



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.

Lytvyniuk N.Ya.

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

*Department of Social Medicine and Public Health
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

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.

Mandryk-Melnychuk M.V.

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

*Department of Social Medicine and Public Health
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

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