

poor, and although this improved considerably he developed symmetrical gangrene of the fingers and necrosis of the chest wall overlying the cephalic vein. It was thought that the gangrene on the chest was secondary to septic thrombophlebitis of the cephalic system following the original infection. Intensive care and treatment were continued, but his condition deteriorated and he developed a pseudomonas peritonitis and died 12 days after the initial injury. No streptococci were isolated after penicillin treatment was started, and necropsy examination showed only the complications of disseminated intravascular coagulation.

Cases 3 and 4—The two further cases were associated with predisposing conditions—hypophysectomy for pituitary adenoma in one and aplastic anaemia and renal failure in the other. Both patients died within 24 hours of the onset of symptoms. In the first case the infection was thought to have begun with a “pricked finger,” and gangrene of the arms and legs developed over a few hours. The responsible organisms were a group A streptococcus T/M type 1/1 in the first case and a group G streptococcus in the second.

Comment

Haemolytic streptococci are still dangerous organisms despite their remarkable sensitivity to penicillin. This has been emphasised by recent articles recording other cases of fulminating disease in people who were previously totally healthy.¹ In three of our four cases the organisms entered through the skin, and the true nature of the infection was not suspected until septicaemia developed. Peripheral gangrene is a rare complication of streptococcal infection.²

References

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- ² Rahal JJ, MacMahon EH, Weinstein L. Thrombocytopenia and symmetrical peripheral gangrene associated with staphylococcal and streptococcal bacteremia. *Ann Intern Med* 1968;69:35-43.

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USSR Letter

The quack doctor of Serpukhov

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The quality of a national health service can be assessed, to a certain extent, by the indirect or proxy measure of recourse to “healers” who lack officially recognised qualifications. In the Soviet Union the practice of medicine and pharmacy by such people is illegal, but it occurs there on a substantial and perhaps even increasing scale. In recent years newspapers have published moralistic accounts of the activities of individual quack doctors, and what follows is based on one exposé that was printed a few months ago in *Izvestiya*.¹

A large practice

The first general point to emerge—albeit by implication—is a negative one. Ivan Antonovich Skvortsov did not live in some remote rural area where the existence of folk medicine might be explained by problems of access to trained doctors resulting from low population density and poor communications. In fact, Skvortsov’s home was in Serpukhov, a town with a population of just over 100 000, located some 60 miles south of Moscow.

Furthermore, not only the inhabitants of his native town had turned to him for help. When confronted by *Izvestiya*’s two investigators, Skvortsov handed over a case containing about 400 letters written to him from a total of 58 towns and villages. The names and addresses on these letters enabled the journalists to

contact former patients and obtain from them information that helps to authenticate their account of “illegal doctoring” and is rich in illuminating detail.

Probably a substantial proportion of the patients were ill educated (like Skvortsov himself) and easily duped by self-advertisement such as “I cure without fail any form of cancer, cancer of any organ.” From what the journalists recorded, however, we can construct a second category, which is perhaps more interesting from the viewpoint of medical sociology. This consists of people whose confidence was only partial and whose attitudes were ambivalent. One such patient, a woman with higher education from Belorussia, hedged her bets by obtaining treatment from both Skvortsov and the Moscow Institute of Rheumatism. Another was a man being treated for endarteritis obliterans at the Vishnevski Institute of Surgery in Moscow. Dismayed at the duration and difficulty of his treatment, he took the advice of another patient there and travelled to Serpukhov. Finding that the healer could not understand his account, he came away empty handed. Despite that reverse, he presumably felt a need to persevere, and he wrote to the old man “many times.” Other patients who were critical of Skvortsov’s boorishness and the dirt in his house nevertheless “continued to write to the old man now and then, in the expectation of getting something.”

At the “clinic”

To judge by the pen portrait, Skvortsov’s reputation clearly did not arise from special qualities of tact, sensitivity, and sympathy. One former patient is quoted as describing a consulting session at the quack’s house in the following words: “Dressed in

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a dirty shirt, the old man was lying in his bed. There were also several other persons—a queue. In addition there were two smart girls, each aged about 20. Skvortsov asked what was wrong and people told him what diagnosis their doctors had made. The old man did not examine anyone and did not talk to anyone for longer than 10 minutes. Without getting up from the bed, he told the girls what medicament to give and how much money to take for it."

Some patients were put up for a few days in a "hospital ward" that contained five folding beds with dirty linen. Only a few, however, came that far into the "clinic" premises since "as a rule Skvortsov listened to the sufferers in the corridor, but more often in the street; and it was there that they got their 'medicine'." Darkening their portrait further, the journalists record that as well as being slovenly in appearance, Skvortsov had a habit of making advances to female patients.

Secret mixtures

So what was the explanation for the success of this particular quack? On the evidence of the article, it was his home-prepared medicines, which were based on constituents supplied by Mother Nature. At the age of 16, Skvortsov had started to purvey an ointment for radiculitis and skin diseases in which the main element was birch tar. As the word spread from neighbours whom he had treated, he prepared medicine for internal use too; among its constituents were butter, propolis, and honey. At first he gave this mixture for stomach pains but then he decided to "prescribe" it for epilepsy, angina pectoris, lupus erythematosus, paralysis, rheumatic pain, atherosclerosis, "burning throughout the body," hypochondria, and cancer. He also prepared counter-irritants for external application.

The sale of these medicines produced an income which, according to the journalists, varied "between 200 and 700 roubles per day." That such sums are truly staggering can be appreciated when they are contrasted with average pay; in 1979 the figure stood at 163.3 roubles a month. They enabled the amateur healer to indulge in conspicuous extravagance; he even owned three cars—a Moskvich, a Volga, and a Japanese Toyota.

As visitors to the Soviet Union can discover without difficulty, the State itself supplies a wide range of medicinal herbs for purchase across the counter in ordinary pharmacies. Moreover, scientific investigation of herbs has been judged sufficiently important to warrant an All-Union Medicinal Herbs Research Institute. So we may infer that the journalists had to proceed cautiously when writing about Skvortsov's "cures"; certainly emphasis is laid on the unhygienic conditions of their preparation and their indiscriminate issue, not on any basic unsuitability of the constituents. Indeed, it is striking that when the journalists mention Skvortsov's birch tar ointment they make a point of stating that it was nothing special and refer readers to the pharmacopoeia of the Academy of Medical Sciences, which contains prescriptions for ointments based on this substance.

The article repeatedly assures readers that the "cures" were ineffectual but, interestingly, it presents no evidence to link them directly with the death of any patient. The worst consequence it records concerns an ointment that Skvortsov applied to a man from Tashkent who complained of back pain. This caused such intense discomfort that the patient rushed off to Serpukhov's surgical hospital, thus bringing about the old man's downfall. For the hospital's discovery that the patient had a second-degree burn led to an official inquiry by the town's Soviet and health department; in due course Skvortsov was forbidden to practise.

Turning a blind eye

As the journalists note, however, the ban came into effect an astonishingly long time—some 20 years—after this amateur healer had begun to "exploit people's sufferings and misfor-

tunes." The obvious question arises: why had an investigation not taken place before?

Although the article does not give a direct answer and makes no attempt to examine society's attitudes towards fringe medicine, it does imply that the civic and medical networks took a tolerant view of Skvortsov. In this context a most illuminating insight is offered by the story of the man from Tashkent. His presence in Serpukhov, ironically, had no connection with the quack doctor; in the station square he had gone to an inquiry kiosk asking for addresses of "pay policlinics" in Moscow that would treat radiculitis. "Why do you want Muscovites?" asked the woman in the kiosk; "We have our own famous old man." And for the standard charge of two kopecks she supplied his address.

From local doctors the journalists could elicit only protestations of ignorance about Skvortsov's activity. These they found unconvincing, and they were surely correct to conclude: "It is highly questionable that not a single doctor in Serpukhov had heard of Skvortsov." The paradox of this situation is well brought out by a reference to the work of the "house of sanitary education" or, in more familiar language, the health education programme. As the doctors accepted, this included "lectures and films about the harm caused by self-medication and quack doctoring." Incidentally, their tolerance in reality of what they condemned in theory may be seen as just one example among many of the contradictions that make life in the Soviet Union such a perplexing though fascinating subject for analysis.

A final question is raised by doubts about the authorities' willingness to monitor their ban. Having found Skvortsov at home, the journalists asked whether he was still treating people and recorded this reply: "Do I give treatment?" he said with a sharp and wary glance. "I give treatment when people ask for it." So the account ends on a note of uncertainty.

How typical were the lay and medical authorities of Serpukhov in their failure to act against a quack for as long as 20 years? Such is the nature of this issue that not even the best-informed Soviet officials could offer an answer with a high degree of certainty. Presumably, however, they could deduce that since quack doctoring poses no distinct threat to political orthodoxy, a harsh crack-down would not be ordered by senior officials of the Party and Government. So it is likely to remain a feature of society for as long as qualified doctors fail—or are perceived as failing—some of those patients with the strongest faith in the healing art.

Reference

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Are there any preventive measures against prickly heat in susceptible individuals—apart from covering exposed areas? What treatment is recommended when it occurs?

Prickly heat (miliaria rubra) is due to obstruction of the sweat pores by keratin plugs. The exact pathogenesis is somewhat obscure, but an important role for bacteria has been strongly advocated.¹ There is no doubt that prolonged and usually profuse sweating is an essential component. Reduction of sweating, even if only for a few hours a day, is the only really effective prophylaxis or treatment. Any other cause of epidermal damage—for instance, tight clothing—should be avoided. Lanolin is now almost a traditional topical remedy, but any simple emollient may be of equal and often rather disappointing benefit. Whatever the role of bacteria in initiating the process, antibiotics (whether systemic or topical) prove of little value either in theory¹ or in practice, unless there is overt secondary infection. Oral vitamin C has had its enthusiasts, as have other remedies.

- ¹ Holzle E, Kligman AM. The pathogenesis of miliaria rubra. Role of the resident microflora. *Br J Dermatol* 1978;99:117-38.