

MEDICINE IN THE FERGANA VALLEY**Kadirjon Najmiddinov Murodjon's son***Namangan State University**Basic doctoral student of the Department of History*

Annotation: *This article highlights the problems in the healthcare system in Namangan and Fergana regions. Current problems such as shortage of personnel in the Soviet healthcare system, lack of supply of medicines, high mortality of mothers and children and their causes are explained in detail.*

Key words: *dentistry, dispenser, therapist, venereologist, ambulatory, paramedic*

In 1957, 92 out of 181 doctors worked in the treatment and prevention institutions of Andijan region, and one doctor held several positions. For example, in Andijan, 3 doctors were 7.5, in Baliqchi, 2 doctors were 5, and in Jalakuduq, 11 doctors. and 25, and 4 doctors in Pakhtaabad occupied 10 positions.[1] In 1957, not a single therapist-doctor worked in the treatment facilities of Kuva, Buvai, Baghdad districts of Fergana region. In 7 out of 26 rural district hospitals in the province, there was no medical worker with a higher education at all.

In the 60s of the 20th century, 2 hospitals with 250 beds each, a dental polyclinic, a sanitary-industrial laboratory, a neurological dispensary were established in Fergana, and more than 10 milk distribution points were opened.

The provision of medical personnel in rural treatment facilities during this period remained a serious problem. It was very difficult to organize special assistance in the field of surgery, gynecology, children's diseases, nerves, eyes and other diseases. did not give

It was not even possible to fully staff the medical staff in the city of Tashkent. In 1947, 1,606 doctor's posts were allocated for the treatment institutions of Tashkent, but 940 doctors worked in them. In 1950, these numbers were 2,585 and 1,644.[2]

In Fergana region, on average, 1,439 patients were treated by one doctor, and if we count in districts and cities, it can be observed that 4,500 out of 2,500 patients were treated. The supply of personnel with secondary education was relatively high. For example, a total of 3,014 state units were allocated, of which 2,220 personnel with secondary education provided medical services to the population. In Fergana region, there are problems with staffing, and in some regions, there is a shortage of key specialists. For example, obstetrician-gynecologist, therapist, venereologist (specialist in the treatment of sexually transmitted infectious diseases) in Altiariq district, venereologist, surgeon in Baghdad district, surgeon, obstetrician-gynecologist, venereologist, pediatrician in Ko`kan city and Yozyavon districts. was missing. In general, there is a shortage of surgeons, obstetrician-gynecologists, venereologists and pediatricians in 5 districts of the province.

At the same time, in these years, medical workers were distributed incorrectly in the regions of the Uzbekistan SSR, and despite the fact that there was a shortage of personnel in rural areas, the number of medical workers was relatively large in urban areas.

In 1968-1969, 98 medical workers worked in dispensaries of tuberculosis hospitals in Fergana region, while a total of 183 doctors were supposed to work. Also, there was a shortage of radiologists. Despite the fact that 98 people were appointed by the state, 70 x-ray doctors worked. 38 of them worked in the main staff, and 20 worked on a substitute basis.

In the 1970s, the personnel problem was the most important problem in Namangan region. In 1970, the staffing of treatment facilities in Namangan region was 91.1 percent.[3] In 1977, the difference between the number of doctors per capita in the regions of the region is clearly visible. For example, this year there were 40.0 doctors per 10,000 inhabitants in the city of Namangan, 9 in Torakorgan, Namangan and Uchkorgon districts, and 5.5 in Chust district. it was right.

On June 27, 1980, the second session of the Regional Council of People's Deputies of the XVII convocation was held in the meeting hall of the Namangan Regional Executive Committee. The main issue was the state of providing medicine and social security to the residents of the region based on the decisions of the XXV Congress of the CPSU and measures to improve it. M.Obidshoyev, chairman of the executive committee of Namangan region, gave a speech. According to him, during this period, 116 ambulatory clinics, polyclinics, 97 inpatient treatment facilities, and 369 paramedic-obstetric centers worked in the region. The number of beds in hospitals increased to 2,300, including 990 in rural areas. 10,000 residents were provided with beds by 106.8%. This is 11.4% more than the indicator of 1976. In the session, the task of building polyclinics and hospitals at the expense of collective farms was completed only 69% in the fourth year of the five-year period. It was also noted that most of the health care facilities are being put into use with poor quality and incompleteness. For example, the 120-bed hospital in Norin district was completed in 12 months instead of 4 years, the 3rd city in Namangan serving 60 thousand inhabitants, The buildings of Kaiqi in Uchkurgan district, Kirov and Namuna in Torakurgan district, Nanay, Zarbdor and Narimonov district hospitals in Yangikurgan district did not meet the requirements. % i was located in old buildings.

Namangan region (1983) had 1,267,157 inhabitants, of which 728,001 were adults. There were 539,156 children under 14 years of age. Medical care is provided by a wide network of treatment and prevention institutions: 147 outpatient clinics, 6 city hospitals, 4 medical departments, 34 rural district hospitals, 11 central district hospitals, 50 rural medical centers; 2626 doctors worked in the region, 416 of them were therapists.[4]

However, even though the socialist system surpassed the number of doctors, it was far behind in terms of providing quality medical services to the population, early detection and correction of diseases, and implementation of high medical technologies.

By the 1980s, significant changes were observed in the provision of rural areas in the valley with doctors and paramedics. In 1982, 186 young doctors were sent to Namangan region to work in rural areas, 56 of them worked in district hospitals and placed in emergency departments.[5] Nevertheless, insufficient attention has been paid to the staffing of treatment and prevention institutions. In particular, the level of provision of therapists at the level of provinces is 3.4 per 10,000 inhabitants, in Namangan and Pop districts this

indicator is 1.8, and in Chust and Torakorgan it is 2 people. was equal. The state of providing pediatricians is not satisfactory, this indicator is 3.2 per 10,000 inhabitants in the region, and 1.6 in Pop and Yangikurgan.

In the Namangan region, there are few specialized specialists, especially obstetrician-gynecologists, ophthalmologists (Pop, Yangikurgan, Zadaryo (now Mingbuloq) and Namangan) and Uchkurgan, Kosonsoy, Yangikurgan, To. there were no endocrinologists in Ragorgan and Uychi districts.

During 1980-1991, 110 pediatricians and 50 obstetrician-gynecologists were sent to the treatment institutions of Andijan region, and 80% of them started working in rural areas. By 1985, there were 31 doctors, 78.6 o Medical workers with secondary education are correct. 86 hospitals, 221 polyclinics and 81 rural medical centers with 18,850 beds are operating in Andijan region, and 4,996 doctors and 12,555 medical workers with secondary education are employed in them.

In Uzbekistan, the role of secondary medical workers in maintaining the health of the population is incomparable. In the 80s of the XX century, secondary medical workers worked in 113 specialties of medicine in Uzbekistan. As the main executors of the treatment process, they made up a large part of the employees of all treatment institutions.

18,000 paramedics, midwives and nurses provided independent medical care to the population at 6,595 paramedic-midwife centers in the villages of Uzbekistan. Rural residents of the republic received medical care mainly from paramedic-midwife centers.

In Uzbekistan, there were sharp differences in the provision of medical staff for urban and rural residents. In 1981, there were about 1,600 vacant medical posts in the rural areas of the republic. had a negative effect. In 1981, in Fergana region, the provision of rural residents with doctors was 2 times less than that of urban residents, while in the city there were 36.5 doctors per 10,000 inhabitants, while rural residents had 18.3 doctors. has arrived. This was the lowest indicator in the republic. In Namangan and Surkhandarya, it was 20.6 and 20.5. In Sirdayo and Andijan region, there were 26.2 and 25.0 doctors per 10,000 villagers on average, which was the highest figure in the republic. [6]

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