

67-DFS-EJE
State Inst - Faribault

Faribault State Hospital

David J. Wail, M.D., Medical Director
Department of Public Welfare

July 18, 1967

E. J. Engberg, M.D., Superintendent

Deaths at Faribault State Hospital during fiscal year 1966-67

We have reviewed the deaths occurring here during the fiscal year 1966-1967 as requested in your memorandum of June 26. Last April Miss Tyrrell telephoned Dr. Smith and stated that concern had been expressed to her regarding her published figures. He assured her there were no reasons for the increases other than the changing character of our population and that our statistics still compared favorably with similar institutions. She also inquired why so many of our patients had died of bronchopneumonia and he explained that this was very frequently the terminal cause of death in chronic disease states and should be so indicated on the death certificates. He suggested that she check with Vital Statistics Division on this point and believes he did mention that the pneumonia death rate has been increasing for the older age groups and those with congenital anomalies, and that it has been thought that this possibly was due to increased development of antibiotic resistant organisms.

It has been our practice to have copies of monthly death summaries be prepared and circulated to the members of the medical staff in advance of the Hospital Staff Meeting. At that meeting the physician in charge may supplement his summary and also answer questions that are raised by other members. The medical staff was aware of the increased number of deaths in October (8), January (8), and March (9) because this information is included in a Statistical Report. In each of those months there had been twice the number of deaths per month than in the past twelve years. It was the judgment of the medical staff that the reason for the increased fatalities had been because of the nature of the type of patient in which the deaths had occurred.

All of the death summaries for the fiscal year from July, 1966, as prepared for presentation at the Hospital Staff Meetings, are enclosed and also for the two deaths in June which have just been prepared for presentation at the meeting to be held tomorrow.

We are also enclosing a tabulation of the deaths occurring here during the fiscal year 1966-1967, which contains the important information relative to each of them. We shall be glad to provide further information upon request.

EJE:ja

Enc.

cc: Dr. Arthur Gallesse (Without enclosures)
Mrs. Frances Ames

FARIBAULT STATE HOSPITAL DEATHS, JULY 1, 1966 to JULY 1, 1967

	Sex	GA	Cause	Due to	Other Conditions	Clin. Class	MR
July	F	9	Br-pneumonia	Heat exhaustion, cerebral defects	Encephalocele;microphthalmia,R	61.4 CP (cerebral anomalies)	Prof.
	F	54	Br-pneumonia	CVA, hypertension	Epilepsy, idiopathic, maj.motor	89- Undifferentiated	Sev.
	F	68	Br-pneumonia	CVA,hypertension		81- Cult-Familial	Sev.
	M	27	Congest.ht.fail	Cong.ht.defect (Eisenmenger)		64- Mongolism	Sev.
	M	68	Coron. thrombosis	Art-sclerosis	Epilepsy, idiopathic	89- Undiff.	Sev.
Aug.	M	26	Br.pneumonia	chr. aspiration pneum.	Spastic bed pt.epilepsy	69- CP (unk.etiology)	Prof.
	M	45	Coron. thrombosis	Art-sclerosis		81- Cult-Familial	Sev.
	F	43	Carcinomatosis	Ca.of breast.L.	Spastic bed pt.	69- CP (unk. etiology)	Sev.
Sept.	M	62	Cerebr. thromb.		Epilepsy, idiopathic,maj.motor	89- Undiff.	Sev.
	M	14	Oc.pulmon. edema	Dehydration	Spastic bed pt. Seizure history	11- CP (prenatal infection)	Prof.
	M	61	Uremia	Hypertensive ht. disease		89- Undiff.	Sev.
	M	40	Br-pneum.	Emphysema, severe scoliosis	Spastic, part ambulatory	69-CP(unk. etiology)	Mod.
	M	44	Lob.pneum. bilat.	Lung abscess, bronchiectasis	Mild cardiac hypertrophy	89-Undiff	Mod.
	M	12	Br-pneum.	Chr.aspiration pneum.	Internal hydrocephalus	12- CP (post-natal infection)	Prof
Oct.	M	36	Carcinoma, epidermoid		Diabetes	61- Microcephaly	Prof.
	F	56	Carcinoma, stomach	Ca. thyroid		69- CP (unk.etiology)	Sev.
	M	20	Ac.pulm. edema	Cong. ht. dis.	Sev. Orthoped deformities	49- MORQUIO'S syndrome	Mild
	F	47	Lob. pneum.	Carbuncle of neck	Enucleations of eyes	12- Post-natal infection	Mod.
	M	4	Br-pneum.	Histiocytosis		41.5 Niemann-Pick's Dis.	Prof.
	F	31	Br-pneum.	Chr.aspiration pneum.	Epilepsy, idiopathic	69- CP (unk. etiology)	Prof.
	M	8	Br-pneum.	Chr. aspiration pneum.	Epilepsy, idiopathic	69- CP (unk. etiology)	Prof.
	F	39	Lob. pneum.	Sepsis	Recent full mouth teeth ext.	89- Undiff.	Sev.
Nov.	M	31	Br-pneum.	Amyloidosis		64- Mongolism	Sev.
	F	23	Lobar pneum.	Chr. pneumonitis	Focal epilepsy	69- CP (unk. etiology)	Prof.
	F	67	Coron. occlusion	Arteriosclerosis	Myxedema	47- Cretinism	Sev.
	M	59	Coron thromb.	Arteriosclerosis	Lung lobectomy	81- Fam.deaf-mutism	Sev.
	M	14	Br-pneum.	Brain trauma	Unconsc since admission	34- Encephelopathy,post-natal	Unconscious
Dec.	F	58	Cerebr.hemorrh.	Arterioclerosis	Old R. hemiplegia	89- Undiff.	Prof.
	M	59	Br-pneum.	Hypertensive vasc. dis.	Aortic coarctation,operated;Ex-tbc.	89- Undiff.	Sev.
	M	38	Br-pneum.	Coron sclerosis	Cataracts	89- Undiff.	Prof.
	F	48	Adenocarc. esecum		Ut. fibroid	89- Undiff.	Sev.
	M	40	Br-pneum.	Emphysema	Post-gastrectomy	89- Undiff.	Mod.

	Sex	CA	Cause	Due to	Other Conditions	Clin. Class	MR
Jan.	M	13	Br-pneum.	Vir. encephalitis	Mutism	89- Undiff.	Prof.
	M	7	Br-pneum.	Vir. encephalitis	Myoclonic epilepsy	69- CP (unk. etiology)	Prof.
	M	80	Br-pneum.	Coron sclerosis	Healed myocard infarct	89- Undiff.	Prof.
	M	10	Br-pneum.	Cardiac decompensation	Cong. amaurosis	48- Hurler's syndrome	Sev.
	M	9	Br-pneum.	Chr. aspiration pneum.	Epilepsy, major motor	79- Encephalopathy (unk. cause)	Prof.
	M	63	Ac card dilatation	Coron sclerosis	Myxedema	47- Cretinism	Mild
	M	55	Portal cirrhosis	Adhesive peritonitis - following	Post-surgical gastrectomy	89- Undiff.	Sev.
	M	36	Br-pneum.	Chr. bronchitis	Spastic gait & incoordination	62- Hydrocephalus	Mild
Feb.	F	6	Pleuropneumia	Empyema	Congenital ht; diaph hernia	79- Encephalopathy	Prof.
	M	15	Br-pneum. (hemorrhagic)	Stoma-pharyngitis	Malnutrition	12- Encephalopathy, post-nat infection	Prof.
Mar.	F	60	Congestive ht failure	Mitral insufficiency		89- Undiff.	Prof.
	F	70	Hypertensive ht dis.	Art- sclerosis	Convalesc hip fracture	89- Undiff.	Prof.
	M	60	Cerebr. hemorrh		Pre-frontal lobotomy	89- Undiff.	Prof.
	M	70	Congest ht failure	Art- sclerosis	Ectropia, lower eyelids	81- Fam.	Mild.
	F	9	Br-pneumonia	Chr aspiration pneum.	Constant opisthotonus, microcephaly	33- Encephalop (birth anoxia)	Prof.
	M	41	Br-pneum.	Ac pulm edema, post-ictal	Epilepsy, maj motor, deteriorating	34- Encephalop (epilep deterioration)	Sev.
	M	12	Br-pneum.	Post-ictal shock	Epilepsy; sub-lethal anomalies.	69- CP (unk. etiology)	Prof.
	M	86	Coron sclerosis	Art- sclerosis	Thyroid adenoma, calcified	89- Undiff.	Mod.
	M	35	Congest ht fail	Congenital ht defects	Operated cataract; vent hernia	64- Mongolism	Sev.
Apr.	M	27	Br-pneum.	Chr. aspir pneum.	Epileptic history	78- Encephalop (premature)	Prof.
	M	59	Congest. ht fail	Aortic ectasia	Dural plaques (at autopsy)	89- Undiff.	Mod.
	M	61	Br-pneum.	Coron sclerosis	Cardiac arrhythmias past 13 yrs.	89- Undiff.	Mod.
May	F	61	Urenia	Arteriosclerosis		89- Undiff.	Sev.
	F	13	Br-pneum.	Congest ht failure (congenit ht dis)		64- Mongolism	Prof.
	F	66	Br-pneum.	Chr. aspir pneum.	Repeated furunculosis	89- Undiff.	Sev.
June	F	23	Lupus erythematosus, disseminata		Epilepsy, major motor	70- Encephalop (assoc e L.E.)	Mild.
	M	55	? Acute myocardial infarction pending autopsy report		Bizarre sleep reversal	12- Encephalop (post-natal infection)	Sev.

Office Memorandum

DEPARTMENT Faribault State Hospital

TO : E.J. Engberg, M.D., Superintendent

DATE: July 12, 1967

FROM : Thorsten Smith, M.D., Clinical Director *TS*

SUBJECT: Increase in deaths during fiscal year '66-'67.

From a low of 35 deaths for the previous fiscal year, the total number of deaths last year had increased to 59. As the monthly increases were noted, tabulations were made and records were reviewed repeatedly in an effort to achieve a satisfactory and reliable explanation.

I trust this memo will help answer Dr. Vail's recent inquiry. Last April, Miss Tyrrell, Research Statistician, DPW, phoned and stated that concern had been expressed to her regarding her published figures. I assured her that there were no reasons for the increases other than the changing character of our population and recalled that our statistics still compared very favorably with any institution in the country. She also asked why so many of our patients had died of bronchopneumonia and I explained that this was very frequently the terminal cause of death in chronic disease states (and senility) and should be so indicated on the death certificates. I suggested that she check with Vital Statistics Division on this point and did mention, I believe, that the pneumonia death rate has been increasing for the older age groups and congenital anomalies because of the possibility of increasing development of anti-biotic resistant organisms. (Refer: Vital and Health Statistics, PHS No. 1000)

Medical Staff has always reviewed Death Summaries for the preceding month with each physician receiving copies of all summaries for study prior to the monthly Medical Staff meeting when formal discussion is held. The death summaries, which include autopsy findings, are a part of the monthly staff meeting minutes.

Our meetings noted the increased number of deaths in October (8), in January (8) and in March (9), each month having twice the average of 4 deaths per month in the past 12 years. It was the judgment of staff that there were no unusual reasons for these fatalities such as gross neglect or accidents and that the care of mortality in our population was constituted of an increasing number of chronic diseases and congenital anomalies, more than half of them terminating in respiratory failure and infection.

(Tabulation of 59 deaths in past fiscal year follows, noting: Sex, Age, Cause of Death, "Due to" or Contributing cause, Other Conditions of Significance, Clinical Classification, and Mental Status.)

DEPARTMENT Public Welfare**Office Memorandum**

TO : Dr. E. J. Engberg, Supt.
Faribault State Hospital

DATE: June 26, 1967

FROM : David J. Vail, M. D. *DJ*
Medical Director

SUBJECT: Deaths at Faribault State Hospital during fiscal year 1966-67

Comparing the deaths occurring at Faribault State Hospital from July 1 to the end of March, 1967, we note that there have been 51 during that period. During the comparable period of the preceding year there were 24 deaths, or less than half the number. This appears to be a rather striking increase in the death rate for which there may be any number of explanations. I wonder if you and your staff have any ideas about the increase in number of deaths in comparing these two years. I would appreciate any information that you could give me.

Thank you very much.

DJV:rcj

cc - Dr. Arthur Gallese

Mrs. Frances Ames

