

Foreign reports

A visit to Romania in October 1990

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Council agreed to sponsor the Registrar on a visit to Romania to join a team from the Wolfson Centre, Great Ormond Street, and the Newcomen Clinic at Guy's Hospital. The main focus was the Neuropsychiatric Children's Hospital at Lugos in the region of Banat in Western Romania. The Director of this hospital had asked for this visit.

There are 600 beds in the hospital and three neuropsychiatrists. One of these doctors looked after 200 boys with conduct disorder and hyperactivity. Another was responsible for 150 girls, and the Director himself had about 20 beds for younger children, for diagnostic purposes. All these beds are under the aegis of the Minister of Health. All the children went to school, and many had parents who visited them, and to whom they could return home for the holidays. The children were housed, largely, in villas built about 20 years ago, each villa having four dormitories, with eight beds to a room. The doors to the dormitories were enclosed by a grille which was locked at night.

However, the central block of the hospital was the province of the Ministry of Employment, rather than that of the Ministry of Health. On the lower ground floor were about 40 beds in a 'Security Unit'. These boys had been sent by the Courts, usually for vandalism. When we met them, they looked pale but were lively, even cheeky. Because they had been sent by the Courts, they were not eligible for school, even though most of their problems leading to admission were difficulties occurring in class. Above this 'Secure Unit', were the wards for the 'Irrecoverables'. An appalling stench came from this building, where there were 200 children on the top floor. On the first day of the visit, efforts had been made to clean up the Unit; all the small children were wearing orange jackets, and cloth nappies, and there were a number of soft toys which were obviously new and unfamiliar to the children themselves. The doctor in charge of the 'Irrecoverables' was not a psychiatrist, and none of the children went to school, or were seen by the three psychologists in the hospital. There were five rooms, with 10–14 cots in each room, and many cots had more than one child in them. It was difficult to tell how old the children were and necessary to guess the age by teeth, rather than size. With few exceptions, the children had shaven hair, and the scalps had scars of old sores. Although there was one child with hydrocephalus, another with spina bifida and a

third with Down's syndrome, the striking thing about most of the other small children was the absence of neuropathology, or stigmata of developmental syndromes. There were obvious signs of malnutrition, particularly severe anaemia. In the next group, 20 to 30 children were attending 'Kindergarten'. They too had dormitories, which were grossly overcrowded, but they now had clothing and toys provided recently by the Danish Red Cross. In the next group of rooms, there were at least 50 children, all shaven, and whose sex was difficult for the nurses to remember, and impossible for a visitor to guess. Their ages ranged from eight to 18. A few sat at tables, but most were crowded together on rubber matting in the corner of the room. Some had recognisable, severe retardation and one or two had features of autism. One child had a severely bruised face, due to persistent self-injury. As with the younger children, the striking impression was the potential normality of the group. A mass of bright little eyes confronted the visitors.

A few days after our Official Visit to the 'Irrecoverables', it was possible to go there more informally, and see a more realistic picture. We arrived at breakfast time. The children who were confined to their cots were being slowly fed in turn by being laid down in their cots, with a piece of cloth under their chins, and gruel spooned into them as they lay, entirely passive, just opening their mouths. A few showed great distress as, waiting to be fed, they watched the slow progress of the hard-working carer. Many children could be seen rocking and several had their heads pressed so closely to the cot bars that there was bending of cot bars and a continuous line of bruising across the forehead in more than one child. In the vast majority, speaking to the child stopped the rocking instantly. One little boy with an attractive chuckle was clearly a favourite with the nurses. Although some nurses did not know the names of the children, others tried to treat them tenderly, but had little time, particularly for feeding. The sad, quiet little things, who sat waiting without protest, came to life when a balloon was produced and they responded in an animated fashion, throwing the balloon back and laughing. If the balloon went to the other end of the room, there was no protest and they resumed their despairing wait.

The doctor in charge of these children produced case records limited to short medical notes of



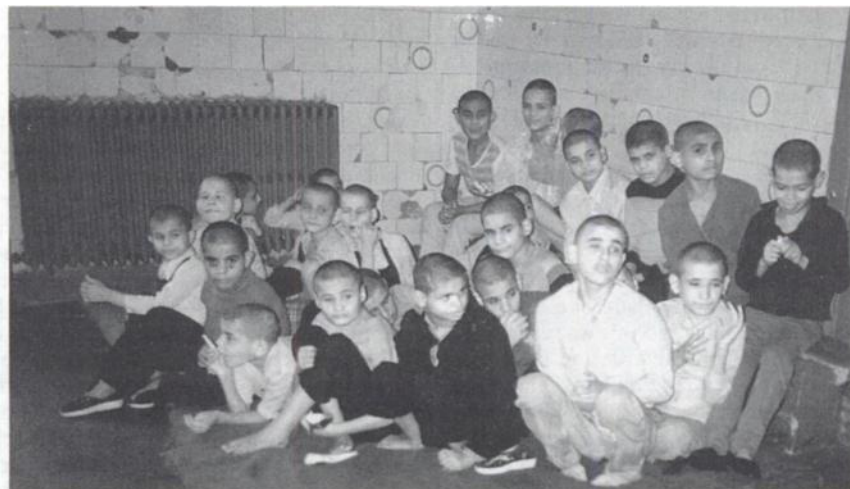
infections, for example, and the initial notes of the Commission, which had originally labelled the children as 'Irrecoverable'. It was possible to understand the form the Commission used, and to see it as a crude developmental check list. There was a little information about parents, but no note of the name, and the majority were described as oligophrenics. However, more than 80% had no birth certificates and the parents of many were classed as intellectuals, rather than being themselves in any way handicapped. There was a large proportion of recognisable gypsy children.

The state of general deprivation in Romania was evident in the Paediatric Wards in the small town of Lugos (population 60,000) where we saw many children with malnutrition, often kept in hospital for social reasons, much longer than in Britain, because their mothers were unable to take time off work to look after them. The equipment was poor. In that hospital there were no incubators. Even in the regional capital of Timisoara, with its Medical School, there was very poor equipment, with a very primitive scanner, and an extremely antique X-ray.

There were tiny wards, crowded with cots. Two little brothers were seen in one ward. They had haemophilia, and one had an abdominal haematoma and neurological signs from an intracerebral bleed. There had been no Factor 8, and in this part of the country the treatment options were so limited that transfusions were virtually unheard of. It did, however, have the advantage in that AIDS was not a common problem, as it was in Bucharest. In marked contrast to the Paediatric Department was the more sophisticated equipment in a Children's Neuropsychiatric Hospital close by, which included a modern X-ray machine, a multi-channel EEG, and an EMG which could also be used to study evoked potentials. Unfortunately, nobody seemed very clear on how to work these pieces of apparatus.

The doctors in both Paediatric and Psychiatric Departments were eager to talk. They had lively questions, and were particularly interested in work in the community, as well as in the hospital. They had been starved of outside information, as what books they had were dated before 1970, and since then they had only seen occasional copies of review papers. The need for books and journals is urgent. One young child psychiatrist described how she had seen children come before the Commission in Timisoara, which is the body to diagnose the 'Irrecoverables'. Spontaneously, she said that these children were examples of the cases, described by Dr Bowlby in his classical descriptions of deprivation, and she thought that this was the explanation, rather than primary mental retardation. She would seem to be correct, but this is not an accepted view and in some circles could be unpopular.

The main Psychiatric Hospital in Banat is at Jebel, 30 kilometres south of Timisoara, where there are



Children's Neuropsychiatric Hospital, Lugos, Banat, West Romania (and above).

nine psychiatrists, including one specialising in forensic psychiatry. Jebel takes all patients, but has, in addition, some who are not psychiatrically ill, but homeless. One of these was a cheerful old woman who did not seem to resent sharing a room with severely ill patients. None of the wards was locked, and they consisted largely of pavilions with small rooms, with two beds and some larger dormitories. One unit was an acute psychiatric ward, with florid cases of melancholia, mania, and schizophrenia. The pavilions were cold that morning and there was no heating. Many patients were in bed dressed. Others were walking around, as it was warmer outside. Catatonic patients could be seen. We heard how difficult it was to use ECT, as there were no anaesthetists available and medico-legal considerations made unmodified ECT impossible.

Treatment for patients diagnosed as mentally ill is compulsory. Forensic patients were admitted from the Courts, but could be returned to the Court for review at the psychiatrist's suggestion. One patient had been admitted who had written a number of letters in vain about a driving licence. After getting no answer, he wrote a letter containing strong language. Shortly after, he was brought to the hospital by the Securitati and it took the psychiatrist at Jebel two months to get him released, during which time he had made two serious suicidal attempts.

In one ward, there was an appalling smell, attributed to what was being used to get rid of the cockroaches and other livestock on the floors. It was difficult to remain composed and dignified. In this ward, there was a mixture of retarded and chronic schizophrenic patients. Most wore dressing gowns made in the 'Ergo' therapy room by the therapists and some of the patients, out of recycled material. It was surprising to meet the medical staff, also wearing blue dressing gowns of a similar design. In Jebel, as in Timisoara, the staff were keen to take part in a lively discussion about the different techniques now used in psychiatry. Many questions were asked about therapeutic communities, which of course were a major topic in the early '70s, from which most of their reading matter dates.

The major deprivations, occurring in all areas of paediatrics and psychiatry, reflect the shortages in the population as a whole. For example, in Lugos, hot water was available only two days a week, and there was a major shortage of electric light bulbs in hospitals, in hotels, and everywhere else. In some buildings, there was no glass and this was especially evident in the Adult Mental Retardation Hospitals that we visited and in the public buildings in Lugos and Timisoara, damaged during the revolution in December 1989. The Danish Red Cross have made a massive effort to provide clothes, medical supplies, toys and personnel in the region of Banat which had made a major difference. However, we knew that

much of the stuff was put out for our benefit, and lasted less than a few days.

The main concern remaining was that the majority of children, estimated at 80% of the children of those in the 'Irrecoverable Unit', were not severely mentally handicapped. They clearly suffered from developmental delay, but were in such conditions as being confined in cots all day, so that neither cognitive nor motor development had any encouragement. They were capable of learning new skills and engaging in play. Some of the older children had had access to toys for a few weeks, but were already demonstrating skills well beyond the activities that could be attributed to children with even moderate mental retardation.

The children with severe mental handicap and with severe neurological handicap and physical handicap were missing from those wards. The mortality was appallingly high, with 44% of children dying during the course of the previous mild, winter.

Everywhere, women talked with great anxiety about pregnancy. There is no legal right to abortion or contraceptives. Indeed, the official expectation for many years had been that women would go on having children. It was surprising that the majority of women encountered had one or, at most, only two children. However, children were being born, passed to the care of the State, and treated in a grossly deprived way in the orphanages, so that many failed to pass the rigid developmental test of the Commission and were labelled as 'Irrecoverable'. The realisation that children were being born and treated like this has only just reached the ordinary people of Romania. The few free newspapers could be seen being sold on the street corners. The headline of the day of the visit to Timisoara was about the fate of unwanted children.

The College could play a major part in bringing medical practitioners of Romania into touch with the rest of the world of medicine. A number of books have already been sent to the Universities of Timisoara and Bucharest. Outside help alone has already been seen to give little lasting value in Romania. It is essential to find people there who are prepared to change things and to give them maximum support.

Many childless couples in Britain are keen to adopt orphans from Romania. These children are not strictly orphans as their parents are alive, but rejected them at birth. It seems highly unlikely that homes will be found for the children in Romanian families, because of the severe economic and social problems in the country. The outlook for the children in orphanages and in hospitals, such as that in Lugos, is extremely bleak. Inter-country adoption is a contentious issue but, for these children, there is no better option available in their own country, and, for them, adoption by foreigners is a less detrimental alternative.