



A Look at the History of the Development of Medical Care in Uzbekistan Before the October Revolution

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Abstract:

The main purpose of this article is to highlight the main factors that determined the arrival of medical services to the population of Uzbekistan before the October Revolution, the establishment of medical institutions, clinics, stations in the provision of emergency care in the regions, as well as the Institute of Health.

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Introduction

Prior to the October Revolution, comprehensive measures were taken to provide health care to the local population of Uzbekistan, including the organization of health care, outpatient and inpatient care. Less than 1% sought medical care and district physicians.

Materials and methods

The history of healthcare in the Uzbek SSR is inextricably linked with the progressive movement of Central Asia to join Russia, which is at a high stage of economic and political development. This accession had a significant impact on the historical destiny of the Uzbek people, who carried out the

socialist revolution under the leadership of the Communist Party and successfully built a communist society.

In the pre-revolutionary period, medical services in the Syrdarya, Samarkand and Fergana regions of Uzbekistan were inspected by military doctors who exercised the rights of regional medical inspectors in the European part of Russia. According to the regulations of the regional administration, one doctor and one nurse are attached to each district. Due to the breadth of districts, the scattering of settlements, the nomadic lifestyle of a section of the population, the complexity of the tasks assigned to them, and the lack of medical facilities, doctors were unable to provide comprehensive medical care. Therefore, their activities could only be carried out in the district centers where they permanently resided. On November 7, 1868, a mandatory order on smallpox vaccination was issued in Tashkent. Measures were taken to introduce smallpox vaccination among the indigenous population of Tashkent, and within 10 years the smallpox vaccine was stabilized. Initially, smallpox vaccination was entrusted to doctors, and from 1889, specialists in smallpox vaccination from the local population began to be trained at the expense of the city state and public funds.

Among Tsarist officials, however, there was an opinion that the opening of medical facilities was premature, as only less than 1% of the local population sought military medical facilities and district doctors. Such a claim was, of course, completely unfounded. The experience of the 20-bed Samarkand city hospital, opened on March 5, 1872, testifies to this, where the number of patients exceeded the number of beds. The number of outpatients has also steadily increased. In 1881, their number exceeded 22,000, including 18,500 locals.

At the request of IP Suvorov, who worked as a military medical inspector of Turkestan in 1873-1897, the first outpatient clinic for indigenous women and children was opened in Tashkent. The outpatient clinic was supported by zemstvo and city fees. In the same year, an outpatient clinic was opened for men, where military doctors worked for free. On the example of the Tashkent Women's Polyclinic in 1886 in Samarkand, in 1887 in Kokand and Andijan, in 1889 in Namangan, in 1891 in Margilan outpatient clinics with emergency rooms for indigenous women and children were established.

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The first city hospital was opened in Samarkand, with a capacity of 20 beds, and then expanded to 40 beds. For him, they used the buildings of a Russian school. This building and the storage of patients in it did not meet the sanitary-hygienic requirements. The second 15-bed hospital in Samarkand region was opened in 1883 in Kattakurgan. It was built at the expense of state funds to provide outpatient and inpatient care to urban and rural residents. In 1893, a 15-bed emergency room was opened in Jizzakh, which completed the entire inpatient network in the cities of Samarkand region.

At the end of September 1898, a plague broke out in the mountainous village of Anzob, Iskandar region, Samarkand district. Of the 387 people infected with the plague in this village in September and October, 237 or 61.3 per cent died from the disease. Therefore, large-scale preventive measures to prevent plague were carried out in Samarkand region. The activities of the established institutions and the entire medical staff have yielded very useful results in preventing the risk of an epidemic. In

addition, free medical care was provided to many patients in the villages. Especially popular was the specialized ophthalmology hospital opened in Samarkand on November 1, 1888 by the anti-plague department. For 2 months he was admitted to 2147 patients. In Fergana region in 1883 instead of zemstvo and city colonies the regional center of simultaneous reception of outpatients in the cities of Fergana and Kokand and Andijan districts with 20 beds each, in Margilan and Namangan - 15 beds, in Chust - 10 beds: Management of emergency departments district doctors. The khokimiyat of Fergana region, unlike others, has shown some initiative in improving the reception. In 1885, the construction of special buildings began in Kokand and Namangan, and in 1887 in Andijan at the expense of city fees. These hospitals certainly could not meet the needs of the city population. For example, according to the official information of the Kokand city doctor dated February 17, 1901, the Kokand hospital had 5 departments, 3 for men (one for patients from prison) and 2 for women. Each ward could accommodate only 4 patients, but in fact they had a permanent capacity of 5 patients.

The rural population of Fergana region has been following the example of other regions of Uzbekistan since the 1990s. Services were provided at several paramedic stations in Shahrihan, Kuva, Rus kishlak, Vodil, Chartak, Zarkent, Kasan, Pop, Besh-Arik, Izbaskan, Bazarkurgan.

In the Fergana region in 1904, 30,428 rubles were spent on medical care, which accounted for 5% of revenues or 10% of total expenditures. In a province with a population of 1,480,277, medical expenses per capita were just over 2 cents a year.

Each doctor's office served an area of 5,785 square miles with an average population of 105,000. Of the 102,149 patients registered in 1904, 36,224, or more than a third (35.4%), were treated primarily by the organization's paramedics. Twelve out of 100 people in urban areas and only four in rural areas sought medical help.

In the Amudarya region, which has a population of more than a million, medical personnel are not even provided by the state to serve the local population. Frequent requests for medical assistance from the local population prompted the administration of the department to apply to the head of the Turkestan region for the establishment of a 15-bed hospital in Petro-Alexandrovsk at the expense of the city. Opened in February 1886 in a private house. In 1868, Karacharov, a military doctor who first visited lepers in a leprosy village near Tashkent, noticed their way of life in extremely difficult conditions. In a small, dilapidated, windowless room of the local type, 32 sick people lived on alms. But the city government took no action to improve their situation. It was only 25 years later, in 1892, that they began allocating 400 rubles a year to care for lepers, but there was no mention of medical care. B 1895 A detailed study of the life of lepers was made by a member of the Samarkand Statistical Committee, Dr. N. A. Aframovich led. Patients with leprosy (vitiligo) were also forced to be hospitalized because the disease was considered contagious at the time due to a misunderstanding of the profession.

In Samarkand region, there were three main outpatient clinics, which included 264 people with leprosy and leprosy, including their families. Their functions were performed in 1890 by sanitary committees in the provincial capitals, consisting of representatives of the city and district physicians and administration, which were called health committees.

They intensified their work, especially in February 1982, when plague broke out in Kabul and Herat and inevitably entered Uzbekistan. In order to fight the epidemic in the region, they were limited to the

deployment of 11 ambulances in Samarkand and one in Jizzakh, involving medical personnel from military units. In order to prevent the spread of the epidemic in the Syrdarya and Fergana regions, the Health Committee for the first time established other observation posts on the Samarkand tract - in Chinoz and Khojand near the banks of the Syrdarya.

The Syrdarya Regional Health Committee has issued mandatory decisions to combat the plague. The post of sanitary doctor, which is not provided for in the temporary regulations, was created. Only by June 30, 1899, before the implementation of the main project of medical care for the rural population in the manner prescribed by law, it was decided to establish 5 medical centers in Tashkent district.

By December 26, 1905, in accordance with the law, 44 rural district hospitals with 6 beds each were established in Turkestan, where outpatients could be treated. In 1910-1912, they began to build special buildings for rural hospitals.

Almost simultaneously with the transformation of medical centers into rural medical centers, the cities of Uzbekistan are divided into five categories of medical care. Such a system was in effect in the revolution until the Great October Socialist era.

The first category included the cities of Petro-Alexandrovsk and Chust. They included an outpatient clinic staffed by a city doctor, a paramedic and an obstetrician. It was planned to establish outpatient clinics in the **second category** settlements and ambulance rooms with the same number of medical staff as the first category. However, none of the settlements in Uzbekistan is included in this category. The cities of Fergana, Margilan, Namangan and Jizzakh are included in the **third category**. They were transformed into a 15-bed city hospital with the same medical staff as the first category, except for outpatient clinics. **The fourth category** includes Andijan and Kattakurgan, which are provided with the same medical staff as the first category, and 30-bed hospitals, where two more paramedics were provided. **The fifth category** includes the city of Samarkand, which has a 40-bed hospital, where the staff was enriched with first-class doctors, two paramedics and an obstetrician.

The population of the Bukhara and Khiva khanates at that time was almost completely deprived of medical care. Only on February 2, 1903 the city outpatient clinic was opened in New Bukhara. The only medical institution in Bukhara was an outpatient clinic opened in 1911 by the Bukhara government with a 4-bed reception for women and children.

Conclusion

Due to the increase in various infectious diseases such as plague and smallpox in the regions of Uzbekistan, the gap between the number of existing medical facilities and the needs of the population, the lack of facilities in medical facilities, the lack of qualified doctors the level of provision of sanitary physicians in the public health system is indicative of a dire situation.

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