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Zh.A. Kalygulova[1*], K.A. Sholpankulova[2]

[1]*L.N. Gumilyov Eurasian National University, Astana, Kazakhstan;*
[2]*M.Kh. Dulati Taraz University, Taraz, Kazakhstan*
(E-mail: kga_1981@mail.ru; sholpankulova1980@mail.ru)

Formation and Development of Medical Institutions in the Semirechye Oblast in the Second Half of the 19th — Early 20th Centuries

This article examines the process of the formation and development of the system of medical institutions in the Semirechye Oblast during the second half of the 19th and the early 20th centuries. Drawing upon archival materials and published sources, the study analyzes the institutional features of the emergence of healthcare within the context of the Russian Empire's military-administrative colonization of the region. It is demonstrated that medical care initially developed within the framework of the military medical system and primarily served military units; however, its functions gradually expanded to include the civilian population. The article identifies the principal stages in the evolution of medical infrastructure, from the establishment of the first infirmaries and hospitals to the formation of a network of district reception wards, medical districts, and civilian healthcare institutions. Particular attention is paid to the administrative reforms of 1867-1868, as well as the transformations of 1882 and the legislation of 1897, which contributed to the institutionalization of medical services and the development of rural healthcare. An analysis of statistical data and archival sources reveals the key challenges in the development of the regional healthcare system, including a chronic shortage of medical personnel, limited financial resources, the weakness of inpatient facilities, and significant territorial fragmentation. It is noted that, in the context of population growth and resettlement processes, the epidemiological burden intensified, necessitating the expansion of preventive measures, particularly smallpox vaccination, as well as the training of medical assistants from among the local population. The article substantiates that the healthcare system of the Semirechye Oblast was transitional in nature, combining elements of military, Cossack, and civilian medicine. By the early 20th century, a gradual shift toward a more extensive network of medical institutions had taken place; nevertheless, its development remained constrained by structural and socio-economic factors.

Keywords: Semirechye Region, healthcare, medical institutions, Russian Empire, military and civilian medicine, medical infrastructure, epidemiological situation, vaccination, 19th-20th centuries.

Introduction

The Semirechye Oblast was formally established on 11 July 1867, encompassing the Sergiopol, Kopal, and Verny uyezds. The Oblast was administered by a military governor, the first of whom was Lieutenant General Gerasim Kolpakovsky (1867-1882). He was succeeded sequentially by Major General Alexander Fride (1882-1887), G.I. Ivanov (1887-1890), and M.E. Ionov (1890-1907).

The military governor exercised comprehensive authority over the regional administration, district chiefs, and the military administration of the Semirechye Cossack Host. In 1868, the Issyk-Kul and Tokmak uyezds were incorporated into the Oblast. In 1870, the administrative center of Sergiopol Uyezd was relocated from Sergiopol (Ayaguz) to the stanitsa of Lepsinskaya, and in 1884, Jarkent Uyezd was established.

Geographically, the Semirechye territory represented a substantial frontier region in the southeastern sector of the Turkestan Governor-Generalship of the Russian Empire, covering an area of approximately 402,200 km² [1]. Over time, the Oblast came to comprise the Verny, Jarkent, Kopal, Lepsinsk, Tokmak (later Pishpek), and Issyk-Kul (Przhevalsk) uyezds. This administrative arrangement remained largely stable, undergoing only minor modifications, until 1917. The principal administrative center was the city of Verny, founded in 1854 and designated as the regional capital in 1867.

Initially, the Semirechye Region fell under the jurisdiction of the Turkestan Governor-Generalship. Between 1882 and 1899, it was transferred to the Steppe Governor-Generalship before being returned to the authority of the Turkestan administration [1].

By the close of the 19th century, the Oblast's population had approached one million, numbering 987,863 according to the 1897 census. The majority were indigenous Kazakhs, supplemented by Russian settlers, Sarts, Dungans, and Taranchis [2; 4]. Despite this growth, population density remained low, and ur-

* Corresponding author's e-mail: *kga_1981@mail.ru*

ban development was limited. The total urban population numbered 62,974, representing merely 6.37 % of the total population, with roughly one-third residing in Verny, which had 22,744 inhabitants [2; 4].

The military-strategic importance of the oblast exerted a significant influence on the development of its socio-infrastructural systems. In Semirechye, the healthcare apparatus was initially established within a military-administrative framework and remained under the supervision of military authorities. It provided services to both military personnel and the civilian population, including indigenous communities. Within this context, medical care was organized through three interconnected systems, namely military, Cossack, and civilian, each characterized by its own functional roles and institutional arrangements. The emergence of the first civilian medical institutions was closely associated with the administrative reforms of 1867 and 1868, which initiated the formation of a network of priyomnye pokoi, reception wards combining outpatient and inpatient functions. In accordance with the regulatory framework, each uyezd was assigned a district physician and a midwife, and medical care was provided to the population free of charge. At the same time, overall administration and supervision remained within the jurisdiction of military medical authorities, reflecting the continued dependence of the system on military governance structures.

In contemporary historical scholarship, increasing attention is devoted to the study of the local dimensions of social infrastructure formation, including healthcare as a fundamental component of societal development. The examination of the historical evolution of medical institutions allows for a more nuanced understanding of socio-economic transformations, the nature of state policy, and changes in the standard of living within specific historical contexts.

During the second half of the 19th and the early 20th centuries, Semirechye represented an important frontier territory of the Russian Empire, where the processes of socio-infrastructural development were shaped by military-administrative policy. Under these conditions, the formation of the healthcare system assumed a complex and multi-layered character, integrating elements of military, Cossack, and civilian medicine.

Despite the existence of numerous studies addressing the history of healthcare in Kazakhstan, the development of medical institutions in Semirechye has not yet received a comprehensive and systematic analysis. In the existing literature, this issue is often considered in a fragmented manner, primarily within the frameworks of administrative history, resettlement policy, or demographic processes, which precludes the full revelation of the institutional characteristics of the medical system.

Furthermore, the interaction among different components of the healthcare system remains insufficiently examined, as does the influence of socio-economic factors such as shortages of personnel, limited funding, and territorial dispersion on the nature and pace of medical infrastructure development.

In this context, a comprehensive historical investigation of the formation and development of medical institutions in Semirechye, based on the analysis of archival and statistical sources, appears both timely and necessary from scholarly and practical perspectives.

The principal aim of this study is to offer a comprehensive analysis of the formation and evolution of the medical institutional system in the Semirechye Oblast during the second half of the 19th and the early 20th centuries, while refining the periodization of this developmental process. To achieve this, the research undertakes several key objectives: it examines the regulatory and legal underpinnings of healthcare provision in the region; reconstructs the network of medical institutions and the composition of personnel over time; and identifies the principal socio-economic constraints and institutional tensions that shaped the organization and functioning of healthcare services.

The scholarly contribution of this research lies in several fundamental advancements in the historiography of the Russian Imperial periphery. First, it presents the first systemic reconstruction of the medical institutional framework within Semirechye, employing an integrated methodological approach to illuminate the complex interplay between military, Cossack, and civilian healthcare apparatuses. Second, it refines the existing periodization of provincial medical development by delineating three distinct evolutionary phases, beginning with the military-colonial phase, followed by the administrative-institutional phase, and concluding with the subsequent period of partial civilian transformation. Third, the study substantially enriches the empirical foundation of the field by drawing on previously unexamined archival materials that detail the operational management of reception wards, the mechanisms of funding, and the deployment of professional personnel. Finally, the research demonstrates how structural socio-economic factors, such as chronic underfunding, shortages of qualified staff, and the dispersed nature of settlements, acted as persistent constraints that limited the coordinated development and effectiveness of public health services across the territory.

Materials and Methods

The source base of the study includes archival materials from the Central State Archive of the Republic of Kazakhstan, including fonds of local administrative authorities, in particular Fond I-3, Chief of the Alatau Okrug and the Kirghiz of the Senior Zhuz, Verny Fortification, and Fond I-64, Chancellery of the Steppe Governor-General, Omsk.

Fond I-3 contains a comprehensive set of administrative, statistical, and official documents reflecting the processes of military-administrative incorporation of Semirechye during the second half of the 19th century. These materials make it possible to trace the formation of territorial governance structures, the nature of interactions between the local population and imperial authorities, and the development of social infrastructure, including data on medical provision. The fond includes statistical data, reports, and official correspondence that allow for the reconstruction of the functioning of medical institutions, the identification of socio-economic influences, and the assessment of the role of the military-administrative system in organizing medical care for the population.

Fond I-64 contains documents characterizing the activities of the Steppe Governor-Generalship, which included Semirechye during the period from 1882 to 1899. Of particular importance are statistical data on economic activity, administrative structures, and social processes, as well as materials reflecting various aspects of everyday life. The fond also includes documents related to earthquakes in Verny in 1887, 1889, and 1910, which provide insight into mechanisms of state assistance to the affected population. In addition, it contains information on the training of medical and veterinary personnel, including the admission of Kazakh children and the children of Russian settlers to the Omsk Central Feldsher School and veterinary schools.

Published sources include normative legal acts of the Russian Empire presented in the Complete Collection of Laws of the Russian Empire, as well as statistical and reference publications such as the Surveys of Semirechye Oblast, Memorial Books, and the materials of the 1897 census. Considerable importance is also attached to periodical publications, including Turkestan Vedomosti and the Military Medical Journal, as well as scholarly studies on the history of medicine and socio-economic development. The integrated use of these sources ensures the representativeness of the study and allows for the reconstruction of the institutional features of healthcare development in Semirechye, as well as the identification of the principal factors shaping its functioning and its limitations.

The methodological framework of this study is based on the principles of historicism, scientific objectivity, and systems analysis, enabling an examination of the formation and development of healthcare in Semirechye within the wider context of socio-economic and administrative processes in the Russian Empire during the second half of the 19th and the early 20th centuries.

The research employs both general scientific and specialized historical methods. The historical-genetic approach allows for tracing the evolution of medical institutions from an initial military medical model to the emergence of elements characteristic of a civilian healthcare system. The historical-comparative method is utilized to highlight the specific features of healthcare organization in Semirechye in relation to broader patterns of medical development across the Russian Empire.

A systems perspective facilitates the study of healthcare as a complex institutional structure comprising military, Cossack, and civilian subsystems. Structural-functional analysis is applied to assess the role of individual components of medical infrastructure, including hospitals, reception wards, and medical districts, within the overall system of population healthcare provision.

For the analysis of quantitative indicators, a statistical method was employed based on the processing of data from official sources, including materials from the First General Census of the Russian Empire of 1897, the Surveys of Semirechye Oblast, and the Memorial Books and Address Calendars. This approach made it possible to identify trends in population dynamics, the development of the network of medical institutions, bed capacity, and the composition of medical personnel.

A source-critical approach was applied in working with archival documents from the Central State Archive of the Republic of Kazakhstan, which enabled a thorough evaluation of their reliability and the identification of specific features of administrative record-keeping practices within medical institutions.

Results

The initial development of the healthcare system in Semirechye was closely intertwined with the military expansion of the Russian Empire. Imperial penetration into the region commenced in 1831 with the establishment of the Ayaguz external district administration, which hosted a rotating garrison of Siberian Cossacks. A pivotal element in the further consolidation of imperial control was the enactment of the regulation on the Siberian Line Cossack Host on 5 December 1846, which authorized the authorities to implement the

forced resettlement of Cossacks as the empire expanded its frontiers. The Host was divided into nine regimental districts, with the 9th Cossack regiment stationed along the southern frontier and serving as a vanguard for the Russian advance into Semirechye [1; 6].

The relocation of Cossacks from the Siberian lines to Ayaguz was primarily aimed at replacing temporary assignments with permanent garrison posts in the steppe. This provided a logistical and personnel foundation for subsequent expansion into the less developed territories of Semirechye and, ultimately, further into Central Asia. In 1847, through a combination of lottery selection and administrative assignment, a half sotnia from the 9th Cossack regiment was resettled, establishing the first stanitsa in the region, Ayaguzskaya, later renamed Sergiopolskaya [2; 6]. In the same year, the Kopal fortification was constructed on the Kopal River in the northern foothills of the Dzungarian Alatau, marking the completion of the initial phase of military colonization [1; 6].

In 1842, the Alatau Pristavstvo (district office) and the office of the Pristav of the Great Horde were established, placed under the authority of the Governor-General of Western Siberia. The occupation of the Zailiysky region was of particular significance due to its strategic location at the intersection of trade routes connecting Eastern Turkestan, Tibet, and Central Asia. By 1854, construction of the Verny fortress had begun, and by 1855 it was already being settled by migrants. During the subsequent administrative reorganization, the Alatau Pristavstvo was transformed into the Alatau District, with its administrative center established at the Verny fortress [1; 6].

The formal institutionalization of medical services began in 1857 with the creation of the position of district physician in the Kopal okrug. In 1858, this position was assigned to I.I. Sobolevsky, who would hold it for over two decades. In April 1860, the medical staff was further strengthened by the appointment of a midwife, reflecting the gradual expansion of healthcare provision [3; 422].

The central medical institution of the region was the Verny military sub-hospital, which functioned as the primary inpatient facility. From 1858, it was headed by Kh. I. Pyachkovsky, an experienced physician who, according to B.N. Palkin, had participated in the Russo-Turkish War and the Siege of Sevastopol [4; 280]. In November 1862, following the order of the Minister of War dated 4 July, the military sub-hospital was reorganized into a first-class hospital, signaling a significant institutional advancement in the provision of medical care within Semirechye [5; 1-2].

Significant changes in the organization of medical provision were associated with the military reforms of 1862, within the framework of which a system of military district administrations was established, including military medical structures. This contributed to the formation of a centralized system of management for medical services. Throughout the imperial period, military medicine in Turkestan remained under the authority of the War Ministry of the Russian Empire. The Provisional Regulations on the Administration of the Turkestan Territory defined not only the rights and responsibilities of the military administration but also those of the medical authorities [6; 877-879].

In 1867, considering local conditions, a set of regulatory legal documents was developed concerning the establishment of the Turkestan Governor-Generalship and the corresponding military district, as well as the functioning of the Turkestan Military District, including its military medical service [7; 620].

The military medical administration of the Turkestan Military District formed part of the district military administration and was headed by the district military medical inspector. Its responsibilities included supervision of the condition of medical institutions, enforcement of sanitary, hygienic, and medical police regulations within the troops, provision of hospitals with medical resources, and oversight of the military veterinary service [8; 736]. In addition, this administration coordinated medical provision for the Semirechye Cossack Host and the local population of the district.

According to the draft Regulation on the Administration of the Semirechye and Syr Darya Oblasts, district chiefs were held responsible for the preservation of public health and were required to take measures aimed at preventing and containing epidemic diseases [9; 21]. By the time the Semirechye Oblast was formally established in 1867, a structured network of military medical institutions had already been developed. This network included a first-class hospital in Verny, half hospitals in Kopal, and infirmaries in Sergiopol (Ayaguz), Tokmak, and Aksu, the latter of which was established in 1866 under the direction of the physician Vigilyansky [10; 22–23]. In addition, battalion infirmaries were maintained by the 1st, 3rd, and 6th West Siberian Line Battalions, later redesignated as the 10th, 11th, and 12th Turkestan battalions. All of these institutions operated under the jurisdiction of the Turkestan district military medical administration [11; 1158, 1161].

The administrative reforms of 1867 and 1868 further consolidated the institutional foundations of medical services and formally defined their primary functions. These encompassed sanitary oversight, the provi-

sion of medical supplies to troops, supervision of patient treatment, and veterinary support [8; 736]. Concurrently with the establishment of the oblast, the Semirechye Cossack Host was created. Although official positions for physicians and feldshers were established, a persistent shortage of personnel limited access to medical care for the Cossack population. The absence of dedicated inpatient facilities necessitated the referral of patients to military hospitals, while medical assistance at the local level remained largely dependent on the activities of feldshers. It was only in 1891 that the responsibility for organizing medical care for the Cossack population was formally assigned to district physicians, with feldshers in stanitsas participating in service provision, funded by Cossack resources.

By 1870, the network of medical institutions underwent significant modernization. The infirmaries in Tokmak and Sergiopol were reorganized into half hospitals, an additional infirmary was established in Borokhudzir, and the Verny hospital, now housed in a newly constructed building under the leadership of chief physician N.I. Krakovsky, evolved into a model institution [12; 2, 4–5, 8]. Over the subsequent decades, the structure, capacity, and geographic distribution of military medical facilities were repeatedly adjusted in response to troop movements during the Central Asian campaigns. Following the completion of the Russian Empire's incorporation of Central Asian territories by the end of the 19th century, Semirechye's strategic importance as a frontier outpost diminished. Consequently, only small local military detachments remained, resulting in a substantial contraction of the military medical network.

More detailed information characterizing the volume and quality of medical activity is contained in the reports of the military hospital committee for the 1870s. Consolidated data are presented in Table 1, which includes the medical institutions of the military department operating in the Semirechye Oblast during this period [13].

Table 1

Performance indicators of hospitals in Semirechye Oblast (1871-1874)

Years			Hospitals of Semirechye Oblast				
			Verny	Kopal	Sergiopol	Bakhty	Total
1871	Total Patients		1937	707	154	243	3041
	Mortality Rate (%)		3,0	1,3	3,3	1,2	-
1872	Total Patients		2130	705	180	189	3204
	Of which:	Civilians	111	43	3	0	157
		Percentage (%)	5,2	6,1	1,7	0	4,9
	Deaths	Total	86	6	2	3	97
		Civilians	21	0	0	0	21
	Mortality Rate (%)	Average	4,0	0,8	1,1	1,6	3,0
		Civilians	18,9	0	0	0	13,4
	Patient Bed-Days		49710	13247	3802	3315	70074
	Average Length of Stay (Days)		23,3	18,8	21,1	17,5	21,9
1873	Inpatient care	Total Patients	2145	863	-	-	3008
		Civilians	177	86	-	-	263
		Percentage (%)	8,3	10,0	-	-	8,7
		Deaths	57	10	-	-	67
		Mortality Rate (%)	2,7	1,2	-	-	2,2
		Patient Bed-Days	54627	15032	-	-	69659
		Average Length of Stay (Days)	25,5	17,4	-	-	23,2
	Outpatient-based care	Total Visits	8122	520	-	-	8642
		Of which: Women and Children	2138	148	-	-	2286
		Percentage (%)	26,3	28,5	-	-	26,5
1874	Inpatient care	Total Patients	1977	608	-	-	2585
		Civilians	247	53	-	-	300
		Percentage (%)	12,5	8,7	-	-	11,6
		Deaths	69	18	-	-	87
		Mortality Rate (%)	3,5	3,0	-	-	3,4
		Patient Bed-Days	46020	13670	-	-	59690
		Average Length of Stay (Days)	23,3	22,5	-	-	23,1
	Outpatient-based care	Total Visits	8835	520	-	-	9355
		Of which: Women and Children	3052	148	-	-	3200
		Percentage (%)	34,5	28,5	-	-	34,2

Note: The table was compiled by the author based on data published in the Military Medical Journal (Voenno-meditsinskii zhurnal): 1873, vol. 116, no. 4; 1874, vol. 119, no. 3; 1875, vol. 122, no. 3; 1876, vol. 126, no. 5.

An analysis of statistical data fкщь 1871 to 1874 reveals an important trend, namely the growing proportion of civilians among patients treated in military medical institutions. This development can be explained by the limited development of civilian healthcare, as a result of which military hospitals effectively performed the functions of publicly accessible medical facilities.

At the early stage, access of civilians to medical care remained restricted; however, in subsequent years, particularly after the expansion of the material base of hospitals, opportunities for their treatment increased considerably. Of particular significance is the growth of outpatient services, within which a substantial share was represented by women and children. This trend indicates a gradual transformation of the military medical system into a more universal mechanism for providing medical care to the population.

The population of Semirechye gradually increased due to the resettlement of Russian peasants who, following the abolition of serfdom in the Russian Empire in 1861, began to migrate both legally and illegally to sparsely populated areas of Siberia, the Far East, and the Kazakh Steppe. Legislative acts of July 1881, including the "Temporary Rules on the Resettlement of Peasants to State Lands" [14; 619] and the "Temporary Rules on the Resettlement of Rural Inhabitants to the Kirghiz (Kazakh) Steppe" [15; 208-220], provided for financial and material support to settlers and regulated issues of land allocation. At places of settlement, each male individual was granted 30 desyatinas of land [16; 124].

These measures stimulated the intensification of migration processes into the Steppe and Turkestan territories, leading to population growth and significant changes in the socio-economic structure of the area. This, in turn, resulted in an increased demand for the development of social infrastructure, including medical services.

Population growth is confirmed by statistical data derived from censuses and administrative records of the late 19th and early 20th centuries, covering the period from 1897 to 1911, as presented in Table 2 [2]; [17].

Table 2

Population dynamics of towns in Semirechye Oblast (1897-1911)

No.	Town	1897, Male	1897, Female	1897, Total	1911, Male	1911, Female	1911, Total
1	Verny	12 344	10 400	22 744	18 768	16 690	35 458
2	Jarkent	9 342	6 752	16 094	14 096	11 244	25 340
3	Pishpek	3 826	2 789	6 615	7 880	6 413	14 293
4	Przhevalsk	4 677	3 431	8 108	7 996	5 804	13 800
5	Lepsinsk	1 693	1 537	3 230	4 643	3 758	8 401
6	Kopal	3 409	2 774	6 183	1 982	1 118	3 100
	Total	35 291	27 683	62 974	55 365	45 027	100 392

Note: Compiled from: First General Census of the Russian Empire, 1897 — St. Petersburg, 1905; Review of Semirechye Oblast for 1911 — Verny, 1912.

These data indicate a substantial increase in population across most urban centers. Particularly notable growth is observed in Verny, Jarkent, and Pishpek, which is associated with migration processes and administrative and economic development. Overall, the population increased from 62,974 in 1897 to 100,392 in 1911, reflecting significant demographic expansion.

The growth of the settled population was accompanied by the formation of a network of migrant settlements and changes in the epidemiological situation. Settlers introduced new diseases that had previously been less widespread in Semirechye. Among the most dangerous diseases was smallpox, which affected both the indigenous and migrant populations. Elevated morbidity rates were largely attributable to inadequate sanitary conditions and the limited adoption of preventive vaccination among the population.

In response to these public health challenges, the establishment of the first civilian medical institutions in Semirechye was closely linked to the administrative reforms of 1867 and 1868, which brought substantial transformations to the organization of healthcare. For the first time, official positions for district physicians, district feldshers, and midwives were created. Following the 1868 Regulation, medical institutions began to emerge as reception wards that combined outpatient and inpatient functions. The draft Regulation on the Administration of the Semirechye and Syr Darya Oblasts further envisaged the integration of medical positions within regional administrations and under district authorities [18; 90].

The practical implementation of these measures in Semirechye commenced in mid-1868. District physicians, in addition to providing direct medical care, undertook responsibilities related to forensic examinations and preventive measures, most notably smallpox vaccination. At the reception facility established in Kopal under the initiative of district physician I.I. Sobolevsky, an anatomical unit was also organized to conduct forensic medical investigations, supported by an annual allocation of 100 rubles from local municipal funds [19; 6].

According to the 1882 Reviews of Semirechye, district physicians under the staffing regulations of 1867 were provided with 200 rubles annually for the purchase of medicines and the provision of free medical care. Supplemented by additional contributions from municipal and other local sources, these funds facilitated the operation of small pharmacy points under each district physician. To accommodate patients and ensure treatment, reception wards with a limited number of beds were established in 1869 in Verny and, in subsequent years, in other towns across the oblast [20; 65-66].

By 1870, regulations mandated that each district maintain a reception ward for outpatient care with a dedicated inpatient section of five beds. Oversight of these facilities was assigned to district physicians, supported by feldshers, with the staffing structure additionally including the position of a watchman [21; 2]. Despite these provisions, financial allocations for healthcare remained extremely limited. In 1886, of the total Semirechye expenditures amounting to 2,035,304 rubles and 75 kopecks, only 13,839 rubles or 0.7 percent of the regional budget were designated for medical needs. By way of comparison, the maintenance of the military governor's summer residence alone required 6,000 rubles annually [22; 9].

During this period, shortages of qualified medical personnel and essential pharmaceuticals remained acute, while smallpox persisted as one of the most dangerous and widespread diseases. In response, medical authorities prioritized the training of local assistants capable of administering vaccinations. By 1883, these efforts had resulted in the deployment of 28 assistants in Verny District, 22 in Kopal District, 23 in Sergiopol District, 10 in Jarkent District, 20 in Tokmak District, and 16 in Issyk-Kul District, amounting to a total of 119 personnel throughout the oblast [23; 96].

In 1882, Semirechye was incorporated into the Steppe General-Governorship and the system of the Omsk Military District, the successor to the West Siberian Military District. Consequently, military medical institutions in the region were subordinated to the district military medical administration [24].

Following this administrative reorganization, the military medical authorities initiated the transfer of district physicians and all personnel of the civilian medical service in Semirechye to the Ministry of Internal Affairs. The authorities also proposed the introduction of an additional feldsher position in each district [25; 10, 18-19, 34].

Integration into the administrative and military structure of the Steppe General-Governorship facilitated further institutionalization of the healthcare system. During this period, positions for oblast-level physicians were established to oversee district-level medical staff, including physicians serving the Cossack military units. Additionally, physician positions for official assignments were introduced to ensure medical coverage of remote and difficult-to-access areas. Feldshers of Kazakh origin, trained at the Omsk Feldsher School, were dispatched to Semirechye. Among them, Yusuf Moldybaev was appointed to Verny District, Baki Chalimbeckov to Jarkent, and Galiy Bektursunov to Lepsinsk District [26; 19, 26, 40].

According to research by B.N. Palkin, during this period no civilian hospitals were operational in Semirechye. Reception wards established in the districts during the 1880s, although equipped with five to six inpatient beds, were effectively unable to provide full inpatient care due to the absence of support staff, kitchens, and funds for patient maintenance. Inpatient treatment was therefore applied only in exceptional cases. Meanwhile, the importance of outpatient care steadily increased. Medical ambulatories attached to reception wards gradually gained greater popularity among the population, including the Kazakh communities, and the number of patient visits grew consistently. For instance, in 1884, district ambulatories received 11,645 primary patients, with a mortality rate of 3 percent. In 1885, the number rose to 18,368 patients, with a mortality rate of 1.3 percent, and by 1886, it reached 19,890 patients, with a mortality rate of 0.8 percent [4; 291-292].

In 1897, a new law regulating rural medical services in the steppe provinces was enacted. Archival documents entitled Excerpt from the Highest Approved Opinion of the State Council on 29 May 1897 on the Organization of Rural Medical Services in the Provinces of the Steppe General-Governorship established the fundamental principles of healthcare provision. The law stipulated the division of districts in Semirechye into medical precincts, each staffed by a district physician, a feldsher, and a female feldsher-midwife. District physicians were responsible for providing medical care in settlements lacking urban physicians, conducting

preventive measures, primarily smallpox vaccination and training local residents in its administration. They were also tasked with performing forensic and medical-police functions. All medical care and the dispensation of medicines were to be provided free of charge, and personnel were entitled to free use of transportation for official duties [27; 114-116].

According to the law of 29 May 1897, Semirechye was divided into nineteen medical precincts: Verny District contained four precincts, Kopal District three, Jarkent District three, Przhevalsk District three, and Pishpek District three [28; 311-312]. More detailed information on the structure of medical precincts in subsequent years is presented in Table 3 [29].

Table 3

Characteristics of Medical Districts in Semirechye Oblast (Early 20th Century)

No.	District Name	Population	Maximum Distance, versts	District Center (Physician Location)	Type of Medical Service
1	Vernensky	58 360	250	Verny	Outpatient and Itinerant
2	Mikhailovsky	43 379	60	Mikhailovskoye	Outpatient and Itinerant
3	Kazansko-Bogorodsky	52 400	300	Kazansko-Bogorodskoye	Outpatient and Itinerant
4	Kopal	26 625	250	Kopal	Outpatient and Itinerant
5	Chiliksky	62 044	150	Zaytsevskoye	Outpatient and Itinerant
6	Gavrilovsky	61 287	300	Gavrilovskoye	Outpatient and Itinerant
7	Koksuysky	72 421	400	Koksuyskaya Station	Outpatient and Itinerant
8	Lepsinsky	50 129	90	Lepsinsk	Outpatient and Itinerant
9	Gerasimovsky	54 381	110	Gerasimovskoye	Outpatient and Itinerant
10	Urdzharsky	58 119	400	Urdzharskaya Station and Sergiopol	Outpatient and Itinerant
11	Jarkentsky	63 349	182	Jarkent / Golubevskaya Station	Outpatient and Itinerant
12	Podgornensky	48 836	250	Podgorny Heights	Outpatient and Itinerant
13	Okhotnichy	33 873	125	Okhotnichy Heights	Outpatient and Itinerant
14	Przhevalsky	78 736	200	Przhevalsk	Outpatient and Itinerant
15	Sazanovsky	26 307	200	Sazanovskoye	Outpatient and Itinerant
16	Narynsky	49 302	300	Naryn Settlement	Outpatient and Itinerant
17	Pishpeksky	61 603	350	Pishpek	Outpatient and Itinerant
18	Belovodsky	38 498	500	Belovodskoye	Outpatient and Itinerant
19	Tokmaksky	73 542	350	Bolshoy Tokmak	Outpatient and Itinerant

Note: Compiled from: Review of Semirechye Oblast for 1905, 1906, 1907, 1912, 1914, 1915; Reports on Public Health and Organization of Medical Assistance to the Population in Semirechye Oblast for 1905, 1906, 1907, 1912, 1914, 1915.

The data presented in Table 3 illustrates the specific features of healthcare organization in Semirechye, shaped by its extensive territory and low population density. The considerable size of medical precincts, reaching 400 to 500 versts, combined with a high number of inhabitants served, sometimes exceeding 70,000, significantly limited the capacity for regular medical supervision. Under these conditions, an outpatient and itinerant system of healthcare predominated, in which physicians were required to travel long distances to provide care, reducing both the timeliness and effectiveness of treatment. The absence of a developed inpatient network and the weak transport infrastructure further exacerbated the situation, particularly in remote areas. Consequently, the established healthcare model was extensive in nature and could not ensure comprehensive coverage, indicating structural limitations of the rural medical system at the turn of the 19th and 20th centuries.

By the late 1890s and early 20th century, Verny witnessed a notable expansion of civilian medical institutions. A municipal hospital with 15 beds was opened, followed by a psychiatric facility with five beds, a dental office, and a free ophthalmic clinic [30; 181]. In subsequent years, the establishment of medical institutions progressed in other districts of Semirechye, reflecting a gradual transition toward a more systematic organization of civilian healthcare.

The development dynamics of healthcare infrastructure, including the growth in the number of medical institutions and inpatient capacity, are presented in Table 4 [29].

Table 4

Number of Hospitals and Reception Wards in Semirechye Oblast and Bed Capacity (1905-1915)

No.	Hospitals and Reception Wards	Number of Beds					
		1905	1906	1907	1912	1914	1915
1	Verny City Hospital	15	15	15	45	55	55
2	Verny District Clinic	-	-	-	6	6	6
3	Verny Mental Hospital	13	13	13	13	30	30
4	Verny Resettler Medical Point	-	-	-	15	20	20
5	Infectious Disease Department of Verny City Hospital (temporary)	As required					
6	Jarkent Reception Ward	4	4	4	6	6	6
7	Jarkent District Clinic	-	-	-	6	6	6
8	Tokmak Rural Clinic	-	4	4	6	6	7
9	Kazansko-Bogorodsky District Clinic	-	-	-	6	6	6
10	Mikhailovsky District Clinic	-	-	-	6	6	7
11	Chilik District Clinic	-	-	-	6	6	6
12	Kopal District Clinic	-	-	-	6	6	6
13	Gavrilovsky District Clinic	-	-	-	6	6	6
14	Lugovsk District Clinic	-	-	-	6	6	6
15	Lepsinsk District Clinic	-	-	-	6	6	6
16	Lepsinsk Resettler Medical Point	-	-	-	6	6	-
17	Gerasimovsky District Clinic	-	-	-	6	6	6
18	Urdzhar District Clinic	-	-	-	6	6	6
19	Podgornensky District Clinic	-	-	-	6	6	6
20	Okhotnichy District Clinic	-	-	-	6	6	6
21	Przhevalsk Resettler Medical Point	-	-	-	6	6	6
22	Przhevalsk City Hospital	-	-	-	10	12	12
23	Przhevalsk Resettler Hospital	-	-	-	6	6	6
24	Sazanovsky District Clinic	-	-	-	6	6	6
25	Naryn District Clinic	-	-	-	6	6	-
26	Pishpek City Clinic	-	-	-	12	10	10
27	Pishpek Rural Reception Ward	-	-	-	6	6	6
28	Pishpek Resettler Medical Point	-	-	-	6	10	16
29	Belovodsky District Clinic	-	-	-	6	6	6
Total		32	36	36	233	269	265

Note: Compiled based on Overview of Semirechye Oblast for 1905, 1906, 1907, 1912, 1914, 1915; Reports on the State of Public Health and Organization of Medical Assistance to the Population in Semirechye Oblast.

The analysis of the data in Table 4 demonstrates a substantial expansion of the network of medical institutions in Semirechye in the early 20th century. Whereas in 1905-1907 the medical infrastructure was represented by a limited number of institutions, primarily concentrated in Verny and several district centers, by 1912 a sharp increase in their number is evident due to the establishment of local clinics and settler medical posts. Further growth during 1914-1915 was moderate, reflecting the stabilization of the network alongside the expansion of existing institutions, particularly through an increase in the inpatient capacity of municipal hospitals. This development marked a transition from isolated medical facilities to an extended healthcare system covering most districts of Semirechye, driven by population growth and the need to provide medical services in newly settled areas. According to the study, during 1905-1915, the healthcare system in Semirechye employed 319 physicians, 261 feldshers, 92 midwives and obstetric assistants, 18 dentists, and 55 pharmacists [29; 32].

Discussion

The history of medicine in Semirechye remains one of the underexplored areas in historiography. Nevertheless, analysis of existing studies reveals a staged pattern of research, ranging from the initial descriptive and administrative accounts of the second half of the 19th and early 20th centuries to contemporary works employing methods of social history, studies of colonial medicine, everyday life, and institutional analysis. For a long time, the history of medicine was not considered an independent object of scholarly inquiry and

was examined primarily within broader thematic frameworks, including administrative history, resettlement policy, demographic processes, epidemiology, and military history.

The earliest sources on this topic are official-administrative, medico-statistical, and departmental descriptions of the region. This group primarily includes the Reviews of Semirechye [17], [23], [29], the Memorial Books and Address Calendars of Semirechye [27], [28], materials from the First General Census of the Russian Empire in 1897 [2], as well as publications in the Military Medical Journal [13] and regional periodicals, notably the Turkestan Gazette [11]. These sources systematically recorded information on the number of medical institutions, reception wards, physician districts, hospital bed capacity, numbers of doctors and feldshers, medical funding, incidence of disease, and anti-epidemic measures. Legislative and regulatory documents also hold considerable importance for this period, including the Complete Collection of Laws of the Russian Empire [3], [8], [11], [24], temporary regulations on the administration of Turkestan, the acts of 1867-1868, the 1882 reforms, and the law on rural healthcare in the steppe territories [6-9]. These materials allow reconstruction not only of the formation of the medical network but also of the logic of imperial healthcare governance in a frontier setting, where medicine functioned as a significant instrument of territorial consolidation and administrative control.

The subsequent stage in the study of medical history corresponds to the Soviet period, during which scholarly interpretations were shaped to a considerable extent by the ideological framework of Soviet modernization. At the same time, research produced in this period retains substantial academic value, as it introduced a wide range of empirical material into scholarly circulation and offered the first systematic assessments of the development of healthcare.

Among the early studies on the history of medicine in Kazakhstan are the works of M. Vilenskii [31], R. Samarin [32], B.N. Palkin [4], A.R. Chokin [33], and other scholars who made an important contribution to the investigation of this field. For a considerable time, these works served as the main reference base for the analysis of the initial stages of medical development. Although they were not exclusively focused on Semirechye Oblast, their significance lies in the introduction into academic circulation of a substantial body of data on both military and civilian medicine.

The first monographic work to provide a comprehensive account of the state of healthcare in Kazakhstan during the second half of the 1920s was the study by M. Vilenskii, Healthcare in Kazakhstan [31]. As head of the Statistical Bureau of the People's Commissariat of Health of the Kazakh Autonomous Soviet Socialist Republic from 1927 to 1930, the author drew upon extensive statistical data to examine issues related to the financing of healthcare, the development of the medical network, staffing, the organization of sanitary supervision, and the provision of medical care to the population. Particular attention was given to differences between urban, rural, and nomadic areas, as well as to pharmaceutical provision and the protection of maternal and child health.

In the work of R. Samarin, particularly in the first two chapters of Essays on the History of Healthcare in Kazakhstan [32], the period from the 19th to the early 20th century is examined in detail. The author focuses on the transformation of the system of medical care following the administrative reforms of 1867 and 1868. The study includes statistical data on the incidence of infectious diseases and analyzes measures undertaken to combat them. Samarin provides a detailed description of the state of medicine in individual territories, evaluates the level of equipment of medical institutions, and identifies the principal problems that hindered the development of the sector during this period.

Given that the present study is based on a territorial approach, it is methodologically justified to refer to works that examine local dimensions of the problem. The development of medicine and healthcare in Western Siberia and Kazakhstan from the 17th to the 19th centuries is analyzed in the study by B.N. Palkin. Based on archival and published sources, this work contains valuable information on the scientific activity of physicians who worked in Kazakhstan during this period [4].

In his research, A.R. Chokin [33] examines in the opening chapters the history of the organization of sanitary services and the struggle with epidemics in Kazakhstan during the pre-revolutionary period, as well as during the years of revolution and civil war. Particular attention is devoted to the process of the formation of a centralized sanitary system.

The next stage in the development of historiography corresponds to the period of independent statehood. This phase is characterized by the removal of ideological constraints from scholarly interpretation, increased attention to territorial dimensions of historical processes, the expansion of the source base through the incorporation of previously inaccessible archival materials, and a gradual shift toward interdisciplinary approaches. From the 1990s to the present, there has been a steady growth of interest among both domestic

and international researchers in the history of medicine. This field has attracted not only historians but also specialists in medicine, sociology, and anthropology, which underscores its interdisciplinary character and its relevance to a broad academic audience.

The Kazakh historian M.K. Koigeldiev [34], author of numerous studies on the history of Semirechye in the 19th and early 20th centuries, provides in one of his works information that characterizes the organization of healthcare. These materials allow the development of the medical system to be examined within the broader context of the colonial policies of the Russian Empire. They indicate that healthcare evolved under conditions marked by shortages of personnel, limited financial resources, and a weak material base. The author also emphasizes the uneven character of this development, noting that medical services were concentrated primarily in urban centers and settler localities. This makes it possible to interpret the medical system as being at an early stage of formation and largely oriented toward serving the European population.

A significant contribution to the advancement of this field has been made by the studies of L.A. Bisembaeva [35], in which issues of health, disease, and healing practices in Semirechye are examined within the broader context of everyday life and colonial policy. Particular attention is devoted to the interrelationship between living conditions, morbidity patterns, institutional medicine, and traditional healing practices. In her dissertation on the everyday history of rural settlements in the Semirechye Oblast from 1867 to 1917, Bisembaeva provides empirical data that illuminate the condition and organization of healthcare in the region.

An important scholarly contribution is also represented by the article of A.S. Sayatova, G.M. Alikeeva, and A.M. Shakhieva [36], which offers a historical-medical analysis of the formation of the healthcare system in the Semirechye Oblast during the second half of the 19th and the early 20th centuries. The study is grounded in archival documentation and contemporary statistical reports, allowing the authors to reconstruct the administrative structure of the region and to demonstrate the acute shortage of medical resources. The authors emphasize that for a considerable period medical care was predominantly oriented toward the military estate through a system of hospitals and infirmaries, while the civilian population gained access to inpatient treatment only by 1911. Among the principal challenges identified are the shortage of qualified personnel, the absence of specialized medical services, including surgical, pediatric, and obstetric-gynecological care, as well as high mortality rates associated with widespread epidemics and chronically insufficient funding.

Within the study of military medicine, particular attention should be given to the contemporary research of the foreign scholar Sophie Hohmann [37], whose work examines the formation of the medical system in Turkestan within the context of the colonial policies of the Russian Empire. The author interprets medicine not only as a sphere of healthcare but also as an instrument of administrative control, social regulation, and the integration of local populations into the imperial space. Special emphasis is placed on the interaction between official medicine and traditional healing practices, as well as on the constraints associated with shortages of personnel and limited infrastructure. From a historiographical perspective, this study is of considerable significance due to its application of approaches derived from colonial and social history, which make it possible to situate the development of medicine in a broader comparative context.

Issues related to the formation and development of medical and sanitary systems in various parts of the Russian Empire have also been addressed in the works of a number of scholars. A substantial contribution to this field has been made by A.I. Vlasova, whose dissertation Medical and Sanitary Service of the Steppe Territory in the 19th and Early 20th Centuries [38] examines general patterns in the development of healthcare systems, the characteristics of their organizational structure, staffing, and the functioning of medical institutions. The author pays particular attention to the activities of state institutions, measures aimed at combating epidemics, and the development of sanitary infrastructure, thereby offering a comprehensive assessment of the condition of medicine in the Steppe Territory.

In the studies of O.P. Kobzeva and T.T. Raishev [39], the condition of local medicine on the eve of the incorporation of Central Asia into the Russian Empire is analyzed. The authors identify factors contributing to morbidity and mortality among Russian troops, including environmental and climatic conditions, the quality of water resources, adverse sanitary and epidemiological conditions, and the spread of infectious diseases such as various forms of fever, typhus, dysentery, and ophthalmic illnesses. They conclude that in the 1860s the foundations of a military healthcare system were established in Turkestan by imperial authorities, which subsequently developed into a more structured military medical infrastructure within the framework of the Turkestan Military District during the late 19th and early 20th centuries.

Conclusions

The conducted research allows us to conclude that the development of the healthcare system in the Semirechye Region during the second half of the 19th and the early 20th centuries was complex, phased, and in many respects contradictory. Its evolution occurred within the context of the military-administrative incorporation of the region into the Russian Empire and was closely linked to colonization processes, resettlement policies, and the specific features of territorial organization in the region.

In the initial stage, medical care was organized within the framework of the military-medical system and was primarily aimed at serving the armed forces and the administrative apparatus. However, by the 1860s–1870s, a gradual expansion of the functions of medical institutions became evident, reflected in the increasing proportion of civilian patients in military hospitals and the emergence of elements of civil medicine.

The administrative reforms of 1867-1868 played a key role in the institutionalization of healthcare in the region, marking the beginning of the establishment of a network of district medical institutions of an outpatient-inpatient type. At the same time, their functioning from the outset faced significant limitations due to insufficient funding, a shortage of qualified personnel, and the underdeveloped material- and technical base.

Subsequent transformations, associated with the incorporation of the Semirechye Region into the Steppe Governor-Generalship in 1882, as well as the adoption of the 1897 law on rural medical services, contributed to the increasing complexity of the medical service structure and the formation of a local healthcare district system. Nevertheless, the considerable length of medical districts, low population density, and weak transport infrastructure substantially constrained the effectiveness of medical care provision.

It was established that population growth resulting from resettlement processes increased the burden on the healthcare system and exacerbated the epidemiological situation in the region. In these circumstances, preventive measures, primarily smallpox vaccination, as well as the training of medical assistants from the local population, acquired particular significance.

By the beginning of the 20th century, the Semirechye Region had developed an extensive, though still insufficiently effective, network of medical institutions combining elements of military, Cossack, and civil medicine. Despite the quantitative growth of the healthcare network and the expansion of hospital beds, its development remained constrained by structural and socio-economic factors.

Thus, the healthcare system of the region during the period under review was transitional in nature and reflected the specificities of a peripheral colonial space, where modernization processes coexisted with enduring institutional and resource limitations. The findings of this study deepen our understanding of the mechanisms of medical infrastructure formation in the border regions of the Russian Empire and may serve as a foundation for further research in the fields of medical and social history of Kazakhstan.

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Ж.А. Калыгулова, К.А. Шолпанкулова

XIX ғ. екінші жартысы — XX ғ. басындағы Жетісу облысындағы медициналық мекемелердің қалыптасуы мен дамуы

Мақалада XIX ғасырдың екінші жартысы мен XX ғасырдың басындағы Жетісу облысында медициналық мекемелер жүйесінің қалыптасуы мен дамуы үдерісі зерттелген. Мұрағаттық материалдар мен жарияланған дереккөздер негізінде Ресей империясының аймақты әскери-әкімшілік тұрғыда игеру жағдайында денсаулық сақтау жүйесінің қалыптасуының институционалдық

ерекшеліктері талданған. Алғашқы кезеңде медициналық көмек әскери-медициналық жүйе аясында қалыптасып, негізінен әскери бөлімдерді қызметпен қамтамасыз еткені, алайда уақыт өте келе оның қызметі азаматтық халыққа да таралғаны көрсетіледі. Зерттеуде медициналық инфрақұрылым эволюциясының негізгі кезеңдері қарастырылады: алғашқы лазареттер мен госпитальдардың құрылуынан бастап уездік қабылдау бөлімшелері, дәрігерлік участкелер және азаматтық емдеу мекемелері желісінің қалыптасуына дейін. 1867-1868 жылдардағы әкімшілік реформаларға, сондай-ақ 1882 жылғы өзгерістер мен 1897 жылғы заңға ерекше назар аударылады, өткені олар медициналық қызметті институционалдандыруға және ауылдық медицинаның дамуына ықпал етті. Статистикалық деректер мен мұрағаттық материалдарды талдау аймақтағы денсаулық сақтау жүйесінің дамуына тән негізгі проблемаларды айқындауға мүмкіндік береді. Олардың қатарында медициналық кадрлардың созылмалы тапшылығы, қаржыландырудың шектеулігі, стационарлық базаның әлсіздігі және аумақтық алшақтықтың жоғары деңгейі атап көрсетілді. Халық санының өсуі мен қоныс аудару үдерістерінің күшеюі жағдайында эпидемиологиялық жүктеменің артқаны, бұл өз кезегінде алдын алу шараларын және жергілікті халық арасынан медициналық көмекшілер даярлауды қажет еткені көрсетіледі. Мақалада Жетісу облысындағы денсаулық сақтау жүйесінің өтпелі сипатта болғаны негізделеді, яғни ол әскери, казак және азаматтық медицинаның үйлесімділігін қатар қамтыған. XX ғасырдың басына қарай медициналық мекемелер желісінің біртіндеп кеңеюі байқалғанымен, оның дамуы құрылымдық және әлеуметтік-экономикалық факторлармен шектеліп отырғаны тұжырымдалған.

Кілт сөздер: Жетісу облысы, денсаулық сақтау, медициналық мекемелер, Ресей империясы, әскери және азаматтық медицина, медициналық инфрақұрылым, эпидемиологиялық жағдай, вакцинация, XIX-XX ғасырлар.

Ж.А. Калыгулова, К.А. Шолпанкулова

Формирование и развитие медицинских учреждений в Семиреченской области во второй половине XIX — начале XX вв.

Статья посвящена исследованию процесса формирования и развития системы медицинских учреждений в Семиреченской области во второй половине XIX — начале XX века. На основе архивных материалов и опубликованных источников анализируются институциональные особенности становления здравоохранения в условиях военно–административного освоения региона Российской империей. Показано, что первоначально медицинская помощь формировалась в рамках военно–медицинской системы и обслуживала преимущественно воинские подразделения, однако постепенно её функции распространились и на гражданское население. В работе рассматриваются основные этапы эволюции медицинской инфраструктуры: от создания первых лазаретов и госпиталей к формированию сети уездных приёмных покоев, врачебных участков и гражданских лечебных учреждений. Особое внимание уделено административным реформам 1867-1868 гг., а также преобразованиям 1882 года и закону 1897 года, которые способствовали институционализации медицинской службы и развитию сельской медицины. Анализ статистических данных и архивных источников позволяет выявить ключевые проблемы развития здравоохранения региона, включая хронический дефицит медицинских кадров, ограниченность финансирования, слабость стационарной базы и значительную территориальную разобщённость. Отмечается, что в условиях роста населения и переселенческих процессов усилилась эпидемиологическая нагрузка, что потребовало расширения профилактических мер, прежде всего вакцинации против оспы и подготовки медицинских помощников из числа местного населения. В статье обосновано, что система здравоохранения Семиреченской области носила переходный характер, сочетая черты военной, казачьей и гражданской медицины. К началу XX века происходит постепенный переход к более разветвлённой сети медицинских учреждений, однако её развитие оставалось ограниченным структурными и социально-экономическими факторами.

Ключевые слова: Семиреченская область, здравоохранение, медицинские учреждения, Российская империя, военная и гражданская медицина, медицинская инфраструктура, эпидемиологическая ситуация, вакцинация, XIX-XX века.

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Information about the authors

Zhanna A. Kalygulova — PhD student, L.N. Gumilyov Eurasian National University, Astana, Kazakhstan, https://orcid.org/0000-0003-4942-7307

Karlygash A. Sholpankulova — Master of History, Senior Lecturer, M.Kh. Dulati Taraz University, Taraz, Kazakhstan, https://orcid.org/0009-0001-7803-9672