

delinquent. If the girl had not been sterilized, we should have felt that it was a more serious and a more grave danger than otherwise.

The point that Doctor Kuhlmann brought up impressed me quite seriously as it has impressed me when I have heard that point brought up before by him. It is the fact that although the feeble-minded may not propagate their own kind they are not competent to raise a child, whether it is normal or feeble-minded; more particularly if the child is normal.

Seeing children brought into the juvenile court as I do, I am much impressed by what Doctor Kilbourne said about children who are brought to the institutions. It is the incompetent mother who is the cause of its being necessary to bring many of the children to the institutions, and it is the incompetent mother who is the cause of their being brought into the juvenile court as neglected, dependent and delinquent, whether or not they are deficient mentally.

Mr. Swendsen: I want to thank Doctor Murdoch and all who have taken part in the discussion.

You know that the state has a hospital for crippled children, the Gillette State Hospital. At that institution the very purest aid or charity is given, I think; perhaps more so than at any other institution in the state. This hospital is supported by the taxpayers. It is for indigent children. Not a penny is charged. Doctor Chatterton, the surgeon-in-chief, gives his services, as do the fifty doctors on his staff. On that account we think it is the most wonderful institution we have in the state.

The state of Minnesota was the first state in the Union to open an institution for indigent crippled children, which is a great credit to the state. No individual deserves more credit than does Doctor Gillette, who was the first surgeon-in-chief.

We are glad to have Doctor Chatterton here. As I stated, his services at this wonderful institution are free. He is going to tell us what they are doing over there. They are performing miracles. He is going to talk to us and show us some pictures, and I am sure we are going to have a very enjoyable hour. Doctor Chatterton.

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## THE STATE'S CARE OF CRIPPLED CHILDREN

C. C. Chatterton, M. D., Chief of Staff, Gillette State Hospital, St. Paul

Mr. Chairman, Ladies and Gentlemen: It is a pleasure to tell you some of the things that we are doing at the Gillette State Hospital for Crippled and Deformed Children.

The care of crippled children dates back almost to 500 B. C., and it can easily be divided into five different stages.

The first care of crippled children was destruction. The Spartan mother, when her child was born a cripple, knew he would not be a good soldier, so she destroyed him.

Along about 590 A. D., cripples were tolerated in Italy, principally because they were used for amusement as court jesters and objects of charity. The children deformed and crippled were used as a means of obtaining money, and if they were not deformed enough, the parent or guardian saw to it that his charge was so deformed that he would make a pitiful sight and in that way secure money by begging.

Asylum care was given crippled children about 1600 A. D. This was first started in England by Queen Elizabeth.

The first real school or training for crippled children was started nearly 300 years later by Father John Nepimak in Munich. His school was the first to combine care and industrial instruction. In 1872 the first real industrial school was established by Pastor Hans Knutsen in Sweden.

In the United States the care of crippled children is comparatively modern, the first orthopedic hospital being established in New York City in 1863. In 1866 the second New York orthopedic hospital was established. In 1884 the first American home for the care of crippled children was established in Philadelphia. The first school for crippled children in the United States was established in Boston in 1893.

These represent the five stages: first, the period of destruction; second, the stage in which cripples were tolerated; third, asylum care; fourth, care and some schooling; fifth, modern care and special education.

The movement in the United States has made more advance in the last ten years, perhaps, than all the rest of the time put together. I am very glad to tell you that the first legislation for crippled children in America was enacted in Minnesota. The first record we have of any effort being made in that direction was in 1896, when Dr. Arthur Gillette read before a gathering of the Minnesota Board of Charities and Correction a paper entitled, "The Duty of the State Toward the Crippled Child."

That same year a small crippled girl made a speech before the legislators and asked them if something could not be done for crippled children who, like herself, could not afford treatment.

I understand that the legislature was rather loath to start such procedure. When they were told that the physicians and surgeons would give their services in caring for the crippled children, they said they would like to see a doctor who would give his time to care for all the crippled children who would come. Doctor Gillette presented a paper similar to the one he had read before the Board of Charities and Correction, and the legislature gave

\$5,000.00 toward the establishment of a few beds in the City and County Hospital of St. Paul. The first year they took care of some 80 children with that \$5,000.00.

I think perhaps the reason that the institution was first started in St. Paul was due to Dr. Arthur B. Ancker. Doctor Ancker said, "When you find out how many beds you need, let me know and I will do what I can to help you." He made the rates very reasonable. I think the rate per week was about what it costs the state now per day for the care of a child. I believe children under 10 years of age were taken care of for something like \$2.50 a week. It was not over \$3.00 or \$4.00 a week. At any rate, the rate was wonderfully low. It was possible to take care of a great many children at very small expense.

The institution was started with a few beds at the City & County Hospital, St. Paul. Shortly after the institution began to function, its success was apparent. Eighty children were received and cared for on \$5,000.00. The next year the legislature appropriated \$15,000.00 per year for the care of such children as might come.

About this same time the city of St. Paul gave a building adjoining the City & County Hospital for the care of crippled children. This was known as the old state ward. Until 1910 this served as a state institution for the care of crippled children.

About 1908 or 1909 certain individuals in St. Paul and the city of St. Paul gave to the state 28 acres of land where the institution is now established. It has been difficult to find out who those individuals were, but I think former Mayor Smith of St. Paul, Dr. Robert Earl, Dr. Arthur Gillette, and some other individuals who did not wish their names mentioned, helped give this ground and \$5,000.00 for the establishment of what it was then expected would be a summer home for the care of crippled children.

If you remember the grounds in 1910, you should go out and see them now, and it would be quite impossible for you to believe that they were the same grounds. I think in the 28 acres there were several good lakes and frog ponds. A pond 15 feet deep made a convenient place for the boys to dispose of their braces. When a boy tired of wearing his brace, he would take it off and say, "Goodbye, brace," and away it would go into the pond. We never did find them until the pond was finally drained.

In the beginning the institution was under the control of the Board of Regents of the State University, and in about 1907 or 1908 they advised that this was a state institution of some note and should be under the care of the State Board of Control.

Since it has been under the Board of Control the institution, as you know, has prospered and gained until it is now worth nearly half a million dollars and has a capacity of taking care of some 250, plus 50 contagious beds, which makes it an institution of 300 beds.

The institution, as some of you know, is built California-bungalow style. All except the contagious patients are kept on the first floor. In the beginning it was a small institution, consisting of two little wings and an office, and was capable of taking care of 25 boys and 25 girls.

Minnesota has always had the policy of having a central hospital; that is, a large hospital which is able to take care of a great number of individ-

uals and keep them there until they are well. Many other states have a different program. In Ohio they have the decentralized system, having hospitals in Cincinnati, Toledo, Cleveland, Elyria and Akron. The reason for this is that they have hospitals and competent orthopedic surgeons in various parts of the state. We have few orthopedic surgeons in Minnesota outside of the Twin Cities, Duluth and Rochester. Perhaps the need has arrived for smaller outside institutions. The ideal method seems to be the one we are pursuing at the present time because we keep the child until he is well before he goes back to the community.

In Iowa they have a different proposition. They have a hospital, not very large, and a great many field workers. The child is brought to the hospital from a long distance, 200 to 350 miles, under the care of a field worker. One day he is examined and the next day he goes back home. The surgeon-in-chief tells me it is very unsatisfactory; he would very much prefer to have the hospital as we have it, a 100-bed hospital with a 150-bed convalescent home. That is really what we have. The surgeon-in-chief in Iowa could run a convalescent home at less expense to the state than is incurred in taking care of his 30 supervisors plus the expense of taking the child back and forth from the institution.

I think Ohio is very fortunate. One large city is near another large city, and every one has a very competent orthopedic surgeon. They have many hospitals throughout the state and get along very well.

Most of the institutions in the East follow the Minnesota plan. Nebraska is fashioned after the Minnesota plan; Wisconsin is fashioned after the Minnesota plan. The same is true of Illinois, New York and Massachusetts.

Mr. Swendsen: I am sure we all appreciate this very instructive lecture by Doctor Chatterton.