WORLDWIDE CHEST MEDICINE*  

Thoracic Diseases in Argentina

The tuberculosis mortality rate in Argentina, which has gradually decreased in the last 40 years (a decrease which became more pronounced with the advent of chemotherapy), tends to remain stationary since 1956 and even in the last years has shown a slight progressive increase: 19 per 100,000 inhabitants in 1960, 25 in 1961, and in 1962 it appears to be 31. The provinces with the highest incidence are Jujuy and Salta, in the northwest of Argentina, with rates greater than 50 per 100,000. In the city of Buenos Aires (federal capital) and in the province of Buenos Aires, where almost 50 per cent of the whole population lives (20 millions in 1960) the tuberculosis mortality rates have been, respectively, 14.0 and 7.6 in 1960 and 19.3 and 9.9 in 1961.

We have reasons to believe that the economic crisis which this country has suffered these last years, may have influenced the increase of the mortality rates; however, we believe that this rate is due, mainly, to the progressive increase of primary drug-resistance. Until 1959 the verification of drug-resistant strains in patients with no previous treatment was unusual, but since then, its frequency grows alarmingly: 7.3 per cent of the cases in Buenos Aires, and 15 and 29.5 per cent in Córdoba.

The tuberculosis morbidity in an assumed healthy community denotes, on the other hand, a tendency to lower incidence. In approximately 450,000 persons examined in 1962, the general index of active pulmonary tuberculosis was 0.5 per cent and that of Buenos Aires city, 0.17 per cent.

A progressive decrease of the tuberculin reaction indexes in all ages, except infancy, influenced by BCG vaccination has also been observed.

*Lately, several cases of identification of the anonymous mycobacteria have been reported, though in most patients it was not possible to demonstrate the pathogenic action of these bacilli. The unclassified mycobacteria do not seem to have any major influence on the specificity of the tuberculin reaction in the Argentine population.

There were 13,700 beds for tuberculous patients in 1962.

The clinical findings of coccidioidomycosis and histoplasmosis are not frequent; they do not constitute a public health problem. The indexes of infection have been only partially and limitedly established, until now. It was possible to demonstrate that coccidiomycosis is endemic in certain areas of the country, having found 20 per cent of reactors, especially in children of rural origin, and that the prevalence of reactors to histoplasmin reaches, in certain communities, 30 to 35 per cent.

The endemic area of South American blastomycosis (Paracoccidioides brasiliensis) belongs to the provinces which border on Brazil and Paraguay. Sporadically some supposed autochthonous findings have been reported in other provinces. However, no regional determinations of paracoccidioidin sensitivity have been made.

Hydatid disease is frequent in a large part of the cattle zone. Morbidity has diminished these last years, especially in the regions where the fight against this illness had started some time ago; the annual morbidity decreased from 4.4 per 100,000 in 1949 to 0.7 in 1960. Pulmonary hydatid lesions appear in 30 per cent of the cases; very often hepatic hydatid cysts are accompanied by thoracic complications. The surgical treatment of pulmonary hydatid cyst aims at the elimination of the parasite and the treatment of the cavity and its sequels. Argentine and Uruguay surgeons...
have proposed different surgical techniques in order to solve with success the problem according to the different clinical findings. In the case of inoperable cysts, due to their number or difficult localization, biologic treatment of the disease is used, by injections of hydatid antigen.

Among the occupations which constitute a risk of pneumoconiosis, the manipulation of abrasive soaps occupies in our country the first place, due to the rapidity and gravity of consequent pulmonary involvement. Also sand blasting and the construction of tunnels in silica rocks. Tuberculosis is a frequently associated disease, but massive pulmonary silicosis can appear in persons with no tuberculous infection.

In this country, the relative mortality of bronchopulmonary cancer increases gradually, but it does not reach the high percentage observed in England and other European countries. In Buenos Aires city, the crossing of the mortality curves of pulmonary tuberculosis and bronchopulmonary cancer occurred in 1952; since then the latter exceeds the former. Almost one fourth of the general mortality from cancer in both sexes represents involvement of the respiratory system.

With regard to cardiology it can be said that there exists a large and full domain of diagnostic techniques; on the other hand, cardiac surgery has not yet reached the same level. There are, no doubt, excellent surgeons and many specialized centers, but this same multiplication of services prevents them from being adequately equipped according to actual exigencies, and impedes the accumulation of more and better clinical and surgical experience.

The 5th Argentine Congress of Cardiology, which took place in the city of Rosario in November, 1963, attended by an important delegation of the American College of Cardiology, presided over by Prof. Dwight Harken, showed the scientific activity of our experts in exploratory techniques, hemodynamic studies and investigative works. At this Congress, the following subjects, among others, were treated: radioisotopes in cardiology, dismetabolic cardiopathies, peripheral circulatory insufficiency and cardiac insufficiency. Later, several conferences were held by the foreign visitors.

In a large part of the country, the importance of the human infection by *Schizotrypanosoma cruzi* (disease of Chagas Mazza) and the frequency of its consecutive cardiopathies have been recognized.

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**CONFERENCE ON RESPIRATORY THERAPY**

The second annual conference on Respiratory Therapy will be held November 10-13, 1965 at the Statler Hilton Hotel, Boston, under the sponsorship of the Children's Hospital Medical Center, the New England Deaconess Hospital and the Lahey Clinic Foundation.

The entire day, Wednesday, November 10, will be devoted to four work-shops. These will be limited to 25 subscribers and will be repeated if the demand requires. Each work-shop will run from 8:30 a.m. to 12:30 p.m. Subjects to be covered are: (1) Advantages and Disadvantages of Automatic Ventilators, (2) Acid Base Balance, (3) Humidity—Its Meaning and Measurements, (4) How to Set Up and Operate a Clinical Function Unit. The scientific program will start on Thursday morning, November 11.

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