

створення підсобних господарств при столових, фабриках, заводах, кооперативних організаціях. Вказувалося на особливу роль розвитку кролівництва. Постанова ЦК ВКП(б) від 08.05.1932 року «Про розвиток кролівництва в СРСР» підтвердила його значущість. Радянські ідеологи того часу пропонували створювати кролячі господарства при будь-яких установах, в тому числі і при пожежних частинах. Однак це зустрічало певний опір серед вогнеборців, які справедливо зазначали, що їх справа це захист населення від небезпеки, а не сільське господарство. Для популяризації кролівництва серед пожежних створювалися показові кролячі ферми при частинах, робота яких активно популяризувалася через засоби масової інформації. Так у Криму у цей період показовою була Джанкойська пожежна команда, що розводила кролів. Натомість робота з власного харчового забезпечення інших бойових колективів Кримського півострова критикувалася. Радянські газети і журнали закликали пожежних самостійно розводити гризунів, заготовлювати для них корми, не чекати від держави постачання м'ясних харчів. Їм пропонували встановлювати зв'язки з колгоспами для спільної роботи у цій сфері. Як показово зазначалося в одній статті «... надо категорическим образом отказаться от иждивенческих настроений в деле кормообеспечения и изыскать корм самим на местах, организовав для этого свои пригородные хозяйства».

Таким чином, можна сказати, що радянський уряд у своєму традиційному дусі, перекладав справи харчового забезпечення на самих пожежних та інших працівників. Зараз це викликає подив та сміх, але на той час це було нормальним явищем.

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THE PLASTIC SURGERY FOUNDERS DURING THE WORLD WAR I

The centenary of the end of World War I as the background for numerous contemporary flashpoints is a good reason to remember the real war horror. Such fear

is necessary to prevent the new war. Nothing stresses the WWI character better than a destruction of human body by new weapons and the revolution in the body recovery.

The aim of abstract is to consider contribution of Western and Kharkiv plastic surgeons to rehabilitation of the WWI veterans.

The father of modern plastic surgery was Sir Harold Gillies. He developed a technique that used a patient's tissue from an undamaged area to cover wounds what helped to avoid rejections. During the WWI he was in France where observed usage of skin grafts for a face repair. On his return to Britain Gillies initiated opening a section for facial injuries and in 1917 headed one of the first hospitals for the treatment of facial injuries – the Queen's hospital in London.

Francis Derwent Wood was a professor of sculpture who during the WWI established the Masks for Facial Disfigurement Department that worked on production of facial masks from skin safe materials. The operations of the department replaced rubber masks with extremely thin metal masks. Wood's masks advanced cosmetic surgery as they provided a more realistic effect.

The Wood's follower was the American sculptress Anna Coleman Ladd. In 1917 she moved to France where got acquainted with works of Wood and opened «Studio for Portrait Masks» to provide cosmetic masks for disfigured men.

Soon she expanded her works into prosthetics. In order to resemble and match the body of the recipient, Anna painted the galvanized copper with hard enamel and color to match the soldier's skin tone and used real hair for the replication of facial hair. That procedure carried out by Anna is known now as “anaplastology”.

During the WWI Kharkiv was an important rear city with many hospitals. The Kharkiv surgeon Moisei Fabrikant noted that help to maxillofacial wounded at that time was chaotic because soldiers independently searched for the specialized care . Due to this such help always was belated.

The exemplary hospital that also provided maxillofacial operations was one founded by the Council of the Congress of Miners of the South of Russia – the most influential business organization in Russian Empire. The head of hospital became a professor of the Kharkiv University Nikolai Trinkler who one of the first surgeons in

Russia introduced aseptic method. The hospital supplied all amputees with prostheses. Although initially intended to treat injured limbs and having only 10 % of patients with head and face injuries in 1915, the hospital personnel made trepanations and plastic operations [ibid, c. 16]. They included cheek, lips and mouth formation, making a denture, recovery of swallowing and speech for soldiers with jaw injuries.

All aforementioned pioneers have not only helped soldiers regain their regular lives back, they have also opened doors to a new world in medicine, cosmetics and art. We can conclude that first steps in professional healing facial injuries were done simultaneously in the Western and Eastern fronts of the WWI. At the same time while in the West plastic surgery was focused on cosmetic tasks and quickly acquired its specific hospitals, in the East surgeons successfully recovered complicated injuries experimentally, without a specialization of that surgery branch.

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MEMOIRS OF JENNIFER WORTH AS A HISTORICAL SOURCE

The aim of this abstract is to show the usefulness of the book “Call the Midwife” by Jennifer Worth as a historical account. Jennifer Worth became famous for the memoirs about her work as a midwife in London in the 1950s.

The memoirs describe life of the East Enders— residents of dilapidated tenements. “Often the old houses had... one lavatory in the yard, to serve between eight and a dozen families, and sometimes a whole family of ten or more might occupy one or two rooms” – usual situation for the Kharkiv residents after the war. However, there were differences. Worth noted that bombsites weren’t removed in the East End in the 1950s while most of Soviet cities were restored till that time. Overcrowded houses were breeding ground for infectious diseases – the USSR quickly coped with this by planned sanitary measures. At the same time mass installation of lavatories in flats started in the East End before it happened in Kharkiv.