

to strengthen them. Playground equipment was kept in good repair. The old dump was abandoned, and arrangements made to take refuse to the city dumps. Through the cooperation of the State Highway Department, our main drive was designated as Route 299 in the state highway system, and maintenance of the roadway taken over by the Highway Department workmen.

During 1951-52 we added another painter to our staff, thus making it possible to keep up with the demands for painting in the various buildings. The maintenance schedule in this respect was lagging considerably. Funds were available to secure the services of a competent mason to point up severely damaged exterior stone walls of the service building and of Tate Hall.

Our objective has been to keep buildings and equipment in as good repair as possible with the resources we have available to us in the form of funds and manpower.

Needs

Buildings deteriorate and equipment wears out. Personnel shortages become evident as new programs unfold. To meet these continuing changes the following list of principal items is requested:

A new school infirmary.

A new boys' dormitory.

Complete change-over to alternating current electricity to eliminate the present inefficient and cumbersome situation in which both direct and alternating current are used.

A new roof for Noyes Hall, the school building.

Adequate refrigeration facilities.

Fluorescent lights or approved equal in the school building, to bring the light intensity in the classrooms to minimum standards, at least.

Posture-type school desks for the students, and additional hearing aid equipment.

New beds throughout the dormitories, to replace present beds, many of which are 40 or more years old.

Modern stainless steel work tables and sinks for the kitchen.

Remodeling of fire protection facilities to meet present-day standards.

Addition of two teachers to the staff.

Addition of a supervising houseparent to the staff.

HOWARD M. QUIGLEY
Superintendent

Gillette State Hospital for Crippled Children

(St. Paul)

The Minnesota State Hospital for Crippled and Deformed Children was established by Legislative action in 1897. For 10 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 the construction of buildings. In 1926 the name of the hospital was changed to Gillette State Hospital for Crippled Children, 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.

One objective of the hospital is to provide care and treatment for crippled children of the state of Minnesota who cannot pay for it. Another is to provide an opportunity for the patient to carry on his regular school work, pre-vocational training, religious instruction in the church selection of his parents, and the moral training of the patient usually given the 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 Mayo Foundation and of the University of Minnesota Medical Graduate School. Nursing care is provided by graduate nurses, practical nurses and affiliating student nurses. The physical therapy and occupational therapy departments provide treatment under the direction of the doctors. The physical therapists and occupational therapists are graduates of nationally approved schools. The Brace Shop makes the braces, orthopedic appliances and artificial limbs ordered for the patients by the doctors. The hospital property consists of 23 acres of park land located on a triangular area in the southwest corner of Phalen Park.

C. Chatterton, M. D.	Chief of Staff
Wallace H. Cole, M. D.	Associate Chief of Staff
John D. Conklin, R. N., B. S., M. H. A.	Superintendent
Anna Mae Blomquist, R. N., B. S.	Director of Nurses
George Jones, D. D. S.	Dentist
Willis Moran, B. S., M. Ed.	Principal of School Department
Alfred C. Gardner	Business Manager

ORTHOPEDIC SERVICE

John H. Moe, M. D.
 Stewart W. Shimonek, M. D.
 Meyer Z. Goldner, M. D.
 John J. Beer, M. D.
 Frank S. Babb, M. D.

Harry B. Hall, M. D.
 Lester W. Carlander, M. D.
 Donovan L. McCain, M. D.
 Richard J. Johnson, M. D.

PEDIATRIC SERVICES

Ray Critchfield, M. D.
 Alexander Stewart, M. D.

Woodard Colby, M. D.
 F. G. Hedenstrom, M. D.

MEDICAL SERVICE

Harvey O. Beek, M. D.
 Joseph Meade, M. D.

G. Edlund, M. D.
 Joseph Ryan, M. D.

GENERAL SURGERY

W. C. Carrol, M. D.

Warren Ogden, M. D.

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

Gordon Strate, M. D.
 Robert Holmen, M. D.

Eugene Bauer, M. D.

DERMATOLOGY

John H. Madden, M. D.
 Charles Freeman, M. D.

Orville Ockuly, M. D.

NEUROLOGY

Walter Gardner, M. D.
 E. H. Hammes, M. D.

W. A. Carley, M. D.
 Louis Flynn, M. D.

PATHOLOGIST

Kano Ikeda, M. D.

UROLOGY

R. M. Leick, M. D.

Philip Donahue, M. D.

ROENTGENOLOGIST

Edward Schons, M. D.

DENTAL SURGERY

Sam Ziegler, M. D.

ANESTHESIOLOGY

Fredrick Van Bergen, M. D.

CONSULTANTS

Neuro-Surgeons

{ Wallace Ritchie, M. D.
{ Robert L. Merrick, M. D.

Diseases of Circulatory System
Thoracic and Chest Surgeon

Frank Quattelbaum, M. D.
Coleman J. Connolly, Jr. M. D.

Capacity of the hospital -----	225
Number of patients June 30, 1952 -----	207
Area of grounds, acres -----	23

Total expenditures from general revenue appropriations:

	1950-51		1951-52	
Plant expense -----	\$ 176,856.18	\$ 879.88	\$ 174,295.80	\$ 947.28
Utilities -----	516,618.45	2,570.22	828,735.00	3,889.86
Other operating expense -----	51,864.67	258.03	64,212.31	848.98
Sub-total -----	\$ 745,334.80	\$ 3,708.13	\$ 862,243.11	\$ 4,686.10
Capital outlay:				
Plant repairs & improvements	\$ 32,547.35	\$ 161.93	\$ 10,220.01	\$ 55.54
Plant equipment -----	-----	-----	5,932.81	32.25
Total operating cost -----	\$ 777,881.65	\$ 3,870.06	\$ 878,395.92	\$ 4,773.89
Population -----	201		184	

Total operating expense includes general repairs, instruction and amusement, Honorarium, consulting staff, scientific apparatus and special appliances.

Number of officers and employees, June 30, 1952:

Positions filled -----	236
Positions unfilled -----	8
Total approved positions	244

Eligibility for Admission

Children whose parents are medically indigent, and have been residents in Minnesota for one year previous to making application and who have an orthopedic condition that can be helped by hospital treatment are eligible for admission. Application is made by the family physician and is accomplished by a parents' statement in the form of an affidavit covering the financial situation of the family. The application also carries the signature of a county welfare official verifying the fact that the parents cannot afford the necessary treatment. Except in cases of emergency, applicants are put on a waiting list and notified when there is room for them.

Emergency cases are cared for as soon as possible, and applicants are requested to notify the superintendent or, preferably, to have their family physicians do so when care must be given immediately.

There is no cost to the parent for the care his child receives while in our hospital, except for the expenses of bringing the child, providing the clothes necessary while he is a patient and coming for him when he is discharged. The parents are asked to pay for any orthopedic shoes or corrective glasses ordered by the doctors. Braces, appliances and artificial limbs are provided free of charge to patients under 21 years of age.

Children receive care for all physical conditions as well as for orthopedic conditions. Patients with pulmonary tuberculosis are not eligible. A limited number of feeding cases are admitted, preferably infants under 6 months of age. Children remain in the hospital as long as they need hospital care. When they are discharged, the parents are carefully instructed in the care to be followed at home, and the child is asked to report periodically to the outpatient department for re-examination by his family doctor. When necessary, the child is re-admitted to the hospital for further surgery.

The hospital is approved by the American College of Surgeons and has been a class "A" hospital since 1922. It is also on the approved list of fellowships in orthopedic surgery by the American Medical Association. The hospital is an institutional member of the American Hospital Association, and an active member of the St. Paul Hospital Council.

Report of Chief-of-Staff

Each biennium presents changes in the care of crippled children at Gillette State Hospital. The following reports from the various heads of departments cover the scope of our work.

During the past two years, because of the completion of the new surgical unit, increase of the medical staff was possible. The visiting medical staff is large enough at present to care for all patients who come to this institution. If the hospital and outpatient department continue to increase their capacity, it may be necessary to enlarge this staff. The resident staff from the Mayo Foundation and University of Minnesota are unusually alert and competent, and give the best care to the children in the hospital and outpatient department. We also have one intern on a rotating service from St. Joseph's Hospital in St. Paul. Gillette Hospital offers the resident staff the privilege of doing work while training for their fellowship degrees, and this is extremely beneficial to them as orthopedic surgeons.

Dental care to children in the hospital and outpatient department is handled by a part-time dentist and a visiting dental surgeon.

Social service work under the medical unit of the State Division of Social Welfare is a great help to the institution, especially in the care of patients who have left the hospital. Clinics throughout the state are conducted by the Division's Services for Crippled Children. Children who have been patients at our hospital visit these clinics, where their hospital records are available, and one of our orthopedic staff members attends each clinic.

I personally feel, as my 14th biennial report is given, that Gillette Hospital now gives the best care to the children of Minnesota since its inception. This is due to the willing cooperation of the director of public institutions, the visiting staff, the resident staff, the hospital staff and many other individuals. We wish to thank the many clubs and societies who have shown an interest and loyalty and who have helped us maintain the type of care given at Gillette State Hospital for Crippled Children.

C. C. Chatterton, M. D.

Chief of Staff

Population

The total number of patients cared for from July 1, 1950, to June 30, 1951, was 1,673. The 1950-51 daily average number of patients was 202.

The 1951-52 daily average number of patients was 185. Total number of patients seen in the outpatient department during 1950-1952 was 7,430. Monthly average of patients on waiting list was 83.

Nursing Service

During the past two years there has been an almost complete reorganization of the nursing services given the hospital. The nursing staff has been organized, procedures have been set up, policies have been made, and staff education has been increased yearly. Each hospital ward has been carefully studied to determine what nursing coverage would be necessary to give the children good nursing care. The programs of nursing education and nursing service have been completely separated, but continue to work in close cooperation. The importance of parent education has been greatly stressed, and all of the nursing staff is well aware of the value placed on this by the parents of our patients. There has been an effort to develop a more complete orientation program for the nursing aide staff and further work is planned for the next two years.

We hope within the next year to have more beds available for children whose ages range from 1 to 5 years. The demand for beds in this age group has been increasing during the biennium, and at times a patient needing immediate care has had to wait several months before a bed was available.

Nursing Education

A total of 2,987 student nurses have participated in the pediatric nursing affiliate program of Gillette State Hospital for Crippled Children since the first students were admitted in 1921. As of July 1, 1952, we had students from Grand Forks Deaconess School of Nursing, North Dakota, and from Methodist State Hospital School of Nursing, Mitchell, South Dakota.

We feel the hospital has an excellent pediatric and orthopedic student nurse affiliating program and we hope within the near future to increase the number of student nurses who have been taking this course. The aim and objectives of the Gillette nursing program is to provide student nurses further opportunity for personal and professional growth. We know that philosophy of efficient nursing care of the children stems from a knowledge of normal growth and development from conception through adolescence. We aim, therefore, to help the student understand:

The child as an individual.

The child as a member of the family circle.

The child in the hospital.

The child in the community.

Our affiliate program in nursing care of children was approved in May of 1952 by the Minnesota State Board of Nurse Examiners. From July, 1950, through June, 1952, 107 students entered the program, and 103 completed the three months' course.

The problems and plans of the nursing department are as follows:

Recognition of the need for greater emphasis on planned student clinic experience.

Use of a more comprehensive patient treatment card index by the nursing team.

Adoption of a system of reporting on and off duty as members of a patient care team.

More adequate recreational program for student nurses.

Printed brochure describing the Gillette Hospital program in nursing of children.

New agreement between schools regarding the student program.

Improvement of interdepartmental relationships through increased participation in the over-all staff education program.

More comprehensive system of evaluating the progress of the graduate nurse staff.

Mimeographed copies of policies for the orientation program for all nursing service personnel.

Staff participation in a civilian defense program.

Central supply department.

Surgical recovery station.

Planning adequate nursing care for areas of increased patient population.

Medical Social Service

The medical social service department at Gillette Hospital was established in 1937, with support provided through the Services for Crippled Children of the State Division of Social Welfare. The activities of the department are regulated by the organization of the hospital, the purpose serves and the need for specialized services which may arise. In reviewing

the work of the past two years, it was found that the activities of the department seemed to fall into two areas: the hospital and the outpatient department. This has always been true but since September 1, 1950, when the outpatient department changed from one day a week, there has been a gradual increase in that department's work. It was found that the worker was in the booth with about 90 per cent of the patients examined. There were increased referrals from the staff and more opportunities for interviews concerning problems already known. The follow-up work has become exceedingly heavy because of the increase of "short service" cases.

The function and activities of the social service department fall into several broad areas:

The department is responsible for casework services to the patients. Social casework is concerned with the way the child and family feel about his illness; their acceptance of the doctor's treatment plan may depend upon 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 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.

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 explanation of the child's social and medical needs when he returns to his home community. Plans are made for continuing treatment and for supervision when necessary.

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 a speech field clinic conducted by the State Services for Crippled Children. Patients with vocational handicaps are referred to vocational rehabilitation for counseling and assistance in educational plans.

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

The social worker attends the crippled children field clinics. At these clinics the worker may give service in a limited interview—arrange for hospitalization, assist in planning for appliances and work with the Gillette patients in further plans for their social and medical treatment.

After analyzing the work of this department during the past two years, the following suggestions are made:

It would seem advantageous to reorganize this department and put it under the complete auspices of the hospital rather than the Services for Crippled Children. This would mean the addition of a supervisor of social work to our staff.

Routine follow-up, which has always been a function of social service, should be placed in the outpatient department. This could be worked out with an appointment system. The social service department would continue to work with the delinquent patients and at all times the files and information would be available to the outpatient department.

The scoliosis program has increased to such an extent that consideration will have to be given to either assigning more beds to these patients or asking the other staff members to assume care of some of them.

It would be more advantageous to have the new patients report as soon as their applications have been approved. We have seen the value of this in the scoliosis program. It would mean less waiting for the patient who is admitted to the outpatient department only, and would satisfy the parents, and family doctors because they could at least see the patient and make recommendations for the treatment plans to be followed.

Statistics on Social Service

The statistics which follow represent services given in the first interviews. The "follow-up" figures represent letters. It has been impossible to code the great number of services given by phone or through brief contacts in the outpatient department, and the department continued to lecture each group of incoming student nurses. In addition, the department has given brief speeches to various groups of visiting nurses explaining the services offered by this department.

	1950-1951	1951-1952
Appliances -----	20	28
Follow-up -----	1,568	1,500
Family -----	1,123	809
Social agency -----	291	301
Specialists within agency or local doctor -----	211	90
Other medical agencies -----	397	305
Vocational -----	29	48
School -----	46	58

Education

Education programs have a real share in all the essential services for hospitalized crippled children. The educational program at Gillette Hospital for Crippled Children plays an important part in the education of Minnesota children. The program is adapted to children from kindergarten through high school, and provides an opportunity for them to continue their work and have an individual program of instruction geared to their mental and physical ability. Our program conceives of each individual as a unique person. While they are in the hospital school, there are opportunities to give these children new and larger interests. Experiences must be broad and must transcend the walls of the hospital. With imagination and resourcefulness on the part of the teacher, and with the support of the hospital administration and staff, a whole world of experience is brought to the hospitalized child.

In addition to the basic subjects taught, the school keeps in mind that socialization cannot be neglected in the well-rounded development of the child. Therefore, plays, scouting, picnics, puppetry, field trips, recreation, and music are offered regularly. Our planned visual education continues to hold a valuable place in the education of the children, since greater impressions are made by seeing and hearing than by just hearing alone. Visual education is particularly helpful to slower learning children.

As is common to any hospital where there are great numbers of children, isolation for children's contagious diseases at times occur. The teachers at Gillette Hospital school, under the director of nurses, have learned isolation techniques and it is no longer necessary to take exposed children off the school list.

We still need another teacher to carry out the school program adequately in the admitting unit. An effort has been made this year to include the unit in school instruction, but with the large number of children has not been possible to give adequate time with the limited staff we have. The school enrollment has increased greatly in the last few years, yet the school staff remains the same as it was 20 years ago. We strongly recommend that another intermediate grade school teacher be added. This

would enable us to rearrange teaching schedules and give adequate teaching service. When schedules are so arranged that medical treatment, education and recreation are all given their due importance, therapeutic values become important. It is only with a sufficient staff that the school department can fully assist these children in becoming useful citizens—useful to themselves and to society.

Dietary Department

The dietary department at Gillette Hospital is under the direction of two dietitians whose responsibility it is to carry on the following functions:

Efficient administration of the general food service of the hospital. This includes food planning, food preparation, food distribution, estimating the quarterly food needs of the hospital, and ordering new equipment.

Planning a scientific diet for the patients and personnel of the hospital. A general menu is made out for all and this is broken down to cover the needs of various age groups ranging from infants to adults. Special diets are also made up as ordered by the medical staff.

Assistance in the educational program of our affiliating student nurses. This includes instruction in formula making and in making out and serving therapeutic diets to the patients.

Orientation of the personnel employed in the dietary department. The dietitians work and cooperate with the entire hospital staff.

Physical Therapy and Occupational Therapy

The work accomplished by these two departments is of definite value to the hospital. The demand for their services has increased considerably during the past few years, and amount of instruction these departments give to parents has also increased. To function efficiently and adequately for the hospital, however, we definitely feel a new working area is necessary. Within this area adequate water and electrical supplies would be available and closer supervision would be possible. Under our present setup these departments are widely separated and much valuable time is lost which could be spent on patient care. We, as all other institutions, find professional personnel to staff these departments very hard to secure and difficult to keep.

Improvements Made to Hospital

- New laundry with new equipment.
- New playroom completely furnished.

New darkroom for x-ray department completely equipped.

New elevator for patient use.

New operating room.

Installation on all wards of nursing stations with medicine cabinets.

New furniture: cribs, youth beds, new beds for student nurses and some employees quarters, bedside cabinets, tables and chairs for dining rooms, steel lockers for nurses' dressing room, folding chairs for visitors on wards.

Remodeling of pediatric department and Ward 6 to be completed this year.

The porches adjoining Wards 5, 7, and 9 completely remodeled as permanent parts of each ward.

New business office; receiving and storerooms remodeled.

New sewer line installed.

New telephone switchboard installed.

Part of the gutters repaired.

Concrete courts replaced.

Swimming pool retiled.

New cold water mains installed in the tunnel.

New sidewalk to outpatient department.

New equipment purchased: paraffin bath, orthopedic bicycles, spectrophotometer, electrocardiogram, Farm-all tractor and trailer, power lawn mower, whirlpool bath.

Needs of the Institution

New wing for special services.

Central supply room.

New station wagon for hospital use.

Front entrance of the hospital remodeled.

Adequate dressing rooms with steel lockers for employees.

Zone temperature controls for all wards and departments.

Complete the replacement of water mains.

Additional funds to complete gutter repairs.

Reinforce kitchen porch and provide facilities for proper garbage handling.

Additional garage space.

Black topping driveways and parking areas.

Additional funds for hospital furniture and equipment; power machinery for maintenance shop.

Conversion of boilers from coal to natural gas; oil standby.

Gifts and Donations

Gifts of all descriptions have continued to come to us, thus helping 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 auxiliaries, American Legion, public schools, Girl Scouts, Boy Scouts, Winter Carnival, Shriners, and college glee clubs.

The Christmas fund sponsored by the *St. Paul Dispatch* under the leadership of Paul Light (Roy Dunlap) continues to grow and each day of the year helps make our patients happier. During the biennium the children of Gillette Hospital lost a good friend and benefactor, Howard Kahn. For years Mr. Kahn had been known to the children of Gillette Hospital as Paul Light. Each Christmas he had collected money to be used for their general entertainment throughout the year. His interest in the children did not stop with the Christmas fund, but was shown in many ways throughout the entire year.

JEAN D. CONKLIN
Superintendent

Table 8
GILLETTE STATE HOSPITAL FOR CRIPPLED CHILDREN
Population Movement, Characteristics of First Admissions, and
Duration of Stay and Condition on Discharge
Biennium Ended June 30, 1952

	Year Ended June 30, 1952		Year Ended June 30, 1951	
	Male	Female	Male	Female
POPULATION MOVEMENT				
In institution at beginning of year	205	109	205	98
First admissions	183	96	255	144
Readmissions	369	176	322	180
Transferred from Outpatient department	69	37	59	39
Total under care	826	413	841	461
Died	2	1	3	2
Transferred to Outpatient Department	617	316	633	363
In institution at end of year	185	96	203	98
Daily average population	185	82	203	98
TOTAL ADMISSIONS TO HOSPITAL AND TO OUTPATIENT DEPARTMENT	290	149	407	226
TYPE OF ADMISSION:				
Admitted to hospital first time	183	87	255	144
Admitted to Outpatient department first time	107	62	152	82
AGE ON ADMISSION:				
Under 1 year	30	15	46	30
1 year	17	6	32	13
2 years	19	13	36	18
3 years	20	10	17	10
4 years	24	8	18	7
5 through 7 years	51	31	67	36
8 through 10 years	37	22	50	25
11 through 13 years	48	24	41	21
14 through 16 years	31	19	62	39
17 through 19 years	12	7	25	14
20 years and over	1	1	0	0
TOTAL DISCHARGES FROM HOSPITAL	619	317	636	365
CONDITION ON DISCHARGE:				
Cured	2	1	6	0
Improved	567	289	586	338
Unimproved	15	7	23	14
Untreated	29	15	17	10
Admitted for diagnosis only	4	1	1	1
Died	2	1	3	2
DURATION OF STAY:				
Less than 3 months	400	213	487	233
3 through 5 months	79	39	40	45
6 through 12 months	110	58	146	75
1 year but less than 2	22	6	27	9
2 years but less than 3	5	1	4	3
3 years and over	3	0	1	0

Table 9a
REFORMATORY AND PENAL INSTITUTIONS
Population Movement
Biennium Ended June 30, 1952

	YEAR ENDED JUNE 30, 1952			YEAR ENDED JUNE 30, 1951						
	Reformatory For Men	State Prison	Total Male	Reformatory For Women	Total	Reformatory For Men	State Prison	Total Male	Reformatory For Women	Total
In institution at beginning of year	841	975	1,816	50	1,866	846	940	1,786	48	1,834
Admitted:										
First Admissions	193	110	303	15	318	240	96	336	16	352
Readmissions	117	134	251	2	134	159	159	318	5	323
Youth Conservation Commission	35	35	70	3	73	39	39	78	8	86
Received by transfer from Reformatory	3	3	6	8	11	8	8	16	1	17
Received by transfer from Prison	72	32	104	2	106	77	20	97	6	103
Returned: from parole, reprieve, etc.	29	8	37	1	38	18	14	32	3	35
From escape and fugitive from parole	6	6	12	1	13	3	1	4	1	5
From State Hospital	2	2	4	1	5	1	1	2	1	3
From conditional commutation	7	7	14	9	23	1	4	5	9*	14
From conditional reprieve	2	2	4	1	5	1	1	2	1*	3
From temporary release	8	8	16	2	18	2	2	4	1	5
From reprieve	8	8	16	2	18	2	2	4	1	5
From commitment—other institutions	8	8	16	2	18	2	2	4	1	5
Total under care during year	1,271	1,309	2,580	79	2,659	1,356	1,276	2,632	85	2,717
Discharged:										
By expiration of sentence	76	88	164	5	169	87	107	194	3	197
By commutation of sentence	1	1	2	3	5	3	3	6	1	7
By order of court	1	1	2	1	3	1	1	2	1	3
By Board of Parole	52	55	107	1	108	57	50	107	6	113
By Board of Pardons (inc. med.)	3	10	13	1	14	1	2	3	3	6
By Board of Pardons (temporary)	3	23	26	1	27	1	7	8	1	9
By Youth Conservation Commission	5	1	6	6	12	3	3	6	3	9
Paroled (includes medical)	149	122	271	16	287	193	109	302	14	316
Paroled by Youth Conservation Commission	164	164	328	4	168	108	108	216	8	224
Transferred to Reformatory—men	5	5	10	5	15	11	11	22	1	23
Transferred to Prison	33	33	66	33	99	37	37	74	1	75
Transferred to State Hospital	12	8	20	20	40	9	11	20	1	21
Transferred to Youth Conservation Comm.	13	13	26	13	29	10	10	20	1	21
Reprieve	7	7	14	7	14	10	10	20	1	21
Escaped	14	1	15	15	30	13	1	14	3	17
Died	1	4	5	5	10	1	3	4	1	5
In institution at end of year	741	992	1,733	50	1,783	841	975	1,816	50	1,866
Average population	864	997	1,861	47	1,908	864	957	1,821	46	1,867

* Medical