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ESTABLISHMENT OF MODERN MEDICAL SERVICE IN SAMARKAND REGION AT THE END OF THE XIX CENTURY AND THE BEGINNING OF THE XX CENTURY

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ABSTRACT

During the colonial period, a number of reforms were implemented in the social life of Samarkand region. In the article, the reforms carried out by the Russian Empire in the field of medicine in the Samarkand region in the second half of the XIX century and the beginning of the XX century, as well as the related statistical data, as well as the problems related to this field at that time, were identified. Also, the influence of changes and innovations implemented by the empire's administration in this area during the historical period called Zarafshan district and later Samarkand region was evaluated. In addition, treatment statistics were compared across regions.

KEYWORDS

Province, district, empire, county, sanitation, smallpox, irrigation, disinfection, medical expertise, doctor, governor.

INTRODUCTION

In 1868, when the city of Samarkand was captured and the Zarafshan district was established, changes took place in the administrative-management, socio-economic and cultural spheres by the Russian Empire. In particular, a number of reforms were implemented in the field of health care system of the region.

According to Article 90 of the “Temporary Rules of Administration of Zarafshan District” of 1868, a separate doctor should be appointed to each

department to provide medical services to the military-people's administration of the district, as well as to the local population, it was determined that one of the doctors of the battalion can perform (in which case he will be assigned an additional salary according to the status) and the supervision of the doctors in the department will be assigned to the district doctor (who is also considered the chief doctor of the troops located in the Zarafshan district at the same time) [1]. Russian doctors mainly provided two types of services

to the local population: therapeutic and surgical services.

THE MAIN FINDINGS AND RESULTS

Various hospitals - emergency rooms, hospitals, semi-hospitals, hospitals and paramedic stations have been gradually established in the region. For example, on January 8, 1870, according to the order No. 3 of Abramov, the head of the Zarafshan district, on December 18, 1869, the military-medical inspector of the district sent with the permission of the governor-general of Turkestan, Gavrilova, a midwife from the hot lake, was confirmed to be transferred to the Samarkand department with the same position [2].

In the order of the head of the district dated February 27, 1870, the construction of the building of the city hospital was completed, all the necessary materials for the hospital were prepared, it was suggested to open the hospital from March 5, and the head of the Samarkand department was recommended to inform the local residents about the opening of the hospital through a special announcement. [3]. According to the above order, the head of the Samarkand department, lieutenant colonel Serov, was appointed to the leadership of the hospital and its economic department until the specific rules were approved. It can also be seen from the order that after the opening of the hospital, during its operation, the head of the district should follow the instructions and report in the prescribed form.

About the city hospital, L.F. Kostenko, who came to Samarkand in 1870, also mentioned that a hospital was opened in one of the former madrasas in the Asian part of the city in March of that year [4]. He wrote that a paramedic and 1 supervisor lived here and received patients every day. However, the local residents said

that they do not want to use the hospital because it was built by infidels.

Local residents in rural areas continued to use the services of doctors. In particular, in 1877, the medical staff of the Urgut district had a total of 16 male and 9 female doctors and their annual income: It consisted of 1 male doctor (80 rubles), 12 male and 9 female emchi, duokhan (230 rubles) and 3 male azaimkhans (160 rubles) [5]. In the rest of the district, if the local population fell ill, men and women turned to healers, echmis and duakhans.

In 1882-1883, the emperor's secret adviser, F.K. Girs, who inspected the country, gave the number of medical personnel providing services to the population of Zarafshan district as follows: city doctor (in the city of Samarkand) - 1 person, uezd doctor - 2 people and their translators - 3 people, uezd midwife - 2 people, medical assistants - 2 people and paramedics - 2 people. The total number of medical staff is 12, and they are allocated 8820 rubles from city and state funds once a year [6].

In his report, F.Girs noted that due to the vastness of the districts, the fact that the majority of the local population lives in a nomadic way, the medical trips of doctors across the district are not very profitable, and that Russian medicine is only beneficial for people living near cities [6].

The reasons for the local population not using the imperial medical service and the high number of deaths and diseases were explained by the tsar's officials as follows: 1) since the benefits of the rational treatment of Russian doctors were not sufficiently absorbed into the minds of the majority of the sick local population, they were treated by doctors, mullahs, etc.; 2) reasonable medical care is not fully available for all residents of the region, due to the long distance

between local settlements and places where properly organized medical care is available; 3) it is not known how many people from the local and newly immigrated population sought medical help from military doctors, as information on the number of patients treated by them was not provided [7].

In 1886, the adoption of the “Regulations on the Administration of the Turkestan Region” did not lead to fundamental changes in the management system of the country’s medical department. With Chapter II (Clause A) of this Regulation, the medical structure came under the control of the General Military-Medical Administration [8].

According to the regulations, the medical staff was supervised by a regional doctor with the right of a regional medical inspector. His subordination to the military governor of the region was specially noted. The appointment of uezd and city doctors was made by the Chief Military-Medical Inspector, but approved by the Governor-General of Turkestan. According to the Regulation of 1886, doctors were obliged to treat patients - both Russians and natives - both at home and in hospitals. Thus, the entire medical field, including purely civilian medicine, was completely left in the hands of the military. This can be seen from the fact that in 1911, the governor-general of the country gave permission to the governor of the region to move the Bogdon district hospital from the village of Bogdon to the village of Yalanchi [9].

In the region in 1887–1910, the composition of the medical staff was as follows: Doctors; Female doctors; Paramedics; Pharmacists; Veterinarians; Midwives; Female paramedics; Local vaccinators. The number of doctors in 1887 (5) almost 5 times (23) by 1910, female doctors 2 times (2 to 5), pharmacists 11 times (1 to 11), midwives 3 times (5 to 16) and the number of people applying for the disease increased by 13 times (from

9867 to 128615 people) [10]. From these figures, it can be seen that the number of pharmacists has increased compared to doctors.

In 1914, there were 29 male doctors, 5 female doctors, 29 paramedics, 6 midwives, 15 obstetricians and midwives, 5 dentists and 14 pharmacists in Samarkand region [11]. Most of the medical staff is concentrated in the city of Samarkand and uezd, and the existing 5 dentists in the region work only in Samarkand (4) and Kattakurgan (1), which indicates that the rest of the population of the region did not have the opportunity to use this service. A total of 15 obstetricians and midwives in the province were available only in the city of Samarkand, while local women-midwives still provided services for the population of other uyezds and cities. Out of a total of 29 doctors in the region, 3 worked in the Department of Doctors, 4 in the uezd, 7 in the city, 1 in the sanitary and 11 in the zemstvo sections, and 3 in the railway [11].

There was a regular shortage of medical specialists in the country, and there were no special hospital doctors. There were no homes for the mentally ill in the province and no special departments in civilian hospitals. Those with mental problems were treated by local military doctors and a military hospital in Tashkent [12].

Workers who fell ill in factories turned to city and district doctors or military doctors for medical help. In case of serious diseases, the workers were sent for treatment in a city hospital or a military medical institution [13].

Due to the lack of medical personnel (inability to use the services of doctors, paramedics, and midwives), local residents in villages turned to healers. Rural residents, who made up the majority of the region’s population, were far removed from medical care until

the end of the XIX century and the beginning of the XX century, in 1898, only a few village paramedic stations were opened in Samarkand uezd [14].

According to the law of December 26, 1905, in order to provide medical services to the local population in the villages, 44 positions of district doctors were introduced in Syrdarya, Samarkand and Fergana regions, in particular, 10 district doctors started working in Samarkand region [15]. The law left the forensic work in the region to the uezd doctors. The district doctor submitted semi-monthly, monthly and annual reports to the regional doctor, according to the established form, on the patients admitted, diseases, those treated and his/her activities[16]. In the medical structure of the district hospital, there were paramedics and paramedics-midwives subordinate to the district doctor, who helped him in treatment and household work. The duty of the paramedic was to control all medical books and drugs, and the duty of the midwife was to manage the household affairs.

According to the guidelines adopted in 1905, there were to be 6 beds (beds) for the villagers in each district hospital: 4 for men and 2 for women, and 1 spare bed. It was decided that the hospital would accept people from all walks of life. Intractable period patients were not admitted. If the number of patients exceeds the number of available places, the doctor takes them away depending on the severity and danger level of the disease or prescribes medicine for home treatment. In dangerous cases, the patient was taken out for treatment. In this case, the place of men is replaced by the place of women or vice versa [16]. All the patient's luggage, clothes and money were registered in a special book in the established order and kept until departure. The money was kept by the doctor and the laundry of all the patients was washed. In case the patient dies from the disease, the money

and belongings are presented to the police to be given to the relatives.

Among the local population, the number of patients treated outside the hospital was more than those treated in the hospital. For example, in 1889, a total of 999 patients were treated in the hospital, and 36,438 patients were treated at home. That is, among the local population, the number of people who were treated by Russian doctors outside of hospitals (taking prescription drugs and being treated at home) was much higher. Jizzakh uezd ranked first in the region in terms of the number of patients treated outside the hospital [13].

According to statistical materials, the number of people who turn to Russian doctors and the number of trusting visitors is constantly increasing. In particular, from 1887 to 1910, medical care provided by Russian doctors to the local population increased 12 times: In 1887 - 9867 people, in 1889 - 37438 people, in 1890 - 54580 people, in 1892 - 20145 people, in 1893 - 23493 people, 46889 people in 1898, 90280 people in 1904, 128615 people in 1910 [10]. However, if these figures are taken in relation to the total population, it can be seen that the number of people seeking medical help is a minority.

In 1914, out of 173,398 patients who used medical services in the region, 158,176 were cured by doctors, and the remaining 15,222 were cured by medical personnel [11]. Taking into account that the population was more than 1 million [17] in this period, this figure was very low compared to the total population. Local residents used translators in hospitals to communicate with Russian doctors.

In the province, there were also outpatient clinics designed to receive only local female patients and their young children. These hospitals were started in 1886 in

the cities of Samarkand and Khojand of the region, and they were managed by female doctors assisted by paramedics [12].

According to the order of the Governor-General of Turkestan Grodekov on March 18, 1886, a women's and children's hospital was opened in the city of Khojand [18]. Women in Kattakorgan and Jizzakh districts of the region did not have the opportunity to use this service. Similar hospitals existed in the cities of Tashkent, Kokan, Andijan and Namangan in Turkestan.

The introduction of female doctors was also beneficial for women, as the age-old, strict custom prohibited them from seeking help from male doctors, through whom the advances of rational medical science could penetrate the closed environment of Muslim women and contributed to saving many lives. As a result, the number of people who turned to female doctors increased can be seen in the statistical numbers of 1887-1893: 8325 in 1887 [19], 8390 in 1889 [20], 10284 in 1890 [21], 11965 in 1892 [22], 13633 in 1893 [23].

Inpatient treatment in existing outpatient clinics in the region was paid and they always operated with profit. For example, in 1911, the daily inpatient treatment of patients in Khojand city cost 30-45 kopecks, and the income of the outpatient clinic was 2,217 rubles 23 kopecks, and its expenses were 2,062 rubles 19 kopecks [24].

The system of providing different meals to patients on different days of the week has been introduced in all the above-mentioned hospitals. In particular, in 1910, Oratepa city hospital received 32-37 kopecks per person per day for food (rice, mushkorda, roast, mastava, soup, shalva, pilaf), 26-30 kopecks in Oratepa regional hospital, and 30 kopecks in Dahbed regional hospital. and 30 kopecks were spent at Panjikent village medical station[24]. At that time, there was a

difference between the prices of daily treatment in rural and urban hospitals, it was expensive in the city and cheap in the countryside. In particular, in 1911, the cost of daily treatment for each patient in Oratepa was 30 kopecks in a rural hospital and 45 kopecks in a city hospital [24].

These prices are determined based on the prices of products at that time. In particular, in 1910, 1 pound of mutton cost 18 kopecks in Jomboy market in Dahbed district, 35 kopecks in January 1911, 20 kopecks in April, and beef was much cheaper at 12 kopecks[24]. In Dahbed, the difference between the prices was due to the fact that cattle are slaughtered once a week and sheep are slaughtered daily. These expenses are covered by patient fees and hospital expenses, and it can be observed that income always exceeds expenses.

In particular, in 1910, the Mitani rural hospital took 2 rubles 10 kopecks for the 7-day inpatient treatment of the patient Yuzbal Rahmonkulov, and spent 2 rubles 10 kopecks on the food supply of all patients. In that year, the hospital's medical expenses and household expenses amounted to 5283 rubles 75 kopecks [24], For the half-year of 1911, the Zomin district hospital earned 332 rubles 75 kopecks and spent 218 rubles (114 rubles 75 kopecks remained on hand), the Oratepa rural medical district earned 2854 rubles and spent 2561 rubles, the Urgut village hospital earned 2366 rubles 59 kopecks and 2239 Ruble 83 kopecks cost, Panzhikent rural hospital earned 1622 Rubles 2 kopecks and cost 1565 Rubles 33 kopecks [24].

The military, the mainstay of the Russian Empire, received free medical treatment at the expense of the state. For example, in the 1913 list of the General Intendant's Office, it is mentioned that 1 from the 2nd Turkestan rifle regiment, 1 from the 3rd Turkestan rifle regiment, 2 from the artillery division, a total of 4 low-

ranking soldiers were treated free of charge in military hospitals [25]. Also, free medical services are provided to soldiers of the military unit at the expense of the Intendant in public hospitals. For example, 4 soldiers who applied to the reception department of the Oratepa city hospital in 1913 were treated for 59 days, 3 of them recovered and 1 died. At that time, the daily fee was 50 kopecks for one patient [25]. If we pay attention to the social composition of the patients, most of them were representatives of the administration of the empire and their family members, and a few were representatives of the local population. In particular, 5 of the 57 patients treated in the local infirmary of Samarkand in 1913 were representatives of the local population [26].

Uezd doctors, in addition to treatment of the population, also performed forensic medical examination services. In particular, in 1889, district and city doctors of the region performed medical examination of 106 corpses [27]. Also, in 1902, it was determined that the duties of uezd doctors in Syrdarya, Samarkand and Fergana regions should be to lead forensic and medical-police units [28].

In 1914, the number of acts of forensic examination in the region was 603, and in terms of regions it was as follows: 172 in Samarkand uezd, 247 in Kattakorgan uezd, 43 in Jizzakh uezd and 141 in Khojand uezd [29]. From these figures it can be seen that by 1914 the number of medical acts had increased almost 6 times compared to 1889.

Sanitation. District and city doctors are responsible for providing medical assistance to the population, sanitary control in the regions and other tasks in addition to forensic examination.

The rural population of the region, especially the nomadic population, was inevitably left to themselves

with sanitary matters, as the number of civilian doctors and police officers was insufficient, and the high political administration of the country had almost no opportunity to monitor the sanitary situation outside the cities [30].

Measures were taken by the Empire to prevent the spread of various infectious diseases through drinking water in urban areas. In particular, the Inspector General of the Medical Department of the Ministry of Internal Affairs sent circular No. 1513 to the governors on November 4, 1910, asking them to fill out and submit a registration card (consisting of 52 questions) by March 1, 1911, to find out about the sanitary conditions in the empire. It is intended to obtain accurate and complete information on the level of provision of drinking water to the population and the elimination of areas with unfit for drinking water [31].

A medical and sanitary procedure was introduced by the Empire for those crossing the country's border. In particular, according to the order of the Governor-General of Turkestan No. 174 dated July 5, 1903, in the temporary rule established for Muslim pilgrims, it is mandatory for pilgrims going to Hajj to pass medical and sanitary inspection at ports (Caspian and Black Sea ports) and border points, and to put a mark on the pass in their passport when returning. was set. Muslims who want to enter from abroad can pass through port and border points and medical and sanitary control only with the permission of the Ministry of Internal Affairs of the Empire [32].

Vaccination measures. With the development of infectious diseases in the country, district and military doctors were sent to these areas by the relevant agencies to eradicate the infection, provide medical assistance to the sick population, and take appropriate measures, including drugs, disinfectants, and

paramedics with the necessary funds and were provided in sufficient quantities.

In order to protect the population from various infectious diseases and prevent the spread of epidemics, vaccination measures have been carried out.

Local vaccinators in the region were trained by uезд and city doctors, and they received up to 15 rubles per month from city and zemstvo funds. In addition, they are exempted from various obligations. In addition to local vaccinators, paramedics and sometimes district and city doctors themselves were involved in vaccination [33].

CONCLUSION

In the second half of the 19th century - the beginning of the 20th century, the social structure of the population of Samarkand region changed, new strata appeared, the population increased, and new nationalities immigrated. Due to changes in the political administration, economic and cultural life, there were changes in the stratification of the population, and age-old values were changed and adapted to the interests of the empire. Even though a modern medical service system was established during this period, the local population preferred to turn to healers rather than have access to modern medical advances.

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