paid substantially less. This situation was aggravated by the fact that the need for earnings of many workers in ancillary professions was not as great then as it is today. This was also true of many of the leaders of the profession.

I believe that a situation has been reached where so many paramedical staff have left the service or been distributed away from direct care of patients that the body of tradition and knowledge needed to train high-grade paramedical staff has been lost for ever. I believe that the profession has been lamentably wrong in assuring the public that they get an excellent service—excellent value for money perhaps, but we spend only 4-6% of our gross national product on health care, which compares badly with other countries, and finally the country gets what it pays for. There still exist "centres of excellence" where the quality of care is magnificent, but for the rest of the country the quality of care is falling, and I doubt if the situation can be saved.

The next move I anticipate is for the senior representatives of the profession to be asked to co-operate in cutting the service. Undoubtedly the proportion of gross national product spent on health care is so low that a comprehensive service cannot be provided on its budget. The profession must avoid any such involvement at all costs. If cuts are to be made in the service, and this seems inevitable, the Government must be seen to be directly responsible.—I am, etc.,

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Severed Digits

SIR,—We were pleased to see your leading article on digital replantation (11 May, p. 291) drawing the profession's attention to the possibilities that now exist of saving many of these severed parts.

Research into microvascular surgery was started at this unit in 1965, the first successful digital replantation being achieved in 1967. Since then digital replantation or transplantation has been performed in this country on various occasions. In this unit seven cases (nine digits) have been operated on successfully, the most recent involving the total amputation of the middle three digits of the right hand.

Heparin has certainly helped to make these successes possible, but it should be emphasized that the acquisition of the necessary sophisticated surgical techniques requires a prolonged apprenticeship with experimental animals and is even more important. It is also a great advantage if more than one surgeon in a unit is trained in these skills, so forming a microvascular surgery team. Once learned, these techniques can be used not only for the replantation of severed parts but for the free transplantation of large blocks of tissue which would otherwise require multi-stage procedures. They also provide the basis for organ transplantation in small experimental animals: an invaluable experimental model in studying the mechanism of graft rejection. In this unit well over 500 kidney transplants have been performed in the rabbit and the rat with a technical success rate of over 90%.

Once problems of graft rejection are solved,

microvascular surgery will form the basis of a new concept in plastic surgery with the use of free transplants of cadaveric tissue.—We are, etc.,

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Psychiatry in the Soviet Union

SIR,—I read with great interest the article by Professor J. K. Wing (9 March, p. 433), in which he touches on the wide range of psychiatric assistance available in the U.S.S.R. and writes about the high standard of such assistance which has been achieved over the last few decades. One also has to agree with him that it would be beneficial for English specialists to acquaint themselves with the work of Soviet psychiatrists and that they could learn something from one another.

In the article a great deal of attention is paid to outpatient psychiatric treatment, questions of diagnostics, and legal psychiatric tests in the U.S.S.R. At the same time it should be noted that a number of the statements made in the article with regard to forensic psychiatric tests and the principles used in diagnosing schizophrenia may call forth various ambiguous interpretations on the part of the reader and give him the impression that in the Soviet Union psychiatry is used in the struggle against "dissidents." His judgement in this connexion may be linked with the fact that Professor Wing has said that he does not agree with the doctrine of diagnostics used in Soviet psychiatry and proceeds from diagnostic criteria recognized by a number of English psychiatrists.

The reader would have a more correct idea about these questions if Professor Wing, in speaking of schizophrenia and its diagnostic limits from the point of view of English psychiatrists on the one hand and the "Snezhnevsky school" and the American scientists on the other, had cited the points of view of universally known German, Swiss, Austrian, and French psychiatrists. The clinical psychiatric views of many of them are closer to those held by Soviet Scientists than to those from which Professor Wing proceeds.

For the purpose of showing that judgements with regard to forensic psychiatry and diagnostics are objective, Professor Wing ought to have thrown light on, what I believe is an important fact, that on 15 October 1973 a conference took place at the Serbsky Institute of Forensic Psychiatry. Thirteen psychiatrists from various countries in Western Europe and from the U.S.A. took part, including members of the Executive Committee of the World Psychiatric Association, at which Professor Wing was present. The participants in the conference were acquainted in detail with the state of forensic psychiatry in the U.S.S.R. and with the principles used in diagnosing psychiatric patients in legal cases. With the help of a simultaneous translation they took part in the examination of one patient typical of that group of the mentally sick with regard to whose psychiatric illness Professor Wing voices doubt. All the participants in the conference agreed that he was suffering from a psychiatric illness and that this excluded

responsibility on his part. Those taking part in the conference were also given the case histories of the patients suffering from mental disorders who are frequently mentioned in the foreign press as examples of "dissidents" who are allegedly being "persecuted" with the help of psychiatry. Like the Executive Committee of the World Psychiatric Association, for ethical reasons, I shall not give their names. I should like to stress that the participants in the conference discussed each of the case histories of the patients in detail and special note is made of this in the Executive Committee's protocol on the conference.

On the basis of this discussion the participants in the conference assessed the professional level and system of psychiatric tests at the Serbsky Institute in a positive light. Those participating in the conference, like the Executive Committee of the World Psychiatric Association, verified that all five of the so-called dissidents, who had previously been acknowledged as irresponsible, were suffering from mental illnesses during the legal examination.

For my part, I consider that more should be made of the wealth of experience Soviet forensic psychiatry has at its disposal. The data of many German, Swiss, and French psychiatrists also point to the distinctive features of the socially dangerous activities of obviously irresponsible patients suffering from delusions. Particularly in the case of paranoid delusions (*les idéalistes passionnés*, to use the terminology of French authors) these activities are frequently accompanied by outwardly well-ordered behaviour, characterized by single-mindedness and even cunning planned actions (V. P. Serbsky). The main feature of such patients is their dissimulation and their false but unshakeable belief that they are quite mentally sound.

At present forensic psychiatry is an extensive and many-sided branch of psychiatry in general. It covers many questions which need to be worked out and discussed. Impartial scientific discussion of the genuinely actual problems of diagnostics, treatment, tests, and rehabilitation of patients suffering from mental illnesses within the framework of international scientific contacts will facilitate the mutual enrichment of knowledge and the success of our science.—I am, etc.,

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Bone Marrow Transplantation in Aplastic Anaemia

SIR,—Dr. C. G. Geary's excellent survey of acquired aplastic anaemia (25 May, p. 432) provided rather an unenthusiastic view of bone marrow transplantation as an effective means of therapy in aplasia, and I would like to draw attention to the fact that though it is too early to provide good statistical evidence that bone marrow transplantation offers a better chance of survival than does conventional therapy, there already exist a variety of situations in which a marrow graft is strongly indicated whenever a suitable donor is available. These are: