

cooperation and interest in the inter-institutional games in both basketball and softball.

We have groups of volunteer recreation people coming to the institution, for which we are very grateful: the Aquatennial group, who have entertained us each year; the State Employees, Inc., for their entertainments; the Cambridge High School and the Rum River Saddle Club, for their very fine performances given on the institution grounds; and the Cambridge Business Men's Association, for sponsoring the Round-Up parades at the institution and the help given during the Christmas season—not to mention several other groups who have given single entertainments for the patients.

We also want to express appreciation to the group from the University of Minnesota in the dramatic department for their tireless efforts in visiting the institution and developing a dramatic club here. And we want to thank the institution school teachers for their participation in developing several programs for the patient population.

Christmas time was made much happier at the institution by the thoughtfulness of the members of the Friends of the Mentally Retarded, who sponsored the Christmas gift drive with the aid of Cedric Adams. Many fine presents were received by the patients as a result of their efforts.

### Personnel

Our allotted personnel is now 223 employees. This includes 120 psychiatric aides and 7 graduate nurses. Most of the 223 positions were filled during the biennial period; however, there were a few vacancies in one department or another throughout the period. Most of the vacancies existed in the professional group.

R. J. GULLY, M.D.  
Superintendent

# Minnesota School and Colony

(Faribault)

In 1879 the Legislature authorized the board of directors of the Minnesota Institute for the Deaf, Dumb and Blind to open an experimental department for feeble-minded children. In July of that year, a class was organized of 15 children transferred from the Rochester and St. Peter state hospitals. In 1881 the Legislature directed that the School for Idiots and Imbeciles be connected with the Minnesota Institute for Deaf, Dumb and Blind, and granted an appropriation of \$25,000 for the erection of a building, which was occupied the following year. In 1887 the school was made a department of the Minnesota Institute for Defectives. The name School for Feeble-Minded and Colony for Epileptics, was adopted in 1905, and changed in 1949 to Minnesota School and Colony.

The buildings include an administration building with connecting wings, several custodial buildings for boys and girls, a cottage for working boys, a cottage for boys working at the dairy, Hillcrest Cottage for boys, Riverview and Lilacs cottages for girls, central kitchen, bakery, laundry, power plant, building for women employees, six colony buildings for boys situated at the farm some distance from the main institution, the farm group which includes modern dairy barns with accommodations for 120 cows, several dwellings occupied by employees, and a superintendent's residence. A modern 200-bed hospital was opened in 1937. Three new dormitory buildings opened early in 1952 were added to the four dormitory buildings opened in 1947 as annexes to the hospital, forming the fourth large unit and given the name of East Grove Division.

This is the largest institution in the Division of Public Institutions. The patient population consists of persons of all ages, types, and classes of mental deficiency and of all degrees of physical fitness, except for those in the school-age moron group. They enter the Owatonna State School, unless some additional serious handicap is present which would prevent them from becoming self-supporting after completing their education and training, in which case they are admitted instead to the Minnesota School and Colony.

---

E. J. Engberg, M. D.	Superintendent
George L. Kennedy, M. D.	Physician II
Norman Lende, M. D.	Physician II
Heinz H. Bruhl, M. D.	Pediatrician I
George D. Eitel, M. D., F. A. C. S.	Consultant Surgeon
Burton A. Orr, M. D.	Consultant Surgeon
Frank W. Stevenson, M. D.	Consultant, Oculist and Aurist
Elmer M. Hill, M. D.	Consultant Dermatologist
Lyman E. Critchfield, M. D.	Consultant Pediatrician
Thomas Merner, M. D.	Consultant Radiologist
John F. Arnesen, M. D.	Consultant Internist
Leonard S. Hugunin, D. D. S.	Dentist
D. G. Long, D. D. S.	Dentist
Arnold A. Madow	Clinical Psychologist
Caroline Perkins	Social Worker II
Milt M. Hustad	Patients Program Supervisor
William Roewer	School Principal
Melville E. Krafve	Business Manager

Capacity of Institution -----	3,136
Number of patients June 30, 1952 -----	3,077
Area of grounds, acres -----	1,217
Acreage under cultivation -----	658

Total expenditures from general revenue appropriations:

	1950-51		1951-52	
	Amount	Per Capita	Amount	Per Capita
Current expense -----	\$ 892,910.94	\$ 318.44	\$ 889,490.94	\$ 313.42
Salaries -----	1,197,040.10	426.90	1,523,103.38	536.65
General repairs -----	38,786.57	13.83	45,973.11	16.20
Sub-total -----	\$ 2,128,737.61	\$ 759.17	\$ 2,458,567.43	\$ 866.29
Capital outlay:				
Special repairs and improvements -----	63,328.96	22.59	24,650.03	8.85
Special equipment -----	40,473.88	14.43	34,478.22	12.15
Total operating cost -----	\$ 2,232,540.45	\$ 796.19	\$ 2,517,695.68	\$ 887.15
Average population -----	2,804		2,838	
Number of officers and employees June 30, 1952:				
Positions filled -----	605 1/2			
Positions unfilled -----	23			
Total approved positions -----	628 1/2			

### Population

During the year ended June 30, 1951, the total number of patients receiving care was 3,053. The average daily population was 2,875. There were 131 first admissions, 27 readmissions, and 23 transfers from other institutions. Sixty-six were discharged, 22 males and 44 females. Fifty-two were transferred to other institutions, 43 males and 9 females. Fifty-nine patients died, of whom 36 were males and 33 females. On June 30, 1951, 2,876 patients were enrolled, of whom 232 were temporarily absent, most of them on summer vacation.

During the year ended June 30, 1952, the total number of patients receiving care was 3,273. The average daily population was 2,889. There were 322 first admissions, 34 readmissions, and 41 transfers from other institutions. Eighty-one were discharged, 27 males and 54 females. Forty-four were transferred to other institutions, 29 males and 15 females. Seventy-one patients died, of whom 46 were males and 25 females. On June 30, 1952, 3,077 patients were enrolled, of whom 205 were temporarily absent, most of them on summer vacation.

Of the 96 patients transferred to other institutions during the biennium, 53 were male patients transferred to the Sandstone State Hospital

in order to fill space available there. This transfer to a hospital for mentally ill patients was a temporary expedient, made so that the resulting space here could be used to relieve some of the pressure on the waiting list. An effort was made to select for this transfer severely defective but tidy patients who would be most suitable for the space at Sandstone.

Three new buildings, two for male and one for female adult infirm or crippled patients, were completed and opened for patients during the first months of 1952. These are one-story brick dormitories, each planned to house 100 patients. The 300 patients, for whom space was provided by the new buildings, started arriving on January 28 at the rate of 15 patients per week. They were admitted to the institution's hospital for study before transfer for care to various dormitories.

### Medical Service

The more important illnesses that occurred during the biennium were:

*Enteric Diseases.* A female patient identified as a typhoid carrier in 1948 remained in the hospital, under careful supervision to avoid infecting others. However, her stools have become free from typhoid germs since a cholecystectomy was performed November 9, 1950, and she soon may cease to be segregated as a carrier.

Bacillary dysentery has continued to be a problem since July, 1948, when it occurred among patients in four new buildings opened for young, severely defective children, many of whom were in poor physical condition when admitted. On July 1, 1950, four females were still in isolation. Twenty-three additional cases, 6 in males and 17 in females, occurred through November of that year. By February, 1951, all had become negative. No other cases occurred until June, 1951, when five cases were discovered, three in males and two in females. These, instead of being of the Flexner-W strain of shigella that had been previously recognized, proved to be of the Sonne strain, as have all subsequent cases. Up to June 30, 1951, 143 additional cases occurred, of which 47 were in males and 96 in females. During the fiscal year ending June 30, 1952, there were 118 cases, 92 in males and 26 in females. Only nine of these cases still remained positive on June 30, 1952, all of whom were males. Eight patients died, all of whom were severely defective and in poor physical condition at the onset of diarrhea. One of these was a female who died in September, 1950; three males and one female died in July, 1951; and a male death occurred in August, 1951, and in March and May, 1952.

Stool specimens of all employees and patients who came into contact with ill patients or with those found to have stools positive to shigella were

survey and 2,406 in the 1951. Large chest x-ray films were taken and careful clinical and laboratory examinations made in all instances where further studies were indicated.

In addition to having the services of the Mobile Chest X-Ray Unit of the State Department of Health, we have been very fortunate to receive from that department much additional help. We appreciate the valuable assistance given by various staff members. Dr. C. B. Nelson visited the institution twice in July and once in December of 1951, to assist in the control of the new shigella outbreak and made special arrangements for the Department of Health laboratories to examine the great number of stool specimens required for diagnosis and control. Mr. Frank J. Kilpatrick was here on December 5, 1951, to collect a specimen of water from the institution supply to determine the fluoride content. We requested this determination after our dental department had recommended that consideration be given to treating the water supply with fluoride to reduce dental caries among our young patients if it was found that the water supply was deficient in this element. On January 15, 1952, a report was received that the sample submitted showed a mere trace of fluoride, 0.06 parts per million. Mr. John G. Dwiggin, Mr. J. R. Sandve and Mr. Frank J. Kilpatrick also visited the institution to assist us in the rodent control program.

We have appreciated especially the careful survey of the institution by the State Health Department, which was arranged by Dr. A. J. Chesley, secretary. The survey was started early in January, 1952, by Dr. Helen Knudson, chief of the section of special services. She and her staff made a very complete study and we believe the resulting findings and recommendations will be of great value.

### Dental Services

The dental department consists of two full-time dentists and two dental assistants. They endeavor to maintain in all patients a high degree of oral hygiene. With the growth of the institution, additional personnel and the remodeling of the existing central dental facilities is mandatory if a satisfactory level of dental treatment is to be maintained. Some types of reconstructive dentistry and preventive dentistry are limited at present by the volume of essential work. The dental department also assists in the in-service training program, and aids in promoting preventive dentistry among the patients.

### Laboratory Services

During the past two years the laboratory was remodeled and its

services reorganized, thus increasing materially the volume of work. The x-ray room was reconstructed in order to accommodate a new 300-milli-ampere Westinghouse x-ray unit, Model 1950, replacing an obsolete unit, and also to provide adequate protection against radiation to laboratory personnel and patients. A new developing tank with automatic mixing valve, and a set of five fluorescent viewing screens for comparative film reading were installed.

The clinical laboratory previously was combined with the x-ray laboratory. During the biennium it was transferred to a separate room in which were constructed suitable work tables made in our own shops. A new binocular Bausch & Lomb microscope, a Leitz photoelectric colorimeter for biochemical analyses and a Sanborn electrocardiograph were added to the laboratory equipment.

A blood Wasserman and nose and throat cultures taken routinely on all newly admitted patients and employees are sent to the State Board of Health laboratories, as are gastric lavages on known or suspected tuberculous patients, as well as stool specimens for culture in all cases of diarrhea or when the Widal is reported positive and the individual has not previously been given typhoid vaccine. Widal tests are not taken on patients or employees known to have received typhoid immunization in the past; but are on all other persons.

The addition of Dr. T. B. Merner to the consultant staff as radiologist has been of great value in securing prompt and accurate interpretation of x-ray films. The number of films taken has increased from an average of 100 per month annually in 1950, and 110 per month in 1951, to 220 per month for the year ending June 30, 1952.

### Psychological Services

The prime function of the psychology department is diagnostic evaluation of mental and emotional functioning of all patients in the institution. This evaluation attempts to answer questions regarding the degree of the patient's mental retardation, the role of various factors in causing the apparent retardation, the prospects for future development, and the means of implementing and improving the patient's capabilities for personal and social adjustment. Various psychological tests, personal observation, interviews, and interpretation of the social history are the techniques by which answers to these questions are obtained.

During the past year the department instituted as a routine measure such diagnostic screening for all newly admitted patients. A summary of the psychological findings is presented, together with the medical and social

history data, at a case conference, from which emerge definite recommendations for treating the patient. Patients who have been in the institution for a period of time are referred to the psychological staff when further study, evaluation and planning becomes necessary. The school department refers patients for review of their educational program to determine whether they are capable of benefiting from further training. The medical service refers patients who present special problems as well as those suffering from emotional disturbances. When questions of proper work or recreation programs for the individual patient arise, special study may be sought by the patient programs department. The social service department refers patients who are under consideration for placement in the community. In the latter instance, the psychology department must ascertain whether the patient has sufficient intelligence, skills and habits of adaptation to make an adjustment to some type of non-institutional living. The psychological services are thus organized to provide specialized diagnostic information to other departments and to aid in coordinating the efforts of all departments toward the goal of individualized treatment.

The psychology department consists of a clinical psychologist and a psychologist; a psychological intern has been attached to the department for the major part of the biennium. In addition to its diagnostic evaluations, the department engages in training other psychologists as well as other institution personnel. Two persons have thus far received their internship training in psychology at the institution; they have contributed greatly to the department's handling of an annual caseload of 500 patients. The psychological staff has also taken part in the in-service training program for institution personnel, preparing and delivering lectures on the psychological aspects of mental deficiency.

Recently the department moved into a renovated suite of offices in the administration building. This move was made necessary by the increased caseload, requiring expansion of space for interviewing and testing patients, and the desirability of having easier access to the patient files. At present the department occupies four rooms, three of which are combined office-testing rooms, and the fourth a play-observation room. The latter has been equipped with toys and other materials designed to stimulate the interest of young children, and will be used as an adjunct to the other techniques of patient evaluation.

In addition to his responsibilities in the psychology department, the clinical psychologist also acts as the institution's public education officer, to plan the dissemination of information about the mental health program, both to the institutional staff and the general public. He thus arranges

for various staff members to present talks to interested groups, distributes pamphlets, obtains mental health films for institution and outside showing, and represents the institution in its contacts with parent groups.

### Social Services

The social service department consists of three social workers. Their function is to coordinate the relationship of the patient to the institutional staff, the director's office, the family, and other interested agencies. They assist the local county welfare boards, as well as the central office, with problems concerning the admission of patients, transfers to other institutions, vacations, and community placements. In the latter instance, state guardianship continues and supervision is assumed by the county welfare boards where the ward resides.

Following the admission of each patient, a case conference abstract is prepared and presented in a staff conference held at regular intervals. The superintendent presides and the chief social worker acts as secretary. At this conference an institutional program is recommended for each patient. In addition, patients who are maladjusted within the institution and those who should be considered for return to the community are studied and recommendations made.

The social service department is usually represented at extra-mural and intra-mural conferences pertaining to wards who might need institutional care, or who have already been accepted, and who present various problems such as emotional instability and multiple handicaps.

Many families, both before and after the admission of a member, are interested in receiving counseling relative to the most favorable program for the ward.

The social service department also explains the methods of training, treatment and care of the various types of mentally deficient patients to groups of high school, college and university students. Talks and tours are given to a large number of visitors such as student nurses, various clubs, church groups, and members of county welfare boards and their staffs. The department has continued to work closely with the Minnesota Society for the Mentally Retarded, which has grown to have numerous chapters throughout Minnesota.

In conclusion, this department seeks to individualize the patient in order that each one may secure the maximum benefit from the facilities available within the institution, and be assisted if physically and mentally able to prepare for life in the community.



### Chaplain Services

During the biennium Rev. Bert Streufert became the resident Protestant chaplain at the Minnesota School and Colony, and has been responsible for the religious and spiritual services to all patients. In discharging this responsibility, the religious affiliations of the patients are recognized and observed. A survey of the church affiliation of our patient population showed that 1,895 were Protestants, 926 were Catholic and 59 were of the Jewish faith. The religious preference of 168 patients had not been determined.

Regularly scheduled services are held in the assembly hall for ambulatory patients. These include Protestant, Catholic and Jewish services. In addition to conducting the Protestant services in the assembly hall, the chaplain conducts devotional services for the non-ambulatory and bed-ridden patients in the various buildings and in the institution's hospital. The critically ill are seen daily and given spiritual ministrations. The chaplain keeps regular office hours for patients, their relatives or correspondents. He gives much of his own time to speaking to church groups and organizations.

He has been assisted by Rev. William McGrade, as the part-time Catholic chaplain, who regularly conducts services for the Catholic patients and faithfully serves them as did Rev. Robert G. Dillon, who preceded him. Rabbi M. Kopstein has regularly provided for the Jewish patients. Members of the Faribault Ministerial Association have conducted the chapel services the last Sunday of each month. We appreciate their willingness to serve in this manner.

Also, we wish to express appreciation to the various volunteer groups and individuals who have rendered invaluable assistance in the spiritual program for our patients through gifts and personal services. Special mention should be made of the services rendered by Rev. L. Gallmann, pastor of Peace Lutheran Church and 12 members of his Sunday school staff who have held divine services and special Bible story hours on Monday evenings for Lutheran patients.

### Education and Training

Since September 1, 1951, the training functions have been handled by two departments in the institution: the school department under a school principal, and the patient program services department under a patient program supervisor. In the former, training is the major objective of the program, while the latter trains patients as such training becomes

necessary for carrying out recreational and occupational therapies, or is necessitated by the need for maintaining the institution itself.

In carrying out its responsibilities, the school department maintains classes which provide the following types of training:

*Pre-school and kindergarten.* Here emphasis is placed on group living and accomodation, self-help and knowledge of elemental aspects of our environment and culture. Children enrolled in this group are expected to develop to the point where they may take academic school work, either here or at the Owatonna State School.

*"Trainable child" program.* This type of program is designed to make useful, self-respecting individuals from those who are not capable of learning to read or write. The objectives here are similar to those of the kindergarten class, but the children are generally older and less intelligent.

*Academic.* This encompasses a program similar to that of the public school, but geared to the special needs of retarded children. Those enrolled in the academic classes are generally the brightest, have the best prognosis for independent adult maintenance, are capable of living a fuller life within the institution.

*Handicraft.* This constitutes a special type of training to retarded children, both because of their own personal enjoyment in the work, and because of their relatively greater ability to compete with normal persons in this activity than in other types of work. This program is part of the school department insofar as it is an integral part of the training of mentally retarded people. After a child has reached a working level of skill in handicraft, his continued activities, whether in recreation, therapy or production for use, are transferred to the patient program department.

To carry out the above programs, the school department has four elementary teachers as well as part-time use of a sewing teacher and music teacher from the patient programs department. In addition, a teacher for the deaf has been authorized and will provide the special education required by the approximately 25 children who are deaf or hard of hearing as well as mentally retarded.

The patient program services department has 22 persons to carry out its various activities, with all positions filled at the close of the biennium except for that of an occupational therapist. Recreation, handicraft, occupational therapy, cosmetic therapy, and the industrial program are all integral parts of this program.

All parts of the program have reached a very satisfactory standard and are making life happier for the patients, improving their behavior and giving them a deeper feeling of being wanted. Those having sufficient

intelligence, physical fitness and emotional stability to merit a trial placement outside the institution are being recognized more quickly and prepared for return to their communities through carefully planned vocational programs.

The handicraft training given by the patient programs department complements the program of the school department by developing manual skills. All employees in the institution, however, are indoctrinated by means of an in-service training program with the concept that they are and should be contributing to the training of patients in their care.

Coordinating the training program at the Minnesota School and Colony is an education and training committee comprised of the school principal, patient programs supervisor, chief social worker, clinical psychologist, and a staff physician. Following consideration in case conference, this committee plans a program for the patient in accordance with his mental level, physical status, general personality traits, and earlier achievement. Any patient whom the committee feels requires prolonged or intensive study is referred to the superintendent for special attention.

### Library

Because our employees were not using the employees' library enough to warrant its continuance, that space was vacated for the use of offices. Books suitable for recreational reading by psychotic patients were transferred to other institution libraries, and the remainder offered for sale as surplus property. A group of titles suitable for laboratory work was transferred to the University School of Library Science, and professional books dealing with mental deficiency were transferred to the medical library at the hospital or retained in a room adjacent to the patients' library for the use of employees. In connection with the mental health program, a supply of pamphlets was received by the library and made available for distribution by the public relations officer. Many new titles were received for the use of the medical staff and the psychology department. Some 2,588 books and magazines were circulated for reference to members of the institution staff.

Due to changes in the school and recreational programs for patients, many adjustments in patients' library schedules were made, but the library continued to stress and render service for individual readers in addition to distributing books to non-ambulatory patients and conducting story hours for non-reading patients. In November, 1950, a book week program was presented in the assembly hall for all patients who were able to attend.

Some 21,805 books and magazines were circulated to patients, 400 new books were added to the shelves, 198 were discarded, and 1,171 were

mended. On June 30, 1952, the library contained 3,345 volumes.

### Food Service

The facilities in the main kitchen have been improved considerably with the enlargement of the butcher shop, pasteurizing room, the main preparation area, and the refrigerator space. In addition, a small sharp-freeze unit has been added. The vegetable preparation room has been made an integral part of the kitchen instead of being housed in a separate building. Provisions have been made for installing a roasting oven in the kitchen and replacement of an oven in the bakery. Even though the kitchen has been enlarged, its facilities are taxed to capacity because of the increased population.

We are maintaining overland food delivery to the three new buildings recently opened. This method has proven very satisfactory, and an expansion of this type of service to other buildings, where the underground monorail method is inadequate, is planned.

We are continuing our policy of providing wholesome food of good quality and variety. Fresh fruits and vegetables are provided as an essential part of the diet. Likewise, milk and butter are provided in the quantities recommended. Each child under 16 receives at least 1 quart of milk each day, while adults receive at least 1 pint per day. Coffee and tea are also available to the adult population. Butter is being served at each meal; ice cream is included in the menu each week; and milk is used in the baking of all bread. The ration of meat has been increased. Eggs are provided frequently, although our facilities for preparing fried eggs in large quantities are inadequate.

### Dairy

Milk production for the biennial period was 2,805,727 pounds. This is a decrease compared to the previous biennial period, but is a result of changing the milking schedule from three times a day to twice a day. This change was made in order to reduce the number of working hours for the patients assigned to the dairy. Our milk production is short of supplying the needs of our patient population, and consideration should be given to increasing the barn capacity to accommodate at least 60 more cows. The average butterfat yield per cow in the biennium was 388 pounds. Seventy-five per cent of the herd is registered Holstein, and all cows are being bred artificially. We are following a program of calf-herd vaccination; there have been no reactors to Bang's disease and tuberculin tests are all negative.

## Farm and Garden

Six hundred and four acres have been in farm crops, 65 acres in garden, 428 acres in pasture, hay and waste land, and 120 acres devoted to campus. Crops have been average for this community; garden crops suffered considerably in each year of the biennium because of heavy rains. We are following a program of land usage in cooperation with the U. S. soil conservation program. This program has resulted in improved crops, control of erosion and land restoration for better production. More power machinery has been added; horses are used only in garden cultivation and in areas where tractors cannot be used. We have reduced the number of horses to 12.

During the biennial period we canned 5,586 #10 tins of tomatoes, 5,699 #10 tins of rhubarb, 5,790 #10 tins of apples, 1,480 #10 tins of pickled beans, 585 #10 tins miscellaneous pickles, 15 50-gallon barrels of dill pickles, 74 50-gallon barrels of sauerkraut, and 227 #10 tins of jelly and jam. We are following a program of using fresh garden products as much as possible.

## Buildings and Improvements

In addition to ordinary maintenance and repair to buildings, equipment and grounds, the following projects were completed during the biennium:

Three new buildings, housing 100 patients each, were put in service.

An addition to the central kitchen, providing a new vegetable preparation room, freight elevator, enlarged butcher shop, and increased refrigeration space was completed in 1952.

An ice cream making machine was placed in the central kitchen, a bread slicing and wrapping machine installed in the bakery.

A 10' x 20' addition to the bakery provides space for a pan room.

A new boiler, providing 60,000 pounds of steam per hour at 250 pounds pressure, was installed in the power plant. There is also a new turbine-driven generating unit which has a 625-kilowatt capacity.

The medium-pressure domestic-service steam line was extended to the colony division, providing the units there with 24-hour-a-day hot water and heat.

The playground outside West Cottage was extended so as to increase its area by 10,200 square feet, and a concrete retaining wall was built about the area.

In reviewing the improvements made, it should be pointed out that the capacity of the old boilers is insufficient to meet our needs during the

winter season, and that the new boiler must remain in service during that period. If this latter unit were to become inoperable for any reason, an extremely critical situation would arise. Similarly, the increased use of electricity is fast approaching the capacity of the new turbine-driven generator. Since much added electrical equipment is still needed in older buildings, a further increase in the load can be foreseen.

### **In-Service Training**

The orientation and in-service training programs have been continued and expanded from time to time by the nurse instructor, assisted by staff members and consultants in medical and surgical fields. All new employees are included in the 20-hour orientation program, since they come with little if any previous experience in working with mentally ill or defective patients or in institutions. The orientation course helps the employees to become acquainted with and adjust to the work required. It also teaches proper attitudes in training, treating and caring for mentally deficient persons. Nurses and psychiatric aides receive 80 additional hours of instruction, consisting of classroom lectures, demonstrations and audio-visual aids, together with on-the-ward training in methods and principles of nursing care. All phases of in-service training have been well accepted by the employees and have noticeably raised the standards of care and treatment of patients.

### **Personnel**

The employment picture improved progressively through the biennial period. On July 1, 1951, there were 568 authorized positions, of which three teaching positions were on lay-off for two months because of the summer vacation. There were 510 positions filled, 199 by men, 311 by women, with 55 or 9.7 per cent unfilled. Of 630 authorized positions on the payroll for the first half of June, 1952, there were 613 filled, 228 by men and 385 by women, with only 17 or 2.7 per cent unfilled. The qualifications of applicants seeking work improved, although a wider range for selection would have been desirable in certain classifications. The principal difficulty encountered has been that of filling positions in the professional fields.

The greatest percentage of turnover was among psychiatric aides, of whom the majority are women. Many female employees resign their positions because of marriage, pregnancy, to give more time to their families, or because the husband has accepted employment in another locality.

We are proud that the candidates we entered in the contests conducted by the National Association for Mental Health to select the outstanding

aide for the mentally deficient in the years 1950 and 1951, respectively, were winners of awards in those annual contests. Mr. Carl Norlin, our candidate in 1950, received the Certificate of Merit Award. His selection was properly recognized by the presentation of this award in our assembly hall on February 9, 1951. Mrs. Jesse Driessen, our candidate for 1951, received the Honorable Mention Award, which was presented to her by Governor Anderson as a part of the program dedicating the newly completed dormitory buildings on January 28, 1952.

E. J. ENGBERG, M. D.  
Superintendent

# Owatonna State School

The Owatonna State School was created by an act of the Legislature in its regular session in 1947. Two years prior to this time during the 1945 legislative session, the Legislature had temporarily made available the facilities of the State Public School for the academic education and vocational training for "feeble-minded persons" on a two-year trial basis with the understanding that it would again be available to use for dependent and neglected children if there was a need for it. By the creation of the Owatonna State School, Minnesota became a leader in the field of mental deficiency. This school, created for the purpose of giving "academic education and vocational training for all those feeble-minded persons who may through such education and training be prepared for return to society as self-supporting individuals," is the only such state institution of this kind in the United States as far as is known.

C. McKinney Henderson ----- Superintendent  
 Foster D. Barlow ----- Guidance Supervisor  
 Mary L. Mercer ----- Psychologist  
 Dorothea Putter ----- Nurse  
 Byron W. Stunkark, DDS ----- Dentist  
 C. T. McEnaney, M. D. ----- Part-time Psysician  
 C. W. Lundquist, M. D. ----- Part-time Ophthalmologist  
 Dorothy M. Eidem ----- School Principal  
 Harold W. Isackson ----- Business Manager

Capacity of institution ----- 425  
 Number of pupils June 30, 1952 ----- 341  
 Area of grounds, acres ----- 649  
 Acres under cultivation ----- 553

## Total expenditures from general revenue appropriations:

	1950-51		1951-52	
	Amount	Per Capita	Amount	Per Capita
Current expense ----- \$	175,375.97	\$ 544.64	\$166,645.92	\$ 539.30
Salaries -----	337,446.93	1,047.97	384,104.90	1,243.06
General repairs -----	11,718.44	36.39	14,807.37	47.92
Sub-total ----- \$	524,541.34	\$1,629.00	\$565,558.19	\$1,830.28

## Capital outlay:

Special repairs and improvements.. \$	42,838.56	\$ 133.03	\$ 10,031.35	\$ 32.47
Special equipment -----	12,460.51	38.71	7,947.97	25.72
Total operating cost ----- \$	579,840.41	\$1,800.74	\$583,537.51	\$1,888.47
Average population -----	322		309	

## Number of officers and employees June 30, 1952:

Positions filled -----	139
Positions unfilled -----	4
Total approved positions -----	143

**Table 5-a**  
**INSTITUTIONS FOR MENTALLY DEFICIENT AND EPILEPTIC**  
**POPULATION MOVEMENT**  
 Year Ended June 30, 1951

	Total	Male	Female	Cambridge	Faribault	Owatonna	St. Cloud	Hastings Cottage for Ment. Def. Ch.
Total on books at end of year -----	4439	2290	2149	1104	2372	369	94	—
Mentally defective only -----	3334	1744	1590	171	2700	369	94	—
Epileptic only -----	67	23	45	67	—	—	—	—
Both mentally defective and epileptic -----	1035	523	513	865	170	—	—	—
Neither mentally defective nor epileptic -----	3	2	1	1	2	—	—	—
In institution -----	4120	2117	2003	1019	2678	356	67	—
Vacations and escapes -----	319	173	146	85	194	13	27	—
Admitted:								
First admissions -----	322	193	129	38	131	43	13	97
Readmissions -----	49	25	24	14	27	3	1	4
Received by transfer -----	29	10	19	6	23	—	—	—
Total under care -----	4839	2518	2321	1162	3053	415	108	101
Discharged:								
Mentally defective:								
Under age of self-support (18 yrs) -----	75	50	25	—	4	3	9	68
Capable of self or partial support -----	81	36	45	—	55	24	2	—
Incapable of productive work -----	—	—	—	—	—	—	—	—
Epileptic:								
As improved -----	7	2	5	7	7	7	7	7
As unimproved -----	16	9	7	16	—	—	—	—
Neither mentally defective nor epileptic -----	7	5	2	—	7	—	—	—
Transferred to other institutions -----	98	69	29	16	52	26	3	1
Escapes dropped from roll -----	11	9	2	—	—	11	—	—
Returned to county -----	—	—	—	—	—	—	—	—
Died -----	81	50	31	22	59	—	—	—
On books at end of year -----	4463	2288	2175	1101	2876	351	103	32
In institution -----	3976	2025	1951	984	2644	247	69	32
Vacations and escapes -----	487	263	224	117	232	104	34	—
Mentally defective only -----	3310	1725	1585	171	2660	351	103	25
Epileptic only -----	76	23	53	76	—	—	—	—
Both mentally defective and epileptic -----	1075	539	536	853	215	—	—	7
Neither mentally defective nor epileptic -----	2	1	1	1	1	—	—	—
AVERAGE POPULATION:								
In institution -----	4285	2201	2084	1073	2800	320	69	23
Vacations and escapes -----	367	204	163	82	175	80	29	—

**Table 5-b**  
**INSTITUTIONS FOR MENTALLY DEFICIENT AND EPILEPTIC**  
**POPULATION MOVEMENT**  
 Year Ended June 30, 1952

	Total	Male	Female	Cambridge	Faribault	Owatonna	St. Cloud	Shakopee	Sauk Centre	Hastings Cottage for Ment. Def. Ch.
Total on books at end of year -----	4463	2288	2175	1101	2876	351	103	—	—	32
Mentally defective only -----	3310	1725	1585	171	2660	351	103	—	—	25
Epileptic only -----	76	23	53	76	—	—	—	—	—	—
Both mentally defective and epileptic -----	1075	539	536	853	215	—	—	—	—	7
Neither mentally defective nor epileptic -----	2	1	1	1	1	—	—	—	—	—
In institution -----	3976	2025	1951	984	2644	247	69	—	—	32
Vacations and escapes -----	487	263	224	117	232	104	34	—	—	—
Admitted:										
First admission -----	604	401	203	62	322	55	17	35	108	4
Re-admissions -----	45	25	20	6	34	3	—	—	—	2
Received by transfer -----	56	40	16	14	41	—	1	—	—	—
Total under care -----	5168	2754	2414	1184	3273	409	121	35	108	38
Discharged:										
Mentally defective:										
Under age of self-support (18 yrs.) -----	49	27	22	—	7	7	—	1	—	34
Capable of self or partial support -----	95	37	58	3	58	32	2	—	—	—
Incapable of productive work -----	9	5	4	—	8	1	—	—	—	—
Epileptic:										
As improved -----	12	9	3	12	—	—	—	—	—	—
As unimproved -----	2	2	—	2	—	—	—	—	—	—
Neither mentally defective nor epileptic -----	8	6	2	—	8	—	—	—	—	—
Transferred to other institutions -----	144	102	42	42	44	22	7	7	18	4
Escapes dropped from roll -----	2	2	—	—	—	2	—	—	—	—
Returned to county -----	3	3	—	—	—	3	—	—	—	—
Died -----	102	61	41	27	71	1	—	—	3	—
On books at end of year -----	4742	2500	2242	1098	3077	341	112	27	87	—
In institution -----	4220	2211	2009	978	2872	199	62	27	82	—
Vacations and escapes -----	522	289	233	120	205	142	50	—	5	—
Mentally defective only -----	3587	1933	1654	166	2862	341	109	25	84	—
Epileptic only -----	69	20	49	69	—	—	—	—	—	—
Both mentally defective and epileptic -----	1085	547	538	862	215	—	3	2	3	—
Neither mentally defective nor epileptic -----	1	—	1	1	—	—	—	—	—	—
AVERAGE POPULATION:										
In institution -----	4397	2271	2126	1067	2838	309	67	27	66	23
Vacations and escapes -----	226	126	100	33	178	49	38	27	1	—

**Table 5-c**  
**INSTITUTIONS FOR MENTALLY DEFICIENT**  
**AND EPILEPTIC**  
**Age And Mental Diagnosis On Admission**  
**Biennium Ended June 30, 1952**

	Year Ended			Year Ended		
	June 30, 1952			June 30, 1951		
	Total	Male	Female	Total	Male	Female
TOTAL FIRST ADMISSIONS ----	604	401	203	322	193	129
AGE ON ADMISSION:						
Born at institution -----	7	4	3	8	5	3
Under 5 years -----	99	75	24	31	21	10
5 through 9 years -----	178	118	60	115	69	46
10 through 14 years -----	134	88	46	68	43	25
15 through 19 years -----	72	46	26	37	25	12
20 through 24 years -----	29	19	10	21	12	9
25 through 29 years -----	31	15	6	10	2	8
30 through 39 years -----	32	20	12	10	5	5
40 through 49 years -----	22	12	10	12	6	6
50 through 59 years -----	6	2	4	8	4	4
60 years and over -----	4	2	2	2	1	1
MENTAL DIAGNOSIS ON ADMISSION:						
Mentally defective only:						
Idiot -----	110	68	42	59	35	24
Imbecile -----	285	200	85	112	68	44
Moron -----	128	76	52	87	56	31
Epileptic only -----	10	8	2	6	2	4
Mentally defective and epileptic:						
Idiot -----	5	4	1	6	3	3
Imbecile -----	29	20	9	23	12	11
Moron -----	29	20	9	21	12	9
Neither mentally defective nor epileptic -----	8	5	3	8	5	3
TOTAL READMISSIONS -----	48	25	23	46	25	21
MENTAL DIAGNOSIS ON READMISSION:						
Mentally defective only:						
Idiot -----	6	4	2	3	2	1
Imbecile -----	16	10	6	8	7	1
Moron -----	18	6	12	21	8	13
Epileptic only -----	2	1	1	7	4	3
Mentally defective and epileptic:						
Idiot -----	—	—	—	—	—	—
Imbecile -----	3	1	2	2	1	1
Moron -----	2	2	—	5	3	2
Neither mentally defective nor epileptic -----	1	1	—	—	—	—



**Table 5-d**  
**INSTITUTIONS FOR MENTALLY DEFICIENT**  
**AND EPILEPTIC**

**Age And Cause Of Death**

Biennium Ended June 30, 1952

	Year Ended			Year Ended		
	June 30, 1952			June 30, 1951		
	Total	Male	Female	Total	Male	Female
<b>TOTAL DEATHS IN INSTITUTIONS</b>	101	61	40	80	50	30
<b>AGE AT DEATH:</b>						
Under 5 years -----	14	9	5	8	5	3
5 through 9 years -----	13	10	3	3	1	2
10 through 14 years -----	15	10	5	4	1	3
15 through 24 years -----	6	5	1	13	8	5
25 through 29 years -----	3	1	2	4	2	2
30 through 34 years -----	4	3	1	3	2	1
35 through 39 years -----	3	2	1	7	5	2
40 through 44 years -----	8	4	4	3	3	—
45 through 49 years -----	5	1	4	7	6	1
50 through 54 years -----	3	1	2	5	4	1
55 through 59 years -----	11	4	7	5	2	3
60 years and over -----	16	11	5	18	11	7
<b>CAUSE OF DEATH:</b>						
Tuberculosis of the lungs ----	5	4	1	2	1	1
Cancer and other malignant tumors -----	6	2	4	8	4	4
Cerebral hemorrhage & soft'ng	3	1	2	8	4	4
Diabetes -----	1	1	—	—	—	—
Epilepsy -----	9	7	2	13	9	4
Other diseases of the nervous system -----	2	1	1	6	5	1
Organic diseases of the heart--	11	4	7	5	4	1
Diseases of the arteries -----	1	1	—	9	6	3
Pneumonia -----	18	9	9	11	7	4
Diarrhea and enteritis -----	—	—	—	1	—	1
Nephritis and Bright's disease	1	—	1	1	1	—
Forms of violence other than suicide -----	1	1	—	1	—	1
All other causes -----	42	29	13	13	8	5
Cause unknown or ill-defined--	1	1	—	2	1	1