



We have studied medical death certificates, medical cards of outpatients and those of inpatients for all deaths due to ischemic heart disease in the district centers of Chernivtsi region. Among the people who died during this period there were 435 deaths caused by ischemic heart disease

In 2011, the overall mortality rate due to ischemic heart disease among residents of small towns in the region amounted to 32,4 out of 10 000 people; in 2012 – 30,8; in 2013 – 31,8; in 2014 – 36,1; in 2015 – 37,7. The total annual average was 33,7. 59,8% of the deceased were men and 46,2% – women.

Among the direct causes of death due to ischemic heart disease cardiovascular failure occupies the leading place; myocardial infarction rates the second followed by a sudden death as a result of acute coronary insufficiency. Arrhythmias account for just 1,2%.

The given results allow us to arrive to conclusion that among the residents of Chernivtsi region total average annual index constitutes 33,7; the leading place in the structure of direct causes of death in case of ischemic heart disease belongs to cardiovascular failure, heart attack rates the second and sudden death occupies the third place.

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THE STRUCTURE OF SICKNESS IN STUDENTS OF CHERNIVTSI MEDICAL COLLEGE ACCORDING TO THE RESULTS OF PREVENTIVE EXAMINATIONS

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The main goal of our research was to study the structure of sickness in students of Chernivtsi medical college during 2 year dynamic examinations. We wanted to evaluate the structure of sickness in students of medical college for nosology forms in dynamics during 2 years.

Reports on medical preventive examinations of 1000 students have been analysed. Disease of gastrointestinal tract (GIT) stand first in the structure of students' sickness – 19.5% (ulcer of stomach – 3.1%, chronic cholecystitis – 2.5%, chronic gastritis – 13.9%). It is followed by respiratory diseases(bronchial asthma – 3.1%, chronic bronchitis – 5.3%, tonsillitis – 4.9%) – 13.3% of cases. Allergic diseases go third – 8.4%, otolaryngological pathology – 7%, gynecological diseases – 2.1% of students and 0.7 of cases of cardiovascular pathology and other diseases. In 2015 the number of diseases of gastro - intestinal tract increased by 3.2% and constitute 22.7% (due to increase in incidence of chronic cholecystitis – (3.7%) and chronic gastritis – (15.9%), allergic diseases increased by 1.2% and constitute 9.6%.

The given results allow us to arrive to conclusion that the overall increase in sickness of students is due to their lower material welfare, health conscience and lack of preventive measures. The health of students for two years deteriorated by certain nosologic forms, which requires the introduction of target measures as to the primary and secondary prevention.

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BERNARD HALPERN'S ROLE IN THE ESTABLISHMENT OF MODERN ALLERGOLOGY AND IMMUNOLOGY

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The research of inventors' personalities one of which was famous French allergist and immunologist, Hero of France Bernard Naftali Halpern (1904-1978) enables to reproduce the features of the establishment of the medicine in the twentieth century better. His figure is also of interest due to the fact that he was born and grew up in the town Tarnoruda in Podilia (Khmelnysky region).

Bernard was the eighth child in a Jewish family. He was growing up to be a polyglot since his early childhood having an opportunity to learn Polish, Jewish, Russian and Yiddish. In addition, a friend who was a Roman Catholic priest secretly taught the boy Latin, German, French, and mathematics. In 1915 Halpern family were deported to Siberia, Bernard spent two years in a labor camp. Only in 1917 they were able to return to Ukraine. In 1920 during the Jewish pogroms Bernard managed to escape to Poland, where he settled illegally without documents. He received schooling there. Later he opened a visa for France. Bernard first came to Nancy (1925). Then he went to medical school. In order to continue his studies in 1928 he moved to Paris, where he entered the Medical Faculty of the University.

In 1929 he starts to conduct a research in the field of experimental biology in the laboratory of Professor Jean Gotrelet (Gautrelet) at the Faculty of Medicine in the University of Paris. Coming there as an inexperienced young man, Halpern is gradually becoming one of the most promising researchers. In 1932 he received a certificate in general physiology in Paris and started his teaching career in the practical school of higher studies (Groupe Ecole Pratique). He works on the thesis on the issue of the use of snake venom. In 1936 he obtains a doctor's degree. As he had not lived in France for necessary five years to receive French citizenship, B. Halpern could not continue academic career at the university, he went back to the industrial work. In 1937 he began working in the research laboratory of chemical and pharmaceutical company «Rhône-Poulenc» under the guidance of renowned organic chemist, Professor Stephen Marcel Delepina. He becomes the director of Research Center of Immunology in the famous Broussais Hospital. He studied the role of antihistamines («Antergan», «Phenbenzamin», «Phenergan») in the treatment of various forms of allergy. He closely collaborated with Nobel laureate Daniel Bovet and Ernest Forni, who had invented this group of drugs at the



Pasteur Institute. B. Halpern was the first one who, based on the achievements of researchers in 1942 used the «Antergan» in therapeutic practice. Poulenc»

During the German occupation he moved to the south of France and worked as a doctor. In the 1942-1945 he continues to work in «Rhone Poulenc». Since 1947 he managed the laboratory at the Medical Faculty of the University of Paris.

In the second half of the 1940s. B. Halpern works at the National Center for Scientific Research (CNRS) and practical school of higher studies, carrying out researches in immunology and allergy. In 1955 he headed the Center for allergic and immunological studies of biological company created by the author of the concept of homeostasis, endocrinology founder Claude Bernard. In 1961 he became the head of the Department of Experimental Medicine in «le Collège de France» in Paris that had been launched by a great French physiologist F. Magendie. For his great achievements B. Halpern was honored to be a member of the French «Académie des sciences», various organizations, associations, specialized committees of the Scientific Council of the National Institute for Health and Medical Research (INSERM), was awarded with the highest awards in medicine - the Order of the Legion of Honor, the Order «For Services» Prize of the Academy of Medicine, silver and gold medals of the CNRS. Bernard Halpern's name was given to streets in France, thanks to his wife Renee Halpern an award, which honors scholars in the field of medicine was established.

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ORGANIZATION OF CIVIL PROTECTION OF POPULATION AND TERRITORIES ACCORDING TO CURRENT STAGE OF STATE DEVELOPMENT

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Increasing negative trends of emergency situations (ES) risks of natural, technological and socio-political origin, considerable material and social losses are associated with their rising number and magnitude form serious threat to national security in economic, social and environmental spheres. Protection of population and economic facilities from ES negative effects is an integral part of state policy, as well as main function of local executive authorities and local governments. According to requirements of Ukrainian Law "On Legal Principles of Civil Protection", measures of population and territories protection during ES is delegated to local authorities and governments, and also on created by them territorial subsystems of unified civil protection system.

Civil Protection (CP) is a branch of science that studies theoretical, economic, scientific, technical, technological, environmental and socio-political issues that can disrupt normal life of people in a certain area. Such negative problems lead or may lead to considerable material damage, death of people and impossibility of their comfortable living in a certain area.

The Constitution of Ukraine stipulates that the highest social value for country is a man's integrity, safety, health, honor and dignity. Right to life, health and safety is one of those human rights that are caused by its nature and social essence and do not depend on presence status of certain individuals in the state. Practical implementation of state policy on CP prevention is based on relevant legislative and regulatory acts. One of the Fundamental Law specified provisions directions is creation of civil protection of population and territories from emergency situations of technogenic, natural, social and military origin.

Civil protection (CP) aims to implement national policy on public security and protection of its material and cultural values from negative consequences of emergency in peacetime and combat operations. According to international treaties CP task is to overcome the consequences of ES not only on its territory, but also in foreign countries.

CP actions are carried out all over Ukraine and relate to the whole population, government, central and local executive authorities, local governments, enterprises, institutions and organizations regardless of their organizational forms of activity. Distribution of volume and responsibility of CP measures implementation is conducted by territorial-production principle. That's why main tasks of CP are: a) data collection, analysis and consequences forecasting; b) development and implementation of legislative and other regulatory legal acts, compliance with regulations and standards in the field of CP; c) supervision and control of emergency and preventive measures development; d) creation, preservation and rational use of material resources that are necessary to prevent ES; e) development and implementation of scientific and technical programs aimed to prevent ES; f) early public notification about ES occurrence or threat, timely accurate information about the situation, measures conducted to prevent it and overcoming consequences; g) organization of population and territories protection from emergency situations and carrying out urgent work to eliminate it and sustenance of affected population; h) ensuring constant CP forces and means readiness and training people of protection methods in case of emergency; i) international collaboration in the area of CP.

Considering the above said, we can identify main (basic) principles of CP:

1. State to guarantee citizens the constitutional right on life protection, health, property, and legal entities - right to safe functioning;
2. Comprehensive approach for solving CP problems;
3. Prioritize tasks aimed to save lives and health of citizens;
4. Maximum possible, economically feasible to reduce the risk of ES and minimizing their consequences;
5. Voluntariness in attracting people to CP measures implementation related to life and health risk;