

reception all patients should be encouraged to engage in employment of some kind, and whether their stay in the hospital be long or short, they should be constantly supervised so that they will not fall a prey to idleness. Before the value of occupational therapy was recognized, with the exception of outdoor work, idleness was the rule, and our institutions are filled with patients who have forgotten how to work. Nevertheless there should be a constant endeavor to arouse them from their apathy and stimulate their interest in some occupation.

Entertainments should be a daily routine, for it is in hospitals as elsewhere that "all work and no play makes Jack a dull boy." It is impossible with a small medical staff and an eight-hour nursing shift to provide much amusement for the patients, and I have long been of the opinion that our hospitals should have on the staff someone to plan and carry out the entertainments so beneficial to the mental health and happiness of the patient. It seems to me that here would be a place for the social entertainer in our state hospital. Such a one should exude cheerfulness, as the social life in a hospital should be made a joyous one, and there is much that could be done to relieve the monotony of hospital existence. Unless the medical and nursing staff be large, it is impossible for them to give to the patients that individual attention which they should receive.

Dr. Isaac Ray, in writing of a visit to foreign hospitals in 1846, says that "in the English hospital at Hanwell some attention is given to the instruction of patients, and in the French hospitals schools for instruction in the rudiments of learning form part of the ordinary routine of moral treatment." I believe that the school has an important place in the therapy of our state hospitals. For many years a school for patients has been conducted in the Rochester State Hospital by a patient, an ex-school teacher, and the eagerness of the pupils to learn and their joyousness in the acquisition of knowledge has convinced us that such opportunities should be further extended.

Beauty parlors have been installed in some state hospitals, and I believe can be of very great therapeutic value, enabling the patients to see themselves as others see them, and stimulating their pride in their personal appearance. I think that if every one in this audience were potential cases of mental disease requiring treatment in some hospital, and were empowered, in anticipation of such a calamity, to select and develop their own environment, there would be many wonderfully pleasant, homelike hospitals prepared for their reception. I am sure that everyone knows the value of pleasant surroundings in any condition of life.

With all the advancement in the care and treatment of the insane, there is one common evil that still continues to flourish, and that is the overcrowding of all state hospitals. Is it a condition that, because it has always existed, must continue to exist; and are we willing to acknowledge that such a condition can never be corrected? The only way to prevent it is to anticipate the overcrowding by providing suitable accommodations for the estimated increase.

As you may realize, modern treatment of the insane in our state hospitals is not dependent alone on advanced psychiatry, but on the interest, encouragement, and support of our citizens, who, not begrudging the small amount contributed by each individual, may be willing to undergo still greater sacrifice in furthering the better care of those dependent upon their bounty.

Dr. C. Floyd Haviland, in his presidential address before The American Psychiatric Association, stated that in New York "when the proposal of a fifty million dollar bond issue primarily for state hospitals was first advanced in 1923, considerable opposition immediately developed. However, an organized campaign of education proved that the public responds to concrete facts. The bond issue was approved by an overwhelming majority."

The people of this state should know of the great work, as represented by this conference, which is continually carried on for their benefit, which should enlist their sympathy and support in all these efforts for the betterment of mankind.

Mrs. La Du: I wish to thank you, Dr. Kilbourne, for your splendid paper. The fact that you have had so many years of successful experience makes us realize that the statements you make are authentic, based on facts established through years of observation and treatment.

There is something I want very much from the state of Minnesota. I have never expressed it publicly before but once. I am going to express it this morning because I realize this is a very opportune time. When men have served in the state as long and successfully as some of our superintendents have, I believe a recognition of their service should be made, and I am hoping very much that the legislature of the state of Minnesota will recognize the 40 years of successful service which have been given by Mr. Merrill and Dr. Kilbourne in state institutions, and that they will at the next session pass a bill permitting the names of two of our institutions to be changed. I should like to have the hospital at Rochester known as the Kilbourne State Hospital for the Insane, and the school at Owatonna known as the Merrill State School for Dependent Children. Other superintendents need not apply for like honor yet. After 40 years of successful service you will have won the approval of the state for such a bill being passed, I am sure.

Most of the members of the state institutions—the superintendents and those connected with institutions—and many of the county child welfare boards of the state, have learned that we have made the appointment of a new superintendent at the School for the Feeble-Minded. Mr. G. C. Hanna, superintendent of the School for the Feeble-Minded at Faribault, who has served the state for a number of years very successfully, tendered his resignation to our Board and it became our duty to select a superintendent to fill the place. Many of you know that the new superintendent for that position has been selected. It gives me great pleasure this morning to introduce the new superintendent and his wife, who are here with us. We are very glad, Dr. Murdock, to welcome you and Mrs. Murdock to our state and

to fellowship with our Board members and the superintendents of our institutions. I am sure they and all the social workers and the friends of social workers in the state will join in welcoming you to the work.

Dr. Murdock comes from Pennsylvania with a background of years of experience and training in this particular field of work, and we feel sure the institution will continue to go forward as our other institutions are going, in a constructive and progressive way.

I am going to ask Dr. and Mrs. Murdock if they will please stand so that the people who are assembled here may meet you. Later on I hope you will all be able to meet them personally.

There is now an opportunity for questions on the subjects presented this morning.

Dr. Kilbourne: I should like to ask if you are having epileptics committed to Cambridge.

Mrs. La Du: We have so many who are now transferable that we are not making any announcement that we are ready for commitments to that institution, because the full capacity of the institution will be taken with the transfers which we make from the school at Faribault.

Dr. Kilbourne: The reason I asked is that I received a telephone message yesterday from a social worker in Minneapolis who wanted to know if we would take an epileptic. I asked her whether or not the case could be committed to Cambridge, but she did not know. If such a case could be committed to Cambridge, of course it would be a great relief to us.

Mrs. La Du: In the future will the superintendents of state hospitals ask those who inquire about the matter to take it up with Mr. G. C. Hanna, who is in charge of the institution at Cambridge at this time? If there is a vacancy we prefer they should go to Cambridge because we do not want to fill up our hospitals with persons who do not have a definite psychosis.

Question: Are you planning to have an epileptic cottage at Faribault?

Mrs. La Du: It will be necessary to keep some of the epileptics at Faribault because the new institution is not of sufficient capacity to handle all that we shall have committed to us. The classification will be made at the time the commitment is made to determine whether or not they should be placed in the old institution or go to the new.

Dr. Kilbourne: I rather expected a reply from some one with a knowledge of the facts to some of the Mail Bag articles about subnormal children. Judging from these articles, it would appear that the state of Minnesota had not made provision for the subnormal children.

Mrs. W. J. O'Toole, St. Paul: May I say a word in regard to that?

I think most of the letters in the Mail Bag are intended to call the attention of their immediate communities to the fact that there is not adequate provision made for this class of children. In St. Paul we have subnormal children coming from homes where the parents are really normal people. Last year a couple of rooms were opened for the care of those children, and it has been very successful. When it was opened a year ago this fall the thought was that they would try it for one semester; but the children did so well—a very small group in each class—that they continued it the

next semester, and this year, I have been told by the Department of Education, they will go on with this work. I believe those letters were intended to call the attention to the needs of our own group.

M. I. Tynan, Department for the Blind: I want to differ with Mrs. O'Toole a little bit. There has been some very cruel criticism of state institutions, which I think really should be corrected.

Mrs. La Du: That was recently?

Dr. Kilbourne: They have been running along for some little time. One of them was a rather severe criticism. It stated that there were 100 or more children at Faribault who might just as well be out and become useful citizens of the community. We all wish that this might be true.

Charles F. Hall, Children's Bureau: I have noticed two or three of those articles. I possibly should have clipped them out. The articles came from different persons possessing different interpretations and viewpoints. Many of the writers wholly failed to understand the situation. Some of them do not even know what feeble-mindedness is. One writer described a child with a low I. Q. and said he should not be in the School for Feeble-Minded. As Mrs. O'Toole has said, possibly one or two writers had in mind opportunity classes which the public schools are establishing. One or two of the writers took the attitude: This is my child, and because he is my child he should not be in the School for Feeble-Minded. Some of that spirit ran through the articles. I read them over a little. I did think that perhaps there should be a reply to one or two of them, but it is rather hopeless to deal with the public through the Mail Bag, especially where the public fails to appreciate the situation.

Mrs. La Du: I have been away on my vacation the past few weeks and have not seen any of these articles. No doubt we will have them within a few days in the clippings which we receive.

I do want to say, however, that there is a great misunderstanding on the part of the public with regard to the care of the feeble-minded. We are very severely censured and criticised many times because we cannot take into the institution immediately all who are committed to our care. That is a physical impossibility. We have at the present time over 800 persons committed to the School for Feeble-Minded who are not admitted to the institution, and of that 800 fully 400 are on the waiting list who should have institutional care. Sometimes children are committed to our care who do not necessarily need institutional care immediately; their parents want to take care of them as long as possible; but should certain contingencies arise—should the mother become ill or die, or should the father become disabled so he cannot work and earn a living for the family—arrangements have to be made so that the child may be admitted to the institution at once.

We have a great deal of difficulty in satisfying the public. People write in and say, "This is a very special case; it is more important than anything else; why are we paying taxes to the state?" As I wrote one man yesterday, "We do admit all that are committed to our guardianship so far as it is a physical possibility to do so, but we have room for only a certain number of beds, and when those are filled and they are crowded close together, closer than sanitary measures would warrant, we must say 'No more now.'"

Cases are not made special at the request of influential people or members of the legislature unless they should be special. There are cases that are so urgent that sometimes they are moved up the list in preference to other cases that are on that list, but the regular method of procedure is to admit to the institution in the order of court commitment.

The child that was written about yesterday was a custodial case. Commitment of children similar to her case have only been admitted up to June, 1926, while she was committed in July, 1927, so you see that child could not be immediately admitted if we are going to be just and fair in the order in which we admit to the institution.

We do not know whether the building program for our institutions will ever be able to cope with the situation. No state's building program is as a rule. However, we hope that in the future all the institutions are going to come nearer to being able to accommodate the people in need of such care. When people in a community have a child of this kind and send an application to us and want the child given institutional care, we regret the state's inability to comply with their request. They do not know, however, all about this long number of commitments, and the limited number of beds; therefore, unless we write a long personal letter to each one we find misunderstanding, and in many cases prejudice, with regard to the work that is being done. In some cases we find that judges are very understanding and very co-operative; in many other cases we find judges who are not understanding, who are not co-operative, who do not believe very much in the mental classification of children, in the mental test. If the child makes a good appearance and perhaps answers one or two questions well, they decide the child is not feeble-minded. And yet the child is a care in the community. We find the court saying, "This child is not feeble-minded; we are not going to commit it," while the community is urging us to take the child. We have more problems with regard to this field of work than almost any other.

Another thing—I am sure Dr. Kilbourne will bear me out in this—because we do not have room for the children in the School for the Feeble-Minded a great many commitments are being made to the state hospitals for the insane, when they know very well that the people are not insane, never have been and probably never will be; but that is one way for the county to get the state to take institutional care of its wards. You find that true, Dr. Kilbourne, do you not?

Dr. Kilbourne: If you will pardon me, I should like to state that I think the judges of probate need a little educating along those lines. If people are feeble-minded they should not be committed as insane. If they are feeble-minded they should be committed to the care of the Board of Control. Otherwise you are put in the embarrassing situation of refusing to let them go out on parole; whereas if they were under Schedule C, committed to the care of the Board of Control, you would have absolute control over them. That is one great mistake that the judges of probate make; they commit the feeble-minded as insane.

There is one little point about which I should like to ask. Is a commitment on Sunday or a legal holiday legal?

Mrs. La Du: Technically papers made on regular holidays and Sundays are not accepted, but I think generally the court would construe it as regular.

Dr. Kilbourne: It would be legal if the question were never brought up?

Mrs. La Du: Yes. If the transaction were a financial one, it would be illegal, but I think in this case they would say, "We will commit them on Monday if you consider it illegal on Sunday," which would amount to the same thing.

I do want to say a word with regard to the commitment of subnormal persons and the feeble-minded to our schools for delinquents. I have been thinking about it a great deal. While in California recently I visited the state school for delinquent boys and the state school for delinquent girls. I asked what per cent of the children in those schools were subnormal. They said about the same as in any state, 25 to 30 per cent, but that recently the legislature out there had passed an act forbidding the sending of subnormal children to the state school at Whittier for delinquent boys, so that hereafter they do not intend to accept in that school any boy whose I. Q. is below 70, and they hope to raise it to 75. When at Ventura, at the school for delinquent girls, the superintendent said: "We have never accepted the subnormal. When they send a girl whose I. Q. test is below 65, we refuse to take her here." I hope that may be true in Minnesota; that there may be a way to care for this group so that we may refuse to accept the subnormal children who are committed to our schools for delinquent boys and girls.

That holds good at Owatonna, also. At Owatonna we do refuse to accept the children who are not normal, and they are returned to the counties from which they were sent. That sometimes causes a very unpleasant situation, but it has become necessary because it is a school for the placement of normal children only. If we cannot tell the prospective parents that they are going to select a child from among normal children, they are not going to take any.

Mr. Swendsen: With reference to the feeble-minded who go into our correctional institutions and also to the penal institutions, we of course regret it very much, but what can we do? Here is a girl or a boy who has committed an offense. We must accept them because we have no room for them anywhere else. The same would hold good as to those who commit felonies, the women who go to Shakopee, or the men who go to the State Prison or the State Reformatory at St. Cloud. We know that they are defective. We know that about 25 per cent of these children and men and women should not be in a penal or in a correctional institution. How to solve that problem is the great question. The only way it can be solved is for the state to provide an institution for defective delinquents. They have started such an institution in the state of New York and in Massachusetts, and some day we shall have an institution of that kind in Minnesota, an institution which will be located on a large farm. It will be made self-supporting. It is of no avail to talk about the matter until we have an institution of that kind. That should be the aim not only of this conference and of the superintendents, but the aim of every citizen who is interested in placing the defec-

tive delinquent where he belongs. Our aim should be to try to educate the people so that in the near future the legislature will appropriate money for the institution to which I have referred.

Judge Hall: I should like to give a word of commendation to the three papers we have had this morning. I believe they are, every one of them, a contribution to the record of social work in Minnesota. Mr. Swendsen's comprehensive picture of the work of the Board of Control, embracing all its various activities, was graphically and briefly given. Dr. Kilbourne's account of the insane is very interesting. But I believe Mr. Merrill's splendid analysis of the programs of the State Conference of Social Work, as it is now called, the changes that have taken place since the beginning, is something that we could not afford to miss, and I am sure that this paper which he has written and this analysis in its careful detail, drawing out so clearly the objectives that have been in view at the different periods which he has outlined, is a revelation to social workers and will be of great educational value, and we especially wish to thank him for it.

Mrs. La Du: Dr. Murdoch, have you a word of greeting?

J. M. Murdoch, M.D., School for Feeble-Minded: I refrain from taking part in the discussion with regard to the feeble-minded at this time because I am so new in your state. I am pleased to come to a state that is so progressive in its welfare work; a state with such an admirable Board of Control. There is on the program for today a paper on the state's program for the feeble-minded by Dr. Fred Kuhlmann, who knows this subject so well, and I refrain from saying anything about that subject until we have heard Dr. Kuhlmann's paper.

I know nothing of the articles which have recently appeared in your papers. I would say this, however, that the general outlook as to the care of feeble-minded is more hopeful today than it has ever been before. We now know that most feeble-minded are good and well behaved if properly treated. There are only comparatively few who are trouble makers, and they are the defective delinquents, those incorrigible fellows for whom, as Mr. Swendsen says, we should have a special institution. Such institutions have been established in New York and Massachusetts, and are being established in Pennsylvania and other states. They are built more on the prison type of construction.

The feeble-minded should have homelike, comfortable surroundings, where kindness and sympathy and as much freedom as possible are to be encouraged. Having the two classes together interferes greatly with giving to the big group all the liberty and freedom and those things to which they are entitled and which they can not receive as long as this comparatively small group is in their midst.

I am very glad to be here in Minnesota. I like your people; I like your educational institutions; and I am looking forward to a work of great interest in your institution for the feeble-minded.

Mr. Swendsen: Dr. Kilbourne, I should like to ask you what success you have found with the malarial treatment for those who are suffering from paresis. I should like to hear from the other hospitals, too, because that is the topic of the day, and we want to be up to date, and I know

the superintendents are. I think the general public should know whether it is really a successful treatment. The supposition is that any one who has paresis has only five or six years in which to live—isn't that true ordinarily?—and if the malarial treatment will prolong a man's life and cure him, we want to know it.

Dr. Kilbourne: The paper being rather long, and knowing this would be brought up for discussion, I did not refer to it.

With regard to the malarial treatment: We have tried everything heretofore and have given some 65 malarial treatments. Dr. O'Leary's department of the Mayo Clinic does all this work for us, besides a great deal of other work, and we have the unique record of having discharged two cases of paresis as recovered. Now, whether that is a long remission or a recovery, I am not prepared to state, but of these two cases one of them has worked in the city of Rochester for two years and shows no return of the trouble. The other one was a man who was obliged to sell some property and appeared at Rochester and requested us to discharge him. Upon examination he appeared to be perfectly normal, so we discharged him as recovered. Many cases have shown marked improvement.

I think it is the consensus of opinion that every syphilitic should put himself under guardianship because it is the history of those cases that they are potentially paralytics and the symptoms may come on suddenly. Many a man has dissipated his entire estate at the beginning of these symptoms without their having been recognized by his family. That is the advice we always extend to a syphilitic, particularly if it is a man or a woman who is responsible for the finances of the family.

I am not prepared to say that the malarial treatment will cure paresis, because we do have prolonged remissions, but it seems to be the only treatment that gives any hope of recovery, and it is worth trying. In our report for 1926 Dr. O'Leary made a report of the treatment of these cases in the state hospital and also in the Mayo Clinic; he showed that in the earlier cases treated at the Mayo Clinic 40 per cent were benefited; in the more advanced cases treated at the state hospital 25 per cent were improved.

W. L. Patterson, M.D., Fergus Falls State Hospital: We have been using malaria on our patients for about two and a half years. I think we have treated a little over 70 cases. It is not possible to get more than a third of improvement at the very most in treating paralytics with malaria, and if we get that percentage we are usually doing pretty well.

The most favorable cases of paresis to treat are those with the grandiose ideas. Those who are demented and depressed respond very poorly to malarial treatment as a general thing.

We have paroled quite a number of cases within the last two years, and they are still at liberty and some of them are doing very well indeed. I know one man who has been working for a railroad for a year and a half who has had no relapse. We know a butcher who is working at his trade; also a number of others who are following former pursuits very successfully. There are a number we have lost track of altogether and we do not know how they are doing.