Cracking heads open in Ukraine: a neurosurgeon’s story. Part 2

Henry Marsh [1] 31 March 2010

Henry Marsh, an English neurosurgeon, tells the story of his twenty-year friendship with Igor Kurilets, a young Ukrainian who resolved to drag Soviet neurosurgery into the 21st century.

I first went to Kiev in the winter of 1992, a few months after the collapse of the Soviet Union.

That trip came about almost by accident. An English businessman was hoping to sell medical equipment in Ukraine. There was a famous neurosurgical hospital in Kiev and he wanted to take some British neurosurgeons with him to Kiev to deliver lectures about modern neurosurgery and the equipment needed for it. His uncle was a local paediatrician and suggested that he ring my hospital to find out if anybody was interested. The switchboard operator, rather puzzled by the enquiry as to whether any neurosurgeons were interested in going to Ukraine next week, put the call through to my secretary Gail. She has the well-deserved reputation of being able to solve most problems. I was in my office when she put her head round the door.

“Do you want to go to Ukraine next Thursday?”

“Certainly not” I replied, a little startled. “I have an outpatient clinic to do that day. It’s absurdly short notice.”

“Oh go on – you’re always saying how interested you are in Russia and you’ve never been there yet.”

Gail is usually the first person to complain if I cancel an outpatient clinic since she has to field all the phone calls from the disappointed patients and re-arrange the appointments, so I had to take her advice seriously.

“Oh all right – I’ll go then.” I said.
“Everything terrible here. Can you help?” Dr Kurilets asked, on meeting Henry Marsh for the first time in 1992

So it was that, along with two colleagues, I went to Ukraine. The Soviet Union had fallen apart a few months earlier and Ukraine had declared independence [2]. But since there had never really been a separate Ukrainian state in the past, it was not at all clear what independence would mean. What was clear was that the country was in utter chaos, and the economy close to collapse. The factories were all closed and the entire country seemed to be out of work. The conditions in the hospitals I visited were out of a nightmare.

Once in Kiev we were taken to the Neurosurgical Research Institute, a huge and ugly building with the endless corridors that are the curse of all large hospitals. The corridors were dark and poorly lit - on the walls one could see serious displays of the triumphs of Soviet neurosurgery, with grainy black and white photographs of heroic surgeons in tall white hats, interspersed with hammers and sickles, red stars, inspirational slogans and photographs of scenes from the Great Patriotic War. Everything, from the building itself to the pictures on the walls, and the stale air which smelt of cheap tobacco and some odd, sickly-smelling disinfectant, felt tired and faded.

We were ushered into the office of a very eminent man, Academician Andrei Romadanov, Director of the Institute. Tall, old and imposing, with a large head and a leonine mane of white hair, he wore a high-collared white coat, buttoned round his throat. However, he looked as tired and faded as the corridors, and was in fact to die a few months later. After the usual introductions – all conducted through an interpreter – we sat down round the long table in his office.

“Why have you come here?” he asked angrily. “As tourists? To amuse yourselves by seeing all our problems? This is a very difficult time for us”. We tried to answer diplomatically and talked of friendship and professional collaboration and international co-operation. But he looked unconvinced and he was, of course, entirely right.

We were then shown round the famous Institute by one of his assistants. “This is the largest neurosurgical hospital in the world”, we were told. “There are eight departments and five floors and four hundred beds”. I was amazed; my own hospital, one of the largest neurosurgical units in Britain, had only fifty beds. We traipsed up and down the stairs and along corridors and visited each identical department in turn.

As we continued our procession through the building we saw scarcely a single patient although there were plenty of members of staff, who seemed to have no work to do. Secretaries and nurses sat
officiously behind desks but the desks were empty, as were the beds. There was no evidence that any operating was taking place and our requests to visit the operating theatres were usually met with excuses – it seemed they were all being rebuilt. We managed to see one theatre – the equipment in it was crude and primitive, the floor tiles cracked and broken and there seemed to be very few instruments. It was clear that Soviet neurosurgery, isolated and under-funded, had fallen many decades behind the West. The professors showing us round, however, felt obliged to maintain the old Soviet lie that everything they had - and not just the guns and rockets - was just as good as what we had in the West. I felt acutely embarrassed on their behalf, yet angry and frustrated at the same time.

We delivered our lectures. The few questions afterwards showed a complete and utter lack of understanding of what we had been trying to explain. We returned to our hotel. Embarrassed, fascinated we made our way shily past the many girls hoping to make money from visiting western men like ourselves and retreated to one of our rooms. There we drank a lot of duty-free whisky, confused and shocked by the surreal discrepancy between what we had seen and what we had been told as we toured the hospital.

The next day I was asked by our guide whether there was anything in particular I would like to see. I had been told that the Institute did not deal with trauma – although as far as I could see at the moment it wasn’t dealing with anything at all.

“I am told there is a Trauma Hospital” I replied. “Could I visit it?” Having seen no routine work at the Institute I thought that perhaps I might be able to see some emergency work and get a better impression of what neurosurgery in Ukraine was really like.

This was met by anxious expressions. The guide and interpreter conferred for a while. Perhaps they had expected that I would ask to see the tourist sights of Kiev. “We will make enquiries”, the interpreter told me. Later that day I was informed that I would be taken to the Emergency Hospital.

The Emergency Hospital was on the outskirts of the city. One approached it through a wasteland of broken buildings and those gigantic, incomprehensible pipes that always seem to surround Soviet buildings. Decrepit Lada, Moskvich and Volga cars were parked in utter disorder. At one side there was a large and ramshackle open air market, with battered zinc-covered huts displaying sad little collections of cheap cosmetics and vodka. Collecting the illegal rent paid by the market traders was, I subsequently heard, an important part of the hospital director’s job and a useful source of income for the officials of the city’s health administration.

We had arrived in the late afternoon. The light was starting to fade. Pure white snow was starting to fall from a leaden sky. Everything was grey, colourless and drab in the way that only Soviet cities could be. Ten storeys high, apparently with eight hundred beds, the hospital was a poor place compared to the imposing, yet dilapidated Research Institute. It looked derelict, although it was only ten years old. The electricity supply had failed and much of the hospital was in pitch darkness. The whole place stank of ammonia – the hospital had run out of disinfectants and only ammonia was available for cleaning. It seemed almost uninhabited.

I was taken to one of the dark operating theatres - a huge cavernous place with a large window looking out on to what appeared to be a bombsite outside. The dim light from the window of the theatre picked out the flurries of snow. A surgeon was ‘operating’ on a man paralyzed from the neck down in an accident some years previously, I was told. The battered instruments in the small tray beside him looked as though they came from a scrapyard.

The patient was lying on his side and was partially covered with old curtains with a faded floral pattern. The surgeon had inserted several large needles into the man’s spine and was injecting cold saline through them into the man’s spinal canal. This was, apparently, supposed to stimulate the spinal cord to recover and the reflex movements in the paralyzed man’s legs that the injections produced were greeted with cries of excitement and seen as evidence that the treatment was working.

To a western doctor like myself the procedure was absurd; in fact, grotesque. It was only later that I
came to understand that in Russian medicine the split between conventional and alternative medicine that we recognize in the West, a division that is really a question of objective comparison of treatments, had not yet occurred. In Ukraine, with my own eyes I have seen radon gas inhalations for asthma, for example, or optic nerve stimulation for blindness. Doctors would happily prescribe treatments that had little, if any, evidence to justify them - treatments that were a form of pseudo-scientific voodoo, but a little more dangerous, perhaps, than the equivalent alternative medical treatments which are so popular in the West, such as reflexology or osteopathy. These, of course, are mainly forms of stroking, an important clinical skill that most scientific western doctors lost many years ago, if they ever had them in the first place.

While walking along one particularly dark and dismal corridor a young man came bouncing up to me like an enthusiastic spaniel.

“This is neurosurgical department”, he announced in his tortured English. “There are three department of emergency neurosurgery. I am director spinal emergency department.” I expected the long and tedious description to continue. I was becoming painfully familiar with the litany of departments, beds and achievements with which one was greeted when visiting a Ukrainian hospital and expected to be re-assured that Ukrainian emergency spinal neurosurgery was the equal of the world, if not better.

“Everything terrible here. Can you help?” he suddenly said. The conditions in Igor’s department were even more awful than in the prestigious Research Institute. Most of the patients with severe spinal trauma and paralysis died. Wholly unnecessary operations of the crudest sort were being carried out on a routine basis. The Soviet medical system had been uninterested in chronic disability, so Igor’s department was a squalid and neglected backwater.

So it was that I met Igor Kurilets.

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The first part can be read here [3]

The third part can be read here [4]

Henry Marsh is a senior consultant neurosurgeon at the Atkinson Morley Wing of London’s St George’s Hospital. Geoffrey Smith directed ‘The English Surgeon’, a documentary film for BBC Storyville about Henry Marsh’s work with Igor Kurilets in Ukraine. Henry Marsh has set up a charity to raise money for his work with Igor in Ukraine. To find the film, and details of the charity, go to http://www.theenglishsurgeon.com/ [5]


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**Country or region:** Ukraine  
**Topics:** Civil society

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