

SKIN AND VENEREAL DISEASES PREVALENT IN UZBEKISTAN DURING THE 1950S–1960S AND THE MEASURES TAKEN TO COMBAT THEM**Jomurodov Lazizbek Islomovich**Tashkent State Medical University, Doctor of Philosophy (PhD) in Historical Sciences
(PhD)<https://doi.org/10.5281/zenodo.20626627>

Annotation: Throughout history, dermatological and sexually transmitted diseases have represented significant medical and social concerns in numerous countries worldwide. Conditions including syphilis, gonorrhea, leprosy, fungal infections, scabies, eczema, and various other dermatological disorders are encompassed within this category. These diseases have been recognized since antiquity. The eminent Greek physician Hippocrates made substantial contributions to the classification of skin diseases and documented clinical observations on scabies, leprosy, and other similar conditions.

Keywords: Syphilis, Gonorrhea, Leprosy, Fungal diseases, Pruritus, Eczema, Scabies, Dermatovenereal diseases.

Introduction: Dermatovenereal diseases have existed in Central Asia since ancient times. However, what was the prevalence, dynamics, and geographical distribution of these diseases in Uzbekistan during the Soviet period? The spread of these diseases was significantly influenced by factors such as poor socio-economic and living conditions of the population, as well as inadequate compliance with sanitary and hygiene standards.

Prior to 1917, the epidemiology of dermatovenereal diseases in Uzbekistan had not been systematically studied. In terms of the number of patients, these diseases ranked second among all illnesses after malaria. The incidence of dermatovenereal diseases increased steadily across all regions of Uzbekistan. Between 1888 and 1917, the prevalence of dermatovenereal diseases in Uzbekistan increased by a factor of 4.4. In order to provide inpatient treatment for patients suffering from venereal diseases, the first dermatovenereal hospital in Tashkent was established in 1918.

Literature Review: The training of specialists in dermatovenereology and the scientific study of dermatovenereal diseases in the republic began in 1921, following the establishment of the Department of Skin and Venereal Diseases within the Faculty of Medicine of the Turkestan State University. The department was equipped with a 30-bed hospital for clinical training and treatment purposes. In April 1921, the Department for Combating Prostitution and Begging was established under the People's Commissariat of Social Welfare of Turkestan. During a meeting of the republican health authorities held in May of the same year, particular attention was given to organizational issues related to the prevention and control of socially significant diseases. In 1924, the first dermatovenereal dispensary in Tashkent, with a capacity of 30 beds, was established [1]. In addition, the Uzbekistan Research Institute of Dermatovenereal Diseases, founded in 1932, played a significant role in combating dermatovenereal diseases. At the First Congress of Uzbek Venereologists, upon the initiative of the conference participants, a resolution was adopted to establish the Uzbekistan State Research Institute of Dermatovenereal Diseases in Tashkent on the basis of the existing dermatovenereal dispensary.

Research Methodology: It is well known that patients suffering from dermatovenereal diseases, particularly those infected with syphilis, required long-term and systematic treatment, as well as intensified preventive measures, especially in identifying and eliminating sources of infection. During this period, one of the most serious challenges in combating dermatovenereal diseases was the shortage of treatment facilities and qualified personnel. For example, in 1950,



more than 200 physicians were employed in institutions treating dermatovenereal diseases in Uzbekistan, the majority of whom worked in urban areas. In the regions, between 40 and 60 percent of such medical facilities experienced severe staff shortages [2].

Between 1945 and 1965, a total of 603 dermatovenereologists were trained at medical higher education institutions in the republic. In addition, 228 physicians and 468 feldshers (physician assistants) received training through educational courses organized at dermatovenereal departments and dispensaries. However, these figures were insufficient to meet the growing demand for personnel as the network of dermatovenereal healthcare facilities expanded annually. Whereas only one dermatovenereal dispensary operated in Uzbekistan in 1924, by 1957 the system had expanded considerably. At that time, the republic had the Uzbekistan Research Institute of Dermatovenereal Diseases (established in 1932), departments at three medical higher education institutions, 10 regional and 31 municipal dermatovenereal dispensaries, and a total of 1,755 hospital beds dedicated to the treatment of these diseases [3]. Nevertheless, more than 100 medical institutions dealing with dermatovenereal diseases remained inadequately staffed.

Research Results and Discussion: In 1950, 17 dermatovenereological treatment departments were operating in Uzbekistan; by 1954 their number had increased to 52. The number of beds allocated for the treatment of fungal diseases was expanded by nearly 500. Measures to eliminate fungal infections were intensified under the leadership of the Ministry of Health of the Uzbek SSR from the end of 1951 onward.

With the participation, supervision, and guidance of dermatologists, more than 2.5 million examinations were conducted within the general healthcare network—primarily in rural areas—to identify patients suffering from dermatovenereal diseases. In 1950, 723,709 individuals were examined, with dermatovenereal diseases detected in 0.9 percent of cases. In 1951, 2,511,643 individuals were examined, of whom 0.7 percent were diagnosed with such diseases. In 1952, 3,683,022 individuals underwent medical examinations, and dermatovenereal diseases were identified in 0.55 percent of cases. These examinations primarily targeted children. In areas most affected by fungal infections, both children and adults were examined through door-to-door surveys.

To provide methodological guidance and practical assistance in organizing mass preventive examinations, physicians from the Tashkent Regional Dermatovenereal Dispensary were dispatched to every district and urban settlement. Between 1951 and 1956, nearly 20 million primary and follow-up examinations were conducted. Although some years witnessed temporary increases in incidence rates, overall morbidity declined fourfold. Particularly successful results were achieved by dermatologists in Tashkent City, Tashkent Region, Fergana, Samarkand, and Kashkadarya regions [4].

A significant contribution to the fight against fungal diseases in Uzbekistan was made by physicians A.A. Akovbyan, V.N. Matveyev, L.A. Slonimsky, and R.P. Kats. Beginning in 1953, physicians from the Tashkent Regional Dermatovenereal Dispensary actively participated in medical examinations and public health campaigns throughout the region's cities and districts. Between 1953 and 1956, dispensary staff served in medical brigades and participated in public health initiatives in 28 villages and two cities. Similar medical brigades aimed at combating fungal diseases were established in the cities of Bekabad, Mirzachul, Yangiyul, and Chirchik.

During the period from 1953 to 1956, mobile regional medical teams conducted primary preventive examinations of 811,154 individuals, identifying 2,054 cases (0.23 percent) of fungal disease. Of these patients, 1,969 (95.5 percent) were hospitalized. Owing to systematic preventive measures among children in Tashkent Region, the incidence of dermatomycosis declined from 0.5 percent in 1951 to 0.1 percent in 1956, representing a fivefold decrease.

A comparison of urban and rural areas revealed that fungal diseases were considerably more widespread in rural communities. For example, in 1956 only 65 cases were registered in the



cities of Tashkent Region, while 759 cases were recorded in rural areas. Men accounted for 88.2 percent of patients, whereas women constituted only 11.8 percent. To strengthen the fight against fungal diseases, special measures were introduced, including the construction of three specialized hospitals with 35 beds each and the establishment of six X-ray therapy units.

The lack of adequate diagnostic and treatment facilities, shortages of medications, and insufficient preventive efforts contributed to the continued spread of dermatovenereal diseases. Moreover, inadequate public health education among the population further aggravated the situation. For instance, only 20–25 percent of individuals suffering from dermatovenereal diseases in rural areas sought medical assistance [5]. A large-scale campaign against fungal diseases began in Uzbekistan in 1951. Between 1950 and 1951, 14,289 individuals recovered from fungal infections [6]. Starting in 1950, efforts to hospitalize patients with infectious forms of syphilis and to examine their family members and contacts were significantly expanded [7]. While more than 723,000 examinations were conducted by dermatovenereologists across the republic in 1950, resulting in the identification of dermatomycosis in 0.9 percent of examined individuals, the number of examinations increased dramatically in subsequent years. In 1951, 2,511,693 examinations were carried out, primarily during the fourth quarter, and in 1952 a total of 3,683,022 primary and follow-up examinations were conducted, with 0.55 percent of those examined diagnosed with the disease [8].

On 3 February 1954, the USSR Ministry of Health approved a comprehensive action plan for combating dermatovenereal diseases. This decision stimulated the intensification of related activities in Uzbekistan as well [9]. Between 1954 and 1958, clinical manifestations of dermatomycosis were studied in 3,895 hospitalized patients in Tashkent Region. Statistical analysis revealed that 87.25 percent of patients were male and 12.75 percent female. Approximately 70 percent of patients were school-age children. If repeated examinations throughout the year revealed no new cases, the epidemic focus was considered fully sanitized. In 1958, 135 centers of fungal infection were identified across settlements in Tashkent Region [10]. The duration of dermatomycosis ranged from one month to one year.

Furthermore, on 2 March 1965, the Ministry of Health of Uzbekistan issued the decree “On Measures to Combat Dermatovenereal Diseases.” Regional authorities subsequently developed their own action plans [11]. In 1965, approximately 7.5 million individuals were examined, while in 1966 this figure increased to nearly 8.5 million. During these examinations, 8,184 patients with dermatomycosis were identified. In 1965, 8,758 patients were officially registered, compared with 11,064 in 1966. For example, the incidence of syphilis in 1966 increased by 65.2 percent compared with 1965. Delayed diagnosis became more common, and many patients received prolonged but inappropriate treatment in obstetric, gynecological, and other medical institutions before being referred to specialized dermatovenereal facilities. Several districts in the Karakalpak ASSR and the regions of Khorezm, Surkhandarya, Kashkadarya, and Syrdarya lacked serological laboratories necessary for disease diagnosis. In addition, only 64.7 percent of pregnant women were covered by syphilis screening programs in 1966 [12].

The Council of Ministers of the Uzbek SSR and the Ministry of Health repeatedly organized interdepartmental meetings to coordinate efforts against sexually transmitted diseases. In 1968, a joint directive of the Ministry of Health and the Department for the Protection of Public Order of the Uzbek SSR was approved, entitled “On the Mandatory Certification of Persons Leading Immoral Lifestyles and the Compulsory Treatment of Patients Suffering from Venereal Diseases” [13].

Overall, the incidence of acute gonorrhea increased by 14.5 percent in 1966 compared with 1965. The persistence of gonorrhea and other venereal diseases was largely attributable to organizational shortcomings and deficiencies within obstetric and gynecological institutions. Furthermore, population coverage by screening programs for fungal diseases remained insufficient in several regions. In 1966, only 58.6 percent of the population of the Karakalpak



ASSR, 65.7 percent in Surkhandarya Region, 80 percent in Khorezm and Kashkadarya Regions, and 81.7 percent in Samarkand Region underwent examinations.

Conclusion. The fight against dermatovenereal diseases represented one of the most complex and challenging areas of the healthcare system. The lack of reliable statistical data significantly hindered efforts to strengthen the material and technical infrastructure of the sector. As a result, difficulties arose in establishing specialized treatment facilities and allocating sufficient hospital beds for the management of these diseases.

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