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PROFESSIONAL DEVELOPMENT HISTORY OF SANITARY-HYGIENE WORKS IN THE END OF XIX AND THE BEGINNING OF XX CENTURY

Abstract: In the pages of the presented article, the authors, based on the content of the analysis of periodical printing and archival documents, gives a brief excursion to the history of sanitary education in the regions of Central Asia related to the second half of the 19th - the beginning of the XX. The mass epidemic diseases and contributions of advanced progressive medical specialists of Russia in various regions of the region, such as the Bukhara Khanate, Samarkand Region, Tashkent County, Hojent, Ura-Tube and especially the high-altitude districts of Badakhshan, are considered. The main objectives of health education are being generalized, including the dissemination of medical and hygiene knowledge through a variety of means, methods and forms of public education.

Key words: sanitary - education, medicine, disease prevention, hygiene, Russian migrants, Bukhara, Samarkand, Tashkent, Hojent, Ura-tube.

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Introduction

Of paramount importance for the inhabitants of Russian settlements and the masses of the Bukhara emirate were health care institutions, created mainly on the initiative of the most progressive-minded migrants. Although sacred Bukhara is the birthplace of the great philosopher, scientist, doctor and poet, “genius, prophet, first mind of mankind” Ibn Sina (Avicenna), nevertheless, at the turn of the 20th century, treatment here was mainly concerned with religious retinues, medicine men, fortunetellers and hairdressers.

II. Literature review

Issues of the prevention and prevention of diseases based on the observance of the rules of personal hygiene and good nutrition occupied an important place already in the medicine of the hoary antiquity of Central Asia. Although the tsarist government knew about the epidemic situation long before the accession of Central Asia, the development of the organizational and practical foundations of

prevention in the region laid the foundation for this as annexation to Russia in the second half of the 19th century. And it was precisely the leading doctors and medical scientists of Russia who saw the future of medicine in the region in the development of social prevention in the indissoluble unity of medical and preventive medicine. In the words of the great doctor, the founder of military field surgery, I. Pirogova “The future belongs to preventive medicine. This science, going hand in hand with medical, will bring undoubted benefit to humanity” [11, p. 243].

“In the late XIX - early XX centuries, rightly notes the medical historian S. B. Shadmanova, the local population of the region used the services of folk, pre-Islamic and Islamic medicine. Traditional medicine practitioners such as tabibs, jarrahs (surgeons), rishtachi (surgeons who removed the rishta - Guinean worm), sinikchi (traumatologists), milking (midwives), zulucci (hirudotherapists), provided medical services to the population. They used a wide range of herbs, minerals and animal products. Bloodletting and the use of a medical leech

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were widespread among the local population [13, p. 119].

Progressively minded Russian medical workers who managed to achieve significant civilizational results in this area that positively influenced the lifestyle of the local population. In this galaxy, Ivan Petrovich Sheverdin is one of the first military pioneer doctors who founded a rural outpatient clinic and was involved in the treatment of malaria, typhoid, the common cold, carried out the procedures of infection and operations, including cesarean section, as well as medical care for residents suffering from blindness in the outback of Tashkent county, as well as N. N. Gundius, A.I. Dobrosmyslov, G.A. Kolosov, V.I. Kushelevsky, E.N. Mandelstam, A.P. Poslavskaya, I.B. Teich, A.L. Schwartz, A.P. Shishov and many other devotees of their profession who showed the inhabitants of Central Asia free assistance in the fight against widespread mass epidemic diseases - trachoma, typhoid fever, malaria, cholera, plague, various other dangerous diseases.

III. Analysis

In addition to medical assistance to the residents of the region, Russian medical workers set themselves the tasks of health education, including the dissemination of medical and hygienic knowledge, the development of sanitary and hygienic skills in order to maintain and strengthen health, and especially the improvement of the sanitary-hygienic culture, taking into account gender, age, and climatic and geographical features, national customs, traditions and other factors.

In a number of cities in the emirate, on the initiative of Russian settlers, pharmacies, hospitals and outpatient clinics were opened. The first pharmacy was opened in 1889. In subsequent years, they are based in many cities and in all resettlement villages. In those same years, under the pressure of the advanced social forces of Russia and Central Asia, hospitals were opened in Karshi, Khodzhent, Ura-Tyube, Dushanbe, Shakhrisabz, Gissar, and outpatient clinics were opened at a number of border points on the border between the Bukhara emirate and Afghanistan.

In 1888, in the entire Samarkand region, both in the army and in the civilian records, there were 37 doctors, including 2 women, 1 veterinarian, 2 pharmacists, 103 paramedics, 13 rivals and 5 other specialists in junior staff [15, p. 54]. As noted on the pages of "Turkestan Statements" in September 1886, an outpatient clinic for women and children was established in Khojent [41].

A huge number of not only men but also women turned to Russian doctors for help. During 1888, only in Khojent 1,489 women and 1,053 children took advantage of these institutions, respectively, in Samarkand, 3097 women and 1549 children, [15, p. 54].

Russian doctors provided the necessary assistance to residents of the region in 1889 and 1892, during epidemics of malaria, plague and cholera in Bukhara and its environs. "Mortality from this disease," S. Aini wrote, "has reached terrible proportions" [3, p. 106].

Of the total number of cases, there were: variable fever and malarial cachexia 35.8-35%, 4% and sexually transmitted diseases 7-6% [5, p.3].

The events of 1898 were extremely important, when a plague broke out in the village of Anzob (Khojent district of Samarkand region). To localize the deadly epidemic, a commission was sent, led by Prince Alexander Petrovich of Oldenburg, consisting of about a hundred people and 10 Russian doctors, paramedics and paramedics.

The instructions to doctors on the basis of the order of the chairman of the highest established commission "On measures to prevent and combat plague infection" dated October 30, 1898, signed by A. Oldenburgsky, in particular, said "... about the need to pay during the fight against the epidemic attention to local living conditions.

Doctors were indispensable in the provision of medical care and in general in contacts with the local population in no way violate local customs, respect the religious and domestic views of the residents, especially remembering that the examination of Muslim women and Access to their premises should exclusively involve female medical personnel [12].

In order to prevent the spread of the plague epidemic in the emirate, medical observation posts were opened that monitored the sanitary and epidemiological situation in Eastern Bukhara and the Pamirs.

Interesting statistics are given on the pages of "Turkestan Statements" S.N. Averkiev. "According to information collected through the local indigenous administration," he writes, "in the Pamirs in 1903 there were 563 households with 3200 inhabitants ... while the Kyrgyz, like good Muslims, shy away from communicating with Russians and rarely contact of the 350 patients who used medical care in the Pamirs in 1903, only 41 people account for the Pamir Kirghiz... The population is settled, villages ... closer to fit to Russian posts.

The religion professed by the Tajiks is alien to fanaticism. Tajik from the ostentatious side even seems a little religious. He does not mind entering into the most active relations with us ... and has great sympathy for the Russians, hoping with their help to free himself from eternal slavery ... More capable, in contrast to the Pamir Kirghiz, of mental development, and therefore more prone to perception the benefits of higher culture, the Tajik soon realized the benefits of scientific medicine. Having verified the experience of the effectiveness of medical care, he abandons the native doctors and willingly goes for treatment from his many ailments to Russian doctors "[5].

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Only from August 1903 to January 1905, 411 patients turned for medical help to the Pamir border outposts, 2105 visits were registered. This is an average of 5-12 visits per inhabitant of high mountains. Attendance of 411 patients was accounted for by men and boys –350 and women and girls 61 [3]. Mortality in the highlands was high. For example, only in Shuganskbeke in connection with the measles epidemic in 1905, 29 children and adults died, and in 1903 159 people died, which amounted to 26-28 deaths per 1000 people.

The alpine woman is a Tajik woman and actually does not get much sick, being put on more favorable conditions of existence than men of the region. She does not carry hard work and does not care about obtaining livelihoods, since all this lies entirely with the responsibilities of men. The incidence among Tajiks of this region was largely seasonal. So, in the spring 30.1 percent fell ill (most of all due to increased humidity in high altitude conditions), in the summer -

25.6, in the fall - 23.5. In winter, the incidence decreased to 20.7%.

As noted on the pages of the newspaper "Turkestan Statements", the mortality rate in Shugnan (the highland region of Badakhshan) is quite significant. According to the local administration, in 1903 159 people died, which is 26-28% per 1000 people, and in 1905 there was a measles epidemic, from which 29 children and adults died, and parasitic diseases (20.3%), especially scabies, were most common. The second place was occupied by traumatic, chemical and thermal injuries (16.7%) [7].

IV. Discussion

In the northern regions, the most common disease was fever. This is evidenced by the "Sanitary essays" of a female doctor M. Shitova, which provides a summary of patients with fever for 9 years (1881-1890), a fragment of which is given below.

Table 1

Months	Malaria			Total incidence			% feversick
	children	women	total	children	women	total	
January	83	167	250	649	1337	1986	12,5
February	79	134	213	747	1365	2112	10,0
March	78	143	221	733	1572	2305	9,5
April	91	202	293	802	1677	2479	11,8
May	49	236	385	1031	2107	3138	12,2
June	192	269	461	1092	2268	3360	13,7
July	252	291	543	1274	2200	3474	14,4
August	31	250	481	281	2051	3269	14,7
September	49	180	329	84	1393	2277	14,4
October	16	153	269	41	1594	2535	10,6
November	90	170	260	28	1509	2437	10,6
December	74	17	91	68	1219	1887	10,1
Seasons							
Spring	318	581	899	1566	5356	7922	11,3
Summer	675	610	1285	3584	6519	10103	14,5
Autumn	355	503	858	2753	4496	7249	11,8
Winter	236	418	654	2064	3921	5985	11,7

The table shows that the highest prevalence of malaria in some months among children is in July and August, and the smallest - in December and January. The peak incidence of women is June - July, the minimum is December and February. The largest percentage of patients with malaria occurred in August, July and September [14].

Some other social institutions were not left without attention from the emirate. Already at the beginning of 1911, at the behest of the Emir of Bukhara Seid Alim Khan, the second outpatient clinic (the first in 1889) was opened in Bukhara with a

female doctor and two paramedics. Its annual funding from the treasury was 7,500 rubles [9].

A new stage in planning cultural growth throughout the Bukhara emirate begins. The increase in estimated allocations falls mainly on the cultural needs of the region, public education and public health.

In the Syrdarya, Ferghana and Samarkand regions, the cost of public education in 1910-1912. amounted to 200037 rubles., In 1913-1915. 260,020 rubles .; for medical and veterinary care respectively 396490 and 423515 rubles. The total increase in the

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regional budget for cultural needs amounted to 1 million rubles. [10].

“It should be noted,” D.N. Logofet wrote, “the deep faith of the population in the omnipotence of Russian doctors and their ability to treat all diseases, and those who have had the opportunity to use treatment in Russians easily agree even to the use of surgical treatment” [8, p. 154].

After the annexation of Central Asia to Russia, in 1868, the strengthening of not only the economic, political, but also cultural ties of the Central Asian peoples, including the Tajik, with advanced Russian culture, which had an invaluable impact on the life and life of the people, began of this region.

The progressive influence of Central Asia’s accession to Russia was of a frontal nature. Particularly productive is the beginning of the 20th century, when the strengthening of not only the economic, political, but also cultural ties of the Central Asian peoples continued with advanced Russian culture, which had an invaluable impact on the life and life of the population of this region. It affected public education, literature, theatrical performing and arts and crafts, including medicine.

And one of the effective means of medical education among the general population of the region, with the traditional bad habits among them (“drunkenness”, the use of opium-“kuknara”, etc.) has become a device for the mass censure of such elements by the performances of popular theaters with various genres, providing the population with reasonable entertainment, opening libraries and lecturing on the dangers of drunkenness and the use of varieties of drugs.

The Muslim religion, noted on the pages of the “Turkestan Statements” newspaper, categorically prohibits drunkenness, but does not give any reasons for its prohibition. Christianity also prohibits drunkenness, but Christians get drunk. From this we can conclude that a person is often unable to obey the requirements of religion.

In the words of G. Andreev, "... in the “literature” all local people’s vices are cruelly condemned and ridiculed ... For the masses of the people, the New

Renovationists (Jadids) chose a different path of struggle. They try to influence the mass by staging folk performances, in which, in pathetic, ridiculous and often tragic colors, they ridicule and curse folk vices and shortcomings. And if drunkenness, although in small quantities, is still listed in the common very sober indigenous people, then puppetry (using opium) is almost invisible to the eye. Meanwhile, a social ailment, continues G. Andreev, has a huge distribution among the natives in all walks of life [4].

The main leitmotif of the content of the pre-revolutionary period dramaturgy is the struggle against popular vices, the scourging of backwardness, the inertness of those in power, ridicule of fears of European education, extravagance in arranging weddings, vicious love of the rich, fanaticism and superstition of mullahs, etc.

So, in the fun play “Kuknari” (“Drug Addicts”), the Samarkand author Khoji Mayin Shukurlaev first publicly ridiculed and abused people who bear the nickname “kuknari” (opium consumer) in local life.

The author provided his play with small additions. In them he enumerates all those terrible consequences that stem from the kuknor. The play abounds in a host of comic scenes.

V. Conclusion

The staging of such performances caused fierce hatred of the dominant local religious elite and representatives of the local administration. There were even attempts to ban them. However, later, when society realized the fruitful use of the theater on the influence of educational work among the population, and the inhabitants were already ashamed of their shortcomings and vices, such performances were even encouraged.

Thus, opening pharmacies, outpatient clinics and hospitals in a patriarchal-feudal country, providing free medical care to the poorest segments of the population, organizing the fight against plague and cholera, promoting the ideas of scientific medicine, as well as some medical education among the population of the region - all this, undoubtedly, was of great progressive significance for the masses.

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