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Military Aspects of Malingering, Sexual and Reproductive Coercion: Report from Russia

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Abstract

The military service places high demands on mental and physical health. Mental disorders are among the most frequent causes of unfitness for military service. A brief case series from Russia on malingering and aggravation to avoid military service is presented here along with an overview of literature. The following aspects are pointed out: malingering and aggravation may entail unnecessary treatment and misuse of certain drugs for recreational purposes. Psychiatric diagnosis as a reason for exemption from military service depends in some cases on the social status of the patient. There are various positions in the modern army, where citizens with moderate mental deviations can serve. It can be assumed that individuals with substance abuse or certain personality disorders could be favorably influenced by the military ambiance. Another topic tackled here is the growing influence of the military in Russia, autocratic or military managerial style that is unfavorable especially for the healthcare, science and education.

Introduction

In view of the current international tensions, topics related to the military are of particular importance. Military services place high demands on mental and physical health. Psychiatric disorders are among the most frequent causes of unfitness for military service in Russia [1,2]. A brief review of Russian psychiatry has been published previously [3]. In principle, exemption from military service must be based on a long-established and doubtless diagnosis or an expert evaluation at a specialized institution; however, deviations from this principle have been observed. It is generally known that some conscripts resort to malingering and aggravation to be recognized unfit for the service. In addition, their relatives sometimes use personal connections and corrupt interactions for this purpose. Another topic discussed here is the militarist ideology and growing influence of military functionaries in the Russian society. The autocratic or military managerial style is unfavorable especially for science, education and healthcare. A case series is presented here to illustrate the problems delineated above.

Case 1

A 16-year-old schoolboy (hereafter patient) with mild communication abnormalities (shyness) was brought to psychiatrist by his mother. The patient subsequently admitted that the real goal was exemption from military service. The author observed this patient for many years, also in stressful situations, and did not notice any mental abnormalities, apart from alcohol dependence that developed later on. Aside from shyness during adolescence, the only notable complaint was the statement that his "nerves were like ropes". This was interpreted as cenesthopathy and sluggish schizophrenia was diagnosed. The concept of cenesthopathy was coined to describe abnormal and strange bodily sensations without objective findings; it is no longer in the mainstream of contemporary psychiatry [4,5]. However, Russian professional literature has a body of publications on cenesthopathy culminated in the recognition of cenesthopathic form of schizophrenia [6-8]. Besides, cenesthopathy has been regarded as a symptom of "hypochondriacal" and sluggish schizophrenia [9-12]. The over diagnosis of the latter entity in Russia has been discussed previously [3]. It is known that some forms of adolescence turmoil may lead clinicians to diagnose a serious condition to be confronted one day with a completely recovered patient; although, admittedly, severe disorders in adolescence usually do not disappear with time [13]. The patient was prescribed a phenothiazine drug and trihexyphenidyl (known in Russia as Cyclodol). There was no proper control of the drug intake. The patient brought Cyclodol tablets to school and offered to classmates with the comment that it was a narcotic drug. Curious teenagers took it during lessons, which remained unnoticed by teachers. One of the boys suffered trihexyphenidyl intoxication with a delirium-like state.

The patient was registered at the psycho-neurological dispensary (care unit), exempted from military service, denied a driver's license and directed to a specialized educational institution, where he acquired a profession of floriculturist. After that he worked in green spaces of the city. A short time later, following advice of his friends, among who were medics, the patient switched to car repair work, completed an evening technical education, got married, and reduced his alcohol consumption [14]. The patient suffered from stigma all his life: registration at the psycho-neurological dispensary was known by surrounding persons, impaired his relationships and employment possibilities. Apparently, this contributed to his alcohol abuse.

Case 2

A student (hereafter patient) was expelled for poor academic performance from a university in one of the Soviet republics and conscripted to the army. During the first month of his service, the patient encountered conflicts and appealed to relatives to help him be recognized as unfit for military service. Some of his relatives

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were physicians and others belonged to the military establishment. Soon the patient was dismissed from the army and registered at the psycho-neurological dispensary with a diagnosis of psychasthenia. No antipsychotics were prescribed. This case is an example of aggravation. In the author's opinion, the patient suffered from obsessive-compulsive disorder, which is illustrated by his further biography. The patient married a Moscow resident, pregnant at that time, who was 13 years older than him with a 7-year-old son. Sexual coercion with contraception sabotage was at the beginning of this relationship; more details are in [15]. Under the conditions of the Soviet registration system, aimed to counteract a mass migration to the capital, real and fictive marriages were often used to obtain a residence permit (propiska) in Moscow. Now as before, the registration and accommodation remain strong motives especially for large cities attracting immigrants. During later years, the patient physically abused the child and (less often) his wife. At the age of 14, the boy ran away and lived with his father's new family. Apparently, violence was the patient's obsessive behavior. Obsessions of aggression including intimate partner violence have been reported in studies on obsessive-compulsive disorder [16-21]. The patient trustworthily claimed that he regretted the violence but was unable to control himself. However, at conflicts with other persons, he restrained himself, which indicates imputability and neurotic nature of his violent attacks. The ethnic factor might have played a role: the child was ethnic Russian and sometimes emphasized this, which could cause hostility in the patient. Of note, having migrated to Moscow, the patient got rid of the registration with the psycho-neurological dispensary and obtained a driver's license.

Case 3

During his medical education (1982/83 academic year) the author attended lectures on psychiatry. The lectures were on a high level; there was a single incongruity related to the topic of this article. The lecture included deviant sexual behavior. A young "transsexual" from one of the Soviet republics was displayed, a strong and corpulent young man. The author, who did military service in 1975-1977 with many soldiers from different parts of the former Soviet Union (fSU), suspected that the patient was not transgender but a malingerer who did not want to serve in the army. The patient vaguely talked about his desire to be a woman and seemed to feel ashamed. In this regard, the author's memoirs about military service are of interest. Once he was hospitalized in the medical unit for acute tracheobronchitis. There were two military and one civilian doctor in the unit, who examined him and prescribed treatment. Other patients in the ward were seemingly healthy soldiers from different Soviet republics. Doctors did not approach them. The "patients" played Nard (table's game) all day long. The author was discharged after five days but the "patients" remained in the medical unit. The explanation came later: money transfers from their homelands, as well as e.g. for appointments as cooks.

Case 4

A son of retired general awarded himself a next rank every time he acquired acute, most probably gonococcal urethritis. In this way he became a "generalissimo", illustrating irresponsibility - the patient was proud of his "career". He was one of the informal leaders of a company that, apart from selling to foreigners icons and coins (fartsovka: https://en.wikipedia.org/wiki/Fartsovka), involved adolescents in the binge drinking and teenage girls into sexual contacts e.g. with participants of international exhibitions in Moscow and foreign truck drivers. Individuals infected with *N. gonorrheae* and other sexually transmitted infections (STI) avoided the dermato-venereological dispensaries, where the treatment was lengthy and unpleasant, and treated themselves with antibiotics [22]. Intramuscular injections of Hexestrol (known in Russia as Synoestrol) oil solution were used to induce abortions - a well-known method of self-induced abortions in fSU [23]. The case was reported to the authorities; the informer made no secret of that, later he underwent assault and battery. It is known that some sons of higher officers were prone to promiscuity regarded as manly behavior. Of note, the patient was exempted from conscription for a reason unknown to us.

Case 5

Anatomy is a difficult subject in a good medical school; many students had difficulties with tests and exams. Some female students were proposed tuition in privacy. As discussed previously, in the midst of this activity was a deputy dean [24]. Sexual harassment by lecturers and university officials is a known problem, while some universities do not recognize the problem and tend to remain silent, thus indirectly supporting perpetrators [25,26]. Note that professors have responsibility to be allies of women affected by sexual misconduct [27]. Later on, when the author started his career as a lecturer, he participated in agricultural works with students. Medical students were compulsorily sent to collective farms during semesters to harvest potatoes. In Moscow Medical Academy it usually occurred at the third academic year. The agricultural works lasted up to 2 months (September-October), in 1984 even longer. The "commander" of the agricultural brigade was a son of a first-generation military surgeon, a high-positioned functionary, known among others as the Halsted mastectomy was presented in his textbooks, republished in the 21st century, as a single surgical modality for breast cancer [28]. The son was prone to alcohol consumption during the agricultural works. Once the author of this report came with some duty to the commander's room late in the evening and saw him together with the above-mentioned deputy dean and two female students. The dean came to inspect the agricultural brigade. Until recently, he had been professor of normal anatomy. Alcohol was abundantly consumed; there were relationships between certain lecturers and students, sometimes amounting to seduction with the indirect use of authority or the lecturer's image. Besides, officers from a nearby military unit and local functionaries visited the agricultural brigade, where many students were females, and consumed alcohol with the above-mentioned commander. Admittedly, many students and lecturers behaved appropriately, having nothing in common with the topics under discussion.

Discussion

The literature on malingering of mental disorders is abundant; here are presented some notable points. Malingering is a willful falsification or profound exaggeration of an illness to gain external benefits such as avoiding work or responsibility, criminal prosecution or military service, seeking attention, drugs, etc. Reasons of malingering can be better understood by examining the circumstances than the psychological makeup. Malingering is not a

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psychiatric illness according to DSM-5 albeit it is associated with anti-social and histrionic personality disorders [29]. However, it should be considered that malingering can mask a significant psychiatric disorder [30]. The individuals are often evasive and uncooperative, show poor compliance with treatment. The presence of secondary gain is a differential point between malingering and factitious disorder. Malingerers consciously lie about their condition to get the benefit, and upon achieving it, they usually stop complaining. Malingerers have difficulty in sustaining feigned symptoms over prolonged periods. When out of sight, there is often a falling away of simulative behavior. Psychological testing can contribute to the diagnosis of malingering e.g. incorrect answers to easy questions besides correct answers to difficult ones [29-31].

The Cases 1 and 2 describe exaggeration of existing abnormalities (milder in Case 1) to avoid military service. The individual with a low social status (Case 1) was diagnosed with sluggish schizophrenia, remained registered with the psycho-neurological dispensary and stigmatized. The violent psychopath and child abuser with connections in the military establishment (Case 2) was diagnosed with psychasthenia and got rid of the stigmatizing registration after relocation. On the contrary to Case 1, no antipsychotics were prescribed and the patient was permitted to obtain a driver's license. The entity of psychasthenia has been vaguely delineated in the Russian literature, described symptoms partly overlapping with the overused concept of sluggish schizophrenia [32,33]. The latter diagnosis entailed more stigma, exclusion from many forms of skilled and professional work as well as other social consequences. As shown by Cases 1 and 2, the use of diagnostic entities sometimes depended on the social status of patients.

Psychopathologic phenomena typical for neuroses and personality disorders, non-delusional hypochondria, unusual interests and eccentricity were presented by the Soviet and some post-Soviet literature as symptoms of schizophrenia [3,9,34-38]. The existence of non-symptomatic, covert or latent disease was postulated [38-40]. Antipsychotics were recommended for all forms of schizophrenia, including the sluggish variety and "increasing shizoidization" [37,41-43]. Smulevich recommended an early start of the therapy at the prodromal stage [37], whereas the diagnosis may be questionable. This approach sometimes resulted in overtreatment and recreational use of psychotropics (Case 1). Sluggish schizophrenia was reportedly the most common form of the disease [41,44,45]. In the recent Russian literature, schizotypal personality disorder has been presented as a synonym of sluggish schizophrenia with in an attempt to adjust it to international classifications [46]. Schizophrenia has been regarded as a lifelong disease, persisting despite remissions [47]. Therefore, patients usually remained registered with psycho-neurological dispensaries lifelong. The procedure of cancellation of the registration was rare and often unsuccessful [48]. The fact of registration and exemption from military service because of mental disease has been a stigma for both patients and their families.

Cases 2, 4 and 5 illustrate another socio-historical aspect. It is known that the former communist party Numenklatura https://en.wikipedia.org/wiki/Nomenklatura was the ruling class that included also higher officers of the army [49,50]. Since the 1980s the Numenklatura and their relatives actively participated in the economic reforms having privatized the state property. Formally, the Nomenklatura doesn't exist in Russia since the early 1990s. As for the military elite, it has always been influential in fSU, gaining additional power thanks to current conflicts [51]. This has several implications. Some sons of higher officers, former or actual military functionaries have enjoyed far-reaching impunity in the Soviet and post-Soviet society, becoming involved in immoral and illegal activities, sexual coercion, etc. The latter has been regarded as a kind of manly behavior. High social positions held by perpetrators or their relatives often prevented reporting [52]. The contraceptive sabotage i.e. reproductive coercion, often by negligence under the impact of alcohol, was not uncommon [15]. The abortion rate in fSU was the world highest [53]. Admittedly, this aspect is largely overshadowed today by migration-related problems [51]. As exemplified by the Case 2, the sexual and reproductive coercion are used for the purpose of migration, to cement a relationship or marriage, obtain a residence permit and lodging, or to spread a certain genotype sometimes with geopolitical motives. In some parts of the Russian Federation, European and other countries, ethnic minorities tend to become majorities; but this is beyond the scope of this article. Various methods are applied: persuasion and seduction, alcohol and drugs, sexual and reproductive coercion, intimidation and violence. Women should be aware of these tactics.

Since the 1980s, numerous former party and military functionaries, their relatives and protégés, have been introduced into educational, scientific and medical institutions. They applied "manliness" as a tool of social competence, which has been indirectly used also for stigmatization of intelligentsia [54]. Being not accustomed to hard and meticulous work, some of them have been involved in professional misconduct of different kind [55]. The image of "true men", propagandized in Russia, is manly indeed, but gregarious and not independent. The men of this kind know who are above them and who are below them, forming a hierarchy. They do not get used to think and act independently, which is one of the reasons why suboptimal practices are tolerated. Among mechanisms contributing to the persistence of suboptimal and outdated methods in medicine has been the lack of professional autonomy [56], autocratic or military managerial style discouraging criticism and impartial polemics. Other attributes of this style are the paternalistic approach to patients, insufficient adherence to the principle of informed consent, bossy management, rudeness, threats and harassment of colleagues if they do not follow instructions or not collaborate e.g. in dubious publications [55,57]. Suboptimal practices have been used as per instructions and leading experts' publications; numerous examples have been discussed previously [58]. To name but a few: the overuse of Halsted and Patey mastectomy with excision of pectoral muscles, electrocoagulation of cervical ectropions without cyto- or histological check for precancerous changes, parabulbar injections of placebos, extensive gastric resections for peptic ulcers, thoracic and abdominal surgery for bronchial asthma and diabetes mellitus [58], overuse of surgery in tuberculosis [59], excessive tooth preparations during dental checkups at schools without asking for consent [60], mass bronchoscopy in conscripts with supposed pneumonia e.g. 1478 procedures in 977 patients 19,5 ± 0,1 years old [61,62]. Some invasive methods with questionable indications were introduced or advocated by first generation military surgeons

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(Babichev, Bogush, Kovanov, Kuzin, Meshalkin, Yudin) [28,63-69]. The personnel training could have been one of the motives to overuse invasive procedures. Note that military and medical ethics are not the same. The comparatively short life expectancy in Russia is a strategic advantage as it necessitates less healthcare investments and pensions. Actually, Russia needs international help in the matter of healthcare. In view of the current conflicts, the cooperation in many areas has been discontinued. Obstacles to the import of medical products, coupled with increasing influence by the military, may have adverse consequences for the healthcare. Domestic products are promoted despite often lower quality and possible counterfeiting [70]. Military functionaries, their relatives and protégées, occupying many leading positions at universities, academies, healthcare and other authorities, will probably become more dominant due to the current conflict in the Ukraine. Those participating in the conflict, factually or on paper, will obtain the war veteran status and hence privileges over fellow-citizens. At the same time, many young relatives of higher officers evaded the mandatory military service under various pretexts.

Conclusion

There are many positions in the modern army, where citizens with moderate mental deviations can serve. Reportedly, soldiers with neuroses benefitted from military service [71]. It may be assumed that individuals with substance abuse and certain personality disorders could be favorably influenced by the military ambiance in terms of milieu therapy. This may become a topic of future research. Evasion from the military service by means of malingering, aggravation or other deceit is a criminal act under the Article 339 of the Criminal Code of Russian Federation. Malingerers, military bureaucrats and medics condoning them should be approached in accordance with the law, official instructions and military regulations. Of note, health professionals may have to give evidence in court while their testimony is a critical element of proof in many cases [72]. This pertains also to cases concerning fitness for military service, whereas integrity and impartiality of experts are essential. It should be stressed in conclusion that malingering and aggravation are unacceptable forms of behavior for servicemen [73], which also applies to conscripts.

References

1. Bukharov VG, Syomin IR (2012) The comparative clinical characteristic of recruits with frustration of the person (on materials stationary military-psychiatric examination). Bull Siberian Med 11: 142-145.
2. Govorin NV, Sakharov AV, Stupina OP, Kichigina IV, Baldanov AM. Mental pathology in persons of call-up age contingent in trans-baikal territory (according to results of the autumn call-up of 2009). Siberian Herald of Psychiatr Addict Psychiatr 61: 38-40.
3. Jargin SV (2011) Some aspects of psychiatry in Russia. Int J Cult Ment Health 4: 116-120.
4. Simon AE, Borgwardt S, Lang UE, Roth B (2014) Cenesthopathy in adolescence: an appraisal of diagnostic overlaps along the anxiety-hypochondriasis-psychosis spectrum. Compr Psychiatry 55: 1122-1129.
5. Graux J, Lemoine M, Gaillard P, Camus V (2011) Les cénesthopathies : un trouble des émotions d'arrière plan. Regards croisés des sciences cognitives et de la phénoménologie. Encephale 37: 361-370.
6. Jenkins G, Röhricht F (2007) From cenesthesias to cenesthopathic schizophrenia: a historical and phenomenological review. Psychopathology 40: 361-368.
7. Basov AM (1980) Clinical independence of cenestopathic schizophrenia. Zh Nevropatol Psikhiatr im S S Korsakova 80: 586-592.
8. Smulevich AB (1980) Independence of the slowly progressive form of schizophrenia. Zh Nevropatol Psikhiatr im S S Korsakova 80: 1171-1179.
9. Volel BA (2010) Slow-progressive hypochondric schizophrenia. Psikhiatriia - Psychiatry 43: 17-25.
10. Guteneva TS (1980) Clinical aspects of schizophrenia with cenesthesiopathic disorders. Zh Nevropatol Psikhiatr im S S Korsakova 80: 74-78.
11. Vilenskii OG, Kolomiichenko LN (1983) Clinical features and work capacity of patients with sluggish schizophrenia and a hypochondriacal syndrome. Zh Nevropatol Psikhiatr im S S Korsakova 83: 728-732.
12. Eglitis IR (1977) Cenesthopathies. Riga: Zinatne.
13. Nicholi AM Jr. (1999) The Harvard guide to psychiatry. 3rd ed. Cambridge (Mass.): Harvard University Press.
14. Jargin SV (2009) Overdiagnosis of schizophrenia: A view from Russia. Asian J Psychiatr 2: 119.
15. Jargin SV (2018) Alcohol abuse, reproductive coercion and intimate partner violence: Case reports and mini-review. J Clin Med Case Reports 5: 1-5.
16. Booth BD, Friedman SH, Curry S, Ward H, Stewart SE (2014) Obsessions of child murder: underrecognized manifestations of obsessive-compulsive disorder. J Am Acad Psychiatry Law 42: 66-74.
17. Girasek H, Nagy VA, Fekete S, Ungvari GS, Gazdag G (2022) Prevalence and correlates of aggressive behavior in psychiatric inpatient populations. World J Psychiatry 12: 1-23.
18. van Oudheusden LJB, van de Schoot R, Hoogendoorn A, van Oppen P, Kaarsemaker M, et al. (2020) Classification of comorbidity in obsessive-compulsive disorder: A latent class analysis. Brain Behav 10: e01641.
19. Corral C, Calvete E (2014) Early maladaptive schemas and personality disorder traits in perpetrators of intimate partner violence. Span J Psychol 17: E1.
20. Pulay AJ, Dawson DA, Hasin DS, Goldstein RB, Ruan WJ, et al. (2008) Violent behavior and DSM-IV psychiatric disorders: results from the national epidemiologic survey on alcohol and related conditions. J Clin Psychiatry 69: 12-22.
21. Fernández-Montalvo J, Echeburúa E (2008) Trastornos de personalidad y psicopatía en hombres condenados por violencia grave contra la pareja. Psicothema 20: 193-198.
22. Jargin SV (2012) About the treatment of gonorrhea in the former Soviet Union. Dermatol Pract Concept 2: 12.
23. Muzhanovskii EB, Fartushnyi AF, Sukhin AP, Sadov AI (1992) The detection of abortion agents in biological material. Sud Med Ekspert 35: 24-28.
24. Jargin SV (2018) Alcohol consumption, sexual and reproductive coercion: case series and mini-review. J Addict Behav Ther 2: 2.
25. Rautio A, Sunnari V, Nuutinen M, Laitala M (2005) Mistreatment of university students most common during medical studies. BMC Med Educ 5: 36.
26. Valls R, Puigvert L, Melgar P, Garcia-Yeste C (2016) Breaking the silence at Spanish universities: Findings from the first study of violence against women on campuses in Spain. Violence Against Women 22: 1519-1539.
27. Wood B (2015) Zero tolerance. Period. Science 350: 487.
28. Kovanov VV, Perelman MI (2001) Operations on the chest and thoracic cavity organs. In: Kovanov VV (Ed) Operative surgery and topographic anatomy. Moscow: Meditsina; 297-321.
29. Alozai UU, McPherson PK (2022) Malingering. Treasure Island (FL): StatPearls.
30. Curran WJ, McGarry AL, Shah SA (1986) Forensic psychiatry and psychology: Perspectives and standards for interdisciplinary practice. Philadelphia: Davis.
31. Cassano A, Grattagliano I (2019) Lying in the medicolegal field: Malingering and psychodiagnostic assessment. Clin Ter 170: e134-e141.

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32. Kanareikin KF (1993) Psychasthenia - clinical variations of psychopathy. Klin Med (Mosk) 71: 3-6.
33. Akkerman VI (1962) The Pavlovian concept of psychasthenia and schizophrenia. Zh Nevropatol Psikhiatr im S S Korsakova 62: 565-572.
34. Avedisova AS (1982) Onset of slowly progressive hypochondriacal schizophrenia. Zh Nevropatol Psikhiatr Im S S Korsakova 82: 91-97.
35. Golik AN (1991) Clinical aspects and differential diagnosis of psychopathic disorders in adolescents with schizophrenia. Zh Nevropatol Psikhiatr Im S S Korsakova 91: 107-111.
36. Kalinina MA (1991) Clinical characteristics and typology of the obsessive-compulsive disorder in slowly-progressing recurrent schizophrenia with the onset in childhood and adolescence. Zh Nevropatol Psikhiatr Im S S Korsakova 91: 104-107.
37. Smulevich AB (2000) Treatment of sluggish schizophrenia. Psikhiatriia - Psychiatry 2: 134-138.
38. Smulevich AB (1989) Sluggish schizophrenia in the modern classification of mental illness. Schizophr Bull 15: 533-539.
39. Il'ina NA (2006) Schizophrenic reactions: a history of the conception. Zh Nevrol Psikhiatr im S S Korsakova 106: 72-89.
40. Molchanova EK (1972) Age-related dynamics of outpatient forms of schizophrenia (on the age-related dynamics of so-called latent schizophrenia in light of late catamneses in senescence). Zh Nevropatol Psikhiatr im S S Korsakova 78: 94-99.
41. Korkina MV, Lakosina ND, Lichko AE, Sergeev II (2004) Psychiatry. Moscow: Medpress-inform.
42. Tiganov AS, Snezhnevsky AV, Orlovskaya DD (1999) Handbook of psychiatry. Moscow: Meditsina.
43. Lichko AE (1995) Schizophrenia. In: Korkina MV, Lakosina ND, Lichko AE (eds.) Psychiatry. Moscow: Meditsina; 374-403.
44. Polishchuk IuI (2001) Is a clinical nosologic direction in the Russian psychiatry completely exhausted itself ? Zh Nevropatol Psikhiatr im S S Korsakova 101: 69-71.
45. Snezhnevsky AV (1986) Schizophrenia. Large Medical Encyclopedia 27: 411-431. Moscow: Soviet Encyclopedia.
46. Orudzhev NIa, Danilov DS (2010) Modern differential diagnostic methods of sluggish schizophrenia. Academic Journal of West Siberia 4: 18-19.
47. Holland J, Shakhmatova-Pavlova IV (1977) Concept and classification of schizophreniain the Soviet Union. Schizophr Bull 3: 277-287.
48. Birley J (2002) Political abuse of psychiatry in the Soviet Union and China: A rough guide for bystanders. J Am Acad Psychiatry Law 30: 145-147.
49. Djilas M (1968) The new class: An analysis of the communist system. New York: Praeger.
50. Voslensky MS (1984) Nomenklatura: the Soviet ruling class. New York: Doubleday.
51. Jargin SV (2022) Overpopulation and international conflicts: an update. J Environ Stud 8: 1-5.
52. Renzetti CM, Edleson JL, Bergen RK (2012) Companion reader on violence against women. Los Angeles: Sage.
53. Popov AA, Visser AP, Ketting E (1993) Contraceptive knowledge, attitudes, and practice in Russia during the 1980s. Stud Fam Plann 24: 227-235.
54. Jargin SV (2013) Some aspects of medical education in Russia. Am J Med Stud 1: 4-7.
55. Jargin SV (2020) Misconduct in medical research and practice. Hauppauge, NY: Nova Science Publishers.
56. Danishevski K, McKee M, Balabanova D (2009) Variations in obstetric practice in Russia: a story of professional autonomy, isolation and limited evidence. Int J Health Plann Manage 24: 161-171.
57. Jargin SV (2017) A scientific misconduct and related topics: a letter from Russia. Am J Exp Clin Res 4: 197-201.
58. Jargin SV(2017) Invasive procedures with questionable indications used in Russia: recent history. J Surgery 5: 1-8.
59. Jargin SV (2021) Surgical and endoscopic treatment of pulmonary tuberculosis: A report from Russia. Hamdan Med J 14: 154-162.
60. Jargin SV (2022) Dentistry in Russia: Past and Presence. J Oral Biol 8: 1-6.
61. Ismagilov NM (2009) Complicated community-acquired pneumonia in young people from organized groups: clinical and morphological picture, diagnosis and treatment. Dissertation. Samara: Military Medical Institute.
62. Kazantsev VA (2004) The use of bronchological sanation for treatment of community-acquired pneumonia. In: Abstract book. 3rd Congress of European region. International Union against Tuberculosis and Lung diseases (IUATLD). 14th National Congress of Lung diseases; 2004 June 22-26. Moscow; 361.
63. Iudin SS (1991) Essays on gastric surgery. Khirurgiia (Mosk) 7: 159-166.
64. Kuzin MI, Chistova MA (1995) The stomach and duodenum. In: Kuzin MA (Ed.) Surgical Diseases. Moscow: Meditsina; 337-407.
65. Babichev SI, Kharlampovich SI, Tarasova LB, Smakov GM, Savchenko ZI (1985) Partial denervation of the lungs in bronchial asthma. Khirurgiia (Mosk) 4: 31-35.
66. Babichev SI, Smakov GM, Savchenko ZI, Tarasova LB (1988) Indications and contraindications for the surgical treatment of bronchial asthma. Moscow: Health Ministry of RSFSR.
67. Smakov GM (1990) Complications of surgical treatment of patients with bronchial asthma. Khirurgiia (Mosk) 2: 124-127.
68. Meshalkin EN, Al'perin LIa, Lishke AA (1975) Partial denervation of the pulmonary hilus as one of the methods of surgical treatment of bronchial asthma. Grudn Khir 1: 109-111.
69. Meshalkin EN (1968) 1st attempts of surgical treatment of bronchial asthma by the pulmonary autotransplantation method. G Ital Mal Torace 22: 15-22.
70. Jargin SV (2008) Barriers to importation of medical products in Russia. Lancet 372: 1732.
71. Vertgeim IA (1960) Experience in the treatment of neuroses in military sectors. Voen Med Zh 4: 51-54.
72. Franjić S (2018) Psychiatry practice today. Clinical Research in Psychology 1: 1-6.
73. Ermolova EO, Shamshikova OA (2021) The relationship of neuropsychic stability and propensity to deviant behavior in contract military servicemen. Psychopedagogy in Law Enforcement 87: 404-415.