

the existence of another group which occupies a large number of hospital beds—those afflicted with organic dementia. There is no way of treating these patients at present that will permit them to leave the hospital for any significant length of time; once again it is a question of custodial care. The problems created by incurable illnesses are among the greatest facing psychiatrists, or, indeed, any medical specialists, today.

Further, the Nader study criticizes individual research, as opposed to more programmatic approaches. The most successful treatment in the history of psychiatry stemmed essentially from individual research. I refer to the discovery of penicillin, which prevented huge numbers of people from developing tertiary syphilis, previously the most predominant affliction of mental hospital patients.

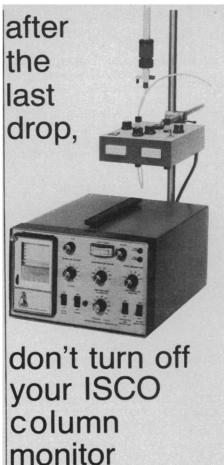
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Politics of Psychiatry

The readers of Science, in whatever country, should be aware of the use of psychiatric procedures for the suppression of political dissent. The phenomenon is international and not rare. The most prominent recent example is the moderately publicized information about the alleged misuse of mental hospitals in the Soviet Union. Case histories are documented of forced "detention without recourse" of seemingly "normal," nonviolent, but politically dissident, persons by some Russian psychiatrists, apparently acting in the service of the Soviet secret police. Perhaps there are Russian psychiatrists who believe that anything short of complete public and private acceptance of the political regime in power at any given time represents sufficient departure from sanity to warrant protracted institutional incarceration. Persons have been forcibly hospitalized in the Soviet Union "whose only symptoms have been the avowal of opinions disapproved by their society" (1). Moreover, in the Soviet Union, as reported to the Board of Trustees of the American Psychiatric Association (2), there is no provision for judicial review of civil commitments to mental prison-hospitals.

Several outstanding psychiatric associations, such as the Canadian Psy-



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chiatric Association (3), the World Federation for Mental Health (1), the American Psychoanalytic Association (4), and the American Psychiatric Association (2) have issued position papers and resolutions condemning the use of psychiatric incarceration as a political weapon,

An article by I. F. Stone (5) presents a comprehensive study of much of this material. Stone suggests that the World Psychiatric Association, meeting in Mexico City in December 1971, refused to consider a resolution condemning the use of psychiatric imprisonment as a means of suppressing political dissent because of a threatened boycott of the congress by the Russian delegation. The Canadian resolution (3) points out that the Soviet Union is a member of the United Nations and signatory to both the Section on Human Rights and the World Health Organization. Yet the Russians have been either unresponsive or hostile to the resolutions and statements of foreign psychiatric associations, stating through their Ministry of Health that the protests are nothing but subtle machinations in the cold war (5).

Collective individual action, in the form of a deluge of letters and telegrams to the Soviet Ministry of Health, from both inside and outside the Soviet Union, effected the release of the scientist and academician Zhores Medvedev from a mental hospital and the dismal prospect of indefinite imprisonment (6). An informed academic and scientific community, within which individual and concerted action can be taken, might exert a commanding influence against the prostitution of psychiatry as a means of suppressing political dissent.

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References and Notes

Resolution of the World Federation for Mental Health, Hong Kong, 25 November 1971.
 Resolution endorsed by the Board of Trustees of the American Psychiatric Association, May 1972, for consideration by the World Psychiatric Association Executive Committee at its meet-ics in November 1972

Association Executive Committee at its inecting in November 1972.

3. Endorsement by the Board of Directors of the Canadian Psychiatric Association of a resolution from the Executive Body of the British Columbia Medical Association's Section of Psychiatry, Vancouver, 19 January 1971.

4. Resolution of the American Psychoanalytic

Association, Meeting of Members, New York,

Association, Meeting of Members, New York, 18 December 1971.
5. I. F. Stone, N.Y. Rev. Books 18, No. 2, (1972), p. 7.
6. R. A. Medvedev and Z. A. Medvedev, A Question of Madness (Knopf, New York, 1971).





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