

the Mental Health Act if the Responsible Medical Officer considers this as amounting to mental disorder.

I would like to suggest that the best way of dealing with delirium tremens is to admit the person in the first instance to a medical facility under common law, rather than to a psychiatric setup under compulsory order.

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Medical détente with the USSR

DEAR SIRs

In relation to your correspondent's appeal on behalf of Dr Anatoly Koryagin, who was recently elected to Fellowship of the College (*Bulletin*, December 1985, 9, 244), I should like to make two comments.

Your anonymous correspondent wants the Koryagin family's immediate emigration to be made 'an absolute condition of any cooperation with the health organisation of the USSR'. We, however, believe that cooperation with the Soviets in matters of health and medical exchange will also promote understanding in other aspects of humanitarian concern, including justice and peace. We consider that a medical *détente* will be of benefit to all concerned.

Your correspondent continues, 'these 'doctors'... couldn't even care less about the health of the 'free' citizen of this country, so is it likely they'll care about prisoners?' Any abuse of medicine is to be deplored, but such should not lead us to damn the whole Soviet medical profession. Although there is considerable disparity in the quality of health care throughout the USSR, and the Soviet doctors themselves admit this, a great effort is being made to achieve a uniformly high standard of health care. There remains much to be done, as indeed there does here in Britain, but, considering the constraints under which the Soviet doctors have been working, and not least that of the destruction and death toll of World War II, their achievements are considerable.

J. R. ROBINSON

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DEAR SIRs

The use in Dr Robinson's letter of such expressions as 'medical exchange' and 'medical détente' needs clarification.

These expressions have meaning only in the context of professional relations with the Soviet Union if there exists an equivalence in the professional status of doctors in the Soviet Union and the democracies. However, the concept of an independent profession simply does not exist in the Soviet Union. Doctors, and in particular psychiatrists, who are permitted to attend international congresses or meet foreign colleagues are specially selected representatives whose loyalty is not in doubt and who are frequently trained

to present official views in terms acceptable to the West. Any discussion on the political misuse of psychiatry is invariably met with a bland denial in the face of firm and convincing evidence. The ordinary Soviet doctor is 'protected' from Western contacts and Soviet doctors know better than to approach Western doctors directly through any but the most secret channels.

Two instances illustrate this sad state of affairs. Some time ago, Dr Kazanets wrote a scholarly article on the application of the concept of schizophrenia in the USSR which was published in *The Archives of General Psychiatry*. Following this article, the College invited Dr Kazanets to lecture on this topic at a College meeting. Dr Kazanets enthusiastically accepted the invitation but did not attend because he was refused a visa by the Soviet authorities. Subsequently he lost the job he had at the Serbsky Institute.

The second incident involved the Scientific Attaché at the Soviet Embassy in London. He sought a meeting with a representative from the Royal College. Dr Sidney Levine and I met him at his Embassy on one occasion and at the College on another. At the first visit he enquired about the College's views on the political abuse of psychiatry in the Soviet Union. He refused to entertain even the possibility that such practices occurred in his country. At our second meeting, the problem of closer co-operation between Soviet and British psychiatrists was raised. He was very keen for the College to have a small conference here with Soviet psychiatrists, but insisted that these representatives would have to be arranged by the Soviet Embassy and not through our personal invitations.

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*Chairman—Special Committee on the
Political Abuse of Psychiatry*

Note Dr Anatoly Koryagin's new address is:

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Mother and baby units

DEAR SIRs

I would like to make a few comments on the paper by Shawcross and McRae (*Bulletin*, March 1986, 10, 50-51). The writers feel that for a catchment population of 190,000 a specialised unit would not be appropriate and were hoping to explore with neighbouring districts the possibility of providing a joint mother and baby unit. Whilst I agree that a specialised unit is perhaps appropriate for a large catchment area population e.g. 500,000, I do not agree with the rest of the conclusions, particularly that a satisfactory facility could not be provided in a general adult psychiatric ward.

I work in the East Surrey Health District with a catchment population of 186,600 and we have had a mother and