

Pages from the history of healthcare in the Tula region in the second half of the 19th century: V.I. Smidovich

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Abstract. The article discusses the special aspects of healthcare in the Tula region in the second half of the 19th century. The author notes that a special social environment formed during this period in Tula, which was favorable for the activities of people thinking on a large scale. Key moments from regional healthcare development are presented using the example of one of the prominent representatives of Tula medicine from the late 19th century – V.I. Smidovich. His role is recognized in the organization of the medical research field – the founding and work of the Tula Physicians Society, and the creation of a free outpatients clinic to provide medical care to the poor. Particular attention is paid to Smidovich's participation in the Congress of Zemstvo Doctors in Tula Province. Emphasis is placed on the establishment of statistics for the region, the main practical purpose of which was to study the population's economic and living conditions (birth rate, mortality and morbidity). A number of Smidovich's works on the public health and economic status of Tula are examined. The public's state of health and its dependence on living conditions (environmental factors and the individual features of professional activities) is stressed in their importance for the health of the Tula province.

On the basis of Smidovich's fundamental works, as well as his activities with the Tula Physicians Society, the author draws a conclusion about his impact on the world view of one of his sons – doctor and author V.V. Smidovich (Veresaev), a landmark figure in the history of bioethics. It is noted that the ideas of Smidovich are reflected in the works of Veresaev.

Keywords: V.I. Smidovich, Tula province, Tula provincial zemstvo, the Tula Physicians Society, zemstvo district doctors congresses, health statistics, healthcare conditions, V. Veresaev

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In the second half of the 19th century, the province of Tula belonged to the cluster of agricultural provinces in central European Russia [1, p. 4]. Its unique location (at the junction of black-earth and non-black-earth zones) determined the peculiarities of the formation of its economic and household paradigms. From the 1690s, Tula began to transform itself into one of the most important industrial cities in Russia. The population of Tula in the 17th, 18th and 19th centuries comprised working people (artisans and craftsmen) employed in the metallurgical, steel, cast iron, arms, coal, and later sugar, copper mining, munitions, samovar, hardware and harmony production and construction industries.

Some were also involved in the commissioning of the Southern (Moscow-Kursk) Railway (1866–1868), working in railway workshops. Difficult physical labour conditions, low life expectancy and the prevalence of drunkenness and alcoholism were par for the course. In this period, a gradual trend arose in the economic sectors of the province of Tula: a relatively quick development of industry against the backdrop of slow changes in agriculture. Zemstvo self-governance, a type of local government system ushered in under Tsar Alexander II, was not introduced in all provinces at once. In 1865, it was instituted in 19 provinces, and in 1866, in 9 more. The province of Tula received government authorization to introduce zemstvo bodies of self-governance in November 1864.

The introduction of zemstvo institutions appeared in the middle of the 1860s through

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force, as part of the abolition of serfdom, the dawn of the capitalist development of the country and, accordingly, the inability to apply pre-reform methods of government rule to altered sociopolitical conditions [1, p. 1; 2, p. 8].

Until the zemstvo reform (1797–1864), the system of medical aid to the population of the province of Tula was administered by the medical board and the Order of Public Charity, which was subordinate to the Medical Department of the Ministry of Internal Affairs. The Tula Provincial Medical Board was organized on the basis of a report by the Medical College, *Of the Institution of Medical Boards* (January 19, 1797). The Medical Board was to be a “guardian of good health throughout the province in the military and citizenry, bringing under its authority not only district doctors and army servants, (...) but also hospitals, infirmaries and pharmacies”. A medical and physical description of the province of Tula (since 1797), a chart of its population density and distribution of agricultural land by district, data collected on the number of the sick in infirmaries, about epidemic and epizootic illnesses were formed throughout the existence of the Board [3, p. 352]. In the early 1850s, the Tula Provincial Committee of Public Health was established (on the order of the Governing Senate “Of the rules of the institution and actions of committees of public health” from January 24, 1852) with the aim of “protecting public health, the timely elimination of anything that threatens health, and the adoption of uniform measures to combat epidemic and epizootic diseases”. The Tula provincial committees were founded within the framework of these events – smallpox and the struggle against cholera [3, p. 353].

The province of Tula comprised the provincial city of Tula and 12 districts (Aleksinsky, Borodinsky, Belyovsky, Venyovsky, Epifansky, Efremovsky, Kashirsky, Krapivensky, Novosilsky, Odoyevsky, Tulsky, Chernsky). 12 doctors (consistent with the number of districts) worked in the government service “for the protection of public health” [4, p. 6].

Initially, according to article 2 “Regulations on Zemstvo Institutions” (1864), public councils were given the right to participate in the “care of public health”, but this function was but one of the optional zemstvo duties; the zemstvo councils had merely the obligation to maintain the medical

institutions that had existed previously under the Order of Public Charity [1, p. 17–18]. In 1866, the Tula zemstvo council brought the medical institutions under its authority. The specially-formed commission was tasked with examining the state of medical service and developing measures toward its improvement.¹ The commission noted an insufficiency of doctors and paramedics, especially in the districts.² Control and responsibility of the Tula City Hospital (opened in August 1823) was handed to the Tula Provincial Council in March 1866 and was renamed the Tula Provincial Hospital [3, p. 356]. Many zemstvo councils showed little haste in inviting zemstvo doctors to serve. District and city doctors receiving additional compensation simultaneously performed the duties of zemstvo doctors and managed district hospitals.

According to data from the “Memorial Book of the Province of Tula for the Year 1871”, the population of the province in 1869 comprised 1 166 065 people, of which 110 114 resided in cities and 1 055 951 in the rural countryside. This number of people also accounted for 12 district, 11 city, 12 zemstvo and 22 private doctors, in total 57 [5]. The introduction of zemstvo governance in the province of Tula [2, p. 46–47] is associated with the emergence of regional statistics, which arose in turn as statistics of practical needs. The zemstvo council initiated a statistical study of the economic and household status of the peasantry, including the most common diseases, fertility and mortality. In the 1890s, a statistics bureau was formed under the auspices of the Tula Provincial Council.³ Noted were the heterogeneity of the period zemstvo medicine in the province of Tula, the qualitatively new activities of zemstvo councils regarding questions of public healthcare and the growth of allotments to the medical aid of the population [4, p. 6, 11, 15]. It is indicated in the materials of the 1901 Systematic Set of Regulations of the Tula Provincial Council Assembly that all hospital buildings require reconstruction and to leave the sick inside them is impossible [6, p. 42–53]. By the early 20th century, there were

¹ The State Archive of the Tula Oblast (GATO). f. 4, op. 13, d. 2, l. 41–42.

² The Russian State Historical Archive (RSHA). f. 1281, op. 7, d. 71, l. 17.

³ RSHA. f. 102, op. 78, d. 625, l. 62.

12 district zemstvo hospitals (consistent with the number of districts), 50 medical sites (according to 1912 data), 14 paramedic points (according to 1912 data) and one clinic (with district, city and zemstvo doctors) in the province of Tula.

In spite of zemstvo-council historiographer B.B. Vselovskiy's overall negative evaluation over the course of the study of the development of zemstvo medical field over 40 years (the irrationality of differentiating fields of activity between provincial and district zemstvo councils, the random and poorly-organized antiepidemic and "unnoticeable" undertaking of sanitary measures, the heavy red tape in zemstvo councils and meetings, the chaotic state of obstetric care etc.) [7], the role of separate individuals in the establishment of public health care and the role of zemstvo councils in forming the premise of their activity must not be underestimated.

Many graduates of medical faculties of universities of the second half of the 19th century shared ideas of populism and, in accordance with their own beliefs, departed for the faraway districts, and became zemstvo doctors themselves. At the same time, the provincial and district zemstvo councils hired doctors, attracting them with various benefits and a larger salary compared to that of city doctors. A zemstvo doctor's average annual compensation in the 1880s was 1315 rubles [8].

The characteristic feature of Russian science of the second half of the 19th century was the striving toward communication both within professional groups and between the representatives (including foreign) of various specialties (e.g. the Congress of Russian Naturalists and Physicians). Many enlightened figures of science and enlightenment combined their professional activities with selfless public activities and works.

The years 1860–1880 were the period of the greatest development of medical societies. If by the end of the first half of the 19th century their number had not even reached 10, then by 1896 there were had already been about 120 societies in Russia that brought together doctors of different specialties. In 1883, in memory of N.I. Pirogov, the Society of Russian doctors was organized, which became the center of the zemstvo medical community.

In the 1880s, medical periodicals began to play a major role in promoting the achievements

of the Russian medicine and the union of zemstvo doctors medical press, especially the journals *Doctor* (1880–1901), *Russian Doctor* (1902–1917), *Medical Review* (1874–1917), *Practical Medicine* (1885–1914). From 1885, the technical journal, *Zemstvo Medicine*, began to be released, and from 1888 – the journal *Zemstvo Doctor*. Between 1890 and 1899, seven volumes of *Zemstvo Medical Compendium* were released and edited by D.N. Zhbakov and issued by the Company Board of Russian Doctors in Memory of N.I. Pirogov [9].

From 1871, the provincial congresses of zemstvo doctors began to be convened (there were 383 of them in total), and from 1885 – Russian Pirogov congresses (there were 30 of them in total) [10].

The formation and galvanization of these medical unions (medical societies, conventions) played a major role in the development of zemstvo medicine, including in the province of Tula, and doctors presented themselves as the most organized professional group with an emphatically expressed social nature of activity [4, p. 4].

The contribution of V.I. Smidovich to the emergence of the health care system of Tula and the province of Tula at the end of the 19th century

One of the representatives of the Tula medical intelligentsia in the middle of the 19th century was Vinkentiy Ignatievich Smidovich⁴ (Fig. 1). In 1855, he enrolled at the Imperial Moscow University (IMU), initially in the mathematics department, before moving to the faculty of medicine. After graduating in 1860, he received the diploma "doctor with honors". Upon returning to Tula in 1860, Smidovich began work as an intern in the hospital of Public Charity, in which he served until 1866. According to testimony from colleagues, Smidovich's medical practice was sufficiently extensive and allowed him (at his own expense) to visit Vienna and Prague, where he attended lectures on internal and childhood diseases, as well as on obstetrics. Smidovich went abroad several times more on private visits, coming back each time "not without fruitful results for his medical education" (11, p. 12).

⁴ Smidovich V.I. – born in the province of Podolsk in 1835, studied at the Tula grammar school (11, p. 12).

The Society of the Doctors of Tula was established in 1862 (still before the introduction of zemstvo institutions to the province of Tula) and Smidovich became one of its few founders: In 24 February, 1862, five representatives of the medical community of the province of Tula (4, p. 160): E.I. Wiegand,⁵ C.A. Shmigiro,⁶ V.G. Preobrazhensky,⁷ N.A. Norshin,⁸ and V.I. Smidovich – decided to found the society of doctors in Tula, similar to the ones formed in Yaroslavl and Kaluga to obtain the “benefit of periodic meetings of doctors for the resolution of friendly relationships and scientific development through the exchange of thoughts and practical observations”. The proposal, as Smidovich notes, was met with “extreme sympathy and it was immediately decided to invite all doctors residing in Tula to participation” [12, p. 83]. Smidovich became secretary of the new Society. Later on, the duties of the Society of Tula doctors were expanded: its charter was amended with a series of tasks (the study of the province from a sanitary viewpoint, creating its medical topography and sanitary cards, the study of disease conditions, statistical analyses etc.).

In the unabridged history of the Society, as outlined in the report on the 25-year period on February 24, 1887, Smidovich emphasizes that in light of the “regrettable state of the city of Tula

⁵ Eduard Ilyich Wiegand (1827 – after 1889), graduated from the University of Dorpat, in 1856 was appointed intern at the hospital of the Tula Order of Public Charity, in 1857 – the hospital boarding school at the Tula school. From 1869, he was a staff pharmacist of the medical department of the Tula Provincial Board and in 1876–1888 – senior doctor at an arms factory (4, p. 160; 12, p. 85). GATO. f. 744. op. 2. d. 243. l. 1–2.

⁶ Sigismund Adamovich Shmigiro (1818–1884) – a senior doctor at the Tula arms factory, a member of the provincial board of trustees for orphanages, the director of a charity poor house and a very popular doctor in Tula in the 1860s to 1870s. [4, p. 159; 12, p. 86; 14, p. 14–26], GATO. f. 86. op. 1. d. 461. i. 2; f. 778. op. 1. d. 302. l. 2–4.

⁷ Vasily Grigorevich Preobrazhensky (1831–1887) – graduated in 1855 from the Imperial Moscow University, was an intern and senior doctor at a zemstvo district hospital and director of a first aid/obstetric school [4, p. 138; 12, p. 85]. See: GATO. f. 86. op. 1. d. 461. l. 2; f. 778. op. 1. d. 302. l. 2–4.

⁸ Nikolai Agapitovich Norshin (1809–1897) – graduated from the Medical Faculty of the Imperial Moscow University, was a senior doctor of the Tula public charity order hospital [12, p. 86].



Fig.1. Portrait of V. I. Smidovich. Tula, 1890s.
From the V.V. Veresaev House Museum Fund (Tula).

and the huge incidence of illness of the working people, who constitute 9/10 of the population of the city, the Society, since the early years of its existence, has recognized the need to help the poor and the common people and, as much as possible, provide them with gratuitous aid. To this end, the idea appeared to construct a hospital in the city of Tula...” [12, p. 104]. The main objective founders of the Society strived to achieve was the construction of a hospital unit for the outpatients of Tula, whereupon, according to the first paragraph of the Society’s charter, “there will be gratuitous medical advice and benefits to patients of every rank and class” [13, p. 1]. Thanks to donations, their goal was realized on 1 November, 1864.

Of utmost significance for Smidovich was the work for the benefit of the Society of the Doctors of Tula. His contribution is celebrated as “the most significant”: “...No one has done for the Society more than Smidovich. Over the 32 years of its existence, the Society has experienced plenty of worries and troubles, unlikely did it have a more ardent champion of their aspirations in such years” [11, p. 14–17].

Smidovich characterized the Society's operations primarily as practical (12, p. 93): the discussion at meetings of special cases from private and hospital practice, the presentation of reports on medical establishments, the investigation of the actual situation of the sanitary condition of the city, the attempt to collect accurate information on epidemic diseases, abstracting articles from the Russian and foreign medical press, the reading of original articles (of which 23 articles are by Smidovich himself [12, p. 83–105]) on the various branches of medicine.

Smidovich urged colleagues to perform more research activity, and he set a personal example with his own activities (reports on meteorological observations, abstracts of articles from foreign magazines, the creation of reports on private medical cases, the publication of impressions of visited exhibitions). Smidovich considered the Society a “means of uniting scientific forces”. He engaged in the development of scientific, social and health questions (13 in all) for joint-work programs relevant to the province [11, p. 14], which can be divided into several groups. The first of these comprised questions concerning the epidemiological situation: on the prevailing epidemic (1868), on measures against the plague (1879) and typhus (1880), of the significance of smallpox vaccination during the peak of an epidemic (1891), on measures against cholera (1892). The second group of questions was related to the collection of statistical data: the classification of patients (1870), compiling data on patients (1870), morbidity and mortality in Tula (1878), on cards for the collection of statistical information (1884). The third group united questions of sanitation: on health research in Tula (1875), on the sanitary description of Tula (1876).

In the society, Smidovich read 12 abstracts (on the experimental study of preventive vaccinations (1881), on the impact of smallpox vaccination over the course of natural smallpox (1882) etc.). The subjects of 66 works he presents are extremely diverse: analysis of the cases of the practice of obstetrics, neurology, nephrology, forensic medicine, infectious diseases, prevention, traumatology, psychiatry, addiction.⁹

⁹ Several works published by Smidovich were not presented in the Society: “*What is Cholera and how to Deal with it: a Reading for the People*” (1893) “*In Light of Cholera (for the Information of Educated People)*” (1892).

Smidovich was characterized by his colleagues as “the most zealous” member of the Society: he participated in all commissions and in 32 years of existence of the Company attended 466 meetings of 559. He outlines the main ideas of the development of public health areas in the province of Tula in the works done in 1880, 1881, 1887 and 1891.

Smidovich, understanding that the greatest efficiency and focus on the development of public health work requires a thorough study and comprehensive knowledge of the sanitary and economic situation of the city of Tula, created his own description: the essay includes 28 sections and is equipped with 22 tables, comprehensively characterizing the living conditions and state of health of all social groups of the population of Tula at the end of the 19th century [15] (Fig. 2). V.I. Smidovich also researched geographical factors (in the sections “Regional Topography” and “Soil Structure”).

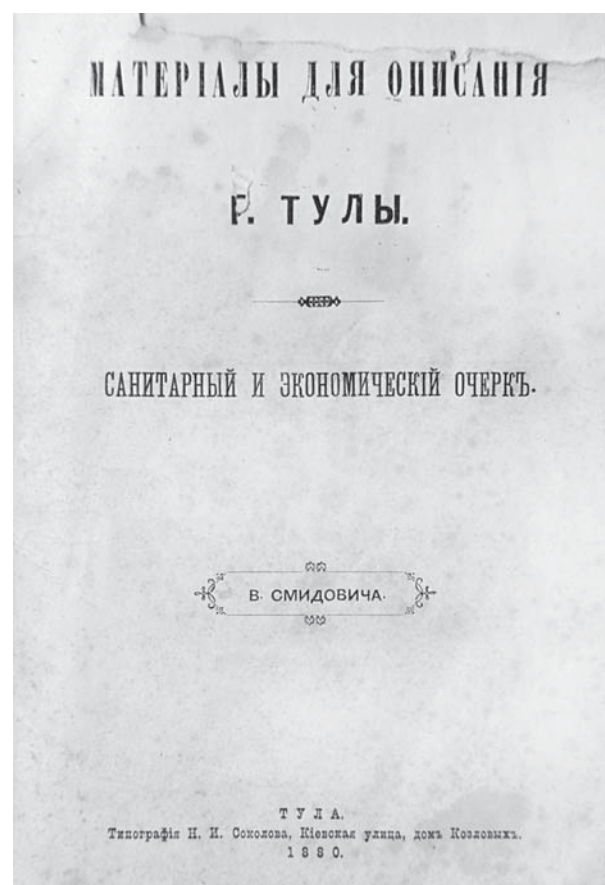


Fig. 2. Title page of V.I. Smidovich's book *Materials for the description of Tula: health and economic essay (Tula, 1880)*. The V. Veresaev House-Museum Fund (Tula).

For example, in the section “Water”, he noted that the majority of the poor population drinks water from the dammed rivers Upa and Tulitsa or from their own wells, “if it is at least to some extent suitable for human consumption”. Factory workers drink the same water used for factory purposes (“from the river below the town on the perception that it is free of all impurities from streets, baths and higher breweries”). From this, he concluded: water pipe installation is a task of the highest priority.

Smidovich describes the state of the production and household conditions in the sections “Plants and Factories”, “Markets”, “Baths” and “Cemeteries”. In the section “Heating, Ventilation, Latrines, Landfill Sites”, he points to the importance of the appropriateness of the arrangement of residential units, in which the population spent practically 8 months in light of climatic peculiarities. In the section “School, Scholarly Societies”, Smidovich notes that “despite the abundance of learning institutions, they cannot satisfy all those who wish to study, and a great many of them are rejected yearly for a lack of space, and the worst part of our rural schools is that not one of was built for the purpose it was to be designated for; they are mostly reworks of hotels, restaurants or some private buildings...all the educational institutions are located in the most low-lying parts of the city and in neighborhoods they have either marshes or meat rows and so on” [15, p. 30].

Smidovich provides data from medical statistics (sections “Morbidity”, “Forms of Illnesses”, “Infirmary of the Society of the Doctors of Tula”. In the section “General Sanitary Conditions of the City. The Impact on Health”, he compares the mortality rate of tuberculosis in Tula (according to data from 1876, 550 people per 100,000 people) and Scottish cities (206–400 per 100,000 people). In the section “Number of Doctors, Medical Establishments”, he notes that in Tula, there are 23 doctors (21 practicing), or one for every 2 672 citizens. In the section “Activities”, the results of the survey of representatives of different specialties are provided. V.I. Smidovich indicates the level of weekly earnings of factory workers of various occupations, the length of the working day. He noted that a woman’s labour is paid less, and discovered the objective reasons for such a

social phenomenon, such as alcoholism.¹⁰ Thus, according to Smidovich’s data, “during the sealing of assembled cranes and other similar works pair of ammonia and copper in the blast fall into the windpipe, causing extremely unpleasant and painful tickling, which eases promptly after 2, 3 shots of vodka, during which sputum is separated and the chest is relieved” [15, p. 51].

Social aspects that allow the creation of the most complete representation of the life of the people of Tula is brought to light by Smidovich in the sections “Marriages”, “Mental, Religious and Moral Development of the People of Tula”, “The Quantity and Quality of Intellectual Labour”.

Smidovich considers in detail the dependence of health status on living conditions (natural factors and peculiarities of professional activity) in the work *Influence of Area and Activity on Physical Quality of Conscripts of the Province of Tula* [16]. He saw its purpose in clarifying the impact that nature and external conditions of life have on the physical development of young people of 21 years of age called up for military service. He used data from the Tula Statistical Committee on the number of conscripts, number of accepted troops, the number of those who received a deferment, as well as data from doctors’ journals [16, p. 2]. He paid attention to the impact of the profession, as well as the position of the human body during work. Smidovich concludes: “Thus, it is neither the worst food nor the worst housing, but the naturally poor city air quality combined with the lack of movement and the full impact of sunlight should be attributed to the debilitating influence of cities on the physical development of organisms” [16, p. 43]. The author also provides data on the effect of alcohol abuse on the health of drinkers and their children. Smidovich analyzes data on violent and accidental mortality in the province of Tula and notes the obviousness of the correlation between the indicators of “overall mortality and by the sanitary and, partially, economic conditions in which there is a known population” [17]. At the same time, the data on accidental and violent deaths, in his opinion, more likely indicate the degree of cultural development of the people,

¹⁰ According to the results of a survey conducted by V.I. Smidovich among workmen employed in the production of samovars.

their customs and, partially, their moral qualities [17, p. 1], although he does not exclude a certain degree of influence by climatic and geographical conditions.

Speaking of the reliability and objectivity of the evaluation of the obtained results, Smidovich notes the “insignificance of their meaning: they merely indicate that in a particular area with a known number of the population, a certain amount die each year, for example, of alcohol abuse, i.e. so many individuals deprive themselves of life, etc. These figures acquire meaning and significance only in comparison with the same figures obtained in places with different climatic conditions, different working conditions and, in particular, places that are inhabited by different peoples” [17, p. 1]. So, to determine the total number of violent and accidental deaths in the Tula province from 1879 to 1884, Smidovich used the appendices to the reports of the governors and reports of the judicial and police authorities, which for all provinces were done according to the same principles. This allowed him to compare the data obtained for the province of Tula with data not only of other provinces and cities of European Russia, but also of Finland, Estonia and France. Smidovich consciously believed that the “data obtained by census can serve as the basis for other statistical and sanitary work” [18, p. 2], thus in 1894, he published in a separate brochure the results of a one-day census in Tula (November 29, 1891) [18], which overall, in his opinion, succeeded. All material was summarized by the Statistical Committee.

Questions pertaining to the activities of the Tula zemstvo council in the field of medical care were presented in the works of L.P. Frolova [1, 2, 6]. Based on the materials of the congresses of zemstvo physicians of the province of Tula, including an essay on the state of medicine, compiled by Smidovich [19, p. 3–13], noted some success of the zemstvo institutions by 1880 on the matter of medical care: the maintenance of existing hospitals and the creation of new ones, recruitment of medical staff, the construction of pharmacies, the organization of medical and obstetric courses.¹¹ The main difficulty was insufficient funding: by the decision of the

¹¹ A paramedic school for 24 students was opened at the zemstvo district hospital.

provincial assembly, the problem of additional funds was not resolved [6, p. 43].

The socio-economic situation from district to district were not equal [19, p. 8–13]. There were districts in which hospitals opened in which doctors and paramedics were invited to the serve (Chernsky district), districts in which paramedic courses were organized and pharmacies were opened (Novosilsky, Venyovsky), districts in which were only paramedic aid stations were established (Krapivensky, Odoevsky) [6, p. 44–45]. The expenses of the district zemstvo medicine comprised 0.5–10% (Borodinsky, Belevsky, Odoevsky districts), up to 10–30 % of the total cost (Efremovsky, Kashirsky, Novosilsky, Tulsky districts). Most of the funds were for the maintenance of provincial hospitals [6, p. 46]. In 1868, there were 15 hospitals throughout the province of Tula, and by 1877, the number had increased to 34. In the 1880s, there was from one doctor for every 35 thousand people in the Venyovskiy district to 56 thousand people in Epifanskiy district. It is possible to underscore several fundamental moments pertaining to the provision of medical personnel as the most important function of the zemstvo:

- the absence of criteria for the selection of doctors for provincial service, unified rules and guidelines to this end. Considering the diploma of graduation, the recommendations from the previous place of service, doctor reliability, knowledge of their duties;

- high “employee turnover” due to the disproportionality of high demands and insufficient remuneration (the average length of service of a doctor in zemstvo medicine was two years);

- the absence of a common list of duties, which were also performed by the imposition of new additional responsibilities on a district doctor.

S.G. Ozerov¹² believed that the “zemstvo doctor is a special doctor because his responsibilities are much more difficult and diverse than the standard doctor. He treats, deals with prophylactics and even performs

¹² Ozerov Sergey Grigoryevich – regional zemstvo doctor of the Efremovskiy district from 1873 to 1880, intern of the provincial zemstvo hospital, privately practicing doctor in Tula (1880–1909), graduate of IMU 1872 [4, p. 127].

educational work. The service of a zemstvo doctor is a public service" [2, p. 60–61].

The congresses of zemstvo physicians of the Tula province are a "public platform", and the purpose of the congresses is the elaboration of questions on the organization of zemstvo medicine. At the congresses, programs were put forth to improve public health that were the "sincere desire of cutting-edge zemstvo intelligentsia". The 1st Congress of Doctors was held in the province of Tula in 1880 (9 years after the first provincial Congress of Doctors was convened in the province of Tver in 1871). Over the course of 20 years (1880 to 1900), 7 congresses were held and there were 10 of them in total. The first 3 congresses were held annually. The 4th – 3 years later. The 5th – 9 years later. The 6th and 7th – 3 years later. In 1912, the last one was held, the tenth Congress of Zemstvo Physicians of the Tula province. From the very first congress, the issue was raised regarding the creation of a sanitary organization in the province to combat syphilis, which had a considerable prevalence. In addition to syphilis, attention was also given to other widespread diseases such as malaria, smallpox, diphtheria, typhoid and typhus [20].

The medical community of the province of Tula felt only the deepest respect for Smidovich as a person who possessed extensive theoretical knowledge, the ability to make fine and scientific observations and the gift of literary presentation of material characteristic of a peacemaker, steadfast in his belief that "better a bad peace than a kind quarrel". He was also revered as a doctor and researcher interested in a variety of scientific questions, using modern knowledge, and as a friendly, kind, unselfish, sympathetic, modest, "highly sensitive" and generous person, always respectful of the opinions of others and, despite unconditional authority, he never hesitated to recognize in even to a junior colleague their greater competence on any given question [11, p. 13–18]. This is confirmed by regular invitations sent to him to participate in the work of the congresses of zemstvo physicians (Fig. 3).

21 doctors, 12 zemstvo and 9 from Tula, invited by the provincial council, attended the meetings of the first Congress (19–28 May 1880, 9 meetings, convened at the initiative of Chernskiy zemstvos). Among them was V. I. Smidovich. He presented the report "*A Few Words about the*

Mortality Maps for the Province of Tula and the Tula district", to which "were attached exemplars of individual maps for those born and dead, as well as marriages accepted since 1879 by the Tula Regional Committee, on the initiative of director Smidovich and secretary V. Borisov" [20, p. 1–2].

At the first meeting (19 May 1880), Smidovich (as a private doctor invited by the Tula Provincial Council) noted that he considered it necessary to provide the decisive vote only to zemstvo doctors, as the issues being considered at the congress may require not only scientific explanation (for example, the issue of vaccination and the construction of hospitals), but also the increase of the burden on the zemstvo doctors ("laying" upon them their new duties) [21, p. 6].¹³ At this congress, it was decided that a committanee would be established (20 votes "yea"), whose mission would be the most effective organization of medical care based on the material resources of the zemstvo. Smidovich was also elected as member of the commission [21, p. 6].

Of fundamental importance to us are the materials on the second and fifth congresses of zemstvo doctors of the province of Tula. At the second congress (1–10 August 1881), Smidovich presented reports on violent and accidental deaths in the province of Tula in 1897, on the impact of location and activities on the physical quality of conscripts from the province of Tula, and most important – essays on the significance of medical congresses and the state of zemstvo medicine in the province of Tula (for the period of 1880–1881) [19, p. 3–13, 23–35; 20, p. 4].

The Fifth Congress of zemstvo physicians of the province of Tula (31 May – 8 June 1894), whose chairman, S.G. Ozerov, was elected by a majority vote, had to resolve a number of problems regarding: sanitary organizations, syphilis, smallpox vaccination and measures to combat epidemic diseases [20, p. 14–20; 23, p. 6–13]. The entire burden of the fight against epidemics and their prophylaxis was rested on zemstvo doctors [20; 22, p. 23–87]. The introduction of the post of district sanitary doctor and his supposed duties was actively discussed. Smidovich pointed out that the responsibilities of regional and sanitary doctors cannot be mixed: local doctors ascertain the existence of an epidemic, define and prescribe

¹³ Most of the congress participants did not give support.

всѣмъ Уездн. Уездные или Городские Врачи
по усмотрѣнію Уездной Управы. Вслѣдствіе
на пожеланіе Врачей и сущиона не въ доволѣніи
въ тѣхъ мѣстахъ примѣрны прошель въ ~~Самарѣ~~ ~~Тулѣ~~ доволѣніи
было отпущено Уезднаго Управлен. —
Л.

Лоня 23 дня 1882г. Министръ Государств.
Министръ Империальн.

3486, - 3501. Второй Собраніе Земскихъ Врачей Тульскаго уезд.
въ прошломъ году заведеніи своемъ бывшемъ 10^{мъ}
Губ. Врачебн. и Тульск. Обществу названнаго Собранія Врачей въ настоящее время бытъ
на 1^{мъ} числѣ Общества.

На этомъ основаніи Губернская Управа проситъ
открытъ третій Собраніе Земскихъ Врачей въ 1^{мъ} Обществу
сего года и по примѣрны прошель итѣть на означенн
дней заведеніи Собранія свидѣніе свое тѣмъ же
представитъ при этомъ Собраніи по его усмотрѣнію
итѣть на означенн заведеніи и въ настоящее время
Губернская Земская Земская Судебно итѣть признаетъ
нужна и какъ это тѣмъ же въ прошломъ
лучше.

Уваженіемъ о семъ Губер. Зем. Управа проситъ
себѣ проситъ какъ Министръ Государств.
принять наше прошеніе въ означенн Собраніи
сего и пріветъ властей въ дѣлѣ его отпущен
1^{мъ} Обществу сего года.

Л.

Р.

Fig. 3. Paper detailing the cause for convening the 3rd Congress of Zemstvo Doctors, circa June 23, 1882. The Department of Pre-Revolutionary Funds, the cause of the Tula Provincial Zemstvo Council for the convention of the 3rd Congress of Zemstvo Doctors.

treatment, and pass further struggle along to the sanitary doctor, in charge of sanitary matters. Smidovich clarified, that by “purely sanitary matter” he assumes isolation, disinfection and sanitary research into the causes of the epidemic. He noted that, in his opinion, in a number of cases, sanitary doctors must also act as epidemic doctors [23, p. 6–13].

Conclusion

Fundamental changes in Russian healthcare began to occur in the “epoch of great reforms” following the advent of zemstvo medicine (1864) – an original, not having had any analogous organizational systems of medical aid for rural and urban citizens in the world. This period in the province of Tula was marked by low life expectancy for the fundamental mass of the population, mostly employed in the sphere of heavy physical labour against the backdrop of poor sanitary and hygienic conditions. Zemstvo doctors and public figures (devotees of medicine, representatives of the medical intelligentsia) participated in the formation of new administrative bodies and agencies (that were run with the “protection of public well-being”) during the emergence of zemstvo medicine in the province of Tula, a unique catalyst of beneficial transformations of the economic paradigm and the improvement of living conditions and work of rural and urban populations. Smidovich was an enthusiastic representative of the medical intelligentsia in the province of Tula at the end of the 19th century. Although Smidovich was never a part of a zemstvo agency, he played an important role in the development of the province of Tula’s

healthcare system during the birth and emergence of zemstvo medicine. He pioneered the study of professional medicine in Tula: in all studies, he tracked the influence of the environment and workplace factors on health and the emergence of workplace illnesses. In Tula, Smidovich actively participated in the organization of free clinics for outpatients. He was the first to begin meteorological observations in Tula, setting up a medical laboratory in his estate. It was precisely Smidovich who was one of the first to work with medical and sanitary statistics: he was the author of a myriad of works, presenting valuable data on the peculiarities of the development of the province of Tula’s healthcare system at the end of the 19th century. On this basis, Smidovich can be considered one of the founding fathers of social medicine in the province of Tula. It was V.I. Smidovich who created the educational atmosphere that influenced his son’s world view – the Russian writer, literature critic, translator, doctor and public figure Vikentiy Vikentyevich Smidovich (Veresaev), and formed his medical philosophy, his relationship to health, life and death, established the social acuity of his creativity. His father’s opinions influenced his impression of V.V. Veresaev of the primary objective of medicine: “to indicate the conditions under which health and the curing of people are naturally possible” [24, p. 339].

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