Baghdad—Frontier city of medicine

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Iraq is a large country situated between Turkey and Syria to the west, Iran to the east, and Saudi Arabia to the south. The population is just over ten million people, about three million of whom live in the capital, Baghdad. Free and compulsory education was introduced in 1958 but it is believed that over 50 per cent. of the population is illiterate. The vast majority of the people are Moslems but there is a small Christian minority in Baghdad and the larger cities.

Iraq is basically an agricultural country and depends for its irrigation systems on the rivers Tigris and Euphrates. The large area between these rivers, formerly known as Mesopotamia, is very fertile but the more outlying areas are desert. The principal crops are barley, rice, yellow maize, tobacco, a wide variety of vegetables, and delicious fruit, especially oranges and sweet lemons. The symbol of Iraq is the date palm, growing almost everywhere and producing succulent dates in large quantities. The principal raw materials are oil and sulphur. The present prosperity of the country is based on its oil production, originally developed by the Iraq Petroleum Company, which was nationalized in 1972.

For centuries the country was dominated and occupied by the Turks. It was liberated towards the end of the first World War by the British army under General Maude and was put under a British mandate by the peace treaty. It became an independent kingdom with a royal family and a parliament in 1932. A revolution broke out on July 17, 1968, when the royal family was liquidated, and power was taken over by the Arab Baath Socialist Party, which rules the country today. Iraq is a people's democratic republic with close affinities to the eastern European countries. There is a Revolutionary Command Council of 21 ministers presided over by the President of the Republic, Ahmed Hassan Al Bakr.

The Islamic religion is considered to influence profoundly the incidence of sexually transmitted diseases and their management. Although the numbers of people regularly attending mosques on Friday, the Islamic Sunday, and praying regularly at sunset has declined greatly of recent years, it is evident that religion still influences behaviour and the

majority of Iraqis are still attracted to the traditional values. Even today four practical tests are demanded of the individual Moslem. The first is prayer, which must be performed five times a day without fail, and on Friday attendance at a mosque is obligatory. The second is alms giving and the third is fasting. This must be undertaken for one month each year during the month of Ramadan, when all Moslems, except the sick, travellers, and soldiers on active service, must abstain from eating and drinking from daybreak to sunset. Finally, each Moslem is required to make the pilgrimage to Mecca, the birth-place of the Prophet, at least once in his lifetime.

The moral code of Islam is a lofty one and emphasis is laid on the simple and more vigorous virtues. Women still occupy a subordinate position and up to four wives are still authorized, but this privilege is rarely invoked for economic and personal reasons. Chaperoning of young girls is still widely practised both in the towns and in the country.

Despite the strong hold maintained by traditional values and codes of behaviour, there have been remarkable changes during the past decade. Westernization is proceeding at a rapid pace and the arrival of consumer goods in large quantities, such as cars, refrigerators, deep freezers, washing machines, record players, and radios, together with the subtle but profound influence of television, has dramatically changed the social attitudes and behaviour of the younger town-dwellers in a few years. This is symbolized by the tall buildings springing up all over Baghdad and the increasing pace of industrialization everywhere. Nevertheless, Iraq is a country of great contrasts, where the old and traditional exist alongside the new and modern and this is very evident in clothing, where the older traditional Arab and Bedouin clothing is still as commonly seen in the streets as the brasher, modern western style of dress. All these influences, together with improved education, a rapidly rising standard of living, and the ease of foreign travel are producing great social changes, particularly in the status of women.

The Health Service is organized and run by the Minister of Health, who is a member of the Council of Ministers. Medical attention is free to all Iraqi citizens and there are no contributions to the cost either by the individual or the employer. Over the

years, and especially during the past 3 years, many new hospitals have been built and lavishly equipped. However, private practice flourishes and is completely independent and separated from the public sector. There are a large number of private clinics and hospitals in Baghdad and other cities.

Iraq has five universities, two in Baghdad and one each at Mosul, Basrah, and Sulmamiya. There are five main hospitals in Baghdad and several smaller ones. Baghdad has two medical schools; the principal one is situated at Medical City with an annual intake of between 250 and 300 students and the second at Ibsina Hospital which is smaller and has only recently started to take medical students.

At Medical City a magnificent new hospital of over 900 beds has recently been completed. A new out-patients department is being built at present and there are plans to rebuild the medical school itself and all the ancillary departments on the same site. The President of the hospital, a doctor, is responsible for the administration and the Dean of the medical school is responsible for medical education. The Baghdad Medical School was founded by an Englishman, Sir Harry C. Sinderson Pasha, in 1927 and subsequent professors of medicine have been British. There are now excellent academic departments of medicine and surgery staffed entirely by Iraqi doctors and administered by a chairman. They are housed in modern departments with attractive wards and equipment is lavish, modern, and easy to obtain. In addition, sophisticated equipment is provided in such departments as radiotherapy, nuclear medicine, cardiology, and renal diseases.

Sexually transmitted diseases are the responsibility of the dermato-venereologists. No figures are available for the number of cases of the various diseases at a departmental, hospital, regional, or national level. Any discussion of trends, of incidence of disease, and of results of treatment are, therefore, based on impressions. There appear to be no immediate plans to organize a comprehensive service in venereology.

There was general agreement that the number of new cases of sexually transmitted diseases was increasing in Baghdad and it was estimated that they constituted about a third of all the patients attending the department of dermato-venereology at Medical City and over a third of those seen in private practice. It was thought that self treatment was common, although a recent law forbids the sale of antibiotics without a doctor's prescription. Quackery and quack remedies were believed to be widespread and many cases were probably treated by general practitioners, by physicians in other specialties, and by surgeons. It was also thought that many patients received no treatment at all.

It was the general view that non-specific genital infection was the commonest disease diagnosed, followed by gonorrhoea, which was believed to be

much less frequent. Microbiological methods of diagnosis are rudimentary and by no means always used and in some departments not even a microscope was available. Herpes, genital warts, and candidosis were also thought to be very prevalent as were trichomoniasis, scabies, and pediculosis pubis. Only a small number of cases of early infectious syphilis were diagnosed each year and these were believed to occur principally in heterosexual patients. Latent syphilis was found more frequently through the use of the Wassermann reaction, the VDRL test, and in some cases the Reiter protein complement-fixation test. Cases of cardiovascular, central nervous, and congenital syphilis were rare and were only occasionally diagnosed by the general or specialist physicians. The average expectation of life is only 52 years, so there is less likelihood of the late degenerative manifestations of syphilis developing.

Bejel, a type of endemic syphilis, had been widespread in the northern part of the country and in some desert areas. After the second world war eradication campaigns had been organized with the help of the World Health Organization and the general view was that they had been extremely successful. No new cases had been seen in Baghdad for a number of years and reports from the north and outlying areas suggested that the disease had been eliminated. It is difficult to assess the relative importance of antibiotics, improved standards of living, better housing, improved nutrition, and rising standards of hygiene in the elimination of this ancient and destructive disease.

Education about sexual matters and the sexually transmitted diseases is non-existent in schools and universities and the literature and films so prominent in Europe and North America are totally absent. Nor do patients frequently attend doctors for advice and help about sexual problems. Family planning is undeveloped and government policy appears to be influenced by the overall shortage of labour and has, therefore, not stressed this aspect of modern medicine.

Baghdad is a boom town and has many of the aspects of a frontier town in economic expansion. British medicine is very highly regarded and the medical services are based on the United Kingdom model. The hospitals and universities are now staffed by the first generation of Iraqi doctors, the majority of whom received their post-graduate training in Britain and hold higher diplomas from the Royal Colleges of Physicians and Surgeons. They naturally look to Britain for help and advice as the service expands and they send their brightest and most promising young doctors to Britain for post-graduate training and experience.

The number of young Iraqi doctors wishing to sit the examination for Membership of the Royal Colleges of Physicians has grown so fast that it was

decided to hold Part One of the Membership Examination in Baghdad once a year for a 3-year trial period. If the experiment is successful it is suggested that Baghdad should become the centre for the Middle East, and that all those wishing to sit Part One should do so in Iraq. Part Two would still be conducted only in Britain. The Royal Colleges of Surgeons have made similar arrangements for the primary fellowship examination.

Accordingly the Department of Medicine of the University of Baghdad arranged a post-graduate course for those selected to take the membership examination. Physicians from the United Kingdom were invited to give lectures and teach the students for periods of 2 weeks. In 1975, the first year of the experiment, a total of forty young Iraqi doctors took part one and 65 per cent. passed the examination.

For the second course Professor John Strong, Professor of Medicine at the University of Edinburgh, Dr R. I. Russell, Consultant Physician at the Royal Infirmary, Glasgow, and the author were invited to give a course of lectures and teach on endocrinology, gastroenterology, and venereology respectively for 2 weeks in January, 1976. There were forty well selected postgraduate students, all of whom spoke English to a high standard. They will sit Part One of the examination in September, 1976, and those who are successful will be encouraged to come to the United Kingdom to gain further clinical experience before they take Part Two of the examination in Britain.

Great changes are occurring in medicine in Iraq. The enormous building programmes and the arrival of quantities of highly sophisticated medical equipment are being matched by an imaginative and realistic attempt to train physicians and surgeons to practise modern medicine to the highest standards. There is no doubt that British doctors can play an important role in helping our Iraqi colleagues to achieve their aims and this could well establish a lasting and valuable collaboration between the medical professions of the two countries.

Meanwhile, like all other countries in the Middle East, Iraq is faced with the problems of the rapid evolution of its society and vanishing traditions. Everywhere there are vast problems ranging from the sudden enormous and unchannelled wealth, to a population growth too fast for steady development and the new expectations of health and the role of medicine in modern life. Will those changes bring with them the epidemic of sexually transmitted diseases which has afflicted western countries, and if so, will an appropriate modern service for the patients be developed in time to deal with the increasing number of patients? Everywhere things are being done and changes are occurring. Part of the price of these changes is the gradual disappearance of the ancient ways of life and the appearance of new problems never before encountered. But ask anyone in Baghdad and he will welcome the changes and say that things will be even better for his children. If the new oil wealth is used wisely, the future could be extraordinary.