imprisoned under Stalin. He completed one year of history studies at university, which he then left. He was depressed at the time and sought advice from Professor Snezhnevsky who treated him with insulin, which he found unhelpful. He then had psychotherapy from another doctor over a period of two or three years and found this useful. From that time Mr. Tumerman has never himself felt any need for psychiatric help. He has, however, been taken into the Soloviov Mental Hospital in Moscow, against his wishes and without the concurrence of his family, on four occasions. The first of these was about five years ago when he had become interested in the dissident movement. A policeman called at his flat and invited him to visit the police station, and from there he was sent to a mental hospital for several weeks. The second admission followed a demonstration in front of the Supreme Soviet. The third admission in May 1972, and the fourth in September 1972 did not follow demonstrations, but coincided with a number of arrests of Jews and others in Moscow.

On none of these last four occasions did either Mr. T. himself or his relatives and friends consider that he was in any way ill. During his last forced admission, Dr. G. A. Low-Beer spoke to the chief doctor of the hospital, who said 'The diagnosis is schizophrenia, and this is his 20th time with us here'. The hospital was visited by friends who were not allowed to see him, but he called to them from a locked ward that he was well and would not accept any treatment. He was released on the application of his parents (who were initially out of Moscow). On the day after his release he rang Dr. Low-Beer to thank him for his efforts; in that conversation he was wholly clear and precise in his remarks and views, and nothing that he said could be interpreted as delusional.

It is worth noting that Mr. Tumerman occupies a rather special position. He has been active in the general democratic movement led by Academician Sakharov and is a friend of Vladimir Bukovsky. He has also been associated with the Jewish movement to emigrate to Israel. Because of this he is well known to both groups, and both report that he is 'a marvellous man', with an impressive personality and no evidence at all of insanity.

In none of these cases was there evidence that compulsory psychiatric enquiry or observation was necessary. It is the belief of those whom I know, and who were concerned with the above events, that public interest outside the Soviet Union in the abuses which occur there is helpful in stopping those abuses. If this view is correct, psychiatrists in the West have a responsibility to take a continuing interest in Soviet psychiatric practices. Indeed this is the least that should be done in the light of the call by the World Federation for Mental Health for member associations throughout the world promptly to investigate all allegations of the political misuse of psychiatric diagnoses (9). Any such investigation by psychiatrists at the present time ought to focus particularly on the very dubious practice of diagnosing schizophrenia on alleged psychopathic features (10) or reformist ideas (11).

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REFERENCES

1. RICHTER, D. (1971). 'Political dissenters in mental hospitals.' *Brit. J. Psychiat.*, 119, 225–32.
2. *The Guardian*, 3 August 1972.
3. MEE, CORNELIA (1971). *The Internment of Soviet Dissenters in Mental Hospitals.* London: Housmans.
4. REDDAWAY, P. (1972). *Uncensored Russia: The Human Rights Movement.* London: Jonathan Cape.
5. AITKEN, E., 63 Holbrook Road, Cambridge.
6. *The Times*, 16 September 1971, Jenner, F. A. *et al.*
7. *The Times*, 11 September 1972, Ferguson, J. *et al.*
8. *The Guardian*, 1 May 1972.
9. *Bull. World Fed. ment. Health*, 1971.
10. SNEZHNEVSKY, A. V., and VARTANYAN, M. (1971). 'The forms of schizophrenia and their biological correlates', in *Biochemistry, Schizophrenias and Affective Illnesses* (ed. Himwich, H. E.). Baltimore: Williams and Wilkins.
11. *Grigorenko's Prison Diary: Chronicle of Current Events, February 1970.* cit. Mee, 1971.

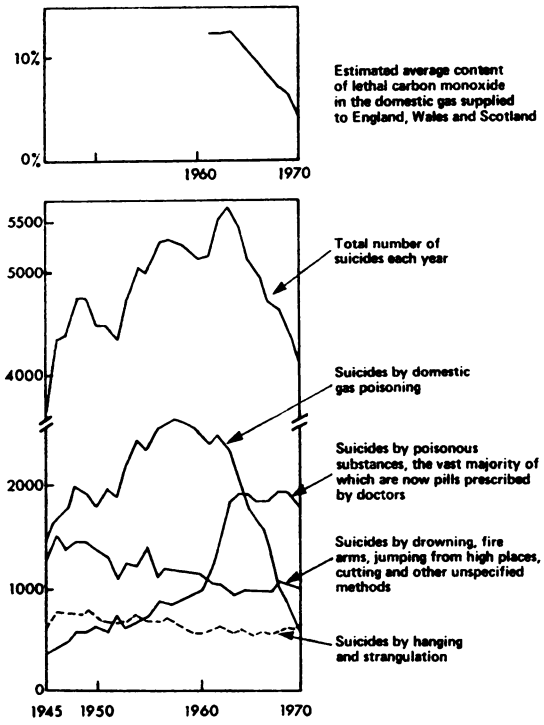
SUICIDE PREVENTION: A MYTH OR A MANDATE?

DEAR SIR,

Suicide prevention centres are mushrooming in the U.S.A. How well do they work? Of all the countries in the Western World, Great Britain is the only one that has significantly reduced its suicide rate in the last decade. In 1953 Chad Varah founded, in Great Britain, The Samaritans. This organization steadily enlarged and now offers an extensive emergency telephone and counselling service to British citizens who are thinking of killing themselves. The Samaritans is a noble organization. On both sides of the Atlantic it is often given as an example that suicide prevention works. But does it?

Over the last decade Great Britain's Gas Board have been reducing the lethal carbon monoxide content of its domestic gas. The graph below shows the Gas Council's estimated annual average content of carbon monoxide in the domestic gas supplied to England, Wales and Scotland (1). The graph also shows the total number of suicides in England and Wales for the years since 1945 and the number of deaths for the common methods used (2).

The number of suicide deaths for methods other than domestic gas poisoning and poisonous substances has remained fairly constant. Suicide by poisonous substances, the vast majority of which are now pills



prescribed by doctors, have increased along with the increased prescribing by the medical profession of pills to the unhappy. Suicide deaths by domestic gas poisoning have fallen *pari passu* with the reduction of carbon monoxide in domestic gas. Such deaths fell by 1,872. Total suicide deaths fell by 1,699, so that the fall in domestic gas poisoning deaths amply accounts for the reduction in total suicide deaths in England and Wales in the past decade.

Putting one's head in the gas oven was, in Britain, the most popular way of killing oneself. In most parts of Britain this no longer works. Our thanks for Britain's falling suicide rates should probably go to the Gas Boards and not to suicide prevention programmes.

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REFERENCES

1. *The Registrar General's Statistical Reviews of England and Wales.* London: H.M.S.O.
2. THE GAS COUNCIL (1972). Personal communication. May 1972.

RELATIVES' REACTIONS TO THE TRANSFER OF LONG-STAY MENTALLY HANDICAPPED IN-PATIENTS

DEAR SIR,

In July 1972 a new unit for the mentally handicapped was opened in Wakefield, Yorkshire. The Leeds Regional Hospital Board has planned that 80 long-stay in-patients at a hospital in Leeds, approximately 15 miles away, should move to the new hospital, to relieve overcrowding at the Leeds hospital. The preparations for the movement of these patients have revealed the fears, worries and uncertainties which haunt the relatives of the mentally handicapped. Eligibility for transfer to the new hospital was determined on the basis of the patients' homes being in the area which the new hospital would serve.

A letter explaining the intentions was sent to all the relatives of the eligible patients in September 1970, at least 18 months before the new hospital was due to be completed. The next-of-kin were invited to consider their wishes and to express their views. It was expected that the prospect of a brand new hospital nearer to the patients' homes would be welcome to relatives. In the six weeks which followed, 30 per cent of the relatives had replied, half agreeing to, half expressing reservations about the suggested transfer. During 1971 those relatives from whom no certain reply had been received and those who had doubts were approached again and interviewed by a doctor or visited by a social worker. Eventually only three did not want a transfer.

Of deepest concern to the next-of-kin was the uprooting of patients from the familiar environment, the friends and the staff they knew, even though it could be argued that changes constantly occurred at the old hospital. Relatives attached less importance to nearness or ease of visiting.

There are future hopes of placing many mentally handicapped patients in alternative accommodation, but the reactions of relatives in this exercise showed that the hospital for the long-stay mentally handicapped is still regarded by many parents as the safe repository for their unfortunate children. Trust in staff they know and the security of familiar surroundings are valued highly by next-of-kin, who are chary of their mentally handicapped relations being exposed to the unknown or untried, even if it is theoretically better for them.

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