

Everyday Life Residents of Almaty Region and City Dwellers in the Soviet Union from 1920 to the 1930s (State of Health Care)

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Abstract: This work studied everyday life of Almaty region dwellers and the impact on their life from rising socialisation and reform of state branches. The interest in everyday life is a result of making an effort to comprehend new construction samples from the period of Stalin's first five-year plan from the point of view of a Soviet man/population? This information presented the ambitions and living conditions of Almaty's residents in the industrialisation years of the Soviet Union's history. During the 1930s, modernisation and its effects were one of the most important factors in the life of Almaty residents. This paper focusses on healthcare and quality of medical service in that era.

The research has been done in Almaty city but the analysis have been taken for research from Almaty surrounding regions as well. Zhetisu regional hospital locates in Almaty region.

Keywords: Almaty region, Almaty city, everyday life, healthcare, regional hospitals.

INTRODUCTION

Healthcare, regardless of area, whether the city or in villages, is a crucial matter for everyone. This paper focusses on investigating the state and scope of healthcare availability to residents of Almaty region and the city in the earlier years of the history of the Soviet Union, namely from 1920 to the 1930s. It is indeed an interesting topic.

The aim of this research is to discuss the problem of everyday life residents of Almaty Region and city dwellers. This study gives opportunity to make improvement in social life of residents.

According to the archives, medical service rendered to these residents at that time was not up to the standard. Residents often succumbed in that era to typhus, infectious abdominal diseases, trachoma, tuberculosis, plague and smallpox and city hospitals had few clean beds, resulting in patients having to use dirty ones. Hospital beds could be in such poor condition that patients even fell off them at times. There was also a shortage of dressing, and often, tattered bandages were used. In addition, food for patients was meagre.

In 1913, only 356 rubles and 60 kopecks were allocated to city hospitals. Medical treatment was chargeable. Kazakhs were treated only after they had

bought a medical card. Local authorities would comment that Kazakhs went to hospital against their will because the hospital air posed a greater threat to these steppe dwellers than many of the diseases that ailed them. In 1881 only 7 rubles and 9 kopecks was spent for treating Kazakhs and Kirgizes in hospital instead of the allocated 400 rubles. In Verny, there were only 10 doctors, 10 doctor's assistants and three dental mechanics in 1913 [1], and these were engaged mainly in private practice.

The Verny uezd City Healthcare Department was established in the winter of 1919. Pasterov station was opened at that time in the city. In the spring of 1920 a typhus hospital containing 25 beds began to function. The hospital had insufficient water barrels and kerosene for fuel. The wards were equipped with planks instead of beds and only one horse cart was available for the use of the whole hospital.

RESULTS

Healthcare activities began in this way in Almaty. In addition to a military hospital and an in-patient department, five more new hospitals had been built by 1927. Seven ambulatory clinics, a TB prophylactic centre, first-aid service, a malarial station, several chemist shops and a medical shop rendered medical aid to the residents in the following year. In the late 1920s, 34 doctors were employed, and their number reached 205 in 1939. By that time, the number of hospitals had increased from two to 21, while ambulatory clinics and polyclinics numbered 38, up from only three [2].

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Table 1: Zhetisu Regional Hospital Records (Therapeutic Department) on Spread of Infectious Diseases from February 1-10, 1930

Type of Disease	No of Patients Registered	No of Patients Who Were Received	No of Patients Who Were Treated	No of Patients Who Were Transferred	No of Patients Who Died	No of Patients Who Were Not Sick
Influenza	12	17	-	-	1	28
Diphtheria	-	1	-	-	-	1
Spotted fever	10	8	3	1	-	14
Mumps	5	6	7	1	-	3
Pneumonia	2	-	2	-	-	-

Table 2: Zhetisu Regional Hospital Records (Therapeutic Department) on Spread of Infectious Diseases from March 1-10, 1930

Type of Disease	No of Patients Registered	No of Patients Who Were Received	No of Patients Who Were Treated	No of Patients Who Were Transf.	No of Patients Who Died	No of Patients Who Were Not Sick
Rubella	1	-	-	-	-	1
Typhoid	-	2	-	-	-	2
Spotted fever	23	12	-	-	-	35
Typhina	25	15	12	-	-	40

According to the Zhetisu regional hospital records infectious diseases spread from February 1-10 and March 1-10 in 1930, and many residents suffered the flu, spotted fever and relapsing fever [3]. Infectious diseases spread quickly because of lack of finances and not little regard for taking preventive measures (Tables 1 and 2).

Because little money was allocated to the Public Healthcare Department by the Regional Healthcare Department in 1926, half of the functioning healthcare institutions at the time were closed. Among them was the Almaty children's clinic. The 30 beds in this clinic were placed in the regional hospital. The regional hospital had only 150 beds, while of the 50 beds in the infectious diseases hospital, only 30 remained. In addition, the number of personnel in the city outpatients' clinic was reduced by 50% and the city only had six medical institutions and 151 employees. Previously it had had eight medical institutions with 388 beds and 278 employees [4].

DISCUSSION

The Almaty City Council paid much attention to social needs and some measures were taken to improve conditions. Then the regional Paster hospital, Psychiatry Regional Hospital, Almaty city hospital. The Almaty regional outpatients' clinic Almaty sanitary inspection began to be financed from the city budget.

The Almaty infectious diseases hospital began functioning on February 17, 1925 and it opened its X-ray consulting room on October 1 of the same year. A doctor was sent to Leningrad to master the skills of a radiologist. An oculist's service fee had been charged previously and steps were taken to make the service free of charge. Specialists treating the ears, throat and eyes worked in the eye hospital. Also at the expense of the State, a malaria station started work in June, 1925 and a chemical bacteriological laboratory began functioning from May of the same year. One more institution for mothers and children was established in the Advisory Centre, where 22 beds were designated for children and eight for pregnant women. However, it functioned only from May 10th to October. After that, a kitchen providing children's milk was opened at the expense of the State [5].

By January 1th, 1925 the following medical and sanitary institutions were functioning in Almaty:

1. the Regional Pasterovskaya station;
2. Psychiatry Regional Hospital with 30 beds and 23 employees;
3. an ambulatory clinic with 20 employees;
4. a city hospital with 70 beds and 54 employees; and

5. city sanitary inspection, with six employees;

All these institutions were financed from the local budget. However, because of shortages, the staff of the following hospitals were cut down:

1. Psychiatry Regional Hospital lost two employees;
2. the Almaty hospital lost six employees;
3. the Almaty Central outpatients' clinic lost nine employees;
4. the city sanitary inspection department lost two employees [6].

Psychiatry Regional Hospital

Before the flood in 1921 this service was located in specially built buildings. The hospital was evacuated twice, and at the moment was located in two old houses that need extensive repair and a special insulator for patients. As of December 1th, 1924, 31 patients had been registered, of whom 51 were examined and treated for a total of 11,179 bed days [7]

Almaty City Pasterovskaya Station

This station was situated in a suitable building, but the building needs repair, including the installation of a substitute gridiron in the yard, which holds rabbits. Since October 1th, 1925 two institutions had been funded from the State budget. A total of 298 patients admitted here were bitten by rabid animals and 3,764 patients were vaccinated at the hospital. Before July 1th, 1925 the Almaty city hospital had 70 beds. This number was increased by another 15 beds at the request of the residents.

The State allocated 2497 rubles and 10 kopecks for repair works that included the following: the walls of the till buildings were whitewashed, some stoves were reconstructed in the Infectious Diseases Department, new stoves were also fixed in the Surgery Department, the roofs of the buildings were painted and the new windows were put in. In the fiscal year 1925-1926, a laundry and ironing room were built at the expense of State and local budgets [8]. In addition, a disinfection chamber and clotheslines were installed. In the period under review, 2301 patients were registered and 46,641 bed days were designated.

According to the staff, 85 beds were distributed; of these 30 beds in another building were for

policyholders, 10 were for the Obstetric Department, 15 for the Infectious Diseases Department, and 25 for surgery, gynecological and abdominal patients. However, this distribution reflects the official record only as in reality, departments such as the Obstetric and Infectious Diseases Departments often needed more beds.

In the case of epidemic diseases, the number of patients admitted often exceeded the norm by two or three times. This was also the case for the Obstetric Department, which had to handle more patients than there were beds at times. In some situations, women had to be transferred to better beds. Some of the beds were built at the expense of the medical fund.

The number of patients accepted for in-patient treatment was considerable, giving rise to complaints from those who were not admitted to hospital. It was a common for relatives to have patients stay in the hospital for long periods. This necessitated a request for aid from the provincial Healthcare Department to increase their beds to at least 200 [9].

Almaty City Central Outpatient Clinic

This hospital treated insured patients and their family, members of the Executive Committee. Other city and Almaty region residents were rendered ambulatory care at the city hospital. The hospital was staffed with three doctors and a midwife and furnished with funds from the medical fund.

On average, the outpatient clinic served 125 to 150 patients. It had consulting rooms for abdominal diseases, obstetric and gynecological aids and dental aid. A total of 20,846 patients were registered and consultation was provided 45,541 times together with treatment [10].

Almaty City Dermatovenorology Clinic (100 Bedded)

This hospital was reconstructed from the insulator that had been under the care of the Public Educational Inspection Board. The hospital began to treat children from April 18th, 1925. By City Executive Committee decision, it began functioning under the supervision of the regional? Healthcare Department. In summer the hospital was located in the former settlement (migration) stop point, while in autumn it continued its work at the military hospital buildings. The cost of operation from day one amounted to 8222 rubles and 63 kopecks [11]. The hospital was not equipped with

the necessary furniture and hospital clothes were not available for all the patients despite the best efforts of the staff.

Radiology Department/Consulting Room

Three staff were accepted in October of the 1925-1926 fiscal year at the expense of the local budget. The equipment was temporarily not in use as the head of the Roentgen Consulting Room had left the province because of poor health. In late February, 1926 after the arrival of the doctor who had been sent to Leningrad to master radiology, the consulting room began operations.

Ophthalmology Department/Clinic

The Ophthalmology Department administrated temporary medical assistance for patients. On average, 100 patients were examined per day. Later on, an inpatient clinic with 10 beds was opened. The salaries of the employees and other expenses were paid through a chargeable medical service and not from the local budget. From December 1th of the fiscal year of 1925-1926, it was financed from the local budget. The department employed ear, nose, throat and eye specialists.

State Healthcare Institutions

A malaria station was opened in June, 1925 to study the disease and treatments for it. In addition to conducting research, the station also ran an outpatient clinic. A total of 1,556 patients were registered and examined 8,584 times. A stationary chamber with five beds was established later with funds from the state budget, which allocated 1,347 rubles and 18 kopecks for its operation costs [12]. To meet the requirements of life, a new type of medical institution was opened near the province. Due to the imperialist and civil war, living conditions had become bad and diseases like tuberculosis, syphilis and malaria, among others, became common in Almaty region. To deal with the ravages of disease, the city authorities opened new medical and sanitary institutions. Their main goal was not only to provide medical treatment, but also to conduct scientific and research work that could inform on preventive measures and promote better healthcare among the residents. Tuberculosis and venereology clinics were also opened in this period [13].

Dermatovenerology Clinic

A dermatovenerologic clinic was opened on September 12th, 1925. From this date up to March of

the following year, only organisational activities and ambulatory care were performed and sanitary preventive measures were taken. At the period under review 1577 children in schools and orphanages were checked and the sick children were isolated in dermatovenerologic clinics. Three consulting rooms were opened. In total, 805 patients were registered who sought treatment for gonorrhoea and its advanced form 4,701 patients for syphilis and 1,220 patients for dermal diseases. A total number of 600 ampoules (0.6 g) of Necalvarsan was used. A total of 2,594 patients were registered and they were examined 6,708 times. Funds allocated to the clinic in 1925 amounted to 1,808 rubles and 54 kopecks [14].

Chemical and Bacteriological Laboratory

This laboratory was opened in May, 1925. After the Kazakh People's Healthcare Department decided to open a laboratory using State funds, an application was addressed to the provincial Executive Committee with the request of laboratory properties handing on to the provincial Healthcare Department, which was in charge of Medtorg (medical trade department). At the same time 24 guinea pigs were bought for experiments. The Bacteriological Laboratory conducted 913 analyses. An amount of 2,610 rubles and kopecks were allocated to the laboratory [15].

Maternity and Infant Welfare Centre

This centre was opened in January, 1925 and could examine 20 patients a day. Till October, 1925 it functioned on 900 rubles allocated by the former Turkistan Public Healthcare Department and medical fund accounts. Pictures were exhibited there showing the proper care of babies. Babies under 1 year old were examined 788 times and those aged 1-3, 430 times. They were found to have these diseases: gastrointestinal and infectious diseases (101 babies) and non-infectious diseases (385). The institution housed a mother and baby's home with 30 beds, with 22 beds for children and eight for expectant mothers. It functioned from May up to October, 1925. According to an order of the Kazakh People's Healthcare Committee it was closed and replaced by a new institution, an advisory bureau with a milk canteen that was added to the state budget [14].

During January and August of 1926, 1,000 mothers and children were examined at the advisory bureau, and their number reached 9,000 in 1927. In comparison with outcomes in 1926, the number of

women increased four times and the children, 2.5 times. The mothers not only took the advice given, but also realised the importance of the given advice. The volume of milk dispensed by the canteen increased three times.

After Almaty had become the State capital, the state of the Healthcare Department began to improve. The main reason for this was that the population of the new city increased, and the main task of the doctors and city authorities was to raise the level of medical service of the institutions. Owing to the replacement of the sanitary-bacteriological centre to Alma-Ata from Kyzyl-Orda, control of typhus was consolidated.

Almaty had a favourable climate thanks to its location, but typhus spread to most parts of the city, and many residents living outside the city also contracted the disease. According to the statistics, 3,500 inhabitants were ill. Many residents of Malaya Stanitsa caught the disease and the authorities sent doctors and instructors there to educate the public on preventive measures. Preventive measures were taken against typhus, including testing all the residents and keeping the patients in hospital until they had recovered completely. Twenty-eight schools were examined [16]. Staff of the institute issued leaflets about preventive measures against the disease and a film from Moscow was screened in order to give accurate information about typhus.

Two medical institutions were opened in Almaty, a tuberculous clinic with a night sanatorium and a holiday home sanatorium in Medeu. The two medical institutions were well equipped and the medical experts were highly skilled. The clean mountain air and the good food at the Medeu sanatorium had favourable effects for quick recovery of patients, who regained weight and recovered in due time. The Medeu holiday home rendered service to 55 patients and clients. It was presumed that the number would reach 67 in the nearest future. The tuberculous clinic was clean and rendered proper service. The provincial social insurance department used to grant passes for 12 patients to the Arasan holiday home.

In April, 1928 a week-long programme aimed at promoting a healthy generation was held for pupils, during which they were exposed to the causes of falling sick. Among the causes, they were informed, were excessive mental activity (being busy with studies all day long), lack of physical exercises, poor hygiene and poor nutrition [17]. It was revealed that 50% of

schoolchildren suffered from anemia and pulmonary diseases (tuberculosis).

In the course of studying pre-school children's health, it was found that most of them had poor health. A weak, under-developed child lags behind in school due to exertion, exposure to impurities in the air such as dust and the stress of long hours spent in performing mental activities. Various diseases can occur due to these factors such as tuberculosis. Medical verification outcomes in the RKFSR showed that 20% of pupils at the time suffered from tuberculosis. They were the children of different ages. Many of them lived under insanitary conditions and their living conditions were poor. This situation was the same for regional and city schools [18].

The children suffering from tuberculosis were often tired, absent-minded and hot-tempered. They tended not to get on well with their teachers and were in the rank of these who left school. They became homeless and neglected. There were many reasons for this trend: the transition period, war, starvation and pedagogical and social indifference, among others.

In January, 1929 the City Council recorded the organisation of a first-aid service for homes, but this was unsuccessful. It was a mistake for the City Council to have reduced the number of doctors who made house calls to only one. During epidemics having only one doctor on call was insufficient for examining 50,000 residents. The doctor usually chose eight to nine homes out of 20-30 addresses that were near the outpatient clinic, leaving the others to rely only on God's mercy. Moreover, the doctor was not provided with a car, and had to walk to the homes. The necessity of medical aid grew day by day. As there was much work to do at the outpatient clinic, the local healthcare department did not allow the doctor to leave the place of work, and sometimes the doctor was not able to make a right diagnosis, consequently. In addition, not everybody could afford to call a doctor [19].

In early June, 1929, city hospital doctors were on call for daily alert duties that had been previously tasked to nurses. Due to the move of specialists from central institutions the local healthcare department issued an order that aid post heads, located in the Almaty-Frunze (Bishkek) highway, must administer medical aid to immigrants. The aid posts were located in Georgievka (a local hospital), Kordye (a doctor's assistant aid post), Otar (a doctor's assistant aid post),

Uzun-agash (a local hospital) and Kaskelen (doctor's assistant aid post).

Diseases have always been an inescapable fact of human life. The destinies of many have been thwarted by them. Along with wars, famine and natural disasters, like floods and earthquakes, diseases cause trouble and disruption to private and social life. They had even changed the course of military campaigns in the past and led to the overthrow of ruling dynasties and devastated countries and tested religious beliefs. As irreversible, almost supernatural disasters, the effects of many diseases were felt until the 20th century.

Throughout the centuries, different authors had attempted to create a historical narrative of diseases. The Father of Greek medicine, Hippocrates, was one of the first to provide detailed reports of not only physical aspects of the course of epidemics, but also of their impact on social life. One of the founders of civil history, Fu-Kidid, in his famous work on the Peloponnesian War, gives an impressive picture of the social disorder caused by an epidemic in Attica in 430 BC in his description of the Athenian Plague.

In the 19th century, there was a turn in the historiography of disease. Historians almost stopped writing about how diseases affected the destinies of people. Disease disappeared from accounts of civil history, remaining only the subject of stories told by doctors. Scientists engaged in microbiology began to write about diseases, and in the 19th century physicians became a very influential group. The development of medicine began to be based on achievements and became a model for many generations of historians who described the analogical events of other countries. Attention was paid to outbreaks of so-called new diseases marked by high mortality and a high number of cases.

The "microbial revolution" gave doctors new knowledge about and the mechanisms of the course of diseases. Doctors realised that the source of very many human ailments were small life forms not visible to the eye. Medical microbiology has become the most influential scientific discourse about diseases. It has allowed disease to be seen in clearer perspective than ever before.

CONCLUSION

Moving the State capital to Almaty did not bring much change to medical institutions. For example, the

central outpatient clinic could admit 400 patients but the number of patients were increasing day by day, and the clinic had to be extended. First aid for homes was more or less improved; the only doctor in the city was given a horse, whereas previously, he had to walk to the homes of patients. In time, ambulances bought from abroad were provided. In addition, preventive measures against typhus were also successfully taken. The typhus station had suitable staff and equipment.

The district Healthcare Department searched for ways to establish a night sanatorium for tuberculosis patients but failed to find a suitable premise. The service of the city's chemists was rather low. Medicaments were given out according to a schedule, and customers were often told that the medicine or eye glasses they wanted would only be available on other specific days. At the same time many consumer goods such as eau-de-Cologne, soaps and cosmetic powder that were sold at the counters of Almaty's Gubmedtorg or district medical trade shops. One would have been forgiven for mistaking them to be perfume and cosmetics shops. Often, customers without insurance policies had to stand in queue for one or two hours at chemist shops, only to be told that the medicine they had been queueing for was not available. Often, customers who didn't have insurance policies were not served.

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