were allocated to each of the 16 district hospitals, due to the lack of a building, only outpatient care was provided to patients (Static review of the Fergana region, 1909: 164). Only by March 5, 1908, the estimate for the construction of the building for the district

medical offices was approved. According to him, in the villages of Vadil, Rus village, Kuva, Shahrikhan of Margilon uezd, Chortok, Zarkent, Koson, Pop villages of Namangan uezd, Izboskan, Jalalabad, Bazarkurgan, Korgontepa villages of Andijan uezd, Serovo station, Beshariq and Isfara villages of Osh uezd, 337176 rubles were allocated from the local budgets for the construction of 16 precinct medical centers in the village. (NA Uz, 208: 66). In November 1911, an additional 198,729 rubles were allocated for the construction of hospitals in Vadil, Shahrikhan, Bazarkurgan, Jalalabad, Izboskan, Isfara, Zarkent, Chortok, Pokrovsky and Rus villages of Fergana region. In December 1912, hospitals were completed in Vodil and Shahrikhan, in the summer of 1913 in Bazarkurgan, Izboskan, Zarkent and the village of Rus. In January 1914, the Council of the Governor-General of Turkestan allocated 134,015 rubles for the construction of Isfara, Chortok, and Pokrovsky district hospitals. In July 1914, permission was given to build district hospitals in Jalalabad, Kurgantepa, Kuva, Rishton, Beshariq, Pop and Koson (Makhmudov, 1992: 124). The disadvantage

of the newly implemented health care system in the Turkestan region was the destruction of medical centers. As a result, the provision of medical care to rural areas decreased (Turkestan Gazzette. 1906 g. №. 16). Due to the fact that densely populated areas were taken into account when placing the 16 precinct hospitals allocated for Fergana region, the nomadic areas with scattered population were located very far from the hospitals. In particular, the hospital located in Pop volost served a very large area (NA Uz, 849: 130).

CONCLUSION

Unlike other gubernias of the Russian Empire, the Turkestan region was subordinated to the Ministry of War. As a result of the military rule established in the country, the health care system was also managed by military doctors. This made it difficult to provide medical services to the local population. Although Fergana region brings a lot of income to the treasury of the Russian Empire, not enough funds are allocated for health care expenses. The number of doctors was very small, and the population continued to use traditional medicine.

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