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1. The journal, Vestnik Khirurgii (The Surgical News-Reporter), published every two months, generally gives the impression that it is edited for general practical use for surgeons. The character of the articles is more practical than scientific. The following comments are on all of the articles appearing in Vestnik Khirurgii, No. 2, Volume 74, March 1954, Moscow-Leningrad:
2. This issue of Vestnik Khirurgii starts with an editorial about the election into the Supreme Soviet of USSR, which was held on 14 Mar 54. The article says: "99.79% was the attendance in election". They mention some physicians and surgeons who were elected into the Supreme Soviet. Incidentally in this article they mention that the USSR now has 300 thousand physicians, 900 thousand "Feld-shers" (physician assistants with two years of medical training after high school), midwives and nurses.
3. A V Melnykov: "Surgical Treatment of Gastric and Duodenal Ulcers".
 - a. This article contains mostly statistics of the incidence of ulcers and surgical treatment in selected groups.
 - b. Interesting statistics are in ulcers in female. Before World War II, the incidence in female was one to 10, but now it is up to 38.2%. Ruptured ulcer in female before World War II was 2%, during the war 10%; and after World War II 12.2%.
 - c. Author gives the classification of the ulcers and gives 12 various groups. In one group of 775 ulcers (stomach and duodenum), he had 106 acute in-flamed, 103 partial obstruction of duodenum, 95 bleeding ulcers, 86 pen-etrations into neighbor organs, 14 diverticuli of stomach and 19 of duo-denium, 67 carcinomas found in the ulcer.

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3. d. Another group with 649 patients shows 64.2% gastric ulcers and 32.8% duodenal ulcers. In this group (all had surgery) 104 died. In 58 patients the peritonitis was the cause of death, 15 patients died from hemorrhage, 18 had pulmonary complications, five had embolisms, three had acute illius, etc.
- e. Another group with 106 patients who have had secondary surgery for ulcers, the mortality was 10.28%. Author states that the mortality after secondary surgery in his clinic is 4.2%.
- f. Generally speaking, author says that in USSR, the doctors previously thought that the incidence of carcinoma from gastric ulcer is about seven to eight percent, but he thinks that this incidence is much higher. He estimates up to 15%.
- g. Another group in the clinic of author consisted of 422 patients. The mortality from gastric resection for duodenal ulcer was 2.1%, and for gastric ulcer 1.8%. Author states that the mortality throughout the country before World War II was about nine percent until 1938 and 3.2% at 1940. Since World War II, it is much lower. He compares the mortality with that in the US, and states that throughout the US, the mortality from gastric resection is still 15-20%, and only in the best US clinics it is about five percent.
- h. The main problem for Russian surgeons [redacted] from the statistics, is peritonitis, post-operative hemorrhage, post-operative shock, and as the author describes "poor diuresis", or [redacted] probably high BUN, with electrolytes imbalance and dehydration. The interesting part of the post-operative treatment is that the author recommends the following treatment for shock "Intravenously 20% alcohol in 40% glucose". He does not know any better treatment for the shock. He had some results in the treatment of shock with Vitamins B1, B2, C and PP. There is a little about blood transfusions. 50X1
- i. Author recommends only the gastric resection in the treatment of ulcers. He does not mention any other surgical procedures (vagotomy, with or without resection) and he does not describe the method and technique of resection (For example: Bilroth I or Bilroth II), and also does not mention the type of anastomosis. 50X1
- j. [redacted] The numbers he gave, no doubt, are from selected groups, especially when he writes about mortality. He manipulates with many numbers but mostly whenever he has a number of deaths, then he does not give the number of the group the patients belong to; and when he gives the number of the group, then he does not give the total mortality and describes only the cause of death on a percentage basis. (For example: From peritonitis 33.3%, insufficient anastomosis 18.8%, other technical errors 16.2%, etc.) The odd part is his numbers about the mortality in the US when he is writing about his low mortality; and in the same article he gives another group of 649 patients, 104 of which died after resection.... in such a big medical center as Leningrad.
4. D A Zhdanov: "New Facts in Anatomy of the Lymphatic System of Stomach and Duodenum".
- a. Author describes anatomy and topography of lymphatic system in stomach and duodenum with microscopic description of the lymphatic capillaries. The main part of the article is whether the lymph from the duodenum has any direct connection with pancreas, liver, spleen. The author makes the conclusion that the lymphatic drainage from the stomach and the duodenum has the same net and that the main part of the crossing of the lymphatic vessels is on the upper part of the duodenum which is directly connected with the pancreas, spleen and liver system.

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5. T V Zolotareva: "Morphologic Changes in Rectus Muscles After Cutting the Nerves."
 - a. Article deals with the experimental work on dogs. The experiments were made in order to determine whether or not the cutting of nerves has anything to do with atrophy of the muscles and subsequent incisional hernia. Author states: "1) Cutting of 1-2 nerves close to the spine does not cause any change in the muscle. Cutting three or more may cause the atrophy of the muscles. 2) Cutting of one-two nerves close or over the rectus leads to atrophy of the muscles. 3) Cutting of five or more nerves over the muscles will lead to the marked atrophy and eventually to incisional hernia. 4) The atrophy starts after 10 days and has the highest point in 25-30 days."
6. A M Dykhno and A I Sosnina: "Transverse Incision on the Abdomen in Gastric Surgery."
 - a. Authors make the conclusions (experience in 99 operations): "1) Transverse incisions are anatomical and physiological. 2) In most cases, transverse incisions are healing very well. 3) They are convenient for exposure. 4) They are inconvenient only if the surgical procedure should be done on cardia or esophagus."
7. D B Avidon: "Treatment of Intussusception in Children, on the Basis of Materials From Department of Pediatric Surgery of Raukhfus' Hospital".
 - a. Article based on 222 cases with intussusception operated upon. Author describes the symptoms, clinical findings and diagnosis. In this group (all operated on) was done: "1) 188 reductions, 15 of which died. 2) Bowel resection 14, with seven deaths. 3) Other operations 11, with seven deaths."
8. D P Tchukhrienko: "Meckel's Diverticulum as a Cause of Bowel Obstruction (On the Basis of Data from Hospitals in the Ukraine).
 - a. Author describes the etiology of Meckel's diverticulum and the pre-operative diagnosis of a simple and complicated diverticulum. Pre-operative diagnosis for acute bowel obstruction by diverticulum is very difficult. Author collected 114 cases (also from the experience of other doctors). The group has 84 males and 30 females. All 114 cases were operated upon, 28 of whom died. The interesting part is that most of the patients (16) died when the resection of only diverticulum was done, although 10 out of 30 patients died who had bowel resection (with diverticulum).
9. A A Shalimov: "Modification in Operation of I I Grekov - Recto-sigmoid Resection."
 - a. Article describes the recto-sigmoid resection and is based on 18 cases. The conclusion of the author: Preservation of sphincter with the mucous membrane gives good function in the bowel movement. The procedure is done as a closed anastomosis. Author advises to do the radical resection of the recto-sigmoid for multiple polyps.
10. V N Demin: "Establishment of Recto-anal Reflexes and Function of the Sphincter After Resection of Rectum for Carcinoma."
 - a. Article is based on 13 cases with resection of rectum and recto-sigmoid for carcinoma. Author's conclusions: "1) After abdomino-perineal resection with resection of the mucous membrane over the sphincters the anal reflexes were present in 4/5 cases. 2) After abdomino-perineal resection without resection of mucous membrane the anal reflexes were present in all cases. 3) After abdominal resection the sphincter reflexes were unchanged. Therefore, the ideal resection for carcinoma of rectum or recto-sigmoid is the intra-abdominal resection."
11. The rest of the journal contains short reports of cases, an historical article about Russian surgery and reports from surgical meetings. The case reports are:

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"Fascia Transplant to the Ventral Hernia", "Complicated Inguinal Hernia", "Myoma of Stomach, Peptic Ulcer After Stomach Resection, Intussusception of Small Bowel Into Stomach", "Perforated Ulcer", "Four, Two Meter Small Bowel Resection in Case of Bowel Obstruction - Successful Case".

12. This edition of the journal deals mostly with abdominal surgery. Throughout the whole journal infection is the main trouble that the Russian surgeons have to fight. Amazingly they have either orders to use small amounts of antibiotics or they are simply short in various kinds of antibiotics. The largest doses they use during or after surgery are 300 thousand units of penicillin, occasionally with 1/2 gram or even 1/4 gram of streptomycin. Frequently they use not more than 150-200 thousand units of penicillin in 24 hours. All other antibiotics used in the US are not mentioned in Russian journals. All intra-intestinal antibiotics such as neomycin or sulfathaladin and others are not mentioned in any cases of bowel resection. It is interesting that all the articles do not pay any attention to the pre-operative preparation of the patient and there is not too much, if anything at all, about the post-operative routine treatment especially in heavy cases (such things as electrolytes, etc).
13. Another interesting thing is the attitude of the original articles which is entirely different than the second part of the journal, where case reports are more or less the same as in Western journals, including US journals. The original articles do describe the cases and procedures, but besides this, almost in each paragraph we find directions to the reading surgeon. For example: The methods presented by the authors are not only described, but recommended to be followed. Sometimes the methods are even directed, as we find many paragraphs or sentences beginning or ending with: "This procedure should be done as follows....." etc. There is little, if any, controversy between the authors if they do discuss the same problems.
14. In this issue, the authors do not give any bibliography used by them, but frequently we find mentioned names which are not Russian. There are several names mentioned by authors suggesting that they are German, English, American, French, etc, so they are using the foreign literature but do not mention it.

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