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NINETEENTH BIENNIAL REPORT

of the

**State
Board of Control**

Seventh Biennial Report
Department of Public Institutions

of

MINNESOTA

Period Ended June 30, 1938

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The Public Assistance unit includes old age assistance, aid to dependent children, aid to blind, and child welfare services. It also includes several service divisions or functions, such as joint field staff, research and statistics, audits and finance, and personnel, which serve all the programs, thereby avoiding duplication in activities. Policies of the various programs are made as uniform as possible and consistent with one another. Supervision of the work in the counties is maintained through the joint field staff.

County Welfare Boards: Under the provisions of Chapter 343, Laws 1937, the State Board of Control is responsible for the supervision of county welfare boards except in the field of direct relief. On July 1, 1937, these boards assumed the public welfare duties formerly performed by boards of county commissioners and county child welfare boards. Except in some counties having the so-called "town system," where direct relief is still handled by the political subdivisions, the county welfare boards carry on a fully integrated program of public welfare. All welfare responsibilities are consolidated and centralized. The work is handled by a single staff under an executive secretary responsible to the welfare board, and duplication of aid and service is eliminated. The State Board of Control, in addition to powers granted it under the several public assistance acts, is required to set up standards governing the personnel which is employed by the county; and it is also required to select two members of the welfare board from a panel of names submitted by the board of county commissioners, which board appoints the other three members, at least one of whom must be a county commissioner. Four counties are excepted from this latter provision. The act establishing county welfare boards also provides that the board "shall perform such duties as may be required of the county child welfare board or by law, or by the State Board of Control with regard to the enforcement of all laws for the protection of defective, illegitimate, dependent, neglected and delinquent children," and that "the duties of the county welfare board shall be performed in accordance with the standards, rules and regulations which may be promulgated by the State Board of Control in order to comply with the requirements of the Federal Social Security Act and to obtain grants in aid available under said act."

Aid to Dependent Children: Chapter 438, Laws 1937, designates the State Board of Control the state agency to direct and supervise the administration of aid to dependent children. This program of assistance supplanted the old county allowances for mothers. It became effective on September 1, 1937, following preparation and submittal of a plan for its operation and approval by the Social Security Board.

Old Age Assistance: The State Board of Control continues to administer old age assistance under the terms of the statute as amended by the legislature in 1937. The amendments to the original act made it necessary to prepare and to submit to the Social Security Board a revised plan for old age assistance. One of the basic changes was the transfer of primary administrative responsibility in the counties from the board of county commissioners to the county welfare board established by act of the legislature in 1937.

Aid to the Blind: Aid to the blind has been a responsibility of the State Board of Control for some years, but under the provisions of Chapter 324, Laws 1937, the Board was designated the state agency to administer a new program formulated to permit Minnesota to participate in the benefits of Title X of the Federal Social Security Act. New responsibilities were included, involving important relationships with the Social Security Board in the way of reports, supervision, and conformity with Federal rules and regulations. The act makes the program state administered, but important services are rendered by county welfare boards in investigation of cases and recommendation of eligibility and grant.

Child Welfare Services: The State Board of Control continues to be responsible for the enforcement of laws relating to children and safeguards surrounding their welfare. Important new duties, effective only shortly before the beginning of this biennial, involve the preparation and submittal to the Federal Children's Bureau of yearly plans to permit Minnesota to receive funds made available under the Social Security Act for the promotion in predominantly rural areas of child welfare services for the protection and care of dependent and neglected children. Following the establishment of county welfare boards, child welfare services have involved new and more efficient relationships with the counties by way of supervision and added local responsibility. This has been made possible through the employment by the counties of competent welfare workers.

SERVICES FOR CRIPPLED CHILDREN

The sum of \$162,710 received from the Federal government under Title V, Part 2, of the Social Security Act, was expended in the biennial by the State Board of Control for the benefit of indigent crippled children of Minnesota. This fund, allotted by the Federal Children's Bureau to the State Board of Control, is used for providing services for locating crippled children, and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization and aftercare for crippled children, especially in rural areas and in areas suffering from severe economic distress.

Increased hospital facilities were made available, field nursing and physiotherapy services were instituted for the first time, fourteen field clinics covering every county of the state were held each year, medical social service for crippled children was made available, and research and special investigations of the problems of the crippled child were started.

This fund has made it possible to provide adequate medical and social care for indigent crippled children on a state-wide scale, and to care for crippled children soon after disability has occurred. The continued improvement and extension of these inter-related services, in addition to the excellent facilities for hospital care available at Gillette State Hospital for Crippled Children, are proving to be the surest method of safeguarding the health and welfare of indigent crippled children in Minnesota.

TUBERCULOSIS CONTROL IN STATE INSTITUTIONS

During the past two years the State Board of Control has endeavored to enforce the statute which provides that persons in penal or charitable institutions afflicted with tuberculosis be cared for apart from other persons. Routine examinations by Mantoux test and x-ray of all newly admitted patients of the nineteen state institutions have been made. As a result, many new cases of early serious tuberculosis have been found at the time of admission and such patients placed in isolation and under expert medical care so that they will not infect others and that they may have the best opportunity to arrest the disease. Isolation units for the tuberculous insane have been provided at the Fergus Falls, St. Peter and Willmar hospitals, and for tuberculous inmates of the penal institutions at the State Reformatory. At the latter institution a physician with special training in tuberculosis is a member of the staff. Every known case of serious tuberculosis in the state institutions is carefully checked once a year by means of special clinical examination and x-rays, to ascertain if the patient shows evidence of activity, in which case he is immediately isolated to prevent spread of the disease to other inmates. Rigid adherence to the policy of routine Mantoux and x-ray examinations of all newly admitted cases and careful checkup examinations of known cases should make it possible to control tuberculosis in state institutions successfully and permanently in the near future.

INSTITUTION LIBRARIES

The libraries of the institutions continue to show improvement and healthy growth. Two additional professionally trained librarians have been employed. An outstanding mental hospital library reading room has been provided at the Rochester State Hospital. The important survey of the

reading done by the children in seven institutions has been continued for a second year. Measured by circulation alone, which for the eighteen institutions has shown the exceptionally high figure for the biennial of 1,395,960 volumes, an increase of ten per cent, institution libraries and librarians are doing a good piece of work in spreading the doctrine of mental health, satisfaction and information which may be found in the reading of good books and magazines.

POPULATION OF INSTITUTIONS

The total number of inmates in the nineteen state institutions on June 30, 1938, was 17,942, an increase of 479 during the biennial period. The increase in the preceding two years was 604.

The following tabulation shows the number of inmates on June 30, 1938, and on June 30, 1936, by classifications.

Classification	1938	1936
Insane	9,724	9,502
Feeble-minded and epileptic (a)	3,518	3,185
Inebriate	46	42
Tuberculous	360	343
Crippled	236	240
Blind (a)	115	126
Deaf (a)	305	314
Dependent	433	489
Delinquent	733	663
Criminalistic	2,472	2,559
Total	17,942	17,463
(a) Close of school year		

Admissions: Admissions to all institutions during the period totaled 9,935, as compared with 9,214 for the two years ended June 30, 1936, an increase of 721.

Of the total admissions, 3,484, or 35.1 per cent, were residents of Hennepin, Ramsey and St. Louis counties; 6,010, or 60.5 per cent, of all other counties of the state; and 330, or 3.3 per cent, of other states. The residence of 111, or 1.1 per cent, was unascertainable.

Insane: First admissions to the institutions for the insane during the biennial totaled 3,354. Compared with the previous two years this is an increase of 125.

Readmissions for the two periods were 537 for 1937-1938 and 478 for 1935-1936.

The number of voluntary admissions was 474 as compared with 421 during the preceding biennial.

Discharges number 1,688 for the biennial and 1,743 for the previous two years. These figures include patients discharged direct from the institutions and those discharged while on parole.

The number of patients who died during the two years was 1,460 as compared with 1,484 during the period ended June 30, 1936.

The increase of 222 in the number of patients in the institutions during the biennial compares with an increase of 506 in the previous period.

Feebleminded and Epileptic: Statistics for the period relating to the feebleminded and epileptic are as follows: First admissions, 1,004; readmissions, 108; discharges, 544; and deaths, 187. For the preceding two years first admissions totaled 601; readmissions, 83; discharges, 467; and deaths, 177.

At the end of the period 1,517 persons who had been committed to the care and custody of the State Board of Control were being cared for under outside supervision, and 1,131 additional persons were awaiting admission to the institutions. On June 30, 1936, the number cared for under outside supervision was 1,094, and the number awaiting admission to the institutions was 1,180.

Criminalistic: Admissions to the penal and reformatory institutions during the period numbered 1,605 as compared with 1,850 during the preceding two years.

Paroles totaled 1,292 for the period and 1,110 for the previous biennial.

The number discharged direct from the institutions was 874 as compared with 1,058 during the period ended June 30, 1936.

Prisoners who had first been paroled and then discharged from parole during the period totaled 843 as compared with 683 during the preceding two years.

The prison and reformatory population decreased from 2,559 to 2,472 during the biennial.

NECROLOGY

John J. Sullivan, for seven years a guard, for four years assistant deputy warden, for seven years deputy warden, and for seventeen years warden of the State Prison, died on August 20, 1937. Warden Sullivan was held in high esteem by all who knew him, and his exceptional ability in his chosen field had gained for him a national reputation as a penologist.

PERSONNEL

Dr. J. M. Murdoch, for ten years superintendent of the School for Feeble-Minded and Colony for Epileptics, resigned on July 1, 1937. He was succeeded by Dr. E. J. Engberg, of St. Paul.

Leo F. Utecht, for twelve years deputy warden of the State Prison, was appointed acting warden on August 23, 1937, and warden on December 24, 1937, to succeed John J. Sullivan, deceased.

Dr. M. W. Kemp, for eight years assistant superintendent of the Fergus Falls State Hospital and for two years superintendent of the Anoka State Hospital, was appointed superintendent of the Moose Lake State Hospital on February 1, 1938.

Dr. Walter P. Gardner, for three years physician at the Hastings State Hospital and for two years assistant superintendent of the Fergus Falls State Hospital, was appointed superintendent of the Anoka State Hospital on February 1, 1938.

Wm. J. Yanz, who was appointed acting superintendent of the Hastings State Hospital in 1901 and superintendent of that institution in 1902, retired on June 30, 1938. He was succeeded by Dr. Ralph Rossen, for two years assistant superintendent of the St. Peter State Hospital.

Perrie Jones, for nine years supervisor of institution libraries, resigned on January 25, 1937, to accept the position of librarian of the St. Paul Public Library. She was succeeded, on February 1, 1937, by Mildred Methven.

Wm. T. Kroll resigned the position of director of the division of soldier welfare on March 15, 1937, to engage in private business. He was succeeded, on June 1, 1937, by David Lundeen, who resigned on October 1, 1937. Mr. Lundeen was succeeded, on November 18, 1937, by Howard Y. Williams.

J. A. Fitzsimmons was appointed supervising engineer on May 20, 1937.

Benjamin E. Youngdahl was appointed director of public assistance on July 1, 1937.

Edward W. Allen, for 35 years an employe of the department, and for 20 years director of the division of insane, retired on November 30, 1937. He was succeeded by G. A. Klefsaas.

M. I. Tynan, for twelve years supervisor of the division of the blind, resigned on January 15, 1938, to accept a position with the Federal government. Annie Laurie Baker was appointed his successor.

Kenneth C. Haycraft, director of the division of old age assistance, resigned on May 1, 1938, to accept the position of special assistant attorney general.

F. W. Nichols was appointed supervisor of audits and finance (public assistance divisions) on May 1, 1938.

Division of Examination and Classification

To the State Board of Control:

I submit the biennial report of the Division of Examination and Classification for the period ended June 30, 1938. Its former name, Division of Research, was changed to the present one, which is more descriptive of its activities.

On July 1, 1937, free service to the county boards and to certain other agencies under the general supervision of the State Board of Control was discontinued. Free examinations for private institutions and agencies with problem cases in which the Board of Control is interested, were discontinued July 1, 1935. County welfare boards and other agencies are now reimbursing the division for approximately the cost of the service, less traveling and overhead office expense, although the St. Paul Community Chest employs one full-time examiner under the supervision of this division. During the past few years other progressive states have greatly expanded the use of psychological service in the social work undertaken by the state and counties. As has been the case in Minnesota for many years, this is centralized in some state department but is more usually financed by direct appropriations. The present procedure in Minnesota has the advantage of greater flexibility and of automatically adjusting itself to local and temporal demands. The division does not initiate any service, but responds only to requests for examinations and counsel. However, from the standpoint of administration it has had difficulty in meeting a fluctuating demand with a more-or-less fixed staff adjusted to minimums. The inability to meet all requests fully at times has been rather unsatisfactory to those wanting the service and willing to pay for it.

As in the past, this report will limit itself to the statistical aspects of the work.

EXAMINATIONS

The total number of individual examinations made to determine the mental development attained was 11,116. Of these, 6,202 were males and 4,914 were females. The preponderance of males is due in part to the larger number of male inmates of institutions, contributed by the Reformatory for Men and by the State Prison, and in part to the selection, for some unknown reason, of more male than female children for examination by the county welfare boards and private social agencies. Table I gives the number for different age periods.

Table I

Age	Number	
	Male	Female
Under 5 years.....	750	642
5 to 9 years.....	1,334	876
10 to 14 years.....	1,507	1,088
15 to 19 years.....	911	993
20 to 24 years.....	522	566
25 to 29 years.....	334	254
30 to 34 years.....	242	192
35 to 39 years.....	226	150
40 to 44 years.....	144	80
45 to 49 years.....	104	41
50 to 59 years.....	106	30
60 years and over.....	22	2
Total	6,202	4,914

Table II shows the frequencies of the different grades of intelligence as given in the intelligence quotients.

Table II

I. Q.	Number	I. Q.	Number
0-14	82	105-114	615
15-24	96	115-124	256
25-34	116	125-134	141
35-44	246	135-144	62
45-54	545	145-154	28
55-64	1,241	155-164	30
65-74	2,052	165-174	25
75-84	2,446	Over 174	69
85-94	1,842		
95-104	1,224	Total	11,116

STATE DEPARTMENTS AND STATE INSTITUTIONS

There was a total of 5,071 cases in this group. Table III gives the separate totals for each department and institution. The figures do not correspond to the number of new admissions since many new admissions had recently been examined for other agencies and were not re-examined, while some old admissions were re-examined.

Table III

Institution or Division	Number
Reformatory for Men.....	1,447
Department of Education.....	1,171
Training School for Boys.....	485
Gillette Hospital for Crippled Children.....	457
State Public School.....	300
School for Feeble-Minded.....	291
Home School for Girls.....	286
Colony for Epileptics.....	146
Children's Bureau.....	112
School for the Blind.....	94
St. Peter State Hospital.....	93
Reformatory for Women.....	78
Rochester State Hospital (Student Nurses).....	55
Fergus Falls State Hospital (Student Nurses).....	35
Prison.....	19
Division of Re-Education.....	1
School for the Deaf.....	1
Total	5,071

Table IV—Age Group

Division	Sex	0-4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-59 Years	60 and over
School for Feeble-Minded	Male	5	25	51	44	9	10	1	3	3	3	3	1
	Female	4	9	29	32	23	14	9	6	3	3	1	1
Colony for Epileptics	Male	3	4	11	8	12	8	7	5	2	1	4	2
	Female	3	16	6	14	11	9	10	3	1	2	2	1
St. Peter State Hospital	Male	—	—	—	—	4	2	3	4	2	1	—	—
	Female	—	—	—	6	7	10	19	22	6	6	1	—
Hospital for Crippled Children	Male	42	62	68	55	7	—	—	—	—	—	—	—
	Female	39	52	69	58	4	1	—	—	—	—	—	—
State Public School	Male	52	35	79	25	—	—	—	—	—	—	—	—
	Female	30	28	35	16	—	—	—	—	—	—	—	—
Department of Education	Male	1	357	424	17	—	—	—	—	—	—	—	—
	Female	1	154	210	7	—	—	—	—	—	—	—	—
Children's Bureau	Male	11	18	10	—	1	—	1	—	—	—	—	—
	Female	18	8	7	12	18	4	2	2	1	—	—	—
School for the Blind	Male	—	26	25	8	—	—	—	—	—	—	—	—
	Female	—	7	22	6	—	—	—	—	—	—	—	—
Rochester Hospital (Student Nurses)	Male	—	—	—	—	4	—	—	—	—	—	—	—
	Female	—	—	—	27	24	—	—	—	—	—	—	—
Fergus Falls Hospital (Student Nurses)	Female	—	—	—	17	14	2	1	—	—	—	—	—
Reformatory (Men)	Male	—	—	—	171	402	260	179	164	103	70	80	18
Prison	Male	—	—	—	—	1	2	3	6	1	3	2	1
Reformatory for Women	Female	—	—	—	7	13	15	12	16	7	1	7	—
Training School for Boys	Male	—	7	139	338	1	—	—	—	—	—	—	—
Home School for Girls	Female	—	—	26	249	11	—	—	—	—	—	—	—
School for the Deaf	Male	—	1	—	—	—	—	—	—	—	—	—	—
Division of Re-Education	Male	—	—	—	—	1	—	—	—	—	—	—	—
Total		208	809	1,211	1,117	567	337	247	231	130	90	100	24

Table IV gives the data for this group arranged according to age and sex, while Table V gives the data arranged according to intelligence quotients.

Table V—Intelligence Quotients

Division	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85-94	95-104	105-114	115-124	125-134	135-144	145-154	155-164	165-174	Over 175
School for Feeble-Minded	37	14	23	47	64	66	35	5	—	—	—	—	—	—	—	—	—	—
Colony for Epileptics	13	13	9	12	25	28	24	10	3	4	2	2	—	—	—	—	1	—
St. Peter Hospital	1	2	—	14	35	20	12	5	2	—	—	1	—	1	—	—	—	—
Hospital for Crippled Children	4	5	2	6	12	31	65	85	96	80	31	16	10	4	1	3	1	5
State Public School	—	—	—	—	2	14	49	96	67	47	12	10	1	—	—	—	—	—
Department of Education	—	—	2	15	33	106	284	483	215	33	—	—	—	—	—	—	1	—
Children's Bureau	—	—	—	—	1	6	17	17	32	22	10	4	2	—	—	—	—	—
School for the Blind	—	1	—	—	6	5	11	17	20	18	15	1	—	—	—	—	—	—
Rochester Hospital (Student Nurses)	—	—	—	—	—	—	—	1	9	12	17	6	4	—	2	—	—	4
Fergus Falls Hospital (Student Nurses)	—	—	—	—	—	1	1	1	5	4	8	3	5	1	2	2	2	—
Reformatory (Men)	—	—	—	—	64	230	361	392	152	127	78	41	31	17	4	5	4	31
Prison	—	—	—	1	2	4	5	2	1	3	1	—	—	—	—	—	—	—
Reformatory for Women	—	—	—	—	2	11	11	15	11	11	5	3	3	1	1	2	1	1
Training School for Boys	—	—	—	—	2	40	96	112	92	66	30	22	7	8	4	4	—	2
Home School for Girls	—	—	1	—	4	14	74	62	42	40	19	11	9	4	2	1	3	—
School for the Deaf	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Division of Re-Education	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Total	55	35	37	95	253	576	1,046	1,213	747	467	228	120	72	36	16	17	13	45

The extent of an examination varied with the individual case and with the group as a whole. For some institutions the routine included only an intelligence test; for county welfare boards and private social agencies it included also a preliminary investigation by the social worker. For candidates for special classes in the public schools, it included the intelligence test, school records and a medical examination. In the penal and corrective institutions more extensive studies were made of all cases. This work has been in charge of W. M. Hales, psychologist, stationed at the State Reformatory, whose report follows:

PENAL AND CORRECTIVE INSTITUTIONS

As in the previous biennial period, the division has provided special psychological service to all of the delinquent and penal institutions on either a part- or a full-time basis. Individual examinations and studies have been made of all admissions to the State Training School for Boys at Red Wing, the Home School for Girls at Sauk Center, the State Reformatory for Women at Shakopee, and the State Reformatory (for men) at St. Cloud. In addition, all cases not sent direct to the State Prison received individual examinations at the Reformatory before transfer to the Prison.

This special service is designed to provide each institution with a trained psychologist, who not only makes the necessary psychological examinations, but serves in an advisory and consulting capacity also.

Although the needs of each institution are somewhat different, three important types of information are routinely supplied by the psychologist to the institutions. (The State Prison receives only the results of the individual intelligence examinations.)

1. Classification of intelligence, which is of particular importance since mental defectives, as well as cases of special ability, are detected soon after admission and are reported by the psychologist.
2. Estimates of occupational ability and recommendations for educational and vocational training.
3. An appraisal of the personality traits of admissions, with estimates of seriousness of delinquency, and with suggested treatment.

A written report of each examination is sent to the superintendents and to certain departments in the institutions. Upon request, the information is made available to parole boards and other state agencies, also.

In addition to providing this general information, the psychologists serve in other capacities, dependent upon the program and the needs of the particular institution. At the Training School for Boys the psychologist

serves as the chairman of the classification or placement committee, and is present at disciplinary hearings. At the Reformatory for Men he provides an inmate interview service and assists in vocational guidance work. At the Home School for Girls and the Reformatory for Women he is available for consultation on cases at any time during his visit to the institution, and at the State Prison he examines all direct admissions not received by transfer from the State Reformatory.

The following table summarizes the general statistics for the two-year period. More detailed reports of the psychological work appear in the biennial report of each institution.

Table VI

	Training School for Boys	Home School for Girls	Reform- atory for Women	Reform- atory for Men	Prison	Total
Cases interviewed or examined-----	557	387	86	2,036		3,066
Cases given intelligence tests-----	471	363	74	1,511		
Median I. Q.-----	84	86	88	81	*74	84
Median Age-----	15	16	31	22	*36	22
Review of social history-----	471	363	74	1,511		2,419
§Tests other than intelligence-----	1,266	485	150	14,723		6,624

§Personality, aptitude, vocational interests, etc. ¶Includes tests given in research studies during period. *Median of transfer cases.

Practically all admissions to the State Prison are made by transfer from the Reformatory for Men, where they have already been examined.

Special work at these institutions comprises monthly classification conferences at the Training School for Boys; classification conferences at time of visit, at the Home School for Girls and at the Reformatory for Women; inmate interview service and research studies, at the Reformatory for Men. No special work is done at the Prison.

COUNTY WELFARE BOARDS

The total number of examinations for the counties was 4,055. The number is not indicative of future trends. In July 1937, the county child welfare boards of the past were replaced by the present public welfare boards, with a wider field of social activities. At the time of this change the counties were requested to pay for the examinations. Very few examinations were made early in the year, but at its close the number had reached the previous high peak.

Table VII

County	No.	County	No.	County	No.
Aitkin	26	Itasca	70	Pope	29
Anoka	12	Jackson	12	Ramsey	298
Becker	35	Kanabec	23	Red Lake	16
Beltrami	64	Kandiyohi	73	Redwood	43
Benton	38	Kittson	16	Renville	60
Big Stone	30	Koochiching	35	Rice	16
Blue Earth	86	Lac qui Parle	42	Rock	12
Brown	33	Lake	2	Roseau	40
Carlton	40	Lake of the Woods	6	St. Louis	275
Carver	20	Le Sueur	27	Scott	31
Cass	35	Lincoln	29	Sherburne	37
Chippewa	44	Lyon	35	Sibley	55
Chisago	22	McLeod	43	Stearns	109
Clay	50	Mahnomen	34	Steele	15
Clearwater	11	Marshall	54	Stevens	6
Cook	8	Martin	27	Swift	27
Cottonwood	13	Meeker	32	Todd	96
Crow Wing	94	Mille Lacs	27	Traverse	29
Dakota	74	Morrison	12	Wabasha	24
Dodge	14	Mower	30	Wadena	29
Douglas	19	Murray	5	Waseca	30
Faribault	30	Nicollet	13	Washington	45
Fillmore	65	Nobles	26	Watsonwan	40
Freeborn	53	Norman	20	Wilkin	36
Goodhue	56	Olustee	43	Winona	39
Grant	18	Otter Tail	49	Wright	65
Hennepin	548	Pennington	17	Yellow Medicine	22
Houston	34	Pine	20	Indian Reservation	8
Hubbard	22	Pipestone	26		
Isanti	16	Polk	65	Total	4,055

Table VIII gives the age distribution for the county cases, and Table IX shows the frequencies for different intelligence quotient levels.

Table VIII

Age	Male	Female	Age	Male	Female
Under 5 years	445	377	30 to 34 years	18	91
5 to 9 years	547	409	35 to 39 years	20	63
10 to 14 years	434	409	40 to 44 years	16	44
15 to 19 years	145	385	45 to 49 years	16	16
20 to 24 years	42	368	50 to 59 years	12	14
25 to 29 years	24	160			
			Total	1,719	2,386

Table IX

I. Q.	No.	I. Q.	No.
0-14	25	105-114	224
15-24	57	115-124	62
25-34	70	125-134	43
35-44	127	135-144	16
45-54	241	145-154	8
55-64	492	155-164	11
65-74	704	165-174	10
75-84	885	Over 175	22
85-94	668		
95-104	440	Total	4,055

PRIVATE INSTITUTIONS AND AGENCIES

The total number of examinations for this group was 1,990. Table X gives the number for each agency; Table XI gives the age distribution; and Table XII gives the distribution on levels of intelligence.

Table X

Agency	Number of Examinations
Ramsey County Welfare Board	530
Ramsey County Board of Public Welfare	378
Children's Service, St. Paul	370
Bureau of Catholic Charities, St. Paul	274
Children's Protective Society, Minneapolis	167
Jewish Welfare Association, St. Paul	72
Lutheran Welfare Society, Minneapolis	47
Children's Home Society, St. Paul	35
Catholic Welfare Association, Minneapolis	22
Ramsey County Mother's Aid, St. Paul	17
Ramsey County Probation Office, St. Paul	16
Ancker Hospital, St. Paul	14
Wilder Dispensary, St. Paul	12
Mother's Aid of Ramsey County Welfare Board, St. Paul	8
Board of Christian Service, St. Paul	7
Jewish Welfare Association, Minneapolis	4
St. Joseph's Orphan Home, Wabasha	4
St. James Orphan Home, Duluth	3
Legal Aid, St. Paul	3
Glen Lake Sanatorium, Oak Terrace	3
Physician, St. Paul	1
Ramsey County Juvenile Court, St. Paul	1
Ramsey County Attorney, St. Paul	1
Minnesota Transient Bureau	1
Total	1,990

Table XI

Age	Male	Female	Age	Male	Female
Under 4 years	192	170	30 to 34 years	30	48
5 to 9 years	252	198	35 to 39 years	24	38
10 to 14 years	266	275	40 to 44 years	16	18
15 to 19 years	100	157	45 to 49 years	10	13
20 to 24 years	38	73	50 to 59 years	5	5
25 to 29 years	28	39			
			Total	961	1,029

Table XII

I. Q.	No.	I. Q.	No.
0-14	2	105-114	168
15-24	4	115-124	74
25-34	9	125-134	26
35-44	24	135-144	10
45-54	51	145-154	4
55-64	173	155-164	2
65-74	302	165-174	2
75-84	398	175 and over	2
85-94	427		
95-104	317	Total	1,990

Respectfully submitted,
 F. KUHLMANN,
 Director.

The print-book shelf list of some 1,000 cards has been made over, and a duplicate made for the headquarters union file, following the withdrawal of a good many unusable volumes.

The room which houses the print-books has been redecorated, and a most attractive employees' library room has been provided, which awaits suitable furnishing.

Two hundred talking-book machines have been distributed to the adult needy blind through fourteen regional centers in the state. The total circulation at this school has increased enormously, 68 per cent in the biennial. This necessitated the appointment of an assistant to the librarian in September 1937, who takes care of the circulation of records for talking-book machines. A card catalog of these talking-book records is partially complete. A new catalog of the books in Braille available for regional circulation is in the process of printing.

School for the Deaf. The circulation of library books in this school has shown the smallest increase of any in the school group, three per cent. It is the only library where the number of books in the collection has exceeded the circulation, and this in spite of a drastic weeding out some four years ago. The difficulty of supplying adequate reading for deaf children is acknowledged, and, in spite of increasing material supplied by publishers for retarded readers, it is still not easy to secure books dealing with the ideas and interests of more mature pupils in the simpler vocabulary necessary for deaf children. An additional withdrawal of many volumes, either too old or too advanced for this library, was accomplished in the spring of 1938. It is hoped that this will point up the remaining books, and that an increased book budget will be available at an early date.

A recent rearrangement of the library room has been accomplished. A few additional changes can make it one of the most attractive of the institution group and a real center of interest to these deaf children who must depend so heavily on reading for their future participation in life.

The librarian, Eleanor Brown, is personally interested in rewriting material for deaf children, and was asked to address the Twin City Remedial Reading group to explain her method of simplification of Rip Van Winkle and Treasure Island. In addition, Miss Brown conducted a beginning and an advanced class in library science in 1937; and, in 1938, two beginning classes and one advanced class.

Colony for Epileptics. Adequate and satisfying use of the library at this school awaits the appointment of a librarian and enlarged quarters. The new principal has shown commendable personal interest in the library, and although the highest total circulation was reached in February 1938, the

biennial has shown the only decrease in circulation among the school libraries, six per cent. A much larger room is needed to accommodate classes when they come to the library, and the library should be open more hours in the week. More money is needed for books. Much reading pleasure and satisfaction remain to be given many patients against the time when they can no longer use the library.

The superintendent, Dr. McBroom, has provided better lighting in the library room as well as a new two-drawer catalog case. Inventory has been taken by the supervisor, and on one visit some 250 books were marked, which had been added or rebound without this process.

School for Feeble-Minded. The library at this institution presents a very gratifying picture. There has been a healthy, steady growth in its use over a period of several years, with appreciable increases since the appointment of a librarian in 1935. During the last two years circulation has increased 28 per cent. Classes above the third grade have been coming to the library, and it is to be expected that in time all classes will so come. An even more effective cooperation between the school and library departments is to be desired. *Miss Meyerdaahl, the librarian, has been trying to encourage as much as possible those children who can and like very much to read, and has stimulated their interest perceptibly by means of summer reading clubs particularly.*

Low and wide steel shelves were installed for picture books, a magazine rack made, the room redecorated in cream and green, and a small table, eight small chairs and some book ends, skillfully painted in bright peasant colors, much to the children's delight. All of this led one small boy to exclaim, "Why, it's just like out in the world; isn't it?"

The location and use of the employees' library on the fourth floor is a problem. The book collection is excellent and provides a fine opportunity for satisfying reading. However, the library is discouragingly inaccessible, and awaits the stimulus either of redecoration or of new location. A library bulletin board has been placed in the most visited place, the post office, in an attempt to attract the employees. Arrangements have been made, also, to lend books to the employees' library at the neighboring School for the Blind.

Home School for Girls. Increasing use of the library at the Home School for Girls, 21 per cent during the biennial, made the need for a librarian more and more apparent, with the result that the superintendent, Miss Patterson, appointed Elsie Schley to this position in September 1937. Miss Schley has also done some teaching of reading in the library. Improvement in the type of reading done by these girls has been marked. An increasing book budget will help to replace wornout books and to build up

a collection which has enjoyed a very marked and rapid turnover. The outlook for this library is now most promising, and we hope that during the coming biennial the library and reading habit will have assumed a vital place in the life of these girls.

State Public School. It is indicative of Superintendent Vevle's interest in the library that the librarian is one of two members of his education staff employed all the year round. Although school is not in session in the summer, the library is open and the librarian devises numerous ways of maintaining the children's interest in reading during the vacation weeks. During the school year all classes, as well as the teaching staff, use the library. Plans for a WPA mural, initiated in the previous biennial, were completed during the past winter, and late in the spring the mural became a reality. Gaily dressed children are presented in several activities and inviting glimpses of the animal world are set forth for the children's enjoyment. A replica of this library room, including the mural done by the artist, was made at the school for display during the recent American Library Association meeting in Kansas City.

Miss Jansen completed the weeding out, classification and dictionary cataloging of this library before her resignation in May 1938. Circulation has increased six per cent, and, with the continued good book budget provided by the superintendent, we expect this library to enjoy increased use under the direction of the new librarian, Ruth Nordberg, appointed in June 1938.

State Training School for Boys. In this school the library continues to play an important part in the daily life of the boys. With a few exceptions, all boys come weekly to the library, and during the past winter the schedule for the new boys awaiting their appearance before the Placement Committee has included a daily hour in the reading room.

The growing friendliness of the boys toward the library during the previous biennial had been largely the result of an exceptional librarian, Helen Witherspoon, whose ability to tie-in the library and reading with the many activities and interests of the institution had met with marked success. Miss Witherspoon resigned to be married, December 1937.

During the interval, when the search for her successor was in progress, it was a matter of real satisfaction to observe how well the boys could use the card catalog to help themselves, and how efficiently the two boy library workers were able to assist the substitute. These boys work daily in the library, and are responsible for many of the routine duties, as well as for special poster and display projects.

In February 1938, Aune Martin was appointed librarian, and she has been enthusiastically carrying on Miss Witherspoon's good work. Library circulation has increased nineteen per cent. A large number of books, either too difficult or out-of-date, have been withdrawn from the collection, and, with the excellent book budget provided by Superintendent Hegstrom, the State Training School can soon consider its library one of the very best of its kind in the country. Cooperation with the school department is cordial. It is to be hoped that the Training School boys will each have experienced, during his stay at the School, a sufficient taste of what books and reading in a friendly library room may mean, to lead his activities in the direction of similar interests upon his return to his community.

State Prison. The situation in this library has been difficult. For several years the circulation of both fiction and non-fiction has been falling off, with a six per cent decrease during the present biennial. The book budget for a number of years has been very low indeed and insufficient to replace worn-out books, much less add new material. This library has been used as much as any in the institution group. A new catalog has been much needed. The entire collection has required an overhauling, and classification of non-fiction has been long awaited. Previously a change in book distribution had been made to the end that the men working in the library should themselves distribute the books to insure accurate delivery. The new warden, L. F. Utecht, had asked for a report from the supervisor on the condition of the library, and before the close of the present biennial plans were made for a good increase in the book budget and for a complete renovation of the book collection. The prospects for the fullest use of this library and its adequate support are now very bright, and we can look forward to its taking a real place in the rehabilitation program of this institution.

Warden Utecht also had printed and distributed to each inmate a list of subjects, prepared by the supervisor, for inclusion in the new library collection. It is of interest to report that of the some 600 replies received, 600 men checked for material on health and hygiene. The subjects next checked were, in order: Automobiles, the psychology of getting along with oneself and others, radio and television, mental hygiene, philosophy and ethics, athletics, public questions, farming, rhetoric and composition, social questions, the study of English, photography, drawing and design, engineering, gas and oil engines, political questions, educational questions, economic subjects, biology, etc. This is, of course, only a rough estimate of reading interests, but has significance. Additional subjects suggested by the inmates covered the widest range of interests, from song writing and paper hanging to airports and differential equations.

Dependent, Neglected and Delinquent Children Under Care
July 1, 1936, to June 30, 1938

Classification	Hennepin	County of Ramsey	Commitment St. Louis	Rural	State Total	Per Cent
<i>All Children</i>						
Total -----	276	272	99	899	1,546	100.00
Per Cent:						
Boys -----	53.62	56.60	55.50	43.82		
Girls -----	46.38	43.40	44.50	56.18		
<i>COLOR</i>						
<i>White</i>						
Total -----	247	264	97	876	1,484	95.98
Per Cent:						
Boys -----	51.86	56.43	54.60	48.50		
Girls -----	48.14	43.57	45.40	51.50		
<i>Colored</i>						
Total -----	25	5	1	1	32	2.07
Per Cent:						
Boys -----	72.00	80.00	100.00	—		
Girls -----	28.00	20.00	—	100.00		
<i>Indian</i>						
Total -----	4	3	1	22	30	1.94
Per Cent:						
Boys -----	50.00	33.33	100.00	50.00		
Girls -----	50.00	66.67	—	50.00		
<i>RELIGION AND LEGITIMACY</i>						
<i>All Children</i>						
Total -----	276	272	99	899	1,546	100.00
Per Cent:						
Other Protestant -----	45.65	36.75	26.05	31.90		
Lutheran -----	25.30	20.90	23.45	41.04		
Jewish -----	3.75	.81	—	—		
Roman Catholic -----	25.30	41.54	50.50	27.06		
<i>Legitimate</i>						
Total -----	99	156	55	605	915	59.10
Per Cent:						
Other Protestant -----	60.60	39.74	20.00	36.36		
Lutheran -----	22.32	23.72	23.63	40.16		
Jewish -----	—	—	—	—		
Roman Catholic -----	17.08	36.54	56.37	23.48		
<i>Illegitimate</i>						
Total -----	177	116	44	294	731	40.90
Per Cent:						
Other Protestant -----	37.28	33.91	36.84	22.78		
Lutheran -----	28.90	16.52	9.53	42.85		
Jewish -----	5.59	.87	—	—		
Roman Catholic -----	28.25	48.69	53.63	34.37		

Dependent, Neglected and Delinquent Children

Distribution by Type of Placement

July 1, 1936, to June 30, 1938

Type of Placement	Total	Percentage
Boarding -----	907	58.02
Free -----	89	5.70
Adoptive -----	27	1.70
Child-caring institution -----	128	8.20
State hospital for the insane -----	4	.20
Colony for Epileptics -----	8	.51
School for Feeble-Minded -----	9	.58
*School for the Blind -----	7	.45
*School for the Deaf -----	1	.06
*Private School -----	5	.32
Parents -----	184	11.20
Relatives -----	125	8.00
Wage or school home -----	36	2.30
Civilian Conservation Corps -----	5	.32
Preventorium -----	7	.45
Runaway (unaccounted for) -----	4	.20

*Children in these schools are placed in boarding or wage homes during summer vacation.

Children Needing Specialized Care

Expenditure of Appropriation by Counties

July 1, 1936, to June 30, 1938

	Hennepin	Ramsey	St. Louis	Rural	State
Amount allotted -----	\$29,596.77	\$26,973.53	\$15,957.02	\$112,537.32	\$185,064.64
Children cared for on state support -----	59	59	36	237	391
Average cost per child per month -----	\$20.89	\$19.04	\$18.47	*\$19.78	\$19.55

*Includes cases under direct supervision of state agency. Many of these cases require hospitalization and other medical care not available in free hospitals or free clinics.

Feeble-minded and Epileptic: The responsibilities of the State Board of Control for the feeble-minded and epileptic fall roughly into three parts:

1. Discussion and advice in situations where a low intelligence quotient is ascertained or suspected, or where there is epilepsy.

2. Acting in court relationships concerning commitment in feeble-mindedness or epilepsy, and arranging for entrance of wards to institutions or discharge therefrom.

3. Supervision of wards, largely through county welfare boards. A group of from 60 to 70 in or near the Twin Cities, but having settlement elsewhere, were supervised by the state office direct. The Lynnhurst Girls' Club was the center of this supervision.

Although the majority of cases in Groups 2 and 3 were first in Group 1, most of the cases in Group 1 were not committed during the biennial. Commitment of these cases may follow in later years. Commitment following correspondence and discussion was more frequent during the last year of the biennial than before. This part of the work entails contacts with

welfare boards, the Division of Examination and Classification, other state institutions, chiefly the State Public School and the correctional institutions, other State Board of Control divisions, the State Board of Health, University and county hospitals, schools and private individuals.

Commitments to state guardianship since 1917 total 8,307. The first whole biennial after passage of the basic law was that ended June 30, 1920, but reports were not kept until 1920. A comparison of this biennial with others at ten-year intervals is therefore not possible; but taking available figures for the first period, from July 1, 1917, to June 30, 1920, the number of commitments in three separate periods is as follows:

These figures do not necessarily indicate an increase in feeble-mindedness, but rather progress in identification and care. June 30, 1920, 587; July 1, 1926, to June 30, 1928, 797; July 1, 1936, to June 30, 1938, 1,212.

During each month of the past two years there has been an average of 50.5 commitments. During the biennial there were 656 commitments in the latter year, which means an average of 54.66 per month. Total commitments since 1917, commitments for the present biennial, and commitments for the last year of the biennial, are divided between counties as follows:

County	Population (1930 Census)	July 1, 1917 to June 30, 1938			July 1, 1936 to June 30, 1938			July 1, 1937 to June 30, 1938		
		Total Commitments	Commitments made for another county	Commitments per 10,000 population *	Total Commitments	Commitments made for another county	Commitments per 10,000 population *	Total Commitments	Commitments made for another county	Commitments per 10,000 population *
Aitkin -----	15,009	42	1	27.3	9	1	5.3	9	1	5.3
Anoka -----	18,415	55	—	29.9	8	—	4.3	6	—	3.3
Becker -----	22,503	73	—	32.4	4	—	1.8	1	—	.4
Beltrami -----	20,707	61	1	29.0	14	—	6.8	7	—	3.8
Benton -----	15,056	71	—	47.2	22	—	14.6	15	—	10.0
Big Stone -----	9,838	31	—	31.5	4	—	4.1	1	—	1.0
Blue Earth -----	33,847	106	1	31.0	15	—	4.4	8	—	2.4
Brown -----	23,428	51	2	20.9	8	—	3.4	5	—	2.1
Carlton -----	21,232	70	2	32.0	12	—	5.7	7	—	3.3
Carver -----	14,936	23	—	13.6	9	—	5.3	5	—	3.0
Cass -----	15,591	52	—	33.4	9	—	5.8	8	—	5.1
Chippewa -----	15,762	42	2	25.4	10	—	6.3	9	—	5.7
Chisago -----	13,189	31	—	23.5	8	—	6.1	5	—	3.8
Clay -----	23,120	53	—	22.9	8	—	3.5	3	—	1.3
Clearwater -----	9,546	25	—	26.2	1	—	1.1	—	—	—
Cook -----	2,435	7	—	28.7	3	—	12.3	1	—	4.1
Cottonwood -----	14,782	24	1	15.6	2	—	1.4	1	—	.7
Crow Wing -----	25,627	133	3	50.7	21	—	8.2	11	—	4.3
Dakota -----	34,592	109	—	31.5	10	—	2.9	3	—	.9
Dodge -----	12,127	32	1	25.6	3	—	2.5	1	—	.8
Douglas -----	18,813	38	—	20.2	12	—	6.4	8	—	4.3
Faribault -----	21,642	48	—	22.2	18	—	8.3	8	—	3.7
Fillmore -----	24,748	64	—	25.9	18	—	7.3	13	—	5.3
Freeborn -----	28,741	85	—	29.6	6	—	2.1	4	—	1.4
Goodhue -----	31,317	120	23	31.0	23	6	5.4	6	4	.6
Grant -----	9,558	10	—	10.5	1	—	1.0	1	—	1.0
Hennepin -----	517,785	1,703	69	31.6	214	10	3.9	100	7	1.8

County	Population (1930 Census)	July 1, 1917 to June 30, 1938			July 1, 1936 to June 30, 1938			July 1, 1937 to June 30, 1938		
		Total Commitments	Commitments made for another county	Commitments per 10,000 population *	Total Commitments	Commitments made for another county	Commitments per 10,000 population *	Total Commitments	Commitments made for another county	Commitments per 10,000 population *
Houston	13,845	27	—	19.5	6	—	4.3	4	—	2.9
Hubbard	9,596	43	1	43.8	7	—	7.3	5	—	5.2
Isanti	12,081	46	9	30.6	10	4	5.0	5	2	2.5
Itasca	27,224	108	1	39.3	17	—	6.2	8	—	2.9
Jackson	15,863	22	1	13.2	2	—	1.3	—	—	—
Kanabec	8,558	19	3	18.7	4	—	4.7	3	—	3.5
Kandiyohi	23,574	76	2	31.4	28	1	10.6	16	—	6.8
Kittson	9,688	40	—	41.3	2	—	2.1	1	—	1.0
Koochiching	14,078	58	—	41.2	23	—	16.3	13	—	9.2
Lac qui Parle	15,398	56	—	36.4	17	—	11.0	1	—	.7
Lake	7,068	8	—	11.3	—	—	—	—	—	—
Lake of the Woods	4,194	12	—	28.6	—	—	—	—	—	—
LeSueur	17,990	45	1	24.5	2	—	1.1	2	—	1.1
Lincoln	11,803	20	—	17.7	3	—	2.7	3	—	2.7
Lyon	19,326	40	—	20.7	4	—	2.1	2	—	1.0
McLeod	20,522	72	—	35.1	16	—	7.8	7	—	3.4
Mahnomen	6,153	44	1	69.9	11	—	17.9	5	—	8.1
Marshall	17,003	61	—	35.9	14	—	8.2	6	—	3.5
Martin	22,401	47	—	21.0	6	—	2.7	2	—	.9
Meeker	17,914	66	—	36.8	1	—	.6	—	—	—
Mille Lacs	14,076	56	—	39.8	8	—	5.7	3	—	2.1
Morrison	25,442	91	—	35.8	8	—	3.1	4	—	1.6
Mower	28,065	79	—	28.1	3	—	1.1	1	—	.4
Murray	13,902	31	—	22.3	3	—	2.2	1	—	.7
Nicollet	16,550	33	1	19.3	4	—	2.4	3	—	1.8
Nobles	18,618	44	1	23.1	11	—	5.9	8	—	4.3
Norman	14,061	29	1	19.9	3	—	2.1	3	—	2.1
Olmsted	35,426	129	11	33.3	8	1	2.0	5	—	1.4
Otter Tail	51,006	86	—	16.9	14	—	2.7	11	—	2.2
Pennington	10,487	30	—	28.6	8	—	7.6	7	—	6.7
Pine	20,264	64	—	31.6	8	—	3.9	3	—	1.5
Pipestone	12,238	45	—	36.8	6	—	4.9	5	—	4.1
Polk	36,019	109	1	30.0	18	1	4.7	11	—	3.1
Pope	13,085	41	—	31.3	4	—	3.1	1	—	.8
Ramsey	286,721	1,079	33	36.5	194	5	6.6	109	1	3.8
Red Lake	6,887	16	—	23.2	1	—	1.5	1	—	1.5
Redwood	20,620	83	—	40.3	9	—	4.4	9	—	4.4
Renville	23,645	87	3	35.5	10	—	4.2	5	—	2.1
Rice	29,974	232	118	38.0	12	1	3.7	8	1	2.3
Rock	10,962	19	—	17.3	4	—	3.6	2	—	1.8
Roseau	12,621	25	—	19.8	4	—	3.2	4	—	3.2
St. Louis	204,596	668	5	32.4	74	—	3.6	38	—	1.9
Scott	14,116	42	4	26.9	5	—	3.5	3	—	2.1
Sherburne	9,709	42	11	31.9	11	1	10.3	4	1	3.1
Sibley	15,865	53	1	32.8	6	—	3.8	4	—	2.5
Stearns	62,121	288	110	28.7	37	29	1.3	16	9	1.1
Steele	18,475	106	77	15.7	1	—	.5	1	—	.5
Stevens	10,185	20	—	19.6	7	—	6.9	6	—	5.9
Swift	14,735	33	1	21.7	2	—	1.4	1	—	.7
Todd	26,170	95	—	36.3	10	—	3.8	5	—	1.9
Traverse	7,938	31	—	39.1	5	—	6.3	2	—	2.5
Wabasha	17,613	32	3	16.5	7	—	4.0	5	—	2.8
Wadena	10,990	33	—	30.0	4	—	3.6	3	—	2.7
Waseca	14,412	41	—	28.4	3	—	2.1	1	—	.7
Washington	24,753	70	3	27.1	8	1	2.8	4	—	1.6
Watsonwan	12,802	43	—	33.6	7	—	5.5	5	—	3.9
Wilkin	9,791	33	—	33.7	9	—	9.2	7	—	7.2
Winona	35,144	80	—	22.8	4	—	1.1	2	—	.7
Wright	27,119	73	1	26.5	21	—	7.7	14	—	5.2
Yellow Medicine	16,625	47	—	28.3	8	—	4.8	2	—	1.2
State Totals	2,563,953	8,307	510	32.4	1,212	61	4.7	656	26	2.6

*Commitments per 10,000 population do not include commitments made for other counties, except in the totals for the state.

Because a commitment is continuing, short of death or rare discharge, cumulative figures are an indication of the gross burden. The biennial figures give additions during the period under report. The figures for the year July 1, 1937, to June 30, 1938, are also given because during that time county welfare boards were functioning. Increases in commitments in any one county during that year, however, are not clearly owing to any one factor of administration. The figures do not reveal any clear trend except some general progress in identification and consequent commitment. The figures, further, do not show the type of person brought into court; in some counties, imbeciles and idiots needing custodial care; in others, many higher-grade persons who are potential social problems. The latter situation shows a considerable awareness of social implications. Aside from the general trend, the figures are mainly of value for comparison between counties as to rate of commitment.

Out of 8,307 total commitments, there have been 1,444 deaths and 471 discharges from guardianship during the past 20 years, leaving 6,391 wards at the present time. These are divided as follows:

School for Feeble-Minded.....	1,922
Colony for Epileptics.....	931
Other state institutions.....	269
Non-state institutions.....	188
Outside supervision cases.....	1,312
Non-urgent custodial cases.....	205
Waiting list.....	1,131
Out of state.....	102
Lost.....	331

On June 30, 1938, the total population of the School for Feeble-Minded was 2,414, which figure includes 492 uncommitted cases institutionalized prior to the enactment of the guardianship law; and the total population of the Colony for Epileptics was 1,104, which figure includes 173 uncommitted cases institutionalized prior to the enactment of the guardianship law.

During this biennial new buildings have been opened at the Colony for Epileptics and at the School for Feeble-Minded, which provided accommodations for 363 additional wards. In spite of this, however, the waiting list is decreased by only 49, and the number under commitment and in need of institutionalization is increasing monthly.

Although the problem in supervision of wards is perhaps primarily guidance of those not wanted in an institution, the fact that some persons needing institutionalization must wait four years or more after the court hearing before they can be admitted puts a real responsibility upon the community and the state to see that the best temporary plans are made. This may mean boarding plans, visiting housekeeper in the home, placement with relatives, medical care, or merely a friendly relationship to help keep up the

family morale. Wards not in institutions are classified as follows: waiting list, those awaiting admission; outside supervision, higher-grade persons chiefly at an age and of a mentality where at least partial self-support might be expected if work were available; non-urgent custodial, low-grade persons receiving adequate care outside the institution. A person in one of the latter groups may suddenly become an emergency case needing entrance to an institution if circumstances change.

Comparison of figures for these groups is as follows:

	June 30, 1920	June 30, 1928	June 30, 1938
Waiting list -----	77	493	\$1,131
Outside supervision -----	74	*455	1,312
Non-urgent custodial* -----			205

*These figures are frequently combined and were not separated until after 1928.

§It should be borne in mind that these figures probably reflect better identification and care rather than a major increase in the incidence of feeble-mindedness.

Creation of county welfare boards with competent staff has made possible more attention to the supervision of wards than was attainable before. Several counties have done an outstanding job in making adequate living arrangements and supervising the actions of wards. As the counties become more accustomed to this responsibility and develop a greater knowledge of the feeble-minded and the techniques in working with them, a more general state supervision and planning will be possible.

For several years a club house in St. Paul has been used as a center for direct supervision of a few cases by the state agency, girls in and near the Twin Cities. The last several biennial reports have proved that it could only be very partially self-supporting, from 20 to 25 per cent of the cost being paid by the girls living there. It has also proved its value as a center for the parole system: a center for determining whether girls can be successful on parole; for additional training where necessary; recreation center for those living nearby; "home" for those in the Twin Cities without homes. Therefore the State Board of Control decided it should continue to be maintained by becoming a part of the School for Feeble-Minded. The transfer of responsibility took place July 1, 1938.

Most of those who have had sterilization operations are counted now among the "outside supervision" cases. The total number sterilized since the passage of the law is 1,159, of whom 178 were men and 981 were women, which figures include 81 men and 248 women sterilized during the biennial.

The problem of feeble-mindedness is continuing. There is good ground for believing that the problem is increasing in seriousness owing to changed economic and social conditions. This results in better procedures in identification and a better recognition of social-problem types of feeble-mindedness. Commitment, custodial care, and supervision, are only one side, the alleviation side of the solution. Basic causes must be attacked before any reduction of the total problem can be attained. This involves a long-time preventive program on a broad social front. It means awareness and action by whole community groups and their state.

The work of the welfare boards for the past year indicates that the counties as a whole are becoming more cognizant of the problem presented by the feeble-minded. As the state becomes better equipped to help make plans and to bring about cooperation between the institutions, county welfare boards, and the division for the feeble-minded and epileptic of the State Board of Control, forward-looking plans for the feeble-minded should be made possible.

CONCLUSION

This report would not be complete without word of recognition for the generally good work done by county welfare boards which, during the last year of the biennial, assumed important duties connected with public assistance and child welfare. The range of duties and the accomplishments of county welfare boards have been frequently apparent in this report.

For myself, and in behalf of my colleagues, I wish to express appreciation for the State Board of Control's advice, encouragement and discerning support in carrying out the manifold duties of the public assistance unit.

Respectfully submitted,

BENJAMIN E. YOUNGDAHL,

Director.

Division of Services for Crippled Children

To the State Board of Control:

This division was created to administer the funds appropriated to Minnesota under Title V, Part 2, of the Social Security Act relating to crippled children. In spite of the fact that Minnesota has a 250-bed state hospital for crippled children, the facilities for care and field service were inadequate. The Social Security Act allocated funds to make possible extension of needed services. The plan of operation in this division was approved by the Children's Bureau of the Department of Labor on April 16, 1936, and has been functioning since then.

PURPOSE OF FEDERAL GRANTS

The annual appropriation authorized is for the purpose of enabling the State Board of Control to extend and improve (especially in rural areas and in areas suffering from severe economic distress), as far as is practicable under the conditions in the state, services for locating crippled children and for providing medical, surgical, corrective, and other services and care, and facilities for diagnosis, hospitalization, and aftercare, for children who are crippled or who are suffering from conditions that lead to crippling.

COOPERATION WITH MEDICAL AND WELFARE GROUPS

The Division of Services for Crippled Children has assumed leadership in securing the cooperation of the State Board of Health, State and County Medical Associations, the State Department of Education and its Division of Vocational Rehabilitation, County Child Welfare Boards, and all agencies, public and private, contacting indigent crippled children.

An advisory committee has been formed and meets yearly, and consists of representatives of organizations interested in the problems of crippled children. The executive officer of the State Board of Health, the president of the Minnesota Medical Association, the executive secretary of the Minnesota Public Health Association, and other officers of organizations interested in handicapped children, have cooperated to their fullest extent in the execution of the state plan. The Division has attempted to carry out to the fullest extent all recommendations made by the advisory committee.

Meetings have been held with the official orthopedic society of the state, and fee schedules approved by that organization have been adopted. Similar arrangements have been made with the Minnesota Hospital Association. Representatives of both of these societies are members of the advisory committee. The Minnesota Public Health Association, which has cooperated

in the past with Gillette State Hospital in holding clinics for crippled children throughout the state, has continued its work in close cooperation with this division by providing publicity and educational material for the clinics. Notice is sent to the Rehabilitation Division of the Department of Education of all children of school age who are not receiving adequate education who come to the attention of this division. In turn, the Department of Education reports to this division every handicapped child found in school.

FUNDS ALLOTTED MINNESOTA

The appropriations for each state for the care of crippled children under the Social Security Act were determined by two methods: (1) A flat amount of \$20,000 was allotted to each state. (2) An additional sum of money was allotted to each state dependent upon the number of persons under 21 years of age in the state.

In Minnesota this sum amounted to \$29,325.05. The total allotment for Minnesota for each year, then, was \$49,325.05. Because of the fact that excellent records were available and it was possible to show that additional funds were needed because so many crippled children were identified and known to be in need of care, Minnesota was fortunate in receiving additional allotments from special funds for the care of crippled children. The amount of Federal funds available and spent, according to the state budget, for the fiscal year ended June 30, 1937, was \$82,847.36; and for the fiscal year ended June 30, 1938, \$80,653.60. This division is very grateful to the Children's Bureau of the Department of Labor for the extra apportionment of funds. The additional sum each year made it possible to hospitalize many more crippled children soon after occurrence of disability, and consequently for shorter periods of hospital care.

In those states which did not have their plans in operation and which did not have sufficient records to show the need for additional funds, only the regular appropriation was given. In the past two years Minnesota's crippled children have profited to the extent of over \$64,000 spent in additional care.

ACTIVITIES

When Federal funds for crippled children services became available in the early part of 1936, Minnesota was in a highly receptive mood because lack of funds was the only thing which had been obstructing the completion of plans for adequate state-wide medical care for the crippled child. The additional funds immediately removed this obstruction.

Estimates of the number of crippled children in the state, made on the basis of the number of patients taken care of in the in- and out-patient departments of the various hospitals, gave the number under 21 years of age

as about 10,000. This has been borne out as approximately correct, although it is a conservative estimate because there are already in the central registry of the State Board of Control 9,610 crippled children under 21 years of age known to be living in Minnesota on June 30, 1938.

In Table 1 is shown a statistical summary of the cases reported to and discharged from the state register of crippled children for the biennial ended June 30, 1938. One of the duties of the division has been to set up a central registry for all crippled children in the state so that we may know the extent of the problem and the number of crippled children in need of care. It is interesting to note that in the short period of two years there has been accumulated on the register specific and detailed information on 7,083 crippled children under 21 years of age eligible for service on June 30, 1938, and that 2,527 additional children have been reported for state registration whose eligibility for registration has not been determined at this time. This means that at present there are 9,610 known crippled children under 21 years of age in Minnesota. It is interesting to observe, in Table 1, the various means that are used in referring patients to this division.

Table 1
Statistical Summary of Cases Reported to and Discharged from
the State Register of Crippled Children

	1936-37	1937-38
Crippled children on state register at beginning of year-----	118	5,837
Crippled children reported to official state agency from specified sources placed on state register during year (total)-----	5,881	1,707
a. Personal applications -----	2	
b. Reference from: -----		
(1) Private physician -----	146	344
(2) Hospital or clinic -----	3,592	263
(3) Health agency -----	44	509
(4) Social agency (SCC nurses) -----	1,190	143
(5) School -----	188	221
(6) Lay group -----	92	227
(7) Interested individual -----	15	
d. Special survey or census—Minneapolis General Hospital -----	612	
Total on state register during year -----	5,999	7,544
Crippled children removed from state register during year for specified reasons -----	162	461
a. Crippling condition terminated -----	—	1
b. Above maximum age for services -----	17	326
c. Place of residence outside state -----	76	46
d. Other reasons: -----		
Died -----	49	65
Moved, address unknown -----	20	17
Crippled children on state register at end of year -----	5,837	7,083
Children reported for state registration whose eligibility for registration had not been determined at end of year -----	2,463	2,527
Reports in which child was found to be: -----		
a. Already on state register -----	759	190
b. Ineligible for state registration -----	62	28

In the study made as of July 1, 1937, when the yearly analysis of cases was made, it was found that the 7,726 cases on the register on which complete data were available at that time were distributed in percentages as follows, according to the cause of disabling condition in order of highest frequency:

Cause of Disability	Percentage
Congenital deformities -----	23.14
Anterior poliomyelitis -----	16.37
Cerebral palsy -----	13.32
Miscellaneous -----	12.92
Not classified -----	10.16
Acquired or accidental -----	8.83
Osteomyelitis (acute and chronic) -----	4.08
Rickets -----	3.55
Bone and joint tuberculosis -----	2.69
Arthritis -----	2.15
Scoliosis -----	1.46
Muscular dystrophy -----	1.33
Total -----	100.00

Thirty-three per cent of Minnesota's population of 2,650,000 people is distributed in metropolitan areas and the remainder in non-metropolitan areas; and of the total people in the state approximately 1,000,000 are under 21 years of age. This means that there are 9.6 crippled children in every 1,000 persons under 21 years in Minnesota. There are 87 counties in the state, which have an area of 84,682 square miles. These factors are mentioned because they are of importance in considering field services to be given over such a large area and to persons in sparsely populated communities.

Extension of services for crippled children under the Board of Control has been directed in five main fields of endeavor: (1) Increased hospital facilities; (2) Field nursing and physical therapy services; (3) Increased field clinics; (4) Medical social service; and (5) Research and special investigations.

Because of the fact that there were crippled children on the waiting lists at the State Hospital, University Hospital, and the Shriners' Hospital for Crippled Children, the first service rendered was the hospitalization of indigent crippled children in private hospitals in Minneapolis, St. Paul, Duluth and Rochester, the cities in which orthopedic surgeons are located. This service has continued uninterruptedly and has resulted in a marked reduction in the waiting lists and a decrease in the period of time new cases have had to wait for admission to hospitals for care. The need for early treatment has been more successfully met than ever before.

In Table 2 may be noted the number of cases hospitalized in private hospitals during each year of the last biennial. In the two-year period there was a total of 531 hospitalizations of 364 crippled children. The hospitals

were paid at the rate of \$4 per patient per day plus necessary extras, such as x-rays, casts and appliances, for the care of these children, and the orthopedic surgeons were paid on the basis of a fee schedule set up in cooperation with the orthopedic surgeons, the Children's Bureau in Washington, and the director of the Division of Services for Crippled Children.

Private hospitals will be used for hospitalization of crippled children as long as there are waiting lists at the available public hospitals and as long as funds are available from the Federal government.

Table 2
Hospitalizations in Private Hospitals

	1936-37	1937-38	Total
Number of cases hospitalized (includes 30 cases during June 1936)	228	136	364
Number of second admissions	51	56	107
Number of third admissions	17	20	37
Number of fourth admissions	3	11	14
Number of fifth admissions or over	5	4	9
Total number of hospital admissions	304	227	531

The nursing service was organized in July 1936, and became the connecting link between the local community and the official state agency. The nursing personnel is small, being composed of one nursing supervisor and eight certified public health nurses, five of whom are also qualified physiotherapists. It is felt that by using public health nurses who are also qualified physiotherapists much expert physiotherapy supervision and education and muscle testing can be given in the homes to those children who are unable to come to the treatment centers. When it is not necessary for the nurses to give this type of service, they carry on the regular work of public health nurses in the community.

The nursing staff members work in close cooperation with the nurses under the supervision of the State Board of Health, act as orthopedic nursing consultants to county, school and other local nurses, help locate new cases, assist in the preparation for and the conduction of field clinics, and carry on a public health campaign of education directed towards the prevention of crippling conditions. When these nurses go into the local communities, their first duty is to contact the local physicians, acquaint them with the services available for crippled children, make these facilities available to their indigent patients needing care, and investigate particular cases recommended for nursing service by the physicians.

Since organization of this nursing service in July 1936, approximately 1,000 physicians practicing in rural Minnesota have been interviewed by the nurses of the Division of Services for Crippled Children. This is one of the

outstanding contributions in the field of public health nursing that has been made in public health work in our state during the past two years in the opinion of the medical staff of this division, because of the cooperation it represents between the nursing and medical professions.

The field nurses cover a great deal of territory because the crippled children are located in all parts of the state, in the sparsely settled as well as in the urban centers of population. To give an example of the extent of these services during the calendar year 1937, the public health nurses made 2,270 visits, made 861 physiotherapy visits for the purpose of giving physiotherapy service, made a total of 4,322 visits to and in behalf of crippled children, in addition to their consultation work and duties in connection with conferences with physicians and preparations for clinics. It is essential that field nurses be available in such a program in order to reach those patients who do not or cannot come in for service, and in order to find crippled children early and keep them under continuous supervision. It is the opinion of the medical staff of this division that the nursing service is one of the most valuable new services which have been provided for crippled children in this state.

For several years, the staff of the Gillette State Hospital, in cooperation with the Minnesota Public Health Association, has held orthopedic clinics in certain rural areas for the purpose of giving a field clinic service and also to educate the public as to the need for care of crippled children. This cooperative enterprise was of real value, but could not be carried out in every part of the state, and a sufficient number of clinics could not be held year after year. No provision could be made for field follow-up nursing or physical therapy service because of lack of funds, even though a request had been made frequently by Gillette State Hospital for such services.

It may be recalled that the Gillette State Hospital first started in 1897 and has been giving excellent service ever since. At present it is a hospital of 250 beds, used solely for crippled children who are unable to have private medical care. The work that is being done by the Division of Services for Crippled Children is under the Board of Control, as is the Gillette State Hospital, and is simply a continuation and extension based upon an excellent foundation prepared by far-seeing medical men who have been associated with the Gillette State Hospital since the beginning of the twentieth century.

The purposes of field clinics for crippled children in Minnesota may be summarized under four main headings: first, finding new cases; second, following up old cases; third, emphasizing preventive health education; and, fourth, providing consultation services for the local family physician for his indigent crippled children patients, and opportunity for "refresher" observa-

tions of orthopedic diagnosis and recommended treatments afforded so ably by the orthopedic surgeons at the clinics.

From two special studies that have been made within the last year, concrete reasons for holding these field clinics become apparent. In the first study, among 227 male children crippled by anterior poliomyelitis, who were admitted to the state hospital, it was shown that 71.8 per cent did not enter this hospital until three or more years, and 38.3 per cent until five or more years, after the initial attack. This means that if patients do not come to the hospital center soon enough, it is necessary to go out after them if crippling is to be held at a minimum.

In the second study made at the State Hospital for Crippled Children, among 1,070 patients registered at the hospital, it was shown that 140 patients who should have returned had been seen last ten to fifteen years previously, and that 215 additional patients who should have returned were not seen one to five years after the initial treatment. This means that 33 per cent of the patients who should have returned for additional care did not do so.

The success of a field clinic is largely dependent upon the proper preliminary work performed by the field staff. One of the important parts of this preliminary work is the cooperation given by the local medical society. No clinic is held without the approval of the medical society of the county in which the clinic is to be held. From four to six weeks before the clinic nurses go into the counties which are to contribute children to the clinic, contact the local physician, investigate all known crippled children and reported cases, and urge old cases who have not returned to the hospital for care to come to the clinic for a check-up to see if something can be done. A local clinic committee is set up, and all local agencies interested in the care of children are invited to cooperate. These clinics are genuinely cooperative, with local, county and state groups participating. Two qualified orthopedic surgeons, a pediatrician, a physical therapist, local and state public health nurses, medical social service workers and a vocational rehabilitation expert are in attendance at these clinics. The publicity used for the clinics is handled by the Minnesota Public Health Association.

Of paramount importance is the financial eligibility of patients coming to these clinics. Eligibility is determined by the social service worker of the Division of Services for Crippled Children, who assists at the clinic. When patients are referred to these clinics by our field nurses and other public health nurses, they are requested to get a letter of referral for clinic examination from their family physician. This referral slip states whether or not the doctor wishes (1) to have the patient examined and referred back

to himself for treatment, or (2) to have the patient examined and treated by the Division of Services for Crippled Children if the patient is unable to have private medical care provided. This letter from the physician is considered sufficient financial evidence to admit the child to the clinic for an examination.

For those patients who do not present a letter from the family physician, a complete financial and social history is taken by the social service workers. This is passed upon by the director of the clinic before admittance is gained. At every clinic there are certain persons who attempt to obtain free service for their children just because a free clinic is being held in the town. Persons who are able to provide private medical care are refused admittance and told to go back to their family physicians.

The clinic medical service consists of a careful examination by an orthopedic surgeon. After examination has been made, the orthopedic surgeon dictates the results of his examination to a medical stenographer at the clinic, and makes recommendations as to future care. The orthopedic surgeon explains briefly to the parents the cause of disability, and informs them that arrangements will be made in cooperation with the family physician for future care when indicated. The results of the examination and recommendations of the orthopedic surgeon are then made up in report form, and these reports are sent to the family physician. At the same time the parents are notified to go to their family physician for the report. If hospitalization, out-patient care or nursing service is recommended, the Division of Services for Crippled Children makes these arrangements through the family physician and the family.

During the past two years the majority of the new cases were referred to the clinics by a letter from the family physician. In many instances the family physician accompanied the patient to the clinic and was present during the examination of his own patient. Whenever it has been possible to continue the care and treatment locally, that recommendation has been made by the orthopedic surgeon. Many of the local physicians who have come to the clinics have remained during the entire day in order to benefit by the experience of observing the orthopedic surgeons at work making examinations and giving recommendations for individual cases. In this way the clinics are serving actually as refresher courses for many of the local physicians throughout Minnesota.

In the fiscal year ended June 30, 1937, there were twelve clinics held in rural areas in which 1,059 crippled persons under 21 years of age were examined. About 35 per cent of the cases were new to the state register, which meant they had not received treatment at any of the public hospitals

or the Shriners' Hospital for Crippled Children, and had not received services from any state agency for their crippling conditions.

The field clinic program was set up on a state-wide basis for the first time in the calendar year 1937. During the fiscal year ended June 30, 1938, fourteen clinics were arranged at strategic points so that crippled children from every rural county had access to a field clinic (See Table 3). At these fourteen clinics, 1,140 children were examined, of whom 309, or 27 per cent, were new cases to the register. In these fourteen clinics there were 83 children who were rejected because of financial ineligibility or for some other legitimate reason. The number of new cases found each year in the clinics is quite startling, when it is remembered that these clinics have been held for several years throughout certain parts of Minnesota. Very few of these cases were new ones which developed during the past two years. It is reasonable to assume that these are cases which had been present in the community but undiscovered until field clinics and nursing service brought them to light. It is a remarkable fact that during the past two years one out of every three cases seen in the clinics was a case new to the state register.

Table 3
Clinic Report

Age Group	New	Old	Total
Under 1 year	24	2	26
1 to 4 years	83	110	193
5 to 9 years	68	183	251
10 to 14 years	74	264	338
15 to 19 years	52	248	300
20 years	7	24	31
Age unknown	1	—	1
Total examined	309	831	1,140

Diagnosis	Referred to								Total		
	Hospital New	Hospital Old	Out- Patient New	Out- Patient Old	Nursing Service New	Nursing Service Old	No Further Treatment New	No Further Treatment Old	Other New	Other Old	Total New Old Total
Unknown	6	4	1	3	—	1	2	1	13	2	22 11 33
Accidental or acquired (Injury Deformity)	12	27	2	19	5	7	6	16	21	32	46 101 147
Birth Injury	14	34	11	86	13	39	8	17	12	19	58 145 203
Arthritis and Still's	3	3	2	6	2	2	—	6	1	3	8 20 28
Congenital Deform- ities	37	59	10	71	2	19	4	17	22	57	75 223 298
Anterior Poliomyelitis	15	55	3	72	2	18	1	22	3	48	24 215 239
Muscular Dystrophy	—	1	1	5	—	—	1	—	3	4	5 10 15
Osteomyelitis	2	9	1	11	1	—	1	7	3	13	8 40 48
Rickets	2	—	1	5	—	4	1	5	3	2	7 16 23
Scoliosis (Not con- genital or Polio)	3	1	1	2	3	2	—	—	2	3	9 8 17
Tbc. Bone and Joint	1	3	1	6	—	—	—	2	1	6	3 17 20
Miscellaneous (Non- orthopedic)	11	4	6	8	5	1	1	2	21	10	44 25 69
Totals	106	200	40	244	33	93	25	95	105	199	309 831 1,140

In Table 3 may be noted the ages of the children seen in the clinics for the fiscal year ended June 30, 1938, and the disposition of each case according to diagnosis.

There seems to be a definite shift to the younger age groups in the new cases which are now being seen in the clinics when compared with the old cases which have received care before. It is true that the mere fact that the cases are old would mean that they had been seen previously and therefore would be older than the new cases. However, when one considers the fact that many of these old cases have not been under supervision and have been rediscovered, so to speak, the comparison appears to be significant regarding the finding of younger children in the new cases coming to clinic.

After the field clinic for crippled children has been held in the rural community, and the children have been examined and have had recommendations made for the correction of their deformities, the real work of follow-up service begins. This must be continued over a long period of time, and in the face of many obstacles, by every branch of service of the Division of Services for Crippled Children, which includes the office force, the field nursing staff, and the medical social service workers, in cooperation with every public and private agency interested in the care of children. The field clinic, then, is a means unto an end. It is a means for finding handicapped children, sorting out those who are in need of special care, and it must be followed by concentrated and persistent field service and adequate hospitalization in order to be of maximum value. It also serves as a place for re-examination of discharged hospitalized cases.

An inventory of all children seen in the six field clinics held in the fall of 1936 was completed in the spring of 1938, and some very important facts appeared. An evaluation of the follow-up work following these clinics has been made, and shows that out of 420 patients seen in the fall clinics of 1936 (excluding patients previously under care at Gillette State Hospital), there were 140 on whom hospitalization had been recommended. In the intervening period 72 of the 140 patients had been hospitalized in private hospitals under this division, at Gillette, Shriners', University, or through private funds. Seventeen of the 140 cases received hospitalization through their private physicians. Among the 51 cases not hospitalized, thirteen were opposed to surgery, 32 were still pending, four had moved away, and two had died. This definitely shows the value of continuous follow-up.

It is to be pointed out that in all those cases hospitalized in private hospitals, one of the field nurses made a follow-up visit after the child had been discharged to the home, to see that the recommendations made by the orthopedic surgeon at the time of discharge were being carried out.

A review of the inventory of the follow-up of the crippled children seen in the fall clinics of 1936 shows that careful work is being done. It is almost unbelievable, but true, that some of the children's parents refuse to have care given, even though facilities are made available through the state service, when private medical care cannot be afforded. One parent told a nurse that the child's affliction was an act of the Lord and, therefore, not to be interfered with.

It is not always possible to find persons at home when the nursing visits are made, and, considering the large territory covered by each nurse, there is a certain delay in some cases. However, cases for whom immediate treatment is recommended, or for whom there is any special need for urgency in rendering service, are taken care of immediately.

All new cases of acute anterior poliomyelitis reported to this division are turned over to Gillette Hospital, and the superintendent of that institution will admit any new poliomyelitis case six weeks after the onset of the disease if hospital care is necessary. In the opinion of most orthopedic surgeons, hospital care is necessary in all new cases of acute anterior poliomyelitis in which there is evidence of paralysis.

In commenting on the benefit of field clinics for indigent crippled children in this state, it need only be pointed out that several hundred children otherwise unable to have private medical attention provided for them are receiving care which would have been delayed or not given had not these field clinics been set in operation. The value of these clinics is further substantiated when it is reiterated that 30 per cent of the patients are new cases and of a younger age group than those at the clinics with a previous registration.

Over a third of a million dollars a year is spent in Minnesota for the hospital care of indigent crippled children. Certainly it is wise to insure this tremendous investment by a comparatively small expenditure for field clinics and nursing service for the purpose of follow-up, to see that these cases continue on the road to recovery. These field clinics are really out-patient departments (of the crippled children's hospitals) located in rural communities where easy access to specialized service is available and the greatest possible amount of follow-up is assured.

The preventive aspects of crippling conditions form a very big part of our present day public health educational program. Field clinics are a very important weapon in the educational campaign to prevent permanent crippling conditions, particularly in children already crippled. The clinic is a means of educating the people in the community, the local physicians, and public officials, of the need for a concerted program for crippled children.

Every one knows how universal is the appeal of the crippled child, and when a community can be shown what can be done for crippled children, the impression is an indelible one and leads the way to improvements in general standards of public health in each community visited.

The highly specialized nature of orthopedic surgery makes the clinic for crippled children in a rural community quite different from a prenatal, a pre-school or a nutritional clinic. An orthopedic surgeon can examine a crippled child very quickly, determine what parts of the body are affected, and in the majority of cases make an immediate tentative diagnosis and quite readily give recommendations for treatment. It is not necessary, in this screening process, to have elaborate laboratory tests made or to have x-rays for hidden disease in the chest and special examinations for obscure ailments in the abdomen. In our field clinics, all of the records from the state hospital and the Division of Services for Crippled Children are brought into the community in which the clinic is being held so that an accurate follow-up examination and record can be made on children previously cared for.

Summarizing the functions and value of these clinics, it may be stated that it is possible to contact previously unknown crippled children for an adequate examination soon after the occurrence of their disability. In Minnesota, with its large rural area, many families living as far as 300 miles from an urban treatment center are unable to provide transportation to bring their children to the hospitals for crippled children for examination. This examination must be made before treatment can be decided upon. By sending the orthopedic surgeons out to children in rural areas, much time is saved, the total cost is very much less, the examinations are made at an earlier date, and children who do not need hospital care can avoid the long trip to the cities. Because the new cases are discovered soon after the occurrence of disability, treatment can be started much earlier, with the result that these patients are given medical and surgical treatment in the shortest possible period of hospitalization.

Regarding the follow-up of cases which have had some hospital care but need additional hospital care, it is true that many children come to the hospital for one admission but do not return for additional necessary corrective treatment; such as, secondary operations, supervision in an out-patient department, readjustment of braces, or changing lifts on shoes. If adequate follow-up can be given these patients, the initial expert work done in the hospital is of much more benefit than if the child discontinues treatment before his physical rehabilitation is as complete as possible.

The question is often asked, "Where does the family physician fit into this program?" The family physician is unquestionably the key person in any sound public health program for crippled children, and in this capacity he renders a number of very definite services. He usually sees the crippled child first, and can thus help the child to secure the advantage of treatment soon after the disability occurs. He is best situated to know of cases, and can thus aid in locating crippled children. He is often familiar with family circumstances. He is well situated to be of definite aid in follow-up work. He can be of great aid in returning the child to the hospital for subsequent treatment.

In return for these services the family physician receives certain benefits; such as, an extension of his services for the indigent to include specialized orthopedic treatment; personal observation at clinics, and consequent contact with orthopedic surgeons, which act as a refresher course in crippling diseases. This results in increased integration of the family physician in a program of public medical care for indigent crippled children.

The orthopedic surgeon works hand-in-hand with the family physician by carrying out special services for these crippled children who are made available to him, but he cannot be expected to do his part unless these crippled children are brought to him soon after the occurrence of their disabilities, and continuously thereafter. Clinics for crippled children in rural areas are one of the effective means by which this can be done.

In February 1937, two full-time medical social workers were added to the staff. One social worker is assigned full time at Gillette State Hospital, together with a secretary. The other one works in the division office. The function of the social service department includes the study and treatment of social problems which arise for clinic attendance, hospital care, and medical and social recommendations for future care, guidance and supervision of crippled children. The social service department is able to perform invaluable services for crippled children themselves, the parents, the doctors and nurses, and all interacting interested agencies.

An examination of the figures given for total expenditures for the two years shows that the administrative costs of running the division seem to be at efficient levels, according to the Federal Children's Bureau standards. It is to be recalled that the director of this division is on half time, the other half of his time being used as director of the Division of Tuberculosis under the Board of Control. In addition, the director acts as a consulting pediatrician at the field clinics because many cases which come in do not have orthopedic handicaps but handicaps due to some diseased condition which is in the field of pediatrics.

In the fiscal year ended June 30, 1937, of a total expenditure of \$82-847.36 the physicians and consultants received 19.86 per cent (19.73 per cent for fees, and .13 per cent for traveling expense); the nurses, 23.99 per cent (16.4 per cent for salaries, 7.59 per cent for traveling expenses); social workers, for salaries and traveling expense, 2.54 per cent; hospital care and accessories, 41.35 per cent; appliances, 1.3 per cent; boarding homes, .13 per cent.

For the fiscal year ended June 30, 1938, the amount paid to orthopedic surgeons and consultants was 18.45 per cent of the total; to nurses, 26.38 per cent. Included in the nurses' salaries are the stipends for two public health nurses who were sent to Harvard for nine months in order to become registered physiotherapists. Such post-graduate training has been recommended by the Federal Children's Bureau. To social workers, 7.92 per cent; for hospital care and accessories, 25.64 per cent; for appliances, 5.4 per cent. This includes \$4,000 transferred to Gillette State Hospital, which did not have sufficient appliance funds. For boarding homes, .78 per cent.

The Minnesota Advisory Committee for Services for Crippled Children recommended, at its meeting held in April 1937, that the official state agency employ a medical research statistician in order to carry out special studies and projects. This recommendation was carried out in July. When it is realized that prior to the initiation of the social security plan for caring for crippled children there were only scattered and fragmentary data relating to such factors as cause and distribution of crippling conditions, the immense value of apparently simple distribution studies becomes apparent.

Some of the cooperative activities carried on by this division should be briefly mentioned. Every official and unofficial agency interested in the crippled child reports cases to the central registration bureau in this division. A special card is used for this reporting. All records are set up on punch cards which facilitate the collation of data and statistical analyses. Report cards of this type serve a dual purpose: they remain as permanent records, yet are punched and filed and used as alphabetical and work files for procuring data on single cases, or for the purpose of detailed studies on thousands of cases in statistical analyses of distribution of interrelated factors.

The Minnesota Public Health Association cooperates with the Division of Services for Crippled Children in all publicity and health education work. The Minnesota Association for Crippled Children and Disabled Adults assists in obtaining railroad passes for indigent crippled children whose parents cannot afford transportation to and from distant hospitals. The Division of Public Assistance of the State Board of Control assists the division in social work in rural areas.

It is felt that provision for special education for such crippled children as are unable to attend regular public school classes is very essential if rehabilitation of the crippled child is to be complete. Educational and vocational training is fully as important as correction of physical or anatomical defects.

Cooperative plans are being formulated in conjunction with the Department of Rehabilitation for the creation of special classes for crippled children in rural areas throughout the state in conjunction with regular school systems. In the school year ended June 30, 1938, one such class was established at Winona. It is hoped that additional classes may be started, particularly at Mankato, St. Cloud, Bemidji, and Moorhead, the towns in which state teachers' colleges are located.

A special diagnostic clinic is made use of in the department of pediatrics at the University Hospital. One worker in this department is furnished by the Division of Services for Crippled Children in order that crippled children under our services may have access to this out-patient diagnostic facility. Harelip and cleft palate cases, children with speech difficulty associated with other deformities, and cerebral palsy cases especially, are referred to this clinic for examination of special senses and recommendations for treatment.

All crippled children fourteen years of age and over are referred to the Division of Vocational Rehabilitation of the State Department of Education.

The director of the division, with the assistance of the nursing supervisor and several orthopedic surgeons, conducts a course in the University of Minnesota Medical School in the Department of Public Health and Preventive Medicine, the title of which is "The Public Medical Care of Handicapped Children in Minnesota." This class is conducted twice a week for eleven weeks in the spring quarter, and is held outside of office hours so that it does not interfere with routine work. Such instruction to a group of public health nurses and social workers is of real benefit because it enables this division to tell nurses about the facilities available for the care of crippled children and to give them an understanding of the problem, so that when these persons go out to work in rural communities they will be better able to give services for crippled children.

During the fiscal year ended June 30, 1938, there were several refresher courses held for local physicians in rural Minnesota. The director of the division and an orthopedic surgeon went before the county medical society and explained to the local members of the medical profession the facilities available for the care of indigent crippled children and the methods by

which care could be obtained. The orthopedic surgeon gave a lecture on some preventive aspects of crippling conditions. It is planned to continue these services in order to acquaint the physicians with the problem of the crippled child and to offer them a means of post-graduate education in some of the special preventive aspects of orthopedic surgery.

RECOMMENDATIONS

1. It is recommended that some provision be made, through cooperative enterprise on the part of the Department of Education and the Division of Services for Crippled Children, to set up special classes for crippled children in rural centers of Minnesota so that those who are unable to attend school in their regular classes may have an opportunity to gain an education and at the same time receive the benefit of special care given by physiotherapists assigned full-time to each classroom.

2. Because of the fact that there are approximately 1,300 children under 21 years of age who are crippled because of the effects of cerebral palsy, it is recommended that special facilities be made available so that as many of these children as possible may be given an opportunity for special schooling, special physiotherapy treatment, and special mental development, which can be afforded only if a convalescent home is made available where these children may be given care over a long period of time. If it were possible to have 50 beds available in conjunction with the State Hospital for Crippled Children or the University Hospital, a large number of these children could be taken care of. At the present time there are no facilities for their prolonged care.

3. It is recommended that additional funds be made available for the vocational guidance, training and placement of the young crippled adults who are able to learn and follow some gainful occupation. At the present time funds and facilities in the state are inadequate to take care of the large number of children needing this special training.

CONCLUSION

To the State Board of Control, to our general advisory committee, to the staff of Gillette State Hospital, and to the various associations and organizations with which we have dealt since this program started, we wish to express our appreciation for the excellent advice and assistance extended and for the fine cooperation given to us. We are especially grateful to the members of the State Board of Control for their open-mindedness in dealing with this purely medical problem, for their farsightedness and vision in the planning and execution of this comprehensive medical program.

With the specific functions for crippled children set up under the Minnesota State Board of Control and the coordinated activities which are being carried on at the present time, it can be said that adequate provision for medical care and social welfare is being made for crippled children on a state-wide scale. This would not have been possible without funds available under the Social Security Act. The continued extension and improvement of these interrelated services, added to the excellent facilities already available, are the surest method of safeguarding the health and welfare of crippled children in this state.

Respectfully submitted,

H. E. HILLEBOE,

Director.