

**A SOURCE-BASED ANALYSIS OF THE ACTIVITIES OF THE HEALTHCARE SYSTEM BY PROVINCES IN THE TERRITORY OF THE TURKESTAN ASSR****Salomova Lutfiya**

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**Abstract**

This article provides a source-based analysis of the activities of the healthcare system in the territory of the Turkestan ASSR between 1918 and 1923, examined by provinces. The research is primarily based on archival documents of provincial healthcare departments, statistical reports, and departmental materials. Special attention is paid to the network of medical institutions operating in the Syrdarya, Samarkand, Fergana, Yettisuv, and Turkmen provinces, their material and technical conditions, staffing levels, and the ratio of local and European ethnic personnel. The article also reveals the specific features of the formation of the healthcare system under conditions of civil war, epidemics, and socio-economic crisis. The research findings demonstrate that the healthcare system in the Turkestan ASSR was centralized, yet organized differently depending on the needs of individual provinces.

**Keywords**

Turkestan ASSR, healthcare system, provincial healthcare departments, archival sources, medical institutions, lazarets, epidemics, medical personnel.

**Introduction**

At the beginning of the 20th century, the territory of Turkestan developed under complex political, social, and epidemiological conditions. In the post-colonial period following the policies of the Russian Empire and during the early years of Soviet rule, reorganizing the healthcare system in the region became an urgent issue. Civil war, famine, widespread epidemics, and a shortage of medical personnel led to severe challenges in the healthcare sector.

With the establishment of the Turkestan ASSR in 1918, the healthcare system began to be managed in a centralized manner. However, due to significant territorial, demographic, and epidemiological differences among provinces, the structure and functioning of healthcare institutions varied considerably. Therefore, studying this topic by provinces and specifically on the basis of archival sources is of great scientific importance.

According to archival documents, in 1918 there were four hospitals with a total of 210 beds, a psychiatric reception facility, and in four districts of the Syrdarya region there were 146 beds.

The archives also preserve instructions on labor obligations for employees of RSFSR medical institutions. According to the 1920 staffing project, specialist doctors were required to examine the following number of patients per hour: surgeons – 8, gynecologists – 5, pediatricians – 6, ophthalmologists – 7, laryngologists – 7, venereologist-dermatologists – 10, psychiatrists in acute wards – 6, psychiatrists in custodial wards – 11, and therapists – 8 patients.

An analysis of documents related to the composition of Tashkent city hospitals in 1920 shows that additional data can be clarified regarding staffing units of outpatient clinics operating in the Old City. For example, as of December 19, 1920, the second outpatient clinic in the Old City employed a total of eight staff members: two doctors (one for the men's and one for the women's department), three pharmacy assistants (one assigned to the department, one to the pharmacy, and one serving as a translator), two sanitary cleaners, and one sweeper. The documents also defined doctors' working time norms: if 30 patients were being treated in one

department, the doctor was required to see eight patients per hour, with a daily intake not exceeding 50 patients.

Archival materials also provide important information on the activities of the Tashkent city hospital. According to staffing records, the Old Tashkent city hospital, designed for 120 patients, employed the following medical staff: a chief physician, a consultant, and six resident physicians (including a head of the surgical department, two surgeons, two internal medicine physicians responsible for 45 patients, and two outpatient residents). The supply department included a pharmacy assistant and six feldsher-midwives, as well as nurses (one nurse per 20 patients).

The administrative and technical staff included a facilities manager, assistant manager, clerk, accountant, office employee, ward attendant, supply controller, and materials supervisor. Additionally, the hospital employed 33 sanitary attendants (one for every 56 surgical patients and one for every 15 internal medicine patients), a laundry supervisor, cooks and kitchen staff, bakers, cleaners, pharmacy staff, medical equipment attendants, laundry workers, bathhouse workers, reception staff, guards, seamstresses, cart drivers, stable workers, and a postal employee.

According to archival documents of the People's Commissariat of Health, in the Syrdarya province there were treatment districts, local lazarets, medical points, and emergency care units across 32 districts, with a total of 1,218 beds. The highest number of beds was in the Perovsk district (318), while the lowest was in the Tashkent district (24).

After Syrdarya province and Tashkent city, Samarkand was one of the most densely populated regions, including major cities such as Samarkand, Kattakurgan, Khujand, Jizzakh, Ura-Tyube, and Panjikent. Archival records contain significant documents related to medical institutions in the Samarkand province.

Documents preserve staffing schedules of the Chimyon sanatorium from November 1920 to April 31, 1921, indicating that a total of 52 employees worked there. According to the schedule signed by the sanatorium director D. Sirashov, staff were distributed as follows: administration – 1, office – 5, economic department – 36, Tashkent point – 4, Troitsky point – 2, Iskandar point – 2, and Chimgan – 2 employees.

As of April 1, 1921, Samarkand province had 116 medical institutions, including a medical museum (1), pharmacies (8), maternity hospitals (6), outpatient clinics (27), laboratories (2), emergency services (6), provincial pharmaceutical warehouse (1), milk supply points (8), feldsher stations (10), infant homes (1), hospital districts (9), pasteurization station (1), infectious disease departments (5), urban and rural hospitals (12), kindergartens for children (2), electrohydrotherapy unit (1), sanitary-epidemiological detachment (1), and sanitary-epidemiological points (2). However, despite the stated total of 116 institutions, numerical inconsistencies in the report indicate only 103 institutions.

Another important detail is the allocation of hospital beds: 390 beds were assigned to the Russian-populated part of Samarkand city, 105 to the local population, 28 to the Samarkand district population, totaling 523 beds.

Statistical data also reveal that in major cities and districts, significantly more beds were allocated to Russian-populated areas than to local populations. In some cases, such as Ura-Tyube, no beds were allocated to the local population.

Fergana province administratively included the cities of Kokand, Margilan, Chust, Osh, and the districts of Namangan, Andijan, and Osh. According to 1920 reports, there were medical treatment units for local women and children in Kokand, as well as rural medical departments in Rishtan, Beshariq, Isfara, Ulterma, Urenchi, Kudashe, and Konibodom, totaling 185 beds. Altogether, 34 medical institutions with 519 beds served the population.

Similarly, in Kopal, Lepsinsk, Jarkent, Norin, Pishpek, and Tokmok districts, 33 hospitals, hospital districts, and outpatient clinics with a total of 910 beds were operational.

As noted, the Trans-Caspian region was renamed the Turkmen province on August 7, 1921. It included the cities and districts of Merv, Kushka, Tedzhen, Krasnovodsk, and Mangyshlak.

Analysis shows that the highest number of lazaret medical facilities operated in the Turkmen province (7) and the Syrdarya province (2). Lazaret hospitals were originally military medical institutions established during the Russian Empire period, later adapted to wartime and epidemic conditions during the civil war.

Archival documents from 1921–1922 indicate that by November 1921, the republic had 183 hospitals with 10,024 beds, 88 of which were located in rural and settlement areas.

### Conclusion

In conclusion, reports on medical institutions operating in the provinces of the Turkestan ASSR were recorded in various formats, lacking a unified documentation standard. Reports were compiled based on fiscal years rather than calendar years, making statistical comparisons difficult. Additionally, hospital beds were disproportionately allocated to Russian-populated areas compared to local populations across cities and districts.

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