paid substantially less. This situation was aggravated by the fact that the need for earnings of many workers in ancillary pro-
fessions was not as great then as it is to-
day. This was also true of many of the leaders of these professions.

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 health care is being edge reduced. As a result, many lost their excellent service—excellent value for money perhaps, but we spend only 46% 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 ser-
vice, and to help reorganize the national product spent on health care is so low that a comprehensive service cannot be provided on its budget. The pro-
fession must avoid any such involvement at all costs. If cuts are to be made in this service, and this seems inevitable, the Government must be seen to be directly responsible.—I am, etc.,

P. R. J. VICKERS

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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 replantations being achieved in 1967. Since then digital replantation or trans-
plantation 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 empha-
sized 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 also for replanting blocks of tissue which would otherwise re-
quire multistage procedures. They also pro-
vide the basis for organ transplantation in small experimental animals: an invaluable experience to the surgeon studying the mech-
anism of graft rejection. In this unit well over 500 kidney transplants have been per-
formed in the rabbit and the rat with a technical success rate of over 90%.

One problem 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 problems 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 this connexion 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 already mentioned books write about 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 judge-
mint in this connexion may be linked with the fact that he, as said with correctness, he does not agree with the doctrine of diagnostics used in Soviet psychiatry and proceeds from diagnostic criteria recog-
nized 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 "Snezhnensk 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 judg-
ements 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 Psychi-

trian. 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 examina-
tion of the patient typical of this type, who was mentally sick with regard to whose psychiatric illness Professor Wing voices doubt. All the participants in the confer-
ence agreed that he was suffering from a psychiatric illness and that this excluded

responsible 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 men-
tioned in the foreign press as examples of "dissidents" who are allegedly being "per-secuted" 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 those participants in the conference discussed each of the case histories of the patients in detail and special note is made of this in the Execu-
tive Committee's protocol on the conference.

On the basis of this discussion the partic-
ticipants 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 irres-
ponsible, were suffering from mental ill-
nesses during the legal examination.

For my part, I consider that note should be made of the wealth of experience in forensic psychiatry that has at its dis-
posal. The data of many German, Swiss, and French psychiatrists also point to the distinctive features of the socially danger-
ous activities of obviously irresponsible patients suffering from delusions. Particu-
larly in the case of paraolic delusions (les idéalistes passionnés, to use the termin-
ology of French authors) these activi-
ties are frequently accompanied by out-
wardly well-ordered behaviour, character-
ized by single-mindedness and even cunning planned acts (V. P. Serbsky).

The main feature of such patients is their dissimulation and their false but un-
shakeable belief that they are quite men-
tally sound.

At present forensic psychiatry is an extensive and mangled branch of psychiatry in general. It covers many questions which need to be worked out and discussed. Impartial scientific discus-
sion of the genuinely actual problems of diagnostics, treatment, and rehabilit-
ation of patients suffering from mental illnesses within the framework of inter-
national 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 aplastic anaemia (25 May, p. 432) provided rather an enthusiastic view of bone marrow transplantation as an effective means of therapy in aplasia, and I would like to draw attention to the fact that there is increasing evidence that the present day attempts at transplanta-
tion are too easily dismissed. The biological evidence that bone marrow transplantation offers a better chance of survival than does conventional therapy, therefore already exist a variety of situations in which a marrow graft is strongly indicated whereas a suitable donor is available. These are: