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On The Health Policy of The Russian Empire (The Situation in Samarkand Province)

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ABSTRACT

This article examines the state of the healthcare system in the Zarafshan District and Samarkand Province in the period following the Russian Empire's victory over Turkestan. Based on archival sources and modern periodical press reports, the study highlights the shortages in specialized facilities and personnel in the late 19th and early 20th centuries. It is shown here that the available healthcare services were mostly aimed at meeting the needs of military units, bureaucratic authorities, and the Russian colonial settlers. The indigenous population, on the other hand, faced limited access to healthcare facilities and relied mainly on feldshers and inexperienced midwives. Additionally, the incorporation of the healthcare system within military administration led to inequalities in the provision of medical services and the neglect of the interests of indigenous populations.

Keywords: Zarafshan District of Samarkand Province, medical service, hospital, military doctor, feldsher, midwife, local population, colonial.

INTRODUCTION

As the latter part of the nineteenth century witnessed the annexation of Turkestan by the Russian Empire, the system of medical service—together with other fields of state administration in the region—passed into the realm of imperial administration and saw the commencement of significant alterations. Specifically in the Zarafshan District, established in 1868 and renamed Samarkand Province in 1886, the legal and organizational framework relevant to the sphere of medical services was defined in papers like the Temporary Rules on the Administration of the Zarafshan District and the Regulation on the Administration of the Turkestan Region. The papers included specific provisions on the responsibilities of the medical department in relation to its administrative structure and organizational framework, and thus impacted the overall character of healthcare services in the region.

Studies on the health policy of the Russian Empire in Turkestan in the mid-nine-teenth to the early twentieth

centuries remain highly relevant until today, as these shed light on the essential character of imperial policies aimed at strengthening political control and transforming the mode of life of the local population through the management of the health services.

Review of the Literature

The study of Russian imperial policies in Turkestan, and specifically in the Zarafshan District (later Samarkand Province), in the mid-nine- to early-twentieth centuries is based on a variety of legal sources, statistical sources, and narrative sources. The Temporary Rules on Administration of the Zarafshan District in 1868 and the Regulation on Administration of the Turkestan Region in 1886 clarify the organizational elements of the regional system of healthcare in terms of structure, functions, and spheres of emphasis.

Furthermore, the report files produced by influential

imperial emissaries, such as F. K. Girs and K. K. Pahlen, provide important information on the organization and condition of medical units, as well as the state of the empire's healthcare policy in the region at that time. Further information is to be found in the statistical albums of Samarkand Province, and in present-day periodicals and the works of other scholars who ventured into Turkestan. Combined, these sources provide abundant information on the state of healthcare in Samarkand Province in the late nineteenth and the first few decades of the twentieth centuries.

Methodology

Historicism, problem-chronological analysis, comparative analysis, systematization, and statistical analysis were used as the procedures of this investigation. These methodological procedures opened up the possibility to regard both the traditional grounds of healthcare in the region and the reforms undertaken by the Russian imperial authorities.

Analysis and Results

For centuries, issues related to public health, the training of medical specialists, and the supervision of healthcare in Turkestan had been carried out according to long-established traditions. Prior to the conquest of the region by the Russian Empire, healthcare was formally overseen by state authorities (amirs and khans). Nevertheless, in most cases, the treatment process and the interaction of healers with patients functioned independently, on a private and free basis [1, p. 18].

In other words, before the Russian conquest, the medical sector largely depended on local healers, who relied on traditional knowledge of folk medicine accumulated over millennia. These practitioners simultaneously fulfilled the roles of diagnostician, healer, epidemic responder, sanitary worker, and producer and distributor of medicinal remedies.

Following the conquest of Turkestan by the Russian Empire, the Zarafshan District was established in 1868 under the terms of a treaty signed with the Emirate of Bukhara. This district included Samarkand and its surrounding territories and became an administrative unit directly subordinated to the Governor-Generalship of Turkestan. From the very first days of its formation, the district was subject to colonial mechanisms of governance,

transforming it into a space under the political, economic, and legal control of the Russian imperial administration.

The Temporary Regulations on the Administration of the Zarafshan District, approved by Governor-General K. P. von Kaufman on June 28, 1868 (Order No. 46), provide valuable insights into the initial state of various aspects of Zarafshan District's life during the years 1868–1886 [2]. These documents make it possible to reconstruct the administrative and social conditions of the region at the earliest stage of Russian colonial rule.

The Temporary Regulations consisted of five sections and ninety-three articles. Within this document, a separate provision—Section V: Organization of the District Medical Department—was dedicated to the structure of medical services, outlined in Articles 90–93. According to these regulations, each district subdivision was to be served by an appointed physician. In cases of staff shortages, one of the battalion doctors was required to perform these duties. The district doctors were subordinate to the chief district physician, who also served as the chief physician of the troops stationed in the district [3]. These provisions clearly established the order of medical services, stipulating that every subdivision was to have a physician. However, due to a chronic shortage of personnel, military doctors often assumed additional responsibilities, which exposed one of the key weaknesses of the system.

Contemporary sources of the period often portrayed the introduction of Russian medical institutions after the conquest as a significant achievement for Turkestan. Yet, beginning in the third quarter of the nineteenth century, the policies pursued under the guise of medical reforms led to a fundamental transformation of the region's long-standing medical traditions. In particular, the colonial administration increasingly utilized the medical sector as a tool of governance, directing newly established services and institutions not toward the needs of the indigenous population but primarily toward the military, their families, Russian settlers, and state officials. This resulted in the creation of a stratified healthcare system.

In practice, medical services in the Turkestan Governor-Generalship were largely oriented toward the interests of the military, administrators, and European settlers [1, p. 10]. Thus, while initially framed as reforms, these measures effectively transformed healthcare into an instrument of colonial control. As a result, the medical system in Turkestan served not the local population but

rather the needs of military and administrative elites.

According to extracts from the Provisional Staff Project approved by the Governor-General of Turkestan on June 12, 1871, the staffing list for the Kattakurgan subdivision of the Zarafshan District included only one district physician, one medical assistant, and one midwife [4]. This document illustrates that medical services in Kattakurgan were organized in an extremely limited manner. Considering the data from the Geographical and Statistical Information on the Zarafshan District of 1874, which recorded a total population of 95,465 across the three administrative units of Kattakurgan, Paishanba, and Mitan [5, p.123], it becomes evident that in the 1870s and 1880s the colonial administration's medical services were directed almost exclusively toward Russian officials, military personnel, and their families, while providing virtually no service to the local population. This is further confirmed by the establishment in 1870 of a 50-bed hospital in Samarkand city, designed primarily for the Russian population [6, p.111].

The inspection conducted in 1882–1884 by Senator F. K. Girs, a Russian official, reported that in the Zarafshan District there were only two physicians, two midwives, two medical assistants, and two feldshers serving in the subdivisions, with most doctors and midwives concentrated in urban centers [7, p.158]. Between 1867 and 1883, medical institutions in Turkestan were primarily staffed by military doctors (with the exception of a few practitioners dealing with women, children, or infectious diseases). Civilian access to these medical services was severely restricted [1, p.115]. Overall, during the period 1868–1886, the medical needs of the local population were entirely disregarded in the Zarafshan District.

In his report, F. K. Girs observed: "For eighteen years, since the conquest of this territory, our medical science has not achieved sufficient success in studying the remedies used to treat local diseases. As a result, we have failed to obtain the outcomes necessary to compete with local physicians (tabibs). It should be noted that, to this day, the local administration has made no efforts to encourage medical personnel to study folk medicine or pharmaceutical practices" [7, p.163].

This statement clearly demonstrates that the imperial administration had neglected to study indigenous medical traditions and missed opportunities to utilize them. Consequently, Russian doctors neither competed

effectively with local healers nor earned the trust of the population during this period.

On June 12, 1886, by decree of Emperor Alexander III, the Regulation on the Administration of the Turkestan Region was approved, and according to Article 1, the Zarafshan District was reorganized into the Samarkand Province. Administratively, Samarkand Province consisted of four districts—Samarkand, Kattakurgan, Jizzakh, and Khujand [8, p.1]. This transformation elevated the administrative status of the Zarafshan District and enabled more systematic governance. At the same time, the division of the province into four districts strengthened territorial control and allowed the colonial administration to implement its policies more effectively.

Section II of the Regulation was specifically devoted to the "Administration of the Medical Sector." According to Article 25, medical administration in the Turkestan Region was carried out through the Military Medical Directorate. As in other provinces, the organization of healthcare in Samarkand was entrusted to the Military Medical Directorate under the authority of the military governor and the relevant medical inspectors, with activities carried out in accordance with the general rules of the Russian imperial medical service (Article 26). The enforcement of healthcare laws and practical guidelines in the province was supervised by the city and district doctors, who were subordinate to the provincial chief physician, while also following the general instructions of the State Sanitary Inspectors (Article 27).

In extraordinary situations, such as the outbreak of an epidemic, city and district doctors reported directly to the provincial military governor, while provincial doctors were accountable to the Governor-General of Turkestan (Article 29). The Regulation also stipulated that when the local population requested medical assistance, state hospitals were obliged to provide such care. If this was not possible, relevant doctors were to be mobilized to render aid (Article 32). However, the admission of local residents to state-funded medical institutions was to be carried out in accordance with special rules approved by the Governor-General. Furthermore, information on the staff serving in these institutions was to be regularly submitted to the provincial administration (Article 33). In practice, this meant that all healthcare provided to the local population was directly subordinated to military authority [8, pp. 5–6].

These provisions demonstrate that even after 1886, medical administration in Samarkand Province remained entirely in the hands of the military authorities, whose activities were aligned with the general medical rules of the Russian Empire. Although the Regulation formally envisaged the provision of assistance to the local population, in reality such measures were severely limited due to shortages of medical personnel, the mistrust of the local communities, and communication barriers. Thus, under the Regulation, healthcare became not merely a social service but also an integral part of the political and supervisory apparatus of the colonial administration.

It can be argued that in the drafting of the first programmatic documents regulating governance in the Governor-Generalship, the factor of the “military situation” played a decisive role. As a result, throughout 1867–1917 the medical sector of the Turkestan Region was placed under the jurisdiction of the Main Military Medical Directorate [1, p.100]. This indicates that for nearly fifty years the healthcare system remained exclusively under military authority, with the interests of the local population relegated to the background.

The Russian imperial administration for a long time did not approach the issue of establishing medical institutions in Samarkand Province with sufficient seriousness. For example, in 1888 there were only two hospitals in the entire province—one in Samarkand and one in Kattakurgan [9]. This reflects the extremely underdeveloped state of medical infrastructure in the province.

Reports from 1895 further demonstrate that the situation in medical services had hardly improved. At that time, general oversight of the province’s medical, pharmaceutical, and veterinary sectors was entrusted to the provincial physician. Doctors in the districts and towns provided medical care to the population, yet the overall number of medical personnel remained strikingly low: only two female doctors (in Samarkand and Khujand), three pharmacists, twelve feldshers, five midwives, and thirteen smallpox vaccinators were active in the entire province. Sanitary supervision was formally placed under the provincial health committee and the district committees, but these commissions lacked material resources [10, p.98]. The hospitals in Samarkand and Kattakurgan were headed by district (city) chief physicians, while two medical stations were also established in Panjakent and Ura-Tepa. However, due to the shortage of personnel and facilities, medical services

were limited almost exclusively to urban areas, with no opportunities to extend healthcare to remote settlements and villages [10, p.99]. The reports particularly emphasized that the scarcity of medical institutions, the lack of qualified personnel, and the vast size of the province constituted serious obstacles to providing healthcare to the population.

In 1894, the population of Samarkand Province amounted to 687,468 people [11, p.55], while in 1895 medical assistance was provided to only 27,928 individuals [11, p.93]. This meant that in the course of an entire year, healthcare services reached merely about 4% of the total population.

Later, district and city physicians, along with midwives or feldsher-midwives, were assigned to more populous districts and urban centers. These medical personnel were appointed, dismissed, or their positions reassigned to other units by the Chief Military Medical Inspector. The candidacy of the Chief Medical Inspector was subject to the initial approval of the Governor-General of Turkestan. Physicians and feldshers were granted the same rights and privileges as military medical personnel, while midwives, like their military counterparts, were entitled to allowances and pensions [6, p.118]. Although such measures strengthened the legal and professional status of doctors, feldshers, and midwives, they also underscore that the appointment and management of medical staff remained entirely in the hands of the military administration, leaving the needs of the local population unaddressed.

The imperial administration also sought to use the medical sector as a tool to govern and “Russify” the local population. For example, an article authored by K. M., published on March 3, 1902, in *Turkestanskie Vedomosti* under the title “Measures for Bringing the Natives of Turkestan Closer to the Russians”, described the indigenous people (referred to with the derogatory term “tuzemtsy”) as uncultured, religious fanatics, and uneducated. The author argued that Islam was the main barrier preventing the natives from drawing closer to Russians, pointing to differences in external appearance, clothing, face veiling, and even standards of cleanliness. According to the author, to “Russify” a Muslim, it was necessary first to break through this “shell.”

The article further identified the practice of women veiling their faces as part of this Islamic “shell,” viewing it as an obstacle to Russification. Women’s social isolation—

remaining in the inner quarters and being distanced from religious and civic life—was also described as a threat. To counter this, the author recommended administrative measures to draw Muslim women into public life. Among the proposed initiatives was the emancipation of women from the paranja veil, for example, by training them as female vaccinators (*ospoprivvatel'nitsy*), thus allowing them to work in public health and state service. By integrating women into such roles, and by rewarding them with honors such as jackets or medals to set a social example, the author argued that the “civilizing influence” of Russian administration would be strengthened, and practical results could be achieved [12, p.104].

This example clearly demonstrates how the medical sector was deliberately transformed into an important functional link within the broader system of colonial governance. It was not only a sphere of healthcare but also a political instrument designed to reshape local society according to imperial objectives.

The periodical press of the time also highlighted the challenges of the medical sector. For instance, an article published in *Turkestanskie Vedomosti* on January 31, 1907, concerning life in Jizzakh district, described the situation of medical care there as deplorable. The report noted that the entire district had only one physician with a small reception office, while a small outpatient clinic attached to it was staffed only by feldshers. The district physician was usually preoccupied with forensic medical cases and often absent from town, and a hospital had yet to be established. As a result, the population was compelled to rely mainly on feldshers.

The article further stated that although a decision had been made and funds allocated in 1906 to establish a 15-bed hospital in Jizzakh, it had still not opened. The authorities cited a shortage of doctors as the main obstacle, yet the author accused them of negligence in attracting medical personnel. Moreover, the district had no midwife at all; the temporarily appointed midwife was wholly unqualified, leading to several unfortunate incidents that caused the local population to stop seeking her services. Even Russian residents were forced to rely on untrained, makeshift midwives. The author lamented that for more than thirty years, the inhabitants of Jizzakh had been entirely deprived of qualified medical assistance [13, p.107].

The persistent shortage of medical personnel, hospitals, and healthcare facilities in Samarkand Province remained

one of the chronic problems throughout the Russian imperial period. This contributed to the stratification of medical services and left the local population with limited access to care. At the same time, the subordination of the healthcare system to the military administration and its orientation toward serving specific privileged groups revealed that the colonial government regarded the medical sector as a strategic instrument of control. The imperial administration never succeeded in implementing a systematic and inclusive healthcare policy for the population of Turkestan, and by 1917, such measures had still not been carried out on a broad scale.

Conclusion

The Russian Empire achieved certain results in the field of healthcare in Turkestan, particularly in Samarkand Province. First and foremost, the legal and organizational foundations of medical services were established; hospitals, outpatient clinics, and medical stations were set up; and to some extent specialists such as doctors, feldshers, and midwives were recruited. Measures were also taken to combat infectious diseases and to introduce sanitary control, while inspection reports and statistical surveys institutionalized the practice of documenting public health conditions.

At the same time, the system had significant shortcomings. Medical services were primarily directed toward the needs of the military, officials, and Russian settlers, while the local population remained largely neglected. The number of medical institutions in the province was extremely small: despite the vast territory, by the end of the nineteenth century only two hospitals were in operation. Due to the shortage of personnel, individual doctors were burdened with multiple responsibilities, while in rural areas healthcare was virtually nonexistent. Local healers and traditional medical practices were dismissed rather than encouraged.

Moreover, the healthcare sector served as an instrument for the colonial administration’s policies of social control and Russification. As a result, even in the first quarter of the twentieth century, the majority of the local population continued to rely on indigenous healers and the long-standing traditions of folk medicine.

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