

The work of the Russian Red Cross in pre-revolutionary Transbaikal

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Beginning in 1867, training nurses to work in military hospitals became a priority for the Russian Red Cross Society (RRCS). From 1884–1906, the Transbaikal region was a part of the Priamursky Governor-Generalship, in which, until the mid-1890s, there were no sisters of mercy societies or appropriate training courses. In the region's vast territory there was only the RRCS's Nerchinsk local administration, which did not demonstrate significant activity. The troubled foreign policy situation in Eastern Siberia and the Far East necessitated the opening of additional military infirmaries and outpatient clinics, and the organization of systematic training for field nurses. In order for medical and social work to provide a more complete coverage of the border region and for more direct organizational and methodological leadership, a Transbaikal (Chita) local RRCS administration was established in the Transbaikal region in 1894. Its center was located in Chita and headed by the military governor. As a result, the process of training nurses, the organization of nurses' societies and the opening of infirmaries and outpatient clinics was systematized. Given the general shortage of qualified medical specialists and medical institutions, the work of the Transbaikal RRCS's local administration was significant. On the basis of the Chita and Verkhneudinsk infirmaries that were created, surgical, therapeutic and obstetric care as well as treatment for socially significant diseases was improved. Hospital beds for rural residents were provided, as well as vaccination and, when necessary, anti-epidemic programs. As a result, in the first quarter of the 20th century, local Transbaikal RRCS committees under the leadership of the Transbaikal local administration played an important role in increasing the availability of medical care to the Transbaikal population.

Keywords: *history of medicine, Transbaikal region, Chita local administration of the Russian Red Cross, nurses' societies, infirmary*

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The Krestovozdvizhenskaya society of nurses was established in Saint Petersburg in October 1854 to provide medical care on the battlefield [1, p. 201]. By the early 20th century, the organisation of the medical and sanitary work of the Russian Red Cross Society (RRCS) had taken on a systematic nature and had reached remote regions of the country [2, p. 20]. Based on the experience from the Crimean and Russo-Turkish wars and taking into consideration the tense foreign policy situation, the leadership of the RRCS began to

put into place the necessary measures which, in the event of military operations, would ensure efficient delivery of medical care to service personnel at various stages of the medical process. From 1880 to 1917, the RRCS was under the highest patronage of Empress Maria Fedorovna and was based in Saint Petersburg (9 Inzhenernaya Street).¹ That the Red Cross Society would work closely with various government bodies was envisaged during its establishment. The RRCS' overarching goal was to provide the army with as much material and medical assistance as possible.

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¹ State Archive of the Republic of Buryatia (GARB). F. 101 Op. 1 D. 3 L. 82.

The RRCS lived off private donations and its work was strictly governed by its charter. The district and local administrations of the RRCS presided over regional institutions of the society [2, p. 23].

The purpose of this article is to analyse the conditions under which the Transbaikal (Chita) local RRCS administration was created and to examine its significance in the development of the health care system of the region.

The Priamursky Governor-Generalship was established in 1884 in order to improve the governance of the region and it consisted of the Amur, Primorsky and The Transbaikal regions,² as well as the Vladivostok Military Governorate (1898) and Sakhalin Island.

The Priamursky district RRCS administration, which was headed by the governor-general, as well as local administrations head by governors were established soon after. The Red Cross Society began its work in the Russian Far East in the 1870s, when district administrations, including the Eastern Siberia administration, were created. The establishment of local Red Cross administrations in Transbaikal began in the late 19th century. Unlike other provinces, the Priamursky Governor-Generalship had neither nursing societies nor the appropriate training courses before the mid-1890s [3, p. 243]. Nurses were trained by the Russian Red Cross Society. The involvement of the Ministry of Internal Affairs in the work of the main branch of the Red Cross ensured its influence in the training of medical personnel [4, p. 199].

Chairman of the Priamursky district RRCS administration, S.M. Dukhovskiy, appealed to the Military Governor of the The Transbaikal region from Khabarovsk on 9 December 1893 (document No. 50): “At the moment, administrative bodies of the Russian Red Cross Society in the Priamursky military district exist in Khabarovsk – a district administration, and in Vladivostok – Blagoveshchensk and Nerchinsk local administrations. Therefore, in Primorsky Region there are two operational bodies – one in Amur and the other in Transbaikal, which means most are in the least populated regions, leaving just one in the most populated region.

² The Transbaikal region was part of the Priamursky Governor-Generalship until 1906, and then later – part of the Irkutsk Governor-Generalship.

It is my understanding that for the successful development of the work of the Red Cross Society and, taking into consideration the high purpose of the society: assisting in caring for wounded and sick soldiers during the war and providing them with medical and other assistance, it would be better to establish another body in the The Transbaikal region, particularly the Chita local administration. <...> Based on § 22 of the RRCS Charter, district and local administrations shall be established with the permission of governor-generals, where they exist, or governors, when the number of full members of the society of both sexes is at least thirty in the given area. Local committees shall be created at the request of local administrations and with the approval of governors, when the number of full members is at least five. Your Excellency, I kindly ask you to take on the establishment, in the city of Chita, of the Local Administration of the Russian Red Cross Society and for guidance, I attach the charter of the society. According to § 8, the society shall consist of: A) members: honorary, benefactors and full members and B) associate members; § 15. The title of full member shall be awarded to persons whose annual contribution to the main branch is at least ten rubles, or persons who have made a lump-sum payment of at least two hundred rubles, or in one of the local institutions of the society, at the decision of the general meetings of members of each local branch, from five rubles to ten rubles every year or a lump-sum payment of a hundred rubles; § 16. Associate members are persons who have paid to the main branch at least three rubles a year or a lump-sum of sixty rubles to one of the local institutions of the society, from one to three rubles a year or a lump-sum payment of twenty-five rubles. The size of the annual contribution of associate members of local institutions of the society, within the range given above, is determined at the decision of the general meetings of members of said institutions”.³

In order to expand the operations of the RRCS on his assigned territory, the military governor of the Transbaikal region appealed to the mayor of Verkhneudinsk (Ulan-Ude), A.V. Ovsyankin, on 14 February 1894 (document No. 1257): “Forwarding herewith a copy of

³ GARB. F. 10. Op. 1. D. 1019. L. 2–2 ob.

the letter of the Chairman of the Priamursky District Administration of the Red Cross Society, Lieutenant General Sergey Mikhailovich Dukhovskiy, of 9 December 1893 No. 50, along with the signature sheet for those wishing to enrol as members of the local administration of the Russian Red Cross Society, as well as an extract from the charter of said society, I kindly request that you assist in enlisting, in the city assigned to you, as many members as possible and, along with the return of the signature sheet, notify me as quickly”.⁴ The correspondence continues and the military governor of the Transbaikal region again appeals to the mayor of Verkhneudinsk from Chita (2 May 1894, document No. 2844): “Persons wishing to enrol as members of the local administration of the Russian Red Cross Society may transfer money to the Chita provincial treasury to my deposit account for the Red Cross”.⁵

The RRCS local administration in Chita was opened on 8 May 1894 (in 1897 it was renamed the Transbaikal Local Administration of RRCS) [5, p. 88]. Its primary work was the organisation of funding and recruitment of new members for the society. Recognising the importance of supporting the local RRCS administration in Transbaikal, the mayor of Verkhneudinsk on 12 May 1894 (report No. 73) issues a response to the military governor of The Transbaikal region on the approval to join the Red Cross Society.⁶

Records from 12 June 1894⁷ show that the Chita branch of the RRCS had 43 full members.

The local administration of the RRCS in Chita appealed to the mayor of Verkhneudinsk on 10 August 1894: “Following the presentation of your report No. 73 addressed to the military governor of the Transbaikal region, by forwarding the list of persons who have signed the signature sheet sent by you for enrolment as members of the local administration of the Red Cross Society in Chita, the Chita administration of the Red Cross Society requests to transfer their contributions to the administration. Signature: Chairman, Georgy, Bishop of Transbaikal and Nerchinsk. Clerk”.⁸

Three individuals put their signatures to the signature sheet of the mayor of Verkhneudinsk and enrolled as full members (contributed 5 rubles each), while 18 signed up as associate members (contributed 3 rubles) of the Chita RRCS administration.

The mayor of Verkhneudinsk also issued a petition on 31 December 1894: “Following the letter of the Chairman of the Chita administration of the Russian Red Cross Society, dated 10 August, No. 6, by attaching on the reverse page the entire list of members with indication of the amounts they paid, I request the immediate transfer of the money to the council for forwarding to whom it may concern. Sign and return the notice after reading”.⁹ Such notices were issued to all members of the society and were returned with signatures. The following note was attached at the end: “Money amounting to fifty-five rubles was sent on 3 November 1894, record No.1512, to the Chita administration of the Russian Red Cross Society”. Chairmen of the Chita administration of the RRCS changed from time to time. Military governors of the Transbaikal region usually assumed the honorary post of chairman [6, p. 68]. Along with government officials and their families, merchants and the intelligentsia were also members of the society in local branches of the Red Cross. With rare exceptions, many medical workers in Red Cross institutions were not Red Cross members, but merely service personnel who had no say in organisational matters [7, p. 8].

In 1905, military governor Ivan Vasilyevich Kholshevnikov¹⁰ was chairman of the Transbaikal local RRCS administration. The Red Cross Society had 250 members in China in 1905. Aleksandr Konstantinovich Bocharov¹¹ was elected chairman of the Transbaikal local RRCS administration at a board meeting on 21 June 1909. The administration consisted of the chairman, vice chairman (Chita merchant Konstantin Ivanovich Kolesh), board members – A.G. Tsitovich, A.M. Popov, N.N. Shcheglov, V.M. Savrasov, A.V. Oreolovich, I.P. Ivanov.¹²

⁴ GARB. F. 10. Op. 1. D. 1019. L. 1.

⁵ GARB. F. 10. Op. 1. D. 1019. L. 5.

⁶ GARB. F. 10. Op. 1. D. 1019. L. 6.

⁷ GARB. F. 10. Op. 1. D. 1019. L. 3.

⁸ GARB. F. 10. Op. 1. D. 1019. L. 8.

⁹ GARB. F. 10. Op. 1. D. 1019. L. 10.

¹⁰ State Archive of Transbaikal Territory (GAZK). F. 15. Op. 1. St. unit. 9. L. 55.

¹¹ GAZK. F. 15. Op. 1. St. unit. 6. L. 5.

¹² GAZK. F. 15. Op. 1. St. unit. 6. L. 21.

One of the meetings of the Transbaikal local administration was held on 14 November 1910.¹³ That meeting was chaired by A.K. Bocharov. K.I. Kolesh was vice chairman and the Verkhneudinsk local administration was represented by A.V. Oreolovich. Presidium members were A.G. Tsitovich, L.I. Erbel, I.P. Ivanov. The meeting was also attended by acting regional medical inspector, Doctor of Medicine V.A. Burmakin, chief physician of the nursing society V.A. Sviridov and clerk of the local administration N.S. Mrochevsky. The meeting discussed participation in programmes to tackle the plague in the Transbaikal region. The request by the region's military governor for assistance from the Red Cross local administration was conveyed. Joint operations on combating the plague – which was widespread in the Transbaikal region and neighbouring Manchuria – were therefore quickly approved. Nursing societies were the foundation of the RRCS because as mid-level personnel, nurses were particularly responsible for implementing the ideas and principles of the society [2, p. 36]. The training of nurses became a priority in the Transbaikal region (in Chita the military semi-hospital and city hospital with 10 beds were in urgent need of qualified medical staff). A fundraiser was organised. The funds were transferred to savings book No. 271 of the Chita branch of the national bank. The donations were spontaneous in nature and the interest was very small [5, p. 88]. In 1900 the situation in the Russian Far East remained difficult: the region was still in need of medical institutions and qualified personnel. Nursing societies with infirmaries, which had partially eased the situation, were only active in Khabarovsk and Blagoveshchensk [3, p. 245]. Russia's combat operations on the territory of Manchuria in 1900 sped up the resolution of this problem. Only members of the nursing society, who were non-existent in Transbaikal at that time, were allowed to work in mobile military hospitals, and so even the six nurses at the Chita infirmary had been brought in from St Petersburg. These circumstances forced the Transbaikal local RRCS administration at a meeting on 12 September 1900 to raise the issue of establishing a nursing society in Chita which was to have its own outpatient clinic. "Medical

institutions in the region cannot provide proper care for the sick because male staff is not always suitable for that and the region does not have nurses," participants of this meeting wrote to the main branch of the RRCS and requested a one-time subsidy of 3800 rubles and the same amount every year in order to open and maintain a nursing society with an outpatient clinic and a hospital [8, p. 29]. By 1900 the Chita branch of the RRCS had managed to raise just 2459 rubles (more than 1500 rubles came from benefit performances and public lectures conducted by Chita doctors). Before the official opening of the society in July 1900, the local administration of the RRCS in Chita notified both the Khabarovsk district and Saint Petersburg of ten voluntary nurses who were available and were capable of providing the necessary care to the sick and wounded participants of the Boxer Rebellion in China. However, that offer was rejected: military hospitals were instructed to enlist only nurses from nursing societies. This order was officially stated in the RRCS circular No. 275 of 1 August 1900, which was then the primary document which governed the assignment of sanitary personnel. The main reason behind this policy was that voluntary nurses could discredit themselves and the fledgling nursing institution and as a result undermine the credibility of the institution.

In its early days, due to the scarcity of funds, the nursing society was able to enrol for training no more than five women who had chosen this profession. The charter of the society set very high requirements for its members: "The nurse shall, above all, be a person able to care for the sick, with her skilled and tender care, facilitate the correct regimen prescribed by the doctor. With her tenacity, her tender care, she shall provide moral comfort for the sick; she shall help the sick in everything, while monitoring his environment and not disdain even menial work. The title of nurse of the Russian Red Cross Society shall be given only at the discretion of the Council with full sanitary and moral training of the subject for the impending job. Nurses shall serve free of charge. Self-neglect shall be the first condition of her Christian calling. Nurses shall have no right to accept any reward or gifts from outside institutions or persons. Institutions and persons using the services of nurses shall pay a set fee at the cash office of the society to compensate for

¹³ GAZK. F. 15. Op. 1. St. unit 9. L. 73.

the work of the nurses without handing over the money to the nurses. In the event of a misdeed by a nurse, she shall be expelled from the society and shall have no right to wear the nurse uniform and the red cross..." [9, p. 255]. Nurses lived in a hostel, fully supported by the society, and received a very humble wage. However, many women expressed a desire to become nurses and sent applications to the The Transbaikal regional Inspector. One application sent by Ekaterina Lubinkova, a middle-class girl in Chita, has been well-preserved: "I stand here privileged to kindly ask your Honour to enrol me as a nurse in the city of Chita. 14 June 1900".¹⁴

The training was conducted in accordance with a nursing preparatory course approved on 8 October 1896 by the main branch of the RRCS.

The programme was intended for a standard one-year course, laid out in the RRCS circular No. 18 of 1 October 1896. The programme consisted of seven parts: 1) anatomy and physiology; 2) a therapeutic part; 3) a section devoted to hygiene and dietetics; 4) practical skills for patient care and observation; 5) training of disinfection and sterilisation and preparation of materials and tools for conducting operations and dressing; 6) a pharmacology section (medicines and mechanisms of their effect were studied, training of skills for preparing ointments, decoctions, pills and mustard plaster); 7) a practical section (training of sewing skills and cooking for patients) [5, p. 93–94]. Theoretical classes were taught by doctor K.D. Kolchevsky. The nurses gained their practical skills first at the Chita military infirmary, where they alternated on daily duty. The number of patients in the outpatient department gradually increased and, together with the doctor, the nurses were directly involved in attending to patients and learnt dressing, basic medical procedures and issuing of prescriptions on the field. Medical facilities in the city were usually overcrowded and so simple surgical operations were carried out in outpatient clinics [10, p. 63]. Together with students of the obstetric school, the nurses began conducting free immunisation against smallpox in the outpatient clinic of the society in April 1902.

In the first year of their training, the nurses of the society gained special knowledge necessary

for their practical work and passed examinations to qualify as nurses. During military operations, the RRCS provided the established infirmaries and their medical staff with considerable reserves necessary for their independent operation, including ward tents, equipment and bedding items for the wounded, medicines and medical instruments, as well as food, stocks and money for solving urgent tasks [11, p. 139]. In 1906 the Red Cross infirmary in Chita had 15 beds and the best doctors worked there: Y.M. Sholts, A.L. Tseytlin [6, p. 68]. The issue of expanding the infirmary (particularly the surgical ward) was raised again in August 1907. In-patients had to be isolated from out-patients. The infirmary of the society remained much-needed and even accepted hopeless cases that had been turned down by the Chita city hospital. According to the charter of the Red Cross Society, with the outbreak of the Russo-Japanese war, nine local committees and volost trusteeships were further set up in the Transbaikal region. There are records of local committees in Verkhneudinsk, Sretensk, Khiloksky, Akshinsky, Manchuria, Nerchinsko-Zavodsky and Uzulginsky. Among volost trusteeships, only the Tyrgetuevsky and Verkhneangarsk trusteeships are reliably known to have existed. Of the nine local committees commissioned in the previous reporting year, only four published reports of their work – Verkhneudinsk (present-day Republic of Buryatia), Sretensk, Akshinsky and Khiloksky (present-day Transbaikal Territory).¹⁵ On 27 February 1908, the Verkhneudinsk local committee was renamed the Verkhneudinsk local administration of the Red Cross,¹⁶ which in turn was part of the Transbaikal local administration and reported to the main branch of the RRCS.¹⁷ Thanks to the charity work of Chita merchant D.F. Ignatyev, a new wooden building was quickly built for the Chita infirmary and by 1909 it had expanded from 15 beds to 40 beds (surgical and therapeutic departments). The city funded the allocation of two beds for maternity patients, which was crucial for the improvement of the obstetric service. From 1910, the hospital allocated ten beds free of charge for villagers in

¹⁵ GAZK. F. 101. Op. 1. D. 3. L. 83-83 ob.

¹⁶ GARB. F. 101. Op. 1. D. 2. L. 111.

¹⁷ GARB. F. 101. Op. 1. D. 2. L. 111.

¹⁴ GAZK. F. 1. Op. 2 (vr). D. 370. L. 6.

need of operations (at the instruction of district doctors). The principles of zemstvo medicine in Transbaikal were embodied in this decision.

In May 1912, at the request of the Transbaikal branch of the All-Russia league for combating tuberculosis, residents of Chita and surrounding areas suffering from tuberculosis were treated and received medicine for free at the outpatient clinic of the society. The society lived off private donations (fundraising through social functions and festivities). The Chita military semi-hospital paid for the work of nurses on assignment. Small sums came from a charity collections in the outpatient clinic, but most of the income came from payments for treatment and maintenance of patients in the hospital of the society (in 1908 it amounted to 12772 rubles). Doctors attended to the sick for free and received only small sums to cover transportation costs. Half of the wages received by the nurses were spent on the development of the society [13, p. 298]. The first and only X-ray room in the Transbaikal region, which was acquired using funds from the Red Cross, opened on 28 March 1906 in Chita. Because the society lacked special facilities, of the X-ray room was initially housed at the Chita vocational school, which had an electric power station [6, p. 69]. In its first year, the X-ray room of the society operated every day for two hours and served patients not only at the instruction of doctors of the society, but from other medical institutions, as well as private practitioners.

Medical diagnosis equipment in Chita was not the worst in the country, which demonstrates the high medical research potential of Transbaikal doctors in the early 20th century. This was all made possible only by the socio-economic and cultural development of the Transbaikal region and extensive charity work. Experienced doctor and surgeon Avgust Genrikhovich Leger, who had been transferred from the Verkhneudinsk infirmary, was appointed chief physician of the society in March 1912. He left for the front¹⁸ along with nurses of the society in 1914. The Red Cross Society in Chita was left with no chief physician and was again forced to request the transfer of experienced surgeon Aleksandr Ivanovich

Khristov (1871–1920) from the RRCS military infirmary in Verkhneudinsk in 1916 [14 p.508]. The statement issued by the Verkhneudinsk local RRCS administration regarding the transfer of A.I. Khristov to Chita reads: “His departure will severely affect the work of the local Red Cross infirmary. Discharging his duties as chief physician of the infirmary, Khristov handled the work with distinction in his 4-month term as head of the infirmary. Khristov’s presence in the Verkhneudinsk infirmary as the only surgeon in the city is vital” [15, p. 79–80]. This shows efforts by the local authorities in the Transbaikal region to bolster the regional centre of Chita with qualified medical personnel.

The Nerchinsk local administration therefore remained the RRCS’ only local administration in the vast territory of Transbaikal in the second half of the 19th century and failed to cope with the primary tasks of the RRCS. In order for the medical and social work to more completely cover the region and to provide organisational and methodological leadership, the Transbaikal (Chita) local RRCS administration was established in the The Transbaikal region in 1894. Its centre was located in Chita and it was headed by the military governor. The need for systematic training of nurses locally, the opening of new outpatient clinics and infirmaries had a direct influence on the establishment of additional local administrations and committees of the RRCS in the the Transbaikal region. Amid the considerable shortage of civil medical institutions and qualified medical personnel, the work of the RRCS improved the accessibility of medical care for the public in this region. Proper and timely implementation of anti-epidemic measures in the border region considerably reduced human and material losses. In the end, the subsequent medical and charity work of local administrations and local committees of the RRCS under the leadership of the Transbaikal local administration of the RRCS, with the established advanced material-technical and qualified staff base, had a positive impact on the establishment of the foundation of the health care system on the territory of Transbaikal, which was strategically important for the Russian empire in the pre-revolution period.

¹⁸ GARB. F. 1778. Op. 1. D. 31. L. 51 ob.

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