

## The rise of professional obstetric and paediatric care in the pre-revolutionary Transbaikal region

Sergey D. Batoev

FSAEI HE I.M. Sechenov First MSMU MOH Russia (Sechenov University)

8 Trubetskaya St., building 2, Moscow 119991, Russia

The government's incorporation of the vast territory of the Transbaikal region did not initially involve broad socio-economic development of this region. Gradually, it became clearly understood that for the successful development of the economically advantageous territory it was necessary to solve a number of issues related to the organization of public health care, in particular for women and children. Military and economic measures alone would not ensure the social wellbeing of both the indigenous population and Transbaikal's new arrivals. The indigenous population's traditional way of life, the confessional differences between those living in the territory and the severe climatic and geographic conditions slowed the spread of public medicine in this region. The constant shortage of qualified medical personnel, the small number of medical institutions and serious financial difficulties exacerbated the difficult situation. The first measures taken in the social policy field concerned the foundation of the Irkutsk Order of Public Charity in March 1784, but they were not successful in any serious way. State medical care remained inaccessible, therefore the population continued to mainly use folk and Tibetan medicine methods. A definite turning point was observed in the middle of the 19th century. It was then that the first children's shelters, and the first obstetric institutions for female prisoners appeared. However, it was only at the beginning of the 20th century that obstetric and gynecological hospital beds were introduced in the city hospital in the regional center in Chita. The author of the article notes that for two centuries, during which the territory of Transbaikal was part of the Russian Empire, there were some positive changes in the provision of medical care, including medical care for women and children. Significant financial investment and highly qualified personnel were required for the development of medicine in pre-revolutionary Transbaikal. Attempts by society, including medical organizations, to influence the existing system of medical care without a legislative base and corresponding government support were doomed to failure. There was a need for a radical transformation of health care, including in the field of women's and children's health.

**Keywords:** *obstetrics, children's shelter, maternal, infant mortality, midwife*

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### About the author

Sergey Dashidondokovich Batoev – Candidate of Medical Sciences, Assistant Professor at the Department of the History of Medicine, National History and Culturology, FSAEI HE I.M. Sechenov First MSMU MOH Russia (Sechenov University), Moscow. E-mail: sbatoev@list.ru

At the beginning of the 18th century the Transbaikal territory became part of the Russian Empire. The original plans of the Russian government probably did not include broad socio-economic development of the region. The priorities in the development of the territory were protection of the empire's borders, fur tribute collection and trade. The objective of this article

is to consider the state of maternity healthcare and the level of medical assistance to children in the pre-revolutionary Transbaikal region, as well as to identify changes associated with the implementation of professional obstetric and pediatric care principles in the area.

The changing political, social, economic, and demographic factors in eastern Siberia showed the need to establish a cohesive system of healthcare in the region based on a professional approach to providing medical services. In this article, we will take a brief look at the history of the indigenous

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population of the western and eastern Transbaikal territory and the administrative and territorial transformations which took place on the eastern border of the Russian Empire.

Evenki (Tungus-Daur) populated the eastern part of the Transbaikal area and led a nomadic life [1, p. 6]. Buryats occupied the area around Lake Baikal and the Angara and Lena rivers; in the Transbaikal region, they lived along the banks of the Selenga River and its tributaries up to the Nerchinsk (now the territory of the Republic of Buryatia and the Transbaikal district). Age-old traditions and the socio-economic conditions in which the indigenous population of the Transbaikal area lived before the revolution were factors in the way maternity help and medical care for women and children and functioned.

The indigenous Transbaikalian population employed traditional medical knowledge [2, p. 12]: longstanding empirical experience admitted a minimal level of medical aid. Buryats were generally good at recognizing infectious and noninfectious diseases. In the event of an epidemic, emergency measures were taken, from the temporary isolation of patients to mass migration from the contaminated area. It was only thanks to the “rational egoism” displayed towards sick relatives that “many escaped death by smallpox” [2, p. 14]. But the death rate from smallpox was high. In the second half of the 18th century smallpox decimated Zabaikalye, or the Transbaikal area (the disease occurred periodically about every ten years and carried off “a lot of Buryats and Tunguses” [3, p. 622]). Not one governor’s report or city council’s report fails to mention smallpox vaccination. Vaccination was one of the urgent tasks in children’s healthcare in this remote region of Russia. In 1776, in the Irkutsk “Smallpox house” 6450 Buryat children were vaccinated; 28 of them died [4, p. 398]. Time was needed to confirm the positive results of the measures taken. Vaccination was performed by individual doctors; there was no state system of vaccination at the time. Based on the Decree of the Imperial Majesty, the Irkutsk provincial government on 18 and 21 August 1811 passed a resolution to administer a cowpox vaccination.<sup>1</sup> Thus, at the beginning of the 19th century,

vaccination in the Transbaikal region became a preventative measure as part of the systematic government activities for medical intervention in pre-revolutionary Russia.

The first attempts to organize the registration of births and deaths in Russia dates to the beginning of the 18th century [5, pp. 9–14]. Until the second half of the 18th century there were hardly any obstetric schools, obstetricians or educated midwives in Russia. As noted by Professor V.S. Gruzdev, “the objective of medical schools that existed here in the first half of the 18th century at large military hospitals was training the medical personnel to meet the needs of the army and navy; this is why teaching in these schools was limited to only those branches of medicine which are definitely necessary for a military doctor. The entire mass of the Russian population, and not only of the village but also of the city, had to do with the services of ignorant midwives, whose aid often did more harm than good” [6, p. 8].

In Russia, the term ‘midwives’ traditionally referred to women who assisted in childbirth but had no special education. In 1754, Paul Zakharovich Khondoidi, the royal medic for Empress Elizabeth, presented to the assembly of the Governing Senate “The project of a respectable establishment of midwifery for the benefit of society” [7, p. 162]. On May 5, 1754, the decree “On organization of midwifery schools in Russia” was published. Thus the organization of professional obstetric care had begun in Russia [8, pp. 88–91]. The history of the implementation of professional medical care for women and children in the Transbaikal territory starts with the foundation of the Irkutsk Office of Public Charity in March 1784. Many diseases and high maternal and child mortality in the region were due primarily to the low living standards and poor hygiene associated with nomadic life (“Poverty and savagery of the indigenous peoples’ life conditions were always followed by hunger and disease”) [3, p. 626]. The elimination of these factors was essential for improving the health of the inhabitants of Transbaikalia. Thus the organization of accessible qualified medical care became one of the most urgent tasks on which the successful development of the entire region depended. If professional medical help was unavailable, people used traditional means and methods, asking for help from the shaman or lama

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<sup>1</sup> State Archives of the Republic of Buryatia (GARB). F. 11. List 16. D. 22. P. 1.

and using popular primitive herbal medicines and ointments [9, p. 89]. Living conditions were extremely harsh: adults and children, including infants, lived year round in felt yurts, where the temperature in winter fell below zero Celsius during the night [10, p. 20]. They ate mainly meat and dairy products, and their clothes were made of animal skins.

The indigenous population, following tradition, did not observe basic rules of sanitation and hygiene or realize the benefits of professional medical care. Their system of maternity and child care was based on their accepted way of life and centuries-old tradition. Ts.Zh. Zhamtsarano, a researcher at the Ethnographic Department of the Russian Museum, upon his return from the expedition of 1909–1910, describes the life in the Transbaikal region: “Darkness reigns in the desert. And who knows for how long shall Buryats treat their patients through blood sacrifice, ongon worship, shamanistic rites, expensive Lama gurums [alike to voodoo magic] and so on” [11, p. 12]. Travelers, scientists and doctors who came to Baikal from the European part of Russia believed that births to indigenous women were quick and easy. For example, physician A.K. Belilovsky said: “Childbirth, no matter how varied the situation and rituals and the mother’s state, when it occurs among Siberian native women, still has a common feature — namely the ease with which they deliver. For example, for a woman immediately after birth to get on horseback with a newborn and continue on her journey, that is nearly unheard of among us, the civilized peoples” [12, p. 375].

N.V. Kirilov further describes the level of obstetric care among the Buryat people [14, pp. 18–36]. Nomads, since they had no permanent residence, did not have experienced midwives, so the child was often delivered by the father, or, under the best circumstances, by a grandmother. The mother worked at her chores until the last moment [9, p. 87]. When delivery time came, they would build a small yurt (Uras) in a secluded place, to which they brought food and firewood enough for a few days, two or three skins, stlanets (branches of dwarf pine) and clothes, and there they left the woman in labor. The birth was rarely attended by women unrelated to the mother. Men never entered the Uras. If the birth went well, the mother soon moved from the “unclean Uras” to

the common one, and the usual nomadic life in the taiga went on. The harsh conditions in which the birth traditionally took place were a major cause of mortality and morbidity among women and children. In such circumstances, only the strongest survived. If the baby was not crying immediately after birth, it was considered unhealthy and was not touched until the detachment of the placenta. Rarely was a delivery assisted by a midwife. If the child was born in a state of asphyxia, after clearing its airway of mucus, she quickly rubbed its back, lightly tapping the buttocks, rocked it in her arms, blew on it heavily and squirted water on it. Through such simple manipulations she was able to withdraw the child from the state of asphyxia and keep it alive. Obviously, not much can be said of the observance of aseptic and antiseptic practices at the time.

In order to protect the baby from death, wealthy people would move the mother and the child to a special yurt for 8–9 months (until the child grew stronger), in which outsiders were not allowed. This empirically based practice was important: it protected the mother and baby from possible infection. The constant fear of losing the child was expressed in the observation of various safety measures, magical ceremonies and rituals [15, pp. 78, 82]. The shaman, who was believed to have the ability to protect the child from evil spirits, often visited it and the family welcomed him with honor. If the child grew up healthy, he and his parents considered themselves bound to the shaman and awarded him generous gifts.

Buryats never made special food for children. Mothers often breastfed their babies until the birth of the next child (sometimes up to 3–5 years of age). The baby grew accustomed to adult food from the first days after birth: before the breast milk arrived, the baby was given a piece of mutton fat to suck on, or some bread, wrapped in rags and dipped in milk. A month after birth, and sometimes even a few days after, if the mother did not have enough milk, she would feed the baby boiled cow’s milk from a small horn made of a real cow horn with an attached pacifier made of rags or a tanned cow’s teat. There was no feeding schedule; the baby was fed when it started to cry. In the intervals between feedings, the predecessor of modern pacifiers was made of breadcrumbs wrapped in a cloth. The three- or four-month-old child was given boiled meat and the bread soaked

in milk to suck. By the age of six to eight months, the baby was fed everything the adults ate [15, pp. 84–85]. Thus, there was no concept of the correct feeding of children among the indigenous population in pre-revolutionary Transbaikalia. The main causes of infant mortality in pre-revolutionary Russia, according to the conclusion of the Botkin Commission (1886), were “intestinal infections, poor, unfitting, delayed feeding, and the complete absence of childcare” [16, p. 793]. When Buryat children got sick, they used various folk medicines: “Next to the folk doctor, the figure of the medicine woman becomes more and more prominent — a midwife-medic, as the most frequent diseases of maternity, children and women were entirely in the hands of a woman” [17, pp. 21–24]. The treatment of children has been given not less but sometimes more attention than the treatment of adults.

The governor-generals of eastern Siberia paid general attention to the status of health in their assigned territories. They routinely noted the lack of qualified health practitioners, weak organization of the medical facilities and the annual low natural population growth. In 1909, the Ministry of Internal Affairs of Russia organized an expedition to study the field of medical assistance to the indigenous population. The results, which were reported to the Office of the Irkutsk governor-general, speak of “complete absence of medical care in the areas inhabited by the Buryats, the consequence of which is a significant number of deaths” [18, pp. 19–20]. The childhood diseases that took many lives were perceived as a significant disaster [10, p. 79]. A significant reduction in infant mortality in the second half of the 19th century was not observed in the nation: it was 240–270 cases per 1,000 live births and increased to 300 in the years of natural calamities. Injustice, poverty, lack of culture, unsanitary conditions, poor nutrition contributed to the extremely high morbidity and mortality, which was more than three times higher than the adult mortality [19, p. 5]. Russia did not share the downward trend of infant mortality in the European countries in the late 19th – early 20th century. In the period from 1907 to 1911, the infant mortality rate in the Russian Empire was two times higher than in England and three times higher than in Sweden or Norway. The ratio of children born to children surviving to a

given age in Russia at the end of the 19th century contrasted sharply with the situation in many Western countries and was seen as a sign of Russia’s backwardness [20, p. 32]. Even more difficult was the situation observed in the border regions of Russia. Thus, the infant mortality rate in the colonial outskirts of tsarist Russia was much higher than that of its European part [21, pp. 54–55]. Until the 1920s, many indigenous women were unaware of the options of medical assistance during childbirth and the postpartum period other than those traditionally available.

Obstetric care in the Transbaikal territory primarily meant the help of midwives. Before the opening of midwife and paramedical schools, midwives were sent to Siberia from European Russia, where they had been taught the art of obstetrics in Moscow and Saint Petersburg foster homes. Trained midwives were provided a number of benefits, and the public treasury issued them a one-time sum the size of their annual salary – 300 rubles [22, pp. 74–79]. The number of midwives sent to Siberia from European Russia was small and could not meet the demand. In Siberia midwives first appeared in the late 18th century, mostly practicing in cities. Due to the lack of midwives, especially in rural areas, an attempt was made beginning in 1809 to train “peasant midwives” by recruiting the more intelligent young peasant women from the local population, and attaching them to midwives in the county for three months of training. But this method of training did not gain popularity. Repeated attempts to educate midwives in elementary obstetrical knowledge brought no tangible results due to their illiteracy. Improvement of the quality of obstetric care in Russia was propelled by the royally approved state rules of the health officials’ exams, from 15 July 1810.<sup>2</sup> Article VI of the Act states that healers should have the requisite knowledge of obstetrics and understand the diseases of pregnant women, women in labor and children. Article VII states that anyone attempting to acquire the title of an obstetrician must be at least a physician and should know “midwifery art throughout its breadth”, the abnormal fetal position and cephalic, diseases of newborns and operational techniques. The same

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<sup>2</sup> PSZRI. Vol. 31. 1st assembly. Saint Petersburg, 1830. St. 24298. P. 255–260.

document addresses the training of midwives. They had to be able to read and write and to know the anatomical and physiological characteristics of the female and newborn bodies, techniques of treating the umbilical cord and the basic rules of care for a newborn. Midwives had to pass their exams at the medical boards.

The midwifery school that first opened in the city of Chita was soon closed [23, p. 190]. Beginning in 1875 the Chita army semi-hospital kept a military midwifery with maternity beds, which annually taught midwifery to 10 students [24, p. 241]. The training program for midwives consisted of anatomy, physiology, obstetrics and care for sick mothers and their children. The students were kept on the military base [25, p. 8]. Only after 1880 did the midwives in the Cossack settlements begin to be replaced by graduates of the Midwifery School of the City of Chita. The establishment was funded by the Transbaikal Cossack Units. Each year, the school produced from 4 to 8 midwives. However, the last class graduated in 1888. The reason for closure was the “lack of demand for midwives”, which was strange, since there were only 17 midwives across the Transbaikal region that year. In January 1909, a private midwifery school opened in Chita with a maternity ward, run by Doctor of Medicine A.D. Davydov and physician A.L. Zeitman, which trained midwives of Grade 2 [24, p. 242], and accepted 25 students. But in 1910 that school closed as well. Unlike regular midwives, those who had been trained were called “privileged” in the late 19th – early 20th century. Midwives trained in Siberian schools were comparatively unskilled and unfamiliar with general medical issues, but the situation was the same in other regions of Russia as well [23, p. 190].

The Agin steppes of eastern Transbaikalia first saw a paramedic only in the 1910s [10, p. 76]. The history of the first Buryat midwife of the European school, Varvara (Buryat name Dulgar) Vladimirovna Vampilova, is of particular interest [26, pp. 62–65]. She was born in 1888 in the village of Alar of Balagansk district in Irkutsk province. Against her parents’ will, she sneaked to primary school in her native village and taught herself Russian. Having prepared herself academically, Varvara entered the Central Obstetric-Paramedic School of Irkutsk. She was issued a certificate in Medical Sciences on September 29, 1908, and

was referred to Agin District (the Transbaikal region) as the only midwife-paramedic in the territory. A.I. Terman, who visited Agin steppes in 1909, writes in his essay: “In the village of Aginskoye one indigenous woman (a Buryat) could not deliver a baby. They called a Lama, who built a hut, placed his prayer accessories, gave the woman a white mouse to hold in each hand and began to read the prayers and incantations. But all this did not help. Then the family went for the midwife, V. Vampilova. She arrived, helped the woman, having sent the Lama out of the room, and everything went smoothly. Everyone was very surprised that the woman delivered the baby without the spells and white mice” [27, pp. 173–177]. In a short time, V. Vampilova gained immense popularity among the Buryat population: “The locals, who used to turned solely to their Doctor-lamas, come to her for hundreds of kilometers and often take her with them”.<sup>3</sup> During their assembly, the Aginsk and Tsugolsk indigenous societies assigned her, a Buryat woman, a scholarship (420 rubles per annum) for three years of further studies in European medicine” [28, p. 26]. In 1911, V.V. Vampilova moved to Saint Petersburg, where she entered the Lesgaft Higher Courses and the courses at the Clinical Obstetrics and Gynecology Institute. In 1913, she returned to Tsugolsky Authority of the Transbaikal region. At the end of 1914 in Urga (Ulan Bator, Mongolia), there was an outbreak of typhus. V.V. Vampilova provided medical assistance to many but contracted the disease and died on December 12, 1914.

On the material of the Aginsk Office (Transbaikal region) — the writings of the Aginsk expedition of 1908 — the following conclusions can be reached: 1) the natural increase in the number of Aginsk aboriginals (Buryats) was very low; 2) in connection with this, there was a decrease in the number of children and a corresponding increase in the number of adults; 3) there were grounds to expect further slowing of growth and low population density [29, p. 29]. Therefore, medical measures to protect mothers and children began to acquire relevance. The preservation of the population and its physical and moral health were all strategic objectives; the government of the Russian Empire as a whole

<sup>3</sup> “Siberia” newspaper, 1916.

understood it and therefore took steps to address these problems.

The first children's hospitals in the Transbaikalian region were primarily social projects, and the first house for prisoners' children in this region was opened on February 1, 1874 in Verkhneudinsk. A similar institution was opened in Chita, initiated by the Chita Ladies' Society of Prison Charity Board. In October 1878, the first code for the Verkhneudinsk shelter for prisoners' children was approved. The duties of the matron included care for the children's health [30, pp. 90–91]. Children with significant developmental disabilities passed from prisoners' shelters to the Houses of Diligence. According to the statute, the Houses of Diligence opened a cheap dining room, nursery, hospital and night shelter. Local doctors were responsible for the initial examination and provision of medical care to all those served there [30, p. 95]. Thus, in the Houses of Diligence in Transbaikalia disabled children were provided the long-term medical and social care they needed. According to the code, the Orphanage of Diligence opened a nursery for infants, day shelters for children from two years old and nursery homes for children of all ages. In the late 19th – early 20th century new charity nurseries were opened in Siberia. In Chita, foundlings up to 4 months of age were kept in the nurseries, and evidence suggests that this institution was instrumental in reducing the instances of childhood disease in Transbaikalia [31, p. 98]. Another interesting activity was that of the Chita branch of the Parents Circle of Petrograd, which they opened a public kindergarten to serve the needs of the poorest. The public kindergarten accepted children of 4–7 years, allowing their mothers to earn a living. The Chita orphanage for girls, which opened October 1, 1859, housed 404 girls until 1915 and had two hospital premises. The Transbaikalian regional guardianship of orphanages was part of the Empress Maria Office of Institutions. The subject of the special concerns of the Transbaikalian Committee was the charity activities for refugee children. At the Nerchinsk hard labor site there were 978 children by the end of 1891. In 1852 the Kyakhta town orphanage board opened an orphanage at the expense of the city, which annually educated more than 30 girls, most of them orphans [30, pp. 170–173]. An important step in addressing the prevention

of psychophysical developmental disabilities in children was the opening of a Mothers' House by the Transbaikalian public. The purpose of this institution was to provide women in their last two weeks of pregnancy with gratuitous shelter. There was also a maternity ward where mothers could stay as long as six weeks into the postpartum period. The first maternity establishments were women's wards of state hospitals that served only convict women [23, p. 134].

In the first decade of the 20th century, along with the improving socio-political and socio-economic life of Transbaikalia, the organization of medical wards dedicated to maternal and child health began in Chita, the regional center. During this period, children's and obstetric beds were not organized in the provincial town of Verkhneudinsk. At the end of the 19th century, a public doctor and head of the city hospital in Verkhneudinsk, Petr Fedorovich Pekur, tried to open the first children's infectious disease department in the Transbaikalian region. On February 1, 1897, he wrote the following memo to the Verkhneudinsk city government: "During my service in Verkhneudinsk I found out that our town does not avoid the sad fate of many Russian cities, namely it is periodically dominated by epidemic diseases among children, such as measles, smallpox, scarlet fever, diphtheria, etc. It is clear that such an infection is not desirable for any patients. But in other cities, albeit in large ones, these patients have special wards assigned. At our hospital, there is no children's ward. Also, there is not enough room for the opening of such a ward. But I think it is necessary to open a children's ward in a separate building of the hospital".<sup>4</sup> The proposal resonated with the city government, as high infant mortality from infectious diseases was a concern for any family. His note received a resolution: "Intercede with the governor for announcing the subscription for the opening of the children's ward at the hospital". It was followed by an appeal to the governor: "To: Sir Military Governor of the Transbaikalian region. The Verkhneudinsk town doctor Pekur petitions the opening of a subscription among the town residents for creating an education fund on the formation and maintaining of the children's

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<sup>4</sup> State Archives of the Republic of Buryatia (GARB). F. 10. List 38. D. 1110. P. 1.

ward for contagious patients at a city hospital. His motives are reduced mainly to the fact that the poor class of the population are not only unable to isolate the sick children at home – often consisting of a single damp, dirty and sometimes cold room with 5–6 children – but often find the treatment itself unthinkable because of the situation mentioned above. Therefore, to maximize the means for stopping the infectious diseases from spreading among children, Doctor Pekur proposes to arrange a children's ward at the Town Hospital solely for infectious patients. Since the town has no means for opening and maintaining such a ward, then the right thing to do would be to request the opening of a voluntary subscription for such a meaningful cause. Signed: Verkhneudinsk city government. February 8, 1897 under number 300. City of Verkhneudinsk".<sup>5</sup> Doctor Pekur later appealed to the city council to purchase medical instruments from the catalog he had compiled.<sup>6</sup> But he did not see his initiative completed. The issue was laid to rest by the medical community of Verkhneudinsk.

The town hospital in Chita, organized much later than those in other cities of Transbaikalia (1894), quickly turned into a major medical and diagnostic facility through the joint efforts of the regional authorities, the city administration and

the medical community. By 1911 stone buildings with 110 beds had been built, which, according to contemporaries, had "spacious rooms, corridors bright and wide, and the wound-dressing and the operating rooms have plenty of light. Electric lighting was installed everywhere" [32, pp. 229–230]. The new city hospital had an infectious disease clinic of 30 beds intended to treat three different infections, an internal disease ward with 40 beds, a maternity and gynecology ward with 20 beds and 20 surgical beds. During this period, the Chita Civil Hospital provided ten beds for peasants and indigenous people for the first time, and medical assistance was free of charge.

Thus, for two centuries, during which the Transbaikal region was a part of the Russian Empire, there were a number of positive changes in the medical care available to the population, including care for mothers and children. Naturally, this complex process was not uniform, and the most significant improvements were achieved in the regional center of Chita. The development of professional health care in the pre-revolutionary Transbaikalia involved considerable financial cost, qualified medical personnel and systematic state social policy. Public attempts, including the attempts of medical organizations, to change the existing health care system without creating a legal framework and governmental support were bound to fail. There was a need for radical transformation of healthcare, especially in the field of obstetrics and child care.

<sup>5</sup> State Archives of the Republic of Buryatia (GARB). F. 10. List 40. D. 1110. P. 1.

<sup>6</sup> State Archives of the Republic of Buryatia (GARB). F. 10. List 56. D. 1110. P. 1.

## REFERENCES

1. Andrievich V.K. *Kratkiy ocherk istorii Zabaykal'ya ot drevneyshikh vremen do 1762 goda [A brief sketch of the history of Transbaikal from ancient times to 1762]*. Moscow: Veche, 2013. 288 p. (in Russian)
2. Aseeva T.A., Dashiev D.B., Dashiev A.D., Nikolaev S.M. i dr. *Tibetskaya meditsina u buryat [Tibetan medicine from the Buryats]*. Novosibirsk: SO RAN, 2008. 324 p. (in Russian)
3. Shashkov S.S. *Sibirskie inorodtsy v XIX stoletii. Istoricheskie ocherki [Siberian foreigners in the 19th century. Historical essays]*. Sobranie sochineniy [Collected works]. Vol. 2. Saint-Petersburg, 1898. 667 p. (in Russian)
4. *Istoriya Buryatii. T. 2. 17 – nachalo 20 v. [History of Buryatia. Vol. 2. 17th – early 20th century]*. Ch. ed. B.V. Bazarov. Ulan-Ude: BNTs SO RAN Publishing house, 2011. 621 p. (in Russian)
5. Baranov A.A., Al'bitskiy V.Yu. *Detskaya smertnost' [Infant mortality]*. Moscow, 2001. 88 p. (in Russian)
6. Gruzdev V.S. *Kratkiy ocherk istorii akusherstva i ginekologii v Rossii [A Brief History of Obstetrics and Gynecology in Russia]*. Akushersko-ginekologicheskie uchrezhdeniya Rossii [Obstetric and Gynecological Institutions in Russia]. Saint-Petersburg: State publishing house, 1910. P. 5–76. (in Russian)
7. Mikirtichan G.L. *O sozdanii kafedr detskikh bolezney v 19 veke [On the establishment of the departments of childhood diseases in the 19th century]*. Voprosy sovremennoy pediatrii [Questions of modern pediatrics]. 2007; 6(2): 162–165. (in Russian)
8. Granat N.E. *Ukaz 1754 g. "Ob organizatsii 'babich'ikh shkol' v Rossii" [Decree 1754 "On the organization of 'Babichi schools in Russia']*. Akusherstvo i ginekologiya

- [Obstetrics and gynecology]. 1954; 5: 88–91. (in Russian)
9. Neupokoev V. *Tungusy Buryatii [Tungus in Buryatia]*. Zhizn' Buryatii [Life of Buryatia]. 1927; 7–9: 80–91. (in Russian)
  10. Linkhovoin L. *Zametki o dorevolutsionnom byte aginskikh buryat [Notes on the pre-revolutionary life of the Agin Buryats]*. Ulan-Ude: Buryat publishing house, 1972. 101 p. (in Russian)
  11. Reshetov A.M. *Nauka i politika v sud'be Ts.Zh. Zhamtsarano [Science and politics in the destiny of C.J. Jamtsarano]*. ORIENT. Al'manakh. Vyp. 2–3. Issledovateli tsentral'noy Azii v sud'bakh Rossii [Almanac. Issue. 2–3. Researchers of Central Asia in the destinies of Russia]. Saint-Petersburg. 1998. P. 5–55. (in Russian)
  12. Belilovskiy A.K. *Ob obyayakh i obryadakh pri rodakh inorodcheskikh zhenshchin Sibiri i Sredney Azii [On customs and ceremonies during the birth of foreign women in Siberia and Central Asia]*. Zhivaya starina [Living Antiquity]. Saint-Petersburg. Issue No3–4. 1894. 390 p. (in Russian)
  13. Kirilov N.V. *Ob akusherstve u Zabaykal'skikh inorodtsev [On obstetrics at Transbaikalian foreigners]*. Vestnik obshchestvennoy gigieny, sudebnoy i prakticheskoy meditsiny [Bulletin of public health, judicial and practical medicine]. 1897. Book 4. P. 84–92. (in Russian)
  14. Kirilov N.V. *Sovremennoe znachenie tibetskoj meditsiny, kak chasti lamaistskoj doktriny [The modern importance of Tibetan medicine as part of the Lamaist doctrine]*. Vestnik obshchestvennoy gigieny, sudebnoy i prakticheskoy meditsiny [Bulletin of Public Hygiene, Judicial and Practical Medicine]. 1892; 15: 18–36. (in Russian)
  15. Basaeva K.D. *Sem'ya i brak u buryat [Family and marriage at the Buryats]*. Ulan-Ude, 1991. 192 p. (in Russian)
  16. Shabalov N.P. *Pediatriya [Pediatrics]*. Saint-Petersburg, 2002. 893 p. (in Russian)
  17. Konyus E.M. *Istoki russkoj pediatrii [The origins of Russian pediatrics]*. Moscow: State Publishing House of Medical Literature, 1946. 416 p. (in Russian)
  18. Radnaev A.B., Tarnuev V.A., Dugarov B.L. *Istoriya razvitiya zdavoookhraneniya Eravninskogo rayona [History of Health Development of the Eravninsky District]*. Izbrannye voprosy istorii meditsiny Buryatii. Materialy nauchno-prakticheskoy konferentsii, posvyashchennoy 130-letiyu pervogo doktora-buryata Bazar-Sado Yampilova [Selected Issues in the History of Medicine of Buryatia. Materials of the scientific-practical conference dedicated to the 130th anniversary of the first Buryat doctor Bazar-Sado Yampilov]. Ulan-Ude, 2001. P. 19–20. (in Russian)
  19. Gol'dfel'd A.Ya. *Ocherki po istorii pediatrii SSSR [Essays on the history of pediatrics in the USSR]*. Moscow: Meditsina, 1970. 183 p. (in Russian)
  20. *Demograficheskaya modernizatsiya Rossii 1900–2000 [Demographic modernization of Russia 1900–2000]*. Ed. by A.G. Vishnevskiy. Moscow: Novoe izdatel'stvo, 2006, 608 p. (in Russian)
  21. Baranov A.A., Albitskiy V.Yu. *Smertnost' detskogo naseleniya Rossii (tendentsii, prichiny i puti snizheniya) [Mortality of the child population of Russia (trends, causes and ways of decline)]*. Moscow, 2009. 328 p. (in Russian)
  22. Grudzinskaya E.S. *K istorii povival'nykh i akushersko-fel'dsherskikh shkol Sibiri [On the history of midwifery and obstetric schools of Siberia]*. Akusherstvo i ginekologiya [Obstetrics and gynecology]. 1955; 1: 74–79. (in Russian)
  23. Fedotov N.P., Mendrina G.I. *Ocherki po istorii meditsiny i zdavoookhraneniya Sibiri [Essays on the history of medicine and health of Siberia]*. Tomsk: publishing house of Tomsk University, 1975. 280 p. (in Russian)
  24. *Entsiklopediya Zabaykal'ya. Chitinskaya oblast' [Encyclopedia of Transbaikalia. Chita region]*. Novosibirsk: Nauka, 2000. Vol. 1. 302 p. (in Russian)
  25. Zhuravleva K.I. *K istorii rodovspomozheniya v Zabaykal'e [On the history of obstetrics in Transbaikalia]*. Akushersko-ginekologicheskaya praktika v Zabaykal'e [Obstetric-gynecological practice in Transbaikalia]. Chita, 1961. P. 7–9. (in Russian)
  26. Batoev D.B., Batoev S.D., Dugarzhapova T.D. *Istoriya zdavoookhraneniya Buryatii (konets 18 v. – nachalo 1960-h gg.) [The history of public health in Buryatia (late 18th century – early 1960s)]*. Ulan-Ude: Buryat publishing house, 2004. 212 p. (in Russian)
  27. Batoev D.B. *120 let so dnya rozhdeniya pervoy professional'noy fel'dsheritsy-akusherki Agi Vampilovoy V.V. (1888–1914 gg.) [120 years since the birth of the first professional paramedic midwife Aga Vampilova V.V. (1888–1914)]*. Kalendar' znamenatel'nykh i pamyatnykh dat istorii zdavoookhraneniya Chitinskoy oblasti 2008 g [The calendar of memorable and memorable dates of the history of public health in the Chita region in 2008]. Chita, 2008. P. 173–177. (in Russian)
  28. Rudnev A.D. *Zametki po mongolovedeniyu: Dulgar (Varvara Vladimirovna Vampilova) [Notes on Mongolian Studies: Dulgar (Varvara Vladimirovna Vampilova)]*. Zhivaya starina [Living Antiquity]. Saint-Petersburg, 1915. Issue 1–2. P. 24–26. (in Russian)
  29. Eskevich L. *Nekotorye vyvody o dinamike buryat-mongol'skoy narodnosti [Some conclusions about the dynamics of the Buryat-Mongolian people]*. Zhizn' Buryatii [Life of Buryatia]. 1927; 11–12: 22–31. (in Russian)
  30. Manturova S.Ch. *Gosudarstvennoe prizrenie i blagovoritel'nost' v sotsial'noy i kul'turnoy zhizni Zabaykal'ya vo vtoroy polovine 19 – nachale 20 vv. [Public charity and philanthropy in the social and cultural life of the Transbaikal in the second half of 19th – early 20th centuries]*. Ulan-Ude: Republican printing house, 2005. 231 p. (in Russian)



31. Grigor'eva O.B. *Natsional'no-regional'nye osobennosti razvitiya sistemy spetsial'nogo obrazovaniya Zabaykal'ya: aksiologicheskiy podkhod [National and regional peculiarities of the development of the special education system of Transbaikalia: an axiological approach]*. Chita: ChIPKRO, 2005. 150 p. (in Russian)
32. Tsuprik R.I. *Literaturnoe, istoricheskoe i meditsinskoe kraevedenie [Literary, Historical and Medical Local Studies]*. Izbrannye trudy issledovateley Zabaykal'ya [Selected Works of Researchers of Transbaikalia]. Chita: ZabGU, 2014. 456 p. (in Russian)

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**About the author**

Sergey Dashidondokovich Batoev – Candidate of Medical Sciences, Assistant Professor at the Department of the History of Medicine, National History and Culturology, FSAEI HE I.M. Sechenov First MSMU MOH Russia (Sechenov University), Moscow.