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CENTRAL INTELLIGENCE AGENCY

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COUNTRY Czechoslovakia

REPORT

SUBJECT Czechoslovak Medical Information

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map overlay

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CZECHOSLOVAK MEDICAL INFORMATION (C)

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CZECHOSLOVAK MEDICAL INFORMATION (C)

Introduction

This report contains [redacted] limited information on various medical topics. Included are data on: emergency medical services in PRAGUE; locations of the emergency medical centers; [redacted] Medical Center Nr 11; description of Medical Center Nr 11; the most commonly treated illnesses; emergency dental and ambulance service; CBR training and civil defense; civilian and military hospitals in PRAGUE; and other medical topics. This information is based on [redacted] experiences [redacted] at Medical Center Nr 11 in PRAGUE from 1952 to 1958. All information in this report is based on personal observation and experience unless otherwise stated.

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Listed below are the names, geographic coordinates, and UTM coordinates of locations used throughout this report. Coordinates are not shown for well-known locations.

<u>Location</u>	<u>Geographic Coordinates</u>	<u>UTM Coordinates</u>
KYNZVART	N50-00, E12-37	UR-2942
FRIBYSLAV	N49-35, E15-44	WR-8381
ROZTOKY	N50-09, E14-22	VR-5757

A. EMERGENCY MEDICAL SERVICE IN PRAGUE

1. General Description and Background

For medical service purposes, PRAGUE was divided into 15 districts, and each district was provided with an emergency medical service center. Prior to 1954, the entire emergency service system was administered and controlled by a central headquarters located in the Prague Polyclinic on Karlova Square in the Second District in PRAGUE. Central direction and administration, however, proved to be very confusing and difficult, particularly with respect to the assignment of personnel to operate the emergency medical centers. [redacted]

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[redacted] In 1954, direction of the medical centers was delegated to the districts which resulted in better control. [redacted] from 1954 until his defection he was detailed for duty only in Medical Center Nr 11 located in the district in which he lived. Each district medical center was directed and administered by a medical director, assisted by a senior nurse. The director was responsible for the establishment, support, and staffing of his medical center. He had at his disposal all of the general practitioners and specialists who lived in his district. Also available were those medical personnel living in his district who were engaged in teaching medicine or in medical research. However, these latter personnel participated in the emergency medical program on a voluntary basis and were permitted to choose the nights and week-ends they wished to work.

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The emergency medical service was established to provide emergency treatment for the civilian populace during normal off-duty hours. When the service was initiated, the work load of the centers was rather light. As time went by, the work load became increasingly heavier, not because the number of emergency cases was increasing, but because the people were abusing the service by reporting for

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treatment with minor or non-emergency complaints. They did this because they did not have to wait as long for emergency treatment as they would for normal treatment. As a result, the work load of the emergency medical centers had become quite heavy by 1958.

The medical centers were established in doctors' offices where available, in homes, and in some cases in specially constructed and equipped clinics. Most of the centers were established in homes or in regular apartments. Each center was staffed, from 1700 of one day to 0700 the next day, by one doctor, one nurse, and a driver. On week-ends, from 1200 Saturday to 0700 Monday, the centers were staffed by two doctors, one or two nurses, and a driver.

2. Locations of the Emergency Medical Centers in PRAGUE (See Annex A for pinpoint location.)

the telephone numbers and addresses of the emergency medical centers were printed for ready reference on the top of the inside of the front cover in the Prague Telephone Directory. The centers were located as follows (the numbers correspond to the number of the center on Annex A):

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<u>District</u>	<u>Street</u>
1. Stare Mesto	Dlouha Trida
2. Karlín	Klimentaska Ulice
3. Nove Mesto	Jungmannova Ulice
4. Smichov	Pechackova
5. Kosire	Erbenova
6. Nusle	Taborska
7. Brevnov	Betchorska
8. Dejvice	Namesti Rijnovce Revoluce
9. Holesovice	Flaminkove
10. Liben	Vozmikovyeh
11. Ziskov	Husitska 63
12. Vinohrady	Blanicka
13. Vysocany	Sokolovska
14. Vrsovice	Vrsovicke Namesti
15. Strasnice	Nad Olcinami

3. Experiences at Medical Center Nr 11

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District Nr 11 had a population of approximately 115,000. the work load at Medical Center Nr 11 was quite heavy. For example the week-end of 25 and 26 December 1957. During that 2-day period,

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treated 798 patients. [redacted] despite the heavy work load, [redacted] required to treat each patient conscientiously, and to be extremely polite and courteous to them whatever their ailment. Patients could quite easily prefer charges against the doctors for any slight, either real or imagined.

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4. Description of Emergency Medical Center Nr 11

Medical Center Nr 11 was the largest of the medical centers that were not located in either a regular doctor's office or in a specially constructed clinic.

[redacted] most of the centers that fell into this group were set up in two or three rooms of a private house or an apartment building. Center Nr 11 occupied four rooms, an entire apartment, in a large tenement house. One of the rooms was approximately 4 x 5 m, furnished with benches, and used as a patients waiting room. A second room, approximately 4 x 8 m, was used as a reception room and as sleeping quarters for the nurse. The room was partitioned, with a desk and a chair as the only furnishings in the portion serving as the reception room, and a cot for the nurse set up behind the partition. The third room, approximately 3 x 3 m, was primarily used as the consultation room, but was also partitioned to provide sleeping quarters for the driver. The consultation room was furnished with an antiquated gynecological table, a couch, and an instrument cabinet. The fourth room, approximately 2 x 3 m, was used by the doctor as sleeping quarters. The entire center was inadequately furnished. This center did not have running hot water until 1957. Most of the centers still do not have running hot water.

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The medical equipment at Medical Center Nr 11 was government-owned and consisted of a broken blood pressure apparatus, a stethoscope, a small sterilizer, and a supply of bandages, gauze, and medicaments. Suturing needles were included in the center's equipment, but they were all either rusty or dirty. The center had no splints and no ophthalmoscope.

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[redacted] the emergency medical centers were nothing more than consultation rooms, and all really necessary treatment was done at hospitals to which the doctors referred the patients. Each medical center was assigned an ambulance or an automobile, primarily to be used by the doctor for making calls.

The basic and most commonly used medicaments were available in the medical centers. Any necessary medicine not available would be procured from a pharmacy by the patient upon a doctor's prescription. However, the doctors were limited in the amount of medicines and drugs they could prescribe. For example, Medical Center Nr 11 was normally authorized ten million units of penicillin per night. This amount was usually expended within a few hours, even though prescribed in small amounts. If the authorized amount was exceeded, the price of the coverage would be deducted from the salary of the doctor.

5. Breakdown by Percentages of the Types of Complaints Treated by Source

Based on [redacted] experiences with the emergency medical centers in FRAQUE, [redacted] the following percentage breakdown of the types of complaints treated, principally at Center Nr 11, during 1957 and 1958:

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Thirty percent of the patients were treated for influenza (seasonal), pneumonia (bacterial and virus), rheumatic fever (in ever increasing numbers), rhinitis, and bronchitis.

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Ten percent of patients were children suffering from diphtheria (decreasing), measles, scarlatina (scarlet fever), mumps (in increasing numbers), polio (noticeably decreasing in the past two years), streptococcal infections, and whooping cough.

Five percent of the patients were infants suffering from dysentery, hepatitis, meningitis, mononucleosis, and endemic typhoid.

Five percent of the patients treated were suffering from acute abdominal ailments such as cholecystitis, lithiasis, and appendicitis.

Five percent of the patients were treated for apoplexy and heart diseases (very frequent and increasing in numbers).

Fifteen percent of the patients were treated for chronic diseases such as tuberculosis (increasing in number), heart diseases (increasing in number), and diabetes (also in increasing numbers).

Ten percent of the patients were treated for neurological complaints and were increasing in numbers, particularly the psychoneurosis and alcoholic patients.

Five percent of the patients were treated for injuries arising from accidents or criminal actions, accidental or deliberate intoxications, and attempted suicides (in increasing numbers, particularly among the older people).

Fifteen percent of the patients were treated for miscellaneous diseases including venereal diseases (in increasing numbers), ascariasis and hookworm, scabies (very few cases), and other skin diseases.

6. Emergency Dental Service and Ambulance Service in FRAGUE

Emergency Dental Station (For pinpoint location, see Item 16, Annex A.)

The only emergency dental service was located in the Nove Meste District of FRAGUE. It was established in a tenement building and was equipped to handle only those cases that could be treated by extraction or temporary filling. Cases requiring more extensive treatment or surgery were referred to a hospital.

Patient Ambulance Service (For pinpoint location, see Item 17, Annex A.)


This ambulance station usually had three ambulances available for use.

Emergency Ambulance Service (For pinpoint location, see Item 18, Annex A.)

This ambulance station had one, and sometimes two, ambulances on duty. These ambulances were reserved for the transport of patients who required emergency treatment.

B. CER TRAINING AND CIVIL DEFENSE

1. Organization, Operations, and Plans

 sometime in 1953, possibly in compliance with directives issued by the Ministry of Education, a CER and Civil Defense (CD) training program was initiated by and only for the Medical Faculty of Charles University in FRAGUE.

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The CBR portion of the training dealt largely with defense against atomic and biological attack, while the CD aspect treated the organization and operation of civilian emergency and disaster teams.

Because of the poor organization, the careless and indifferent handling of what little equipment was available (see par 3, below), and because of the lack of a workable attendance control system, the training program from its inception received no backing from either the dean or the majority of the members of the medical faculty. The individual entrusted with the task of presenting lectures on atomic defense was a young and relatively inexperienced member of the medical faculty who, quite obviously, referred to neither outline nor lecture notes, and who apparently based his presentations on what he could get out of miscellaneous and unofficial publications. This individual limited his treatment of the subject of radiological warfare to a movie of unknown origin which showed the destructive effects of the atomic bombing of HIROSHIMA.

Lectures on defense against biological warfare were to be given in two 1-hour periods each month by Professor KUBELKA, (fnu), Chief of the Antibiotic Department of the Microbiological Institute. KUBELKA, however, admitted in his first hour that he had never received any instruction or training in biological warfare, and therefore would devote his time to lectures on the prevention of epidemical diseases.

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all the presentations were oral, without any demonstrations or audience participation in the practical exercises.

The Medical Faculty's Civil Defense plan centered around 4 teams of 15 persons each: firefighting team, medical team, chemical defense team and auxiliary police team. One air raid drill was held annually.

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What little equipment was available to the CD organization was quite primitive. There were no radiation counters or chemical detector kits; the 4 teams had a total of about 15 obsolete WW II CD-type gas masks.

The fall of 1957 an air raid drill was held in the courtyard of Charles University's Anatomical Institute and was observed by two unidentified Czechoslovak Army officers, one of whom was a female. members of the firefighting team wore overalls and helmets, and carried picks; nurses were dressed in the regulation nurses uniforms; and two or three of the members of the chemical defense team were dressed in light decontamination coveralls and were equipped with gas masks.

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The "air raid" was signalled by a manually operated siren, after which the drill director, a member of the staff, announced that a bomb had just exploded in the courtyard and directed the chemical defense team to survey the area. A chemical defense team member, dressed in unidentified protective clothing and carrying a wooden box which simulated a radiation counter, surveyed the center of the courtyard, while another member of the same team, similarly clothed but equipped with a simulated pump-like apparatus, checked the contamination of the air.

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[redacted] the dean of the School of Dentistry, an elderly gentleman, was selected to thank all participants in the drill for an impressive performance. [redacted]

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[redacted] the conduct of the drill had been rated as superior and had been far superior to past drills conducted by other faculties of the university.

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2. Training and Functions of the Medical Team

[redacted] members of the medical team received no special instruction or training in treating injuries resulting from chemical, biological or radiological attacks. It was generally assumed that medical team personnel, in a situation calling for treatment of mass wounded, would function in capacities similar to their routine work assignment.

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3. Equipment and Functions of the Chemical Defense Team

The chemical defense team had no equipment other than that mentioned in paragraph 1 above. Surfaces contaminated by chemical agents were to be covered with sand, which was available for that purpose. [redacted] the chemical defense team had no standing operating procedure. [redacted] the efficiency of the entire CD program could be illustrated by the fact that what little equipment was available to the chemical defense team was stored in a small room in the Pediatrics Clinic. When this room was converted to a toilet, the equipment was literally thrown out into the corridor. [redacted]

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4. Production and Stockpiling of Pharmaceuticals

[redacted] no local stockpiling, but [redacted] medical supplies would, in the event of an emergency, be available as needed from SFOFA, the national pharmaceutical distributing agency. [redacted] only three producers of antibiotics, vaccines and other pharmaceutical products; these were located in ROZTOKY, ROUDNICE, and OLOMOUC.

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5. Shortage of Hospital Space in PRAGUE

In spite of the fact that metropolitan PRAGUE lacked enough hospital beds to accommodate normal needs, [redacted] doubted that CD plans included any provisions for the expansion of hospital facilities. Rural areas were in a more favorable position, since only about 90 percent of their available beds were in use at any one time.

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C. CIVILIAN AND MILITARY HOSPITALS IN PRAGUE

1. General Hospital, Second District, Nemocnice Ulice (See Item 19, Annex A)

[redacted] it had a total capacity of 2,500 beds.

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[redacted] it had two surgical clinics, four internal medicine clinics, one ENT clinic, two ophthalmic clinics, one X-ray clinic, one dermatological clinic, one neurological clinic, and one psychiatric clinic. Most of the clinics were housed in separate buildings.

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2. Vinohradska Hospital, Twelfth District (See Item 20, Annex A for pinpoint location)

[redacted] it had been established about 1928. [redacted] estimated [redacted] bed capacity to be a maximum of 1,000. Besides a number of unknown facilities, this hospital had a surgical clinic, and possibly a plastic surgery clinic.

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3. Bulovka Hospital, Liben District, Bulovka Ulice (See Item 21, Annex A)

[redacted]	estimated	[redacted]	bed capacity of this hospital	[redacted]	1,500.
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one ophthalmic clinic, one radiological clinic, and a clinic for infectious diseases. All clinics were housed in separate buildings.

4. Na Frantiska Hospital, Stare Mesto District, Na Frantiska Ulice (See Item 22, Annex A)

This was one of PRAGUE's oldest hospitals. It had an estimated bed capacity of 300. This hospital had a department for internal diseases, and one surgical department. [redacted] most of the emergency patients from Emergency Medical Center Nr 11 requiring surgery were referred to this hospital.

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5. Institute for Mother and Child (Ustav pro Matku a Dite), Vysehrad District, Podolskeho Sanatoria Ulice (See Item 23, Annex A)

This hospital was established in about 1938. Its obstetrics, maternity, and pediatric clinics had an estimated capacity of 200 beds. In addition to patient treatment, the personnel of this institute specialized in obstetrical, pediatric, and maternity research.

6. Anolinar Hospital, Nova Mesto District, Anolinarska Ulice (See Item 24, Annex A)

[redacted] estimated [redacted] capacity of this hospital to be 100 beds. This hospital specialized in the treatment of internal disorders and diseases.

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7. Pod Patrinum Hospital, Mala Strana District (See Item 25, Annex A)

This was a general hospital with an estimated capacity of 300 beds. This hospital had three major departments, which included an internal medicine department, one surgical department, and one (possibly) neurological department.

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8. Pediatric Hospital, Second District, Karlov Namesti Ulice (See Item 26, Annex A)

This hospital was established in 1920 and had an estimated capacity of 800 beds. It had two internal medicine clinics, two surgical clinics, and one ENT clinic. Each clinic was housed in a separate building.

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9. Unidentified Military Hospital, Stresovice District, Vojenske Ulice (See Item 27, Annex A)

This hospital was constructed in 1938; it had an estimated bed capacity of 1,500.

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[redacted] not only military patients were treated here, but civilian patients as well. However, different consultation hours were established for military and civilian outpatient treatment.

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10. Krc Hospital, Krc District

This hospital building was originally constructed as a home for the aged sometime prior to WW II. During the war, it was remodeled and converted into a military hospital.

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The hospital had several unidentified clinics, all housed in separate buildings. The estimated capacity of this hospital was 1,000 beds.

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11. Motol Hospital, Motol District

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[redacted] the capacity of this hospital was 1,000 beds.

D. MISCELLANEOUS MEDICAL SUBJECTS

1. Shortage of Dental Drills

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[redacted] there was a serious shortage of dental drills of all sizes. This shortage existed in varying degrees since 1952, and was attributed to the lack of trained precision mechanics capable of manufacturing such drills.

2. Availability of Medical Literature, Including Western Literature

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[redacted] Western medical literature, including textbooks and periodicals, was available but in limited quantities only. The lack of material was attributed to a lack of funds. [redacted] even private subscriptions or publications addressed to an individual were diverted to a special censorship office, after which the publication would be forwarded to a public institution and placed in its library. If the individual wanted to read the publication initially addressed to him, he had to borrow it from that library.

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Most of the medical institutes in PRAGUE had library facilities containing some Western medical literature. [redacted] the following institutes:

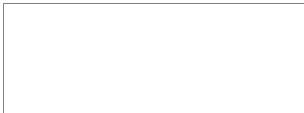
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The Center of Medical Life (Lekarsky Dom), Second District, Sokolska Ulice

This Center contained a library of scientific literature and carried a limited selection of Western medical textbooks and journals.

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The Library of the Faculty of General Medicine, Second District, 50X1-HUM
Katerinska Ulice 32

This library contained a selection of general medical publica-
tions as well as a limited and [redacted] insufficient number of
modern textbooks and Western medical literature.

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The Library of Charles University, Klementinum, Stare Mesto District

This library had a large selection of "classical" medical text-
books and publications, but a very limited number of modern textbooks and Western
literature.

The Library of the Academy of Sciences, First (or Second) District

[redacted]
[redacted] it was very modern and kept an up-to-date selection
of medical publications from all major nations.

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3. Pay Scale of Medical Personnel

The monthly salary of medical teaching personnel was as follows:

- Professor4,000 crowns (if married)
- Associate Professor (Docent)1,700 to 2,500 crowns, plus 35 crowns
for each child.
- Assistant Professor1,700 to 2,500 crowns, plus 35 crowns
for each child.
- Scientific Assistant1,700 to 2,500 crowns, plus 35 crowns
for each child.

Married individuals paid a monthly income tax of 200 to 300 Crowns, while
single personnel paid 600 to 700 Crowns. In addition to the income tax, a tax of
about one percent was deducted for contributions to professional associations,
and an unknown amount was levied for sickness compensation and old age benefits.

The pay scale for medical personnel actively practicing was:

- Senior (hospital) physician (Primarius).....2,000 to 2,800 crowns
- Junior (hospital) physician (Secundarius)..... 800 to 1,500 crowns
- Private Practitioner1,600 to 2,400 crowns
- Specialist1,800 to ? crowns
The specialist with a degree of Candidate
of Science was paid an additional 600 crowns monthly.
- Aspirant (Studying for Candidate of Science). 1,200 to ? crowns

The salary of dentists ranged between 800 and 2,800 crowns and, depending
upon the individual's qualifications, was comparable to that paid to private
practitioners, junior physicians, and senior physicians.

Head nurses received 600 to 1,000 crowns; laboratory technicians, 600 to
1,300 crowns.

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4. Paid Vacations

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[redacted] all employed persons in Czechoslovakia were entitled to uniform vacation periods based upon on-the-job seniority:

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- 0 to 5 years seniority 2 weeks vacation
- 5 to 15 years seniority 3 weeks vacation
- Over 15 years seniority 4 weeks vacation

5. Blood Doner Station and Blood Bank in PRAGUE

The blood doner station and blood bank was located in the Second District of PRAGUE, Nemeckice Ulice, and consisted of a room with autoclaves and other sterilizing equipment, a room for taking blood, and a laboratory. Until 1958, blood was accepted from donors, if in sound health, at any time; from 1958 on, it seemed that the bank had sufficient reserves on hand, since potential donors were registered and called upon as the need arose.

[redacted] donors were called upon to give blood at intervals of approximately three months, but did not know the number of donors processed in one day or the volume of the blood bank's reserves. For each 500 cc of blood, of which 50 cc was used for laboratory testing, donors were given a cup of coffee and a piece of sausage and were paid 200 crowns.

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Legend to Annex A

1. Emergency Medical Center, Stare Mesto, Dlouha Trida
2. Emergency Medical Center, Karlin, Klimentska Ulice
3. Emergency Medical Center, Nove Mesto, Jungmannova Ulice
4. Emergency Medical Center, Smichev, Pechackova (?)
5. Emergency Medical Center, Kosire, Erbeneva
6. Emergency Medical Center, Nusle, Taborska
7. Emergency Medical Center, Brevnov, Betchorska
8. Emergency Medical Center, Dejvice, Namesti Rijnove Revoluce
9. Emergency Medical Center, Holesovice, Flaminkove
10. Emergency Medical Center, Liben, Vosmekosych
11. Emergency Medical Center, Ziskov, Husitika 63
12. Emergency Medical Center, Vinehrady, Blanicka
13. Emergency Medical Center, Vysecany, Sekelevska
14. Emergency Medical Center, Vrsovice, Vrsovicke Namesti
15. Emergency Medical Center, Strasnice, Nad Olsinami
16. Emergency Dental Station, Nove Mesto, Jungmannova Ulice
17. Patient Ambulance Service, Liben, Vosmikovyh Ulice
18. Emergency Ambulance Service
19. General Hospital, Nove Mesto, Nemocnice Ulice
20. Vinohradska Hospital, Kral Vinohrady
21. Bulovka Hospital, Liben, Bulovka Ulice
22. Na Frantiska, Stare Mesto, Na Frantiska Ulice
23. Institute for Mother and Child, Vysehrad, Podolskeho Sanatoria Ulice
24. Apolinar Hospital, Nove Mesto, Apolinarska Ulice
25. Pod Petrinam, Mala Strana
26. Pediatrics Hospital, Nove Mesto, Karlov Namesti
27. Military Hospital, Stresovice, Vojenske Ulice

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ANNEX A

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LOCATIONS OF HOSPITALS AND EMERGENCY MEDICAL FACILITIES IN PRAGUE

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A1 | A2
B1 | B2

BULOVK
21

17
LIBEN
10

A14 | A15
B14 | B15

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VYSOCANY
13

8
DEJVICE

9
HOLEŠOVICE

27
VOJENSKA
NEMOCNICE

22
NA FRANTIŠKU
ST. MĚSTO
(KARLIN)
ST. MĚSTO

11
ŽIŽKOV

OBREVNŮV

25
NEMOCNICE
POD PETRINEM

16
NOVÉ
MĚSTO

VINOHRADY

20
VINOHRÁDSKÁ

4
SMICHOV

POLYKLINIKA

18
VSEOBECNÁ

19
APULINAR
DĚTSKÁ

12
VRŠOVICE

15
ŠTRAŠNICE

5
KOŠÍŘE

23
NUSLE

6
NUSLE

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