

by employees, is being remodeled for a receiving hospital, which we hope to occupy during the fiscal year, provided funds are made available for furniture, fixtures, and other operating expense. In the past, patients coming to the sanatorium for the first time were put in wards even before the sputum status of the new arrival was known. Occasionally non-tubercular cases were admitted, and cases that should be studied over a period of time were rejected, because of lack of facilities for isolation and special study. With this addition, however, it will be possible for the doctors and nurses to complete their medical care and study of the patient before they are transferred to treatment floors. This is a most important addition to the medical and nursing care of the patients. The remodeling of the wing, both office and administration hospital, has been carried on by the WPA. This will complete a program begun several years ago.

The following are other WPA projects that have been completed: Interior painting on all hospital wards, service buildings, greenhouse, pumping station, Camp House, Nurses' Home, Nurses' Annex, Men's Dormitory, Hall Pavilion, Power Plant, and staff residences; construction of two separate garages for staff residences, three-stall garage addition to blacksmith shop; remodeling Camp House into living quarters for nurses, improving grounds, and constructing sidewalks. Repairs to two boilers have been made in the power plant at a cost of approximately \$2,500. The brine refrigerating plant has been replaced with two freon units at an approximate cost of \$900. Improvements are being made to the sewage treatment plant, consisting of ventilating and insulating primary and secondary clarifiers.

To continue the work of caring for the sick is not an easy task, and I wish to express my gratitude to the staff and the many employees for their splendid cooperation and support. Further I wish to express my appreciation and thanks to the officials with whom we have all worked under the most cordial relations the past biennium. We have frequently called upon many of them for help which has always been most graciously given to us.

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

Gillette 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 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
Margaret McGregor, R. N. -----	Superintendent of Nurses
Grace Jones, D. D. S. -----	Dentist
Mary R. Clark -----	Principal, School Department

Capacity of institution -----	250
Number of patients June 30, 1942 -----	197
Area of grounds -----	23
Value of lands and buildings -----	\$684,400.00
Value of personal property -----	59,860.00
Expenditures for year ended June 30, 1942:	
Current expense -----	221,202.11
Repairs and replacements -----	2,196.01
Permanent improvements -----	3,049.75
Scientific apparatus and equipment -----	1,649.75
Special appliances -----	12,867.73
Instruction and amusement -----	1,197.90
Remuneration for visiting staff -----	9,360.76
New hospital building -----	66,012.01
Gross per capita cost -----	1,100.51

Officers and employees June 30, 1942:

Current expense -----	147
Special appliances -----	5
Visiting staff -----	13

 ORGANIZATION

Children whose parents are poor, who have been residents of Minnesota for one year previous to the date of making application, and who have an orthopedic condition that can be helped by hospital treatment, are eligible for treatment after their application has been approved by the Orthopedic Staff and the Division of Public Institutions. Application is made by the family physician, and is accompanied by a parents' statement in the form of an affidavit covering the financial situation of the family. This is approved by the County Welfare Board. Except in case of emergency, applicants are put on the waiting-list and notified when there is room.

Emergency cases are cared for as soon as possible, and applicants are requested to notify the Superintendent or have their family physician do so when the case is considered an emergency.

There is no cost to the parents except the expense of bringing the child to the hospital, providing the clothing necessary while in the hospital, and coming for him when he is discharged. Braces and appliances are furnished free of charge to patients under twenty-one.

Children are admitted during minority. They receive care for all physical conditions after admission as well as for their orthopedic condition. Patients with pulmonary tuberculosis are not eligible. A limited number of feeding cases are admitted, preferably infants under six months of age. Children remain in the hospital as long as in need of hospital care. They are then discharged to the Out-Patient Department with instructions to parents covering home care and later report to the hospital.

While in the hospital all children of school age and physically able, attend school. The School Department includes kindergarten, all grades, and High School. Children who have completed High School work may take a business course or some special course, depending upon their ability, or University Extension work. Children are not admitted to attend school only, but must be in need of hospital care.

Religious instruction is given all children above the Infant Wards, with Sunday School teachers from the various denominations, all instruction is given in a regularly organized Sunday School every Sunday morning from 9:30 to 11:30, with children's church once a month each for Catholic, Lutheran, and General which is made up of all other denominations. Children make their first communion and are confirmed in classes twice a year. Every effort is made to give the children as near a normal existence

as it is possible to have in an institution, and to meet this situation much attention is given to the individual. It is not considered that the object of the hospital has been fulfilled when physical care only has been given. Character building is of as much importance to the child's future as correcting his deformity, and here an attempt is made to accomplish both at the same time.

The hospital has fulfilled the requirements of the American College of Surgeons and has been in Class "A" since 1922 when it was first inspected by their representatives. It is also on the approved list for Fellowship in Orthopedic Surgery by the American Medical Association, and is a member of the American Hospital Association. The School of Nursing, which provides special training in orthopedic and pediatric nursing, is accredited.

The School Department is accredited by the State Department of Education.

The medical students at the University of Minnesota come for lectures and clinics throughout the year. Students in the Public Health Department of the University of Minnesota have a part of their practice work here. Technicians and Physicians in the Kenny Technique Treatment have lectures, demonstrations and practice work here.

REPORT OF THE CHIEF OF STAFF

To the Director, Division of Public Institutions:

The following report gives a good idea as to the record of activities of the Gillette State Hospital for the last biennial period.

The amount of work at this institution has been increasing yearly since its establishment. However, I believe the year of 1941 likely marks the peak since the opening of the institution. The year 1942 will show a definite decline in the amount of work done because of a marked diminution of the staff; both the visiting staff and the house staff. In 1942 a number of physicians left the institution for service in the war. This is also true with the house staff, the physicians and nurses, as well as the individuals who have been in the employ of the institution, and because of the inability of the institution to secure extra help, the services have correspondingly been less.

I feel it is the duty of the Chief of Staff to thank the members of the institution and Visiting Staff for their co-operation and hours of labor which make such a report possible. It is no longer possible for an institution such as this, to be run by any one special group of physicians but requires the thought and time of all the branches of medicine as well as the advantages of specialties in nursing, physiotherapy and other special fields, in which the nurse has become proficient.

At the present time the House Staff of physicians consists of one Fellow from the Mayo Foundation and one Fellow in Orthopaedic Surgery from

the University of Minnesota. We have two resident interns who give part time service and several students from the University who assist all doctors in obtaining histories and physicians' examinations of new patients. The competent service rendered by the Fellows in Orthopaedic surgery relieves the visiting staff to a great extent, and we hope after the war we can again have four resident in orthopaedic surgery as well as a regular corps of interns. Apparently so far we have been fortunate in maintaining our present staff.

The resident dentist's part-day service has been entirely satisfactory and apparently at the present time is able to take care of the needs of the institution.

The physiotherapy department has received a stimulus in the past two years through the work suggested by Sister Kenny and excellent co-operation to the institution has been given by this department.

The Social Service department and the Department of Social Security have co-operated with the state institutions to their advantage, in that the Social Service department has been responsible for state clinics as well as taking care of a number of patients in private hospitals.

The out-patient department, with the increase in size of the institution, has also increased in the number of out-patients and work done in this department. This is still a great advantage to this institution in that it leaves beds in the hospital for those who are unable to come and go and require hospital care.

The advantage of school instruction is apparent to those who work in hospitals realizing in an institution such as this many hours of time are gained in mental training and the learning of an occupation is often beneficial to treatment. Most children, even in spite of operations and lost class periods, are able to leave the institution without the loss of school time.

The proposed new admission unit will be of great value when completed, in that it will aid in preventing the spread of infections which so often almost paralyze an institution such as this as far as orthopaedic work is concerned. We do hope that this building may be completed in the near future.

The needs of the institution have been very carefully enumerated by Miss McGregor, Superintendent.

I wish to thank the Division of Public Institutions for their special interest, guidance and thought in helping the progress of the Gillette State Hospital.

Respectfully submitted,

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

REPORT OF THE SUPERINTENDENT

To the Director, Division of Public Institutions:

The following report covers the work done by the departments of Gillette State Hospital during the biennial period ended June 30, 1942.

NUMBER OF PATIENTS

The number of patients cared for during this period has increased by 119, although the daily average population in the hospital has decreased. The total number of visits to the out-patient department for 1940 and 1941 is 6,643; 1941 to 1942, 6,408. This number does not include the Gillette Hospital patients who were seen at the field clinics.

MEDICAL SOCIAL SERVICE DEPARTMENT

The Medical Social Service Department at the Gillette State Hospital for Crippled Children has been functioning since 1937. Its establishment was made possible through the Bureau for Crippled Children. One qualified worker and a secretary were provided. As the work of the department expanded, it became necessary to increase the personnel. In the fall of 1940 a second medical social worker and a secretary were added to the staff. In accordance with the policy for division of work among the hospital staff, one worker was assigned to the Girls' Service and the other to the Boys' Service.

The Social Service Department is responsible for the medical follow-up on all patients. Those who fail to keep their appointments within three months are sent a postcard reminder. If there is no response, a letter is written and sometimes a home call is necessary. We enlist the assistance of the Bureau for Crippled Children, the county nurses, the welfare board, and other interested agencies in overcoming the patient's fear, lack of understanding, or problems of transportation which may be hindering his medical treatment.

An increasing number of Gillette Hospital patients are being referred to the field clinics arranged by the Bureau for Crippled Children. Seventeen clinics are held during the year in strategic centers throughout the state. Check-up examinations are given and new patients come in for diagnosis and suggestions for further treatment. Many of these new patients will eventually come to Gillette Hospital.

The social worker attends the clinics taking the records for the Gillette Hospital patients in the area. About five hundred seventy Gillette Hospital patients are seen in the field clinics each year. It is expected this number will increase because of the present transportation problem. The patients are referred to the social worker after their examination by the doctor. The recommendations are carefully explained and further treatment is planned. This may include plans for hospitalization, the securing of appliances, medi-

cations or special shoes. There is opportunity to continue treatment of problems previously discovered during the patient's stay in the hospital, or brought to our attention through the nursing reports of the Bureau for Crippled Children nurses.

The same type of service is given in the out-patient department clinic held weekly on Thursday mornings at the hospital. All new admissions to the hospital are seen by the social worker. An effort is made to give the patient and his parents a thorough explanation of his condition and what it may mean to him in terms of his own social limitations. If his cooperation and understanding can be secured at this point, recommendations for home care are more likely to be followed. The handicapped or sick child is often indulged at home or pitied at school. Personality difficulties may arise where there has been a sudden illness resulting in a permanent handicap. The child's entire plan of life may be affected. The ground work for treatment of these problems can frequently be made during the admitting interview.

The social information with the worker's evaluation of the social situation is arranged in topical form and becomes part of the medical record. There are three hundred twenty of these fully recorded cases active at present. We are attempting to limit the number in order that more intensive work can be done in the wards.

When patients are discharged from the hospital we work with the Bureau for Crippled Children in plans for home care. Their nurses visit the homes, supervising the exercises and the wearing of appliances. Reports of these visits are sent to the hospital to be reviewed by our doctors. The County Welfare Boards cooperate in planning transportation, in providing adequate diets, in improving home conditions and assisting the parents with the many problems of child training.

Arrangements are made for special instruction in speech classes, either through the local school or the University Hospital. The speech-clinician from the Bureau for Crippled Children sees patients in the hospital one morning a week. Occasionally children are referred to the School for the Deaf and to the Braille and Sight Saving School at Faribault. Where home conditions are poor, boarding home care may be indicated, or institutionalization of the mentally retarded child. This year many of our patients have moved to the West Coast or to defense plant areas. Plans for continued treatment and care are made through the Bureau for Crippled Children in each state.

Last summer a student from the School for Social Work at the University of Minnesota was assigned to the department for field work training. We hope these field placements can in time become a permanent part of our program as the work with students is stimulating and helpful to the department.

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 unfailing interest, cooperation and assistance in instruction in ward and classroom.

EDUCATION

All children of school age, both bed and up patients, have school. We are cooperating with the home school in furnishing information secured here on results of tests, both mental and vocational. Additional work has been given students, both technical and professional, in the Kenny Technique in treating poliomyelitis. The medical students come throughout the year.

On admission, all patients of six years and over are enrolled in the school department. Only on the doctor's orders are any patients exempt from some form of classwork. The school department includes elementary and high school training. Educational training is also given to patients who are high school graduates. A letter is written to the home school asking for a complete school record, special tests, and any other information which may be helpful in placing the student correctly. We keep daily attendance and credit records to send to the home school on the patient's discharge from the hospital. Report cards are not given out during the patient's residence in the hospital.

The hours for classes continue the same as for previous years. From nine in the morning until four in the afternoon, with a two-hour intermission at noon, the patients have school. This intermission period is given over to dinner, treatments, and rest periods. The convalescent patients have a five-hour program but the bed patients have only two hours for classwork. They may use two other hours for study or craftwork. We do not go into the wards for any classwork before ten o'clock. The wards are called daily for a report of patient who are not to have classwork. Just before nine o'clock, the carts of school bags are taken to the wards and returned to the school building at four o'clock. Each bag is labeled with the patient's name and grade. All patients above the fourth grade may keep their books for the day. The primary grade children have their books only during the period of classwork with their teacher. Special permission must be given if any

patient wishes to keep books or supplies over night. All books and supplies are furnished by the hospital. During school hours, all personal effects are put away and radios are turned off. For special broadcasts, the children may listen to the radio under the supervision of a teacher. The teachers must be ready at any time to adjust their programs to accommodate unavoidable changes necessary in the wards.

Our regular staff consists of seven—a principal, two high school teachers, one intermediate grade teacher, two primary teachers and one librarian. We have special teachers, if necessary, for French and German tutoring. A psychologist comes once a month to give necessary tests. Six volunteers from the Junior League have been very helpful in reading to patients who are blind or unable to use their hands. Ten high school girls, working in two-week shifts, from the National Youth Administration group have also been helpful in routine work and reading lessons to patients. From the Works Progress Administration group we have had the services of a clerical worker and a music teacher. Patients, graduates of high school, have assisted in the library, school office, elementary grade rooms, craft classes and reading lessons to patients. All assistants are assigned to work under the supervision of a member of the staff.

As all patients are residents of this state, the Minnesota State curriculum is used. In special cases, outlines and texts from the home school are used. State Board examinations are given at the close of the school year. All high school subjects are offered except chemistry, physics, agriculture, shorthand and typing. A practice period is assigned to students who have had typing in their home school.

The home schools have been splendid in their cooperation. The patients know that their credits, ranging from one month to nine months, are accepted in their home school. This fact encourages the patients to achieve as much as possible during their stay in the hospital.

All staff teachers, with the exception of one primary teacher, instruct both bed and convalescent patients. Recitation classes for the boy bed patients are held in the morning and for the girl bed patients 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 classwork are brought to the school building.

The library is a place the children enjoy and appreciate. We have about forty-five hundred books and fifty-seven periodicals for the patients and teachers to use. Library classes for the convalescent patients are held daily. These patients may also come to the library and browse around for recreational reading. Bed patient wards are visited twice a week for the children to choose recreational reading. The librarian cooperates 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. A portable victrola with records from the library give the bed patients an opportunity to hear good music. A Christmas present to the library of an electric phonograph and radio has given many hours of enjoyment to the convalescent patients. News broadcasts are tuned in during Current Events classes.

Summer school is in session from June through August. We try to vary the program each year. We always offer a homemaking course which includes planning, cooking and serving of meals, laundering, sewing and mending. Both girls and boys may take these courses. Other classes may include music, chorus, debates, nature study, vocabulary building, drawing, newspaper editing, science, games and crafts. Patients who have subjects to complete are tutored.

Religious instruction is given each Sunday to patients by teachers of their own denomination. Convalescent patients come to the school building for their instruction. Sunday School teachers go to the wards for the bed patients. Church services are held once a month for the different denomination under the grouping—Catholic, General Protestant and Lutheran. Jewish children may have their own Rabbi give them instructions. Church services, in the auditorium, are attended by both bed patients and convalescents. From nine-thirty until eleven-thirty each Sunday morning religious instruction is given. One staff teacher is on duty each Sunday to supervise the attendance but not the instruction.

Holidays are always observed with special programs. Entertainments are given by various groups and organizations. The patients stage their own plays: dramatizing a story, writing an original play, making their own costumes and scenery. The Boy Scout Troop, supervised by the East Side American Legion Post, has been very active. Our traditional Christmas Eve ceremony, in which the patients take part, draws many visitors who are impressed by the beauty and spiritual significance.

IMPROVEMENTS

During this period there have been the following improvements: Repair to the roof of the main building, replacement of porch over the front door, painting of all rooms, halls, closets on the entire second floor, painting of approximately two-thirds of the first floor, painting of three-fourths of the basement rooms and tunnels, the entire boiler rooms and laundry, one-fourth of the beds, bed-side stands, chairs, and other painted equipment in the hospital, repair of plaster where needed, repair of cement where needed, repair of roof over the dining rooms, repair of doors and door casings in the main hall, kitchens and serving rooms. Mastic tile floors have been put down in all the dining rooms, general office, superintendent's office, record

room, Ward 6, and the main corridor; the sound-proof ceiling in the out-patient department was repaired; an outside incinerator was built and installed; a new dish-washing machine has been installed; new sidewalks to the service department and curbing have been put in. We have added bedside tables and wheelchairs. Beds have been repaired; some of the doors have been faced with metal, screen doors, window screens, storm doors and storm windows have been repaired. We have been able to have much of this done with the help of the WPA Project.

Refrigerators for the wards were added. A lamp in the operating room has been changed to a safety non-explosive lamp. We have added an electric cardiograph. Arrangements have been made to install bed pan sterilizers and to change the closet off Ward 2 into a babies' bathroom. The fire escapes recommended by the Industrial Commission and the Fire Department, for which money was appropriated, have not been put up, due to war restrictions. Plans for the new addition were completed and the contracts let, but due to war conditions this has been deferred for the present.

GIFTS AND DONATIONS

The "Christmas Fund" has provided gifts for the children each year, Christmas decorations and entertainment throughout the year.

The Masonic women donate one day each month mending and sewing for the children. The St. Paul Junior League furnishes special workers in the school and out-patient department. Music clubs give entertainments, the Red Cross, Sunshine Societies, churches, and individuals all contribute time and materials to broaden the lives of the children, Chi Omega Alumnae sew, provide entertainment and birthday and Christmas gifts for one ward.

The Sunday School teachers for the different denominations give their service each Sunday. Clergymen from the Lutheran, Catholic and Protestant churches conduct services.

NEEDS OF THE INSTITUTION

We need to continue painting under WPA. We also need to continue with the general repairs for furniture and equipment. All mattresses for patients and personnel should be renovated, built up to standard weight, and recovered. We have had no repair work for many years, and it is now badly needed.

We need temperature control for the operating room and baby wards. We need a new sterilizer in dressing room No. 2. The radiators and steam pipes should be covered in order to prevent burns, as soon as materials are available.

We need three new ranges in the kitchen and a medium-sized dough mixer in the bakery.

General repairs of motors, conduits, switches, hardware fitting, and valves should be carried out immediately when needed, and sufficient supplies for this purpose should be provided.

BRACE SHOP

Sufficient funds to carry on the work in the brace shop is imperative if we are to function efficiently. This has been lacking, and it has been necessary to wait for supplies to finish braces and leather corsets for months at a time. There should also be enough in the fund to furnish surgical shoes and optical supplies as needed.

VISITING STAFF

I am again asking for additional appropriation for remuneration of the visiting staff.

INSTRUCTION AND AMUSEMENT

We need the same amount as last year for instruction and amusement to supply students with books, supplies, and magazines, also books and professional magazines for the interns and student nurses, supplies for occupational therapy for student nurses, educational materials for teaching both patients, student nurses, and interns.

We are grateful for the assistance of all who give of their services to enrich the lives of the patients. We gratefully acknowledge the splendid work of the staff and employees. They serve their country whether at home or in the armed forces. We are grateful for the help and support of the Division of Public Institutions.

Respectfully submitted,
ELIZABETH MCGREGOR,
Superintendent

Gillette State Hospital for Crippled Children

Classification	Year Ended June 30, 1942			Year Ended June 30, 1941		
	Male	Female	Total	Male	Female	Total
POPULATION						
In institution at beginning of year	136	95	231	135	123	258
First admissions	159	149	308	176	142	318
Readmissions	210	115	325	182	163	345
Transferred from out-patient department	17	14	31	16	15	31
Total under care	522	373	895	509	443	952
DEATHS AND TRANSFERS						
Died	6	3	9	6	—	6
Transferred to out-patient department	422	267	689	367	348	715
In institution at end of year	94	103	197	136	95	231
Total	522	373	895	509	443	952
ADMISSIONS AND TRANSFERS						
Average population	106	95	201	117	89	206
Admitted as out-patients	46	36	82	52	39	91
AGE OF FIRST ADMISSION TO INSTITUTION AND TO OUT-PATIENT DEPARTMENT						
Under 1 year	18	21	39	26	16	42
1 year	8	15	23	10	14	24
2 years	14	13	27	17	8	25
3 years	9	6	15	14	9	23
4 years	5	7	12	10	9	19
5 to 7 years	38	34	72	29	28	57
8 to 10 years	21	26	50	29	21	50
11 to 13 years	35	24	62	28	25	53
14 to 16 years	34	19	53	44	31	75
17 to 20 years	17	20	37	20	19	39
21 years and over	—	—	—	1	1	2
Total	205	185	390	228	181	409
NATIVITY						
United States	205	185	390	228	180	408
Canada (includes Newfoundland)	—	—	—	—	1	1
Total	205	185	390	228	181	409
PARENTAGE						
Native parentage	170	152	322	185	149	334
Mixed parentage	22	21	43	23	22	45
Foreign parentage	8	10	18	14	8	22
Parentage unknown	5	2	7	6	2	8
Total	205	185	390	228	181	409
CONDITION ON TRANSFER TO OUT-PATIENT DEPARTMENT						
Cured	2	2	4	9	7	16
Improved	379	236	615	321	305	626
Unimproved	19	5	24	11	13	24
Untreated	22	24	46	26	23	49
Total	422	267	689	367	348	715
DURATION OF STAY OF PATIENTS						
Less than 3 months	253	156	409	211	230	441
3 to 5 months	93	55	148	54	50	104
5 to 12 months	69	46	115	77	57	134
1 year but less than 2	9	12	21	26	9	35
2 years but less than 3	1	—	1	2	2	4
3 years and over	3	1	4	3	—	3
Total	428	270	698	373	348	721

Gillette State Hospital for Crippled Children

OPERATIONS FROM JULY 1, 1940 TO JUNE 30, 1942

Acetabuloplasty -----	2	Fixation of previous massive bone graft -----	1
Acetabuloplasty with shelving -----	2	Fixation of previous osteoplasty for lengthening of bone -----	2
Adenoidectomy -----	3	Fixation of previous osteoplasty for shortening of bone -----	1
Advancement of patella -----	1	Frenulectomy -----	1
Amputation (finger) -----	2	Goldthwait's Operation -----	1
Amputation (knee joint disarticulation) -----	1	Herniotomy (epigastric) -----	2
Amputation (thigh) -----	1	Herniotomy (inguinal) -----	6
Amputation (toe) -----	4	Herniotomy (umbilical) -----	3
Application of plaster dressing (under general anaesthesia) -----	10	Incision and drainage of acute osteomyelitis -----	2
Application of plaster dressing (under general anaesthesia) following change of packing for osteomyelitis -----	10	Incision and drainage of lymphatic gland abscess -----	1
Arrest of longitudinal growth of bone (epiphyseal arrest) -----	14	Incision and drainage of operative wound infection -----	1
Arthrodesis of ankle -----	2	Incision and drainage of peritonsillar abscess -----	1
Arthrodesis of hip -----	2	Incision and drainage of soft tissue abscess (from old focus of osteomyelitis) -----	5
Arthrodesis of interphalangeal joint (toe) -----	10	Incision and drainage of suppurative myositis -----	3
Arthrodesis of knee -----	1	Insertion of cannula into ventricle -----	2
Arthrodesis of shoulder -----	4	Insertion of fish hooks under the zygoma (for skeletal traction) -----	1
Arthrodesis of thumb -----	4	Insertion of Kirschner wire (for skeletal traction) -----	7
Arthrodesis of wrist -----	4	Insertion of Steinmann pin (for skeletal traction) -----	2
Arthroplasty of elbow -----	4	Insertion of vitallium screw -----	2
Arthroplasty of hip -----	9	Kondoleon Operation (Sistrunk modification) -----	2
Arthroplasty of metatarsophalangeal joint -----	5	Laminectomy and decompression of spinal cord -----	2
Arthrotomy and excision of semilunar cartilage -----	2	Laminectomy and exposure of spina bifida -----	1
Arthrotomy and removal of free body from knee joint -----	1	Lengthening of flexors of wrist and fingers (open) -----	1
Arthrotomy and removal of osteo-cartilaginous loose body from elbow -----	1	Lengthening of peronei tendons -----	1
Aspiration of knee joint -----	6	Lengthening of tendo Achilles (open) -----	36
Astragalocephoid-cuneiform arthrodesis -----	1	Lengthening of tendo Achilles (subcutaneous) -----	8
Biopsy of bone -----	2	Ligation of vein -----	1
Biopsy of lymph gland -----	2	Manipulation of elbow -----	3
Bone block, anterior (ankle) -----	1	Manipulation of foot -----	41
Bone block, posterior (ankle) -----	1	Manipulation of hip -----	33
Calcaneocuboid arthrodesis -----	1	Manipulation of joints of fingers -----	1
Capsulotomy, posterior (ankle) -----	1	Manipulation of joints of toe -----	1
Capsulotomy, posteromedial (ankle) -----	2	Manipulation of knee -----	10
Capsulotomy (elbow) -----	1	Manipulation of previous osteoplasty for leg lengthening -----	1
Change of packing for osteomyelitis (under general anaesthesia) -----	1	Manipulation and re-wiring of wedge osteotomy of femur -----	1
Circumcision -----	8	Manipulation of wrist -----	3
Crushing of nerve -----	1	Myotomy of adductor muscles -----	3
Cutting of pocket flap graft -----	1	Myotomy of hamstrings -----	3
Dissection (simple) -----	7	Myotomy of pectoralis major -----	1
Drainage of tuberculous abscess -----	1	Myotomy of pronator radii teres -----	7
Drilling of epiphysis of femur -----	2	Myringotomy -----	1
Excision of cyst of tongue -----	1	Neurectomy, obturator -----	2
Excision of ganglion -----	1	Neurectomy, popliteal -----	2
Excision of keloid -----	3	Neurolysis -----	2
Excision of mole -----	1	Neurorrhaphy -----	1
Excision of neurofibroma -----	1	Onychectomy for ingrown toe nail -----	5
Excision of neuroma -----	1	Osteotomy non-ossifying fibroma of bone -----	1
Excision of plantar wart -----	1	Osteotomy for osteomyelitis -----	13
Excision of scar tissue -----	3	Osteotomy for spindle cell sarcoma -----	1
Excision of sinus tract -----	1	Osteotomy of bone protruding from wound -----	1
Excision of skin of noncommunicating defect in occult spina bifida -----	1	Osteotomy of distal end of ulna -----	1
Excision (partial) of tendon -----	2		
Excision of tonsil tags -----	2		
Excision of tumor of muscle -----	3		
Excision of ulcer of skin -----	1		
Exploration of nerve -----	2		
Exploration of sinus tract -----	4		
Exploratory operation for tympanic membrane -----	1		
Esophageal transplant to abdominal wall (Bowman) -----	7		
Excision of patella with fascia lata -----	2		

Gillette State Hospital for Crippled Children

OPERATIONS FROM JULY 1, 1940 TO JUNE 30, 1942—Continued

Osteotomy of exposed bone graft of tibia	1	Re-amputation (lower extremity)	8
Osteotomy of femur for reconstruction of hip	1	Re-arthrodesis of hip	1
Osteotomy of first cuneiform bone (with transplantation of anterior tibial tendon into navicular)	2	Re-arthrodesis of shoulder	1
Osteotomy of head of radius	2	Reduction of congenital dislocation of hip (closed)	20
Osteotomy of head of radius, upper end of ulna, and lower end of humerus for limited motion at elbow joint	2	Reduction of congenital dislocation of hip (open)	2
Osteotomy of localized fibrocystic mass (femur)	1	Reduction of congenital dislocation of hip (open) with acetabuloplasty	1
Osteotomy of lower end of humerus	1	Reduction of fracture by insertion of Kirschner wire and skeletal traction	1
Osteotomy of patella	1	Reduction of fracture by manipulation	6
Osteotomy of proximal half of proximal phalanx of great toe	1	Reduction (open) of ununited fracture and bone transplant	1
Osteoclasis (radius and ulna)	2	Reduction of slipped femoral epiphysis (open)	4
Osteoclasis (tibia and fibula)	1	Re-insertion of vitallium cup	2
Osteoplasty for lengthening of bone (tibia and fibula)	4	Re-insertion of vitallium screw	1
Osteoplasty for shortening of bone (femur)	3	Removal of bone transplant (femur)	1
Osteotomy of femur (Albee)	1	Removal of cannula	1
Osteotomy of femur, derotation	1	Removal of vitallium screw	2
Osteotomy of femur for bowleg	1	Repair of meningocele	7
Osteotomy of femur, intertrochanteric	1	Sequestrectomy	12
Osteotomy of femur, manual	1	Shelving Operation (hip)	24
Osteotomy of femur, (Schanz)	2	Shortening of tendo Achilles	1
Osteotomy of femur, subtrochanteric	9	Skin grafting (Eeser)	1
Osteotomy of femur, supracondylar	4	Skin grafting (Gillies tube graft)	2
Osteotomy of femur, upper end	3	Skin grafting (pedicle graft)	1
Osteotomy of humerus	2	Skin grafting (Reverdin)	7
Osteotomy of phalanx (finger)	1	Skin grafting (Thiersch)	22
Osteotomy, subastragalar	1	Skin grafting (Woulfe)	23
Osteotomy of tibia, rotation	4	Soutter Fasciotomy	4
Osteotomy of tibia, transverse	1	Spinal fusion with tibial bone graft	37
Osteotomy, wedge, of femur	5	Steindler transplant (arm)	2
Osteotomy, wedge, of tarsus	39	Stripping of fascia (Steindler)	7
Osteotomy, wedge, of toe	2	Subastragalar arthrodesis	8
Osteotomy, wedge, of wrist	2	Subcutaneous plantar fasciotomy	11
Panastragalar arthrodesis	2	Submucous resection of nasal septum	1
Plastic on ear for reconstruction of congenital defect of auricle	3	Tenodesis of extensor hallucis longus tendon	1
Plastic on fingers (for syndactylism)	9	Tenolysis	1
Plastic on nose for saddle deformity (congenital) with cartilage transplant	1	Tenorrhaphy	3
Plastic on toes (for syndactylism)	1	Tenotomy of flexors of forearm (partial)	6
Plastic operation on dorsum of foot	2	Tenotomy of internal rectus	6
Plastic operation on ear in attempt to make a permanent opening to the middle ear	1	Tenotomy of peroneus longus	1
Plastic operation for congenital hypertrophy of finger	1	Tenotomy of triceps major, latissimus dorsi, and pectoralis major	1
Plastic repair of amniotic band by Z-relaxing operation	2	Thoractomy and drainage of empyema (with rib resection)	1
Plastic repair of cleft lip	18	Tonsillectomy	14
Plastic repair of cleft lip (secondary)	12	Tonsillectomy and Adenoidectomy	158
Plastic repair of cleft palate	33	Torticollis Operation	3
Plastic repair of cleft palate (secondary)	10	Transplantation of anterior tibial to cuboid bone	1
Plastic repair of ptosis of eyelid	3	Transplantation of anterior tibial to dorsum of foot	2
Plastic repair of scar tissue deformity by Z-relaxing operation	10	Transplantation of biceps femoris to the patella	2
Plastic (secondary) on pedicle skin graft	1	Transplantation of bone (massive onlay bone graft)	1
Plastic (secondary) on pedicle tube graft	1	Transplantation of bone for ununited fracture	4
Puncture of lumbar spinal canal (under general anesthesia)	5	Transplantation of extensor hallucis longus to first cuneiform bone	1
		Transplantation of extensor hallucis longus to head of the first metatarsal bone	2
		Transplantation of extensor hallucis longus to ineration of tibialis anticus	2
		Transplantation of extensor tendons to the cuboid	1
		Transplantation of flexor carpi ulnaris to radius	1

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OPERATIONS FROM JULY 1, 1940 TO JUNE 30, 1942—Concluded

Transplantation of flexor digitorum sublimis, ring finger, to thumb	1	Transplantation of peroneus longus to first metatarsal bone	1
Transplantation of origin of gastrocnemius to tibia	2	Transplantation of peroneus longus to insertion of peroneus brevis	1
Transplantation of peronei to dorsum of foot	2	Transplantation of peroneus longus to lateral aspect of cuboid	1
Transplantation of peronei to front of foot	1	Transplantation of peroneus longus into tendo Achilles	1
Transplantation of peronei to the heel	2	Transplantation of posterior tibial to dorsum of foot	1
Transplantation of peronei to medial cuneiform	2	Transplantation of tibialis anticus to center of foot	3
Transplantation of peronei to tendo Achilles	4	Transplantation of tibialis anticus and posticus to dorsum of foot	1
Transplantation of peroneus brevis and longus and extensor hallucis longus to mid dorsum of foot	1	Transplantation of tendons (Hibbs)	14
Transplantation of peroneus brevis to the os calcis and shortening of peroneus longus	1	Transplantation of tendon (Niccola)	1
Transplantation of peroneus brevis to tendo Achilles and shortening of peroneus longus	1	Transplantation of tibia to fibula	2
Transplantation of peroneus longus to anterior tibial	2	Transposition of extensors of knee medially	1
Transplantation of peroneus longus to first cuneiform bone	1	Transposition of nerve	1
		Transposition of peroneus longus to the back of the calcaneus	4
		Triple arthrodesis	51
		Triple arthrodesis and bone block	5
		Total	1167

BRACES AND APPLIANCES FROM JULY 1, 1940 TO JUNE 30, 1942

Artificial limbs new	32	Number of leg braces repaired	507
Artificial limbs adjusted	1	Number of leg braces adjusted	246
Artificial limbs repaired	102	Number of arm supports new	50
Canvas corsets new	61	Number of arm supports adjusted	5
Canvas corsets repaired	54	Number of arm supports repaired	16
Crutches padded	3	Special shoes adjusted	1702
Gloves new	3	Special shoes adjusted or applied to braces (not otherwise listed)	744
Number of leather jackets new	91	Shoes repaired	712
Number of leather jackets repaired	50	Splints new	203
Number of leather jackets adjusted	26	Splints repaired	145
Number of Taylor braces new	17	Splints adjusted	71
Number of Taylor braces repaired	4	Miscellaneous	152
Number of Taylor braces adjusted	1		
Number of leg braces new	306		

DENTAL WORK FROM JULY 1, 1940 TO JUNE 30, 1942

Patients treated	1559	Extractions	432
Prophylaxis	1576	Deciduous teeth	305
Fillings	1624	Permanent teeth	127
Amalgam	1002	Orthodontia cases	9
Cement	341	Orthodontia visits	50
Synthetic Porcelain	281	Partial plates	1
Pyorrhea treatments	46		