THE TREATMENT OF MENTAL DEFECTIVES IN MINNESOTA*  

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THE experience of years has changed the original idea that the purpose of state institutions for the care and treatment of mental defectives is to provide segregation for life, although this is still necessary for the majority of those committed who are idiots or imbeciles. Idiots are individuals with intelligence quotients up to 24 per cent (Kuhlmann scale) and mental ages up to two years; imbeciles are those with intelligence quotients from 25 to 49 per cent and mental ages from three to six years. However, with the more frequent recognition of the high grade mental defectives or morons with mental ages from seven to eleven years and intelligence quotients from 50 to 74 per cent, larger numbers of this type are, because of associated social problems, being admitted to the institutions for feebleminded. Unfortunately, the public usually understands that the term moron describes a person guilty of some terrible sex crime. This may be because the lay press tends to refer to such perpetrators as morons. These crimes, usually,

red blood cells in acute abdominal disease has done much toward clarifying the position that should be occupied by this valuable test in the differential diagnosis of acute abdominal conditions and has pointed the way to the prominent part this simple laboratory procedure will undoubtedly play in the future. Bannick found, after close observation in a number of cases in which the diagnosis was substantiated either by operation or bacteriologically, that:

1. The sedimentation rate is normal in acute simple appendicitis, but after rupture, with either localized or generalized peritonitis or abscess, the rate becomes elevated. It is readily seen how this test, which will give definite information as to the presence or absence of perforation, will be of unlimited value in the surgical management of acute appendicitis.

2. Occasionally, in cases of acute pelvic inflammatory disease, the sedimentation rate will be within normal limits during the first forty-eight hours after the onset of abdominal pain. Beyond this time it is invariably elevated. This finding shows that one must not rely on a normal sedimentation rate in distinguishing appendicitis and acute pelvic disease within the time limit stated.

3. In acute cholecystitis and acute infections of the urinary tract, the sedimentation rate was usually elevated, even early in the disease, but not invariably so.

Bannick hastened to caution that the sedimentation rate, although more trustworthy than the white blood count, is not infallible and certainly should take second place to a careful history and physical examination.

Summary

Emergency operations are usually lifesaving procedures and the surgeon should choose the most conservative procedure available which is compatible with the problem at hand. Corrective operation can frequently be advantageously delayed until the patient has recovered from the emergency lifesaving operation with less risk to the patient and a better probability of carrying out a complete and curative procedure. This is especially true in acutely perforated peptic ulcer and acute intestinal obstruction. It also holds in the severe grades of acute cholecystitis, acute appendicitis and strangulated hernia.

The sedimentation rate is of definite value in the differential diagnosis of acute abdominal diseases.

References


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MAY, 1940
MENTAL DEFECTIVES IN MINNESOTA—ENGBERG

however, are not committed by feeble-minded persons but by individuals with psychopathic personalities requiring treatment and control different from that needed by mental defectives.

Many of the moron group can return to their communities to be entirely or partly self-supporting under supervision. This is highly desirable both for humanitarian and economic reasons. Expanded and improved school departments have increased the number of these children who may have the benefit of proper treatment in state institutions through shortening the average time spent there for training. For this reason, each child is carefully studied to determine the amount of academic work that should be taught. The type of vocational training to be given is determined in part by the special aptitude present and in part by whether the individual will return to a rural or urban community. Special attention is given to recognize and correct improper habits and emotional reactions. The educational and recreational programs are planned to try to develop a proper social adjustment.

The new arrival sent to our institution by the Board of Control after commitment enters first the hospital for fourteen days of isolation to prevent the spread of contagious diseases. During this time, routine physical, neurological, and psychiatric examinations are made as well as laboratory studies of the blood, urine, smears from the nose and throat, the blood Wassermann test, the Mantoux test, an x-ray of the lungs to prove the presence or absence of active tuberculosis, as well as spinal fluid examinations, when indicated. Those unprotected against smallpox are vaccinated upon arrival. Each case is reviewed by the physician in charge with the entire medical staff at the weekly medical rounds and agreement is reached as to the cause and diagnosis of the mental defect present, and of the treatment of physical disabilities present. When necessary, arrangements are made for consultation with specialists in various fields. A full-time dentist checks the condition of the teeth of each child upon admission and takes care of dental needs while in the institution. Special attention is given to provide an adequate and well-balanced diet, together with special diets when required.

Each week a general Staff Case Conference occurs at which are present the resident physicians, the principal of the school department, the social service workers, and the dormitory division supervisors, with the superintendent presiding. Each new arrival is presented in person with medical, social, and school histories, except for low grades who are cleared by record only. It is determined to which dormitory the child will be assigned; the type of formal training, if any, to be given; or the kind of institutional work to be assigned if training is not necessary or desirable. The newly admitted fall into one of six classes:

1. For segregation, low grade defectives and those seriously crippled. These require continuous nursing care.
2. For segregation, low grade defectives able to do some type of institution work.
3. For segregation, chronic delinquents who are assigned to special locked buildings for each sex.
4. For sterilization and immediate return to the community.
5. Defective delinquent girls transferred for sterilization from the State School for Delinquent Girls at St. Cloud.
6. Those desirable for placement after completing period of training.

The last group is referred to the School Department. On April 25, 1939, this consisted of:

I. Teachers:
   One principal and an assistant.
   One librarian.
   One teacher of music and one bandmaster.
   Six pre-vocational or manual arts teachers.
   Six industrial teachers.
   Eight academic teachers.
   Two physical education teachers.

II. Rooms:
   Sixteen in the school building.
   Six industrial rooms in other buildings.

III. Children:
   213 children in the academic department with intelligence quotients above 50 per cent and between six and eighteen years of age.
   75 boys in industrial departments, with intelligence quotients from 30 to 50 per cent and between six and eighteen years of age.
   99 girls in industrial departments, with intelligence quotients from 30 to 50 per cent and from six to eighteen years of age.

*The Board of Control has been replaced by the Department of Social Security which consists of the Divisions of Employment and Security, Social Welfare, and Public Institutions, as created by the Reorganization Act which was passed by the last legislature. Feeble-minded persons are committed to the guardianship of the Director of Social Welfare, and the School for Feeble-Minded is operated under the supervision of the Director of Public Institutions.
The School Department reports to the Case Conference the record of each child as soon as training is completed to determine whether community placement is desirable. Favorable action occurs only if the individual is considered likely to possess all the qualities necessary to maintain himself in whole or in part under local supervision. If approval occurs, the County Welfare Board is so informed, together with a statement of the appearance, physical condition, training and proficiency, habits, and emotional stability of the individual with the recommendation that plans for placement be undertaken. Placement is recommended by the Case Conference if the members approve the plans submitted. The person is discharged from the institution when authorization is received from the Board of Control, and thereafter is under the permanent supervision of County Welfare Board. Ordinarily, a female in the child-bearing years, or a male, irrespective of age, is not paroled unless sterilized.

Group four, consisting of those admitted for sterilization and immediate return to the community, are represented by cases in which one or both mates in a family are sent to us for the purpose of sterilization, upon the recommendation of the County Welfare Board. They return to their own homes after convalescence. A case in this group is that of a man thirty-two years old whose intelligence quotient was 43. He had lived all his life on a farm and had good habits. All the members of his family were subnormal and depended upon him to do most of the work. When his County Welfare Board learned that he had married, steps were taken to have him committed as feeble-minded and a few days after his marriage he agreed to enter our institution immediately to be sterilized and was then paroled to his home. Another one of this group was a mother, thirty-nine years of age, with an intelligence quotient of 59, who was sent to our hospital during the past year to be confined and who had consented to sterilization thereafter. She gave birth to her fifteenth child, of whom all but one were living. It had been determined before she was sent to us that three of her children were morons, one was dull-normal, and the others had not had a psychometric examination. Five of them were of pre-school age and the attendance of the others at school was intermittent because of the laxity of the parents. The two eldest daughters became illegitimately pregnant at the ages of fifteen and seventeen years respectively, and one of them has been committed as feeble-minded. During the year 1938, twenty-four women, after commitment, were admitted for confinement with the possibility of sterilization if a plan for their return to the community were approved. For seventeen of this group such a procedure is evolving or has been completed. Nine of the twenty-four are unmarried mothers, nine are married and already have families which exhibit degrees of mental defect, while six have been married, and are not living with their husbands—the last child being illegitimate.

The fifth group is made up of girls transferred to us from the State School for Delinquent Girls at Sauk Center. This institution is not one planned for the care of feeble-minded but some are found to be mentally defective after admission and these are committed to the custody of the State Board of Control. However, because of our lack of space, their training is completed at Sauk Center and those considered suitable for placement are sent to us for sterilization. This group will be transferred to an institution for feeble-minded immediately after commitment when sufficient space is provided.

Last August a questionnaire was sent to the County Welfare Boards relative to those on parole from our institution to determine how well they were adjusting to community life. Of 1,190 sent, 906 responses were received, of which 765 referred to females and 141 to males. The data have not been completely tabulated but the reports leave a favorable impression and justify the efforts to return desirable, trained mental defectives to life outside the institution under proper supervision. A study made a Hemepin County March 31, 1939, of individuals on parole from the institution, showed that there were at the time, 102 of 140 females, and 29 of 49 males, employed under the supervision of the County Welfare Board.

Since 1921 our institution has shared with the state in the splendid work done by Dr. F. Kuhlmann as Director of the Division of Examination.
MENTAL DEFECTIVES IN MINNESOTA—ENGBERG

ADMISSIONS

<table>
<thead>
<tr>
<th></th>
<th>Moron</th>
<th>Imbecile</th>
<th>Idiot</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>New admissions</td>
<td>93</td>
<td>151</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>Readmissions</td>
<td>244</td>
<td>78</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>12</td>
<td>2</td>
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Infants born or admitted here with mother for nursing care. Returned to county of residence at three months of age.

Grand Total

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<tr>
<th></th>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td></td>
<td>260</td>
<td>246</td>
<td>452</td>
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ANALYSIS OF DISCHARGES

For the Calendar Year 1938

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Total</th>
</tr>
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<tr>
<td></td>
<td>Ster.</td>
<td>Not</td>
<td>Ster.</td>
<td>Not</td>
<td></td>
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<tr>
<td>To county supervision after period of institutionalization</td>
<td>12</td>
<td>5</td>
<td>32</td>
<td>8</td>
<td>57</td>
</tr>
<tr>
<td>To county supervision after sterilization only</td>
<td>17</td>
<td>35</td>
<td>24</td>
<td>24</td>
<td></td>
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<tr>
<td>Supervision of Lynnhurst Club, St. Paul</td>
<td>7</td>
<td>24</td>
<td></td>
<td></td>
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<tr>
<td>To county other than that of residence (Farm placement)</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>To county after confinement and sterilization</td>
<td>15</td>
<td>15</td>
<td></td>
<td></td>
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<tr>
<td>Transferred to other institutions</td>
<td>3</td>
<td>27</td>
<td></td>
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<tr>
<td>Infants returned when three months old to county after birth here or after providing nursing care only, when admitted with mother</td>
<td>13</td>
<td>14</td>
<td>27</td>
<td></td>
<td></td>
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<tr>
<td>Supervision of home school</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Escapes</td>
<td>11</td>
<td>6</td>
<td>4</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td>31</td>
<td>1</td>
<td>12</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>39</td>
<td>87</td>
<td>122</td>
<td>45</td>
<td>293</td>
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</table>

The total of 9,144 given above does not include any of the 932 patients in the Colony of Epileptics at Cambridge. The majority of these are mentally defective in addition to suffering from epilepsy, and properly increase the total of mental defectives in the state to about 10,076.

Annual commitments are now in excess of 700 per year, and the waiting list of 1,200 is already so large that from three to five years elapses after commitment before space becomes available at Faribault. This unfortunate condition...
UNUNITED fractures of the neck of femur—HENDERSON

The accompanying tables are presented to show the movements of the population at the Faribault Institution for Feeble-Minded in the calendar year 1938.

The above admissions and discharges occurred during a year in which our average daily population was 2,349 (females 1,126; males 1,223) and is representative of what will probably be the record in the future except for the reduced number of new admissions.

In closing, it is proper to repeat that although state institutions still play a necessary part, they cannot solve the entire problem of the care and treatment of mental defectives. In other words, the solution is not as simple as merely the commitment to an institution. Rather, the problem is so great that we must plan for reasonable control, rather than for complete solution. This requires the combined, coordinated efforts of the local communities, schools, courts, local county welfare boards, institutions, and the state department. It is essential that physicians in local communities recognize the condition when encountered in practice so that they may personally, or through reference to qualified specialists, give proper advice to the patient's family or welfare agencies and also, when necessary, to properly meet the legal requirements for possible commitment. To diagnose and recognize the needs for low grade mental defectives is not difficult, but to do the same for morons requires a thorough knowledge of this group. The failure to recognize all mental defectives presenting social problems and the failure or delay in establishing proper control of them results in great expense, unhappiness, and suffering.

PRESENT-DAY TREATMENT OF UNUNITED FRACTURES OF THE NECK OF THE FEMUR

MELVIN S. HENDERSON, M.D.
Rochester, Minnesota

UNUNITED fractures of the neck of the femur are more commonly encountered among elderly women than among elderly men. Many of the patients manage to get along well enough to meet the economic and social demands made on people of their age, and if so, surgical measures need not be considered.

Selection of Patients for Surgical Operation

If disability and pain, further complicated by social and economic conditions, make life unhappy, surgical interference may be deemed advisable. The surgeon, however, must be convinced, first of all, that the patient's life expectancy warrants the time and money to be expended by the patient. The surgeon must be sure, also, that the operative risk as to life, infection and so on, is justifiable. Organic heart disease, such as myocarditis and involvement of the coronary arteries, are distinct contraindications to operation, and obesity, if it is at all marked, is an unfavorable factor. Very rarely should a patient who is more than sixty-five years of age be operated upon for an ununited fracture of the hip.