

special case"), Czechoslovakia and Hungary. Bulgaria alone in this list (but, it is believed, like the U.S.S.R.) allows a woman to apply to end a pregnancy she does not want. The termination must, however, be in a gynaecological hospital, and not after three months. Here, too, attempts are made to persuade the mother to continue the pregnancy, by propaganda, and by personal counselling.

It may also be noted that even in the countries where legal termination is less restricted than in England, it is prohibited—sometimes with severe penalties—after the third month, except if the mother's life is in danger.

It has been suggested that to make abortion easier and legal will increase the number of illegal abortions, Dr. O'Sullivan and Dr. Fairfield make this point, and claim that there is strong opinion in Russia, Japan, Denmark and Sweden that this has occurred, their argument being that more women engage in irregular sex relationships confident of an easy way out if pregnancy should ensue. But why in that case they should not use the easy way out, but turn instead to something known to be dangerous, seems obscure.

There is also considerable variation as to who is to take the vital decision. In Finland, for example, two doctors must agree, one being specially appointed: in Yugoslavia, it is a board attached to a gynaecological unit: in Sweden, it is a National Board: in Czechoslovakia, a committee which appears to include a trustworthy and respected laywoman: in Poland (apparently), the medical committee of the hospital.

There is food for much thought in all this.

R.F.T.

A Visit to U.S.S.R. and Poland (*Part 1*)

By D. McCLELLAN

In June 1961 I had the opportunity of going with a delegation from the Women's Group on Public Welfare to the U.S.S.R. and Poland. The purpose of the visit was not a specialised one; the Group had invited six women from the U.S.S.R. to visit England the year before and this was an exchange of hospitality. It was understood that we should like to see something of the general life of people in the U.S.S.R. and that while all of us would be interested in housing, education and the welfare of women and children there would also be an opportunity for individuals to see people and places of special interest to them professionally.

I therefore asked to see as much as possible of the mental health services, and especially provisions for community care and rehabilitation and the care of the mentally subnormal. Our hosts were most co-operative and as soon as they understood what it was one wanted to see they tried to make the necessary arrangements.

There were slight difficulties at first because the group arranging the trip were lay people who knew nothing about the psychiatric services but fortunately I had taken the proof of Mr. Kenneth Robinson's booklet with me and some other articles and this helped to pave the way. There was the same problem in one or two of the visits when the interpreter I had been given found it difficult to translate what a doctor was saying, not really because she did not know the English equivalents but because she simply did not know what he was talking about. By great good fortune, however, one of the interpreters was a doctor's daughter and when she was with us things were much simpler.

The Subnormal

In Moscow and other leading cities there are Institutes of Defectology which act as diagnostic and research units for all types of physical and mental defect. I visited the Institute of Defectology in Moscow and was seen by the Director of the Institute and by a Dr. Lubovski who spoke English and who had been at the W.H.O. seminar on Child Guidance in Brussels. He had in fact hoped to come to the London Conference on the Scientific Study of Mental Deficiency, but for some reason was prevented. Dr. Lubovski explained that the children were then at a holiday camp in the country but that normally they attended a school run in connection with the Institute just outside Moscow. This school takes physically and mentally handicapped children between 7 and 17 years of age. Pre-school children attend a kindergarten run by the Ministry of Health. Parents may also send their severely subnormal children to special hospitals or they may keep them at home, in which case I was told they would be visited by home teachers and that the parents would receive a pension for them.

I had the impression that the school connected with the Institute was concerned mainly with what they call the "debile", whom we would call the subnormal, rather than the severely subnormal.

The school has two aims: first to give the children a general elementary education and secondly to prepare for vocational training.

Vocational training is in two stages. In the first four grades they are given some general knowledge of handwork and work in different workshops. At a later stage, they are trained either for agriculture or for industry.

In the general school, the pupils go up to the seventh grade (the normal school has eight) but the mentally handicapped children are usually in grades two and three. The children from these grades can go on to sheltered workshops attached to the dispensaries or they may be placed in open industry. At the time of my visit two "debile" girls had been placed in a textile factory and had produced

30% more than their quota. Most of the subnormal, I was told, were employed in agriculture or non-mechanical routine work.

A Sheltered Workshop

The Vladimir Bekhterev Scientific Psychoneurological Research Institute in Leningrad includes a sheltered workshop for the mentally disordered. The Director explained that "labour therapy" is used all over the Soviet Union and that one of the functions of a research institute is to work out new methods. The Institute takes patients with severe mental disorders, neurological disorders and some neuroses, and takes all age groups, including some very young children.

I was told that "labour therapy" was a regular part of treatment except for short periods in an acute illness.

The workshop I saw was in a basement with very subnormal conditions. The buildings are, it is said, to be pulled down and re-built but in the meantime it was considered important to get the work started and not let the patients remain at home. Most of them come in daily to the workshop. One group was making components of fountain pens and assembling them. Some were working on simple sorting processes. Some were carrying out repetitive work. Others, including some severe epileptics, were working on powered drills. The women were mainly engaged in sewing, not hand sewing or embroidery, but using sewing machines and making simple, rather crude clothing for the patients.

A good many of the patients looked like chronic schizophrenics, some were mentally defective but not very low grade. I was told that the severely psychotic are employed on making cardboard boxes, carpets or other things which cannot harm them. When the acute stage of the illness is over, the Institute tries to evaluate what residual skills the patient has, and to build on them. When the patients leave hospital, after-care is carried out by psychoneurological dispensaries to which sheltered workshops are attached. These workshops take people with all forms of mental disorder. The patients work six hours a day instead of the normal seven and are paid for the work they do. In addition they receive a basic disability pension. Chronic patients may continue to be employed at the sheltered workshops and live with their relatives. There is a strong family spirit and relatives are usually reluctant to let patients go into the hospitals for the chronic mentally ill. These hospitals, we were told, are usually situated far away from the big towns in the woods or mountains.

The minimum stay in a sheltered workshop is usually six months. After this, if the patient is considered well, he is given a certificate of fitness for employment. It was explained to us that there is a certain reluctance on the part of staff managers to take the mentally disordered.

The staff patient ratio is fixed by law at 1 staff to 10 patients but it was not clear how this was distributed between doctors, nurses and instructors. The instructors are workers from the factories. We saw a joiner who had volunteered for this work supervising the making of swings. The procedure is to take a skilled workman and to give him a course of instruction on the handling of patients and how to anticipate and prevent excitement, etc. The instructors have also an annual course of lectures covering the background to mental disorder.

In spite of the squalid working conditions and absence of amenities (two patients were sitting on the floor behind a machine, eating their lunch out of dirty newspaper) the atmosphere was good humoured and not tense.

I did not see or hear of anything of the equivalent of our day training centres in the Soviet Union, nor did I have the opportunity of visiting a hospital for the severely subnormal in the U.S.S.R. My impression is that they are less concerned with the problem of training the severely subnormal than we are and members of the general public to whom I spoke about the severely subnormal usually said, "They will go to special hospitals" and left it at that.

Children's Unit at Kashenko Hospital

The Unit is situated some way from the main hospital and stands in extensive grounds. It takes 240 children of school age suffering from different types of mental disorders but it does not take the mentally subnormal. Amongst the patients were schizophrenics, children suffering from severe epilepsy and others who presented behaviour disorders. Children under seven are dealt with at other clinics.

The unit combines the functions of a clinic and a school. There are 17 doctors and rather more teachers. There is frequent discussion between doctors and teachers on the handling of individual children. There seemed to be a high proportion of nursing staff, but I did not get the exact figures. This was one of the occasions when the interpreter found things difficult.

We were told that the average length of stay in the clinic is from two to three months. Normally parents can visit twice a week, but more frequent visiting is allowed if it seems desirable. Parents are never discouraged from keeping in close touch, the doctor said that sometimes parents showed great anxiety, as when a mother would ring up in the evening and ask if her child's feet were warm. She would take such a request seriously, go and feel the child's feet and reassure the mother. They do not admit mothers with the children. If a child seems withdrawn or otherwise in need they will allocate a special nurse.

We saw children in groups playing sitting down games such as draughts or chess or reading. When the doctor went over to them they all stood up.

We were told that there are committees of children directing certain activities. There are gardens for which the children are responsible and they decide what they shall plant. The week before our visit the children had picked their strawberry crop—ten kilos. They then held a meeting to decide what should be done with the fruit. They decided that if there was not enough to go round it should go first to the weakest or most handicapped children. In the event, each of them got nine strawberries to their great satisfaction.

Some of the older children in one room at the clinic were very quiet and withdrawn, the rest appeared outwardly normal. We were told there was a regular regime of medical care as well as teaching and that schizophrenic children were treated with insulin. E.C.T. is not used in the hospital.

A feature of the unit is a most attractive small zoo with three monkeys, goats, all kinds of birds, fish and other pets. The children help to look after these and show great interest in them. We were told that apart from interest the pets were useful for biology teaching.

The director of the clinic is a woman, a warm person with sympathy and humour.

Abortion Law and Practice

During a visit to a maternity hospital in Moscow I was told that by law a woman had the right to have an abortion if she wished. Doctors, however, tried to discourage this as detrimental to health. Special help is given to single women and they have priority at crèches and kindergartens.

In the entrance hall of the ante-natal clinic there were two posters, one of a laughing mother holding up a lovely baby, the other of a sad faced woman slumped on a park bench watching another woman pushing a pram containing a child. The wording on the poster, I was told, explained that the woman had had an abortion and now could not have a child. In the clinic itself were three more posters, one showing a clandestine abortion in bad conditions, the second a detailed anatomical one showing the damage done to the uterus by insertion of an instrument by an illicit abortionist, and the third showing a woman being admitted to hospital and cared for by a medical team, the caption explaining that if abortion had to be performed, it must be done in hospital as a surgical procedure and that clandestine abortions were dangerous to life.

I was interested that it was considered necessary to campaign against clandestine abortion when abortion was legally recognised as something a woman could demand as of right.