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## Medical and Cultural Narratives and Practices of the Russian Empire in the Kazakh Steppe (19th century)

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### Abstract

The article deals with Russian medicine in the Kazakh steppe in the context of the interaction of traditions and cultures. It attempts to more fully reveal the role of Russian medicine in the development of new territories in the 19th century. In particular, in addition to the actual medical practices introduced among the nomadic Kazakh population and the administrative measures of medical control, attention is also paid to the “accompanying” functions of Russian doctors, as ethnographers, collecting the most detailed information about the new territories of the empire and their inhabitants. Accordingly, their medical practice is considered in the context of a dialogue of cultures and the development of newly annexed lands. In addition to highlighting the main stages of Russian medicine’s penetration into the Kazakh steppe, the work attempts to trace changes in cultural narratives, highlighting their main features: the romanticization of the nomadic population due to their proximity to nature, the formation of Russian orientalism and, over time – from the middle of the 19th century – increasing attention to the intellectual and moral abilities of the nomadic population, which distinguished them from all neighboring peoples and which were considered by the Russian administration and doctors in the formation of cultural policy in the newly annexed lands. The mention of such abilities from the middle of the 19th century occurs in the narratives of Russian doctors already in a more functional context, with the inclusion of local culture in the general socio-cultural space and its corresponding transformation and cultural transfer.

**Keywords:** Russian Empire, medicine, cultural narratives, Kazakh steppe, nomadic population, dialogue of cultures.

### 1. Introduction

The history of the appearance of Russian medicine in the Kazakh steppe and the transformation of its practices and narratives seems an important and interesting process that contains almost two centuries of history of the dialogue of cultures and traditions (natural-scientific, rationalized and modernized Russian tradition and a whole range of ethno-medical practices of the Kazakh traditional culture): from the episodic, targeted treatment of individual representatives of the Kazakh elite to large-scale measures to prevent mass epidemics.

The institutionalization of medicine in the territories of the empire is the process of the emergence, development and consolidation of a new area of regulatory knowledge. The formation of Russian medicine in the Kazakh steppe and its consolidation in the everyday life of society can also be considered as a tool for administrative construction. The Russian doctor and the Kazakh patient represented two cultural worlds, on the boundaries of which their meeting and dialogue took place. The appearance of Russian medical practices and relevant cultural narratives in the Kazakh steppe corresponded to the specifics of the imperial development of space: moving from the borders, from Russian fortresses, to the inner regions of the steppe.

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In addition to their medical and administrative functions, Russian doctors performed another, no less important. Also acting as ethnographers, describing the surrounding landscape and local traditions, doctors constructed knowledge, creating cultural narratives and images of the local population. These narratives evolved from the image of an unknown region to biopolitics and identity politics based on cultural narratives produced by Russian scientists, military officers and doctors. The study of this process is necessary not only from the point of view of the accumulation of historiographic facts, but also for understanding the complex situation and intercultural dialogue within the imperial space. The appearance, dissemination and interaction of Russian medicine in the life of Kazakh society and the production of cultural narratives resulted in significant changes both in the field of medical practices and in the imperial identity politics in the Kazakh steppe.

The paper attempts to expand the range of aspects considered regarding Russian medicine's introduction in the Kazakh steppe in the 19th century. This issue is considered by the authors from different angles, relying both on the works of contemporaries (and sometimes participants) of the process, and on the works of later and modern researchers. Such an approach allows us to highlight the issues under study and their significance both in a specific historical period, and inevitably taking into account today's realities of the epidemiological safety of society. The novelty of this work is in understanding that the medical practices introduced by the Russian Empire into the space of the Kazakh steppe were inseparable from the process of cultural construction in this territory. The evolution and institutionalization of administrative and medical innovations in this area, entering into a dialogue with local practitioners, produced important cultural narratives and had a significant influence on the life of the Kazakh population.

In general, the consideration of Russian medical practices in the Kazakh steppe from the point of view of cultural (in the broad sense) dialogue is not very common among researchers; accordingly, this work can make a certain contribution to the development of this research field.

## 2. Materials and methods

The source base of the study is archival documents of the Central State Archive of the Republic of Kazakhstan (Almaty, Kazakhstan) and published documents (for example, "Provision on the management of the Orenburg Kirghiz" (Polozhenie, 1844)).

The study is based on a comprehensive analysis of narrative and written sources. Narrative and written sources are in the form of descriptions made by doctors of the Russian Empire who performed work in the Kazakh Steppe in the 19th century. The main methodological basis of the work is a systematic approach, which consists in a holistic consideration of the system of narratives, in which their systemic similarity, for a number of historical reasons, as well as their subsequent transformation becomes obvious. The article examines the process of the integration of the space of the Kazakh steppe into the legal and socio-cultural space of the Russian Empire through the evolution of medical practices and narratives, which led to changes in the traditional Kazakh society in the field of medicine. The method of processing sources was determined by the objectives of the study. At the stages of analysis and interpretation of materials, typological, comparative and descriptive methods were used. For example, M. Vaughan, following the Foucauldian tradition, states that mass vaccinations and general examination, during which people are unified and become objects not only of the medical system, but of the administrative system, are an example of the most striking example of modern medicine (Vaughan, 1991: 52).

The purpose of this paper is to study the medical practices and cultural narratives of the doctors of the Russian Empire on the territory of the Kazakh steppe in the 19th century.

To achieve the goal, the following tasks are implemented: a) identify and describe the main medical practices that spread through the mechanisms of government of the Russian Empire on the territory of the Kazakh steppe in the 19th century; b) study the administrative mechanisms of medical control that were formed in the process of spreading Russian medicine in the region; c) highlight the features of cultural narratives produced in parallel with the strengthening of Russian medicine in the region.

## 3. Discussion

In the context of the research topic, of particular interest is the opinion of S. Asfendiyarov, one of the brightest representatives of the Kazakh elite in the early 20th century, and at the same time a graduate of the Imperial Military Medical Academy. In particular, Asfendiyarov, outlining his view on cultural narratives about nomadic culture Kazakhov, emphasized the specifics of the nomadic, pastoral economy, drawing attention to the inadmissibility of associating it with the "primitive patriarchal-clan system", speaking of this type of economy as a "more complex complex" and clearly distinguishing between "nomadism" and "unsystematic vagrancy" (Asfendiyarov, 2014: 25-50, 30-31).

This view is valuable as the position of a representative of the Kazakh elite who received a systematic medical and humanities education in the educational institutions of the Russian Empire, summing up the cultural narratives of the intellectual elite on the problems of modernizing the nomadic culture of the Kazakhs at the turn of the 19th–20th centuries.

In the works of the official administration representative A.K. Gaines, there are also some descriptions of the situation with the spread of diseases of the steppe. In particular, the official speaks of cases of scurvy

among nomads in winter, which, “however, rarely spreads strongly”. In addition, the work speaks of the absence of “special epidemic and widespread diseases”, although “sometimes the so-called anthrax appears among the steppes” (Gaines, 1897: 61, 151).

R.N. Rakhimov, speaking about the fight against epidemics on the Orenburg Territory in the first third of the 19th century, notes the wide experience in the use of irregular troops of the administrative unit, as well as the positive experience of the military leadership of the region, which resorted in the cholera epidemic of 1829–1832 to medical consultations and quarantine measures using irregular troops. In addition, Rakhimov notes “a high degree of understanding of the situation related to quarantine measures” on the part of the local population, which “organized quarantine posts on its own, showed confidence in doctors, and maintained pickets and lines of irregular troops at its own expense, which ultimately made it possible to win in the province victory over cholera”. Further, the author draws attention to the experience of the population in the fight against epizootics, during which local quarantines were established. In general, R.N. Rakhimov emphasizes the high degree of involvement of the irregular troops of the Orenburg Territory in anti-epidemic measures during the military operations of the Russian Empire, and it was this experience, coupled with the experience of the border service and “integration into the administrative institutions of the empire”, that determined the success of quarantine measures in the Orenburg province (Rakhimov, 2021).

E. Vishlenkova researches the educational functions of doctors in the Russian Empire and mentions that in Russia their activities in the preparation of historical, ethnographic descriptions and statistical tables in the 1830s–1840s became a mass phenomenon. Moreover, in the eyes of contemporaries, this activity was associated with patriotism, serving the Fatherland. Many doctors published observations about the specifics of the regions, their history, everyday life of the population, household traditions, folk medicine and dietary habits, as well as the “religious diets” of the peoples who inhabited the Russian Empire (Vishlenkova, 2011).

In general, speaking about the development of medical practices of royal medicine in the Steppe region, A.I. Vlasova emphasizes such specifics as the predominantly Kazakh nomadic population and the absence of zemstvo. Accordingly, the issues of medicine were under the jurisdiction of the authorities of the province and regions. The author is able to single out the time period from the end of the 1880s to 1917 (when the flow of peasant migrants to the Kazakh steppe from the central part of the empire increased sharply) as a period of the expansion of the network of medical institutions (both regional and county), their being staffed with sufficient personnel quantity, accompanied by furtherment of the actual specialization of physicians and the improvement of the material and technical base (Vlasova, 2021: 13–18).

At the same time, there are scientific works that explore aspects of traditional medicine in the Kazakh steppe in the 19th century, which was more familiar and common among the Kazakh population during this period. So, for example, K.V. Dzhumagalieva, S. Nagima and G.K. Kayrgalieva in their work note that, despite the fact that the autochthonous knowledge systems in the field of medicine that existed in the traditional Kazakh culture were not always effective in comparison with the introduced ones based on scientific methods, they still contained a constructive element of natural-rational practices (such as isolation during epidemics, attempts to inoculate smallpox, the use of plants for pharmacological purposes, etc.) (Dzhumagalieva et al., 2020).

In this regard, the perception of Kazakh culture by Russian researchers, doctors and officials and the production of cultural narratives that were in dialogue with medical and administrative ones, as well as their transformation during the 19th century, is important.

#### 4. Results

The first Russian physicians penetrated the Steppe in the 1730s: the doctors of the regimental infirmaries. In 1744, a hospital began to function in Orenburg, which soon became one of the main medical centers in the northwestern part of the steppe. For the first time here and in military infirmaries, Kazakh patients began to come episodically. Permission to treat in the hospital “Asians who come to Orenburg for trade and other needs” was given in 1809 (Palkin, 1967: 92), but as Afanasyeva writes, apparently, it only legitimized the well-known practice (Afanas'eva, 2008: 135).

At the beginning of the 19th century, the desire to use the means and practices of Russian biomedicine was expressed by the Kazakh aristocracy – the sultans and foremen of various parts of the Junior zhuz, as well as the khans of the Bukey Horde. They came to the Border Commission for medical help and asked for a supply of medicines. Frequent contacts stimulated the growth of trust on both sides. The sultans requested “drops of blood purifiers, Spanish flies, sniffing alcohol” (Afanas'eva, 2008: 136). For the supply of drugs in the budget of the Border Commission there was a special item of expenditure. Just as common was the practice of calling doctors to willing sultans; sometimes the sultans indicated which doctor to call. Ergo, it wasn't the first time they would have met. At the beginning of the 19th century, doctors went to the steppe accompanied by armed Cossack escorts (Afanas'eva, 2008: 136).

In 1832, on the initiative of Khan Zhangir, a “permanent doctor” was appointed to the Bukey Horde – the head physician Sergachev (Afanas'eva, 2008: 136).

But two doctors working in the Border Commission and the Bukey Horde were not enough. For several decades, the Orenburg administration initiated the training of people from among the indigenous population of the territories in medical skills. For example, in 1831, a project was launched to teach doctors from among

the Bashkirs who speak Russian. This medical education took place at the Medical Faculty of Kazan University. Assistance was provided by the Orenburg Muftiate, who issued a fatwa proclaiming the education of young people at the medical faculty as a charitable deed. The first students from among the Bashkirs began to study in 1832. Few students completed their education. Another example is the establishment of a medical assistant's school at the Orenburg military hospital in 1841, focused mainly on providing medical care to those in military service.

Changes came along with the "Regulations on the management of the Orenburg Kirghiz" in 1844, which legally recorded the medical work of paramedics in Kazakh villages: "For inoculation of preventive smallpox and for providing the Kirghiz with the simplest medical benefits, there is one paramedic from the Kirghiz under the sultans-rulers" (Polozhenie..., 1844).

The training of paramedics for medical care and control of the Kazakhs took place in the paramedic school at the hospital. The Border Commission funded the training of ten such trainees. Initially, cultural and cult inertia, distrust of the new and misunderstanding of this whole mechanism dominated the attitude of the Kazakhs to such events. It was not possible to fill ten places on the paramedical course immediately due to the lack of reliable mechanisms for administrative influence on the sphere of medical education in the steppe, and also because of the distrust of the local population. Officials of the Border Commission and the Regional Administration carried out explanatory work among the Kazakhs, explaining to them all the advantages of medical assistant education. The processes of adaptation of pupils entering the school were quite traumatic: contacting with infectious patients in hospitals, future paramedics became infected and died, which, of course, created an atmosphere of distrust around paramedic schools. Another difficulty was the extension of the five-year course of study (surgery, pharmacy and anatomy) at the expense of teaching the Russian language (prior to admission). From 1844 to 1869, 10 Kazakh boys studied at the school, of which only 6 completed the full course of study; one was expelled and three died. Often, paramedical personnel were replenished from among the Bashkirs.

Another event in Russian medicine was the training of smallpox vaccinators. Despite the fact that variolation was practiced in Kazakh ethnomedicine, it often caused complications. Russian biomedicine offered the Kazakhs a modernized type of smallpox prevention – vaccination according to the Jenner method (cowpox virus inoculation). The first vaccinations were made in 1804 by the doctor of the Ural Cossack army Khandozhinsky. The Orenburg administration actively stimulated the spread of a new type of smallpox prophylaxis, instructing officials to "persuade the Kirghiz by measures of persuasion and kindness to vaccinate from smallpox whoever would agree" (Afanas'eva, 2008: 139). Another important focus of attention and efforts of the Russian administration was interaction with the Kazakh aristocracy, who had authority to modernize medicine "from above" and popularize smallpox vaccination among the Kazakhs. So, for example, in the Bukey Horde, it was Khan Zhangir who began to practice vaccination technology, instilling smallpox in his children. Later, some sultans followed his example. Biys who agreed to be vaccinated were awarded certificates of merit and their wives received gifts. Medical propaganda became more active in the steppe, with the publication of brochures and leaflets explaining the meaning and usefulness of smallpox vaccination.

In 1825, the first Kazakh smallpox vaccinator, S. Dzhenabekov, was trained at the Orenburg military hospital (Afanas'eva, 2008: 140). Gradually, the skill of smallpox vaccination was being introduced into the education system, regardless of the professional orientation of the educational institution (paramedics, among whom Kazakhs were already successfully functioning, apart from smallpox vaccination itself, taught this to students of Russian-Kazakh schools): "What they learned in the city, i.e., the theory and methods of smallpox inoculation, they propagated in the steppe, and with their affectionate treatment, little by little, they managed to inspire confidence in the steppe" (Shustov, 1895: 284).

According to archival documents, in 1828, two Kazakh smallpox vaccinators, Khairulla Babayev and Akhmedi Badayev, were trained in the Orenburg military hospital to vaccinate the population in the Bukey Horde. Khairulla Babayev subsequently proved to be a diligent worker. His superiors pointed out his "impeccable service" and petitioned for his award. The documents also contain evidence of his financial incentive (TsGA. F. 4. Inv. 1. Case 2495. Sheets 1, 6 and reverse).

Nevertheless, vaccination did not immediately gain great popularity among the Kazakhs: "For two years he did not instill smallpox even once, and the natives did not give him children. We did not dare to force, and, it seems, we did well; In 1871, in the Khojent district, coercion caused an open uprising, which had another reason – an increase in taxes. Rumors were spread about the imposition of the Russian stigma, about instilling in Muslim children the blood of infidels, and so on. In the Syr-Darya region, only 1,163 children were vaccinated with smallpox in 1869; In the Semirechensk region, this business went much more successfully: in 1868, 2,158 persons were vaccinated, and in 1869 – 23,754. The figure increased 11 times. Of this number, Vernoye takes 64.4 %, and then Tokmak uyezd with 25.4 %" (Terent'ev, 2010: 62).

Chokan Valikhanov wrote in 1863: "The Kirghiz look at the doctor as an official and do not expect any benefit from him. People run away from smallpox vaccination or pay off" (Valikhanov, 1985). The technology of smallpox vaccination in the Kazakh steppe collided here with the usual fear of the new, which, however, did not have time to take the form of mass hysteria, and not with the cultural and cult inertia of ethnomedicine, which British doctors met in colonized India, where they were opposed by Ayurveda and sacred cults that arose

around smallpox. A completely natural fear of an unknown method of vaccination was dissolved during the procedure itself, which doctors tried to make more enjoyable by distributing gingerbread and sweets to children, thus reinforcing positive ideas about new medical procedures in people's minds.

After some time, observers began to notice that the Kazakhs overcame their distrust of smallpox vaccination much more easily in contrast to the Russian Old Believers, who stigmatized vaccinations as "the seal of the Antichrist" (Shustov, 1895: 384). In the second half of the 19th century, several epidemic waves of smallpox swept through the steppe, bypassing those who had been vaccinated. Turgai district doctor P. Dobrovolsky wrote that when, in 1894, he decided to increase the number of smallpox vaccinators, he faced a huge number of Kazakhs who wanted to enter this position (Afanas'eva, 2008: 113-149, 141). As the doctors testified, the Kazakhs came to them for tens of miles with requests for vaccination and themselves turned to the authorities with petitions to send smallpox vaccinators to the villages. The number of those vaccinated against smallpox increased every year; all this allowed physicians by the end of the century to make optimistic conclusions that "smallpox vaccination stands on solid ground in the steppe" (Shustov, 1895: 337).

Epidemic surveillance became another measure of Russian biomedicine: epidemics threatened not only the population of the Kazakh region, but also the hinterland of the empire.

An outbreak of cholera in 1830 inspired the establishment of quarantines, exposing the contradictions between physicians and the imperial administration. The Medical Council (an advisory body under the Ministry of Internal Affairs, engaged in scientific, theoretical and methodological work) stated the need to establish quarantine for trade caravans coming from the southern regions in order to limit the possible spread of cholera. At the same time, the Ministry of Finance demanded that the Orenburg Governor "cancel restrictive measures to the detriment of trade". Capital dictated its terms, and quarantines were lifted. As a necessary compromise, external medical examination continued to operate. Soon the inefficiency and formality of the "external examination" became too obvious, and it was canceled. From 1834, a system of epidemic control had been established among the inhabitants of the Bukey Horde (monthly reports of the Border Commission to the Orenburg governor, etc.) (Popov, 1910: 198). Administrative reforms of 1868 included the establishment of a unified system of medical care in the Kazakh steppe: in each county, the positions of a county doctor, paramedic and midwife were established. The functions of the county doctor included the provision of free medical care to the local population and the free supply of patients with medicines, for which special amounts were allocated from the budget. Thus, the imperial administration expanded the area of medical coverage and control of the population. The number of medical workers had tripled. In the 1880s, one doctor served about 70–100 thousand people, at a distance of tens of thousands of square kilometers.

Describing the hard work of doctors in the Kazakh steppe, A. Afanasyeva correctly notes that the high salary of local doctors is approximately 1200 rubles a year compared to the average for doctors in Russia of 1000 rubles; military doctors received even more – 1500–1600 rubles – but this could not fully compensate for the harsh living and working conditions, cultural isolation and a huge number of duties (in addition, doctors paid most of the traveling expenses from their own salaries). In their free time from traveling and providing medical care, doctors had to keep extensive documentation about the work of the medical unit in the county, and also contribute to the creation of medical and topographic descriptions of the area. (Afanas'eva, 2008: 113–149, 144–145)

Doctors, apparently, did not want to stay in the Kazakh steppe for a long time and therefore did not see the point in learning the Kazakh language. In such a situation, according to the testimony of one of the county doctors, the only thing left to do was to engage in conversation with the patient in the language of facial expressions and "give medicine either at random or indifferently to calm the patient" (Afanas'eva, 2008: 113–149, 144; Terent'ev, 2010: 64).

If, for comparison, we cite data for Turkestan, then the first special medical institutions appeared there in the 1870s. For the organization of outpatient treatment, the city administration rented residential houses of individuals (TsGA RK. F. 145. Inv. 1. Case 565. Sheets 1–3).

Archival documents also speak of financing the maintenance of medical institutions from the city budget. In 1880, 35–40 rubles were allocated for the repair of the pharmacy and hospital buildings (TsGA RK. F. 119. Inv. 2. Case 26. Sheets 57, 59).

Expenses for lighting and heating in one of the outpatient centers (in Karnak) for the year amounted to 76 rubles. Candles and kerosene were used for lighting, while firewood (360 pounds per year) was used for heating (TsGA RK. F. 145. Inv. 1. Case 391. Sheet 22).

In the medical narratives of those years, the description of the reactions of the Kazakh population to medical innovations always contains an ethnographic description and interpretation, producing cultural narratives: "Subcutaneous injection is new for many doctors and still requires some skill, and therefore is very rarely used. The natives have not yet been subjected to experiments, and therefore it is not known how they will react to this remedy. I was convinced in practice that such a person as a Kirghiz, Kuraminian or even a Sart would most of all have confidence inspired in them by "sensitive" means: bitter quinine, tear-squeezing ammonia, scalding solution, instant-acting emetics, laxatives, and so on. He will be satisfied with even one impression of taste, smell, touch: bitter, stinks, stings – this is the medicine!" (Terent'ev, 2010: 51).

Narratives obviously reflect the need for the state system to classify and construct knowledge for the purpose of better management. Military doctors and officers of the General Staff had not only to study in detail geography, topography, local flora and fauna, but also to make meteorological, geological and hydrographic measurements.

Ethnography occupied the most important place in the program of descriptions; the inhabitants of the studied lands had to be classified, built into the determinability of the world, their ethnic and cultural identification had to be determined, and their attitude to religion, etc. had to be clarified.

However, there is no single narrative and system of images of Kazakhs in the texts of ethnographers and physicians of the 19th century. Over the course of a century, the romanticization of nomads as close to nature appears and develops in the narratives of researchers, and Russian Orientalism was being formed (Levshin, 2005; Ivanovskii, 1903).

The topics of description remained stable: an important place in the narratives of Russian authors (including physicians) about the Kazakhs was occupied by the description of their anthropological appearance, physical characteristics, lifestyle and behavioral patterns.

Most often, the language of description is replete with evaluative categories of the appearance of the Kazakhs. Here, both scientific and aesthetic criteria were used: Turkish-Mongolian type of face, its beauty or its absence. Of course, beauty in this case was evaluated according to the degree of conformity with European types – those whose appearance was more reminiscent of European received higher marks.

Later, the Kazakhs were built into the anthropological classifications of the peoples of the empire, and here the evaluative characteristics of physical properties were gradually removed; however, in the general discourse, the neutral language of anthropological science does not supplant traditions.

Often, depicting the Kazakhs, ethnographers report on the extraordinary physical strength and endurance of the inhabitants of the Kazakh steppe and their athletic constitution. The good health of nomads surviving in harsh environments was attributed by researchers to life in the “outdoors”, constant movement, simplicity of food, and a “lifestyle close to nature”. Doctors supplemented this picture of health with a list of physical characteristics of features:

“The muscles are well formed, the physique is strong, bile is produced abundantly, digestion is excellent ... the ability to science is small. All this leads of itself to the conclusion that they enjoy perfect health” (Yagmin, 1845: 45).

The way of life of the Kazakhs of the 19th century is often presented in Russian texts as “rude” or “primitive”; however, from text to text, these definitions take on a new meaning and sound. The middle of the 19th century saw a change in cultural narratives. In the texts, the special intellectual and moral abilities of the Kazakhs are increasingly noted, distinguishing them from all other peoples, such as the Bashkirs or Kalmyks. These qualities of the Kazakhs, described in the cultural and medical narratives of Russian doctors and officials, were built into the emerging socio-cultural hierarchies that the administration needed for further dialogue and building a cultural policy in the region: “these qualities suggest that the Kirghiz people have the opportunity to become completely civilized” (Afanas'eva, 2008: 128). The narratives increasingly emphasize the receptivity of the Kazakhs to Russian culture and their success in learning the Russian language.

The concept of “wildness” begins to sound in a new way. And the sound is quite functional. If at the beginning of the 19th century “savagery” was called the institutionalized violence of barymta and frequent raids on Russian expeditions and caravans, a tendency to “predation and violence”, then in the second half of the century this word means “ignorance”, “incivility”, requiring the introduction of “enlightenment”. The change in connotations was, firstly, the result of a deeper and wider penetration of the empire’s administrative power network into the steppe: by the end of the century, it had become safer here: according to Dr. Shustov, “the Kirghiz steppes ... have become almost a fashionable resort for the treatment of consumption and other diseases with koumiss” (Shustov, 1895). Secondly, this is a functional change in narratives, in which the first stage of the steppe territory integration was carried out, addressing the need to include Kazakh culture in the socio-cultural space of the empire and the corresponding transformation of this culture under the influence of civilizing unification. The dynamics of such an evolution of perceived and broadcast images were subject to medical narratives, which were playing an increasingly prominent role in the formation of cultural ideas about the Kazakhs.

In some areas of life, cultural narratives and the imperial identity politics based on them led to significant changes. For example, the imperial policy of religious classification led to the Islamization of a significant number of Kazakhs.

Despite the fact that Islam initially penetrated the territory of Kazakhstan in the 8th century along with the waves of Arab expansion, the expanded institutionalization of Islam in the territory of Kazakhstan occurred largely due to the religious policy of the Russian Empire from 1786, which embodied the scenario of the “ethnographic mirror”, when, in order to establish relations with the steppe elite, the empire, mosques, mektebs and madrasahs were built, and mullahs and other religious ministers were appointed (from the Tatars – their most loyal guides, as it seemed to the imperial administration then). As a result of these actions, which were based on the ethnographic classifications developed by Russian officials and the military, the population of the Steppe was presented with a convincing image of religious identity, which over time began to be perceived as authenticity (Radlov, 1989: 329; Sultangalieva [resp. ed.]: 2014: 307; Shvarts, 2006:

175–238; Remnev, 2006; Remnev, 2010). Already in the 19th century, in the construction of a hospital in the city of Semipalatinsk, “the wealthy Muslim population did not provide funds, stating that ‘the construction of a hospital in the city of Semipalatinsk cannot bring any benefit to them, since treatment in it is prohibited according to Mohammedan law’” (Kasymbaev, 1998: 91).

Medical narratives, as well as ethnographic characteristics in general, also varied depending on many factors. For example, in 1830, the Orenburg head physician Sokolov wrote about the difficulty of obtaining information about epidemic diseases: “with what caution should we rely on the information delivered to us by the Kirghiz” (Afanas'eva, 2008: 29).

Dr. A. Yagmin reproduces in his texts a different, romanticized image of the Kazakhs: “You will see the magical worlds of zhi, wild Kyrgyz, with their physiognomy of the sons of nature, in their attire completely different from ours. It will seem to you that you are transferred to some magical world!” (Yagmin, 1845: 4). Yagmin also notes the similarity of some local ethnomedical practices with Russian ones, which brings his narrative closer to Taylor’s cultural evolutionism.

The high institutional status of medicine as a science, acquired by it by the last third of the 19th century, imparted special value to the conclusions of doctors. It is very important that at that time in the Russian Empire there was a strengthening of the institutionalization of medicine and the transformation of medical knowledge into an administrative resource.

Analyzing steppe diseases, doctors recorded the main causes of diseases: uncleanliness, lack of biomedical standards of hygiene and sanitation, and the collective use of dishes, as well as the impact on the sanitary situation of some magical and religious ideas. Notes on the “mud decor” of some elements of everyday life in traditional Kazakh society can be found in Chokan Valikhanov and T.W. Atkinson, who explained such a sanitary situation as the impossibility of frequent water procedures in the harsh conditions of the struggle for existence in the steppe.

Observing Kazakh ethnomedicine, Russian doctors noted the functioning of the “rational” methods of treatment described in this work (ethnopharmacology). They also noticed the therapeutic properties of koumiss and of the mud and salt springs of Lake Arasan in the treatment of dermatological ailments (Yagmin, 1845: 36). Of course, Russian doctors were much more skeptical about the magical dimension of ethnomedicine: “There are many people in the Horde who suffer from rheumatism, consumption and syphilitic disease” (Mazhitov [comp.], 2010: 158).

Doctors from other parts of the empire, sent to the Kazakh steppe to fight epidemics, often expressed surprise, watching how the Kazakhs followed all the instructions of the doctors, and the gratitude of the nomads for the help they received – at the very time when the peasants of some Russian provinces were beating doctors, suspecting them of spreading cholera, and refusing any medical intervention (Afanas'eva, 2008: 146): “This conclusion should be put to the Kirghiz as a big plus, because the Russian common people, having behind them an even more bitter and incomparably longer epidemic experience, cannot in any way come to the same conclusion” (Afanas'eva, 2008: 146).

The result of the penetration, spread and interaction of Russian biomedicine into the life of Kazakh society was a large-scale campaign to combat plague epidemics in the steppes of the northwestern part of the Kazakh region in the late 19th to early 20th centuries. It is in these events that the power strategies of distributing people in space are visible.

Prior to this, during the campaigns for smallpox vaccination, doctors had already developed plans for the totalization of medical control over the local population: the volosts were to be divided into small sections, the population of each of which was subject to a general examination, after which the vaccine was administered to all residents. Smallpox vaccination, therefore, was to cover all the inhabitants of each volost. In 1900–1901, a plague epidemic broke out in certain areas of the Bukey Horde. Anti-plague teams were sent to the steppe to localize and isolate the focus of infection, which were supposed to track and isolate the sick, establish quarantine cordons, destroy infected property and disinfect and evacuate people. The territory of the spread of the infection was divided into districts, each of which had its own sanitary detachment.

Doctors performed a general examination of the population, administered lymph or serum to the inhabitants of the cordoned off territories and monitored bodily reactions:

first they were washed with water and soap in one room, then they were washed a second time and doused with warm sublimate in another room; from here, throwing on a clean sheet, they moved into a cot, placed side by side within the no man’s land between the hearth and the quarantine area. The sheet was thrown off at the entrance, and they themselves entered the kosharka, where the quarantine paramedic or nurse again washed them with warm sublimate and dressed them in a clean dress. After examining them by a quarantine doctor and measuring their temperature, they were finally settled in clean quarantine tents. (Afanas'eva, 2008: 147-148)

Due to the specifics of the traditional Kazakh nomadic society, the issues of combating epizootics occupied an important place. In particular, according to archival documents, in the Turgay region in some counties (Nikolaev and Iletsk), cases of plague in animals were noted. Officials associated this fact with factors such as a relatively large number of cattle, as well as good natural conditions for cattle breeding, which made the territory of these counties attractive for seasonal migrations of Kazakhs from other counties.

In addition, the routes of movement of herd cattle from neighboring regions passed through the Nikolaevsky and Ilets'k counties (TsGA RK. F. 25. Inv. 1. Book 2. Case 4164. Sheet 3 and reverse side).

Accordingly, the problem of rinderpest was the main focus of veterinarians' attention in these counties (TsGA RK. F. 25. Inv. 1. Book 2. Case 4163. Sheet 19).

The importance of the fight against epizootics and their prevention led to the fact that as a measure to combat the loss of livestock in the steppe regions in 1891, veterinary supervision was established (TsGA RK. F. 25. Inv. 1. Book 2. Case 4184. Sheet 1 and reverse side). Thus, the emergence of Russian medical practices influenced the improvement of the conditions of cattle breeding – the basic and systemic type of economy on the territory of the Kazakh steppe.

## 5. Conclusion

Thus, the emergence and spread of Russian medicine in the Kazakh steppe had a significant impact not only on the development and improvement of medical practices, but also on the development of cultural narratives about the region. The scale and meaning of the measures implemented during the anti-plague campaigns are very indicative: they demonstrate the considerable confidence of the imperial administration in their medical authority on the territory of the Kazakh steppe by the beginning of the 20th century. The cultural narratives of physicians had evolved from the classical forms of Orientalism to a deeper understanding of the specifics of the steppe space and the population living in it. The Kazakh population also experienced the influence of these narratives, which became systemic in the following decades.

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