

## CENTRAL INTELLIGENCE AGENCY

## INFORMATION REPORT

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1. In addition to the medical academies at Sofia and Plovdiv, there is an institute in Sofia for the training of specialists. This institute is known as the ISUL (Institut za Spetsializatsiya i Usuvurshenstvuvane na Lekarite Kadri; Physicians' Specialization and Finishing Institute) and was opened in 1950.
2. There are two medical research agencies in Sofia, as follows:
  - a. The Bacteriological Institute, which is headed by Markov (fm), who is a member of the Academy of Science; and
  - b. The Sera and Vaccine Institute, located on Zaimov Street.
3. The main hospitals in Sofia are:
  - a. The ISUL (with the specialists' school);
  - b. The Aleksandrovska Bolnitsa, which has 1,000 to 1,500 beds;
  - c. The Okružna Bolnitsa I (First Okrug Hospital), located near the Russian Monument;
  - d. The Okružna Bolnitsa II, located on Slivnitsa Boulevard (except for the surgical ward which is housed in the former Klementinska Bolnitsa near the railroad station), has a total of 350 beds;
  - e. The Krasniy Krest Hospital, which is for emergency cases only, is located near the Russian Monument; and
  - f. The Tsentralna Transportna Bolnitsa, the hospital for the railroad staff, which is located near the railroad station.

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4. The Sofia blood bank supplies all hospitals in the city.
5. In 1944, there were 5,000 physicians in Bulgaria. Prior to 1944, no more than 100 students per year were admitted to the Department of Medicine of the University of Sofia, which was then the only medical school in Bulgaria, and of these approximately 50 were graduated each year prior to 1949. In 1944, the number of medical students at the University was raised to 2,500, about half of which were women. In 1949, however, the number of graduates was only 850, including an extremely high proportion of women, and in 1950, according to unofficial reports, there were only 500 graduates. The total number of physicians in Bulgaria in late 1950 was estimated at 6,500.
6. Students of medicine are not called up for general military service; since 1950 or 1951, however, "military studies" have been made an integral part of the curriculum and the examinations. Students undergo 45 days of military training each year during the summer recess. In 1950, a number of medical students were enlisted in the regular Army during their last year of study and before passing their examinations.
7. Every physician holds the rank of at least sub-lieutenant and has an Army reserve booklet of red color. No rules have been set up for governing the calling-up of doctors for regular Army or reserve duty, and physicians are summoned at the discretion of the Army authorities.
8. There is an acute shortage of doctors, except in Sofia, and some rural medical stations lack even one physician. For instance, at Bulgarovo station (N 42-37, E 27-19, between Burgas and Aytos), one physician cares for a population of over 4,000 in the villages of Bulgarovo, Morolubovo (sic), and Krestina (N 42-35, E 27-14). This station is visited by 30 or 40 people per day, and the daily average of serious cases is two or three. The Okoliyska Bolnitsa (District Hospital) has 94 beds, with the following departments: internal diseases, surgical, maternity ward, childrens' ward, and infectious diseases.
9. According to unofficial figures, there are 100,000 cases of pulmonary tuberculosis in Bulgaria, and another 100,000 cases of glandular and bone tuberculosis.
10. The Bulgarian pharmaceutical industry is still underdeveloped. Some drugs for general use are produced by the Galemus Factory in Sofia and a few factories; lately penicillin for injection and PAS of local manufacture have appeared.
11. All other antibiotics, sulphamides, and anti-malaria drugs are imported, mainly from the USSR, Hungary, and Czechoslovakia. Supplies are insufficient. Crystalline penicillin is now sold against a doctor's prescription, and Sulfidin (Soviet), white and red Streptocit (Soviet), Diacyl (Hungarian), Prontosil, Ultraseptyl, and Sulphathiazol are available. Streptomycin is still reserved for medical institutions. Anti-malaria drugs, such as chinin, plasmochin, atabrin, eukinin, isochin, plasmochin compositum, and locally-made prochinin, are readily available and can be used for preventative purposes.

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