

50-509-JDC

State Inst. E. Lette

# Gillette State Hospital for Crippled Children

The Minnesota State Hospital for Crippled and Deformed Children was established by legislative action in 1897. For ten years the Board of Regents at the University of Minnesota had the direction and control of the hospital, which was located at the City and County Hospital in St. Paul. In 1907 the State Legislature transferred the institution to the jurisdiction of the State Board of Control. Today the hospital is under the jurisdiction of the Division of Public Institutions. The present site was presented by certain citizens of St. Paul and donations were made by other citizens and organizations to apply on construction of buildings. In 1926 the name of the hospital was changed to Gillette State Hospital for Crippled Children by legislative action to honor the services of Dr. Arthur J. Gillette, who had given so much of his time and skill to the establishment and building of the institution.

The objective of the hospital in the past and at the present is to provide care and treatment for medically indigent crippled children of the State of Minnesota. It is also to provide an opportunity for the patient to carry on his regular school work, pre-vocational training, to furnish religious instruction in the church selection of his parents and the moral training of the patient usually given to children in their own homes.

The medical and surgical staff is made up of outstanding specialists from St. Paul and Minneapolis. These men are on call at all times. The resident medical and surgical staff are Fellows from the Orthopedic Departments of the University of Minnesota Medical Graduate School and the Mayo Foundation.

The nursing care is provided by graduate nurses, practical nurses, and affiliating student nurses. The physical therapy department provides physical therapy treatments under the direction of the doctors. All of the physical therapists are graduates of nationally approved schools of physical therapy. The brace shop makes the braces, appliances, and artificial limbs ordered for patients of this hospital.

The property, 23 acres of park land, is located on a triangular southwest corner of Phalen Park.

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Carl C. Chatterton, M. D. -----	Chief-of-Staff
Wallace H. Cole, M. D. -----	Associate Chief-of-Staff
Jean D. Conklin, B. S. (MHA) -----	Superintendent
Verna M. Blomquist, R. N., B. S. -----	Superintendent of Nurses
Grace Jones, D. D. S. -----	Dentist
Phyllis Moran, B. A. -----	Principal of School Department
Ralph C. Gardner -----	Business Manager

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Capacity of hospital -----	250
Number of patients June 30, 1950 -----	205
Area of grounds, acres -----	23

## Expenditures:

	1948-49		1949-50	
	Amount	Per Capita	Amount	Per Capita
Current Expense -----	\$141,740.60	\$ 884.27	\$266,748.17	\$ 873.03
Salaries -----	381,327.04	2,325.17	477,340.23	2,499.16
Honorarium for visiting staff -----	9,870.32	60.19	19,383.15	101.48
General Repairs -----	6,512.78	39.71	10,617.82	55.59
Special Repairs and Improvements -----	3,316.50	20.22	4,193.78	21.96
Equipment -----	1,611.97	9.83	7,087.22	37.00
Instruction and Amusement -----	1,441.20	8.79	1,454.41	7.61
Scientific Apparatus -----	1,999.98	12.19	1,954.36	10.23
Special Appliances -----	18,721.98	114.16	18,573.87	97.25
Total operating expense -----	\$566,542.37	\$3,454.53	\$707,333.01	\$3,703.31
Permanent improvements -----	41,238.03	251.45	8,612.00	45.09
Total expenditures -----	\$607,780.40	\$3,705.98	\$715,945.01	\$3,748.40
Average number of patients -----	164		191	

## Number of officers and employees June 30, 1950:

Positions filled—	
General Hospital -----	232
Special appliances -----	5
Visiting Staff -----	22
Total -----	259
Positions unfilled -----	10
Total approved positions -----	269

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Phyllis Moran, B.A.	Principal of School Department
Ralph C. Gardner	Business Manager

#### ORTHOPEDIC SERVICE

John H. Moe, M.E.	Meyer Z. Goldner, M.D.
Stewart W. Shimonek, M.D.	D. L. McCain, M.D.
Harry B. Hall, M.D.	John J. Beer, M.D.
Frank S. Babb, M.D.	

#### PEDIATRIC SERVICE

Woodard Colby, M.D.	Ray Critchfield, M.D.
F. G. Hedenstrom, M.D.	Alexander Stewart, M.D.

#### MEDICAL SERVICE

G. Edlund, M.D.	Joseph Ryan, M.D.
Harvey O. Beck, M.D.	Joseph Meade, M.D.

#### GENERAL SURGERY

W. C. Carroll, M.D.	Warren Ogden, M.D.
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## PLASTIC SURGERY

N. Logan Leven, M.D.

B. G. Lannin, M.D.

## EYE AND EAR SERVICE

E. R. Bray, M.D.

## NOSE AND THROAT SERVICE

Robert Holmen, M.D.

Eugene Bauer, M.D.

Gordon Strate, M.D.

## DERMATOLOGY

Charles Freeman II, M.D.

Francis Lynch, M.D.

John H. Madden, M.D.

## NEUROLOGICAL SERVICE

W. A. Carley, M.D.

E. M. Hammes, M.D.

Gordon Kamman, M.D.

Walter Gardner, M.D.

## PATHOLOGIST

Kano Ikeda, M.D.

## UROLOGY

Philip Donohue, M.D.

R. M. Leick, M.D.

## ROENTGENOLOGY SERVICE

Edward Schone, M.D.

J. P. Medelman, M.D.

## DENTAL SURGERY

Sam Ziegler, D.D.S.

Capacity of Institution -----	225
Number of patients, June 30, 1950 -----	205
Area of grounds, acres -----	23
Expenditures:	

	1948-1949	1949-1950
Current Expense -----		
Salaries -----		
Honorarium for visiting staff --		
General repairs -----		
Special Repairs & Replacements		
Instruction and Amusement ----		
Scientific Apparatus -----		
Special appliances -----		
Total operating expense -----		
Permanent Improvements: -----		
Total Expenditures -----		
Average Number of patients --		
Positions filled -----		

Number of Officers and Employees June 30, 1950:

General Hospital ----	228	
Special appliances -----		5
Visiting Staff -----		23
Total -----		256
Positions Unfilled:		10
Total approved positions -----		266
Student Nurses -----		15

ELIGIBILITY FOR ADMISSION

Children whose parents are medically indigent, who have been residents of Minnesota for one year previous to 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 parent's statement in the form of an affidavit covering the financial situation of the family. This is approved by the County Welfare Board. Except in cases 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 parent 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. The parents also pay for orthopedic shoes and glasses if needed. Braces, appliances, and artificial limbs are provided 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 they are in need of hospital care.

They are then discharged to the outpatient department with instructions to parents covering home care and periodically report to the outpatient department or to the hospital for readmission when necessary.

The hospital has fulfilled the requirements of the American College of Surgeons and has been Class "A" since 1922 when it was first inspected by the 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 hospital is also a member of the St. Paul Hospital Council.

#### REPORT OF CHIEF-OF-STAFF

##### *To the Director, Division of Public Institutions:*

Each biennium makes a change at Gillette State Hospital. The past two years have been to the good of the institution through the opening of a new outpatient department and admittance unit. The hospital was badly in need of this new unit and for the time being overcrowding has been eliminated from certain wards in the hospital.

The outpatient department is complete and ability to care for the patients is made much easier by the new quarters.

During the coming biennium, a new venture will be tried at this hospital. That is, instead of having all of the patients come on a certain day, the outpatient department will be open daily and certain members of the staff will be on duty on specific days. This will give us more chance to come in personal contact with the patients and also to have a little closer relationship to our resident staff. The difficulty in the past being that there were more visiting staff present than the resident staff and on numerous occasions the visiting staff would make rounds without the attendance of the resident doctor.

We appreciate the appropriation of money for a Pediatric Fellow by the last Legislature. Unfortunately, it has been impossible to obtain a full time Fellow, and consequently, we have made little effort to start the small unit for spastic children. We appreciate the continuation of the pleasant relationship with the University of Minnesota and the Graduate School of the Mayo Foundation in sending four men to this hospital as part of their graduate training as orthopedic surgeons. Without exception these men have proved competent and satisfactory and have aided in the care given to the patients at this hospital.

We feel that the Department of Anesthesiology under the direction of the University of Minnesota has been a good venture, and we are very glad it can be continued in the future.

Our physiotherapy department is giving excellent care to the children in the hospital as well as those in the outpatient department and are capable and do assist in the training of other student physiotherapists who are qualified in this type of work.

The dental department gives excellent care to the children through the servivess of a one-half time visiting dentist. Also we have a visiting dental surgeon in our unit.

The social service work carried on through the Federal Department Services for Crippled Children has been of great value to the hospital in that many children who live at a great distance are able to be taken care of by the visiting clinic relieving the outpatient department of the hospital of their care and also with a great convenience to certain individuals.

I believe the clinics conducted by the Minnesota-Dakota Orthopedic Club along with the pediatricians are of value in locating children who need care; also the suggestions offered at the clinics are of value to the patient and might otherwise not have been obtained.

Due to the increase in cost of hospital care, the number of short-time cases taken care of under the Federal grant have been markedly curtailed and apparently only a few cases will be able to receive help in this manner in the future.

Only through the efforts of the entire staff is this report possible and I personally must thank the visiting staff, the resident staff, the Division of Public Institutions of Minnesota, and friends, for their interest in their special fields in maintaining Gillette State Hospital for Crippled Children.

Respectfully submitted,  
C. C. CHATTERTON, M.D.  
Chief-of-Staff

*To the Director, Division of Public Institutions:*

The following report covers the work of the various departments of Gillette State Hospital for Crippled Children for the biennial period ending June 30, 1950.

#### POPULATION

The total number of patients cared for from July 1, 1948 to June 30, 1950 was 1619 (as compared to 1500 cared for during the previous biennial period).

Daily average number of patients during 1948-1949 was 173.

Daily average number of patients during 1949-1950 was 187.

Total number of patients seen in the outpatient department during 1948-1950 was 8,165. Number of visits to Field Clinics by Gillette Hospital outpatients during 1948-1950 was 1,243. Monthly average of patients on the waiting list was 86.

#### NURSING SERVICE

We have more graduate nurses on our staff at the present time than we have had in years but still do not have our full quota.

The outpatient department has been opened within the last year and is functioning very efficiently. It is a full-time department now instead of one which functions only one day a week. The personnel health program is also carried on here. This department is of educational value to our Orthopedic Fellows and student nurses. The physical therapy department also has its own completely equipped room near the outpatient department where it carries on its follow-up work. Parent education is being carried on in this department to a greater degree each day. Many patients from the Twin Cities are being cared for in this department without hospitalization, thereby leaving more beds to be used by cases throughout the state.

The new admitting unit of 42 beds has certainly proved an asset to our hospital. It has been of considerable aid in preventing the spread of infectious diseases, which may occur in our wards. This unit has made it possible for us to admit more children during the past year. Consequently it makes our medical care more available to medically indigent.

The staff educational program is being increased constantly and the hospital aide training program is being constantly revised and enlarged.

The student nurses come to our hospital for a period of three months. During this time they are given an intensive program of theory and practice of child care and training in pediatric and orthopedic nursing. The student nurses' library has been completely reorganized with old editions discarded and the newest editions added. Visual aids in greater quantity are being used in the nursing education program.

#### REPORT OF THE MEDICAL SOCIAL SERVICE DEPARTMENT

The medical social service department at Gillette Hospital was established in 1937 with its support provided through the Services for Crippled Children.

In the beginning, there was one medical social worker and one secretary. In 1940, a second worker and secretary were added. The present staff consists of two workers and two secretaries. We have been fortunate in having few changes in professional personnel during the last few years and none this last year. We have had considerable turn over in secretarial help but have been able to make replacements quickly.

The functions and activities of the social service department may change slightly from time to time but fall into several broad areas.

1. The department is responsible for case work services to the patients. Social case work is concerned with the way the child and his family feel about his illness. Their acceptance of the doctor's treatment plan may depend on the emotional reaction of the child and his parents. Personality factors, attitudes in the school, and community may all hinder or help in overcoming or accepting the limitations and changes brought about through a long and crippling condition. It is necessary to help them work through these conflicts and fears so the child may utilize the medical care available to the fullest extent.

2. The department serves as a link between the hospital and the community. The community is represented by the welfare board, the county nurse, the school nurse, and any other agency or group which may be interested in the child. Through interviews and letters, these agencies are given an interpretation of the child's social and medical needs when he returns to his home community. Plans are made for continuing treatment and for supervision where necessary.

3. The department serves as the referring agency for patients who go to another hospital or who need specialized care such as is given at the Minnesota School and Colony, the Minnesota School for the Deaf, and the Minnesota Braille and Sight Saving School. Children who move to

other parts of the country are referred to the Services for Crippled Children in their new state so that treatment and medical care may be continued.

Now that home instruction is available to individual children, plans are made to continue their schooling by working with the Department of Education and arranging for the necessary psychological tests and other preliminary requirements.

Patients with speech defects are referred to the Speech Field Clinic sponsored by the Services for Crippled Children.

Patients with a vocational handicap are referred to Vocational Rehabilitation for counseling and assistance in educational plans.

4. The department has continued its follow-up program sending reminders to delinquent patients, interpreting the need for further care and treatment to the parents and enlisting the aid of community agencies in arranging for patients to report. Appointments for specialized clinics such as Scoliosis Clinic and the Plastic Clinic are made through the department.

5. The social workers attend the field clinics sponsored by the Services for Crippled Children. At these clinics, the worker may give case work service in a limited interview—arrange for hospitalization, assist in planning for appliances, and work with the Gillette patients in furthering plans for their social and medical treatment. In 1948-1949, 560 Gillette patients attended clinic. In 1949-1950, 683 patients were examined at clinic.

These categories illustrate in a general way the services given by the department. It is hoped that the plan of having outpatient clinics each day will make it possible to give more time to the individual patient and his family with the result that case work service may be increased.

## EDUCATION

The educational program at Gillette Hospital for Crippled Children is adapted from kindergarten through high school. As much individual work as is possible is done with educationally retarded, cerebral palsied, and slow learning children. In addition to teaching the basic subjects, play, scouting for boys and for girls, picnics, puppetry, field trips, and movies are offered to them for education that comes through recreation. The school recognizes these avenues of learning and attempts to unify these experiences in the daily life of the children.

Notable strides are still being made in the visual education field. In addition to the 16 mm projector, posters, graphs, and charts, we have a

film strip and slide film projector which we use in all classes. Many children are more greatly impressed by seeing and hearing than by reading alone.

The teaching staff is aware of its problems and responsibilities. They seriously devote themselves to their tasks as teachers of handicapped children. It is with the cooperation of the entire hospital staff that greatest accomplishments can be obtained for the children.

The school attempts to teach the children to do well what they can do best. We must assist them in becoming useful to themselves and to society to the greatest degree their physical, emotional, and mental limitations will permit.

Religious instruction is given to all children above the infant wards. This instruction is given by representatives of the Lutheran, Catholic and denominational churches. We are deeply indebted to this group of faithful workers.

#### APPLICATIONS

The continued high cost of living and increased hospital costs keep our waiting lists of patients over 100, even though the hospital stay on the average, of our patients has decreased some. Families who would not have been considered medically indigent several years ago are eligible for care today under the present circumstances.

The effectiveness of the Public Health Program in Preventive Medicine continues to be definitely noticeable.

#### IMPROVEMENTS

The entire building is being completely repainted inside and out.

Plans are being drawn for a centralized children's playroom where recreation will be available for all age groups.

Plans are also being made for an outdoor fence enclosed playground where the children will be able to play safely.

We expect to break ground very soon on our new laundry building and the addition to our surgery, which will give us another operating room, an anesthetist's office, anesthesia storage facilities, and a recovery room.

A patients' elevator is going to be installed providing a means of transportation for wheelchair patients and stretcher patients between outpatient department and the main floor.

We now have available extra bone necessary in some types of surgery because of our fairly recently established bone bank. The hospitals of St.

Paul have been very helpful in helping us to replenish our supply. This bone bank is very useful in our extensive scoliosis program.

### GIFTS AND DONATIONS

Gifts of all descriptions have continued to come to us thus helping us in the comfort, benefit, and happiness of the children in this hospital. We are most grateful for all aid and help given us by the Church groups, Red Cross, Musical Organizations, Alumni and Active Chapters of Sororities, Masonic Women, Medical Auxiliary, American Legion, Public School, Girl Scouts, Boy Scouts, Winter Carnival, Shriners and College Glee Clubs.

The Christmas Fund sponsored by Paul and Mary Light continues to grow and each day of the year helps make our patients happier.

### IN MEMORIAM

The patients and staff of Gillette Hospital had the sorrow of losing their best friend and benefactor this past year.

On October 16, 1949 Miss Elizabeth McGregor retired as Superintendent of Gillette Hospital after 35 years of service, and only two months later she died in March, 1950. She left as her living memorial the present Gillette Hospital where crippled children are able to receive excellent medical care. The contributions given by her friends to the Elizabeth McGregor Memorial Fund will be used in some way for the added happiness of Gillette's patients.

The patients and staff of Gillette Hospital also regret the loss of Dr. W. H. von der Weyer who served on our orthopedic staff for about 15 years.

I would like to honor and thank the following employees who have faithfully served on our hospital staff for twenty-five years and over:

Jim Stepovay  
Lydia Lundberg  
Eric Jernberg  
Rose H. Johnson

Jennie Johnson  
Alphild Berg  
Ruth Giltner  
Fred Green

Marie Pfeiffer

### NEEDS OF THE INSTITUTION

1. Enlargement of the pediatric department from a 39 bed unit to a 60 bed unit, thus making it possible for us to take care of the applicants in this age group.

2. We need to remodel our present physical therapy departments and replace obsolete equipment so the children can have the best physical medicine care possible.
3. We should replace our present 9" tile sewer line with 10" cast iron sewer line.
4. We hope to set up 3 large dressing rooms for our personnel and have them completely equipped; thus replacing the many small, widely scattered dressing rooms inadequate in physical facilities which are being used at the present time.
5. We plan on remodeling our present ward porches into permanent wards thus increasing our total bed capacity.
6. We plan to enlarge our present business office and receiving room for incoming supplies.
7. We are badly in need of new ward furniture to replace shabby worn out beds, bedside tables, chairs, nurses' desks, tables, and chart holders.
8. The furniture in the personnel dormitories is in poor condition and should be replaced.
9. The present dark room of our X-ray department is much too small for the work load carried by this department and we propose to enlarge it.
10. We must replace the tile sidewalks and floors in the swimming pool so it can be used in connection with physical therapy treatments.

Respectfully submitted,  
JEAN D. CONKLIN  
Superintendent

*Don't hear text*

SCHOOL FOR THE DEAF

Classification POPULATION	Year Ended June 30, 1950			Year Ended June 30, 1949		
	Male	Female	Total	Male	Female	Total
Previously enrolled -----	117	125	242	109	125	234
First admissions -----	20	16	36	15	12	27
Total -----	137	141	278	124	137	261
Discharged or left -----	4	3	7	5	1	6
In institution at close of school	133	138	271	119	136	255
Total -----	137	141	278	124	137	261
Average population -----	124	130	254	113	127	240
<b>DEGREE OF DEAFNESS</b>						
Totally deaf -----	3	5	8	6	2	8
Partially deaf -----	17	11	28	9	10	19
Total first admissions -----	20	16	36	15	12	27
<b>AGE WHEN DEAFNESS OCCURRED</b>						
At birth -----	9	5	14	6	3	9
After birth and under 2 years	6	2	8	3	5	8
2 to 4 years -----	2	2	4	1	1	2
5 to 9 years -----	2	—	2	1	—	2
10 to 14 years -----	2	—	2	—	1	2
Unknown -----	1	7	8	4	2	6
Total first admissions -----	20	16	36	15	12	27
<b>CAUSE OF DEAFNESS</b>						
Congenital -----	9	4	13	6	3	9
Measles -----	—	2	2	1	3	4
Bone deformity -----	1	—	1	—	—	1
Scarlet fever -----	1	—	1	—	1	2
Influenza -----	—	—	—	—	1	1
Pneumonia -----	2	—	2	—	—	2
Shock -----	—	—	—	1	—	1
Spinal meningitis -----	1	—	1	3	1	5
Strep infection -----	—	—	—	1	—	1
Ear infection -----	2	2	4	—	—	4
Nervo deafness -----	—	1	1	—	—	1
Encephalitis -----	—	1	1	—	—	1
Mumps -----	2	—	2	—	—	2
Diphtheria -----	—	—	—	—	1	1
Unknown -----	2	6	8	3	2	5
Total first admissions -----	20	16	36	15	12	27
<b>AGE GROUP</b>						
Under 6 years -----	4	1	5	2	2	4
6 and 7 years -----	3	5	8	6	4	10
8 and 9 years -----	2	2	4	—	1	3
10 and 11 years -----	—	1	1	2	1	3
12 to 14 years -----	6	3	9	3	1	4
15 to 20 years -----	5	4	9	2	3	5
Total first admissions -----	20	16	36	15	12	27
<b>NATIVITY</b>						
United States -----	20	16	36	15	12	27
<b>PARENTAGE</b>						
Native parentage -----	6	4	10	3	3	6
Mixed parentage -----	1	1	2	3	1	4
Foreign parentage -----	13	11	24	9	8	17
Total first admissions -----	20	16	36	15	12	27

GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN

Classification POPULATION	Year Ended June 30, 1950			Year Ended June 30, 1949		
	Male	Female	Total	Male	Female	Total
In institution at beginning of year	77	108	185	82	95	177
First admissions -----	142	123	265	121	120	241
Readmissions -----	176	108	284	148	111	259
Transferred from out-patient department	26	11	37	12	12	24
<b>Total under care -----</b>	<b>421</b>	<b>350</b>	<b>771</b>	<b>363</b>	<b>338</b>	<b>701</b>
Died -----	1	1	2	4	1	5
Transferred to out-patient department	322	242	564	282	229	511
In institution at end of year -----	98	107	205	77	108	185
<b>Total -----</b>	<b>421</b>	<b>350</b>	<b>771</b>	<b>363</b>	<b>338</b>	<b>701</b>
Average population -----	94	97	191	81	83	164
Admitted as out-patients -----	67	32	99	61	38	99
<b>AGE OF FIRST ADMISSION TO INSTITUTION AND TO OUT-PATIENT DEPARTMENT</b>						
Under 1 year -----	23	27	43	23	15	38
1 year -----	14	12	26	17	12	29
2 years -----	14	16	30	15	24	39
3 years -----	12	9	21	11	11	22
4 years -----	16	8	24	8	10	18
5 to 7 years -----	25	19	44	22	20	42
8 to 10 years -----	33	24	57	26	16	42
11 to 13 years -----	26	17	43	19	22	41
14 to 16 years -----	20	18	38	27	21	48
17 to 20 years -----	26	14	40	14	7	21
<b>Total -----</b>	<b>209</b>	<b>157</b>	<b>366</b>	<b>182</b>	<b>158</b>	<b>340</b>
<b>NATIVITY</b>						
United States -----	208	157	365	182	158	340
Germany -----	1	—	1	—	—	—
<b>Total -----</b>	<b>209</b>	<b>157</b>	<b>366</b>	<b>182</b>	<b>158</b>	<b>340</b>
<b>PARENTAGE</b>						
Native parentage -----	178	131	309	177	152	329
Mixed parentage -----	19	18	37	4	4	8
Foreign parentage -----	7	4	11	1	2	3
Parentage unknown -----	5	4	9	—	—	—
<b>Total -----</b>	<b>209</b>	<b>157</b>	<b>366</b>	<b>182</b>	<b>158</b>	<b>340</b>
<b>CONDITION ON TRANSFER TO OUT-PATIENT DEPARTMENT</b>						
Cured -----	—	2	2	—	—	—
Improved -----	306	220	526	261	203	463
Unimproved -----	6	5	11	15	13	28
Untreated -----	17	15	25	6	13	19
Admitted for diagnosis only -----	—	—	—	—	1	1
<b>Total -----</b>	<b>322</b>	<b>242</b>	<b>564</b>	<b>282</b>	<b>229</b>	<b>511</b>
<b>DURATION OF STAY OF PATIENTS</b>						
Less than 3 months -----	277	131	338	179	139	318
3 to 5 months -----	54	37	91	57	45	102
5 to 12 months -----	51	44	95	40	37	77
1 year but less than 2 -----	11	22	33	10	7	17
2 years but less than 3 -----	—	5	5	—	1	1
3 years and over -----	—	4	4	—	1	1
<b>Total -----</b>	<b>323</b>	<b>243</b>	<b>566</b>	<b>286</b>	<b>230</b>	<b>516</b>