Smoking in Psychiatric Hospitals: A Historical View of a Hot Topic

Jeffrey L. Geller, M.D., M.P.H.
Neil Kaye, M.D.

Smoking in psychiatric facilities has received considerable attention lately (1–7). Studies have revealed a striking prevalence of smoking among psychiatric patients (1,2), and patients appear to be ambivalent, at best, about curtailing their use of tobacco (2). Concerns about smoking in psychiatric hospitals include fire-setting and its sequelae (3), self-inflicted injuries (3), health risks related to smoking (4,5), aggression toward other patients and staff during attempts to procure smoking materials (3), disruption of ward milieu and therapy meetings (3), institutional maintenance costs (5), the ethical quagmire of using tobacco as a reinforcer to exact desired changes in behavior (3), and the ritualistic or magical significance of cigarettes for psychiatric patients (6).

There is general concurrence that practitioners in psychiatric settings have lagged behind those in other medical settings in attempting to curtail patients' smoking (3,4,6,7). However the history of attempts to delimit, or in fact eliminate, the use of tobacco in psychiatric hospitals has been overlooked. Even a recent review of tobacco use in the 1800s, which noted that "the antismoking movement of the 1980s is a model of restraint compared with one that began more than a century ago," bypassed this history in American medical and mental institutions (8).

In this paper, we examine some of the medical opinions and suggestions about smoking that were expressed in the 1800s. We focus on the views of Samuel B. Woodward, M.D., a prominent 19th century psychiatrist, whose unpublished manuscripts demonstrate that questions about tobacco usage in psychiatric hospitals are neither newly conceived nor newly controversial.

The 19th century was rich in antitobacco sentiment. In 1804 Benjamin Waterhouse, M.D., (9) wrote the "first major treatise by an American physician" on the subject. He condemned the use of tobacco because it "[was] unnatural, caused 'muscular indolence,' impaired the senses, damaged the teeth, and inclined users to 'consumptive' afflictions." In his 1845 book *The Mysteries of Tobacco* (10), Reverend Benjamin Ingersol Lane cited "the opinion of a distinguished physician who was one day addressed by a lady, 'Doctor, do you think that snuff injures the brain of those who use it?' 'No,' he replied, 'for nobody that has any brains uses it.' "

Like most of their peers, these authors did not comment about tobacco use in hospitals, although Waterhouse (9) did say that " 'a physician should never use tobacco in *any form* ' not least because 'some weak patients will faint at the smell.' " There was one psychiatrist, however, who attempted to ban the use of tobacco in a Massachusetts state hospital as early as 1833.

Samuel B. Woodward, M.D., (1787–1850) was a founding member of the American Psychiatric Association and served as its first president; he was also instrumental in the founding of the Hartford Retreat, a private mental hopsital in Hartford, Connecticut (now the Institute of Living). In addition, he was the first superintendent of the Worcester State Hospital in Massachusetts, a post he held from 1832 until 1846. During that time, one of Dr. Woodward's interests was the use of tobacco. He turned his attention to the subject in 1834, writing "The Use of Tobacco as a Luxury," and in 1839 writing "Two Communications on the Use of Tobacco." (These can be found in Woodward SB: Collected Writings [typescript]. Worcester, Mass, Worcester State Hospital library.)

In the 1834 paper, Dr. Woodward asked, "Is tobacco a harmless, pleasant luxury, one in which our friends and children may indulge with pleasure and benefit, inspiring wit and awakening genius? or is it not rather a filthy drug injuring health, perverting morals, and when freely used is it not a disgusting practice which should be banished from every respectable circle and from all well bred society?" If his phrasing of the question is not enough to convey his belief, he responded to the question. "My own experience in the practice of my profession has brought under my observation many cases in which serious indisposition has been kept up for a long time by tobacco in its various forms, all of which symptoms have generally subsided by discontinuing the drug."

Later in "Two Communications on the Use of Tobacco," Dr. Woodward indicated that the liberal use of tobacco could give rise to symptoms of "loss of appetite, thirst, indigestion, vertigo, faintness, tremors, headache, insanity, loss of smell, impairment of the voice, injury of the teeth, derangement of the healthy secretions of the liver and other glands, particularly the salivary glands and the pancreas. It also produces a fascination or excitement analogous to that produced by opium and alcohol, which makes the consumer a slave to the habit, keeping him under factitious excitement when used, and when withdrawn subjects him to suffering and dis-

Dr. Geller is associate professor of psychiatry and director of public-sector psychiatry and Dr. Kaye is assistant professor of psychiatry at the University of Massachusetts Medical Center, 55 Lake Avenue North, Worcester, Massachusetts 01655

tress, little less horrible than delirium tremens."

Dr. Woodward drew on other sources to make his arguments against tobacco usage. In "The Use of Tobacco as a Luxury," he quoted his predecessor, Benjamin Rush, M.D., who said, "Were it possible for a being who resides on our globe to visit the inhabitants of a planet, where reason governed, and to tell them that a vile weed was in general use amongst the inhabitants of the globe it had left, which afforded no nourishment; that its taste was extremely nauseous; that it was unfriendly to health and morals; that its use was attended with considerable loss of time and property, that account would be incredible, and the author of it would probably be excluded from society for relating a story of so improbable a nature."

"In no one view," continued Dr. Rush, "is it possible to contemplate the creature man in a more absurd and ridiculous light than in his attachment to tobacco."

Eventually, Dr. Woodward's concerns about the effects of tobacco led him to attempt a ban on its use at Worcester State Hospital in 1833–34. His comments in the 1834 paper sound remarkably modern in their intent and outcome. "Some interesting cases of the influence of tobacco upon the system have occurred in the hospital which I superintended during the last summer. Well knowing that tobacco was liable to be very improperly used by the insane, an early effort was made to exclude it from the hospital. In order to effect this, the attendants on the patients were requested to relinquish the habit, and a regulation was adopted, requiring that the use of it be prohibited wholly in the Institution. To this regulation a large proportion submitted with a most commendable spirit, others were very unhappy, suffered much, were irritable, and could neither eat nor sleep; most of these soon became reconciled, got over the horror, and appeared decidedly better; a few, however, will take every opportunity to obtain it of strangers and visitors, and the regulation is not adhered to with as much strictness as would be desirable."

Dr. Woodward's account of his efforts to fashion a tobacco-free psyhiatric hospital may well be the earliest documented attempt in America to achieve this end (JC Burnham, personal communication, March 1, 1990). Knowing about it has helped us sustain our efforts to accomplish the same goal at Worcester State Hospital in 1990. As mental health practitioners of all disciplines struggle to at least limit, if not to eliminate, smoking within the hospital, our frustrations are lessened by the knowledge that the hospital's illustrious first superintendent fared little better more than 150 years ago.

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Psychiatric Malpractice and Supervision Issues in Community Mental Health Programs

David A. Pollack, M.D.
Douglas A. Bigelow, Ph.D.
Larry R. Faulkner, M.D.
Anne Marie Hayes, M.D.
William S. Herz, M.D.

Psychiatrists who practice in community mental health settings fall into two basic categories: salaried employees and independent contractors (1,2). Several surveys have indicated that a significant portion of psychiatrists working in community mental health programs are part-time contract physicians (3–8). Many of these contract physicians are required to provide their own liability coverage, and terms of some of the contracts may leave them exposed to liability risks.

Most liability insurers have stipulations that may interfere with a contract physician's ability to work in a community mental health program. In particular, many liability insurance contracts exclude some or all coverage for a physician's practice in a setting in which a "hold harmless" indemnification agreement is part of the physician's contract with the treatment facility. A "hold harmless" clause establishes that the contract psychiatrist is legally liable for work done in the community program. Indemnification means that the physician agrees to reimburse the agency for any loss the agency sustains if it is successfully sued for an incident in which the physician is considered responsible. Some insurance policy premiums also include a surcharge if