

The experiment was enlarged to include five more volunteers with glutamic acid used as an antagonist in some of the cases and Dilantin in others. All five persons were able to abort their spells. Prior to the human experiment, there was a research project done with rats in which ten small doses were given. These substances were then used by The LSD Rescue Group in treating the first 281 cases. Dilantin successfully removed the unpleasant effects in all cases. Because of the inconvenience in traveling we began treating with glutamic acid, since most people already have Accent® (a meat tenderizer) on their kitchen shelves. And since then, we have received over 1,000 calls and in all but four cases by this means the problem has been satisfactorily resolved.

Discussion

From our experience we conclude that drugs per se should not be the focus of the problem. Rather, we should be concerned about the problems arising among those persons who abuse

drugs because of some prior illness or some tendency to nervous or mental illness. The following definitions of drug use and abuse seem appropriate for our study:

Drug Use is the employment of a substance in such a way that it enhances one's performance, is used as an adjunct to solving problems, contributes to enjoyment — does not damage health.

Drug Abuse is the employment of a substance in such a way that it inhibits one's performance in solving problems and so becomes necessary to maintain a "normal" state of mind or feeling of well being—damages health.

The LSD Rescue Group wishes to thank Walter Alvarez, M.D., Emeritus Professor of Medicine of the Mayo Graduate School of Medicine, University of Minnesota, for his help in preparing this report.

Discussion of Comments About "How to Judge a Mental Hospital"

Humphry Osmond, M.R.C.P., D.P.M.

A brief paper appeared in this Journal last year entitled "How To Judge A Mental Hospital."¹ This slender contribution was based upon years of study and close collaboration with many architect, psychologist, psychiatrist and sociologist friends. Indeed without them it could not have been written. Such colleagues* as the late Paul Haun, the late Griffith McKerracher, Alfred Paul Bay, Kyo Izumi, Roger Bailey, John Diehl, Robert Sommer, Edward T. Hall, T. T. Paterson, Frances Cheek and many others have all enlarged my point of view and enlightened me regarding various aspects of this difficult problem.

The little article interested a number of people

concerned with psychiatric illness and one of them the President of a State Schizophrenia Foundation suggested to the Executive Director of a regional branch of the National Mental Health Association, Inc., that they might like to make use of it. The President received the letter, which is printed herewith, from that Executive Director which she then forwarded to me. I shall not identify the addresser for reasons which will become clear later.

The National Mental Health Association has been in existence for about 50 years and collects substantial sums of money

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from the public for an excellent cause. One would, however, imagine that by now it would have developed a policy about psychiatric buildings and accommodation which would be available to all its branches so that a minor functionary would not have to extemporize in such an important matter. A matter incidentally which has preoccupied the American Psychiatric Association and all other national psychiatric associations from their very beginnings.

Dear Mrs. X:

(1) I have read the brochure, "How To Judge A Mental Hospital," published by the American Schizophrenia Foundation, which you sent me, and frankly I have grave misgivings about its use. In fact, I think its distribution will do more harm than good because the unrealistic stress placed on physical surroundings will only serve to undermine the confidence of patients who must use the existing state hospital facilities.

(2) Granting that the physical environments of our state hospitals built at the turn of the century leave much to be desired, it is not the intention of informed mental health people to renovate these gothic buildings, but rather to gradually phase them out to be replaced by small, modern, community based facilities. While this transition takes place, all available monies should be devoted to improving the staffing of the existing hospitals and building the new community based facilities rather than attempting to renovate the old.

(3) To criticize the appearance, color and physical layout of an old building which in its day was considered aesthetically beautiful

completely ignores the fact that these are the buildings which are currently available and must be utilized.

(4) I take exception to several specific points made in the brochure, such as the question of whether the patient has a private room to sleep in. When, I wonder, was the author himself last in a general hospital.

(5) The matter of privacy in the bathrooms and toilet stalls is also something which must be objectively evaluated in a mental hospital setting for the depressed or suicidal patient's own safety.

(6) His point as to whether the patient's bed can be easily distinguished from all other beds completely escapes me.

(7) In summary, I must strongly disagree with Dr. Osmond's premise that "you can judge a mental hospital the same way that you can judge a hotel, restaurant or a friend's house." It just is not so because, using these criteria, there is not a mental hospital in the country, the Institute of Living included, which can measure up to these standards. To set standards which cannot possibly be satisfied in a public institution will only serve to increase the upset of any person who has read this brochure prior to his admittance into a mental hospital seeking needed help.

For these reasons, our mental health association would not consider distributing this brochure.

When psychiatry emerged as a separate medical discipline well over 200 years ago, calling itself, rather surprisingly, "The Mad Business" such men as William Battie² of St. Luke's Hospital in London, England,



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and the Tukes³, the great Quaker founders of the Retreat at York, recognized immediately that decent accommodation was of prime importance in furthering the recovery of patients. From then, down to the present day, psychiatrists like other doctors have understood that badly designed and badly run buildings (the two frequently go together) hamper treatment, prevent it from being successful and may even result in new diseases which were not there originally. To their credit, psychiatrists seemed to have recognized this rather earlier than most physicians and surgeons; but they too, somewhat more slowly, began to understand what was required.

The modern general hospital is a most intricate exercise in design aimed above everything else at preventing that cross-infection, which made many hospitals of the early 19th century so nightmarish that only the very poorest people would enter them. The problems of cross-infection and hospital gangrene, which accompanied it, weighed heavily upon doctors. In the mid-19th century James Young Simpson, the great obstetrician and discoverer of chloroform anesthesia, railed against what he called "hospitalism." By this he meant the contagion lurking in the very fabric of hospitals. To remedy this he suggested they should be made of wood and burnt down every few years to destroy this invisible danger to patients.

In the 1860's, Florence Nightingale wrote a famous letter to the *London Times* stating that Queen Victoria's young soldiers died

more frequently in the military hospital at Millbank, London, than they did serving their Queen and country on distant battlefields. It was about this time that she formulated her famous first principle of the hospital, "To Do The Sick No Harm."

Once one knows this, long background of medical concern about hospitals and the good record of psychiatry in this respect, the reply received from a functionary of a Mental Health Association is all the more strange. Oddly enough, shortly after receiving this letter an article appeared in the *New York Times* of Jan. 24, 1970, in which Ronald Aiges, an Assistant Queen's District Attorney, investigating charges of child abuse, criticized certain arrangements in a unit in the Creedmoor State Hospital where disturbed children were being treated. He noted that the children in the new building appeared to be in a quite different frame of mind from those in the older building. He referred to the contrast between the new and old facilities as "striking;" the children in the new building looking happier and behaving better. Dr. Gloria Fare-tra, the physician in charge, is reported as agreeing with him.

We must suppose that the mental health functionary who replied to the President of that State Schizophrenia Foundation had no literature available from National Headquarters for he did not forward any national policy statement to support his personal views. These views become important because there is no reason to suppose that he is the only executive director capable of making errors of this kind, and one naturally hopes that the National Mental Health Association will ensure that adequate guidelines are provided in future. To do this properly, an examination of errors already made may be helpful. I propose therefore, to examine his letter paragraph by paragraph and discuss some of the mistakes which he, in company with many others, makes.

Paragraph One: It is ironical that a paid representative of a society which has been long established and has as one of its main goals, the well-being of the mentally ill, should refer to an "unrealistic stress based on physical surroundings." Apparently he has not noticed that at long last everyone in and out of politics has begun to realize the great importance of environment upon its human inhabitants. It is even odder that a man who presumably associates with psychiatrists should not know that since the 1750's on, they have been among the most notable pioneers in providing good environments for mentally ill people.

Thomas Kirkbride,⁴ for instance, published a famous book in 1853 about the design and administration of mental hospitals. He established an extremely fertile relationship with a Pennsylvania architect, Samuel Sloane, which resulted in no less than 30 very remarkable hospitals being built in the United States and Canada.

In recent years the National Institute of Mental Health, the American Psychiatric Association, the Canadian Mental Health Association, the Government of Canada and the Governments of many states and provinces have all shown by their actions that they do not believe that the stress placed upon physical surroundings for the mentally ill is "unrealistic." It is not merely feeble, it is absurd, to say that "its criticism might undermine the confidence of patients who use the existing state hospital facilities." The patients and staff who are incarcerated in badly designed hospitals know from bitter experience the handicap they face in the battle of getting well after illness. If one reads the many published accounts (Landis⁵) in which patients have written about their illnesses, this factor comes up repeatedly.

I do not believe that the National Mental Health Association, Inc. does or could advocate

that anyone should ignore bad living conditions for patients. Indeed, I am sure they don't. Although this is clearly implied here by an uninformed representative who presumably has no guidelines to educate or restrain him.

Paragraph Two: This is the old "pie in the sky" business. If one counts the actual number of "small modern community based facilities" needed today, and then finds out just how many are planned to be built or are being built at this moment and subtracts this from the number which will be required to serve our present population, quite apart from any increases during the next 30 years, it becomes evident that even granting the correctness of the views of those anonymous "informed mental health people," the policy advocated in this letter would inflict avoidable suffering on a very large number of patients for many years to come.

Furthermore, the functionary seems unaware that it is not only the "Gothic" buildings which are very badly designed, but that the great majority of psychiatric buildings built from 1880 to 1960 are substantially worse than those which preceded them. By the mid 1950's some improvements were beginning to be made, for which much of the credit must go to the late Dr. Paul Haun, who played such a notable part in urging the Veterans Administration to improve their hospital designs.

Paragraph Three: This underscores once again his ignorance of the fact that most psychiatric buildings built during the 80 years from 1880 to 1960 and some built even later were debased versions of earlier good designs. During this period of deteriorating design, psychiatrists, much to their credit, usually deplored the mistakes that were made. It is, of course, because we must use these buildings that they have to be improved according to the knowledge which we now have available. It seems to me that one of the functions of local Mental

Health Associations should be to insist that improvements of this kind are made and made quickly. That it can be done even in the most unpromising circumstances has been shown repeatedly.

Only recently a children's unit at Grey-stone Park, N.J., was established in what seemed to be a quite hopeless building, nevertheless, by employing the principles discussed in "How To Judge A Mental Hospital," accommodation has been provided which delights staff, patients and public alike. It is not ideal but at least one can say that it does the patient much less harm than the original building did.

Paragraph Four: While the functionary was unwise to raise these specific points; because I would certainly not have included them had I not known what I was talking about, nevertheless it is valuable to have them brought forward in order to state clearly how this knowledge was derived. It came from:

1. General principles regarding the needs of psychiatric patients.
2. Observations in many hospitals conducted by myself and others.
3. Studies of the extensive literature which exists covering at least two centuries.
4. Experimental and field studies.
5. Discussions with such experts as Dr. Paul Haun, now deceased, and Dr. Alfred Paul Bay.
6. Some seven years spent as the Director of a large mental hospital.

Many patients with surgical and medical illnesses would prefer a room of their own especially if bedridden, but will often sacrifice privacy for company. Dr. William Ittelson of Brooklyn State College showed in an elegant study that patients who have rooms of their own interact with other patients more than those who share rooms. This paradoxical finding delighted

Dr. Ittelson who most kindly emphasized that against his own expectations, his findings had supported our views based on theory and clinical observation. Psychiatric patients like any other patients have a right to those particular conditions which are best for them; whether those conditions exactly resemble or differ somewhat from patients in other kinds of hospitals is quite beside the point.

Some patients in general hospitals require special apparatus such as oxygen tents; this does not mean that every patient must be placed in an oxygen tent. In a recent issue of *Fortune* magazine, which I have as yet been unable to obtain, I hear the article stated that in the most advanced general hospital design the tendency now is towards single rooms because patients apparently spend one day less in hospital when they have a room of their own. It may be that they recover more quickly because they do not have to use their very limited energies in social accommodation with other patients and can devote them solely to getting well.

Paragraph Five: This of course demonstrates the letter writer's lack of knowledge of psychiatric hospitals, and like others, hides behind that old bugbear of suicide and "objective evaluations." One wonders if those small "community based mental health facilities," in which he places so much faith, will have unprivate bathing and excreting arrangements, for if so, they will undoubtedly have many grave suicide problems.

The evidence is unequivocal that patients are less likely to attempt suicide in surroundings where their human individuality and personal dignity is protected and cherished. Many hospitals have long ago given up the distasteful mass bathing and open toilet stalls which are quite unacceptable in this particular culture.

His statement is about 20 or 30 years out-of-date. He does not seem to be

acquainted with the standards laid down by the National Institute of Mental Health's Architectural Advisors based upon careful studies such as those of the Rice University Symposium of 1966.⁶ He is also apparently unaware of hospitals such as the Yorkton Hospital and the Haverford Hospital where this kind of design has already been employed and he has not read, the GAP Report No. 46.⁷ These are merely symptoms showing that he does not have available a brief, authoritative document which would prevent him from making such blunders.

Paragraph Six: Here he writes: "His point as to whether the patient's bed can be easily distinguished from all other beds completely escapes me." The fact that it does escape him shows that he is quite unfit to comment upon my paper.

Anyone who has been in many mental hospitals knows that 15, 20, 50 sometimes 75 or even more patients have to sleep together in a single huge dormitory, a great barn-like room. Such dormitories are very damaging to people whose perceptions are disturbed. Indeed they are quite unsuited for human habitation, let alone for being the only available housing for people with the illnesses that find their way to mental hospitals. In such circumstances, the least that can be done is to make the individual beds easy to identify, using different colored bed frames, distinctive coverings and displaying the patient's name as clearly as possible.

Patients housed in these enormous wards often mistake their beds which causes distress and sometimes results in quarrels between patients of a harmful and even dangerous kind. Even the most unimaginative person must understand that to live under such conditions would be a source of grave tension, fear and worry. Indeed there are many accounts of this kind of worry from those who survived even worse conditions in concentration camps.

It is also well known that young men inducted into the armed services are frequently upset and embarrassed by having to live in barracks under much less constricted conditions than occur in many mental hospitals today. Those who have never experienced the lack of space of one's own, under one's own control, rarely consider how stressful forced sharing of a room with even one other mentally ill person, let alone several or even several dozen, must be like.

The very poorest people cherish their right to privacy. My colleague, Dr. Michael Mendelson, a distinguished neurologist and psychiatrist, tells me that he made many visits to "flop houses" (very cheap lodgings) in New York as a consultant to the Welfare Department. He found that these unlucky people always tried to obtain the tiny 6 x 3 ft. cubicles rather than sleep in the main dormitories even though they gave more space per person. A modicum of privacy meant much to these unfortunates. George Orwell noted exactly the same thing in his famous book *Down and Out in London and Paris*. It is strange and sad that we should deprive very ill people of simple amenities which many human beings value so highly. In view of the evidence available, to advocate or even tolerate such conditions is insensitive and callous.

I do not think that any Mental Health Association can condone or excuse living conditions of this kind nor should they employ as their representatives those who seem to be completely insensitive to these tragedies. Such an association should surely head the movement for a decent living environment for our patients and should recognize that there are behavioral-sinklike hospitals which would be damaging to any human being and especially damaging to psychiatric patients.

Paragraph Seven: This is a summary paragraph which is inaccurate and cowardly. It shows why it is so necessary to have

a Schizophrenia Association and its chapters. It is, of course, untrue that I use criteria which have never been attained "to set standards which cannot possibly be satisfied in a public institution" and are therefore, unattainable. Although, even were this so, it would not excuse us for insisting that our patients get proper living conditions. However, I am not such a fool as to use standards which have never been met and are not being reached anywhere today.

The fact that this functionary believes that the Institute of Living does not meet them simply shows, if he is correct, that in this particular respect this famous hospital is out-of-date and those in charge of it should examine these deficiencies and remedy them. In the Izumi buildings at Haverford State Hospital most of these specifications are met. New parts of Topeka State Hospital meet nearly all of them, and the Saskatchewan Hospital at Yorkton, Saskatchewan, does meet every one of them, although my colleague, Kyo Izumi, believes that they could still be greatly improved. New buildings at 999 Queen St., Toronto, Ontario, Canada, are being designed to these specifications. A number of New York State Buildings have also been designed to meet them.

There are undoubtedly many other buildings incorporating these standards. They are not of a kind which "cannot possibly be satisfied in a public institution." They have been met in specifiable public institutions for at least 100 years. The old building at 999 Queen St., Toronto, the wards built in 1876 (that is 94 years ago) still meets these standards in most respects. Yet in that same hospital less than 100 yards away, wards built in 1955 fail to do so. Much to its credit, the Canadian Mental Health Association has campaigned for at least 15 years for decent buildings for psychiatric patients and staff and they have met with considerable

success.

It is very depressing that branches of the National Mental Health Association which was the parent body of the Canadian Mental Health Association are even today prepared to put out such perverse misinformation on these matters. This is especially disappointing since Clifford Beers,⁸ who played such a noble part in founding the National Association for Mental Health, discussed at some length the harmful effect of an unpleasant environment in his famous book, *A Mind That Found Itself*, published in 1908. I recall that he described a horrid ward, referred to in the unpleasant hospital where he was detained, as the "bull pen." Beers would have been deeply distressed to discover that the Association which derived from his suffering had, after a few decades, become so respectable that its officials now emulate that cautious but unheroic paladin, the Duke of Plaza Toro, "who led his regiment from behind, for he found it less exciting."

The question which one has to ask is how could this famous and in many ways admirable Association have let itself get into a position where even one executive director of a region in a major city in the United States could be so insensitive towards the day to day hospital housing requirements of the mentally ill?

One has only to imagine an official of the American Hospital Association brushing aside suggestions that general hospitals were dirty, overcrowded and understaffed to an extent which made it more difficult for patients to recover and endanger their lives as "just one of those things which we must put up with." The officials of such a delinquent hospital might, perhaps, be excused for trying to defend or at least explain their wretched state. An official of the American Hospital Association could not place himself or his organization in such an invidious position. He could not suggest that criticism of hospitals whose

conditions were worse than those of 100 years ago should be muted, lest patients lose confidence in them. He would certainly take the point of view that patients, their relatives and the public in general ought not to have confidence in hospitals that were so ill-designed and badly run.

How then does an official of the Mental Health Association condone conditions in mental hospitals which have long been condemned and, in addition, go much further in this respect than many paid employees of the state concerned would be prepared to go? How can one explain this gross and melancholy error? I think it must be ascribed to a failure to employ the medical model.⁹

Unless one uses its guidelines which define clearly enough the rights and duties of sick people and the rights and duties of society towards them, it is easy enough to become very muddled. The official appears to be using the impaired model¹⁰ in a not very favorable form. Impaired people are expected to make the best use of their unfortunate state and not to complain about

8. Beers, Clifford: *A Mind that Found Itself*. New York, Longmans, Green & Co., 1908.

it or annoy others, while the sick person has a right to be treated under conditions which are likely to favor his recovery and unlikely to hinder it.

In "How To Judge A Mental Hospital" I naturally emphasized those conditions which are likely to better patients. My standards are by no means ideal but they are based upon the realistic expectation of some 20 years work in public mental hospitals.

Until Mental Health Associations produce better information of their own, laying down even higher standards than I have suggested, they might do much worse than adopt "How To Judge A Mental Hospital."

What their representatives have no right to do (presumably in default of an agreed policy) is to contend that living conditions which are likely to make patients iller, whether in public or private hospitals, should be tolerated any more than they were in Florence Nightingale's day. For then, as now, the first principle of the hospital is, "To Do The Sick No Harm."

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* Referred to on page 108

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