

My Impressions of Soviet Dermatology

By

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I visited the U.S.S.R. in July 1957, as a tourist on my way to Stockholm for the International Congress of Dermatology. I spent about a week in Moscow where arrangements were made for me to see medical and dermatological institutions and to meet medical men. During my short stay, I concentrated my attention on dermatology as a part of general medicine.

Skin Hospitals

I was particularly impressed by the organisation of the out-patients department which worked from 8—12 in the morning and 3—5 in the evening which meant that the patients could seek medical advice almost during the whole of the day except for the lunch break. Waiting rooms were well furnished and quite comfortable. The waiting period was very short. There was a lot of reading material particularly emphasizing the preventive aspects of skin diseases. Health posters and illuminated health slides were well exhibited; the patients seemed to take keen interest in them. Records of patients were well maintained. About 20—25 patients were usually seen in one session. Laboratory and therapeutic facilities were available on the spot in both the institutions with the resultant saving in time and inconvenience. Wards are smaller than those usually seen in India. Each consists of about 4—16 beds. The beds themselves were narrower and the space between them smaller. Apart from this, there was no shortage of beds, no waiting periods and no hurrying out of the patients. The wards were clean, tidy and functionally adequate and there was an abundance of flowers in the laboratory, bed rooms, outpatients etc. There were facilities for indoor games, reading, knitting etc. The patients were occupied mentally, this certainly helped

to divert their attention from their illnesses and I found the patients busy and occupied wherever I went. Note-taking and investigations of patients were quite thorough as far as could be gathered.

Teacher

The teaching of undergraduates in dermatology is certainly not neglected in the Soviet Union. Students have a lot of clinical material in skin beds as I found out at the institute of Skin and Venereal Diseases at Bolshaya Kalozskaya, which is attached to a medical school. Students generally have about 20—25 lectures on the subject and 3 months clinical training in the out-patients and wards. In both the institutions I visited there were a lot of moulages for teaching purposes. Though half the clinical teaching of undergraduates is conducted at health centres and polyclinics, doctors spend four years at a skin institute to qualify as specialists. Almost all medical students, under and post-graduates, are paid state scholarships to complete their education.

Research

Research in dermatology is conducted on a planned basis in the Soviet Union. It is mainly concentrated in the Institute of Skin and Venereal Disease at Karolenska Street, where facilities are available in experimental physiology, biochemistry, animal experiments, serology etc. I saw some work being done on mycological studies, lepromin and B.C.G. tests on chimpanzees and monkeys, faradic stimulation and electro encephalographic studies in different skin diseases. Of special interest was the work done on ringworm of the scalp and nails—both rather troublesome conditions. They were treating the former with some local application of ketone and Thallium acetate etc., which

tended to produce epilation. X-ray epilation has been completely abandoned there. Regarding the treatment of tinea unguis, the emphasis was on chemical peeling of the nail with Onycholium. Moscow dermatologists seemed to be pleased with their results. On a similar basis I found them treating their Hyperkeratotic Tinea infection of palms and soles. This could certainly be investigated here. X-ray treatment was very little employed compared to the amount used in the rest of the world. This came as a great surprise to me, and when I found cases of acute X-ray burn amongst the doctors (admitted as in-patients) at the Institute of Labour and Professional Diseases, I wondered if the technique was standardised and machines properly designed to counter the prejudice against X-ray therapy. But I did find the use of radio-isotopes-P-30, Strontium and Calcium. Corticosteroids are being used and so are broad spectrum antibiotics. Local hydrocortisone and systemic dexamethasone were not found to be in use. I saw some research conducted on pemphigus in the Institute of Virology by a dermatologist from the Institute at Karolinka Street. There was certainly great co-operation between the two institutes. Work was being conducted on the basis that pemphigus is caused by a virus; it has not been proved so far.

It is difficult to assess the standard of Soviet dermatology in the short time I spent in Moscow. Where quality and equality are put on the same level, regimentation is an inescapable outcome. How this is resisted or avoided, it was not possible to find out during my stay.

There is stress on functional adequacy all around. More than half the staff in every institute I visited were women. I was told that more than half the doctors in the Soviet Union are women doctors. Most of the dermatologists work from 9 A.M. to 5 P.M. The atmosphere is informal but strictly disciplined. No smoking is allowed on the hospital premises except in the directors and professors' offices. I was surprised at the great degree of informality between doctors and nurses during the discussion of cases; nurses took part and ventured

opinions. There was great co-operation between the staff of the institutes and between different units of the institutes. Nurses seemed to draw good salaries which compared satisfactorily with those of the general practitioners. Most of the institutes closed for about one month in a year during summer for their annual repairs, hence I could not visit more institutes when I was in Moscow. Every doctor had one month's paid leave in a year. I gathered that most of the dermatologists went into the country for their holidays. Professors at the Institute were encouraged to write books for which they were paid by the state. There is a completely free medical service and doctors draw a fixed monthly salary without any increments, all their lives, though there is free education for their children and some allowances. This would seem to me to stifle initiative especially if this were adopted in other countries. Though private practice is allowed, very little is available under the prevalent political system.

In the practice of medicine, most emphasis is laid on preventive medicine and the aim is prevention of ill-health. With this aim in view, stress is laid on firstly, health education in schools and factories; secondly, periodic medical examination of the population about once a year (more often in industry) to elicit evidence of early disease; and thirdly, rest in sanatoria at state expenses for all sick and tired persons. These, three important steps certainly led to reduce the incidence of sickness. The incidence of neuro-dermatoses was certainly low as was told to me.

In brief my impressions were that:

1. People are generally healthy.
2. There is no shortage of beds, doctors and nurses. Most of the institutes are functionally adequate, but they do not compare as favourably as some of the best institutions in Europe and America.
3. General practitioners form the backbone of the medical profession. They play an important role in the training of doctors (undergraduates spend half their clinical training period at

health centres), running of health centres inclusive of looking after the in-patients in conjunction with specialists. There is integration of the work of the general practitioners and specialists all round.

4. The emphasis is on prevention and social education.

5. A healthy feature of their medicine is team work. As a dermatologist, I was particularly impressed when I learnt that there are few or no cases of ill or over-treatment. Patients do not run from doctor to doctor and chemist to chemist, in the process developing multiple

sensitisations as is my experience in India. Magazines do not have any medical advertisements. It is a pleasing aspect that the abuse of drugs is avoided.

6. Because of the planning in medical practice, doctors practise only what they know, instead of claiming too much. Specialists stick to their specialities and do not practise every speciality at the same time as we so often see in India.

7. Doctors have holidays like the rest of the population. Their working hours are short compared to their counterpart. They have hobbies and are conversant with art etc.

Nursing in Industry (I)—(Contd. from page 70)

Shock

Severe injury or illness such as burns or sudden abdominal pains can cause shock which the nurse must be able to recognise and manage. All such cases must be treated in the medical centre till the patient is sufficiently recovered to be removed to the hospital accompanied by an attendant.

The nurse is expected to make all necessary arrangements to inform the department, the panel doctor and the family of the patient when the patient is admitted to the hospital.

Dermatitis

It is required of all industrial nurses to be familiar with some of the common conditions of skin rashes and differentiate them from what may be an industrial dermatitis. A carefully maintained individual record of the worker concerned perhaps showing repeated occurrence of the same condition, will be a great help for correct diagnosis. The nurse should have sufficient evidence and full history of the case before she recommends a change of job as this involves administrative procedure.

Injections

The patients will be saved working time and the trouble of travelling to wait in long queues at the panel doctor's if many of the routine injections such as those used in the treatment of anaemias, general debility and diabetic are undertaken at the works medical centre.

Clinics

Running of clinics for rehabilitated

T.B. patients, expectant mothers, canteen workers, lead workers and those who are exposed to skin and other hazards in the course of their work, is helpful not only to the workers but also to the nurse, who has to maintain an up-to-date record of their health conditions, to give progress reports of individuals and supply first-hand data for research work. These clinics afford excellent opportunities for imparting health education.

(To be Continued)

