VISIT TO WARSAW

BY

RICHARD H. DOBBS, M.D., F.R.C.P.

Physician, Children's Department, London Hospital

Last month Sir Robert Macintosh, Professor Ian Aird, and Dr. Dobbs visited Poland at the invitation of the Polish Ministry of Health and under the auspices of the British Council. Their visit, which was the first of its kind to Poland for some years, coincided with an exhibition of British medical books and periodicals in Warsaw, arranged by the British Council and the Medical Group of the British Publishers Association. Dr. Dobbs gives below the impressions he gained of medical practice in Poland.

The glass cubicles of a gastro-enteritis unit, peered into from outside, seemed well equipped, and an efficient drip through scalp veins was being set up by the M.O. with the help of a nurse. But, though large, each cubicle contained three babies, and seemed overcrowded. A remark that we thought not more than one child should occupy each cubicle was met by a tart reminder that "you don't have to turn away babies each day who undoubtedly die for want of a bed." Later, watching a nurse in the well equipped, very well kept, and hygienic-looking orphanage feeding three babies at once by propping up the bottle for the outer two, posting herself in a commanding position over the third, and by clever hand work able to attend to two out of each three at any one moment, I once again could have kicked myself for suggesting that propping up bottles was not "the best way." "This girl has to change and feed 30 babies three times during her shift and has the help of one nurse, one char, and one mother on the whole floor. How would you do it?" I came away with the abiding impression of overall poverty in the whole social structure, not only permeating the doctor's life, and particularly perhaps the nurse's life, but also forming a background to both the quantity and the quality of the disease which the medical profession is asked to fight.

Overwork and Poverty

No imaginative grasp of the Polish situation at the present time can be made without remembering that Poland suffered two wars as well as several years of occupation during which cruel and systematic efforts were made to disintegrate the nation's whole life. Since that time a communist government has tried to build up socialized medicine with the remnant of doctors to which, after eight years, have now been added those who have been educated in accordance with the newer doctrines. There is more work to be done than there are doctors to do it. With a medical profession numbering 16,000 and a population of 27 million—a proportion of doctors to patients considerably less than half that which exists in Britain—it becomes obvious that different standards of medicine have to be practised when it is realized that the incidence of disease is perhaps two, three, or even more times as high as it is in this country. Moreover, there is a concentration of doctors in the towns; Warsaw, with one million inhabitants, contains 2,360 doctors. In the country, as Professor X put it, there are places in which medicine scarcely exists. "How can a doctor with an area of perhaps 50 kilometres in diameter, possibly cover it without transport?" And the morbidity and mortality returns would certainly support this harsh comment.

Against this background of poverty and overwork the doctors have undoubtedly done their best, but have innumerable complaints against the present arrangements; complaints against the service in general, complaints of administrative interference or inadequate payment, and a long list of detailed complaints about their daily lives. Perhaps the most constant was that of insufficient money. They want more pay, both absolutely and in relation to other grades of workers. Their present scale of wages, they feel, does not delineate them from manual workers, whereas their training and ability to do their special work is very considerable; and they are not concerned over matters of Marxist dogma, even when they profess communism. It is almost impossible to assess the value of money in a foreign country when the rate of exchange is artificially fixed. Doctors are paid for a seven-hour working day which usually starts at seven in the morning. Earnings lie somewhere between 1,000 and 5,000 or 6,000 zlotys a month, the lower figure being almost a starvation wage at current prices. Even with the upper figure, a wife and one or two children make supplementary earnings almost a necessity. Second appointments are almost invariable, from a few hours' extra work right up to full second shifts. Dr. Y, for instance, a chief surgeon, does his regular appointment from 7.30 a.m. to 2 p.m., and another five-hour appointment as medical adviser to a government department, as well as five nights a month on full duty. His wife, an exceptionally gifted woman, swells the budget considerably, which, with occasional extras, totals perhaps 8,000 zlotys a month. The largest item of expenditure is, of course, food, and with three children and a father-in-law the daily food bill consumes almost half his income. And yet his daily allowance for each of the six members of his household was 20 zlotys—less than the cost of my hotel breakfast of coffee and rolls and butter. Rent, daily town expenses (trams, cigarettes, matches, cinemas, etc.), and clothes begin to account for almost all his remaining income. The annual holiday is invariably a great strain on his budget, and very often has to be paid for by the year ahead rather than out of savings. Yet few doctors achieve this standard of living, and many are permanently earning less than 3,000 zlotys a month. Senior nurses may reach 1,500 zlotys a month, but mostly are paid less than 1,000, and in consequence are inevitably the less intelligent and the less suitable types.

Medical Practice

Private practice has always been allowed, but was discouraged until recently. Senior specialists and professors find little difficulty in doubling or trebling their official earnings, though the taxation on these private earnings is considerable, and in particular is capricious. It was not infrequent, I was told, for the tax collector to put in a sudden supplementary assessment for tax demands based upon what were considered entirely irrelevant features of the doctor's life, such as a wife who "looks too smart." This feature of private practice has, in the last six months, been considerably eased. General practitioners in the country districts, where they still work a 24-hour service as in Britain, can quite easily quadruple their State earnings, and there is little doubt that this freedom has frequently been abused, and has led to a breakdown in the medical care of the non-paying country population.

In the towns, general practice and the general practitioner, as we understand them, have virtually ceased to exist. The population is cared for on a clinic and domiciliary visiting basis. Each centre, with one physician, is responsible for about 5,000 inhabitants. The doctor arrives at seven in the morning, sees all the patients that are waiting, which usually takes three to four hours, and is then given a list of visits sufficient to finish off his seven-hour shift. A large proportion of his time is spent on certification needed by his patients for a host of requisites. In the winter particularly he has a very great struggle to finish the surgery part of the work. And his visiting list, which, unless he is very lucky, has to be completed without the help of transport, not infrequently takes him long past his appointed time. This is greatly resented, since it inevitably means that he will be late for his other secondary appointments.

The impression given by all the doctors I talked to is that this work in the national health service clinics is unpopular, unrewarding, and irremediably dull. Every doctor I met tried to retain links with the hospitals, and any doctor who did well in the hospital service eventually gave up the health clinic work. It seems also quite apparent that any good relationship between patient and doctor has gone out of medicine at the general-practitioner level. I was unable to discover whether efforts to replace this loss have yet made much headway in hospital out-patient work.

Child Health

Tuberculosis is still a considerable problem, for which I have no figures. Because of crowding in single flats and single rooms to a degree only occasionally seen here, infection and the spread of infection is difficult to control. Childhood tuberculosis is still very common indeed, and the incidence, for instance, of tuberculous meningitis in children under 3 years still high. The Mother and Child Institute in Warsaw has a very large, beautifully built and equipped tuberculosis hospital (a gift from Sweden) some twenty miles out of Warsaw. This is, incidentally, a fascinating and absolutely satisfactory architectural answer to a difficult problem—a kind of spidery network of hutted wards, balconies, and laboratories, constructed of specially impregnated wood and painted on the inside with modern synthetic paints, set sprawling in a clearing amongst pine trees. Each unit with its supply passage and services can be rapidly and economically converted to any new function. The medical staff here was keen, well informed, full of vitality, and working on problems and methods of treatments the answers to which we would be very glad to have. A hundred or more current cases of tuberculous meningitis and two wards full of adult-type phthisis in small children give them opportunities for clinical research to which they struggle to do justice, but are hampered by the need for more equipment and more research personnel. B.C.G., after a bad start before the war with an oral vaccination scheme badly administered, is now, at least in Warsaw, in full stride. In the nurseries of maternity hospitals " probably 80 to 90% of babies receive vaccination, and the well-baby clinics catch perhaps 75 to 85% of that half of Warsaw's infants that are born in their own homes." And the incidence of tuberculosis is dropping.

The birth rate for Poland is 28/1,000, compared to about 15/1,000 in Britain. The infant mortality rate, so often accepted as a measure of medical and social welfare, remains very high in Poland as a whole, but in Warsaw itself, largely owing to the tremendous efforts of one person, was brought down from 72/1,000 in 1950 to 42 in 1955. This phenomenal achievement, which in Britain took the twenty years from 1927 to 1947, was brought about largely by setting up a network of well-baby clinics and health visitors and an efficient system whereby notifications of birth were received by these clinics to enable them to chase up non-attending mothers.

Gastro-enteritis is perhaps the commonest cause of death in the first six months of life, with respiratory and upper respiratory infections a close second. Gastro-enteritis follows a pattern not seen in this country for many years, with a peak incidence in the late summer months. A kind of red signal goes out some time in June, when the number of cases is rising, on the receipt of which special arrangements have to be undertaken in children's hospitals and children's wards generally; and it is a comment on the general background that this signal is greatly appreciated, since, among other things, it brings with it special rates of pay for both doctors and nurses.

Kindergartens and day nurseries are very much more frequent and in some ways better run than in London. They are better run, at all events, from the point of view of cleanliness, feeding, and a generally hygienic background. There is, however, a hopeless shortage of staff, and nursepower seems usually to be entirely deployed to meet these ends, with a consequent neglect of other important aspects of child growth and development. Words are unnecessary and language is not learnt when there is no one to talk to, and even noise apparently subsides when there is no one to object to it. In at least one well-run orphanage, but in which the number of nurses and attendants was grossly inadequate, cleanliness and good nutrition were maintained, but the toddlers grew up curiously silent, and an absorbed look settled on their sad but not unhappy faces as they played their lonely games amongst each other in a silent world, unheeded by the occasional swiftly moving adults who passed through them on their own errands.

Present Troubles and Hopes

The political scene, which has changed so rapidly during the last six months, became kaleidoscopic during the two weeks of my visit. The medical profession, in all parts of the world perhaps conservative in outlook, is in Poland curiously ambivalent. There is little doubt on the one hand that very few doctors are content with the present arrangements. They asked almost constantly for three or four particular changes: Firstly, more money, both actual and in comparison to manual and factory workers, in order to improve their social standing, which was deliberately lowered by an official process of denigration carried on in the early post-war years, but which has now stopped. Secondly, freedom from overhead supervision and interference; complaints by patients are investigated by the public prosecutor, and there was a real fear amongst junior personnel that medical mistakes would not go undetected or unpunished. There seems little doubt that reprisals, even jailing, can result from quite honest medical mistakes. Thirdly, they long for more contact with the West; more money to be spent on books and periodicals, and for travel to Western countries by the senior and promising younger doctors; more apparatus and equipment from Western sources; and more of something which was often called " democratization," though any good definition of this word was usually not possible. There was, on the other hand, no vestige of hope, nor even any wish, for a return to a free medical profession such as existed in Poland and in Britain before the war. There is a full realization that communism will remain the basis of the country's economic and social system. But they would like to see the system applied efficiently and yet with a great many differences from the present set-up of authoritative discipline from above.

Hospital buildings that I saw in Warsaw were for the most part post-war structures, and architecture has been considerably influenced by Russian standards. Nevertheless, they are, on the whole, completely adequate for their job, and only hampered by lack of equipment and particularly inadequate standards of nursing—and, of course, by the pressure on the beds, particularly in paediatrics. Many of the hospitals have been set up with foreign help, which may have been from either the East or the West. A large premature unit, for instance, with no fewer than 40 cots, was a gift from America, in which particularly poorly and small premature infants are taken; practically none of them weigh more than 3½ lb. (1.6 kg.), and they arrive either from maternity hospitals unable to cope with them or from the midwifery services because of overcrowding at home. In this unit I saw more American incubators than probably exist in London, and Polish imitations which, though less finished in workmanship, nevertheless appear to function adequately.

At the Mother and Child Institute, an infants' ward for gastro-enteritis suffered almost only from overcrowding, inevitable in the face of tremendous pressure for increased admissions. Here constant delaying actions were fought with the authorities, who constantly asked why more babies were not admitted. And, in spite of cubicles with three or four babies in each, the badly overworked medical and nursing staff successfully applied modern methods of resuscitation, rehydration, and electrolyte replacement therapy and kept the mortality in the wards down to 2 or 3% of admissions.

Conclusion

These proud and independent people have retained their vitality through more than 15 years of destruction, oppression, and hardship, some of which they have now suddenly thrown off. They want, it seems to me, more perhaps than anything else to be left alone to build up their own socialism in their own way; but they appreciate encouragement, help, and outside contacts, and they would like a large share of these to come from the West. Books and periodicals are particularly difficult to get hold of, and individuals who speak English or French would welcome gifts of unwanted medical weeklies and monthlies in their own line, particularly if they arrived regularly. Visits to Western countries could only come about with the support of the Polish Ministry of Health, but in the country's present mood there is little doubt that the response to official invitations would be accepted warmly and whole-heartedly.

COLLEGE OF GENERAL PRACTITIONERS

Last Saturday the College of General Practitioners met in London for their fourth annual meeting. In the morning, members and their guests heard Dr. I. D. GRANT, chairman of the Representative Body of the B.M.A., deliver the College's third James Mackenzie lecture in the Great Hall at B.M.A. House, and later he was elected President of the College for the coming year. On Sunday, for those interested in research there was a symposium on "Ways and Means in General Practitioner Research," at which the speakers were Dr. E. TUCKMAN, Dr. R. E. HOPE-SIMPSON, and Professor ROBERT PLATT, chairman of the Medical Research Council's committee on research in general practice.

JAMES MACKENZIE LECTURE

Dr. GRANT'S subject was "Family Doctors, Their Heritage and Their Future." After a quick look back through the early days of recorded medicine, Dr. Grant brought his audience up to the year of Mackenzie's birth, 1853. By the end of the nineteenth century the era of the specialist had arrived, said Dr. Grant. Up to that time all the advances in medicine had been achieved by men predominantly engaged in general practice. With the advent of the twentieth century nearly all the discoveries were being made by those doing hospital work, and the general practitioner had become the Cinderella of the profession. It was not until Mackenzie had startled the world with his work on the irregularities of the pulse, and revolutionized the whole treatment of heart disease, that the giants of Harley Street realized that worth-while research could be successfully undertaken by those in general practice.

Supremacy of the Clinician

Mackenzie's life was a profitable subject for study. At the university he had scorned the store his teachers set on memory and the ability to reproduce other people's opinions, at the expense of the exercise of reason, personal observation, and deduction. Such an attitude, declared Mackenzie, led inevitably to weakness in judgment. To some extent too, said Dr. Grant, that same criticism might apply to present-day teaching. In 1902 Mackenzie published his first book, *The Study of the Pulse*, and, although abroad its importance was quickly recognized, London remained cool. Harley Street sceptical. So, in 1907, when he was 54, Mackenzie had come to London. But, even after the public acclaim that followed the publication of his *Diseases of the Heart* in 1908, Mackenzie's professional colleagues did not at once accept his fundamental principles. "They honoured the tracings, the polygraph," said Dr. Grant, "more than the patient clinician, the man who waited to see." No instrument, said Mackenzie, could replace the finger, the experience, and the reasoning powers of the doctor himself. And he always stressed the importance of the family doctor—the person to whom patients brought the early symptoms of their diseases. "Common sense," wrote Mackenzie on one occasion, "would say that where signs of disease are most difficult to make out, there the most experienced physician should be employed, but in no teaching hospital is this ever done. Here in the out-patient department is placed the youngest member of the staff." And so, in 1918, the man who had been hailed as the greatest cardiologist of all time decided to return to general practice. He went to St. Andrews and there founded the Institute, where with the help of local general practitioners he devoted himself to study the earliest symptoms of disease.

Nationalized Medicine

Turning to the present, "the Golden Age of medicine," when practitioners had more effective weapons against disease than ever before, Dr. Grant asked how the lot of the general practitioner had fared. With all the advantages of the age, it should be immeasurably improved. But was it? Never had the people of Britain been so disease conscious, so drug conscious, and so hospital conscious. In the creation of the Welfare State, said the lecturer, we had lived through a bloodless revolution. We had completely changed the character and outlook of our people. There had been a great levelling up of material things, but little corresponding improvement in the realm of responsibility. How many patients to-day wished to be independent? The old order had changed, and now the general practitioner was shackled to his patient by the iron fetters of a legal contract. Formerly the bond that united them was the golden thread of mutual esteem and confidence, and the obligation to render service had been enforceable only by the doctor's conscience.

Whether the particular type of nationalized medicine in Britain was the best for our Welfare State only time would show. But it was significant that few of the profession in the Dominions or America would accept our conditions. Particularly did they dislike the divorcement of the general practitioner from hospital, the political appeal to the cupidity of the public, and the capitation method of payment. What, then, should we in Britain seek to attain? First, unity within the profession. Then methods must be found to encourage the general practitioner to accept more, not less, responsibility, to treat more illnesses in the home, and to undertake simple diagnostic procedures and minor surgery, as he had in the past. The public must be made to realize that their own doctor could deal with most illnesses just as skilfully as the professor in the hospital ward, and the modern demand for unnecessary hospitalization must be resisted. Other needs included the opportunity for post-graduate study and clinical research.

Finally, we must strive to remove the Health Service from the sphere of party politics. So long as the health of the nation was used as a vote-catching instrument, so long would doctors feel they were mere pawns in the game of political chess. They might well wonder whether some day their professional freedom would be undermined, and to prevent that it was essential that private practice should be maintained. A leavening of private practice would safeguard their heritage.

FOURTH ANNUAL MEETING

The fourth annual general meeting of the College of General Practitioners was held in the Great Hall at B.M.A. House on November 17. Nearly 200 members and associates attended.

The Year's Progress

In presenting the annual report, Dr. GEORGE ABERCROMBIE, chairman of council, said that the year had been