parenchyma, the alveolar distension and disruptions of alveolar septa was observed, the diffuse emphysema was developed. The analysis of the specimens has shown that on the 21st day of the experiment, a significant portion of the left lung tissue was busy with extended emphysematous alveoli with the destruction of interalveolar septa. The emphysema was localized in all lung fields. The most pronounced lesions were observed in the lower lung field (table **4**).

Table 4

The area of extended emphysematous ling tissue (% of normal) in mice under conditions of intratracheal administration of elastase at the 21st day of the experiment (M ± m, n=5)

Groups	Top pulmonary field	Medium pulmonary field	Lower pulmonary field
Intact control	0	0	0
Pathological control	24.06 ± 6.12*	63.76 ± 5.02 *	82.90 ± 2.88 *
Compound I (3 mg/kg)	11.76 ± 1.48 *	37.09 ± 5.86 *●	35.28 ± 5.81 *●

Notes:
1 - * - distinctions are reliable as compared to intact control ($p<0.05$);
2 - ● - distinctions are reliable as compared to pathological control ($p<0.05$).

The administration of **Compound I** has reduced the intensity of the inflammatory infiltration of the lung parenchyma and the pronounced hyperemia of vessels of microcircular channel and capillaries of interalveolar septa, has decreased the relative area of extended emphysematous alveoli as compared to the group of the pathological control (table 4). The obtained data provide ground to conclude that **Compound I** has the therapeutic effect in case of pulmonary emphysema.