A SURVEY OF THE
VERDUN PROTESTANT HOSPITAL

The Canadian National Committee for Mental Hygiene
in collaboration with
the Mental Hospital Survey Committee

January 1937
General

The institution is located on a tract of land about 190 acres in area in the city of Verdun, on the east (generally called north) bank of the St. Lawrence River. It is accessible readily by tramway and by automobile from the city of Montreal. The area is rather small, judged by usual standards; if more land were available, more could be done in the line of outdoor occupation and recreation for the patients.

The institution was established in 1881, but the buildings were not available for occupancy until 1890. Originally termed the Protestant Hospital for the Insane, the name was changed to the present one in 1923.

The management and the title are vested in a Board of Governors who, in turn, elect annually the Board of Management, consisting of 22. Under the law, non-Catholic persons suffering from mental disease and resident in the Province of Quebec may be committed as public patients. No sectarian lines are drawn as to private patients. Public patients are cared for under a contract between the provincial government and the Board of Management, under which $200.00 per year is paid per patient, plus an allowance for “medical comforts” amounting to about $30.00 per year. This is considerably less than the actual cost of operation of the institution, as the average per capita cost is approximately $265.07 (1935).* This cost, to be sure, includes the private patients, and segregated figures would be next to impossible to obtain. The cost of food for the private patient is somewhat higher than for the public, but in view of the fact that the latter group constitutes five-sixths of the population, it is clear that $200.00 annually does not cover the actual cost to the institution. There are definite financial advantages to the Provincial Government through this arrangement, and the public patients likewise benefit from the fact that private

* The total per capita cost for 1936 given by the hospital as $293.82.
patients are cared for and that a considerable endowment exists. It is highly unlikely that the province could secure like care for its patients so inexpensively if it owned and operated its own hospital. Not only is the actual cost of operation higher than the amount paid by the Province, but it is considerably lower than the cost of operation of comparable mental hospitals. Much of this discrepancy appears to lie in the low per capital cost of personal services (see Appendix, Tables I and II), this constituting about 30% of the total budget, instead of 50% or more, the prevailing proportion.

In addition, the province has given very substantial assistance in the matter of construction. On December 31, 1935, there were outstanding $685,000.00 in bonds issued by the hospital but guaranteed as to principal and interest by the Province of Quebec. In the fiscal year 1935, $31,825.00 was paid by the hospital as interest on bonds. Out of this, approximately $13,500.00 was refunded to the hospital by the government, this being the interest on one of the issues.

There are about 200 private patients, and a considerable part of the income of the institution is derived from the patients, some of whom pay as much as $6.00 per day. There are general funds, endowments, and certain special funds totalling approximately $880,000.00. In Table III (see Appendix) are given the sources of revenue in the Verdun Protestant Hospital and in the Dixmont State Hospital. The Dixmont State Hospital was chosen because it is the only comparable hospital in the States which is operated privately but derives a considerable share of its revenue from the county and state governments for maintaining public patients.

In Verdun Protestant Hospital, the largest contributions come from the provincial government, fully 54.4% of its revenue being derived from this source. The next largest source of income is from private patients, the amount from this source being 36.11%. In the Dixmont State Hospital only 7% of the funds are derived from private patients, while 91% are derived from the county and state governments.
The institution is under the general supervision of the Director of Provincial Hospitals; the medical superintendent, the first assistant superintendent, and the senior resident physician are Crown officers, receiving a portion of their salary from the government and being appointed by the Lieutenant-Governor-in-Council on the recommendation of the Board of Management. The institution is thus neither strictly private nor public, but has certain features of both types of organization. The management of the institution is divided. The medical care of the patients is under the supervision of the medical superintendent; there is also an administrator, who is the direct agent of the Board of Managers in financial matters. Since policies are to a considerable extent determined by the funds available, it is obviously unfair to hold the medical superintendent entirely responsible for the care of the patients when someone else holds the purse-strings. There is no reason to believe the administrator to be anything but cooperative, but as a general practice divided control has definite drawbacks.

From time to time new buildings have been erected with provincial aid, and the rather extensive modifications and alterations of the older buildings have likewise been brought about with funds derived from the issue of bonds.

The population of the institution on January 26, 1937 was 509 male patients and 702 female, a total of 1,211. The capacity, as estimated by the medical officers of the hospital, is 844, on which basis there is an overcrowding of 43.4%. The total personnel is 216, or 1:6.6. In addition, one men's ward, Ward A, housing 70 patients, is not only crowded but should not be utilized for sleeping quarters for patients at all, as it is below ground level. This degree of crowding compares unfavourably with similar hospitals, as is shown in Table IV, Appendix.

Buildings

The main building is a 3-story structure of granite exterior, all three floors of which are used for patients. There are, in addition, the West and Northwest Houses, the former a 2-story brick
building for women, and the second a large 3-story brick building for men; and the East House, a 2-story brick building for disturbed women. There is also what is known as the Burgess Pavilion, a 2-story building for the private patients, as well as a recreation hall, nurses’ home, the various shops, and the dairy group, the latter consisting of wooden buildings located at a distance from the main group. The administrative offices are located in a portion of the main building which was recently reconstructed, but they are already much crowded.

Most of the heating is direct, by means of steam radiators on the wards, and in some cases unit heaters as well. Some indirect heating is found in the West House. Some of the wards are decidedly dark, and the artificial lighting in general is inadequate. Attention should be given to its improvement. The water supply is derived from the municipal supplies of Montreal and Verdun, and most of the sewage is discharged directly, untreated, into the St. Lawrence River.

Considerable attention has been given to the matter of protection against fire. A six-inch main surrounds the buildings, and the pumps in the engine room are always ready to throw on extra pressure in the event of fire. Most of the wards have standpipes with fire hose as well as fire extinguishers or water buckets, and automatic firedoors which are held back by a fusible link. There is a fire alarm system, not automatic, by which the attendant on any ward may signal the existence of a fire. Most of the wards are well equipped with outside fire escapes or with fire chutes. It would add considerably to the safety if metal lath and plaster ceiling were applied throughout the basements.

Kitchens and dining rooms are equipped in the summer with fly screens. Most of the wards are not, but certainly should be; the fly is more than a nuisance—he is a menace. The main kitchen, located in the rear of the main building, provides for all wards and employees with the exception of the private pavilion. The kitchen itself is ample in size and equipment, and could probably under ordinary conditions provide facilities for preparing food for about 2,000 patients.
Some complication is furnished by the fact that a number of different diets are provided simultaneously, there being not only public patients but three grades of private patients as well as employees and staff.

The vegetable room is small, and indeed inadequate in size. The pasteurizing room adjoins the vegetable room and kitchen, and is reasonably well equipped. The store-room, together with the cold storage, is located in the basement under the kitchen, and is very much crowded. Vermin exterminators visit regularly under contract, and are reported as effective. The laundry, located in a wooden building together with the mattress shop, covers two floors, and is poorly ventilated. The equipment, recently rearranged, is approximately adequate for at least the present size of the institution and with the addition of a new washer, which will be installed in the near future, would provide for further expansion.

The carpenter and machine shops are located nearby, and are likewise housed in a wooden building but from the point of view of the main group do not present a serious fire hazard.

The power house, likewise located in the rear of the main building, is equipped with automatic stokers, and has no difficulty in providing sufficient steam for heating the institution in ordinary winter weather. Electric power is purchased but there is an emergency direct-current generator always ready in case of need.

The farm buildings are near the extreme rear of the lot, fully a quarter-mile from the main group. They are wooden in construction but in the event of a conflagration they would not threaten the buildings where patients are housed. There is an excellent herd of twenty-five head, which has a most astonishingly good record of production.

The recreation hall is a fireproof structure and seats about 500. It is equipped with a sound motion-picture projector, and has an excellent floor for dances. The occupational therapy room, the pipe shop, and the paint shop are located in the basement. The egress for the patients in the
occupational therapy shop would be decidedly inadequate in the event of a fire in the paint shop. The nurses' home, which is detached, is an excellent structure of slow-burning construction and equipped with ample fire escapes. The pressure of housing employees has become so great that it has become necessary to erect beaver-board partitions in order to make rooms in the basement for employees. Quite aside from the fact that the beaver-board offers a fire hazard, the basement is almost entirely below ground level, and provision should be made as early as possible for the removal of the 50 employees who live there.

Medical

The medical superintendent, Dr. Carlyle A. Porteous, has been on the staff of the institution since 1904 and has been superintendent since 1923. He is Professor of Clinical Psychiatry at McGill University, and is Consultant Psychiatrist at several of the hospitals in Montreal.

The first assistant, Dr. R.G. Reed, has been on the staff since 1927, and the senior resident and the two resident physicians have been on the staff for periods varying from five years to one year. All are graduates of approved medical schools, and are all deeply interested in the welfare of the patients and in the problems of the hospital. There is a fairly large and active consultant medical staff, all of whom with the exception of the radiologist contribute their services without remuneration.

Routine examinations of new patients are made by consultants in gynecology and in laryngology and otology. Consultants in the other specialties are readily available, and close contact exists between the hospital and the Neurological Institute. Dr. Viner, one of the consulting neurologists, visits weekly, and Dr. Elvidge of the Institute has been making a series of brain biopsies.

The physicians are appointed by the medical superintendent, except that the approval of the government has to be obtained as to the first assistant and the senior resident. Vacations of one
month are allowed, and the night work is alternate. Living provisions for the physicians are satisfactory, and it has been the practice to promote on merit as vacancies arise. In addition to the graduate medical staff, one fifth-year student from McGill University lives at the hospital, and assists in the laboratory. The first assistant acts as clinical director and conducts staff meetings in the absence of the superintendent. Staff meetings have been held once a week, but beginning February 1st it is planned to have them daily. The first assistant makes all of the mental examinations on the new patients, the other assistants doing the routine ward work, making the physical examinations on the new patients, and the physical and mental notes on the other patients. This arrangement has the advantage of bringing the assistant superintendents into contact with each patient; on the other hand, it tends to retard the psychiatric development of the junior staff members. Their sense of responsibility and their ability to note and record psychiatric observations would be improved if they were called upon to complete the mental examination of at least a share of their patients. There is no pathologist, the laboratory being in charge of a technician who is well trained. The ordinary routine laboratory procedures are carried on, but tissue work and other special pathological duties are referred to the Pathological Department of the Montreal General Hospital or of McGill Medical School.

The physicians are seriously overloaded, the ratio of physicians not including the superintendent to patients being 1:303 as compared to 1:150, the desirable number as recommended by the American Psychiatric Association. With such overloading, attention to the individual patient is bound to be minimized. An immediate increase of two in the medical staff is urgently recommended.

As an indication of the activity of the staff, it may be said that in the year, 1936, 27 autopsies were performed out of 91 deaths, or a percentage of 29.6. There is a small medical library of about 50 volumes, and 8 journals are subscribed to. The reading club, made up of the medical
staff, meets weekly. The clinical work in the Department of Psychiatry of McGill is done at the Verdun Hospital, each medical student spending days at the hospital for about one week during his course.

Considerable interest is being shown by some of the members in a series of encephalograms which have given some indication of a correlation between polycythemia and atheromatosis of the cerebral arteries.

**Nursing**

The ward nursing on the male side is in charge of a male supervisor who is paid approximately $100.00 per month and maintenance. The assistant supervisors receive $60.00 per month; the charge attendants, $45.00; and the attendants, $35.00 to $40.00. The ward personnel on the male side is 49, or a ratio of 1 to each 9 1/2 patients. This ratio again indicates an overloading. A ratio of 1:8 for the general average would be nearer the accepted ideal. The nursing on the female side is in charge of the superintendent of nurses; one who has just been appointed at $1,800.00 per year is a graduate of the Montreal General Hospital without much psychiatric experience. There are 18 graduate nurses, most of whom are paid $40.00 per month for ward duty. The nurse in charge of the infirmary is paid $80.00. There are also 55 female attendants who start at $25.00 per month, being increased gradually to $30.00, uniforms and maintenance being supplied. The ratio on the female side is 1 of ward personnel to every 10 1/2 patients, which without any question indicates overloading. The rates of pay are low, and the hours are long. Table V, Appendix, indicates how this hospital compares with others of similar size as to medical and nursing personnel. On the male side the hours are from 6:00 A.M. to 6:00 P.M., and 6:00 A.M. to 8:30 P.M. on alternate days, with one day a week off after 11 A.M. and every third Sunday off. On the female side, the hours are 10 for the day nurses and attendants, and 12 for the night. The graduates are allowed one day off a week and every third Sunday; the attendants one day, and one half-day on alternate
weeks with every third Sunday. It seems remarkable that employees can be secured who are willing to work such long hours. A trend is clearly discernible, and will undoubtedly be noted in Canada eventually, toward shorter hours for hospital personnel. Several states, indeed, have already found it necessary to set up an eight-hour day, and the possibilities for the future should not be overlooked. In the meantime, an increase of ward personnel seems indicated, amounting to at least nine on the male side, and twenty-five on the female side. The addition of graduate nurses in charge of most of the male wards would be helpful to the general nursing and housekeeping tone of the male service. Some sort of elementary training should be furnished to the attendants, such as a short course of lectures by the doctors and by the superintendent of nurses.

There is at present no training school for nurses. The 2-year course for attendants was begun about 1912 and in 1928 a 3-year course was established but was discontinued in 1932 when the Provincial Board of Registration directed the closing of all small training schools. Dr. Porteous is contemplating the possibility of eventually developing a post-graduate course for graduates of general hospitals.

The night employees are given an opportunity to change every three months, but are allowed to remain on night duty longer if they so desire. Five men and five women sleep on various wards on account of fire and other emergencies, being rotated one month at a time.

There is no separate reception service, largely on account of the extreme overcrowding in the entire institution. Patients are routed directly from the admitting office to that ward which seems to be the best adapted to their type of behaviour and physical condition.

On admission, patients are received by one of the physicians who executes the admission blank and makes a physical examination on the ward usually within 24 hours. It is suggested that, for the protection of the hospital and the patient, at least a preliminary physical examination of the patient should be made immediately upon admission.
The facilities for treatment of acute cases are wholly inadequate. On the public wards there is only one continuous tub on the male side, and one on the female side, and these are very little used. There is, in addition, the hydrotherapy suite in the private pavilion, which is used moderately. Further provision for hydrotherapy is urgently needed. Packs are used very little. A very considerable amount of mechanical and chemical restraint is employed. It is stated that mechanical restraint and seclusion are employed only on the order of the physician, except that if an emergency arises and restraint or seclusion is imposed by the attendant, it is reported to the physician at once. No straitjackets are used. A few camisoles were observed. Roller towels or flannel bandages are used rather freely to tie the patient to the bed or bench. A census on January 26th indicated that 5 men, one of them post-operative, and 47 women or a total of 52 patients, were under mechanical restraint. At the same time six men, two of whom were isolated for a rash of undetermined nature, and 8 women, or a total of 14, were in seclusion; that is, locked in a room alone during the daytime. In addition, chemical restraint is used frequently and in a considerable number of instances on an as-needed standing order.

On a night visit to a few of the wards on January 27th, it was found that in the women's treatment ward of 12 patients two were under the influence of sedatives, and on the women's observation ward 4 out of 26. On the men's observation ward, 3 out of 26 were receiving chemical sedation. It is estimated that about 2 men and 10 women were under chemical restraint during the day ordinarily, and at night about 12 men and 20 women.

It is readily realized that serious overcrowding such as exists in the hospital tends to increase the likelihood of physical conflict and the disturbance of other patients. It is likewise recognized that facilities for hydrotherapy are wholly inadequate; nevertheless it would seem that the incidence of restraint and seclusion could be materially reduced without jeopardizing the safety or comfort of the other patients. The practice of giving as-needed orders, to be used in the discretion
of the attendant, should be discouraged, and the physician should aim to look upon restraint and seclusion as one of the later resorts, rather than as the first thought. An increase in the occupational therapy facilities would be helpful in reducing the need of restraint and seclusion.

**Occupational Therapy**

This department appears to be well organized. It is headed by Miss Mary Caton, who is a graduate of the Boston School of Occupational Therapy, and who had had considerable state hospital experience before coming to Verdun ten years ago. She has three assistants, one of whom is a graduate therapist.

In all, there are five ward classes, as well as the main class which is held in the occupational therapy room under the amusement hall. The average number of patients in the various classes is 45 men and 150 women, or approximately 1/6 of the population. In addition, a considerable number of patients are occupied in industrial therapy, or in the various activities of the hospital. A considerable amount of idleness, however, is noted on the wards, even among patients who appear capable of being occupied. One of the assistants in the occupational therapy department is a graduate of the McGill School of Physical Training, and has approximately 50 women daily whom she engages in group games, drills, group singing, card parties, and so on. This is an excellent arrangement, and one which might well be copied in other institutions, and which might well be expanded at Verdun.

**Diversion**

The recreational activities of the patients are conducted by the Director of Physical Education. Moving pictures are shown weekly and during the winter there are several dances and concerts. During the summer a baseball team and football team play frequently in the hospital. The golf course is available to patients and a group of patients is taken to the circus each year. Some of these activities are financed through the amusement fund, to which are devoted both contributions
for the purpose and the proceeds of the sale of articles from the occupational therapy department.

There is a fairly active patients' library under the charge of the head occupational therapist, with about 1,000 volumes. There is also a small circulating library as a sub-station of this on Ward 5, of which a patient acts as librarian. There are regular hours for patients to call for exchange, and an attempt is made to interest in reading those patients whose condition does not permit them to call at the library for books.

Religious services are held weekly, the Protestant ministers in the vicinity rotating. It is the practice of the hospital to hold burial services away from the hospital, when the burial of a patient devolves upon the hospital.

Dentistry

An attending dentist visits the hospital three mornings weekly, and is equipped with suitable instruments except that there is no dental X-ray. The natural lighting of his office is wholly inadequate. Every patient is examined on admission, and all patients are examined once a year. Prosthetic appliances are furnished if the patient can pay, or if he can benefit by their use.

Visiting

Out-of-town visitors and those calling on private patients are allowed daily. Regular visiting days for public patients are Tuesday and Saturday. Visitors are received usually in the day room, or in one of the cafeterias. They are allowed on the ward if the patient is too sick to leave. There are about 200 visitors each day, and a physician is available to answer inquiries at such times. Relatives are notified of emergencies, but reports are sent to relatives and guardians only upon request. Arrangements are made by one of the Jewish benevolent societies in Montreal to visit those Jewish patients who have no interested relatives.

Social Service

There is no social service in the ordinarily accepted sense of the term. There is one
investigator appointed by the government, who follows up those patients on trial visit and sends a report of the visit to the hospital. She has no office at the hospital, and does not as a rule make any inquiry as to the hospital record of the patient. It would be highly desirable if a real social service department could be instituted for the purpose of finding suitable employment for patients who might be allowed to leave the institution, for investigating the histories of patients, and for acting in general as a liaison between the institution and the community. No out-patients clinics are conducted. Occasionally, patients on trial visit report back at the hospital for treatment or examination.

Statistics

The classification of diagnosis is that approved by the American Psychiatric Association. The statistics of the hospital are not, however, prepared in accordance with the Psychiatric Association's recommendations. Data concerning each case are sent to the Dominion Bureau of Statistics, Ottawa, which compiles the statistics for all the mental hospitals in the Province. Unfortunately, by reason of economy, no report for 1935 was published, although the statistics are available in typewritten form at the office of the Provincial Director of Hospitals, Dr. Desloges. Such few statistics as are given in the Annual Report of the Hospital are not especially informative.

General Condition of Wards

Without enumerating the details of all the wards, certain general remarks may be made. As has been stated before, there is very serious overcrowding in all of the wards devoted to public patients, and at least one ward now in use, namely "A" and "Observation", which is located in the basement, is not at all suitable for the care of patients. In spite of that fact, 70 male patients, of various types, are housed there at present. The beds are crowded much more closely together than should be the case, with the result that the ventilation which even under ideal conditions of ward
population would not be entirely satisfactory, is decidedly inadequate. So far as could be observed, the housekeeping was reasonably good. The beds were clean and in spite of the woeful lack of bathing facilities, the patients appeared clean and the wards in general were free of odor. The natural lighting of a number of the wards is poor, and the arrangement is such that adequate supervision of the patients could not be obtained without a large addition to the personnel.

Hall 11, for example, is shaped roughly like the letter "U", with numerous corridors, rooms and offsets, and large portions of the ward are in addition rather dark. On this particular ward there are 65 female patients with only two attendants on day duty and one on night duty. An annex of this Hall, housing 14 patients, is a blind alley with no attendant on duty at night; without further exits it is a distinct hazard.

The difficulties attendant upon crowding, of the extent to which it is found in this institution, are far more serious than the mere question of whether the ventilation is adequate. In the first place, when patients are brought into close juxtaposition, the chances of physical conflict and resulting personal injury are considerably increased if there is any tendency towards assaultiveness. There is an increased likelihood of the transmissions of contagious diseases, particularly of the respiratory tract. Perhaps even more serious, however, is the fact that in a hospital where the wards are overcrowded, proper classification and segregation of patients cannot be accomplished. I am informed that there are frequently times at this hospital when there are only three or four vacant beds and that if a patient is admitted it is sometimes necessary to make several shifts of patients from other wards in order to make room. As a result, patients of various types necessarily mingle. It is obviously unfair to mix disturbed patients with quiet and orderly ones, yet on occasion this becomes necessary.

In an analysis of the types of patients made by Dr. Reed, the assistant superintendent, last October we find, for example, on Hall 9
39 classified as Observation and Treatment
49 classified as Quiet Chronic
31 classified as Recreational and Occupational
10 classified as Disturbed Chronic
36 classified as Workers
9 classified as Epileptics

Total 174

Although this Ward is somewhat divided up physically, it would seem obvious that proper classification cannot very well be said to exist, particularly when it is borne in mind that the available space in this ward should not accommodate over 135 patients. This ward constitutes, incidentally, the principal admission ward for female patients. In this entire ward there are 4 showers in one of which the drain is not functioning properly, and 5 toilet seats and basins. It should be said, in general, that the toilet and bathing facilities in all the wards are inadequate.

The ward known as the Annex, on the third floor of the main building, houses 36 infirm and bedridden women. The beds are rather close together, the ventilation is at least fair. In spite of the fact that there is an elevator nearby, together with a fire chute, it would seem desirable as soon as possible to place these and the other bedridden patients on the ground floor. This holds for any building which is not strictly fireproof. In the event of a fire it is almost certain that some casualties would result if the ward had to be evacuated.

In general, the day space on the wards with the exception of a few of the private wards, has had to be preempted for beds. Many of the patients remain on the ward during the day, in spite of all of the occupation and industrial activities, and the situation on a Sunday or other day when most of the patients are on this ward, can best be imagined.

The infirmary and operating room suite occupy the first and second floors of the remodelled front of the main building. The operating room is well-lighted and equipped. It is accessible to the rest of the institution, there being an elevator nearby, and the west and northwest houses being connected with the main building by enclosed corridors. One floor is available for male patients.
and one for female. The infirmary does reasonably well, in spite of the fact that it is of remodelled
construction, but it would be much better to have it located in a new building, which should be
fireproof. In 1936, approximately 400 patients were cared for in the infirmary, the average stay
being 23 days.

The wards for the public patients in general are rather inclined to be bare and unattractive. In
some instances the physical plant is showing some deterioration. In the West House, for example,
one of the outside porches which would relieve the situation greatly, at least during the warmer
months of the year, has had to be condemned by reason of being unsafe.

It is observed that even in some of the private wards roller towels are used. The unsanitary
nature of these towels is well-known, and it would seem desirable to substitute individual paper or
cloth towels as soon as possible.

Below is a summary prepared by Dr. Reed, indicating the actual population and the desirable
capacity of the various wards. Dr. Reed’s estimates of the available space are conservative, and it
is highly doubtful whether in any instance they should be exceeded.

<table>
<thead>
<tr>
<th>Present Population*</th>
<th>Available Space</th>
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<tbody>
<tr>
<td>Hall 1 (semi-private)</td>
<td>21</td>
</tr>
<tr>
<td>Hall 3 (semi-private)</td>
<td>39</td>
</tr>
<tr>
<td>Hall 9</td>
<td>196</td>
</tr>
<tr>
<td>Annex</td>
<td>36</td>
</tr>
<tr>
<td>Hall 11</td>
<td>53</td>
</tr>
<tr>
<td>West House</td>
<td>173</td>
</tr>
<tr>
<td>East House</td>
<td>151</td>
</tr>
<tr>
<td>A and Observation</td>
<td>70</td>
</tr>
<tr>
<td>A 2 (semi-private)</td>
<td>28</td>
</tr>
<tr>
<td>B 2 (semi-private)</td>
<td>11</td>
</tr>
<tr>
<td>B 6</td>
<td>68</td>
</tr>
<tr>
<td>Northwest House</td>
<td>314</td>
</tr>
<tr>
<td>Women’s Infirmary</td>
<td>19</td>
</tr>
<tr>
<td>Men’s Infirmary</td>
<td>9</td>
</tr>
</tbody>
</table>
* as of October 12, 1936

**Food Service**

Considerable thought has evidently been given to the preparation and service of food to the patients. Several years ago a cafeteria system was instituted, which provides for the larger part of the public patients of both sexes. A large basement room seats about 100 in the men’s cafeteria and the women’s cafeteria on the floor above seats 150. Arrangements are made so that ample time is given to the patients to eat, the food is served hot and such as I saw appeared at least of average institutional grade. No provision for alternates is made, but the food is ample in amount, and second servings are allowed. About 450 men and 400 women go to the cafeteria. Although the men’s cafeteria is below ground level and is somewhat dark, it appeared clean and free of objectionable odors. Concerning the physical limitations of the building, it would seem that this move of establishing a cafeteria was a successful one. Food is sent to the other wards in insulated containers, and in addition there are in the ward serving rooms electric grilles if re-warming becomes necessary.

The provision for eating on these wards such as Hall 1, Hall 3, East Hall and Halls A2 and B2 are not entirely satisfactory, but probably could not be much improved with the present crowding. The kitchen is in charge of a dietitian who, in turn, has a chef and assistant chef, as well as kitchen men and pastry cook and a number of patients. Most of the special diets are prepared in the main kitchen, and are sent to the wards where they are called for. There is a small diet kitchen in the women’s infirmary. Approximately 15 special diets are made up for each meal, and the food service is inspected not only by the dietitian but by the physicians. Inspection of a sample diet list appears to indicate a reasonably well planned and adequate diet, with as much variety as can well be expected in an institution.
Medical Care and Records

The general practice relative to examinations and notes has been outlined above. General paretics are given malarial treatment and necessary surgery is provided. Very little active treatment directed toward the mental condition of the patient is found. Much of this is traceable to the overloaded state of the staff, and to the lack of physical equipment. There is no time for the physicians to have detailed interviews with the patients, and restraint and seclusion are utilized almost entirely in place of hydrotherapy or physiotherapy. The occupational therapy program and the diversional therapy are reasonably well organised, although a certain tendency towards routinization seems to exist, as is often the case in mental hospitals.

The records, so far as the history of the patient and the medical examination of the patient are concerned, are reasonably good but the follow-up notes appear distinctly routine in character and are not especially informative.

The discharge of patients is passed upon by the superintendent or the assistant superintendent, but it would appear that in most cases the initiative has come from the relatives or friends of the patient. The fact that over 64% of the patients on the books of the hospital are diagnosed as dementia praecox would seem to suggest a considerable number of residual patients, a fair number of whom might be sent out if an active program of social service existed.

Another practical value of a social service department might be found in encouraging families to provide clothing more than is done at the present time. The clothing of the patients is largely provided by the institution, and is of a rather monotonous quality.

Needs

Enough has been said to indicate that the institution has some very definite and urgent needs. By far the most pressing is that of new construction. That the needs will continue to increase is indicated by Table VI, Appendix, showing certain facts regarding the movement of population for
the past ten years. Further interesting data relative to the admission rates and rates of institutional population are found in Table VII (Appendix). The only inference which can soundly be drawn from these data is that at present the institutional facilities provided for the Catholic mental patients in the province exceed in extent those provided for the non-Catholic.

Provision should be made at the earliest possible moment for at least three buildings, all of which appear to be of approximately equal urgency. From the medical point of view, the most important of these would be a building which might be termed a reception unit, and which would provide about 75 beds for each sex. In this building would be located a hydrotherapy unit, with adequate provisions for continuous baths and packs. Preferably, too, some of the essential services like the X-ray, the dentist’s laboratory, and the operating room, might be located here. Intensive treatment could thus be provided for the new admissions and for those patients in the hospital whose prospects of responding to intensive treatment seem good.

An opportunity would be provided also for the proper care of acute medical and surgical emergencies. If for various reasons the proposition of having the surgical unit in this building did not appear feasible, it should certainly be considered when plans are made for an infirmary building such as will undoubtedly be needed in the near future. It is quite likely that a building of this sort could not be constructed at a cost of much under at least $2500.00 per bed which, assuming a capacity of about 150 patients, would indicate a cost of not far from $375,000.00.

A second extremely urgent need is a continued treatment building for the care of what are sometimes denominated the chronic female patients of the disturbed type. Such a building would help to relieve the crowding on the female side at least, though eventually thought will have to be given to the establishment of a similar continued-treatment for men. It would seem that such a building should provide for not less than 250 patients, since a certain amount of future expansion must be allowed for and since the construction of a small building would be relatively more
expensive. There are at present wards entirely suitable for the care of the orderly and quiet patients. The new buildings should be designed with the more disturbed patients in mind. It is possible that with strict economy of planning a building of this sort might be constructed at a cost of about $1500.00 a bed, in which case the cost would be about $375,000.00.

The third need, which is fully as urgent, is the erection of an addition to the present nurses' home, or a new building to house employees. There are at present about sixty employees housed in the basement of the nurses' home, who should be removed as soon as possible, and in addition provision will have to be made for extra employees to operate the new buildings in question. The cost of such a building would not be especially high, and might indeed be brought down to $1,000.00 or even slightly less per bed. There should be a capacity of 50 to 75.

Steps should be taken at the earliest possible moment to provide these minimal additions. The statistics and an inspection of the physical plant both furnish unanswerable arguments as to the need for these buildings. Much more might be recommended as desirable, notably an infirmary building and certain substantial additions to the present plumbing facilities in the buildings now in use. The provision of these new facilities would in the first place provide suitable care for new and acute patients. They would relieve to a considerable extent the present overcrowding, and thus would benefit all the patients in the institution. They would stimulate the medical staff to further therapeutic efforts in behalf of the patients, and would reduce the necessity which is now apparently felt by the staff to exist, of the rather free use of restraint and seclusion.

The staff are interested and progressive, and should be given the necessary tools to work with in behalf of their patients. The ward personnel of the institution should be increased to provide for more supervision and individual work with patients. The consulting staff as well as the resident staff are evidently interested and competent, and there seems to be no insuperable reason why the standard of care provided for the Protestant mental patients of the province of Quebec
cannot, with the additions to the physical plant and the modifications suggested, be made the
equal of that furnished to the mental patients of the best of the Provinces and States.

January 25 - 29, 1937
Summary of Recommendations

Construction

1. Immediate construction of:
   a. Reception building, 150 patients (75 each sex)
   b. Continued treatment building for 250 disturbed female patients
   c. Addition to nurses' home, 75 employees
2. Construction as soon as feasible of an infirmary building
3. Modernize and extend plumbing facilities
4. Increase hydrotherapy facilities
5. Reduce fire hazards in main building
6. Modernize lighting
7. Bring up repairs of physical plant

Changes in Use of Space

1. Move bed patients from third floor, preferably to first floor
2. Vacate basement wards (A and Observation)
3. Vacate basement living quarters, nurses' home

Medical and Auxiliary Service

1. Increase medical and nursing personnel (2 physicians, 34 nurses and attendants)
2. Improve medical records

3. Develop responsibility of junior staff men for making mental examinations and informative follow-up notes

4. Provide some training for ward personnel

5. Increase occupation of patients

6. Decrease use of seclusion and of mechanical and chemical restraint

7. Have new patients examined physically immediately upon admission

8. Develop social service department

Administration

1. Consider reorganization to permit full control of hospital by superintendent

General

1. Discontinue use of roller towels

2. Enlarge acreage of institution
TABLE I
ANNUAL PER CAPITA MAINTENANCE EXPENDITURES IN VERDUN PROTESTANT HOSPITAL AND COMPARABLE HOSPITALS

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Personal Service</th>
<th>Food</th>
<th>Fuel, Light and Power</th>
<th>Other Expenditures</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verdun Protestant Hospital</td>
<td>101.41</td>
<td>66.85</td>
<td>35.31</td>
<td>61.70</td>
<td>265.07x</td>
</tr>
<tr>
<td>Gowanda State Hospital</td>
<td>232.40</td>
<td>55.13</td>
<td>33.21</td>
<td>79.73</td>
<td>400.47</td>
</tr>
<tr>
<td>Foxborough State Hospital</td>
<td>192.30</td>
<td>60.32</td>
<td>36.92</td>
<td>79.19</td>
<td>368.75</td>
</tr>
<tr>
<td>New Hampshire State Hospital</td>
<td>176.84</td>
<td>63.12</td>
<td>42.11</td>
<td>69.74</td>
<td>351.81</td>
</tr>
<tr>
<td>Dixmont State Hospital</td>
<td>145.18</td>
<td>47.30</td>
<td>30.20</td>
<td>88.96</td>
<td>311.64</td>
</tr>
</tbody>
</table>

xLess $79.58 for interest and depreciation, provision for bad debts, and premium paid on bonds.

Source: Verdun Protestant Hospital: Annual Report for the year 1935
Gowanda State Hospital: Annual Report of Department of Mental Hygiene (for New York) July 1, 1934 to June 30, 1935
Foxborough State Hospital: Annual Report, Commissioner of Mental Diseases (for Mass.) Year Ending November 30, 1935
New Hampshire State Hospital: Annual Report, 1936
Dixmont State Hospital: Annual Report 1935
<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Amount</th>
<th>Per Cent</th>
<th>Per Capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions</td>
<td>$75,562.50</td>
<td>19.34</td>
<td>66.65</td>
</tr>
<tr>
<td>Medical</td>
<td>6,699.66</td>
<td>1.71</td>
<td>5.91</td>
</tr>
<tr>
<td>Domestic</td>
<td>71,827.07</td>
<td>18.38</td>
<td>63.36</td>
</tr>
<tr>
<td>Establishment</td>
<td>23,826.95</td>
<td>6.10</td>
<td>21.02</td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>114,960.55</td>
<td>29.42</td>
<td>101.41</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>7,610.06</td>
<td>1.95</td>
<td>6.72</td>
</tr>
<tr>
<td>Interest and Depreciation</td>
<td>78,071.29</td>
<td>19.98</td>
<td>68.87</td>
</tr>
<tr>
<td>Provision for bad debts</td>
<td>1,500.00</td>
<td>0.39</td>
<td>1.32</td>
</tr>
<tr>
<td>Premium paid on Bonds Purchased and Held as of December 31, 1935 - written off</td>
<td>10,648.85</td>
<td>2.73</td>
<td>9.39</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$390,706.93</strong></td>
<td><strong>100.00</strong></td>
<td><strong>344.65</strong></td>
</tr>
</tbody>
</table>

Source: Annual Report for 1935
TABLE III
SOURCE OF REVENUE IN VERDUN PROTESTANT HOSPITAL
AND COMPARABLE HOSPITAL

<table>
<thead>
<tr>
<th>Source of Revenue</th>
<th>Verdun Protestant Hospital</th>
<th>Dixmont State Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial or County and State Government</td>
<td>212,643.69 (54.43%)</td>
<td>349,191.62 (91.09%)</td>
</tr>
<tr>
<td>Private Patients</td>
<td>141,078.77 (36.11%)</td>
<td>28,038.84 (7.31%)</td>
</tr>
<tr>
<td>Income from Investments</td>
<td>30,990.11 (7.93%)</td>
<td></td>
</tr>
<tr>
<td>Subscriptions or Other Sources</td>
<td>1,732.46 (0.44%)</td>
<td>3,956.9 (1.03%)</td>
</tr>
<tr>
<td>Transfer from Capital Account to Cover Deficit</td>
<td>4,261.90 (1.09%)</td>
<td></td>
</tr>
<tr>
<td>Cash on Hand</td>
<td></td>
<td>2,176.67 (0.57%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>390,706.93 (100.00%)</strong></td>
<td><strong>383,364.12 (100.00%)</strong></td>
</tr>
</tbody>
</table>

Sources:
Verdun Protestant Hospital: Annual Report for the Year 1935
Dixmont State Hospital: Annual Report for 1935
TABLE IV
ACCOMMODATIONS IN VERDUN PROTESTANT HOSPITAL
AND COMPARABLE HOSPITALS

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number of Patients</th>
<th>Certified Capacity</th>
<th>Excess of Patients</th>
</tr>
</thead>
</table>
| Verdun Protestant Hospital, Quebec| 1,211              | 844                | 367                | 43.5%
| Foxborough State Hospital, Massachusetts | 1,249 | 1,119 | 130 | 11.6%
| New Hampshire State Hospital, New Hampshire | 1,950 | 1,500 | 450 | 30.0%
| Dixmont State Hospital, Pennsylvania | 1,156 | 1,145 | 11 | 1.0%

Sources:
- Verdun Protestant Hospital: Mental Hospital Survey Committee, Dr. Overholser
- Foxborough State Hospital: Annual Report, Commissioner of Mental Diseases (for Mass.), Year Ending November 30, 1935
- New Hampshire State Hospital: Mental Hospital Survey Committee, Drs. Hamilton and Kempf
- Dixmont State Hospital: Hospital Service in the U.S., 1936 Reprinted from Hospital Number of the Journal of the American Medical Association. Gives average number of patients.
### TABLE Va
MEDICAL, WARD AND TOTAL PERSONNEL IN VERDUN PROTESTANT HOSPITAL
AND COMPARABLE HOSPITALS

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number of Patients</th>
<th>Medical Officers</th>
<th>Ward Employees</th>
<th>Other Employees</th>
<th>Total</th>
<th>Medical Officer</th>
<th>Assistant</th>
<th>Ward Employee</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verdun Protestant Hospital</td>
<td>1,211</td>
<td>5</td>
<td>122</td>
<td>89</td>
<td>216</td>
<td>242.2</td>
<td>303</td>
<td>9.8</td>
<td>5.6</td>
</tr>
<tr>
<td>Gowanda State Hospital</td>
<td>1,291</td>
<td>10</td>
<td>136</td>
<td>146</td>
<td>292</td>
<td>129.1</td>
<td>143.4</td>
<td>9.5</td>
<td>4.4</td>
</tr>
<tr>
<td>Foxborough State Hospital</td>
<td>1,230</td>
<td>7xx</td>
<td>159</td>
<td>127</td>
<td>294</td>
<td>175.7</td>
<td>205.0</td>
<td>7.7</td>
<td>4.2</td>
</tr>
<tr>
<td>New Hampshire State Hospital</td>
<td>1,950</td>
<td>13</td>
<td>282</td>
<td>226</td>
<td>521</td>
<td>150.0</td>
<td>162.5</td>
<td>6.9</td>
<td>3.7</td>
</tr>
</tbody>
</table>

**x** Average daily population excluding paroles.

**xx** This figure is one less than the figure reported in Annual Report because dentist is included in latter.

**xxx** Not counting superintendent.

**Source:**
Verdun Protestant Hospital: Annual Report for the year 1935
Gowanda State Hospital: Annual Report of Department of Mental Hygiene, July 1, 1934 to June 30, 1935
Foxborough State Hospital: Annual Report, Commissioner of Mental Diseases, Year Ending Nov. 30, 1935
New Hampshire State Hospital: Annual Report for the year 1936.
### TABLE Vb
OVERLOADING OF PHYSICANS IN VERDUN PROTESTANT HOSPITAL AND COMPARABLE HOSPITALS

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Number of Patients</th>
<th>Number of Assistant Physicians</th>
<th>Standard Load</th>
<th>Patients in Excess of Standard Load</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verdun Protestant Hospital</td>
<td>1,211</td>
<td>4</td>
<td>600</td>
<td>611</td>
<td>102</td>
<td>102.0</td>
</tr>
<tr>
<td>Gowanda State Hospital</td>
<td>1,291</td>
<td>9</td>
<td>1,350</td>
<td>39</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Foxborough State Hospital</td>
<td>1,230</td>
<td>6</td>
<td>900</td>
<td>330</td>
<td>36.7</td>
<td>36.7</td>
</tr>
<tr>
<td>New Hampshire State Hospital</td>
<td>1,950</td>
<td>12</td>
<td>1,800</td>
<td>102</td>
<td>8.3</td>
<td>8.3</td>
</tr>
</tbody>
</table>
### TABLE VI
CENSUS OF VERDUN PROTESTANT HOSPITAL
(Biennial Data 1927-1936)

<table>
<thead>
<tr>
<th>Year</th>
<th>Admitted</th>
<th>Discharged</th>
<th>Died</th>
<th>Daily Average in residence</th>
<th>In Residence at end of Period</th>
<th>Gain in Two Year Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1927-28</td>
<td>477</td>
<td>322</td>
<td>154</td>
<td>1673.66</td>
<td>833</td>
<td>---</td>
</tr>
<tr>
<td>1929-30</td>
<td>614</td>
<td>334</td>
<td>174</td>
<td>1768.40</td>
<td>932</td>
<td>99</td>
</tr>
<tr>
<td>1931-32</td>
<td>621</td>
<td>343</td>
<td>161</td>
<td>1946.88</td>
<td>1045</td>
<td>113</td>
</tr>
<tr>
<td>1933-34</td>
<td>636</td>
<td>357</td>
<td>176</td>
<td>2159.20</td>
<td>1129</td>
<td>84</td>
</tr>
<tr>
<td>1935-36</td>
<td>704</td>
<td>377</td>
<td>228</td>
<td>2311.69</td>
<td>1207</td>
<td>78</td>
</tr>
<tr>
<td>Verdict Protestant Hospital</td>
<td>Number of Patients in Hospital</td>
<td>Number of First Admissions</td>
<td>Population Served</td>
<td>Per cent</td>
<td>Number of Patients Per 100,000</td>
<td>Number of First Admissions Per 100,000</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------</td>
<td>----------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td></td>
<td>1,172</td>
<td>230</td>
<td>402,103</td>
<td>13.9</td>
<td>291.5</td>
<td>57.2</td>
</tr>
<tr>
<td>Other Hospitals</td>
<td>9,795</td>
<td>1,829</td>
<td>2,472,152</td>
<td>86.1</td>
<td>396.2</td>
<td>74.0</td>
</tr>
<tr>
<td>Total</td>
<td>10,967</td>
<td>2,059</td>
<td>2,874,255</td>
<td>100.0</td>
<td>381.6</td>
<td>71.6</td>
</tr>
</tbody>
</table>

x Includes 8,992 members of the Greek Orthodox Church

Source:
Population figures from Canada Year Book, 1934-1935, pp. 127-129

Patient data from Annual Report of Dr. A.H. Deslogies, Medical Director, Insane and Reformatory and Industrial Schools for the year 1934.