

The work of the Transbaikal Provincial Department of Health on health education in 1923–1926

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Abstract

The paper discusses the relatively understudied work of the Transbaikal Provincial Department of Health – the organisation of health education. The authors gathered and analysed unpublished sources from the State Archives of the Transbaikal Region and the State Archives of the Khabarovsk Region. The paper employs materials from statistical books and periodical press. The materials at the disposal of the authors show the relevance of health education in Eastern Transbaikalia. This is also confirmed by data on the challenging epidemiologic environment in the region – statistics on the rampancy of infectious and venereal diseases, as well as lung and gastrointestinal diseases among the local population. The paper analyses the conditions under which health education was established in the Transbaikal Province. The authors found that the beginning of this process in the region traces back to 1923. It was accompanied by considerable challenges, chief among them being the shortage of material resources and qualified personnel. Medical personnel prepared reports and held lectures, sanitary courts, and exhibitions. The paper cites statistics on primary health education events, the number of which increased every year according to the statistics. Materials of the health education program in institutions in the Borzinsky District of the Transbaikal Province shed light on the subject and content of said events. An in-depth analysis of the progress of agitation campaigns – three-day campaigns to tackle social diseases, which were conducted in the region during summer in 1924 and 1925 – is provided. Much attention is paid to the history of the establishment and multi-faceted work of the principal health educational institution – the House of Health Education – in Chita in 1925.

Keywords

health history, Eastern Transbaikalia, health education, medical knowledge popularization, sanitary court, House of Health Education

Issues relating to the history of medicine and health in Eastern Transbaikalia have been the subject of numerous researches. Soviet authors – doctors, historians and sociologists – devoted much attention to these issues. Most of them came to the disappointing conclusion that for a long period, this region was an area with a challenging epidemiologic environment. Scurvy, typhus and fever epidemics that flared up in the region in the 18th and 19th centuries (Petryaev 1954), and the history of the spread of syphilis among the local population were studied (Abramovich, Marukhnenko, 1967). Information on the state of medical care is available:

“In 1865, there were 4 admission wards with 16 beds in rural areas. In 1879, 72 patients passed through all “treatment houses” of the Transbaikal Region!”¹

In the modern era, the work of researchers addressed a wider range of challenges and subject matter. Thus, publications dedicated to the history of medicine and healthcare in Transbaikal amid the revolution, civil war and change of political regimes emerged

¹ Zhuravleva K.I. Healthcare and public health in Transbaikalia (1765–1975): Thesis... Doctor of medical sciences. Chita, 1966. p. 8.

(Shalamov 2015a, 2015b, 2015c, 2017a; Bashkuev, Bashkueva 2015). The authors examined the impact of these factors on the epidemiologic situation and gave its description based on new data never used scientific discourse before. Also of interest is the series of recent publications that explore everyday practices, including medical practices, of various ethnic, religious and social groups in the region. The publications also analyse the relationship between household conditions and the spread of diseases (Orlova 2016, Shalamov 2013, 2017b).

After studying the works of predecessors, we agree with their general conclusion that the epidemiologic environment in Eastern Transbaikalia was very challenging when the Soviet regime took over. Materials from the State Archives of the Transbaikal Region and the State Archives of Khabarovsk Region include statistical books containing information about the high prevalence of infectious diseases (scarlet fever, measles, typhoid fever, dysentery, tuberculosis) and venereal (syphilis, gonorrhoea) diseases among the local population. The same sources also show that in the early 1920s, the region also saw outbreaks of quarantine diseases, such as anthrax and plague² (Dalnevostochnoe... 1926, p. 68–69).

Among factors that directly influenced the epidemiologic environment in the region, we note economic, medical-organisational and social factors. The former relate to the shortage of the necessary material resources. According to archive data, the budget of the Transbaikal Province was the “weakest” in the Far East.³ As a result, public health was funded with whatever funds remained. The medical-organisational picture also looked bad. In the years of the protracted civil war and foreign intervention, many medical facilities in the region were either plundered or destroyed, and there was a crippling shortage of personnel.⁴ Among the social factors, we note the predominance of the rural population over the urban population in the Transbaikal society. There were also specific ethnic (Buryats, Tungus-Orochons) and religious (Old Ritualists) groups, as well as the related peculiarities in living the way of life and sanitary culture. Public utilities in Transbaikal villages were unsatisfactory: unsanitary conditions flourished in the streets and public water places, and farmhouses also lacked ventilation windows (Sanitarno-prosvetitel'naya... 1925). All this created a conducive environment for the spread of diseases among the population, which often practiced self-treatment or resorted to witch doctors and shamans.

To turn the situation around, the Bolshevik government had to resolve many tasks. It had to provide the public in the region with qualified and affordable

medical assistance, and to make an effort to prevent the spread of the most dangerous diseases. Health departments created as part of provincial and district executive committees were tasked with overseeing this work (Orlova 2011, p. 304; Makarochkina 2015, p. 236). The end of 1922 marked the beginning of the process of establishing three sub-departments in the Transbaikal Provincial Department of Health: treatment, preventive health and health education sub-departments. This article deals with the work of the latter.

The basic functions of this sub-department included active mass popularisation of medical knowledge and the improvement of hygiene among the population. However, its practical work faced several challenges. During the first months of the Soviet regime in the region, its bodies went through a period of institutionalisation. For instance, the office of the Transbaikal Provincial Department of Health was represented by just one staff member – the head of the department. The lack of funding was also a problem. This is particularly why during the first year of the Soviet regime health education was conducted primarily by distributing leaflets and brochures, and by giving lectures and presenting reports in institutions of the provincial centre (Moroz, Moroz 2017, p. 103).⁵ Sanitary courts were sometimes held. These were educational or agitation role-playing events featuring individuals in an actual criminal court in discussion with each other. A total of 50 lectures and 8 sanitary courts were held in Chita in 1923. Also, small health exhibitions were held at urban clubs of the army healthcare unit and Komsomol members.⁶

In some areas, mass health education became possible as late as October 1923. This was due to challenges in the recruitment of qualified personnel, late dissemination of instructions, lack of literature and training aids, etc. However, in less than three months, it was possible to host 14 health education events in the Akshinsky District and 11 in the Aleksandro-Zavodsky District. Similar work was carried out in the Nerchinsko-Zavodsky and Chitinsky districts, although no exact statistical data could be found. The most intensive work was carried out in the Sretensky District, where a health education cell was created, which then gave lectures, presented reports, conducted stage plays, and published a bulletin board newspaper. The work could not be carried out only in the Petrovsko-Zavodsky District (created in 1923 in the Verkhneudinsky and Troitskosavsky districts of the disbanded Pribaikal Province). This was because of both local government reforms and the considerable number of Old Ritualists living there who did not believe in conventional medicine.⁷

The first year in Eastern Transbaikalia was marked with major challenges which slowed down work on

² State Archives of the Transbaikal Region (GAZK). F. R-1393. Op. 1. D. 26. L. 145.

³ GAZK. F. R-1448. Op. 1. D. 198. L. 86.

⁴ GAZK. F. R-1393. Op. 1. D. 26. L. 133 ob.

⁵ State Archives of the Khabarovsk Region (GAKhK). F. R-58. Op. 1. D. 25. L. 64.

⁶ GAZK. F. R-1393. Op. 1. D. 100. L. 58–58 ob.

⁷ GAZK. F. R-1393. Op. 1. D. 100. L. 58 ob.–59.

health education in this region: lack of resources and the necessary literature, as well as the public's reluctance to participate. There was also a direct link between the quality of health education and the work of individual medical workers. The work was characterised by consistency and systematic nature when the local doctor and feldshers paid sufficient attention, but deteriorated when there was no desire or capacity. One of the reports of the Transbaikalian Provincial Department of Health describes an excellent example. In the Chernovskiy mines in the Chitinsky District, the head of the local department of health, doctor Tymchuk, "had completely not grasped the value of health education", as a result of which the quality of this work was very poor. Only the active work of other medical workers enabled to conduct educational events among the local labourers and to achieve practical results: after a few lectures and staged courts involving "an individual suffering from syphilis who was refusing treatment" and "a prostitute guilty of spreading venereal diseases"; a separate bathhouse was built for those suffering from skin and venereal diseases.⁸

From 1924, more funds were available for the needs of the Transbaikalian Provincial Department of Health, and literature, brochures, leaflets and instructions for hosting various events were distributed. This provided a boost to health education. As a result, medical workers gave 107 lectures in Chita and 453 in rural areas.⁹ A three-day agitation campaign to tackle the so-called "social diseases" (alcoholism, prostitution, syphilis, tuberculosis) was conducted during summer.

The special committee on the three-day campaign set the dates of the campaign at 10, 11 and 12 August in Chita, and 24, 25 and 26 August in the districts. It also drew up a plan which included an agitation/popularisation part and financial part. Five thousand pieces of ribbons were printed with 15 popular slogans, such as "Workers' health is the work of the workers themselves", "An alcoholic is an enemy of labour, an enemy of the Soviet system", "Everyone to the fight against social diseases", etc. Sixteen thousand leaflets with a description of the goal of the campaign and 100 posters with a timetable of the events were also printed. As part of the three-day campaign, 20 lectures were held in 13 urban clubs. An educational exhibition and a "court for a feeble worker" were held in the club of transport workers in Chita I; M.D. Utenkov's play "Stigmatic" about people suffering from syphilis was staged in the club of Chernovskiy mines. The collection of donations – which "had some success" – was carried out.¹⁰

In the districts, the three-day campaign held in August and September was extended to a few weeks due

to field work. Medical workers, who organised 23 lectures and 5 stage plays, participated in the campaign. The Sretensky District once more set an example of active and quality work. The district centre published 1000 copies of a one-day newspaper dedicated to the campaign. In three days, reports were presented, lectures, talks and stage plays were organised. The work on health education reached 3000 people in rural areas. As noted by the author of the report on the three-day campaign, the head of the health education sub-department of the Transbaikalian Provincial Department of Health, L.G. Peretts, the events were met with great interest, particularly among the peasants: "...These were keen, attentive listeners, who took in alien, unfamiliar words and meanings with awe".¹¹

The expansion of the work on health education in the districts yielded a crucial practical result – the public's interest in the work grew. In particular, during the winter of 1924–1925, the Borzinsky district committee of the Russian Communist Party (Bolshevik) "in response to the request of the masses", decided to conduct a six-month health education campaign in local village reading rooms, which included lectures and reports on the broadest range of issues.¹²

By 1925, the increased coverage of health education enabled to raise the issue of setting up the House of Health Education in the Transbaikalian Province. Since the early 1920s, such institutions were established in regional and provincial centres, as well as in major cities as organisational and methodological centres of health education. With the active assistance of the head of the health and disease control sub-department of the department of health of the Transbaikalian Railway, epidemiologist D.V. Pisarev, this work also commenced in Chita.

The initial plan involved the setting up of three departments (offices) at the House of Health Educa-

¹¹ GAZK. F. R-1393. Op. 1. D. 100. L. 15.

¹² The subject matter of the health education program in the village reading rooms of the Borzinsky District for 1924–1925 included the following: "Soviet government and public health. Principles of Soviet medicine", "The concept of life and death. The cell: unicellular and multicellular organisms", "The structure and life of the human species", "The concept of health and disease. Microorganisms, their spread and entry into the body", "The concept of infectious diseases and precautionary measures. Immunity. Vaccination", "Hygiene of the home, water and air. Supervision of cleanliness in populated places, wells, prevention of their contamination. Food supervision", "Social hygiene and diseases (tuberculosis, venereal diseases, alcoholism and the fight against them)", "Maternity and child welfare. Children's health. Physical education", "The physiological process of the female body. Prenatal, natal and postnatal hygiene. Abortion. Natural and artificial alimentation. Infancy diseases" (in women's sections), "First aid in case of accident (explosions, injuries, burns, poisoning, bleeding, asphyxiation, etc)", "Care for the sick and wounded" (Ref.: GAZK. F. R-1393. Op. 1. D. 100. L. 54).

⁸ GAZK. F. R-1393. Op. 1. D. 100. L. 58 ob.

⁹ GAZK. F. R-1393. Op. 1. D. 26. L. 141.

¹⁰ GAZK. F. R-1393. Op. 1. D. 100. L. 16–19.

tion – general and pathological anatomy, histology, maternity and child welfare, and social diseases, as well as infectious diseases and plague.¹³ The institution was scheduled to open for visitors in October 1924, although these plans were hampered by a lack of resources. In light of this, the work was mostly organisational in the last months. Meanwhile, equipment (furniture, exhibits) was prepared and a library was set up. The materials in the library consisted of medical literature from the libraries of the Transbaikal Provincial Department of Health and the Far Eastern Regional Department of Health, obtained from the pharmacy department and bought from individuals in Chita. This also helped prepare and distribute 20–25 copies of literature on health education to small libraries in the districts. Furthermore, a theatrical group of 15 people, who began rehearsals of the “court for midwife Lopukhina”, was assembled from urban medical workers.¹⁴

The House of Health Education in Chita opened in 1925. It had a lecture hall and a museum with five sections – anatomy, physiology and embryology, pathological anatomy, infectious diseases and social diseases. It was open from 5 p.m. to 8 p.m. during weekdays, and from 1 p.m. to 2 p.m. on holidays and weekends. The staff at the institution immediately commenced its work – it conducted lectures, presented reports and conducted tours in the museum. In 1925, they organised a travelling exhibition, the route of which passed from Chita to Verkhneudinsk and reached about 1000 people (*Sanitarnoe...* 1925). Thereafter, it had about 13 thousand visitors, including 7670 peasants, 5141 factory and office workers, and 152 Buryats.¹⁵ However, the exhibition was shut down as early as October due to lack of resources.¹⁶

The work of the House of Health Education aroused great interest among city residents. The House of Health Education was visited by groups of organised members of the public (pensioners and Komsomol members, trade unionists and army conscripts), as well as anyone wishing to visit. The events had a huge educational impact. One female labourer made the following entry in the Guest Book: “I consider visiting the House of Health Education very beneficial. After such a visit, there is a desire to look after one’s health, seeing what misery and horrors may result from our ignorance” (*Dom sanitarnogo...* 1925).

The opening of the House of Health Education helped the expansion of the work on health education in the province. In 1925, 661 events were held in Chi-

ta and 405 in the districts.¹⁷ The three-day campaign to tackle social diseases, which had become an annual event, was also held. In Chita, the campaign was held on 15, 16 and 17 August 1925. As part of the three-day campaign, the city Garden of Trade Unions hosted an exhibition of the respective literature and brochures. Leaflets and posters were distributed. An anti-tuberculosis social drama directed by V. Gardin, titled “The Golubin Mansion” – was screened. An exhibition was also organised at the Dalny train station, and leaflets were distributed. The events were free of charge and included the collection of donations. Similar work was conducted in the districts on 29, 30 and 31 August 1925. To this end, 2000 books, 8000 posters and 2500 copies of the typographically printed bulletin board newspaper “For a healthy household” were sent to the districts (Moroz, Moroz 2017, p. 104; *Trekhdnevnik po borbe...* 1925).

Overall, the period under review saw the establishment of areas of health education, including mass popularisation of knowledge about human health and methods of its preservation, the prevention of the most common and dangerous diseases of various origins, hygiene education and the popularisation of healthy lifestyles among the local population. Analysis of the primary forms of this work shows the predominance of lectures and reports that were the easiest to organise, as well as stage events (sanitary courts and stage plays), which had to do with the poor literacy skills of the local population, particularly the peasant population. The choice of these forms enabled to convey information to any listener. Unfortunately, sanitary exhibitions, the organisation of which required additional resources and qualified personnel, did not become widespread and were accessible primarily to the residents of Chita. In this environment, periodic mass agitation campaigns, which reached the rural population of the region, were critical.

The work of the Transbaikal Provincial Department of Health and its sub-departments ended in January 1926 due to local government reforms.¹⁸ Despite the relatively brief period of its work, this department made a great contribution to the health education of the local residents. In the most difficult circumstances, without the necessary resources and qualified personnel, medical-organisational and practical experience was gained, based on which this work continued. It was largely thanks this work that epidemic diseases among residents of the city had dropped by the late 1920s. The hygiene culture of the local population, including the Buryat and Old Ritualist population, gradually improved. Conditions for the improvement of public health among residents of Eastern Transbaikalia were established.

¹³ GAZK. F. R-1393. Op. 1. D. 100. L. 67.

¹⁴ GAZK. F. R-1393. Op. 1. D. 100. L. 56 ob.

¹⁵ GAZK. F. R-1393. Op. 1. D. 26. L. 141.

¹⁶ GAZK. F. R-1393. Op. 1. D. 26. L. 325.

¹⁷ GAZK. F. R-1393. Op. 1. D. 26. L. 141.

¹⁸ GAZK. Introduction to the finding aid R-1393. P. 5.

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