MEDICINE AND SURGERY IN EASTERN EUROPE

Some Observations of a Medical Officer and Temporary Diplomat 1952-1957

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CHAPTER I

BEFORE entering the RAMC I had already been privileged to enjoy to the full some seventeen years of very varied and interesting medical practice, much of it in unusual surroundings. Among the most interesting of my appointments was that of medical officer at H.M. Legation in Bucharest and later at H.M. Embassy, Moscow, during the years 1952-57. So far as I know I am the only doctor to have been entrusted by the Foreign Office with two consecutive diplomatic medical posts beyond the "Iron Curtain", and to have spent as long as five years on these duties. For obvious reasons of policy these posts are temporary and are usually restricted to a period of one or two years.

I have profound belief in the Western European Alliances and in the ultimate significance of the rôle of Europe in world affairs. I hope this article may contribute a little to the general knowledge of Europe, both East and West, which is vital to our efficiency in such posts as we may be called to fill in the military medical framework of the Western Alliances. It was in the hope of such service that I brought my experience to the RAMC.

In 1951 I was selected for the appointment of medical officer with diplomatic rank of Second Secretary of Legation at H.M. Legation in Bucharest. The atmosphere was very unpleasant at this time for the western diplomatic corps in this famous Balkan capital. Roumania was then the most servile of the Soviet satellites, and the horrid stranglehold was so acute at that time that no Roumanian doctor dared to attend the French Minister when he suffered an acute illness, in consequence of which this unfortunate senior diplomat died. The appointment of a western diplomatic doctor was not welcomed by the suspicious Roumanian government of the day, and it was only after eighteen months of unpaid waiting, when the fanatical Foreign Minister Anna Pauker finally fell from power, that I was able to proceed to Bucharest and to take up my post. The brilliant and witty British Minister at Bucharest, Sir William Sullivan, afterwards my very good friend and beloved chief, télégraphed the Foreign Office, on final receipt of Roumanian agreement for me to proceed "Habemus magnam gaudiam, habemus medicum". I had quite determined to go to Roumania, cost what it might in lost time and missed opportunities in other spheres.

Roumania, to my mind the most interesting of the Balkan countries, is a land great in natural beauty. The Transylvanian Alps are extremely attractive at all seasons, and the country is traversed by the river Danube. The true Roumanians form an interesting ethnic group, being a Latin enclave among the surrounding Slavs of Russia, Bulgaria and Yugoslavia. They are in fact descendants of the Legions of Trajan who colonised Dacia for the Roman Empire. The other main races are Transylvanian Germans and Magyars in the Eastern zones of the former Austro-Hungarian Empire.

The country was a monarchy under a branch of the Hohenzollen-Siegmaringen family, and in the second world war found itself in a rather half-hearted alignment with

the axis, consequently the Soviet forces entered Roumania towards the end of the war. The consequent infiltration of the national life by communist figures brought about the abdication of King Michael in 1947 and the establishment of a People's Republic under probably the closest Soviet tutelage of any satellite state in the Eastern orbit. This was the position at the time of my appointment to Bucharest and was the direct reason for the appointment. Of recent years Roumanian communism has become much more nationalistically minded and a remarkably independent tendency in the conduct of affairs has been displayed, often in contradiction of the Moscow line.

When I finally arrived in Bucharest the Western diplomatic corps welcomed me with open arms. Resources were very limited, and requests for X-ray examinations, laboratory tests, consultations with specialists, and emergency hospital admissions had to be made each time through a department of the Ministry of Foreign Affairs, the Office for Services to the Diplomatic Corps. The bureaucratic barriers had perforce to be passed on each occasion, and my contacts with Roumanian colleagues were limited to professional occasions. After some initial hesitation, we developed an esteem which I believe was mutual. Nearly all Roumanian doctors and all consultants speak several languages; many of the prewar vintage had studied at Vienna or Paris as well as at their own Universities of Bucharest, Jassy, Cluj, or Czernowitz. Consultations with these men were thus easily carried out in French or German, thus avoiding that confuser-in-chief of international medical exchanges, the lay interpreter. These senior Roumanian colleagues were the only remaining members of the Roumanian pre-revolutionary upper class; a drastic alteration in régime can change practically everyone except the senior doctors who are above politics and whose special power and knowledge makes them irreplaceable. My strictly limited contacts with my senior medical colleagues in Bucharest were very pleasant for me. Men of this seniority resembled closely their counterparts at home, and, Roumanian medicine not having been greatly touched by the more dogmatic teachings of Soviet internal medicine, we were always in agreement on diagnosis, and usually on treatment.

The ice seemed really broken when I met a very obscure case that appeared to me to be an atypical infective mononucleosis, with exaggerated cutaneous manifestations, one of the peculiar examples of the viral diseases that are generally speaking, rather commoner and more severe in Eastern than in Western Europe. Infective mononucleosis is a disease of extremely varied manifestations and this particular example was a very worrying one to meet with in the Balkans; an unvaccinated patient and the combination of a completely atypical skin rash of unpleasant aspect and high fever made it essential to exclude smallpox. After some rather lengthy telephone work in several languages the Professor of Epidemiology in the University of Bucharest came himself, late at night too, and agreed entirely with me but confessed himself assailed by similar misgivings; the patient had infective mononucleosis and was a reminder of the protean range of possible manifestations of this interesting disease. This case was a stroke of luck for me; had I brought out the Professor for some trivial and obvious case, it would have set back our medical relations very considerably. As it was, henceforward I felt, in so far as one could in the extraordinary conditions then prevailing in Roumania, that I was accepted as a colleague, and no longer regarded as a doubtful new foreign diplomat of mysterious functions. However, the bureaucratic barriers remained, but henceforth seemed more speedily surmountable, provided always that the official channels were strictly followed. However as to have attempted to establish social relations with my Roumanian colleagues would

have resulted in awkward situations for them, our relations remained always limited to necessary professional dealings.

The hospitals of Bucharest, like those of any capital city, are a mixture of the old and the new. The historic Colta hospital often did excellent X-ray pictures for me, the radiological department was very good. I remember in particular a superb series of plates confirming a spondylolisthesis. The patient, a young lady, was a national of the European country generally considered to be the most elegant, and I have never forgotten my surprise when, having denied contemptuously any addiction to strenuous sports, she added as an afterthought "*bien sûr, je fais le parachutage*". It seemed then, and still does to me, an unusual hobby and one that accorded ill with the patient's aura of the gowns of Balenciaga and the perfumes of Lanvin.

Two Generations of Russian Master-Surgeons—Professor Vishnevsky, in the uniform of a Major-General in the Russian Army, standing before the bust of his father, between the author and Sir Walter Chiesman.

Foreigners rather decried the Bucharest hospitals, laymen not being able to realise that excellent work is often done in apparently out-of-date surroundings, and that an abundance of chromium plate and rubber flooring is not in itself a guarantee of skill or efficiency. It is extremely difficult for a big and busy city hospital to undertake new building projects; the routine work must go on, and new space is practically never available in a capital city. There is in Bucharest one very impressive children's hospital, a pre-war

building which had aroused the admiration of Ferdinand Sauerbruch when the great surgeon was called to see King Michael before the fall of the monarchy.

The hospital belonging to the Society of St. Vincent de Paul has been taken over by the present regime and is run as a lay hospital. In my day it was under the aged and distinguished savant Professor C. I. Parhon of the Roumanian Academy. Professor Parhon had been President of the Supreme Praesidium—Head of State—for a time, but was not a political figure, and although in his eighties complained that the purely representational work involved was hindering his life-work in the physiology of the ductless glands, and had returned to research when I visited his Institute. The rejuvenating effects attributed to injections of novocaine were attracting some international attention at this time, the work being carried out at the Parhon Institute. The physiological basis of this particular work was not very convincing and smacked of the empiricism of some of the Soviet Russian research. Nevertheless I was interested when in Haifa a few years ago as surgeon of the "Andes" to find this treatment enjoying a considerable vogue in Israel. While this particular development suggested some of the more incomprehensible Russian work, on the whole Roumanian medicine had not at that time been greatly influenced by Soviet methods. Roumanian medicine has of course a long and honourable tradition of its own and has contributed much to the general pool of knowledge. The fame of Roumania in medicine is not confined to the borders of the country and such names as Levaditi, who first stained the pallid spirochaete, and Cantacuzène, are familiar abroad. Levaditi, spent much of his professional life in Paris. Cantacuzène lent his ancient name and his great ability to the Institut Cantacuzène in Bucharest which has similar activities to the Institut Pasteur in Paris.

Clinical laboratory facilities in Bucharest were very good and were a great and constant boon. The Galli-Manini pregnancy test was readily available, *Xenopus laevis*, like other frogs, doing well in Roumania. The breeding of *Rana esculenta* for the tables of Paris is a national industry. The State clinical laboratories were spread through the city, so that there was one in or near most districts. The charming woman doctor who was Director of the State laboratory I was authorized to use spoke, like most of her class, the most beautiful French, so there was no problem of communication. The constant fear of embarrassing the Roumanian colleagues by frequent or even regular professional contact with them remained always a worry.

In the field of surgery, much good work is being done in Roumania. As is usual in Central and Eastern Europe, the preferred technique is still largely based on regional and infiltration anaesthesia in the Viennese tradition of the school of Finsterer. While generally considered outmoded in the west, it must be admitted that regional anaesthesia is remarkably safe and efficient in skilled hands and is always of interest to the military surgeon.

Internal medicine was often more influenced by Soviet doctrines incomprehensible to western-trained medical minds, but the solid basis was there, a groundwork gained in Bucharest or another Roumanian medical school and enhanced by postgraduate studies—taken of course before the Revolution of 1947—at Vienna, Paris or even London. One ophthalmologist spoke glowingly of his great teacher "Le grand du Kelder" whom it took me a moment or two to recognise as Sir Stewart Duke-Elder. These remarks apply of course only to the pre-war school of doctors. The more recent graduates, those trained in the post-war deeply committed communist period, were rather different, thought often good and always enthusiastic, sometimes overmuch so. One paediatrician, seeking a blood

specimen from a very moderately ill American child, was advancing on the little patient's jugular vein with a rather large syringe when deterred by the mother and myself—he was, diplomatically I hope, offered a lancet and referred to the heel where he could do less damage. In a country like Roumania, with its sinister vampire tradition, this was too suggestive of Count Dracula in person, and Dracula as a communist is a particularly horrifying concept, when one recalls the legendary power of the vampire to infect and create other vampires in ever increasing circles! With this generation of post-war doctors, my contemporaries certainly, but of very different background, I did not always see eye to eye. The too-scientific bias of Soviet internal medicine was having an all too clear influence on these young men.

My ideal concept of medicine is as a fascinating hobby practised by well-read and liberally educated gentlemen, restrained by the diffidence engendered by firm basic religious beliefs. On the other hand, medicine practised with no inhibitions by those who have convinced themselves that it is an exact science becomes frightening and dangerous, and may even become an immoral thing.

The general health of the Western diplomatic missions in Roumania was quite good during my time there. British personnel were protected as a routine against smallpox, the enteric group of fevers, and typhus fever, and most western diplomatic colleagues followed this routine also, which minimised some worries at least. Virus diseases and worrying pyrexias of unknown origin were common, the latter causing much concern in children.

Chapter II

In 1955 the normal tour of duty in Roumania having been exceeded by some six months, I was gratified to be the first medical officer to be asked by the Foreign Office to accept a second appointment, that of medical officer at H.M. Embassy, Moscow, with rank of First Secretary of Embassy. This I accepted, in spite of the fact that I knew very well that there was practically no hope of establishing a regular medical officer cadre in the Foreign Service and that this appointment would be the last available. Against one's better judgement there was a natural if faint hope that the Treasury might see the light in the matter of a regular service, but this has never happened, in spite of the tremendously high prestige value to H.M.G. of this type of service extended to foreign colleagues in isolated posts.

The background of affairs in Russia, or the Soviet Union as I had to learn to call it, is of course better known than is the case with Roumania. The general picture of the preceding forty years, the bloody and savage Revolution of 1917, and the years of practical application of the economic as well as political tenets of dialectical materialism to this enormous country and its many and varied races, is familiar to all in broad outline. Nevertheless I could echo the feelings of another Ulsterman, Lord Frederic Hamilton, seventy-five years before on appointment to H.M. Embassy in the then capital of St. Petersburg, when he spoke of looking forward to seeing "this vast and mysterious land".

The pioneer diplomatic approach that had been so interesting and a rewarding feature of the post in Bucharest was not applicable in Moscow. There had been temporary medical officers at the British and American Embassies since the end of the war, and while not warmly welcomed, they had been tolerated and allowed a grudging, very circumscribed sphere of activities. The American Embassy medical officer was an officer of the U.S. Army Medical Corps and thus had the disadvantage of being on the staff of

the appropriate attaché and of sharing the suspicions and limitations imposed on his department. Also my rank of First Secretary of Embassy gave me a very respectable diplomatic status—it is equated with a Colonel's rank in the Army—and in a big Embassy a First Secretary is one of the "number three" rank in the hierarchy, although of course there are several First Secretaries in a large Mission. This elevation was wise, as Russians are very rank-conscious and the possession of an adequate rank for the job is very important when dealing with them. In effect this meant that I was responsible to no one except my own Ambassador which had great advantages for the efficiency of the post. Of course, the American doctor was in the happy position of advancing in his service career while filling a fascinating post whereas I had all the worries associated with a temporary post, outside the regular cadres of any service and leading nowhere. However, from the point of view of H.M.G., our way of doing it had great advantages. In spite of my relative independence of action I was not able to do a great deal at the personal level to improve facilities as had proved possible to a certain extent in Roumania.

My work in Russia as in Roumania was the medical care of our own Embassy staff and families and on behalf of H.M.G., those of other Western diplomatic missions as required. The number of Western Embassies that used our services was considerable, as the diplomatic corps appreciated having a French-speaking doctor, and my time was constantly occupied. As in Roumania, a knowledge of the national background of the patients was of great value in treating their ailments.

As the only equipment at the surgery in the British Embassy compound was a supply of drugs and elementary appliances, it was inevitably necessary to have recourse to the Russians for laboratory and X-ray services and for cases requiring urgent major surgical treatment. All requests for medical services were referred to one special policlinic, used by the diplomatic corps of both observances and by the average run of Soviet-sponsored visitors to Russia, such as foreign delegations. All appointments at this policlinic had to be made in advance, and it was a tedious business securing sensible specialist help, as the policlinic doctors needed careful handling to induce them to see the foreign doctor's point of view. Matters were made no easier by the fact that most Russian doctors are completely monoglot, and the use of a lay interpreter is an excellent way to make confusion worse confounded and to vitiate what little rapport might otherwise develop. In any case the basic ideas of Russian medical practice differ radically from those accepted in Great Britain and the United States. In Russia each doctor claims to be some kind of specialist apparently from the outset of his career; the general practitioner concept is completely unknown there. As few seemed capable of discussing the average case "in the round", I may perhaps be forgiven for wondering on occasion whether so much specialisation at a very early age covered some rather crass ignorance of general principles in medicine. I was reminded of one of my uncles, in the days when people in the country depended on themselves for amusement, who enjoyed all his life a reputation, which I believed to be spurious, as a singer and violinist of above average talent. This he did by the simple process of maintaining, when a song was called for, that he was "more of an instrumentalist", and, should a tune be wanted, by the equally simple excuse of having "forgotten his fiddle". The policlinic doctors often seemed to have "forgotten their fiddles".

The difference from Roumania was very great and the sense of frustration was often overpowering. One must in fairness emphasise the language barrier, which had not existed in polyglot Roumania, where that clearest and most perfect instrument of com-

munication, the French language, was generally spoken by all educated people. Lest it should be thought that I am decrying the sonorous language of the Authorized Version, the splendour of Milton and of Shakespeare and the lapidary urbanity of Maugham, I must explain that in a wide experience of foreign lands, when both parties have to use a language not their own, French is the clearest and most likely to be mutually comprehensible. Partly for this reason and partly because the Latin temperament is more affable than the Slav, while approach to the specialist was equally difficult in Roumania, once this had been achieved things were immeasurably easier there.

In Moscow unheard of difficulties were put in the way of my attending as an observer at emergency major operations on my patients, and the American Embassy doctor encountered similar difficulties. The Russian attitude, unthinkable in the West, was "You are not a gynaecologist" (or throat specialist, or whatever the condition requiring treatment) "therefore attendance at the operation cannot be of any interest to you". For a time I circumvented these specious arguments by a perfectly legitimate manoeuvre. The primary degrees of Queen's University, in common with the other Irish Universities, being M.B., B.Ch., and B.A.O., I was able to say with truth to the Russians, rather than recalling my six years of hospital appointments, when they endeavoured to keep me out of the theatre during a major operation "Well, I do have a degree in surgery, you know". This also worked with gynaecological cases but was not acceptable for matters affecting eyes, ears, noses or throats, even our wise Irish dispensation affording no outward and visible sign of an inward and spiritual grace in these recondite fields. Requests for bacteriological examination of throat swabs were met on occasion with the most provokingly banal statements delivered with an air of profound wisdom, such as "There are microbes in all throats, it is not necessary to do cultures to find this out". Of course it was resented that the two major Western Embassies considered it necessary to maintain a doctor in Moscow, although there is a Russian doctor at the Soviet Embassies in London and Washington. It is therefore understandable that I have no very agreeable souvenirs of the colleagues at this level.

I had no time, opportunity or encouragement to go round visiting hospitals of the ordinary type unless I had business there. Diplomatic cases ill enough to require admission were admitted to the Foreigners' wing of the Botkin hospital, where every effort to please was made by the nursing staff, who were most kind in little ways such as in bringing cups of tea at all hours to patients able to have it. The natural kindness of ordinary Russians is very apparent when people are ill enough to be in hospital, and the asperities of the original approach in such cases are forgotten. The nurses are of a rather different type to those in the British Isles, because the type of girls who train fully at the best British training schools would not do nursing in Russia but would become doctors. There are so many doctors and medical auxiliaries in Russia that nurses, except in some of the higher specialised units, do not seem to have quite the same responsibilities as they do in Britain.

During my time in Russia we had the pleasure of a visit from a leading member of the nursing profession, Miss Estelle Adamson, O.B.E., then matron of the Western General Hospital in Edinburgh, and who has now returned, as matron, to St. Thomas' Hospital and as Superintendant of the famous Nightingale training school. The Russians were obviously very impressed, and when a later visitor was one of the Princesses de Croy from Belgium who followed the interest in nursing traditional among the ladies of her illustrious family, the high status of nursing in the West had been duly underlined.

As I had little opportunity or time in the ordinary way to visit the really interesting units in the specialist hospitals, official visits by distinguished British doctors gave me a welcome opportunity to do so in their company. At these times I saw a quite different face of Russian medicine and surgery and was often most impressed. These occasions also provided an opportunity to meet officials of the Soviet Ministry of Health, good linguists and intelligent and well educated people, who arranged the itineraries of the visitors and accompanied them. At these times my American colleague took over my calls as I did for him on occasion, a great relief as I never had any normal off-duty at all.

Medical visits were as a rule less interesting than surgical ones, the Marxist dialectic has been allowed to creep into the theory and practice of internal medicine and even the basic medical sciences in the Soviet Union. At one time quite unorthodox views on genetics were actually supported by the government. The practice of internal medicine is very different from that in the British Isles. Continental practice is in any case different from ours, and apart from ideological influences these differences are accentuated in Eastern Europe and correspondingly exaggerated in the Soviet Union, the most easterly of European countries. This is not to say that Soviet internal medicine is devoid of interest or constructive thought. Alongside modern antibiotics of national development and state manufacture, the old folk remedies of Georgia and the Asian Soviet lands are also studied and a scientific basis often revealed. The age-old remedies and elixirs of China arouse great interest in the Soviet Union. This is intriguing, when one recalls that the countryman's knowledge of the efficacy of cheese mould for septic fingers preceded the discovery of penicillin by thousands of years. In this age of precisely synthesised but rapidly superseded chemical drugs, one is fascinated by this trend in Soviet pharmacology to try to make a return to natural remedies by tracing active principles in traditional folk-cures.

The scientific application of spa treatment with mineral waters and natural radioactive mud is highly developed and closely integrated with the practice of physical medicine, an actively pursued and highly regarded speciality. In a great subcontinent like the Soviet Union, it is possible to duplicate all the famous spa treatments of Western Europe. All these treatments may be had at a Moscow Institute devoted to the purpose.

It is difficult to pin the authorities down to precise statements of the positive achievements in various fields, specially in preventive medicine. I took Dr. Scadding on a visit once to call on the Deputy Minister of Health, who could not give this eminent authority the current figures on tuberculosis. One would have thought that a more convincing answer could have been provided to a question that must have been anticipated, knowing the interest of the distinguished visitor, and the Russians of course do know all about their visitors.

Premature claims and the urge to be first in the field have not helped the prestige of Soviet internal medicine, which has often been more vociferous than Soviet surgery and with a great deal less cause. The claims made for a vaccine alleged to cure disseminated sclerosis raised many unwarranted hopes in the West due to exaggerated newspaper reports there. In this case the newspapers were more to blame than the Russian research workers. Overall, however, there is a cocksureness of the superiority of Soviet internal medicine that is neither impressive nor reassuring. A more balanced, less chauvinistic approach would be more in keeping with the considerable Russian contributions of the past. The surgical visits were in a different category. There is little room in surgery for ideological differences. Surgery is very definite in its results as the patient either dies or

recovers very soon. I am glad to say that in my experience Soviet surgical patients recover.

On various visits by delegations from the British Medical Association and Royal Colleges I was able to see the famous Slivassovsky Institute for Traumatic Diseases in Moscow, and the Vishnevsky Institute for Surgical Science. The latter, in addition to the acute and interval major surgery that its name suggests, is responsible for the collection of the blood from the bodies of all persons who die in the streets of Moscow, from accident or other sudden death. The cadaver blood is drawn off as soon after death as possible by means of a sinister looking machine that suggests inevitably a gigantic spider exsanguinating a fly, and is used, after the usual tests, for transfusion into the living subject. The results seem uniformly satisfactory, though it is difficult to see the advantage in peace time at any rate, over the organised living donor system used in the West and at its best in Britain. The Director of the Institute seemed remarkably interested that the use of cadaver blood had been condemned by, as he put it "Papa Rimski"—literally "The Pope of Rome". It was interesting that Western theological disapproval of the moral aspects of some facets of Soviet practice should be noted with such concern in the highest medico-scientific circles. There is indeed no limit to the strange things that might be attempted in a country where religious ethics play no part and where science is fast advancing. The two headed dog is a creation of Soviet science that would be looked at rather askance in the West and is a laboratory achievement of which the direct application to the alleviation of the ills of mankind is not clear. Mary Shelley has warned us a long time ago in "Frankenstein" of the dangers of being too clever in meddling with nature and a story that was once fantastic is not so far-fetched today.

On several occasions I visited the Vishnevsky Institute in the same way. This Institute, named in honour of a great surgeon of Tsarist times, is still headed by a Vishnevsky, son of the original Professor. This is not only a unique example for the Soviet Union of the continuance of a family tradition from an earlier régime, but also surely an almost unique example of a father and son both being master-surgeons of the very first rank. Professor Vishnevsky is one of the greatest surgeons in the world. Among the many procedures in which he is a master, the one I have seen him do most often is the spectacular operation for stricture of the oesophagus due to neoplasm or the drinking of corrosive fluid (often mistaken for vodka). The diseased oesophagus is removed and a new one fashioned from small intestine, a portion of which is brought up through the mediastinum and joined to the severed end of the removed portion of oesophagus.

A British Medical Association delegation that visited Moscow in my time included my distinguished fellow-Queensman Sir Ian Fraser, and a delegation of the Royal Colleges that came later included Sir Walter Mercer and Sir John Bruce from Edinburgh, and Sir Geoffrey Jefferson and Mr. Riddell from England. With visitors of this distinction, there was naturally every effort to please and to show of the best, from which I had some benefit also and which raised my appreciation of Russian surgery very considerably.

Russian master-surgeons are second to none in the world. There is, however, a much bigger gap between the princes of the profession in Russia and the rest, a gap that does not exist in Britain. The Soviet Union is of course an enormous area to staff with surgeons, and possibly because of the skill of the more outlying regional surgeons is uneven, there is a greater tendency to develop "gadgets" to simplify operations. One such machine, for example, would almost do a gastrectomy by itself, once the stomach was mobilised.

On a few occasions I had the duty of visiting official visitors to the Soviet Union who had become ill when travelling and who were already in hospital in provincial cities. Opportunities of this sort were all too rare, but I did have occasion to go to Kharkov and Kiev and of course to Leningrad. Kharkov suffered heavily in the War and the rebuilding is in the utilitarian and massive modern Soviet style. It was interesting to see the Institute of Neurology of the Ukraine in Kharkov and to meet its distinguished Chief, Professor Litvac, who made an excellent impression, speaking a little French and obviously following closely the international literature in the specialty. The neurologists in Moscow also seemed to follow the literature well and were generally more impressive than the colleagues in some other fields. The patient whom I had gone to see in Kharkov was a famous British pianist who had been unfortunate enough to sustain a cerebral thrombosis of severe degree in Kharkov when on a very important cultural musical delegation headed by the Master of The Queen's Musick, Sir Arthur Bliss. The patient was so well treated in Kharkov and Moscow that he is still able to play concert music with one hand.

My visit to Kiev was to a mental hospital and was interesting but not very instructive. One's impression is that there is perhaps less original work done in this specialty than in other spheres. It is after all not so long since the mentally retarded in the old Russia were considered to be specially near to God, and the ravings of the deranged taken to be inspired revelations. The mad Tsar, Paul I, is far more kindly remembered than his sane successors or his brilliant predecessors, always excepting Peter I.

The hauntingly beautiful city of Leningrad, the old St. Petersburg, is very conscious of its traditionally more western outlook in cultural matters, and possibly a few more people there still speak a little French, which makes communications easier. The accident service is markedly good in Leningrad with some "urgent help" hospitals that specialise in the treatment of accidents. Generally the medical activities are similar to those of Moscow and anyone fortunate enough to find himself on a brief visit to this lovely city is to be excused if he devotes himself to the Ballet, the Opera and Scheherazade-like treasure house of the Winter Palace, to pacing the fabulous Palace-Quay of the Neva, and to trying to recapture the atmosphere of the St. Petersburg of 1914, a time so near to our own day and yet so unbelievably remote. Beautiful Leningrad—Petersburg—completes a visit to the Soviet Union and by its contrast to other cities provides a key to the understanding of Russia and perhaps of its medicine as well.

Moscow represents the very old Russia of the Boyars and early Tsars; also the surging, thrusting Soviet Union of today. Leningrad typifies the great material achievements of Peter the Great and the sophisticated Russia of the later Romanovs. All these periods and elements played their part in moulding the life of the country and the achievements of its people, in medicine as well as in other spheres, and all aspects are complementary and help somewhat in forming a picture, albeit incomplete, of the biggest and most enigmatic country in Europe.

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