ELECTROSHOCK: Note this is a recent book by Russian psychiatrists about Russian psychiatry. They have researched ECT extensively in a manner we have not done, have found it very destructive, and limited its use. Note that the criticize the USA for using the treatment so widely. The Russians have also outlawed lobotomy (in 1954), something we never have done.

P. Breggin

THE STRUCTURE OF PSYCHIATRY IN THE SOVIET UNION

by

EDWARD BABAYAN

in collaboration with

Yu. G. Shashina

translated by

Vladimir N. Brobov
and

Boris Meerovich

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approaches Pavlov's "hypnoid state," and that the functional strength and capacity of nerve cells in such patients are weakened. In accordance with this interpretation of the disease Soviet psychiatrists attached great importance to the development of a method of treatment which stemmed from the principles of protective inhibition: intermittent drug induced sleep (V. P. Protopopov, M. Ya. Sereisky), conditioned-reflex sleep, and electric sleep (V. A. Gilyarovsky, A. G. Ivanov-Smolensky). At the same time the treatment of schizophrenics by leucotomy and lobectomy, both abroad and in some Soviet clinics, was subjected to critical analysis. Criticism was leveled at its scientific worth. Soviet psychiatrists demonstrated that in practice neither leucotomy nor lobectomy produced desirable results in treating mental diseases, while inflicting tremendous damage and trauma on the patient's brain.

Investigations in depth were carried out in the field of the pathological anatomy of the brains of deceased patients who had undergone leucotomy and lobectomy. Taking part in this serious critical analysis were such psychiatrists, pathoanatomists, physiologists, and practical physicians as V. A. Gilyarovsky, A. V. Snezhnevsky, O. V. Kerbikov, E. A. Popov, Yu. G. Shevchenko, L. I. Smirnov, V. K. Beletsky, V. M. Banshchikov, A. P. Sokolova, A. A. Portnov, V. M. Pakhomov, F. D. Lyubimova, E. A. Babayan, V. A. Romasenko, and N. M. Zharikov. The discussions resulted in the conclusion that leucotomy and lobectomy had no practical value in the treatment of mental patients, and that the method, in addition to being brutal, lacked scientific substantiation. This conclusion and the proposals of scientists and practicing physicians led the USSR Ministry of Health to proscribe, in 1954, further use of the method of leucotomy and lobectomy in treatment of the mentally ill.

Another harsh method used in clinical psychiatry, that of electroconvulsive therapy, was also repeatedly subjected to critical analysis. Special tests were staged in animals at the Laboratory of Pathological Anatomy of the Institute of Psychiatry, USSR Academy of Medical Sciences, to study the effect of electroconvulsive nervous system, the glial—fibrous substance, the spinal reflexes, and the function of the sensory receptors of the patient's brain.

These experiments, conducted by G. A. Gilyarovsky, D. D. Fedosenko, and A. G. Ivanov-Smolensky, led to the conclusion that the method was unreliable and dangerous. The conclusions of these experiments were discussed in the paper "Electroconvulsive Therapy: A Note on Schizophrenia" by Sukhareva and co-authors. The authors concluded that the method was unreliable and dangerous, and that it should be discontinued. The results of these experiments were discussed at the Second Congress of Russian Psychiatric Societies, held in 1955.
Functional weakening of the central nervous system. Convincing proof was submitted pointing to grave changes in the central nervous system, the nerve cells, the glial-tissue apparatus, and the interoceptors of the brain and spinal cord of animals after electroconvulsive therapy; following single and repeated convulsive attacks induced by various methods, effects were observed ranging from changes in the functional character of the type of swellings of the interoceptors of nerve fibers down to their complete destruction (i.e., to degeneration of nerve cells and the nuclear apparatus). These experimental studies were conducted under the guidance of Gilyarovsky and Beletsky. Taking part in the work were D. D. Fedotov, E. A. Babayan, F. D. Lyubimova, V. A. Romasenko, A. A. Khachataryan, and a number of others. A study into the clinical data of these experiments determined with precision the narrow indications for this method and imposed the strictest limitations on the use of electroconvulsive therapy in psychiatric practice.

An important landmark in the development of the teaching on schizophrenia was a scientific debate on schizophrenic problems held in 1962. Taking part were many prominent psychiatrists and an attempt was made to achieve some common conceptions. The papers published in a separate volume were discussed in broad medical circles. Special interest was shown in the papers of O. V. Kerbikov (“Schizophrenia as a Nosological Problem”), D. S. Ozeretskovsky, E. I. Kameneva, and G. E. Sukhareva. Reflecting the general point of view of Soviet psychiatrists, Kerbikov, author of the monograph Acute Schizophrenia, counterposed the “line of Democritus,” which considered schizophrenia a process of a material, pathophysiological nature, to the “psychoanalytical line of Plato,” which in its interpretation of schizophrenia negated the “somatosis” of the process, reducing everything to psychogenesis: “The schizophrenic studies carried out by foreign authors in recent decades,” he wrote, “amaze one by their skepticism, which borders on despair. Soviet psychiatrists realize the complexity of the
and mental diseases associated with malignant neoplasms in the brain. I myself worked for a long time in this laboratory, under the guidance of Gilyarovsky and Smirnov, and participated in this research.

Among the basic research trends in that laboratory must be emphasized a group of investigations, conducted by Gilyarovsky, Smirnov, F. A. Lyubimova, and V. A. Romasenko, into changes occurring in the central nervous system and internal organs of schizophrenic patients; Romasenko gave special attention to such changes in patients evincing the hypertoxic form of schizophrenia. Questions pertaining to the pathological anatomy of infectious psychoses were studied by Lyubimova and others.

Attention was accorded also to the psychiatric clinical aspects of the pathological anatomy of metastases and malignant neoplasms of the central nervous system, particularly cancers and melanoblastomas. Studies conducted in this area by Smirnov, Romasenko, and myself allowed the laboratory to draw up a classification of metastases of the brain, as well as of cancers and melanoblastomas affecting the CNS. This classification provided a specific clinical characterization of the psychiatric aspects of each form of metastasis, as well as a description of its morphological structure.

As the Institute's Director and Scientific Adviser, Gilyarovsky urged the researchers of the pathoanatomical laboratory not to detach their investigations from clinical work emphasizing clinical-anatomical correlations. He insisted that laboratory workers be equally proficient in clinical psychiatry and pathological anatomy.

The laboratory also conducted experimental studies on animals, particularly of morphological changes in experimentally induced epilepsy and the effect of electric shock on the brain. One of the results of this study was a drastic reduction in the use of electroshock therapy in clinical practice. Studies into the results of lobotomy and leucotomy substantiated a proposal to proscribe this brutal method entirely, though it must
be noted that these procedures were generally very rare in the Soviet Union and were used only for a very short time before being proscribed by order of the Minister of Health in 1954.

A. V. Snezhnevsky always gave much attention to the pathoanatomical aspect of psychiatry. Back at the time when he was Chief Physician of the Kostroma Mental Hospital, he invited as consultants and as heads of the pathology laboratory such outstanding scholars as Smirnov, Snesarev, and Beletsky. Snezhnevsky himself devoted a number of papers to the morphological substrate of mental diseases. This trend was developed not only at the Institute of Psychiatry, USSR Academy of Medical Sciences, but also at the Institute of Psychiatry of the Ministry of Health of the Russian Federation. At the latter, by the way, Professors Yu. G. Shevchenko and A. P. Levkovich-Sokolova carried out thoroughgoing investigations in the field of pathological anatomy on a number of deceased patients who had at different times undergone lobotomy and leucotomy. This material demonstrated profound changes in the nerve cells and glial tissue apparatus of the brain following this intervention and was very helpful in deciding the matter of the proscription of these procedures.

The field of pathoanatomically based psychoses is not at all a matter of merely local interest, but rather is a general trend of the psychiatric service. For instance, serious work along these lines was conducted at the Kharkov Neuropsychiatric Institute of the Ukrainian SSR, with many papers contributed by Academician A. D. Zuraibashvili. Each new stride in pathoanatomy, morphology, and histology provides new opportunities and incentives for advancing pathoanatomical investigations in psychiatry, with each stage initiated by a new achievement: the appearance of histochemistry, the utilization of electron microscopy, studies at the molecular level. These efforts continue. Major and very interesting themes are studied at the Laboratory of Pathoanatomy of the Institute of Psychiatry, USSR Academy of Medical Sciences, headed at present by Professor Diana Dmitrievna Orlovskaya.
In the USA, for example, in spite of protests on the part of patients and their relatives, these operations, which we believe main the patients, have not been proscribed.

It must be said, when insisting on the prohibition of such methods as leucotomy and lobectomy, that Soviet scientists and physicians have warned that the surgical destruction of the brain precludes these patients from benefiting in future from effective new drugs which might eventually be developed. Recent years have shown the correctness and farsightedness of the Soviet scientists' stand.

Another example is electroshock therapy. The Ministry of Health has several times modified the instructions for the application of this traumatic method, strictly limiting the number of shocks and restricting the indications for the use of this method. Yet in the USA, for example, it is very widely used and has become all but a repressive measure applied even to healthy people.

Still another example. Back in March 1967 the USSR Ministry of Health unconditionally prohibited the use of lysergic acid and lysergic acid diethylamide (LSD-25, LSD) throughout the territory of the Soviet Union, believing these substances to be harmful and destructive to the nervous system of man, causing acute and chronic mental disorders. In our country these substances are neither used, nor are they sold or produced. Meanwhile it is well known, if only from a report by President Carter, but also from WHO data and other sources, that many people in a number of countries, mostly adolescents and young adults, have fallen victim to these dangerous narcotic and psychotropic drugs.

Thus, under Soviet legislation the system for the selection and authorization for the use of medicinal drugs, methods, instruments, and other equipment prevents the use of dangerous drugs and therapeutic techniques, thus protecting the interests of patients in general and of mental patients in particular.

In connection with several specific features characteristic of mental diseases, psychiatrists, as well as lawyers, sociologists, and public and medical authorities in the admission and discharge of patients, the interest of the patient as well as the public at large and the right to medical care are taken into consideration.