HISTORICAL ASPECTS OF THE SO-CALLED MOSCOW PSYCHIATRIC SCHOOL

Let me begin with some memories. In sixties the Institute of Psychiatry of the Academy of the Medical Science of the USSR in Moscow was located in a large (more than 3,000 bed) psychiatric hospital. The way from the centre of Moscow to Kashchenko hospital took about half an hour. A visitor would find the clinical departments in the new buildings, in the park, near a small pool. There were four departments, mainly for examining patients with different forms of schizophrenia. It goes without saying that in these departments there were the usual wards, the usual staff and patients with psychiatric and psychoneurological diseases from the entire USSR (including the famous institute of Snezhnevsky!).

Once a week Prof. A. Snezhnevsky (more often addressed as Andrej Vladimirovitch) visited each of the departments. He would arrive after 9 clock in the doctors' lounge near the entrance, sit down on the sofa, smoke a cigarette (initially the staff also smoked, but later it was allowed only to the chief), invited the staff to begin its discussions. The professor's assistants and other colleagues read their case histories, which had been prepared very carefully, sometimes written on as many as 10 or more pages. Usually this process took from half an hour to an hour, after which he summoned the patients. The professor then engaged the patient in a long discussion, and paid close attention to every detail, every hallucination or delusions and emotional changes. The chief always allowed to analyse the patient to be him- or herself and only later spoke about the dynamics of the case. Then the patient had returned to his or her ward and the discussions among the staff continued. All of the staff had the opportunity to speak out. These were rather long, careful discussions, with analysis and consideration of different possibilities. The summary was always short and made by the professor himself. There were occasions, when Prof. A. Snezhnevsky himself would change his mind in accordance with the results of more recent examinations.

In such a manner – patiently, without any special or expensive technology – was the so-called Moscow psychiatric school – in regard to schizophrenia – created. Of course, among the patients were also people with mild neurotic and psychopathic disturbances, senesthopathies, obsessive-compulsive symptoms, personality disfunction's and people who experienced...
difficulties in their work or studies. But in these wards there were none of the so-called political dissidents, unless one were to call delusions of grandiosity a matter of political dissent, which, do not use.

Prof. A.Snezhnevsky at that time was one of those rare Moscow professors who every day, before the beginning of the reception hours admitted everyone who needed his help into his office. Therefore each day after the professional part of his work was done, the professor always put on his table a sheet of paper containing the names of the patients whose relatives had requested his help. Thereafter he made inquiries about the patients, the doctors introduced the patients to him and if it was necessary, examined the patients with the same care he gave his «thematic patients». Often such examinations led to changes in treatment or more specialized forms of examination. Incidentally, these patients were from all parts of the USSR, often with rather bizarre biographies, indeed.

Now let us skip forward to the year 1994. Today the name of Prof. Andrej Snezhnevsky is well know not only from scientific publications, but also from periodicals. Unfortunately, Prof. A.Snezhnevsky is a controversial figure often blamed for the accuracy of his scientific research in psychiatry not to mention his (and his school's) studies of the other form of schizophrenia, the so-called sluggish schizophrenia. He is often criticized both as a scientist and as a personality [1,2,3]. No doubt, the evaluation of Prof. A.Snezhnevsky's research and even his personality is sometimes contradictory and seldom easy. This article is an attempt to speak about some of these contradictory features.

The idea to write this article about the so-called Moscow psychiatric school came as a result of my having read a lot of articles about this school, many of which are rather aggressive in their criticism of Moscow Psychiatric school's clinical concepts. Such aggressive critical attitude has been expressed not only by many psychiatrists, other medical professionals, but also by a number of representatives of the mass media, such as journalists and television talk-show hosts. Most of these persons express their subjective and often negative attitudes without providing any serious proof for their opinions. It is particularly sad, when among them are found also some former pupils of Prof. A.Snezhnevsky [4].

While I am familiar with the work and literature of the Moscow Psychiatric school in general, I will limit my discussion of the school to the years 1963–1966, because I was at that time at the Institute of Psychiatry as, first, an intern, then later, as a post-graduate student, and can therefore speak from personal experience. It was a time, when the old leaders of the former Soviet psychiatry (A.Snezhnevsky, V.Morozov, E.Sternberg, G.Rotshtein) were at the height of their abilities and their achievements. A new generation of young and not so young scientists were hard at work, for their scientific degrees (V.Favorina, A.Smulevich, N.Shumsky, T.Papadopulos, A.Tiganov).
I believe that one of the reasons for the critical and negative attitude toward the Moscow Psychiatric school (MPS) were based on the very essence of psychiatry. I think that whether intentional or not, the expressly critical and negative attitudes toward MPS strike at and undermine the foundations of the science of psychiatry.

There are a number of reasons for the vulnerability of my field of specialization. First, psychiatry - contrary to the more exact branches of medicine such as surgery, traumatology, infectious diseases - enables one to take sometimes a rather abstract attitude with regard to the assessment of the psychic functions of people. Whether we like it or not, we have to admit that the role of subjective factors in psychiatry noticeable, at least more noticeable than in other medical professions. Psychiatry is often concerned with the search for symptoms, their assessment and explanation. Therefore in psychiatry different clinical positions exist side by side. Often psychiatry shares the same dilemmas experienced by psychology and psychotherapy.

Second, psychiatry is connected to the social sciences - philosophy, law, social problems, even politics in order to protect society from dangerous patients. We can never forget that mentally ill people need very specific help. They are often helpless and poor, and they cannot protect themselves in difficult conditions and situations of modern day life.

Moreover, different attitudes to the aims or psychiatry and to explanations of pathologies make psychiatry a special branch or medicine. Psychiatric literature written by representatives of different clinical positions sometimes is difficult if not impossible to decipher and understand for a general practitioner. We, psychiatrists do not speak to laymen. Therefore misunderstandings and conflicts often arise. We would also be well advised to remember that different clinical attitudes (schools) maybe found and even in small countries, such as the Tartu and Tallinn schools in Estonia, Vilnius and Kaunas schools in Lithuania. However, if we speak of the former Soviet Union, there the dominant schools were so-called Moscow and Leningrad schools.

Specifically, the Moscow psychiatric school was presented by the above mentioned specialists who worked at the Institute of Psychiatry of the Academy of Medical Sciences of the USSR and were under the guidance of Prof. A.Snezhnevsky and at the Department of Psychiatry in the Central Institute for Qualification in Moscow, headed by Prof. V.Morozov (not to be confused with G.Morozov from the Institute of Forensic Psychiatry). Of course, there were in Moscow also other departments of psychiatry with clinical concepts, but in their case nobody used the word «school». An example of the latter is a book [5] written by various authors (A.Snezhnevsky wrote on general psychopathology and O.Kerbikov - on schizophrenia) which was in many ways contradictory to the concepts of MPS, but from which many young students had to study psychiatry for many years.
The central problem and unresolved of the Moscow psychiatric school turns on one major point – its attitude towards schizophrenia, the criteria for its diagnostics, the course of the illness, its possible variations, biological background, as well as the social problems connected with pathology. These are the very topics in which the MPS held a special and differentiated position. On other clinical problems – for example, such as trauma [6], alcoholism's or psychopathies [7] – the articles or chapters on these subjects in manuals were the usual, well-known literature, without any particular observation or attitudes or original point of view. I can think of only one exception. It concerns the world-know specialist in geriatric psychiatry – Dr. E.Sternberg and his gerontology clinical position [8]. Dr. E.Sternberg had profound clinical knowledge and great experience, but he studied different phenomena of dementia, and therefore his works did not attract special interest. Even his publications on schizophrenia, that begins in the old age, with sometimes favorable resolutions [9], did not attract interest.

The fact that two different scientific institutes specialized in different clinical studies was practiced at the same institute, because only a big staff was able to work on and solve problems which needed much time and money.

The Institute of Psychiatry specialized in researching schizophrenia. That meant that it had the team to follow the life and case histories of patients for many years and to keep the necessary records (some of them were 15-20 pages).

The MPS continued the practice of classical psychiatric examination, which was well-known (I can quote from a lot of special literature, but will mention here only the classical works by German authors E.Kraepelin [10] and E.Bleuler [11]. No doubts, recognition of foreign authorities and their achievements was rather courageous at that time, which I remember very well. One could see everywhere the unrealistic slogans: «Soviet science is the best in the world.» Fortunately, Prof. A.Snezhnevsky's reputation was so great and he was so well-known that he was able to chose for his clinical team psychiatrists according to their professional qualifications only. He did not have to take into consideration the personalities or nationalities of his staff members. For example, Prof. V.Morozov was a polyglot, and his lectures were improvisations. It was not unusual during the lecture for the doctors to suddenly remember some foreign author known only to a few in the audience, or unexpectedly to quote sentences in French. Many of his more profound ideas were recorded during his lectures. Prof. E.Sternberg had worked in Germany before World War II. All of us knew that he with his teacher A.Kronfeld took part in the expertise of Hitler after the dictator's first coup d'etat. Naturally, when Hitler gained power, the teacher and his pupil had to look for a safer country and chose the USSR. (At the beginning of the war, when German troops were near Moscow, A.Kronfeld committed suicide.) We knew these facts from medical historians. T.Papadopoulos had been a Greek guerilla fighter and had to flee to the USSR. At first he was
allowed to live only in the Central Asian republics, but later he came to Moscow and became the chief of the scientific department at the Snezhnevsky Institute. After Greece gained independence T.Papadopoulos returned to his fatherland where he welcomed his former Soviet colleagues with great warmth at international conferences. M.Shchirina spoke English fluently — she had grown up in the USA. There was also the child psychiatrist G.Suchareva and many others.

These and many other highly qualified professionals represented the so-called Snezhnevsky school and made up its staff. Of course, we have to include here also many other scientists, residents, interns and doctors.

I should add that one of the basic responsibilities of young doctors, besides treating patients and writing case histories was to read psychiatric literature and to study foreign languages. As classic French authors were highly valued and praised, nearly all of us studied French and English. Everyone had to learn more than one foreign language. We were expected to be enthusiastic and industrious professionals. Doctors without a profound interest in their field were not to be found at the Snezhnevsky institute, as they preferred to find placement at other institutions.

It is rather difficult for foreign specialists to appreciate how isolated and harmed the MPS really was by the prevalent political climate. It is tragic, that during the period of stagnation even a hero of socialist labor, Prof. A.Snezhnevsky could publish only five articles in English and only one of which dealt with his scientific ideas in a detailed way, Worse, to attend international conferences of leading psychiatrists was a rarer opportunity than space flights for Soviet cosmonauts.

But Prof. A.Snezhnevsky himself was a very industrious, demanding, strict and on occasion even an ascetic teacher, but I do not remember that he was ever capricious or unjust. For the most part his demands were well-founded. Of course, as the chief of a major clinic, he would not stand laziness, unfinished or slapdash work, superficially written case histories, unfamiliarity with the patient to be treated or failure by a doctor adequately of the literature applicable to a case. His ascendancy showed most when an article or scientific paper was not prepared on schedule.

The clinical staff — postgraduate students and scientific staff were assigned specific themes they were to explore. Usually these were various problems of schizophrenia. The preferred form of solving a problem was to use detailed and carefully written case histories, sometimes 15-20 pages long, which included 2-3 pages of analyses. These case histories were later used for publications and scientific reference.

Once a week Prof. A.Snezhnevsky gave consultations and discussed the cases of patients at hand. On such occasions the ideas and opinions of the chief of the clinic prevailed. Young doctors had little opportunity to present their own ideas. They often seem to be not more than laboratory assistants,
who merely elaborated on the professor's comments. But Prof. A.Snezhnevsky never signed his name to publications prepared by others! He never wished to be a co-author. Therefore, if we compare him with many other of his colleagues, the number of Snezhnevsky's publications is small. Perhaps for this reason, the articles are carefully written, and each word weighed. Among these papers the full text of his presentation for candidate of sciences degree was published [12], before the war. The summary of his presentation for doctor of sciences degree (it dealt with senile dementia) was published in 1949 [13]. I can attest that interest in the professor's work was so great that in the sixties the pages of his papers were well worn.

As I mentioned earlier, the material used for the study of schizophrenia was unique, in that it was material collected at the hospital over a long period of time. For example, Dr. V.Lupandin used the case histories found in outpatient clinics and written over a period of 20 years even before the war. He then reexamined the former patients before writing about the dynamics of the illness.

All opinions were tested and based on personal experience. The sentence: «We have not seen such a case either» was well-known. Each scientific paper had to be accompanied by a review of literature which was written as the last chapter.

The main forms of schizophrenia were widespread – the continuously developing form of schizophrenia [14], the recurrent form [15] and the intermittent-continuous or shift-like forms [16], which seemingly included both previous forms, but in fact it is an independent form with a special text following it.

I will not deal in this article with detailed psychiatric analysis of each form of schizophrenia – that is a subject for professional articles. But I would like for a moment to touch upon the so-called slowly progressing (sluggish) schizophrenia. This is the form that causes the greatest interest not only among specialists in psychiatry, but also among other doctors, journalists and even laymen. This is also the form of schizophrenia which Prof. A.Snezhnevsky is said to have abused with regard to Soviet political dissidents. Unfortunately, none of the accusations which I have been interested in (mostly foreign language radio broadcasts) have contained any proof of some or even a passing discussion of just what sluggish schizophrenia is all about.

If we speak as psychiatrists, sluggish schizophrenia is a clinical reality, a mild and slowly progressing form of schizophrenia. Its symptoms are, generally speaking, a mild neurotic and psychopathic deterioration of personality, but progressing slowly without acute exacerbation. Still these symptoms are typical only of schizophrenia. Incidentally, Prof. A.Snezhnevsky was not the author or the inventor of this form of schizophrenia. It was first reported in ICD-9, a classification, used by WHO. It should clarify without saying that Prof. A.Snezhnevsky's work contains some minor exaggerations, which are characteristic for all enthusiastic
scientists. For example, there are cases, when it is possible to speak about borderline states or pathological development of personality instead of schizophrenia, but such transgressions are minor and do not destroy the overall analysis of the development of the illness. In every case Prof. A. Snezhnevsky came to his conclusions from the clinical facts observed at the bedside of his patients and were not abstractions formed in some remote library. It is no exaggeration and will be attested to by many that A. Snezhnevsky saw, visited and studied thousands of patients.

In all cases the essential criteria is the ICD-9 classification system and not the DSM system. Thus, for example, it was admitted, that psychoses could develop not only in the course of weeks, at half a year, but sometimes occurred in a matter of minutes or even seconds (the so-called transient psychoses) [17] and yet turned out to be schizophrenia. In other words, a follow-up study justified such a diagnosis. The patients personality had changed to the degree expected in cases of schizophrenia: slightly but persistently the pathological features gradually increased. Such were the clinical facts.

I cannot agree with the interesting, but scientifically unfounded statements made by some journalists, namely that symptoms of sluggish schizophrenia may be found in every one of us. Such statements can be of interest only to laymen and are used for propaganda purposes. The illness of sluggish schizophrenia is a clinical and biological reality, and no qualified specialist will fail to distinguish between emotional defects and asthenia, exaggerated ideas and delusions, endogenous depression and minor discomfort. The pathology is not to be confused with the subjective attitude of a verbally skilled doctor who has an axe to grind.

It is essential to understand how social and even legal problems sometimes rode on the sleeves of psychiatry and schizophrenia, even sluggish schizophrenia. Unfortunately, in such situations psychiatrists prove to be like any other people who have to suffer aggression. On occasion psychiatrists became the hostages of forces that held hostage other Soviet individuals or groups. They had to face situations involving the so-called dissidents or allegedly socially dangerous personalities. It is true that psychiatrists in a totalitarian state were in exactly the same position as scientists, artists, lawyers, and all other individuals and groups. Indeed there were patients with slight pathologies and antisocial behaviors who under more normal conditions would not have been sent to psychiatric hospitals or worse — «for treatment» sent to the special hospitals in Blagoveschensk or Volgograd.

The final decisions to admit or discharge a patient were always taken by a legal court and not by psychiatrists. Also, patients were discharged from hospitals only by court decision and not merely because a discharge was recommended by a doctor.

There are also special forms of punishment for more quarrelsome people, who disturbed the preferred calm of institutions. Thus, psychiatrists were
authorized to give a diagnosis for these persons. As a result, these persons were no longer able to receive mail.

There were also former discharged patients who without any provocation and without medical symptoms were ordered to be hospitalized before state holidays (for example, May 1 or November 7) or before elections. Ambulances were dispatched from hospital out-patient departments to pick them up.

Nevertheless, it is necessary to stress the differences between political, legal and medical problems. Neither the political nor legal system can make or withdraw a medical diagnosis in concrete medical cases.

There were several articles in which A.Snezhnevsky is blamed for having used psychiatry for political purposes. We can say that these accusations are gross exaggerations. Of course, while Prof. A.Snezhnevsky was the head of his clinical school (and, indeed, of all Soviet psychiatric system), he was obviously consulted with regard to the most difficult medical cases. But he was not regularly consulted either at the Institute of Forensic Psychiatry nor at the V.Kaschenko hospital (the flagship hospital of the Institute of Psychiatry and Department of psychiatry in the Central Institute of Qualification). Even in a special book on political abuses of psychiatry [18] A.Snezhnevsky is mentioned only once (there are no doctors who have not made mistakes) and in this particular book, as it is especially emphasized by A.Lichko [19], A.Snezhnevsky is not blamed as abuser. Prof.V.Morozov is also mentioned by A.Lichko in an article that deals entirely with psychiatric problems, he at one point writes: «It can be schizophrenia without schizophrenia». However, this sentence is written in a scientific context. It means to suggest that it is possible that there are patients with slowly progressing schizophrenia, at the same time as there are patients with markedly acute schizophrenic psychoses (the role of genetics in the etiology of illness).

I had several opportunities to make contact with foreign colleagues and to discuss with them these problems [20]. At first, I was surprised that most of them had no opinions on Prof. A.Snezhnevsky’s school of psychiatry, until I realized that they had never even heard of A.Snezhnevsky - a major shock for me. As time went on, I realized that the only thing most of my western colleagues knew about Soviet psychiatry were books on Pavlov in the thirties. The five A.Snezhnevsky publications in English [21-25] are difficult to obtain and foreign doctors are unlikely to study Russian only for the sake of one clinical school of psychiatry.

Be that as it may, the colleagues at the Institute of Psychiatry loved A.Snezhnevsky, even though they were a little afraid of him. It is impossible to predict, if the psychiatric world will learn more about this school or not. On the other hand, clinical facts never grow old or become redundant. Clinical knowledge is a power, not a weakness.
Of course, we have to agree to legal difficulties, which come up, when discussing clinical positions. We must not hurry when discussing clinical position, we must not make early diagnosis. We have to use more careful expressions (for example – personality disorders instead of psychopathy or major depression instead of MDP). Though in our scientific traditions we do not deny our advantages, received after so long a time and with such great difficulties, together with specialists of the whole world.

This is not only my subjective point of view – as we see from the new psychiatric classification [26] it becomes more and more clinic and more psychiatric classics are mentioned in modern manuals. We can confirm also that qualified foreign clinicalists also estimate work of A. Snezhnevsky very highly [27].

REFERENCES

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