special tool or adaptation for every common lesion. Hence the help of an occupational therapist is of great value.

Contractures

In certain hemiplegic patients the tone in the flexor and adductor muscles is too great for the extensors and abductors. This may sometimes result in joint contracture. Hence every attempt must be made to promote extension and abduction of the affected limbs. Drug treatment is of limited use in these cases, though dantrolene may be used in doses increasing from 25 mg to 100 mg five times a day. In any case, great care must be taken to avoid injury or abrasion to the affected parts, since healing is always poor and chronic ulceration not uncommon. A contracted limb is a great handicap.

Conclusion

A stroke is always a great shock, both physical and psychological, to anyone. There is little place for drugs in treatment. Most of the improvement possible must come from the efforts of the patient himself. He should be given every available help and encouragement to guide and help his progress. To discard such a case too early is culpable negligence.

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USSR Letter

Surgeons in the fields

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In many countries factors such as financial disincentives and professional opposition inhibit the employment of doctors for activities which have no connection with health care. In the Soviet Union these economic and political constraints effectively ceased to operate as a "new society" came into being—or was imposed by the Bolshevik rulers. And even today, when the potential of medical science is so much greater than in the 1920s, the work of rank and file Soviet doctors is often far from specific to their occupation.

Like other white collar (and manual) workers, they will make an additional contribution to the national productive effort by fulfilling what are termed "socialist obligations." The essential function of these, as outlined by the *Large Soviet Encyclopaedia*, is "the fulfilment and overfulfilment of state plans for the development of the economy, cultural construction, and enhancement of the workers' well being." Clearly intended to make available additional manpower, this system results in medical personnel being commandeered for various types of manual labour in agriculture and elsewhere.

Disclosures in "Izvestia"

The disruption and potentially lifethreatening dangers which this arrangement causes in the health service were vividly illustrated by a series of complaints contained in two articles published recently by the newspaper *Izvestia*.^{1 2} Perhaps the first point to emphasise is that the topic achieved prominence not because of some attempt by doctors to enhance their status but because of "whistleblowing" by an aggrieved patient.

Writing from Novosibirsk, a woman "veteran of labour" complained that her planned admission to No 1 railway hospital there had been postponed because, as she was told, "many doctors had left for the potato and carrot harvest." Only the most urgent cases could receive treatment and the surgical ward had no vacant beds since there was no one to prepare patients for discharge. Though accepting that climatic conditions in Siberia made it essential to bring in the harvest quickly, she questioned whether it was proper to "ravage our hospitals and occupy in the fields doctors whom people need on a day to day basis."

Below that letter *Izvestia* printed a commentary by their local reporter, who had been sent to investigate. Confirming that operation days had been altered in the hospital and part of the associated polyclinic closed because of the labour order, he stated that doctors had worked in the rain, got chilled, and caught colds, with the result that they were slow to restart their normal pattern of work. Far from outraged at this state of affairs, however, the hospital's senior staff had become resigned to it. One deputy head doctor disclosed that during the previous three years all the hospital's doctors and nurses without exception had been required for harvesting. A second pointed out that the problem did not end there: "In the summer two of our surgeons spent a fortnight repairing a cowshed at the 'Bolshevik' collective farm."

No mention is made of the hospital's having protested over this misuse of their skilled personnel and it is revealing that when *Izvestia*'s reporter telephoned the "Bolshevik" he found that the chairman "was contrite." A very different attitude was displayed by the director of the "Railway" collective farm, who said bluntly that during vegetable harvest there was no time to consider who might be exempted. By way of riposte, the reporter asks whether he would have been so absolute if he too had had to wait for an operation, and goes on to imply that medical services have a vitally important economic function in maintaining the human factor of production. To be precise, he cites the formulation of the nineteenth century radical Nikolai

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Chernishevski, "that the work of a doctor is most productive: protecting or restoring health, a doctor supplies society with all that power which would perish without his care."

Izvestia also published a comment obtained from a leading surgeon, Professor M I Kuzin. Making no claim for self determination by doctors, he deployed an application of the economic argument for health care. He wrote: "Do you know what sensible, enlightened directors of farms should do once the surgeons have arrived? They should ask them to examine the people who work on the state farm, provide medical care, and, if necessary, call them for hospital treatment later on. And that would be good management."

Progressive practices

As if to prove the practicality of this recommendation, Kuzin refers to the services rendered by his own institute of surgery in Moscow. "Although the directors of the district have an agricultural order, they understand the specifics of our work." In practical terms this means that the institute's staff undertakes examinations of all workers in the district's largest enterprises and provides treatment, including operations. Moreover, each summer several experienced doctors are sent on detachment to the enterprises' young pioneers camps, where they take care of the children's health.

As was possibly intended, *Izvestia*'s article evoked a flow of readers' letters, and another article which draws on them appeared a few months later. From that source it is appropriate first to report the final outcome of the investigation concerning the hospital in Novosibirsk.

One official reply came from the USSR Ministry of Transport, which controls the whole network of railway hospitals, polyclinics, and so on. That department in fact took decisive action by instructing the head doctor not to send surgeons to the potato fields in future. But this prohibition could not in itself be sufficient protection for the hospital, which, like all health service institutions, is subject to the system of "dual subordination"—namely, to the local soviet in addition to the appropriate ministry. As it turned out, the executive committee of the railway district soviet resolved "not to use doctors and other medical personnel in agricultural tasks to the detriment of the treatment of patients."

The lesson that such personnel are not indispensable on the farms emerges clearly from the experience of one rural area in Moldavia. A correspondent reported that formerly the polyclinics there had been almost wholly closed during the harvest season but that things have been completely transformed thanks mainly to the organisational drive of the new secretary of the party's district committee. In 1983 no one had to interrupt their work in health care or in the personal services, and yet the grapes, vegetables, and fruit were gathered in so efficiently that the district achieved first place in the republic's league table.

Other complaints

The message conveyed by that instructive example receives reinforcement per contra from accounts of what happens where unenlightened practices persist. Thus one patient writes from Smolensk that "our ward doctor, who is experienced and attentive, suddenly began to vanish for a day or two days at a time" in order to harvest vegetables, with the consequence that all the patients became anxious and "self confidence declined among many." It should be added that this letter was sent from the coronary care ward of a teaching hospital.

Another correspondent, writing from Kursk, stated that his wife, who was suffering from an acute attack of appendicitis, had been refused admission by the first hospital they approached. All the staff had been sent to the beet harvest and not even a duty surgeon was left behind. The couple then

encountered exactly the same state of affairs at a second unit, which does not speak well for inter-hospital coordination over emergency cover.

Noting that the general consensus of opinion opposed the use of doctors, especially surgeons, for extraneous manual tasks, *Izvestia* also refers to letters which unexpectedly took the other viewpoint. But more interesting than their obscurantism is the fact that few complaints were received from doctors, which led *Izvestia* to comment that evidently they have become accustomed to the system and do not believe that they can change it. To elaborate on the point, it may be argued that such passivity is partly a result of the reluctance of medical bureaucrats, whether local or national, to make a stand and defend the primacy of clinical activity.

Some support for that view may be thought implicit in the letter from the wife of a doctor at Moscow's Institute of Medical Parasitology and Tropical Medicine. Despite having to perform a complex operation in the near future, he was included in a working party sent to clear rubble on a building site. (As luck would have it, he received a cut on one hand and was now very anxious because the operation could not be delayed.)

Criticism of a hierarchical superior is difficult to deny in the account of a "subbotnik" written by a paediatrician (from Ivanov region) which includes the following sentences. "The courtyard had to be swept and my morning surgery for children was running in top gear. There were thousands of people near my consulting room. I asked the head doctor to allow me to do the tidying up at another time. No, she said, everyone must go out. . . . Through the open window I can hear the sick children crying and the parents sounding indignant. . . ."

Conclusion

The inquiries into a complaint about the railway hospital resulted in a reversal of local policy. Moreover, the letter from rural Moldavia indicated that organisational innovation in agriculture and "consumer protectionism" are mutually reinforcing tendencies. It should also be said that (as Professor Kuzmin pointed out) a recent official order stipulates that the diversion of persons from their basic productive activity must be kept to a minimum.

Nevertheless, various influences militate against a rapid and widespread change of practice. Because, according to theory, the health service is a "non-productive" sector of the economy, depriving it of labour to help agriculture and other sectors at times of peak demand will continue to be an easy option for managers. More generally, the habits of mind engendered by a command economy tend to endorse a crude emphasis on priority tasks which discounts the costs borne by vulnerable sections of the population. Finally, there can be virtually no likelihood of collective opposition by doctors in the spirit conveyed by the words of Benjamin Franklin: "We must indeed all hang together, or most assuredly, we shall all hang separately."

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Why does time seem to pass more quickly as we grow older?

I do not know. I assume the writer shares with me the feeling that the months, rather than committee hours, pass more quickly. I merely suppose that nowadays six months of familiar routines, being less than 1% of one's total experience, will bulk small compared with those heady times when six months had added a full 5% to life's store of novel experiences.—IAN OSWALD, professor of psychiatry, Edinburgh.