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CONTROVERSIAL ISSUES

PLUS: Letter from Inside.
The RIGHT to inspect one's Medical Record.
"Voluntary/Involuntary????"
POETRY

FILE UNDER
TOP SECRET?

INDEX.

THE KILLING OF "MENTAL PATIENTS"

*This article, by Dr.Peter Breggin, is not widely known. We in Prompt have been searching for it and finally found it in "Freedom"*June-July 1973; it was also published in a pamphlet called "Forced Treatment = Torture" on pp40 to 45 available? from NAPA.1744 University Ave. Berkeley (Don't know the price) California 94703. U.S.A.*

and reprinted here with permission from Scientology (G.B) Publishers of "Freedom". Although the one quoted above is USA edition No.XIII and printed on pp5-7.

ENQUIRIES CRITICISMS DONATIONS (Payable to "PROMPT")

to: "PROMPT" C/o 11,Ottershaw House, Horsell Road, St. Paul's Cray, KENT.

ECT: A Researcher gives his views.

Electric Shock Treatment (ECT) has been with us for 40 years. It is one of the most widely used physical 'therapies' in contemporary psychiatry. It is by far the least understood by those who use it. The other, hardly better understood, is the use of drugs which act on the brain and nervous system to alter emotions and behaviour.

Generally, psychiatrists who have invested their life times of professional work in ECT and drug 'therapies' hurry to defend their use. They say, despite the blanks in research, that both 'therapies' are selective. That is, they alter particular emotions and behaviour in very specific ways. The claim seems more hollow than ever. It is only necessary to add up the different symptoms that would probably lead a 'patient' to the shock machine in most hospitals to see that all human life is there.

EXCITATIONS

The profession notes that during ECT, there is major excitation of the nervous system; 'electrical inhibition', coma, induced mental dissociation, electrical amnesia and electrical sleep.

Which is, more or less, to say that people pass out, can't think straight and lose part of their memory. On the other side of the scales, the same literature tells us that ECT is "quick, cheap, effective and humane".

It is obviously of some importance to check out these claims against what is known. On the face of it, it is clearly unwarrantable to give another person major epileptic 'fits'.

We must ask: Is it used selectively? Is it used for non-therapeutic purposes to simply control people?

SYMPTOMS

If we add up the symptoms that are thought to be 'curable' by ECT, we have an exhaustive list.

First there is a syndrome called "psychotic depression".....

Psychiatrists can tell when persons have picked that up because they show insomnia (sleeplessness), anorexia (they are not hungry), retardation (mental and physical sluggishness), and "diminished spontaneous activity" (they lack effort); they may be agitated and dwell on unpleasant subjects and be self-reproachful. *STANDARD TREATMENT: ECT.*
EFFECT ON MIND: NOT KNOWN.

The second syndrome, "agitated depression", resembles the first, not least in the scientific precision of its terms; but there is also here acute anxiety.

THE STANDARD TREATMENT HERE: ECT.
EFFECT ON MIND: ALSO NOT KNOWN.

A third depression, known in the trade as involutional, occurs usually in elderly people. It is indicated by a decline or "degeneration" (if we stick with trade descriptions), in the person's desire to live an active life.

THE STANDARD TREATMENT HERE: ECT.
EFFECT ON MIND: ALSO NOT KNOWN.

Hopefully, the 'patient' will be in good nick so that their heart won't give out.

SHOCK THEM OUT OF IT!

Severe "post-partum depression", a state of mind sometimes experienced by women after childbirth, now qualifies for ECT as well. One prominent psychiatrist, named Jacobs, found that this "illness" was sometimes the beginning of a rift between husband and wife which might end in divorce unless shocks were administered.

"Manias", uncontrolled periods of excitement, often leads the 'patient' to the electroshock box, as do "chronic melancholias".

Even where psychiatry has acknowledged that the environment has had an impact on the state of someone's mind, and they are described as "neurotic", the treatment can be the same.

In this case, the signs of the "illness" are so vague, such as difficulty in getting to sleep or inability to wake up early, that many orthodox psychiatrists are unhappy with the 'treatment' they employ. (Editor: Oh! Big deal.)

BLOCKING MINDS

Even more controversial now, but nonetheless very widely practiced is the use of ECT in "schizophrenia".(About this: see our booklet No.7)

There is probably no kind of behaviour which doesn't fit some 'expert' description of "schizophrenia", but medicine (?) can usually tell it's around by those tell-tale "disconnected thoughts or emotions, hallucinations and detachment from reality". (Editor: Again, see our No.7)

Sometimes it is even claimed that this detachment is betrayed by "silly mannerisms" and by being "untidy and careless in appearance". ECT gets woven into this pattern of events because concentrated doses are believed to "block the onset of schizophrenia".

So unselective is the use of ECT in this country (U.K) that one is hard pressed to think of a behaviour or emotion that doesn't qualify for 'treatment' in some way.

"HUMANITY?" ::: "ALARMIST?"

The claim to "humanity" in the administration of ECT stems from the use of muscle relaxants. The likelihood of a patient convulsing so hard that their spine is fractured is now remote. But psychiatry doesn't rest on its laurels. It can hardly afford to. In his Presidential Address to the Psych. Section of the Royal Society of Medicine a few years back, Professor W.S.Maclay listed several kinds of fatal accidents. These were due, he said, principally to heart attacks and fractures. A good many accidents occured DESPITE the muscle relaxants. The problem, he said, is "that old and infirm people present calculated risks" and that "the toll of deaths reflected a lack of organisation and initiative necessary to give the 'psychiatric invalid' an equal chance with the surgical patient".

If that seems alarmist (and most shrinks feel that the danger of "surgical shock", severe headaches and loss of memory are the real problems) it must be registered that their own manuals don't ignore the complications.

From problems of the heart, circulation and respiration all the way to people who have other undetected illness the official guides to ECT ring the alarm bells.

The final question of effectiveness poses enormous difficulties and conflicting claims. Obviously, the physical treatment brigades describe their successes in terms appropriate to be laid at the alter of science.

But all they are saying in reality is that ECT profoundly affects some sorts of behaviour. It introduces others --------
Confusions, amnesias, passivity and compliance.

The stark truth is that the users CANNOT give any answer to the question:

WHAT HAVE YOU DONE TO YOUR "PATIENT'S" MIND?

The justification always comes to CONTROL of particular BEHAVIOUR. ECT SLOWS ITS VICTIMS DOWN.

(From "SEVEN DAYS" 5th. January. 1972)

CONSENT - FLIES - OUT - THE - WINDOW!

"Several disturbed patients were given sedation that kept them asleep for about three days. At some stage they were usually woken by a nurse with a pen and paper in hand.

'It's alright, nothing to worry about. We just need your signature for this form.'

The form was the consent form for ECT. One patient refused to sign because he was so heavily drugged and couldn't read what he was expected to sign.

The nurse spent at least ½ hour trying to persuade him by such manoeuvres as placing the pen in his hand and guiding it through signing motions".

(This comes from an article by A.Roberts in "Mind Out")

TWO POEMS BY PENNY.

"Life"

Life is like a never ending beam of light
You have to switch on to it, to fit.

Switch off and you are lost
No-one going nowhere.

You can't act the way they want
So you try to escape somewhere else.

But where? You don't know. If you did you
Would be gone.

But you are an outcast trapped in the beam of light.

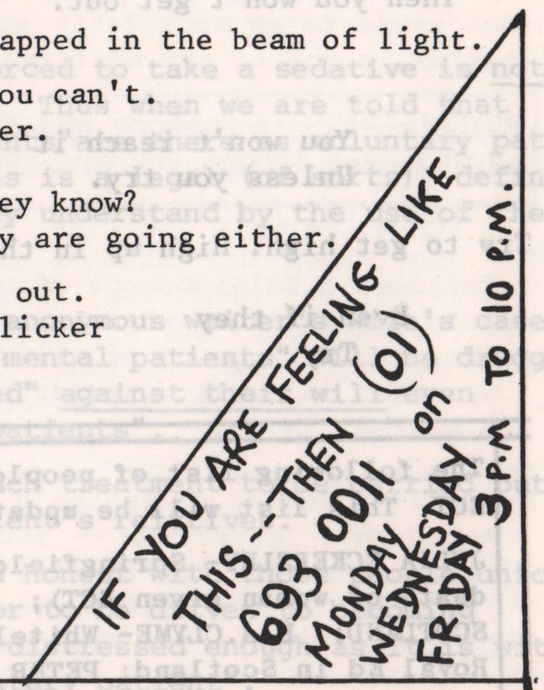
You want to get out but you can't.
You're just left to flicker.

Well, what the f..k do they know?
They don't know where they are going either.

The light is slowly going out.
FLICKER FLICKER FLICKer flicker

Gone.

No light now
You have switched off
You don't fit
And
You
Never
Will.



"Trip" POEM by PENNY.

We are all on a trip
Trip here
Trip there
Going nowhere.

Trapped by our thoughts
Thinking this
And that
That world is bent
Bending our minds.

MIND IT DOESN'T PULL YOU DOWN

Down under
To the dark
Then you won't get out.

Out of reach
Reaching for the sky.

You won't reach it
Unless you try.

Try to get high. High up in the sky. They can't reach you there.

Even if they
Try.

The following list of people have or still do give ECT. This list will be updated into our next edition.

JULIA ECKERSLEY- Springfield, TOOTING. (Responsible for the death of woman given ECT); J.V.BASSON- Royal Edinburgh in SCOTLAND; E.A.CLYME- Whitely Wood, SHEFFIELD; A.CRIGHTON- Royal Ed in Scotland; PETER DALLY- Westminster, LONDON; C.P. L. FREEMAN- Royal Ed in Scotland (R.E.S); A.M.HALLIDAY- Nat. Hospital for Nerv.Diseases, LONDON; MORRIS MARKOWE- Springfield, TOOTING; I.C.A.MOYES- Broadgate, BEVERLEY; R.B.MOYES- Univ of Hull, HULL; WILLIAM SARGANT- St.Thomas's,LONDON; ELIOT SLATER- Maudsley, S.LONDON. (TWELVE PEOPLE ON LIST)

Additions to this list published - but not from anonymous sources -- ECT IS BARBARIC -- SEND NAME OF SHOCK DOCTOR

Letter: Voluntary / Involuntary??
Sent to "The Guardian" 4th.Dec.1977.

Dear Sir,

I feel it necessary to comment on some of the points raised by an anonymous letter writer -- "A mental Hospital's Dilemma"(on 2nd Dec.):

Hè says, "My wife spent a year as a voluntary patient in Halliwick Hospital .." and later on he asks "Was I wrong to help a sister-in-charge to force her to take a sedative?"

Aside from the morals involved I would like to raise the question of the use of the word "voluntary" and not just for the sake of semantics. "Voluntary" according to my dictionary --The Concise Oxford, 5th Edition -- means "done, acting, able to act, of one's own free will, not constrained, purposed, intentional ... etc."

I would maintain that being forced to take a sedative is not acting of one's own free will. Thus when we are told that 4 out of 5 of all"mental patients"are there as voluntary patients we must realise that this is a legal (of sorts) definition and not what we generally understand by the use of the word voluntary.

It is a fact borne out by the anonymous writer's wife's case and by countless others that "mental patients" will be drugged against their will and "treated" against their will even though they are "voluntary" "patients".

It is also quite common for such treatment to be carried out against the wishes of the patient's relatives.

So let's at least be clear and honest with those people unfortunate enough either to seek or to be driven to becoming "mental patients". They are distressed enough as it is without this myth of being "voluntary patient".

I would also like to comment on his statement, "Another patient lies screaming on the ward floor ... What else to do except, again, forcibly administer a sedative?"

There are other ways of dealing with this situation and given the will and the money they could be put into practice. Many mental health workers are -- mostly at their own expense -- learning the methods used by the so-called New or Growth Therapies.

These therapies not only allow strong expression of crying, anger, screaming and so on but they actually encourage it.

Lack of the ability to effectively express oneself is seen as the basic cause of much mental ills. They would see such screaming as part of a 'cure'.

However, to use such methods it is necessary to have suitable trained staff in sufficient numbers. The N.H.S. with its top heavy bureaucratic leadership seems incapable of recognising the great healing potential in such approaches to health. So apart from a few "therapeutic communities" type hospitals, a "patient" when screaming will be forcibly sedated.

How much longer must we accept a health service ruled by prejudice?

Sincerely, BILL WEST.

(Who wrote to us much later and thanked us for including this letter in one of our editions.)

PSYCHIATRIST :: Someone who doesn't understand a word you are saying even though you are speaking slowly and clearly. (ANON)

POEM: Dreamers Equation (By Mick)

I followed a Kaleidoscope of neon signs
Onto the water -- where the city's story was flowing,
Converging at a point of wild, silent, hypnotic splendour --
Stirring in me the dreamer's equation of peace, hope
And eternal faith.

Everything seemed so insanely graceful -- delicate, the moon
Acted as a lesser sun -- interacting with the celestial
Fluid -- and playing, dancing with it were invisible ladies of
The night who guided currents out onto the ocean where the
Depths were great, and freedom limitless!

The day's light then bent, fragmented; this Utopian Panorama
of Beauty and I arrived at the realization --
A dream, hell man; it was a damned dream! A dream!
A Dream!

(From "In a Nutshell" May 1977)

PROMPTOLOGY :: The study of the POLITICAL CAUSES of "Mental Illness". Are you a PROMPTARIAN too?
PROMPTISM :: A way of life - not treading on other people.

Letter from Inside (From "G.R")

I once again find myself behind the walls, doors and four-inch -opening-windows of an Insanity Factory, Bin, Gov't Hidey-Hole for those who indulge in uninhibited actions and thoughts. My soul turns for those about me - the Psycho-Geriatrics whose presence here leaves a convenient empty room at home and whose grown-up children can now live, and shackled by the chains of caring for an elderly parent -- Senile?? -- no, simply Un-wanted.

The wandering ash-tray searchers; institutionalised by controlled overdoses of Chlorpromazine and Melleril. The unseeing Catatonic eyes of those who, guinea-pig fashion, are given ECT; later to waken with throbbing headaches and to ask me my name when we'd taken a stroll out the night before, laughing and remembering; now, a switch-flick later, a friend becomes a guy walking and seeing, but no longer living -- merely Functioning, a puppet on 250 volt strings.

And for those who dare to do as I do, indulge in free speech and thoughts, there waits a hypodermic and a room containing a mattress, double locked door and a wire across the windows.

In there, The Room, only silence answers your questioned "WHY"? You know it's night time when the light comes on; the wire across the window is too fine to allow you to completely distinguish between night and day -- they can even stop you from seeing the sky, sun, stars, moon -- in The Room.

Time need have no impact here, days, like patients, are really just numbers, in a file, in a steel cabinet.

Medicines; what is this one for, what does this one do, why was my medicine changed without my being informed -- Somebody in an Office holds Medication Chart in one hand, Pen in the other, thinking "It's my DUTY to do this," and, sword-like, lowers pen to chart not really bothering to take the time out to think he may be f..king some poor guys head up.

And our INsanity is measured by THEIR own levels of self-sanity. Sic !!!
Enough. Time for POSITIVE action. Things can't really get any worse, they can only pull you down so low. I desperately need the following to put force behind the words and questions I throw to them: "Side Effects Of Psychotropic Drugs" etc .....

Statement: Our Campaign.

Most of you have now seen, read or heard of "One flew over the Cuckoo's Nest", and probably thought it was a good story -- but many aren't aware that ECT is still used routinely in this country. Repeated requests to the Minister concerned for the statistics on the use of ECT have received the same answer -- "None available".

Today ECT has been made to look better by the use of muscle relaxants and anaesthetic (formerly, the 'fit' induced some - times caused broken backs), but it is essentially the same procedure accompanied by the same side-effects. ECT frequently causes long-term loss of memory, flashes of light when the eyes are closed, pain behind the ears, loss of sleep and concentration and attention.

To "professional people" they now use "Unilateral ECT" so as "not to affect the dominant lobe" which is an admission by the shrinks -- (psychiatrists) -- themselves that ECT causes brain damage. There have been cases when the "patient" ------ (victim?) ---- has died while undergoing "treatment"(torture?).

We know of one case where the 'bin' ('mental' 'hospital?') --- said that they weren't told of the "patient's" cold -- died while undergoing ECT "treatment".

ON SECTION?

ECT is given to "patients" while "on section" under the notorious "Mental Health Act. 1959". (It is given compulsory, i.e. the "patient" has no choice in the matter, although the law is not clear concerning the right of the 'bin' to do so, and "voluntary patients" are often pressed, aggravated, and lied to until they are forced to sign the consent form.) (See also this issue on page 6)

Once they have had the first shock, they are told they must have the whole course (six or so) although the "Sunday Times" (22.2.1976) has stated that there is no reason why the person should do so.

As the law stands at the moment no detained person can sue for assault, which is the right of any patient in a general hospital. In some 'bins' "patients" sign a consent form on admission (not knowing what they have signed) and some Shrinks use ECT diagnostically -- if you respond (in their terms) you must have been "depressed", or if you get worse you must be "schizophrenic" !!

PETITION ***

Prompt has done a petition against the use of ECT and psychosurgery (an attempt to change personality or behaviour by cutting or burning parts of the brain, or by implanting radioactive yttrium seeds into the brain. As you can see "Madness" affects psychiatrists who prescribe it and psychosurgeons who carry out these abominable 'operations').

This is not because we think that other forms of "treatment" used in 'bins' are any better --- in the old days if you misbehaved they put you in a straight-jacket, now they put the straight-jacket inside you in the form of drugs etc. --- but it is better as a starting point of an attack on the whole ideology and practice of psychiatry.

The concepts of "madness", "normality", "sanity" and "treatment" must be questioned, psychiatry must be demystified and its true nature exposed. ... The use of punctuation in this article illustrates the nature of the problem. Don't think as a lay-person you don't have a RIGHT to comment because it is clear that the shrinks with their training can only experiment with people's minds.

When challenged by a question such as this some people say they don't know enough -- but it is clearly now a matter of whether you are more in favour of change in this repressive system or continuing it. ... And don't forget that everyone is in danger of becoming a "mental patient".

*** We handed in our Petition with 15,960 signatures on it. ECT is still carried out on about 10,000 people EVERY year. Psychosurgery is still carried out at least on 200 people EVERY year, and at most (?) on 400 people EVERY year.

A figure of 100,000 ECT 'operations' has not yet been denied by the responsible Minister of Health (D.H.S.S.)

POEM by WARREN.
"In the Midst"

He was doubled up inside
He knew there
Was no place to hide
So in the midst
He sat down and cried
For: too long and
To: too many he had lied

Now, more or less
It was the cracking
Inside
So in the midst;

He sat down and cried
He had not lied.

(From "In A Nutshell"
May 1977)

THE FLY.

by JULIAN B.

Could it be
that the fly
on the ceiling
is only me looking down
at you looking up
at me ??? ??? ??

+
+
+

I would rather have a free bottle
in front of me
than a
pre-frontal
lobotomy

@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@
Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@Z@

PSYCHIATRY IS A CRIME AGAINST HUMANITY
LOBOTOMY IS A CRIME AGAINST HUMANITY
ELECTRIC SHOCK "TREATMENT" IS
A CRIME
AGAINST HUMANITY
THE DRUGGING OF PEOPLE
UNDER PSYCHIATRY IS A CRIME
AGAINST HUMANITY
LOCKING PEOPLE UP WHEN THEIR ONLY "CRIME"
IS TO BE POOR LONELY AND UNWANTED IS
A CRIME AGAINST HUMANITY
"VOLUNTARY PATIENT"?
I KNOW WHAT I WOULD CHOOSE
IF I
WAS GIVEN
THE CHOICE BETWEEN
VALIUM MODECATE LARGACTIL STELAZINE LITHIUM
OR A CUDDLE.
PSYCHIATRY IS A CRIME AGAINST HUMANITY.

Julian Barnett .. 14th Sept.1980

Dated: 28th.November.1980.
LETTER TO PROMPT FROM AUTHOR OF "NAME FOR THE DAY"
(Play for Today Production BBC1 16th.Dec.1980)

Dear All, Many thanks for PROMPT No.12, which I read with great interest. Please send me copies of your booklets on ECT, PSYCHOSURGERY and SCHIZOPHRENIA.

On December 16th a T/V play of mine will be transmitted by the BBC in their Tuesday night "Play for Today" slot. Called "Name for the Day" it deals -- as explicitly as the BBC lawyers would allow -- with the very issues with which we seem mutually concerned; the legal tyranny of the Mental Health Act and its very disturbing implications for human freedom generally. I had one hell of a job convincing the powers that be that the law in this respect was as bad as I say in the play (the arguement lasted nearly two years, during which time the play was shelved twice!), but finally they conceded the point and we went ahead. What surprised me most of all, I think, was the genuine ignorance of the full implications of the Act by both the legal and medical profession generally. The BBC solicitor, when finally realising the true story, could hardly believe it! It is, as he suggested "a law basically designed to set aside the law".

With a potential audience of some 10 million I feel that, at last, there is a chance to state the argument on a mass scale with this play. If -- as I hope -- a sufficient number of people can be persuaded to respond by writing to the Radio Times with their views after the event then we might well have a controversy in the making -- a spark that, hopefully, will engender the kind of fire needed. I am not in any way touting for accolades concerning the play itself. What people think of that is irrelevant. But the issues involved seem to me to be far larger and certainly more important than the mere dramatic form which seeks to support their cause, and in that sense alone the more response gained the better.

If you feel - individually or as a group - that you can help in this respect naturally I would be grateful. I look forward to hearing from you.

(Signed) .. Colin Haydn Evans.

*PROMPT WOULD BE HAPPY TO ACCEPT LETTERS IN REPLY TO THE ABOVE - A Selection printed later on.

"The Right to Know your Medical Records".

Letter from PROMPT.

We are a group of people who, as one of our aims, would like to see an ABSOLUTE RIGHT to inspect one's own medical records. How many times have you heard people say, "If only they would let me see my records. How much easier it would be."

Recent litigation in Amerika has established that a "record or file developed by any professional or agency is the 'property' of the client. Under the concepts of the 'Right to Know', records must be available to clients, or to 'patients' - whether in general or psychiatric 'hospital'..

The record should record objective data, not assumptions or inferences, nor interpretations which may not be defensible".

"When the information is of a privileged communication, e.g. when a girl of 15 asks to be put on the pill and is so prescribed, that information remains privileged communication

and cannot be divulged without the express consent of the client/patient. In the matter of technical or medical matters the agency should have someone on hand -- or the client/patient must be able to bring one in -- who would interpret any information not readily understood by either the client or the patient."

To be able to challenge "information" about oneself which one knows, or suspects, to be untrue MUST BECOME LAW AS SOON AS POSSIBLE.

(This is DEMAND No.9 in our MANIFESTO)
Full text is reprinted in "Support Prompt" booklet No.12

If you agree with the above letter write to us or to your M.P. saying you would like to see a law passed and what, if any, are his/her feelings on the subject.

The following letters will serve to illustrate our point about knowing what is written in one's medical records.

They were passed on to us by the person concerned and given permission by her to reprint in full (except her wish to remain anonymous).

PSYCHIATRIST TO G.P.:

Thank you for asking me to see this lady, who presents with a very difficult picture.

She is now 21 and had her first child 3½ years ago, so had to get married round about the age of 17. At first I saw Mrs.G. alone, and she told me how her husband rowed with her. However, I had my suspicions and asked him to come in, and the whole thing became abundantly clear.

Young Mrs.G. has, over the past few weeks, done the most extraordinary things. For instance, she went out on a buying spree, spending all her money on clothing. By the way, her husband is quite well off and is a meat wholesaler.

G, who is now six months pregnant, suddenly decided she wanted to be a model, went off to Teddington, with no success.

Then she started taking driving lessons, and to cap it all she went to S...'s and got herself a night job without telling her husband. She also works as a groom (having some horses).

She was laughing most of the interview, but suddenly burst out crying.

We are faced here with a grossly immature basic personality, who is now hypomanic (sic), easily swinging into depressive states. I very strongly advised her to come into hospital, which she point-blankly refused to do but I have little doubt that within a very short time this lady will become certifiable unless, of course, a catastrophe occurs before.

Letter Continued
Over the Page

In the meantime I think she needs fairly heavy sedation and I can only hope teratogenic** side-effects will not occur as she is 6 months pregnant. As far as I know, (EDITOR ??) Neulactil should be fairly safe. You can give her 30mg t.d.s. which should not produce undue drowsiness, but I think we shall have further trouble with this young woman.

Would you please sign the enclosed form and return it to me. (EDITOR .. Was this the "section" form. ??).

Yours sincerely,
G.C.H. MD. FRC Psych.
(signed)

***teratogenic ... the production of monsters or abnormal growths (New English Dictionary)*

G.P. to PSYCHIATRIST.:

This girl, whom you will remember is supposed to be an informal patient, apparently discharged herself last Saturday, and came to see me when I told her to go back on Monday.

She has visited my surgery again this morning and she told me that as she feels so much better she has decided she does not wish to go back. I rang the ward and found out what her medication is and I have given her a month's supply of Neulactil tabs. 10mg four, three times a day and tabs. Priadel 400mg two in the morning.

Presumably you would like to see her at Outpatient and also presumably arrangements should be made to have regular serum Lithium estimations done. Could this be arranged please? My own feeling at the moment is that this girl does not need to be admitted under Section. However, if this gets worse it may be necessary.

(signed)

"Let us visualise a historical scene. Dr.Max de Crinis is professor of psychiatry at Berlin University and director of the psychiatric department of the Charité, one of the most famous hospitals in Europe. He is one of the top scientists and organisers of the mass destruction of mental patients. Dr.de Crinis visits the psychiatric institution Sonnenstein, near Dresden, to supervise the working of his organisation. He wants to see how the plans are carried out. Sonnenstein is a state hospital with an old tradition of scientific psychiatry and humaneness. In the company of psychiatrists of the institution, Dr. de Crinis now inspects the latest installation, a shower-room-like chamber. Through a small peephole in an adjoining room he watches twenty nude men being led into the chamber and the door closed. They are not disturbed patients, just quiet and co-operative ones. Carbon monoxide is released into the chamber. The men get weaker and weaker; they try frantically to breathe, totter, and finally drop down. Minutes later their suffering is over and they are dead.
This is a scene repeated many, many times throughout the programme. A psychiatrist or staff physician turns on the gas, waits briefly, and then looks over the dead patients afterward, men, women, and children."

According to Frederic Wertham, M.D., from whose book "A Sign for Cain" this passage was taken, experiments in gassing large numbers of people were begun in German State hospitals in the late thirties before any mass killings were done in the concentration camps.

Before the war was finished 275,000 psychiatric inmates were gassed, beaten, starved, and drugged to death not on orders from Hitler *but by psychiatrists acting on their own volition.*

(This item from "Madness Network News" 1744 University Ave., Berkeley, CA 94703. Telephone 415 - 548 2980 when in Calif.)

Spelling mistakes in PROMPT booklets:

"The mistakes in Prompt booklets could never be so great as the mistakes that psychiatrists make because psychiatry is a mistake in itself."

(Cherry Allfree ... While helping to get this edition together ... Sept.1980)

Borrowed from the Canadian Psychiatric Association Journal March 1976:

"... further investigation of ECT is necessary. Indeed it may be queried how ethical it is to use a therapy on any but an experimental basis when so many questions about it still remain unanswered". (C.G.Costello. Prof. Dept. of Psychology at University of Calgary)

"We shall have to learn to refrain from doing things merely because we know how to do them." (Sir Theodore Fox)

PROMPT View? -o-o-o-o-o-o-o-o-o-o-o-o-

"In a democracy, if you don't have all the information, it becomes MANIPULATION."

Democracy - "The power of the minority who have the most over the non-power of the majority who have the least."
Where the majority view holds, EVEN WHEN IT IS WRONG!

Capital Helpline??

In March 1980 our 'phone service was installed.(01.693 0011) On the same day we 'phoned Capital Helpline and gave them all relevant details about our crisis 'phone service. We also gave them details about our weekly meetings (held at 323c Lordship Lane, East Dulwich, S.E.22 every Tuesday 8pm -10pm)

On various occasions members of our group checked to see if Capital Helpline (01 388 7575) was giving out the information given them. On EVERY single occasion we were told "Sorry, No information here about PROMPT.....Do you mean MIND?"

On each occasion we told them who we were and gave them the information yet again. But they still insisted when we phoned later ... "Sorry, No information about PROMPT ... Do you mean MIND?" So much for Helpline???

We checked again Sept.1980 and they are beginning to pass it on ... Are they NOW!

DISTURBING THOUGHTS
OF THE DISTURBED.

Dolores Fiscalini.

Locks on all the doors.
What if there is a fire?
Don't worry - the staff has the key
(Doctors and nurses first, of course.)

"Goodbye honey. See you soon
Call us whenever you want.
Be a good girl.
Do as they say."

Just a few rules.
No visitors.
No phone calls.
Be a good girl.
Do as we say.

Play shuffleboard? I'd love to.
I was just hoping you would ask me to play badminton..
Time for O.T.? How wonderful.
Of course I'll take all these pills.
Liver for dinner again? My favourite.
I am a good girl. I do as they say.

"Follow me.
Lie down."
Zappppppppppp.

No more than half a second. No less than twice eternity.
Why do people fear death? Only life is painful.

I cannot remember the past.
I cannot imagine any future
I cannot bear the present.

Women and "Mental Health":

The main 'treatments' in psychiatric 'hospitals' are psychiatric drugs which cause mood alterations and ECT which causes memory loss and a temporary lifting of 'depression'. These facts indicate that women's behaviour is manipulated in isolation from the social context in which they find themselves.

Spychiatrists could serve women better by making them aware of social conditions instead of merely adjusting their behaviour to function within prescribed roles.

EDITOR'S SECOND "NOTE": ILL or "ILL"?

What does a person mean when they say they are ill? After all, when we speak we do not include inverted commas in our conversation -- unless we are quoting someone else then we may say: QUOTE .... UNQUOTE.

But when someone says they are ill,do they mean ill or "ill"? Maybe we should start to say

LONELY FRUSTRATED ANGRY SAD UNHAPPY DISAPPOINTED

OPPRESSED DISILLUSIONED etc, etc,.

After all, someone who is poor and hasn't eaten for three days --- would that person say s/he is ill; or "I am quote ill unquote"; or more truly that I AM HUNGRY?

Perhaps we have been CONDITIONED TO SAY WE ARE ILL WHEN WE REALLY MEAN SOMETHING ENTIRELY DIFFERENT.

Registered Nurse protests about the use of ECT.

On July 25. 1974, a nurse at a northern California 'hospital' presented to its Director of Nursing the following statement:

I would like to make known that I refuse to participate,in any way, in the preparation of a patient for electric shock. I am doing this because I do not consider electric shock to be a form of therapy. In other words, I do not feel that this method is one which promotes mental health.

From research that I have done on this subject* and from observing the actual real life experience of patients, the following seems evident. *(See No.8/9 for a Neurologist's view on ECT)

The principle behind the method: ECT has been used primarily as a method of treating the symptoms of psychological stress. There is no evidence that this form of so-called therapy actually enables the patient to examine the source or root, of his or her problem/dilemma. In fact,instead of facilitating the process of acquiring self-knowledge, insight, etc.. into his or her problem, it actually interferes with the process.

ECT does this because the effect of the procedure itself is one which tends to disorganise the thought processes to the point where it interferes with memory. In other words, patients experience lapses of memory, they forget why they were upset to begin with. This results in decreasing anxiety, the symptom, and has been known to create confusion, disorientation and/or passive acceptance. If and when the memory returns, it brings again the same anxiety states because, of course, the root was never effectively dealt with. So you see patients, again and again going through the same process and never resolving the crisis/conflict.

Patients have also been known to register electric shock as a form of punishment.A punitive form of negative reinforcement indeed!

Needless to say, because of the foregoing effects mentioned I feel electric shock is a method which can only deal with the symptoms in a manner which leaves the patient with more of a handicap than anything else. And, finally leaves me -- as a registered nurse -- with the only one alternative being to oppose it as a inhumane method which interferes with the process of promoting good mental health.

And as a health practitioner and health consumer I consider ECT to be far below the standards of good medical and nursing practice.

(K.Casey. R.N.)

K.Casey's Experience of Psychiatry.

A while ago I was hired as a staff nurse at a northern California hospital. My assignment was the medical-surgical areas, my shift -- nights. As a staff nurse on these wards my duties consisted essentially of supervising nursing care and performing various treatments on patients as they were ordered by their doctors. Besides the four floors designated as medical and/or surgical areas, there were two upper floors better known as psychiatric wards. As in most general hospitals, psychiatric wards are interestingly enough to be found above all the rest. After all, they are designed to treat "ailments of the head" and as such could apropriately be put above those which treat "ailments of the body".

Of course I was hired to tend to ailments pertaining to the body. Once in a while though I was asked to travel to the "head areas". After all, when staffing is short a med-surg nurse will always do ...

At first I thought travelling to these areas might provide a good opportunity, a chance to talk to people without drainage tubes, dressings and injections getting in the way. A chance especially to talk to other women, my sisters, about our position in society, its accompanying pressures and the varying degrees of psychological stress we all go through. Yes, maybe even help them de-mystify "mental illness" and put anxiety in perspective by giving validation to the feelings of alienation which become expressed in aches, pains, withdrawal, hostility and sometimes even suicide.

But of course I work nights, and my job on these wards seemed more like innkeeper: checking beds and people to see if they were connected, giving pills and injections, mostly the tranquilliser type. And I wondered if things would be much better during the day. Most of the doctors were male, most of the patients female; most of the staff though were women, nurses and psych-technicians. But I wondered, would they be sensitive to the dynamic of our female oppression, would they see the connection between the psychological stress women are experiencing and its roots in our oppression and resulting alienation? And if so, how much say would they have? After all, the nurses are hired to impliment the doctor's course of treatment in the medical areas, and certainly it would be no different here.

If feminist consciousness were present, then would we -- as nurses, psych technicians and "patients" -- be listened to?

Needless to say, I felt a bit alone in my awareness. Each night I was assigned to the "psych ward" the report I received from the nurse in charge went something like this: diagnosis - depression; diagnosis - depressive neurosis; diagnosis - manic/depressive; diagnosis - schizophrenia. Coin words, over-used with little or no meaning. Safe, easy terms, designated to pigeon-hole human behaviour and perhaps differentiate the staff from the "patients"; treat people as patients - sick according to the medical model and in need of a doctor, a psychiatric doctor, to get well.

I wondered, as I browsed through the Kardex listing the prescribed medications, about the tranquillisers and sedatives which seemed to be relied on heavily. Yes, keep the lid on, things under control, that's what was expected of me. A quiet night is a good night etc. And what about the anger inside all these people -- where could they let it out? But I saw the anger was read as hostility and hostility as sick, out of control, and in need of a tranquilliser.

And then of course, I was told who was to go to ECT - Electric Shock "Therapy" -- in the morning and that I must have them ready. After all, this is part of the doctor's prescribed course of treatment which I was expected to follow. And so the morning came when I was asked to prepare a person for ECT and I refused. I knew the ECT was going too far. I knew the confrontation was coming; for this was a doctor's order that even I, a med-surg nurse just passing through, could not follow and so I refused.

I expected a volcano to erupt, but they had no choice. They had to respect my right to refuse. I was asked to make an official statement, for my "file". And,of course, I could no longer be assigned to the "psych wards" unless I followed all the doctor's orders.... do what's expected of me .. no questions.

And I wondered if the "patients" really knew what the procedure would do to them. Some got a series, some got one or two, but surely even one is too much.

When a person is down and out, on drugs, and believes the good doctor must have his/her interest at heart, I guess it could happen. Yes, it is happening in more than one hospital and state institution across the country. Day after day, someone in desperation says O.K. to a procedure which burns the mind and deadens the spirit; only because no-one has had both the consciousness and the guts to put our psychological pain in perspective; to look at the criminal society for the source of the sickness, instead of its victims.

AND THOSE OF US WHO DO ARE BANNED FROM PRACTICE.

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I think this is an opportunity for those people who are doing "psychiatric" nursing to follow the lead of this brave woman above and REFUSE TO PARTICIPATE IN THE INHUMANITY DISHED OUT - "PRESCRIBED" - BY THE PSYCHIATRISTS.

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HELP!! WOULD ANYONE LIKE TO HELP PUT A

REGULAR ANTI-PSYCHIATRY NEWSLETTER

TOGETHER?

Please write and let us know. The meetings would probably take place in the Islington area (N.London).

PROMPT. C/o 11 Ottershaw House
Horsell Road
St. Paul's Cray
KENT.

(If you can afford it - please send SAE for speedy reply.)

TALKING ABOUT TARDIVE DYSKINESIA.

"After all,many of the people are tucked away where no-one on the outside sees them anyway."

In essence this attitude exemplifies the total lack of a holistic approach to human beings. They view the side-effects as troublesome and unfortunate but certainly unimportant. (Yeah!?)

The cure is giving more drugs to cover up the damage done by the ones already given.

In an article on the use of 'more powerful dosages' 'to relieve symptoms of psychosis' the author ... G.Crane ... See Overleaf.. refers to such side effects as blurred vision and dry mouth as "bothersome"! (American Journ. of Psychiatry March 1974).

It doesn't seem to matter that they are bothersome to the 'patient'; it seems more bothersome to the shrink that his 'patient has to complicate things by having side-effects'.

The 'doctor' pretends to have the skill and knowledge of curing a so-called disease. Any resistance, emotionally or physically, become "signs" to the 'doctor' of the extent of the disease rather than emotional and physical rebellions against drug torture.

Facts about who developes T.D. are debatable, to say the least. Studies are beginning to show that it can manifest itself in a years use of HALDOL/HALOPERIDOL/SERENACE etc. and some pharmacists say after SIX MONTHS.

At the onset of drug 'treatment' the risk of T.D. is rarely explained to persons by the psychiatric establishment. Another unexplained risk is to a foetus of a woman taking phenothiazines. Psychiatrists are quick to say that for voluntary patients' "medication is their choice, the matter of informed consent seems ludicrous". (Get this! "Rapid Digitalisation of Decompensated Schizophrenic patients with Anti-Psychotic Agents" ... P.Donlan & J.Tupin MD's .. Amer.Jour.Psych. 1974)

(same article Rapid Digitalisation...) on heavy dosages of drug 'treatments' the authors state: "The rapid control of psychotic symptoms offers several advantages" one of which is the "increased utilisation of hospital beds through rapid turnover" (Sounds like he's talking about cattle not people).

From "Drug Treatment in Psychiatry": T.Silverstone & P.Turner. (R. & K.P 1974) p.92:

"This condition is characterised by virtually continuous movements of the head and tongue and certain postural changes.

They may persist for years after all neuroleptic medication has stopped.

While they were originally thought to be particularly prevalent in patients with braindamage who had received phenothiazine medication in high doses for years, "this has now been shown to be not necessarily true". ...(but)

"In fact, 'some doubt has even been cast on the relationship to phenothiazines, as in one series at least twenty-five percent of the patients with this condition had never received any neuroleptic drug." (That is to say, 75% of them HAD!)

p.93 of same book above: "Persistent chronic dyskinesia is much more resistant to treatment".

IN "Madness Network News" April 1975 page 17:

"The'side-effects' of drugs are neatly packaged away and covered up by larger and larger dosages. Notice Tardive Dyskinesia, a fairly prevalent 'side-effect' from phenothiazines: it is a permanent effect manifesting itself in Parkinsonian type muscle movements and can go undetected for years by simply raising the dosages. Thus this condition can be effectively hidden until it worsens"

Some argue that the occurance is either scarce or limited to persons who are drugged for long periods at high dosages and who are over 50 years old. The arguement continues: that in the case of a "chronic schizophrenic" such muscular distortions are the least of his/her problem.

"That so many patients suffer from T.D. is regrettable. On the other hand, most subjects so effected EXPERIENCE little or no discomfort. Furthermore, the grotesque facial grimaces, smacking of lips, and bizarre activity of limbs and body are relatively minor problems for a chronic mental patient who spends his/her life in a sheltered environment in his/her home or institution." (Prevention & Management of T.D. .. by George Crane MD in "Brief Communications" Amer.Journ.Psychiatry 1972)

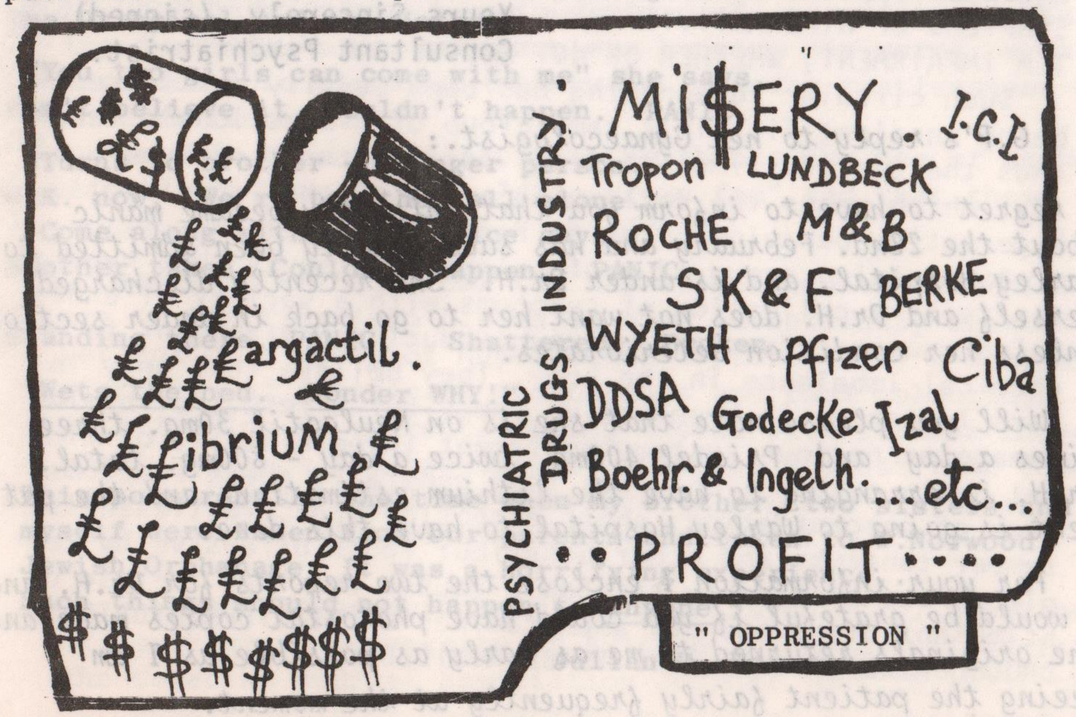
"The psychiatrist put me onto a course of 'anti-depressants' -tricyclic anti-depressants --. Now these drugs are very commonly used in 'depression'. Unfortunately they don't take effect for a minimum of three weeks and they have nasty side effects. In particular, I experienced the most terrible dryness of the mouth; you have terrible difficulty in urinating (usually), and perhaps the worst thing of all -- the tricyclics make many men, including myself, completely impotent. So it's not a very nice drug. Chlorpromazine (LARGACTIL --) affects your motor co-ordination (walking etc) and I found it most difficult to even cross the road."

(Prof.Sutherland in a BBC World Service Radio Broadcast)

"Tardive Dyskinesia consists of slow rhythmical movements in the region of the mouth with protusions (sticking out) of the tongue; smacking of the lips; blowing of the cheeks; and side-to-side movements of the chin as well as other bizarre muscular activity. If any of the muscle problems start, ALL ANTI-PSYCHOTIC DRUGS SHOULD BE STOPPED IMMEDIATELY."

(George Crane in 'SCIENCE': Vol.181:)

"A study of the patients in a nursing home showed that TARDIVE DYSKINESIA, mainly as movements of the face, but sometimes of the hands and trunk (body), occured in 30% of the patients treated with phenothiazines." (MARTINDALES Pharmac)



Psychiatrist's reply to G.P.:

Mrs.G. presented a very peculiar problem, namely a mixture of gross immaturity and hypomania. Her husband wants me to pin down on a prognosis, which I refuse to give, and I tried to make it quite clear that nothing very much can be done for G. until she has been confined.

Her behaviour prior to admission was very erratic, as you know, and I was particularly worried about the domestic set-up. The husband strikes me as a hard-working, intelligent man who finds it very difficult to understand the vagiaries of his wife's mind and behaviour. (Her) Mother blames husband for everything that happened, and was really disappointed that I told her this was not on. The little child is looked after by Mrs.G's parents, as you know, because G. is not capable of looking after a child in view of her irresponsibility.

I am sorry that you had to ring up the hospital, and I was most reluctant to give her anything because of her advanced pregnancy. To be quite frank with you, I am myself at a loss, but agree with the last paragraph in your letter that admission under Section is in the offing.

As regards the serum lithium estimates, I shall lay that on.

Yours Sincerely, (signed)
Consultant Psychiatrist.

G.P's reply to her Gynaecologist.:

I regret to have to inform you that this lady became manic about the 22nd. February and has subsequently been admitted to Warley Hospital, and is under Dr.H. She recently discharged herself and Dr.H. does not want her to go back in under section unless her condition deteriorates.

Will you please note that she is on Neulactil 30mg. three times a day and Priadel 400mg. twice a day - 800mg. total. Dr.H. is arranging to have the lithium estimations and the patient is going to Warley Hospital to have this done.

For your information I enclose the two reports for Dr.H. and I would be grateful if you could have photostat copies made and the originals returned to me as early as possible as I am seeing the patient fairly frequently at the moment.

Seen today, I do not think her mental condition is very good and I have told her she must stay with her mother until after she has had the baby but I feel that if you have any difficulty in the peurperal period, it may be advisable to re-admit her to Warley.

However, she may, of course, be very much better after the baby has arrived.

Yours Sincerely, (signed).

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About Lithium -- See our Booklet No.11. and About Neulactil See our Booklet No.8/9. About Priadel - See also Booklet No.11

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NORWOOD NINE: Broken.

Where are we going? I don't know.
Eat your breakfast. Comb your hair.
Here's the car. Has it stopped?
Where are we going? I don't know.
In the car
Roars along
All the way to Norwood.

Out the car. Up the drive. Standing there to meet us is
The Principal and the Matron.

"You two girls can come with me" she says.
Don't believe it. Couldn't happen. PANIC.

Turns to brother - Younger person.
O.K. now. We're together all alone.
"Come along with me" a voice says.
Brother taken. Couldn't happen. PANIC.

Standing there. PANIC. Shattered. Broken.

"Wets the bed. Wonder WHY!"

(This poem recalls the time when my brother, two sisters and myself were taken from our parents and taken to W.Norwood Jewish Orphanage. It was a horrifying experience... Such things should not happen to anyone.)

Julian.H. Barnett.

Legal Speed for Kids in Amerika & U.K.??

Amerikan Situation: Victor Nowicki in "In a Nutshell".
U.K Situation: Steven Box in "New Society"

In Amerika: The 'authorities' cannot agree on the meaning of the term 'hyperactivity' let alone on what causes it and how it should be treated.

One group of professionals takes hyperactivity to mean the same thing as hyperkinesis. Hyperkinesis, a term originally used in Britain referred to the condition of an individual with demonstrable brain or central nervous system impairment who showed signs of hyperactivity and learning problems.

Now how does this group come to regard hyperkinesis being the same as hyperactivity? They believe that all hyperactivity is caused by brain damage or central nervous system impairment. This belief seems to be based on the conclusions of two research studies - in the 1930's by Kahn & Cohen, and in the 1950's by Strauss Lehtinen & Kephart. Both studies looked at individuals with demonstrable brain damage who also had hyperactivity symptoms and learning problems and concluded that since these individuals with known organic damage had symptoms of hyperactivity, then ALL INDIVIDUALS WITH SYMPTOMS OF HYPERACTIVITY HAVE BRAIN DAMAGE OR NERVOUS SYSTEM IMPAIRMENT, WHETHER OR NOT ANYONE CAN FIND IT.

Such circular reasononing has been heavily criticised for being unscientific. This same group of professionals recommends the use of stimulant drugs for treatment of hyperactivity, which means the daily management of the individual's hyperactive behaviour, for no real 'cure' exists.

An opposing group of professionals believes that hyperactivity is a collection of symptoms with a variety of underlying causes - from an anxiety-producing environment to a chemical imbalance in the body. They believe that only in rare instances is hyperactive behaviour a result of brain damage or nervous system impairment (hyperkinesis, or minimal brain dysfunction), but that generally these symptoms - lack of concentration, short attention span, restlessness, temper tantrums and other behaviour found offensive by people -- are created by treatable causes and that the use of stimulant drugs such as amphetamines or METHYLPHENIDATE HYDROCHLORIDE (Ritalin) IS TO BE AVOIDED.

TREATMENT OF HYPERACTIVITY.

The method of treating children with the symptoms of hyperactivity depends on what the person in charge of administering the treatment thinks about "hyperactivity". If the therapist thinks that hyperactivity is synonymous with hyperkinesis then the usual treatment is with drugs. If on the other hand the therapist believes that only a tiny fraction of those children are true hyperkinetics, and the majority of children are showing "overactivity" and "behaviour" disorders for other reasons he will treat these other contributing factors.

Sydney Walker lll, head of the Southern California Neuropsychiatric Institute writes in Psychology Today(Dec.74) that he has never used stimulant drugs in treating children with "hyperactivity". He says that if symptoms of hyperactivity cannot be explained either by neurological disease or the detrimental effects of the child's social life in family or at school then perhaps they can be caused by other treatable factors that influence the central nervous system.

Here is a list of causes he had found that created symptoms of hyperactivity in children -- calcium deficiency;abnormal level of glucose in the blood; poor blood oxygenation due to circulatory abnormalities; lead poisoning; carbon monoxide poisoning; 'mixed brain dominance', a condition creating dyslexia, a reading problem; hunger; pin worms; even uncomfortable clothing (underwear) causing restlessness and inattentiveness.

He also goes on to say that he thinks the use of amphetamines and Ritalin is a "disastrous fad" and that these drugs are used to "subdue" children.

Benjamin Feingold oof the Kaiser-Permenante Medical Centre in San Francisco claims to have successfully treated 50 percent of a group of hyperactive children with a special diet free of artificial flavourings and food colourings. This finding is currently being tested with further independent research but preliminary findings suggest that food additives and artificial flavourings somehow play a role in helping to create symptoms of hyperactivity.

P.Susan Stephenson, head of Child Psychiatry, Department of Psychiatry, University of British Columbia, writes in the Canadian Medical Association Journal (Oct.18.1975) thus "...hyperkinesis or hyperactivity, cannot be considered a

disease or syndrome,but is in fact a symptom, with a variety of underlying causes and appropriate treatment approaches."

"Hyperactive" children she has seen while working in a diagnostic centre appear to include the following:
(I quote) ---

1) The normal 2 to 3 year old child, who has the high activity level common to this developmental phase.
2) The retarded child with a mental age of 2 or 3 years.

3) The child with a constitutionally high activity level, particularly when the child's activity level is not that expected by the parents, teachers or other important adults.
4) The child whose normal activity is restricted at home or in the classroom.

5) The child who is bored or frustrated in school.
6) The child with the "no-breakfast syndrome". This is common in some parts of Vancouver, where children who receive no breakfast are restless and inattentive in school. The more experienced teachers are well aware of this problem and some take extra supplies of food to school.

7) The "unsocialised" child who may be from a socially disadvantaged, chaotic and disorganised family in which the children have not been taught to curb impulses, delay gratification or control behaviour.
8) The anxious child. Restlessness and inattention are manifestations of anxiety in children, which may stem from a number of causes or be transferred from parent to child.

9) The autistic child, who is frequently hyperactive.
10) The "true hyperkinetic child", as described in British studies. The child exhibits continuous, non-goal directed motion in all situations. These children are rare in my opinion.
11) The child with an unusual cause of hyperactivity such as hyperthyroidism, lead poisoning, or de Lange's syndrome.
(END OF QUOTE)

BEHAVIOUR DISORDERS

There is no doubt that a large number of children do show behaviour that is negative and disruptive -- throwing of temper tantrums, low frustration level, etc,.
If this is not due to a neurological or nervous system disorder then what causes

such behaviour?

It is a known fact that disruptive family situations, inconsistent and innappropriate child-raising methods, cramped living spaces and high level anxiety environments do cause children to sometimes behave in a manner found inappropriate by others. ATTENTION SHOULD BE GIVEN TO CHANGING THESE NEGATIVE ENVIRONMENTS. (Emphasis added)

We should keep in mind that there are "observer variables" that make a crucial difference in the diagnosing of who is hyperactive and who is not. In one research study (Kenny) it was found that trained observers could agree in determining hyperactivity in only 13 of 100 consecutive referrals!

Schools play a major factor/role in labelling children hyperactive. This seems to be due to the fact that those symptoms associated with hyperactivity -- excess movements, disruptibility, are found to be intolerable in most rigid classroom settings -- where individualised, supportive interaction is needed to deal with these behaviour problems in children, we find instead, in many cases that the parents of the children are told they have a hyperactive child that should be taken to the family doctor and appropriate medication should be obtained to treat the offensive behaviour. Some parents seem to be fighting back from this intimidation. There is a law-suit pending before the California Courts where a group of parents are bringing suit against the school authorities who refused to admit their children into the classroom unless the children took medication to treat their "hyperactivity" problem. This brings us to the issue of chemotherapy or treatment by drugs.

CHEMOTHERAPY (DRUG "TREATMENT")

Many children who have been diagnosed as "hyperactive" are taking stimulant drugs -- Ritalin (Methylphenidate) and Amphetamines.

These drugs have an effect that makes this form of treatment probably the most popular one in dealing with "hyperactive" symptoms. These drugs, in a way that is not completely understood subdue motor activity and are thought to increase the ability to do repetitive tasks in some individual children.

It has been charged that this medication is used to subdue and control children in rigid environments (like the classroom) where there is little tolerance for any behaviour diff-

-erent from the accepted norm.

The two main criticisms of the use of these stimulants is that they mask the symptoms of "hyperactivity" and do not treat cause in the great majority of children diagnosed as "hyperactivity". Secondly, AND MOST IMPORTANTLY, there is no conclusive evidence of their safety.

In the case of amphetamines, they are regarded by almost all authorities as a potential health hazard. Remember the slogan "speed kills"? The U.S. Food and Drug Administration in 1972, declared that amphetamines, "Because of their significant potential for dependence and abuse should be used with extreme care," to treat disorders. Moreover, prescribing medication is an efficient way to treat the maximum number of patients.

Conclusions

A large number of professionals who deal with children erroneously believe the term "hyperactivity" implies some sort of nervous system impairment or damage.

Hyperactivity is not a'disease' but a number of various symptoms, which are related to various causes -- a very small percentage of which are due to nervous system damage. The majority of causes are unhealthy physical and emotional environments.

A huge number of children are labelled "hyperactive" by medical professionals, school professionals, and other adults dealing with children. It appears one of the major labellers of children into the category of "hyperactive" IS THE SCHOOL SYSTEM. These large numbers of children, whose behaviour is found intolerable in most school settings ARE THEN DRUGGED INTO PASSIVITY (emphasis added) with the rationale that the children are better able to perform schoolwork, which is only true in an unknown amount of cases.

Instead of providing more tolerant supportive individual attention to children with unacceptable behaviour in the class room, these children are drugged with potentially harmful medication.

It has been charged that the huge numbers of children labelled hyperactive (from 5% to 28% of the public school population) would have been labelled mischevious before the advent of chemotherapy.(Treating problems in living,with drugs)

This is hotly denied by some people as was demonstrated when a member of MPA("Mental Patients Association") attended a Vancouver Association of Children with Learning Disabilities Meeting which was dealing with the topic of "hyperactivity".

When he suggested to the assembly that children now labelled "hyperactive" would have been called mischevious before the prior term became well known, he was soundly booed by the large audience made up of teachers, other professionals, and parents of "hyperactive" children.

Adult society seems dependent on drugs to control unacceptable behaviour in children by labelling them "hyperactive". It is difficult to know how many children are regarded as hyperactive in Canada and Vancouver. MPA has written to the National Department of Health and Welfare, and also to the Vancouver School Board to get this information but several months have passed with still no word. (PROMPT: We know the feeling).

The most dangerous aspect of using chemotherapy on hyperactive children is the question of safety.

RITALIN has a multitude of adverse effects on the mind and the body and there is a serious question of their influence on children's growth.

AMPHETAMINES, the other stimulant used in chemotherapy for hyperactivity is a recognised potentially dangerous drug whose use is being restricted on adults, but no such restrictions exist on their use on children labelled hyperactive.

(This article from "In a Nutshell")

REPORT ON HYPERACTIVITY IN U.K.: Steven Box in "New Society" 1st.December.1977.

"HYPERACTIVITY: THE SCANDALOUS SILENCE"

There is a scandalous silence about a form of violence going on in schools. It is of a kind which is far more psychologically and socially damaging than the violence against people

and property which has recently had widespread publicity and has led to an outcry for more punitive measures against the culprits. This pernicious silence is understandable WHEN YOU REALISE THE VILLAINS ARE EDUCATIONAL AND MEDICAL AUTHORITIES.

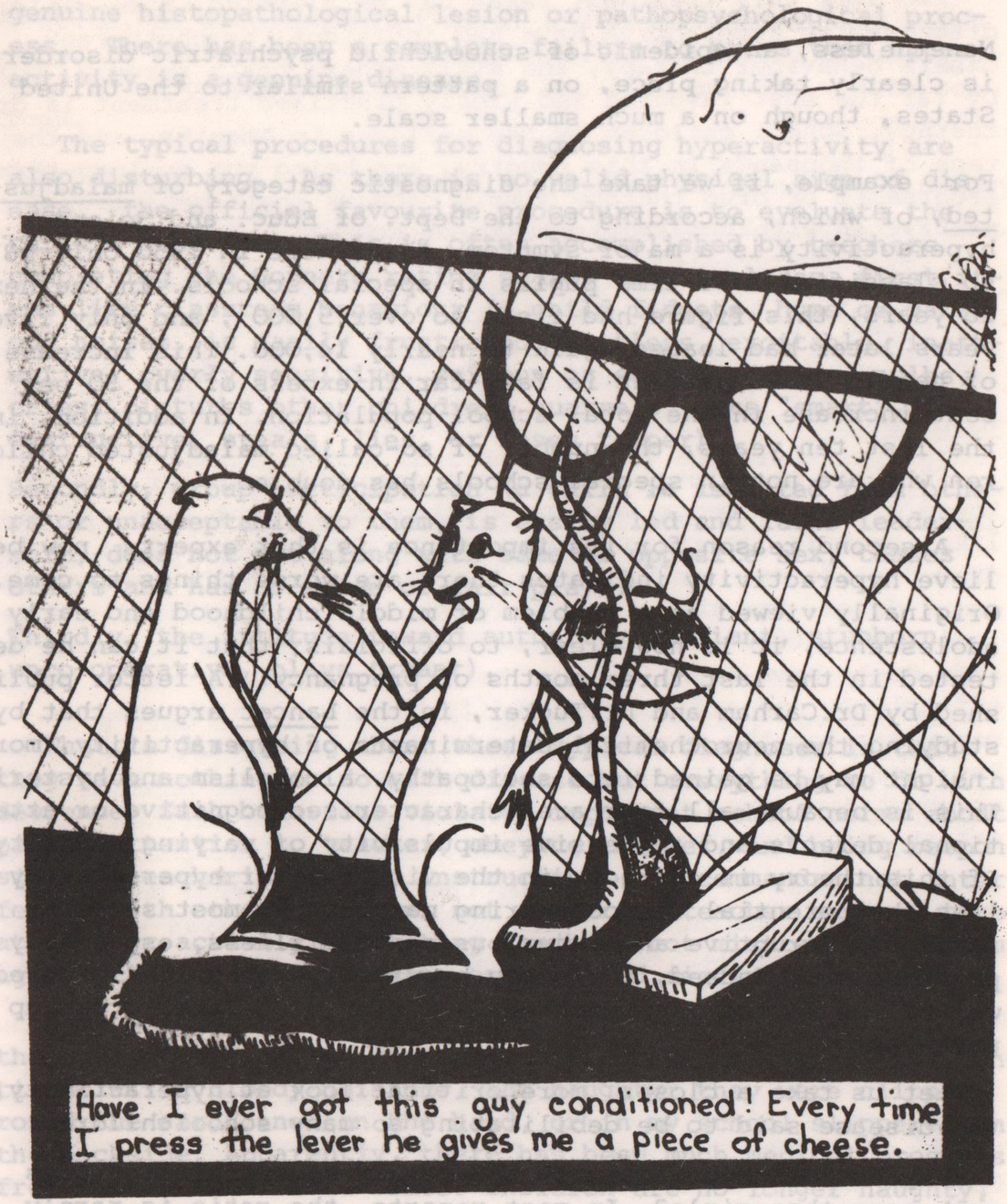
(Emphasis added)

The violence I mean is the increasing employment of "medical solutions" to school problems which are essentially moral, legal and social. There are good reasons, from the viewpoint of those in authority, why moral, legal and social problems should be transformed into medical problems requiring medical intervention. But first let us look at the case of one so-called schoolchild psychiatric behavioural disorder --namely, "hyperactivity".

There are two reasons why hyperactivity has become a disease of extreme national and international importance since its "discovery" in 1957. First, like diphtheria nearly 70 years ago, it is a disease which has now reached epidemic proportion and secondly, if untreated, its prognosis (outcome) is disastrous for the individual and catastrophic for the community.

In Amerika, anywhere between 500,000 and 1,000,000 schoolchildren are currently diagnosed as hyperactive. This makes it, according to a recent book, "One of the major childhood behaviour disorders of our time". "It is the single most common behaviour disorder seen by child psychiatrists, a problem frequently presented to paediatricians and a major problem in the school system." Even more alarming to educational and medical authorities, the epidemic is apparently becoming more extensive. It is reported that "already specialists ... state that at least 30 percent of ghetto children are candidates" for being treated as hyperactive "and this figure could run as high as four to six millions of the general school population".

"MADNESS NETWORK NEWS"



In the United Kingdom, synonymous or overlapping disorders of hyperactivity are less well documented, relatively unanalysed, and under-discussed. Furthermore, differences in disorder classification and diagnostic procedures make strict comparison difficult and open to numerous criticisms.

Nonetheless, an epidemic of schoolchild psychiatric disorders is clearly taking place, on a pattern similar to the United States, though on a much smaller scale.

For example, if we take the diagnostic category of maladjusted, of which, according to the Dept. of Educ. and Science, hyperactivity is a major symptom, there were in 1950 only 587 so classified full-time pupils in special schools. In the next 2o years, this figure had risen to over 5,000 , and only five years later had leaped again to nearly 14,000. This increase of nearly 2,500 percent is far, far in excess of the 50 per cent increase in the total school population. In addition, in the last ten years, the number of so-called maladjusted children who are not in special schools has doubled.

A second reason for its importance is that experts now believe hyperactivity indicates there are worse things to come. Originally viewed as a problem of middle childhood and early adolescence, it is now clear, to officials, that it can be detected in the last three months of pregnancy. A letter published by Dr.Carham and Dr.Tucker, in the Lancet argues that by studying the neurochemical determinants of hyperactivity, more insight may be gained into sociopathy, alcoholism and hysteria. This is because all four are "characterised cognitive or attentional defects and aggressive impulsivity of varying severity." If this theory is correct, in the victory over hyperactivity lies the potential for conquering many of our most serious forms of disruptive and injurious mental illness, especially psychopathy. Indeed, for every hyperactive schoolchild cured, we will be spared the murderous villainy of a later grown-up psychopath.

Let us take a closer, more critical look at hyperactivity, the disease said to be debilitating so many schoolchildren.

Why do both hyperactivity and maladjustment afflict boys much more than girls? In most reports, the ratio is rarely less than 4 to 1 and sometimes reaches 9 to 1.
Furthermore, once we consider its incidence by geographical location, ethnicity or social class, we find it is not evenly spread through the population. Hyperactivity is diagnosed more frequently among the urban ethnically and economically disadvantaged. But why should it affect only some and not others: is its identification a medical, or a social process?

The efforts of hundreds of research workers have not managed to demonstrate that hyperactivity is the result of any genuine histopathological lesion or pathopsychological process. There has been a complete failure to prove that hyperactivity is a genuine disease.

The typical procedures for diagnosing hyperactivity are also disturbing. As there is no valid physical sign of disease, the official favourite procedure is to evaluate the child's behaviour. This is often accomplished by teachers completing the Conners rating scale. This includes, first items like classroom behaviour (a child fidgets, hums or makes odd noises, is easily frustrated, restless, excitable, inattentive, overly sensitive, serious or sad, daydreams, sulks, cries, disturbs other children, quarrels, acts "smart", is destructive, steals, lies, or loses temper).

Secondly, group participation (a child is isolated from others or unacceptable to them, is easily led and lacks leadership, does not get along with same or opposite sex, teases others and has no sense of fair play).

Thirdly, the attitude toward authority (defiant, stubborn, unco-operative, plays truant).

What is disturbing about these typical diagnoses is that they have nothing to do with disease,but everything to do with deviance. Such behaviour violates important school norms about paying attention to teacher, obeying teacher, and being responsive to teacher's wishes, instructions, or commands; not interfering with other children; not answering teacher back or threatening or actually assaulting teacher; not mistreating or damaging school property; being orderly and disciplined.

When most of us were at school, children who behaved in these ways were called disruptive, disobediant, rebellious, anti-social, a bloody nuisance, and naughty; they were clipped round the ear, caned on the hand, or in my school slippered on the backside. Apparently, there has been much medical progress from those uncivilised times. Children are no longer naughty, they are medical cases. With this re-conceptualisation of the problem, Amerikan schools, particularly in poor Negro ghettos, and English schools in urban slums and ethnically mixed areas,

are being transformed from places where children attended educational courses to places where they receive courses in medical treatment.

The form this treatment takes can be alarming. Some children diagnosed as hyperactive have had individual psychotherapy, others behaviour therapy, and still others brain surgery, but by far the most favoured and widely practised treatment is drug therapy. School children by the millions in Amerika, and the tens of thousands in this country, are being put on long-term programmes of drug therapy simply because their behaviour does not fit in with the requirements of school.

At the moment, the main drugs being administered to hyperactive scoolchildren are stimulants -- like methylphenidate, dexamphetamine and magnesium pemoline. In a minority of cases,non-stimulants like thioridazine, chlorpromazine, hydroxyzine, diphenhydramine and tricyclic impramine are also administered.

It would be a fatal trap to get into the issue of whether these drug treatments work or whether unpleasant side effects, like insomnia, anorexia, depressed height growth and of course drug-dependence, can be controlled by refining the present range of drugs. For this is exactly where the educational and medical authorities want their critics. For there is no doubt that safe drugs have been, and are being, produced, and that these effectively and efficiently modify behaviour which someone, somewhere has the desire and power to define as objectionable. But from a political and social perspective, the most dangerous psychoactive drug is precisely the one that is medically the safest and psychologically the most effective.

To meet "them" on their ground, then, is to invite defeat. Instead of quibbling about safety and effectiveness we should examine the ideology which encourages us to view ourselves as surrounded by diseases (which can be cured by drugs) and not moral, social or political problems (which require social change).

When we consider what kind of behaviour constitutes hyperactivity, and who is involved; we might see this behaviour as reflecting social rather than medical problems. During rising and often chronic unemployment, many schoolchildren, particularly lower class and ethnically underprivileged boys, naturally cause problems.

A lot of the frustration, rejection, humiliation and oppression they experience shows itself in delinquency, truancy, disobedience, and other behaviour which upsets figures of authority, including parents and especially teachers.

The state, as a custodian of moral and legal boundaries, tries to contain and control such behaviour. It naturally gives support to those groups of professions who come up with viable solutions.

During the 1950's and 1960's, it looked as though criminology and sociology would solve the growing problem of disobedient youth, but their programmes were either counter-productive, or too utopian. Even while lip service was still being paid to criminology based programmes, alternative solutions were being sought in the delinquent/disobedient youth problem. One of was already under way and only required more funds and official certification to mushroom. This was a new version of Biological determinism -- the conception that delinquents and predelinquents were essentially either mentally ill or, in the case of hyperactivity and maladjustment, physically and organically, and required treatment, especially drug therapy.

FRIGHTENING CONCEPTION OF SCHOOL HEALTH CARE

This view of the problem creates an entirely new and frightening coception of school health care. Under the guidance or dominance of a therapeutic system of social control, the school medical system has shifted from screening, preventing and treating real diseases (THAT IS, DISEASES OF AN ORGANIC KIND, THAT REFER TO CELLULAR PATHOLOGY). Instead, it screens, prevents and treats non-organic behaviour disagreements.

It has shifted in such a way that it deliberately confuses curing diseases with controlling deviants.

D.M & S.A Ross write in "Hyperactivity: research, theory & action" (New York. Wiley Publishers. 1976):

"Having always professed concern about the whole child, the school system is for the first time now assuming its rightful responsibility in this area." This they say, has "the potential to be the most important of all major advances in the 1970's." But they fail completely to spell out from whose vantage point, and with whose interest in mind

this is a major advance. Surely not those millions of school-children who suffer only from a desire to rebel at school, from boredom, from a sense of failure due to an educational environment aimed at achievement,who are fearful of future of unemployment and the welfare, and who demand more of school than teachers can possibly give.

RAGE AND DESPAIR

It is on this ever-expanding number of frustrated and disillusioned schoolchildren that violence is being committed. Instead of recognising their inarticulate cries of rage and despair and examining the very serious problems they face, there is an intense drive to individualise their problems, and blame them on an organic impairment. Drugs are then administered to dampen and confuse the child's scarcely-heard protests. In this way, the minds of a generation of the ethnically and economically deprived are being hollowed out, and their revolt of a potentially delinquent population avoided.

All this might seem very unfair comment on a profession which has undoubtedly saved the lives of millions from crippling and fatal diseases; but the history of medicine reveals that it does not confine its boundaries to real diseases. It has always been prepared to involve itself in transforming moral and political issues into medical conditions. This was massively enhanced when it acquired a legal monopoly of the mind as well as the body, for this allowed the discovery of diseases without the need to establish any observable or detectable organic impairment or malfunction. When the demonstrable organic basis for a disease was removed, the "tinkering" medical profession was able to discover a whole spectrum of so-called mental illnesses to cover an ever-growing proportion of human behaviour. (Emphasis added)

This wave of medical expansion, including the recent "epidemics" of hyperactivity and maladjustment, has had a dramatic shot in the arm by the pharmacological revolution over the last three decades, as it now has more technological control over the "symptoms" (behaviour) of diseases.

To do justice to the rising generation, ... particularly those ... from ethnically and/or economically impoverished backgrounds, their disturbing behaviour must not be explained away as symptomatic of a disease. Admittedly, surrendering to this temptation has many advantages; it justifies actions,

particularly therapeutic interventions, not allowed if the problem were not medical; it justifies intervention before any offence has been committed, as medicine advocates pre-

vention better than cure; it takes the issues out of public moral debate and places them into the secretive and impenetrable hands of educational and medical professionals; it avoids issues of legal rights or the complicated protections afforded to the "accused" by due process; and it de-politicises the issue. Finally, it justifies continuing treatment far beyond alteration of any deviant behaviour.

END THE PSYCHOLOGICAL VIOLENCE
MANY SCHOOLCHILDREN ARE SUFFERING

It may be difficult to turn away such a gift horse, and clearly government officials have not been able to do so.

But if we are to stem the steady slide not towards *"1984"* but *"Brave New World"*, then we must end the psychological violence many schoolchildren are suffering due to the educational authorities' direct refusal to come to grips with the problems faced by many of their pupils.

What they need is not drug therapy, but the opportunities to live their lives more fully. That requires a rethinking of the entire purposes and functions of compulsory education and the place of medical and psychiatric care within it.

(Steven Box "Hyperactivity: the scandalous silence" in "New Society" 1st. December 1977.pp458 to 460)

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<u>News item?</u> ::: DAILY MIRROR ::: 10th September 1980 p3:

"CRASH COURSE" --- A lecture on driving accidents was given at University College, Swansea, yesterday by Mr. A.Risk!

!!!!!!!!!!!!!!!!!!!?!!!!!!!!!!!!!!!!!!!!!!!!!!!!?!!!!!!!!!!!!!!!!!

Letter from an ex-social worker.

I was put in hospital against my will by my parents in 1976. At the time,as a graduate, I was a social worker and my committal came as a complete surprise to me, and seems in every way to have been utterly groundless. I was given drug therapy which I am supposed to continue indefinately.

Naturally,I lost my job and now have great difficulty in finding another. Neither the Civil Service nor any local Authority will employ me. I retrained as a Secretary but to get a job with enough interest I have to lie about my mental history. Recently I was unemployed and my mother arranged an appointment with another psychiatrist, "Just as something for me to do." I was put in hospital again. I ran away twice and was put on a Section for a month and had my clothes taken away from me.

I would be grateful if you would write my rights and possibilities in terms of jobs, emigration, life insurance, etc,. in the light of having been a "mental patient".

I wish you every luck in your campaign, Yours Faithfully,

Ms. A.L (Signed)

Letter from Gravesend, Kent.

May I take this opportunity to express my wholehearted support for your campaign against the use of ECT. I have seen your notice on the notice-board at the University of London Students Union, and would appreciate if you could send me any further details. Keep up the good work.

Yours Sincerely, G.A.P.
(Signed)

PROMPT NOTE: IN THE U.K. YOU CAN'T SUE A PSYCHIATRIST FOR DAMAGES ... HOWEVER CAUSED ... AND HOPE TO WIN YOUR CASE. THIS IS BECAUSE OF THE OBSTACLE OF "DONE IN THE BEST INTERESTS OF THE PATIENT" ENSHRINED IN THE 1959 MENTAL HEALTH ACT. (On BBC Television the "Play for today" Series included a play about the way in which the PSYCHIATRIST ALWAYS WINS AND THE SO-CALLED PATIENT ALWAYS LOSES. PROTEST IS SEEN AS BEING UNCO-OPERATIVE AND FURTHER SIGN OF THE NEED FOR TREATMENT. Write letters to BBC T/V and ask them to repeat the play by COLIN HAYDN EVANS called "NAME FOR THE DAY".) SEE LETTER ON PAGE 15 THIS EDITION.

*Throughout this document the words Mental Patient aren't in inverted commas as we would normally print them to show we don't agree with the concept.

THE KILLING OF MENTAL PATIENTS*

Peter Roger Breggin, M.D.

in "Freedom": June - July, 1973, No.Xiii. p.5-7

As a Jew and as a psychiatrist I have long held a deep conviction that the attempted extermination of the Jews and the maltreatment of mental patients are somehow profoundly connected. But only recently did I come upon one of the best kept secrets of modern times: that German psychiatry began to discuss the extermination of mental patients before Hitler had been heard from, that German psychiatrists were the first to begin exterminating people in Nazi Germany, that they pioneered the gas chamber and crematorium, and that they were the architects and technicians of the Final Solution for the Jews.

One of the earliest first-hand accounts of the massacre of Germany's mental patients came from William L. Shirer, who was a correspondent in pre-war Germany. On November 25th. 1940, he made an extensive entry in his BERLIN DIARY. *It began with, "I have at last got to the bottom of these 'mercy killings'. It's an evil tale ...A conservative and trustworthy German tells me he estimates the number at a hundred thousand. I think that figure is far too high. But certain it is that the figure runs into the thousands and is going up every day." Shirer, like everyone else, simply would not believe what he was hearing.*

During and after the war, books and newspapers continued to report on the massacre of Germany's mental patients, usually underestimating the total number of victims and the role psychiatry as instigator and perpetrator. Toward the end of the Nuremberg trials in 1946 it became apparent that the holocaust itself - the attempted extermination of the Jews - had begun with the extermination of Germany's mental patients. Then in "The Doctor's Trial" the world was told that organized psychiatry had been the first institution in the history of the world to plan and implement the ANNIHILATION of a class of people.

One of the most notorious "euthanasia" centres, Hadamar, came to light at Nuremberg in a letter of protest written from the Bishop of Limburg to the German authorities on August 13th 1941:

Several times a week buses arrive in Hadamar with a considerable number of such victims. School children in the vicinity know this vehicle and say "There comes the murder-box again." After the arrival of the vehicle, the citizens of Hadamar watch the smoke rise out of thechimney and are tortured by the ever-present thought of the miserable victims, especially when the repulsive odours annoy them, depending on the direction of the wind. Children call each other by names and say "You're crazy; you'll be sent to the baking oven in Hadamar." You hear old folks say, "Do not send me to the State hospital! After the feebleminded have been finished off, the next useless eaters whose turn will come are the old people."

This vivid description from the outside was complemented by another from within, given to a Nuremberg investigator by Dr. J. Hallervorden who confessed to using the brains of 500 such victims for "research" at the Kaiser Wilhelm Institute:

"These were selected from the various wards of the institutions according to an excessively simple and quick method. Most institutions did not have enough physicians, and what physicians there were were either too busy or did not care, and they delegated the selection to the nurses and attendants. Whoever looked sick or was otherwise a problem patient from the nurses' or attendants' point of view, was put on a list and was transported to the killing centre."

Some of the most grisly details now available to us describe the extermination of infants and children. Children were gassed, poisoned, starved to death both at special killing centres and in local hospitals and clinics.

FROM FREDERIC WERTHAM'S "A SIGN FOR CAIN":

As early as autumn 1939, a student of psychology, later a public-school teacher, LUDWIG LEHNER, *was permitted with other visitors to go through the state hospital* EGLFING-HARR. *He went there as a part of his studies in psychology. In the children's ward were some twenty-five half-starved children ranging in age from one to five years. The director of the institution,* Dr.PFANN-MUELLER, *explained the routine. We don't do it, he said, with poisons or injections. "Our method is much simpler and more natural." With these words, the fat and smiling doctor lifted an emaciated, whimpering child from his little bed, holding him up like a dead rabbit. He went on to explain that food is not withdrawn all at once, but the rations are gradually decreased. "With this child," he added, "it will take another two or three days."*

According to Wertham, children with psychiatric and behavioural disorders -- including "difficult" children, were regularly put to death. Even children with cosmetic deformities met this fate. And the method of starvation, apparently an innovation in 1939, would eventually become the routine procedure through Germany after 1941.

Wertham, a psychiatrist and the most detailed chronicler of the disaster, observes in "A SIGN FOR CAIN" that the population of the psychiatric hospitals was between 300,000 and 320,000 in 1939 and 40,000 in 1946. He estimates 270,000 died in the state hospitals.

He describes the closing down of entire large mental hospitals in major cities, following the extermination of their psychiatric populations. Most grisly perhaps, he describes a hospitalwide celebration at HADAMAR in 1941 marking the death of its 100,000th patient. Beer was served.

The CZECH WAR CRIMES COMMISSION *also estimated the number killed in the "euthanasia programme" at 270,000, a figure repeated at NUREMBERG. The later indictment at the Doctors' Trials speaks of deaths numbering in the "hundreds of thousands". We have heard German sources refer to up to 100,000 deaths as early as 1940. A letter written by a doctor in the* REICH MINISTRY OF JUSTICE *in early 1941 already speaks of "the elimination of a few hundred thousand mental patients".*

Neither a man nor an institution nor a profession overnight becomes a murderer. In 1920, an outstanding psychiatrist, ALFRED HOCHE, co-authored a book on "THE DESTRUCTION OF LIFE DEVOID OF VALUE", already outlining genetic theories of so-called mental illness, and advocating "mercy killing" as a solution both to the public health problem and the suffering of the individual. The book went into a second edition and was widely discussed and praised in Germany.

In June, 1933, the most prestigious medical journal in the world, LANCET of Great Britain, published a sympathetic review of Germany's growing interest in

the sterilisation of the "weak-minded",the "mentally ill", a variety of criminals and finally, "Jews, Negroes, and Mongols". Then in August of the same year, LANCET grew somewhat more wary of the German eugenics programme and made a more "balanced" editorial comment:

"Some of the provisions of the new German law, when put into action, will no doubt result in valuable genetic data and some social benefit. But these will not necessarily outweigh the harm that will be done."

By September, LANCET was no longer critical in any way and gave an entire section on the opinions of "AN ADVOCATE OF EUGENIC CASTRATION" who supported racial improvement by castrating and sterilising the "unfit". The advocate, quoted without opposition, is Dr.W.WEYGANDT, "who occupies the chair of psychiatry at HAMBURG."

One year later in December 1934, LANCET reports still more enthusiastically the results of the castration and sterilisation programme after a full year of actual application. Many of the victims are children, some as young as age ten.

This unchallenged therapeutic zeal also prevailed in the U.S.A.

On April 28th 1928, the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION *published a glowing report* "FROM OUR REGULAR CORRESPONDENT" in BERLIN *lamenting the high birthrate in black Africa compared to white Europe:*

"The birth rate is declining in the countries which are the types having the best hereditary endowment."

By October,1934 the JOURNAL's enthusiasm had accelerated, though the intended sterilisation of the Jews was now a well-known part of the programme. "OUR REGULAR CORRESPONDENT FROM BERLIN" again praises German eugenics, which is now clearly dominated by German psychiatry. He notes a paper on "CLINICAL PSYCHIATRY AND EUGENICS" by a Munich psychiatrist BUMKE, and another by Psychiatrist ERNEST RUDIN, "PSYCHIATRY AND EUGENICS."

RUDIN, architect of the eugenics law and a wartime director of the KAISER WILHELM INSTITUTE, was working on a "graduated scale of the best and the worst families, from a hereditary point of view".

This article begins to sound like 1973 (first published) instead of 1934 when it praises recent German developments in "biological psychiatry" and, in particular, Berlin's newly formed "BIOLOGIC GROUP" of Psychiatrists.

** *Castration was merely one assault against mental patients that climaxed in the 1930's in state institutions around the world, where millions were subdued with a variety of mind-blunting and mind-destroying technologies, including convulsions produced by drugs, electricity and insulin coma and ultimately, lobotomy.* (** SEE OUR BOOKLET NO.11 FOR DETAILS)

Worldwide psychiatry was moving toward an acceptance of the ultimate -- "EUTHANASIA" -- but only in Germany had psychiatry reached the point of openly planning this solution. Psychiatrically, Germany was simply the most advanced country in the world.

When the leaders of German psychiatry met in July,1939, whether or not to proceed was no longer a question; only the most economical methods was up for debate. They called their programme by various names: "mercy action", "action", "euthanasia", "help for the dying", "destruction of life devoid of value", "killing the incurably diseased" and, most popularly, "destruction of useless eaters".

In October, 1939, the first questionnaires for the selection of patients to be killed were circulated throughout the German state mental hospital system. At this early stage, this massive bureaucratic operation was under the leadership of MAX de CRINIS, Professor of Psychiatry at the UNIVERSITY OF BERLIN, *and more than a dozen other full professors and department chairmen, most of whom were distinguished in the field of biological psychiatry. One,* WERNER HEYDE, *was soon put in charge of the two main administrative organisations for the extermination, which registered and processed the patients selected for death, and which set up gas chambers and crematoriums in* SIX PSYCHIATRIC KILLING CENTRES. *They were highly innovative, complete with carbon monoxide gas chambers disguised (as) shower rooms, as well as crematoriums and some of the more incredible techniques, such as the extraction of gold from teeth.*

Patients were sent to the killing centres from all over the nation, and there was no doubt about their destination, for when the killing was done, acknowledgement was sent back to the hospital of origin. Here is a typical example from captured hospital records: "I have the honour to inform you that all female patients transferred from your institution on 8-11-1940 have died in the month of November this year at the Institutions of GRAFENECK, BERNBURG, SONNENSTEIN, and HARTYEIM."

Wertham, the psychiatrist, observes with outrage: The tragedy is that the psychiatrists did not have to have an order. They acted on their own. They were the legislators who laid down the rules for deciding who was to die; They were the administrators who worked out the procedures, provided the patients and places, and decided the methods of killing .....

All this went on for two years before Hitler decided to proceed with the FINAL SOLUTION FOR THE JEWS. Only then did the Fuehrer take a personal interest in the activities of the psychiatrists, and he removed the killing centres from their direct control in late 1941. As Nazi-hunter SIMON WIESENTHAL describes in detail in "THE MURDERERS AMONG US", physicians continued to man these centres and to lend them a suitable medical aura, but now the killing of patients was secondary to a greater goal. The centres were used to train the SS for the extermination of the Jews. That doctors were already murdering Germans made it easy for these SS to accept the slaughter of lesser beings.

Psychiatrists were the most experienced killers in Germany, and their leadership helped lay the foundations for the FINAL SOLUTION. The psychiatrist, **HEYDE** *and a commission of four other psychiatrists were the first ones to enter* **DACHAU** *in 1941 for the purpose of organising procedures and selecting patients for political extermination. The selection sheets were simply borrowed from the euthanasia programme, so that a typical one read:*

Wolf Israel Noack, born Oct.6th 1896, in LODZ; diagnosis: inimical attitude toward Germany. Symptoms: member of communist party, dangerous instigator.

Meanwhile, robbed by Hitler of direct access to gas chambers and killing centres, German psychiatry went on poisoning and starving to death its psychiatric population, reducing it to one-eighth its original size by the end of the war. The zeal and independence with which this was carried out in local state institutions (hospitals) was described by ROBERT.E.ABRAMS in 1945 in a newspaper report and more recently recalled in conversations with me.

ABRAMS, now a New York City Publisher, was a 24 year old soldier, reporter and public relations officer in the occupying American army. It was a full 3 months after the start of the occupation, when a German doctor told a story that no-one could at first believe. The doctor had returned home from the war to discover that the state hospital near his village was exterminating its mental patients, and that this was still going on unabated within a few hundred yards of an American M.P. unit (Military Police unit).

The chief psychiatrist of the hospital had actually been arrested as a Nazi but the remaining doctors, nurses and attendants in the hospital had continued on quietly with their murder of the inmate population.

On July 2nd 1945, ABRAMS and a carload of soldiers entered the town, KAUFBEUREN, and saw the institutional buildings in the distance. They asked some children in the streets what the buildings were, and they were told:

"OH, THAT'S WHERE THEY KILL THEM."

On arrival they learned that the second doctor in command had hung himself the night before and, indeed, he was still hanging in his room. The third doctor in command was now the chief and he told ABRAMS that the last child patient had been killed on MAY 29th, THIRTY-THREE DAYS AFTER THE OCCUPATION OF THE NEARBY VILLAGE. The last adult had died TWELVE HOURS before ABRAMS' arrival, and only the drawn guns of the Americans had put and end to the "destruction of useless eaters".

Unknown hundreds of men, women and children had been made to suffer prolonged, agonising deaths with overdoses of drugs and starvation diets. A crematorium with three ovens had been constructed in NOVEMBER 1944, a time of extreme material & manpower shortage in Germany, indicating the dedication to this project.

The new director admitted to 350 to 400 cremations in the half year prior to the liberation of the state hospital by ABRAMS and his men. Now after the liberation, many victims, some weighing 50 to 60 pounds, continued to die from the effects of starvation and poisoning.

ABRAMS felt convinced that no coercion had been applied to her or to anyone else.

In fact, so great was the lack of remorse on the part of the doctor (?) still in charge that he continued to demand military attention from the debilitated patients and to push his way roughly among them while leading the American soldiers through the hospital.

ABRAMS stresses that everyone he interviewed on the hospital staff would be classified as a "good German", rather than a Nazi, INCLUDING THE LUTHERAN SISTERS who made up the nursing staff. One nurse, who admitted to killing at least 211 children, had received a small stipend for these extra duties.

ABRAMS reports that the doctor himself was then shoved by his American captors, and the patients were told to pay no more attention to their tormentor. The patients, we are told, "all were sane enough to laugh hoarsely and to enjoy the change of status."

Following the war, Germany managed to keep secret much of the euthanasia programme. It was more embarassing to Germany than the extermination of the Jews, for the victims were largely ordinary Aryan citizens. Indeed, Jews had been excluded from the early stages of the "euthanasia action" on the grounds that they did not deserve such relief. Equally damning, the medical elite of the nation had been heavily involved, particularly psychiatrists.

The case of WERNER HEYDE is typical but dismaying. He was the psychiatrist who administrated the murder of the mental patients from late 1939 through mid-1941, and who then went on to initiate the first political exterminations, leading the commission of psychiatrists in charge of "selection" at DACHAU. After the war, HEYDE was permitted to live in Germany itself under an assumed name, practicing as a psychiatrist, until it became a national scandal in Nov.1959. He had become a prominent figure again and his true identity was known to dozens of professional, political and lay people. He was even on a "wanted list" but no-one turned him in. Instead, he regained honours for himself. One of his new duties with the STATE INSURANCE OFFICE involved judgements concerning the validity of claims made by survivors of the concentration camps and mental hospitals!

WHEN PSYCHIATRISTS HAVE BEEN APPREHENDED, THEY HAVE BEEN ALLOWED TO COMMIT SUICIDE TO AVOID SCANDALOUS TRIALS, OR THEY HAVE BEEN QUICKLY TRIED AND EXONERATED OR, AT WORST, GIVEN LIGHT SENTENCES, SOMETIMES EQUIVALENT TO LESS THAN ONE DAY PER HUMAN DEATH CAUSED. WITHIN THE LAST MONTH (MAY 1973) STILL ANOTHER GERMAN PSYCHIATRIST-EXECUTIONER HAS BEEN ACQUITTED, THIS TIME ON THE GROUNDS THAT NO-ONE COULD DISPROVE HIS DEFENCE THAT HE ACTED OUT OF HUMANE MOTIVATIONS. (!)

When I talked with psychiatrist FREDRIC WERTHAM about his definitive study, A SIGN FOR CAIN (Paperback Library, 1969), he warned me to expect little success in bringing my own research to the attention of the public or press. Although he is widely respected and often quoted on various aspects of violence, he said that no major psychiatric journal reviewed his research on the GERMAN EXTERMINATION OF MENTAL PATIENTS.

He told me he began to suspect a conspiracy to hide the issue on both sides of the Atlantic, and that most of the evidence had been systematically expurgated from historical and professional literature. As it turned out, I was only able to begin researching this disaster anew with extensive help from reform-minded allies in the world-wide Church of Scientology. Psychiatry itself, in England, Canada and America alike has at best tried to make believe that psychiatry had nothing whatsoever to do with the WORST ATROCITY IN THE HISTORY OF MANKIND.

IN FACT, PSYCHIATRY WAS THE PRIMARY INSTIGATOR AND THE FIRST PRACTITIONER OF (what became to be known as) THE FINAL SOLUTION.

The history of the Final Solution confirms what I have more recently found in the campaign against lobotomy and psychosurgery: psychiatry cannot be left alone to police itself. The average psychiatrist has too much personal responsibility for heinous acts of his own; electroshocking people and sending them off to rot in state mental hospitals, to name some of the worst. He cannot afford to point an accusing finger at anyone within his profession, FOR THE FINGER INEVITABLY POINTS BACK AT HIMSELF.

Nor can public pressure and public outrage be counted upon to control psychiatry. The public has long been aghast over brain mutilation for psychiatric purposes, BUT IN ENGLAND, CANADA and the U.S.A. this has only caused the lobotomists and psychosurgeons to revive themselves more cautiously, out of the public limelight. In GERMANY, as WILLIAM SHIRER recorded in his diary, the cry against the extermination of mental patients was heard up and down the land.

Even HITLER lacked enthusiasm for the programme!

But the psychiatrists were so devoted to the cause of destroying those in their care THAT THEY RISKED GOING ON WITH IT EVEN AFTER THE WAR'S END. (And still do so today). An international psychiatry whose support of the GERMAN "eugenic psychiatry" had been boundless -- at no time made any attempt to stay the MURDEROUS HANDS of their GERMAN COLLEAGUES.

It is time for the public to take direct action to stop current psychiatric atrocities and to prevent a recurrence of the Final Solution. A frontal assault on lobotomy and psychosurgery is one of the MOST IMPORTANT SKIRMISHES IN THIS LARGER WAR. ACTION MUST BE TAKEN AGAINST PSYCHOSURGEONS AND THEIR INSTITUTIONS IN THE COURTS, STATE LEGISLATURES AND THE UNITED STATES CONGRESS. (So too in any countries legislature).

STATEMENTS IN BRACKETS ARE EXTRA TO TEXT -- DID NOT APPEAR IN ORIGINAL.

"If you love me, HOW come you beat me up?"
"It's because I love you that I beat you up".

HOW would you show me that you DIDN'T like me?"

AMERICAN PRECEDENT?

$760,000 (£300,000) awarded to drug victim.

In August an Iowa District Court awarded $760,000 to Keith Clites for injuries sustained by the latter as a result of being administered major tranquillisers during a five-year period at Glenside State Hospital School. Diagnosed as "mentally retarded" since early childhood, Timothy Clites entered Glenside in 1963 at age 11 in good health. Starting in 1970 he was administered major tranquillisers which by 1974 had produced marked deterioration in his condition. Later that year, tardive dyskinesia (a neurological disorder involving rhythmic, involuntary movements of the face, limbs, etc,.. caused by prolonged use of major tranquillisers) was first diagnosed. Expert witnesses at the trial testified that the tardive dyskinesia in the plaintiff's case was permanent and that he would have to be institutionalised for life. The damages consisted of future medical expenses and pain and suffering.

The Court found that Glenside's staff psychiatrists acted negligently in prescribing major tranquillisers for the plaintiff, that he "did not receive the standard of care that was acceptable as reasonable medical practice at that time." After summarising specific areas of negligence, the Court concluded that "the major tranquillisers were given for the convenience of the staff and not as a part of the therapeutic programme designed to provide Tim an opportunity for a better life... Almost every fact derived from the record and the testimony demonstrated a course of conduct which treated the patient, Tim, as though he was non-existent."

PROMPT (Promotion of the Rights of "Mental Patients")

has

a telephone service that we would like you to make use of.

If you'd like to know more about psychiatric drugs, ECT or just to have someone to talk to when you're feeling lonely

REMEMBER THE NUMBER -- (01) 693 0011 -- 3pm to 10pm on
MONDAYS -- WEDNESDAYS -- FRIDAYS.....

If you live in London we also have "Social Evenings" once a week ..... Phone above number to find out more.....

WOMEN'S REFUGE.

(From "IPSWICH WOMEN" --
IPSWICH WOMEN'S CENTRE)

WOMEN — ONLY —

Women and children from all walks of life come into a Refuge when they can no longer bear the cruelty of their chosen partner. Of different ages and personalities, they live together in safety.

(To an outsider a refuge might appear to be a gloomy place but underneath the brown paintwork and peeling wallpaper laughter can usually be heard.) I was in a refuge for nine months and have some pleasant memories. You can always find someone to talk to,to drink tea with or discuss problems. Of course the children need supervision so whichever "Mum" is around, she can kiss scraped knees or wipe the odd nose.

(One night, when everyone else was sleeping, a woman was convinced she had seen her husband outside with a gun. Quietly, the five women gathered in one bedroom and decided to get help. One mother almost reached the phone and then drew back.

"The keyhole" she whispered. Without a second thought another woman popped her finger in the keyhole. By the time help arrived the women were rolling about laughing. To think a finger would protect against a gun.)

No-one has to deal with a problem alone, be it a hair-do or a divorce, the women support each other. On average it takes 5 months to re-house families and when you leave, you will probably made friends for life. Ex-residents keep in touch, visit and babysit for each other. Everyone is welcome to return to a refuge. Either to visit, attend meetings or like myself become a worker. I hope to help women to re-adjust to a new and happier life -- the way I was helped by the support of the workers. .....

If you'd like to find out more about WOMEN's Refuges contact The Women's Centre in King William IV Street, LONDON or one nearest you. (Information to Women Only).

MORE INFORMATION IN "WOMEN'S VOICE" OR "SPARE RIB" MAGAZINES.

JURY AWARD IN ECT CASE.

On July 9th 1980, a Beaumont (Texas) jury awarded Jack Lawrence $75,000 (£35,000) damages for impaired mental ability and reduced earning capacity resulting from ECT. 7years ago Lawrence had involuntarily administered to him 42 ECT's, sometimes twice a day, over a 74-day period by Dr.LEWIS.M. WILLIAMS. The ECT began over Lawrence's vehement objections the day after he was committed to the BAPTIST HOSPITAL OF SouthWest Texas in BEAUMONT. His protests continued until they were silenced several weeks later by the cumulative effects of the ECT. While undergoing ECT, Lawrence complained of MEMORY LOSS. He continues to suffer EXTENSIVE AMNESIA covering A PERIOD OF SEVERAL YEARS PRIOR TO ECT. Shortly before the shock treatment (ECT) he had taken leave of absence from law school and never returned. After receiving shock treatment, he supported himself through a paper route, and from this money saved $11,000 (£5,000) which he spent on the lawsuit.

LAWRENCE v. WILLIAMS is the first known case in which a CT scan (Computerised Tomography) was used to support a claim of ECT-caused brain damage. (Although Marilyn Rice also had a brain scan produced in court --- asked for by the opposing side --- they found size of brain shrunk "Prune-like"). BERKELEY NEUROLOGIST JOHN FRIEDBERG, in testimony based on the CT scan, described the severely atrophied condition of the 30-year old Lawrence's brain, likening it to that of a 75 year old man. (Counsel for Lawrence was BARNEY L. McCOY of HOUSTON). (This item thanx to "MADNESS NETWORK NEWS" v6:n2 WINTER 1980/81 edition).

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FULBOURNE 'BIN' (CAMBRIDGE, ENGLAND) Dr.SOOD BOWS DOWN TO REQUEST THAT ECT NOT BE GIVEN -- OR THREAT OF LEGAL ACTION OF ASSAULT AND TRESPASS ON PERSON. PROMPT TRIUMPHS AGAIN!

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22nd DECEMBER 1980 (Without prejudice): I heard on the NEWS from LBC (Independent Radio News) "USA ALLEGES HOSTAGES ARE BEING ILL-TREATED". I wonder how many hostages the USA & UK are holding in their own prisons and 'mental institutions' & are subject to ILL-TREATMENT?

"If you tell someone that they are hopeless and an invalid enough times --- sooner or later they will come to believe it". PLEASE DO NOT INVALIDATE YOUR FRIENDS TODAY.

Some useful reading material about ECT:

Hansard. 7th June 1976 Columns 1159 to 1170.
21st Jan. 1976 .. 509 to 513. (Chris Price asks about ECT following an article in Brit. Journ. of Psych. 1973 No.123: pages 441 to 443).

"Evening News": 14th. July 1977 - "Lost years of a Man they Couldn't Cure" (p.9)

"Community Care": 24th.Nov.1976 - "My ECT Ordeal".

"Social Revolution": (No.3) "Brain Police: the Politics of Psychiatry".

"Mind Out": Oct. 1974 edition.

"Sunday Times": "Do Mental Hospitals Misuse ECT" (Article by Oliver Gillie & M.Brodie) 22nd. Feb. 1976.

ALSO "Sunday Times" of 15th. Sept. 1976.

"Time Out": Dec.1976/Jan 1977 edition. "ECT: A Suitable Treatment".

"Science for the People": No.38. "The terror of the Machine".

"British Medical Journal": "ECT without Consent" (11th Oct.1975)

"Here's Health": Apr.1977 - News item about a woman who died after having ECT.

"South London Press": 18th Sept 1973 "Heart Attack followed ECT".

"Mind Out": Dec.1975 has article about "bins",and also on p14 has paragraph about ECT 'consent' form.

ALSO "Mind Out": Sept/Oct 1976 (No.18) "ECT: What Constitutes Consent".

"General Practitioner": 28th Apr.1972 (p10) "ECT: The Slaughter-House Discovery". (Article by Joseph Berke. M.D)

Evening Standard: 25th Oct.1978 "Journey into the Brain". (p21) This Item not about ECT but makes a few enlightening statements about the delicate nature of the brain and that NO TWO PERSON'S BRAINS ARE THE SAME.

"The Sun" Newspaper:6th Oct.1975 p.11 "Hospital Rapped Over Shock 'Cure'"

"The Guardian": Sept.11th 1978 "New Safeguards over ECT treatment".

Nursing Mirror: 7th July 1977 "Psychiatry & Anti-Psychiatry"

The Listener (BBC Publication): Letters pages 30th May 1974 to 28th. July 1977.

Medical Interface: Aug.1977 "ECT: Why the Sparks are Flying"

COHSE Guidelines:(Sept.1977) About 'No Co-operation with hospital if Voluntary Consent Not Given"

"The Guardian": Letters Page May 1978 - Letter from Sen.Clin. Psychologist (P.T.Garratt).

Psychological Reports: "ECT and the Illusion of Treatment" (Article by G.A.Giamartino) (1974: Vol.35: pages 1127 to 1131)

British Journ.of Psychiat: About Unilateral ECT and Bilateral ECT. (1970: Vol.116: pages 69 to 78)

BOOK:"Clinical Psychiatry" by Slater And Roth.

"The Times" Newspaper: Aug.2nd to Aug.5th 1978. ECT Highlighted.

Nursing Times: Mar.3rd 1977 to Apr.7th 1977 "ECT: A Suitable Treatment"

ALSO Nursing Times: 2nd.June. 1977.

New Scientist: "ECT facts fly over the Cuckoo's Nest"

NOT ABOUT ECT BUT SHOWS HOW 'BINS' DIAGNOSE AND TREAT PEOPLE:

"Science":Volume 179: 19th Jan. 1973 pages 250 to 257 "On Being Sane in Insane Places" (Also PROMPT No.14)
Article By D.Rosenhan often quoted - Shows up how people can become diagnosed as "Schizophrenic:With writing obsession" and that was one of the RESEARCHERS!

New Society:16th May 1974 - Article "Compulsory Treatment" - re: 1959 Mental Health Act (Also PROMPT No.6)
Also re: 1959 M.H.Act (PROMPT No.12).

I'm a person, I'm a being

I'm a person, I'm a being With all the thoughts inside my head
Treading softly around my mind Waiting gently for the time when all these feelings do EXPLODE into
ReAlitY out there or is it really in my BRAIN ????

"Take your tablet" the other said "It's to help you feel much better"
F...ing Liar yelled my body Remembered taking one before
It's to make me feel much WORSE
To dull my creativity Into bourgeois ideology.

Voiced my own opinion then Filled me up with pain.

(Julian Barnett ... 1976)

Dear Eric (of PROMPT),

I was very pleased to receive two copies of PROMPT (booklets) and would certainly like to see others. Curiously, just before I went on holiday in August I saw a reference to PROMPT in another journal and asked my colleagues to try to get more information. I returned from holiday on 15th September and found a predictable pile of paper and urgent work. It is going to take me some time to catch up so I really can't offer any substantial contribution for the next issue of your magazine.

Your open letter (in No.12) simply asks whether we stand by the accuracy of an article which appeared in our own magazine and, of course,we do. As far as ECT is concerned MIND is not particularly for or against although we all have our own personal opinions. But the administration of ECT does raise a number of important psychiatric and civil liberty issues. We have to be particularly responsive to the views of the patients and the experience of mental health workers in using such techniques. There are some patients who would object to ECT under any circumstances and we have vigourously supported their right to be involved in such decisions. Broadly speaking we do not think ECT should be imposed without consent, although there are some exceptions and we have suggested procedures for dealing with these. For every patient opposed to ECT there are patients appreciative of the treatment they have received or who complained to us because they want ECT and because doctors do not always respond to their wishes.

I am enclosing two statements on MIND policy* (One of which included the telling statement that a minor was to get ECT without his knowledge.MIND was called in and, after this intervention, the minor agreed to have ECT. This raises the point as to whether in fact MIND visitors/counsellors try to dissuade the use of ECT --- KNOWING THAT ECT CAUSES BRAIN DAMAGE AND SERIOUS UPSET IN THE ACCUMULATION OF NEW IDEAS, TOGETHER WITH SERIOUS DAMAGE TO THE PERSONALITY OF THE INDIVIDUAL CONCERNED RESULTING FROM LOSS OF MEMORY WHICH IS LONG TERM AND NOT SHORT TERM AS PEOPLE HAVE BEEN LED TO BELIEVE. PROMPT NOTE. THE ABOVE LETTER SUGGESTS THAT WE ARE RIGHT TO ACCUSE MIND OF NOT DISSUADING PEOPLE ENOUGH AGAINST THE USE OF ECT).

*Letter ended, Yours Sincerely,
Tony Smythe,National Director, MIND.