

Was Hitler a Christian?

SIR: Philip Timms (*Journal*, April 1990, 156, 590) finds it hard to come to terms with the Christianity professed by Hitler, Mussolini, Stalin, Franco and Rudolf Hoess, Commandant of Auschwitz. He is not alone.

In 1960 Professor Jules Isaac asked "Did the Nazis spring from nothing or from the bosom of a Christian people? . . . Rudolph Hoess . . . came from a pious Catholic family and had considered taking Holy Orders." Stalin, on the other hand, did go to a theological seminary in order to become a priest of the Russian Orthodox Church. He was, unfortunately, expelled for being found in possession of political pamphlets. Furthermore, Joachim Kahl (1971) stated "Adolf Hitler . . . was a Catholic Christian who never left the Church and was never excommunicated. His book, *Mein Kampf*, was never placed on the index of prohibited books which, until recently, included all books and articles that were contradictory to Catholic teaching in matters of morals and faith. Apparently, Hitler's political aims did not contradict Catholic moral teaching in any way."

Would Dr Timms now be prepared to reconsider his ultimate sentence? The use of the word 'Christian' conforms with the dictionary definition he gives. It is not 'inaccurate' or 'misleading'. If it is "potentially offensive to both Christians and non-Christians", then I am sorry. The millions who were murdered in my childhood in Christian Europe deserve the truth to be told.

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More on double-blindness

SIR: Drs Oxtoby *et al* (*Journal*, November 1989, 155, 700–701) recently pointed out that the blindness of a double-blind trial may be broken and invalidate the result of the trial. They suggest measuring blindness and correcting for any breaks in the blindness.

We constructed a method to test if the blindness of the trial was broken, and if so, whether such a break invalidated the results of the study (Hughes &

Krahn, 1985). Interestingly, we found on four occasions that the blindness of a trial was broken but this did not invalidate the results (Hughes *et al*, 1984, 1985, 1989, 1990).

I would like to make some comments based on our experience in this area. First, in some studies the chance of receiving an active drug or placebo is not 50:50 (e.g. studies of two active doses and a placebo). In such studies that give full informed consent, patients are usually acutely aware of their increased chances of receiving an active drug and a high proportion will believe they have received this (e.g., 87% in one study; Hughes *et al*, 1990).

Second, it is very important to distinguish between breaks due to appearance, side-effects, taste, or smell of medications and those due to presence or absence of therapeutic efficacy (see Hughes *et al*, 1986). We found that if a psychoactive drug has a large effect, breaks in blindness due to efficacy are very likely (Hughes *et al*, 1984, 1989). Thus, in a way, breaks in the blindness can be a sign of therapeutic potential.

Third, although the experimenter may make a distinction between breaks due to side-effects etc. and those due to efficacy, our experience has been that patients often have difficulty doing so.

Fourth, if an assessment of blindness is taken at the end of a trial, it is impossible to say whether the break in blindness led to a change in efficacy or whether a change in efficacy led to a break in blindness (Hughes & Krahn, 1985).

Finally, it is tempting to assess blindness repeatedly throughout a trial to see whether breaks in blindness preceded or succeeded changes in ratings of efficacy or side-effects. However, the risk of this procedure is that it encourages subjects to try to break the blindness (Hughes & Krahn, 1985).

In summary, my major point is that one should not automatically conclude that a break in the blindness of a study is causally related to the discovery of side-effects and invalidates the study.

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