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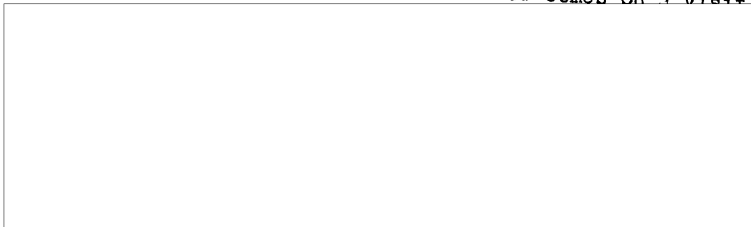
U.S.S.R.

SCIENTIFIC/POLITICAL

Medicine and Health in the Soviet Union.

III. Ancillary medical personnel

1. The work of ancillary medical personnel (sisters, orderlies, laboratory workers, X-ray technicians, masseurs, midwives, etc.) in the "free" civil sector in general (not in the "free" hospitals) is of a higher standard than that of the field surgeons' service. Nursing sisters have a training which is not inferior to the normal training of a nursing sister in Western countries. Their nursing work is in general adequate and they work normally under the supervision of the doctors. In men's camps sisters and female personnel are naturally not available but only orderlies. The orderlies also, like the sisters, take trouble, they are simple, warm-hearted people and have a certain sense of vocation in their work. Sub-specialisation, for example in the job of almoner (Wirtschaftsschwester or -sanitäter), nursing sister or orderly (Pflegeschwester etc.) or sick room sister or orderly (Ambulanzschwester etc.) is not the practice, and the staffs must do all duties from cleaning to nursing duty either in the sick bays of camps or in hospitals. They follow an attentive routine, and in the prison system they look after their patients quite well.
2. Quite otherwise is the treatment of the so-called "free" hospital patients. Here the sisters and orderlies do their six-hour day according to a specially prepared roster and have a second employment in addition because they cannot manage on their official salary. As a result they do the bare minimum of necessary work and a reliable administration of medicine, injections or other items of treatment is not performed. as, on the whole, it is in the camp hospitals. On numerous occasions doctors' prescriptions which must, for example, be given regularly several times a day are simply not carried out and when the doctor comes on a visit



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on the day after he will find that the patient has not had the drugs prescribed. This happens above all with those who are seriously ill and therefore unable to look after themselves. Washing, nursing, feeding, the tidying of beds and many other duties are badly carried out in the sick bays, and particularly those for the "free" population. Dietetic treatment is practically out of the question, first because the necessary products are not available and secondly because sisters and orderlies cannot or will not do the necessary preparation. There thus rages a permanent latent strife between conscientious doctors and their staff.

3. Laboratory workers in the chemical-microscopical and bacteriological laboratories are not too badly trained. Chemical examinations, microscopical preparations, blood counts (auszählung der Blutbilder), bacterial dyes, the application of bacterial cultures, blood examinations, according to the Wassermann test, etc., and many other laboratory experiments can be described as generally adequate. Laboratories are naturally everywhere attached to hospitals as in the Western World and the performance of these laboratories is quite reliable. The number of good laboratory workers is however far too small. As a result they are well paid and obtain salaries which are not lower than those of doctors. They also find it easy to improve their material status with a secondary source of income since they accept and carry out examination work on the "free" population for which they are paid something additional. The working hours of laboratory workers, as of doctors and field surgeons, are six hours daily, except in the camps and among the prisoners where there is no limit.

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[redacted]

4. The supply of laboratories with material is difficult. [redacted]

Microscopes as well as all other laboratory material such as glass vessels, implements and pipettes are old-fashioned and bad, gas is never available and spirit lamps are used. A great shortage is evident in the delivery of dyestuffs to laboratories and this is a result of the general weakness of the dye industry in Russia. There is a continual struggle to obtain the necessary dyes for the dyeing of preparations though it must be accepted that the necessary quantities could be made available without difficulty.

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5. Unfortunately there exists in the laboratories the same widespread system of corruption as elsewhere in Russia. Those who wish to shirk their work pay for falsified results.*

6. X-ray technicians are ordinarily not trained as such, but are in favourable cases electricians. They learn to serve the apparatus and to work the switches. The doctor himself must see from the screen that the X-ray picture is ready and after a time the technicians are able to expose and develop the films correctly.

7. Large X-ray apparatuses are only available in clinics. All small cities and hospitals, and also the prison hospitals, have X-ray apparatus which in performance corresponds with army X-ray equipment. Bone

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/photographs...

* [redacted] in a hospital [redacted] in a tubercular ward of about 100 patients about half on the basis of laboratory examination of sputum, were declared to be overtly tubercular. By means of clinical examination and X-rays no positive finding could be made. The temperature curves were completely falsified with small sub-febrile temperatures. There was then a general check and it came out that of the entire group of 50 tubercular cases not a single one had tuberculosis, even latent tuberculosis. Many had already been a year and longer in the tubercular ward. Naturally the doctor and laboratory worker were removed and punished but that only had an effect for a short time. After six months to a year the picture was again the same. It is possible to simulate chronic tuberculosis by buying sputum containing genuine tubercular bacilli from a genuine tubercular and giving this up for laboratory examination. Permanent control is necessary to suppress this practice.

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photographs etc. are just possible; internal pictures, contrast pictures and exposures are exceptionally difficult. Added to this is the fact that the voltage in each small collective-farm power station is so small that even these small apparatuses can never be fully loaded. The Röntgen tubes are of old-fashioned construction. For lung exposures and pictures these equipments are too weak, and, as a result, the X-ray technique for lungs has reached a stage of development equivalent to that reached in Europe 40 years ago. ~~*(i)~~



8. For stomach and bowel contrast exposures and pictures this equipment is only suitable for the exposition of very great pathological abnormalities. Precision in the diagnosis of organic structure is impossible. All this applies equally to kidney pictures.

9. Periodicals and books about X-ray treatment are usually of European origin. The illustrations in these books are so bad that they can only be described as useless.

10. Lastly it should be mentioned that the Russians are at the present time engaged in setting up in the hospitals, with the necessary trained staff, electro-physical studios. Quartz lamps, Sollux, galvanic and Faraday electrical apparatus and d'Arsonval and Jontophorese equipment are available. The personnel who serve in these studios are also trained in massage. It should be remembered that for the time being the number of such equipments is so small that an overall result cannot be reached. ~~*(ii)~~

~~*(i)~~  X-ray departments are kept on largely because it is good for the morale of doctors and patients to feel that X-ray technique is being used. In spite of this the equipment is better than nothing at all and in the course of time a certain routine can be developed by which certain results can be achieved.

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~~*(ii)~~ 
 since in general so little is known there about such equipment the curiosity of the general public and the doctors and the attempt to use the new methods for all undiagnosed symptoms is very great. This tendency must be guarded against and inappropriate use of the equipments refused - a difficult task for a prisoner doctor.

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