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THE ELEVENTH ALL-UNION SCIENTIFIC CONFERENCE
OF INTERNISTS; MOSCOW INTERNISTS' MEETINGS

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FOREWORD

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THE ELEVENTH ALL-UNION SCIENTIFIC CONFERENCE
OF INTERNISTS; MOSCOW INTERNISTS' MEETINGS

Following is a translation of three articles, the first by A. S. Molchanov, Honored Doctor of the RSFSR, Moscow, in Terapevticheskiy Arkhiv (Archives of Therapy), Vol. XXXII, No. 2, Moscow 1960, pp 86-95.

ELEVENTH ALL-UNION CONFERENCE

The Eleventh All-Union Scientific Conference of Internists on the Pathology of the Gallbladder and Bile Ducts was held in Leningrad between 30 June and 2 July 1959. Six hundred and fifty delegates from all 15 republics of the Soviet Union attended.

The conference was opened by the chairman of the All-Union Scientific Society of Internists, Prof. V. N. Vinogradov, member of the Academy of Medical Sciences USSR and Hero of Socialist Labor. Eight program reports were then presented.

Prof. M. D. Tushinskiy, member of the Academy of Medical Sciences USSR, Prof. A. Ya. Yaroshevskiy, and N. F. Solov'yeva (Leningrad) in their report on "Some problems concerning the Clinical Symptoms, Bacteriology, and Therapy of Chronic Cholecystitis and Cholangitis" noted the basic significance of the microbial factor, disfunction of the gallbladder, and functional disorders of the liver in the etiology and pathogenesis of these diseases as well as the relationship between the nature of their course and the etiology. Bacteriological investigation of the bile revealed the presence of intestinal bacilli in most cases of acute cholecystitis; but in other forms of cholecystoangiocholitis the coccal form of flora (especially of staphylococcus aureus) often predominated; yeast fungi were found in 8% of the patients. Cholecystography generally showed disfunction of the gallbladder, while an investigation of the duodenal contents revealed leukocytes mostly stained with bile. The report cited modern methods of treatment.

Prof. A. Ya. Gubergrits (Izhevsk) dealt with the clinical symptoms and treatment of chronic cholangiohepatitis.

Prof. L. S. Shvarts (Saratov) discussed "Basic Problems in the Clinical Symptoms, Prevention, and Treatment of Cholelithiasis." He stressed the fact that cholelithiasis could be diagnosed only when inflammatory phenomena or motor disturbances -- in addition to stones -- were present, the stones being a possible source of the infection and dyskinesia.

Sound nutrition and physical culture are of functional importance in preventing cholelithiasis. Complex treatment includes primarily analgesics -- atropine, papaverine, euphilline [aminophylline] [sodium iodipamide] (intravenously) in particular, novocain (in the area of D₉₋₁₁ on the right), but without misuse of morphine, which must necessarily be administered with atropine; then antibiotics or urotropin (cilotropin), cholagogues, systematic duodenal drainage, heat physiotherapy procedures, faradization of the right phrenic nerve (with dyskinesia of the sphincter of Oddi).

All three reports stressed the importance of prolonged clinical observation of the patients.

Prof. I. L. later given as A. I. Tager and Ye. D. Manucharova (Moscow) in their report, "Clinical Value of Contrast Roentgenological Investigation of the Gallbladder and Bile Ducts," pointed out that the recent development of intravenous contrast preparations (the Soviet bilignost, foreign biligradin makes it possible to concentrate contrast substances in the bile, thereby clearly revealing not only the moment of ejection, but each portion of it as it enters the bladder. It is now possible to see the stagnant bile and record its discharge from the bladder and movement through the ducts. In addition, it is also possible to observe the pharmacodynamic influences on the bladder and ducts of various substances affecting the sphincter of Oddi and bile ducts (morphine, cholecystokinin) and to determine the extent to which they participate in the process of emptying of the gallbladder. This makes it possible to classify in more definitive fashion dyskinesias of the bladder and other disorders of bile secretion.

Prof. A. V. Smirnov (Leningrad) in his paper "Surgical Treatment of Cholelithiasis" states that emergency surgery is indicated if perforation, gangrene, or phlegmon is suspected. An operation is required in the event of progressive deterioration or lack of improvement, despite intensive conservative treatment; if the process abates, the operation should be performed after subsidence. All patients with acute cholecystitis, especially elderly patients, should be hospitalized in the surgery wards.

Prof. V. Kh. Vasilenko (Moscow), member of the Academy of Medical Sciences USSR, in his paper "Cancer of the Biliary Tract" described the clinical symptoms of cancer of the hepatopancreaticoduodenal zone, which constitutes about 8% of all cancers. He went into detail on the clinical picture of cancer of the gallbladder, intrahepatic biliary tract, liver duct, cancer of the entire bile duct, cancer of the papilla of Vater and head of the pancreas. He also discussed differential diagnosis of the sites just noted.

Prof. F. K. Men'shikov (Moscow) reported on "Giardiasis of the Biliary Tract," He pointed out that Giardia lamblia found in the duodenum of 6 to 12% of the patients are pathogenic not only in the intestine but also in the biliary tract and by reflex action cause dyskinesia of the bile ducts and promote the development of an inflammatory process there. Protective measures against giardiasis stem from its epidemiology.

Man is infected by rodents through drinking water or eating food containing cysts. Flies, mice, and cats are transmitting agents. A source of infection is the human carrier.

The paper of Prof. R. M. Akhrem-Akhremovich (Omsk) dealt with the clinical symptoms and treatment of opisthorchiasis. This chronic disease with its periods of exacerbation and remission is characterized by considerable polymorphism, chiefly different kinds of pains, enlargement and thickening of the liver, dyspeptic phenomena, and functional disorders of the nervous system; eggs of the parasite are to be found in the duodenum. An opisthorchis invasion, which causes hyperplasia of epithelium in the biliary tract, creates a "matrix" for primary liver cancer. Treatment is antiparasitic (antimony, especially hexachlorethane) combined with antibiotics, with ACTH if the attack is severe. General prophylactic measures include protection of reservoirs against pollution by human and animal feces; on the individual plane, fish should not be eaten until properly heated.

Prof. Ye. M. Tareyev (Moscow), member of the Academy of Sciences USSR, reported on "The Biliary Syndrome (True and False) in Infectious Hepatitis and Some Other Types of Diffuse Hepatitis." He directed attention to the fact that patients with infectious hepatitis often exhibit a complex of symptoms relating to the biliary tract -- the biliary system, but of some other structures of the liver and adjacent organs. In these cases it is more correct to speak a false or pseudobiliary syndrome. The true biliary syndrome in infectious hepatitis is caused by a specific viral lesion of the biliary tract, by intramural inflammation with possible development into cirrhosis. The biliary syndrome (true or false) may also show up in liver diseases of different etiology -- parasitic, bacterial, toxic, or allergic. The genesis of jaundice has recently been re-examined, and obstruction of the intralobular canaliculi by bile thrombi (intrahepatic obturation) with intrahepatic cholostasis is now regarded as the main cause.

Some 60 persons took part in the ensuing discussion, which was particularly lively when it dealt with the etiology and pathogenesis of biliary tract diseases.

Prof. B. P. Kushelevskiy (Sverdlovsk) thinks that the increase in biliary tract diseases is partly due to the extensive use of antibiotics. He recommends discontinuance of antibacterial therapy if the antibiotics have no effect and staphylococci are present in the bile.

Prof. P. F. Samsonov (Tashkent) ascribes the leading role to autoinfection from the intestine, citing the necessity of establishing the species characteristics of the microbes, determining their pathogenic properties as well as the interrelation between them and the macroorganism. Moreover, one should not ignore the part played by Proteus, WHICH IS found in investigations with fair frequency.

Prof. A. A. Askarov (Tashkent) also thinks that it is possible to have a secondary origin of cholecystitis after entrance of ordinary intestinal flora possessing pathogenic properties.

Asst. Prof. (Dotsent) M. Kh. Khamidova (Tashkent) notes the frequent combination of cholecystitis with gastrointestinal diseases and impairment of various liver functions occurring with hypercholesteremia and reduced esterification of cholesterol.

Prof. A. A. Zemets (Karaganda) says that acute gastrointestinal disturbances accompanied by increased permeability of the vascular wall may be etiologically significant. Serious edema intensifies bile secretion and increases its content of proteins, thus promoting the development of infection and an inflammatory process.

Prof. K. Ya. Shkhvatsabaya (Moscow) calls attention to the non-correspondence between the increased incidence of biliary tract diseases and reduced morbidity rate of acute intestinal infections. He believes that improper diet does not play a decisive part in this.

V. Ya. Chekin (Petrozavodsk) thinks that the high incidence of biliary tract diseases in the polar regions is due to diet.

N. V. El'shteyn (Tallin) and Ya. M. Mandel' (Tambov) note the great frequency of functional disorders of the nervous system in giardiasis. They recommend treating the carriers as a protective measure.

A. G. Leyavko (Odessa) points out that a subcutaneous allergic test with a giardiasis antigen yields a positive result 95% of the time; with disappearance of the organisms it becomes negative.

Prof. A. M. Yeliseyeva (Ivanovo) observes that Giardia lamblia injure the mucosa and promote the development of an inflammatory process.

Asst. Prof. Ye. I. Zaytseva (Smolensk) thinks that giardiasis is a secondary phenomenon testifying to trouble in the gastroduodenal and biliary systems.

Prof. M. Ya. Yasinovskiy (Odessa) discussed the connection between infectious hepatitis and diseases of the biliary tract. He considers it likely that a latent lesion may be provoked by predisposing factors originating with infectious hepatitis. He thinks it necessary when investigating the duodenal contents for diagnostic purposes to determine the correlation between number of leukocytes and epithelial cells therein.

Prof. A. I. Levin (Perm') notes that the frequency with which the biliary tract is involved in infectious hepatitis creates the impression that is not a complication, but one of the main symptoms of the disease. I. G. Grimlat (Tuva) does not agree.

Asst. Prof. V. G. Smagin (Leningrad) mentions the possibility of micronecrosis of liver cells, which can be distinguished by means of intravital biopsy of the liver.

S. Ye. Pimenov (Rostov-on-the-Don) attaches significance to focal infection of the tonsils in cholecystitis, while A. I. Korolov (Kirov) does so to appendicitis and adnexitis.

Prof. A. G. Teregulov (Kazan') believes that chronic appendicitis and ulcers are complicated by cholecystitis not so much hematogenically or lymphogenically as by interoreceptive reflex following regular impulses emanating from the ileocecal or gastroduodenal zones saturated with nerve ganglia.

M. M. A. Yeres'ko (Kiyev) defends hematogenic infection of the biliary tract.

Prof. B. B. Kogan (Moscow) favors early surgical intervention for cholelithiasis.

Asst. Prof. N. V. Sibirkin (Leningrad) discussed dyskinesia of the biliary tract. He believes that treatment here must be aimed at restoring impaired nervous regulation.

O. P. Kufareva (Leningrad) directs attention to the role of dyskinesia of the duodenum in the pathogenesis of cholecystitis.

N. A. Burdina (Moscow) speaks about the frequency with which pancreatitis accompanies diseases of the biliary tract.

Prof. F. Ya. Primak (Kiyev) adds the anoxic-dystrophic syndrome of the clinical symptoms of diseases of the biliary tract.

V. A. Galkin (Moscow) notes that the calcium content of the bile is unstable and that fluctuations with regular content in the blood depend on the presence or absence of stones.

A. U. Aytkulova (Frunze) notes the frequent disruption of the oxidation-reduction processes in diseases of the biliary tract.

Yu. I. Iakoza (Ryazan') reports on characteristics of the course of hepatocholecystitis in the Pechora basin and the swift destruction of the vitamin C depot with marked hypoascorbemia.

Prof. B. D. Borevskaya (Izhevsk) speaks about typical diseases of the biliary tract simulate rheumocarditis, stenocardia, and other diseases.

Prof. P. I. Shamarin (Saratov) also directs attention to masked forms of cholecystitis and objects to the term "hepatocholecystitis" on the grounds that it does not define what is here the most important thing.

Prof. I. O. Neymark (Leningrad), D. L. Pikovskiy (Gor'kiy), and Prof. V. A. Tiger (Chernovitsy) object to complex diagnoses. Their contention is that a diagnosis must reflect the pathologicaonatomical essence of the disease, character of functional changes, clinical form and stage of the disease, and probable etiology.

No less lively were the discussions of the reports that dealt with treatment of biliary tract diseases.

Prof. S. M. Ryss (Leningrad) recommends the use of antibiotics of the tetracycline series and streptomycin, cholangiolytics (chiefly ganglion-blocking substances), a diet including rich proteins, easily assimilated carbohydrates and vitamins in chronic cholecystitis. Patients with acute cholecystitis should be hospitalized in surgical wards where they can be observed jointly by the surgeon and internist.

Prof. M. A. Yasinovskiy (Odessa) points out that sulfanilimides are often effective.

Ye. M. Chelak (Kishinev) notes that the best results are obtained with a combination of synthomycin [chloramphenicol] and sulfodimesine [2-(para-aminobenzol sulfamido)-4, 6-dimethyl piperidine] or heat physiotherapy.

Prof. I. B. Shulutko (Kalinin) suggests the Soviet preparation berberine as a cholagogue.

Prof. D. D. Yablokov (Tomsk) also recommends the alkaloid berberine as a preparation which intensifies bile secretion, thins bile, and possesses antimicrobial action. Among the popular cholagogues he mentions hare's ear and tansy.

Prof. A. I. Levin (Perm') notes that the Soviet preparations nikodin, benzecetin etc., are good cholagogues.

Asst. Prof. I. S. Kel'ginbayev (Tashkent) suggests the everlasting growing in Uzbekistan as a cholagogue.

Prof. A. T. Omel'chenko (Kiyev) recommends duodenal drainage using the juice of the black radish.

Prof. M. E. Efendiyev (Baku) suggests faradization of the right phrenic nerve and emetine.

Prof. F. Ya. Primak (Kiyev) considers intragastric administration of oxygen useful, as does A. I. Korolev (Kirov).

S. B. Laskin and T. V. Shaak (Leningrad) recommend for biliary colic nitroglycerine combined with atropine (instead of morphine)

Asst. Prof. R. I. Ibragimova (Frunze) reports on favorable results obtained by treating cholecystitis with the mineral waters of the resorts of Kirgizia, Dzhetty-Oguz and Dzhalal-Abad.

Prof. B. D. Borevskaya (Izhevsk) stresses the importance of clinical observation of patients with diseases of the biliary tract. Asst. Prof. Ye. V. Sidorova (Kuybyshev) mentions the prolonged disability of these patients.

I. A. Belichenko (Moscow) cites data showing the unsoundness of extending conservative treatment for cholecystitis.

Prof. Kh. Kh. Mansorov (Stalinabad) advises wider use of intravital biopsy of the liver.

Prof. I. L. Tal'man (Leningrad) thinks diagnostic puncture of the liver in chronic cholecystitis inadvisable.

Prof. V. V. Vinogradov (Moscow) states that in cholelithiasis one should keep in mind stones both of the bladder and of the ducts which can give a different clinical picture. The diagnosis can be sharpened by making a transparietal puncture of the liver and directly injecting a contrast substance into the bile ducts.

Prof. A. G. Guskasyan (Moscow) describes the clinical features of primary cancer of the gallbladder.

Others participating in the discussion included V. N. Maksimov (Leningrad), L. S. Pavlovskaya (Kostroma), I. M. Funt (Moscow), M. E. Efendiyev (Baku), L. I. Gefter (Voronezh), T. V. Paak (Leningrad), S. A. Mamed-Zade (Baku), A. M. Margolin (Leningrad), G. P. Adamiya (Tbilisi) and N. I. Napalkov (Leningrad).

Prof. A. L. Myasnikov, member of the Academy of Medical Sciences USSR, presided at the concluding session on the pathology of the biliary tract. He stressed the urgency of the problem, recommending that the "epidemiology" of this group of diseases be studied along with their relation to infectious diseases, questions of nutrition, metabolic

disorders, endocrine influences, allergic processes, and the role of the nervous system. As regards the nomenclature of the diseases, he suggests that it not be complicated with different combined definitions and that the ordinary terminology be continued.

One of the sessions dealt with another main theme, i.e., training and qualifications of internists. Prof. N. S. Molchanov, corresponding member of the Academy of Medical Sciences, USSR, gave a paper on "Teaching of Internal Diseases in Medical Institutes," while Prof. M. S. Vovsi, member of the Academy of Medical Sciences USSR, discussed "Postgraduate Training of Internists." These reports provoked a lively exchange of views in which 20 delegates took part.

The same session heard an informative report by the president of the VNOT [Vessoyuznoye Nachunoye Obshchestvo Terapevtov -- All-Union Scientific Society of Internists], Prof. V. N. Vinogradov, member of the Academy of Medical Sciences USSR, on the work of the presidium of the VNOT between the tenth and eleventh conferences. He gave a brief account of the activities of the republic societies (NOT), stressing the significance of the republic congresses of internists (First All-Russian and First Armenian) that they organized during this time. Prof. F. K. Men'shikov, chairman of the revision committee of the VNOT, then delivered the formal report. Eight delegates joined in the discussion of these reports. The work of the presidium of the society was deemed satisfactory.

The conference came to an end with the adoption of resolutions on each program question.

In his final remarks Prof. Vinogradov urged the internists to participate even more actively in the struggle to fulfill the seven-year plan for the development of their great socialist motherland.

RESOLUTIONS OF THE ELEVENTH ALL-UNION SCIENTIFIC CONFERENCE OF INTERNISTS

Having heard and discussed the reports of Prof. M. D. Tushinskiy, member AMS (Academy of Medical Sciences), USSR, Prof. A. Ye. Yaroshevskiy, Prof. N. F. Solov'yeva, Prof. A. Ya. Gubergrits, Prof. L. S. Shvarts, Prof. A. I. [sic?] Tager, Prof. A. V. Smirnov, Prof. V. Kh. Vasilenko, member AMS USSR, Prof. F. K. Men'shikov, Prof. R. M. Akhrem-Akhremovich, and Prof. Ye. M. Tareyev, member AMS USSR, and the ensuing discussions, the Eleventh All-Union Conference of Internists notes the progress made in studying diseases of the biliary tract, which are so often associated with liver disorders. At the same time the conference states that this group of diseases is becoming much more prevalent among both rural and urban populations, and that there is a certain lag in investigating several aspects of this problem in internal medicine.

The discussion of this problem by the present conference of internists is thus regarded as timely. The conference considers the following necessary:

1. More detailed statistical analysis of the incidence of these diseases. Specifically, there must be accurate information on the prevalence of diseases of the biliary tract among the rural and urban populations of the various republics and oblasts of the Soviet Union.

2. Further comprehensive investigations of the still comparatively frequent occurrence of diseases of the biliary tract and bladder, making use of the materials of internists, surgeons, and pathologico-anatomists.

3. Greater precision in the classification and nomenclature of these diseases and elimination of the existing inconsistencies.

4. Despite the apparent etiological role of infection in diseases of the gallbladder and bile ducts and in cases of combined biliary tract and liver disorders, the significance of disturbances of the neuroregulatory and humoral mechanisms, diet, and other factors playing an undoubted part in the development of these diseases has still not been accurately determined. It is therefore essential to have combined clinical and experimental research on the level of modern achievements of science.

5. In the forthcoming research and in the diagnosis of these group of diseases substantial efforts must be made to utilize the methods of modern cytology, biochemistry, and microbiology.

Steps must be taken to overcome the obvious lag in X-ray examination of patients suffering from these diseases since timely and accurate diagnosis of dyskinesia, inflammatory, and in particular, calculary neoplastic, and other processes in the biliary system is very difficult at present without cholecystography and cholangiography. The conference therefore considers it necessary to ask the Ministry of Health USSR to make available sufficient high-quality preparations for contrast roentgenographic examination of the biliary tract.

6. The conference believes that the only effective therapy is that which combines actions on the microbial factor, nervous regulation, motility of the biliary system, and metabolic processes.

Although antibiotics are important in controlling infection of the biliary tract, they must not be used indiscriminately, particularly in slowly developing forms where sulfanilimides, cholagogues of plant origin, and synthetic preparations can be successfully employed.

In using antibiotics it is necessary to determine the sensitivity thereto of the microbial flora and the individual reactions of the patient to the antibiotics.

A valuable method of treating chronic diseases is a course of duodenal probing, diet, physiotherapy and health resort methods, therapeutic physical culture, and control of gastrointestinal diseases.

The question of surgical intervention, which is particularly important in chronic calculary cholecystitis and in complications of

non-calculary inflammatory processes, must be decided only after consultation between surgeon and internist.

7. The conference directs the attention of internists to the need of concentrating on diseases of the liver and biliary tract of opisthorchiasis and giardiasis origin, particularly in regions where this pathology is very frequently encountered.

8. In order to raise the level of scientific research on the pathology of the biliary tract and to improve the diagnosis and treatment of these diseases, the conference requests the Ministry of Health USSR to:

a. Strengthen the staffs of clinics and biochemical laboratories in hospitals and to furnish whatever is necessary in the way of modern equipment and chemicals;

b. Instruct the Administration of the Medical Industry to furnish hospitals and polyclinics with modern preparations for contrast roentgenography of the biliary tract, and with new active drugs to treat patients with opisthorchiasis and giardiasis.

Resolution on the Report of Prof. N. S. Molchanov, "Teaching of Internal Diseases in Medical Institutes"

Having heard and discussed the report of N. S. Molchanov, "Teaching of Internal Diseases in Medical Institutes," and the ensuing discussion, the Eleventh All-Union Conference notes that the recent lengthening of the period of study in medical institutes to six years and the extensive work by the professors and teaching staff on advanced methods have resulted in the graduation of better-trained doctors by the medical institutes.

Nevertheless, the conference notes major defects in the teaching of students in medical institutes, the principal ones being:

1. While in school the students do not acquire sufficient skill in examining patients, particularly in the use of laboratory and instrumental techniques.

2. They do not develop enough skill to manage a course of therapeutic and prophylactic measures.

Believing that medical institutes should graduate doctors completely trained for immediate independent work, the conference regards the following as desirable:

1. Unconditional retention of the existing system of training in the propaedeutic faculty and hospital clinic with suitable observance of the principle of differential methods of teaching in each.

2. Use of the sixth year of study for independent work in three clinical specialties (therapy, surgery, obstetrics and gynecology).

3. Increase in the number of hours allocated for teaching therapy in all courses, especially on propaedeutics and hospital therapy.

4. The conference requests the Ministry of Health USSR to take specific steps to:

- a. Enlarge the clinical facilities of therapy departments of medical institutes;
- b. Substantially expand clinical-biochemical and microbiological laboratories and offices for functional diagnostics equipped with suitable modern apparatus.
- c. Increase the number of laboratory workers in clinics;
- d. Improve the equipment of therapeutic clinics with modern apparatus for diagnosis and treatment;
- e. Reduce the size of the groups of students working in all therapeutic clinics to seven to ten persons per group;
- f. Review the programs of some theoretical departments, specifically physics, biochemistry, and pathologicophysiology, so as to link them more closely with the needs of the clinical disciplines;
- g. Administer an examination on therapy when the students complete their fifth year.

Resolution on Postgraduate Training for Internists

Having heard and discussed the report of M. S. Vovsi, the Eleventh All-Union Conference of Internists notes that progress has been made in the postgraduate training of physicians in the Soviet Union. Nevertheless, the conference recognized that there is still a great need to do more to train qualified internists in the Soviet Union.

The conference thinks that these efforts should be along two main lines: 1. primary education of internists (specialization); and 2. postgraduate training of internists.

Specialization

1. The conference considers the best form to be clinical internship in clinics of internal diseases and, due to the limited number of places in medical school clinics, specialization in oblast and city hospitals which have experienced internists and well-equipped therapeutic departments. This requires appropriate instructions from the Ministry of Health USSR.

2. Set up six months of specialization for internists on leave from their regular work.

3. Assign the Central Institute of Postgraduate Training of Physicians the task of drawing up a program and work plan to provide specialized training for internists in hospitals and furnishing printed materials on method.

4. Assign the institutes of postgraduate training of physicians the task of conducting monthly or bimonthly series of postgraduate training for teachers working in the specialization courses.

5. Entrust direction of the specialization work to local oblast health units and to leading oblast and city internists.

6. The conference requests all branches of the All-Union Society of Internists to cooperate fully with the leading therapists in the matter of providing specialized training for internists.

2. Postgraduate Training of Internists

Internists who have worked in the therapeutic departments of hospitals, polyclinics, and medical-sanitary units at least three years should be sent to institutes of postgraduate training of physicians for advanced work.

The conference considers it necessary to carry out postgraduate training of internists in the following ways:

1. General series on internal diseases;
2. Specialized series on the individual branches of internal medicine -- cardiology, rheumatology, liver pathology, etc.;
3. Series on special methods of research and therapy, e.g., electrocardiography, endoscopy, etc.;
4. Thirty-day and ten-day courses on individual problems in internal medicine;
5. Individualized training in specific methods under actual working conditions.

The conference requests the Ministry of Health USSR to equip therapeutic clinics of institutes of postgraduate training of physicians with modern apparatus for the examination of patients, to expand laboratories and furnish them with new preparations for wide use.

MINUTES OF THE MOSCOW SOCIETY OF INTERNISTS

Meeting of 11 March 1959

Chairman: Prof. V. N. Vinogradov, member AMS USSR

Secretary: A. S. Molchanov, Honored Physician of the RSFSR

Prof. L. I. Fogel'son, "Chronic Diseases of the Myocardium and the Ability to Work."

The speaker noted the important place occupied by chronic diseases of the myocardium among the causes of disability and proceeded to classify them. He divided them into two groups to facilitate diagnosis and evaluation work capacity: 1. chronic myocarditis (rheu-

matic, toxic, etc.) with continuing inflammatory process, and 2. cardiosclerosis subdivided into (a) inflammatory (myocarditic), after termination of the inflammatory process, (b) circulatory - atherosclerotic -- with degeneration of hypertrophic myocardium (in valve failure, hypertonia in systemic and pulmonary circulation). In many patients cardiosclerosis may be due to several factors. For patients with inflammatory cardiosclerosis the prognosis for return to work is generally favorable; it is somewhat worse when the condition is combined with mitral insufficiency and still worse when combined with aortic valve failure or with dystrophic changes in the myocardium. Disability in atherosclerotic cardiosclerosis is determined by the degree of coronary failure; it is much less in arteriolosclerotic cardiosclerosis, especially when combined with dystrophic changes.

Discussion

Asst. Prof. V. G. Popov noted that neither electrocardiograms nor ballistocardiograms reveal the degree of functional capacity of the myocardium, which is determined by the biocurrents of the respiratory muscles. On the question of work capacity, the speaker considered only the morphological aspect, refraining from giving a detailed clinical picture of chronic cardiac diseases.

Prof. A. M. Damir recommended using the classification of myocardial diseases suggested by G. F. Lang, noting the difficulties involved in clinical differentiation of "arteriolosclerotic cardiosclerosis." One can scarcely speak with confidence of the termination of the rheumatic process in cardiac failure.

Prof. P. Ye. Lukomskiy did not agree with the view that work capacity in atherosclerotic cardiosclerosis is determined by the degree of coronary insufficiency. He cited a large group, of patients whose disability was caused by the degree of blood circulation insufficiency -- first left ventricular insufficiency, then right ventricular insufficiency, and finally total asystole.

Prof. L. I. Fogel'son replied by stressing the fact that his report was not concerned with patients exhibiting marked impairment but with those whose conditions could not be detected by the usual clinical methods. In such cases instrumental methods of examination might be very helpful.

Prof. V. N. Vinogradov, in his concluding remarks noted that the speaker had assumed the difficult task of determining work capacity of patients with indistinct symptoms of disease and that he was right in suggesting the usefulness of such clinical techniques as electrocardiography, vectorcardiography, ballistocardiography, myography, etc.

Meeting of March 25, 1959

Chairman: Prof. V. N. Vinogradov, member AMS USSR

Secretary: A. S. Molchanov, Honored Physician of the RSFSR

Ye. N. Gerasimova, candidate of medical sciences, "A New Adrenocortical Hormone, Aldosterone -- Value and Methods of Determining it."

Discussion

Prof. A. L. Myasnikov noted that the report described the first attempt made in the USSR to determine the new adrenocortical hormone and gave an account of the specific chemical method suggested there. A surprising fact emerged: a tiny amount of the hormone has tremendous physiological effect (it controls the entire water exchange system, affects the tonus of the vascular wall). The speaker proved that aldosterone is secreted only in the latter stages of hypertension, which indicates that the disease is not endocrinopath, as some foreign investigators believe (Seelye). Disorders of the suprarenal gland set in after hypertension.

Prof. V. N. Vinogradov pointed out that the report stressed the importance of the suprarenal gland. The new hormone aldosterone, which intensively releases potassium and retains sodium, plays an important part in the formation of edemas. The great merit of the speaker was that she presented an accurate chemical method for the quantitative determination of aldosterone instead of the variable biological method.

A. B. Vinogradskiy, "The effect of ACTH and Cortisone on the Development of Atherosclerosis and on the Function of the Adrenal Cortex," (printed in Terapevticheski arkhiv, No 9, 1959).

V. F. Zaytsev states that an examination of 50 patients did not reveal any substantial difference in changes in cholesterol content under the influence of ACTH and cortisone. Lecithin increased somewhat more under the influence of ACTH than of cortisone. The lipoprotein content in ACTH therapy changed in a favorable direction, but the B-lipoproteins decreased and the a-lipoproteins increased in cortisone therapy. The protein composition of the blood did not change, but the amount of albumins increased while the γ -globulines and to a lesser degree the a- and b-globulins decreased.

Prof. A. L. Myasnikov held that both hormones -- ACTH and cortisone -- helped to reduce not alimentary cholesterol but cholesterol causing lipoidosis of the vessels. There are many important mechanisms controlling the pathogenesis of atherosclerosis, i.e., changes in the deposition of lipoids. This is theoretical and compels us to reconsider our approach to diet and to prohibiting the nutritional use of lipoids.

Prof. V. N. Vinogradov in his concluding remarks noted that A. B. Vinogradskiy's report effectively complemented the first report. It is highly significant that hormones of the adrenal cortex can be used even when they raise the cholesterol level in the blood since this does not prevent them from exerting their therapeutic effect.

Meeting of 8 April 1959

Chairman: Prof. A. L. Myasnikov, member AMS USSR.

Secretary: A. S. Molchanov, Honored Physician of the RSFSR

Prof. S. G. Moiseyev, "Etiology and Pathogenesis of Acute Renal Insufficiency."

The speaker distinguished two main groups of causes of acute renal failure: 1. lesions of the organism resulting in acute insufficiency of blood circulation in the kidneys, ischemia of the kidneys, and renal anoxia: (a) general acute vascular failure (in shock, collapse), (b) local acute circulatory disorders of the kidneys (reflex due to thromboembolization of kidney vessels after certain anatomical lesions of the kidney vessel), (c) exacerbation of chronic cardiac failures; 2. kidney lesions (usually more severe) following poisoning by nephrotoxic substances: (a) inorganic substances, (b) organic compounds, (c) bacterial toxins, (d) biological poisons. Combinations of these causes are often found. In acute renal insufficiency excretion of urine decreases to total anuria.

The speaker discussed his scheme of possible pathogenetic factors in acute renal insufficiency and stressed its two main initial mechanisms: (1) insufficient blood circulation in the kidneys, ischemia of the kidneys, anoxia with all the ensuing changes; (2) in severe degenerative-necrotic lesions of the canalicular epithelium both prolonged ischemia and anoxia of the kidneys and the action of nephrotoxic agents directly injuring the renal parenchyma. It sometimes happens in these cases that increased sensitivity of the organism to the injurious agent is extremely significant. The report included a detailed discussion of the mechanism governing the development of oligoanuria and set out the individual extrarenal factors conducing to azotemia, acidosis, and accumulation of potassium in the blood of such patients. There are other possible pathogenetic mechanisms both purely renal and extrarenal that are involved in the development of acute renal failure (the part played by the antidiuretic hormone of the posterior lobe of hypophysis, formation of autonephrolysins, etc.) and some compensatory mechanisms for pathological phenomena in acute renal failure. Regenerative processes are at work as soon as necronephrosis develops along with the formation of necrotic changes in the epithelium of the renal canaliculi. However, the newly formed epithelium is functionally defective; its reabsorptive processes remain impaired for a long time (weeks even months). As a result these patients develop polyuria after a period of anuria, eliminating a considerable amount of fluids and salts (the so-called low-salt syndrome mentioned by the speaker).

Discussion

Prof. Ye. M. Tareyev was favorably impressed by the report, which touched on an exceedingly important aspect of renal pathology that has long been ignored. He felt that it would have been useful to illustrate the individual pathogenetic factors with clinical examples and examples of the effect of pathogenetic therapy. He pointed out that chronic uremia is not always progressive, that it may be arrested in some patients even if the process is far advanced.

Prof. A. L. Myasnikov endorsed the report and stressed the need of physicians to familiarize themselves with acute renal (insufficiency). Although rare in acute nephritis, it requires emergency treatment more often.

Meeting of 22 April 1959

Chairman: Prof. V. N. Vinogradov, member AMS USSR

Secretary: A. S. Molchanov, Honored Physician of the RSFSR

Professor I. A. Chernogorov, "Urgent Problems in the Pathogenesis of Impaired Cardiac Rythm."

The most urgent problems in the pathogenesis of impaired cardiac rhythm are the origin of extrasystole, paroxysmal tachycardia, and cardiac fibrillation and their interrelations in the shifting from one form of arrhythmia to another. The entire set of chemical, humoral, and physical agents as well as nervous influences produce an effect contrary to what is expected. Under certain conditions they cause or, contrariwise, terminate rhythm disorders. Experimental observations show that impairment of rhythm requires the formation of an ectopic focus of excitation related to the functional state of the myocardium (conduction pathways) with the possibility that the tissue will increase its automatism and become the dominating center of the rhythm. However, extinction of the ectopic focus is caused by depression of its excitation due to additional irritation of chemical or physical nature (non-assimilation of rhythm according to Vvedenskiy-Ukhtomskiy). The factors acting on excitable tissue and promoting the formation of a focus of excitation include alternate impulses from the sinoatrial node, humoral factors, influence of a peripheral electric current or "injury current" proceeding from the foci of myocardium injury arising pathologically. The character of the disturbance of rhythm is related to phases of the cardiac cycle. Depending on the particular phase of cardiac activity, the moment of irritation (end of systole or diastole) determines the character of the disturbance of cardiac rhythm. The genetic link between extrasystole and paroxysmal tachycardia has been established experimentally and in the clinic since electrocardiographic complexes there are completely identical. It is more difficult to grasp the connection between tachycardia and cardiac fibrillation, although this connection has been reproduced experimentally, but it is much rarer in clinical practice. The problem of the genesis of cardiac fibrillation still awaits a definitive answer.

Discussion

Prof. A. M. Damir recalled -- in connection with the extracardiac influences on the heart mentioned in the report -- the recent infatuation with sympathectomy for stenocardia and his experimental investigations of injury to the stellate ganglion. Extracardiac influences (i.e., the sympathetic system) are capable of impairing cardiac rhythm, but myocardial diseases are not. The influence of the central nervous system on cardiac rhythm -- as exemplified the decelerating effect on reserpine -- is extremely valuable in fibrillation, especially during heart operations.

Prof. S. G. Moiseyev pointed out that, when discussing the significance of nerve apparatus and chemical solutions, the speaker failed to mention the electrolytes, specifically potassium, which is now considered highly important.

Rabinskiy noted the great theoretical value of the reports presented at the plenary meetings of the society, but suggested that there should be reports dealing with clinical aspects and therapy.

Kozhevnikov held that the report was not only of theoretical interest, but also of considerable practical value in that it facilitated the analysis of complex mechanisms of arrhythmia.

Prof. I. A. Chernogorov replied by pointing out that he had no opportunity to speak about the significance of potassium and other electrolytes, but he did mention ions, showing that they have a common way of acting on the living substrate.

In his concluding remarks Prof. V. N. Vinogradov said that the report was useful both for theoretical and for practical purposes. Disturbances of cardiac rhythm are always encountered in medical practice and the source must be determined in each case. It is necessary to know that the central and autonomic nervous systems play a part in disturbances of rhythm; this view was fully developed in the report.