used in combination most patients did not need hospital admission. The authors comment on the speed of onset of many attacks, but in the study the mean time between the request for medical help and the general practitioner starting treatment was 31·9 minutes, which the authors agreed was encouraging. Perhaps what we need is a controlled trial of home versus hospital treatment of acute attacks.

Acute asthma is one facet of a fascinating chronic disease, the prevalence of which is estimated to be up to 5% in Britain. There are good reasons for the management of most chronic diseases being in the hands of the patient's own doctor, of which perhaps one of the most important is to do with patient education. While there may unfortunately be a few areas of the country where for some reason or other general practitioners are not operating satisfactory emergency services and direct admission is the only solution we believe the answer to asthma mortality lies in the education of doctors.

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Rugby football injuries to the cervical spine

SIR,—Mr J E Carvell and others (1 January, p 49) remind us again of the tragic consequences of injuries to the cervical spine on the rugby field. They rightly suggest that referees should be aware of the risks and control the game. There is, however, probably a further opportunity that presents to the referee: he could reduce and maintain the reduction of a dislocated neck. The experience of the Ulster surgeon, Mr Osmond Mulligan, should receive more publicity. He reduced the neck of a paralysed player on the field. Power and sensation returned, and he maintained manual traction until they reached hospital. Recovery was complete. We can only speculate on the number of paraplegias that could be prevented by similar action.

Probably a few cervical cord injuries of low velocity impact are initially ischaemic lesions without transection. This is probably reversible if compression is relieved within three minutes. First aid should consist of more than just carefully lifting the player on to a stretcher. In the case of a neck injury associated with neurological impairment, if it is obvious that the patient is fully conscious but cannot move his arms or legs the referee should place a rolled up towel beneath the shoulders of the supine patient and with a hand on either side of the head he should apply steady firm traction to the neck. He may well feel the neck reduce at that time. It will never be so easy as in the first few minutes. The patient should be transported in the same position with steady traction maintained until it can be replaced by skeletal traction.

It may seem unreasonable to ask a referee to make such an important decision, and we may be concerned about the harm done by over zealous amateurs applying traction to a located or partially damaged neck. Referees can recognise and treat a dislocated shoulder or finger joint, and although the risks in the neck are greater I suggest they are outweighed by the potential benefits of avoiding a paraplegia.

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Imprisonment of Dr Anatoly Koryagin

SIR,—Your readers will be saddened to learn that Dr Koryagin, who documented the widespread use of psychiatry as a means of suppressing dissent in the Soviet Union in his article "Unwilling Patients,"[1] has been transferred from a forced labour camp in the Urals to the Chistopol Prison, an institution for the Soviet Union's most important political prisoners. A transcript of his "trial" for antiSoviet "agitation and propaganda" has now been published.[2] It makes daunting reading. Dr Koryagin stated to the court inter alia: "My trial does not constitute an act of justice but a means of suppressing me for my views. Regardless of the sentence imposed on me, and I know it will be harsh [it was, seven years hard labour and five years of remote exile], I will never accept the situation that exists in our country where mentally healthy people are imprisoned in psychiatric hospitals for trying to think independently. I know that long years of imprisonment, humiliation, and mockery await me, but I embark on them in the hope that it will increase the chance of others to live in freedom."

In an open letter smuggled from the labour camp Dr Koryagin appealed to psychiatrists and others not to forget those who have stood up for human rights against "torturers armed with drugs."[3] This appeal has not gone unheeded. There is widespread indignation and many protests in consequence. The American Psychiatric Association has elected Dr Koryagin an honorary member, and a telegram signed by many members of the executive committee of the Royal College of Psychiatrists has been sent to the secretary-general of the Communist party of the USSR, Mr Yuri Andropov. It reads:

> "We urge you to take into consideration the eminent service to psychiatry and to medicine generally rendered by Dr Koryagin in raising, by his attitude, respect for the ethical principles of the medical profession. We ask you to free Dr Koryagin and to restore to him the means to pursue the practice of psychiatry. This measure would make a favourable impression on world medical opinion."

In consequence of the continued abuse of psychiatry (and psychiatrists) in the USSR the British, American, Danish, French, Norwegian, Swiss, and Australasian member societies of the World Psychiatric Association have put forward resolutions for the expulsion or suspension of membership of the Soviet Society of Neurologists and Psychiatrists, which will be considered at the World Congress of the World Psychiatric Association in Vienna in July 1983. Many other members of the World Psychiatric Association have indicated support for this action. If it succeeds they hope that it will bring home to the leadership of the Soviet Union that their expressed desire to live in peace and friendship with other peoples is greatly impeded by the abuses of human rights such as those referred to in this letter.

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[1] Koryagin A. Unwilling patients. *Lancet* 1981;i:821.
[2] *A chronicle of current events*. No 62. London: Amnesty International Publications, 1982.
[3] Koryagin A. Appeal to psychiatrists. *Lancet* 1981;ii: 1121.

Using computerised lists of doctors

SIR,—In January 1981[1] you published a letter from me in which I protested at misuse by the BMA of computerised data held by Scottish health boards. This concerned the sending out of circular letters "To: non-contributors to the Scottish hospital medical services committee fund." This circular was in itself quite innocent and sought merely to encourage non-contributors to contribute to what is an entirely worthy cause. I was, however, seriously disturbed to discover that the BMA compiled the list of non-contributors from data obtained from health boards relating to total numbers of medical staff from which were subtracted the names of contributors. I indicated that this constituted a serious breach of confidentiality since health boards were divulging to an outside body how some doctors disposed of (or did not dispose of) part of their income. I resigned from the association in protest at this malpractice.

Thereafter I had lengthy and often tortuous correspondence with various BMA officials, and at one time (February 1981) I had a letter from the secretary of the central ethical committee in which he stated: "I think that we are not in breach of the letter of the Younger principles although I would accept a criticism that we are not following the spirit of the principles." (The Younger report on use and misuse of computerised data indicated that it was wrong to use data collected for one purpose for any other purpose as in this instance.) Your readers may be capable of dividing "principles" into "letters" and "spirits," but to my mind a principle is a principle and is indivisible.

At one stage it seemed that the association was about to return to the paths of righteousness when I had a letter indicating that the practice had been suspended pending a final decision by the central ethical committee. In May 1981, however, I had another letter indicating that the central ethical committee had decided that: "The construction of a list of non-contributors from the two sources . . . was not unethical." The matter therefore remained in what I regarded as a highly unsatisfactory state.

The Scottish Home and Health Department, however, have now produced a document entitled "Guidelines for Codes of Practice for Data Protection of Personnel Information held by Health Authorities (and SHHD)" (NHS Circular No 1982(GEN)28). This document spells out unambiguously the use and misuse of such data and paragraph 15.2(vi) states: "Information on identifiable individuals should not be given to trade unions unless at the request of the individual, except where carried out under mandate. For example, the deduction of subscriptions from wages and salaries is carried out at source automatically by payroll, and information passed with this should be limited to that agreed with the union and mandated by the individual." I have sought clarification of the relevance of this paragraph to the BMA practice described above and have it in writing that the Scottish Home and Health Department agrees with my "interpretation that the obtaining of lists of non-contributors to the Scottish hospital medical services committee