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sion in the debate. My article is an attempt to clarify the matter, by showing how hidden objections to suicide distort apparently unconnected lines of argument, and how differently the issues appear when this influence is exposed.

None of this affects the position of anyone who explicitly claims that euthanasia is wrong, because suicide is wrong. It is, however, essential to separate the question of whether suicide is wrong from that of whether euthanasia should be allowed if it is not. If the clarification of this (intrinsically neutral) point seems to present a strong argument in favour of euthanasia, that in itself shows how much of the commonly accepted case against it has depended on the confusion.

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Psychiatric artifacts

To the editor — In a commentary[1], Paul McHugh argued that oversimplification and uncritical acceptance of fashionable ideas has led to misdirections in psychiatry. McHugh mentions the increasing tendency to reach the diagnosis of multiple personality disorder (MPD), which, by "experts on psychic life", is taken as proof that those afflicted have been sexually abused in childhood, although they may not remember this because they also suffer from repressed memory. He argues that these are examples of cultural artifacts and modern inventions comparable to the invention of bewitchment as an "explanation" of deviant behaviour three hundred years ago.

Not surprisingly, in three letters to the editor[2], the views expressed by McHugh are criticized by defenders of psychiatry. Unfortunately, however, rather than concentrating on scientific issues, the critique reflects more indignation: "His [McHugh's] dismissal of the work of serious clinicians and his apparent misreading of the literature is unbecoming of a chairman of a department of psychiatry at a leading university" and speculation: "children's mind's are indeed 'plastic', creative and naturally dissociative during a traumatic experience and children suffering from repeated abuse have been shown to form 'fragmented' persona." Consequently, McHugh conveniently rebuts his opponents[2].

More surprisingly, neither McHugh nor his opponents make any mention of several books that provide ample support for McHugh's ideas about the lack of scientific basis of MPD, repressed memory syndromes and their dependence on early sexual abuse[3–7], all recently reviewed in *Nature*[9–11].

To the non-psychiatrist it is obvious that McHugh is correct. A recent description of the history of self-starvation[12] offers many examples of artifacts, including bewitchment, created to 'explain' this disorder, since 1873 labelled anorexia nervosa by psychiatrists. Now, 120 years later, the disorder still awaits a scientific explanation. Meanwhile, according to present fads some argue childhood sexual abuse is a cause of eating disorders in adolescence. Although there is no evidence that this is true[13], artifacts are created to make the case. Thus, it has been argued that in bulimia nervosa, a disorder related to anorexia nervosa, the eating behaviour can: "... serve a number of distinct functions that are directly related to the (sexual) abuse"[14]. Six functions are mentioned, none of which can be realistically related to human physiology. Four "psychological and interpersonal mediators" are then introduced to "explain causal links between abuse and eating disorder symptomatology". This provides for 6! × 4! = 17,280 combinations between 'functions' and 'mediators'. How many of these are real and how many are artifacts we do not know, but 864 (5%) will be statistically significant by chance and therefore artifacts. The paper provides a myriad of other psychological "submediators" along with different "characteristics of the abusive situation" and a variety of "cognitive schemata" that victims of abuse are said to develop, thus making up a seemingly endless list of potential artifacts best characterized by McHugh's words: "high-test nonsense".

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1. McHugh, P.R. Witches, multiple personalities, and other psychiatric artifacts. *Nature Med.* **1**, 110–114 (1995).
2. Spiegel, D., Chefetz, R.A. & Powell, B.R. Psychiatry disabused. *Nature Med.* **1**, 490–492 (1995).
3. McHugh, P.R. Psychiatry disabused [Reply]. *Nature Med.* **1**, 492 (1995).
4. Loftus, E. & Ketcham, K. *The Myth of Repressed Memory: False Memories, and Allegations of Sexual Abuse* (St. Martin's, New York, 1994).
5. Offshe, R. & Watters, E. *Making Monsters: False Memories, Psychotherapy and Sexual Hysteria* (Scribner's, New York, 1994).
6. Dawes, R.M. *House of Cards: Psychology and Psychotherapy Built on Myth* (Free Press, New York, 1994).
7. Hacking, I. *Rewriting the Soul: Multiple Personality and the Science of Memory* (Princeton Univ. Press, Princeton, New Jersey, 1995).
8. Pendergrast, M. *Victims of Memory: Incest Accusations and Shattered Lives* (Upper Access, Hinesburg, Vermont, 1994).
9. Morton, J. Grandiose conceits. *Nature* **373**, 667–668 (1995).
10. Freeman, H. Minds in the making. *Nature* **373**, 668–669 (1995).
11. Sutherland, S. Forgetting the facts of life. *Nature* **374**, 843 (1995).
12. Vandereycken, W. & Van Deth, R. *From Fasting Saints to Anorexic Girls: The History of Self-Starvation* (Athlone, New York Univ. Press, New York, 1994).
13. Pope, H.G. & Hudson, J.I. Is childhood sexual abuse a risk factor for bulimia nervosa? *Am. J. Psych.* **149**, 455–463 (1992).
14. Everill, J.T. & Waller, G. Reported sexual abuse and eating psychopathology: A review of the evidence for a causal link. *Int. J. Eating Disorders* **18**, 1–11 (1995).

Diphtheria disaster relief

To the editor — Your news article "Diphtheria disaster relief" (*Nature Medicine* **1** (June), 503; 1995) discussed the relatively recent spread of diphtheria in the New Independent States (NIS) of the former Soviet Union.

There is no reason to expect that this monstrous epidemic will remain confined to these territories. Indeed, there is ample evidence of an increasing susceptibility to diphtheria in those who have previously been immunized against the disease. Among 1,000 blood donors in the North London area, aged 50–59 years, 53% were found to be susceptible to diphtheria[1] and the reported 67% susceptibility rate for the French population over 65 years of age is a further and grim reminder that an outbreak might not be restricted to the NIS.

It is noted that at the beginning of the epidemic in the NIS, many doctors failed to diagnose the condition and that international efforts have, quite reasonably, concentrated on the immunization of the groups at most risk.

The diagnostic enigma encountered by the primary health care clinician and specialist in the NIS or elsewhere would be solved by the availability of a simple, sensitive and specific test that did not require