The Population - During this biennium admissions were reduced to 371 (compared to previous biennium of 583) because of our lack of appropriate space making it necessary to accept only emergencies who are all serious problems and usually require infirmary beds. To compound our needs further, 184 mostly healthy working patients were transferred to Brainerd (exceeding the 175 sent there during previous biennium) resulting in the loss of their contributions to institution services. Also in comparison with the previous biennium, deaths increased to 121 from the previous 99 and discharges decreased to 87 from 134. In evidence for many years, this population trend toward increasing percentage of severely handicapped patients has been hastened by transfers to Brainerd and because of the screened 1000 admissions over the past 4 years more than 50% of our population has serious handicaps (64.5% January '62 by Bartman criteria) as judged by building populations. Most vacancies left by Brainerd transfers and discharges were in two-story buildings, not appropriate for admissions, space for whom was provided by successively shifting suitable groups (e.g. from Pine to Osage to Elm to Chippewa West to Sioux) according to handicaps, age, etc. Such shifting is limited most of all by available staffing for intermediate cottages (Elm, Willow) and also by the number of less handicapped who can move to ambulatory buildings (probably 40 males, 50 females). Finally future vacancies in 2-story buildings could be left unfilled to reduce overcrowding and, ultimately, the planned infirmary buildings will replace the older to accomodate the changing population.

Medicine - Death Rate - The increasing morbidity of our population is reflected in our increased death rate of this past biennium of 20/1000 compared to 15/1000 in the previous period and 9/1000 of the general population during 1960.

Contagious Diseases - The personal hygiene diseases, infectious hepatitis, shigellosis and staph-infections were of importance during the biennium. Infectious Hepatitis: after an absence of several years, this disease reappeared in 2 female hospital aides separately during April and June 1960 it involved one Pine patient in July, then beginning in September in East Grove Division it spread throughout the institution with some 30 to 50 cases developing each month, finally involving 28 employees (9 male, 19 female) and 251 patients (167 male, 84 female). Most cases were only mildly ill, the severity roughly correlating with increasing age. 4 deaths occurred in 3 adults and one malnourished 8 year old boy. The outbreak had spread to all buildings except Dakota, Glen, Springdale and Grandview and subsided by April 1961 after which only a few sporadic cases appeared among patients and employees. Two female employees still remain on leave of absence with I.I. It appears that preventive treatment with Gamma Globulin of exposed populations resulted in incidence reduced below 10%.

Shigellosis: Sporadic cases occurred every few months or more in Pine and Cedar but an outbreak occurred in April 1962 involving 18 suspects, 4 of whom were positive, on So.III Hospital. Very few were seriously ill and all responded to anti-biotic and sulfa treatments. Sulfa was found to be effective in prevention on exposed wards,
Staph-Infections: 50 to 100 cases have been reported monthly with the larger number during hot weather and affecting twice as many males as females throughout the year. Almost all cases recovered promptly within 7 to 14 days of treatment and isolation. The problems of adequate bathing, changing of clothing, overcrowding are more easily solved in female areas.

Preventive medicine procedures - have been continued with polio (Salk) vaccine being given to all patients under 40 and polyvalent flu vaccine yearly to all patients and employees who requested it (50% requesting). Flu vaccine may have accounted for the low incidence of respiratory illnesses during the past 2 years. Oral Sabin polio vaccine has been ordered for the entire patient population this coming fall.

general Surgery - 92 operations were performed here during the biennium including 50 major procedures.

Orthopedic Surgery - 45 operations were performed at Rochester State Hospital by Mayo staff who saw hundreds of our patients in surveys, visiting monthly and for the past year almost weekly to see new cases, conduct follow-up checks and assist us with non-operative problems.

Bye Surgery - 24 cataract and 6 other eye operations were performed at Rochester State Hospital by Mayo staff who also made several eye surveys.

Plastic Surgery - 12 patients had operations performed at Rochester State Hospital by Mayo staff and several are still being followed by them for further procedures. This staff has also been making repeated surveys.

Neurosurgery - some Mayo staff have visited and we are expecting them to return for a survey.

Internal medicine - our consultant internist has been able to come almost every Tuesday afternoon and assist us with what is most of our hospital work and he should have increased reimbursement.

Medical research - is being broadened from the P.K.U. studies to that of other biochemical problems. Diet studies are being contemplated by Dr's. Joseph Anderson and Franz in two different areas.

Resident medical staff - One half-time physician resigned in April '61 but on Psychiatrist II joined us at that time and a Medical Specialist II in June '62. Physicians are chairmen of Building Teams which now number about 20; this new process is not yet on regular schedule but meetings are held on call as needed.

Nurses and aides - have organised Patient Councils on 18 wards; this has resulted in successful group counselling most of the time, in acceptance of rules, in settling and referring problems and improved relationships.

Other - Medical staff has been involved in many public and professional activities both here and away from the institution. Staff has also been privileged to attend many outside meetings and conferences contributing to professional growth.

/mb

cos Mr. Krafve

Mr. Madow