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REPORT ON MENTAL HEALTH SURVEY IN LEBANON

16 December 1952 - 3 January 1953

by

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Introductory Remarks

Lebanon is a small and extremely beautiful country. It has a superficial area of 10,400 km² and the population is estimated to be about 1,250,000. One could expect a small country to be rather easy to know, but this certainly does not hold true for Lebanon, which, notwithstanding its smallness is a very complicated and even puzzling country. It is, for instance, very difficult to tell how many inhabitants has the capital, Beirut. Nobody would object if one estimates the number at 300,000 as this is about the figure which is officially known, but those who are well informed admit that the number of people living in Beirut might amount to about 800,000 as the majority of country people from the villages who have come to the city during the last years, have kept their original official residence. Beirut is a busy city with a great many large modern buildings, hotels, banks, and places of entertainment. Its general character is more European than any other Middle Eastern town I know.

It is very difficult to give reliable information with regard to the main source of income of Beirut and the other parts of the country, and several times I got the impression that this is a puzzling point to everybody. There is very little industry and the soil of the country, apart from some regions, is rather poor. There are large areas which are not cultivated due to lack of farmers. Tourism certainly plays its part in the national income. An important factor is perhaps the money sent to their relations by the large number of Lebanese who have emigrated; curiously enough many more Lebanese live abroad at the present time, than in their own country. There are estimated to be four Lebanese abroad for every one at home. As a result of this a survey on mental health in Lebanon does not fully cover the mental health of the Lebanese.

The country obtained its independence in 1941 and this should be taken into full consideration by those who want to judge its present state of development. Remarkable backwardness as well as fast development is mixed up, and the picture of the whole is extremely confusing. The multicoloured aspect of social life is accentuated by the many foreigners living in the country, which has experienced large waves of immigration throughout its history. It received, for instance, approximately 50,000 Armenians in 1938 and 140,000 Palestinian Arab refugees in 1948. More than anything else, however, the various religions put their stamp on social life and social activities. About one half of the population are Christians (Maronites, Greek Orthodox, Greek Catholics, Armenian Orthodox, Protestants and several other communities). The other half are Moslems (Sunnis and Shias) and there are some 80,000 Druzes.

All kinds of social as well as teaching activities are carried out by foreigners and by religious societies, and these activities all have their own character which is not specifically Lebanese. There is an almost complete lack of cooperation and coordination between the various institutions and this of course is very regrettable. Government social services are in the first stage of development and have great difficulties to overcome. The Government seems to have very little money to spend on social activities and cannot afford to pay its officials sufficiently. There is a remarkable difference between the poverty of Government social services and the easy circumstances and comfort of a great many of the Lebanese. Housing conditions, for instance, apart from those in the quarters of the very poor, are much better in Lebanon than elsewhere in the Middle East.

The Lebanese in general and especially the well-to-do people, do not show much interest in social needs and problems of their country and from this point of view many are individualistic and even self-seeking. This lack of sufficient interest for their fellow-men is the more deplorable, because these very nice, appealing and cheerful people could do so much as they are certainly intelligent, inventive and resourceful.

Treatment of Psychiatric Patients

The Lebanon Hospital for Mental and Nervous Disorders is very beautifully situated on the hills at Asfuriyeh, a couple of miles from Beirut. The hospital was founded by Theophilus Waldmeier, a Swiss missionary and opened in 1900. It is a non-denominational, charitable foundation led by a General Committee in London and an Executive Committee in Beirut.

Whereas the hospital consisted in the beginning of two villas only, there are now over 20 buildings on the estate. This estate covers an area of only 36 acres in all, which prevents further extension and also limits the possibility of agricultural activities for the patients. There is a very pleasant atmosphere on the grounds of the institute, especially due perhaps to the complete lack of any entrance gate or wall, a quite exceptional feature in the Middle East.

The total number of beds amounts to 450 but this is to be raised to about 500 in 1953. In 1951, 420 patients were admitted. Of these 179 were private patients, 141 were sent by the public assistance, and 53 by the Municipality of Beirut. The number of discharged patients amounted to 376 (19 died), in the same year. This remarkably high discharge rate is partly due to the fact that a considerable number of chronic patients are discharged and placed elsewhere (see below).

The total number of staff of the hospital is 254, of which 5.1 percent are European. There are 5 psychiatrists (fully trained), 14 trained nurses, 30 student nurses and 113 nursing attendants.

The diagnostic and clinical treatment possibilities are up to date, apart from the lack of X-ray facilities, the need of which is urgently felt. A great number of insulin coma treatments and electric shock treatments are regularly given. A new treatment centre is under construction now and will be ready early in 1953. It incorporates all the latest ideas in hospital planning, as for instance an air-conditioned insulin unit and it will, when finished, range the hospital among the very best as far as medical treatment facilities are concerned.

The wards are spotlessly clean and the characteristically bad smell of so many refractory wards in even the best Western mental hospitals does not exist at Asfuriyeh, which is in itself a remarkable achievement. Great attention is paid to details and kindness seemed to me to reign in the various villas. I saw flowers on every table in a ward for difficult katatonic patients. The high level of general care can also be found in the activities of the kitchen, which prepares with the aid of a dietitian, various types of food, not only for the physically ill, but also for patients from abroad who are accustomed to foreign food. This special care and respect for the need of others culminated, in my opinion, during Christmas dinner for the patients which was served to them in person by the medical superintendent and the physician.

So-called criminal patients, even murderers, who are so often mal-treated elsewhere in criminal lunatic asylums, are treated in just the same way as the others and in the same wards, which is exemplary indeed. They also participated in the Christmas dinner in the central dining-hall of the staff.

Special mention should be made of the Club in which 100 members of the staff take part without regard to religion. The clubrooms have a magnificent view and are nicely equipped. Many patients come to the Club in the afternoon, if possible without, but if necessary under supervision of nurses or attendants.

The Lebanon Hospital for Mental and Nervous Disorders is, apart from the Behman Hospital at Helwan in Egypt, which is for private patients only, certainly the best mental hospital in the Middle East and its contrast with many others is most remarkable. It has, however, a shortcoming which is especially regrettable because of the important rôle of the hospital as a teaching centre. This shortcoming can be described in a few words: there is a lack of the right educational attitude towards the

unsocial behaviour of difficult patients and the principles of Simon's "active treatment" are not sufficiently put into practice and probably not sufficiently known by some of the leading members of the staff. As a result of this there are a considerable number of noisy patients and patients with other kinds of disturbing behaviour, and occupational therapy plays a rather poor part in the hospital. I saw quite a number of patients who were in single rooms because of their disturbing behaviour and even means of restraint, such as strait-waistcoats were used in a few cases. This should be abolished at any cost, above all because this hospital is the example to the Middle East. The general aspect of several wards consequently recalls a little bit the time of the old madhouses, and that is always wrong and particularly in a teaching centre.

The lack of sufficiently trained staff is certainly the main reason for this shortcoming. The hospital has great troubles indeed because of the large number of attendants, many of them being illiterates and some even inclined to use physical and mental cruelty in managing the patients. It is very difficult to educate them and to teach them how to educate the patients in turn. On the other hand, I am not fully convinced as to whether those members of the staff who are well trained, are even sufficiently aware of the invaluable importance of "social treatment" in modern mental hospitals, to give the example to the attendants.

The Lebanon Hospital for Mental and Nervous Disorders has a very great significance as a treatment centre for psychiatric diseases of non-paying patients. It is, as a matter of fact, the only facility in the Middle East, as far as I know the Region, which is fully equipped to give all kinds of treatment to the poor who are mentally ill. Still greater however is its value as a teaching centre and as such it is of paramount to the whole Middle East. This holds true for the training of medical men as well as for the training of nurses.

The hospital, for teaching purposes only is attached to the American University of Beirut. Dr. W.M. Ford Robertson, Director of the Hospital is the Clinical Professor in Psychiatry at the University, and the Senior Assistant Physician and Deputy Medical Director, Dr. A.S. Manugian, and the Senior Assistant Physician Dr. G.H. Aivazian are Assistant Clinical Professors. The study programme and the number of lectures in psychiatry given to medical students is as follows: (mainly quoted from the reply to my questionnaire).

Psychiatry - 4th year - The teaching is for two semesters of 32 lectures, plus demonstration and case assignments at Asfuriyeh, involving a total of 64 hours, the above work being divided between the three teachers. The Psychiatric Out-Patient Clinic (see below) of the Hospital of the American University provides two sessions a week of two hours each throughout the year, during which the students are observers at psychiatric interviews, and later case assignments are received.

Psychiatry - 5th year - There are assigned to the Hospital at Asfuriyeh 12 internships on a basis of two students in residence every two months. Instruction is given in all branches of clinical psychiatry and therapeutics, plus an out-patient Clinic (see below) and the American University Out-Patient Department.

Medicine - 1st year - Psychobiology, first semester - 16 lectures, at American University, both series by Dr. W.M. Ford Robertson.

All medical students pass an obligatory examination in psychiatry, as also do those in the 1st and 2nd years.

A complete post-graduate training is not yet obtainable at the hospital but the very adequate clinical and teaching facilities, as well as the facilities of both the out-patient clinics and the considerable range of psychiatric clinical material entering the hospital (last month two patients were admitted every day) altogether offer good scope for those wishing to have preliminary training, which prepares candidates for diplomas such as the British Diploma in Psychological Medicine.

The psychiatrists of the Lebanon Hospital for Mental and Nervous Disorders also take part intensively in the training for general nurses at the American University Training School for general nurses. They give three-month courses to students of the final year and the hospital offers internships of two months' duration to those nurses who have graduated. This scheme seems to have proved successful.

The value of the hospital as a training centre for medical students is perhaps even surpassed by its training school for psychiatric nurses, which is the only one in the Middle East. This training school places Lebanon amongst the few countries in the world with special training in mental nursing. The school at Asfuriyeh was started in 1948. It offers a three-year course which is that laid down by the General Nursing Council of Great Britain modified to suit Middle East conditions. Intensive teaching in reading and writing of English is included in the first year as all teaching is in that language. The hospital has a qualified sister tutor and an assistant and the medical staff, nursing sisters and the occupational therapist of the hospital participate in systematic lectures. Besides the three-year course, a one-year course is provided for nurses who have graduated in general nursing.

The courses include practical experience in the wards and departments of the hospital and its out-patient clinic. Examinations are held at the end of each year and a certificate in psychiatric nursing is awarded to students completing the course and satisfying the examiners in the final examination. The curriculum of the three parts of the course is as follows.

Preliminary (1st year): teaching in reading and writing English. Classes in General Anatomy and Physiology, Theory and Practice of General and Psychiatric Nursing, Ward Management, Sanitation and Hygiene.

Intermediate (2nd year): classes in Theory and Practice of General and Psychiatric Nursing, Ward Management, Dietetics, Physical Diseases, including Communicable Diseases, the Administration of Drugs and their Action, Neuro-anatomy and Neuro-physiology, Normal and Abnormal Psychology and Clinical Psychology.

Final (3rd year): classes in Advanced Psychiatric Nursing, Nursing Administration, Advanced Clinical Psychiatry, Neuro-anatomy, and Neuro-physiology, Physical Therapy and Occupational Therapy as applied in Psychiatry.

The value of this training school can hardly be over-estimated not only with regard to Lebanon, but certainly to the whole Middle East. It is necessary in many of the countries of this Region to establish real mental hospitals, and the Lebanon Hospital for Mental and Nervous Disorders is the only one in the Middle East which can provide teaching facilities to student nurses from all over the Region. It should, in my opinion, be the main duty of this hospital to try everything possible in order to be able to accomplish the function of an international training centre for psychiatric nursing.

I fully understand the enormous difficulties to be overcome. There are financial difficulties, as the economical situation of the hospital is far from excellent; there is the trouble of getting living accommodation for more student nurses and there is, perhaps first of all, the shortage of well-trained staff in the hospital itself, as against the large number of attendants, many of whom are quite inefficient. This problem of the attendants is to be considered as an emergency problem, as it stands in the way of the improvement of the general level of mental nursing in the hospital. I would strongly recommend to try to train those attendants who are sufficiently intelligent and who possess the character traits necessary to mental nursing. One could perhaps start with short training courses of, for instance, 6 months; it goes without saying that these courses must be given in Arabic. A try should be made to give such courses even to intelligent illiterates amongst them. Experience in Khartoum, for example, has proved that it is possible to give training in midwifery to completely illiterate girls.

The shortage of nursing staff, especially in mental hospitals is a problem all over the world and there is hardly any country which does not suffer from it. In the Middle East however, it is a much greater problem than in Western countries. There are several factors causing this difference, and although it is not necessary to discuss all these factors, I want to lay stress upon one of them which seems to me to be very important. I have in mind the fact that most of the training courses for nurses in the Middle East and also the training course for psychiatric nurses at Asfuriyeh are given in a foreign language. Although I fully understand the necessity for this I am nevertheless of the opinion that it is wrong. The only sound basis for the training of a sufficient number of psychiatric nurses in the Middle East is to give the lectures in Arabic and to attract in this way a larger group of young people. I am deeply convinced that all mental hospital activities, in Holland for instance, would be impossible if teaching were given in English or French. Teaching in a foreign language reduces the number of candidates.

Teaching in Arabic can certainly not be achieved in the turn of a hand. Very careful consideration and preparation is necessary, but there is no reason to wait. Some medical men who argued against my proposal said that there is no text book of psychiatric nursing in Arabic, others said it was quite impossible to translate special words, expressions and conceptions into Arabic. I can hardly believe that this is all true, but if it is, my reply would be that these difficulties cannot be insurmountable.

Teaching in Arabic to student nurses seems to me to be of paramount importance to all kinds of mental health activities in the Middle East, and if financial troubles should stand in the way of starting a well-considered experiment, one of the United Nations Agencies could perhaps be asked for assistance.

I cannot close the description of the Lebanon Hospital for Mental and Nervous Disorders and its teaching facilities, without mentioning that students from the Near East Theological College are encouraged to stay in Asfuriyeh as interns for a fortnight in order to get some experience and acquaintanceship with mental patients and the way in which they are treated.

Hôpital de la Croix pour les Maladies Nerveuses. This institution which is in Arabic called Deir El Salib, belongs to the French religious order of Capucins and its founder-superintendent is the Capucin Reverend Father Jacques Haddad. It is very beautifully situated on a rocky hill near Antelias not far from Beirut. Originally it was a small infirmary but it developed steadily until in 1949 it was caring for 1,200 persons.

The present activity as a mental hospital was started in 1951 only, when patients were sorted out and the invalids and aged were transferred to other convents belonging to the same order. The institution has since been modernised and the large three storeyed block building now accommodates 550 patients, males and females in about equal numbers, and its capacity amounts to 600 beds. The majority of the patients are paid for by public assistance, others by the Municipality of Beirut and Tripoli, whereas 50-100 patients are paid for by their relatives. These paying patients are divided into various classes.

The medical staff consists at the moment of four doctors, who come to the hospital for some hours a day only, and there is no resident medical staff apart from a student from the French University in Beirut who internes in the hospital. One of the doctors is a qualified psychiatrist who had been appointed only a couple of weeks before my visit to the hospital. It was rather difficult to get exact figures on the nursing staff. The hospital is run by sisters with the assistance of a few male attendants. The sisters have had little education and not one is a graduate nurse.

The treatment rooms seemed to me to be rather well equipped. Electric shock treatment and insulin coma treatment are regularly given and I saw about 15 patients under insulin. There is a dentist's room, a laboratory and an X-ray room, which is not used however for systematic examination of the hospital population.

The general nutritional state of the patients was sufficient but the clothes of a great many of them were very poor. Many of the more difficult male patients for instance did not wear shoes and walked bare-footed on the stone ground. Most of the wards and courtyards, which were all very clean, were extremely bare and cheerless, with thick iron bars everywhere, and the general character of the hospital was very prison like.

I saw some patients with strait-waistcoats and one was tied with cords. Not the slightest attention was given to the unsound behaviour of the difficult patients. The quieter ones, however, were pretty well occupied and I estimate their number at about 150. Most of them did some useful work for the institution, but I did not get the impression that they were exploited. All the working patients looked happy and, in the usual way were proud of what they did. Some patients assisted with caring for the others, certainly to the benefit of themselves as well as of their helpless mates. I saw a singing club led by a patient who played the piano.

I could give two totally different opinions on the Hôpital de la Croix. From one point of view I admire this achievement of le Père Jacques and his sisters, because this hospital is after all better than the majority in the Middle East. But it must be said on the other hand that the general aspect of this hospital is the aspect of a complete madhouse. It shows a backwardness in the majority of its wards, of at least 150 years. There is not any real mental nursing in the hospital and the patients are severely neglected from this point of view. But how could it be otherwise in a hospital without any trained nursing staff? This institution is to be considered as belonging to a passing stage of development. It is the very first step out of which certainly something valuable can grow. But a tremendous improvement is absolutely and very urgently needed. The first thing to do is to give some training to the nursing staff, but this training could only be given by someone who is sufficiently aware of modern mental hospital management and, I am sorry to say, nobody of the present staff, the psychiatrist included, meets these requirements.

There is at the entrance gate of the institution a small house with 45 mentally defective children. It was pointed out to me as "the house of the children who are completely lost". I am quite sure this is true, especially as long as they are as neglected as they are now. A considerable number of these children could undoubtedly learn something, be occupied and even do some productive work. They could be happy instead of living in the most profound state of misery. This home of "completely lost children" proves perhaps more than anything else the remarkable backwardness of mental health activities in the field of the mentally defective in Lebanon.

Finally, it would be wrong to conceal what the founder-superintendent as well as the psychiatrist of the institution told me with regard to the treatment facilities for their patients. They have, according to their statements, not even the means to give epileptic patients the medicines they urgently need. I cannot judge whether this is true or not, perhaps they were trying to get financial support through me, but this complaint certainly calls for most earnest investigation. If this complaint is well founded, it is one of the first duties of the Lebanese Government to pay more for the psychiatric patients. If it proves to be baseless, negotiations should be started at once in order to put an end to an accusation like this, which was not the only one of its kind. I heard several similar complaints and even worse accusations in various institutions.

Chronic Patients. They are at the moment the main psychiatric and mental health problem of Lebanon. Mental patients in this country are well treated and cared for in the Lebanon Hospital for Mental and Nervous Disorders and, if everything reasonable is done to further improvement, the Hôpital de la Croix pour les Maladies Nerveuses can be tolerated as a first step in a passing state of development. These hospitals accommodate together 1,000 - 1,100 patients, which is much less than one per thousand of the population of the country, especially as several patients come from abroad. There are, however, a great many more mental patients, most of them being considered to be "chronics", who are not at all well treated, but, in fact, very badly neglected. They are distributed in various homes and institutions. The position of these patients in Lebanon is not the same as in other countries of the Middle East. Elsewhere they do not form a problem as such, because the authorities in the other countries generally do not know of the existence of these patients. In other countries I had to look for them and sometimes to go a long way before I found them. If not seen in the streets, they are in almshouses, homes for beggars and old people, or in prisons, and they are hardly recognized as mental patients. In Lebanon, however, I was immediately told where these patients are. Their treatment and care is a problem to those who are responsible for them, a problem for which there is no solution at the moment. The reason why most of the chronic patients are known is because the majority of them have been in one of the two mental hospitals. They have had to be discharged as otherwise these institutions would not have had the possibility of admitting new patients with fresh diseases who urgently needed treatment. To discharge those for whom special treatment is not so strongly indicated is to a certain extent better than keeping them and thus preventing the admission of patients who can benefit more from the treatment facilities of the hospital. Another argument for discharge is the lower payment the hospitals get from the Government for chronic patients. The Lebanon Hospital for Mental and Nervous Disorders for instance could not exist and would have to stop its beneficial activities, if it kept a too large number of chronic patients.

It is perhaps wise that not all the psychiatrists of the hospital know exactly what the lot of the poor people is who have to be discharged in this way. Otherwise they certainly would have too many objections against their discharge and not be able to help others.

I saw several institutions with chronic mental patients. The worst is perhaps "la Quarantine". The total number of inmates of this institution, which is run by the Ministry of Health, amounts to about 200. At least 90 of them are mental patients and kept in a special part of the building. There are no qualified nurses, and nobody with the slightest idea of how to treat and care for mental patients; there is absolutely nothing as a matter of fact, except beds, no occupation, no recreation, no furniture whatsoever. In the wards for females for instance, there is no space between the beds, and the wards are a terribly overcrowded storehouse of human misery. Even the women who are not physically ill cannot leave their beds because there is no room, garden, or any other space where they could stay. Unless measures are taken to improve the situation they are condemned on the day of their admission to stay for life within less than 2m², which is the area of their beds. The chance

of recovery is of course zero because even a well balanced individual would become a mental patient in circumstances like these. The general situation is a little bit better, but nevertheless also very bad, in "La Maison de la Misericorde" du Père Geitaoui which is run by Antonine Sisters. The institution holds 70 men and 70 women and is terribly overcrowded. Practically nothing is done for the patients who are completely neglected from the mental nursing point of view. Some were rather excited and one had been put in a strait-waistcoat. The only thing I could say in favour of this institution is that it is rather clean. In the "Asile de la Vierge" which is a kind of annex to the "Hôpital de la Croix pour les Maladies Nerveuses", I saw amongst the 68 infirm a great many mentally disordered or defective individuals. The institution was clean but the general level of care, especially from the mental health point of view, leaves very much to be desired.

Finally, I saw 32 old people in the "Asile des Vieillards et Infirmes Maronites", run by sisters of St. Thérèse. Almost all the inmates were suffering from senile dementia and were very well cared for in this institution, which is not overpopulated.

There certainly are many other institutions in Lebanon with mental patients amongst their inmates, but exact figures do not exist.

The tragedy is that those who know the situation of which I give a brief picture, fully agree with me. They call the way in which the chronic mental patients are cared for inhuman, and they consider the present state of affairs as severe as an emergency state. But there are at the moment no means to get immediate and satisfactory improvement. A small step in the right direction, however, will be done before long by bringing a group of patients from "la Quarantine" to the "Asile des Vieillards et Infirmes Maronites", where some space has been reserved for them.

The problem of the chronic patients in Lebanon is a major problem indeed with regard to activities in the field of mental health. It would not exist if Lebanon were a primitive country because a primitive society tolerates a great many mentally disturbed individuals without placing them in institutions, and the problem would have been solved if social services in Lebanon would have been able to keep step with the fast development of the general level of social life, especially in Beirut and its surroundings. From this point of view the special problem of the chronic mental patients is a symptom of backwardness on the one side and fast development on the other. There is some disharmony between the general aspect of social life and the almost complete lack of well organized and coordinated social services. This shortcoming certainly is mainly due to the growth of the country and the present Government is not responsible for that. I cannot help thinking, on the other hand, that the remarkable lack of well developed social services is also partly due to the geographical situation of the country and even to its beautiful landscape and climate. These factors have attracted foreign interest and intellect, and as a result of this foreigners have taken a lot of private initiative in all kinds of activities. Private initiative is always welcome and praiseworthy of course, but especially if it comes from nationals of a country. Private initiative from foreign societies has, apart from its advantages, its dangerous side. To a certain extent it spoils the Government because it takes away the necessity of the Government taking its

own initiative and responsibility. Besides, foreign interests clash amongst themselves many times, which does not further cooperation. Even splendid activities such as those of the Lebanon Hospital for Mental and Nervous Disorders have their reverse side in this way. In the beginning they made it almost superfluous to the Lebanese to start psychiatric activities. But this hospital cannot do everything alone, not even with a Government grant.

The present situation of the chronic mental patients cries out for immediate improvement, which unavoidably will cost money. The first thing to be done is to count, or to make at least an estimation of the number of mental patients who are at the moment cared for in an inadmissible way from the medical point of view as well as from the standpoint of humanity. This estimation of the present need should preferably be done by a small committee composed of medical men who represent various religions and interests. This committee should at the same time consider the amount of money necessary for the care of a chronic mental patient.

I very roughly estimate the number of beds needed at 500. As soon as figures are known, it is essential to establish facilities for the treatment and care of these chronic patients. The best way to do this will, in my opinion, be to give financial aid to a private body in order to enable it to make the necessary provisions. The only private organization at the moment with sufficient experience and knowledge of the problems concerned is the Lebanon Hospital for Mental and Nervous Disorders.

It would be a very great mistake, however, if this were the only thing which were to be done. If it were left at that, Lebanon would make the same faults as all Western countries have made during the last hundred years. It would be necessary without any doubt to start in this way and after a couple of years to construct again and again new buildings for treatment and care of mental patients until intra-mural facilities for about 3,000-4,000 patients have been established.

Psychiatric social service. The only way to avoid the mistake mentioned above and to save money is to organize, as soon as possible, a psychiatric social service covering the whole country. Lebanon is ripe for a service like this, which is the only way to do preventive psychiatric work and to save large expenses in the near future. The first aim of the psychiatric social service should be to give after-care to discharged patients. Regular supervision of the patients, advising them and enlightening and educating their relatives can keep the number of chronic mental patients in institutions below a certain limit, and the service will pay for itself in this way. The service should be started at Beirut and the area of its activities could gradually be extended later on. It should work in close cooperation with the existing hospitals and out-patient clinics and these, should, strictly speaking, be the nucleus from which the social service should be developed.

It is not necessary at all to start with a fully equipped service and with very well trained and specialized staff. One psychiatrist with a couple of social workers can do a lot of useful activities. It is not necessary that these assistants should be "social workers" in the strict sense of the word and it certainly is superfluous to start with fully-trained psychiatric social workers. Many years and a good deal of money will be lost if one waits until one has the possibilities to create an ideal organization. One should not forget that several very good psychiatric

social services in Holland for instance, have been run for many years without any social worker and with the help of a qualified psychiatric nurse only.

It would nevertheless be wise to take measures as soon as possible in order to be able to get a well-trained staff in the future. A psychiatrist should be sent abroad, preferably to Warlingham Mental Hospital (England), to get orientation on modern development of a mental hospital with excellent intra-mural and extra-mural activities and he should also visit Holland to see well-developed psychiatric social services in large cities and in the provinces. Consideration should also be given to sending abroad (to Egypt for instance) a couple of young men or women, if possible psychiatric nurses, to take a course for social workers or eventually the course for psychiatric social workers, run by the Egyptian Association for Mental Health.

I do not want to go into details with regard to later development possibilities of a psychiatric social service but will only mention activities in the field of mental deficiency for children as well as adults.

Legal regulations. The legal regulations for mental patients are certainly not an important problem in Lebanon, especially because the practical application of the law is not completely according to its theoretical prescription. In circumstances like these there is, of course, no urgent need to change the law, and the lack of legal possibility for voluntary admissions for instance, has little practical significance.

There is one point, however, on which I want to lay stress. Some kind of government supervision on the way in which mental patients are treated and cared for is absolutely necessary. I saw a great many mental patients who were completely neglected and badly treated and it is obvious that there are probably others, whom I did not see, in the same circumstances. Supervision by a Government inspector, who should be a medical man with psychiatric knowledge and above all a man of high personal integrity, is very urgently needed and absolutely essential. This inspector should have the possibility of getting entrance to any place where he knows or suspects there are mental patients. The example given by some other countries should not be followed whereby a board of control with many members has been established. Big bodies like these are sometimes (and especially in the Middle East) inclined to give full attention to legal formalities and to make things more important than they are, without giving attention to the way in which the patients are cared for.

Out-Patient Clinics. There are two out-patient clinics for psychiatric disorders in Beirut, both run by the psychiatrists of the Lebanon Hospital for Mental and Nervous Disorders.

The Beirut Neuro-Psychiatric Clinic belongs to the Lebanon Hospital for Mental and Nervous Disorders. It is open four whole days and two mornings a week. Patients can come on their own, but a steadily growing number are referred by general practitioners. The clinic has over 2,700 consultations a year and in 1952 received about 600 new patients, the majority of whom were psychoneurotics. About one third of the patients have free treatment, about one third pay very low fees and another third are private. Electric shock treatment and sub-coma-insulin therapy is given as well as various kinds of psychotherapy. An appointment is made for every patient.

The General Out-Patient Clinic of the American University, Beirut has a special psychiatric department which is open two afternoons a week. Teaching of medical students is the main aim of this psychiatric clinic, which receives most of its patients from the general clinic. It generally does not take more than four patients per afternoon, in order to facilitate teaching possibilities. Psycho-analytic exploration belongs to the treatment scheme.

A third out-patient clinic will probably be started in the beginning of 1953 by the Hôpital de la Croix pour les Maladies Nerveuses in connection with the Université St. Joseph.

It is quite unnecessary to say that both the clinics do extremely useful work (apart from training), especially to the inhabitants of Beirut and its near surroundings, and it is regrettable that they cannot do very much for other parts of the country. The activity of the Beirut Neuro-Psychiatric Clinic should be extended as soon as it is possible and the first thing which could be done is perhaps to start a branch at Tripoli. Such an extension, which is needed in itself, could however, have its dangerous reverse side on which I want to lay stress. Notwithstanding its great value from a preventive point of view, the immediate result might be a rise in the number of patients who need admission to the mental hospital for some kind of early treatment. This rise could be a rather considerable one and the mental hospital could admit these patients only at the cost of chronic patients. More of these would have to be discharged, which, under the present situation would mean neglect and maltreatment. The only possibility of dealing with this difficulty would be the establishment of a psychiatric social service to which I have given full attention above. It would be almost impossible indeed to start new psychiatric activities in Lebanon without having facilities for psychiatric social work.

The possibility should be considered later on of giving some kind of psychiatric out-patient service to those other parts of the country not lying near Beirut or Tripoli. The best solution seems to me to be a mobile unit with a psychiatrist attached to the team. A special mobile psychiatric clinic, without other medical activities would have, at least in the beginning and especially in remote districts, very great difficulties in gaining the confidence of the population because of the stigma. A psychiatrist could perhaps join one of the existing casa teams.

Special aspects of psychiatry. There is, according to the psychiatrists of the Lebanon Hospital for Mental and Nervous Disorders, a high incidence of acute mania and acute delirious states with symptoms of toxæmia in the clinical picture. The result of early electric shock treatment in these cases is very often dramatic and life-saving. There are a lot of climacteric depressions, but other depressions are not very common and delusions of guilt are rare. General paralysis of the insane is said to be very rare and this disease is seen less and less. Psycho-neurosis, especially anxiety states are very frequent. Difficult family situations very often play an important part in their psycho-genesis, as family ties are extremely strong in Lebanon and the family is large because even second cousins belong to it. The conversional form of hysteria is very common and all kinds of somatic symptoms as well as hysterical fits are frequently seen. Epidemic hysterical infections have sometimes been observed, as for example cases of complete mutism in a group of young men.

It is a drawback to clinical psychiatry in Lebanon that a psychological test adjusted to the psychological structure of the Lebanese does not exist. Neither is there any clinical psychologist in the country.

It is quite common that patients go first to priests, sheiks or to a monastery before coming to the doctor. Mild cases are treated by these non-medical healers who give the patient quotation from the Bible or the Koran to hang around his neck or to carry on his body. Others are treated by cauterisation with a hot iron on the head or the body. Some monks give corporal punishment to the patients. One of the monasteries used to have an underground place with a very impressive entrance leading to a cave. The patient was put on a bench and eventually chained and given three days to recover. If he did not recover within three days he was flagellated. People generally believe corporal punishment to be a good and common method for treating mental patients and even educated visitors often ask, when they come to the hospital: "How much do you beat the patients?".

Prisons

I visited three prisons in Beirut. They are run by the Gendarmerie and belong to the Ministry of the Interior. The "Prison des Sables" has 900 inmates, all sentenced to four years or less. The same holds true for the 160 inmates of the "Prison de la Citadelle". The prisoners are put in cells only as a measure of special punishment and they stay in groups in rooms without any furniture. As far as I understand they do not even get spoons or other utensils. The kitchen I saw at the "Prison des Sables" was dirty and its capacity was certainly not sufficient. The prisoners are aired twice a day during one hour in a kind of cage and are allowed to receive visits from their families once a week for a quarter of an hour. No more than 3-4 percent of them have any occupation in workshops; all the others do absolutely nothing. About 6 of the 30 inmates of the prison for women had some occupation. Some women had children with them as this was the only way of caring for the child. In the "Prison des Sables" I saw a group of children brought in by the police, who waited (sometimes many weeks) until they went to court. On the day of their discharge the prisoners get four loaves of bread and nothing else. Nothing is done after discharge to assist them or to further their rehabilitation.

These prisons are extremely bad from almost every point of view and improvement is of course absolutely necessary. As it was said to me, the Government has no money to run them in a better way. The tragedy is, however, that only rich countries could afford such useless and bad penal institutions like these, because such prisons cultivate criminals and do almost everything possible to create repeated offenders who, of course, are certainly very expensive to the state. Apart from this the prisoners could do some productive work, instead of being completely idle during the whole day. Someone from the administration of prisons should go to Egypt to see the excellent way in which prisoners are occupied in that country with productive activities.

Reformatories

The Government Reformatory for Boys at Dahr El Souan is the only institution of its kind in Lebanon. Its capacity amounts to about 100, but there were 75 boys on the day of my visit. The age group is between 11 and 18 years. The institution has two class rooms for primary education and some workshops (shoe-making, tapestry, carpentry and blacksmithery) which have extremely poor equipment. As a result of this, vocational training leaves much to be desired. The boys do all kinds of housekeeping on a rotating scheme. They do not earn money for their work which is regrettable because an earning system could have a considerable pedagogic value. A teacher gives them physical exercises and sports. There is a radio, but there are no musical instruments. Regular psychiatric or psychological advice to this institution does not exist.

The whole aspect of the institution is extremely poor. There is not the slightest comfort, it is dirty and gloomy and would be an ideal setting for a ghost story. It has not any preventive or therapeutical value and should, on the contrary, be considered as a place where criminals are cultivated. I can only repeat the same remarks I have made with regard to the prisons.

The "Maison de Rééducation du Bon Pasteur" at Dekouana is not exactly a reformatory but a centre for the rehabilitation of girls who are in moral danger. The aim of the institution which is run by nuns, is to rescue them from going into real prostitution. Girls of all ages between 3 and 18 are taken. The number of the inmates amounts to 65. They are sent by parents, by the moral police or by the "Union de la Protection de l'Enfance". It is the conviction of the leading "Mère" that 10 percent only of the girls are really normal. A great many probably are morally defective psychopaths. "All have in their youth been deprived of affection", said the "Mère" who had no special training in child psychology "and we try to give them affection". A psychiatrist is asked for consultation in specially difficult cases.

The spirit of the institution is extraordinarily good. Everything is clean and gay and everybody is active. The girls get primary education. They do all the housekeeping and many nice handicrafts. There is a group of girl guides. The institution does everything possible to assist the girls to find work when they leave the school. A follow-up investigation showed that 105 out of 259 girls who had been discharged turned out well and behaved themselves correctly, 18 had been admitted to a mental hospital, 51 backslided, and from 85 no information was available. This institution is excellent and shows a most remarkable contrast with the one mentioned above.

Other Activities for Juvenile Delinquents

There is no detention home in Lebanon and it is hardly necessary to say how very urgent the need of it is felt by the few people in the country who are interested in the problems of juvenile delinquency. Children of the ages of 11-15 (the Lebanese attain their majority at the age of 15) are brought by the police to the prison (!) if they are accused of having committed a crime, and they have to stay there in some cases more than two months before they go before the Juvenile Court.

The "Union de la Protection de l'Enfance" does very useful work for the children who are brought to the prison as well as for those who are allowed to stay at their homes before they go to the Juvenile Court. The "Assistance Sociale" of the Union goes to see the child and makes an investigation of the history of the case and of the social background. The staff of the "Assistance Sociale" consists of a lawyer and two social assistants who are graduates from the "Ecole Libanaise de Formation Sociale". A report is made to the judge of the Juvenile Court, who almost always follows the advice. Psychiatric advice is asked for very rarely, because one does not often see the psychological or psychiatric problem, which certainly exists very often. The total number of times that the judge is given advice amounts to about 375 a year.

The office of the "Assistance Sociale" of the Union is open every day from 8-9 o'clock. It gives help to the boys who are discharged from the reformatory and receives apart from the cases in which advice is given to the judge, about 175 cases a year, mostly children who have committed a small delict or have given difficulties in some way or another. The office could be considered to be the very first step of development of a child guidance clinic, but it lacks in the present embryonic form the most important requirements for further development. I want to emphasize my sincere admiration for what is done with such little means. There is no psychologist or test material, no fully trained social worker and nobody attached to the office had any psychiatric training of course. Psychiatric social workers do not exist in the country, and besides, the few fully trained psychiatrists in Lebanon are all overburdened with work.

The Y.M.C.A. many years ago started another first step towards a child guidance clinic but had to stop its activities in 1947 because of the same difficulties, lack of funds and interest of the public. Another plan was proposed a few years ago to the authorities but was not accepted. Social instincts do not belong to the strongest of human strivings in Lebanon. There is a growing interest in social sciences but the readiness to take active part in practical social activities does not yet keep step with it. This, apart perhaps from some fundamental character traits, is certainly mainly due to the fact that they do not sufficiently see the problems nor the way to deal with them. On the other hand there are without any doubt young women amongst the graduates from the "Ecole Libanaise de Formation Sociale" as well as amongst the students who take the course "Social Work Major" of the Beirut College for Women, who could be made enthusiastic for practical social activities in the field of child guidance or psychiatric social work, if someone with thorough knowledge and experience could instruct and inspire them.

The very good activities of the "Union de la Protection de l'Enfance" deserve all kinds of help. The Union should be enabled to send some young people abroad to get practical and theoretical training in child guidance activities and combatting of juvenile delinquency. The final results of such fellowships would, however, be better if first of all an expert psychiatric social worker, who should preferably speak English and French, could be sent to Lebanon for one or two years, to give courses and practical training, and above all inspiration, to a group of young women. This group should be selected by the Union together with the psychiatrists who need their psychiatric social service.

Other Activities for Children and Adolescents
with a Mental Health Aspect

There is, as far as I know, apart from the reformatory for boys, very little, if any, activity in the field of mental health which belongs to the Government. School Health Services are in their early infancy in Lebanon and there is no question of attention being given to the mental health side. There are no special schools for feeble minded children, because according to educational authorities, the first aim should be to establish good facilities for primary education to every normal child. There is at the moment a considerable shortage of staff and school buildings and consequently a great many children, at least 10 percent, but probably more, do not get even primary education. I can understand that one wants to give his main attention to the normal child, but exactly because of that the feeble minded should be shifted out and brought together in special classes or schools, as their presence in the classrooms slows down the effect of the teaching to the normals!

There is no special training for kindergarten teachers in Lebanon. I visited a kindergarten run by the Moslem Welfare Association. It is combined with a nursery and a primary school. The teachers and the girls who look after the children get special instruction in the field of practical child psychology by the headmaster of the school, which is very well equipped with modern teaching material and toys. The general atmosphere of the institution seemed to me to be very good and it could be exemplary if the training of the teachers were better.

Orphanages. Placing a child in a foster home seems to be very difficult in Lebanon. There is not only the danger of the child being exploited, but it is very rarely treated as a child of the family. This difficulty is perhaps one of the reasons why there are so many orphanages in Lebanon. Another reason is that every confession wants to have its own activities and institutions. As a result, it is quite impossible to give a general impression of how these institutions are run. It depends entirely on the conception of the private society concerned and on the personality of the leader of the institution.

I saw the orphanage for 20 Maronite girls which is a part of the "Maison de la Misericorde" mentioned above. Children are taken in from the age of 2 to 14 years. They looked happy and are well cared for by the "Soeurs Antonines". I saw some girls walking from the kitchen to the dining-room through the courtyard with heavily deteriorated and misbehaving chronic patients. This is completely wrong of course, but a new building is under construction and will perhaps put an end to this abuse, which is on the other hand a symptom of lack of training and insight of the staff.

Moslem Orphanage Beirut. This is a most excellent institution which has, however, the drawback of being too large. It holds 500 children of all ages up to 15. The general atmosphere is very good, the members of the teaching staff are all females. Every child, girl and boy, has its duty in housekeeping and other activities. There is co-education in the school, and the classrooms, dining-rooms and dormitories are well-equipped and clean.

This is one of the very few institutions of its kind in the Middle East with a toothbrush for every child. I mention this as a sign of great attention given to every detail. Much is done for recreation in which the children take active part, for instance in the beautiful central hall, they themselves present theatrical performances. More should be done, however, for vocational training of the boys.

"Cité des Apprentis Libanais" de l'Abbé Antoine Kortbawi. This institution holds 200 boys and 50 girls, all poor orphans or half orphans. They are taken at all ages, get a Christian education and are kept until the age of 18. The general atmosphere of this institution is extremely good, and very thorough attention is paid to every child. There are, for instance, never two children admitted on one day because this would stand in the way of the full care given to the newcomer. The institution has a well-equipped primary school and the children do a lot of sports. Its main aim, however, is to give vocational training to the children and this is done with the aid of a remarkably refined earning system, connected with the pedagogic ideas of the energetic and highly gifted leader. The carpenter's shop, the book-binder's shop, the smithy and the printing office produce first-class work. The boys receive for their work money in coupons of the institution, but the amount of their salary depends on their general behaviour as well. They pay with these coupons for clothes, meals and everything, and there is a well supervised money-saving system enabling them to get a capital for tools and equipment on the day they leave the institution. It is unnecessary to say that everything is done to help them to find work. This is a very realistic and well planned method of education. The only objection I have is its complete dependence on the capacities of the exceptional leader.

The "Danish Birdsnest" for Armenian orphans, run by the Danish Women's Missionary Board, is magnificently situated on a hill close to the sea. There is a beautiful building for the staff, but housing for the children and especially the school classes, is extremely poor. It holds 120 girls and 80 boys, taken at all ages but not above 10 and preferably not above 7. All come from very poor families, most of them being half orphans. There is co-education in the school. The children learn four languages: Armenian, Arabic, English and French. They do gymnastics and athletics, play in the lovely gardens and all go in summer to a summer house in the mountains. The institution is extremely poor but everybody looked very happy and healthy. The older girls do housekeeping and care for the young children in the kindergarten of the institution. The boys get very little, if any, vocational training. There is an atmosphere of great freedom in the institution and the children live like flowers in the garden of Eden. I could appreciate this to a large extent, but unfortunately not enough attention is paid to the great difficulties these children have to meet immediately after discharge. They are certainly not sufficiently prepared for their future life in a Middle Eastern country, and this is deplorable.

Varia

Blind Institute "Asile des Aveugles des Amis des Arméniens"
(Swiss Federation) Beirut. This is, apart from a very small British one, the only institute for the blind in Lebanon. It is aimed for children as well as for adults. There are 50 blind interns and 15 blind externs who come to work in the institution. Apart from these blind people 5 deaf and dumb live in the institution and 9 are externs. The interns live in nice cosy rooms, two or three together. Lebanon has no other institutions for the deaf and dumb. The institution contains a kindergarten and a primary school for the deaf and dumb. It has a Braille library with over 900 books in Armenian, Arabic, English, French and German and some music books. There is a small school of music with singing, violin and harmonium classes. The school publishes a bi-monthly by means of which it makes contact with many old pupils. The workshops produce the usual products of the blind, such as brushes, brooms and baskets and these are sold in a special store in Beirut. This excellent institution makes one feel even more the great need of other institutions for the blind as well as for the deaf and dumb, in the country.

I saw one of the sanatoria for tuberculous patients. The general care of the patients seemed to me to be rather good, but the mental health side, which is of paramount importance for the treatment of these patients seemed to me to be neglected. There was very little recreation and no occupation. This regrettable neglect of an important therapeutic factor is according to my information also to be seen in the other sanatoria. However, in one of these some occupational activities were started a short time ago with the assistance of the occupational therapist of the Lebanon Hospital for Mental and Nervous Disorders.

Teaching of Psychiatry and Allied Branches

The teaching of psychiatry to medical students and student nurses at the American University of Beirut has already been treated in detail in connection with the Lebanon Hospital for Mental and Nervous Disorders, which is attached to the University for teaching purposes.

It is very regrettable that full post-graduate training is not yet available in Lebanon, which has only 7 psychiatrists and needs a great many more for the development of all kinds of mental health activities. The American University should not hesitate to take steps to improve these shortcomings. It would be a benefit to mental health in the Middle East, with its enormous shortage of psychiatrists, if a hundred percent post-graduate course could be established. The same could be said with regard to the training of clinical psychologists who are almost completely lacking in the whole of the Middle East.

There is some psychology in the curriculum of the training course for public health nurses at the University.

Université St. Joseph. There is no chair of psychiatry at this University. A visiting professor from France used to give a course of lectures of about two months every two years. It is planned to improve this shortcoming before long probably in cooperation with the Hôpital de la Croix pour les Maladies Nerveuses.

The nursing school of the Medical Faculty of the Université St. Joseph has about 12 hours of psychiatry in the curriculum of its course of 24 months.

National School of Nursing. Lectures at this school are given in Arabic and there is a good deal of psychiatry in the curriculum of its course.

Ecole Libanaise de Formation Sociale. This school takes trained nurses for a one year course and others for a two year course. A good deal of attention is paid to psychology of various ages.

Beirut College for Women, established under the auspices of the Board of Foreign Missionaries of the Presbyterian Church in the U.S.A. This college started a short time ago a "Social Work Major" four year course in which psychology plays an important part.

Main Recommendations

1. The Lebanon Hospital for Mental and Nervous Disorders should try everything possible in order to accomplish the function of an international training centre for psychiatric nursing.
2. Teaching in Arabic to student psychiatric nurses is of paramount importance to all kinds of mental health activities in the Middle East.
3. Attempt should be made to give short training courses to the best of the mental hospital attendants, even to illiterates.
4. An estimation should be made of the number of chronic patients who are at the moment treated in an inadmissible way. This should be done by a committee which should also give advice on the amount of money necessary for the care of a chronic patient.
5. As soon as figures are known facilities for treatment and care for mental patients must be established.
6. The establishment of a psychiatric social service is from a psychiatric as well as from an economical point of view absolutely necessary.
7. A government inspector should be appointed to supervise the way in which mental patients are treated and cared for.
8. The psychiatrist of the Hôpital de la Croix pour les Maladies Nerveuses should be enabled to go abroad for some months, to get orientation in modern mental nursing in order to be able to train the nuns of the institution.
9. A psychiatrist of the Lebanon Hospital for Mental and Nervous Disorders should be sent abroad for a couple of months to get orientation on the latest development of modern intra- and extra-mural mental hospital activities and psychiatric social services.

10. In order to further the future development of psychiatric social services two young women or men (by preference psychiatric nurses) should be sent to Egypt to take a course for social workers, or if possible for psychiatric social workers. The possibility of an exchange system should be considered because the Egyptian mental hospitals urgently need psychiatric nurses and could perhaps send candidates for training to Lebanon.
11. A complete reform of the prisons is absolutely essential. Someone of the administration of prisons should go to Egypt to see how prisoners can be occupied.
12. A complete reform of the reformatory for boys is absolutely essential.
13. A detention home for juvenile delinquents is most urgently needed to put an end to the abuse of bringing children to prisons.
14. An expert social worker, who should preferably speak English and French, should be sent to Lebanon to give training to future workers in the field of juvenile delinquency and child guidance. A couple of these future workers should be sent later on to Europe to improve their orientation.
15. It would be of great benefit to the Middle East if facilities for a complete post-graduate psychiatric training for medical men could be created and it is, in my opinion, the duty of the American University of Beirut to give full attention to this urgent matter.
16. The activities in the field of mental health in Lebanon suffer from the lack of mutual contact and cooperation. It is, in my opinion, one of the first duties of the Lebanese psychiatrists to take the initiative to establish a multi-professional Lebanese association for mental health, which could become a member of the World Federation for Mental Health.
17. In every country of the Middle East I heard complaints from psychiatrists with regard to the lack of contact with colleagues in the other countries. Why does one not start a Middle Eastern Society for Psychiatry?

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