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Medicine and Art

Hospital art and its problems

Tony Delamothe

Works of art have been commissioned by hospitals for almost as long as hospitals have existed, and as the function of hospitals has changed so has the purpose of their commissioned art. In earlier centuries paintings on hospital walls prepared patients for the next world, gave consolation, or extolled the virtues of Christian charity. As hospitals have become places where patients go to get better the claims made for art have changed too. Art now heals. According to Peter Senior, director of Arts for Health¹ and someone who has done much to promote art's healing powers, "Art can benefit everyone and can play a part in maintaining and improving health of the mind and body."

Whether this is true or not is now beside the point. Sufficient people believe it, and others are prepared to go along with it if dreary hospital interiors improve. In the past decade hundreds of hospital based arts projects have set about beautifying the NHS's motley inheritance of property, which ranges in style from Victorian poorhouse to the vapid chirpiness of the 1970s. The triumphant culmination of this movement was a whole hospital—St Mary's, Newport, Isle of Wight—designed from scratch with future artistic embellishment in mind.² Prophets such as Peter Senior deserve some of the credit for this but so too does the Department of Health for its enlightened encouragement of architects and planners in planning for art in buildings.

Taking stock

A recent seminar held in conjunction with the fourth international contemporary art fair in London heard of the job opportunities created for artists, craftsmen, and arts administrators by this sudden change of direction.

It was also suggested that after this first flush of enthusiasm now may be a good time to take stock. Even taking on a modern day Michelangelo to brighten up the ceiling of an outpatient department or a da Vinci to do something about a day room may lead to more problems than artist, patients, or staff think it is worth.

Sarah Hosking, arts coordinator of the Basingstoke and North Hampshire Health Authority, identified at least three possible sources of conflict: differences between the artist and the client (usually the NHS), differences between community art and mainstream art, and problems relating to the client.

Anyone doubting C P Snow's formulation of "two cultures," it was politely implied by several speakers at the seminar, should mix for a time with doctors and hospital administrators. They may know what they do not like, but they certainly do not know much about art. Hackles are raised immediately by the assumption that the money has come out of some overstretched budget ("How come they've got money for this when the x ray department is teetering on the brink?"). Invariably the money has not come out of such a budget: most hospitals have provided little more than free lunches for the artists during their work. Money, arts administrators are finding, is often the least of their problems, with many local and national statutory and voluntary bodies keen to support such initiatives. (Arts for Health has a list.)

On the differences between community art—usually cheap and cheerful, four students and a foreman—and more mainstream art it is Ms Hosking's opinion that given the mileage of NHS corridors there was ample room for both. Some community art projects in hospital and elsewhere have come up with extremely dubious results. Others, such as Manchester Psychiatric Day Hospital's *Head for the Hills*, a mural to which

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London WC1H 9JR
Tony Delamothe, MD,
assistant editor

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Section—About one third—of Edmund Caswell's 21.9 m mural based on "Peter Pan" at The Hospital for Sick Children, Great Ormond Street

Chris Jenning's sculpture in the grounds of the John Radcliffe Hospital, Oxford. The mobile sculpture, which has taken two years to build and is 12 m high, has been erected under the independently funded Oxford Hospitals Art Project

patients and staff contributed, have been extremely successful.

The third source of conflict, that which exists within the NHS, manifests itself over decision making. Management seems reluctant to allow professionals to make decisions on visual matters—not just about the big artistic commissions, but over things like interior design. Too often it is left to the works department in consultation with the sister on duty to decide what patients and staff will have to live with for years (long after the men from the works department and the sister have moved on).

Problems in practice

Last December a magnificent 21.9×2.4 m mural based on *Peter Pan* was unveiled at The Hospital for Sick Children, Great Ormond Street, London. The story of its creation as told to the seminar by its artist, Edmund Caswell, shows some of the problems of bringing art into hospitals. Eight years ago, with the idea of brightening up the pharmacy waiting area, the hospital looked up the entry "art schools" in the *Yellow Pages*. It offered a student free lunches and £300 to cover the cost of the paint. The subject and size of the painting were left to the artist.

Three months later (about the time both the hospital and the art college thought the job would take to complete) Edmund Caswell returned with a cartoon the size of the pharmacy wall. While transferring the cartoon on to the wall he was stopped by overimaginative people who thought unspeakable acts were occurring among the as yet unclothed figures of pirates and lost boys. Someone else was incensed that some figures were lacking faces. "Do you realise," he was asked, "that there are children in this hospital without faces?" Once the cartoon had been transferred to the wall some people assumed that the mural was complete. It was then that uncharitable thoughts came to him about how little those working in hospital knew about art.

The search for obscenity was abandoned, and he worked on, long after the original £300 was gone and he

had left art school. An attempt to find sponsors for the project led to an administrator's admission that rebuilding might mean the whole wall coming down. Eventually the wall was reprieved, an honorarium was arranged, and the mural was finished by 12 months of work from 10 pm to 8 am.

In retrospect Edmund Caswell thinks he lacked an independent mediator between him and his client. "When you start any project, particularly an artistic project, unless the top administration is aware of it, encourages it, and actually sets somebody responsible to them to look after the artist there are going to be problems, which there need not be." He also thinks that hospitals should consider commissioning a creditable piece of work, which they could exploit commercially, possibly paying for it in the process. A market exists for cards, prints, calendars, and books. Commissions from the sales of these could go to the hospital.

Conclusions

Health authorities and hospitals and their staff have to show willing before any art is thrust upon them, and they should be kept informed of developments. (Usually people are grateful for any efforts to improve their environment.) Money must be raised outside the health service—if it is not the support of staff is likely to be lost.

"Shells"—Paul Amey's response to Basingstoke District Hospital's commission for something to go under the stairs. It had to be three dimensional, happy, eye catching, and not entail structural alterations. It cost £2000 and was sponsored by Southern Arts

Bridging the gap between the worlds of art and medicine may be difficult. Consideration should be given to obtaining advice from an organisation such as Arts for Health or using the services of an arts administrator, who has been trained to "place" art.

● Arts for Health may be reached at the Department of Architecture and Landscape, Manchester Polytechnic, Loxford Tower, Lower Chatham Street, Manchester M15 6HA (061 236 8916).

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