

Periodization of the origins of Transbaikal's health care system

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Abstract

An attempt has been made to summarize the results of research into the emergence and establishment of the health care system in Transbaikal as a unified organizational and territorial structure. One of the system's main goals was to provide the region's population with accessible medical care. According to the author of the article, by overcoming the fragmentation inherent in previous research, it is possible to analyze and reorganize existing materials concerning the emergence, formation and development of the public health system in Transbaikal (from the 18th century to the end of the first quarter of the 20th century).

The steps taken to provide medical care to the population on the outskirts of the Russian empire and the formation of the health care system there indicate that all the measures taken in this area followed the policy of the Russian pre-revolutionary government based on the need to solve priority tasks for the development and effective consolidation of the Transbaikal territory within the framework of the country's unified political, economic and socio-cultural space. The results of objective data analysis, including from archival documents, suggest that the conditions and features of the medical system's origins in Transbaikal were determined by trade, economic, demographic and military-strategic factors. Periodization, consisting of three stages, of the formation of the health care system in Transbaikal, is provided. The structure of historical and medical research allows us to identify the main trends and to set out each stage's qualitative characteristics determining the integrity of the foundation process of the health care system in one of the border regions of Russia – Transbaikal.

Keywords

history of medicine, history of health care, Transbaikal region, Nerchinsk mountain hospital, urban medicine, rural medicine

One of the objectives of our historical and medical research was to study the nature of the origin and formation of the public health system in Transbaikal, covering a rather long period – from the 18th century to the end of the first quarter of the 20th century. Our focus was on the conditions and factors that had a direct impact on the processes that determined the various stages in the emergence of the medical care system during this period in Transbaikal.

Periodization of the emergence of the health care system in Transbaikal as a unified organizational and territorial structure has been proposed, starting from the moment the region joined the Russian Empire at the beginning of the 18th century and until the Soviet authorities abolished the Transbaikal Region on January 4, 1926.

The importance of this systemic analysis of the history of health care of Transbaikal during this period is

due to the following points. Firstly, this provides for consistency in development, as well as a serious understanding of the fundamental stages of Russia's civilizational development. At the present stage, in order to effectively reform such a strategic sector as health care, the most objective assessment of regional historical heritage is necessary.

Historical experience suggests that the right regional approach in dealing with issues related to health care development yields positive results. It is of the utmost importance to understand regional peculiarities and differences in resourcing and staffing (Starodubov et al. 2004, p. 3–5).

Under the Russian Federation's modern developmental conditions, differentiated standards for federal districts will serve as an impetus for the formation of a multi-level regional model that will rationally organize

a network of inter-district departments taking into account regional differences and increase the local population's access to specialized medical care (Starodubov et al. 2010, p. 26).

Secondly, Russia's eastern territories are inhabited by many indigenous minorities, and protecting their health and wellbeing remains an ongoing task. The effective and sustainable implementation of state programs for Russia's spatial development in the field of geostrategic interests is aimed primarily at renewing the socio-economic and demographic situation in Transbaikal and the Far East as a whole. One of these programs' priorities is the creation of a regional system of accessible health care.

Thirdly, the issue of economic and cultural land development on the eastern outskirts of Russia was relevant in the 17th to 19th centuries and does not lose its significance in the present day. Seven percent of the population lives in eastern Russia, which occupies 40.6% of the country's territory (Bolonev 2013, p. 5). Issues regarding demographic and military-political security are interrelated (Izvekov 2001, p. 78).

Fourth, the fundamental national history of medicine can be formed on the basis of knowledge of the differences in the formation of the medical care system in numerous regions of Russia. An idea of the history of the state as a whole can be derived from the history of individual regions, and "every true local detail is a necessary component in the overall picture", a new contribution to the study of the history of the country (Petryaev 1984, p. 271).

For more than two centuries, the government of the Russian Empire carried out a targeted state policy for the demographic and socio-cultural integration of Transbaikal with the aim of developing and effectively securing the territory and ensuring border security, which included, among other things, creating a medical care system for the population of the region.

Differences in medicine and public health care in Transbaikal at various stages of the development of the Russian state were of interest to many researchers. However, the administrative-territorial division of the large region in 1937 into the eastern part (modern Transbaikal Territory, prior to 2008, Chita Oblast) and the western part (modern Republic of Buryatia) led to the fragmentation of most scientific studies.

At the end of the first and the beginning of the second half of the 20th century, an analysis was conducted on the history of medicine and public health care in Siberia and some materials were presented on the state of medical care for the population of Transbaikal.¹

The impact of socio-economic and medical activities on the health indicators for the Transbaikal population during the period under study² was considered, and conclusions were drawn that the main achievements in terms of improving the general health of the Transbaikal population were during the Soviet period.

The first systematic studies in the field of the history of medicine in Transbaikal were undertaken by a military doctor, E.D. Petryayev, who worked in Chita from 1941 to 1956. In his numerous works, the foundations were laid for the study of the history of public health care in pre-revolutionary Transbaikal not only from the standpoint of regional research, but also in terms of historical and medical analysis (Petryaev 1956a, Petryaev 1956b, Petryaev 1951, Petryaev 1960).

Using extensive factual material, R.I. Tsuprik reveals many of the events and names associated with the history of health care in Eastern Transbaikal (Tsuprik 2014). A number of works deal with the formation and development of the medical care system in Buryatia and for the indigenous people of Eastern Transbaikal (Batoev et al. 2004; Batoev et al. 2009; Batoev and Batoev 2014).

However, an analysis of the available historiography reveals fragmented research and an absence of work that would present a holistic picture of the origins of the public health system in Transbaikal from the 18th century through to the end of the first quarter of the 20th century

Our research is based on archival materials of the State Archive of the Republic of Buryatia (SARB), the State Archive of the Transbaikal Territory (SATT), the State Archive of the Tomsk Region (SATR), the Russian State Historical Archive of the Far East (RSHAFE), the State Archive of the Russian Federation (GARF) and the Russian State Historical Military Archive (RSHMA).³

In our opinion, there are three stages in the foundation and development of the public health system in Transbaikal.

At the first stage (1742–1803), the founding of mining and military hospitals takes place, corresponding to the current trade, economic and military strategic security goals in the east of the Russian Empire (Malaya entsiklopediya Zabaykalya... 2011, p. 325; Andrievich 2013, p. 236). After the final state incorporation of Transbaikal in the first half of the 18th century, the development of the region's resources and raw materials began, which led to the opening of the first medical institution – the Nerchinsk Mining Hospital (1742) in Eastern Transbaikal (Nerchinskiy zavod 2015, p. 208–209). The first

¹ Doctoral dissertations of N.P. Fedotov, "Essays on the history of medicine in Siberia in connection with the history of its colonization (1585–1861)" (1958) and G.I. Mendrina "Essays on the history of Siberian medicine in the era of capitalism (1861–1917)" (1965).

² K.I. Zhuravleva. Health care and the population's health in Transbaikal (1765–1965). Dissertation of ...Dr. med Sciences: 14.00.33. Chita, 1966. 731 p.

³ The author of the article studied the documents of six federal and regional archives, 45 archives, 60 registers, 239 cases.

military medical institutions were founded in the second half of the 18th century in the cities of Selenginsk (1765) and Verkhneudinsk (Ulan-Ude; late 1780s) on the territory of Western Transbaikal (Plishkin 1930, p. 158; Petryaev 1954, p. 51–52). The expansion of professional medicine in the mining and military hospitals was hindered by a shortage of qualified specialists. This prompted the opening at the infirmaries of the first hospital schools for the training of local medical personnel (1762) (Malaya entsiklopediya Zabaykalya... 2011, p. 464).

The second stage (1803–1852) is characterized by the development of civilian medicine, primarily in the cities, in addition to the mining and military medical institutions in Transbaikal (Pykin 2014, p. 12–15). This becomes possible with the gradual strengthening of the urban infrastructure's economic, socio-cultural and legal status. In 1803, the first departmental city hospital in Verkhneudinsk was opened.⁴ This served as the basis for determining the lower limit of the urban infrastructure for the second phase of the emergence of the health care system in Transbaikal.

We have determined the starting date for systematic state medical vaccinations in Transbaikal – 1811.⁵ The significance of the second stage lies in the formation of civil medicine in the cities of the Transbaikal region, which indicates a gradual transition of state policy from the use of this region purely for raw materials to the beginning of its rational socio-economic development.

The third stage (1852–1925) is connected with the state policy of expanding the medical care system in Transbaikal with the goal of organizing accessible regional medicine for the entire population. The unification of the western and eastern parts of Transbaikal into the special Transbaikal region (1851) and the assigning of regional center status to Chita led to the creation of the post of medical unit inspector (1852)⁶; (Remnev 2004, p. 185–186). A unified state administration for military and civilian medicine was formed, contributing to the beginning of the systemic organization of primary medical care, the development of anti-epidemic measures, sanitary work and the expansion of vaccination.⁷

The special vaccination status for the Transbaikal Cossack Army (1855) was determined by the need to preserve the intellectual and productivity potential of both the military and civilian classes engaged in military, economic and agrarian activities in the border region.⁸

At the end of the 19th century, as a result of the inevitable integration of the Transbaikal region into the country's unified socio-economic and cultural space, measures were being taken in Chita to ensure the medical and preventive development of health care. At this time, due to the tense political situation in the east of the Russian Empire, military medicine, with active assistance from the Transbaikal Directorate of the Russian Red Cross Society (1894)⁹, began to create a large hospital base, in a civilian form, but potentially oriented towards deployment as a rear base support for the front (Skazhutin 2016, p. 88; Lim et al. 2016, p. 56–62).

From 1865 to 1917, the solution to the complex problem of medical care for rural and indigenous residents of Transbaikal was formed with the organization of rural health care with elements of Zemstvo district medicine.¹⁰ As a result, medical points with infirmaries were created (1901) and free rural beds were created at first in the Chita city hospital in 1910, and in 1916 the regional Zemstvo district hospital was opened (Trudy syezda... 1918, p. 10–14). From the beginning of the 20th century, specialized urban medical care was developed in Chita, private medical clinics were established¹¹ and anti-epidemic measures were improved (Tsuprik 2014, p. 211).

In the imperial period in the Transbaikal region, the country-wide problem of creating an effective management system for the medical industry impacted on the establishment of an integrated system for the organization of urban and rural health care, departmental, public and private medicine.

With the change in the socio-economic structure of Russia, the pre-revolutionary course of development for the accessible health care system was not curtailed, but was sensibly continued by the Soviet authorities taking into account local social and ideological differences, in particular with a special focus on medical and preventive work among the indigenous population.¹²

Zemstvo districts as a self-governing unit was not further developed in the context of the Far Eastern Republic (1920) (Namsaraev 1993, p. 38), but such organizational principles for the medical care system, such as the creation of medical points, accessibility, free-of-charge service, and preventive treatment, not only remained in Soviet medicine, but were also improved.¹³ In 1921, the first rural hospital for the indigenous population was opened (Batoev and Batoev 2014, p. 31), and local health authorities were organized – *aimzdravy*.¹⁴

⁴ State Archive of the Republic of Buryatia (SARB). F. 11 Series 1. D. 54. P. 16.

⁵ SARB. F. 11 Series 16. D. 22. P. 1.

⁶ State Archive of the Transbaikal Territory (SATT). F. 1 Series 1 (o) D. 156. P. 1 reverse side.

⁷ SATT F. 1 Series 1 (o) D. 35. P. 20–20 both sides.

⁸ Russian State Military Historical Archive (RSMHA). F. 879. Series 2. D. 931. P. 7.

⁹ SARB. F. 10 Series 1. D. 1019. P. 2.

¹⁰ SATT F. 111. Series 1. D. 13. P. 2; SATT F. 1 Series 2 (vr). D. 1135. P. 29.

¹¹ SATT F. 1 Series 2 (vr). D. 432. L. 4–4 both sides.

¹² Russian State Historical Archive of the Far East (RSHA FE). F. R-468. Series 1. D. 69. P. 69.

¹³ RSHA FE. F. P-1721. Series 1 D. 1. P. 2, 3, 6.

¹⁴ RSHA FE. F. P-1468. Series 1. D. 77. P. 46.

During 1923, the state administration for the Trans-Baikal region's public health system was created, organized by the People's Commissariat of Health of the Buryat-Mongol ASSR (1923) (Batoev et al. 2009, p. 41) and the Transbaikalian provincial health department was functioning (later disbanded in April 1926) (Chaban and Kolodinach 2011, p. 178–179). By the beginning of 1926, as a result of administrative-territorial changes, Transbaikal was divided administratively and geographically into a Siberian part (Buryat-Mongol ASSR) and the Far Eastern part (Sretensky and Chita districts) (Ocherki istorii... 2009, p. 201).

We have established that despite repeated changes in 1917–1925 of the region's political authorities, the development of health care facilities continued, while continuity was maintained with respect to the imperial period (Shalamov 2017). That is why we do not define the third stage according to the change of state authorities, since the essence of health policy was not changed.¹⁵

The significance of the third stage in the formation and development of the health care system in Transbaikal lies in the fact that the goals set by pre-revolutionary Russia to develop and strengthen public administration of the health care system for the implementation of the program to maintain the provision of health care to the population was already embodied in the Soviet nation.

The training of qualified medical personnel in the pre-revolutionary period did not have time to achieve a systematic nature, taking into account all the demographic, territorial features of such a complex region as Transbaikal. Therefore, the personnel issues were gradually being solved, the pre-revolutionary experience of training national medical personnel at all levels was

being used, a network of medical institutions was being commissioned, the fight against socially significant diseases was intensifying, vaccination continued and sanitary and hygienic measures expanded.¹⁶ The maternity and childhood welfare protection system, which began forming under imperial Russia, became the basis for solving the urgent problem of maternal and infant mortality in the Soviet period (Albitskiy 1994, p. 131–135).

The new state social policy of expanding the volume and quality of systemic medical care provision in the Soviet Transbaikal region relied on the positive elements of the continuous and integrated process created in the pre-revolutionary health care system in the large country's regions (Ayzin 1924, p. 364).

Historical experience shows that when organizing accessible health care in pre-revolutionary Transbaikal, which was made a priority at the end of the 19th century, it was not possible to solve personnel issues with the help of financing and benefits alone. Universal systemic, socioeconomic and cultural transformations in this remote region were needed, combining the efforts of the state and municipal bodies, which made it possible to seriously motivate qualified medical specialists to combine their professional activities with regional health care.

Thus, the proposed periodization of the emergence of the health care system in Transbaikal is based on the results of a comparative historical analysis and description of all forms of the medical care system's organization existing in the region: state, public, charitable, urban, rural, with elements of rural and private medical institutions. All structures of the health care system were interrelated and aimed at ensuring the availability of its elements to the entire population of Transbaikal.

¹⁵ SARB. F. P-665. Series 1. "b" D. 1. P. 14.

¹⁶ SARB. F. P-1. Series 1. D. 1037. P. 81–106.

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