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The 2nd Congress of the Pan-Slavic Association of Dermatovenereologists, Belgrade 1931

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Abstract

The Pan-Slavic Association of Dermatovenereologists (PSADVs) was founded in May 1928, and it included dermatologic associations of Bulgaria, Czechoslovakia, Poland and Yugoslavia. Its president was Prof. Krzysztalowicz from Poland. The 1st Congress of this association was held in Warsaw in 1929, and the 2nd Congress was organized by the Association of Dermatovenereologists of Yugoslavia (ADVY), in Belgrade in 1931. The president of the Organizing Committee was Prof. Đorđe Đorđevic, and the secretary Assoc. Prof. Milan Kićevac from the Clinic of Dermatovenereology in Belgrade. The Congress was attended by representatives of Slavic national associations, as well as by representatives of French, Romanian, Greek and Turkish dermatology. The number of participants amounted to 160 physicians and 60 members of their families.

According to the report of Ilić S., 104 papers had been presented: 48 from Yugoslavia (37 from Serbia, 3 from Croatia, 3 from Macedonia, and 5 from Bosnia), 23 from Czechoslovakia, 18 from Poland, 8 from France, 5 from Romania, 1 from Turkey, and 1 from Greece.

Most papers were from the area of sexually transmitted diseases: 43 papers (41.35% of the total number). Out of these, 27 papers were on syphilis, followed by gonorrhea with 9 papers. There were both research and experimental papers. The authors insisted on assessing diagnostic and therapeutic issues, as well as disease prevention.

The second most frequent group of diseases accounted for eczema. The problem included the definition and pathogenesis of the disease.

The third group of diseases was tuberculosis. The results of experiments on animals were studied pointing out the need for reclassification of skin tuberculosis in relation to internal tuberculosis.

A small number of papers were on other infections of the skin and genitals, as well as individual cases of various dermatoses.

During the Congress, social events were also organized, as well as a banquet on the ship Alexander I cruising on the Danube and Sava. Optional travel tours to all parts of Yugoslavia were also offered.

Soon after the Congress, foreign journals published reports on its high professional level and the entire organization.

Key words

Congresses; Dermatology; Venereology; History of Medicine; Serbia

The third decade of the twentieth century was one of the most important periods in the history of dermatovenereology in Serbia. In this short period of time (1922 – 1930), all significant institutions important for the professional and scientific development of this discipline were formed (1): Association of Dermatovenereologists of Yugoslavia (ADVY), was founded in 1927 and included all dermatovenereology sections of the Kingdom of Serbs, Croats and Slovenes, facilitating their inclusion into

the Pan-Slavic Association of Dermatovenereologists (PSADVs) in 1928 (2).

The idea of founding the PSADVs was proposed by Prof. Krzysztalowicz (1868 – 1931) from Warsaw and Prof. Schamberger (1871 – 1944) from Prague in 1927, in order to unite the Slavic dermatologists on professional level. The Organizing Committee was formed at the Clinic in Warsaw, and Prof. Krzysztalowicz was appointed as president. The PSADVs was founded in May 1928 in Prague, during the *Slavic Congress of Medical Practitioners,* yet another Pan-Slavic Medical Association (3). At that time, the PSADVs included four national associations: Bulgarian, Czechoslovakian, Polish and Yugoslav (4), and its first president was Prof. Krzysztalowicz, a renowned dermatologist and a member of the highest dermatological organization "Council of Seven". The 1st Congress of the PSADVs was held in Warsaw in 1929 (3).

One of the conclusions made at the *Slavic Congress of Medical Practitioners* held in Split in 1930, was that the future specialist associations would not work individually, but enter into sections of the *Slavic Association of Medical Practitioners* and organize their congresses in its framework (5). However, despite this decision, the PSADVs continued to organize its congresses as independent specialist events.

After the *1st Congress of the* PSADVs, its leadership was transferred to the ADVY, based in Belgrade. The president of the Association was Prof. Đorđevic Đ. (Belgrade), and Assist. Prof. Kićevac M. (Belgrade) was its secretary (4). Thus, the *2nd Congress of the* PSADVs was held in Belgrade in June 1931 (4), while the *3rd Congress of the* PSADVs was organized in Prague in 1934 under the direction of Prof. Schamberger (6).

There are no further information on the work of this Association. The only things found related to it were recollections about the PSADVs of Prof. Zahejski and Prof. Glinski, on the occasion of the foundation of the *Central East European Dermatovenereological Association* (7). However, it is possible that archives of other Slavic dermatological associations posses some other information.

As mentioned before, the *2nd Congress of the PSADVs* was held in Belgrade, 27–29 June, 1931. The Organizing Committee consisted of: Prof. Đorđevic Đ, the president, Assist. Prof. Kićevac M., the secretary, and members: "all renowned dermatologists of the ADVY" (4).

Considering the lack of Congress program, contents, proceedings and book of abstracts, our further report will follow a very detailed outline about its organization and activities, and abstracts, which have a value of a book of abstracts, and which were published in the journal *Medical Review* by Dr. Ilić S., later the director of the Clinic of Dermatovenereology in Belgrade (4,8-13). This journal of general medical interest was also in the scope of Pan-Slavic events, and was a mutual publication of Belgrade, Zagreb, Ljubljana and Sofia. Its founders were distinguished physicians from medical centers of abovementioned towns, and their names are listed below the journal title. An important source of information regarding paper content was a very valuable collection of 57 original papers (hand- or typewritten) submitted to the *2nd Congress of the PSADVs*, still kept in the archives of the *Clinic of Dermatovenereology* in Belgrade (14). Apart from this, eight papers of Yugoslav authors, who presented their papers at the Congress and published them in extenso in *Medical Review*, will also be used (15).

The Congress was attended by representatives of Slavic national associations, as well as by eminent representatives of French, Romanian, Greek and Turkish dermatology. It was organized under the auspices of His Majesty King Alexander I in the premises of the newly built amphitheater of the Institute of Physiology and Histology of the School of Medicine in Belgrade. The official languages were Slavic languages and French. Due to a significant number of participants from non-Slavic countries, one morning session was held in French (4).

The Congress was opened on Saturday, June 27, at 9 o'clock with a formal speech of the president Prof. Đorđevic Đ. Welcome speeches were given by Prof. Krzysztalowicz F. (Warsaw), Prof. Schamberger F. (Prague), Prof. Pautrier L. M. (Strasbourg), Prof. Nicolau St. Gh. (Bucharest), Dr. Photinos G. Th. (later a Professor) (Athens), Prof. Antić D. on behalf of the School of Medicine, Prof. Kogoj F. on behalf of the School of Nedicine and Society of Physicians in Zagreb, Prof. Zarubin V. on behalf of the Medical Society in Skoplje, and Dr. Ivković M. on behalf of the Yugoslav Medical Society. Secretary General, Assist. Prof. Kićevac M. read the greeting telegrams (4).

The total number of participants was 160, and there were 60 members of their families. There were

28 professors among the lecturers, most with the title at the time, or they gained it later: Schamberger F. (Prague), Petrarchek E. (Prague), Prochaska G. (Prague), Hubschmann K. (Prague), Gawalowski K. (Prague), Treger J. (Bratislava), Krzysztalowicz F. (Warsaw), Alkiewicz J. (Warsaw), Walter Fr. (Krakow), Karwowski A. Sp. (Poznan), Leszcynski R. (Lwow), Malinowski F. (Wilno), Grzybowski M. (Warsaw), Pautrier L. M. (Strausbourg), Nicolau St.Gh. (Bucharest), Banciu A. (Bucharest), Photinos G. Th. (Athens), Kogoj F. (Zagreb), Thaller L. (Zagreb), Čajkovac Š. (Zagreb), Fleger J. (Sarajevo), Zarubin V. (Skoplje), Todorović K. (Belgrade), Đordjević Đ. (Belgrade), Milošević S. (Belgrade), Kićevac M. (Belgrade), Ilić S. (Belgrade), Damjanović R. (Belgrade) and Primarius Fabian A. The names of most dermatologists from this group will remain permanently part of the scientific development of the profession (16).

According to the report of Ilić S., 104 papers were presented (4): 48 from Yugoslavia (37 from Serbia, 3 from Croatia, 3 from Macedonia, and 5 from Bosnia), 23 from Czechoslovakia, 18 from Poland, 8 from France, 5 from Romania, 1 from Turkey, and 1 from Greece.

Given the number of papers that covered a broad topic area and included a significant number of eminent experts, the Congress was a cross-section through dermatology of that time. Just like in all branches of history, concepts and ideas presented should be considered in the context and knowledge of that time. From this point of view, we highly appreciate the inventiveness, dynamics and the stimulating importance of comprehension and actions of our predecessors, whether they made new discoveries of permanent value, anticipated concepts, or had only speculative, sometimes imprecise, vague or even wrong projects. In our analysis we will pay special attention to those papers that supported progress or an original idea, study, or their analysis, even if they did not withstand the test of time. By doing so, the value of other papers is not disputed, because we believe that nothing goes without a trace. Breakthrough discoveries in science are rare and they are composed of tiny grains of previous findings which remain in their foundations.

Most papers were from the field of sexually transmitted diseases (STD): 43 (41.35% of the total number). In the pre-antibiotic era, this group of diseases presented both scientifically and medically, the most important dermatological problem worldwide for reasons which were overwhelming: high contagiousness, progressive clinical course with severe consequences, lack of diagnostic procedures with imprecise criteria, and insufficient and often aggressive therapy.

Of all STDs, syphilis was the greatest diagnostic and therapeutic problem and it was the topic of 27 papers, more than half the papers in this group of diseases (62.8%).

Firstly, we will discuss experimental and research papers. *Lenartowicz J.* (Lwow), a distinguished dermatologist, presented the following paper: "A research on experimental syphilis" (12). The author studied the problem of reinfection, superinfection and immunity in 25 patients with syphilis who were intracutaneously inoculated with material taken from rabbits infected with syphilis: inoculation was negative in the secondary stage, while in the third stage of the acquired and hereditary tardive (congenital) syphilis it was positive. Without further result analysis, this paper is important because of its ethical aspects and substantiality it still has (drug testing on humans); at that time this type of experiment was not exceptional. In the same period, in 1932, in Tuskegee, Alabama, USA, the "Tuskegee Syphilis Study" was conducted including 399 patients with syphilis who were left without treatment in order to study the natural course of the disease. In 1972, the Tuskegee study was brought to public and survivors received penicillin (17). "The syphilis experiments in Guatemala" were US-led human experiments conducted in Guatemala from 1946 to 1948 when subjects were "voluntarily" infected with syphilis, gonorrhea and chancroid in order to study prophylaxis of these diseases. Much later, both projects received adequate publicity and attracted government attention and reaction (18).

The paper of *Ilić S.* was about immunity in syphilis which was based on extensive literature data and clinical experience. He presented his view that there was no "real immunity" in syphilis (after the healing process), but only "infectious immunity" (15).

In his Congress report, *Photinos G. Th.* (Athens) presented results of his experiments on animals showing that after inoculation Treponema reached

the lymph nodes of animals after five hours, and the whole body after 5 days (12).

De Mienick M. (Wilno) (12) reported about testing blood coagulation in 204 patients with syphilis. He established that the coagulation rate decreased from the I to the end of the III stage of syphilis, whereas in the IV stage ("metasyphilis" – syphilis of the central nervous system) blood coagulation considerably accelerated. These results may be discussed in relation to later interpretations of nonspecific syphilis serology tests.

Serological diagnosis of syphilis was the subject of eight papers that evaluated the sensitivity, diagnostic criteria and technical improvement of these methods for further treatment of patients, particularly in the control of congenital syphilis. *Kogoj F.* (Zagreb) analyzed over 15.000 sera, with about 60.000 reactions: "favorable" reactions were combined *Meinicke* I and *Miller* II, and "WR reaction", although the latter was not considered a standard reaction (19).

Treatment of syphilis was the subject of papers on serological reactions as well as of two papers dealing with various treatment options of that time. The lack of adequate therapy was indicated by different therapeutic modalities and sometimes by different conclusions.

Bugarski S. (Belgrade) reported about iodine injections (Pregl's solution) which was associated with aggravation and provocation of clinical signs of early forms of syphilis, as well as with increased virulence of spirochete taken from these patients and inoculated to rabbits. Based on these findings, it was concluded that iodine preparation destroyed patient's antibodies and enhanced spirochete virulence (20). In contrast, according to the literature, some venereologists favored iodine over arsenic and later penicillin. Even after the First World War, some physicians used a two-year treatment with mercury combined with neoarsphenamine (21). Experience and time were necessary to test and accept new drugs, and it was the case with penicillin. Each new medicine was introduced with hope, but caused concern and caution as well.

Special attention in Congress papers was paid to congenital (3 papers) and endemic syphilis (3 papers). In the diagnosis of congenital syphilis, "luotest" was introduced by *Valentova O.* (Prag), and it was especially important in examining children of parents suffering from syphilis (12). In the prophylaxis of congenital syphilis, *Kisličenko L.* (Skoplje) pointed to the necessity of antenatal therapy of pregnant women and postnatal therapy of newborns (13). Apart from that, in a group of 5.202 schoolchildren from Bitolj, as reported by *Jurčenko D.* (Macedonia), there were 15.5% of cases with congenital syphilis (13). Reports about *endemic syphilis* were from Slovakia (1 paper by *Hynie J.* – Prague) (13), and 2 papers from Bosnia *(Nešković M., Dojmi L.)* (13). Apart from clinical forms of diseases typical for endemic syphilis, the importance of prophylaxis was pointed out: identification of endemic foci, systematic work, and introduction of vigorous and uniform treatment modalities. In the pre-antibiotic era, effectiveness of treatment and eradication of endemic foci were a major problem.

Three clinical pictures were presented that have not been found in the penicillin era: 1. Syphilitic dry gangrene of the earlobe and toe associated with cold exposure and withdrawal of symptoms after antisyphilis treatment (*Đorić M.* – Belgrade) (11), today it is well known that cryoglobulinemia may affect patients with syphilis (22); 2. Urinary bladder syphilis with syphilitic changes of the skin that were in stages II and III (*Jovanović I.* – Belgrade) (13); 3. Hereby we would like to mention the paper of Dr. *Banciu A*. (Bucharest) who presented a case of a patient with syphilitic macular exanthema, without signs of initial changes, who received hetero-chemotherapy from a seropositive person (11).

At the end, papers on syphilis were completed by those on the history of syphilis: *History of the disease Škrljevo (Thaller L.* – Zagreb), and *History of syphilis in Serbia* (*Mihajlović V.* – Belgrade) (13). Both papers were about syphilis at the beginning of the 19th century, whereas twenty years later ("the incubation period") it acquired characteristics of an endemic disease.

Gonorrhea: There were 9 papers on gonorrhea.

Sawicki and *Fedosewicz S.* (Wilno) reported about 300 patients with gonorrhea. They found that gonococci were detectable in the first days of the disease, while in the 3rd week the percentage of positive cultures decreased (13).

Kutka V. (Bratislava) presented his results, since he found that seroreaction to gonococci was negative

at the beginning of the disease, weakly positive in acute and chronic posterior urethritis, clearly positive in complications, had absolute values in arthritis, whereas management of the disease was associated with a decreased reaction (12).

Đorđević Đ. (Belgrade) treated 100 patients with acute anterior urethral gonorrhea using (intraurethral) adrenaline. Based on previous results, he concluded that acute vasoconstriction reduced exudation and inflammation and facilitated the activity of local therapy (hypermangan and so on) or anti-gonococcal vaccine. In this way, his patients experienced reduction of symptoms, but were not always completely cured (23). In his paper, *Poštić Z*. (Belgrade) outlined that he used the same therapy and assessed it in culture secretes, and a control group treated in a usual way (60: 50 patients). In the first group, positive gonococcal cultures were present for 40 days and in the second group for 140 days (13). These papers showed once again why STDs were a priority issue in dermatology at that time.

Prostate massage therapy was used only in chronic post-gonorrhea prostatitis as reported by *Karwowski A. Sp*. (Poznan) (13).

Three papers presented by *Kotur R*, *Grahor A*. (12), and *Savić M*. (13) (Belgrade), were dealing with results of culture examination of biological characteristics of gonococci and other urethral cocci.

Urethritis simplex also belongs to this group of diseases, because it corresponds with present non-gonorrhea urethritis, regarding its clinical and laboratory findings. *Ošmijanski E*. (Belgrade) reported that he examined 51 patients: 13 previously suffering from gonorrhea. The secret was tested only by microscopy and "Gram-negative, Gram-positive and labile diplococci" were found. The treatment included local potassium permanganate, whereas vaccine from various bacilli cultures, cocci and diplococci showed no results (4). This paper is interesting because it shows the difficult and long-lasting way of both patients and physicians until a definite solution for the disease was found.

Four papers were dedicated to *Nicolas-Favre M*. and his diagnostic methods (reported by *Nicolau St. Gh.*, *Banciu A.* – Bucharest, *Alkalaj N*. – Belgrade, *Naunović N*. – Belgrade, *Kićevac M*. – Belgrade) (4, 13), and one was about ulcus molle (*Banciu A*. – Bucharest) (13).

In regard to prevention of venereal diseases, *Prohaska* (Prague) reported about the foundation of a "Station for registration of patients with Venereal Diseases" in Prague with the following tasks: formation of card files of all patients as well as source of infection; mandatory treatment that involved police actions against errant patients; statistical processing; and a plan for creation of networks of such institutions across the country (13).

Eczemas were the second most common diseases reported about at the Congress and they were already the topic of the *8th International Dermatology Congress* in Copenhagen in 1930. It was still a problem to define eczemas (pointed out by *Gaston P.* – Paris) (4), and its pathogenesis. The participants of the Congress outlined the following: *Walter F.* (Krakow) specified exudative and eczematous skin conditions in the group of constitutional allergic skin conditions; *Ungar J*. (Prague) established the eczematous properties of microbes, while *Čajkovac Š*. (Zagreb) and *Mayer R.* (Breslau) attributed seasonal variations in the incidence of eczema to "non-specific sensitivity" of patients (4). *Schamberger F*. (Prague) (4) reported that he studied formation and disorders of the lymph flow and applied his findings to the occurrence of eczema and exfoliative dermatitis: the process begins with inflammations of different origin; it is followed by lymphostasis, edema and finally acanthosis and diffuse epidermal hyperplasia. *Stopzanski J.* (Krakow) exposed his study on skin surface pH values and established an acid chemical reaction (4), which was in agreement with findings of Schade and Marchionini (24) in 1928, and also remained one of the important markers of skin quality for dermatitis in a broad sense.

The third group of diseases included skin tuberculosis, which was among the most serious diseases at that time. *Nicolau St. Gh.* and *Blumenthal M*. (Bucharest) reported that, by using direct cultures and retrocultures from experimental lesions of guinea pigs, they found human type tuberculosis bacilli in 15 patients and in 2 cases bovine type bacilli. Inoculation of pathological material caused death in 16 of 17 inoculated animals, whereas inoculation of "filtrate" was performed 17 times and caused death of only 3 experimental animals (4).

Two papers were dealing with the management of tuberculosis with salt-free diet (*Malinowski F*. – Wilno;

Ristić L. – Belgrade) (4), but both authors agreed that it was adjuvant therapy. In his patients, *Ristić L*. used scarification and pirogalol at the same time. *Đorić M*. (Zemun) reported about using phosphorilated fish oil and omnadin during 6 – 8 months (4).

Fleger J. (Sarajevo) presented a detailed summary and outlined the relationship between internal and skin tuberculosis (4), expecting it to be the basis for classification of skin tuberculosis which still relied on morphological manifestations (14).

Other skin infections: *Krzysztalowicz F.* (Warsaw) distinguished a group of streptococcal skin diseases, based on bacteriological results and identical initial lesions (4); he was known as the initiator of the classification of skin diseases based on the etiology that was later generally accepted (3). *Kićevac M.* (Belgrade) presented his experience about possibilities of immunization against scarlatine by skin streptococcal infection (4).

Enterococci were found in pediatric skin diseases (*Montlaur M. H*. – Paris) (4), whereas *Kićevac M*. (Belgrade) (4) talked, apart from direct enterococcal skin infections, about eczematous as well as distant secondary changes, broadening his concept about streptococcides and staphylococcides, that is streptotoxids and staphylotoxids (25).

Straszynski A. (Warsaw) analyzed 42 cases of mucosal diphtheria and found associated diphtheric changes of the skin in 14 patients. Both types of changes disappeared after treatment with antidiphtheric serum (13).

Milošević S. (Belgrade), a well-known name not only in our dermatological mycology, described a new form of trichophyton, found in trichophytia of the capillitium, and named it after his mentor (*Trichophyton Langeroni*) (9, 26).

Jirman J. (Prague) reported about discovering *herpes virus* infection and some characteristics of this virus. He inoculated rabbits with pathologic material, but he also found it in the blood of infected patients (4).

Without details in his review, Ilić S. reported about interesting clinical cases that were presented (4).

During the Congress, there were three exhibitions:

- Exhibition of medications and instruments;
- Exhibition of moulages of the Clinic of Dermatovenereology in Belgrade;
- Exhibition of pathogenic fungal cultures (*Milošević S.*) (13).

Social events were also organized during the Congress. Before the beginning of the Congress, Prof. *Đorđević Đ*. hosted a reception at his home, which was the gathering place of intellectuals and artists in Belgrade. On the second and third night, banquets were held by the Minister of Social Affairs and Public Health and the President of municipalities of Belgrade. On the third day, a banquet was held on board of "Alexander I" cruising on the Danube and Sava. Every day of the Congress, lunch was provided for all participants at the Institute of Physiology and Histology: on the first day, costs were covered by the Congress Organizing Committee and on the second and third day by the ADVY.

During the Congress, the following travel tours were offered: Belgrade – Topola (Oplenac); a two-day boat tour to Đerdap (the price was 380 dinars); a five-day tour to South Serbia (Belgrade, Prilep, Bitolj, Ohrid, Skoplje) by train and car (2250 dinars); a five-day tour to Zagreb, Ljubljana, Belgrade (1300 dinars). The travel expenses were covered by Congress participants, except for the first one (13).

The *2nd Congress of the* PSADVs, its professional level and organization, was paid great attention in dermatological publications. Detailed reports were published in "La pressE medicale" (*Prof. Langeron*) and "Romania medicala (*Prof. Nicolau*). "All previously published reports indicated that the Dermatological Congress held this summer in Belgrade was one of the most successful events for our new medical science" (10).

Prof. *Krzysztalowicz*, one of the most eminent dermatologists of the early Polish Dermatovenereology, honorary member of the ADVY, one of the founders of the PSADVs, died shortly after the Congress in 1931. The commemoration was held on November 4, 1931 at the ADVY (10).

In the period after the First World War, international associations between dermatological societies were developed, as well as among dermatologists. *Ilić S.*, professor of dermatovenereology in Belgrade after the Second World War, used to lecture his young dermatology students about the "dermatological fraternity": "Wherever you may be in the world, search for a dermatologist, and you will

never be alone". The activities were vital for a great number of international dermatological congresses that were held from the late 19th century to the present and are more and more numerous. Although the PSADVs was not long-lived, nor were its congresses, it has shown how beneficial cooperation, exchange of experiences, mutual support and personal contacts, can be.

Abbreviations

ADVY - Association of Dermatovenereologists of Yugoslavia
PSADVs - Pan-Slavic Association of Dermatovenereologists
STD – Sexually Transmitted Diseases

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II Sveslovenski kongres dermatovenerologa, Beograd 1931. godine

Sažetak

Organizator: Sveslovensko udruženje dermatovenerologa osnovano je maja 1982. u Pragu na Sveslovenskom kongresu lekara praktičara. Udruženje su sačinjavala: bugarsko, čehoslovačko, poljsko i jugoslovensko društvo, a predsednik je bio poljski profesor Krzystzalowicz F. Prvi kongres ovog udruženja je održan 1929. godine u Varšavi, a Drugi kongres je organizovalo Udruženje dermatovenerologa Jugoslavije u Beogradu, 1931. godine. Predsednik organizacionog odbora bio je prof. dr Đorđe Đorđević, a sekretar doc. dr Milan Kićevac, sa Dermatovenerološke klinike u Beogradu. Na Kongresu su učestvovali predstavnici slovenskih nacionalnih društava, kao i eminentni predstavnici francuske, rumunske, grčke i turske dermatologije; zvanični jezici bili su svi slovenski jezici i francuski; ukupan broj učesnika iznosio je 160 lekara, kao i 60 članova njihovih porodica. Među predavačima bilo je 28 profesora, koji su u tome zvanju bili u vreme kongresa, ili su ga stekli kasnije.

Broj radova: Izložena su 104 referata, a broj radova prema zemljama učesnicama bio je: Jugoslavija 48 (Srbija 37, Hrvatska 3, Makedonija 3, Bosna 5), Čehoslovačka 23, Poljska 18, Francuska 8, Rumunija 5, Turska 1, Grčka 1). S obzirom na broj radova, koji su obuhvatali široko tematsko područje, kao i na značajno učešće eminentnih stručnjaka, kongres je predstavljao presek kroz tadašnju dermatovenerologiju.

Oblasti: Najveći broj referata bio je iz oblasti *polno prenosivih bolesti*: 43 rada (41,35% od ukupnog broja), a *sifilis* je sa 27 referata bio najzastupljeniji. Radovi su bili pretežno istraživačkog, ali i eksperimentalnog karaktera; teme su bile: imunitet kod sifilisa, procena dijagnostičke vrednosti seroloških reakcija, kongenitalni i endemski sifilis, lečenje STD, kao i prikazi ređih kliničkih slika.

Izdvajamo rad o kongenitalnom sifilisu u Bitolju (Jurčenko D.): u grupi od 5 202 dece školskog uzrasta nađeno je 15,5% slučajeva kongenitalnog sifilisa.

O *gonoreji* je bilo 9 referata, a najznačajniji su bili o terapiji ovog oboljenja, koja se svodila na lokalni tretman i davanje gonovakcine. Uspeh lečenja se manifestovao „smirenjem" simptoma bolesti, dok je bakteriološko izlečenje često izostajalo ili je nastajalo znatno kasnije.

Drugu grupu bolesti po učestalosti predstavljali su *ekcemi*. Problem je bila definicija i patogeneza bolesti.

Trećoj grupi bolesti pripadala je *tuberkuloza*. Proučavani su rezultati eksperimenata na životinjama i ukazivano je na potrebu reklasifikacije tuberkuloze kože u odnosu na internu tuberkulozu.

Manji broj radova bio je o drugim infekcijama kože, kao i pojedinačni slučajevi raznih dermatoza.

Društveni deo: Bio je organizovan i socijalni deo kongresa, sa prijemima, kao i banket na brodu „Aleksandar I", koji je plovio Savom i Dunavom. Bili su predviđeni i fakultativni izleti u sve delove Jugoslavije.

Zaključak: Ubrzo posle završetka kongresa u inostranim časopisima objavljeni su izveštaji o njegovom visokom stručnom nivou i izvanrednoj organizaciji.

Ključne reči

Kongresi; Dermatologija; Venerologija; Istorija medicine; Srbija

