GYNAECOLOGY AND OBSTETRICS IN THE U.S.S.R.

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In 1937, three of us, A.H.P., T.H.B. and myself, decided on a two months' busman's holiday, working out a motor tour embracing Paris, Zurich, Vienna, Budapest and Berlin; but as these countries were not new to any of us, before leaving London contact was made with the Soviet Embassy with a view to introductions and visas for the U.S.S.R. which we could use in the latter part of our expedition.

One of us (G-A) having had previous experience of the frustrations and irritations of the train and sea journey, it was decided to go by air from Berlin *via* Königsberg to Moscow—a delightfully interesting trip.

On arrival at the Moscow Airport, perhaps the largest in Europe, we taxied after the usual "douanerie" to our hotel, where the Intourist had booked in advance three bedrooms, each with its own bathroom.

Hardly were we ensconced than a V.O.K.S. interpreter introduced herself as at our disposal—a charming girl speaking good English and normally working in the Post Office.

Taking the letters, and a note of our respective desires, she assured us that all help would be forthcoming, but she recommended that we should spend our first two days sightseeing and visiting museums, picture galleries, etc. This was good advice, for old and new Moscow make a huge city containing some splendid buildings and particularly a magnificent collection of pictures by modern artists—Picasso's, Van Gogh's, Gauguin's, Monet's and Manets.

On the third morning Miss V.O.K.S. telephoned that she was arriving early to take us to the Traumatological Hospital—which was under the ægis of Professor Yudin, famous for his surgical dexterity and pioneer advocacy of cadaver blood. He gave us lunch and showed us everything we desired from a gastrectomy by himself to the technical collection of blood from a freshly dead corpse.

Another day I made my way alone to the gynaecological department, which was under the directorship of Professor Alexandrov, a chubby little man who proudly took me round his wards, emphasising the popularity of his clinic, by the overflowing number of patients in every ward. When I remarked upon the low height of the beds, he told me it was to facilitate the patients' own use of the bed pan, for, so far, they had been unable to achieve the high standard and number of nurses that we possess per ward.

All the patients seemed happy, and I quickly noticed the rough badinage that passed between surgeon and patient, just as one used to see it in Paris hospitals. For instance, on my asking him what was his wound technique after abdominal operation, he said laughingly "I'll soon show you," and straightaway standing between two beds he raped the bed coverings off two patients, leaving them completely stark, as they had no pyjamas or night dress on, in order to show me two nice neat sub-umbilical bolsters with no other dressing. The patients roared with laughter. He told me that he had never had any complications with this best of all dressings; the bolster was kept in place with silkworm gut and the patient encouraged to get out of bed on the third or fourth day. On the twelfth day it was removed and she left hospital.

At the end of each ward there was an examination room to which patients walked or were wheeled for the staff to see. Professor Alexandrov told me he was particularly interested in the surgery of congenital absence of the vagina. Roguishly he emphasised that one of the peculiar things about such absence was that the patients were always pretty, and certainly the two girls there, whom he had operated upon three and four weeks previously, were very beautiful. He had done seventeen of these cases up to date, using a loop of the sigmoid (not the ileum) and had lost only one, and that from embolism on the twenty-third day. The whole operation was done in one stage after first making a suitable passage below between the bladder and rectum. About 8–10 inches of the sigmoid were isolated and then drawn right down with its attached mesentery into the vagina by an assistant. After doing an end to end

anastomosis of the bowel the two open ends of the sigmoid loop were then purse-stringed and peritonealised and the abdomen closed. At the end of the operation the U. loop was opened below and left in situ for two weeks, the septum being later excised. In some cases where the girl was older only a single tube of sigmoid was brought down and secured.

I examined both the girls digitally and through a speculum. It was interesting to see rugæ of the large bowel in the "ersatz" vagina.

The next day he showed me another case which he had done a year ago, of which he was very proud, for the cosmetic result was indistinguishable to the husband.

His operating theatre was a large one equipped with two tables without any screens between them.

That morning, whilst he was doing a myomectomy on one table, another patient was brought in and put on the spare one. She was neither shy nor nervous; she sat up and watched the Professor operating a few feet away; then she was given a spinal, laid flat, shaved and prepared. When she was ready the Director, leaving the parietal technique to his assistant, changed, and started afresh on this case—one of double pus tubes—the whole technique of the theatre being faultless.

It is perhaps worth recalling that just before the myomectomy patient left the theatre, the assistant whispered that she was pale and somewhat shocked. The Professor at once ordered him to 'phone down for cadaver blood. On asking the date of the bottle, I was told it was twenty-two days since collection from a lorry accident case. I saw the girl the next day, she had had no rigor and looked well.

Formerly, when any doctor visited Russia, almost the first question that was fired at him on his return was "Did you see the Abortorium Hospitals?" that is, the special hospitals that were selected for the performance of abortion under supervision of the Soviet State. Naturally, I asked Professor Alexandrov as to the present existence of these somewhat notorious places. Laughingly, he told me that everyone made this enquiry, but he could assure me that nowadays no such hospitals existed, for he and every scientific adviser to the Union had very fiercely denounced such methods, which, if allowed to continue, would unquestionably have undermined the fabric of the State. Moreover, he and every gynaecologist was quick to realise that such racial suicide was accompanied by a definite mortality and a very considerable degree of permanent invalidism and sterility from sepsis. To-day he was glad to say the same barriers existed to the performance of abortion in Moscow and throughout Russia as in all civilised countries; and as the State provided all hospitals and medical attendance, private nursing homes, where irregular proceedings could go on, were an impossibility. He was quite emphatic when he told me that no stigma attached to the performance of abortion to-day, for it could only be done in a State hospital after due and proper consultation and agreement between two or more specially appointed and qualified State medical officers, and probably one civilian, representing the Home Office, in cases of doubt.

A day or so later I went to the comparatively new Elizabeth Catlin Maternity Hospital. This was in the suburbs surrounded by model tenement houses and serving a large area, some 4,000 cases passing through its doors annually, but there was no evidence of overcrowding. It had 170 beds. The medical staff were mostly elderly, each little firm of doctors and students being on full duty for twenty-four hours at a stretch and then relieved. No patients were admitted into "clean wards" until they had been thoroughly examined and washed. The morbidity rate was under 5 per cent. and the deaths from sepsis 0.2 per cent.

I was interested to see the way the labour room was run. It contained twelve beds for patients in the first and second stages of labour and there were no screens. The women were all confined on their back and episiotomy was not popular. As it was summer time and none of the sweating patients had any coverings on them, a comical visual effect was produced by the fact that all the women were close shaved only around the vulva, whereas the tawny suprapubic hair had been left, a typical continental conjugal consideration.

Forceps, I was told, were rare, and if needed the patient was taken into a small room off stage. The staff were very caustic about what they called the British fetish of painless labour, for they were sure it was conducive of long labour, softness, multiple vaginal examinations (they would not hear of rectal examinations) and sepsis. They assured me that the

idea of patients being confined in one open ward with six patients on each side, in labour, developed the competitive herd instinct and inspired good pains, mutual encouragement and natural labour.

Rickets was rare in Russia, but when Cæsarean section was necessary the lower segment was invariably done, and if there was any suspicion of sepsis this operation was preferred to that of Latzko. I saw one case of eclampsia being treated on the Stroganoff lines. She was red-haired and comatose—later she died, they informed me.

Surgical induction of labour was on no account tolerated, for if a trial of labour failed surgical measures could be undertaken with better results.

It was in this hospital that I first saw use of umbilical cord blood. Directly the infant was born, after ligation, the cord was cut and allowed to bleed into a sterile vessel. This was at once sealed and sent to the Municipal Laboratories, for the serum to be tested and used prophylactically against measles. The Russians were the first to employ this method of immunisation, for measles is a very serious disease in the U.S.S.R.

Every nurse and pupil midwife in this hospital who bathed the baby had to be fully masked, for the Russians were among the first to realise the importance of such measures for the prevention of respiratory disease in infants.

One other excellent idea, which might with profit be adopted by ourselves, anyhow at certain seasons, was that no husband or relative of any kind, on any pretext, could enter a lying-in ward during the nine days following confinement. This was an adamant rule rigidly enforced to prevent the outbreak of epidemics which had often disastrously affected whole hospitals.

In order to cater for relatives, however, six telephone booths were provided in the hospital basement into which they could go and dial the ward and number of the bed that was wanted. On doing so, a red lamp showed at the bedside of the patient, who, if she were awake, could chat to her beloved, below. By such means extraneous food, dirt and disease were kept at bay, and certainly all the mothers seemed cheery, well-fed and clean.

Finally, I must do justice to the pioneers of an idea which might be adopted by every maternity hospital in the Empire, namely, the provision of an expert pædiatrician, who every day gives a lecture to every mother or group of mothers leaving the hospital, on the feeding and care of themselves and the baby. I saw this in process at the Elizabeth Catlin Hospital. The lecturer was a lady doctor and a born enthusiast. Speaking in French, she told me that there were not many women doctors as yet and that there was a total shortage of all doctors; hence there was a tendency perhaps to rush students through their examinations, but she thought matters would right themselves in the course of the next few years. She had travelled all over pre-war Europe. She told me it was astounding and almost pathetic to see the tremendous keenness to learn and become educated on the part of all classes. She asked me if I had visited the ante-natal clinic, and when I told her I had, she was most anxious to know what I thought of the new city institute which depicts in model or miniature form everything that a woman should or should not know of ante-natal or post-natal morbid and physiological interest. Indeed, I was amazed at the enormous number of women and children and young adolescents one saw there studying the models, pictures and specimens of every description depicting health and disease, at every showcase there being an official demonstrator.