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THE DUTY OF THE STATE TO ITS INDIGENT CRIPPLE CHILDREN.

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For this paper to be of value to this association, I assume that it is necessary to prove to you, that crippled and deformed children exist in large numbers in the state; that many of them can be entirely cured; that if they were not cured they would become wards of the state, and to discuss the most scientific and economic way to accomplish these benefits and cures.

It is a very difficult matter indeed to estimate the number of this class of crises in this state, as there is no record kept, so far as I know, and in the census reports there is no sub-division for this class of people. These children are naturally kept in the background, so limiting our powers of observation that they are of little value.

However, take for example the records of two of the largest charitable institutions of this kind in New York City, where, during the year 1896, there were registered 13,615 cripples, and the cases being, in almost every instance, very poor, this entire number of necessity must have come from New York, Brooklyn and its immediate vicinity.

These remember, are the records of only two hospitals. Nearly all of the other general hospitals and dispensaries in New York City and Brooklyn have orthopedic departments, to say nothing of eases physicians have outside of hospital practice.

A significant fact in looking over these reports is the enormous increase in patients from year to year. This is not due to the increase in the pre-

portion of crippled children, but rather from the fact that the medical profession has discovered how much can be done for them and is showing much more interest and scientific investigation, and is in turn teaching the laity the great benefits to be obtained from early diagnosis and treatment.

We have had our periods of cerebral, gynecologic, and abdominal surgery and I hope you will not think me a fanatic or too enthusiastic when I say I believe we are going to have an orthopedic era, an era when we are going to do more for these children than we have ever done in the past, and that a man who understands mechanical therapy must understand anatomy, physiology, and pathology, and will not be dubbed an instrument-maker liecause he can accomplish the cure of a deformed limb by the use of machines and manipulations without the use of the knife.

I do not wish you to infer for a moment that the use of the knife is never necessary, for there are many cases where it not only hastens the desired result, but greatly relieves the suffering; but the treatment of these cases is becoming mere and more conservative. It has been fully demonstrated that quick results are not always good or permanent results.

You can readily see that in a growing child with an acquired congenital deformity, the part so aitemd will be vulnerable Purine adolescence or until the deformed joint or weakened muscle is completely restored in its normal function, thus necessitating close observation for a considerable period after they have been relieved of the deformity and pain, This of course is not true of all deformities, for many of them are immediate and radical cures.

You do not lack in medical and surgical skill throughout the various counties, for the so-called country doctor has just as much ability and is just as competent as his city brother but he is hampered in his treatment of these cases by the lack of mechanical appliances and a suitable institution.

The question before us is the care of indigent crippled children. The parents, then are not able to purchase the necessary mechanical devices, and the county can scarcely afford to pay the enormous prices which the instrument-maker charges, for he must be especially educated for this kind of work and can make a living in the larger cities only. But suppose the county saw fit to purchase the instrument at whatever cost and the apparatus arrives C. O. D., as it always does; the physician has made some slight error in his measurements, or as it has been a number of weeks since measurements were taken, the child naturally has been growing, the deformity increasing—it would be the rare exception if that instrument was a perfect fit. Granting at last you have succeeded in getting the instrument perfectly adjusted. Now it must be changed from day to day, from week to week as the child improves. Now are you going to change your brace, have all these modifications made and still keep the instrument continuously applied if you are obliged to send away to an instrument maker? In nine cases out of ten the child lives some miles from the family physician, and this further complicates matters.

Then there is another phase of home treatment. The parents of these children are naturally ignorant and superstitious and they will not carry out the treatment over the period of months or years that is necessary. They often claim that, if the Lord in His infinite wisdom has seen fit to send them
a crippled child it is flying in the face of Providence to attempt to relieve such a condition. Often, too, they are deluded by the vain hope that the deformity will be outgrown. It is natural for a fond mother, unless extremely instructed and experienced in these diseases to attribute every little complaint and every slight illness the child has to the brace, not even diphtheria, and scarlet fever excepted. And then the everlasting and meddlesome neighbor—she has seen hundreds of children; has raised six of her own, but never has seen anything—of that kind attached to a child before. This usually is a sufficient argument, and the brace is consigned to the attic, or hung in some conspicuous place as a remembrance of the brutish and inhuman doctor who had been experimenting with their child. Any orthopedic surgeon will tell you he has more trouble in battling the wise arguments of the neighbors than he has with the entire case itself. Or, a man comes into the neighborhood endowed with some magic touch: he guarantees a cure in a week or two (sometimes the weaker ones require a month), for the minute sum of $100 paid in advance, and the last cow or horse sold to meet the expense, doubt if there is one here but can recall some similar instance. Positive injury is often done, and those children should be protected.

I wish to state most emphatically that mechanical appliances do not, as is commonly supposed, cause pain, but on the other hand relieve it. This is one feature of modern progress in the treatment of deformity. We do not jam these patients with a crooked spine or a crooked leg into a straight brace, on the contrary each brace is made to fit the deformity. A maxim, if you please, in orthopedic surgery is: "Always make the brace to fit the deformity." Then as the spasms of the muscles from pain lessen, due to the reduction of the inflammation by rest secured by the brace, you can gradually straighten the brace, with not only ease but comfort to the patient.

Any physician present will testify to the immediate relief from the excruciating pain of hip-joint disease, when weight, and pulley or brace is applied; or how soon the jerking, painful respiration of a child suffering from Pott's disease (a tuberculous disease of the vertebræ) is relieved upon the application of a plaster-cast or a spinal brace. The child often drops into a peaceful sleep after the appliance has been adjusted.

As I have said, it takes months and sometimes years to accomplish cures in these tuberculous cases, and the mental care of these children naturally suggests itself.

You can readily see the economic importance of having the children where a teacher can be employed, where a physician can attend daily, where an instrument-maker is at hand, where they can be properly clothed and cleansed, and last and far, far from the least, where they can be properly fed, as all children require, but especially children suffering from chronic disease of the joints.

They are children capable of receiving impressions and from their close confinement and association with older people are unusually precocious, do not refer to cases of deformities resulting from cerebral palsies, as we already have a state institution for the care of such. I have purposely refrained from saying anything whatever regarding the class of deformity that, can be cured by manipulations, Swedish movements, massage, etc., for these remarks are intended to refer only to that class of deformities which can be relieved by surgical and mechanical means only.

The results obtained in the following cases, the conditions before and after treatment, will answer two phases of this question: Can they be cured or relieved, and would they become wards of the state if they were not cured or relieved.

The first case which I will report is a protege of your president. This case was sent to St. Luke's Hospital some weeks ago from Marine Mills. The mother is a very poor woman, and unable to pay for the treatment for the child. Dr. Clarke became very much interested in the case and succeeded in getting an appropriation from the county, and with the aid of friends placed the child in the hospital.

It is as you see a case of club-foot—both feet so completely turned that, he walks on the side and top of the foot; the sole of the foot where he should walk being turned directly backward and upward.

No argument is necessary to prove that a child in this condition, would be, in years to come unable to get about on these feet. In fact in older people they are often amputated because of ulcers and sores which form on the points of pressure in the unnatural position. Instead in a little over two months we have the child with straight feet, almost perfect joint motion, and he will no doubt be free from any pain or trouble. In a few years no one would ever know he had ever had club-feet.

This is a beautiful illustration of how much cheaper the state can care for these cases, than counties or individuals. To cure this boy it will cost $50 for doctors' fees, and this is extremely low. The cheapest price for children in the ward of any of the hospitals unless it happens to be an endowed bed is $4.50 per week.

Thus you see it will cost at least $104 for the county to cure this case as against the rate of $8.75 a week as now arranged for by the state, making the amount $45. The ability on the part of the state to care for these children so cheaply is due to the cash basis and a collection of cases.

Next are cases of hip-joint disease, showing the early symptoms and extreme results, which, as you can readily see, render the person a hopeless cripple. This disease is tuberculous in origin, or to be more plain, the same bacilli which cause consumption of the lungs, attack the joints of the hip, knee or back, causing a complete destruction of the joint surfaces, and sometimes of the joint itself.

The reason that we can get so much better results when this disease attacks the joints than when it attacks the lungs, is that with the aid of mechanical appliances we can place the joints at perfect rest, check the tendency to deformity and relieve pain and suffering.

You can plainly see from the third cut that the extreme deformity of the leg, its shrunken and wasted condition renders the member worthless, and he can only get about on crutches. On the other hand, if it had been diagnosed early and treated for a number of years, as is usually necessary in these cases, he would have had a perfectly useful limb.

I show you next a very slight protuberance of the spinal column, the beginning of hunchback, resulting after a few years in the shocking deformity of hunchback which we see on the streets every day. Many of them become paralyzed and bedridden, except a few of those cases which, after years of pain and suffering, Providence is kind enough to remove by death.

You see this deformity of the knee-joint. This young lady was obliged
to go on crutches with the knee drawn up in this position. You can see by the depressions about the knee the marks of the opening of old abscesses and realize how much she must have suffered and how useless the limb must have been in this position.

Mrs. Day Wilder Appleby, of St. Paul, interested herself in this young woman’s behalf and placed her in the hospital. The result obtained is shown in the accompanying photograph. She is now able to earn her own living, in fact is at present in domestic service.

Lateral curvature another disease of insidious origin, of years of duration and resulting in hideous deformities, if taken early and followed from month to month, with daily manipulations and exercise can be cured. Yet when neglected you see the deformity. This picture represents a girl suffering from infantile paralysis and the position shown in the picture is her only way of getting about. Braces have been supplied for the back and legs, and with their support she is able to walk and attend school.

You will observe that in this list I have not reported those diseases that are easily and quickly relieved, such as bowlegs, knock-knees, weak ankles, rachitic deformities of the spine, chest, etc., or deformities resulting from injuries, because these affections do not always disable patients. It does not require such a long time to cure them, and they are noninflammatory, and thus painless.

One year ago Miss Jessie Haskins read a paper before this organization, entitled “The Need of an Institution for Crippled and Deformed Children.” This, with the assistance of members of this organization and her own further efforts in the matter, secured an appropriation of $10,000 for the indigent crippled children of the State of Minnesota. This sum was placed in the hands of the regents of the State University. It was especially stipulated in this bill that these children should be placed in one of the hospitals in St. Paul or Minneapolis.

Pursuant to this the regents of the State University inspected the various hospitals in the Twin Cities, and those institutions considered fully equipped to care for these patients were asked to submit bids for the care and treatment of these children. The City and County Hospital of St. Paul made the lowest bid, $3.75 per week. This includes board, nursing and medicine. The surgical appliances will be furnished to the state at greatly reduced prices. A specialist will care for these patients free of charge, and they have been promised an instructor free of charge when a sufficient number of children have been admitted. Thus you see $10,000 will do a great deal for these poor children, as the entire amount, less possibly a teacher’s salary, can be spent for their relief and care.

I think it will not be any disgrace to this state for the other states of the Union to refer to the state of Minnesota as the first to set aside a fund for the indigent crippled children of the state.

[In connection with the paper read by the Doctor, he exhibited a large number of pictures representing the patients referred to, before and after treatment rendered.]