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Stat Inst - Gillette

opment of the plant to best minister to their needs must continue to remain an obligation of the citizens of the state, their employees, and those delegated to care for the sick in the institution.

Respectfully submitted,
H. A. BURNS, M. D.,
Superintendent

Hospital for Crippled Children

St. Paul

Minnesota has the distinction of being the first of the states to attempt the treatment of indigent crippled and deformed children at public expense. The legislature in 1897 granted an appropriation of \$5,000 to be used for this purpose. Arrangements were made to have the children cared for at the City and County Hospital, St. Paul. The present institution was authorized by act of the legislature in 1907, and was opened in 1911. The medical and surgical staff is made up of the foremost specialists of St. Paul and Minneapolis. These men are on call at all times, and the services given these poor children are unlimited and largely gratuitous. The resident medical and surgical staff is composed of students from the University of Minnesota graduate and undergraduate schools. The buildings are the main building with large additions, power plant and laundry, and a service building containing central kitchen, bakery, dining room, root cellar, storerooms, steward's office and rooms for 22 employes. A school building, known as the Michael J. Dowling Memorial Hall, is used for the education and training of indigent crippled and deformed children of the state of Minnesota. The sum of \$50,000 representing one-half of the cost of this building, was donated by the Minnesota Editorial Association and the Minnesota Bankers Association.

Carl C. Chatterton, M. D.	Surgeon-in-Chief
Wallace H. Cole, M. D.	Associate Surgeon-in-Chief
Elizabeth McGregor	Superintendent
Walter W. King, M. D. (July 1, 1938 to July 1, 1939)	Resident in Orthopedics
Robert C. Brown, M. D. (July 1, 1939 to July 1, 1940)	Resident in Orthopedics
Margaret A. McGregor, R. N.	Superintendent of Nurses
Mary R. Clark	Principal, School Department
Grace Jones, D. D. S.	House Dentist
V. E. Heinecke	Steward

Capacity of institution	250
Number of patients June 30, 1940	258
Area of grounds, acres	23
Value of lands and buildings	\$618,388.00
Value of personal property	59,860.00
Expenditures for year ended June 30, 1940:	
Current expense	213,531.09
Repairs and replacements	2,906.33
Permanent improvements	1,025.30
Scientific apparatus and equipment	759.94
Special appliances	16,157.83
Instruction and amusement	1,840.27
Remuneration for visiting staff	9,832.82
Gross per capita cost, current expense	957.54
Officers and employees June 30, 1940	155

To the Director of the Division of Public Institutions:

For many years it has been necessary for the Chief-of-Staff to report that the biennial report has been the largest and most comprehensive since the beginning of the institution. The biennial report of 1938-1940 is no exception. It shows a definite increase in the work done in every department, a greater number of cases examined, more actual operations performed, and more patients treated than in any other preceding biennial. Again, the work done is through the cooperation of the visiting staff, the resident staff, and the hospital staff, and it is made possible through appropriation by the state legislature to supply this institution with the materials necessary for its operation.

During the last biennium the staff has been increased because of extra work not only in the institution but in assisting in directing the outside activities of the Bureau of Services for Crippled Children. We have increased the visiting staff in that we have one more orthopedic surgeon. Our house staff, as in the past, consists now of a resident who spends a year at this institution as a part of his training as a Fellow in Orthopedic Surgery in the Graduate School of the University of Minnesota. We have two internes who spend approximately two months each as a part of their regular internship in connection with St. Joseph's Hospital and Bethesda Hospital, Saint Paul.

The small stipend which was granted to this institution for the staff has been appreciated by the attending staff and the house staff alike. I do feel, however, with the increase of work and the increase in the number of men doing the work, that this small appropriation should be increased for the next biennium.

The Medical Unit of the Department of Social Welfare has during the past biennium been of great assistance to this institution, especially in social service where an investigation of practically all of the admittances has been carefully made. The Department of Social Welfare has now full charge of the various orthopedic field clinics in the state, and we find that this is entirely satisfactory. The work of the visiting nurses in the community weeks before the clinic and the co-operation of the local committee in charge of clinics have brought to light many children who have never received treatment and who are actually in need of orthopedic care. I feel that the work done by the Medical Unit has been of general benefit to the institution in helping in the care of children after discharge from the institution as well as of being of great aid in locating children who are in need of care. A small number of children have been taken care of at private institutions which has been of some relief in the over-attendance and waiting list at the Hospital for Crippled Children. The Bureau of Services for Crip

pled Children has been of material aid during the past biennium and the co-operation of those in charge of this bureau and the high type of personnel secured by this bureau has made the work with the Gillette Hospital for Crippled Children most satisfactory.

Because of the large waiting list of children needing orthopedic care and perhaps the advantage of treating certain types of diseases even in the infectious stage, the need of a receiving unit on the present hospital grounds is apparent. In times of epidemic, children throughout the state have few places to go other than their own homes. A small separate unit in connection with this institution would be most desirable. When the epidemic subsides, it can be used as a receiving unit for new cases admitted to the institution. I strongly recommend that your division give serious consideration to the construction of such a unit in the near future and see that sufficient funds are appropriated to properly maintain and staff such a unit.

As members of the staff, we feel that one of the greatest values, perhaps the greatest value, to the child outside of the actual medical care is the school training which he receives at this institution. Outside influences by our many friends, clubs and societies also are of great benefit to the children from out of the city who have had little entertainment other than that furnished in their own homes. We wish to thank our staff and our many friends who have been of such benefit during the many years.

The other material needs of this institution, I believe, have been well covered by the superintendent, Miss McGregor.

I thank the entire staff, the attending staff and the house staff for their co-operation and interest which makes such a biennial report possible.

Respectfully submitted,

CARL C. CHATTERTON, M. D.
Chief-of-Staff

REPORT OF THE SUPERINTENDENT

To the Director of the Division of Public Institutions:

The following report covering the work done by the departments of this hospital during the biennial period ended June 30, 1940, and the recommendations covering the needs for the period 1941-1943 is respectfully submitted:

POPULATION

The number of patients cared for as house patients was 1,744, an increase of 143 over the previous biennium. The number of visits to the Out-Patient Department was 15,838. The daily average population for the year

ended June 30, 1939, was 220, and for the year ended June 30, 1940, was 223.

EDUCATION

The regular school work throughout the grades and high school has been carried on throughout the period. The school department includes elementary and high school training. The aim of the school is to have the patients advance as much as possible, considering, of course, their physical and mental capacities. We keep daily attendance and credit records to send to the home school on the patient's discharge. Convalescent patients have a five-hour program but the bed patients have only two hours for recitations. They may use two other hours for study or craft work. The daily schedule is never quite the same. Changes must be made in the school program to accommodate unavoidable changes necessary in the wards.

On admission, as a matter of general routine, all patients of school age are enrolled. Only upon doctors' orders are any patients exempt. The Minnesota State Curriculum is used. State Board examinations are given. In classwork or by special tutoring we offer practically all the high school subjects except chemistry, physics, agriculture, shorthand and typing. A practice hour is assigned to students who have had typing in their home school. Convalescent patients attend classes in the school building. Recitations for the boys' wards are held in the morning and for the girls' wards in the afternoon. With the bed patients from the fifth through the twelfth grades, we usually do individual work. With the primary grades, if possible group classes are held. Convalescent patients have both individual and group work. Bed patients who have special class work are brought to the school building.

Library classes are held daily. Patients have time for recreational reading, and the librarian co-operates with the teachers in regard to the required grade reading. The students enjoy the current events classes which keep them informed of all late news.

The teaching staff consists of a principal, two high school teachers, one intermediate and junior high school teacher, two primary teachers and one librarian, with special teachers for special subjects. In addition several volunteers have assisted with school work and student aid has been available.

In June, 1940, six seniors graduated from high school, and two eighth grade pupils completed work and passed all examinations.

CLINICS AND LECTURES

The medical students from the School of Medicine come regularly for clinics and lectures. Outside agencies, physiotherapists, high school and college students find much of interest in attending the clinics and lectures given for them.

MEDICAL SOCIAL SERVICE

Annual one-day field clinics are held in eighteen centers, each serving about five counties so that in a year the entire state has been covered. These are diagnostic clinics for new cases, and appropriate care is planned. They also serve the out-patient department for check-up examination and advice about further treatment. Usually one doctor from this hospital is there to examine Hospital for Crippled Children patients.

After a patient has been discharged the medical social worker cooperates with the Bureau of Services for Crippled Children physiotherapists in home supervision of exercises, wearing of appliances and medical follow-up. We also try to arrange for speech instruction in the local schools, and to make special school or transportation arrangements for badly handicapped children.

Case studies and interviews with the parents provide the basis for treatment of many problems of child training, discipline, personality adjustment, difficulty in school, or need for vocational advice and planning.

We are furnished one medical social service worker and assistant by the Bureau of Services for Crippled Children.

NURSING SERVICE

The reason for the maintenance of a school of nursing in connection with this hospital is to teach adequate care of the children who are patients here, and to teach through careful instruction in both theory and practice the post-graduate and affiliate students who are sent to us for this experience from various schools.

The nursing school office is staffed by the superintendent of nurses, the instructor of nurses, and one stenographer.

We wish to acknowledge our indebtedness and our gratitude to the members of our medical, surgical and orthopedic staff for their unflinching interest, cooperation and assistance in instruction in ward and classroom.

BUILDINGS AND IMPROVEMENTS

During the period major additions and improvements have been made as follows: wards five and seven have had sun porches added, also new window frames, windows, storm windows and screens; a new barn and tool shed has been built; the floor on the isolation porch has been replaced and a new canvas roof installed; lockers for employees have been installed in the dressing rooms; the main distributing electrical cabinet has been remodeled with necessary wiring, switches, meters and rearrangement of the old panel; the nurses' dining room has been repaired and replastered and the steward's office was remodeled; one room has been added to the medical social service department; Venetian blinds have been installed in wards

three, four, five, six, seven and nine; the main water line connecting with the city sewer was enlarged.

Some additional equipment has been added as follows: two water tanks, fire extinguishers, water softener, lawn mower, refrigerator for the laboratory, basal metabolism equipment, skin grafting machine, power sewing machine, finisher and drilling machines for the brace shop, wheel stretchers, floor lamps, and miscellaneous pieces of equipment.

General repairs: some painting, and repairing of the chimney on the main building.

GIFTS AND DONATIONS

It gives me pleasure to again report the continued interest of the public in this hospital. The Catholic church and the Sunday schools of different denominations have given freely of their time to provide religious services and instruction for our patients. The Masonic women sew and mend for us, as well as contribute much new material; the Ramsey County Medical Auxiliary helps in the library; the Schubert Club furnishes musical entertainment; the Red Cross, the Needlework Guild, Sunshine society, sororities from the University, the Junior League, Knights of Columbus, Garden Club, entertainers from the theaters, the State Fair Board, and many other clubs and churches give time and effort to enrich the lives of children here; the East Side Legion Post sponsors our Boy Scout organization; the Girl Scouts and Campfire Girls contribute entertainment as well as gifts for special occasions; and the Christmas Fund provided by the St. Paul Daily *News* has been continued through the efforts of Paul Light of the St. Paul *Dispatch*.

NEEDS OF THE INSTITUTION

The following appropriations are recommended: current expense, \$430,000; general repairs and replacements, \$12,000; remuneration for visiting staff, \$20,000; instruction, \$4,000; library, \$500; special appliances, \$36,000; scientific apparatus and research, \$4,000; new rubber tile floors in staff dining room, children's dining room, and wards six and eight, \$1,000; laboratory and x-ray equipment, \$3,000; two motorized laundry trucks, \$800; improving grounds, \$2,000; installation of five new bedpan sterilizers, \$1,500; fire escapes and fire doors, \$2,000; replacement of worn-out furniture in wards, \$2,400; twenty-four wheel chairs, \$840; sterilizer for dressing room II, \$1,000; kitchen and bakery equipment, \$4,480; ventilating system should be installed in the swimming pool and the utility room should be remodeled as a patient's dressing room in ward I; construction of a forty-bed receiving hospital, \$80,000; construction of a laundry building, \$20,000; we are also in need of an incinerator.

CONCLUSION

To the staff of the hospital I wish to express appreciation of faithful service. To the medical and surgical staff, I wish to extend my deeply felt gratitude for untiring efforts at all times for the benefit and comfort of the patients under their care. To Mr. Swanson, Director of the Division of Public Institutions, I wish to extend appreciation for advice, guidance and support.

Respectfully submitted,
ELIZABETH MCGREGOR,
Superintendent

Hospital for Crippled Children

Classification	Year Ended June 30, 1940			Year Ended June 30, 1939		
	Male	Female	Total	Male	Female	Total
POPULATION						
In institution at beginning of year	137	110	247	124	112	236
First admissions	175	137	312	143	127	270
Readmissions	132	172	304	155	164	319
Transferred from out-patient department	18	6	24	21	11	32
Total under care	462	425	887	443	414	857
Died	4	1	5	3	2	5
Transferred to out-patient department	323	301	624	303	302	605
In institution at end of year	135	123	258	137	110	247
Total	462	425	887	443	414	857
Average population	123	100	223	117	103	220
Admitted as out-patients	53	48	101	63	39	102
AGE OF FIRST ADMISSION TO INSTITUTION AND TO OUT-PATIENT DEPARTMENT						
Under 1 year	23	12	35	27	9	36
1 year	6	9	15	16	9	25
2 years	13	13	26	11	8	19
3 years	8	14	22	7	9	16
4 years	11	9	20	12	7	19
5 to 7 years	42	21	63	17	24	41
8 to 10 years	31	24	55	34	18	52
11 to 13 years	25	27	52	28	28	56
14 to 16 years	33	27	60	35	35	70
17 to 20 years	36	28	64	19	19	38
21 years and over	—	1	1	—	—	—
Total	228	185	413	206	166	372
NATIVITY						
United States	227	184	411	206	165	371
Canada (includes Newfoundland)	1	1	2	—	—	—
Finland	—	—	—	—	1	1
Total	228	185	413	206	166	372
PARENTAGE						
Native parentage	187	160	347	170	136	306
Mixed parentage	27	16	43	22	13	35
Foreign parentage	10	6	16	11	13	24
Parentage unknown	4	3	7	3	4	7
Total	228	185	413	206	166	372
CONDITION ON TRANSFER TO OUT-PATIENT DEPARTMENT						
Cured	5	5	10	8	5	13
Improved	287	266	553	270	271	541
Unimproved	5	11	16	8	8	16
Untreated	26	19	45	17	18	35
Total	323	301	624	303	302	605
DURATION OF STAY OF PATIENTS						
Less than 3 months	179	167	346	148	182	330
3 to 5 months	65	55	120	99	53	152
5 to 12 months	57	65	122	39	52	91
1 year but less than 2	17	11	28	11	14	25
2 years but less than 3	7	2	9	4	2	6
3 years and over	2	2	4	5	1	6
Total	327	302	629	306	204	510

Hospital for Crippled Children—Continued

OPERATIONS FROM JULY 1, 1938, TO JUNE 30, 1940

Advancement of patella -----	1	Exploratory laparotomy -----	1
Amputation (Griffith-Stokes) -----	1	Exploration of nerve -----	1
Amputation (leg) -----	3	Exploration of scapula -----	1
Amputation (thigh) -----	1	Extra-capsular extraction of lens with	
Amputation (toe) -----	3	iridectomy -----	1
Appendectomy -----	3	Fascial transplant to abdominal wall	
Application of plaster dressing (un-		(Lowman) -----	6
der general anesthesia) -----	6	Goldthwait's Operation -----	2
Arthrodesis of carpal-metacarpal		Herniotomy (inguinal) -----	8
joints of thumb -----	2	Incision and drainage of Acute Os-	
Arthrodesis of hip -----	4	teomyelitis -----	10
Arthrodesis of interphalangeal joint		Incision and drainage of felon -----	2
(toe) -----	9	Incision and drainage of operative	
Arthrodesis of interphalangeal joint		wound infection -----	4
of great toe and transplantation		Incision and drainage of soft tissue	
of extensor hallucis longus to the		abscess -----	6
first metatarsal -----	6	Insertion of Kirschner wire (for skel-	
Arthrodesis of knee -----	6	etal traction) -----	5
Arthrodesis of shoulder -----	7	Insertion of Steinmann pin -----	6
Arthrodesis of wrist -----	1	Insertion of traction pins (fingers) -	
Arthroplasty of ankle -----	1	Iridotomy -----	1
Arthroplasty of elbow -----	3	Kuhnt's flap operation -----	1
Arthroplasty of hip -----	7	Laminectomy and decompression of	
Arthroplasty of metatarsal-phalangeal		spinal cord -----	2
joint -----	2	Laminectomy and excision of tumor	
Arthrotomy and biopsy of synovia -----	1	Laminectomy and exploration -----	2
Arthrotomy and excision of semilu-		Lengthening of flexor digitorum sub-	
nar cartilage -----	2	limis -----	1
Arthrotomy and removal of foreign		Lengthening of peronei tendons -----	3
body from knee joint -----	1	Lengthening of tendo Achilles (open)	
Aspiration of knee joint -----	1	Lengthening of tendo Achilles (sub-	
Astragaloctomy -----	2	cutaneous) -----	15
Astragaloscapoid arthrodesis -----	2	Manipulation of elbow -----	9
Biopsy of muscle -----	1	Manipulation of foot -----	66
Biopsy of connective tissue -----	1	Manipulation of hip -----	15
Bone block, anterior (ankle) -----	1	Manipulation of joints of fingers -----	1
Bone block, posterior (ankle) -----	2	Manipulation of knee -----	8
Capsulotomy of metatarsal-phalangeal		Manipulation of rotation osteotomy of	
joint and tenodesis of extensor hal-		tibia -----	1
lucis longus -----	1	Mastoidectomy (simple) -----	1
Capsulotomy, anterior (elbow) -----	1	Myotomy of adductor muscles -----	2
Capsulotomy, posterior (ankle) -----	3	Myotomy of hamstrings -----	2
Capsulotomy, posterior, of knee, and		Myotomy of pectoralis major -----	1
myotomy of hamstrings -----	1	Myotomy of pronator radii teres -----	7
Capsulotomy, posterolateral (ankle)		Myringotomy -----	4
Capsulotomy, posteromedial (ankle) -		Neurectomy, obturator -----	3
-----	13	Neurectomy, popliteal -----	2
Circumcision -----	7	Neurorrhaphy -----	3
Cutting of pocket flap graft -----	1	Onychectomy for ingrown toe nail	
Dissection (simple) -----	6	Operation for congenital flat foot	
Drainage of tuberculous abscess -----	2	(White) -----	1
Drilling of epiphysis of femur -----	6	Osteotomy for cartilagenous extosis	
Evisceration of bulb -----	1	Osteotomy of distal end of ulna for	
Examination of feet under general		epiphyseal disturbance of growth	
anesthesia -----	1	of radius -----	1
Excision of bursa -----	1	Osteotomy for exostosis (non-cartila-	
Excision of callous and closure of de-		genous) -----	4
fect -----	1	Osteotomy of head of radius and up-	
Excision of cyst of lower lip -----	1	per end of ulna for limited motion	
Excision of epithelial cyst -----	1	at elbow joint -----	1
Excision of ganglion -----	1	Osteotomy of lower end of fibula -----	1
Excision of infected granulation tis-		Osteotomy for Osteitis fibrosa cystica	
sue -----	1	and tibial bone graft -----	1
Excision of lipoma -----	1	Osteotomy for Osteomyelitis -----	13
Excision of neurofibroma -----	1	Osteoclasia (tibia) -----	1
Excision of patella -----	1	Osteoplasty for lengthening of bone	
Excision of scar tissue -----	5	(tibia and fibula) -----	5
Excision of sinus tract -----	1	Osteoplasty for shortening of bone	
Excision of sinus tract and removal		(femur) -----	2
of vitallium screws -----	1	Osteotomy (ankle) -----	2
Excision of skin and subcutaneous		Osteotomy of femur for bowleg -----	1
tissue from back of neck for web-		Osteotomy of femur (rotation) -----	4
bing of neck -----	1	Osteotomy (Gant) -----	1
Excision of tonsil tags -----	8	Osteotomy (humerus) -----	1
Excision of ulcer of skin -----	2		

Hospital for Crippled Children—Continued

OPERATIONS FROM JULY 1, 1938, TO JUNE 30, 1940—Continued

Osteotomy (intertrochanteric) -----	1	Repair of meningocele -----	8
Osteotomy of phalanx (finger) -----	1	Replacement of foot in leg lengthening apparatus (under general anesthesia) -----	1
Osteotomy of phalanx (toe) -----	1	Resection of superior maxilla for cyst -----	1
Osteotomy (Reidel) -----	3	Scapho-cuneiform arthrodesis and cutaneous plantar fasciotomy -----	1
Osteotomy (Schanz) -----	9	Scapho-cuneiform arthrodesis and transference of extensor of great toe to first metatarsal -----	1
Osteotomy (subastragalar) -----	1	Secondary suture of separated wound -----	1
Osteotomy (subtrochanteric) -----	11	Sever operation -----	1
Osteotomy (supracondylar) -----	4	Sequestrectomy -----	23
Osteotomy (tibia and fibula) -----	2	Shelving operation (hip) -----	14
Osteotomy of tibia (rotation) -----	11	Simple enucleation of bulb -----	1
Osteotomy, wedge, upper femur, with myotomy of adductors -----	1	Skin flap (three stages) -----	1
Osteotomy, wedge, through knee joint -----	3	Skin grafting (Esser) -----	7
Osteotomy, wedge (tarsus) -----	17	Skin grafting, Gillies tube graft -----	4
Osteotomy, wedge (tarsus) and calcaneocuboid and astragaloscaphoid arthrodesis -----	1	Skin grafting (pedicle graft) -----	25
Osteotomy, wedge (tarsus) and transference of posterior tibial tendon -----	2	Skin grafting (Reverdin) -----	7
Osteotomy, wedge (tarsus) and triple arthrodesis -----	2	Skin grafting (Thiersch) -----	6
Osteotomy, wedge (tarsus), and subcutaneous plantar fasciotomy -----	1	Skin grafting (Woulfe) -----	3
Osteotomy, wedge (tarsus), triple arthrodesis, and transplantation of anterior tibial tendon to dorsum of foot -----	1	Soutter Fasciotomy -----	1
Osteotomy, wedge (tarsus) and tenodesis of extensor hallucis longus and transplantation of anterior tibial to the middle of the foot -----	1	Spinal Fusion (Hibbs) -----	24
Plastic correction of congenitally deformed toe -----	1	Spinal Fusion with tibial bone graft -----	3
Plastic operation for congenital absence of fibula -----	1	Steindler transplant (arm) -----	8
Plastic on ear for reconstruction of defect of auricle -----	3	Stripping of fascia (Steindler) -----	3
Plastic on fingers (for syndactylism) -----	10	Subcutaneous plantar fasciotomy -----	13
Plastic on nose for deformity of ala -----	1	Synovectomy (knee) -----	2
Plastic Reconstruction for hypospadias -----	5	Tenodesis of extensor tendons of toes -----	1
Plastic repair of cleft lip -----	31	Tenodesis of extensor tendons and flexor tendons of toes -----	1
Plastic repair of cleft lip (secondary) -----	5	Tenolysis -----	1
Plastic repair of cleft palate -----	24	Tenolysis (with tendon graft) -----	1
Plastic repair of cleft palate (secondary) -----	3	Tenonectomy of tibialis posticus -----	1
Plastic repair of congenital defect of eyelids -----	1	Tenotomy of flexor tendons of toes (subcutaneous) -----	2
Plastic repair of scar tissue deformity by Z-relaxing operation -----	10	Tenotomy of internal rectus -----	1
Plastic repair of scar tissue deformity with pocket flap graft -----	2	Tonsillectomy -----	57
Reamputation (lower extremity) -----	6	Tonsillectomy and Adenoidectomy -----	171
Re-arthrodesis of shoulder -----	2	Torticollis Operation -----	11
Reduction of congenital dislocation of hip (closed) -----	9	Transplantation of biceps femoris to the patella -----	5
Reduction of congenital dislocation of hip (open) -----	11	Transplantation of extensor carpi radialis longus and brevis to finger flexors -----	1
Reduction of fracture by insertion of Kirschner wire and skeletal traction -----	1	Transplantation of extensor pollicis brevis tendon to the palmaris longus tendon -----	3
Reduction of fracture by manipulation -----	8	Transplantation of flexor carpi radialis to the extensors of the hand -----	1
Reduction of slipped femoral epiphysis (open) -----	4	Transplantation of flexor carpi ulnaris to extensors of the hand -----	1
Re-implantation of tube flap on abdomen -----	1	Transplantation of peroneal tendons to the Achilles tendon -----	4
Removal of suture (following tenotomy of the internal rectus of eye) -----	1	Transplantation of peroneal tendons to the calcaneus -----	4
Removal of Kirschner wire -----	1	Transplantation of peroneal tendons to the medial cuneiform -----	5
Removal of wire (used in fixation of fracture) -----	2	Transplantation of peroneus longus to the calcaneus -----	3
Repair of bone block of ankle -----	1	Transplantation of peroneus longus to the first cuneiform -----	1
Repair of detachment of retina -----	1	Transplantation of peroneus longus to the opposite side of the foot and transplantation of tibialis anticus to the outer side of the foot -----	1
		Transplantation of peroneus longus to tendo Achilles -----	1
		Transplantation of tendons (Hibbs) -----	15
		Transplantation of tibialis anticus to the outer side of the foot -----	1
		Transplantation of tibial tendons for propped flat feet -----	8

Hospital for Crippled Children—Concluded

OPERATIONS FROM JULY 1, 1938, TO JUNE 30, 1940—Concluded

Transposition of posterior tibial tendon under the navicular bone for congenital flat feet -----	1	Triple arthrodesis and bone block --	8
Triple arthrodesis -----	35	Tucking operation -----	1
		Thyroidectomy -----	3

BRACES AND APPLIANCES FROM JULY 1, 1938, TO JUNE 30, 1940

Canvas corsets new -----	96	Special shoes adjusted or applied to brace (not otherwise listed) -----	422
Canvas corsets repaired -----	58	Shoes repaired -----	1114
Number of leather jackets new -----	121	Splints new -----	270
Number of leather jackets repaired -----	52	Splints repaired -----	78
Number of leather jackets adjusted -----	27	Splints adjusted -----	55
Number of Taylor braces new -----	34	Artificial limbs new -----	42
Number of Taylor braces repaired -----	0	Artificial limbs repaired -----	80
Number of Taylor braces adjusted -----	3	Artificial limbs adjusted -----	5
Number of leg braces new -----	399	Crutches padded -----	18
Number of leg braces repaired -----	359	Gloves new -----	7
Number of leg braces adjusted -----	323	Wristlet new -----	2
Number of arm supports new -----	74	Torticollis collar -----	5
Number of arm supports repaired -----	35	Whitmans arches -----	1
Number of arm supports adjusted -----	19	Miscellaneous -----	42
Special shoes adjusted -----	1717	Tools repaired and sharpened -----	29

DENTAL WORK FROM JULY 1, 1938, TO JUNE 30, 1940

Patients treated -----	1811	Extractions:	
Prophylaxis -----	1890	Deciduous teeth -----	263
Pyorrhea treatments -----	56	Permanent teeth -----	110
Fillings:		Orthodontia cases -----	11
Amalgam -----	1047	Orthodontia treatments -----	74
Synthetic porcelain -----	294	Partial plates -----	4
Cement -----	265	Full upper and lower plate -----	1
		Plate repair -----	1