



## MEDICAL CARE FOR THE POPULATION OF TURKESTAN: GENDER APPROACH (LATE XIX AND EARLY XX CENTURY)

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### ABSTRACT

*The article provides a scientific analysis of the issue of medical care for the population of Turkestan in the late XIX - early XX centuries, based on a gender approach, based on materials from periodicals and primary sources. The study notes that during this period, medical care for women was one of the biggest problems in Turkestan, and the first special medical facility for women was opened in Tashkent in 1883, before which women rarely, if ever, consulted male doctors.*

**KEY WORDS:** Tashkent, gender approach, Turkestan, medical institution, doctor, medical education, outpatient.

### INTRODUCTION

Nowadays deep reforms are being carried out in the field of medicine in our country, and this process allows for the rapid development of medicine and plays an important role in maintaining the health of the population. Particular attention is paid to the provision of medical care to women. Our people have ancient medical knowledge, and in the late XIX - early XX centuries, European medical institutions entered the life of the population of the region and began to provide medical care in conjunction with folk medicine.

### METHODS

In the late 19th and early 20th centuries, providing medical care to women was one of the biggest problems in Turkestan. The first special medical institution for women in Turkestan was opened in 1883 in Tashkent. Until then, women had only rarely seen male doctors as an exception [1]. Only female health workers served in the outpatient clinic in the "old city" of Tashkent. Women and children were provided with free hospital care, medications, water treatments, simple surgeries, and dressing services. There were 2 female doctors, 1

female paramedic, 1 interpreter and 1 employee in this dispensary. Medical workers who have served in Turkestan for 3 years have been given certain benefits, such as travel expenses to get to Russia, as well as an additional half-year salary.

### RESULTS AND DISCUSSIONS

From the earliest years, Muslim women began to apply to this medical facility. In particular, in 1885, 1749 women applied to the outpatient clinic, and they were admitted to the hospital 3812 times. The ethnic composition of patients was as follows: Uzbeks and Tajiks - 1674 people, 95.5% of the total number, Kazakhs - 49 people, about 2.9% Tatars - 18 people, or 1.02%, Jews - 8 people, ie 0.4 percent [2].

Similar hospitals appeared in other cities of Turkestan after 1885, including Khojand, Andizhan, Margilan, Namangan, and Kokand. By 1900, a second outpatient clinic was opened in the Beshyogoch district of Tashkent to provide medical care to local women and children. It was headed by doctor AN Predtechenskaya in 1900-1908. This hospital was moved in 1904 to the Shaykhantahur part of the city. In the year when the outpatient clinic was established, 8,000 patients were treated, but later their number increased to an average of 25,000 per



year. Of these, 10 percent were men and the rest were women and children [4, p.336].

During this period, health workers not only practiced, but also studied local women physiologically. According to them, indigenous girls mostly reached puberty at the age of 15-16. In rare cases, it has been observed that young girls reach puberty. Therefore, in Turkestan, early transmission of girls has been shown to have a negative impact on their physical development and is medically harmful [5, p.76]. Not only women but also unmarried girls applied to the established hospitals. For example, in 1885, 149 girls were treated at the outpatient clinic for women in Tashkent.

It is known that childbirth and its aftermath have a special place in the provision of medical care to women. In the late 19th and early 20th centuries, women in Turkestan gave birth at home. Only close relatives of the woman, who were midwives in big cities and in rural areas, such as her mother, mother-in-law and sisters, helped in the process. During this period, doctors were consulted only in exceptional cases, when the condition was very severe. It should be noted that historical documents confirm that in this case, not only female doctors, but also male medical staff helped them.

The first maternity hospital in Turkestan was established in 1880 in Tashkent under the auspices of the Mercy Society. According to Dr. Palienko of this maternity hospital, male doctors such as Gimmer, Batirshin, Johansson have helped Muslim women several hundred times during childbirth. Palienko himself stated that during his more than 10 years in Tashkent, he had never returned without medical care to a woman giving birth.

On the other hand, during this period, even when a woman's condition during childbirth was very severe, there were many families who strongly opposed her hospitalization. As the Turkestan Province Gazette reported in 1916, "even if some very severely ill women agreed to the deaths of sick women who had to be dissected or amputated, the male surgeon would never want to see a doctor." [7] In such cases, doctors tried to provide as much medical care as possible at home. For example, in December 1916, Dr. A.A. Shorokhova was forced to perform a "caesarean section" at home in the "old" part of Tashkent. The operation was well performed and the life of the mother and child was saved [8, p.17-18].

The opening of the gynecology department at the surgical department of the Tashkent city hospital in December 1916 was an important event in the provision of medical care to women. The equipment he needed was brought from St. Petersburg. The hospital was initially visited by women from the European part of Tashkent, but later locals began to seek medical help. Dr. A.A. Shorokhova was active

in the organization and operation of the hospital [9, p.1-2]. Gulsum Asfandiyor, the first gynecologist from Turkestan, worked in this hospital. Gulsum Asfandiyor was born in Tashkent in 1880 and studied at the Women's Medical Institute in St. Petersburg in 1908 [10, p.38]. Gulsum Asfandiyor, a graduate of the institute, has provided medical services to women in various parts of Turkestan. Gulsum Asfandiyor has provided medical care to women in Tashkent for 29 years, as well as working as a deputy chief physician at the hospital. This selfless woman died in 1937 after a serious illness. His health was particularly affected by his brother, Dr. Sanjar Asfandiyor, being unjustly denounced as an "enemy of the people".

In addition, local women not only went to the outpatient clinic in the "old city" of Tashkent, but also to the general city hospital. Palienko notes that the number of such women was 30-40 per day. Also, although there were no women among the doctors and staff at the city hospital, the women came here asking for help. He even writes here that he operated on women several times and that they had to stay in the hospital for weeks [11], meaning that Tashkent women began to be treated in hospitals. Doctors also provided private assistance to the population of Tashkent. Certain admission days have been set by some of them to provide non-discriminatory medical care to the poor. For example, A.Z. Khavina announced in the pages of the newspaper "Turkestanskije Vedomosti" that he would provide free treatment in his dental office on Tuesdays and Fridays [12]. In Tashkent (as of 1911) the total number of doctors providing medical services to the population was 48, of which 30 provided private medical care [13, p.3]. The number of private dispensaries in the city increased to 8 in 1913 [14, p.5]. In general, during this period, the number of hospitals providing private medical care to the population in the city was higher than those established by the state.

However, it would be a mistake to say that the local population of the country has applied to hospitals for all diseases. Urban residents, in particular, rarely sought hospitalization in cases of infectious diseases or bone fractures and dislocations. According to A.L. Schwartz, an outpatient physician in the "old city" of Tashkent, from 1897 to 1908, 531,435 patients were admitted to all outpatient clinics in the "old city" of Tashkent. Of these, only 221 were diagnosed with acute infectious diseases. However, in Tashkent during this period there were epidemics, ie the epidemic of diphtheria in 1890, measles (scarlet fever) in 1898 and smallpox (smallpox) in 1901. According to A.L. Schwartz, Russian doctors failed to gain the trust of the local population in the treatment of fractures and dislocations. From 1883 to 1894 (within 10 years), only 100 people applied to the outpatient clinic in the



“old city” of Tashkent for treatment of fractures and dislocations. Between 1897 and 1908, 201 patients, or 20 patients per year, were referred. For the “old city” part of Tashkent, with a population of 150,000, this figure is very low. Schwartz admits that Russian-speaking doctors, local bone-cutters, are competing in this regard. He also points out that the measures taken by local doctors to temporarily immobilize the injured limb are correct and that they are ahead of European medicine in this regard. At this point, European medicine advises to recommend massaging and active movement of the injured limb without holding it for a long time without moving it [15].

In the late nineteenth and early twentieth centuries, a number of measures were taken in Turkestan to provide road medical care, and the emergence of modern medical facilities, especially for women, can be considered a positive development. Muslim women had access to some degree of modern medical care in addition to traditional ones. However, the number of organized outpatient clinics and hospitals was small and did not meet the demand. And their situation was financially difficult. In addition, the lack of knowledge of local languages by medical staff and the lack of interpreters were among the factors that made it difficult for Muslim women to receive medical care. It should be noted that according to the rules of Islam, women are not prohibited from consulting a male doctor. However, they could seek medical attention from a male doctor if they had a wound or pain in their private parts, which was associated with a risk of death, or if a female doctor could not be found [16, p.89].

Thus, during this period, Muslim women sought treatment in European medical facilities, even in an inpatient setting. However, many of them continued to be treated in the traditional way, considering it a sin to show themselves to a non-mahram. In 1872, the Higher Women's Medical Courses were organized at the Medical-Surgical Academy in St. Petersburg. With this, the academy became the initiator of women's medical education. The pursuit of medical education by women and the organization of courses in 1872 led to the publication of a number of publications by her supporters and opponents [17].

At the Academy in 1876, after 4 years of experience, 5 years of study were added, and it was mainly focused on medical practice. These courses were taught mainly by professors of the academy. The program of study in these courses corresponded to the program of medical faculties of universities and military-medical academies. The trainees of this course had internships in such institutions as Obukhov and Kamensky Hospitals in St. Petersburg, Mariinsk Maternity Hospital, Prince Oldenburg Hospital. Special “women's” subjects - obstetrics,

gynecology and pediatrics - were taught more widely in the courses.

According to the Provisional Regulations, entrants had to pass entrance exams. The entrance exams were in the subjects of the men's gymnasium courses. The exam is open to those under the age of 20, graduates of women's gymnasiums, institutes and pedagogical courses, as well as those who have received home education and have a “diploma of home teacher in gymnasium courses.”

The demand for applicants was so strong that at the time of application, they were required to provide “proof of financial security during the course and close ties with a particular family in St. Petersburg from a parent, guardian or spouse.” These courses lasted until 1882.

In the late 19th and early 20th centuries, young people began to be sent from Turkestan to St. Petersburg, Moscow, Kazan, Omsk, Tomsk and other cities in Russia for medical education. Along with men, women also received medical education. In particular, at the Women's Medical Institute, opened in St. Petersburg in 1897, there were Turkestans M.S. Goloshevskaya and A.V. Eggert. They graduated in 1902, and the following year - Zivert, Kerenskaya, A. Batirshina. The Council of the Governor-General of Turkestan has also decided to award scholarships to 10 Turkestan students studying at the Women's Medical Institute in St. Petersburg. The first scholars G.J.Asfandiyorova, Z.S.Abdurahmanova, M.V.Gobi, Zelesskaya-Studentseva, Tamarkina, G.M.Shtein, T.I.Kopitovskaya graduated from the institute in 1908 [18, p.68]. As can be seen, the local graduates of the institute were Asfandiyorova Umami-Gulsum Jafarovna and Abdurahmanova Zeynab Sadikovna, both of whom were daughters of colonels who were administrative officials.

At the end of the 19th century, medical services for women began to be introduced in other cities of the country. In particular, in August 1885, an outpatient clinic for local women and children was established in Samarkand. All the staff at this hospital were women, in which the doctor acted as the female director. The Samarkand city administration is responsible for financing the outpatient clinic. Patients were provided with medicines free of charge from the Samarkand zemstvo pharmacy, both in the outpatient setting and at home. For all expenses, including staff salaries, heating of the building, water and stationery, 2290 rubles per year are allocated. The annual report of the hospital was published in several issues of the Turkestanskije Vedomosti newspaper. This report provides interesting information on the state of medical care for local women and children in Samarkand. In particular, the report lists the number of women and children admitted to the hospital, the prevalence of the disease among them, and its causes,



as well as the national composition of patients seeking medical care. For example, it shows that in 1886, 3,213 women and children applied to this hospital. Of these, 2,142 were women and 1,071 were children. Some patients had to attend the hospital more than once, and a total of 7,921 times these patients received medical care. The ethnic composition of the sick women was as follows: Uzbeks and Tajiks 1,756, Jews 166, Kazakhs 133, Persians 78, and Arabs 9. Apparently, women of different nationalities living in the city used the hospital services.

22.9% of the women admitted to the hospital had bullous disease. Also, 9.43% of the children who applied had the disease. This means that those with bullshits were the first among women to seek medical attention. In Turkestan, after Dahbed and Kokand, Samarkand is the place where the disease is most prevalent. In second place were patients with syphilis (trauma), which accounted for 13.7% of the total percentage among women and children. The report said the spread of the disease was more prevalent because the population was unaware that the wound was contagious and did not follow personal hygiene rules. Also, the disease was often transmitted from one dish to another by eating from one bowl and wiping with one towel. In addition, the hospital provides medical care to patients with eye, skin and gastrointestinal diseases. Female physicians treated patients not only in an outpatient setting but also in patients' homes when needed. For example, in 1898 a doctor was called 16 times in Samarkand to see women, and in 1899 40 times. Some patients were treated at home several times (2-10 times) [21, p.84].

The rural population, which made up the majority of Turkestan's population, had been excluded from the health care system until the late 19th and early 20th centuries. Due to the plague epidemic of 1898 in the village of Anzob, Samarkand region, paramedic stations were opened in several villages. These were Dahbed, Yangikurgan and Jumabozor paramedic stations [22, p.163]. At the beginning of the XX century in Samarkand region there were a total of 11 outpatient clinics [23, p.133].

In 1899, due to the spread of the plague in the Samarkand region, Dr. Yagodinsky was invited from St. Petersburg to Samarkand. He lectured Samarkand teachers and students on infectious diseases, especially plague, and told them how to fight it in modern ways. After that, Dr. Yagodinsky came to Bukhara madrassas to deliver a lecture. Initially, he reads this lecture to the judge kalon, after which he is allowed to give a lecture at the madrasa. In fact, during the lecture, the two mudarris called on everyone to disperse, saying that diseases are given by Allah and should not be fought against, that it is not permissible to listen to such lectures. But they

themselves were expelled and the lecture was read to the end.

In 1907-1908 P.I. Starodubtseva Dahbed (Aqdarya region), in 1909-1914 was the director of Urgut medical center. In 1913-1914 P.I. Blagoveshenskaya Garden, in 1906-1910 A.A. Takhtarova was the director of the Thursday medical center. These medical centers are 15-200 km from Samarkand. was located at a distance. In addition, in Samarkand in 1895-1905 A.V. Yakovleva-Poslavskaya, in 1914 E.M. Savitskaya, in 1914 M.M. Nikulina-Sopetova, in 1914-1916 O.I. Solnishkina, in 1916 A.K. Baginskaya-Kiseleva, in 1914-1954, physicians such as M.P. Teper worked privately [25, p.62].

In addition to these female doctors, in 1898, four female doctors from St. Petersburg came to the village of Anzob in the Samarkand region to fight the plague as part of Prince Oldenburg's medical team. The Russian-speaking doctors were received hospitably in the homes of the locals and invited around the table. When a female doctor went to see a patient in a carriage, there were also cases when curious people followed her.

E.I. Pakhomova, who worked as the head of the local women's dispensary in Samarkand from 1894 to 1913, worked as a doctor at a factory in St. Petersburg before coming to Samarkand (she is the author of articles "On the activities of the Women's Hospital" and "On childbirth in the local population"). Also, L. Simonova-Khokhryakova's article "Magic, fortune-telling and treatment of Sart women in Samarkand" was published [26, p. 40-72]. In the article, she provides information about the domestic life of local women, their belief in different fortunes, and traditional treatments. It says that fortune tellers lived on almost every street. According to the author, fortune-telling and methods of treatment were very simple and uniform. At the head of divination stood a fortune teller (tsar lamp), in the city he was well known.

The outpatient director of the female doctors was appointed by the military medical inspector of the Turkestan Military District and approved by the military governor-general. They were given a four-month leave of absence once every three years (this was given only with the permission of the Governor-General of Turkestan). Female doctors were paid 800-1000 rubles a year and 300 rubles for travel.

## CONCLUSION

In short, in the late nineteenth and early twentieth centuries, along with the preservation of traditional procedures in the provision of medical services in the Turkestan region, there were also innovative processes. In particular, during this period, special medical facilities for children and



women were opened, which were provided by modern specialists.

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