

The Commonwealth of Massachusetts

REPORT

OF THE

SPECIAL COMMISSION

ON

COMMITMENT, CARE AND TREATMENT OF
MENTAL HEALTH HOSPITAL PATIENTS

MAY 2, 1955

The Commonwealth of Massachusetts

MEMBERSHIP.

Appointed by the President of the Senate.

Sen. LESLIE B. CUTLER of Needham, *Chairman.*

Appointed by the Speaker of the House of Representatives.

Rep. OSCAR J. CAHOON of Harwichport.
Rep. THOMAS M. NEWTH of Swampscott.
Rep. HAROLD W. CANAVAN of Revere.

Appointed by the Governor.

Dean JAMES M. FAULKNER, M.D., *Vice Chairman.*
School of Medicine, Boston University.
KENNETH H. HEMENWAY of Northampton.
T. WILLIAM LEWIS of North Adams.
Mrs. RANDOLPH P. RICE of Weston.

The Commonwealth of Massachusetts

RESOLVE CREATING THE COMMISSION

CHAPTER 108.

RESOLVE PROVIDING FOR AN INVESTIGATION AND STUDY BY AN UNPAID SPECIAL COMMISSION RELATIVE TO THE METHOD OF COMMITTING PERSONS TO MENTAL HOSPITALS, AND THE RIGHTS, CARE, TREATMENT AND RELEASE OR DISCHARGE OF PERSONS SO COMMITTED.

Resolved, That an unpaid special commission, to consist of two members of the senate to be designated by the president thereof, three members of the house of representatives to be designated by the speaker thereof, and four persons to be appointed by the governor, is hereby established to make an investigation and study of the method of committing persons to mental hospitals, and the rights, care, treatment and release or discharge of persons so committed. Said commission shall, in the course of its investigation and study, consider the subject matter of current senate document numbered 366. Said commission shall be provided with quarters in the state house or elsewhere, may hold hearings and may expend for clerical and other assistance and for expenses such sums as may be appropriated therefor. Said commission shall report to the general court the results of its investigation and study, and its recommendations, if any, together with drafts of legislation necessary to carry its recommendations into effect, by filing the same with the clerk of the senate on or before the third Wednesday of January in the year nineteen hundred and fifty-five.

Approved June 10, 1954.

The Commonwealth of Massachusetts

RESOLVE REVIVING AND CONTINUING THE COMMISSION.

CHAPTER 35.

RESOLVE FURTHER CONTINUING THE SPECIAL COMMISSION TO STUDY THE METHOD OF COMMITTING PERSONS TO MENTAL HOSPITALS AND THE RIGHTS, CARE, TREATMENT AND RELEASE OR DISCHARGE OF PERSONS SO COMMITTED.

Resolve. That the unpaid special commission established by chapter one hundred and eight of the resolves of nineteen hundred and fifty-four to make an investigation and study of the method of committing persons to mental hospitals, and the rights, care, treatment and release or discharge of persons so committed is hereby continued for the purpose of continuing said investigation and study. Said commission shall be provided with quarters in the state house or elsewhere, may hold hearings, and may expend for clerical and other assistance and for expenses the balance of the amount appropriated in item 0255-06 of section two of chapter six hundred and eighty-seven of the acts of nineteen hundred and fifty-four, and such additional sums as may be appropriated therefor. Said commission shall report to the general court the results of its investigation and study, and its recommendations, if any, together with drafts of legislation necessary to carry its investigation into effect, by filing the same with the clerk of the senate on or before the first Monday of May in the current year.

Passed in the House of Representatives April 4, 1955,
and in the Senate April 4, 1955.

The Commonwealth of Massachusetts

REPORT OF THE SPECIAL COMMISSION ON COMMITMENT, CARE AND TREATMENT OF MENTAL HOSPITAL PATIENTS.

May, 1955.

To the Honorable Senate and House of Representatives.

We, the undersigned members of the Special Commission on Commitment, Care and Treatment of Mental Health Hospital Patients, authorized to make a study and investigation of the method of committing persons to mental hospitals and the rights, care, treatment and release or discharge of persons so committed, herewith submit the following report.

ORGANIZATION.

The Commission was established by chapter 108 of the Acts and Resolves of 1954. Under the resolve it was directed to submit its report on or before the third Wednesday in January, 1955. An extension of the time in which to file the report was granted to May 2, 1955.

The Commission held its first organizational meeting September 27, 1954. Senator Leslie B. Cutler was named chairman and Dr. James M. Faulkner, vice chairman.

Fifteen meetings were held by the Commission and other additional meetings by the subcommittees. In the course of its study, the Committee held a public hearing on the subject matter of the resolve. In March, 1955, two subcommittees were appointed. One, on laws governing commitments, consisted of Reps. Canavan, Newth and Cahoon and Mr. Hemenway. The other, which concerned itself with care and treatment of patients, included Senator Cutler, Dr. Faulkner, Mrs. Rice and Mr. Lewis.

The Commission engaged the services of William J. Curran, professor of law at Boston College, as consultant on commitment laws, and we wish to express much appreciation for his excellent, untiring work.

We also thank Commissioner of Mental Health, Dr. Jack R. Ewalt, for his co-operation and assistance. He was present at many meetings and gave a great deal of his time to the study.

Knowing that chapter 123 needs to be recodified, the Commission began preliminary work with this in mind. As there are over 100 sections in the chapter, however, we decided to submit legislation only on the most pressing problems.

The Commission was informed by Dr. Ewalt that he had requested the American Psychiatric Association to make an inspection of Massachusetts state mental hospitals.

When this report was received in March by the Commission, a subcommittee was formed to study it. At the same time a subcommittee was named to work with Mr. Curran on commitment laws.

Each subcommittee is making its separate report, and each report has the full support and endorsement of the entire Commission.

The Commission feels that a good start has been made on the complex problems it was authorized to investigate. The work is by no means finished and therefore we are submitting a request to be revived and continued. (Appendix B.)

Respectfully submitted,

LESLIE B. CUTLER,

Chairman.

JAMES M. FAULKNER,

Vice Chairman.

BARBARA SEARS RICE.

T. WILLIAM LEWIS.

THOMAS M. NEWTH.

OSCAR J. CAHOON.

HAROLD CANAVAN

KENNETH H. HEMENWAY.

REPORT OF THE SUBCOMMITTEE OF THE SPECIAL COMMISSION APPOINTED UNDER CHAPTER 108 OF THE ACTS OF 1954 RELATIVE TO PROPOSED CHANGES IN CHAPTER 123 OF THE GENERAL LAWS.

It is believed that the recommended legislation meets the principal objections that have been voiced with respect to our present mental health laws. The purpose of the bill is mainly directed toward improvement in present commitment procedure for the greater protection of the rights of patients.

Under the present law voluntary and temporary care patients may become involuntary and indefinite care patients without any notice of such change. It is recommended in sections 11 and 12 that notice be given in such instances.

Of at least equal importance with the changes in sections 11 and 12 is the change recommended in section 8. This provides that notice be given to persons alleged to be mentally ill of their right to a hearing in court under the regular judicial commitment procedure. Under present law there is no provision giving a person a right to a court hearing where others file an application for the commitment of one alleged to be mentally ill.

A clarification of the procedure for the transfer of patients when necessary between the Commonwealth's mental institutions is recommended in section 5. Clarifying amendments are also recommended in sections 3, 4 and 6. As the present psychiatric examination fee is way out of proportion to present-day fees, it is recommended in section 9 that the fee be increased to \$15.

Because of the rather objectionable meaning which has become attached to the words "insane," and "feeble-minded," your Commission is also recommending in section

1 that the definitions be changed to "mental illness" and "mental deficiency." (See Appendix A.)

Respectfully submitted,

THOMAS M. NEWTH.
OSCAR J. CAHOON.
HAROLD W. CANAVAN.
KENNETH H. HEMENWAY.

REPORT OF SUBCOMMITTEE ON CARE AND TREATMENT OF PATIENTS.

The subcommittee is aware of the fact that World War II materially reduced medical and personnel standards in the Massachusetts program. The war also halted building plans which had been made.

Very real progress has been made in the past five years, however, as is indicated by the following data:

Building program:

1950	. . . . .	\$14,621,325
1951	. . . . .	2,066,530
1952	. . . . .	6,322,375
1953	. . . . .	16,881,385
1954	. . . . .	2,938,786
1955	. . . . .	20,107,400

Appropriations for Department of Mental Health (increases due to salary increases, more personnel to staff new buildings, and enlarged personnel in existing hospitals):

1950	. . . . .	\$31,551,509.38
1951	. . . . .	30,704,991.22
1952	. . . . .	36,635,250.03
1953	. . . . .	38,877,051.29
1954	. . . . .	39,613,912.11
1955	. . . . .	42,045,526.00

Individual members of the subcommittee have recently visited all the state hospitals at different times, and one (Mrs. Rice) is a volunteer worker at two hospitals. We are, therefore, familiar with the problems that still exist.

¶ We believe there is most definitely a basis for hope in the battle against mental illness. Proof of very real success is reported.

In a recent study of treatment results over the past five years at the Boston Psychopathic Hospital, intensive treatment to "in-patients" sends more patients back to the community than the ordinary state hospitals. It costs three-fourths as much over the patient's stay at the hospital,

but because of patient "turnover" only one-seventh of the number of hospital beds is required for the same number of patients.

In addition to this, Dr. Harry Solomon, Superintendent of the Boston Psychopathic Hospital, has proved that about 35 per cent of the current admissions to mental hospitals are of the type which could be successfully treated in out-patient clinics and kept out of state hospitals altogether, and that the hospital stay of another 35 per cent could be materially shortened.

Confirming this, recent studies in a state hospital in California showed that with the intensive treatment of chronically ill, long-time mental patients, physicians could triple the sick person's chances of recovery and discharge.

At the National Governors' Conference on Mental Health in Detroit in February, 1954, the assembled Governors adopted 10 points for progressive mental health programs.

Three of these points which especially impress the sub-committee are as follows:

1. By far the major share of a State's mental health resources must be used for the care and treatment of patients in state hospitals for the mentally ill. Psychiatric treatment with the fullest use of existing knowledge can return many more people to productive and useful lives. Increased appropriations for additional qualified mental health personnel (including psychiatrists, psychologists, social workers, nurses and related personnel) and intensive treatment programs should be provided by the States at their next legislative sessions to increase the number of patients discharged from state mental hospitals.

2. Ultimate reduction of the population in state mental hospitals can only be achieved by efforts to prevent mental illness. This requires facilities for early identification, for early treatment and for after-care and supervision of those on leave from state hospitals. State governments should take the initiative with both financial and professional assistance in stimulating local public and private agencies to participate actively in preventive programs.

3. State and community mental health organizations

should play important roles in educating the public to the problems of mental health and to the methods of improving psychiatric services. The States should encourage and support mental health education in the schools, good relationships between hospitals and their surrounding communities, and the provision of adequate community psychiatric services. These may, in the long run, be most important in determining the mental health of the nation.

Commissioner of Mental Health Dr. Ewalt informed the Commission that a 1954 appropriation authorized him to request the American Psychiatric Association to make a survey of the state mental hospitals. The Central Inspection Board of the Psychiatric Association made a survey of the 11 general-purpose mental hospitals. The report on this inspection was received by the Commissioner in March, 1955, and with Governor Herter's approval, was transmitted to the Commission for review and recommendations.

The subcommittee made an intensive study of this report and asked Dr. Dean A. Clark, Director of the Massachusetts General Hospital, to advise us on the recommendations we make. Dr. Clark is widely recognized as an authority on hospital administration, and also has a background of psychiatric experience and training. We are most grateful for the time he gave to our request for the suggestions made by him.

The report of the inspection gives full credit to the high qualifications of superintendents of the hospitals, the hospital staff and other personnel. But it is pointed out that there are no hospitals with sufficient personnel. While it is recognized that American psychiatric quotas are very high and only one State where an inspection was also made conforms to the desired quotas, they were established on the basis of adequate care and treatment for all patients.

The inspection report on the physical plant calls attention to needed renovation, repair and fireproofing of many buildings. This situation is well known to the Department of Mental Health and work has commenced at some hospitals and others are planned. The same is true of overcrowded conditions in the wards, which the inspection report

notes are critical in some hospitals. The Department also has a five-year building program now underway.

The subcommittee urges that the programs of renovation and new buildings be completed as soon as possible.

The subcommittee submits in this report a summary of the three volumes of the inspection by the American Psychiatric Association. The Medfield State Hospital is given in detail, but as many of the statements are repeated for the other hospitals, only a brief outline is made for the rest. (See Exhibit A.)

The American Psychiatric Association recommendations relative to large increases in the number of employees will be noted in the individual hospital reports. The subcommittee believes it should be emphasized that the full number of personnel in all categories recommended would be very difficult to comply with. The cost would be almost prohibitive. In Massachusetts all state employees work forty hours per week, with minimum vacations of two weeks per year and ten holidays a year. Hospitals care must be on a twenty-four hour basis.

RECOMMENDATIONS OF SUBCOMMITTEE ON CARE AND TREATMENT.

1. The subcommittee recommends that the first effort be directed at meeting requirements of the treatment services, — psychotherapy, physical medicine, occupational therapy, industrial therapy, recreational therapy, and social service for family home care. Here is one of the greatest needs in nearly all the state hospitals. It is recognized by the Commissioner, his staff and the hospital superintendents. It has been observed by this Commission as well as members of the Public Welfare Committees and the Ways and Means Committees that visit the hospitals each year. Now the American Psychiatric Association report puts new emphasis on the lack of these therapy services, and the subcommittee on care and treatment declares that these recommendations must not be ignored. It has been proved beyond any possible doubt that when these treatments replace custodial care, more cures are effected. Therefore the long-range

result will reduce the number of patients in the hospital and return many more persons to happy and useful lives. This cannot be done when one attendant is responsible for a ward of 70 to 80 patients, as is too often the case now.

The Commission will ask Governor Herter to submit requests in the supplemental budget, to be acted on at this session of the General Court, for sufficient funds to provide immediate increases in personnel and equipment for a complete therapy program in all the state hospitals.

2. The American Psychiatric Association states that no detailed survey was made of the field activities of the Division of Mental Hygiene of the Department of Mental Health and its community clinics. In the individual hospital inspections, however, the out-patient departments are mentioned and recommendations made. Praise is often given to the fine work being done with the limited personnel available.

The report makes it clear that the position of extra-mural psychiatrists should be added to the hospital staffs, with adequate social workers and assistants to carry out the important work of the out-patient department of the hospitals. A number of clinics are held with hospital personnel, but they are too limited for adequate after-care of patients discharged or on "trial visits" at home.

The Commission will also ask Governor Herter to make requests in the supplementary budget for funds to provide an increase in hospital out-patient departments.

We urge all private social welfare agencies to place mental health as the number one problem to be attacked. Only an aroused public opinion will meet this challenge. The centuries old prejudice against the mentally ill must be broken down, and the new light of understanding and help must shine in every community. Here lies the hope for the future.

Respectfully submitted.

LESLIE B. CUTLER.
JAMES M. FAULKNER.
BARBARA SEARS RICE.
T. WILLIAM LEWIS.

PROPOSED LEGISLATION.

APPENDIX A.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Fifty-Five.

AN ACT FURTHER REGULATING THE PROCEDURES FOR THE HOSPITALIZATION AND COMMITMENT OF THE MENTALLY ILL, AND AMENDING THE LAW RELATING TO THE CARE OF SUCH PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 1 of chapter 123 of the General
2 Laws, as amended by section 7 of chapter 486 of the
3 acts of 1938, is hereby further amended by adding the
4 following definitions: —

5 “Mental illness”, a psychiatric or other disease which
6 impairs the mental health of an individual to such an
7 extent that he is in need of treatment in a mental hos-
8 pital or other psychiatric facility, or who, because of
9 his mental illness, would be likely to injure himself or
10 others if he were to remain unhospitalized. Mental
11 illness shall include insanity and shall mean the same
12 as the term insanity as used in all statutes and regula-
13 tions of the commonwealth in regard to hospitaliza-
14 tion. The finding that a person is mentally ill and
15 should be hospitalized shall not be equivalent to a find-
16 ing of civil incompetency or criminal irresponsibility.

17 “Mental deficiency”, the failure or slowness of de-
18 velopment of normal intellectual function leading to a
19 symptom complex showing either physical or psycho-
20 logical signs capable of examination and diagnosis.
21 Mental deficiency shall have the same meaning as

22 feeble-mindedness as that term is used in all statutes
23 and regulations of the commonwealth.

24 "Epilepsy", the presence of a condition in which
25 sudden loss or disturbance of consciousness of brief or
26 prolonged duration with amnesia occurs, with or with-
27 out convulsive seizure.

28 "Alcoholism", the continued and intemperate use of
29 alcohol so as to have lost the power of self-control. Al-
30 coholism shall have the same meaning as the term dip-
31 somania as used in all statutes and regulations of the
32 commonwealth.

33 "Drug addiction", the continued and intemperate
34 use of narcotics, habit-forming stimulants, or sedatives
35 so as to have lost the power of self-control.

1 SECTION 2. Section 10 of said chapter 123, as
2 amended by section 25 of chapter 490 of the acts of
3 1941, is hereby further amended by striking out the
4 word "insane", in line 4, and inserting in place thereof
5 the words: — mentally ill.

1 SECTION 3. Section 11 of said chapter 123, as ap-
2 pearing in the Tercentenary Edition, is hereby amended
3 by adding at the end the following paragraph: —

4 The department shall institute inquiries and investi-
5 gations for the purpose of ascertaining the cause of
6 mental disease, mental illness, epilepsy and mental de-
7 ficiency. Such studies may be instituted by the de-
8 partment within state-controlled institutions and, with
9 their permission, in non-state controlled institutions;
10 provided, that those working in institutions or re-
11 search laboratories other than those wholly owned
12 and controlled by the state shall be supervised by the
13 department and shall fulfill all the obligations and
14 duties of other state employees. Such employees and
15 equipment as assigned to outside institutions or re-
16 search agencies shall be wholly engaged in research
17 and not in rendering service other than such medical
18 care of patients as is inseparable from clinical research.

1 SECTION 4. Section 13A of said chapter 123, as so
2 appearing, is hereby amended by adding at the end the
3 following two sentences:— These clinics may be estab-
4 lished in collaboration with public schools, private
5 schools, or other agencies providing co-operative or
6 complementary facilities to the state clinics. In all
7 instances the site and location of the clinic, number of
8 employees, the hours to be worked, and other regula-
9 tions, shall be approved by the commissioner and shall
10 be in accordance with all laws and regulations govern-
11 ing state employees of the appropriate classes.

1 SECTION 5. Said chapter 123 is hereby amended by
2 striking out section 20 and inserting in place thereof
3 the following section:—

4 *Section 20.* The department, subject to section
5 twenty A, may transfer to and from any institution
6 any patient who in its opinion is a proper subject for
7 care and treatment in the institution to which he is to
8 be transferred. No such transfer shall be made if the
9 patient has been admitted as a voluntary patient or if
10 he has been committed for observation under section
11 seventy-seven, or if under orders of a court.

12 Written notice shall be given to the nearest relative
13 or guardian of the patient at least forty-eight hours
14 before such transfer is made except in emergency cases.
15 In cases found by the superintendent to be emergency,
16 such notice shall be given within twenty-four hours
17 after the transfer.

18 The department shall not transfer any person to or
19 from an institution the person having charge of which
20 is licensed under sections thirty-three and thirty-four A,
21 except upon the application of the superintendent or
22 manager of such institution, and of the legal or natural
23 guardian of such person, nor transfer any voluntary
24 patient of any institution except with his written con-
25 sent.

26 A record of such transfer shall be entered in the regis-
27 ters of the institution to and from which he is trans-

28 ferred. The commitment papers, together with his
29 hospital record, or, in the case of transfers involving
30 private licensed institutions either between or to a state
31 institution, an abstract of the said hospital record shall
32 be transferred with the patient.

33 The department may enter into an agreement with
34 the corresponding board, commission or department of
35 any other state for the transfer of any regularly com-
36 mitted patient from one state to the other, where, after a
37 full investigation of all the facts, he may be deemed
38 equitably to belong.

39 No such patient shall so be removed or accepted if
40 he is subject to the orders of a court of this common-
41 wealth or of a court of the other state, except that a
42 patient in the Bridgewater state hospital who is subject
43 to the orders of a court may only be transferred to
44 another hospital or removed to another state after the
45 expiration of his sentence or the dismissal or filing of
46 the charge or complaint against him. No patient suf-
47 fering from active tuberculosis shall be transferred to
48 another institution or in any case removed to another
49 state, except that patients with active tuberculosis may
50 be transferred to special designated tubercular units
51 under control of the department.

52 In making such transfers or removals, the department
53 shall employ special persons as transfer agents, and may
54 be accompanied by nurses or attendants. No female
55 patient shall be transferred or removed unless accom-
56 panied by a female transfer agent, nurse or attendant.

57 The governor may cause a patient of a state hospital
58 or state hospital school to be removed to another state
59 hospital or state hospital school as the circumstances or
60 necessities of the case may in his judgment require.

61 The commissioner may, on request of a superintend-
62 ent of any state hospital or state hospital school, trans-
63 fer to the state hospital division at Bridgewater any
64 male patient who escapes more than four times in any
65 twelve-month period, or whose conduct has been of such
66 nature as to render him unreasonably dangerous to other

67 patients or the personnel of the hospital or school. In
68 considering such application, the commissioner or an
69 assistant commissioner shall personally visit and exam-
70 ine the patient. A transfer to Bridgewater state hospi-
71 tal shall not in any way interfere with the patient's
72 rights for discharge under this chapter, were he in any
73 other institution controlled by the department. Except
74 in emergency cases, written notice must be given to the
75 patient and to his nearest relative or guardian of the
76 department's intention to transfer him to Bridgewater
77 state hospital at least three days before such transfer.
78 The notice shall contain a statement that the patient
79 has a right to appeal this decision and a right to a hear-
80 ing in a court in regard to such transfer. Such request
81 for a hearing must be filed with a court having jurisdic-
82 tion over original commitments under sections fifty and
83 fifty-one. The court shall hear and determine whether
84 or not the department is justified in making the transfer
85 under this section. The procedure for such hearing
86 shall be the same as in an original commitment hearing
87 under said section fifty-one of this chapter. If the de-
88 partment determines that an emergency exists, it may
89 make the the transfer to Bridgewater forthwith, but
90 shall give such notice as hereunder required within
91 twenty-four hours of such transfer, and the patient's
92 rights to a hearing shall be the same as above stated.
93 If the court determines that the department is not justi-
94 fied in making the transfer it shall order the patient
95 returned to the original state hospital or hospital school
96 or another such hospital or school under the control of
97 the department.

1 SECTION 6. Section 45 of said chapter 123, as
2 amended by section 4 of chapter 684 of the acts of 1950,
3 is hereby further amended by adding at the end thereof
4 the following sentence:—Such school departments
5 shall not be subject to chapter sixty-nine, but shall be
6 under the supervision of the department of mental
7 health.

1 SECTION 7. Section 50 of said chapter 123, as amended
2 by section 4 of chapter 314 of the acts of 1935, is hereby
3 further amended by striking out, in line 6 and in line 7,
4 the word "insane", and inserting in place thereof, in
5 each instance, the words: — mentally ill.

1 SECTION 8. Said chapter 123 is hereby further
2 amended by striking out section 51, as amended by
3 section 6 of chapter 684 of the acts of 1950, and in-
4 serting in place thereof the following section: —

5 *Section 51.* No person shall be committed to any
6 institution for the mentally ill designated under or
7 described in section ten, except the Walter E. Fernald
8 state school, the Belchertown state school, the Myles
9 Standish state school and the Wrentham state school,
10 unless there has been filed with the judge a certificate
11 in accordance with section fifty-three of the mental
12 illness of such person by two properly qualified phy-
13 sicians, nor without an order therefor, signed by a
14 judge named in section fifty stating that he finds that
15 the person committed is mentally ill and is a proper
16 subject for treatment in a hospital for the mentally
17 ill, and either that he has been an inhabitant of the
18 commonwealth for the six months immediately pre-
19 ceding such finding, or that provision satisfactory to the
20 department has been made for his maintenance, or that
21 by reason of mental illness he would be dangerous if at
22 large. The order of commitment shall also authorize
23 the custody of the mentally ill person either at the
24 institution to which he shall first be committed or at
25 some other institution to which he may be transferred.
26 Upon receipt of the application and medical certificate
27 the judge shall notify the person of his right to request
28 and to receive a hearing on the commitment. Such
29 notice shall be given the person at least five days prior
30 to the issuance of any order of commitment. If the
31 person requests a hearing the judge shall allow him a rea-
32 sonable time to prepare his case, and the judge may, in
33 his discretion, hold the hearing in his chambers or at

34 the place of confinement of the person if his removal
35 to the court should be deemed harmful or difficult for
36 the person, due to his physical or mental condition.
37 If the person does not request a hearing, none need be
38 held, and the judge may order commitment on the
39 application, medical certification, and any other evi-
40 dence he may require. In all cases he shall certify in
41 what place the mentally ill person resided or was at the
42 time of his commitment; or, if the commitment is
43 ordered by a court under section one hundred or one
44 hundred and one the court shall certify in what place
45 the mentally ill person resided or was at the time of
46 the arrest upon the charge for which he was held to
47 answer before such court. Such certificate shall, for
48 the purposes of section fifty, be conclusive evidence of
49 the residence of the person committed.

1 SECTION 9. Section 52 of said chapter 123, as
3 amended by chapter 85 of the acts of 1932, is hereby
3 further amended by striking out, in line 7, the words
4 "four dollars, and" and inserting in place thereof the
5 words:— fifteen dollars, plus an additional.

1 SECTION 10. Section 53 of said chapter 123, as
2 amended by section 1 of chapter 645 of the acts of
3 1945, is hereby further amended by striking out, in
4 line 2 and in lines 12 and 13, the word "insanity" and
5 inserting in place thereof, in each instance, the words:
6 — mental illness; by striking out, in line 9, the word
7 "insanity" and inserting in place thereof the word:—
8 psychiatry, — and by striking out, in lines 16, 18, 20,
9 22, 29 and 33, the word "insanity" and inserting in
10 place thereof, in each instance, the words:— mental
11 illness,— and by adding at the end the following two
12 sentences:— The department shall annually furnish
13 each superior, district and probate court with a list of
14 the diplomates in psychiatry of the American Board of
15 Psychiatry and Neurology, Incorporated, in the com-
16 monwealth, including on the list the last known business

17 and home address of each diplomate. Such list may be
18 used by the courts for their guidance in selecting
19 physicians for examinations.

1 SECTION 11. Said chapter 123 is hereby further
2 amended by striking out section 77, as most recently
3 amended by section 5 of chapter 500 of the acts of 1939,
4 and inserting in place thereof the following section: —

5 *Section 77.* If a person is found by two physicians
6 qualified as provided in section fifty-three to be in
7 such mental condition that his temporary commitment
8 to a mental institution is necessary for his proper care
9 and observation, he may be committed by any judge
10 mentioned in section fifty for forty days' observation
11 and treatment in a state mental hospital, the McLean
12 Hospital, or, in case such person is eligible for ad-
13 mission, a United States government institution, the
14 person having charge of which is licensed under section
15 thirty four A. Within thirty days after such person
16 has been received at the hospital the superintendent or
17 manager shall discharge the person if he is no longer
18 in need of treatment, and shall notify the judge who
19 committed him of such action. If, however, the superin-
20 tendent or manager determines within said thirty-
21 day period that the person is in need of further treat-
22 ment, he shall forthwith cause application to be made
23 for prolonged judicial commitment under section
24 fifty-one. If the superintendent or manager determines
25 to take such action, he shall give written notice to the
26 patient and his nearest relative of such intent. During
27 the pendency of such application for prolonged commit-
28 ment, the person may be detained at the institution.

1 SECTION 12. Said chapter 123 is hereby further
2 amended by striking out section 86, as amended by
3 section 10 of chapter 500 of the acts of 1939, and in-
4 serting in place thereof the following section: —

5 *Section 86.* The superintendent or manager of any
6 institution to which a mentally ill person, alcoholic or

7 drug addict may be committed under this chapter may,
8 subject to the availability of suitable accommodations,
9 receive as a patient any person who is desirous of sub-
10 mitting himself for treatment and who makes written
11 application therefor. Except as hereinafter provided,
12 no such voluntary patient shall be detained more than
13 three days after having given written notice of his in-
14 tention or desire to leave the institution. If, however,
15 the condition of the person is deemed by the superin-
16 tendent or manager to be such that he cannot be dis-
17 charged from the institution with safety to himself and
18 to others, the superintendent or manager shall forth-
19 with cause application to be made for judicial commit-
20 ment under section fifty-one. If the superintendent or
21 manager determines to take such action, he shall give
22 written notice to the patient and his nearest relative
23 of such intent within the said three-day period after
24 his request for discharge has been received. During
25 the pendency of the application for judicial commit-
26 ment, the patient may be detained at the institution.
27 No application for judicial commitment shall be made
28 by any institution in regard to a voluntary patient be-
29 fore the patient makes such written request for dis-
30 charge.

APPENDIX B.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Fifty-Five.

RESOLVE REVIVING AND CONTINUING THE COMMISSION TO INVESTIGATE AND STUDY THE METHOD OF COMMITTING PERSONS TO MENTAL HOSPITALS, AND THE RIGHTS, CARE, TREATMENT AND RELEASE OR DISCHARGE OF PERSONS SO COMMITTED.

1 *Resolved*, That the unpaid special commission estab-
2 lished by chapter one hundred and eight of the resolves
3 of nineteen hundred and fifty-four is hereby revived and
4 continued for the purpose of making an investigation
5 and study of the method of committing persons to men-
6 tal hospitals, and the rights, care, treatment and release
7 or discharge of persons so committed. Said commission
8 shall, in the course of its investigation and study, con-
9 sider the subject matter of senate document numbered
10 366 of the year 1954. Said commission shall be pro-
11 vided with quarters in the state house or elsewhere, may
12 hold hearings, and may expend for clerical and other
13 assistance and for expenses such sums as may be appro-
14 priated therefor. Said commission shall report to the
15 general court the results of its investigation and study,
16 and its recommendations, if any, together with drafts
17 of legislation necessary to carry said recommendations
18 into effect, by filing the same with the clerk of the sen-
19 ate on or before the third Wednesday of January in the
20 year nineteen hundred and fifty-six.

EXHIBIT A.

MEDFIELD STATE HOSPITAL.

Superintendent — Dr. Theodore M. Lindberg.

Patients, average — 1,752.

Cost per patient per day — \$3.64.

PHYSICAL PLANT.

Administration Building. Offices too crowded. Brick building, not fireproof. Sprinkler system throughout.

Employees' quarters on second and third floors.

Ward Building 1: Two-story brick. Female quarters. For shock therapy. An old building in need of renovation.

Ward C-1: For females. Admission ward. Building in good condition.

Ward D-1: One-story cottage. Brick. Flooring in poor condition and interior in need of renovation.

Ward A-1: Two-story brick, in good condition except flooring and porch.

Wards F1 and F1A: Two-story brick building for disturbed patients; needs considerable renovation.

Ward L-1: Two-story brick building; 102 semi-disturbed elderly patients. Flooring in poor condition and bathing facilities inadequate.

Ward D-4: Ditto, L-1.

Ward C-4: Two-story brick building. Infirm elderly patients. In good condition. Two double rooms for isolation of tuberculosis patients awaiting transfer.

Wards B-4 and B-3: Brick buildings. B-4 dining room too small. B-3 bathing facilities inadequate.

Ward C-3: Two-story brick cottage for elderly patients. Front porch in poor condition. Should be replaced. Dining room and serving room in poor condition. (Females.)

Wards R-1 and R-2: For acutely disturbed patients. Two-story brick building with basement. Recently entirely renovated. Dining room located in basement has not good ventilation.

All buildings for male service are of similar construction.

Male Wards.

Ward B-2: Good condition. Plumbing recently renovated.

Ward D-2: Dilapidated and in need of renovation.

Ward L-2: Interior renovation needed. Occupational therapy shop located here.

Ward C-2: Admission and treatment ward. Recently painted and decorated, now a very attractive ward with well-equipped dining room. Electro-shock and insulin therapy facilities here also.

Ward E-2: Furnishing needs replacement and interior needs repainting and renovation.

Wards F-2 and F-2A: For disturbed male patients; 90 here. Dining room in F-2A has no mechanical dishwasher. Building needs renovation and flooring is poor.

Ward D-3: Needs interior renovation. Plumbing in very good condition.

Wards S-1 and S-2: Building in good condition except that porch on S-1, second floor, badly needs repair.

Ward C-2X: One-story frame building. Used for patients suffering from tuberculosis awaiting transfer. Entire building in poor condition. No sprinkler, could be a fire hazard.

Infirmiry building: Small two-story brick building. Used for acutely ill medical male and female patients. Only 16 beds. Houses operating room. X-ray department and clinical and pathological laboratories. No elevator. Surgical patients must be carried on stretchers over stairs. Toilet and bathing facilities very inadequate. Building not at all suitable for purposes it is being used.

Employees' Quarters.

Nurses home: Two-story brick building. For 29 employees. Furnishings in poor condition and bathroom floors as well as the other flooring poor. Rooms very small.

Male home: Large three-story brick. Basement not fire resistant, but has sprinkler system. Interior and plumbing in need of repair. Recreation room in basement scantily furnished.

Farm chambers: Two-story frame building in dilapidated condition. Plumbing in very poor condition. Has sprinkler system.

Employees also use quarters in administration building and food service building.

Auditorium, chapel, brick structure. Wood supports. Seating capacity 400, including balcony. Has automatic sprinkler system. Morgue is located in basement. Poor situation. Ventilation inadequate.

Laundry and power house: Laundry adequate and has dry cleaning plant. Power house adequate. Should be stand-by equipment. Expected to be installed.

Machine and maintenance shops scattered around grounds.

Storehouse in basement of food service building. Inadequate space and poor location.

Sanitation. Milk supply satisfactory. Water from artesian wells and additional lake water for boilers and laundry.

Refrigeration: Funds available for renovation of plant which is needed.

Garbage disposal: Refrigerated garbage storage not available. Garbage collected daily and taken to other institutions to feed swine.

Gardens and grounds well kept and attractive. Small greenhouse available; 24 patients work on grounds.

Recommendations:

- Projects underway at time of survey. Improvement in plumbing and steam lines; water supply improvement and fire protection. Building construction funds available. Admission and treatment building; improvement to power plant; alteration to kitchen building.
1. Buildings in need of repair and repainting done as soon as possible. Especially floors and porches.
 2. Special attention to renovation of toilet facilities.
 3. Adequate reception and treatment center and a medical and surgical center. These should be separate units, but plans for new reception and treatment building include a section for medical and surgical facilities. The reception and treatment section should have separate dining room and kitchen unit and facilities for administering all modern therapies and for recreation.
 4. A geriatric unit needed.
 5. A small separate building or section should be provided for tuberculosis patients, including cases awaiting diagnosis and arrested cases.
 6. Employees' quarters should be planned when number living at hospital is determined. They should be well furnished and comfortable. Employees should not live in buildings with patients.
 - 7-8. Buildings for maintenance shops and storehouse.
 - 9-10. A modern fireproof garage should be provided.

Consulting and Visiting Staff.

Eighteen specialists but no gynecologist. No regular routine visits. Not organized and no clinics or consultations held. No fee schedule set up.

Resident Medical Staff.

Superintendent and assistant superintendent both well-qualified and diplomate of American Board of Psychiatry and Neurology. Other members of staff have adequate qualifications. No resident pathologist. No position of director of extramural psychiatry or psychotherapist.

Recommendations:

1. Position of a clinical director should be established to relieve the assistant superintendent who now does this work.
2. Personnel should be increased to meet A. P. A. standards.
3. Well-defined services should be established, such as reception and treatment, convalescent, medical, surgical, etc.
4. A physicians' manual should be available to staff members.

Nursing Service Well Organized.

In 1953 an attendant was named winner of the National Association of Mental Health's annual award for psychiatric aide of the year. Many attendants employed in duties not connected with actual ward work.

Service has not enough personnel to give adequate care to all patients. No basic school of nursing nor an affiliate nurses' school. An affiliate course for practical nurses is conducted. An inservice course for hospital attendants is compulsory.

Recommendations:

1. Personnel should be increased to A. P. A. standards.
2. Attendants should not work out of classification and positions should be set up for other work now being done by them.
3. Nursing facilities should be provided in all wards where bedside nursing is required.

Social Service.

Office in basement of administration building inadequate. No waiting rooms.

Social workers take part in assistant superintendent's work as consultant to Quincy Juvenile Court cases.

This clinic is held Tuesdays, 1.30 P.M. to 5 P.M. in Quincy. (See notes under Out Patient Department, Psychology Department.)

The staff is much too small to perform adequately all duties assigned to this department.

Recommendations:

1. Increase of personnel to A. P. A. standards.
2. Additional office space and rooms for interviews essential.

Psychology Department.

Head of department also part-time consultant for Quincy schools. (21 grammar, 4 junior high.) He also acts as consultant to two senior high schools, and to local courts.

Office in basement of administration building inadequate. The two members of his department also co-operate in individual and group therapy programs in the hospital. Training for students in psychology soon to be undertaken. Should be encouraged.

Out Patient Department.

Assistant superintendent acts as clinical director with a staff physician and psychologist.

A therapeutic clinic is held at Wellesley-Newton Hospital in Newton, 6 P.M. to 8 P.M. on Mondays. This department also serves the Quincy Juvenile Court cases Tuesdays, 1.30 P.M. to 5.30 P.M.

Recommendations:

1. The appointment of a Director of Extramural Psychiatry should be considered.
2. A study made to see if additional community clinics would be valuable.
3. Facilities for Day Patients might be considered.

Family Care.

Social Service Department staff supervises patients placed in family care.

Very few placements made because of lack of funds.

It is recommended that more funds be made available for this type of care.

After Care.

Patients on "trial visits" come to clinics in their area.

Staff of social service department should be increased so more patients can be released in this manner.

Educational Program.

No organized department or formal program. Hospital is approved for one year residency training for psychiatric residents. It is recommended that these programs should be enlarged and encouraged.

Research.

No research department organized, although some projects in research are in progress.

It is recommended this department be organized with funds included in the annual appropriation.

Public Relations and Volunteers.

Relations with press and radio good. More radio programs are suggested.

Volunteers not organized yet, but a supervisor recently appointed.

Recommended: volunteers encouraged and organized with screening and an orientation course started.

Surgical Department.

Quarters entirely inadequate in present small infirmary building. No waiting room in the area of the operating suite and toilet facilities inadequate. No air conditioning provided.

New Admission and Training Building.

A new Admission and Treatment Building to be constructed; has a Medical and Surgical unit.

Recommendations:

1. Relocation of unit as proposed with adequate facilities.
2. Present unit should be air-conditioned, as new building will not be ready for two or three years.
3. Special clinic facilities for fractures, etc., as well as eye, ear, nose, throat and other specialties should be included in new location.

Clinical and Pathological Department.

No resident pathologist. Location of laboratory in basement overcrowded infirmary building inadequate. Space and ventilation poor. Morgue in basement of auditorium building not in good condition. Ventilation poor and refrigeration barely adequate. Nineteen autopsies performed during past year. One hundred and thirty-seven deaths. A complete laboratory check-up on all new admissions is made.

Recommendations:

1. There should be a resident pathologist.
2. Department should be located in Medical and Surgical section of new Admissions and Treatment building, with adequate space.
3. New modern equipment in mortuary should be provided.
4. Permission for an autopsy should be requested in all deaths. The autopsy rate should not be less than 15 per cent of all deaths. Many hospitals exceed 50 per cent today.

X-Ray Department.

A consulting radiologist in charge. Located in Infirmary Building. Space inadequate. Equipment fair. Patients sent to Pondville Cancer hospital for radium or deep therapy treatment.

Recommendation:

Should be relocated in new Medical and Surgical section of proposed Admission and Treatment Building. Should include operating room, dark room, fireproof storage for film. Office equipped for film study, supply closets and dressing room with toilet.

Electroencephalograph.

None at hospital. Patients sent to Boston Psychopathic for treatment. No recommendations.

Dental Department.

One dentist, no hygienist. Office located on first floor of Infirmary building. No waiting room, insufficient equipment. Patients sit in hall.

Recommendations:

1. Office relocated in proposed Admission and Treatment Building.
2. Personnel should be increased to A. P. A. standards.
3. Portable equipment provided for Ward use.
4. Dental hygiene program established.

Medical Library.

One Librarian, no assistants. Also has charge of patients' library. Located in Administration building. Room also used for teaching. Library spent \$598.34 last year, and budget is now for \$1,000. Good selection of books and professional journals, etc.

Recommendations:

1. Future planning should provide more space with comfortable reading room.
2. A library assistant needed in future.

Therapy and Treatment (Psychotherapy).

No trained specialist assigned. Three physicians have been trained, also superintendent in analytical therapy. Two male patients and four females treated individually last year. In groups, 144 patients treated.

Recommendations:

1. Psychotherapy for new patients made available.
2. Seminars and conferences held when staff available.
3. Training of all auxiliary personnel, nurses, attendants, all therapy workers and social workers.
- 4-5. Group therapy and group dynamics organized.

Brain Surgery.

Not performed here. Patients sent to Boston. Psychopathic hospital if treatment advisable. No patients operated on during past year. No recommendations.

Shock Therapy.

Patients recommended by ward physician for treatment must be approved by Clinical Director. Twelve male patients and 73 female patients received 1,315 insulin shock treatments. No fatalities or accidents resulted.

Recommendations:

1. Special facilities for administering these treatments should be included in proposed Admission and Treatment Building.

2. Studies should be made to check results and determine best course to follow.
3. Psychotherapy and re-educational programs should be made available to patients receiving shock treatments.
4. Consideration should be given to the use of chemotherapy.

Hydrotherapy.

Person in charge is registered for this service and work is under nursing service. Unit is located in basement of Club Building. Rest rooms and five beds are provided. Three continuous tubs located on three female wards and two male wards.

Recommendation:

See Physical Therapy.

Physical Therapy Department.

Person in charge is registered for this service. Department located in basement of Club Building. Space is adequate for small amount of equipment available. Toilet facilities are inadequate.

Recommendations:

1. Hydro and physical therapy could be combined in one department under supervision of consultant in physical medicine.
2. Personnel should meet standards of A. P. A.
3. Department should be located in new Admission and Treatment Building.

Occupational Therapy Building.

Head of department is graduate of School of Occupational Therapy. Four assistants; consultant from staff of Department of Mental Health visits hospital periodically. Main shop on first floor of Club Building and one shop on Ward L-2 also. Classrooms in seven wards. All well equipped. Medical staff in all departments give excellent co-operation. Patients assigned on verbal request of physician; 1,364 patients attended Occupational Therapy classes.

Recommendations:

1. Personnel increased to meet A. P. A. standards.
2. All members of medical staff should be instructed in theory and practice of Occupational Therapy.
3. More varied work should be provided.
4. All patients should be referred by written prescription signed by a physician.
5. Progress reports on each patient should be made regularly and be part of the patient's medical record.

Industrial Therapy.

Patients for Industrial Therapy are referred by head of Occupational Therapy. Shops include shoes, furniture repair and mattress shop, located in basement of S1 and S2 and second floor of maintenance building. Patients are assigned as follows to other duties: housekeeping, dietetics, farm, maintenance and on wards; also grounds and gardens.

Recommendations:

1. All shops should be located in one building.
2. All patients should be referred in writing by a physician.
3. Monthly reports, including patients' progress and production notes should be made to the clinical director and superintendent. Reports should be a part of patient's medical record.

Recreational Therapy.

No department has been established. Activities are under staff of Occupational Therapy assisted by volunteers. Auditorium also used as a chapel with the balcony. Seats 400 persons. Outdoor facilities include two baseball fields, two tennis courts, and large picnic area. Twelve wards have TV sets, and a central radio system with ward control is available. Movies are shown in auditorium, two a week, and a portable machine is used on 15 wards a week. Indoor games not organized. No division of music therapy. A good chorus has been organized and 25 concerts a year are given. Some in neighboring towns and other hospitals. There is a portable organ for use on wards. No physical education classes have been organized.

Recommendations:

1. A separate department with qualified recreation therapist should be established.
2. Personnel should meet A. P. A. standards.
3. A recreation center should be established.
4. Music therapy and physical education should be included with sufficient personnel.

Patients' Library.

Librarian of medical library in charge and one patient acts as assistant. Located in small basement room of Club Building. Attractive and well kept. Large number of books — 3,000, and magazines and newspapers in good supply. During past year \$600 was spent and 500 books donated.

Recommendations:

1. Trained assistant needed.
2. More reading room and stack space badly needed.
3. Books, clubs for discussion groups are valuable.
4. Branches of library in other buildings could be established.

Religion.

A Protestant and Catholic Chaplain, part time (thirty hours a week), serve the patients. A Jewish Rabbi visits once a week. The Christian Science Church holds services Sunday afternoons. Church services are held in the Auditorium as there is no Chapel.

Recommendation:

1. It should be possible for all patients who are able and interested to attend religious services.

Restraint and Seclusion.

Restraint is used very little at this hospital and seclusion only for protection of patients and others. Orders and regulations of Department of Mental Health are rigidly obeyed relative to restraint and seclusion. No chemical restraint is used. During past year 63 male and 69 female patients in restraint for total of 27,448 hours. Patients spent 40,451 hours in seclusion.

Recommendation:

Restraint and seclusion should be confined to as few wards as possible, and every effort should be made to curtail the use of these methods.

Tuberculosis Service.

Patients with tuberculosis waiting for transfer to other state hospitals are cared for in male Ward C-24, and females in isolation room on Ward C-4. This arrangement is not satisfactory, and isolation is difficult to maintain. A consultant physician makes regular visits and has supervision of these patients.

Recommendation:

Tubercular patients wait for transfer for some time, and there should be a building or separate section for both male and female patients to be cared for with proper isolation.

Facilities for Patient Care.

Bathing facilities are adequate except on a few wards, but there is little or no opportunity for privacy. Patients are bathed twice a week.

Barbering and hair dressing are under the nursing service. No central barber shop. Facilities available in each of men's ward buildings. Two professional barbers in charge.

Beauty parlor located on Ward L-1 with registered hairdresser in charge and one assistant, not registered. Work is well done and quarters well kept and neat and equipment good.

Podiatrist (chiroprapist) employed part time. Visits hospital twice a week and alternates between male and female wards. Service is adequate.

Toilet facilities are not adequate for overcrowded wards. Most of facilities in good condition.

Recommendations:

1. Adequate toilet facilities should be provided, with proper privacy.
2. An active dental hygienist program should be initiated by dentist with nursing service co-operation.

Clothing Service.

Clothing is furnished by State and also to many patients by relatives. Most of women well-dressed but men too uniform. A dry cleaning plant is at this hospital.

Recommendations:

1. Patients should be encouraged to take an interest in their appearance. Clothing marked with patient's name encourages this. And personal selection also helps.
2. All appearance of a uniform should be avoided.
3. Night clothes and underwear should be available at all times.
4. Rooms to do personal laundry can be installed to advantage. This lessens load on laundry and pleases the patient.

Dietetics Department.

A dietitian is in charge and has one assistant. Standard ration allowance is used and menus are made up from a master menu. Patients and employees are served same food at each meal. Tubercular patients have extra items. There is no diet kitchen. Table waste and consumption are studied. Main kitchen is located in the H. building with cafeterias for employees and patients. Space provided is insufficient for necessary equipment to serve 1,580 patients and 68 employees. Refrigeration is not adequate and there is no refrigeration for garbage. Kitchen is not well lighted. Exhaust fans in ceiling serve quite well. Kitchen clean and sanitary. Same washrooms available for employees and patients. One male patient assigned to kitchen. Cafeteria for men is adequate for women, also, but furnishings are not attractive. Staff dining room now used only for special occasions when trustees visit hospital. Bakery and meat shops are in good condition. Clean and sanitary. Five patients work in bakery. Refrigeration in meat shop is old and cannery is in basement of food S. building, poorly lighted and poorly ventilated. Difficult to keep clean.

Recommendations:

1. There should be at least one supervising dietitian for each kitchen and dining room unit, and dietitians to supervise the serving of all meals on the wards.
2. Every effort should be made to avoid the monotony so often found in menus prepared for large groups which must be fed at relatively

low cost. A choice of food can be served without difficulty in all dining rooms that have cafeteria equipment. Two or more choices may be offered for the main dish, vegetable, bread, dessert and beverage. This choice of food will serve as a morale building factor in the patient's treatment.

3. All worn-out equipment should be replaced as soon as possible. Adequate refrigeration should be provided.
4. Dining rooms should be decorated in an attractive manner. Fresh paint and window decorations are usually sufficient if the furniture is attractive and in good repair.
5. Refrigerators for the storage of garbage should be provided.
6. In-service training for cooks and helpers should be considered.
7. The cannery should be relocated in a more suitable place.

Housekeeping Department.

Head housekeeper has one assistant, one institutional supervisor, and 27 other employees; 32 patients are assigned to this department. Department supervises upkeep of all offices, dental office, pharmacy, and clinical laboratory. All employees' rooms and the sewing room in good and sanitary condition. Enough supplies not always available.

Recommendations:

Supplies for this department should always be adequate.

The Farm.

Hospital owns 660 acres of which 258 are tillable. Head farmer and 23 other employees. Twenty-five patients are employed on farm, and during vegetable season 25 women patients are also employed; 138 in dairy herd in good condition; 4,400 birds in poultry plant well cared for. No piggery at this hospital. Swineherd on pay roll works in dairy. 25-acre vegetable garden. Produce is enough to supplement diet during summer. Small root cellar, and most of this produce is sent to Myles Standish State School in Taunton; 133 acres field corp. Some equipment needed.

Recommendations:

1. Farm buildings need remodeling or replacing after study of situation made.
2. Plan to enlarge poultry plant should be encouraged, so adequate supply of eggs and poultry can be used by hospital.
3. Farm should be used for rehabilitation of convalescents as well as continued treatment group.
4. Care should be taken to see that menu does not depend on produce of farm.

Fire Department.

There is an organized fire department made up of hospital employees. Maintenance foreman acts as chief. Equipment is two-horse carts and one ladder truck. More is needed. Wards are well-equipped with hose and fire extinguishers. Fireproof doors are placed where needed, but not all are automatic. A fire alarm system is connected with the switchboard. The organization is efficient and fire fighters hold drills.

Recommendations:

All employees should be instructed in principles of fire prevention and use of fire extinguishers.

Basements and attics should not be used for storage.

Emergency lighting should be installed in auditorium.

A study of evacuation methods of buildings should be studied by competent authority.

The addition of a pumper truck and a chemical engine is desirable.

WORCESTER STATE HOSPITAL

Total hospital patients	2,745 (A. P. A. Standards, 1,734)
Total male service	1,249 (451 bed overcapacity)
Total female service	331 (137 bed overcapacity)
Resident medical service	18 (A. P. A. Standards, 31)
Nursing service	104 (A. P. A. Standards, 181)
Attendants	296 (A. P. A. Standards, 547)
Social workers	6 (A. P. A. Standards, 19)

Main building has offices and wards for patients. Bathing facilities inadequate and patients go to central bathing area.

Some of the buildings under repair, which caused overcrowding in other wards. A new acute treatment building under construction which will make possible the closing of the Summer Street section, which is not at all adequate for treatment of patients living there.

Staff is active in research and also psychotherapy, but more personnel is needed.

METROPOLITAN STATE HOSPITAL.

Total number of patients	2,111
A. P. A. Standards	1,631
Male service	889 (159 bed overcapacity)
Female service	1,008 (278 bed overcapacity)
Children's unit	190 (30 bed overcapacity)
Medical service	16 (A. P. A. Standards, 23)
Nursing service	103 (A. P. A. Standards, 119)
Attendants	294 (A. P. A. Standards, 358)
Social service	8 (A. P. A. Standards, 15)

Although this hospital is badly overcrowded and greatly understaffed, it appears to be in fairly good physical condition. The bathing and toilet facilities are inadequate in the majority of buildings.

The new building for the children's unit is an ultramodern building, well equipped and staffed. There is a very active education department at this hospital, but the therapy staff should be increased so that more of the excellent work being done can be extended. Also, the family care and after-care departments need more personnel. An admission and treatment building and employees' quarters are badly needed.

DANVERS STATE HOSPITAL.

Total patient quota	2,412 patients
Female service	1,370 patients
Male service	1,042 patients.
A. P. A. Standards	1,480 patients (overcapacity of 932)

MAIN BUILDING.

(360 beds overcapacity.)

"E" Building, 1 side female, 1 side male, quarters. Wing wards badly overcrowded. Plumbing in very poor condition. Bathing facilities on most wards entirely inadequate. Men and women required to use central bathing facilities in basement.

GROVE HALL.

(105 beds overcapacity.)

Patients go one quarter of a mile for meals. Badly overcrowded. Day room used for beds; 35 beds in basement for patients. Flooring in bad condition.

T. B. BUILDINGS.

(5 beds overcapacity.)

Two small frame buildings. Both in poor condition and are fire hazards.

MIDDLETON COLONY.

(5 ward buildings.)

For "able-bodied quiet females," located one mile and a half from main building. Food brought from main hospital. Bathing and toilet facilities inadequate.

DENTAL DEPARTMENT.

Inadequate space and facilities. Neither toilet nor waiting room available to patients. No dentist office. Two chairs and 1 dental unit available. No dental X-ray department.

TUBERCULOSIS SERVICE.

No facilities for proper isolation of patients or for patients who are considered arrested cases. No facilities for X-ray. No kitchen. No facilities for sterilizing laundry, dishes or containers.

Overcapacity of Beds.

Female service:		Male service:	
Goldsmith	74	Grove Hall	105
Harrington	39	Main	284
Lee	9	T. B.	5
Main	360	Carey	6
Groton	51	Farm Hall	5

BOSTON STATE HOSPITAL.

Total hospital quota	3,135 patients.
A. P. A. Standards	2,064 patients (overcapacity of 1,071).
Male Service	1,384 patients.
A. P. A. Standards	832 patients (overcapacity of 552.)
Female Service	1,751 patients.
A. P. A. Standards	1,232 patients (overcapacity of 519).

PERSONNEL QUOTA.

Medical service	20	A. P. A. Standards	36
Nursing service	136	A. P. A. Standards	206
Attendants	429	A. P. A. Standards	618

PERSONNEL QUOTA.

BUILDING H.

Medical and surgical building, but due to lack of space there are approximately 220 chronically disturbed male patients housed here.

BUILDINGS C AND D.

Condemned, necessitating removal of 300 beds from use and has not been replaced. Has caused serious inconvenience in an already overcrowded hospital.

BUILDING J.

Accommodations for 86 male patients.

Building is inflammable and considered a fire hazard.

Bathing facilities in basement. Plumbing throughout in need of replacement.

BUILDING K.

Houses 62 male patients. A. P. A. Standards, 36.
Badly in need of complete renovation and fireproof stairway.

BUILDING O.

Accommodates 140 senile ambulatory female patients.
A. P. A. Standards 94. Basement has a central bathroom for all female patients.

BUILDING P.

Newly renovated building for disturbed, untidy, combative females. Good condition, but patients must go through tunnel to Building O for bathing facilities.

BUILDINGS Q AND R.

All patients required to go to Building O for bathing.

FOXBOROUGH STATE HOSPITAL.

Total patient quota	1,386.
A. P. A. Standards	1,050 (overcapacity of 336).
Female service	822.
A. P. A. Standards	592 (overcapacity of 230).
Male service	564.
A. P. A. Standards	387 (overcapacity of 106).

BUILDINGS D AND E.

Badly in need of renovation. Houses disturbed female patients. Meals eaten in basement dining room.

BUILDINGS N AND O.

Male section, badly overcrowded. Old and dilapidated. Fire hazard. Clothing rooms and toilet facilities far from adequate. Building O, although on male side, is used to house female infirmity patients. Mostly senile and untidy.

TUBERCULOSIS.

No segregation provided for the arrested cases, although building was recently completely renovated.

PERSONNEL QUOTA.

Medical service	11	A. P. A. Standards	16
Nursing service	33	A. P. A. Standards	86
Attendants	223	A. P. A. Standards	258

GRAFTON STATE HOSPITAL.

Superintendent, Dr. William Charles Inman.

Total patient quota	1,937 patients
A. P. A. Standards	1,390 patients (overcapacity of 547)
Female Service	1,142 patients
A. P. A. Standards	843 patients (overcapacity of 299)
Male Service	795 patients
A. P. A. Standards	547 patients (overcapacity of 248)

PERSONNEL QUOTA.

Medical service 9	A. P. A. Standards 23
Nursing service 35	A. P. A. Standards 119
Attendants 271	A. P. A. Standards 358

PINE GROUP.

Building A.

Thirty-eight beds overcapacity. Fairly new building of three stories. Four stairways but no elevator. Flooring in basement dining room in poor condition.

Building B.

Good condition, 10 beds overcapacity.

Building C.

Need of renovation, 81 beds overcapacity.

Pine Admission Building.

Female. Good condition.

Building D.

For disturbed female patients, 8 beds overcapacity. Toilets recently renovated in basement.

OAKES GROUP — MEN.

Building A.

Good condition, 26 beds overcapacity.

Buildings B, C and D.

Good condition, 35 beds overcapacity.

TAUNTON STATE HOSPITAL.

Total patient quota	2,125 patients
Female service	1,133 patients
Male service	992 patients
A. P. A. Standards	1,285 patients (overcapacity of 840).

Ratio approved by A. P. A. of Sanitation Facilities:

- 1 lavatory for 6 patients.
- 1 toilet for 8 patients.
- 1 tub or shower for 15 patients.
- 1 fountain on each ward.

WEST CHOATE BUILDING.

Male, 210 beds overcapacity. Senile and disturbed patients. Badly overcrowded and bathing facilities inadequate.

WEST EXTENSION BUILDING.

Industrial and infirm patients. One toilet for 20 patients. Dining room for disturbed male patients.

HOWLAND BUILDING.

Houses very untidy and disturbed patients. Badly in need of renovation.

BORDEN COLONY.

Kenney House.

In need of complete renovation. No bathing facilities.

Leonard House.

Roof and floor support of wood. No bathing facilities.

Brick Cottage.

Closed ward building. Bathing facilities in basement used for 3 buildings.

PERSONNEL QUOTA.

Medical service	. . . 13	A. P. A. Standards	. . . 25
Nursing service	. . . 50	A. P. A. Standards	. . . 133
Attendants	. . . 283	A. P. A. Standards	. . . 398
Male Service:		Female service:	
389 beds overcapacity		451 beds overcapacity	
total hospital, 840 overcapacity.			

WESTBOROUGH STATE HOSPITAL.

Total patient quota	2,023
Female service	1,261
Male service	850
A. P. A. standards	1,257

MAIN BUILDING.

Administration building not fire resistant — no sprinkler.
 Theatre on third floor delapidated; could be fire hazared.
 Ward E, female, two-story building. Wooden structure. No sprinkler.
 Two ward buildings badly in need of complete renvoation.

DURFEE COLONY.

Three buildings, not fire resistant. No sprinkler except in linen room.
 Ward 1 houses 100 elderly women; no bathing facilities; all use central bathing in ward 2.

Ward 2 houses 99 elderly women. Basement in very poor condition. Central bathing in this basement has 3 showers (see ward 1).

Three ward buildings badly overcrowded. Bathing facilities inadequate.

MALE BUILDINGS.

Same construction as female. Two ward buildings, very inadequate bathing facilities.

WARREN COLONY.

Three buildings. Cottage type, two-story.

Dawson and Speare Cottages not fire resistant. No sprinkler. Plumbing in poor condition.

Warren Cottage, oldest building, two-story frame. Thirty patients and employees in this building. A fire hazard and patients should be moved to other quarters.

EMPLOYEES' QUARTERS.

Two male homes, three-story frame. Electric wiring and plumbing in very poor condition. Needs complete renovation. Fire escape leads from rear of third floor. Screen on window nailed to window frame.

TUBERCULOSIS BUILDING.

New building, very good.

Recommendations.

Plans for new reception and treatment center should be expedited. New medical and surgical building badly needed. New buildings for male and female disturbed patients badly needed. Employees' quarters should be improved.

MEDICAL STAFF.

No resident pathologist. No position of Director of Extramural Psychiatry or psychotherapist. Four physicians graduates of foreign medical schools and three others hold temporary licenses in Massachusetts. Most have 1 to 3 year psychiatric experience.

NURSING SERVICE.

Female service under registered nurse. Male service under chief supervisor attendant. Services should be united and personnel increased.

SOCIAL SERVICE.

Inadequate quarters and no waiting room. Assists in rehabilitation program and Alcoholics Anonymous meetings at hospital; assists in clinics in Framingham and Cambridge, and supervises family care and after-care of patients. Staff too small.

PSYCHOLOGY DEPARTMENT.

One head, no assistant. Inadequate space and personnel.

Recommendations.

Personnel needed in out-patient department. An extramural psychiatrist should be added to staff.

PSYCHOTHERAPY.

Department not organized, but clinical director supervises five physicians and a psychologist; 126 patients given individual treatment and therapy and 155 patients treated in group therapy last year.

Recommendations.

Increased training for all personnel and conferences now held should be increased. More group therapy undertaken. The staff should be made aware that when the patient is not engaged in some constructive activity to which he responds affirmatively, personality assets rapidly deteriorate.

SHOCK THERAPY.

Last year 308 patients given electroshock treatments and 20 women given insulin therapy. Should be given facilities in admission and treatment building. Psychotherapy and re-educational programs should be given patients receiving shock treatment. Studies made to check results are recommended. Chemotherapy might be desirable.

Recommendations.

Hydrotherapy should be combined with physical therapy. Only one technician does this work. Poor and crowded space and antiquated equipment in physical therapy. Personnel should be increased and equipment added. More space and equipment needed for occupational therapy.

GRAFTON STATE HOSPITAL.

FOOD SERVICE BUILDING.

Supplies food for all patients in this group. Many elderly. No connecting tunnels, and patients must walk some distance — sometimes in bad weather from the various ward buildings.

All buildings in which extensive repairs are needed should be renovated as soon as possible. Toilet and bath facilities should be increased to A. P. A. Standards.

MEDICAL AND SURGICAL BUILDING.

This building badly needed; also provision for isolation cases.

Geriatric Unit needed at this hospital. Should provide accommodations for 25 per cent of hospital's population.

Recreation Center should be considered.

New laundry is needed.

New Food Service Center for Elm Group should be hastened.

A director of medical and surgical services, a director of extramural psychiatry and a clinical pathologist and psychotherapist should be added to personnel quota as soon as possible.

Nursing and attendant quota should be increased.

Social workers' quota should be increased. There are now but 2. A. P. A. Standards require 6.

There is but one psychologist at this hospital. A. P. A. Standards require 4. Additional personnel in this department are badly needed.

Psychotherapy should be made available to all new patients. There is little or none being done at the present.

Only 47 male patients and 88 female patients were given E. S. T. treatment in one year. Only 2 patients treated with insulin in one year.

Due to the fact that many of the buildings are quite old and very

crowded, facilities for bathing are inadequate. Ambulatory patients bathed but once a week. Adequate toilet and bath facilities should be provided for all patients. More privacy desired. More barbers and barber shop needed. Drinking fountain should be installed on all wards.

DIETETICS DEPARTMENT.

Main kitchen — approximately 1,083 patients and 110 employees served from this kitchen. Space and equipment inadequate. Crowded. Refrigeration not adequate.

PINE AND WILLOWS GROUP.

Cafeteria. Inadequate, poorly lighted and ventilated. Area in need of general renovation. Dishwashing and scullery-room inconvenient and ventilation poor.

Elms Group kitchen badly in need of new equipment. Refrigeration inadequate. Floor quite worn. Total of 462 patients served from this kitchen. Dining rooms poorly ventilated and lighted. Dishwasher located on second floor and dishes from first floor must be carried by hand to second floor for washing and then returned to first floor. Bakery poorly ventilated. Floors are worn and difficult to keep clean and sanitary. Refrigeration in meat shop in poor condition.

All farm buildings in need of repairs or replacement as soon as possible.

This hospital has no organized fire department and no automatic alarm. Alarms given by phone and whistle. Many of the buildings do not have fireproof doors in needed places. Old and obsolete fire-fighting equipment should be replaced.

GARDNER STATE HOSPITAL.

Total service	1,489
A. P. A. Standards	897 (overcapacity of 592)
Male service	839
A. P. A. Standards	513 (overcapacity of 326)
Female service	650
A. P. A. Standards	384 (overcapacity of 266).

Medical Staff	8	A. P. A. Standards	19
Nursing Service	19	A. P. A. Standards	100
Attendants	228	A. P. A. Standards	300
Social Service	3	A. P. A. Standards	7

WOMEN'S TREATMENT BUILDING.

Forty-seven beds overcapacity. Not fire-resistant. Building very overcrowded. Some of the rooms have mattresses on the floor. Bathing and toilet facilities inadequate. Dining room located in basement is

damp and poorly ventilated. Patients eating in this room are allowed only a spoon to eat with. Two small cottages connected with this building by tunnels. These cottages have no bathing facilities, and patients must use already overcrowded facilities in Treatment Building. Both cottages and main building in need of complete renovation and also additional toilet facilities.

WOMEN'S HOSPITAL.

Forty-one beds overcapacity. Bathing and toilet facilities inadequate; also located in center of building, away from outside ventilation.

INFIRMARY BUILDING.

Ninety-nine beds overcapacity. Not fire-resistant. Somewhat dilapidated building. The patients are the geriatric type and must go to basement for showers and bathing. No elevator. Only one bathtub and one shower above basement level. *Four* showers in basement for 209 patients.

MALE HOSPITAL.

Senile, infirm patients; 118 patients, 52 beds overcapacity. Plumbing is neither good nor adequate, with no outside ventilation.

MALE INFIRMARY.

Geriatric group; 208 patients, 102 beds overcapacity. Floor and roof support of wood, not fire-resistant.

BELCHER COTTAGE.

Male patients, 40 — 21 beds overcapacity. Flooring in kitchen and dining room badly in need of replacement. Plumbing inadequate.

HILLCREST COTTAGE.

Male patients, 53 — 19 overcapacity. Building in need of renovation and redecoration.

WESTMINSTER COTTAGES (2).

Male patients, 133 — 43 overcapacity. Good condition.

GARDNER COTTAGES (3 BUILDINGS).

Male patients, 124 — 49 bed overcapacity. Good condition.

FAIRVIEW COTTAGE.

Female patients, 39 — 24 overcapacity. Building badly in need of renovation.

OVERLOOK COTTAGE.

Female patients, 40 — 16 beds overcapacity. Inadequate bathing facilities and no privacy whatsoever.

HIGHLAND COTTAGE.

Female patients, 40 — 16 overcapacity.

AUDITORIUM AND CHAPEL BUILDING.

Seating capacity, 500. Floor and roof support of wood. Building is not fire-resistant.

There is no director of Medical and Surgical Services, extramural psychiatry, or psychotherapist at this hospital. The nursing staff is much too small to give all the care and treatment needed in a hospital of this size.

There is a great need in this hospital for additional social workers and psychologists; also, the present accommodations for these people are inadequate.

Funds for research should be included in the hospital's annual budget. There is no organized Research Department at this time.

There is no psychotherapist at this hospital; although there were 455 patients given E. S. T. last year, there was no psychotherapist to continue the treatment.

Most of the bathing facilities throughout the hospital are inadequate, with the exception of those in the new Thompson Building.

Kitchen and dining room of Westminster group adequate, except for poor lighting and ventilation. No mechanical dishwasher.

Kitchen for Gardner Cottage Group — equipment primitive. Bad stove. Poorly ventilated and very hot in summer; 118 patients and 8 employees eat here.

Hillcrest Cottage — 70 patients and 5 employees are served here. Flooring in the kitchen in poor condition. Wood and coke burning ranges used. Dining room badly in need of renovation.

Belcher Cottage Group — Kitchen and dining room in basement. Floor badly worn. Location poor. Ventilation inadequate. No dishwasher.

NORTHAMPTON STATE HOSPITAL.

Total patient quota	2,570		
A. P. A. Standards	1,554	(overcapacity of 1,016)	
Female service	1,562		
A. P. A. Standards	913	(overcapacity of 649)	
Male service	1,008		
A. P. A. Standards	641	(overcapacity of 367)	
Medical Staff	11	A. P. A. Standards	30
Nursing Service	23	A. P. A. Standards	165
Attendants	295	A. P. A. Standards	497

SIDE LOWER HALL S-1.

Plumbing conditionings fair to poor. Ceiling leaks from bathroom on floor above.

MIDDLE GROUP — *Ward 3.*

In need of considerable renovation and plumbing in bad condition.

Upper Level S-3.

In need of renovation and plumbing in very bad condition.

Upper Level S-4.

Plumbing on this ward very poor and bathing facilities inadequate — whole ward badly in need of renovation. One bathroom for 36 patients.

SOUTH INFIRMARY BUILDING.

First floor houses infirm senile women. Ward in very poor condition and needs renovation. Plumbing poor and bathing facilities are inadequate. Concrete floor in poor condition. Second floor — medical and surgical ward for 72 women patients. Bed pan washer out of order at this time. Bathing facilities limited and plumbing poor. Third floor — acute female admission ward. Flooring worn and plumbing in need of repairs. Section badly in need of renovation. Fourth floor — 2 tubs for 84 patients and rest of plumbing in need of repairs.

Male Wing.

Lower N-1 — Old and in need of renovation.

Lower N-2 — Plumbing facilities in need of repair.

Lower N-3 — (Continued-treatment type patient). Elevator in poor condition, plumbing fair.

Lower N-4 — 47 disturbed patients — plumbing poor.

Middle N-1 — General condition poor.

Middle N-2 — Senile male patients — ward and plumbing both in need of renovation.

Middle N-3 — Flooring in this ward badly worn. Drinking fountain here, as in many of the other wards of the main building, out of order. Plumbing also in poor condition.

Middle N-4 — Also badly in need of renovation.

Upper N-1 — Open ward. Bathing facilities inadequate. One bathtub for 37 patients and no shower.

Upper N-2 — (Overflow from male admission ward.) Plumbing in very bad condition.

Upper N-3 — Not bad. Needs repainting.

Upper N-4 — Roof leaks and general renovation needed.

MALE INFIRMARY BUILDING.

First floor male admission. Shock therapy facilities are available but not adequate. Plumbing poor. Second floor dilapidated, and plumbing in poor condition. Floors bad.

T. B. BUILDING.

Too small as is. Was constructed with plan to treat patients with T. B. from other hospitals.

MEMORIAL GROUP BUILDINGS.

Ward E-2 is badly in need of renovation. Furniture in poor condition and some of the windows are covered with plywood.

During the past fiscal year a considerable amount of repairs and renovations have been carried out at this hospital. Projects under contract for the fiscal year of 1955 (if carried out) will undoubtedly eliminate some of the deficiencies noted in this report.

Male and Female Infirmary Buildings are very much in need of renovation — as soon as possible; also the Memorial Group Buildings. Immediate steps should be taken to waterproof toilet and bathroom floors. Plumbing facilities should be renovated as soon as possible. Medical and Surgical Building badly needed. Provisions should be made for isolation of contagious cases.

Geriatric unit in need. Could accommodate 25 per cent of hospital's population.

There are but five social workers in this hospital — A. P. A. Standards require twenty. Space assigned is not adequate — must work in two rooms which are not furnished, equipped or lighted properly; also has no waiting room for patients and relatives.

There is no organized Surgical Department. The operating room has never been completely equipped. All major and minor operations go to another hospital.

The Dental Department is much too small. No office for dentist and no waiting room for patients. There is only one dentist and no hygienist or dental assistant — A. P. A. Standards — 5.

