

Military medicine in the pre-revolutionary Transbaikalia

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The article deals with the moments related to the birth and development of military medicine in the pre-revolutionary Trans-Baikal region (Transbaikalia). The first military formations with permanent dislocation in this region appeared in the first half of the 18th century (from the moment of the final consolidation of the territory of Transbaikalia for the Russian Empire). The Trans-Baikal region was interesting from the point of view of the further development of trade relations and the protection of borders. The Transbaikalian Cossack Host was organized from the local population in the middle of the 19th century to ensure the protection of lengthy external borders and to perform internal service. The military class and the civilian population of the Trans-Baikal region needed accessible and qualified medical care. For this region, mortality from infectious diseases, as well as high maternal and infant mortality, remained relevant, which significantly worsened the complicated demographic situation. The social and economic development of Transbaikalia was hindered by a number of objective reasons. Soldiers and members of their families first began to receive medical care at the Nerchinsk Mining Hospital (Eastern Transbaikalia) at the end of the first half of the 18th century. The first hospital schools, which provided medical personnel training, were organized during the same period. The strategic importance of the region made it necessary to develop the military medical service. So, battalion hospitals first were opened in the Western Transbaikalia (in the second half of the 18th century), and then in the Eastern Transbaikalia (in the middle of the 19th century). In 1851, a military infirmary was established in the city of Chita due to the formation of the Transbaikalian Cossack Host. Six years later the hospital was converted into a military semi-hospital. Taking into account the peculiarities of this region, the Regulation on mandatory variola vaccination was adopted for the Transbaikalian Cossack Host in 1853. However, there were significant shortcomings in the organization of the military medical service in Transbaikalia. The main mistake was the formation of a medical network without considering the geographic and socio-economic characteristics of the region. In general, the formation of military medicine in Transbaikalia became a necessary condition for the further development of this remote region of Russia.

Keywords: *history of medicine, Transbaikalia, military medicine, provision of medical care, medical services for military personnel, hospital school, infirmary, hospital*

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Military actions imply human losses (as well as various injuries, wounds and traumas) that can be reduced by providing timely, qualified medical assistance, which necessitates access to a developed system of medical support for military forces. This requires qualified medical personnel, which dictates the need for a system of mandatory training. An important merit in favor of the Aptekarsky order was the creation of a Russian army medical service: the troops were provided

with medicines, military divisions employed medical practitioners and temporary hospitals were created [1, p. 9]. Until the beginning of the 18th century there were no regular forces in Siberia. In 1727, military units (garrison regiments) were stationed in large Siberian cities, important from the point of view of protecting borders and developing international relations (primarily trade). Cossacks formed the basis of military formations in Siberia [2, p. 80]. At the beginning of the 18th century, the Russian population in Transbaikal numbered from 8,400 to 10,600 people, who were concentrated mainly

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in prisons and towns [3, p. 141]. The region was not economically independent: the nature of its geographical location determined the conditions for trade development, as well as a number of measures needed to protect the borders of the Russian Empire. In 1734, the Yakut regiment was located on the territory of Transbaikal,¹ (6,324 people were stationed in Nerchinsk² and 639 people in Selenginsk.)³ Irregular troops consisted of “nobles and children of boyars and servants” (882 people), as well as decedents of yasak-payers (4,803 people) [3, p. 177].⁴ In Transbaikal, along with the entire Russian border, there was caravan trade with China, including purchases of gold,⁵ and the revenues from this provided a significant contribution to the treasury of the empire. Transbaikal became the first Russian region in which silver (1704) and gold (1722) were mined [3, p. 190–191, 232]. The Yakut garrison regiment in 1761 was reinforced by a Cossack regiment of 500 local Tungus, whose tasks included manning the border guard service [3, p. 223]. In 1764, four regiments of 600 men also were formed from the Selenga Buryats for the border guard service [4, p. 20]. At the turn of the 17th to 18th centuries, Russia had a fairly stable system of medical support for troops. Regimental infirmaries were created where military units were permanently stationed [5, p. 151–152]. Prior to the 18th century, there were no military medical facilities in Siberia. At the end of the first half of the 18th century in the eastern part of Transbaikal, the Nerchinsk mountain district opened the Nerchinsk mountain hospital for employees, workers and members of their families. Military officials and Cossacks could be treated there. After a military hospital opened in Tobolsk in 1735, hospitals appeared in other large Siberian

cities [2, p. 81–83]. Thus, in the second half of the 18th century, the first battalion infirmaries appeared in West Transbaikal: in Selenginsk (in 1765, the physician Pyotr Lebedev worked there) and in Verkhneudinsk (now Ulan-Ude; in the 1780s, the physician I.F. Resslerin worked there). The need to develop medical support for the Russian army required that military hospital management be improved. For the army and navy, as well as for developing manufacturers, qualified doctors were needed who were able to replace foreign specialists (not only surgeons, but also doctors involved in the treatment of internal diseases). The problem of training medical personnel was solved in the 18th century with the establishment of training hospitals in Russia [5, p. 156, 165].

In 1762, in East Transbaikal (at the Nerchinsk-Zavodsky Hospital), the first training hospital was opened by the doctor Egor Tomilov [6, p. 464]. After six to eight years of practical training, its graduates were mostly sent out “around the villages.” In West Transbaikal, Pyotr Lebedev became the first medical teacher – he organized a hospital in Selenginsk at the infirmary. Later the physician I.F. Resslerin volunteered to teach medical and surgical skills, Latin, the treatment of external and internal diseases, as well as anatomical science [7, p. 45, 51, 63]. Similar training existed at the local level for more than 100 years and provided training for a number of medical specializations [8, p. 261].

Many Siberian military hospitals and infirmaries were impoverished and they were located in unsuitable premises. Nevertheless, they could provide the military with medical assistance (Verkhneudinsky hospital was designated a military hospital from December 1790) [9, p. 60]. If there were no free beds, then military personnel were hospitalized in the Verkhneudinskaya civilian hospital, which was opened in Transbaikal in 1803. In this way the gradual population increase due to settlers, the emergence and development of a handicraft industry, the expansion of agriculture and development of trade and towns all led to the need for the further development of medical services in Transbaikal. The appeal by Captain Selenginsky of the Yudin garrison regiment to Verkhneudinsky Mayor Reshetnikov has survived: “A spacious house is required for patients of my company. The house must have

¹ By a decree of November 6, 1727, the Tobol Garrison Regiment was renamed the Yakutsk Regiment.

² The present-day Transbaikal Territory.

³ The present-day Republic of Buryatia.

⁴ By 1761 in Transbaikal, tribute-paying peasants amounted to 9,370 people, mining workers – 6,529, soldiers and their families – 3,343, privileged classes – 300 people, and non-Russians – 12,000 people [3, p. 221].

⁵ At that time, gold deposits in Russia had not yet been discovered, silver was mined in small quantities, and the treasury was forced to acquire these precious metals from abroad.

a cellar for ice to store food. A good kitchen for cooking must be organized. And also a bathhouse for the sick”⁶.

The military department was engaged in providing medical care not only for the army and Cossack troops, but also for a number of border zones [1, p. 202]. By the beginning of 1848, the Russian state had drafted and approved provisions for seven Cossack Hosts. Only the Ural, Azov, and Bashkir-Meshchersky Cossacks remained unprovided for, as well as Siberian town and border Cossacks on the Chinese border, that is, those in Transbaikal. This situation aroused the concern of Tsar Nicholas I, and on January 26, 1848, his resolution was announced: “It is advisable to provide permanent locations for settled or stationed forces» [10]. In connection with the increased activity of Britain, the USA and France in the mid-19th century in China and Primorye [11, p. 63], Russia took measures to increase combat readiness, one measure of which was enlarging the military contingent in Transbaikal with local residents. N.N. Muravyov, Governor-General of East Siberia (1847–1861), wrote: «The military significance of Transbaikal is determined by the fact that there is a border extending 2,000 versts, easily traversable almost everywhere. There, at its end, is the source of the navigable river Amur, called the Shilka and Onon rivers. The promise of gold mining reinforces the importance of this region.” The Trans-Baikal Cossack army was also to have become the nucleus for the development of the Amur [11, p. 65].

By a decree of March 17, 1851, Emperor Nicholas I founded the Transbaikal Cossack Host. It included the 1st, 2nd and 3rd Russian regiments, the 4th Tunguska, as well as the 5th and 6th Buryat regiments, with 600 men each. In accordance with the Regulations of the Transbaikal Cossack Host, in March 1851, a military hospital for the 14th Siberian Linear Battalion was opened in Chita, which, according to the employee list, was staffed by one physician and two paramedics.⁷ In 1852, the Cossack districts were consolidated into three military

departments, and then a new regulation was approved on Transbaikalian service. In order to improve the foundations of inpatient medical care for servicemen, the Regulations of the Military Council “On the Establishment of a 75-bed Half-hospital in Chita” (dated September 4, 1857)⁸ was approved by the Imperial Court. On September 12, 1857, the Ministry of Military sent a letter to the Medical Department (No. 3554 “On approving a permanent military half-hospital in Chita”).⁹ According to Lieutenant-General N.N. Muravev’s petition from September 6, 1857, for No. 9015 to the Commissariat Department, the following order of the Military Minister was issued: “A military hospital with 14 beds in Chita, which is equipped by the commissariat and has only one paramedic, is to be reclassified into a half-hospital with 75 beds, including an officer’s and a women’s department with five beds, and will be supplied with all the items that are missing as the situation requires. Military officers were entitled to use half-hospitals for free, and civil officials were accepted for a fee for their keep and treatment on the basis of the government department’s laws to which they belong. Parties of arrestees passing through and Chita prison inmates could use the half-hospital according to general rules. Medical personnel consisted of one chief doctor, a junior resident, a pharmacy manager, one senior paramedic, and two junior paramedics. A paramedic school at the half-hospital was not established, in accordance with the assessment of the Military Medical Scientific Council”.¹⁰

The 14-bed military hospital, which had only one paramedic, was reorganized into a half-hospital, which later became the Transbaikal Military Medical Center.¹¹ At that time, there were not enough medicines for civilians in Chita, and in order to open a prescription pharmacy, considerable additional financial expenditures were required. Since all state-owned pharmacies in the region were placed under to the military department’s authority, the half-hospital

⁶ “The case of the removal of the infirmary building for Cossack patients” of March 28, 1813 // SARB (State Archives of the Republic of Buryatia). F. 11. Op. 11. V. 114. L. 1.

⁷ RSMHA (Russian State Military History Archive). F. 879. Op. 2. V. 1798. L. 7.

⁸ The Complete collection of laws of the Russian Empire V. 32. the 2nd collection, section 1. Ch. 1. Saint Petersburg, 1857. Article 32215. L. 740–741.

⁹ RSMHA F. 879. Op. 2. Ed. Ch. 1489. L. 1.

¹⁰ RSMHA F. 879. Op. 2. Ed. Ch. 1489. L. 2–3.

¹¹ SATT (State Archive of the Transbaikal Territory). F. 1 (sp). Op. 2. Ed. Ch. 250. L. 8.

pharmacy was allowed to sell medicines on prescriptions to civilians.¹² The organization of medical service in the Transbaikal Cossack Host had significant shortcomings, and the government took a number of measures to eliminate them. Due to the Cossack villages' and settlements' remoteness from areas that provided qualified medical assistance, it was not always possible to provide timely treatment or obtain necessary medicines, which led to the development of various complications. The nature of the geographical location and the severe climate, as well as difficult economic conditions, contributed to the formation of a special population of people: The Transbaikal region was inhabited by healthy, physically hardy people¹³ (this concerned both the indigenous population and arrivals). The severe climate hardened the Transbaikalian people, but serious diseases, especially infectious diseases (smallpox, scarlet fever, diphtheria, measles, whooping cough and influenza), were caused by a poor social, economic and sanitary-hygienic conditions. The lack of timely and skilled obstetric care led to fatal outcomes during pregnancy and childbirth and a high mortality rate among newborns and women in labor.

The death rate in the Transbaikal Cossack Host remained high. In 1912, 23,834 people of the 86,036 who applied for medical help 23,834 were diagnosed with infectious diseases (28%), 1,182 of which died (4.9% of the total number of cases) [12, p. 380]. Gastrointestinal infections presented a severe danger: despite the launch of sanitary-educational work among the population, people continued to use water from rivers, streams and open reservoirs for drinking and cooking. With the onset of the rainy season (June-July), outbreaks of dysentery and typhoid were recorded annually in the Transbaikal Cossack Host [12, p. 382], during which many people died (especially children). Cerebrospinal pneumonia was one of the most common diseases. 179 of the 2,108 registered patients died due to failure to receive qualified medical care in time. Protecting servicemen and their families from infectious diseases, especially smallpox, was a priority.

¹² RSMHA F. 879. Op. 2. V. 1798. L. 27–28.

¹³ These people tolerated cold and heat, were able to easily sleep on the ground and snow without fear of catching cold, could make long trips in the saddle under any conditions and were content with modest food rations.

One of the first measures taken in this field was the organization of the vaccination efforts in the Transbaikal Cossack Host. On October 24, 1853, the Governor-General of East Siberia submitted to the Medical Department of the Ministry of the Military a draft regulation on the vaccination of the Transbaikal Cossack Host, which was adopted on November 2, 1853.¹⁴ The vaccination effort was systemic and planned. In order to increase the accessibility of medical assistance to the women assigned to the army, on May 5, 1858, an addition was made to the existing Regulation “On the Transbaikal Cossack Host” (“On the opening of women’s wards in the infirmaries of the Transbaikal Cossack Host”), which stated: “In the brigade infirmaries of the Transbaikal Cossack Host, out of 72 beds, seven beds are for the women of the military class.”¹⁵ After the formation of the Transbaikal Cossack Host in 1851, the Sretensky settlement (in the present-day Transbaikal Territory) received the status of a Cossack village of the Nerchinsk District of the Transbaikal Region. In 1881, an army hospital was transferred from Shelopuginskaya Stanitsa to Sretenskaya Stanitsa. Until 1883, it was housed in a large and specially adapted building with 60 beds [13, p. 65–66]. Its staff consisted of two doctors, four paramedics and a midwife. Later, on July 18, 1886, a regulation approved by the Imperial Court “On the establishment of a local infirmary in the village of Sretensky in the Transbaikal Region” was issued. It provided an opportunity to open another medical institution for Cossacks with 40 beds, which included four women’s beds.¹⁶ Military doctor A.K. Belyavsky, who arrived by an order from December 4, 1898, to work in the Shelopuginskaya military hospital of the 3rd Military Department of the Transbaikal Region, described the quality of local medical aid. The hospital for the Cossack population occupied two dilapidated small buildings, separated by a square. One building was intended for the women’s department, pharmacy, the senior physician’s office and the caretaker, an outpatient room that

¹⁴ RSMHA F. 879. Op. 2. Ed. Ch. 931. L. 1.

¹⁵ The complete collection of laws of the Russian Empire V. 33. the 3rd collection, section 1. Ch. 1. Saint Petersburg, 1913. Article 33123. L. 578.

¹⁶ The complete collection of laws of the Russian Empire V. 6. the 3rd collection, section 1. Ch. 1. Saint Petersburg, 1886. Article 3887. L. 403.

served as a bandaging room and operating room. Another building stood on the river bank, housing the men's department. The main hospital building had burnt down long ago, and the surviving premises had not been adapted for a medical institution. There was no contagious diseases department. In the courtyard of the first building there was a cholera barracks, which in the summer served as an infectious diseases department, and if the hospital was overcrowded, as an additional ward. Until the 1990s, the hospital had the status of an almshouse (it took infirm old people, chronically ill patients who were not receiving treatment, and the mentally ill). The hospital staff consisted of two doctors, a midwife, a caretaker, a clerk, a laundress, a cook, three ministers and a stableman. Outpatient care was provided to the entire population for free, and Cossacks were also given free medications. Surgical care was available (amputations, plastic and cavitary surgery). Operations were performed in a small room with one window, which previously had been used to treat outpatients. However, the results of surgical interventions, mainly using primary tension, were not bad [14, p. 75–83]. Doctor V.Ya. Kokosov, who in October 1881 was appointed to Aksha as a doctor of the 2nd Military Department of the Transbaikal Cossack Host, spoke of the local difficulties in conducting medical work [15, p. 152]. The population of the territory entrusted to it was more than 50,000 people, and the area occupied by the territory covered 60,000 square versts. For each paramedic, there were 10,000 square versts and 10,000 inhabitants concentrated in 14 villages, not counting the local nomadic Buryat and Tungus population, which also needed medical assistance. It was almost impossible to cover the entire territory and provide all the needy with timely, qualified medical assistance. From 1896 to 1903, Evgeny Vladimirovich Bek worked as the district doctor of the 4th military department of the Transbaikal Cossack Host [16, p. 138–139]. His territory stretched 480 versts by 270 versts and its inhabitants numbered 60,000 people. It can be said with some certainty that the basic principles of military medicine (accessibility, free-of-charge, promotion of hygienic knowledge, combination of treatment and prevention in a given territory) were used as a basis for zemstvo district medicine [17, p. 394]. Here is an excerpt from the report of regional

medical inspector V.A. Burmakin for the 2nd congress of medical workers of the Transbaikal region, held in late 1917: “Until now, the medical management of the Transbaikal region has been archaic, far behind even the imperfect forms of such governance in European Russia. With the development of district medicine, the work of the Medical Department on medical care's organization is gradually acquiring foremost importance. Of most importance is the fact that there were zemstvo districts in Transbaikal. There was a zemstvo scheme, which was developed to cover three years ahead, there were zemstvo employees, zemstvo hospitals, etc. But zemstvo was exclusively bureaucratic” [18, p. 10–11]. Thus, the medical community was determined to radically change Transbaikal's medical care system. The primary issue was the organization of zemstvo medicine.

From 1896 to 1898, medical care was reformed in the Transbaikal Cossack Host. By this time, the fourth military department had been created and the positions of the ataman and the military governor of the Transbaikal region were combined. In 1887, the military had three hospitals (Kudarinskaya, Shelopuginskaya and Akshinskaya) with beds for 160 people [19, p. 131], the army hospital department with six beds in Troitskosavsk and 10 military medical admission units with 53 beds.¹⁷ They were staffed by 12 doctors, 20 paramedics and 23 midwives. At the end of the 19th century, the Transbaikal Cossack Host had four army hospitals (with 190 beds), a hospital department (with six beds), eight medical admission units (with 39 beds), and 12 treatment units (without hospital beds). 14 doctors, 48 paramedics and 17 midwives worked at these institutions and with combat units of the Transbaikal Cossack Host. The army of the Transbaikal Cossack Host in Chita opened an army hospital for the mentally ill (in 1884 as a shelter with eight beds, and in 1885 as a hospital in a specially leased building with 30 beds). In 1890, psychiatrist I.I. Araksimovich was invited from Ryazan. His efforts at Titovskaya Hill in 1906 led to the building of a special psychiatric hospital with 30 beds [6, p. 15]. In September 1899, an infirmary was opened to serve an

¹⁷ RSHA. (Russian State History Archive). F. 1297. Op. 285. Ed. Ch. 188. L. 4, 13, 19.

artillery battalion in Chita, which somewhat freed up the hospital for civilians seeking treatment, the numbers of which sometimes doubled the norm [20, p. 98]. During the Russo-Japanese War (1904–1905), the Chita military half-hospital was expanded to 400 beds and was the leading medical institution coordinating the activities of all field reserve and mobile hospitals in the region.

The pre-revolutionary government barely had the funds to acquire, retain and manage new lands and peoples in the east of the Russian Empire [21, p. 98]. The provision of sufficient medical resources and medical personnel required additional significant expenditures. These factors were important and they significantly slowed the development of medical care in the region. Its distance from the center and special local conditions had a significant impact on the socio-economic development of the region [22, p. 98]. At the end of the 19th century, four military departments functioned in the Transbaikal region, with a designated military population and medical institutions. The 1st military division included the Troitskosavsky, Selenginsky, and Verkhneudinsky districts, the 2nd division included the Akshinsky district, and the 3rd division included Chitinsky and Nerchinsky districts and the 4th division included the Nerchinsko-Zavodsky district [4, p. 20]. The largest number of military hospitals and, correspondingly, the largest number of hospital beds were in Chita, Nerchinsk, Aksha (East Transbaikal), and also in Troitskosavsk (West Transbaikal). It was difficult to provide qualified medical care to all those in need, with the continuing shortage of medical personnel and deficit of medical institutions over such a vast territory. In 1908, it was officially noted that the measures taken to strengthen and preserve the health of the army in Transbaikal had failed to achieve their goals [12, p. 381]. The organization of medical support for the Transbaikal Cossack Host remained very poor. When planning the creation of a medical network, the region's social and geographical factors were not taken into account. As a result, due to the medical institutions being incorrectly located, and the lack of permanent staff and medicines, people who inhabited the army's vast territory went without proper medical attention. For example, no doctor was provided for the 4th Military Department's 65,000 population.

The 2nd Military Department stretched for 900 versts along the border with Mongolia and China; the army hospital was located in its western part in Aksha with a population of 12,000 people, and to the east of Aksha lived 45,000 people. The majority of the military population did not have a doctor, while a minority was served by one doctor for 5,750 people. In order to get to a hospital, for example from the villages of Sredne-Borzinsky, Suktuyevsky or Staro-Tsuruhaytu, it was necessary to traverse several hundred versts along dirt roads. The long journey was difficult and tiring even for a healthy person. Doctors and paramedics received a small salary and there was a lot of work. In remote villages there was no possibility to receive medical treatment due to the lack of medicines, which were only available in the hospital pharmacy, located far from the villages. The villages' pharmacies were supplied according to the paramedics' catalog. The list of drugs was extremely limited. In the event of epidemics, doctors were drawn from the 2nd Army Siberian Corps stationed on the territory of the Transbaikal Region [12, p. 382].

In general, in peacetime, official medical care remained unavailable for the Cossack class, therefore, even at the beginning of the 20th century, the tried and tested means and folk methods of Tibetan medicine were used. The leadership of the Transbaikal Cossack Host continued to take measures to improve medical care for the military population. Thus, in the First Military Department in 1908, the hospital in the village of Kudarinskaya was transferred to the Kyakhta settlement, the number of doctors increased from 14 people (1912) to 20 (in 1915), of accident wards from eight (in 1908) to 20 (in 1915) and the number of beds from 232 to 356, respectively. The position of a midwife-paramedic began to be introduced [12, p. 383]. The system of medical support for Cossack troops was created only at the beginning of World War I. It was based on the district principle [2, p. 85]. In 1916, the population of the Transbaikal Cossack Host was 265,000 people. By 1919, there had been major changes in the soldiers' service sector in the Transbaikal Region. Despite the fact that the number of military hospitals remained at the same level as in 1887 (there were only four hospitals) and the hospital bed capacity increased by only 10 beds, the number of medical admission units

increased significantly (by 13) and, accordingly, the number of beds in them (by 147). Paramedic clinics also appeared. The extensive development of military medicine in the region should have provided accessible medical and sanitary assistance to the population and servicemen of Transbaikal.

In pre-revolutionary Russia, one of the primary tasks of the government in relation to its new territories was providing medical support to the army. The incorporation of Transbaikal was of great military-political and economic importance. Transbaikal's hospital medical schools formed the basis for training. Given the severe epidemiological situation, a number of measures were developed to perform vaccinations in the Transbaikal Cossack Host. By the end of the 19th century, all the Transbaikal Cossack

Host's medical institutions were divided into four military departments, which should have provided for more effective management in the region. The military medical service in Transbaikal had significant shortcomings (for example, territorial and demographic factors in the region were not taken into account), but on the whole its organization contributed to the development of the health sector in the region. At the beginning of the 20th century, circumstances for the development of zemstvo district medicine emerged in the Transbaikal region. The development of military medicine in Transbaikal contributed to the social and economic development of this remote region of Russia and not only ensured health care for the military, but also had a positive impact on the growth and development of health care in Transbaikal.

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