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CHERNIVTSI CENTRAL HOSPITAL DURING THE INTERWAR PERIOD

Abstract. *During the First World War, the medical sector of Bukovyna suffered serious damage. The premises were damaged, the level of qualification of medical personnel decreased, there was a catastrophic shortage of medicines, a number of organizational problems appeared, etc.*

The situation that developed in Chernivtsi Central Hospital (now Chernivtsi Regional Clinical Hospital) is no exception. But despite everything, the Romanian authorities began comprehensive work to improve the medical and sanitary condition of the region. To a large extent, it also affected the main hospital of the region, which had certain positive consequences.

Therefore, the article is devoted to the study of the history of Chernivtsi Central Hospital precisely during the period when the region became part of Royal Romania. Its management, changes in the structure, and material and technical condition are characterized. The work of individual departments is highlighted and achievements and problems in the work of doctors are shown.

Thanks to the efforts of the staff and funding from the government, it was possible to restore the work of all departments and create new structural units within the hospital. Along with this, there was a shortage of highly qualified doctors. The high cost of medical services was one more important problem.

Keywords: *Bukovyna, Chernivtsi, medicine, Central Hospital, diseases, sanitary condition.*

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ЦЕНТРАЛЬНА ЛІКАРНЯ ЧЕРНІВЦІВ У МІЖВОЄННИЙ ПЕРІОД

У період Першої світової війни медична галузь Буковини зазнала серйозної шкоди. У першу чергу, це було зумовлено бойовими діями. Війна негативно вплинула практично на всі аспекти функціонування охорони здоров'я краю. Були пошкоджені приміщення, знизився рівень кваліфікації медичного персоналу, виникла катастрофічна нестача медикаментів, з'явився ряд проблем організаційного характеру тощо.

Не є винятком і ситуація, що склалася у Центральній лікарні Чернівців (нині — Чернівецька обласна клінічна лікарня). Але невпинне поширення хвороб (у першу чергу, інфекційних) серед населення Буковини і, до певної міри, бажання румунської влади задіяти медицину у пропагандистських цілях, змусили розпочати комплексну роботу з метою покращення медико-санітарного стану регіону. Значною мірою вона торкнулася і головного шпиталю краю, що мало певні позитивні наслідки.

Попри те, що документів і матеріалів з історії лікарні у період румунського правління збереглося порівняно небагато, все ж певні моменти можна спробувати реконструювати. Необхідність цього зумовлена, по-перше, майже повною відсутністю ґрунтовних досліджень науковців про роботу шпиталю в міжвоєнний період, по-друге, тим, що наступного року лікарня відзначатиме свій 140-річний ювілей від часу заснування.

Відтак, стаття присвячена дослідженню історії Центральної лікарні Чернівців саме у період входження краю до складу королівської Румунії. Охарактеризовано її керівний склад, зміни у структурі, матеріально-технічний стан. Висвітлена робота окремих відділень та показані досягнення і проблеми у діяльності лікарів.

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Незважаючи на серйозні труднощі у функціонуванні системи охорони здоров'я Буковини у період після Першої світової війни, головний шпиталь краю продовжував роботу. Завдяки зусиллям персоналу та фінансуванню від влади вдалося відновити роботу усіх відділень і створити нові структурні одиниці у складі лікарні. Поряд із цим залишилися вже «хронічні» проблеми, які були характерні для усіх медичних закладів краю: нестача висококваліфікованих лікарів, утруднений доступ для більшості населення до медичних послуг через їх високу вартість.

Ключові слова: Буковина, Чернівці, медицина, Центральна лікарня, хвороби, санітарний стан.

Formulation of scientific problem and its significance. During the First World War, the medical sector of Bukovyna suffered serious damage. First of all, this was due to hostilities. The war negatively affected almost all aspects of the functioning of the region's health care. The premises were damaged, the level of qualification of medical personnel decreased, there was a catastrophic shortage of medicines, a number of organizational problems appeared, etc.

The situation that developed in Chernivtsi Central Hospital (now Chernivtsi Regional Clinical Hospital) is no exception. But the relentless spread of diseases (primarily infectious) among the population of Bukovyna and, to a certain extent, the desire of the Romanian authorities to use medicine for propaganda purposes, forced to begin comprehensive work to improve the medical and sanitary condition of the region. To a large extent, it also affected the main hospital of the region, which had certain positive consequences.

Analysis of recent research and the aim of our article. Despite the fact that relatively few documents and materials on the history of the hospital during the period of Romanian rule have preserved (mainly only a few reports placed in the files of the State Archives of Chernivtsi Region and the records of the General Sanitary Inspector of Bukovyna V. Pascal, published in the form of a small brochure¹), it is still possible to try to reconstruct certain moments.

The need for this is due, firstly, to the lack of thorough research by scientists on the work of the hospital in the interwar period (previously, only some aspects of the problem were considered²), and secondly, to the fact that next year the hospital will celebrate its 140th anniversary since its founding.

Presenting main material. After the entering of Bukovyna to the Kingdom of Romania and the establishment of Romanian administration in 1918, the hospital was named the «Central Hospital»³. Since 1931, it has been named after the King Carol II of Romania⁴.

All changes that occurred in the hospital took place under the direct supervision of the chief doctors (medical directors), whose careers actually began and, before they headed the institution, passed in its various departments. In the first years after the region's entering to Romania, the hospital administration was headed by Volodymyr Fylypovych. After his retirement on June 15, 1919, he was replaced by Eudoxiu Procopovici⁵. After working for several months, he died on October 31, 1919. Eusebie Isopescul became his successor. After him, on August 24, 1931, Nicolae Daniil was appointed⁶. The rest of the staff (according to data since the early 1920s) consisted of about 15 doctors of various levels of qualification, 20 clerks, and 145 technical workers⁷. A common trend in 1918-1940 was that when selecting personnel, preference was given to doctors of Romanian nationality⁸.

The key problem associated with the history of the hospital is its structure, which underwent constant changes, caused by the needs of the time and the financial capabilities of the regional authorities. If seven departments were inherited from the Austrian period: internal diseases, two surgical, eye, dermatovenereological, infectious and radiological⁹, then by the end of Romanian rule there were no less than eight of them¹⁰. Another internal diseases department and an ear, nose and throat department were added¹¹, but it is not known for certain whether the radiological department remained functional. In addition, the hospital included a polyclinic¹², a pharmacy, a drugstore¹³, a rabies institute, and an outpatient clinic¹⁴. The hospital morgue continued to operate¹⁵.

If in 1921 the hospital was accommodated for 535 beds for patients with various ailments, then in 1935 another 30 beds were added for tuberculosis patients, as a result of which the total number of beds increased to 565¹⁶. For comparison: hospitals in the counties of the region had 80-100 beds¹⁷.

Let's us consider the most important structural changes in more details. After the war, the need to improve the provision of medical care to the population of the region was obvious¹⁸. Since most people did not have the means to be treated in a hospital, and consultative medicine did not exist¹⁹, military doctors began providing free of charge medical consultations to the residents of the region and distributing of medicines, which were in short supply even in private pharmacies. Later, in order to raise the level of medical services, the command of the 8th division proposed to restore a separate polyclinic. On January 12, 1919, the proposal was accepted by the administration of Bukovyna, and restoration work began in the old premises of

the polyclinic. The 8th division spent 75 thousand lei on them, and another 25 thousand were spent on purchasing equipment²⁰. On July 7, 1919, the polyclinic became operational, and after the permission of Queen Marie of Romania²¹, it began to be called by her name. The founder of the polyclinic can be considered a military doctor — Colonel Gafencu²².

It should be noted that, in addition to the main goal — providing medical care — when resuming the work of the polyclinic, the new authorities were guided by the desire to conduct Romanian national propaganda. So, while it was under military administration, it was visited by royal persons: King Ferdinand I of Romania, Princess Elisabeth and Prince Carol, who remained satisfied.

Until February 1, 1921, the management and maintenance of the polyclinic was in charge of the War Ministry. But by its order No. 23983 of January 1, 1921, together with civilian personnel and property, it was transferred to the care of General Sanitary Directorate, which, in turn, instructed the management to Sanitary Inspectorate of Bukovyna, and the latter — to Chernivtsi Central Hospital to include the polyclinic in its structure²³.

At that time, it had 7 departments (directions): surgical, internal diseases, paediatric, eye diseases, ear, throat and nose, dermatological and dental²⁴. Since the transition of the polyclinic to the Central Hospital, the dentistry department was disbanded. In the 1920s, the polyclinic employed 6 doctors, 1 secretary, 8 orderlies and 2 technicians²⁵. But despite the serious care from the authorities, by 1921 the polyclinic lacked its own staff, it was necessary to attract at least 3 more doctors²⁶.

The main building of the polyclinic consisted of 2 floors. The first floor had 10 rooms and a bathhouse, the second had 11 rooms. During the management of the military administration, 2 rooms were allocated to each department (one for waiting and the second for consultation), 2 rooms were appointed for shops and an office, and the remaining 5 were occupied by staff. Later, the polyclinic functioned in 5 rooms on the lower floor, and in the other 5 rooms was the rabies institute²⁷.

A corridor led from the main building of the polyclinic to a small premise with 2 rooms, where students of the school of sanitary agents lived. In the courtyard there was a shop and a wooden stable.

Each consultation room was equipped with a writing table and a regular table, a wooden armchair, 2 chairs, a bench and a wall hanger. There were cornices on the windows. There was also a bandaging table and a medicine cabinet in the surgery. There was an additional bed in the internal diseases department, which was not in other departments of the polyclinic, since patients were not hospitalized.

The condition of the polyclinic premises was generally good²⁸. In July 1921, it remained to insert a few panes in the windows, to restore the bathhouse and the roof of the stable. The equipment was satisfactory (for that time). The polyclinic did not keep any medicines: all were in the hospital pharmacy.

The clinic store had only bandaging materials donated by the American Red Cross in 1919. They were used daily and should have been sufficient until mid-1922. The store also had surgical instruments, bedding, and other hospital supplies²⁹.

In May 1920, Dr. O. Gheorghian founded the rabies institute³⁰, which was subordinate to H. Raubitschek³¹. It played an important role in the system of medical and sanitary support of the region. After all, it is known that since the moment of its establishment until mid-1921, about 500 patients were treated here³². And in the mid-1930s, due to the increase in the number of cases of citizens bitten by animals carrying rabies, patients were sent here for examination even from Khotyn County. Moreover, the prefectures undertook to provide payment of 100-300 lei for the trip tickets to the institute³³. Sometimes Zootechnical Inspectorate of the Ministry of Agriculture allocated money for the examination and treatment of citizens bitten by animals³⁴.

Initially, the rabies institute functioned at the infectious disease department of the Central Hospital, and then it was transferred to the premises of the Queen Marie of Romania Polyclinic. Over time, due to lack of space in the polyclinic, the institute ended up in the premises of a psychiatric hospital³⁵. Unfortunately, apart from this information, there is no data on the change in the subordination of the rabies institute since it moved from the polyclinic building³⁶.

In the same year, a pharmacy and a warehouse of medicines for medical institutions of Bukovyna were created at the Central Hospital³⁷. Medicines and bandaging materials came here mostly from the Central Warehouse of Medicines in Bucharest. Only some of them, for example, alcohol, were purchased at the local market³⁸. From the warehouse, they came to the departments of the Central Hospital or other medical institutions of the region by order, but there was no proper control over their use at that time³⁹.

In parallel with this, an ear, throat and nose department was opened at the Central Hospital in 1920⁴⁰. In 1921, a second department of internal diseases was opened at the first surgical department. In 1930 the radiology department resumed its work, receiving the most modern X-ray machine at that time for 5 million

lei⁴¹. But the absence of the department in the list as of the mid-late 1930s⁴² suggests that it either ceased to function again or simply lost the status of a separate department⁴³.

In 1919, an outpatient clinic was opened at the Central Hospital at the department of ear, throat and nose, in 1920 — an outpatient clinic for internal diseases, in 1931 — a dental outpatient clinic, in 1933 — an outpatient clinic for venereal diseases⁴⁴.

At the Central Hospital, as of 1921, it was planned to create an institute of chemistry, which was to conduct food and beverage analyses⁴⁵. However, its fate is unknown, only the appearance of additional materials can shed some light on this problem.

At the beginning of the studied period, the hospital departments were located in six buildings. The first building — the central one — formed the facade of the hospital. On the first floor was the second surgical department, and the first surgical department, on the contrary, occupied the second floor. The internal diseases department was located on the third floor. In the basement there was a boiler room and rooms for technical personnel.

Through the corridors, the first building was connected to the building, where there were a dining room, a laundry, steam boilers for the kitchen and laundry, stores for food and industrial goods, living quarters for technical personnel, a metal workshop, a place for chopping firewood, as well as basements. Through these corridors, one could get into the two-story building of the dermatovenereological department. Further, from the couloirs on the right, a corridor led to a three-story building, which had a patient reception office, baths, administration, pharmacy, as well as housing for hospital staff. Behind the premises of the dermatovenereological department was a new building with eye and ENT departments⁴⁶. On the right was the pavilion of infectious diseases. It consisted of a basement and two floors.

All buildings had central heating with all the necessary equipment in the basement of each building. In 1921, their condition was satisfactory.

The building fund of the Central Hospital also included the premises of the dining room, which had twenty employees. Among them: a storekeeper, a manager, a baker, four cooks, a butcher and twelve maids. Eleven large and three small boilers were used for cooking food, two large stoves, a large oven for baking bread and a smaller one for cookies, two heated cabinets for keeping food warm. The dining room and bakery worked for patients of the Central and Children's Hospitals, the maternity hospital, doctors, employees of the Central Hospital and students of the obstetrics school. Since July 1, 1920 to July 1, 1921, was prepared 285,430 portions of food, that is, 782 portions per day and were baked 109,179 loaves of bread weighing 1 kg⁴⁷. Each department submitted an order for the necessary food for the patients to the hospital administration every day⁴⁸.

To assist in the implementation of its functions, the hospital also had a laundry with a caretaker and 13 laundresses. There were 5 washing machines, which were operated by the hospital locomobiles. The water was heated in steam boilers. There were also wooden tubs for washing. Washed clothes were hung in special heated dryers, and then ironed with an iron, which was operated by the locomobile. Per year 45 thousand items of clothes were washed⁴⁹.

There was also a tailor's workshop for repairing linen. Their staffs were small — a caretaker and 4 seamstresses. Approximately 7 thousand units of hospital linen were repaired per year.

The steam boiler room service consisted of one machinist, a locksmith, a stoker and a cleaner. There was a large boiler and two smaller ones, which were heated alternatively. The boilers were used to cook food, to heat water for baths and to sterilize bandages. The boilers also powered the washing machine locomobile and the circular saw for firewood. In addition to performing direct duties, the boiler room staff also repaired its equipment, water supply and sewage.

There was a separate heating service for the premises, which included 5 stokers and 3 assistants. The buildings were heated using batteries heated by low-pressure steam boilers. There were 8 boilers in total. They were fired with beech wood. In the summer, the stokers were involved in various works, including construction.

The smallest structural unit of the hospital was the gardening service, which had 1 employee. As needed, day labourers were involved, as well as patients who could perform agricultural work. The garden had an area of 4 hectares. It was used to grow mostly cabbage, onions, garlic and other vegetables needed for the kitchen, in addition, apple trees and pears grew there. The cost of production reached 40 thousand lei annually.

In the early 1920s, the hospital had its own transport: 1 one-horse and 1 two-horse carriage, a cart for two oxen, which were used for funeral needs, garbage removal, firewood delivery, land cultivation, etc.

The hospital had a carpenter who had one assistant. They made coffins and performed other carpentry work. There was a blacksmith for repairing carriages, shoeing horses and oxen, as well as for other blacksmithing work was a blacksmith⁵⁰.

The central hospital kept 80 pigs on food waste, leftovers from the dining room, and vegetable scraps. The meat and fat of animals were used only for hospital needs. At the same time, the state did not allocate any funds for the pigsty⁵¹.

Two buildings of the Central Hospital served as living quarters for doctors and employees of the institution⁵².

The First World War seriously affected the state of the Central Hospital. In general, as noted by the General Sanitary Inspector of Bukovyna V. Pascal, in the early 20s of the 20th century it was in a difficult condition. The furniture was old, unsuitable for use. The operating room was poorly equipped with instruments⁵³. The administration staff occupied more living premises than were allocated for patients⁵⁴, because of that there was no place to isolate infectious patients⁵⁵. By order of the General Sanitary Inspector, most of the hospital staff was transferred to other premises within six months, which made it possible to use the building fund for its intended purpose⁵⁶. Among the organizational problems, it is worth mentioning the fact that none of the hospital departments had a journal of incoming and outgoing correspondence and an archive with documentation⁵⁷.

The hospital did not have an established service for consulting and receiving patients. Patients were admitted by doctors on duty, which had a lower qualification level. There were 3-4 of them, but the work shifts alternated in such a way that only one remained for the entire hospital at a time. In addition, they did not provide consultations. No fixed time was set for admitting patients; they were admitted at any time. This was one of the reasons that many patients did not receive proper care upon admission and did not even undergo treatment for parasites, the hospital bathhouse did not work all days.

Therefore, in the early 1920s was extremely acute the problem of creating a consultation service, admission and distribution of patients to departments, which would work daily from 8 to 12 o'clock (according to the work schedule of all doctors and hospital services). And to provide emergency care, patients would continue to be admitted at any time of the day or night by doctors on duty⁵⁸. Since not all rooms in the polyclinic were used for their intended purpose and it worked more for demonstration purposes, the idea arose to combine the work of the polyclinic and the reception service⁵⁹.

After the First World War, the hospital buildings were damaged. They could not be repaired immediately⁶⁰. Only in 1919 the purchase of the necessary materials for the restoration work began, which lasted during 1920-1921. During this time, the most necessary work was completed⁶¹.

Due to the high wear and tear, the sewage system, water supply, and boilers required a lot of effort to maintain, so they also needed replacement⁶². In 1930, the bathhouse boilers in the main building were replaced, a water supply with cold and hot water was installed in all hospital wards, washbasins and mirrors were installed. All the work cost 6 million lei⁶³. During 1931-1935, all departments of the hospital were completely renovated inside⁶⁴.

High prices made it difficult to purchase new linens and dishes. A similar situation was observed with surgical instruments and X-ray machines⁶⁵.

All this negatively affected the level and volume of medical care provided to residents of the city and region. The main obstacle to treatment was the high cost of hospital stays. All patients were divided into 3 classes. The cost of a bed per day was 75 lei for class I, 50 for class II and 25 for class III. Despite the fact that the incomes of the majority of the population, even in the late 1930s, barely reached 30 to 40 lei per day, and children generally received 20 to 30 lei⁶⁶. If we compare the cost of treatment with the prices of basic food products, the limited access to medical services is even more striking. Thus, for a chicken you had to pay from 40 to 60 lei, for 1 litre of sour cream — 30 lei, for 1 kg of brynza (a sheep milk cheese) — 40 lei, for 1 litre of milk — 5 lei, for 1 kg of corn or wheat — 4 lei, and an egg cost — 1.5 lei⁶⁷.

According to the information on salary receipts at the hospital for 1923, the staff's income was not high: the head doctor received the most — over 3,000 lei, while the lowest salary was about 1,000 lei⁶⁸. However, in the 1930s, the salary of the medical director increased approximately 4 times, compared to the beginning of the 1920s⁶⁹. This state of affairs remained unchanged until 1940⁷⁰.

The improvement in the state of affairs occurred slowly, gradually. Measures were taken to improve the sanitary condition of individual departments. Efforts were made to reduce the risk of hospital patients contracting infections from each other. For this purpose, the personal responsibility of each department head for receiving untreated patients was introduced. The reception service was to strictly monitor the

deparasitization of patients. The permanent work of the bathhouse and the machine for disinfecting clothes was started. Patients were strictly forbidden to use home bedding, only hospital bedding was allowed⁷¹.

Gradually, overcoming the difficult situation with the state of the material part and solving organizational problems, the staff of the departments of the Central Hospital continued to provide medical assistance to the population of the region.

As of 1921, the first surgical department after the resignation of Dr. Jianu, was headed by I. Dumitrescu. He worked alone without an assistant in a room that needed repair. Although the walls were painted with oil paint, they were in unsatisfactory condition. The furniture was also poorly preserved, mostly old and did not meet the needs of the surgical department. The beds were not adapted for carrying out proper procedures for patients. The department had an operating room, a bandaging room, an X-ray machine. There were 2 large wards that could accommodate 20-25 patients and several smaller ones. The wards for patients in the surgical department did not meet the requirements, it was impossible to isolate certain categories of patients (purulent and non-purulent)⁷².

The first surgical department did not even have equipment for sterilizing instruments, and the washbasins were not adapted for its work. There was no normal operating table and tables for instruments. The department had an X-ray room, but it had not functioned since before the war.

The bandaging room of the first surgical department was one for purulent and non-purulent patients. Its condition also left much to be desired: one old not presentable washbasin with cold water, in the corner there was a dirty stove, and from the furniture there was a table and 2 wooden benches.

During the period since January 1 to August 1, 1921, the department was visited by 538 patients. Of them, 3 were of class I, 12 were of class II, and 523 were of class III. Were cured 470, died 26, and 42 continued to be treated. Unfortunately, no register of operations was kept. Therefore, it is difficult to characterize the types of surgical interventions. Such statistics do not allow for deep conclusions.

Many problems of the department could be solved by transferring it to the premises of the eye department. Moreover, the surgery rooms were more adapted to the needs of the eye department, and the location of the eye department premises contributed to the better placement and isolation of different categories of patients of the surgical department⁷³. At that time, it seemed much more rational to transfer the eye department to the premises of the polyclinic, and in the premises of the first surgical department at that time it was advisable to locate the department of internal diseases, for which it was simply necessary to restore order⁷⁴. In 1921, such rearrangements took place. The first surgical department moved to the premises of the eye department, which received new rooms⁷⁵.

The second surgical department was headed by Dr. V. Fylypovych, doctor of medicine of Vienna University; his assistants were Dr. T. Burachynskiy and Dr. T. Hnidei. Although this department was in better condition in the early 1920s, the sterilization of instruments was not carried out at the proper level. The equipment of the company «Schiemmelbusch» did not give very good results and it was necessary to keep them in the device for a longer time. Hand washing was done with ordinary cold tap water. As in the first surgical department, there was an X-ray machine here, but it was completely out of order, without many details.

The department had registers of equipment, operating instruments. Operations were recorded. Since January 1 to August 1, 1921, were performed 171 laparotomy, 37 various hernias, 24 appendectomies, etc., a total of 372 operations. Of these, 67 were in case of bone tuberculosis⁷⁶.

The internal medicine department with 90 beds occupied the 3rd floor of the central building, having at its disposal approximately the same area as the two surgical departments on the first and second floors. It was headed by Dr. I. Piticar, who had the rank of head physician of the department of the second class (a graduate of Medicine Faculty of Vienna University). He worked at the hospital since 1911. He has an assistant, Dr. Morăreanu, a graduate of Medicine Faculty of Bucharest University⁷⁷. This was the only department of the hospital that had a sanitary agent at that time. The department also had a laboratory that needed additional staffing⁷⁸.

Since January 1 to August 1, 1921, the department cared for 25 patients of class II and 571 of class III. It is known that the majority of all patients were cured, and 67 died. It is worth noting that during the specified period, the department provided assistance to 39 patients with syphilis and 116 with tuberculosis⁷⁹.

The department of dermatology and syphilis could accept 160 patients. It was headed by E. Isopescul, who was also the chief physician of the Central Hospital. A graduate of Medicine Faculty of Vienna University, he worked at the hospital continuously since 1898, went through all stages of his career growth and in 1919

took the position of chief physician. The department had 3 more doctors: A. Piotrowski, I. Kupferberg, F. Gittelmacher-Vilenko.

Since January 1 to August 1, 1921, 8 people were treated — II and 884 — III class, 6 of them died, 69 — continued to be treated, the rest — were discharged from the hospital. As of August 1, 1921, 91 beds were vacant⁸⁰, in connection with which the general sanitary inspector of the region concluded that the doctors did not have enough work.

The department of ear, throat, and nose since 1919 was headed by Dr. D. Negulescu, who graduated from the medical faculty in Bucharest. He was the only one in the entire department. Up to 20 patients could be hospitalized here. In the first 7 months of 1921 113 patients were treated there, of whom 107 were cured, 4 died and 16 continued to be in the department.

The department of eye diseases was headed by a military doctor, Colonel P. Bucur, who was also the head of the eye sanitary point of the IV Army Corps in Chernivtsi. Since 1919, his assistant was V. Mandicewski, who underwent retraining in eye diseases in Vienna for 6 months. During the first 7 months of 1921, the department treated 263 patients, and 22 remained under treatment.

The infectious disease department occupied a separate two-story building with a basement. It could accommodate up to 100 patients⁸¹. The premises on the 1st and 2nd floors were divided into 8 sections (each with a separate entrance) of 2-3 rooms. Despite the fact that it was an infectious disease department and there was supposed to be exemplary sanitary conditions, after the First World War the picture was exactly the opposite: the furniture was full of bedbugs and fleas, and proper disinfection of patients was not done. Due to the insufficient qualifications of the doctors (who had to be replaced), upon admission to the hospital all patients with a fever were sent to the infectious disease department. The elderly were also brought here, for whom there was no special shelter at that time⁸².

By order of the General Sanitary Inspector in 1921 the premises were whitewashed, a place for deparatization was made in the basement with a place for undressing, haircuts, baths, with a room for dressing, cleaning clothes. A new oven for disinfection was brought in. A special service for sorting patients was established: separate rooms for men and women with 4-5 places each were allocated, where patients were additionally examined for 24-48 hours to clarify the diagnosis and choose a place for further treatment. A fence was built around the department building so that visitors could not accidentally get there.

Since January 1 to August 1, 1921, here were treated 1,119 patients, 948 were cured, 117 died and 54 continued treatment. The infectious disease department was headed by Dr. I. Steerman, who had worked since 1906, and his assistant was I. Bruja.

The Central Hospital also had a morgue under its jurisdiction. Its purpose was to perform autopsies on all deceased persons of the Central Hospital, Children's Hospital and Psychiatric Hospital. In addition, chemical, bacteriological, serological analyses, etc. were carried out here. The morgue staff consisted of 1 doctor, H. Raubitschek, who was noted as a very knowledgeable specialist, who had scientific works in foreign publications: «Contribution to Pathological Anatomy and General Pathology»⁸³ and «Data on General Pathology and Pathological Anatomy of Humans and Animals»⁸⁴.

Conclusions. Thus, despite serious difficulties in the functioning of the healthcare system of Bukovyna in the period after the First World War, the main hospital of the region continued to work. Thanks to the efforts of the staff and funding from the authorities, it was possible to restore the work of all departments and create new structural units within the hospital. Along with this, the «chronic» problems that were characteristic of all medical institutions of the region remained: the lack of highly qualified doctors, difficult access for the majority of the population to medical services due to their high cost.

¹ V. Pascal, *Situația serviciului sanitar al Bucovinei în anul 1921* [The Situation with the Bukovynian Health Service in 1921], București, Cultura, 1921, 61 p.

² О. Руснак, *Стан і проблеми функціонування системи медико-санітарного забезпечення населення Північної Буковини та Хотинщини у 1918-1940 рр.* [The State and Problems of the Functioning of the System of Medical and Sanitary Support for the Population of Northern Bukovyna and Khotyn Region in 1918-1940], in «Питання історії України. Збірник наукових праць», Чернівці, Технодрук, 2009, т. 12, с. 261; О. Руснак, *Лікарняна служба Північної Буковини і Хотинщини у міжвоєнний період* [Hospital Service of Northern Bukovyna and Khotyn Region in the Interwar Period], in «Наука і освіта: крок у майбутнє. Матеріали VI Міжнародної наукової конференції «Кайндлівські читання», присвяченої 145-річчю від дня народження Р.Ф. Кайндля», Чернівці-Вижниця, Черемош, 2011, с. 461; О. Руснак, *Центральна лікарня Чернівців у міжвоєнний період* [Chernivtsi Central Hospital in the Interwar Period], in «Питання історії України. Збірник наукових праць», Чернівці, 2011, т. 14, с. 159-164;

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