Letters to the Editor

U.S.S.R. and Mental Disease

I have recently returned from a study tour of health service establishments in Moscow, and would like to comment on the article "Mental Disease on the Wane" in the August *Mental Health*.

In the article Professor V. Banschikov asserted that the Soviet Union had *1·5* beds per *1,000* population for the mentally ill, and that "this covers our present needs completely". However, the number of psychiatric beds at the end of 1963 according to the official handbook of statistics, *Narodnoe Khozyaistvo*, is recorded as *196,000* and the population *226,300,000*. Using these figures, one gets a bed/population ratio of about *0·9 per 1,000*. Furthermore, the projected ratio for the 1980s is 2·5 per 1,000. (Source: *Sovietskoe Zdravookhranenie*, 1963, 8.)

The situation seems to be—clearly—that the planners of the Soviet health service consider the existing number of psychiatric beds quite inadequate. It is interesting that they plan to step up the bed/population ratio at a time when our planners are decreasing ours.

T. M. Ryan

University College of Swansea

Research on Children in Substitute Care

May we bring to the notice of your readers the review of research on *Children in Substitute Care*, on which the National Bureau for Co-operation in Child Care is at present engaged. This is a critical review of completed and ongoing research undertaken since 1948 in Western Europe, the U.S.A. and Israel.

The review is concerned basically with systematic, scientific studies, and while it is fully appreciated that research may take diverse forms, works of a simply speculative or impressionistic character are therefore excluded. Of course, valuable contributions are often made, for instance, by trained workers writing informally about their experiences. The intention is not to disregard material of this kind. Nevertheless, it remains true that the survey is concerned rather with what is, than what may be or should be.

The following five areas are to be covered: (1) adoption (including both adopted children and adoptive parents, but excluding the legal aspects); (2) foster care (where children are taken into the home of a husband and wife, or of a single adult); (3) residential care of children (excluding boarding schools, hospitals and institutions dealing primarily or exclusively with delinquent or maladjusted children); (4) administration of the social services for children, in respect of areas (1) to (3); and (5) training of staff in respect of areas (1) to (3).

We should like to hear from your readers about any research known to or conducted by themselves, or by organisations not normally concerned with research, which we might otherwise miss. I shall be happy to supply any further information on this project.

S. Gooch,
Senior Research Officer, National Bureau for Co-operation in Child Care.
1 Fitzroy Square, London, W.1.

RESEARCH and ENQUIRY

More Light On Our Psychiatric Hospitals

By **Dr. Brian Wells,** Department of Building Science, Liverpool University

THE PILKINGTON Research Unit in the University of Liverpool is a small multidisciplinary group comprising an architect, a physicist, a geographer and myself —a psychologist. Its professional interest is in the environments created within buildings and their influence on man. Our short-term aim is to analyse the main environmental components of any building type, and describe how each requirement might be measured and emphasised. But the long-term aim is to arrive at some more generalised statement about the influence of the built environment on human comfort, pleasure and efficiency. Last autumn, following on from studies of the environments in factories, offices and schools, we decided to examine in detail the environmental standards, influence, and requirements of psychiatric hospitals.

In view of our current concern with

psychiatric hospital buildings, we were naturally much interested in an article by a consultant psychiatrist entitled "The Scandal of the British Mental Hospital" published in *The Guardian* on 19th March, in which conditions in the average mental hospital were held to be worse for the patient than those for animals on our better farms. A picture of Victorian gloom and squalor was deftly drawn which presented the psychiatric hospital services in a most disturbing light. The indictment was in terms both of the buildings and the staff: our interests, naturally enough, were in the buildings and physical conditions. The article and subsequent correspondence together made us feel that a rapid preliminary enquiry might serve a useful purpose, in presenting an account of our hospitals, based on what their medical superintendents had to say about them. Accordingly, the medical superintendent or a senior consultant of every one of the 136 psychiatric hospitals in England and Wales was circulated with a copy of the original *Guardian* article and a questionnaire. At the time of writing, we have had replies from more than two-thirds of the total. The questionnaire asked for ratings of the more obvious environmental provisions such as heating, lighting, ventilation, toilets, colour schemes, etc. It also contained some more general questions, and a request for ranging comment on *The Guardian* article or any other topic not covered by specific questions.

The Victorian architecture of the hospital described by the writer in *The Guardian* is certainly the setting of most of our in-patient psychiatric care. The main parts of 89% of our respondents' hospitals, in fact, date from between 1815 and 1915; only 8% have been built since the First World War. At this point, however, the similarity would seem to cease, for the majority of medical superintendents rated the environmental conditions within their hospitals rather highly. For example, 94% rated their heating systems as very good, fairly good or adequate; 88% rated their daylighting as very good or fairly good, and a further 10% as "acceptable"; only 2% rated it as being fairly poor. The electric lighting was similarly rated, and all but a few superintendents claimed to be able to provide adequate ventilation without, at the same time, creating unpleasant draughts. The most critical replies were to the question of toilet and washing facilities, where 10% rated them as definitely inadequate. But even if those who described them as "somewhat inadequate" are added, the adverse comments are still a minority.

Two questions contained a collection of words, favourable and unfavourable, from which superintendents were asked to tick those which they felt described their own hospital. A substantial majority chose "bright" and "cheerful", and about one half chose "warm" to describe the colour schemes. The hospitals themselves were most often described as "pleasant", "comfortable", and "warm".

What, then, are we to make of the two accounts of our psychiatric hospitals given by *The Guardian*'s consultant psychiatrist and by the medical superintendents themselves? For here are two accounts almost diametrically opposed—each of which has numerous well-informed supporters to lend their weight in the correspondence columns. Assuming that both sides are drawing sincerely upon their experience, we have to look for ways in which these contrasting viewpoints can be reconciled. One possibility is that the critics are basing their argument on a small number of bad cases they happen to have seen, and in so doing have drawn an atypical sample. Another possibility is that we asked the wrong questions about the factors that make a hospital's atmosphere good or bad, or that we left our questions too open for replies based on a small part of the whole. A third possibility is that medical superintendents are overly complacent about their own hospitals.

Taking the first of these three possibilities first, I am quite sure that hospitals like the one described by the consultant psychiatrist do exist, for I have visited some of them. Whether they are at all typical, though, is quite another matter. They may have been so five or ten years ago, but an extensive programme of upgrading has since transformed many of the bad ones beyond recognition. The reassuring ratings of the medical superintendents may also be the result of their

replying in terms of only those parts of their hospital where up-grading has already taken place, and disregarding those parts still due for modernisation. Indeed, many superintendents commented that they had had some difficulty in completing the questionnaire because of the great differences between, say, the long-stay and short-stay wards, or those wards which were old and those which were new, or, as I have speculated, between those which have and those which have not been upgraded. This is one of the shortcomings of any such postal questionnaire, dealing with a complex of things rather than a single well-defined one.

The possibility that medical superintendents are complacent about their hospitals is one which should be neither accepted nor rejected lightly. In fact, the replies from some of the hospitals which I have visited presented a very different picture from the one I would have drawn. Hospitals which I should have described as drab, gloomy and dark were rated as bright, cheerful and light. In these cases, I can only assume that these superintendents were applying a double set of standards—one set applying to the outside world; the other to old psychiatric hospitals. In terms of what one expects anywhere outside a psychiatric hospital, the army, or a prison, the accommodation would be regarded as very bad indeed; whereas in the context of psychiatric hospitals, they might be regarded as good—especially if the base-line of comparison was taken as the poorer hospitals of the present. But I am sure that no misrepresentation was intended; it is just that the reference standard tends to be lower than would be acceptable elsewhere.

The questionnaire did not ask specific questions about overcrowding or staff problems, though many superintendents referred to these. Overcrowding has meant that large spaces which might otherwise be divided into more desirable small ones have had to be left as tightly packed amorphous groups of perhaps 50 or 100 beds. This is because partitioning would reduce the number of beds that could be put into a given area. This squeezing-up has made wards more difficult to manage, less stable as communities, and has sometimes resulted in the patient being denied even a bedside locker in which to keep his personal and tangible contacts with an outside life. Indeed, so great can the overcrowding be that beds may have only a few inches between them, and may be spread not only along the walls, but also tightly packed in the centre of the room. The staff problems are a corollary of the overcrowding; there is a natural tendency for the best staff, except for the most dedicated, to depart to the better hospitals, or even to emigrate. In this way, a difficult problem is made more difficult.

Many of our respondents described the consultant psychiatrist's original article as a "travesty of the facts" and as being totally irresponsible. It was argued that such an article could only be damaging to the public image of psychiatry, and a source of anxiety to the friends and relatives of patients. Certainly, friends and relatives of patients will be made more anxious by the appearance of the article, and the public image of the psychiatric services in mental hospitals may well have suffered because of the subsequent discussion. But, if a cause for anxiety does exist, then people *should* be made anxious, if this results in change for the better. And the public image of psychiatry should not be damaged, if what has yet to be done is set beside its achievements. Prejudice about and ignorance of psychiatric illness have taken time to overcome, and so the task of obtaining the financial and social support necessary to convert the old custodial lunatic asylum into a therapeutic community has been much delayed. Indeed, modern ideas about the form and organization of psychiatric hospitals may not be fully realisable within the framework of the existing buildings. This point is borne out by the superintendents themselves, for, in reply to our enquiry, two-thirds said that their present buildings were currently restricting major therapeutic aims.

For the reasons I have described, it is still not possible to make any sort of definitive statement about these hospitals. This will require a long-term investigation, and involve visiting a large sample of hospitals throughout the country. The Pilkington Research Unit has already

started such a survey, and it may perhaps be reassuring that our interest as an impartial body has already been welcomed by a large number of medical superintendents. Whatever our findings concerning the environmental standards themselves, there is still the more pressing problem as to why so many of the buildings impede the attainment of major therapeutic aims. Having surveyed existing premises and collected the views of prominent psychiatrists in the hospitals and universities, representatives of the ministries, and some of the nurses and patients themselves, we shall hope to produce a document to guide the redevelopment and rebuilding of this most important type of building.

Obituary

E. O. LEWIS, C.B.E., M.A., D.Sc., M.R.C.S., L.R.C.P.

Dr. E. O. Lewis, who died on August 8th, 1965, at the age of 82, made fundamental contributions to the understanding of the nature of mental defect and of the social, educational and administrative needs of mental defectives. The most prolific years of his working life covered a period when the public, as well as doctors, teachers and administrators, were wakening to the urgent need for action in the mental health field. Dr. Lewis supplied the factual evidence, combined with human understanding, on which recommendations for reform were based.

Born in 1882 in the Rhondda Valley, he graduated in 1903 at Aberystwyth and went on to St. John's College, Cambridge, where, after taking his B.A. degree, he was appointed University Demonstrator in Experimental Psychology. In 1915, after a short period abroad, he returned to Cambridge to carry out research at Littleton House Special School, in conjunction with the University Psychological Laboratory. Dr. C. S. Myers, who had earlier recognised his scientific potentialities, was instrumental in procuring grants for this purpose. During the next six years at Cambridge, in addition to carrying out research work, he studied medicine and qualified in 1921.

In 1924, a joint Committee of the Board of Education and the Board of Control (known as the Wood Committee) was appointed to investigate the incidence of mental defectives in the population, together with their social and educational needs. Early in the Committee's deliberations, it was realised that further facts were essential, and in 1924 Dr. Lewis was appointed as medical investigator to the Committee.

During the next five years, Dr. Lewis completed a survey of six areas, each containing a population of about 100,000, and in his report to the Committee he embodied particulars as to incidence, classification and treatment recommended. Dr. Lewis' figures have stood the test of time; after serving through 36 years of legislative reform and changing social outlook, they are today still in use and a reliable guide.

After completing these investigations, Dr. Lewis was appointed Commissioner on the Board of Control (1930-1942), where his unique experience was invaluable and his modesty and generosity of outlook endeared him alike to his fellow workers and to hospitals, schools, and local authorities.

For the last 15 years, before retiring in 1957, he occupied the post of Medical Visitor in the Lord Chancellor's Office. In the same year he was made a C.B.E. Amongst other distinctions, he was chosen to address the Psychiatry Section of the International Congress of Physicians in London in 1947. In 1953 he was elected President of the Psychiatry Section of the Royal Society of Medicine and in 1956 was made an Honorary Member of the R.M.P.A.

Beyond his keen and scientific intellect, E. O. Lewis' outstanding characteristics were his deep humanity and an almost child-like integrity. As a fellow-worker and in daily life he was a stimulating and merry companion, absent-minded and modest, and subject to moods of sheer despair when the evils he hated threatened to overshadow the world. He will long be remembered as the truest of friends by the many who loved him.

Ruth Rees Thomas