

# Everyday Life in the City of Kyzylorda and Almaty in the 20-30-s of the XX Century (State Health Services)

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**Abstract**—The relevance of the study of everyday life in Almaty and Kyzylorda are associated with the emergence of the modern trends in historiography and socializing areas of government reform. The relevance is due to the fact that in the early twentieth century Kyzylorda and Almaty began to develop as a city and this period has a special place in the life of the state. An interesting aspect of the everyday life of the inhabitants of the new city, which was built in the era of Stalin's Five-Year Plans, can be examined through the eyes of the Soviet people living in a specific environment, reflecting the life of the citizens. The study of industrialization of the Soviet Union and the attention paid to new developments in the first five years of everyday aspects as the impact of the modernization of the 1930s was one of the decisive factors in the lives of residents. Among these factors, we would like to highlight the medical field, which is the basis of all human life, specifically focusing on the state of medicine in Alma-Ata in the first 20-30-years of the twentieth century, and analyze the different aspects of human life, determining the quality of medical care to the population during this period.

**Keywords**—Alma Ata, capital, epidemic diseases, health care, Kyzylorda, the USSR, Vernyj.

## I. INTRODUCTION

THE health sector of any region, whether it be a village or city, is a decisive factor in the life of man. It is with these considerations, we assume that it would be interesting to know the state of the health care industry in the city of Kyzylorda and Almaty, the former capital of the first Kazakh Soviet Socialist Republic (1925-1929) and Alma-Ata, which became the capital in 1929, and the analysis of the quality of the care of its residents.

Based on historical data, we can say that in 1920, the level of quality of care was very low. Among the residents were common diseases such as typhoid, infectious intestinal diseases, trachoma, tuberculosis, plague, smallpox and malaria. In urban hospitals there was virtually no clean linen, so patients had to lie on dirty beds. Beds in hospitals also left

much to be desired as patients could easily fall from them. They did not have clean dressing bandages, worn rags were used for bandaging wounds. Patients were fed small portions once a day and, for example, in 1913 356 rubles 60 kopeks was allocated annually for the maintenance of hospitals. The treatment was paid for by an insurance policy for civil servants. Kazakhs were taken to hospitals only if they bought "sanitary tickets." Local authorities said mockingly: "Kazakhs are not eager to enter the hospital, as the air of hospitals and clinics of the steppe seemed more dangerous compared with many illnesses." In 1881 military hospital of Vernensk for treatment of the Kazakhs and Kyrgyz was the selection of 400 rubles, and spent 7 rubles 09 kopecks more. In 1913 in the city there were 10 actual doctors, 10 paramedics, and three dental technicians. They were mainly engaged in private practice. In winter of 1919 Vernensk's county-city health department was created. At the same time in the city Pasteur station was opened. In the spring of 1920 a 25-bed hospital for the treatment of fever was opened. Residents called it the "contagious hospital", which had not enough barrels of water, or kerosene for lighting; the "house" consisted of bunk beds and for all the needs there was one horse cart. Such was the situation in the cities that were capitals of the Kazakh SSR.

## II. STATUS AND HEALTH IN KYZYLORDA (AKMECHET)

After the transfer of the capital from the city of Orenburg, in the southern provincial town of Akmechet there was construction of new buildings to foster education and healthcare.

Prior to the transfer of the center of Orenburg to Kyzylorda city there was only one county hospital that was not able to provide services to a population of 9000 people.

So in the years 1927-1928 in the city sanitation, National Hospital TB clinic, a central clinic, STI clinic, physiotherapy center, nursing center, hospital in Kyzylorda penitentiary, home health education, the district sanitary bacteriological laboratory malarial station and summer health camp were organized [1].

Of contagious diseases reported in 1925, there were 47 cases of malaria, 50 venereal disease, one case of typhus, and 1 dog bite. Besch noted increased gastric diseases, especially among children, the reasons for that were the presence of flies, polluted water and fruit [2].

Medical network Ak Mechetskogo county obtained the status of the capital city hospital consisting of 15 beds, with a

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staff of 12 people. One of them is a general physician specialist, 2 physician's assistants, one midwife, three nurses with the rest of the hospital staff consisting of technical staff. In the second building of the town's hospital clinic, there was a dental office and a pharmacy [3].

The premises of the city hospital, in sanitary and hygienic respects, was satisfactory, since the building by the end of 1925 necessary repairs had been made. Medical institutions of the city, equipped with all of the medical supplies, clothes, and other implements were in satisfactory condition [4].

City hospital consisted of two buildings, the first building (the surgical unit) consisted of 15 beds; in the second building (the therapy department) had 21 beds, two beds for isolation and 7 maternity beds. City Hospital medical staff consisted of 33 employees, 22 of whom were purely medical people.

The transfer of the capital from Orenburg to Kyzylorda in 1925 was accompanied by the transfer of a biochemical station with staff of 23 persons. This station had a staff of four, including one doctor, one nurse, one medical assistant and one administrative assistant. The efficacy of malarial station could be expressed by the following facts: the number of primary patients in October was 155 individuals, down from 354 individuals; among them Kazakhs were 10%, and Europeans were 90% [5].

The epidemiological situation of Kyzylorda was addressed by one doctor in 1926 at sanitary control meeting of the public health department. In his report he pointed out the increase of mosquitoes (particularly species of *Anopheles* order) in the city due to development of the brick industry and irrigation systems. Consequently, there was a danger of spreading of disease within the population of the city. Probably one of the radical methods was to cover the unused wells [6].

In addition to the aforementioned, biological methods were used against Malaria as well. The fish called Hambuzi was used to kill the mosquitoes as it was natural predator for them. After successful acclimatization of Hambuzi, they were intensively imported into USSR by a doctor N. P. Ruhadze in 1925. Also benefits of usage Hambuzi were gained by other countries of Central Asia, Caucasus, in the south of Russian Federation and Uzbek Soviet republic as well. All these measures against malaria have started to give positive outcomes.

In conclusion, the history of antimalarial actions had its own specific aspects in the USSR. For example, due to financial problems several stations had to be closed. Also, there were other approaches to handling the spread of the disease. Probably the most effective way was the biological method against malaria. According to the reports of republican sanitary-and-epidemiological station given in 1957 the incidents of the Malaria were fully under control and it can be said that Kyzylorda and Grevsky were free from malaria.

The health care system in Kazakhstan could not cover fully all of the country; some places do not have enough qualified experts, and the entire medical network is notable to provide the needed amount of medicine.

### III. SYSTEM AND HEALTH NETWORK IN ALMA-ATA

In 1927 city operated two small plants against malaria and built five new hospitals. The following year 1928 seven dispensaries, tuberculosis, horse ambulance, malarial station, several pharmacies, and a health store were opened. At the end of 1920, the city had 34 physicians, and in 1939 the number had reached 205. At this time, the number of hospitals has increased from 2 to 21 and the number of dispensaries and health centers increased to 38 institutions from 1 [7].

In the therapy division of the Semirechenskaya regional hospital between February 1-10 and March 1-10, 1930 in the Bulletin of the Spread of Infectious Diseases there was noted a large number of diseases such as colds, typhus, typhoid. Due to lack of funds, as well as due to the fact that they had not carried out maintenance work, infections spread rapidly among residents (Table I).

TABLE I  
ZHETISU REGIONAL HOSPITAL RECORD (THE THERAPEUTIC DEPARTMENT)  
CONCERNING INFECTIOUS DISEASES SPREADING FROM FEBRUARY 1-10, 1930

Types of diseases	were registered	were received	were treated	were transferred	died	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	-	-	-

In 1926, due to the fact that the Regional Health system had allocated very little money People's health department, half of the health care stations had been forced to close.

These included:

1) In the city of Alma-Ata children's hospital was closed, children had to use the children's department of 30 beds in the regional hospital.

2) Regional Hospital reduced to 150 beds.

3) Isolation beds fell from 50 beds to 30.

4) Urban clinic staff had been halved. Instead of eight medical institutions in 388 locations and 278 employees in the city there were left only 6 institutions and 151 staff [8], [9].

Almaty's City Council began to pay attention to the social sphere of the city and made some changes. The city budget added Pasteur Hospital, Regional Psychiatric Hospital, City Hospital Almaty, Almaty Central clinic, and the Almaty Department of Sanitation. On February 17, 1925 the Almaty Hospital for Infections opened. On October 1, 1925 X-ray department opened. a doctor was assigned to the city of Leningrad to study the profession of radiology. Previously the eye doctor only accepted patients on a fee basis, but now money from the budget allocated for free treatment. The Eye Hospital's ear nose and throat and eye doctor began treating patients. The state budget in June 1925 provided for a malarial station. In May 1925 a chemical and bacteriological laboratory was started, as well as a counseling center especially for

home, mother, and child. In this center of 30 beds 22 seats were allocated to children and 8 to pregnant women. But this center only served from May 10 to October 1. Instead, the state budget allocated funds for the children's council to open a kitchen to provide the children with milk[10].

On January 1, 1925 the following treatment-care facilities were functioning in Alma-Ata:

1. Regional Pasteur station, with a staff consisting of 3 members;
  2. 30-bed regional psychiatric hospital, with a staff of 23;
  3. Central clinic in Alma-Ata, with a staff of 20;
  4. 70-bed Alma-Ata City Hospital, with a staff of 54;
  5. Eel-sanitary inspection of the Alma-Ata, with a staff of 6.
- All these institutions were financed from the local budget.

In February 1925, due to the lack of funds from the local budget in the following hospitals reduced staff:

1. The Provincial Mental Hospital - 2;
2. The Alma-Ata city hospital - 6;
3. The Alma-Ata city center clinic - 9;
4. In Ugorsannadzore - 2.

**Regional Psychiatric Hospital.** Before the flood in 1921 was located in pre-fab buildings and had changed its location twice, but now the hospital is located in buildings in poor condition, needing major repairs and lacking a special facility for violent patients.

As of December 1, 1924 there were 31 patients, there was - 51, to heal - 36, died - 8 people. These numbers do not add up correctly. As of October 1, 1925 reported 38 patients who had a total of 11,179 hospital bed days [11].

**City Pasteur Station.** The station was located in a specially equipped room, which needed a major overhaul, and it was necessary to replace the hut in the yard of the station. On October 1, 1925, both institutions were taken over by the state budget. In 1925 Pasteur station treated 298 people bitten by rabid animals; they administered 3,764 shots. The 85-bed Alma-Ata city hospital until July 1, 1925 was designed for 70 people, but at the request of the citizens the number of beds was increased by 15. Through the provision of 2497 rubles 15 kopecks the following of repairs were carried out: all the walls of every building were whitewashed, in the department of infectious diseases several kilns had been replaced; the surgical unit installed new furnace utermarkstsk's type (used to be kalorifernye oven), the ceilings were painted, and new windows were installed. Then in the new 1925-1926 fiscal year the budget of state allocated 951 rubles, and the budget of city also allocated funds which were used to build a laundry and ironing room; they also installed a fumigatory and a dryer.

During the reporting period, there were 2301 patients and 46,641 beds. 85 locations around the state were as follows: 30 seats were allocated to insured (they were located in a separate building), 10 - maternity ward, 15 - for infectious diseases, and the remaining 25 were divided among surgical, gynecological, medical departments. But this division there were only on paper, this information is higher than normal, as mothers and infectious patients take a mandatory order[12].

As for the propagation of disease epidemiology in the department of infectious diseases at the rate higher than 2-3

times the normal rate, there have been cases where the number of infectious diseases numbered more than 40 diseases. The same situation was in the delivery room, and sometimes the number was below 15. So, given this situation, the maternity department was closed and transferred to the renovated 20-bed building (of which 10 beds were at the expense of the medical fund).

Large of numbers of patients requiring hospital treatment, were refused admission, which caused disputes and abuse. There were a number of cases in which relatives simply threw patients into the hospital. Hospitals had to find shelter for these abandoned patients. In connection with the above circumstances the provincial health department had to ask to increase the staff to 200.

**Central Clinic in Alma-Ata.** This clinic took the insured and their families, members of the poor and the disabled. The rest of the townspeople received outpatient care in urban hospitals. The staff consisted of three doctors: a midwife, medic, recorder and was funded by the medical fund.

On average, the clinic drew patients 125-150. In addition to an ambulance there workshops in the following areas:

- a) internal medicine;
- b) obstetrics and gynecology;
- c) dental treatment.

During the reporting period, there were 20,846 ambulatory patients who received counseling and treatment 45541 people [13].

**Skin and Venereal Diseases Hospital in Alma-Ata.** The hospital was reorganized from an isolation unit at the People's Inspectorate of Education, and began to treat children on April 18, 1925. On the instructions of the Municipal Committee of Education it was transferred to the Provincial Health Department. In summer, the hospital was located in the Central Clinic and in the fall moved into a military hospital. From the very first day of opening up to October 1, 1925 Hospital spent 8222 rubles 63 kopecks. In addition, these funds helped the Hospital Nursery Commission.

The hospital was not equipped with furniture and cabinets, and failed to accommodate all patients. Supply of drugs in the hospital remained satisfactory urovne [14].

**X-ray Department.** 1 In October 1925-1926 fiscal year the department was staffed with three people from the local budget. The department has not worked for some time as the head administrator had left the province for health reasons. In late January 1926, after courses in the field of radiology in Leningrad the doctor returned, and he continued his study as he worked in the field [15].

**Ophthalmology.** Temporary offices provided outpatient services to patients. On average, it took in about 100 people per day, and after the loan had been obtained for the purchase of equipment for the treatment of eye disease, was provided with a fixed space for 10 beds. In this department, employees who are not receiving anything from the local budget mainly subsisted on the provision of services. Only from December 1, 1925-1926 fiscal year separation was the department funded from the local budget. At the hospital, the doctor worked ear-nose-throat specialist and as oculist [16].

#### IV. HEALTH CARE ORGANIZATIONS, FUNDED BY THE STATE BUDGET

A malarial station was opened in June 1925. In the period from June 1 to July 1 the malarial station organized and conducted research on how to combat malaria. Along with research, the malarial station also received outpatients. During the reporting period, there were 1556 patients, 8584 were seen once by the doctor, then sent to the station; the state budget provided for five fixed-beds. In 1925-1926. Stations were allocated 1347 rubles 18 kopecks.

The opening of a new kind of health-care facility in the province was due to the necessities of life. Since the last imperialist and civil wars had left many social ills to the city of Alma-Ata to deal with (tuberculosis, syphilis, malaria, etc), the City chose medical check-up and open-care institutions of a new type. The main purpose of these institutions was not only treatment but also research and disease prevention, which had a positive impact on improving the health of residents. The city also opened such therapeutic institutions as tubercular and venereal disease clinics.

**Venereal Diseases Clinics.** STI clinics were opened on September 17, 1925. From that day until March 1, the clinic conducted organizational work and received out-patients, then began to conduct sanitary measures to prevent disease. During the reporting period schools and children's homes were checked: a total of 1577 people were tested and identified; the sick children were isolated in sexually transmitted infection clinics. The clinics received patients, in 3 categories:

1. gonorrhea and its complications species recorded 805;
2. syphilis - 4701 people;
3. skin disease - 1220.

600 vials of 0.6% aqueous drug neosalvarsan were used. In the clinic there were 2594 patients, 6708 were again at the doctor's. The state allocated 1808 rubles. 54 kopecks in 1925 to a dispensary [17].

**Chemical and Bacteriological Laboratory.** The laboratory opened in May 1925. Once the decision was made to open a Kazakh national laboratory by the Health Department of the state budget, the application was made to transfer the lab, formerly the property of medical sales department at Province Executive Committee, to the provincial health department. 1250 rubles were allocated in Tashkent to buy 24 guinea pigs to test their Wasserman samples. The bacteriological laboratory conducted 913 tests. The laboratory has been allocated in 2610 rubles, 23 kopecks.

#### V. ADVICE FOR WOMEN AND CHILDREN

It was opened in January 1925 and could examine 20 patients a day. Till October 1925 it functioned through 900 rubles allocated by former Turkistan public health care department and medical fund accounts. Pictures are exhibited there showing how to look after babies. Babies under 1 year old were examined 788 times and ones between 1-3 were examined 430 times. The revealed diseases they had: gastrointestinal diseases, infectious diseases – 101, non-infectious diseases – 385. In addition to the institution there was a mother's and baby's building with 30 beds, including 22 beds for children and 8 beds for expectant mothers. It

functioned from May up to October, 1925. According to Kazakh People's health care committee's order it was closed. The new institution which replaced it – an advisory bureau with milk canteen – was included in the state budget.

During January and August in 1926 1000 mothers and children were examined at the advice bureau, and their number reached 9000 at that period of time in 1927. In comparison with outcomes in 1926, the number of women increased 4 times, and the children number – 2,5 times. The mother not only took advice, but they realized the importance of the advice. The volume of milk canteen increased 3 times. Advice bureaus began their work there.

During that period Anna Nikolaevna Petrova was renting a flat in Pervo-Gildieskaya Street 4336, was engaged in her job as midwife [18].

After Almaty had become the capital of our state, the state of the health care department began to improve. The main reason for this was based on the fact that the population of the new city had increased, and the main task of the doctors and city authorities was to raise the service level of medical institutions. Because of the transfer of the sanitary-bacteriological centre to Alma-Ata from Kyzyl-Orda control of typhus was to be consolidated.

Alma-Ata had a favorable climate condition thanks to its location, but the typhus spread in most parts of the city, and many the dwellers living outside the city suffered from this disease. According to statistics, 3500 inhabitants tended to get ill. As many of the Malaya Stanitsa dwellers experienced the infectious diseases sanitary-bacteriological institute authorities sent the doctor-instructors there to deliver lectures. Preventive measures were taken against typhus: all the inhabitants were tested, the patients were to stay in the hospital until they recovered completely. 28 schools were involved in lectures, and the employees and pupils were examined.

The institute staff issued leaflets about preventive measures against the disease. In order to give reliable information about typhus a film was brought from Moscow.

Two medical institutions were opened in Alma-Ata: a tuberculosis dispensary with a night sanatorium and Medeu resort sanatorium.

Those two medical institutions were equipped well and the medical experts were of high quality. The clean mountain air, good feeding at the Medeu sanatorium had favorable effects for the quick recovery of patients. Medeu resort rendered a service to 55 patients and clients. It was presumed that the number would reach 67 in the nearest future. The patients of the resort regained the necessary weight and recovered in due time. The features of the tuberculosis dispensary were cleanliness and proper service. Provincial social insurance department used to grant passes for 12 patients to Arasan resort.

In April, 1928 a week-long symposium called "For a Healthy Generation" was held for discussing the pupils' reasons getting ill. Abundance of mental activities (being busy with studies all day long), not doing physical exercises at all, not maintaining the requirements of hygiene, wrong

nourishment were considered to be the dangerous factors influencing our youth's health.

It was revealed that 50% of the pupils at schools suffered from anemia, and pulmonary diseases (tuberculosis) [19].

In the course of studying pre-school children's health, it was found that most of them had poor health. When a weak and under-developed child goes to school, his (her) lagging behind will increase. At school, a pupil is on the run, breathes dust and performs mental activities. Various diseases occur due to these factors. Tuberculosis is in the first place among the diseases. Medical verification results in PKΦCP (RKFSR) showed that 20% of pupils suffered from tuberculosis. They were children of different ages. Many of them lived under insanitary conditions and their living conditions were poor.

The children suffering from tuberculosis were often tired, absent-minded, and hot-tempered. Children of that kind often didn't get on well with teachers and were in the ranks of these who left the school. They became homeless and neglected. There were many reasons for these phenomena: transition period, war, starvation period, pedagogical and social indifference and other reasons.

In January, 1929 in the report of the City Council, it was pointed out that the organizing of the first aid medical service (rendering of medical service to home-dwellers) proved to be useless. It was a mistake when the City Council members reduced the home service doctors number down to 1. During the spread of epidemic diseases the only doctor wasn't able to examine 50000 dwellers. The doctor usually chose 8 – 9 houses out of 20 – 30 addresses that were near the out-patient clinic, the others only relied on God's mercy. Moreover, the doctor wasn't provided with the car, he (she) had to walk to the place of destination. Necessity for medical aid grew day by day. As there was much work to do at the outpatient clinic, the local health care department didn't allow the doctors to leave the place of their work; in cases of examining patients there, sometimes the doctor wasn't able to make right diagnosis, and not everybody could afford to call a doctor.

At an early June, in 1929, the doctors of the city hospitals were to perform the function of daily alert doctor. Up to that time only nurses did that duty. After Alma-Ata had become the capital, its population began to increase. Only 40 medical experts worked in the city.

Due to moving specialists from central institutions, the local health care department issued an order according to which the aid post heads, located in Alma-Ata-Frunze (Bishkek) highway, must administer a medical aid to the 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), Kaskelen (doctor's assistant aid post)[20], [21].

## VI. CONCLUSION

Due to replacing the capital in Alma-Ata there wasn't much change in the medical institutions. For example, as to the central outpatient's clinic, it could admit 400 patients. It happened because of means shortage, but the number of patients was increasing day by day. At the expense of district

budget an outpatient's clinic was extended. But that wasn't enough yet.

First aid service at home was improved more or less, the only doctor in the city was given a horse before he had been walking. They were waiting for an ambulance to arrive soon which had been bought from abroad.

Preventive measures against typhus were taken successfully. Typhus station had a suitable staff. Not being extended yet it had new devices.

District health care department searched for the ways to find the source of means for establishing a night sanatorium for the patients suffering from tuberculosis, but it failed because of an edifice shortage.

What concerns the city's chemist's shops, their service level was rather low. Medicaments were given out according to the "planned order". If the dwellers went to get an aspirin or a powder of quinine, it was a customary thing to send them back with words: "this medicine will be given out tomorrow". At the same time there were many consumer goods, various types of eau-de-Cologne and soaps, cosmetic powder and etc. at the counters of Alma-ata Gybmedtorgs (district medical trade) shops. One may think that it was a perfume and cosmetics shop. And a customer coming to get eye glasses used to go back home without nothing.

The residents of the city without insurance policies had to stand in a queue for or two hours at the chemist's shops. and when it was one's turn to buy a medicine, a receptionist often was saying: "we haven't get this medicine". The city inhabitants who didn't have insurance policies weren't usually served.

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