through general discussion and debate, will be based on a mature consideration of all the factors involved."

JEANNE E. CLARE

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MEDICAL MISSIONS TO EUROPE[1]

FOR many years religious organizations have sent medical missions to areas with serious health problems, such as China, India, and Africa. Recently national and international government organizations have also taken an interest in health conditions in many parts of the world. In some cases, private and public groups have worked together on international problems. The World Health Organization recognizes the advantages of such collaboration and has made provision for cooperation with non-government groups of similar interest and purpose if they meet certain conditions.

Such collaboration was illustrated in a recent series of medical teaching missions to war-affected areas of Europe: Czechoslovakia (1946); Austria (1947); and Greece, Italy, Poland, and Finland (1948). The Unitarian Service Committee participated in organizing all of the missions. The United Nations Relief and Rehabilitation Administration co-sponsored the mission to Czechoslovakia, and the World Health Organization provided cooperation on the missions to Austria, Poland, and Finland.

The missions had two chief purposes:

1. Exchange of information on recent medical developments, considered especially important for personnel in areas which had

[1] Medical Teaching Mission to Czechoslovakia, July 3–September 1, 1946. American Unitarian Service Committee in cooperation with United Nations Relief and Rehabilitation Administration. Unitarian Service Committee, Division of Medical Projects, New York, N. Y., 1947, 1948, 49 pages.

Medical Mission to Austria, July 1–August 8, 1947. American Unitarian Service Committee in cooperation with World Health Organization Interim Commission. Unitarian Service Committee, Medical Projects, New York, N. Y., 1948, 46 pages.

Medical Mission to Greece and Italy, April 15–June 7, 1948. Unitarian Service Committee, Inc. Unitarian Service Committee, Inc., Medical Projects, New York, N. Y., 1949, 73 pages.

Medical Mission to Poland and Finland, July 1–August 27, 1948. Unitarian Service Committee, Inc. in cooperation with World Health Organization. Unitarian Service Committee, Inc., Medical Projects, New York, N. Y., 1949, 82 pages.

been out of touch with medical advances during the war period.

2. Promotion of international peace.

Outstanding medical professors from the United States, and in some cases other countries, were sent to particular areas of Europe to achieve these goals. They stayed for periods of five to eight weeks. Comments of these professors on conditions which they found have since been made available in a series of pamphlets published by the Unitarian Service Committee.

The following factors reflecting medical conditions were observed in most countries: (1) illness rates, (2) medical facilities, (3) medical service, and (4) medical education. The hardships of the war period had naturally affected each of these conditions in some areas.

Certain disease rates were high. The prevalence of tuberculosis was excessive in several countries. An estimated 20 per cent of the children under one year of age and 100 per cent of the adults in Poland had positive skin tests for tuberculosis. Other disease rates among children in Poland were also high, such as scarlet fever, pertussis, congenital syphilis, malaria, and typhus fever. In part of Czechoslovakia, dental disease was present in "severe epidemic proportion." Individuals in many areas were suffering from malnutrition.

Some medical facilities were outstandingly good: individual hospital buildings in Finland and Italy, one contagious disease unit in Finland, and the Vienna Institute of Pharmacology. However, many material needs existed. Hospital destruction had been severe in Poland. Laboratory equipment, x-ray supplies, and recent scientific journals were limited in several countries. Shortages of rubber gloves, suture material, and experimental animals were noted in Austria. In several places blood was hard to get and not used extensively. In Poland, where people were loathe to give it, some blood was being obtained at the lying-in hospitals, from the placenta after the umbilical cord had been divided.

High quality medical service was available in certain instances, such as some of the surgical work in Czechoslovakia and Austria. A good mental hygiene program, in which consideration was being given to the related effects of social and psychological factors on mental illness, was in operation in

Poland. Use of ingenuity to maintain high standards of service in the face of material shortages was sometimes evident, such as modification of a vacuum cleaner to provide a suction apparatus in an operating room.

The medical service also had important faults. In several areas neurosurgery had not been well developed. Pre and post-operative care characteristically lagged behind such care in the United States. Use of anaesthesia was limited in all countries. Even in Italy, which stood out as a country in which medical anaesthesiology was being developed, anaesthesia was not used for childbirth or for tonsillectomies in small children. To some extent this situation was attributed to the fact that in Italy "The patient is not regarded primarily as a human being, and hence, relief of pain is less important than it is in this country" (i.e., the United States).

Partly as a result of pressure to meet personnel shortages resulting from the war, many medical schools were overcrowded. For example, medical school enrollment in Austria was three times the pre-war level and in Rome, was six times the pre-war level. Declines in enrollment were expected, however. Many teachers were underpaid. In Greece, where student fees had dropped from the pre-war $100 to $35 a year, teachers were doing outside work to supplement their salaries.

In several medical schools the gap between teachers and students was great. The lecture system of teaching, in some cases with little laboratory work, was common. In Greece and Italy medical students suffered from limited contact with patients during school years and the lack of adequate subsequent hospital interne and residency programs. In most countries the pre-clinical sciences were under-emphasized in the medical curriculum. Several of the medical school libraries were very good, especially a departmental library in Italy containing a book collection on the History of Medicine. Considerable research was being done in some countries, such as Italy and Finland.

Programs of health education for the public were needed in Italy. For it was noted that "Ignorance of the advantages of medical care and fear of doctors and hospitals are widespread in Italy and deprive many people, particularly children, of the facilities available."

Comparisons of the medical situation in individual countries are difficult because of the varying social and economic conditions, and medical traditions. Two differences were noted. First, medical care was better in Italy than in Greece. Second, medical facilities in Finland were superior to those in Poland. The missions were concerned with medical, not political conditions. However, it should be remembered that the changing political scene may be affecting medical conditions in some countries, such as Czechoslovakia (visited in 1946) and Poland.

These pamphlets are compilations of facts observed by individual physicians. As such they lack organization by subject matter and involve repetition. Apparently some statistics were not carefully checked. However, the pamphlets were not intended to be scientific reports. They do furnish some very interesting information on medical conditions in Europe given by top-ranking medical personnel. The goals and accomplishments of the type of missions described in the pamphlets seem particularly worth while.

ELIZABETH H. JACKSON