

Psychiatry in the Soviet Union

SIR—Several points in S.P. Calloway's uncritical defence of the late Professor Aleksandr Snezhnevskii as "a leading and highly respected Soviet psychiatrist" who "never described political dissent as a form of 'creeping schizophrenia'" (*Nature* 331, 296; 1988) require comment.

Although Snezhnevskii was for many years head of the Institute of Psychiatry in Moscow, he had been director of the Serbskii Institute of Forensic Psychiatry — notorious for its close links with the KGB¹ — in the 1950s². During this period he developed his theories of mental illness, particularly his broad concept of schizophrenia, which have virtually dominated Soviet psychiatric thinking over the past 30 years.

The ascendancy of Snezhnevskii's theories and diagnostic system led to a stretching of the boundaries of mental illness. His classification of schizophrenia postulates several forms and subtypes, the mildest labelled sluggish ("creeping") schizophrenia, which allows the most subtle behavioural changes to be interpreted as evidence of a severe psychiatric disorder³. As a result, dissidents were readily characterized as having, for example, "reformist delusions"⁴ and were incarcerated in psychiatric institutions^{5,6}. Western criticisms of the political abuse of psychiatry in the Soviet Union were repeatedly repudiated by Snezhnevskii as anti-Soviet slander, charges which the authorities have since admitted to, albeit grudgingly⁷.

Snezhnevskii not only defended Soviet psychiatry in international forums, but, *pace* Calloway, himself participated in the psychiatric internment of dissidents^{3,5}. After a careful consideration of the evidence, the Committee on Abuse of the Royal College of Psychiatrists concluded in 1979 that he had "acted unethically" and that "his direct involvement in the misuse of Soviet psychiatry" was "incompatible" with the privilege of honorary membership of the college⁸. Rather than defend himself against the charges, Snezhnevskii resigned from the college, a move that the All-Union Society of Neurologists and Psychiatrists of the USSR was to follow in 1983 when it faced expulsion from the World Psychiatric Association.

Leading German psychiatrists played a fundamental role in the Nazi programmes of mass sterilization and murder of psychiatric patients as well as the extermination of other "undesirables"⁹. After the Second World War, Carl Gustav Jung urged colleagues to raise the alarm if the abuse of psychiatry ever recurred, warning that silence would be tantamount to complicity⁸. The opposition to Snezhnevskii and his accomplices originated with Soviet psychiatrists themselves, some of

whom have suffered dismissal (Kazanetz), imprisonment (Gluzman, Koryagin) and exile (Voikhanskaja, Voloshanovich) as a result. Dialogue between Western psychiatrists and the heirs of Snezhnevskii is futile and disgraceful if the former remain silent when faced with a perversion of their own professional ethics and standards.

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2. Reich, W. *Archs gen. Psychiat.* 36, 1029–1030 (1979).
3. Bloch, S. & Reddaway, P. *Soviet Psychiatric Abuse: The Shadow over World Psychiatry* (Gollancz, London, 1984).
4. Merskey, H. & Shafran, B. *Br. J. of Psychiat.* 148, 247–256 (1986).
5. Medvedev, Z. & Medvedev, R. *A Question of Madness* (Macmillan, London, 1971).
6. Rich, V. *Nature* 330, 5 (1987).
7. Müller-Hill, B. *Tödliche Wissenschaft: die Aussonderung von Juden, Zigeunern und Geisteskranken 1933–1945* (Rowohlt, Reinbek bei Hamburg, 1984).
8. van Voren, R. *Tijdschr. Psychiat.* 25, 67–69 (1983).

Earth science review

SIR—Your leading article¹ on the progress of the Earth Science Review is misleading. To say that Oxburgh "advocated open recognition" that some geology departments had "no continuing claim on public, let alone academic, attention" is a misrepresentation of the conclusions of that report. Furthermore, the clear implication of your statement is that those departments that the University Grants Committee (UGC) has now chosen to close, or to run down, were worthless departments.

In the first place, we know of no UK geology/Earth science department that deserves the description unworthy of academic attention. We accept, indeed welcome, the principles of rationalization and concentration of resources in fewer departments, but it must be clearly understood that this does not indicate the existence of a substantial number of moribund departments. Many departments may have a measure of dead wood, but it is to be found as much in the departments now favoured by the UGC as in those not supported. Certainly some departments were stronger than others. However, a recent UGC analysis² of research excellence in university departments shows a pattern in the Earth sciences that bears little relationship in part to the list of departments that the UGC now intends to expand and support. Three departments then regarded as 'above average' are to be effectively closed by the UGC, while six 'average' departments and one 'below-average' department are to be retained. At the time, there was some argument about the criteria used in the review, but that is not the point at issue here. What it

does show quite clearly is that the presently proposed closure of a department does not mean that it was unworthy of support in the sense that your leading article implied. It is obvious that academic performance was not the only criterion, and in some cases not even an important criterion, underlying the results of the Earth science review.

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1. *Nature* 332, 2 (1988).
2. UGC letter to University Vice-Chancellors Planning for the late 1980s (May 1986).

Insurance and AIDS

SIR—Your timely leading article (*Nature* 331, 288; 1988) points out some of the problems that insurers will face with the spread of AIDS. Impertinent questions and unreliable blood tests are not an acceptable means of dealing with these problems in a civilized society; moreover, they are ineffective. Levels of risk among different groups will change as the disease develops; and even if a blood test produces a correct result, the applicant can go out and get infected the next day.

But you did not mention another approach, which seems to offer a reasonable solution to most of the problems of AIDS and life insurance at rather less cost. Most life policies do not exclude suicide; and suicide is more voluntary, faster and more dangerous than AIDS. There is, of course, *some* protection for insurers: normally, they do not pay out on a suicide if the policy is less than a year old.

If AIDS-related death were considered as a sort of slow suicide — with, say, a five-year rather than a one-year exclusion — then insurers would have at least as much protection as they could hope to gain through blood tests, but at rather less expense; and privacy would not need to be invaded.

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Creationism

SIR—A few more questions on creationism (*Nature* 331, 10; 1988). If God created life, then who created God? And if God was created by Himself why could not life do the same?

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