



## Review Article

### Soviet Repressive Psychiatry: The Latvia's Case 1940-1980ies

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#### Abstract

The norm, which states that a person with a mental illness is not responsible in front of the law, has grown from the experience of the development of society and expressed the ideals of humanism. However, at the same time, this norm has exposed the possibility of malicious manipulation: if some people simulate mental illness and thus try to avoid a statutory punishment, others have found in it a means to resolve their property relations in matters of inheritance. But especially scary scales of such manipulations are obtained then if they become a method of public authority to counter critics and opponents of the current political regime. A vivid testimony to those was lawsuits of political offenses in the USSR in the second half of the 20<sup>th</sup> century, in which the role of expert psychiatrists in the literature got a new denotation- "repressive psychiatry". The task of this study is to trace and evaluate the participation of expert psychiatrists in the investigation and prosecution in the second half of the 20<sup>th</sup> century in the Latvian SSR, trying to find out how far these experts were guided by professional principles and how far - by political settings.

**Keywords:** Latvian SSR; Repressive Psychiatry; Sluggish Schizophrenia; Special or Prison-Type Psychiatric Hospital

#### Introduction

The first politically motivated cases of psychiatric practice in the USSR were already in the early 1920's, and the best-known example was the repressions of a new Soviet power against the leader of the Party of Left Socialist-Revolutionaries Maria Spiridonova. In the middle of the 20<sup>th</sup> century these repressions gained wider scales when, first in Kazan in 1939, and then in 1951 in Leningrad (now Saint Petersburg) two first special or prison-type psychiatric hospitals were established. After the death of Stalin in 1953 the practice of repressive psychiatry was sharply limited, and in the mid-1950's the first speeches was made against to use psychiatry in the political interest: in 1956 a former patient of Leningrad prison-type psychiatric hospital Sergey Pisarev wrote a letter to Party Control Committee at the Central Committee of the Communist Party of the Soviet Union, in which, referring to the his own experience, criticized the activities of prison-type psychiatric hospitals in the USSR. The return to the practice of repressive use of psychiatry took place at the beginning of the 1960's, when Nikita Khrushchev had voiced that only mentally ill people could speak against the socialist system. Immediately thereafter, in 1961, a new wave of forensic psychiatric investigations followed, and the establishment of special psychiatric hospitals (SPH) continued:

in 1961 was established Sychovka hospital (Smolensk Oblast), in 1965 - Chernyakhovsk SPH, in 1966 - Minsk SPH, in 1968 - Dnipropetrovsk SPH. However, the biggest upswing of the repressive psychiatric practice in the USSR was experienced with the arrival of Yuri Andropov in the post of Chairman of the USSR KGB (Committee for State Security) in May 1967.

Immediately after the introduction of Y. Andropov into the office as a priority of the operation of state security organs became the fight against so called ideological diversions, or in other words, the curtailment of any "otherwise-minded" manifestations. In limiting these "otherwise-minded" manifestations one of the most effective means was found in the use of psychiatry. After August 31, 1967, when Y. Andropov signed the report to the party's Central Committee on growing number of mentally ill persons and the threats posed by them, and the insufficient number of special psychiatric hospitals (at that time there were six), the number of such hospitals increased rapidly (in 1988, when the USSR repressive psychiatric system was eliminated, there were already sixteen special or prison-type psychiatric hospitals). The repressive use of psychiatry especially active started after the dissident's trials in 1968-1969. These processes compromised the Soviet judicial system and attracted widespread international attention; in order to avoid this, the authorities tried to maximize the recognition of dissidents as mentally ill persons. Following the proposal of Y. Andropov addressed to the party's Central

Committee on April 29, 1969, doctors were instructed to compile a list of diseases, the diagnosis of which would allow to recognize the accused as incapacitated and to send him to special psychiatric hospital [1]. As the most popular psychiatric diagnosis in the late 1960s, replacing the diagnosis "paranoid personality development" used in N. Khrushchev time, become "sluggish schizophrenia" developed by academician Andrei Snezhnevsky. According to the theory of this diagnosis, schizophrenia can develop very slowly and without visible symptoms, which made this diagnosis very suitable for the needs of the KGB [2,3]. The repressive nature of the Soviet psychiatric system became vividly revealed in the late 1980's, when the principles of accounting to psychiatric patients were changed - immediately afterwards, only one in 1988, 734 thousand people were removed from the psychiatric register of the USSR.

As one of the USSR republics, Latvia also entered in the space of Soviet "repressive psychiatry" in the 1940's, however, in comparison with the experience of others Soviet republics, the practice of repressive use of psychiatry in Latvia was more moderate and less harsh. For illustration can be mentioned only the fact that in Latvia, like in Lithuania and Estonia, none special or prison-type psychiatric hospital was established. The main explanation for this, most likely, was to be found in the recent experience of Latvia as an independent state, on the backdrop of which a sharp rising of the number of people with mental illness - and many of them had relatives and friends, who after the war lived at the West - could summon undesirable comparisons and conclusions.

## Sources and Literature

By the comparative "moderation" of repressive psychiatric manifestations, at least in part, can be explained the fact that there is little information about the forms and methods of repressive psychiatry in the Latvian SSR. If in Russia the dissident movement through western publishing houses and local dissident editions began to inform the world community about the use of psychiatry in the USSR in the political interest since 1965, and over the time the list of literature devoted to this theme may show both the memoirs of former patients of repressive psychiatry [2] and the descriptions of the history and development of the Soviet repressive psychiatric system [4,5], then about the repressive psychiatric practice in the Latvian SSR such descriptions and reminiscences, unfortunately, are few. More widely known was the case of the former chairman of the Kraslava district kolkhoz (collective farm) "New Guard" Ivan Yakhimovich, arrested in 1969: his case is being mentioned in study, describing the passive resistance in the Latvian SSR [6], and in 1991 a description devoted to I. Yakhimovich's case was published by the magazine "Daugava" [7]. However, there is no comprehensive study on this subject.

The given research is the attempt to look at several cases of a number of forensic psychiatric examinations in which persons were

admitted as mentally ill. The central matter of the research is the order of implementation of psychiatric expertise: the examination procedure, its motivation, content and the results of the medical treatment recommended by the expert opinion. The research is based on materials of the criminal cases of former Latvian SSR KGB that are stored in Latvian State Archive of the Latvian National Archive (LNA LSA, Foundation 1986). In total, eighteen cases are analyzed here. In more than half - ten out of eighteen - cases the accusations were made about anti-Soviet agitation and propaganda, what in practice in most cases meant the distribution of anti-Soviet letters or leaflets.

## Development of Forensic Psychiatric Expertise Institute in the Latvian SSR

The formation of the forensic psychiatric expertise institute in the Latvian SSR occurred at the end of the 1940's when two leading psychiatric institutions were founded: in September 1945, a Republican psychiatric hospital was organized in Riga, and in April 1948 also the Republican psychiatric dispenser in Riga started work. Initially, in the late 1940's, only outpatient forensic psychiatric examinations were carried out in Latvia, in which physicians of the psychiatric dispenser participated as experts. The stationary expertise's at that time, if necessary, were implemented at the Central Institute for Forensic Psychiatry named after Professor Serbsky in Moscow.

The first acts of forensic psychiatric examination were relatively short - from the one till three pages. And already from the beginning, in the first acts of forensic psychiatric examinations the imperial nature of the institution of forensic psychiatric examination becomes clear: the Russian language is dominated for the implementation of forensic psychiatric examination, that, in cases where the native language of a surveyed person was Latvian and he did not manage the Russian language, undoubtedly influenced the behaviour of the person subject to the expert examination (especially this was attributable to stationary expertise at the Serbsky Institute in Moscow).

1950s-1960s is the time when the formal procedure for forensic psychiatric examination is chiselled. By the appearance of the first Soviet specialists trained at local higher education institutions in Latvia, there are starting to be implemented also stationary forensic psychiatric examinations. Expertise acts do not exceed 2-3 pages, the psychological state of the surveyed persons is practically in all cases determined already in the first examination, there are no complaints or questions from the surveyed persons or their lawyers for the expert judgment - in other words, forensic psychiatry works as a conveyor. In the circumstances of a planned economy, the work of the institute of forensic psychiatric expertise also acquires the planning features, and in the annual reports of the Republican psychiatric dispenser there appears an indication of the

number of expertise's carried out in relation to the previous year.

The turning point in the operation of the institute of forensic psychiatric expertise in the Latvian SSR became the end of the 1960s, when two criminal cases which attracted the massive public attention come to court. The first of these was the already mentioned case of I.Yakhimovich, and the second was the case of talented mathematician Ilya (Eliyahu) Rips. Both of these cases were reported by Western broadcasts, therefore special attention was paid to the implementation of forensic psychiatric expertise: I. Yakhimovich's stationary expertise act was written on six pages, while the I.Rips's expertise act - even on 13 pages. In addition, a representative of the Serbsky Institute in Moscow, Senior Researcher of the Institute, Margarita Talce, also participated in the I. Rips survey as a member of the expert commission. The influence of specialists of the Serbsky Institute was evident in the expert opinions: if I.Yakhimovich's examination expertise's act describes his political views as "unhealthy reformist ideas" [8] with the phrase which at that time was widely used in Moscow dissident processes -, then in the case of I.Rips Latvia finally got acquainted with the A.Snezhnevsky's diagnosis "sluggish schizophrenia" [9]. However, the big work that was carried out in the implementation of forensic psychiatric expertise was destroyed by one fact: in both cases as advocates of the defendants were eminent lawyers from Moscow - Sofiya Kalistratova and Semyon Ariya - who were not just statist at the court. They both set questions not only on the content of the charges, but also on the conclusions of forensic psychiatric examination. And this active action of the lawyers brought results: in the case of I.Rips, the lawyer's statement forced the court change the treatment regimen recommended in the expert report and, instead of a special psychiatric hospital, he entered the Republican psychiatric hospital in Riga, while in the case of I.Yakhimovich, the expert who was summoned by the court, after many speeches of the witnesses who favoured I.Yakhimovich, acknowledged that it was necessary to make another forensic psychiatric examination.

These two court cases changed the approach to the implementation of forensic psychiatric examinations. Hereafter in the course of investigating and in the court proceedings, the questions for experts and the summoning of experts to court hearings become commonplace. In 1970's-1980's the acts of expertise become more detailed - usually they had in the amount of 5-6 pages, but in Sokurenko case has even 15 pages. For the rise authority of forensic psychiatric expertise in the first half of the 1970's witnesses a new practice in expertise acts: the names of experts include not only the titles of post they occupy, but also the names of the scientific degrees, which assigned academic status to the expert's opinions.

## Motivation for Appointment of Forensic Psychiatric Expertise

The first step towards the implementation of forensic psychiatric expertise was the decision to appoint a forensic psychiatric examination. That decision was assumed by the investigator of a particular case on the basis of the relevant articles of the Criminal Procedure Code. The fact that the forensic psychiatric examination was selective, i.e. it was not determined in all cases, gives the impression that this selection was objective in nature and on a case-by-case it was based on clear and objective criteria and considerations. However, if we acquaint the real criminal cases, it may be seen that there cannot talk of a certain system of criteria of the eighteen cases examined, only seven cases of forensic psychiatric examination had clear and understandable motives: previous head injuries and organic lesions (Titov, who was accused of burning the Latvian SSR flag, for example, had suffered a brain injury in a car accident) [10], the accused's complaints of ill-feeling (in an attempt to send to the West of own literary writings the accused Roze complained about his nervous health during the investigation) [11] and the accused's long experience of using alcohol and drugs, that may referred to the accused's behaviour and memory (for example, Sasnovsky, who was charged in desecrate the Plane of Honor at the Ogre District, had been using narcotic containing medical preparations for a long time) [12].

Meantime, in most cases the motives of forensic psychiatric examination seems very subjective. In some of these cases expertise was appointed on the grounds that the accused had shown signs of mental illness during the investigation. Even if we disregard the formal aspect of this argument - the fact that such an opinion was expressed by the investigator of a case, that is, by a person without "special knowledge", but it is exactly what psychiatrists usually reproach to a critics of their work - it is clear that this is a very subjective opinion, and especially this subjectivity was evident in those cases when the accused was a religious person (Kaktins, Sprude, Valtere), about whose beliefs and religious experiences the investigator-atheist by definition not able to judged. In other cases, as the argument was oddities in the behaviour of the accused that were mentioned by relatives and witnesses, even without attempting to critically assess the obvious subjectivity of this testimony (in the Geidane's case the manner of her dressing and she's "boyish behaviour" were noted as oddities) [13], like as the efforts of relatives and friends of the accused, highlighting his behavioural oddities to protect him from a real criminal sentence (Kmit, I.Rips). The case of Muhin, who was charged with the production and distribution of leaflets against the Soviet regime, should be mentioned separately: as

justification for the appointment of forensic psychiatric expertise, the investigator referred [14] to the way of the production and distribution of leaflets (leaflets were prevalent during the daylight and the leaflet text indicated the address of the accused place of residence, what, from the investigator's point of view, apparently, were the symptoms of "illness").

## Content of Forensic Psychiatric Examination

The central stage of the forensic psychiatric expertise was the examination itself and the resulting expert report, in which, based both on the characteristics of the person biography and its somatic, neurological and psychological state, a conclusion was reached on the psychic sane of the person. The main objections in the characteristic of the person under observation cause two traits at the expert reports.

Firstly, it is proportion between the somatic and neurological state of person - factors that reflect objective parameters of the organism - and the psychological state of it, estimate of which was based on the analysis of the expressions, judgments and behaviour under expert's observation. In all the expert reports the section of objective indicators was not only very brief (for example, it was worded in one sentence in the Sprude's case and in two sentences in the Muhin's case), but also disproportionately short in relation to the characterization of the psychic state; moreover, with the exception of indications of age-related deviations, no deviations were found in these objective indicator. This means that, in determining the mental health of person, according to the expert panel, the main thing were his attitudes and beliefs, not the objectively measurable indicators, and the fact that these objective indicators were within the norm and did not show any deviation did not affect the conclusion of the expert commission in any way.

Secondly, they are subjective formulations used in the characterization of the psychological state of the person under observation. The most frequently formulations "behavioural oddities" and "crazy ideas" ("*бредовые идеи*") were mentioned as inalienable signs of mental illness. It is especially difficult to understand how and according to which criteria psychiatric experts define and recognize "crazy ideas": in the case of Kmit, for example, in the description of "crazy ideas" were his critical judgments about the system of kolkhozes in Latvia [15], in Unger's case - his complaints about damaged health as a result of treatment [16], in the case of Shunenkov - his ideas for reforming society [17].

Separate mention should be made of I.Yakhimovich's expertise act, in which psychiatry experts retired from the usual practice of avoiding political assessments and the political engagement of forensic psychiatric expertise was already clearly visible. The outpatient expertise report found that I. Yakhimovich had "a lot of gross contradictions in his political reflections" and that

he does not understand his actions as "criminal and treacherous" [18] - to which his lawyer pointed out that with political valuations expertise went beyond its competence, but criminal charges can be recognized only by the court [19].

All above mentioned allows one conclusion to be drawn: in the work of forensic psychiatric examination, determining the mental health of the person, a strong subjectivity dominated, which often gave rise to doubts as to the conclusions of the expert's reports. The same conclusion made the I. Yakhimovich's lawyer in the letter to the prosecutor's office emphasized that the description given in the expert report - not the I. Yakhimovich's objective somatic and neurological status indicators, nor the description of his psychological state - do not substantiate the conclusion of the expert opinion on the mental health of I. Yakhimovich.

But perhaps the most expressive illustration of subjectivity of forensic psychiatry was the Kmit's case. Kmit, born in 1888, was arrested on 19 April 1949 for the writing of anonymous anti-Soviet letters and their sending both to the political leaders of Latvian SSR and editorial offices of newspapers in Riga. His case investigator appointed an outpatient forensic psychiatric examination on April 29, and on May 10 the experts concluded that Kmit is mentally healthy and could be responsible in front of the law [20]. But then suddenly the desire to testify to his husband's case was made by his wife, and during the interrogation she announced to investigator that her husband had a megalomania, that he had strange dreams and ideas and that his relatives accept him as a person with psychological deviations. Immediately thereafter, the investigator of the case appointed a repeated forensic psychiatric examination that, in an expert report of 10 June, came to the opposite conclusion against its previous opinion, namely that Kmit is mentally ill and is not responsible for the offenses in which he is accused [21] Of course, as a theoretical assumption it may be possible that Kmit really became mentally incapable during this month, but the explanation was most likely to be simpler: one of Kmit's relatives was a former employee of state security organs, while another at that time worked at the Presidium of the LSSR Supreme Council. And apparently this also explains why Kmit's criminal case does not contain any indication for the implementation of psychiatric treatment applied to him.

## Specialists Involved in Forensic Psychiatric Expertise

In all of the eighteen criminal cases reviewed in the given study, the names of 27 Latvian SSR experts appear in the acts of forensic psychiatric examinations, but at here we will mention only one expert, whose biography is a vivid illustration to the entire institute of forensic psychiatric expertise. This is the chief doctor of the Republican psychiatric dispenser in Riga Olgert Kirchentall (Oļģerts Kiršentāls). He was appointed to the post by

Order of the Minister of Health of Latvian SSR on December 17, 1976 [22]. A surprise followed after the crash of the Soviet Union, when the files of the former Latvian SSR KGB became available. Then suddenly it turned out that it was exactly thirty years before he arrived at the Republican psychiatric dispenser in Riga as chief physician, in 1946 O.Kirchentall was tried as a former officer of the German intelligence and diversion group (awarded with Iron Cross 2nd Class), and on May 16, 1946, with the judgment of the Military Tribunal of the Baltic Military District, he was sentenced to a deportation for 20 years with a loss of further political rights for five years [23]. His place of deportation was Vorkuta, Komi Autonomous Soviet Socialist Republic, where he spent ten years, until 1956, when after repeated requests from relatives in the West (a father living in Norway, a mother living in the Federal Republic of Germany and a sister living in the UK early 1956 addressed letters to Nikolai Bulganin, Chairman of the Council of Ministers of the USSR) he was prematurely released. There is no reason to question the judgments in the literature that, while already in deportation, O.Kirchentall agreed to cooperate with the KGB, but in this case another interesting fact is that in 1976, when he entering the post of a chief doctor of the Republican psychiatric dispenser in Riga, in the Order of his appointment was mentioned his medical work experience - 24 years - that is, from 1952, when he was still in deportation.

In the entire context of this story, it is obvious, that a certain interests and motives stood behind to O. Kirchentall's career.

## **Deadlines for Treatment, Conditions for Treatment and Results of Treatment for People Undergoing Compulsory Treatment**

Deadlines for treatment. The duration of treatment for people subject to forced treatment varied from one year (Valtere, Putnaerglis) to six to eight years [24]. The shortest deadlines were generally based on human-health problems (Yelistarov, Valtere); similarly, shorter deadlines were also applied to "politically sensitive" cases [8,9], which, of course, was not mentioned as an argument in an expert judgment. However, it is not possible to talk about a definite and clear regularity in the deadlines of forced treatment.

Treatment regimen and place. Since there were no special or prison-type psychiatric hospital in Latvian SSR, when a person has been prescribed a special type psychiatric hospital, they were treated outside Latvia. The explanation, what considerations and which institute determined the choice of the particular treatment place does not appear in the criminal case materials of the cases examined, the Leningrad SPH (Yelistarov, Bunka, Kasyanov) was chosen more often as the treatment place, what apparently determined by the closeness of the hospital to Latvia. Less often as a place of treatment were Kazan SPH (Sprude, Valtere), Volgograd

SPH (Volkov, Lazda) and Chernyakhovsk SPH (Shunenkov).

Results of treatment. The main and most important indicator of treatment measures in the public interest is the results of treatment. The fact that the leading and academically recognized specialists of psychiatric treatment institutions participated in the work of the institute of forensic psychiatry gave reason to believe that the results of the treatment will reflect the latest achievements and practical possibilities of psychiatry of the time. However, the actual treatment results did not support this assumption.

First of all, certain doubts about the possibilities of psychiatric treatment are encouraged in cases when a person who has already been subjected to compulsory treatment and who has been released after a course of treatment is again arrested after a certain period of time for a similar offense and is again sent for forced treatment. A striking example of this was the case of Kasyanov: arrested in November 1958 in an attempt to enter the US Embassy in Moscow, he has already been arrested for similar attempts twice - in November 1950 and September 1954; both times he was recognized as mentally ill and sent for forced treatment, and in February 1957 he was released from it by a forensic psychiatric examination [24]. This Kasyanov's experience shown that the course of forced psychiatric treatment had no give expected influence on his beliefs.

However, the main surprise is the results of the compulsory treatment measures mentioned in the conclusions of the forensic psychiatric examination themselves. In none of the cases discussed here, the conclusion of forensic psychiatric examination regarding the abolition of compulsory treatment has not found that a person is mentally healthy, i.e. that the treatment has reached its medical purpose. Even more: with some exceptions, the diagnosis installed in a decision to cancel a compulsory treatment practically repeats the diagnosis established in pre-trial expertise. And then the two questions arise: what differentiated the pre-trial and post-treatment forensic expertises conclusions, and what was a treatment result that recognized by the forensic psychiatry experts themselves? The answer is in the one wording: after treatment a person was no longer socially dangerous. What did this mean in terminology of the forensic psychiatric examination? This meant that the person was no longer active (I.Rips), a person is "calm and inactive sick, who has no crazy anti-Soviet judgments" (Kaktins) or who "does not actively express crazy ideas" (Yelistarov), because he understood that his ideas are preached useless because nobody listens their (Muhin); it is a person "paranoid ideas of whom are subsided as a result of treatment" (I.Yakhimovich), who has no targeted anti-social manifestations and they cannot be systematic by growing dementia (Bunka). In other words, as a result of compulsory treatment, a person is not get rid of from the diagnosis of his illness, but also from his "crazy ideas" - he has only become (made!) apathetic and no longer express his "crazy ideas" actively.

## Conclusions

On the one hand, looking at the formal aspect of the work of the institute for forensic psychiatric expertise, several conditions - the selective nature of the appointment of an expertise, the academic composition of expert commissions and compliance with the procedural standards for the implementation of expertise - gives the impression that forensic psychiatric expertise was legally correct, objective and scientifically based procedural action. However, on the other hand, when evaluating the specific content of forensic psychiatric expertise, it is hard to talk about a clear and unified approach, and in almost all of the cases discussed here stays the feeling, that the fate of people in each individual case was determined by very subjective factors. And if this subjectivity of forensic psychiatry usually is without evidence, then in the already mentioned Kmit's case, such a diagnostic "technique" is documented.

It is precisely the lack of a united, on the rigorous scientific principles based approach that gives grounds for talking about "repressive psychiatry". And it was precisely this subjectivity that made psychiatry a great tool for repression against "otherwise-minded" people by the political power: it was no longer necessary to look for arguments to refute they critique of the regime - it was sufficient to conclude that these people were mentally ill.

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