

лии и холестазе. А.А. Туревский фактически стал организатором Гродненской гистологической школы, обогатив её работу большим количеством методов исследования. Это дало возможность внести большой вклад в развитие не только Гродненской, но Белорусской морфологии. Его ученики становились известными учеными – морфологами, достойно продолжающими начатое им дело на благо науки.

За время своей работы А.А. Туревский подготовил 3 доктора и 10 кандидатов наук, опубликовал более 170 научных работ, получил 3 патента на изобретения, 22 рацпредложения. Результаты его исследований докладывались на многих научных конференциях. Работая в Гродно А.А. Туревский уделял большое внимание научной студенческой работе на кафедре. Многие известные учёные и врачи были члены НСК кафедры.

А.А. Туревский руководил кафедрой гистологии, цитологии и эмбриологии ГГМИ 30 лет. Затем, с 1997 по 2002 г. А.А. Туревский работал в должности профессора кафедры гистологии нашего университета. В этот период он принял участие в создании учебника по гистологии для студентов медсестринского факультета. Рецензировал учебно-методические и научные работы других сотрудников. Даже уйдя на заслуженный отдых, он всегда интересовался делами на кафедре и оставался научным консультантом по докторской диссертации Л.С. Кизюкевича.

А.А. Туревский всегда принимал активное участие в общественной работе. На протяжении 22 лет был научным руководителем студенческого научного общества ГГМИ. В этот период студенческая наука в нашем институте процветала и наш вуз всегда выглядел одним из лучших на республиканских и всесоюзных конкурсах научных студенческих работ. Абрам Аркадьевич на протяжении многих лет был председателем областного научного общества анатомов, гистологов и эмбриологов, членом Научного Совета Академии Наук БССР, членом Правления Всесоюзного и Республиканского научного общества АГЭ. В 1984 г. за многолетнюю плодотворную научно-педагогическую деятельность профессор А.А. Туревский награжден медалью «Ветеран труда», а в 2004 г. был избран почётным доктором Гродненского государственного медицинского университета.

EPIDEMIOLOGICAL ASPECTS OF HIV-INFECTION IN SRI LANKA AND IN BELARUS

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Introduction: Sri Lanka is an island nation in the northern Indian Ocean off the southern coast of the Indian subcontinent in South Asia. Its total population is 21,675,648 under an area of 65,610 km². Republic of Belarus is European country bordered by Poland, Ukraine, Russia, Latvia and Lithuania. Its total population is 9.466.000 under an area of 2.076.000 km².

Aim of study: To compare the epidemiological pattern of HIV-infection in 2 countries – Belarus and Sri Lanka.

Materials and methods: The official HIV statistics from both countries were used.

Results: Presently, (December 1, 2013) cumulative number of HIV-infected persons in Belarus is 15 560, with a distribution of 128,4 on 100,000 of population; cumulative number in Sri Lanka is 1500, with a distribution of 13,84 on 100,000 of population.

In Belarus from the year 1996 to 2003, the new cases of HIV-infection were mainly due to parenteral way of transmission. Heterosexual way of HIV transmission in Belarus achieved 85,0% among the new cases in 2013 and 55.5% among all registered cases. Proportion of female to male is 40,5 % (6295) to 59,5 % (9265) cases.

Among all the HIV/AIDS cases registered in Sri Lanka from the year 1987 to 2013, the main mode of transmission was by heterosexual way – 82% of registered cases. Homosexual way was reported in 11.3%, intravenous drug users (IDU) – in 0.6% cases. The total number of cases increased drastically from 50 in the year 2000 to 121 in the year 2010. From the year 2010 to 2013, there was an average of <500 new cases every year. A proportion of male to female patients is 60% to 40%.

Risk groups for HIV-infection in Sri Lanka are sex workers (brothel-based, street-based, Beach boys, massage parlors, karaoke bars and casinos) Police, Auto drivers, Business people, and abroad workers in age 35-39 years old. HIV prevalence among IDU is less than 0,6% in Sri Lanka. The higher rate (57%) of HIV infection reported cases is observed in Western Province of Sri Lanka, the capital Colombo (32%) is the leading city of HIV epidemic.

Total number of HIV-positive children in Sri Lanka is 35 (where 4 of them died) and 214 in Belarus (where 21.4% of them died).

Reported cases of death among HIV-infected persons amount to 2728 (20.9%) and <200 in Belarus and Sri Lanka, respectively.

Conclusions. Distribution of HIV-infection in Belarus is nine times more than in Sri Lanka despite the population of Sri Lanka two time more than of Belarus. In Belarus HIV death is near five times more than in Sri Lanka. The epidemic of HIV-infection in Sri Lanka is mainly associated with heterosexual way of transmission. Parenteral way of HIV transmission among IDU (>0,6%) is significantly rare in Sri Lanka in comparison with Belarus where proportion of HIV infected IDU was 42,1% on the end of 2013. The featuring HIV-epidemics in Belarus is associated with increasing of sexual way of transmission and involvement of more females and children.

LUSHER'S TEST'S DIAGNOSTIC POSSIBILITIES IN ASSESSMENT OF EMOTIONAL STATE IN FOREIGN MEDICAL STUDENTS BEFORE AND AFTER EXAMINATION

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The Lüscher color test is a psychological test invented by Dr. Max Lüscher in Basel, Switzerland. Max Lüscher believed that sensory perception of color is objective and universally shared by all, but that color preferences are subjective, and that this distinction allows subjective states to be objectively measured by using test colors.

Lüscher believed that because the color selections are guided in an unconscious manner, they reveal the person as they really are, not as they perceive themselves or would like to be perceived.

He believed that personality traits could be identified based on one's choice of color. Therefore, subjects who select identical color combinations have similar personalities. In order to measure this, he conducted a test in which subjects were shown 8 different colored cards and asked to place them in order of preference. Colors are divided between "Basic" (blue, yellow, red, green) and "Auxiliary" (violet, brown, grey, and black).

The Lusher color test has two versions, the full test and the short or quick test. For our purposes, the short test will be satisfactory, considering the full test contains seventy three color cards of twenty-five hues and shades and requiring forty-three se-