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## **Deinstitutionalization in Italian psychiatry – the course and consequences Part I. The course of deinstitutionalization – the activity of Basaglia’s group**

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### **Summary**

Psychiatric reform in Italy consisted of the implementation of legislative changes derived from anti-institutional experiments conducted by Franco Basaglia and his group in the 60's and 70's of the 20th century. The activity of Basaglia's group was an integral part of the European reform movement of that time, which profited from the economic, cultural and political prosperity for changes in psychiatry. Italian anti-psychiatry has led to the most radical experiment in deinstitutionalization in history. It involved the whole public sector of psychiatry and across a quarter-century resulted in a grand social debate on the situation of the mentally ill and the need for systemic change of their treatment and care. Inspired mainly by phenomenological analysis, Basaglia opted for close emphatic contact with the mentally ill. While the British, French and American anti-psychiatrists contested the psychiatric care system as such, the Italian radicals made an approach to disassemble it from the inside and successfully gained social support for the process of deinstitutionalization. Basaglia promoted his ideas across Europe, including the World Health Organization (WHO) forum.

**Key words:** deinstitutionalization, psychiatric reform in Italy, anti-psychiatry

### **Introduction**

The Italian deinstitutionalization was part of the historical changes in psychiatry in the second half of the 20<sup>th</sup> century. The inspirations and methods of Italian reform were related to the anti-psychiatry movement, the emerging community-based psychiatry and group therapy. However, the specificity and significance of Italian anti-psychiatry resulted from the fact that it: (1) promoted the creation of a strong social movement

aiming to improve the situation of the mentally ill, (2) led to the realization of its main postulate – the deinstitutionalization of psychiatric treatment [1].

The psychiatric hospital was no longer a key point in the care of the mentally ill stemming from a process that began in the Western Europe and the USA in the 50's of the 20<sup>th</sup> century. The psychopharmacological revolution made a great impact on these changes. It improved the treatment efficacy, allowing many patients to function outside the hospital. Meanwhile in Anglo-Saxon countries, pioneer trials were conducted for new treatment methods, France debated on psychiatry without a psychiatrist (fr. *psychiatrie désaliéniste*) and the USA started to prepare the implementation of deinstitutionalization process. The legislative changes in the organization and functioning of psychiatric care aimed to promote a non-institutional approach. A new law was established in the United Kingdom (in the years 1946–1959) and in the United States (in the years 1955–1963). On the other hand, in France, a policy of sectorisation (it. *sectorisation*) was implemented, pursuant to the decrees from the 60's of the 20<sup>th</sup> century.

The creators of the Italian reform represented a new European generation. They criticized the revolution of the psychotropic drug era and psychoanalysis, but were fascinated with phenomenology, post-structuralism and Marxism. The most radical stream deriving from these attitudes was called anti-psychiatry. Anti-psychiatry did not neglect the achievements of psychiatry, but it combated the one-dimensional perception of psychiatric disturbances (as an illness in medical sense) and criticized the model of psychiatric care and medical establishment of that time.

The 60's of the 20th century were times when the leftist, anti-authoritative public sentiments emerged. The controversies around psychiatry (resulting mostly from the critical judgment of its abuse in the first half of the century) transformed into tendencies to question its traditional prerogatives. A strong trend to perceive psychiatry as an oppressive instrument of capitalism was visible. Sociological studies of total institutions and the process of labeling further supported it. The emerging ideas of anti-psychiatry favorably corresponded with that atmosphere and around 1968 they became an important stream of counterculture and political life. However, while the British, French and American anti-psychiatrists contested the psychiatric care system, the radical Italian psychiatrists, with Basaglia leading, pursued actions to disassemble it from the inside and managed to create social support for the process of deinstitutionalization.

### Franco Basaglia

Franco Basaglia (1924–1980) was born in Venice. During the Second World War he was a member of anti-fascist movement. In 1949 he graduated from medical school, in 1953 he obtained specialization in neuropsychiatry in Padua. He worked in the local psychiatric clinic until 1961. His scientific work concentrated on the

application of phenomenology and existentialism in psychiatry. In the years 1961-68 he was the head of the psychiatric hospital in Gorizia, where he conducted his first anti-institutional experiment. In the years 1971-78, as the Head of the psychiatric hospital in Trieste he led to its shutdown and a change in the local psychiatric care system. In 1973 he became the cofounder and leader of a leftist organization “Democratic Psychiatry” (it. *Psichiatria Democratica*), and initiated a social and political movement towards a reform in Italian psychiatry. He thereby became one of the fathers of anti-psychiatry.

### Ideas of Basaglia and his theoretical inspirations

From the beginning of his career, Basaglia shared a simple, revolutionary at that time, idea: to concentrate on the patient, not the illness. He shared the thoughts of Husserl, Heidegger and Sartre. He was inspired by the ideas of new French psychiatry (especially the views of Henri Ey and Eugene Minkowski on schizophrenia). During a visit in the United Kingdom for scientific research, he got to know the ideas of Maxwell Jones and the phenomenologic-existential understanding of psychoses promoted by Roland D. Laing. There he started to believe that in order to achieve a close, emphatic contact with the patient, one must reject the traditional rules of clinical practice. He remained attached to current approach based on a phenomenological analysis, which together with the conditions in the hospitals (overcrowding, chronic treatment and underfunding) quickly showed its faults when confronted with clinical practice.

The year 1961, when Basaglia begun his reformative activity in Italy, is considered the symbolic beginning of anti-psychiatry. The main publications of anti-psychiatry were released: “The Divided Self” by Roland D. Laing, “Folie et Dérison” by Michel Foucault, “Asylums” by Erving Goffman and “The Myth of Mental Illness” by Thomas Szasz. They were based on studies conducted by the authors in the 50’s. Basaglia shared the view of the British anti-psychiatrists (co-workers of Laing), that traditional diagnosis and treatment promote a relation of authority, which impairs contact with the patient and sometimes even determines the course of his illness. In terms of therapeutic methods, Basaglia was inspired by community therapy. At first he based his activity on M. Jones’ ideas, but he quickly considered them as a refined form of separation of the ill from the society. He was convinced that long-term treatment in a closed psychiatric hospital not only leads to stigmatization but also impairs recovery, and sometimes even promotes clinical symptoms.

Basaglia never engaged himself in debates about the reality of psychiatric disorders, nor did he neglect their presence. This stream of criticism of psychiatry, although very prominent and currently often identified with anti-psychiatry, was in fact never crucial for the whole movement. European anti-psychiatry was strongly influenced by the French Marxist approach, post-structuralism and psychoanalysis

(Lacan, Foucault, Deleuze and Guattari). It called for a new insight of the boundaries between the norm and pathology and setting a new revolutionary path for the psychoanalysis as a way to combat social control. This perspective was close to Basaglia's beliefs [2]. Yet, his conclusions on how to reorganize society were more practical. The restoration of unreason (fr. *deraison*) would return the role of psychiatry to the times of its foundation. By that he understood that psychiatry should strive for emancipation of the mentally ill and counteract the social marginalization of psychiatric disorders.

Basaglia began implementing his concept in the first half of the 60's, a time of sharing the idea of the anti-therapeutic role of psychiatric hospitals. Basaglia admired the concept of Goffman, and translated his work "Asylums", which was released in Italy in 1969. Basaglia's beliefs were convergent with Foucault's analyses. The French philosopher was convinced that traditional institutions (including psychiatric hospitals), which were created by capitalist societies, actually hindered the realization of emancipation and therefore should be closed down. According to Basaglia, a new approach could only be realized in lieu of an institutional and political vacuum. He fought for revolutionary change, being a *sine qua non* for future success. The revolution would come down to the deconstruction of psychiatric institutions "from the inside", with an active role of the society. This idea was different from Laing and Cooper's thoughts. They believed that a real systemic change could only be achieved by actions "from the outside" [2].

The Italian anti-psychiatry differed from the American due to the influence of Marxist collectivism. Both movements shared a strong conviction that the pathological relationship between psychiatry and law should be divided. Interestingly, while Thomas Szasz attacked the connections of psychiatry and law, neglecting the notion of mental illness, Basaglia believed that the difference in experiencing the health and mental disease (existing in reality) allows for the separate fields of psychiatry and law and to transform the servile role of psychiatry towards law into a reciprocal opposition [2]. Moreover, whereas Szasz was mainly preoccupied with diminishing the medicalization of psychiatry, Basaglia combated the institutionalization. If Basaglia criticized traditional psychiatry, it was "only" in regard to its place in the authoritative system, where it was closely tied to the legal system and used as part of social control. As a result psychiatry concentrated not on the mental disorders, but real and imaginary threats to the society [3]. Basaglia did not opt for the liquidation of the "authority" of psychiatry, but for its diversification in the new system.

According to Basaglia, the current system legitimized the constraint of personal freedom, in terms of the right to treatment, its quality and to the refusal of treatment. He considered it faulty and in need of reform. He perceived the freedom of the mentally ill in a strong ideal context, as the right to function democratically in society and to take advantage of economical freedom.

### Activity of the group from Gorizia (1961–1975)

When Basaglia began his work in Gorizia, Italian psychiatric care was an under-developed system of compulsory isolation of the mentally ill which were considered as potential danger for society. The legal basis of this system was an act from 1904, allowing psychiatrists to decide on compulsory hospitalization without any restrictions. All together a total of around 150 thousand people were kept in closed units at that time. Former patients were put on a special police list, restraining from undertaking some professions [4, 5]. Community based psychiatry was nonexistent. It was accompanied by a lack of social debate on the care of the mentally ill.

Basaglia, a leftist intellectualist from a wealthy environment engaged mostly in theoretical psychiatry, was truly shocked when he started working in Garizia. As the Head of a provincial hospital, with 600 patients, near the Yugoslavian border, for the first time he faced the problems of a closed psychiatric unit (it. manicomio). He compared this experience to a stay in a prison (where he spent a couple of months during the Second World War). Thus, he opted for change and introduced a policy of open doors. It was again possible to keep some private belongings in the wards and patients were gradually encouraged to undertake paid jobs in small groups outside the hospital. Based on an original idea of therapeutic society, Basaglia supported collectivity, which meant building a community of the staff and patients [2]. In the years 1962–1967 Basaglia and his co-workers, including psychiatrists and non-employees (i.e. his wife, Franca Basaglia, an activist and co-author of his publications) incrementally changed the structure and organization of the wards. Any elements and symbols of authority were removed; decisions related to functioning of the wards were undertaken collectively during meetings, staff uniforms were removed, long-term residents conducted meetings and released a news-sheet. Since 1965 general meeting were introduced, gathering patients as well as other interested people. The aims of hospitalization and therapy were described without using notions of diagnostic criteria. An interdiction of compulsory treatment was introduced (including taking medications). The hospital in Gorizia was called “the republic of madmen” (it. La repubblica dei matti). Basaglia indeed passed the authority to the patients, way beyond the British and French practices. These methods became a basis for further experimental facilities created by Basaglia’s group.

Over a couple of years, Basaglia created a novel open treatment unit, being also a workplace for his team, spreading the idea of deinstitutionalization. Gorizia became a place of “pilgrimage” for radical psychiatrists and an object of interest of the whole society. Basaglia strove for the support of the media, which resulted in many interesting documents remaining from that period.

In the beginning the improvement of the social conditions and chances in life of the patients were the priorities for Basaglia. Soon his beliefs started to evolve towards the idea of emancipation of the mentally ill. On the First International Congress of

Social Psychiatry in London in 1964, Basaglia urged for an immediate liquidation of psychiatric hospitals, as places of institutionalization (*La distruzione dell'ospedale psichiatrico come luogo di istituzionalizzazione*). He considered institutionalization as a substitute for “institutional neurosis” by R. Barton [6]. Although Basaglia’s activity had a very practical dimension and he never fought to redefine mental illness, he was considered a radical by his European colleagues. It was because he presented the psychiatric hospital as a total institution, which prevented it from offering the mentally ill an efficient therapy. As an alternative he proposed a new psychiatry, based on the British idea of community based therapy, implemented radically and systemically. In 1967 Basaglia’s group released their first publication entitled “What is psychiatry?”, where they discussed their point of view and explained the motives of their actions [7]. The publication presented a controversial picture of psychiatry as a science that, instead of providing the mentally ill with subjectivity and freedom, focused on restricting their freedom and isolation.

A social movement fighting for reform of the health service formed at that time in Italy. The reformers of psychiatry postulated for the recovery of the mental healthcare system and psychiatric inpatient care, in order to underline the meaning of psychiatry within general medicine. During a series of conferences, including the most important in Bologna in 1965, Basaglia’s co-workers promoted French anti-psychiatry ideas and the experience of deinstitutionalization in Gorizia.

However, the first changes were not possible until 1968, when a new political atmosphere would break the resistance of medical establishment. The most famous publication of Basaglia’s group, “The neglected institution” (*L’istituzione legata*; 1968), was a milestone in shaping public opinion. It was an Italian bestseller, translated to many languages. The work was novel both in terms of its contents and form, as it was written as a collective report from the functioning of a psychiatric hospital edited by Basaglia’s group. It contained expressions of the patients, stenographic records from the meeting and descriptions of decision-making processes in terms of managing the hospital. “The neglected institution” explained the need for deconstructing not only the institution of psychiatric hospitals, but of the whole care system in its current form. It also dispraised the role of psychiatry based on tight connections with the law [8]. The authors also called for a change in the traditional relation to authority in psychiatry, executing citizens’ rights of the mentally ill and closing down hospitals as institutions of oppression. These postulates came upon a breeding ground. Basaglia brought up the need to fight with the oppressive character of psychiatric diagnosis and the role of psychiatry in the system of class control, which was understood in Marxist manner [9].

A well-known editorial endeavor was a photographic album “Dying of class” (it. “*Morire di classe*”, released in 1969 by Basaglia) that documented the situation in psychiatric hospitals. Basaglia also engaged himself in the edition of works of M.

Jones, E. Goffman, R. D. Laing, and R. Castel. In 1975 he released a collection of essays “Peace-time crimes” (it. “Crimini di pace”).

Years 1968-1978: Mariotti’s reform, *Psichiatria Democratica*  
and the experiment in Trieste

The first change in Italian legislature of psychiatric care since 1904 took place in 1968. It was a part of a great project to reform of the whole healthcare system initiated by Luigi Mariotti (socialists’ Ministry of Health in 1968–1972). The reform took until 1978 to be implemented, when the first public healthcare system was founded (*Servizio Sanitario Nazionale*). Within the new system, the management of healthcare was decentralized, with many competences transferred to the local authorities. A new system of financing of the healthcare system was introduced, marginalizing the private sector and supporting the development of paramedical professions. It resulted in a change of status of the hospitals and the doctors. The act Legge 431 from 1968 introduced outpatient units (*Servizi di Igiene Mentale*) to the system, which supported former patients of the psychiatric hospitals. This allowed for a reduction in the number of beds to a maximum of 625. The most important statement of the act was the introduction of voluntary hospitalization (until then it was for the courts to decide). It did not, however, bring a substantial change; the majority of patients were still hospitalized based on the court’s decisions. An example is the city of Trieste, where Basaglia begun his psychiatric reform in 1971. When Basaglia came to Trieste, only 10% of a total of 1182 patients were hospitalized voluntarily. The changes were gradual. Within a decade since the implementation of Legge 431 the number of beds in psychiatric hospitals systematically diminished (on average by 3300 annually). It was accompanied by an increase of the general number of admissions to the hospitals, with a peak in 1977. The researchers are not consentient whether this data reflected a growing tendency for acceptance of the idea of deinstitutionalization, which precluded the political deinstitutionalization from 1978. The tendency seems to have been slow, significant and constant. It would not have grown to such an extent without relevant legal regulations [10].

A turning point in the fight for a reform of psychiatry was the conference in Venice (1969) and Reggio Emilia (1970), where the importance of including psychiatry in general medicine (by adequate political and legal actions) and the need for constituting a new public healthcare system were raised. In 1971 Mariotti prepared another variation of his reform of the healthcare system, but it was never adopted.

Basaglia’s group continued their work, spreading their activity to other centers and regions (i.e. Arezzo, Perugia, Ferrara, Genoa, Torino). The institutions managed by the group functioned as daily care centers, substantially different from psychiatric hospitals. In 1969 in Parma Basaglia begun a new step of the reform, essential for its success. Basaglia tried to engage the local society in the care system of the former

patients. The units were supposed to be surrounded by a network of centers, aiming to provide active help in job seeking and living outside the ward. Describing the aim of the first experimental unit in Gorizia, Basaglia highlighted that the idea was to replace the traditional model of psychiatric management (brought about by the isolation of the mentally ill from the healthy and pharmacotherapy) with community based psychological and social therapy. These groups functioned in fact as anti-hierarchical and anti-authoritative therapeutic communities. Psychotherapy was an indispensable element of the treatment. This practice seems significant, as at that time there was a visible division among anti-psychiatrists to those who supported some forms of therapy and those who completely resigned from them. Basaglia managed to avoid dramatic consequences of such approach, practiced i.e. in the United Kingdom and Germany [2].

In the years 1971–1978 Basaglia was the Head of a psychiatric hospital in Trieste, which he decided to reform after the invitation of the local authorities. Next to the famous Kingsley Hall (pursued by R. D. Laing et al.), this experiment was the most important realization of the project of community created by the radical psychiatrists [11]. Basaglia created a new team of young doctors and other professionals (mainly psychologists and sociologists), in order to prevent resistance from the traditionally educated psychiatrists. He also organized an unofficial academy, teaching the new psychiatric approach. The strategy realized in Gorizia over a period of years was implemented instantly, *de novo*. The emphasis was on the emancipation of the mentally ill from the authority of psychiatrists by the democratization and close contact of the doctors with the patients and their families. The main rule remained the policy of open doors, which applied to all; patients, caregivers and other members of the hospital life. For some of the people staying in the hospital, a new category of a *guest* (it. *ospite*) was introduced. These were people who could not and did not want to leave the hospital, staying on different rules to the patients, who were not restricted within citizens' rights compulsory treatment was not imposed on them. Since 1972 ergotherapy was introduced in Trieste. Patients could undertake paid jobs serving the local community and the hospital complex. In the years 1973–1974 patients were divided into subgroups, based not upon their illness, but the area of origin. This system evolved into territorial centers of outpatient care. In the first half of the 70's the system was based on an organized hospital with small apartments and training classes, surrounded by six outpatient mental health centers. The reformers shared a feeling at that time, that such a system is temporary and the final aim is to realize the vision of a city without a hospital, allowing the patients to fully return to the society [9]. In 1977 at an international conference entitled "System of control" (it. "Il circuito del controllo"), Basaglia introduced the idea of liquidation of psychiatric hospitals and organizing a 24-hour call of a psychiatrist and 2 nurses in a general hospital to provide help in urgent cases. Such an approach turned out to be insufficient and in

1980, after closing down a psychiatric hospital, a mental health center was created, analogue to other centers across the country [12]. The deinstitutionalization effects were immediate. While in 1971 a total of 1182 patients were hospitalized in the psychiatric hospital in Trieste (90% against their will), in 1977 the number decreased to 132, out of which 38% were treated compulsorily.

Basaglia promoted his ideas in the whole Europe, including the World Health Organization Forum. In 1979 he went on a trip to Brazil, where he took part in a series of conferences for psychiatrists, psychologists, social workers, nurses, politicians, union members, teachers, students and ordinary people. There he had the chance to promote his thoughts and experiences with deinstitutionalization of psychiatry. The meetings did not stay unnoticed in Brazil [13].

In November 1979 Basaglia left Trieste. He moved to Rome, where he became the coordinator for mental health in the region of Lacium. He was also one of the directors of the Italian government program “Epidemiology and prevention of mental illness.” A disease disturbed his further plans. In spring of 1980 he was diagnosed with a brain tumor. He died on the 29<sup>th</sup> of August 1980 in his house in Venice.

### Legge Basaglia

A new leftist organization was founded in 1973 by the psychiatrist Mark Levy and other Basaglia’s co-workers. It was called *Psichiatria Democratica* (PD). Franca and Franco Basaglia also belonged to the group of its leaders. The organization supported the implementation of the psychiatric reform in other hospitals and lobbied for political reforms concerning psychiatric treatment. This group would allow Basaglia’s ideas to gain legal power and constantly change the public healthcare system. The PD program, adopted in 1973, insisted on fighting with social exclusion, contending with closed psychiatric hospitals as places of “asylum” and promoting the reform in society. The first PD congress was organized in Gorizia for symbolic reasons. It was because in 1972 the authorities shut down the local hospital and fired Basaglia’s co-workers. They argued that if the mentally ill don’t need a hospital, there’s no need to maintain the staff. The organization soon became very significant and the number of its members increased to several thousand. PD cooperated with trade unions, students’ organizations, artist, leftist activists and the communist’s party. Anti-system demonstrations took place not only in factories and universities, but also in hospitals. Concerts and exhibitions were organized, and relevant books were released. Such wide-scale and lefty activity of PD fostered vast and strictly defined ideological and political connotations of community-based psychiatry, compared to other countries [10]. In 1980, Basaglia started to underline that the unique character of his reform, resulted from organized public debate [3]. It gathered professionals as well as multiple social groups and the campaign was led with the support of union trades and social organizations. This is why Basaglia and his co-workers always

restrained from classifying the reform as a revolution of professionals but he saw it as a social revolution [14]

When PD gathered the required number of signatures to propose a referendum about the liquidation of psychiatric hospitals, the Christian-democratic and communist parties (in order to prevent the referendum) quickly enacted a new law Legge 180. It was called Legge Basaglia and it enabled the most important postulates of Basaglia to be executed: de-psychiatrisation [15] of mental illness, loosening the ties between psychiatry and law and the liquidation of psychiatric hospitals [16].

### References

1. Donnelly M. *The politics of mental health in Italy*. London: Routledge; 1992.
2. Basaglia F. *Psychiatry inside out: selected writings of Franco Basaglia*. New York: Columbia University Press; 1987.
3. Basaglia F. *Problems of law and psychiatry: the Italian experience*. Int. J. Law Psychiatry 1980; 3(1): 17–37.
4. Maj M. *Brief history of Italian psychiatric legislation from 1904 to the 1978 reform act*. Acta Psychiatr. Scand. 1985; 316: 15–25.
5. Johl SS. *Italian psychiatry*. Psychiatr. Bull. 1985; 9: 73–74.
6. Basaglia F. *The destruction of the mental hospital as a place of institutionalisation: Thoughts caused by personal experience with the open door system and part time service*. London: First International Congress of Social Psychiatry; 1964. [http://www.trieste.salutementale.it/english/doc/basaglia\\_1964\\_destruction-mhh.pdf](http://www.trieste.salutementale.it/english/doc/basaglia_1964_destruction-mhh.pdf) [retrieved: 20.03.2015].
7. Basaglia F. *What is psychiatry?* Int. J. Ment. Health 1985; 14(1–2): 42–51.
8. Basaglia F. *L'instituzione negata. Rapporto da un ospedale psichiatrico*. Torino: Einaudi; 1968.
9. Basaglia F. *Breaking the circuit of control*. In: Ingleby D. ed. *Critical psychiatry. The politics of mental health*. Harmondsworth: Penguin Books; 1980. p. 184–192.
10. Tansella M, Williams P. *The Italian experience and its implications*. Psychol. Med. 1987; 17(2): 283–289.
11. Crossley N. *Working utopias and social movements: An investigation using case study materials from radical mental health movements in Britain*. Sociology 1999; 33: 809–830.
12. Guidice Del G. *Psychiatric reform in Italy*. Trieste: Mental Health Department; 1998.
13. Fusar-Poli P, Bruno D, Machado-de-Sousa JP, Crippa J. *Franco Basaglia (1924–1980): Three decades (1979–2009) as a bridge between the Italian and Brazilian mental health reform*. Int. J. Soc. Psychiatry 2009; 57(1): 100–103.
14. Basaglia F. *Italian psychiatric reform as reflection of society*. In: Ramon S. ed. *Psychiatry in transition: the British and Italian experience*. London: Pluto Press; 1988.
15. Plato De G, Minguzzi G. *A short history of psychiatric renewal in Italy*. Psychiatry Soc. Sci. 1981; 1: 71–77.

16. Tranchina P, Archi G, Ferrara M. *The new legislation in Italian psychiatry*. *Int. J. Law Psychiatry* 1981; 4: 181–190.

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