

## Letter from Romania

Ian McKinlay

You think you have problems? A trip across the Carpathian Alps will put that in perspective. My *Hamlyn World Atlas* does have a page for the Balkans but it chops off Romania after 20 miles. Otherwise it shows the country as a small part of the eastern Europe map. *The Sunday Time Atlas* is no more informative.

Yet Romania is an ancient country—Dacia in Roman times when the locals agreed a draw with the invading legions and intermarried—hence the name. It is of similar size to the UK (just over 90 000 square miles) but has less than half of the population (now about 24 million) in spite of 22 years of Ceaucescu's promotion of fertility at all costs. These costs included huge numbers of septic abortions, a cerebral palsy incidence of about 6/1000 (but denied officially), severe overcrowding in tower block after dismal tower block in Bucharest, wholesale abandonment of children, neglect of children whose mothers had to go back to work after three months when maternity allowance ceased, and Third World levels of child and maternal morbidity and mortality.

A total of 150 000 children are said to be in institutions but this may be an underestimate as a tenth of the patients in the children's wards I visited were abandoned, some for many months. Some had their heads covered by scarves to keep the lice warm.

The state of the institutions varies from stark and smelly to cheerful but overcrowded. The staff are few, badly paid, and widely criticised. The nurses cannot afford to buy their own children the oranges, chocolates, and toys which reached the orphanages at Christmas. There is no doubt which children are worse off though.

I would not pry into the sanitary arrangements of the families of BPA members but I would be surprised if many gather for communal excretion, especially in a room with 20 others. Nor would it be normal for our handkerchiefs to be held by one individual. In the worst of the institutions, pale, apathetic children, who have never been outside, rock, roll, and eye-poke in rows of cots. It is difficult to distinguish developmentally disordered from grossly deprived children. The stench of urine and stale mash is nauseating. It reminded me of student visits to mental handicap hospitals in the UK not so long ago. The orphanage in my own authority—Swinton Industrial School, blessed by Charles Dickens and open till 50 years ago—had 1000 residents. The mental handicap hospital next door, which closed a few years ago, had hundreds more. A recent headline in our local paper demanded the closure of a

similarly foul institution for adults with chronic mental illnesses in the authority's care.

It is not just the long stay institutions which are bleak. There are children's wards in which beds are tightly crammed on the dark terrazzo floors, the walls have white tiles up to five feet and white paint above that. There are few, if any, pictures or toys or play spaces. Nurses prowl around telling children to be quiet. Parents look miserable. Boys and girls are segregated in buildings 500 yards apart. It is like Manchester 40 years ago (now, happily, transformed). Hardly any equipment is available, many drugs have become unobtainable, laboratory services are minimal, and a consultant is paid between £40–£45 per month.

As an advocate of the concept of child neuropsychiatry, I was mortified to see what was being done in the name of the specialty in some places. No wonder some public health physicians resist the development of hospital neuropsychiatry here. I understand neuropsychiatry to be the collaborative application of advanced knowledge of neurology and psychiatry for people with complex disorders relevant to both subjects. Investigation of autistic people with possible day or night seizures, understanding unusual behaviour in people with severe disabilities, and management of people who somatise their psychological distress in extreme ways were among the services the aborted Manchester child and adolescent neuropsychiatry unit planned to offer.

We had no plans to cram scores of children into a fetid concrete barracks at the back of an industrial estate in the middle of an oilfield, to deprive them of fresh air, washing machines, kitchen facilities, recreational activity, or parental visits as has been the case in Videle. We intended to allow children to wear adequate clothes even though no official visit was scheduled. It was not envisaged that children would be laid on plinths to have galvanic currents passed through their heads to make their brains grow or placed in large magnets to treat their spasticity.

Yet the neuropsychiatry department for children in Timisoara, founded in 1965, is an inspiration. It is welcoming for children and parents, it has well trained nurses, therapists with Bobath training, clinical psychologists, and a lively training programme for doctors. The department runs inpatient and outpatient services for children with epilepsy, language disorders, and other disabilities. It has community links with a polyclinic. Shortages of nurses, modern books, and journals are problems. The two main paediatric units and the

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neuropsychiatry department will join forces in a new Timisoara children's hospital soon, hopefully.

There is a delightful multidisciplinary child development centre in Bucharest with diverse wall pictures, toys, and books in every room. The team has been together for years in trying circumstances but they now work in a former sports club of the secret police.

There is a rehabilitation centre for physically disabled children in Bucharest also. Although much of the equipment is obsolete and the present building is unsuitable, parents stay with their children to learn rehabilitation techniques and a new building has been promised. The centre is the base for a newly formed association for parents and disabled people. It has just started to produce a newsletter and to arrange meetings. When the centre last received the 'red journal' it was called the *Cerebral Palsy Bulletin*, the successor to which (*Developmental Medicine and Child Neurology*) is now in its 33rd year.

The health ministry and senior management in their health service are run by practising clinicians. The minister of health is a gynaecologist, the secretary of state for health of women, children and adolescents is a paediatrician, Dr Stanescu. The director of health for Timisoara county (a sixth of Romania) is an orthopaedic surgeon, Dr Babusceac. All carry out their administrative work part time and also continue their clinical work and teaching.

Romanians admire the British NHS and there seems a possibility that they will set up a similar system, funded by national insurance. At present there is resistance from the finance ministry who consider the proposal a capitalist scheme, even though it has all party support in the UK where it was promoted by the Liberal and Labour parties in the early days. They are eager for contacts with British colleagues from all parts of our service and would encourage direct contact between departments. It is no longer necessary to obtain permission through their health ministry, though the ministry would welcome news of progress from time to time.

Many Romanian doctors have taught themselves English, French, and German. Though western books and journals have been unobtainable for 20 years and are now prohibitively expensive for Romanians, the basic medical training is of a high standard. Until this year the Timisoara medical school, which is a good deal older than ours in Manchester, offered two parallel courses: maternal and child health

(about 50 students per year) or adult health (about 400 students per year). Now, when the Manchester medical school is moving in the direction of undergraduate specialisation, the Timisoara courses are being merged.

There are many differences in delivery of health care from the British system. There are no general practice services but children are taken to local polyclinics for medical or other advice. Many of these resemble some of our accident and emergency departments in cities. Only now is neurology separating from psychiatry for adults. This will happen in child health services in future.

The country is potentially wealthy. It is fertile, has some oil and a petrochemical industry, a wide range of engineering experience, and a large number of humorous, talented, imaginative people, still unsure whether or not they are 'free' or what that means. For instance public swimming baths are closed at the weekends because the 'revolution' has freed people from having to work then.

The priorities are to restore the economy, to promote family planning, to reform housing policy, to establish Romanian manufacture—for example, syringes, needles, incubators, drugs—to develop strategic planning and invest in good practice rather than patch up impossible facilities. Already maternity leave has been extended to a year, the will to promote family planning is widely accepted (but materials are insufficient), contact with the international community is encouraged, and professional qualifications are being restored after seven years in which post-graduate examinations ceased and expertise was denigrated.

The friendliness, enthusiasm, and knowledge of our colleagues in Romania are a great credit to them and a potential source of benefit to us. It may be that we should consider taking some meetings there to allow Romanians to attend. Over 30 years ago western European services for disabled children began their transformation to present standards prompted by the biannual meetings of the Medical Education and Information Unit of the Spastics Society. Similar contact with a range of western European voluntary societies would help eastern countries now. We should seek every opportunity for staff exchange, scientific exchange, and investment in the future of Romanian paediatrics.

The visit to Romania was at the invitation of the Romanian Ministry of Health under the exchange agreement with the British Council in March 1991.