Britain by the Food Rationing (Special Diets) Advisory Committee of the Medical Research Council. Supplements of cod-liver oil and orange-juice and additional quantities of milk are provided for pregnant and lactating women, for infants, and for children too young for school. It is undoubtedly wise to give these supplements to children up to the age of 5, particularly in winter time, and to school-children who are growing too quickly or who have had severe febrile illnesses. For adults, vitamin supplements should be very rarely prescribed for the maintenance of health except when there exist the additional strains and stresses already mentioned which enhance the need for vitamins.

(2) *For the Treatment of Subclinical Vitamin Disorders.*—The diagnosis of states of subclinical deficiency of vitamins is based not on objective signs but on subjective features. Even with the help of laboratory tests which are not readily available to general practitioners (e.g., plasma determinations of vitamins and saturation tests), it is far from easy to be sure that the symptoms complained of are nutritional in origin. While some physicians think that subclinical deficiency states are extremely common in Great Britain at the present time, others hold there is little satisfactory evidence to justify this view. I believe that the frequency of such states has been much exaggerated. Monotony of the diet and the frustrations and restrictions accompanying post-war life in Great Britain probably account for most of the subjective features attributed to states of vitamin deficiency. If, however, after making the requisite investigations discussed above, the doctor concludes that there is a state of subclinical nutritional deficiency present, he should treat the deficiency by ensuring that the patient takes a properly balanced diet. If this is done there will be no need or justification for prescribing vitamin preparations except when there is clear evidence of the patient being submitted to one or more of the above nutritional stresses.

(3) *The Treatment of Established Vitamin-deficiency Diseases.*—As already mentioned, frank deficiency diseases such as scurvy, pellagra, and beriberi are rarely encountered in Great Britain at the present time. Careful investigation of any such case that may be encountered will almost invariably reveal multiple deficiencies of protein, minerals, and vitamins. Correct treatment accordingly demands that the diet as a whole should be carefully reviewed and made adequate in all respects. In addition, vitamin supplements should be given in the therapeutic doses shown in the Table until all symptoms and signs of deficiency have disappeared.

Conclusions

If the views expressed above are accepted, it follows that vitamin preparations should not be prescribed routinely for the maintenance of health or the treatment of subclinical states of vitamin deficiency; the best way of treating these conditions is by instructing the patient how to choose and prepare a well-balanced diet adequate in all nutritional factors. Supplements of vitamins are indicated only when causes are found to be operating which greatly increase nutritional requirements. Frank vitamin-deficiency diseases are rare in Great Britain; their treatment consists in correcting the diet in all respects and supplementing it with appropriate doses of vitamin preparations. Accordingly it is suggested that if more attention were given to the proper diagnosis of nutritional deficiency, to the taking of a careful dietetic history, and to the principles governing the prescription of vitamin preparations discussed above much unnecessary expenditure would be avoided. The discovery and elimination of social and environmental factors

which lead to symptoms simulating those of subclinical states of vitamin deficiency will produce better and more permanent results than will be achieved psychologically by the administration of vitamin supplements to individuals who are not suffering from a nutritional deficiency.

A MEDICAL VIEW OF THE SOVIET UNION

BY

M. T. GILLIES, M.B., B.Chir.

A year's stay in Russia is small qualification for anyone to express views on the country, but the experience for a medical man is sufficiently unusual these days for a few brief and entirely superficial impressions to be worth recording. It should be added that these observations are the outcome of an Embassy appointment in Moscow and are made with a knowledge of the limitations of outlook and opportunity that such a post entails.

No remarks on Soviet standards of medicine can possibly be made without a thorough knowledge of, and free access to, their institutions and hospitals. Under existing conditions this was denied me. Hospitals could be visited in connexion with foreign patients, but such opportunities were infrequent and their scope limited. Persistent efforts were, in fact, made to visit officially one particular Russian medical man of eminence, all of which, however, were deftly parried by VOKS, the Soviet organization for promoting cultural relations with foreign countries. In view of the recent disappearance and strongly rumoured arrest of a Russian surgeon of international repute it would not have been prudent to pursue the matter or the man further.

As the home of the first system of socialized medicine, Russia has obvious interest for us while our own National Health Service is being established. There are certain differences. A fundamental one is the absence in their system of the general practitioner. The smallest unit is the polyclinic, roughly equivalent to a health centre, which has a regional or occupational basis—that is to say, its clientele belong to a certain district or to a particular class of workers. Individual private practitioners do exist, but their activities are limited by lack of access to hospital accommodation and by strict limitations on their power of certification. A recent change of policy in the organization of polyclinics is evident from the following paragraph from *Pravda* for January 6, 1949.

"By a decision of the Government, the Ministry of Public Health is now carrying out an important reform of medical services to the population. The existing polyclinics and dispensaries are being merged with the hospitals and clinics. As a result of this merger the dispensary physicians have begun to work in the hospitals as well, and for their part tens of thousands of specialists in clinical work have come to the reception rooms. This system is noticeably improving the quality of medical services to the population."

Thus it seems that the present Soviet trend is towards centralization or affiliation of all medical services to some sort of parent hospital, whereas we envisage with the setting up of health centres what will be to some extent the opposite tendency. Two other small points may be noted. Medicines and spectacles, let alone wigs, are not issued free, but the sum charged is not high. Secondly, it is significant that private practice among dentists is very flourishing and, so far as one can tell from casual acquaintances, their services are widely used. Incidentally the inauguration of the Health Service in Britain was the occasion for a violent article in *Meditsinsky Rabotnik* under the heading "A new law, a fresh burden on the shoulders of the workers of Britain." The provisions of the Bill were completely ignored and the author, a doctor, expatiated instead on the inadequacy of the medical services in England and the low standard of living of the masses—quoting freely from the correspondence columns of the *B.M.J.*

On the purely domestic side of Embassy practice specialist opinions and hospital treatment were arranged through a special diplomatic polyclinic, designed exclusively for the use of the foreign community. This was the one place where consultations could be held and opinions on medical and other matters

officially exchanged. The building was equipped with x-ray and physiotherapeutic plant and was lavishly furnished with carpets and brightly coloured awnings. Everybody there was always most helpful and co-operative. A quaint feature of the system was the payment of a not inconsiderable fee, cash down in advance, on entering the establishment.

Moscow itself has a fleet of fast "emergency aid" cars which can be summoned by dialling a simple number on the telephone. They carry stretchers and attendants under the charge of a doctor and provide a prompt means of admission to hospital. Smaller cars, labelled "House Aid," are often to be seen on the streets and provide treatment at home for those too ill to visit the polyclinics.

The Apteka, or State pharmacy, is a characteristic feature of the Soviet system. These are usually rather large shops, open all night, with a big dispensary and sometimes with a department where toilet preparations and drugs requiring no prescription can be bought. Sulphonamides in small quantities can be obtained in this section, as for instance in a popular official remedy for influenza compounded of hexamine and sulphanilamide (0.3 g.). Vitamin preparations such as rose hip syrup and cod-liver oil can also be obtained. The range of drugs available is naturally very much more limited than in this country, and there are frequent shortages—for example, santonin, sulphadiazine, and nitroglycerin did not appear to be generally available, although santonin was being regularly prescribed for the large number of cases of roundworm infestation.

The normal procedure for a patient obtaining a medicine from one of these pharmacies is for him to queue up at the receiving counter where the girl in charge checks the prescription and assesses the price. He then joins the queue at the cash desk and pays the small sum required before proceeding to another counter where he either receives the medicine or is told at what time to return for it. Drugs are dispensed in small quantities and prescriptions need to be repeated frequently, but, in general, as a system of supplying physic to a large number of people cheaply and quickly it seems to work quite well. The principal shortcoming is that recorded by *Pravda* in the article already quoted. "In certain chemists' shops one cannot obtain even the simplest medicines and prescriptions in broad demand by the population, although our industry has every opportunity for satisfying the need for medicines."

Several aspects of the public health system are of interest. Dysentery and other intestinal infections are common in the summer, and the pharmacies display posters describing the part played by flies and dirt in the causation of these diseases and also methods for their control. In some parts of Moscow during the summer of 1948 there was a free house-to-house distribution of "phage" in tablet form to be taken as a prophylactic, though how frequently or systematically this was administered it is not possible to say. The Russians have, of course, made special studies of the commercial preparation of various bacteriophages, notably in connexion with the treatment of cholera and the dysenteries.

The importance of seeking prompt treatment for venereal diseases is widely advertised in Russia as in many other countries. These exhortations are reinforced by the law making it a criminal offence "wilfully" to transmit venereal disease to another person. The law also relieves casualty officers of their traditional Saturday night trials with acute alcoholics. In Moscow the police provide "*veetresveetele punkts*," or "sobering institutions," where any clients found incapable or unconscious on the streets may be accommodated for the night and perhaps afforded suitable treatment. They are discharged next morning and charged 25 roubles (a fifth of an average week's wage) for their night's lodging. This would appear to be a useful amenity in a climate where the frost could speedily dispatch anyone who was drunk and sleeping in the open.

During the course of the year the Lysenko controversy came to a head. The main battle was, naturally, fought out by the biologists, but there were minor skirmishes in the medical world. The whole issue is quite incomprehensible without some conception of the general feeling of optimistic expectation about

the future which is widespread in Russia to-day and not always so apparent in England. In an article in *Meditsinsky Rabotnik* on September 15 last a writer stated, "By common effort we must cleanse the field of Soviet Medicine of all idealistic and metaphysical weeds, so that we can move forward in seven-league boots and quickly solve the problem put before us by the great Stalin—not only to overtake but to surpass in the near future the scientific achievements abroad."

A young scientific worker would perhaps feel that he must temporarily suppress his doubts and critical faculties with regard to genetics as the price for belonging to and working for what he believes to be a greater movement. In other words, the material advancement of the people of Russia, and indirectly of the world, as he believes it, is more important than scientific truth. On the popular side there is no doubt that Lysenko has been most successfully "sold" to the Russian public. I attended a cinema performance once in which a news-reel depicting several public figures was being shown. No interest was evinced by the audience until Lysenko appeared on the screen. He was immediately recognized, and his name could be heard in approving whispers all over the hall.

The emphasis on patriotism has been most marked in Soviet films recently. The central theme of *Court of Honour*, was the trial of a misguided Russian scientist who gave away the results of his work to a visiting American scientist, later unmasked as a secret service agent in disguise. During the course of this film someone remarks, "These Americans! Why, they even sell us a single dose of streptomycin for the same price as it takes to build a house!" (Streptomycin is presumably available for sale to the Soviet Union at the same rate as to other European countries.)

Academician Ivan Pavlov was another recent film, giving the story of his life and work and emphasizing that he placed his country above his work and his patriotism above world science. This film contains one amusing non-political scene at Cambridge as Pavlov receives an honorary degree from the chancellor. In the middle of this impressive spectacle a little woolly toy dog descends suspended on a string amidst shouts of "Hullo" from the playful undergraduates in the gallery. The great man grabs the dog good-humouredly and continues the ceremony with it tucked tightly under his arm.

In contrast to the lack of personal contact permitted one could, as a scientific worker, have access to one or two libraries and museums, notably the big Lenin Library in Moscow. This is a fine modern building embellished on the outside with busts commemorating, for example, Newton and Darwin. Quite a wide range of Russian and foreign literature, especially German, appeared to be available and could be consulted without difficulty. But this free use of a Russian institution was notable as an exception to the general restrictions, as the scantiness of this account shows.

INSTITUTE OF DISEASES OF THE CHEST

OPENING BY SIR JOHN ANDERSON

The opening of the new premises of the Institute of Diseases of the Chest (British Postgraduate Medical Federation), in the grounds of Brompton Hospital, Fulham Road, took place on October 26. Sir John Anderson, M.P., chairman of the Governing Body of the Federation, who performed the opening ceremony, said that no observant layman could fail to be profoundly impressed by the progress made in medicine during the past half-century. Medicine, a profession which had been carried on for hundreds of years on traditional and mainly practical lines, could now claim as never before the attributes of an exact science. If the public were to have, as it was entitled to have through the National Health Service, the full benefit of all the developments of scientific medicine, a great extension of facilities for higher medical education and research was clearly essential, and that was the significance of the new Institute.

Sir John Anderson went on to remind his audience that this was one of a number of specialist institutes in process of being