

OTS: 60-41,634

JPRS: 5875

15 October 1960

ON THE COMPOSITION AND DISPOSITION OF PATIENTS
IN USSR PSYCHIATRIC INSTITUTIONS

By A. M. Rapoport

- USSR -

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pitals of the USSR, the RSFSR, and the BSSR was 2.8, with an average length of hospitalization of 129 days; in the hospitals of the UkSSR, the turnover of beds was slightly less - 2.5, but somewhat greater in the Azerbaydzhan (3.9), Uzbek (3.6), Estonian and Lithuanian (3.1 and 3.2) Republics. The total number of bed-days was 35,180,985 (in 1953 it was 33,188,089). There was a predominance of men among those admitted and treated during the year, which is explained by the presence of a group of alcoholic patients, patients with traumatic disease (postwar), and also patients in for consultation; however, of the patients being treated at the beginning and the end of the year, there was a slight predominance of women. During 1955 the turnover of beds in the RSFSR was 2.7, with an average hospital stay per patient of 130.7 days.

The ratio of the number of patients discharged to the number admitted was 92.7 percent, which considerably exceeds the corresponding data for foreign countries, where the rate of discharge is much lower than that of admission. This is explained not only by the comparatively active treatment in hospitals of the USSR, but also by the existing system of out-patient care, which facilitates the release of patients, since they are assured of specialized dispensary treatment and observation, and also of work (in the therapeutic workshops, invalid shops, and so forth).

Among those admitted there was a predominance of first admis-

sions; among the repeated admissions, the major part consisted of patients with schizophrenia, epilepsy, and alcoholism.

The mortality due to psychiatric disease in the hospitals of the USSR, which declines from year to year, reached a minimum figure - 2.3 percent of those treated in 1954 and 2.02 percent in 1955. In preceding years it had been seven percent in 1928, 5.2 percent in 1939, 2.7 percent in 1949, and 2.4 percent in 1953. For comparison, let us note that the mortality in the hospitals of pre-Revolutionary Russia ran as high as nine or ten percent. The average mortality in foreign ^{psychiatric} hospitals has been 6.38 percent in the United States (1950), 4.25 percent in Canada (1951), and 4.9 percent in Sweden (1952).

As might be expected, the highest mortality in psychiatric hospitals in the USSR has been observed among patients with chronic psychoses, especially the senile psychoses - 18.1 percent of all treated patients with this diagnosis; second are patients with cerebral arteriosclerosis - 13.9 percent of those treated. Of patients with epilepsy, 1.8 percent died. The lowest mortality was seen among the alcoholics - 0.3 percent. Of schizophrenic patients treated, 1.16 percent died in 1953, 1.1 percent in 1954, and 0.9 percent in 1955. These data testify to the good care and treatment received by patients, despite difficulties in disposition of patients.

Data on the low mortality of patients in the psychiatric

hospitals of the USSR are of even greater interest in that the age composition of treated patients has changed during recent years in the direction of an increasing number of patients in the older age groups.

An analysis of patients in the psychoneurologic hospitals and out-patient departments affords the possibility of appraising the tendencies, especially the extent of morbidity, with respect to the different nosologic groups. Since hospital admissions, depending on the magnitude and distribution of the network of hospitals, give us only an indirect notion of the course of morbidity, we must gain a clearer idea through the data on admissions to psychiatric out-patient departments of patients with diagnoses established for the first time (provided there is a complete and prolonged account made/ of the populace covered by the corresponding out-patient service, such as in Moscow or Leningrad).

In the presence of a relatively low neuropsychiatric morbidity, the lists of psychiatric hospitals and out-patient departments testify to a clear decline from year to year in the primary incidence of the types of disease (psychoses) which are directly related with such "external" factors as infection, intoxication, trauma, and psychogenic factors.

In pre-Revolutionary Russia patients with CNS syphilis and progressive paresis constituted ten to twelve percent of all hospital cases in psychiatric hospitals (in 1913, of 926 patients ad-

mitted to the Moscow Psychiatric Hospital imeni Kashchenko, 198 (21.3 percent) were diagnosed as having progressive paresis). In 1924 these patients comprised eight percent of admissions, in 1935 4.5 percent, in 1949 2.3 percent, in 1954 two percent, and in 1955 1.9 percent. Comparatively high figures are reported in the Moldavian (4.1 percent), Turkmen (4.2 percent), and Kirghiz (5.1 percent) Republics, to which fact the local health organs should give special attention.

The admission of patients with infectious psychoses dropped from 2.8 percent in 1950 to 2.1 percent in 1954. This reduction was associated with a decline in morbidity due to infectious diseases in the USSR, especially malaria, which was responsible for more than a few cases of psychic disorders in previous years. In Moscow the admission of patients with infectious psychoses in 1954 totalled one percent.

The group of drug addicts was very small - only 0.4 percent of the patients treated (0.39 percent in 1950). This is explained in terms of causes of a general economic and cultural nature, as well as of legislative measures in the USSR which strictly regulate the production and distribution of narcotics, limiting them exclusively to medical purposes.

Of importance is the problem of the changes in alcoholic psychoses. Of patients admitted to psychiatric hospitals, alcoholics represented 2.2 percent at the beginning of 1955, 2.13 per-^{and}

cent on 1 January 1956; among all patients treated during the entire year in hospitals in 1950, they represented 7.1 percent, in 1953 10.3 percent, in 1954 10.4 percent, and in 1955 9.5 percent.

These indices in themselves are not high if one compares them with older figures (in 1935 in the RSFSR, alcoholics comprised 12 percent of patients treated), not to speak of the data for the pre-Revolutionary period. Moreover, in the overwhelming majority of these patients, the chronic forms were observed, but without pronounced psychotic manifestations. Such episodes as the burning fever, Korsakov's alcoholic psychosis, and acute hallucinosis, so frequent in earlier days, are now quite rare. In a one-day study carried out in September 1954 by physicians of the Institute of Psychiatry of the Ministry of Health USSR and the Moscow Hospital imeni Kashchenko, in the latter there were a total of 55 persons with the diagnosis of "alcoholism" in 1600 patients. Only three (two patients with burning fever and one with delirium tremens) exhibited marked psychotic behavior. Nonetheless, the fact itself of the still considerable number of admissions of these patients to hospitals and dispensaries must naturally attract attention and requires intensified anti-alcoholic efforts of an educational, prophylactic, and therapeutic nature.

The group of patients with psychopathic conditions (pathologic development, psychopathy) has been relatively small and, in 1954, constituted 3.3 percent of all patients, in 1955 3.08 per-

cent (in 1950 4.6 percent); a small part of this group were patients in for consultation. The group of patients with neuroses and reactive states has gradually diminished: in 1950 they represented 7.8 percent of patients treated, in 1953 7.2 percent, and in 1954 6.8 percent. The coefficient of first admissions of these patients to Moscow dispensaries was 6.8 per 10,000 inhabitants in 1954, and 6.3 in 1955, as compared with 9.6 in 1950. In 69 psychoneurologic dispensaries of the RSFSR, the group of patients with neuroses had decreased by 2.3 % by the end of 1955 as compared with 1954. The group of patients with traumatic psychoses, of which a large part is composed of patients with exacerbations of sequelae of wartime trauma, has gradually declined, constituting 6.8 percent in 1954, and 4.3 percent in 1955 (as compared with 9.1 percent in 1950).

Of special interest is the fact, announced in 1935 (L.A. Prozorov), of a steady reduction in the USSR of the number of patients with manic-depressive psychosis. In the hospitals of pre-Revolutionary Russia, these patients constituted 6.7 percent of admissions. In 1955 (RSFSR), the figure was 3.4 percent, in 1949 it was 2.5 percent, in 1950 2.2 percent, and in 1954 and 1955 those it was 1.9 percent. Of all patients/with manic-depressive psychosis constituted 2.2 percent in 1950, and 1.7 percent in 1954 and 1955. Of first admissions to the psychiatric dispensaries of Moscow, these patients represented 0.7 per 10,000 inhabitants in

1940, 0.2 in 1950, 0.13 in 1954, and 0.12 in 1955. Of all those on the lists of the psychoneurologic dispensaries of the RSFSR, in 1954 these patients constituted 1.4 percent, and in 1955 1.27 percent. This change cannot be explained by any evolution or by any feature of diagnostic awareness, since the same change - a reduction in the number of patients with manic-depressive psychosis - is being observed now, and has been observed for many years, in different localities in the USSR. We assume that a role is being played here by the social conditions of life (in foreign countries, patients with manic-depressive psychosis represent one of the most stable and numerous groups of patients under treatment - from six to ten percent and higher).

Particular interest attaches to the problem of the changes in admissions due to schizophrenia, which considerably exceeds the limits of purely medical problems. A widespread incidence of this disease and an increase in the number of patients have been noted in a number of foreign countries. Let us take as an example Sweden, where, according to the official statistics, patients with schizophrenia constituted, at the end of 1951, 68 percent of all psychiatrically hospitalized patients, or 0.33 percent of the entire population of the country. Of the entire hospital bedcapacity of Sweden (110,000), including those for purely somatic problems, 23,156 beds were occupied by patients with schizophrenia (T. Larsson, T. Sjogren, Acta Psych. et Neurol. Scandinav.,

Supplem., 89, 1954, Copenhagen).

Similar statistics have been reported by other foreign countries. What are the figures for the USSR?

The percentage of patients with schizophrenia among patients admitted to the hospitals of the USSR shows a tendency toward increase. Thus, in 1950, the percentage was 25.8, in 1953 27.9, and in 1954 and 1955 28.8. This tendency is even more apparent upon reviewing the data on psychiatric patients, of whom schizophrenics in 1954 numbered 37.4 percent and in 1955 37 percent, as compared with 32.1 percent in 1950 and 33.7 percent in 1952.

At the beginning of 1954, patients with schizophrenia occupied 58.6 percent of all psychiatric beds, and 54.9 percent at the end of 1954. Schizophrenics comprised 55.3 percent of patients in hospitals at the end of 1955.

May any conclusions be drawn on the basis of these figures as to an increase in the incidence of schizophrenia? We are inclined to answer this question in the negative. The increase in the number of patients admitted to hospitals depends on ~~the size~~ the bed capacity and on improvements in its utilization, patients with schizophrenia being almost always hospitalized both with first development of their disease and during an exacerbation. Furthermore, the comparatively quick reduction in the number of patients with such psychoses as syphilitic, malarial, traumatic, and so forth, of course, automatically increases the percentage of

schizophrenics among patients under treatment. It should also be taken into account that patients with schizophrenia comprise a significant part of repeated admissions and are the principal group among the yearly "precipitate" of patients who join the lists of the chronic, protracted forms of the disease. Also, account should be taken of the positive fact of the exceptionally low mortality in recent years among schizophrenics: in 1953 it was 1.16 per 100 patients in hospitals, in 1954 1.1, and in 1955 0.9.

Of great importance are the data of dispensaries, where primary admissions under certain conditions approximate the actual morbidity due to this disease. These conditions obtain, for instance, in Moscow, with its complete listing over a period of many years of the population covered by out-patient service. According to the counts of admissions for those afflicted for the first time with schizophrenia and reporting to the dispensaries of Moscow, reported in terms of "per 10,000 inhabitants" (T.A.Tiganova), for the decade 1940-1950, a reduction of 27.7 percent was observed. In recent years (1951-1955), this coefficient of morbidity was reduced by yet another ten to 12 percent. The absolute number of patients with first diagnosis of schizophrenia exceeded, in 1954, the corresponding figure for 1953 altogether by 2.5 percent (the annual increase in the population should also be kept in mind here) and was even slightly lower when compared with comparable figures

for 1950 and 1952. During 1955 primary admissions of patients with schizophrenia (dispensary figures) were 38 more than in 1950 despite a marked increase in the population of Moscow during this five-year period. In 39 psychiatric dispensaries of the RSFSR (excluding Moscow and Leningrad), the number of new admissions with schizophrenia declined by 18.4 percent in 1954 as compared with 1953 (according to the data of the Institute of Psychiatry of the Ministry of Health RSFSR). An increase in the number of hospitalized patients does not necessarily betoken an increase in primary morbidity. Thus, the Tambov dispensary listed, for 1953, 231 new cases of schizophrenia, and 164 in 1954. But this same dispensary sent 196 schizophrenic patients to the hospital in 1953, and 390 in 1954. This indicates that the hospitalized individuals were, for the most part, not the newly afflicted. The same point is made by the data of the Ivanov schizophrenic dispensary. Here the number of first/admissions to the dispensary in 1953 was 116 persons, and in 1954 96 persons, but the number of patients referred to the hospitals was greater in 1954 than in 1953.

The data of selected studies, carried out in 1954 by associates of the Institute of Psychiatry of the Ministry of Health USSR in several sections of Moscow, testify to the low number of new cases of schizophrenia. At an inter-oblast conference of neurologists and psychiatrists in Povolzhya (1956), a reduc-

tion in the number of new psychiatric cases was reported: I.F. Sarychev on the basis of an analysis of the activity of the Kuybyshev dispensary over a seven-year period (1949-1955), and A.I. Timofeyeva on the basis of materials from the psychoneurologic institutions of Saratov.

In the light of these data, it may be stated that not only the total psychiatric morbidity but also the primary incidence of schizophrenia in the USSR is relatively low, and we are not observing here the astonishing tendency toward increase in incidence which is being witnessed in a number of foreign countries. At the same time it should be remembered that the data on new cases do not in themselves indicate anything about the changes in the number of patients in hospitals and among the populace, since many of the patients, not being cured, "precipitate" in the hospitals and among the populace as protracted "chronic" cases, etc. Consequently, the requirement for an increased number of psychiatric beds remains, despite the reduction in primary incidence of this disease.

It should be pointed out that an account of psychiatric morbidity, especially due to schizophrenia, is complicated by the contradictory information reported both by hospitals and by dispensaries, which reflects not the specifics of local morbidity but rather the peculiarities of diagnostic awareness on the part of physicians (thus, in Moscow, among patients newly admitted to

the lists in 1953, patients with schizophrenia comprised 6.5 percent, whereas in Leningrad the figure was 3.9 percent).

One of the most stable groups - both among those admitted to hospitals and among those treated in psychiatric dispensaries - consists of patients with epilepsy. Thus, among those treated, epileptics comprised in 1950 10.5 percent, in 1953 10.9 percent, in 1954 9.7 percent, in 1955 9.5 percent (in 1935 ten percent). dispensary of /admissions, the percentage of patients with epilepsy has also been quite stable: in 1950 they constituted 9.7 percent, in 1953 nine percent, in 1954 8.8 percent, and in 1955 nine percent (in 1935 they represented 9.4 percent, and in 1923 10.9 percent). Nonetheless, a certain tendency toward reduction in the percentage of epileptic patients has been noted over the years.

The length of hospital stay for epileptic patients is very variable. The Third Leningrad Psychiatric Hospital gives a figure of 75.5 days (202 days for patients with schizophrenia). Much importance inheres in the duration of illness: thus, according to the data of the Tambovskiy hospital, the duration of illness could be shown to have the following effects: length of hospital stay for new epileptic patients averaged 30.4 days, while for patients with chronic forms it was 210 days.

The mortality among patients with epilepsy in 1954 was 1.8 percent of those treated in hospital and in 1955 it was 1.6 %. Of the causes of death, respiratory disease ranked first, and mal-

ignant neoplasms were second in frequency. Isolated cases of death in status epilepticus were observed.

The clearest conception of the changes in incidence of epilepsy is given by the data on first admissions to psychoneurologic dispensaries. These indicate a temporary increase in primary admissions due to epilepsy during the war years (in 1940, these constituted 3.5 per 10,000 inhabitants, while in 1945 the figure was 5.5) with a subsequent steady decline (in 1950 2.3; in 1953 1.8; in 1954 1.6). The absolute number of patients with epilepsy in 1954 was 70 percent of the number in 1950. The number of new admissions of epileptics during 1955 was also considerably less than in 1950. The same tendency is shown by the figures from a number of dispensaries (Tashkent, Tambov, Riga, etc.). The listings in the psychiatric dispensaries of patients with epilepsy in Moscow, Leningrad, Riga and other large cities show lower percentages for epileptics than do those from outlying dispensaries.

The gradual reduction in the incidence of epilepsy may be explained in terms of the following causes: elimination of cases due to trauma incurred during war; improvement in the general hygienic conditions in the country, which is accompanied by a reduction in the frequency of general and pediatric intoxications, infections, natural trauma and asphyxia. Of particular note is the reduction in the number of cases of congenital syphilis.

Despite this tendency, epilepsy remains one of the most wide-

spread of neuropsychiatric diseases - of dispensary patients in the RSFSR, 11.8 percent are epileptics. In selected studies of the rural population of Moskovskaya Oblast, carried out by physicians of the Institute of Psychiatry of the Ministry of Health RSFSR, the most numerous group among psychiatric patients consisted of the epileptic patients. Let us recall that, in England, patients with epilepsy represent six percent of patients in psychiatric hospitals, and occupy 2794 beds in special hospitals for epileptics. It is calculated that, in England, there are two epileptics per one thousand inhabitants (G. Tooth, Intern. Journ. of Soc. Psychiatry, 1955, Vol.1, No.2, pages 51-56).

The same factors which may facilitate a reduction in the incidence of epilepsy apparently also lead to a (slow) reduction in the number of oligophrenics, who constitute 4.9 percent of new admissions (dispensaries of the RSFSR). Among those being treated in hospitals, oligophrenics represented, in the period 1950-1955, 8.9, 3.7, 3.5, 3.4, and 3.4 percent, respectively.

Patients with cerebral arteriosclerosis and senile and presenile psychoses represent a rather stable group. The percentage of patients with senile psychoses among hospitalized patients has gradually increased in recent years. A certain "aging" of the composition of patients in psychiatric hospitals has been noted in recent years both in the USSR and in almost all foreign countries.

Treatment of patients with psychoneurologic disease in the hospitals and psychiatric sanatoria of the USSR was sufficiently active in 1954-1955, although there was no significant increase in the choice of methods of therapy.

In the treatment of patients with schizophrenia, the most widely-used and effective method has been that of insulin therapy, which is used in almost all, even the smallest, of psychiatric hospitals. Note should be made also of the fairly successful insulin treatment of protracted (chronic) forms of schizophrenia. Mention should be made of the "non-shock" method of insulin therapy (M.A.Chasilov) and the attempts made at "conditioned-reflex" insulin therapy. Of second importance is sleep therapy; the effectiveness of treatment has been limited in a number of cases because of unsatisfactory technical conditions, and also as a result of indiscriminate, inadequately based use of this method regardless of the form of the disease or the state of the patient. A good therapeutic effect is seen in combined treatments with insulin and sleep.

Wide use has been made of different types of sulfotherapy. In acute schizophrenia, accompanied by an elevated temperature and other somatic symptoms, antibiotics have been used. In combined therapy, vitamins have almost invariably been given in increased amounts. Efforts have been continued to treat schizophrenia with large doses of quinine, pyramidone, and so forth.

Electroconvulsive therapy, the use of which has decreased in recent years, has been used (especially in combination with other methods) for patients with catatonic forms of schizophrenia, involutional melancholia, and so forth. A number of hospitals are reporting an unstable effect with shock therapy of schizophrenia. Tissue therapy of patients with schizophrenia was not used during 1954 (because of the now-evident ineffectiveness of it in this disease).

Treatment with aminazine (a Soviet preparation of the largactil-chlorpromazine type) and serpasil was carried out in 1954 and 1955 in a number of psychiatric hospitals. The experience of this treatment has shown that it gives favorable results in certain psychic diseases including schizophrenia.

Treatment of epilepsy in psychiatric hospitals and dispensaries during recent years has been noticeably more intensive. Together with the method of Karmanova, use has also been made of the Brodskiy and Sereyskiy methods.

Treatment was also carried out with hexamidine, dilantin, trimetin, different combinations of luminal and bromine with caffeine, ^{and} strychnine; use has also been made of treatment with sleep, oxygen, sulfur, spinal punctures, deep X-ray therapy, etc.

With respect to the Karmanova method, almost all reports testify to its temporary symptomatic action on grand mal seizures. Hence a number of hospitals in 1954 ^{have} restricted the use of the Kar-

manova tablets and mixture. There are a number of references to treatment of epilepsy by the Sereyskiy method, as well as by that of Brodskiy; however, the data from these reports are as yet insufficient for any definite judgments on the therapeutic value of these methods.

A comparative evaluation of the effectiveness of the different methods of treating epilepsy is complicated by the absence of clear and uniform criteria which would permit determination not only of the frequency of seizures but also of their quality, and also ^{of} the psychic state and behavior of the patient in the intervals between attacks; the elaboration of such criteria is one of the most urgent tasks confronting Soviet psychiatrists.

In the treatment of alcoholism, extensive use has been made, along with psychotherapy, of the method of developing negative conditioned reflexes to alcohol (with the use of apomorphine, antabuse, etc.). Note should also be made of a certain intensification of prophylactic work with respect to alcoholism on the part of the psychoneurologic dispensaries.

Work therapy, the considerable importance of which is now acknowledged by the majority of psychiatrists, has continued; however, it remains in an unsatisfactory state - altogether (according to incomplete data) only 20 to 25 percent of patients worked. It is to be hoped that a considerable liberalization of the financial possibilities in this division of work, as well as certain

organizational measures, will aid in improving the position of affairs in this still not-fully-utilized area.

A general evaluation of the results of treatment in psychiatric hospitals of the USSR cannot as yet be offered, since the necessary data only too often reflect ^{the} subjective opinions of the physicians conducting therapy. However, comparing the information on cures, discharges with improvement, and so forth, in individual large hospitals during the past several years, it is possible to state definitely that there has been an increase in the positive results of therapy.

An improvement in the diagnostic and therapeutic work of psychiatric institutions is closely connected with improvements in their technical equipment (new X-ray apparatus, biochemical, physiological and other laboratories). Especially of note is the fact of the opening of a number of new tuberculosis divisions, which has undoubtedly been reflected in a reduction in mortality among psychiatric patients, especially schizophrenics.

In ensuring satisfactory results in the treatment of psychiatric patients and in reducing mortality, a role has been played not only by the self-sacrificing work (still under difficult conditions) of the workers in psychiatric institutions, but also by an increase in the number of such workers and an elevated level of qualification among them.

Thus, in 1954, there were 28.4 patients, on the average, for

every psychiatrist, 5.8 for every nurse (i.e. in charge of about 30 patients), and three for every aide (in charge of about 15 patients).

Let us recall that the American Psychiatric Association is struggling to achieve a state of affairs in which each psychiatrist will not be responsible for more than 150 patients, each nurse for more than 40, and each aide for more than eight. In the psychiatric hospitals of Canada, in 1953, each psychiatrist had 124 patients, and in the hospitals of Australia 325 (Med. Journal of Australia, 1955, Vol.4, No.4). In France the position is even worse - the country has altogether only 400 psychiatrists (Rev. de la Nouv. Med., 1954, No.4, pages 8-31).

Of definite interest is the problem of the peculiarities of neuropsychic morbidity in the different republics of the Soviet Union. Unfortunately, we must offer such a comparison primarily on the basis of reports of the psychiatric hospitals and colonies, since dispensary care and records of psychiatric patients in the dispensaries are managed differently in the different republics.

The most prevalent disease - schizophrenia - is reported as follows. In 1955, schizophrenics represented 28.8 percent of all patients admitted to hospitals in the USSR, and 30.1 % of those in the RSFSR; of those remaining in the hospitals at the end of the year, the figures were, respectively, 55.3 and 56.1 percent; among all patients treated, the figures were 36.9 and 38.8 percent.

respectively. In the UkSSR the percentage of patients with schizophrenia was lower: of those admitted to hospitals, they constituted 24.1 percent, and of those treated altogether, 32.95 percent. Obviously, a role here is played ^{not} by certain peculiarities of regional pathology, but by the difference in diagnostic approach. In one of the largest psychiatric hospitals in the UkSSR, the Igren'skaya Hospital, the scientific director (A.A.Epshteyn) and the staff of the hospital are inclined toward a very limited establishment of the diagnosis of schizophrenia, similar to the approach used in several other psychiatric hospitals of the UkSSR. In the Uzbek SSR, the percentage of patients with schizophrenia ^{among} patients admitted to hospitals and all patients treated in 1955 was very low (25.1 and 33 percent, respectively). At the same time, of those remaining in the hospitals at the end of the year, schizophrenics constituted 54.8 percent, which agrees very closely with the average figures for the USSR. A similar picture is seen in the Estonian SSR, where patients with schizophrenia comprised altogether 19.3 percent of those admitted, but 58.8 percent of those remaining in hospitals at the end of 1955. This perhaps testifies to the fact that certain patients with schizophrenia are initially admitted with other diagnoses, which become clearer later on, with transition to ~~the~~ chronic process. In any case, even in the UkSSR, and in the Uzbek and Estonian SSR, schizophrenics occupy more than half of all psychiatric beds.

In certain republics, on the contrary, there has been an increase in admissions of schizophrenics: in the Tadzhik Republic the rate was 40.2 percent, in the Lithuanian Republic it was 47.1 percent, in the Georgian Republic it was 42.7 percent, and in the Azerbaydzhan Republic it was 43.1 percent.

In these same republics the percentage of schizophrenic patients of all patients remaining in the hospitals at the end of the year was as follows: in Tadzhik Republic - 63.2, in Lithuanian Republic - 69.9, and in the Azerbaydzhan Republic - 63.7. The increase in the number of patients with schizophrenia is likewise accounted for in these instances not by regional peculiarities but by the inadequate development of specialized out-patient aid under which referral to hospitals is the responsibility of the general district physicians. As has been noted, for example, in the report of the chief physician of the Lithuanian hospital "Pazhayslyays", the district physicians, in referring a patient with psychiatric symptoms, almost always submit diagnosis of schizophrenia, while the young physicians in the hospitals do not immediately review, and revise this diagnosis.

If we compare the groups of patients with schizophrenia seen in the dispensaries of Moscow and Leningrad, a rather variegated picture is observed: many more new cases of schizophrenia per 10,000 inhabitants were seen in Moscow than in Leningrad. The difference here is explained both by the peculiarities of

Diagnostic approach of the Moscow and Leningrad psychiatrists and by, moreover, the differences in the system of records. Data on patients with schizophrenia in other cities of the USSR, although they exceed those of Leningrad, nonetheless are closer to the latter than to those of Moscow.

With respect to epilepsy, the percentage of hospitalized patients in 1955 in the USSR was slightly reduced. An increase in the percentage of hospitalized patients with epilepsy was noted in the Estonian SSR (5.9 percent; in 1954 it was 5.6 percent; in 1953 it was 4.9 percent). Special attention is merited by the high percentage of patients with epilepsy in the Kirgiz SSR; whereas in 1953 these patients totalled 12.6 percent, in 1954 they represented 13.2 percent and in 1955, 11.8 percent. This is the highest percentage for psychiatric hospitals of any of the union republics. Following it are the Kazakh Republic with 11.7 percent, ^{and} the Moldavian with 12.2 percent (in 1954 the figure was 12.4 percent).

Apparently, the high percentage of hospitalized epileptics in these republics is explained by the slow development of outpatient psychiatric service and the failure of hospitalization of patients with a number of the relatively mild forms of psychoses (whereas frequent seizures make hospitalization of epileptics compulsory).

As to the UkSSR, the cause of the slightly higher percentage

of patients with epilepsy is to be sought in the fact that numerous attempts are being made to treat epilepsy by new methods (the methods of Brodskiy, Ploticher, and others) and, accordingly, epileptic patients are very frequently hospitalized, especially in the clinical institutions.

The data on patients with manic-depressive psychosis, who represented 1.7 percent of patients in the psychiatric hospitals of the USSR in 1954 and 1955, differ considerably among the several republics. This is a function principally of the attitude of the physicians toward the diagnosis of this disease. Thus, in the RSFSR this percentage was 1.4, whereas in the UkrSSR it was nearly twice as great - 2.3 percent. Compared with the USSR there was likewise a high percentage of such patients in the Belorussian, Kazakh (2.3) Tadzhik (1.9) and Georgian (2.6) Republics. It is especially high in the Armenian SSR - 6.9 percent; this is explained by the fact that, at the principal psychiatric hospital (Yerevan), special studies are being made of manic-depressive psychosis as a scientific problem.

As in the case of schizophrenia, attention is drawn to the great difference in the data for Moscow and Leningrad. In Moscow during 1954, new admissions for manic-depressive psychosis numbered 64 persons, while in Leningrad, where the population is much less numerous, the new admissions for this disease totalled 153. Undoubtedly, in Moscow, a part of these patients are admitted as

cases of schizophrenia, although the obverse of this cannot be ruled out, i.e. some of the cases diagnosed as manic-depressive psychosis in Leningrad may, in actuality, be cases of schizophrenia.

With respect to the arteriosclerotic and senile psychoses, variations in the figures on hospitalized patients are relatively slight: in the USSR, patients with arteriosclerotic psychoses comprised 4.2 percent of psychiatric patients, and in the RSFSR and the UkSSR, the figure was 4.4 percent. The Estonian SSR reports a much higher figure for these patients - 6.9 percent. On the contrary, the percentage is very low in the Georgian SSR - 0.9 percent (possibly this is connected with the lower incidence of arteriosclerosis in that republic).

In conclusion it should be pointed out that the serious difficulties, remarked upon in the reports of a number of institutions, associated with hospitalization of patients with psychiatric disorders compel the health organs and the entire psychiatric society to work actively for the realization of the stated program for the construction of new psychoneurologic hospitals and dispensaries (with wards), and also to adopt measures for the organization of psychiatric colonies for patients with protracted, chronic forms of psychiatric diseases.

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