

that skepticism is not intolerance—it is the discipline of an open mind.

Those who first accused him of potential disloyalty went to prison. Condon was exonerated of "security risk" charges on every appeal save one, when a political decision overturned a recommendation favorable to him. During his tenure as a Fellow of the Joint Institute for Laboratory Astrophysics, he received again a Secret clearance which permitted him to advise a government he honored as the servant, not master, of the people. He served his country loyally and well with his mind, his leadership, and his criticism, and the record proves it.

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Schizophrenia Exchange Program

The report by Deborah Shapley (News and Comment, 8 Mar., p. 932) on the U.S.-U.S.S.R. schizophrenia research exchange program raises some serious questions about the attitudes of the Americans involved.

The American participants are concerned about the alleged misuse of psychiatry in the U.S.S.R., and especially about the possible misdiagnosis of political dissidents. Szasz (1) has noted that psychiatric justice is not altogether just in the United States and that it is often used to deny citizens their constitutional right to trial. We might also recall that, in October 1964, the magazine *Fact* published a poll of 12,356 psychiatrists registered with the American Medical Association about the fitness of Senator Goldwater to run for the presidency and 2417 responded; 1189 thought that Senator Goldwater was not psychologically fit to run, 657 felt that he was fit, and 571 decided that they did not have enough information to judge (2). Neither those who judged Goldwater fit nor those who judged him unfit had enough information on which to base a judgment. Thus, the concerns of the Americans participating in the exchange program hardly justify ending the exchange any more than the alleged misuse of psychiatry in the United States should justify the Russians' pulling out of the program.

The differences between the criteria for diagnosing schizophrenia in the U.S.S.R. and those used in the United



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States are reported to be causing the American participants some concern. However, differences between U.S. and British diagnostic criteria have been thought to be of sufficient interest to merit a cross-cultural study (3).

The American participants fear that certain Russian dissidents have been misdiagnosed. It is interesting that the American psychiatrists have not had an opportunity to interview and examine these dissidents. They seem, therefore, as ready to diagnose Russian citizens without data as psychiatrists were to diagnose Senator Goldwater in 1964 without data. Has psychiatry advanced so little in 10 years?

A final reason the American participants give for possible withdrawal is that they think they may learn little from the exchange. This raises the question of why the exchange was initiated. Its purpose was surely more political than educational. I doubt that its aim was to provide immediate data to American psychiatrists on fast-breaking research developments in schizophrenia research in the U.S.S.R.

Luckily, European psychologists such as Lynn (4) continue to review Russian research on schizophrenia, so the results of that research are being disseminated to interested Americans.

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3. B. J. Gurland, J. L. Fleiss, J. E. Cooper, L. Sharpe, R. E. Kendell, P. Roberts, *Compr. Psychiatry* 11, 18 (1970).
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Equal Opportunity in Biomedical Research

The major reason given by the Nixon Administration for abolishing NIH (National Institutes of Health) predoctoral fellowships and training grants was that we already have sufficient numbers of trained investigators. This is certainly not true with respect to trained biomedical researchers from minority groups such as blacks, Mexican-Americans, and American Indians. The present policies of the NIH will actually result in a reduction in the numbers of such individuals because access to training for careers in research will primarily be limited to individuals with affluent par-

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