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Explanatory note on the congestion in the Neurological Institute and the need for an extension for members of the armed forces.

by

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The extent to which the Montreal Neurological Institute is at present congested can best be illustrated by reviewing briefly the history of its expansion.

The Institute opened in September 1934 with a total bed capacity of 47 patients distributed as follows:

Female public beds	- 16	-	II floor
Male " "	- 16	-	III "
Semi-private beds	- 6	-	IV "
Private "	- 9	-	IV "
Total	47		

Facilities, such as dressing rooms, recovery rooms, kitchens, nursing services and operating rooms were all carefully planned to provide adequate care for this number of patients.

After the first year of operation, the beds were fully occupied and these facilities were presumably in total use. Thus in 1936 the average daily census throughout the year was 48. Since then there has been a gradual expansion as illustrated in the following:

Average daily census -	1936	- 48
	1937	- 50
	1938	- 50
	1939	- 54
	1940	- 53
	1941	- 56
	1942	- 66

In 1942 therefore, with the same floor space and facilities as in 1936, the Institute was taking care of 140% of the original quota of patients.

Not only have there been more patients but there has been a very noticeable shortening of each patients stay in the hospital. This was achieved by more rapid investigation and disposal, and resulted in a quicker turnover, but it has added considerably to the strain on existing facilities. This is illustrated in the following table:

	Admissions	Total patient days	Average stay per patient
1935	841		
1936	912	17,667	19.4
1937	953	18,315	19.2
1938	999	18,856	18.9
1939	1,079	19,742	18.3
1940	1,093	19,428	17.8
1941	1,179	20,482	17.4
1942	1,416	23,929	16.9

Thus, since 1936 when the hospital was apparently being used to capacity with a bed occupancy of 48 or 100%, there has been a 55% increase in the number of admissions, a 35% increase in the total number of patient days and a decrease of 2½ days (13%) in the average stay of each patient in the hospital.

It is partly due to this shortened stay of each patient and rapid turnover that it has been possible to maintain the present admission rate. In 1935 an average of 2.3 patients were admitted daily, in 1942 this figure rose to 3.9 or almost double.

The increase in the amount of work done is clearly reflected in the annual number of operations performed.

The figures are :

1935 - 348 operations
1936 - 456 "
1937 - 508 "
1938 - 608 "
1939 - 517 "
1940 - 600 "
1941 - 566 "
1942 - 700 "

The number of operations has therefore doubled since 1935. The amount of work done by the X-ray Department has also doubled.

In 1935 a total of 1311 patients x-rayed & 5,864 films taken
In 1941 " " " 2352 " " " 11,851 " "

Thus not only have the wards been taxed to the limits of their capacity but the other departments have had to keep up with these increasing demands. The greatest strain, however, has fallen on the ward floors. There are inevitable physical limitations to what can be done to accommodate more beds. On many days there have been as many as 77 patients in the building and the public ward floors, originally intended to house 16 patients, have had as many as 34, with beds occupying the hallways, special examining rooms, dressing rooms, etc. Not only does this present a serious strain on our materials and personnel, but patients are so crowded together that it is a serious public health problem. We have been singularly fortunate so far but such overcrowding is dangerous from the standpoint of cross infections and epidemics,and it is extemely difficult to provide patients with proper nursing care. In the past we have occasionally obtained some relief by transferring some of our patients to the Royal Victoria Hospital or the Ross, but in the last

year this has been impossible due to the bed shortage in these places.

It would be deplorable if the present degree of overcrowding should go on indefinitely, and it is difficult to imagine that any further increase can take place. We must shortly consider closing our doors to the gradually increasing number of people who come to us for relief. Indeed to-day patients who are not emergencies must wait at least 3 - 8 weeks or longer for a bed and there is a long waiting list.

The waiting list at the moment is as follows:

Public patients awaiting admission	-	40
Private and semiprivate patients awaiting admission	-	17
Total		57

Public patients:

Put down for admission in October 1942	-	3
November "	-	9
December "	-	7
January 1943	-	14

Three patients have therefore been waiting three months to get in. As a matter of fact there are some waiting a longer time and have given up and have gone to other hospitals or some other disposal was made.

During the past two years there have been referred to us an increasing number of men from the armed forces:

January to June (6 months)	1941	-	23	admissions
July " December "	1941	-	48	"
January " June "	1942	-	72	"
July " December "	1942	-	118	"

Thus in the last six months of 1942 there were five times as many patients as in the first six months of 1941. This illustrates very well the trend and there can be no doubt that the numbers will rise sharply as soon as our army takes a more active part in future offensives.

At the present time, one in every seven or eight admissions is a service case, and one-seventh of our bed occupancy consists of service

cases. The percentage is higher if the children occupying cots are omitted. Thus, to-day there are 76 patients, 11 of them service cases. There are 9 children occupying cots so that the adult population is 67, of whom 11 or one-sixth are service cases.

It is apparent from the figures quoted above that the increase in our total bed occupancy is not due to the armed forces alone but is from the civilian population as well.

Up to the present we have always given first consideration to the needs of the armed forces and their patients have always had first claim on any available beds. It must be pointed out, however, that for certain reasons it will be impossible to continue indefinitely such a policy.

Despite the great increase in bed occupancy the Neurological Institute has never been self-supporting and has always faced a large annual deficit. Nearly all the increase in bed occupancy has been from public and charity patients, and such patients never pay for more than a fraction of the cost of their care. In 1941 when our costs were very carefully checked and all possible economies undertaken, the cost per patient per day was $6.50. The average public pay patient only paid $5.40 and Q.P.C.A. patients, until very recently, only paid $2.00 per day. The Neurological Institute has no endowments upon which to draw to make up this deficit. In recognition of this fact and the important public duty which the Institute performs, the City of Montreal have been making an annual grant of $15,000. and the Province of Quebec an annual grant of $20,000. Even this does not altogether cover the annual cost but it is due to the generosity of the City and Province that the Institute has been able to carry on its work. We are therefore obligated to continue

to care for the patients of the City and Province despite over-crowding, and the congestion must be kept within the bounds of our facilities. It is obvious, from a physical point of view alone, that the peak has been reached. It would be impossible to continue this and add to it the care of the increasing number of patients from the armed services under existing conditions. Yet it is equally obvious that our fighting men should be provided for, and deserve the best care that we can give them and the staff of the Institute is ready to do all in its power to solve this problem.

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