

# To the history of the organization of care of venereal patients in the Far East of Russia in the 19th century

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## Abstract

In this article, the organization of medical care for venereal patients in the Far East of Russia in the 19th century is analyzed on the basis of archival sources. Venereal diseases were the most common in the north-eastern parts of this Russian region. The beginning of the organization of medical care for venereal patients started in the beginning of the 19th century. It was connected with the functioning of the first hospital for the infected, as well as the decree of Alexander I of the 20th of November 1807. The decree of the Emperor marked the beginning of systematic work to identify the causes of an epidemic and to find the conditions for their successful treatment. The study examines the work of doctors and representatives of the administration of the Far East.

In the 19th century, various options were tested for providing medical care to the infected (for example, doctors' secondments, the establishment of temporary syphilitic hospitals). A search for effective solutions was made taking into account the lifestyle of the indigenous population, geographical location and the medical capabilities of the region. All these decisions were palliative, since they could not eliminate the social basis for the spread of venereal diseases and, therefore, did not produce the desired results.

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## Keywords

history of medicine, the Far East, medical care, venereal disease

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In the 19th century, the Far East was a poorly explored territory, unevenly inhabited by the Russian military, industrialists and settlers. Originally, the north-eastern lands of the region were colonised. An aboriginal indigenous population, leading a mainly nomadic lifestyle, was predominant.

The dispersion of the sedentary population over large areas, the low medical culture of the inhabitants, the weak and small-numbered official medical staff, determined the nature of morbidity and health care. Rare, one-time and inaccessible for most, medical aid to venereal patients caused a wide prevalence of self-treatment, concealment and non-recognition of infectiousness of the disease.

It is impossible to establish the time of emergence and the sources of venereal diseases in the Far East. Syphilis, allegedly, infiltrated the region in several ways – firstly, from the west, along with the colonisa-

tion of the region; secondly, from Japan; thirdly, with American whalers and hunters (Fedotov and Mendrina 1975, p. 40).

It is difficult to judge the prevalence of venereal diseases due to the lack of satisfactory statistical data on morbidity and lack of health care. Nevertheless, the fragmentary data available indicate a high venereal incidence, particularly of syphilis. It was noted that the venereal disease in the region “is so rampant that there are almost no villages left unmarked by it, rare families could avoid this scourge”. The incidence of venereal diseases in the population of the Far East was the subject of close attention of the authorities, many physicians and public figures. Venereal diseases were considered as one of the reasons for the “extinction of aborigines”.

The purpose of this study is to highlight and analyse the main stages of the formation and development of

medical care for venereal patients in the Far Eastern lands of the Russian Empire using the example of the north-eastern outskirts in the 19th century. On the basis of the principles of historicism and objectivity, various methods were used: historical genetic and historical retrospective methods, chronological-problem approach, etc. The source base of this work was made up of documents from state archives – reports of physicians and medical students, reports of the Far Eastern administration, certificates, excerpts from journals of the Medical Council, and others. The diversity and factualness of the documents, the breadth of medical issues, the inconsistency of some information not only reflect the atmosphere of the hardest work of the small-numbered managerial and medical staff, but also make it possible to trace the first steps in organising medical aid to the population of the Far East.

The source base on this subject is not limited to unpublished archival material. We should mention periodicals of pre-revolutionary Russia – *Pravoslavny Blagovestnik* (The Orthodox Evangelist), *Yakutskie Eparkhialnye Vedomosti* (The Yakut Ecclesiastical Herald), *Kamchatskie Eparkhialnye Vedomosti* (The Kamchatka Ecclesiastical Herald), etc. The articles of these publications, as well as reports and notes of practicing Far Eastern physicians, for example, A.A. Shpir, E.F. Shperk, B. Dybovsky, V.N. Tyushov (Tyushov 1906), N.V. Kirillov, and travelling physicians – N.V. Slyunin (Slyunin 1900), V.P. Margaritov (Margaritov 1899), contain information on the poor economic situation of the indigenous population, the patriarchal way of their life and the peculiarities of family and social relations, on famine, the powerlessness of the population of the Far East, about the exploitation of the population by regal officials and alien people, which, undoubtedly, was a fertile ground for the spread of a wide variety of diseases leading to high mortality. Contemporaries' evidence of the extinction of the local population due to epidemics gave rise to the idea of “extinction of aborigines” in government circles and amongst the general public. Contrary to his statement, representative of the Ministry of Internal Affairs S.A. Buturlin, based upon his experience of studying the life of the local population, wrote that the reason for their extinction is a collision with civilisation, but “with civilisation only in the form of alcohol, syphilis and trade deception, and with state organisation, but only in the form of demanding yasak” (*Pravitelstvennye “zaboty”... 1908*, p. 4).

By the end of the 19th century progressive physicians had already developed an understanding of the nature of medical care for the indigenous population: “We need to practically help aborigines, protect them from alcohol, contagious diseases and organise medical care, and take the necessary measures to remedy the situation” (*Trudy 1-go Syezda... 1914*, p. 342).

Regionalists and populists became active critics of the regal policy in Siberia in the post-reform period. They studied it as colonial, considering epidemics one of the destructive consequences of Russian colonisation. Regionalists N.M. Yadrintsev, G.N. Potanin, P.M. Golovachev saw epidemics as the cause of depopulation amongst Siberian aborigines (Bashkuev 2016, p. 19). This thesis was repeatedly adopted and refuted by other researchers later on.

During the Soviet period, the main part of the historiography of the history of Russian medicine was created. Research interest in the pre-revolutionary history of health care in the Far East was actively being developed in the 1960s–1970s – a general description of medical care was given during the period in question, with attention being focused on the hopelessness of the situation of the indigenous peoples, on the despotism of regal officials and American and Japanese fish producers, etc. (Shchupak 1962, Isakov 1976, Navasardov 1960, Chikin 1978). The study of the history of pre-revolutionary health care in the country and in its distant regions does not stop (Zavyalov 2006, Poddubnyy et al. 2014, Vasiliev 2001, Ratmanov 2009, Voyt 2011, Lankina 2012).

There are extensive studies on various aspects of the history of the organisation of medical care in Russia in the 19th century, and to cover the whole body of work on this topic was not part of the objectives of this article. However, the history of medicine in the Far East, especially its north-eastern territories, remains insufficiently understood.

The first medical institution providing medical care for venereal patients in the Far East was opened in 1799 on Malkinsky mineral hot springs by the commandant of Kamchatka P.I. Koshelev. A year later, physician Malofeev arrived in Kamchatka to treat venereal diseases. But the medical staff was not sufficient. Commandant P.I. Koshelev sent a report to the Emperor on the wide prevalence of venereal diseases in the region. In response, Alexander I, by decree of the 20th of November 1807, to stop the disease, sent physician and correspondent for the Medical Council of the Court Councillor A.A. Shpir with two assistants to Kamchatka for three years. However, the goal set by the Emperor wasn't achieved. After leaving the peninsula ahead of time, A.A. Shpir gave an assessment of his work: “Considering the life conditions under which Kamchadals live, a doctor in Kamchatka is the most useless of all useless things...”. The difficulty of the delivery of medicines, the lack of pharmacies and hospitals and, most importantly, in the doctor's opinion, the lack of good and healthy food, rendered all therapeutic measures undertaken by the doctor unsuccessful.

In 1820, the Medical Council analysed A.A. Shpir's conclusions at the next meeting and decided that the reason for the mass spread of venereal diseases in the Far East was “the humid and cold air and scarcity of

food and medical supplies". The Medical Council determined the conditions and developed measures for the successful treatment of venereal patients: firstly, establishment of free hospitals equipped with everything necessary, including food, and secondly, patients should be kept warm, have healthy food and be under medical observation. The Medical Council didn't overlook the need for preventative measures – "to inculcate it within people as much as possible not to hide their illness, not to self-medicate but seek medical treatment with a doctor".

In 1818, P.I. Rikord, Chief of Kamchatka, anticipated and implemented the decision of the Council by founding stationary medical institutions with funds allocated for the management of the territory. The Malkinsky hospital (for 40 patients) on hot springs was rebuilt and expanded, and a new Tigilskaya hospital (for 25 patients) was established. The establishments were equipped with all the necessary mercuric (mercury (II) chloride/corrosive sublimate) and other medications and edible supplies. Physicians actively identified venereal patients in various villages. Patients who could not be cured at home were sent to hospitals.

In less than a year, physician Lyubarsky managed to cure 20 out of 32 patients. Practicing physicians expressed confidence that with such care of the local administration about the health of the inhabitants their recovery became possible. "It is useless and even detrimental to send inspectors like doctor A.A. Shpir to remote places, for their journey from St Petersburg to Kamchatka and back costs the government such expenses that could be used to build an excellent hospital". From the 23rd of July 1829 Kamchatka hospitals switched to the annual maintenance allocated to them by the Committee of Ministers – 10,126 roubles and 71 kopecks.

However, there were not enough hospitals. Nomadic Koryaks, Tungusic people, as well as sedentary Kamchadals, lived 500 km or more away from hospitals. It was noted that "more than half of Kamchatka's aborigines are ill, and ill almost incurably". Based upon the opinions of physicians, chief of Kamchatka A.V. Golenischev, in a report to the Minister of Internal Affairs in 1829, justified the need to build 4 more hospitals. This proposal was not supported by the Minister, the Medical Council and the Governor-General of Eastern Siberia as "the establishment of 4 more hospitals over the existing ones would incur significant expenses to the exchequer". They considered it rational to send 2 or 3 doctors and as many medical students to provide medical care to the local population: "They could easily provide medical care to the population constantly being amongst their villages and travelling around them as often as possible". The organisation of medical care for venereal patients by seconding medical officers to the Far East was maintained for decades. In situ, there was cooperation between the local administration and medical representatives, which was expressed not only

in helping to organise and implement medical and police measures and petitions to higher authorities for the expansion of medical care, but also in stimulating medical research. Physicians and medical students studied the disease, the characteristics of its course, looking for more effective means of treating it. So, doctor Lyubarsky received good results of treatment with Malkinsky mineral waters, and doctor Lenchevsky, during an experiment, came to the conclusion that the use of mercuric preparations in the form of tablets and solutions through rubbing and smoking only suppressed the disease, and Citman's decoction cured it. Applying a decoction to 4 congenital syphilis sufferers, he observed a marked improvement in the patients' condition from the first days, and full recovery by the end of the full course. Symptoms of the disease were not detected a year after treatment. In order to cure a greater number of venereal patients and finally eradicate this disease, in Lenchevsky's opinion, more Citman's decoction was required than was dispensed to hospitals. The necessary funds for creating 40 courses of Citman's decoction were allocated to each hospital. Along with Citman's decoction, physicians noted the effectiveness of such topical medicines as sedimentary red mercury ointment, sponging-down with mercury chloride and smoking with cinnabar.

The proportion of venereal patients seeking medical care was increasing – from 1851–1852 it was 20%, in 1854 – 33%, and in 1856 it reached 34% (Fedotov and Mendrina 1975, p. 46). These data indicate not only that the disease continued to be widespread amongst the population, but also that the method of identification of such patients had improved.

By the mid-19th century many physicians left for European Russia, and the hospitals were closed. Instead, it was intended to create small hospital facilities where a medical student instructed by a district physician could provide treatment and care to several patients. The district physician was supposed to visit these facilities whenever possible. With the formation of the Primorsky region in 1856, a district physician and medical students were supposed to be allocated to each district.

Making his rounds in 1859, the district physician Fedorov revealed an inveterate venereal disease along the eastern bank of Kamchatka. Most of the inhabitants of several villages were disfigured, ten- and twelve-year-old children were found to have "wounds in the throats". Having distributed copper (II) sulphate and lime chloride for external use to the patients for self-treatment, the doctor decided to build, together with the local population, a facility for isolation of patients in one village, and to put a yurt in the other. Such facilities could not be properly called hospitals. There were no beds, no tableware or other hospital items there. The provision of heating and food (mainly fish and venison) was entrusted to the goodwill of the vil-

lagers. Patients gathered in hospitals when a doctor or a medical student came with a field pharmacy. Given that the majority of the population had congenital syphilis, which implied constant participation of a doctor in the medical process, a doctor's rare visits to the hospitals negated all his efforts to remedy the disease. A doctor would spend most of his time on the road. For example, a doctor's route in the Okhotsky region included 9 settlements which he could only visit in 825 days. The untidiness of the premises, insufficient food, limitedness of the field pharmacy rendered such temporary hospitals useless: "They were never able to not just eradicate, but even alleviate the physical suffering of the sick and therefore have a huge detrimental moral effect on the population – they destroy all faith in medical care".

This formulation of the organisation of medical care for venereal patients led to lamentable results. In 1861, Emperor Alexander II turned his attention to the report of the military governor of the Primorsky region, which stated that syphilis had prevailed in the north-eastern outskirts of the Russian Empire for a long time, but the cause of the disease and methods of treatment had not yet been studied.

To study the conditions for the emergence and development of the disease of a "syphilitic nature", as well as to search for measures of eradicating it, doctor E. Shperk was seconded to the north-eastern districts of the Primorsky region. After acquainting himself with the lifestyle of the indigenous people, he came to the conclusion that, considering the crowded living conditions, poor and monotonous diets consisting mainly of dried fish, collective use of contaminated clothing and the population's limited financial means of receiving medical care, it was not possible to achieve rehabilitation. The doctor found that the disease was difficult to diagnose as it has a long latent period. Identified patients were infected many years ago, and recent infections were rare. "Wanting not only to get acquainted with the symptoms of the disease and ways of its development, but also to test the treatment" E. Shperk studied the therapeutic effect of the alkaline waters of the Tavatum village of the Gizhiginsky district. His research activities resulted in a dissertation, which was highly appreciated by the Medical Council, and suggestions for the organisation of medical care in the Primorsky region.

In E. Shperk's opinion, this difficult task needed to be addressed in a complex way – it was necessary to, firstly, establish syphilitic hospitals; secondly, to appoint doctors who would deal with the treatment of syphilis exclusively; thirdly, to attract medical officials to the region by appointing a higher salary – not less than 2,500 roubles.

On the 7th of October 1873, the State Council decided to arrange 4 temporary syphilitic hospitals in the northern districts of the Primorsky region and to appoint one doctor with two medical assistants to each of them (Dalniy Vostok Rossii... 2002, p. 40). Medical of-

ficers (doctors Kovalev, Sturmer, Bashinsky and others, and medical assistants) were seconded for 3 years from St Petersburg to Okhotsk, Gizhiga, Petropavlovsk and Klyuchevskoye village from the 1st of March 1874. The maintenance of doctors and medical assistants was carried out through the exchequer, and the supply of hospitals with medical and household supplies and their maintenance was added to the number of private local duties. The allowance for doctors set by the exchequer was less than estimated – it amounted to 1000 roubles, plus 500 roubles for travelling expenses.

The search for hospital premises began. A new building was purchased for the hospital in Petropavlovsk. On the upper floor of the hospital there was a pharmacy, a supply room and living quarters for the medical assistant, and the ground floor housed male and female wards and a staff room. However, the funds allocated for the maintenance of patients at the expense of private local duties were not significant.

During their work, doctors discovered the facts of recovery from syphilis using local natural resources. So, doctor Bashinsky, who was staying in Klyuchevskoye village of the Petropavlovsky district, stated that the complete cure for syphilis was only possible with the use of mineral sulphuric salt, sulphuric iron and sulphuric inputs. He came to this conclusion after repeated cases of the recovery of patients treated by him with the Kreruk sulphuric salt waters. In the doctor's opinion, the establishment of a hospital in the area would be "exceptionally useful". A hospital assistant would treat patients under the supervision of a doctor. 2,500 roubles were needed for the construction and initial equipping, and 1,500 more for the annual maintenance of patients. Despite the support of the local administration, this idea was not implemented.

The Minister of the Interior Affairs and the Medical Department, on the basis of reports on the work done by the seconded physicians, planned to receive the following data for organising future medical care for venereal patients: the time required to eradicate the disease, the advisability of appointing permanent doctors for this purpose (their number and the size of their allowance), the maintenance of hospitals, their number, and the effective medical and police measures.

Unfortunately, due to the lack of reports from the doctors, the senior medical officer of the Medical Department, doctor Kovalev, couldn't draw up an objective picture of the results of their work. Relying upon various pieces of information, Kovalev, in a note to the Chairman of the Medical Council and the Director of the Medical Department, stated that only in the Okhotsk district doctor Sturmer was able to achieve success in treatment by the end of the business trip, if not finally, then "reducing its malignity". The situation in the Petropavlovsky district was dire. Out of 1,578 people examined by a doctor, 26% turned out to have syphilis, and almost half of them had severe forms of the



disease: “The disease is notably stubborn in treatment. Such forms of syphilis in Europe are cured in 2 months and in 3–3.5 in Kamchatka”. Congenital syphilis was traced to the fourth degree of kinship. Temporary hospitals could not accommodate even a tenth of patients, therefore more time and money was needed to cure the disease than was previously suspected. Syphilitic heredity would only be detected by the age of 15–16, sometimes later, “whereas in Europe it was discovered up to one year after birth”.

The majority of the indigenous population had no idea about the harm of syphilis, did not pay attention to the symptoms of the disease and could easily be the source of the infection. Doctors noted a consequence of the disease – a decrease in population. Cases when the medication received by a patient was given to others afflicted, simply because it had helped him, convinced Kovalev about the need of hospital medical care. In his opinion, hospital institutions needed to continue their work, and seconded doctors had to be either replaced by other specialists or given a prolonged secondment.

The activities of temporary syphilitic hospitals showed that it was possible to effectively deal with the mass incidence of the disease. At the end of their secondment, nearly all doctors left for the European part of Russia. It was planned to create a commission of those doctors at the Medical Department to clarify the circumstances of their activities, identify difficulties in

their work and develop progressive measures for the treatment of syphilis in the Primorsky region. However, the departed physicians were never replaced, and after a few years the hospitals were closed “as an expensive undertaking that didn’t show to be efficient with regards to the tasks entrusted to it”.

The subsequent decades showed that medical care for venereal patients was limited to the actions of local medical officials in the same way as before. The Far Eastern Administration repeatedly appealed to higher authorities with a request to establish small hospitals for patients with syphilis, justifying the need for free medical care to the indigenous population. But significant changes in the organisation of medical care for venereal patients were undertaken only during Soviet times.

During the period in question, there was a search for optimal ways to provide medical care to venereal patients in the Far East. The conditions necessary for the recovery of the majority of the indigenous population, such as free medical care, inpatient treatment, the transition to a sedentary lifestyle, and health education, were determined. Physicians searched and found ways to combat sexually transmitted diseases, including the use of regional natural resources such as mineral waters. However, all these activities were palliative in nature as they could not eliminate the social basis for the spread of venereal diseases, and therefore could not bring the desired results.

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