

**FROM THE HISTORY OF THE ACTIVITY OF RUSSIAN MEDICAL INSTITUTIONS IN THE VILLAGES OF FERGANA REGION AT THE END OF THE XIX CENTURY – THE BEGINNING OF THE XX CENTURY**

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**ABSTRACT**

In Fergana region, in 1898, 11 paramedic clinics and in 1906, 16 rural district hospitals were established. The article describes the introduction of modern biomedicine to the villages of the Fergana region during the colonial period of the Russian Empire, the establishment and operation of paramedic stations and rural district hospitals.

**Key words and expressions:** colonial period, modern medicine, paramedic clinics, rural district hospitals

**INTRODUCTION**

In 1876, the Kokand Khanate was abolished by the Russian Empire, and the Fergana region was formed as part of the Turkestan Governor-Generalship. Along with Russian officials and soldiers, Russian doctors also arrived in the region. According to the 1867 “Regulation,” one doctor and one midwife were assigned to each district (uezd). Naturally, it was impossible for a single doctor to provide medical care to the entire district. Although paramedic clinics and rural district hospitals were established in some villages, the local population mainly relied on traditional healers.

The aim of the study is to examine the introduction of modern medicine in the villages of Fergana region. Based on this aim, the following tasks were defined:

1. To study the establishment and activity of paramedic clinics in the region.
2. To research the establishment, problems, and shortcomings of rural district hospitals.

**REVIEW OF LITERATURE AND METHODS**

Since the literature on the history of the healthcare system in Turkestan was created under different historical and political conditions, it is advisable to classify it chronologically into three groups:

1. Literature produced during the colonial period of the Russian Empire.
2. Soviet-era literature.
3. Post-independence literature.

During the Russian Empire’s rule, physicians such as V. Kushelevsky, A. Shishov, G. Kolosov, and others conducted research on the medical-sanitary geography of Turkestan, traditional medicine, and medical care for the population.

In the Soviet period, modern medicine was ideologically opposed to religion and folk medicine, and the history of medicine was interpreted from the perspective of communist ideology. During this period, scholars such as A. Qodirov, A.I. Pogosyants, K. Khusanbayeva, and others researched the history of healthcare.

In the years of independence, researchers like S.B. Shadmanova, M. Makhmudov, A. Badalov, and others have continued to investigate the history of healthcare in Turkestan. Although much attention has been paid to the history of healthcare in Fergana region, the subject has not yet been fully explored, and additional research is needed.

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The article is based on generally accepted historical methods: historicism, scientific objectivity, comparative-logical analysis, sequence, and impartiality.

#### RESULTS AND DISCUSSION

Initially, Russian medical institutions operated only in cities. Due to the absence of hospitals in villages, rural residents could only seek help in military infirmaries and hospitals. However, because of the shortage of places and the high costs of treatment, many were often turned away [1: 98].

The plague epidemic that broke out in the village of Anzob in Samarkand district in 1898 caused serious alarm among the Russian colonial authorities. This epidemic highlighted the issue of the lack of medical care in villages. As a result, on December 3, 1898, the Council of the Turkestan Governor-General decided to establish paramedic clinics in the villages of Fergana region.

By 1900, paramedic clinics were operating in the following places: Margilan district: Chimyon, Kuva, Rus village; Andijan district: Sultonobod, Bozorqo'rg'on, Butaqora; Kokand district: Konibodom, Rishton; Namangan district: Koson, Asht; Osh district: Pokrovskiy. A total of 11 paramedic clinics were active in the region. Medical advice and medicines were provided free of charge and funded from district budgets [2].

However, the allocated funds were insufficient. For example, according to the report of the Andijan district doctor on March 18, 1901, in 1900, 8070 patients applied to the district paramedic stations, of which 2387 suffered from malaria. An annual budget of 300 rubles was allocated for medicines to the three paramedic stations in Andijan district. Since the treatment of each malaria patient required 30 grains of quinine [3], 5 kilograms of quinine were needed for 2387 patients. In 1900, the price of 1 kg of quinine was 54 rubles. Thus, of the 300 rubles allocated, 270 rubles were spent only on quinine [4].

Although feldshers were not as qualified as doctors, they successfully treated malaria, skin diseases, and other widespread illnesses. In 1904, of the 102,149 patients who applied to Russian medical institutions, 35.4% were treated by feldshers [5].

The situation of the paramedic clinics was difficult. Because each clinic had to serve extremely large areas, most of the population could not benefit from them. In 1898, 1,274,042 rural residents of Fergana region were served by just 10 paramedic clinics, meaning that on average each clinic had to serve 127,404 people [6].

Most feldshers were former military medics who had not graduated from medical schools. Their insufficient medical training, lack of knowledge of the local language and traditions, the lack of supervision, and the meager annual budget of 150 rubles (barely enough for basic medicines) made it difficult to provide quality medical care through paramedic clinics [7: 41].

According to a report from the Andijan district doctor Nesmelov to the Fergana provincial doctor, paramedic clinics were often located in rented houses, which were in poor condition. For example, the roof of the Sultonobod clinic collapsed due to lack of repair, forcing feldsher Ignatyuk to move with his medicines into an abandoned prison building [8].

Since paramedic clinics could not provide sufficient medical services, the issue of establishing doctor's stations in villages was raised. On December 25, 1905, a special law was passed to establish 44 rural doctor's stations in Turkestan, including 16 in Fergana region. The distribution of these institutions was determined by provincial governors.

Distribution of district hospitals in Fergana region.[9]

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<b>№</b>	<b>medical service districts</b>	<b>The volosts included in the medical district</b>	<b>Total population</b>	<b>Appeal in 1907</b>
<b>Margilan uezd</b>				
1	Shahrixon	Shahrixon, Asaka, Qoratepa-Chaukent, Segazin, Yozyovonning shimoliy qismi, Baliqchi	142291	5177
2	Vodil	Chimyon, Auval, Aukesek-Bo'ston, Nayman, Oltiariq volostlari, Marg'ilonning janubiy qismi	95908	6150
3	Rus qishlog'i	Aravon, Ichkilik, Kuli, Marxamat, Novkat	48736	7529
4	Quva	Quva, Qo'qonqishloq, Yakkatut, Yozyovonning janubiy qismi, Marg'ilon va Fayziobodning shimoliy qismiga	108372	4091
<b>Andijan uezd</b>				
5	Izboskan	Izboskan, Mayli-Soy, Xaqqulobod, Norin, Kanol-Karagir	-	10436
6	Bozorqo'rg'on	Bozorqo'rg'on, Qo'qonqishloq, Naukentskaya, Maygirskaaya	-	3660
7	Qo'rg'ontepa	Qo'rg'ontepa, Yorboshi, Jalaquduq, Qorasuv, Xakent	-	2510
8	Jalolobod	Jalolobod, Aim, Yasin, Ko'gart	-	3358
<b>Kokan uezd</b>				
9	Rishton	Rishton, Qoraqalpoq, Nayman, Yangiqo'rg'an, Ultarma, Zadian, Buvayda, Kenagas	-	6481
10	Beshariq	Beshariq, Qaynar, Aravon, Ganjiravon, Kudash, Qipchok, Janjal, Yaypan	-	5166
11	Isfara	Isfara, Konibodom, Maxram, Laylak, Naygut-Qipchoq, So'x	-	1549
<b>Namangan uezd</b>				
12	Zarkent	Nanay, Bayaston, Bag'ish, Chotqol, Saruy, Pishqo'rg'on, Yangiqo'rg'on	74924	1140
13	Pop	Pop, Olmos, Varzik, Asht Bobodaxon, Chodak	83634	2619
14	Koson	Koson, Tergachi, To'raqo'rg'on, Qutlug'-Said, Qirg'izqo'rg'on, Shaxand	84323	3932
15	Chortoq	Susamir, Qirqo'g'il, Arim, Chortoq, Xonobod, Uychi, Kepi	82406	9932
<b>Osh uezd</b>				
16	Pokrovskiy	Qurshob, Gulchin, Oloy, Turuk, Buloqboshi, O'zgan, Manyak, Akburi, Qoshg'arqishloq	121000	2252

Due to the small number of hospitals, they had to serve very large territories. For example, the Shahrixon station served 142,291 people across 250 square versts, while the Rus village station served 48,736 people across 500 square versts [10].

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According to the report of the Fergana military governor, no suitable buildings were available for the 16 planned rural hospitals. Local communities also refused to construct new buildings because the rental payment for hospitals was too low (300 rubles). Therefore, the governor requested 10,000 rubles for the construction of each hospital from the Turkestan Governor-General [11].

As a result, although each of the 16 rural hospitals was allocated six patient beds, due to the lack of buildings they could provide only outpatient services [12]. Only on March 5, 1908, was the construction budget for these hospitals approved, with 337,176 rubles allocated from local budgets [13]. Additional funds were provided in 1911 and 1914, and gradually hospitals were built in Vodil, Shahrixon, Bozorqo'rg'on, Jalolobod, Izboskan, Zarkent, Rus village, and others [14].

However, one major drawback of the new healthcare system was the elimination of paramedic clinics, which reduced access to healthcare in rural areas [15]. Moreover, because the new hospitals were located mainly in densely populated areas, nomadic and sparsely populated regions remained far from medical care [16].

### CONCLUSION

Although the introduction of modern medicine to the villages of Fergana region was a positive development, medical services remained insufficient. Limited funds, hospitals and clinics serving vast areas, and the lack of qualified medical staff meant that the population largely continued to rely on traditional healers.

Paramedic clinics, while valuable, could not provide adequate care due to vast service areas, limited resources, and feldshers' insufficient knowledge. The establishment of rural hospitals improved access to medical care somewhat, but the lack of proper buildings and the large territories they served meant that the quality of care was still poor.

The plan to build an additional 19 rural hospitals in Fergana region in 1912 was delayed due to bureaucratic obstacles and was ultimately halted by the outbreak of the First World War.

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