DOCTOR AND PATIENT IN THE SOVIET UNION.

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In viewing a country's medical services we must examine—

- (1) Methods of organisation.
- (2) Efficiency in serving that country's population.
- (3) The place taken in the general advance of Medical Science.

In this article I give some impressions of the actual treatment of people in the Soviet Union in health and in disease, basing it to a fair degree on notes made during a visit to Russia in the late summer of 1939.

In Britain we are justly proud of the farreaching developments in the prevention and treatment of disease which have taken place in the last 150 years. The development of industry and the close confinement of people in factory and workshop and in grossly inadequate houses created medical problems of widespread urgency. Sewerage schemes, scavenging, pure water supplies, and land drainage in these conditions did more to save life than an army of doctors might achieve. Soap and water largely banished the louse and the flea, and with their retreat went cholera, plague and typhus. Within 100 years our death rate dropped from some 22 per 1,000 to 12 per 1,000. Because of such advances in our social security we honour names like Chadwick, Kay-Shuttleworth, Engels and Shaftesbury. These and others described what they saw and drew the correct conclusions from their observations.

A century after the passing of our earlier Factory Acts, Lenin had to tell the Russians, "Either Socialism will destroy the louse or the louse will destroy Socialism." The young Soviet Republics set to with a will, and in these last twenty-four years have built their Socialist State and, with it, their socialised health services. Within twenty years they have reduced their infant mortality to less than half of its previous high figure. Other vital statistics show similar trends and such figures are the measure of the medical progress of a nation.

We who started so much earlier in the race for medical progress may well examine with interest and enlightenment certain factors which have produced a rate of advance at once widespread and intensive.

Firstly, we find a medical service which is free to all. A service which is co-ordinated from top to bottom, developed overnight, as it were, on certain basic theories. The Commissariat of Health is directly responsible for all the multitudinous units which constitute the health services of Soviet Russia. It is interesting to note that in the early nineteen twenties the doctors were the first professional class prepared to work in harmony with the new régime. The reason lay partly in the fact that their first Commissar of Health, Dr. Semashko, an old Bolshevik and friend of Lenin, quickly made it evident that in the making of medical appointments he never questioned a doctor's politics so long as he was prepared to give conscientious and single-minded service to the Soviet medical services. Quite early, although working under great difficulties, they were able to lay the foundations of health services which before long were to play such a spectacular part in lifting the new Russia out of the depths to which it had sunk in the years before.

Gone is the long held superstition that any one doctor constitutes the unit of the profession. In an age of production by social co-operation, the unit of medicine similarly is held to be the team of doctors working from a central clinic with all the requirements of modern methods of diagnosis and treatment at their command. Working on a shift system they are able to devote untired and unhurried care to their patients. Let us observe some of the features of Soviet medicine by visiting certain hospitals and clinics.

Polyclinics and Hospitals.

The Polyclinic Aeroflot is a pleasant well laid-out building at an aerodrome near Moscow on the road to Hinki port on the Moscow Volga Canal. It serves the personnel of the air fleet, the workers attached to the aerodrome and their families. There are two main sections, the polyclinic proper and a small hospital of forty-five beds. Fifty-eight doctors are employed

and the complete staff numbered 230. Apart from emergency work, there were two full working shifts of five hours each from 9 a.m. to 2 p.m. and 3 p.m. to 8 p.m. Shifts are arranged to suit the convenience of the workers who use the polyclinic. Patients can always attend by appointment, and even a first visit could be arranged by 'phone. As a result, the spacious and comfortably furnished waiting room was fairly empty, even when the work of the hospital and clinic was in full swing. On the ground flat, which was devoted to the polyclinic, was a series of rooms for the various specialists. The dental department had a staff of eight dentists working in shifts. Each sees ten to twelve patients daily, except the newly-qualified dentist, who sees perhaps three patients per day. There was an X-ray department, diagnostic and therapeutic, a clinical laboratory, etc. The physiotherapy department was quite a complicated place with many devices for prodding and kneading. Vibrating instruments seemed popular. The urologist I found was also treating cases of venereal disease. Their methods seemed similar to our own. In other rooms I saw various specialists at work, a surgeon, a general physician, an aurist, ophthalmologist, and so on. The atmosphere of the building in general was that of a hospital. In the individual consulting rooms it was something between that of a hospital and a doctor's surgery in this country. The polyclinic was, in fact, a general practitioner service and a specialist service combined. As a general practitioner, I was particularly interested to know whether, with the ready availability of specialists, there was any tendency for patients to travel around from one specialist to another and without being the special responsibility of one particular general physician. I was assured that this did not happen and that each case was definitely under the care of one physician to whom the patient returned after any further consultation. At no time did I find doctors hurried or showing signs of overwork. One surgeon whom I questioned referred to his records and was able to tell me that during that year he had seen on an average 200 patients per month. How I wished that our many excellent surgeons and physicians in hospitals and clinics here could have the same leisurely opportunity of examining their cases. I was eager to observe the general approach and reactions of the patients in the presence of these various doctors. In the main there was a readiness for the patient to take part in the consultation, much as we find here when we consult with a patient of better education. Only in the older patients brought up in a previous régime did I find a tendency to accept respectfully the decision of the doctor in a more passive way, and to address him or her as "sir," or something corresponding to such address. With these older patients the general atmosphere and tone compared more closely with the usual panel patient consultation found in busy industrial practice where a doctor most often has little time to enter on fuller discussion and explanation and the patient in the main does not expect such leisurely procedure. In general, it seems good for medical men to work in teams with their colleagues. Under such conditions one is much more likely to retain interest in one's work and even a fair degree of enthusiasm. The doctor's working day is spent in seeing patients and not in rushing about from nursing homes to hospitals or covering a large mileage through the busy streets of towns—how often do our G.P.'s, even in towns, travel many miles to see one patient, thus breaking into the whole rhythm of a day's work. In the Soviet Union each is a full-time worker in his institution, much as we find in our own Hammersmith Hospital in London. The nurses worked in gowns and slippers, thus making for easy comfort if not elegance. They were in the main kindly and friendly with the patients and showed a definite keenness to learn from the different cases. In this particular polyclinic some of the nurses had originally been unqualified workers on the staff, such as cleaners, and had taken advantage of facilities for further education. The director was a keen and friendly man around forty years of age. He also had formerly been one of the unqualified workers on the staff. The nurses worked on an average about a six-seven hour day. Most live at home, but there is always a proportion, especially of the more senior ones, who live in the nurses' home attached to or near the hospital. The hospital kitchen attached to the polyclinic supplied meals for the forty-five in-patients. It was spotless. The chefs had qualified in a school for medical cooking and had salaries comparable with the less highly-paid members of the medical and surgical staff. All new patients had to be seen by the director before admission, except in case of emergency. Each section of the staff met regularly to discuss their part in the running of the polyclinic, i.e., doctors together, maids together, nurses, etc. About once in three months all met together as a hospital Soviet in order that their various activities might best be co-related.

The apparent standard of efficiency of the various medical men and women whom I saw at work, varied according as we judged by average British hospital standards or by those of general practice. By the latter the standard was high, by the former it was often less than we would expect from a hospital consultant here. In the main, after discounting the hospital atmosphere and recollecting that here was what corresponded to our general practitioner service, the standard was excellent.

In Moscow I also visited the Central Clinical Hospital of People's Commissariat of Railway Workers. This was a hospital of 500 beds with 50 doctors and 134 nurses. The director who received me was, I found later, an old Bolshevik and a partisan or guerilla fighter in the Intervention wars following the 1917 Revolution. No ward contained more than six beds, and an interesting feature of Soviet hospitals is that the patients who are up and about have dining rooms which are separate from the wards. The average stay of patients was eighteen days. Patients were sent home sooner than we would find here; for example, hernias and appendices averaged eight days, confinements only seven to eight days. I was informed that *in the whole of this hospital there was no chloroform or ether*. Spinal and intravenous anaesthetics were used. Here again I noticed extensive facilities for physiotherapy and hydrotherapy. The hospital library, which received the "Lancet" (and, I believe, the B.M.J.), was still rather undeveloped, and the young urologist who spoke English and kindly showed me round part of the hospital would have welcomed an interchange of journals on urology with his British colleagues.

A visit to the Hospital for Industrial Diseases in Leningrad was of interest in that it served as a practical demonstration of the stress which the Soviet health services place upon preventive medicine and of how closely they endeavour to relate their theories to practical experience. This hospital served the whole of Leningrad and the surrounding area, which includes one-quarter of the Soviet industrial production. It was staffed by 103 doctors for a total of fifty beds, many of which were empty at the time of my visit. The building was old and quite unimpressive. For the clinical part of the hospital there was a staff of twelve doctors and twelve nurses. Admission is restricted to cases of definite industrial disease, e.g., poisoning by fumes, etc. Ordinary accidents in places of work go elsewhere. Where such specific industrial accidents occur, a doctor, an engineer and a chemist go immediately to the factory. These three technicians examine the situation and no work can start in that section of the factory until their permission has been given. This procedure applies to urgent or acute cases.

All people in industry are required by law to be examined medically at regular intervals. In most cases this interval is one of six months, occasionally it is yearly, and it may be as often as monthly, as, for example, in the case of workers with tetraethyl lead. Where a particular factory shows a higher percentage of sick returns than a fair average, the hospital sends an engineer and a chemist to find out why. When new substances and methods which might develop noxious products are introduced to industry a test section is opened in the factory, and only when the results from a medical point of view are considered satisfactory may production go forward on the scale desired by the industry concerned. Records are kept of all workers who have developed industrial diseases and these patients are examined periodically by the factory doctors and also by a doctor from the institute. The hospital contains twenty-one different laboratories for investigations into certain subjects, e.g., ventilation, light, temperature, dust, vibration, etc.

Of special interest was an oxygen room with heavy doors and inlet tubes through the walls and an observation window through which the doctor watches the progress of the patient. Among the relatively few cases in the hospital were two of sulphur dioxide poisoning in workers from match factories and a case of lead poisoning in a patient who made accumulators for motor cars.

Health Education.

A visit to the House of Sanitary Culture gave a further impression of the emphasis placed by the Commissariat of Health on preventive medicine and health education. This institute bore a certain similarity to the pavilion prepared by the B.M.A. for the Empire Exhibition in Glasgow some years ago, but was on a much larger scale. Throughout the Soviet Union there are 300 such Homes of Sanitary Culture with a Central Institute in Moscow.

When we observe the immense sums spent on medical research and on preventive medicine in its widest sense it is not surprising that one of our leading surgeons, after a visit to the U.S.S.R. in which he examined hospitals and institutes of a more specialised nature than those in which I was interested, expressed the view that "The medical scientists of Russia are being given better opportunity to produce good work than in any other country I know . . . their conditions of work are well-nigh ideal." He linked this statement with the fact that the supreme body in Soviet medicine, the Commissariat of Health, was largely composed of eminent practical clinicians and scientists.

Such things as I have described above concern the more routine working of certain limited aspects of Soviet Medical Services, much as if in this country one made a tour of any of our ordinary hospitals or clinics in which much constructive work of excellent quality is being turned out, where dependably good clinicians are doing their daily work and doing it well.

What of the high lights of Soviet Medicine ! It is not sufficient for a nation to be satisfied with the carrying out, even if efficiently, of the daily treatment and prevention of disease. Medical science must advance. Life cannot stand still. Cancer and countless other problems await solution. Not until the doctor, working in conjunction with the society of which he is a part, has eliminated the necessity for that society to require doctors will his struggle for progress cease. The doctor must eliminate the doctor before his work is done.

The achievements of Soviet medicine in more specialised and perhaps more spectacular fields have been described by others more competent to judge of their significance. The work of Professor Filatov on corneal grafting has become classic. Working in Odessa (now tragically part of the scorched earth) he developed a very efficient technique of treating corneal opacities by grafting the cornea from healthy eyes. The supply of healthy corneas is derived mainly from the bodies of people killed in accidents and the eyes may be stored in an ice-box for anything up to a week before use. Since it was found that diseased tissue in the neighbourhood of the grafts frequently showed improvement, Professor Filatov has developed his grafting as a form of treatment for such conditions as skin tuberculosis and certain corneal lesions. The people of the U.S.S.R. show a similar readiness to allow their dead to contribute to the health of the living by their development of the use of stored cadaver blood. In the Central Emergency Hospital of Moscow (a hospital with some 750 beds) extensive use has been made of stored supplies of cadaver blood. In this hospital the enthusiastic surgical chief, Professor Judin, has operated upon a very large number of perforated peptic ulcers, using for several years back the method of partial gastrectomy. Having on an average 150 of these cases each year, he found that the considerable degree of shock associated with them was much benefited by blood transfusion. With the stimulus provided by the need for such large quantities of blood, Professor Judin experimented with and developed the use of cadaver blood. Soviet scientists seem to think that the gulf which separates life from death is not quite so wide as we are accustomed to assume. It is not improbable that the concept of the Unity of Opposites embodied in their underlying Marxist philosophy may in some degree account for their readiness to call in the dead to redress the imbalance of the living. At any rate, Professor Judin is able to show remarkably low mortality figures for his ruptured ulcers treated by partial gastrectomy and transfusions.

On one occasion during our trip I had a good opportunity of seeing the medical services functioning from the patient's angle. Returning in the train from Moscow to Leningrad a student member of the party complained of abdominal discomfort and faintness. He showed some degree of shock. The guard was asked to arrange for an ambulance and stretcher on our arrival in Leningrad. This service was remarkably prompt and we were soon in our hotel and the patient in bed. A doctor was sent for by the hotel people and was round in perhaps ten minutes. She, as is usual, was accompanied by a nurse. Her examination of the patient was made with unhurried care and, since the diagnosis of hæmorrhage from peptic ulcer seemed fairly certain, she ordered the patient's removal to hospital. Without unnecessary delay, our patient was settled in a four-bedded ward and clearly was in an atmosphere where he would be looked after with kindness and consideration. The interesting aspect of this episode was that all this free medical service left none of us with the feeling that we were personally obliged to any particular individual. It was implicit in the whole affair that the doctor and

nurse who came to the hotel and the hospital people were medical workers doing their everyday task for which they receive their stated salary. The sense of personal obligation was no more marked than when we use a city's water supply or other public service.

Further ramifications of the health service were discovered in every considerable factory and workshop which we visited. Certain things we found were an accepted and routine part of the life of the factory workers. Such were the crèches for the pre-school children and the infants of the women workers. Doctors as well as nurses were always in attendance in these. Every factory had its factory canteen and these vied with each other in advancing their efficiency and the general tidiness and cleanliness of their surroundings. We heard many stories of methods used, especially in the earlier days of the Soviet régime, in raising what had been an extremely low level of cleanliness and in inculcating a more cultured approach to the consumption of food. It is of interest that their nutritional position was recently so sound that they were actually considering the institution of a new social service, namely, the distribution of bread. In each of the larger factories there was, in addition to the ordinary dining room, a smaller room where workers on special diets had their food and at which a doctor was in attendance. This makes it much more possible for workers with peptic ulcer, diabetes, etc., to continue in fair health, and is a practice which British industry to-day could adopt with advantage to the health of many valuable workers and a resultant increase in our war production.

We in Britain have made feverish efforts to increase our industrial production in the last two years of war. In Russia there has been an emphasis on production of a similar intensity for the last twenty years, since they have long realised that the very existence of their socialist society depended upon their ability to build up in a relatively short time a heavy industry which would compare in extent and efficiency with the countries of the West. From both a medical and industrial viewpoint they have done well to achieve such a degree of co-ordination that the anxiety of the directors of industrial concerns for larger outputs has not been allowed to interfere with the care of the health of the workers who are to effect this output.

A pleasing example of how medical advice has been able to adjust working capacity to industrial needs is seen in the case of older people. Instead of being forced to attempt to work at the pace set by their younger neighbours until (as we so often find) they work themselves to a standstill, special facilities are created whereby older and more infirm workers are enabled to take their place in the factory life by working not only shorter hours but also at a slower pace within their powers. It was a moving sight to see these old folks taking their place in the work to which they had been long accustomed without undue strain and with obvious happiness.

In matters of technique they can also teach us much, but there are still many things by which we, with our longer experience, are in a position to help them. An interchange of highly skilled medical and surgical personnel could be a significant factor in the development to a victorious conclusion of our joint struggle.

In conclusion, it would be well to notice that the giant strides in medical progress made in less than a quarter of a century by this new type of society which we find in the U.S.S.R. have not come about by chance. A country does not reduce its morbidity and mortality figures in such a spectacular fashion as the U.S.S.R. has done unless its general approach and working out of these problems is basically sound.

All previous medical history has been, in the main, the story of our ever-increasing power to treat successfully the patient in his illness. Now there has developed almost unnoticed by the rest of the world a new system of medicine in which the prevention of disease is the all-pervading theme.

It is possible that this great Union of Nationalities has shown us the beginning of a new era in the glorious history of medicine.