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THE FIRST ALL-RUSSIAN CONGRESS OF PHTHYSIOLOGISTS

By: S. R. Lachinya

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FOREWORD

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JPRS: 3616

CSO: 3826-D

THE FIRST ALL-RUSSIAN CONGRESS OF PHTHYSIOLOGISTS

[Following is a translation of an article by S. R. Lachinyan, candidate of medical sciences, in the Russian-language periodical Problemy Tuberkuleza (Problems in Tuberculosis). Moscow, No. 2 1960, Pages 69-73.]

The First All-Russian Congress of Tuberculosis Specialists was held from November 24 to 28, 1959 in Kuybyshev. Some 664 delegates and guests representing scientific medical societies of phthysiologists and antituberculous institutions in the Russian Federation took part.

A. F. Serenko, Deputy Minister of Health, RSFSR, opened the congress. The program included the following topics:

1. Cavernous forms of tuberculosis.
2. Vaccination of newborn infants, revaccination of young children.
3. Problems in organization.

Prof. D. D. Aseyev, president of the All-Russian Society of Tuberculosis Specialists, in his opening programmatic report described the present state and future tasks in the epidemiology, prevention, clinical symptoms, and treatment of cavernous pulmonary tuberculosis in the RSFSR.

The epidemiological picture of tuberculosis in the RSFSR shows a systematic decrease in the morbidity and mortality rates. However, the percentage of patients with fibroid cavernous pulmonary tuberculosis is still quite large in a number of oblasts. The destructive forms of pulmonary tuberculosis among adult patients in the cities of the RSFSR registered in clinics at the end of 1958 accounted for 39.6% of the cases and 30.8% of the cases among patients with newly diagnosed active conditions.

The most important data cited by Prof. D. D. Aseyev concern the increasing numbers of patients with cavernous tuberculosis who were previously under clinical care.

In order to prevent the development of caverns, timely diagnosis, closer observation, and treatment of those patients who come to the clinic before degeneration of the lung sets in are necessary. The possibility of anatomical recovery is greater when antibacterial therapy is combined with collapse therapy and surgery. Prolonged chemotherapy accounts for the healing of new caverns in only 65 to 70% of the cases. Antibacterial therapy combined with an artificial pneumothorax and pneumoperitoneum raises the incidence of healed caverns to 80 to 90%, with relapses occurring more rarely (2 to 4%). The speaker considers it absolutely essential that more attention be paid to the living and working conditions of the patients. He also notes the insufficient use of collapse

therapy and other surgical methods for persons suffering from destructive forms of pulmonary tuberculosis in the RSFSR.

Prof. A. D. Semenov (Leningrad) reported on the evolution and pathogenesis of caverns. Reflex contraction of the lungs plays a definite part in the development of caverns. In the speaker's opinion, healing of a cavity can take place when the bronchial tubes are kept open. In this case the cavity is retained in the lung, but it is not retained if the bronchi are obstructed. The report states that the processes of healing a cavern in patients undergoing antibacterial therapy do not differ in principle from those present prior to the institution of such therapy.

Two reports were devoted to an experimental study of cavernous tuberculosis. Prof. A. N. Chistovich, G. I. Vavilin, and Ye. I. Volodin (Leningrad) discussed the development of the cavernous process in connection with experimental tuberculosis in rabbits. I. M. Bondarev, Candidate of Medical Sciences (Rostov-on-the-Don), reported on the significance of allergy and the functional state of certain body systems in the formation of tuberculous caverns in dogs. Models of experimentally-induced caverns in rabbits and dogs may have decided significance in investigating the processes of degeneration, formation, and healing of caverns.

Prof. K. V. Pomel'tsov (Moscow) spoke of roentgen diagnosis of caverns based on the discovery of two main indications: zamknutoye prosvetleniye (complete translucence /?/) and different form and sharpness of the inner boundaries of the walls of the cavities of degeneration.

Ye. Ya. Oblogina (Moscow), Candidate of Medical Sciences, Prof. K. P. Berkos, and A. M. Vasileva gave a joint report entitled "Cavernous Pulmonary Tuberculosis in Children", which set forth the results of treatment, causes of the failures of treatment, and character of the residual changes in the lungs depending on the treatment.

Prof. N. A. Shmelov, corresponding member of the Academy of Medical Sciences USSR, in a report entitled "Caverns and Encapsulated Foci in Pulmonary Tuberculosis" defined the cavern as a clinical and roentgenological concept. He remarked that a cavern becomes predominant in the pathological process only in chronic fibroid cavernous tuberculosis. In the other forms of the disease pneumonia or numerous small foci are the basis of pathological changes.

Prof. I. Ye. Kochnova (Moscow) discussed the development of cavernous processes from minimal tuberculosis based on an analysis of prolonged observation of 2000 patients. He showed convincingly that phthisiologists do not pay enough attention to patients with these forms of tuberculosis, even though they constitute one of the main groups receiving clinical care. The speaker, after comparing the results of observation before the use of antibacterial therapy with the results obtained at present, distinguished four groups of minimal tuberculous

changes dissimilar in character, the importance of which in the development of progressive forms of tuberculosis in adults varies with the therapy. Timely, prolonged treatment of minimal forms prevents the growth of cavernous forms.

The report of G. I. Kositskiy, Doctor of Medical Sciences, (presented jointly with co-workers of the Moscow Scientific Research Institute of Tuberculosis, Ministry of Health RSFSR, G. I. Agrachev, T. M. Vyskova, Z. F. Kalandadze, and Z. S. Kidanova) on the topic "Function of the Respiratory and Cardiovascular System in Patients with Chronic Fibroid Cavernous Pulmonary Tuberculosis" was heard with great interest. It presented an analysis of the results of investigating the function of external respiration by spirometric and gasoanalytic methods and of the functional state of the cardiovascular system utilizing electro-cardiography and bassistography.

In the discussion V. Kh. Bodarev (Murmansk) described the differential diagnosis of air cysts in the lungs and tuberculous cavities.

Lecturer M. A. Volkova (Irkutsk) reported on her experience in conducting open consultation hours in the clinic, this being one of the methods of early diagnosis of tuberculosis.

Prof. I. G. Gasparyan (Tashkent) spoke on the necessity of widely using an artificial pneumothorax together with chemotherapy in preventing the destructive forms of tuberculosis.

M. A. Perebatova (Sverdlovsk) reported on the lowering of morbidity of cavernous tuberculosis in the Urals and directed several critical remarks to the Ministry of Health RSFSR. She asked that the experience of the Ukraine be taken into account in enlarging the anti-tuberculous network and in training specialists.

V. N. Pirogov (Chelyabinsk) proposed the introduction of a single chart for better documentation in prolonged therapy. V. S. Gavrilenko (Moscow) reported on the clinical symptoms of chronic fibroid cavernous tuberculosis in the aged. V. S. Chefranov (Moscow) discussed the development of cavernous pulmonary tuberculosis from tubercles.

A. Sh. Sherman reported on the clinical and epidemiological characteristics of patients with chronic fibroid cavernous pulmonary tuberculosis in the Rizhskiy rayon of Moscow.

Presiding officer F. V. Shebanov, Honored Scientist, noted in his closing remarks the importance and practical value of the lectures and reports presented, particularly the main ideas of the leading programmatic reports.

Nine papers on the treatment of cavernous pulmonary tuberculosis were heard the second day of the congress.

Honored Scientist F. V. Shebanov in his report on ambulatory therapy of tuberculars remarked that the use of antibacterial preparations in polyclinics is one of the major measures to control tuberculosis. He distinguished four groups of patients for whom ambulatory therapy is indicated. Data from twelve cities in the RSFSR obtained in 1959 show that the number of patients taking outpatient treatment was double the

number of those treated in sanatoria and hospitals. The report contains recommendations on how to organize ambulatory chemotherapy.

M. G. Strikina (jointly with Ye. P. Averina, S. I. Stegunin, and N. V. Lebedeva) reported on the results of cavernous tuberculosis therapy in the Kuybyshev municipal tuberculosis clinic. Antibacterial preparations combined with a pneumothorax and other surgical measures produced the best results.

I. S. Sergeev's report dealt with the long-range results of antibacterial treatment of 248 cases of cavernous pulmonary tuberculosis. Closed cavities were observed in 72.1% of the cases with inflammatory and infiltrative forms and in 41.2% of the cases with the disseminated form. Closed cavities were rare in patients with fibroid cavernous tuberculosis. Ineffectualness of treatment was sometimes due to the fact that chemotherapy was not continued long enough.

A. V. Shelkovkina and I. B. Nazarova (Sverdlovsk) reported on a comparative investigation of the long-range results of treating cavernous pulmonary tuberculosis with larusan and phtivazide [isonicotinic acid hydrazide derivative].

K. A. Kharcheva (Leningrad) spoke on the current treatment of cavernous tuberculosis with an artificial pneumothorax. The report indicated clearly that an artificial pneumothorax combined with systematic chemotherapy is now the leading form of treatment for the disease. The optimum period for an artificial pneumothorax is $1\frac{1}{2}$ to 2 years, and no longer than 3 years.

S. I. Vorob'yev reported on the course and therapy of cavernous tuberculosis based on data obtained from the Otdykh sanatorium near Moscow.

A. K. Poleshchuk, Candidate of Medical Sciences, read the report of Honored Scientist Prof. V. L. Eynis entitled "Clinical Evaluation of the Healing Process of Tuberculous Caverns."

Prof. D. D. Yablokov, corresponding member of the Academy of Medical Sciences USSR (Tomsk) (co-author Lecturer A. I. Galibina), reported on antibacterial therapy complications in fibroid cavernous tuberculosis. The highest percentage of side effects from antibacterial therapy is found among patients with cavernous pulmonary tuberculosis (15.7%). The data may lead to modification of the view that streptomycin and phtivazide adversely affect the cardiovascular system of the aged. In the majority of cases timely measures make it possible to eliminate the side effects and prolong the treatment.

A. A. Klebanova (Moscow), Candidate of Biological Sciences, presented a report on variability of the causative agent of tuberculosis in patients undergoing antibacterial therapy. The morphology and physicochemical structure of the organism are disrupted under the influence of antibacterial therapy as well as its cultural properties. Mycobacterium tuberculosis may undergo even deeper changes, transforming into filtrable forms that under favorable environmental conditions sometimes regenerate into typical or atypical mycobacteria.

Prof. N. A. Shmelev, corresponding member of the Academy of Medical Sciences USSR, in his closing remarks stressed the need of prolonged therapy and the great practical value of ambulatory treatment with chemical preparations in preventing chronic fibroid cavernous pulmonary tuberculosis.

Problems in surgical therapy of tuberculosis were examined at the fifth plenary session (third day). Prof. L. K. Bogush, corresponding member of the Academy of Medical Sciences USSR, in his report based on the experience gained from 800 cases of various types of lung resection, discussed the indications for resection, emphasizing that the polymorphism of tuberculous manifestations requires the application of various surgical methods, including collapse.

M. L. Shulutko (Sverdlovsk) spoke on surgery for the cavernous forms of pulmonary tuberculosis in children and adolescents. Thoracoplasty, extrapleural pneumonolysis, and various kinds of lung resection were employed on 551 children and adolescents with a high degree of effectiveness.

V. V. Stepanov, Honored Physician of the RSFSR, reported on his experience with conservative lung resection in the Kuybyshev oblast hospital for tuberculosis. Total clinical success was achieved in 54 out of 60 cases.

I. P. Zhingel' (Moscow) reported on cavernotomy for patients with chronic fibroid cavernous pulmonary tuberculosis. 75 to 80% of such patients became free from bacilli.

Forty-five persons participated in the discussion of the reports on chemotherapy, collapse therapy, and surgery.

Z. A. Lebedeva (Moscow) thinks that successful execution of the planned tasks for tuberculosis control requires that chemoprophylaxis be widely used to prevent the development of cavernous forms of the disease.

A. I. Lapina, the chief tuberculosis specialist of the Ministry of Health USSR, discussed ways of organizing the fight against tuberculosis, prophylaxis of fibroid cavernous forms, and problems connected with supplying antituberculous preparations to institutions.

Lecturer Ye. A. Pletnev (Ashkhabad), L. A. Vinnik (Astrakhan), P. D. Lebedev (Moscow), and others discussed the great value of an artificial pneumothorax in the comprehensive therapy of destructive pulmonary tuberculosis.

Ye. G. Beloslyud presented a paper on the results of prolonged antibacterial therapy of chronic fibroid cavernous pulmonary tuberculosis in the Klinitskiy tuberculosis clinic of Moscow oblast.

P. P. Kozlov (Sverdlovsk) reported that chemotherapy combined with intratracheal administration of drugs produced good results in treating cavernous pulmonary tuberculosis.

Lecturer M. N. Karnaukhov (Bashkir ASSR) and V. I. Yakubaytis (Moscow oblast) reported on the value of kumys in the comprehensive treatment of tuberculosis.

Ye. A. Ginzburg reported on the organization of ambulatory chemotherapy and laboratory control of the urine of ambulatory patients receiving PASA and phthivazide in one of the Moscow clinics.

Prof. M. I. Oyfebakh (Moscow) discussed the classification of tuberculosis and organization of ambulatory therapy. Prof. I. A. Shaklein (Sverdlovsk) directed attention to the need of synthesizing and releasing sufficient quantities of antituberculous preparations. Ye. I. Shchutskaya (Novosibirsk) reported on the tuberculin test as a criterion for recovery from tuberculosis.

A majority of the surgeons participating in the discussions mentioned various types of pulmonary resection (I. S. Nikolayev -- Gor'kovskaya oblast, L. G. Marchenko - Krasnodar, R. N. V'yukova - Novosibirsk). P. A. Semenkin (Moscow) shared his considerable experience in lung resection (303) for cavernous tuberculosis.

L. P. Solov'yeva (Leningrad) spoke about the indications for and results of pulmonary resection combined with thoracoplasty.

A few reports dealt with extrapleural pneumolysis (M. R. Itman - Kaliningrad, S. A. Magomedova - Makhach-Kala, and others). N. A. Vasil'yev (Moscow) reported on the effective long-range results of collapse surgery (extrapleural pneumothorax and thoracoplasty) in cavernous pulmonary tuberculosis.

O. V. Glebovich (Leningrad) applied an extrapleural pneumothorax in relapses after lung resection.

A. I. Borovinskiy (Novosibirsk) presented a preliminary report on prolonged extrapleural tamponade followed by thoracoplasty in patients with multicavernous pulmonary tuberculosis.

Papers of the anesthesiologists Ye. M. Lebedev and V. A. Orlov dealt with present methods of general anesthesia for radical surgery in tuberculous patients.

Prof. I. Ye. Kochnova (Moscow) spoke about the close association of phthisiologists and surgeons, noting the important role played by internist-phthisiologists in the selection, sound preoperative preparation, and correct post-operative management of patients.

Prof. D. D. Aseyev remarked in closing that there should be more surgery for tuberculosis.

A team of specialists from Moscow, Leningrad, Novosibirsk, and other cities (N. Yu. Magrulis) presented a report entitled "Patients with Cavernous Pulmonary Tuberculosis in the RSFSR and Their Clinical Care" at the sixth plenary session. The report shows that the morbidity rate of all forms of cavernous tuberculosis among the urban population of the RSFSR decreased between 1955 and 1958 by 32.5% and the rate of chronic fibroid cavernous tuberculosis by 50.6%. Measures were suggested for preventing cavernous forms of the disease. There were also concrete ideas on how to organize mass ambulatory antibacterial treatment and proposals for overhauling clinical classifications and improving the clinical care of tuberculars.

Prof. S. Ye. Nezlin (Moscow) read a paper on the working capacity of patients with fibroid cavernous pulmonary tuberculosis, noting that

such persons should not be invariably regarded as invalids because their capabilities often depend on individual and collective working arrangements. T. A. Gryaznova (Sverdlovsk) reported on the working capacity of persons cured of the disease. She raises the timely question of revising present instructions on working arrangements for tuberculars and issuing supplementary instructions regarding persons cured of the disease.

T. N. Yashchenko (Moscow) reported on disinfection in tuberculosis, suggesting that the delivery of proper apparatus and approved disinfectants like diocide and hexylrezorcin be expedited.

Prof. L. N. Gol'dman (Medical-Sanitary Service of the Moscow Railroad), L. A. Chaykova (Gor'kovskaya oblast), G. E. Al' (Leningrad), and M. S. Gerasimov (Moscow) took part in the discussion that followed these reports.

V. S. Tekunov (Moscow) showed in his report that the problem of cavernous tuberculosis can be solved by proper organization of preventive and therapeutic measures for all tuberculars, children and adults alike.

A. A. Khokhlovkina (Roston-on-the-Don) reported on the treatment and organization of education of children with cavernous pulmonary tuberculosis. In closing, Prof. A. D. Semenov underlined the importance of organizational measures against tuberculosis, remarking that a good doctor must also be an excellent organizer.

Reports on vaccination of infants and revaccination of young children were heard at the seventh plenary session.

L. K. Skornyakova (Ministry of Health RSFSR) reported on tuberculosis in connection with the seven-year plan of the Ministry of Health RSFSR. The speaker thinks it is possible to eradicate new, local forms of tuberculosis in children within the next seven years. In order to solve the major problems involved in controlling tuberculosis in children, it will be necessary to raise the level of organizational work and have better cooperation among phthisiologists, obstetricians, pediatricians, and epidemiologists.

Prof. A. I. Togunova (Moscow) reported on the immunobiological value of tuberculosis vaccination. She discussed the immunobiological principles of tuberculosis vaccination and showed the effectiveness of various methods. She also took up the problem of BCG dosage. She recommended the use of moderate doses of autogenous vaccine due to the possibility of severe reactions after parenteral injection. The choice of vaccination method should vary with the age groups of the population.

N. V. Nilolayeva (jointly with Prof. K. P. Berkos, Moscow) reported on the present status of tuberculosis vaccination in infants and revaccination of young children in the RSFSR. She noted several shortcomings in conducting and planning revaccinations.

A. A. Yefimova (Moscow) reported on the characteristics of tuberculin allergy following various methods of vaccinating young children. She stressed the importance of discovering new and more effective methods

and urged popularization of the intradermal procedure.

A. S. Mamolat (Kiev) reported on his experience with vaccinations in the Ukraine, especially on the positive results of a double dose of BCG vaccine for the newborn. Participants in the discussion commented on shortcomings in the latest instruction of vaccination.

The report of Z. A. Lebedeva (editor of Problemy Tuberkuleza) dealing with the journal's operation was heard and discussed.

Participants in the congress listened with great interest to the paper of Honored Scientist Prof. F. V. Shebanov, chairman of the board of the All-Union Society of Phthisiologists on the topic "Main Problems of Tuberculosis according to the Materials of the XV International Conference on Tuberculosis (September 1959, Istanbul)".

Prof. D. D. Yablokov, corresponding member of the Academy of Sciences USSR, reported, outside of the program, on the IV International Congress on Allergy.

After a discussion of the report on the work of the board of the All-Russian Society of Phthisiologists (speaker - Prof. D. D. Aseyev, chairman of the board of the society) and on the report of the auditing commission (speaker - Ye. N. Stanislavleyeva) the board of the All-Russian Scientific Medical Society of Phthisiologists was re-elected and the auditing commission. Fifty-two members were elected to the board. D. D. Aseyev was chosen chairman of the board. Appointed to the secretariat were I. P. Savonicheva, F. I. Chumakov, and I. S. Amiantova-Filippova.

Ye. N. Stanislavleyeva was chosen chairman of the auditing commission. The First All-Russian Congress of Tuberculosis Specialists passed a detailed resolution reflecting the current status of cavernous tuberculosis. It outlined ways of achieving concrete solutions of the problems connected with the prevention and treatment of cavernous forms of pulmonary tuberculosis and obtaining a further decrease in the tuberculosis rate of our country.

After the congress ended, the head physicians of the republic, oblast, and kray tuberculosis clinics held a meeting on organizing the fight against tuberculosis in the RSFSR.

5214

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