Quantitative and Qualitative Transformations in the Public Healthcare System and the Medical Infrastructure in Bessarabia (1812-1917)

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Abstract. The present study offers a survey of the evolution of the medical infrastructure in Bessarabia during the nineteenth - early twentieth century based on published and unpublished documents. It summarizes the quantitative and qualitative transformations that took place in the public health care system in Bessarabia during the above-mentioned period. At the same time, it reflects the main stages and achievements of the public healthcare system in tsarist Bessarabia over the course of its evolution, in order to complement the discussion of the strategies of organization and reform of the public healthcare system, already tested in Bessarabia, with a consistent analysis of the results obtained. The study also examines and evaluates the structural changes of the aforementioned healthcare system, produced in relation to different types of health care, as well as its performances and failures. The study analyzes the concepts of health care system reforms in Bessarabia through the prism of European modernization and evaluates the Bessarabian medical practice and experience in both an international historical context and a highly complicated domestic one, set in an ethnically diverse region. Based on relevant documentary sources, the study elaborates novel analytical research and provides a concise overview of the health care system in Bessarabia in the context of European modernization.

Keywords: Bessarabia, public health, zemstva medicine, epidemic diseases, medical congresses of Bessarabia, public hospitals

https://doi.org/10.24193/RJPS.2024.2.02

1. Introduction

The public healthcare system has a primary role in the evolution of modern society. Public health is a key factor in the social, economic and cultural development of society and also plays an important role in ensuring national security and the possibility of achieving individual and social well-being. Before analysing the subject directly, the study offers a brief survey of the organization of public healthcare in Bessarabia during the 19th century.

The organization of the public healthcare system in Bessarabia was initiated after the annexation of the province to the Russian Empire, a process which proved to be extremely difficult, hindered by a series of demographic, political, social and economic inconveniences. The implementation of economic policies in the region was inextricably linked to the health of the local population and labour productivity. An important step in the organization of the public health care system in Bessarabia was the establishment of the Medical Administration (Uprava) in January 1813 (A.N.R.M. 2/1/92) - the highest body tasked the elaboration of public healthcare strategies, which was subordinated to the Government Administration and the Medical Council of the Ministry of Police (Materiali 1862: 5-6). Its tasks included the management of civil and military medical and sanitary affairs, along with the oversight and organisation of vaccination campaigns against epidemic diseases such as smallpox.

The aim of the article is to carry out a modern and up-to-date scientific investigation that will allow to objectively discern the strategies of organization and reform of the public health system, already tested in Bessarabia, with a consistent analysis of the results obtained, as well as to disseminate unpublished statistical information into the scientific circuit.

2. Sources

The present study is based on unpublished archival sources, found in several archival funds of the National Archive of the Republic of Moldova (ANRM).[1] As a result of this research, the present study sheds light on factual material concerning various statistical information about the organization of the public healthcare system in Bessarabia that has hitherto drawn very limited historiographic attention. Published documentary sources were likewise employed: annual reports of the governmental zemstvo[2], medical institutions,

[1] The following archival funds were used for the purpose of the present study: 1, 2, 179, 190, 200, 201, 551, 595, 255.

[2] Zemstvo - institutions of local self-government in the Russian Empire, established in a number of provinces and counties of European Russia under the zemstvo reform of January 1 (13), 1864. Zemstvos were engaged in building roads, schools, hospitals, organizing agricultural

inspectors, governor, medical congresses, etc. So far, there is no synthesis of the issue in English-speaking historiography. In order to investigate the mechanism of reform and evolution of medicine in Bessarabia, we turned to the medical reforms published in "*Complete Collection of Laws of the Russian Empire*" (Polnoye 1830). The statistical collections published during the nineteenth and early twentieth centuries have also proven useful in analysing the subject matter of the research (Zapiski 1864, 1867, 1868).

The volume and granularity of information provided by the multitude of sources indicated above, made it possible to investigate the evolution of the public health system in Bessarabia in the second half of the nineteenth century - beginning of the twentieth century, as a component part of the evolution of public health policies in Eastern Europe.

3. First half of the nineteenth century

The Uprava played an important role in the creation of the network of local medical institutions, the coordination and implementation of the tsarist state's policies in the field of sanitary, prophylactic and anti-epidemic insurance. The staff of the Uprava comprised 10 persons: chairman-general-governor, inspector, surgeon, a specialist in obstetrics (*mamoș*), courier, clerk of the registry, one guard as well as four mid-level sanitary staff (*felceri*). For the annual maintenance of the Medical Uprava of Bessarabia, 5060 lei were allocated from the 10% Bessarabian capital[3] and the state treasury. The amount was distributed as follows: the inspector was paid 2000 lei, the surgeon - 600 lei, the obstetrician - 400 lei, the courier - 600 lei, the secretary - 300 lei, the secretary - 300 lei, the guard - 120 lei, four mid-level sanitary staff - 800 lei, and the office expenses - 240 lei. As a rule, the office of chairman was held by the governor of Bessarabia, and the office of the Uprava's chief surgeon - by the town doctor (Materiali II 1862: 14). The first inspector of the Medical Uprava in Chişinău was Iosif Wolifingher. A first step in the implementation of a public health management mechanism was the organization of medical centers with qualified personnel. In 1852 the Bessarabian Regional Committee of Public Health was established under the Medical Department of the Ministry of Interior, which was responsible for the control of epidemiological diseases. For

and veterinary services, providing assistance to the population in case of crop failure, and assisting in the development of local industry.

[3] In accordance with the provisions of the Statute of the Bessarabia region, approved in 1828 by the Russian Emperor Nicholas II, a social fund was created to which ten percent of local taxes were allocated. The financial means of the fund were distributed to finance social activities, such as: maintenance of hospitals, schools, sponsoring scholarship holders to study abroad, etc.

example, in 1855, the Committee acted promptly and effectively to stop and combat the typhoid epidemic, which had spread in the villages of the Trans-Danubian settlers (Tabac, Sadâc) (ANRM 190/ 1/22). In 1871, the Committee was abolished with the establishment of the *zemstvo* (state medical service).
At the same time, the authorities in the field, faced with the growing need to strengthen the province's defence mechanisms against infectious diseases, focused their efforts on implementing confirmed and verified strategies, such as, for example, the establishment of quarantines (1812-1814, 1819) (ANRM/ 2/ 1/ 61), which had a practical operational role in preventing incidents with a direct impact on the health of the region's inhabitants (ANRM/ 2/ 1/ 64). To this end, several committees and commissions were set up in Bessarabia to combat epidemics (ANRM/ 455/1/1).

The history of quarantine institutes in Bessarabia witnessed a definite shift in 1800, when the Statute of Land Border and Port Quarantine was approved in St. Petersburg, according to which a state service with an appropriate legal framework was to be established (Polnoye 1830, 875). It represented not only a summary of medical practices and experiences but also offered the possibility of implementing innovative technologies at the time, such as, for example, eliminating the need to incinerate infected merchant ships, along with the entire cargo of goods they were carrying, and replacing this radical procedure with a more tolerant one, such as, for example - disinfection. This represented an effective method that would both ensure the harmlessness of the goods as well as eliminate the pointless waste of imported products, contributing to the development of trade relations. As a result of the implementation of the above-mentioned statute, quarantines were established in the cities of Dubasari, Odessa, and Bugaz (Voronina 2012: 216-224).

Approached from an integrated perspective, right from the very beginning of the path, healthcare in Bessarabia was organized by creating a network of specialized institutions not only in the provincial capital, but also in all county centers. In order to build a complex mechanism that would ensure access to medical services throughout the entire region, six so-called county *pharmacopolises* were set up, consisting of outpatient clinics and pharmacies, equipped with medical personnel (so-called "district doctors", physicians, pharmacists) and the necessary medical supplies (Materiali 1864: 14).

The plan of concrete actions aimed at strengthening the public healthcare system in Bessarabia included the establishment in 1817 of the first city hospital in Chişşinău. Initially, in 1814, philanthropic practices were resorted to and, based on donations from the local elite, in the construction of the future hospital building was started one year later. The hospital opened its

doors to the public two years later. The permanent staff of the town hospital consisted of a senior doctor, a junior doctor (who was also in charge of the hospital accounts), a messenger, a secretary, a priest (foreign-rite priests were also employed, depending on the demand) and a security guard at the hospital office. For the maintenance of the office 2, 184 silver Rubles were provided. In addition to treating the sick, the city hospital also assisted 10 old people's homes, 8 orphanages and supported 5 prisoners released from the servery for porter work. The auxiliary staff of the hospital consisted of 27 persons, including: an accountant, a senior surgeon, three lower-level surgeons, and another 22 employees. For their upkeep, 1,529 Rubles and 44 kopecks. The hospital's activity was supported by the existence of a pharmacy (Materiali II 1864: 12).

The staff of the pharmacy of the city hospital consisted of 5 positions: the senior pharmacist, the assistant pharmacist and 3 laboratory assistants. For their maintenance the sum of 4,283 rubles (rub.), 44 kopecks (cop.) were paid. ChişinăuAnother hospital and a pharmacy were established as subordinate to the Theological Seminary in Chişinău. The tasks these institutions handled with priority included providing medical aid to students and teachers of both the educational institution itself and those who came under its subordination: The Spiritual School for Boys in Chişinău, and the Lancastrian schools. The medical and pharmacist staff of the hospital consisted of individuals who also worked in the city medical institution. In the school year 1826-27, 4011,13 lei were allocated from the budget of the seminary for the activity of the medical unit. (Eţco 2018: 104). The founding of the first medical institution in Chişinău contributed to the organization of a Bessarabian medical scientific environment capable of stimulating the development of local medical science.

For the first time, in 1824, the doctor of the city hospital, Sergei Grushinsky, carried out and documented research on cadavers. The foundations of forensic medicine were thus laid in Bessarabia. In diagnosing pathologies specific to various branches of medicine, such as surgery, neurology, rheumatology, etc., another doctor employed by the city hospital, namely I.B. Slighel, initiated the anatomopathological examination (Baciu 2015: 32). The autopsy of corpses was also practiced in other counties of Bessarabia. For example, archival materials shines light on the case of Ivan Vintilor, a landowner from Reni County, who died prematurely in the late 1820s. In order to identify the cause of his death, the inspector of the Medical *Uprava*, Florian V. Vlethovskii, ordered that an anatomopathological analysis of the internal organs of the deceased be performed, using chemical reagents from the pharmacy of P. Rozenbaum. (ANRM/ 271/ 1/10) The following years also

witnessed the establishment of the military hospital in Chişinău, one of the largest regional military hospitals in the area (1827), boasting with the figure of 310 beds for patients.Chişinău It provided medical care to individuals wounded during the Russo-Ottoman military clashes. It was also during this period that the Jewish Hospital in Chişinău began its activities. The hospital institution was established based on financial sources collected by the Jewish community, while its activity was organized in accordance with the needs and customs of medical care of the Jewish population. (Materiali II 1863: 13) By order of the governor of Novorussia and Bessarabia, in 1833, the Akkerman City Hospital was established to serve the military. Operating beside the hospital, there was a pharmacy run by the county doctor. The Akkerman City Hospital was managed by the mayor of Akkerman, the local military chief, the county prosecutor, the county physician and three deputies. In total there were seven members, for whom 582 rub. 28 cop. were allotted (Materiali 1863: 13-14).

In 1828, a new public health reform was implemented in Bessarabia, which involved increasing the number of positions in the central apparatus, the establishment of medical districts corresponding to the eight regional counties, and the creation of district branches of the Government Medical Administration. The branch-level staff consisted of four members: the county doctor, two apprentice *lecari* and a midwife. Moreover, in a region where the population was ravaged by epidemics, to support and stimulate the birth rate, the decision was made to resort to the institute of professional midwives, in addition to other established practices. These medical professionals were delegated to each county. Their work was supervised by the superior midwife of the governmental medical administration (ANRM/ 270/1/10/. 47).

The organization of the veterinary system handling epizootics, fell within the immediate attributions of the Ministry of Internal Affairs. For the prevention and control of cattle plagues, the position of regional veterinarian was created. This official became a member of the Medical Upravei of Bessarabia and was paid 250 silver rubles from the 10% Bessarabian capital. The official's duties included both the identification of the peculiarities of infectious diseases in cattle, as well as the identification and adoption of measures for their prevention and eradication. (ANRM /270/ 1/ 10) Among the immediate priorities of the medical reform of the 1830s was to increase the salaries of regional public health employees. The new composition of the reformed Governmental Medical Administration included 11 titular members, who benefited from a new salary scale: the inspector was paid 600 silver rubles annually, the operator - 400; the obstetrician - 400; the secretary - 200, the senior medical practitioner - 150, the junior medical practitioner - 120, 2

surgeons (*felceri*) - 100 rubles each, the registrar - 400, the veterinary surgeon - 300, the senior midwife - 200. In 1848, the military Governor of Bessarabia gave instructions to establish the position of assistant veterinarian with an annual salary of 250 rubles. (ANRM /270/ 1/10/ 33). In total, 2,970 rubles were allocated annually for the activity of the Governmental Uprava.

The administrative staff was supplemented by 2 new staff: the veterinary surgeon and the senior midwife. Thus, in each of the eight Bessarabian counties, a county doctor, two medical practitioners and a midwife were actively employed by the state. The county doctor was paid 300 Rubles a year. (ANRM /270/ 1/10) The higher-level apprentices were paid 150 rubles a year, the lower apprentices - 120 Rubles a year. In total, the medical staff in the county branches consisted of 32 persons: 8 county doctors, 14 higher-level apprentice doctors, 2 lower-level or junior apprentice doctors and 8 midwives, for whose activities 5,940 silver Rubles were allocated per year.

A few years later, the hospital was reorganized according to a new statute and was already functioning on the basis of financial sources obtained from a match tax, from which 7,200 silver Rubles were provided annually. The hospital treated up to 30 patients. The staff of the medical institution consisted of a junior doctor, a supervisor (who was also an accountant, elected by the Jewish society), a messenger, a surgeon and another eight employees, twelve persons in all. Their maintenance amounted to 1537 Rubles. The Medical Uprava closely monitored the work of the county surgeons. In 1842, it issued a circular prohibiting surgeon barbers from performing any surgical operations without having documents that would certify the local sanitary establishment's activity. (ANRM /181/1/1)

Another reform of the public health system was implemented in the late 1840s. In 1847, by the order of the Ministry of Interior, in the county towns of Bessarabia the position of town doctor was established; this official was to be assisted by a medical practitioner, paid from the Bessarabian capital of 10%. (Materiali II 1862: 14-15)

In total, in the 1850s, the amount of 12,510 silver Rubles a year was allocated for the maintenance of the Medical Administration of Bessarabia and its county representatives from the State Treasury and the 10% Bessarabian capital. (Materiali 1862: 15)

The Bessarabian Medical Administration was responsible for forensic medicine in the region, coordination and monitoring of medical officials in the counties, ensuring the management of pharmaceutical activity, the supervision of medical institutions, medical police, protection and improvement of public health and eradication of epiphytotic and epizootic diseases.

The Smallpox Vaccination Committee, responsible for the prevention of smallpox infection through vaccination, operated alongside the Medical Administration. Two vaccinators were assigned to each city and an unlimited number to each county. The population of Bessarabia was vaccinated annually against smallpox, especially newborns. The vaccinators worked on a voluntary basis and were not financially remunerated for their work but were exempted from certain taxes or labour. (ANRM/455/1/2).

A new direction in the sphere of regional health care organization was the creation of state institutions responsible for helping vulnerable social categories. In 1834 the Department of Social Assistance, the so-called *Prikaz*, was established in Bessarabia. Its tasks included the establishment, protection, care and financial support of asylums, orphanages, hospitals, educational institutions, penitentiary institutions. It operated based on state funds and private donations. The administration of the *prikaz* consisted of 18 members: the president of the Department - the military governor, two delegates from the nobility, the treasurer - a delegate from the merchants' representative in charge of the treasury, the deputy treasurer, the secretary, the accountant, the deputy accountant, two chief clerks, an archivist and 7 scribes. (Materiali 1862, 9-14) For the work of the administration, 3863 Rubles were allocated annually. The Department consisted of 7 sections: 1) the Administration of the Department; 2) the School Board of the Chancellery School; 3) Administration of the Industrial-Social Committee; 4) Office of the Chişinău City Hospital; 5) Office of the Jewish Hospital; 6) Administration of the Chişinău Orphanage Ward; and 7) Administration of the Akkerman City Hospital. The three important hospital institutions in Bessarabia: the Chişinău City Hospital, the Jewish Hospital and the Akkerman City Hospital, were transferred to the jurisdiction of Prikaz, which subsequently operated based on financial sources provided by the Social Welfare Department. (ANRM/ 201/1/ 22)

Conceived as a philanthropic institution, without any discrimination whatsoever, the Department set up several penitentiary hospitals, one in each county town, of which: in the city of Chişinău - a penitentiary hospital for 15 beds; Orhei - 10 beds; Hotin - 15 beds; Bălţi - 15 beds; Bender - 15 beds and Akkerman - 10 beds. It also established an orphanage and a home for the elderly. During its decade of activity, 1848-1858, 26,549 applications were registered with the department's administration that needed to be resolved; on January 1st, 1858, 42 applications remained unresolved. (Materiali 1862: 9-14).

4. Second half of the nineteenth century

The crisis facing the Russian Empire after the defeat in the Crimean War (1853-1856) prompted Emperor Alexander II to reorganize Russian society by implementing liberal reforms in all vital areas of the Tsarist Empire. Known in history as the "Age of Great Reforms" of the 1860s, it began with radical transformations also for the healthcare system in the Russian Empire, including the Bessarabian region.

One of the most important reforms of this period was the peasant reform, implemented in 1861, which abolished serfdom. A first consequence of this reform was the appearance on the social scene of the Russian Empire of a large category of free peasants. The new contingent of peasants was to be integrated into a new environment specifically designed for their needs. (Eţţco 2018, 207) Thus, the reform of the public health system was an imperative necessity and received excessive attention from the Tsarist authorities. Their efforts were geared towards the organization of a public health system capable of providing healthcare for the entire rural population. (Eţco 2018: 207) In order to meet the challenges of modern capitalist society, a new body of local self-administration was set up in the western regions of the Russian Empire in 1864, which was directly responsible for the health care of the population. In a short time, Zemstva medicine proved its priority, becoming one of the most progressive public health systems at that time. Its activity was structured on the basis of new principles of health care organization adjusted to the needs of modern society. The strategic imperatives of the Bessarabian Zemstva in the field of public health care were the following: to provide free and accessible medical services for all social strata, prophylactic specialization, to ensure the involvement of the population itself in the organization of health care, to support the development of medical science, medical technologies and innovations, pharmaceuticals, to be governed through collegial administration, and to maintain a public character. Therefore, thanks to the contribution of zemstvo medicine, a number of new health care institutions were established in Bessarabia: hospitals, asylums, sanatoriums, schools of obstetrics and obstetrics, sanitary offices, bacteriological wards, a center for the manufacture of smallpox detritus, summer camps for the health care of children, sanatoriums for the elderly, etc. (Korchak-Chepurkovsky 1893: 4-38). Zemstvo medicine was also the driving factor in the creation of the "universal doctor" of the time, who was supposed to be endowed with a wide range of knowledge and practical skills, and elevated into the figure of an intelligent and erudite physician-scientist, an excellent statistician and a skilful healthcare manager capable of conducting analyses based on aggregated health data. Zemstva

strengthened its efforts to create a representative forum of Bessarabian physicians, the germinating nucleus of the collective medical mind - the Bessarabian Gubernatorial Medical Congresses. They have become both an influential methodological center and a tribune of zemstvo medicine in Bessarabia, making an essential contribution to the development and modernization of the public health system.

Zemstva became actively involved in the sanitary-medical organization of Bessarabia, assuming part of the expenses related to this initiative. Therefore, the position of sanitary doctors was established, and also, in 1892, the Zemstva Sanitary Bureau was established. It functioned until 1897 with the physician A.V. Corceac-Cepurovski as its president, after a 15-year break (1897-1912 the representative office was closed), and in 1912 the office resumed its activity with V.T. Kopatotov as its president. (Ghethman 1866: 12) The sanitary inspection was part of the duties of the governmental medical administration, city and county physicians, town and city sanitary doctors and was aimed at supervising the sanitary conditions in factories and plants, checking food supplies and beverages; monitoring the trade in toxic and energetic substances, artificial mineral water enterprises, fruit-sweetened drinks, food and yogurt. The irregularities detected by the sanitary inspectors had to be removed by the producers of the goods, and if they did not comply with the requirements, the guilty parties were held responsible. (Bessarabskoye 1887, 2-131) For example, 469 cases were recorded in 1887 (Korchak-Chepurkovsky 1893: 9).

The capital of Bessarabia became a center of zemstvo medicine through its main institution - the Gubernial Zemstvo Gubernial Hospital (former Chişinău city hospital, transferred from the subordination of the *Prikaz*) which created and founded an experimental base for all medical institutions in the region, provided a link between medical and sanitary activity, implemented the unified nomenclature of diseases, carried out medical statistical research, studied morbidity in the process of medical care, implemented the system of outpatient medical records, free medical aid, etcetera. The ambulatory medical record of the sick person provided the zemstva doctor with a valuable arsenal of statistical-medical information collected from the entire governorate, on the basis of which it would have been possible to investigate the causes of various pathologies of the population. It provided vital information on the medical center, the place of residence of the sick person, when medical help was sought out, the patient's name, nationality, occupation, age, family situation, illness, causes of illness, etc. It also had to establish the link between hygiene and morbidity of the

population in order to develop a coherent project of medical strategies and practices for its eradication and prevention. (Korchak-Chepurkovsky 1893: 59) Zemstva allocated major investments in the governmental hospital institution, increasing its potential from a capacity of 100 beds in 1863 to 250 beds with free medical care (1889). The modernization of the hospital infrastructure included, in addition to the renovation of the old buildings (1870 and 1890), the erection of a new complex of curative blocks equipped with modern medical equipment, including: a 2-storey block for female neurological patients with a capacity of 50 beds, 15 wards, a toilet, a bathroom, a room for female attendants, a wooden shed for neurological patients (in 1875); a 2-storey block for (male) neurological patients, provided with a capacity of 60 beds: 10 wards, cabinets and offices for doctors, rooms for male and female attendants, primary care centers (1885). (Korchak-Chepurkovsky 1893: 25) At the beginning of the twentieth century, the Governmental Zemstva Hospital, strategically located on one of the main arteries of the city, equipped with modern technology and equipment, was a medical complex consisting of 4 stone curative blocks (3 of 2 floors each and one 1.5 floors), 2 for women and 2 for men, barracks for aggressive patients, rest room for neurological patients and tailor's shop, an isolator;a pharmacy consisting of 4 spacious rooms;a study room for the students of the obstetrics and midwifery school; surgical, neurology, otolaryngology, autopsy wards, bacteriological diagnostic laboratory, which operated in its own space consisting of 3 laboratories and a section for animal experiments, disinfection room equipped with the Koethe antiseptic oven from Göttingen, hydro-technical constructions for draining the curative blocks; staff quarters, kitchen, bathroom, steam laundry, store-rooms, summer barracks, etc. (Obzor 1901: 27-30).

In 1887, the "Vasile Kalmuttski" Pneumologic Dispensary was established, which procured the pneumologic apparatus for philanthropic purposes, intended for the treatment of all patients of all social backgrounds. The pneumologic apparatus was purchased from a specialized Institute in the city of Munich. Kalmuttsky made a number of representations to the local administration in order to have the import duty on the device waived. The governmental authorities interceded with the City Duma, and later the Governor of Bessarabia appealed to the Ministry of Finance to have the pneumologic apparatus exempted from all import duties. Two wards were organized for patients, with 4 beds in each, one with a symbolic fee and the other - with free treatment (Bessarabskoye 1887: 175).

In 1883, in the city of Chişinău, a children's hospital was likewise established. The medical institution was located on Serghei Lazo Street and had 40 beds. Among the subsidizers was the Red Cross Society. The hospital had therapy, surgery and ophthalmology departments. During the years 1886-87 313 children were treated in the institution. (Bessarabskoye 1887: 2-131) The Infectious Diseases Hospital for curative and prophylactic medical services was established in 1896. It was a medical complex consisting of 11 curative blocks with a capacity of 150 beds and a medical contingent of 18 specialized physicians.

The zemstva medicine put on the agenda the problem of establishing a specialized psychiatric clinic. In 1878 a request was submitted to the government to allocate 136 thousand rubles from the funds of the monasteries abroad for the construction of a psychiatric hospital and to allocate 25 thousand rubles annually for the maintenance of about 150 patients. The realization of the psychiatric hospital project was postponed for about 15 years and only in 1892 the first construction works on the curative blocks started. In 1885 a curative block for the neurology ward with 60 beds was put into operation. The psychiatric medical complex in Costiujeni was put into operation in 1903. The vast majority of the zemstvo's financial investments in the public health care system were directed to the field of psychiatry - 65%. (Ghethman 1966: 24). The County Zemstvos were given priority tasks related to the development of rural medicine, the maintenance of county hospitals, and the assumption of part of the costs of epidemics. Each county was divided into medical sectors subordinated to the county hospital and consisting of: county hospitals, rural health centers and pharmacies. Initially, in 1873, the county hospitals were established in Sculeni - with a capacity of 10 beds; Râşcani - 10 beds; Floreşti - 6 beds; in 1874 - the medical center in Vadul lui Raşcov. A year later, in 1875, in the city of Tiraspol, a new county hospital was put into operation, and a year later, in 1876, the county hospital in the city of Dubăsari started its activity. In the newly established hospitals, the zemstva invested 15-16 kopecks per day for the care of a patient. (Ghethman 1966: 25).

Over the course of 40 years the number of medical sectors in Bessarabia increased from seven in 1870 to 75 in 1910. (Obzor 1871-1914) The dynamics of the evolution of this type of medical institutions, which served the rural population, can be summarized as follows: in 1870 there were seven medical wards in the whole of Bessarabia; 1880-23 medical wards; 1890-40; 1900-55; 1910 - 75; 1912-75. In spite of the measures adopted, the provision of medical care in Bessarabia was unsatisfactory, both the number of the population, which returned to a medical ward, and the average area of a

medical ward exceeded the established limits. Thus: in 1870, a medical sector averaged 4,530 square verses; 1890-793 square verses and a population of 31,500 people; 1912- 403 square verses and 27 thousand people. In 1870, in the county medical districts of Bessarabia there were three hospitals for the service of village settlements, equipped with 51 beds; over a decade later, the zemstvo medicine established six more hospitals in the medical districts of the governorate; in total, there were 13 hospitals, equipped with 252 beds; in 1890, the number of county hospital institutions increased to 28 units, which were equipped with 396 beds, of which: 121 were in city hospitals and 275 in villages. To a hospital bed-place in 1900, there were 3,2 thousand inhabitants and 2,2 thousand - in 1912, which indicates a shortage of hospital places for the village population of the governorate. There were also insufficient number of health centers for the surgeons, in 1890 - 27,4 thousand villagers, in 1899 - 47,0 thousand. (Ghethman 1966: 24) As a result, a three-tiered structure of health care for the rural population was created: medical center - county hospital - government hospital. Consequently, Zemstva's strategic imperatives in the field of public health developed a vast network of town and village hospitals, medical outpatient clinics, in order to ensure regional medical security. The priorities of the zemstvo's medical care were in the following areas: obstetrics, the fight against infectious diseases, sanitary supervision and practical sanitary measures, sanitary statistics, the dissemination of hygienic knowledge, concerns about the situation of the zemstvo's medical personnel.

Therefore, from 1888 onwards, a series of reports were compiled containing accurate statistical information on the health of the population of Bessarabia and the organization of medical care. Zemstvo medicine contributed to the development of specialized areas of medical aid. In the first place, the stationary system of zemstvo medicine gave a new impetus to the development of sector and county zemstvo surgeries. It contributed to the implementation of aseptic and antiseptic methods. Towards the end of the nineteenth century, wounds were no longer treated with antiseptic solutions, but they were swabbed with iodoform with gauze and then pressed with iodoform. (Bessarabskoye 1887) *Zemstvo* doctors performed amputations, abdominal, obstetric and even neurosurgical operations. In 1888 in Bessarabia cocaine was used as an anesthetic for the first time in cancer surgery. At the beginning of the twentieth century, in hospitals in Bessarabia, most surgical operations were performed using chloroform as an anaesthetic. (Bessarabskoye 1887, Ghethman 1966: 32-34) The number of operated patients was quite high. In 1896, 556 patients were registered in the surgical ward of the Guberniy Zemstva hospital. In 1913, 10 operations with local anaesthesia with cocaine

and 126 operations with the use of chloroform as an anaesthetic were performed in the surgical ward of the Gubernial Hospital.

Obstetrics emerged as an independent field of *zemstvo* medicine. In 1872, two medical schools were established: the school of surgeons (01.06.1872) and the school of midwives (01.09.1872). As the doctors of the city hospital included a number of sub-surgical subjects in the curriculum, the students were specialized in both surgery and midwifery. (Bessarabskoye 1889: 290-293) In order to complete the specialization, the range of school subjects was extended with paediatric courses and infectious venereal diseases. This is justified by the fact that women suffering from the above-mentioned diseases would be more likely to go to an obstetric midwife than to a male or female physician. *Zemstva* addressed a request to change the curriculum. The only conditions were that the study period be extended to 3 years and that surgeon-midwives be granted the right to treat venereal diseases in women and children only under the supervision of a doctor. Thanks to the efforts of the Zemstvo, in 1873, the Midwifery School was transformed into the Midwifery School with a 3-year term of study. (Korchak-Chepurkovsky 1893: 35) The gubernia congresses of the *zemstva* physicians of Bessarabia were held between 1873-1914, during which various issues were addressed, related to the organization of the public health system and the development of medical science. The First Governmental Medical Congress was held in Chişinău in 1873; the Second - 1879; the Third - 1880; the Fourth - 1885; the Fifth - 1885; the Fifth - 1887; the Sixth - 1888; the Sixth - 1888; the Seventh - 1893; the Eighth - 1897 and the Ninth - 1914. The first congress of Bessarabian physicians addressed a number of organizational and hygienic-sanitary problems facing the public health system at that time.

During the debates, a number of questions were raised regarding certain clinical manifestations of certain diseases, their frequency, etc. For example, uterine bleeding, which was frequently reported in women from Bessarabia, was explained by the fact that in the region, girls gave birth early, at the age of 15-16 years. It was also emphasized during the congress that Chişinău's drinking water contained a large amount of lime salts, which led to atheromatosis of the cerebral vessels and was known to cause goiter (Ghethman 1966: 16). Bessarabian doctors pointed out that landowners and owners of enterprises bought extremely salty cheese for their workers (so that less was consumed), which caused foot-and-mouth disease in the organism. Another alarming manifestation, reported by Bessarabian doctors, was the fact that the population of the region, for curative purposes, frequently resorted to bloodletting, which caused mass anemia and other diseases (Ghethman 1866:

15). The 5th Congress of Zemstvo physicians made its contribution to the implementation of medical statistics. The reports on Hotin and Orhei counties, where the highest number of people affected by diseases of the digestive organs (21 - 25%) was recorded, were thoroughly analyzed. Interestingly, also in the above-mentioned counties, a record number of cases of pellagra was also recorded, in Hotin - 114 and in Orhei - 69. In other neighboring counties, e.g. Bălţi, 17% cases of digestive organ sickness and 25 cases of pellagra were registered, and in Chişinău county - 14% cases of digestive organ sickness and only one case of pellagra. For the employees of the public health system, a correlation between the ratio of cases of pellagra and diseases of digestive organs was visible, which referred to connotations that the etiology of certain diseases of digestive organs would have connections with the etiology of pellagra. The representatives of *zemstvo* medicine, analyzing the field figures and establishing a causal link between pellagra and diseases of the digestive organs, assumed that the toxin of pellagra also conditions many other diseases of the gastrointestinal tract. An important clue was that in the region, spoiled corn was used to prepare food (Vrachebnaya 1913: 36).

A basic guideline was to identify the exact morbidity figures of the population in the region, which would allow a coherent design of medical strategies and practices for the eradication and prophylaxis of morbidity. For this purpose, medical statistical institutions were established, such as the Sanitary Commission and the Sanitary Bureau, which were given powers to study the health situation of the population (Ghethman 1966: 18).

In order to develop rural medicine, the congress adopted the decision to establish sector medicine. The sixthVetch Congress of District Physicians analysed the statistical data of the governmental medical sector and drew some generalizing conclusions for the identification of new mechanisms for the eradication and prophylaxis of regional diseases. The ninth Congress discussed various aspects of the etiology of pellagra in Bessarabia (Korchak-Chepurkovsky 1893: 59).

Zemstvo medicine contributed to the development of the smallpox vaccination system. In 1873, the *Zemstvo* established a smallpox vaccination office at the Gubernya Zemstva. In order to obtain smallpox vaccine, it was necessary to purchase calves, for which the Zemstvo allocated 100 rubles. It proved extremely difficult to implement the technology of making the material used for inoculation, and the first results in this field were not achieved until 1883. At the invitation of A. V. Korceak - Cepurkovsky, the famous ophthalmic surgeon Yulia Kveatkovskaya, the governmental physician of Bessarabia, came to Chişinău, where she strove to organize a center for the

manufacture of smallpox detritus, which became operational in 1893 (Korchak-Chepurkovsky 1893: 9).

Yulia Alexandrovna Kveatkovskaya (1859-1951) was the first female ophthalmic surgeon in Bessarabia. In 1894, she established the first private ophthalmologic clinic in Bessarabia. Just two years later, in 1896, thanks to this contribution, the first public ophthalmologic hospital with 10 beds was established in Bessarabia. Between 1899-1903, Kvyatkovskaya received more than 12 thousand outpatients and 899 inpatients - the ophthalmologic hospital served not only Bessarabia, but also neighbouring counties in the neighbouringprovinces. It performed unique ophthalmologic surgical operations. The reports signed by Kvyatkovskaya contain a wealth of information that contributed to the development of medical science, as well as a detailed analysis of patients by class, age, nationality, occupation, supplemented by a comprehensive investigation of diseases by anatomical features (Kveatkovskaya 1904: 18). In 1909, Yulia Kveatkovskaya published an article in a specialized journal entitled "Scleral rupture with subconjunctival luxation of the lens in the only sighted eye": she removed the lens three months after the injury; the visual acuity was corrected by -0.2. (Kveatkovskaya 1909: 398-401). During the First World War she led a medical detachment on the Mărăşeşti frontline. At the end of 1917, Chişinăushe managed the work of medical and school institutions as part of the urban government of the city of Chişinău.

5. At the beginning of the twentieth century (1900-1917)

At the beginning of the twentieth century, the public health system in Bessarabia was organized, in accordance with the requirements of zemstvo medicine, by medical sectors. In 1901 there were 60 medical sectors in the eight counties of Bessarabia. Hotin County was divided into 8 medical sectors in which 15 hospitals-sanitary centers and 8 pharmacies were operating. Bălţi Bălţi County had 8 medical sectors in which 11 hospitals-health centers and 10 pharmacies operated. Soroca - 8 sectors: with 8 hospitals and 6 pharmacies. Orhei - 8 sectors: 8 hospitals and 7 pharmacies. Chişinău had 7 sectors with 17 hospitals and 14 pharmacies. Bender - 6 sectors with 7 hospitals-health centers and 10 pharmacies. Akkerman - 8 sectors with 11 hospitals-health centers and 13 pharmacies. Ismail - 7 sectors with 6 hospitals-health centers and 11 pharmacies. In total, in the 60 medical districts of Bessarabia there were 86 hospitals and health centers in 83 localities, equipped with 2014 beds for patients and 79 pharmacies. Medical aid to the sick was provided by a mixed system: stationary, ambulatory and mobile. The latter came under the

responsibility of the surgeon-physicians (Obzor 1901). In spite of the fact that most medical institutions were located in Chişinău County, they were mostly in the city, while for the rural population of the county there were only 3 medical institutions, so about 60 thousand people were allocated to a single medical institution, therefore, the population of Chişinău County was less well provided for than that which lived in the 4 counties indicated above. The population of Bălţi, Orhei and Hotin counties was better provided for in this respect, where about 21 thousand people were serviced by each medical institution. In the 86 hospitals, 71 were common, subordinated to different public institutions, with a number of 1721 beds and 15 were at the balance of administrative departments for personal use with a number of 293 beds, of which: eight were specialized, seven hospitals were based in the city of Chişinău: *zemstvo* maternity hospital, *zemstvo* pneumological dispensary, private ophthalmological clinic of Dr. Yulia Kviatkovskaya, private gymnastic and massage institution of Dr. Zilberştein, private electro-hydropathic clinic of Dr. Tumarkin, private women's clinic with a maternity ward of Dr. Gojanskaya, private dental clinic in Chişinău of Dr. Karpinovski and dentist Barşevski, and city maternity hospital in the city of Bender (Obzor 1901).

The Budaki Sanatorium, specializing in mud and salt baths, was located in Akkerman County, near the village of the same name. Here patients from different counties and governorates were admitted. The main contingent of patients were rheumatics and those suffering from anaemia. The sanatorium was specialized in the treatment of rheumatism, anaemia, articular and bone diseases, and female gynecology. In Ismail County in the villages of Jebrieni, Borisovka and Shagani, mud and sea baths were used. In the locality of Shaba, the treatment of lung diseases, was practiced with the use of the grape of the mountain. In the suburbs of Chişinău, on the Rashkanovca estate, there was an underground spring called Borcut, which had a strong odor of hydrogen sulfide and a pleasant fresh taste, considered by the inhabitants as curative (Obzor 1902, 11-129). At the beginning of the twentieth century there were 14 public outpatient clinics with payment, of which: in Chişinău - the pneumological clinic, a private institution offering orthopaedic massages, a private hydrotherapy clinic and a private clinic without payment; in Chişinău county there were 4 outpatient clinics, BălţiBălţi- 1, Soroca - 2, Ismail - 1, Bender - 1 (Obzor 1902: 111).

At the same time, outpatient clinics operated without payment: in addition to all medical institutions - 99 outpatient clinics, of which 81 were accessible to all and 18 were inaccessible (functioning alongside closed institution such as prisons, educational institutions). Hotin county - 1; 2

hospitals of the Ministry of Finance: the brigade lazaret of the Border Guard Corps in Novoselița locality, Hotin county and also the brigade lazaret of the Border Guard Corps in Sculeni locality, Bălți county; 2 charity hospitals in Bălți county, near the village of Stolniceni in the name of Stroiescu and in the city of Bălți, near the village of Stolniceni in the name of Stroiescu and in the city of Chișinău, near the village of Stolniceni in the name of Stroiescu. Chișinău children's hospital in the name of Alexandru; 2 economic hospitals: in Zarojani, Hotin county near the sugar beet factory and in the village of Vascăuți in the economy of the landowner K. Kazimir; 3 private hospitals: the ophthalmological clinic of Dr. Yulia Kveatkovskaia; the maternity hospital of Dr. Gojanskaia and the dental clinic of Dr. Karpinovski and dentist Barșevski (Obzor 1902: 111-129).

Out of the 86 hospitals, 35 operated in cities with a total of 1370 beds and 51 in counties with a total of 644 beds for patients, 50 hospitals were zemstvă hospitals, of which in or. Hotin - 1, in the county - 7; in Bălți - 1, in the county - 6, in Soroca - 1, in the county - 5, in Orhei - 1, in the county - 6, in Chișinău - 3: the gubernial hospital with a psychiatric ward, the psychiatric clinic in Costiujeni and the maternity hospital. The most in demand among the population were the outpatient clinics of the Zemstvo medical institutions and the Chișinău outpatient clinics: in addition to the Jewish hospital and the ophthalmological clinic of Dr. Yulia Kveatkovskaya.

There were pharmacies in all the outpatient clinics, especially in the zemstvo clinics, where medicines were dispensed free of charge. In this context, the activity of the Jewish hospital in Chișinău, which in 1901 dispensed free medicines to 76,835 patients, including 25,676 (33%) dispensed on the prescriptions of town doctors, 28,780 (37%) on the prescriptions of outpatient doctors and 12,379 (29%) on the prescriptions of hospital doctors, was noted. (Obzor 1909: 111-129). Medical aid was sought by 770,340 people, who were treated in hospitals and outpatient clinics. The maintenance of outpatient clinics in 15 medical sectors amounted to 37,115 rubles, in the remaining medical institutions the expenses were paid from the common medical allowances. (Obzor 1901).

Most often medical help was sought in Bălți county, up to two thirds of the total number of the county's population, Chișinău - more than half, Orhei, Soroca and Hotin - up to half, while in the southern counties of Bender, Akkerman and Ismail - less than one third. The predominant diseases among the population of Bessarabia were related to metabolic diseases, diseases of the digestive system, respiratory system, dermatologic diseases, malaria and scabies,

about 400 (51.4%) of the total number of patients in 1901. (Obzor 1909: 111-129).

The highest number of deaths was due to infectious diseases; out of 60,492 patients, 4803 were treated in medical institutions, of whom 2653 died in hospitals. Among those hospitalised for infectious diseases, one individual died for every 12 patients, and outside hospitals, one individual died for every 25 patients. As a result, treatment outside hospitals was twice as favourable as in hospitals. The authorities explained the situation by the fact that most patients who were admitted to hospitals were in a serious and hopeless condition.

On the eve of the First World War, 282 doctors were working in Bessarabia, of whom: men - 257, women - 25; physicians - 379, of whom: 261 - men, 118 - women; midwives - 205; dentists - 44; dentists - 53, pharmacists - 213. In the school year 1912-1913, 32 medical staff with secondary education were trained in Bessarabia, and 374 bacterioscopist examinations were carried out in the sanitary-hygienic laboratory. In the same period, the Bessarabian branch of the Red Cross Society raised the question of local government institutions granting disability allowances to persons unfit for work. (Obzor 1914).

During the First World War medical care in Bessarabia regressed. The recruitment at the frontlines of a large number of doctors and paramedics deprived the civilian population of Bessarabia of quality medical staff, especially of doctors with a good knowledge of Romanian, a fact noted in the official reports of the authorities. (Obzor 1914: 95-100).

As of July 1, 1917, in Bessarabia, with an area of 31,214 square meters and 2,118,200 inhabitants, there were 80 medical sectors in operation, of which 63 had stationary medical institutions and 17 ambulatory, 71 medical sectors had specialized doctors and 9 had no medical personnel with higher education. (Raport 1917, 123) On average, a medical sector had an area of 396.43 square meters and 26,477 inhabitants; a medical sector with a stationary medical facility had 503.41 square meters and 33,622 inhabitants, and a medical sector with professional medical staff had 29,834 inhabitants. The provision of medical assistance to the civilian population in settlements far from medical centers was further hampered by the impassable roads in Bessarabia, especially in winter, fall and spring, making it difficult for doctors to move from one sector to another and for patients to go to the doctor for medical help (Rapport 1917: 122-132).

A review of the aggregated statistical information reveals that, with the exception of Chişinău[4], 26.477 persons were allocated to a medical sector; the indicated number of inhabitants exceeded the preset norm of 10. 000 persons to a medical sector. A medical unit with beds catered to 33,622 inhabitants, which, in turn, was three times more than the norm. Likewise, a medical sector served by a specialist was responsible for 29,083 - as in the previous cases, three times more than the norm (10,000 inhabitants) (Obzor 1914).

We will further analyze the issue of stationary medical aid for the population of Bessarabia, both for non-infectious and contagious patients. In the region there were 63 stationary medical units with 959 non-infectious beds and 38 infectious disease wards with 301 beds for contagious patients, and 17 temporary barracks for infectious diseases with 615 beds. There were 2209 inhabitants for each non-infectious hospital bed and 3444 for each bed in a contagious disease ward (Dokladi 1917: 124).

In 1917, Hotin county had 3501,9 square meters with 403,1 thousand inhabitants; Bălţi -4871- 278,9; Soroca - 4010,7-292,5; Orhei -3632,9 -281,9; Chişinău -3271,9 -225,5; Bender -5394,3-266,7; Akerman -7032,9 -369,6. If we analyze the statistical information collected by counties, then, based on general indicators such as area, population, population density, number of medical sectors, etc., we find that in Chişinău and Bender counties only 50% of medical sectors had hospitals. The rest were outpatient clinics. (Raport 1917: 124).

If we take into account the fact that, according to the standards adopted by the *zemstva*, a medical sector had to provide medical care to the population on an area of 314 square versts[5] at most (within a radius of ten versts), then it follows that only Hotin and Chişinău counties met the requirements. The rest of the counties did not meet the requirements of the zemstvo medical care, consequently, health care was unavailable to a certain percentage of the population. A careful examination of the quantitative aspect of the public health system in Bessarabia will lead us to the conclusion that it was unsatisfactorily organized, incapable of providing the entire population of Bessarabia with qualified medical aid. (Dokladi 1917:126-128). The quality of regional healthcare also left much to be desired. Most of the young doctors, who replaced those recruited at the front, were eminently unfamiliar with the

[4] In 1914, the city of Chisinau had 121.500 inhabitants, of which: Jews - 46%; Russians - 30.2%; Moldovans - 17.7%; Poles - 3%; Germans - 1.2%; other Slavic nationalities - 0.9%; Greeks, Armenians, Gypsies, Persians, Gruzini, Turks and Tatars - 9.2%; other nationalities - 0.8%; the city of Balti - 23. 000 inhabitants, of which: Jews - 55.8%; Russians - 22.9%; Moldovans - 17.1%; Poles - 2.9%; other nationalities - 1.3%.

[5] Versta - unit of measurement used during the nineteenth and twentieth century, especially in Russia, equal to 1067 meters.

conditions and way of life of the local population and, most importantly, with their national language - Romanian. Therefore, they had to rely on the services of an interpreter when dealing with the indigenous population. The majority of the medical staff with secondary education, in the absence of educated surgeons, consisted of trainees and nurses with six weeks' training.

Such a situation would have been disastrous in peacetime, but even more so in wartime, especially when Romania entered the war and Bessarabia became the closest rear of the front. The movement of large numbers of troops into the territory meant that the province was invaded by a series of epidemics - typhus and typhoid epidemics, dysentery, smallpox and other contagious diseases. If we go back to the statistical information cited above, we can see that the public medical system in Bessarabia could not cope with these challenges, as can be easily deduced from the table below.

Table 1. Typhus spread by county in Bessarabia, 1917

Counties	Number of localities	Number of localities infected with typhus in 1917	Number of typhoid-infected localities in 117 in percentage
Hotin	208	92	44,2
Bălţi	321	202	62,9
Soroca	275	173	62,7
Orhei	285	167	58,6
Kishinev	246	145	59,0
Bender	199	79	39,0
Akkerman	224	38	17
Total:	1758	896	51

Sources: Dokladi (1917): 131.

In the nine months of 1917 there were 21,418 cases of typhus, which indicates that there were 10.1 cases per 1000 inhabitants. Comparing the actual epidemic data of the last four years with those of the last nine months of 1917, we get the following picture: between 1913-1916 there were 1569 cases, 1917 - 21,418. Thus, the number of cases of typhoid sickness for the nine months of 1917 exceeded by nearly 1 ½ times the sum of the cases of sickness recorded during the years 1913-1916. An extremely interesting feature of the outbreak of the typhus epidemic in Bessarabia is its roughly uniform distribution throughout the whole governorate. As can easily be seen from the above table, the typhoid epidemic affected the Akkerman county - 17.0%, four of the seven counties (Bălţi, Soroca, Orhei, Chişinău), about 60% of all localities were affected by

typhoid, in two counties - about 40% (Hotin 44.2% and Bender 39.0%). Overall, in 1917, about 51.0% of Bessarabia's settlements were affected by the typhus epidemic, the center of the region was the most damaged by the epidemic, and the extreme south was the least devastated by the epidemic. On the basis of the statistical information researched, there were no outbreaks where the infected population numbered in the hundreds. Of the 896 infected localities, only in 35 of them did the number of certified cases of typhus exceed 100; in the remaining localities, in the first nine months of 1917, there were 30 to 50 cases of illness. On the other hand, it was alarming that more than half of the populated localities were affected by the epidemic, and in the absence of adequate medical care - under war conditions - the situation was catastrophic (Raport 1917: 123-131).

6. Conclusions

During the nineteenth century, the Bessarabian authorities carried out a series of concrete measures for the development of the public health system in Bessarabia. In spite of all the efforts invested, at the beginning of the 20th century, the system was unable to provide the entire population of the region with health care in terms of both quantity and quality. Therefore, if towards the end of the nineteenth century medicine in Bessarabia was progressing, determined by the liberal reforms applied in the system, then, in the period 1905-1918, the public health system in Bessarabia experienced a regression. The contingent of quality medical staff was insufficient to provide medical care to the entire population of Bessarabia. Among the reasons was the fact that Bessarabia did not have a higher institution of medical education, and the potential of the local medical schools of secondary education was exceeded by the situation, in the conditions of the soaring population density and then in the conditions of war. While in 1812 there were about 400,000 inhabitants in Bessarabia, a century later, on January 1, 1913 the population had increased more than five-fold, with 2,251,277 inhabitants registered in Bessarabia region.

The Zemstva Medical Service played a primary role in the development of the public health system in Bessarabia. Zemstva was one of the main contributors to health care in Bessarabia. Medical aid to the Bessarabian population was organized by the zemstva, town and Jewish societies, the treasury, charitable institutions and private individuals. However, in the absence of functioning state mechanizations, which would have regulated medical policies and financial investments in the system, the results did not cope with the realities on the ground. Medicine, being only at the mercy of private voluntary investments and local administration bodies, had no chance

to develop at the level needed to achieve a high level of efficiency in providing medical aid to the entire population of Bessarabia.

With operative roles and meanings in the dynamics of the process of regional social-economic development, the Bessarabian medical system, through the efficiency of human capital, marked the quantitative and qualitative prefaces of the first two decades of the twentieth century. The period of transition from one century to the next highlighted the discrepancy between the real needs of Bessarabian society and the level of medical development.

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