

At 10 A. M. Dr. Gillette took those present on a tour of inspection of the institution, giving an informal address and later conducting a clinical study of some of the patients.

Discussion followed.

Judge Orr gave an informal address, setting forth certain of his views on juvenile court work.

Adjourned.

#### Afternoon.

Discussion of Judge Orr's address.

As Miss Merrill was unable to be present, Dr. Rogers read her paper on "A Chart of Mental Examinations."

Dr. Alix Westerkamp, of Berlin, gave a short talk.

Adjourned.

#### HOSPITAL FOR CRIPPLES AND ITS PATIENTS—A CLINICAL STUDY.

Dr. Arthur J. Gillette, Surgeon-in-Chief, State Hospital for Crippled Children: We appreciate very much, indeed, your going to all the trouble of coming to our institution. If it does not do the institution any good, at least it certainly will make us enthusiastic.

This institution is like a great many other institutions that some one starts. Before they know it the institution is pushing them instead of their pushing it, and so it is in this case I feel as though this institution had gotten way ahead of us who have worked with it for so many years.

I wish to say, also, that Minnesota is the first state in the Union, or Government, for aught I know, which ever appropriated money for the care of crippled and deformed children. New York followed our law; Nebraska followed our law; Massachusetts followed our law; and several states in the Union have tried to start it, but tried it on too large a scale, and so many people became interested in it that it started out too big; the baby was too large to start with and they could not care for it, and it failed. If we can but demonstrate to you today, that it is an institution necessary to the state, I shall feel that our labor has not been in vain by any means.

We started this institution with a small appropriation from the state, and hired the board of the children in the St. Paul City and County Hospital. We submitted bids to hospitals in Minneapolis and St. Paul, and the City and County Hospital in St. Paul made the lowest rate, and so the institution was started there, and we really are indebted a great deal to Dr. Arthur Ancker and the Ramsey County Board of Control for this institution.

I will not worry you with the trials and many tribulations which we had, except one thing which we had to contend with all along, and that was the fact that people thought we were going out in the byways and hedges to pick up idiotic children and try to make voters of them.

I had gotten the appropriations committee to listen to a certain extent to my story, and I got a very pretty little crippled girl—a young lady, rather—to attack them, for I knew they would listen to her. You know how those things are. As a result, the Minnesota State Legislature appropriated five or eight thousand dollars. That was the first appropriation, and, as I stated before, we hired the children's board in the City and County Hospital here in St. Paul.

There was one man in the legislature, designated in those days as a Populist, who was very powerful in that body. He thought he was very broad-minded, but he was opposed to the bill to establish a hospital for indigent crippled and deformed children, and some of the men who were interested said to me, "You must get hold of that fellow; he is fighting you." I went to see him, and he told me, "It is going to make a nice fat job for some one. You are not going to get a cent from the state. All you are going to do is to get together a lot of idiotic children and experiment on them to see what you can do, and when you get all through, what have you accomplished? You will have nothing but a lot of idiots whom you have tried to educate. You are going to get an idiotic child, who could not

walk before, so that he can walk, and then he will run around and get into other people's way." I asked him to come with me and see for himself what we were trying to do.

He replied: "No, I will not, I am a farmer. You live in the city and do not get up in the morning. You want me to go around there about ten o'clock, and I am supposed to be at the capitol at that time."

"I am a farmer. I will get up any hour you want to."

"If I go up there I want to go at seven o'clock."

"All right, I will be there."

He was stopping at the Merchant's hotel, and I got there at six-thirty. Of course he had to be called, and when I knocked on his door, he roused up and stuck his head out and said: "You are all right. You certainly are a farmer."

You who are connected with institutions know what it means to be advised beforehand that you are going to have visitors. I called up Dr. Ancker beforehand and said: "For Heaven's sake, have the children up and washed and clean and bright." Of course, you understand, this was before any money had been appropriated for a state hospital for indigent crippled and deformed children.

This man and I started for the children's ward at the St. Paul City and County Hospital. It was just coming daylight when they got the children up, and these little codgers knew that something was up, or they would not have been washed at that time of day. Just as we were coming in, one little fellow sat up and rubbed his eyes, and as soon as he saw us he brushed his hair back and said: "Oh, gee! Here comes Santa Claus!" I tell you this just to show you how well those little fellows can read character, and that man did prove to be a Santa Claus. He went around the bed of that little fellow and talked with him, and when we went away he said: "I will not go out and work for this thing, but I will not do a thing against it."

The children are the ones who have done this whole thing. After they got into it, they just pushed us, and, I think, the work has kept a little ahead of us all the time.

This is the outdoor department. All new patients come here for examination. We find many who do not need hospital treatment, but they have a crippled leg or a crippled foot, and so we have this outside department. We discharge those who do not need further hospital treatment, and they, too, become outdoor patients, thus saving the state a great deal of expense. These children never come in contact with the children upstairs if we can help it, but sometimes they have a reunion on the quiet, but they are not supposed to associate with each other for fear of bringing in contagious disease. This part of the institution was an afterthought, and we now have two hundred and six outdoor patients who are not very expensive to the state any further than the braces, etc., and we get them out as soon as we can. We never supposed we should have so much to do, or that we could do so much with it. Our records are also kept down here.

This is the contagious ward, and we also have an isolation ward. You doctors know how children are apt to come here with all kinds of diseases; some of them with the measles; some with chickenpox; and a

great many of them have other live animals, which can be seen with the naked eye and can even be discovered with a fine comb. We have to watch out for that more than anything else. When children first come here, we put them in a room alone, as sometimes when a new patient has been brought in we suddenly discover that the child in the bed next to it has diphtheria, and so we take a culture of his throat and many times we find the diphtheria germ in the throat, although clinically the child is perfectly well. Thus we keep a child by itself for a week or ten days at first, for fear of his having some contagious disease. Then, too, on their way here they get pears, peanuts, or candy, and the next day they are sick to their stomachs so that we could not operate anyway, and we have to get them straightened out first.

One mother brought a child here and it had been here but a day when it developed a severe case of diphtheria. We sent for the mother, and she said she expected it; all the other children had it at home. However, I must say we have been quite free from contagion.

These are the examining rooms and treatment rooms. If we are going to admit a child it is taken up here and put in the isolation ward. We try to keep the children apart as much as possible.

This is our X-ray department, where we take pictures of the bone cases, etc.

This is the instrument department, a room for making appliances, etc., and where we manufacture all of our braces now. We have only one man in charge, and he does not come every day. We find that older boys are a great help to him, and the girls do a great deal of sewing. In that way we save a great deal of money, besides keeping the patients more or less busy.

There are one or two things I wish to speak about in here. The first is that these children do not suffer. Do not look upon them as little sufferers and weep. We have people who do that. They will look at the children and say: "You poor little sufferers!" The children cannot understand what they are talking about.

Through the efforts of some ladies some time ago, a bill was introduced, during one of the legislative sessions, for the care of blind children. They had no place to put them—I was out of town and was not here to fight it—and they succeeded in getting these children in here. Now, that bill is certainly one that has a great deal of merit; there is no question about that. It was made for blind children and children with sore eyes—you doctors know the class of diseases they referred to, gonorrhoeal ophthalmia. To do anything for such children you must treat them within the first twenty-four hours. These children come to us too late. There should not be a hospital for such cases, but money should be apportioned to the different counties so that these children can be taken care of immediately after they are born. It is weeks, months and even years, before we get them, and it is then too late. It is, also, a waste of time and money, so far as treating these children for blindness is concerned, for if they are not treated within a few hours after birth, you can do nothing for them.

Here is a little fellow who has a deformity, and you all can see just how much he suffers. Sometimes in a hospital the nurses in making up

the bed will lift up these weights. Of course the child immediately screams with pain. That weight is kept there to keep him from having pain. These pulleys relieve the joint pressure and the children are relieved of their pain. In putting a dressing on a child, if that child cries we do not blame the child but we do blame the doctor or nurse. These children were not trained for your coming; this is the way they are all the time, happy as can be.

It was not arranged that this boy should be the first one seen, but he illustrates the best of any case here, the importance of this institution. Years before we had this hospital for crippled children, or at least this, boy did not get into it, he had tuberculosis of the hip. There was no particular treatment for it, or at least he did not receive any treatment until, too late, and his leg was amputated. In a short time tuberculosis of the knee developed and the boy was brought here. He had a running sore here. We are doing a great deal more good than simply curing this boy. We are also saving his family from contagion and disease. Before this institution was started, I had children brought to me where the pus running from a tuberculous hip had not only saturated the crude dressing made by the parents, but the clothing as well was saturated. If we do not do any good for these children, we are at least protecting the ones at home.

This is a case of curvature of the spine, due to tuberculosis and paralysis. We cannot cure these cases in the sense of making them perfectly straight, but we can stop their pain and cure them so far as the progress of the disease is concerned, but we cannot always make them perfectly straight, as we do not get them in time. When we do not succeed in making a cure, we can at least tell you why.

This is a congenital deformity. This boy was born with clubfoot. Now his foot is practically straight, although he has a cast on at present to hold the foot in place while he is walking about.

Every time I open a letter from the Board of Control I expect them to ask why I am keeping the children here so long. We keep the children a long time because it takes in the neighborhood of three years to cure them when they are tuberculous. Sometimes it takes longer than three years; sometimes not so long; but about that length of time, and we have to have them here under our constant care.

This boy had every joint in his body more or less diseased when he came here, and all the joints were suppurative and there is still some evidence of it; deformed feet, etc., and suppuration here.

This is a suppurating mass, full of pus, and the bone exposed. The same disease exists in the shoulder. It is all well in this place, but there is a little sinus here.

This boy has tuberculous glands. We filled him with iron and creosote and three square meals a day.

It is quite unusual for tuberculosis to attack more than one joint, but it does sometimes. We very frequently have here, among this class of people, cases of tuberculosis ingrafted upon a syphilitic condition.

This boy has a tuberculous disease of the cervical vertebrae. He is wearing this brace because we want to keep his head on top of his shoulders. There was complete paralysis at one time. Can you wiggle your

toes, boy? That little motion is worth about \$20,000 to the state. We expect that boy to get well. A year ago he could not move a limb.' Today he is perfectly free from pain, and that brace is put on to keep him out of pain.

Here is an infection of the bone which is gradually improving.

Here is a boy, who, when he came here, was just as bad off as that other boy, with the exception of his limbs being involved. He was paralyzed, and had no use of his lower limbs. There was some deformity and just a little discharge. That opening you see leads right into the back-bone, and it was tuberculous. That is healed over now and he is a long way from being paralyzed. . . . .

Here is a tuberculous disease of the hip joint. We put this brace on these cases so they can get up and get out. This boy has not had any pain since we began treating him. We let the patients get outdoors just as much as they possibly can.

Here is a boy who had a tuberculous disease of the spine. He has had no temperature or trouble since we got him.

This boy does not look to be over twelve years old; does he? We sometimes slide the age limit up.

Here is a specific trouble, syphilitic disease of the joints. We do not have quite as much of this as you would expect us to.

I want you to observe how remarkably well these tuberculous children look. The greatest part of our treatment is to feed them well.

I want to talk to you a little regarding these cases of cerebral palsy (feeble-minded children). We are constantly getting applications to admit these children. When the parents write us that they have a child that cannot walk and cannot talk and wish to have the child admitted to this institution, I write back and ask if the child is bright. You know what they always say: "It is the brightest child in the family." And when you see the child you pity the rest.

Here is a little boy who is all right(?) mentally. The spastic condition, the deformity of his feet, and hands is not so bad, and we can divide some tendons. When we get him up he can walk and he knows enough to do so. Sometimes application is made for the admission of a child like that, and no matter how straight you get his feet and limbs, he does not know how to use them after they are fixed. The above case is an exception.

All these tuberculous cases, etc., you understand, associate generally around here, unless the lungs are especially involved. We allow that for the reason that we put on perfectly clean, antiseptic dressings, that keep them from being in any way contagious. Of course that is one of the principal points of this institution, and because these children are being dressed every day by our house doctor and the nurses, we know they are absolutely free from contagion.

Dr. Rogers and Dr. Kilbourne, here is a case in which you both will be interested. A glance at the child will show his mental condition. This limb is deformed, and also this hand. We thought we had better get him straightened up and then send the child down to you, Dr. Rogers. He is not as bad mentally as most of them and we can get him to walking.

This little chap we would have sold for ten cents a year ago, and two years ago we would have given him away. He has had a tuberculous disease of the spine, a tuberculous disease of the hip, and also tuberculosis of the peritoneum of the bowels. He does not look now as though he were going to fade away. His case has demonstrated that there is no use giving up. "We thought we could do nothing for him and sent for his family to come and get him. They came, but they thought he would not live to get home, so they left him here, and we are mighty glad they did.

This fellow has a tuberculous disease of the knee joint. He has the dressing on to keep the knee quiet. We let him go outdoors and play around.

This is a case of double congenital dislocation of the hip. He was born with both hips out of their sockets; otherwise, he is perfectly normal and healthy. We are putting on dressings to bind the heads of those bones down so that they are opposite the sockets and some day we will give him an anaesthetic and put them into the sockets. We shall be disappointed if he does not go away absolutely cured.

(What about the Armour girl, Dr. Gillette?)

We cure over 80 per cent here and in the case of the Armour girl they only cured 50 per cent, as they got one hip in and not the other.

Here is an infantile paralysis case. When this boy came, if it had not been for his head and neck he would have been just like a rag. We have applied braces to take the place of the muscles, and he can get around some now. Before he came here he just rolled around. This is one of the boys we cannot cure absolutely. He may have to wear braces all his life, but he will be able to support himself and I have no doubt that he will support a family, too.

This is a case of bowlegs. He is the boy who could not stop a pig in the alley; it would run between his legs. His legs are straight now, as you see.

This is a tuberculous disease of the spine. You can feel a little lump there. He, also, had abscesses which, by keeping him perfectly quiet, have gradually absorbed. We should stop calling them tuberculous abscesses and call them tuberculous effusions (as they do in pleurisy). Just as soon as that appears in the extremities, we usually call it abscesses. We have cured an effusion, not an abscess.

This boy undoubtedly got an infection in his various joints by having infected tonsils years ago. Nearly every joint in his body and his heart, too, is affected as a result of tonsillitis. (I have been told that the pronunciation of the word "tonsillitis" depends upon the amount of money you have.)

Here is a boy with "those awful" casts on, which people want to take off. He has the casts to hold his feet perfectly straight, and they are not painful.

This boy has rheumatoid arthritis in his joints; also, the usual heart lesion that goes with those cases.

This boy had a tuberculous disease of the spine, and as a result of that, had paralysis. You have probably seen articles in the papers about taking a bone out of the leg, opening the skin over the spine, and putting the piece of bone in there, thus having the bone from the leg stiffen the

spine. That is a long way about to stiffen a spine, but it is the only way you can do in a case of tuberculous spine. This boy had a tuberculous disease of the spine which resulted in an extension of the inflammation to the spinal cord itself, which caused paralysis. We performed the above operation here. One of our house surgeons, Dr. Chatterton, made an incision over the tibia, the large bone of the leg, removed a piece of it, opened the boy's back and put this bone on the spine, and then closed it up. It is thoroughly healed and holds his back perfectly stiff, and we hope it is going to be a perfect result. This is known as the Albee operation.

This boy had traumatic club feet. He got into a mower and cut off some of the muscles, and those which were all right and perfectly healthy drew the limb up and distorted it so that he had a marked deformity of the feet. Now they are straight, due to transplanted tendons.

You would probably be surprised if you knew how little operating we do here.

This is a tuberculous disease of the spine and specific trouble. These are very hard cases to treat for the reason that the treatment which is good for tuberculosis is not good for syphilitic trouble, and is, therefore, very hard to handle.

Here is another tuberculous case and just a slight deformity. This boy could not move his limbs at all when he first came to us, and he could not move his feet, either. Simply keeping him quiet has checked the progress of the inflammation, and by building him up constitutionally we have gotten ahead of it in that way.

This is the detention ward and this room is used for dressing the cases.

This room in here we will use largely for dental work, and the nose and throat work, also. There is no question but that pus in the gums between the teeth has a great deal to do with some of these infected joints, and that nose and throat infections, also, have something to do with joint diseases; therefore, we have a dentist and nose and throat men on our staff.

This is the girls' ward, and it is quite similar to the other.

Someone said a little while ago that she was not going to listen if I talked over your heads. I do not care so much about the doctors' hearing me, for they know about these cases already, and I will address my remarks to the lady members. However, here is a case of infantile paralysis which I think the doctors will be interested in, also. This little girl's hands would drop down and she had no use of them at all. She had some muscles which she could use and others which she had no use of at all. When she came here she could not sit up and had no use of her lower limbs. In her case we did what is called a tendon transference. In other words, when we have a tendon that will do this, and its opposing tendon will not do this, we take a portion of useful tendon and bring it around here and put it into this side so that when she moves the hand she can move it back and forth. As stated above, the hands dropped down, and she could not use them. Now we have them growing up in that position, and they will stay up by themselves. She walks around now; also, with braces, of course.

This is a case of fragilitas ossium. The bones are brittle and from the slightest fall the child will have a fracture. She has had nine fractures, of which she is very proud, because she is the only girl in the ward that has had nine. She is now strapped to prevent other fractures occurring.

This child had a congenital dislocation of the hip. We have her twisted around, and have applied dressings to hold the head of the bone in the socket.

This girl is just beginning to move around. She had a double congenital dislocation of the hip. She waddles considerably in walking but will be perfect soon.

This girl had a fractured thigh that became infected and would not unite.

Here is another congenital dislocation of the hip which we have put in the typical Lorenz position.

This is the operating room, which of course, you recognized at once. I got a man who had charge of an operating room to come and see what he could do for us. He told us he could fix up an operating room, which he thought would be satisfactory, for eleven thousand dollars. Well, I have a good deal of nerve, but I did not have nerve enough to tell the Board of Control that we wanted eleven thousand dollars for an operating room. The board allowed me plenty of money, but not eleven thousand dollars for an operating room, and we fitted up this room for much less, and we do all the kinds of operating that we wish. This room was originally an ordinary ward, and we found that by knocking out some of the sides of the room and putting in windows we got plenty of light, and we have artificial light for emergency cases, should any occur at night.

You probably are not aware that behind you is an amphitheatre which will take care of sixteen students. The Board of Control gave its consent to our holding clinics here for the medical students of the University of Minnesota. Every Thursday morning, which is our regular inspection day, a certain section of the university comes over here and every man who graduates from its medical course is obliged to come here every so often to see our clinics, whether he thinks they are worth it or not, and then he has to pass an examination on this work. I feel that that means a great deal for the state, for even if we do not succeed in teaching the young men to care for the children, we at least make them enthusiastic about it, which is the first step. As stated above, they come here on Thursday morning, and they are first taken through the wards and then we show them operations, etc. We think we do them a great deal of good, and incidentally it does us a great deal of good, for if there is anything that will make doctors work, it is when they feel they are obliged to impart their knowledge to somebody else, especially when that somebody else is pretty bright and might trip them up. Therefore, you may rest assured that every Thursday this institution gets our very best knowledge.

This is another case of infantile paralysis. The child was neglected and the muscles and limbs were allowed to get distorted, and we are gradually straightening them.

Here is a case of tuberculosis of the spine, on which we intended to do the Albee operation. I do not know whether the name "Albee operation"—

cutting open the spine and putting in there a piece of her leg bone—frightened the disease away or not, but before we had a chance to operate she began to wiggle her toes, and that little wiggle saved her from an operation. We are keeping the patient perfectly quiet as that is the only way to ease the spine.

This young lady here had her thighs bent so they were on her abdomen, her knees being bent up in this way. We are gradually straightening them.

This is a double congenital dislocation of the hip. They were manipulated and put into the sockets, and those casts are on there simply to hold them there. It is not always that we are able to operate on both hips at once, but with this child, when we got through with one hip, the patient was in such good condition that we went right ahead and fixed the other.

This child's trouble we feel quite sure came from her throat. She had tonsilitis and gradually developed what we ordinarily call rheumatism; all the joints became infected and stiff. We are keeping the joints perfectly quiet to allow the inflammation to get out of them and at the same time to, straighten them. We do not cause her any pain, and we shall consider it an absolute failure if we do not succeed in curing the child. Of course, her tonsils were removed.

This is a neglected syphilitic case. Only a portion of the muscles are paralyzed. She had good use of the muscles which drew the legs, together, but there were no muscles to draw the legs apart, and her legs finally crossed. This girl will walk. She will come under the head "improved."

We have this child on this little Indian frame because she does not have any pain when she is on it, and it prevents deformity.

This girl had a fracture of the thigh that would not unite, and we had to operate.

Here is about the condition in which these children usually come to us. This case has been with us a long time, and it is the only case which I have shown you today which we do not expect is going to be cured of the disease from which it is suffering. I am speaking now about tuberculous diseases. Of course, we cannot absolutely cure infantile paralysis, but we can get the cases to walking.

We discharge 85 per cent, in fact a little better than 85 per cent, of the patients from here, cured. I mean cured of their disease.

Usually when people come in here they say: "Oh, you poor little sufferers!" This is one of the little sufferers. She has a tuberculous disease of the hip. This weight and pulley relieve her pain, although it is very hard to make any one believe it who does not understand such things. At one time a lady called her a darling little sufferer, and the child replied: "Ah, go chase yourself."

Nearly every case is wonderfully interesting, not only their disease but their suffering before coming here, but it would take too long to go into detail. You, of course, understand the conditions under which these children are brought here, none of them looking as clean and happy as they do now by any means. Everything here is run on the plan of Heaven—no rich man can enter, so you can imagine the condition of these children

when they are received. You can also imagine what might have become of these youngsters if it were not for the Minnesota State Hospital for Indigent Crippled and Deformed Children.

#### GENERAL DISCUSSION.

C. J. Swendsen, Chairman State Board of Control: I am sure that we all have enjoyed the very interesting lecture given by Dr. Gillette.

As we walked through this institution today, I couldn't help but feel that to a great extent it represents the Bethesda, about which we read in the Book of Books. I think we all will agree that the purest kind of charity is extended in this institution by the state of Minnesota. As Dr. Gillette told you, the rich man's child cannot come in here. It is the child in destitute circumstances who comes here. Can you think of a more beautiful charity than that?

Minnesota has the distinction and honor of being the first state in the Union to establish a hospital and school for crippled and deformed children, but had it not been for the citizens of this state who saw the need of an institution of this kind, Minnesota would not have had that honor. Dr. Gillette, more than anyone else, is responsible for this institution. In looking over a report of the Conference of Charities and Correction, I found that as far back as 1897, when the conference was held at St. Cloud, Dr. Gillette read a paper before that body entitled, "The Duty of the State of Minnesota to Its Crippled and Deformed Children." His paper was thoroughly discussed and enthusiasm was aroused. The very same year the legislature appropriated five thousand dollars a year for two years, I think, to be expended for the care of crippled children under the supervision of the board of regents of the state university. This was the beginning.

The hospital was established in 1907. Previous to 1907, in 1905, the legislature appointed a committee to investigate the advisability of establishing a hospital of this kind in either Ramsey or Hennepin county. That committee, of which Dr. Gillette was the chairman, reported in favor of Ramsey county. In 1907 the city of St. Paul, the Commercial Club and some public-spirited citizens offered land, and I believe some money also, to the state, provided it would establish such a hospital. That year the legislature established the hospital legally.

I am deeply grateful to think I happened to be a member of that legislature and could support and vote for the establishment of the institution. Dr. Dorsey, whom we have with us today, also served on that legislature and he did his very best to favor the institution.

No money was appropriated in 1907, but the legislature of 1909 appropriated fifty-five thousand dollars for the purpose of erecting the first building here at Phalen Park for the care of crippled and deformed children. There were many friends of the hospital in the legislature, very little opposition was found, and the money was appropriated. I think it is right that we should mention Senator Dunn, of St. Paul, who has always advocated everything which tended to the welfare of the hospital. Since 1909 the state has appropriated about three hundred and seventy thousand dollars for this institution, but the money has not been spent in vain, as you have seen today.

I am sure that you all appreciate what the state has done and what Dr. Gillette and his staff have done. The state is under great obligation

to these men, especially to the surgeon-in-chief, Dr. Gillette, who has given his services free of charge, as have the members of his staff, also. It is indeed a wonderful charity.

The meeting is now open for the discussion of Dr. Gillette's lecture. We have the pleasure of having Dr. Bracken with us today, and I am going to take the liberty of calling on him.

H. M. Bracken, M. D., Executive Officer, State Board of Health: If I am to speak relative to Dr. Gillette's clinic, I have nothing but words of praise. I have known that Dr. Gillette was doing great things; I cannot imagine anyone's doing more for crippled children than he is doing in this institution.

Arthur F. Kilbourne, M. D., Rochester State Hospital: I have often heard of this institution and I am very glad to have an opportunity to visit it. It certainly is doing wonderful work and Dr. Gillette is entitled to a tremendous amount of credit. He surely is laying up treasures that may be handed out to him in the future, even if he doesn't get any compensation here for the work which he does. It seems a great pity the institution could not have been started years ago.

It is a wonderful charity and deserves the support of the legislature. There ought not to be any waiting list; they should have room to take in all the children that need treatment.

James J. Dow, School for the Blind: Dr. Gillette gave it as his opinion that many of these children must remain here for a considerable length of time on account of their physical condition; two or three years possibly. Now, Dr. Gillette is a physician and I am a school man. The thing that impresses me as a school man is the school work that is being done here and that comes of necessity. If a child were to come here for a few weeks or a few months, the intellectual treatment might perhaps rest, but if a child is to come here and stay two or three years, as must be the case often, it will not do to let that intellectual development stop, and so this institution has very wisely and very ably taken care of that side of the child. While, of course, I appreciate as a layman all this other work, I appreciate professionally the other side of the work, the school work that is being done here.

I want to say that during the last year, on account of the fact that there are some blind children here, I have been obliged to be here occasionally in the interests of these blind children, and I have had an opportunity to see something of the work that is being done along the line of intellectual development and training, and I want to speak in the very highest terms of that work. Undoubtedly you have seen some of the work in the little school rooms, none too large, at the end of the wards, and I hope that you will all give some attention to that work, especially to the manual training side of it. It is a very beautiful work, very ably handled, and is of very great value to the children. I do not intend to detract at all from anything that has been said along the medical and surgical line of work here, but I wish to emphasize the value of the school work for these children.

Col. C. E. Faulkner, Washburn Memorial Orphan Asylum: Congratulations are due to Dr. Gillette because of this fruitage of his work with and for

children in need of the skill and care beyond ordinary reach. He is a good example of the public worth of a man with a vision and the patience and devotion necessary to win public support.

This institution is not only a credit to the statesmanship of Minnesota, but it is a monument to all whose contribution of effort made it possible, among whom Dr. Gillette has been a skillful and faithful leader.

We must believe that Dr. Gillette has reaped a rich compensation for all that he has done in the evidences of relief afforded and in the growing appreciation of the public value of his services.

The Chairman: I will take the liberty of calling upon Dr. Dorsey, who took a great deal of interest in the establishment of this institution.

Dr. J. H. Dorsey, Glencoe: This is rather embarrassing to me. Since I have left the legislature, I have gotten out of the way of talking in public.

I certainly feel very proud of this institution. I do not know what there is about it, but each one of those who took part in establishing this institution feels that he is the father of it. I have known Dr. Gillette for many years and have known of the work he has been doing, and I feel that we are not disappointed.

Dr. A. C. Rogers, School for Feeble-Minded: There are only two things that are suggested for discussion by the program in connection with this institution: First, the technical work that is being done here; and second, the general standing of the institution in regard to its public functions.

Without discussing the technical side, we all know that Dr. Gillette stands at the very height of the profession in this country in his specialty, and of course he has the absolute confidence of the people of Minnesota. I don't know anything more that could be said except that he is ably supported by the superintendent and staff seems evident.

It has occurred to me that it would be well to have the method of admission explained to us. Dr. Gillette referred to the fact that only the poor are admitted. I think most of us would be interested in knowing how the admissions are made.

Chas. E. Vasaly, State Board of Control: The law providing for the admission of children to this institution says that they must be in indigent circumstances. "Indigent," I believe the lawyers interpret as destitution, without means of support.

In practice the Board of Control has felt it proper, I might say, to interpret the word rather more broadly than perhaps the lawyers do. We have felt that to restrict it to absolute indigence would in many cases work injury.

Indigence might be relative. A man owning property might be indigent with reference to certain things he wanted to have done for his child. For instance, -a farmer with eighty acres of land might be struggling under a very heavy debt, from which it looked as though he could not extricate himself. We get all these circumstances about the families before we pass on the question of admission. He might be in such condition as to make it absolutely impossible for him to pay for even ordinary medical help for the child.

Application for admission is made by the parents on a blank provided for that purpose, which is certified to -by their pastor or some person of

standing in the community. The local physician who has examined the child also fills out a blank form, setting forth the condition of the child. Often we write for information to the local banker or postmaster or associated charities, or someone acquainted with the circumstances. These reports go to Dr. Gillette, who must certify that the child is a fit subject for treatment at this institution before the case is considered by the board as to whether or not the child is indigent. Only on his certificate is the child admitted here. That is practically the thing in substance.

Undoubtedly there are a large number of children in this state whose parents, although they could not be called indigent, have not sufficient means to have their children properly cared for, who would rather, if they could, pay something toward having the children receive the benefit of such wonderful skill and knowledge as are shown here. I want to ask Dr. Gillette whether that large vision of his—and it is because he was a man with a vision that this institution is here—does not include in time to come some provision for that class of cases; whether, while we are glad to have this most beautiful charity here, it would be possible, a little later on, to make certain provision for this other class of whom there are quite a number?

Dr. Gillette: You must remember that I am not the only man in this state who is doing this kind of work, this deformity work. There are quite a number of others who are doing just as good work for crippled children as I am. Although I am not going to give you their names and addresses, I will say that there are others. There is not a doctor in the state of Minnesota who would refuse to care for any one of these children for a small sum, or a large sum either, if he were called upon to do so, and they do treat them in dispensaries and various hospitals. They are cared for properly, and some of them do not have to pay a cent and others pay what they can.

This institution is for those who have not even a place in which to live; the children who are tuberculous and might convey contagion to others and might not be cared for. I have not the slightest doubt that the time will come when this institution will be larger and when the children who are not eligible to this institution will be taken care of in a similar one.

Mr. Vasaly: I suppose that is correct, for I wouldn't dispute Dr. Gillette, and yet there is this to consider: If there were an institution like this, I don't suppose Dr. Gillette would say that these physicians, good men as they are, skilled as they are, would have such equipment as they have here; and I know, judging from what I have heard other physicians say, that there is only one Dr. Gillette in the state of Minnesota. What I am getting at is to spread Dr. Gillette over a little more territory.

Dr. George Wm. Beach, State Sanatorium: I have visited the institution for the first time this morning, and have been struck, as have all others who are here for the first time, by its extensiveness and its equipment.

What I heard Dr. Gillette say has given me added admiration for him and confidence in him, but his last few words I disagree with. As Mr. Vasaly has just said, in other institutions their equipment is not duplicated

and the expert services of Dr. Gillette cannot be duplicated in every town and hospital of the state. It cannot be expected that we shall find the equipment and these expert services everywhere.

The word "indigent" is a very hard one to interpret. The Board of Control certainly is to be congratulated again upon a broad policy, in spite of the fact that that very disagreeable word is used. I say disagreeable because it will, at one time or another, work to the disadvantage of a large and very interesting class.

The families who possess a few thousand dollars should be considered more than they are in many instances. A few thousand dollars in reality is a form of life insurance. It is something that is laid up for the wife and the children when the head of the family, the bread earner, dies or becomes incapacitated. An illness like tuberculosis or paralysis will take away that life insurance, eat it up in a short time, and some of these children could not be taken care of in a private house and receive the medical attention, the nursing service and all, without eating up very rapidly one of these small fortunes. These small fortunes are the health of the state when they are numerous. It is not a social health to have immense fortunes, but these small ones are most important. To lightly take them away or to greatly impair them, removes an important stimulus to saving and economy. I believe that not only in this institution but in all others there should be a broader conception of our duties toward not only the indigent but to the sick who have the misfortune at the present time to possess a few thousand dollars.

With regard to the length of time patients should remain, I believe there has been a change of view on that subject in all institutions where tuberculosis is being treated in any of its forms. The Otisville Sanatorium, maintained by the department of health of New York City, recently extended its time limit for treatment from six to nine months, and I think that most institutions are coming to see that in the fight against tuberculosis there is every advantage in keeping the patient under institutional treatment until a sufficient resistance has been developed to warrant going back to ordinary living conditions.

Rev. A. J. D. Haupt, D. D., St. Paul: There is one question I should like to ask. In my work among the newsboys and others in Pittsburg, I met with cripples who were not able to take their places in life because of the handicaps with which they were afflicted. Under proper institutional care it seemed to me that they could have been taught some useful occupation for the members that were not impaired, so as to become partially or wholly self-supporting, and I was wondering if there was any follow-up system for these dear wards of the state who may be dismissed from this institution entirely or partly cured so that they will be fitted into suitable places in life; or whether there is a training school in connection with this excellent hospital that has for its aim the development of the mental and physical powers of the inmates for future self-support. Possibly Dr. Gillette can tell us. The deaf and dumb and the blind are taught useful occupations as aids to self support; but I wonder if anything of the kind is being done anywhere in the state for our cripples.

Dr. Gillette: You must not lose sight of the condition in which we

send most of these children out. We discharge most of them, considerably more than half, in such condition that they are abundantly able to care for themselves in the future. They are cured; by that I mean really cured; I do not mean that they walk out improved. I mean that they can play football, baseball, that they can wrestle and that they will work with any of the boys of their own class.

Of course, in the cases of infantile paralysis, while able to walk, many of them will be obliged to have a brace or support of some kind. However, many will be so far cured that they will require no support or brace.

We have gone so far as to pick out the ground for an industrial building; we have paced it off; and I think we can see a building there now which is going to be devoted entirely to industrial work. There are such institutions, in fact quite a number of them, and we are doing such work here.

I was especially interested in the school for crippled girls in London. It is perfectly amazing to see what they can do with one hand. I saw a boy in Massachusetts taking dictation in shorthand and working the typewriter with his toes.

You may rest assured we are not yet through going after the Board of Control, and through them, the legislature. We have that in mind. I wish to say that we have been educating more than the children. Every once in a while we find something that we are perfectly ashamed to think we never thought of before. These cases that cannot be absolutely cured are on our minds, and we are going to get this institution if we can just get the legislature over here where they cannot talk back, and where we can do all the talking ourselves and demonstrate our work.

In regard to the educational feature about which Dr. Dow spoke, that is another point where we have learned a great deal. When we started, some young ladies who were interested in the children gave their time to teaching them. Bless your heart, we found those girls were curing more cases than we were! Think of those little chaps staying in bed day in and day out with nothing to claim their attention, only to wonder if that old foot was a little stronger today than it was yesterday! The educational feature of this institution was suggested in the first place because of its great therapeutic value.

We have another thing in this institution which you seldom hear of among children. Here the little youngsters say as the teacher goes along among the ward beds: "When can I commence going to school?" They are great students.

I have been very much embarrassed today by the praise which I have received, and I must acknowledge to all of you that I have received a great deal more than I deserve. It reminds me of something my father said a great many years ago, so many that I do not like to think about it, when I expressed a wish to study medicine. He was very much astonished, and said that all of his family and all of mother's family, so far as he knew, had been farmers, and he did not think there was anything in my system to make a doctor of me. But, as mothers always do, my mother started in to try to help her boy out. It got to be quite a question in the family, and finally it was not referred to at all. However, one morning there was



a terrible seance. Finally mother said: "You have told me repeatedly that Arthur was no good on the farm and would not do much work." To which father replied: "That is very true, but I will tell you he is a mighty good boss, and he will get the greatest amount of work done by getting somebody else to do it than anybody I ever saw."

Dr. L. S. B. Robinson, Assistant Superintendent, State Sanatorium: There was one thing that Dr. Gillette mentioned down stairs that I feel impelled to refer to, and that is the effect upon the medical student of his clinics here in this beautiful institution. I look back with a great deal of pleasure myself to the inspiration that I received in the Boston Children's Hospital from such men as Bradford, Lovett, Goldthwaite and John Dane, and I know that a large part of the great work which Dr. Gillette is doing is the spreading of this inspiration and enthusiasm, as his students go out to become practitioners throughout the state, as well as giving them the training necessary to pick out and save these children.

There is another point that I was impressed with in the remarks of others which I wish could be changed a little bit. I don't like the word "charity." I think that the Board of Control is not doing charity, but is doing a more noble and grand work in leading the legislature to try to correct the ills that result from our present social system, such results as we have seen, in this hospital today. I think the Board of Control is doing a greater work, and this institution and Dr. Gillette are doing a greater work than charity. . . .

Mrs. Lyman A. Moore, St. Paul: Do you allow women to speak here?

I am interested in children of a larger growth than these, and I wish you would send somebody to the next legislature, because I don't expect to be able to go myself, to see if we can't have an institution to which to send older children. I know girls eighteen and twenty years of age who should go to just such a place as this.

The Chairman: I think the law could be so interpreted that children of that age could be accepted here provided they were not rich. We have had children nineteen, twenty-five and thirty years of age, and one fifty-two. There is no limitation, but of course we like to give the small children the preference, as they have their whole lives before them.

Voice in Rear: Some of us think it would be perfectly proper for Mrs. Moore to go to the legislature herself and have the law amended.

Mrs. Geo. O. Welch, Fergus Falls: When Mrs. Moore goes to the legislature and asks to have that law changed, won't you please make a plea to have that word "indigent" struck out? It is an ugly word at best. The people who can't afford to do very much, who are absolutely self-respecting, are the ones who have my greatest sympathy. They can make a living; they do make a living; and they are averse to asking for charity. They hate the word "charity." If they send their children to a hospital like this, that word "indigent" at once suggests that they are receiving charity.

I have seen two homes from which children were sent to this hospital. In one the father was not earning sufficient for his family; the mother helped by taking in sewing. They were very poor, but they would have been distressed had they been called indigent. To be sure, in the sitting room the plastering was falling, but that mother was a self-respecting woman and

that man was a self-respecting man and would not like to be called indigent. It seems to me that if we can have anything struck out we might also have that word "indigent" removed.

Dr. Haupt: I am afraid we shall have to change our whole dictionary after awhile. We must define these several classes in society somehow, and it matters not what word we choose, in a little while it will become an unpleasant one. "Charity" is a beautiful word; the greatest of all is "Charity" for it means love for all God's creatures; the trouble is that words of this kind are so often misunderstood and misapplied. If my memory serves me aright the word "brat" used to mean the princes of the realm; it now means the ragged little urchin in the street. If we attempt to change the word "indigent," what better word can we find to express the thought? Its synonyms are needy, poverty stricken, destitute, etc. We will run up against difficulties if we try to change our nomenclature. The only way to remove the words that are so objectionable is to remove the poverty and social conditions which make them necessary.

Dr. Dow: The supreme court has come to our aid on the use of the term "charity." All of you may not recall, but I am sure the Board of Control will, that the supreme court of this state has decided that our public schools are charitable institutions, our state normal schools are charitable institutions, our state university is a charitable institution. When any of our institutions can get into the same class with our public schools, our state normal schools and our university, they need not be ashamed of the term "charity," the point being that whatever one receives for which he does not render an equivalent is a charity. Children, or parents for their children, receive in the public schools that for which they do not return full equivalent; hence it is a charity. So holds the supreme court of the state.

As the supreme court has helped us on the word "charity," it might help us on "indigency" if it got a chance.