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BIENNIAL REPORT

FOR THE

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Bureau for the Feebleminded and Epileptic

To the Director, Division of Public Institutions:

The biennial period from July 1, 1944 to July 1, 1946 has been one of advancement in some plans for the feebleminded. This is due chiefly to transfer of the State Public School at Owatonna to the Division of Public Institutions to be used as a school for training those feebleminded who may become self-supporting. Also, opening of the Annex for Defective delinquents at the St. Cloud Reformatory has provided much needed space for men who are both feebleminded and delinquent.

The provision for sufficient school space at Owatonna so that there is no waiting list for school children has meant commitment as feebleminded of many needing immediate care and training. Some of the children might have been left in their homes without commitment or sent to one of the training schools if after court action there would be a period of several years before the training could be given—as has been true in the past. The fact that the school is a separate institution has caused some parents to ask for commitment to guardianship who might otherwise have opposed it.

The total numbers of commitments for the past five bienniums are as follows:

Biennium	Number
1936-38	1212
1938-40	1182
1940-42	900
1942-44	696
1944-46	718

Dividing the last two bienniums into years, we have the following:

Year	Number
1942-43	383
1943-44	313
1944-45	325
1945-46	393

The slight increase in the total number of commitments for the biennium would not seem to indicate any real upward trend, but it is probable unless something unforeseen happens that there will be no further significant decrease. An interesting fact connected with the analysis of commitment figures is that the average per month for the ten months, July 1944 through April 1945, is 24.5. The average for the next six months, May 1945 through October 1945, is 36.5 and for the last eight months of the biennium it is 31.75. Legislation making Owatonna available after July 1, 1945 had been passed before May. The knowledge of this would seem to

have been significant in its affect on the number of commitments. During the 1942-44 biennium 61% of all commitments were of persons with intelligence quotients below 50, while during the present biennium this group constituted only 56%—thus leaving 44% classified as high grade. The age group from which school placements come—those at this time from 8 to 21 years of age—constituted more than half of the 44% of high grade commitments—176 out of a total 315. These additional facts lend weight to the effect of the opening of Owatonna on the increase of commitments during this biennium.

Commitment as feeble-minded of infants under two years old—sometimes only a few weeks old—has continued, but the trend has not been upward. In fact, the actual number for this biennium is 60, which is slightly less than for that of 1942-44 which was 67. This number includes the Mongolian as well as the hydrocephalic and those with other physical abnormalities. The death rate is high. Already 18 of the 60 have died.

In the previous biennium it was found that 41% of the commitments were from Hennepin, Ramsey and St. Louis Counties. The percentage of urban commitments for 1944-46 is 42. It is probable that distribution of population would show a larger percentage in the urban communities than in 1936-38 when it was 39%. At that time the percentage of urban commitments was also about 39% of the total.

Transfer of school children from Faribault to Owatonna and of the delinquent men to St. Cloud in July 1945 made possible the acceptance at Faribault during the months of August and September of 276 persons, mostly children needing physical care. In spite of that, however, the pressure for space is very great pending the opening of new buildings. The waiting list for those needing care at Faribault was 924 on July 1, 1946. Most of these are children or adults requiring physical care. Two years ago the waiting list was 1085. There is no "waiting list" for epileptic persons or for school children classifying for Owatonna.

During this biennium the Bureau has continued reviewing cases in order to get court action removing the Director as guardian in those cases where active supervision by county welfare boards is not needed. Due to various pressures from time this has not proceeded as fast as has been hoped. Additional cases will be reviewed in the coming biennium and petitions for restoration or discharge filed on those where such action seems justified. The number discharged from guardianship or restored to capacity for this biennium as compared with the last is as follows: 58 for the biennium 1942-44 and 141 for 1944-46. Of this last number, five were initiated by wards and opposed by the Director. Others initiated by wards were with the approval of the Director.

At present the number of wards not in any type of institution is as follows:

O.S.*
2271

N.U.C.†
307

W.L.‡
924

*Outside supervision—high grade persons not wanted in institution.

†Non-urgent custodial—low grade persons at present not needing space.

‡Waiting list—should be in the institution.

The fact that these individuals have all been made wards indicates that they or their families need some type of assistance or supervision if they are to make satisfactory community adjustments, even though institutional care may not be necessary. Those counted for outside supervision are to a large extent adult. There are 320 males and 379 females in this group who have never been in a state institution. The fact that they are classified as they are indicates that adjustment is satisfactory with only supervision.

During his biennium the analysis of the cases of wards who have children in the home has continued and finally reached a point where a report is to be given by the Social Worker, Miss Phyllis Mickelson, at the meeting of the American Association on Mental Deficiency in October, 1946. It is expected that she will give special attention to some of these families through the welfare boards of the counties in order to formulate some principles underlying special methods of supervision which seem indicated.

The Bureau for Feeble-minded and Epileptic arranges through the counties for persons to enter the institution other than transfer from one institution to another. It also aids the local welfare board to plan in the community for those who are discharged from the institution—except where discharge is after an escape or following deportation. The following figures of the institutions caring for the feeble-minded or epileptic during the biennium 1944-46 are therefore pertinent to this report.

	Entrance	Transfers	Discharge
Faribault -----	669	310	243
Cambridge -----	156	11	81
Owatonna -----	360 (1 yr)	9	3
Annex for Defective Delinquents -----	61 (1 yr)	4	1
	1246	334	328

The discharges from Cambridge are so largely connected with the physical condition of the patient that only those from Faribault will be analyzed. There are 54 of these who were discharged from escape; 5 discharged following court action and restoration; and 24 were infants who had been born in the institution. This leaves 85 females and 75 males who have been placed for supervision.

This group of 160 persons placed for supervision is composed of some low grade persons, some older ones who are not serious problems, a few higher grade school children, and a number of other high grade adults, either married or in their younger years. A number of these latter at some time had had an operation for sterilization, but it is interesting to note that

of this group 5 males and 19 females were placed who were not sterile. Of these 24, two females and one male have been restored to capacity on petition of the Director of Public Institutions, two females have been returned due to lack of community adjustment (one illegitimately pregnant) and the others are still under supervision.

The crowded condition of the institution at Faribault for the last six or eight years has meant that few persons have been accepted for care other than emergencies because of physical needs or delinquency. This means long or indefinite institutionalization is indicated in many cases and accounts at least to some extent for the decrease in such discharges. Mothers of the babies born in the institution have been given training in child care, and some of these, as well as some other higher grade wards, are remaining a longer time than would be advised if the shortage of trained nurses had not made operations for sterilization impossible even in those cases where it is recommended as very definitely an advisable part of any social planning. There are some, however, who should be out but for whom it will take time on the part of the social worker in the Bureau for Feeble-minded and Epileptic to plan with a welfare board, probably not in the home county. It has never been possible to plan as consistently for removal of epileptic persons as for the feeble-minded. The interest of the family is primary in planning for them outside. During the period of 1943-44, better economic conditions and greater possibilities for employment caused families to plan for a very high percent of those who can get on in their homes. They are in many instances still adjusting.

Interest in understanding the feeble-minded and a desire to help them and their families on an individual basis to adjust to normal community living has increased on the part of the welfare boards, but they still need much assistance, particularly as new social workers are employed. For this reason it seems if the department is to increase its efficiency in the coming biennium, there should be an increase in staff, and thus

It is recommended that at least one additional social worker competent to aid the counties in supervision be employed.

In closing I should like to express appreciation for the continued cooperation of the Probate Judges, the welfare boards, and Division of Social Welfare.

Especially do I wish to thank the Director and the Chief of the Mental Health Unit, as well as the staff of the Division of Public Institutions and superintendents and staffs of the institutions for their understanding and assistance.

Respectfully submitted,

MILDRED THOMSON

Head, Bureau for Feeble-minded & Epileptic

Tuberculosis Control Unit

To the Director, Division of Public Institutions:

Herewith is submitted the second biennial report for your consideration. During this period, the Tuberculosis Control work has been carried on with the cooperation of Doctor J. Arthur Myers of Minneapolis. From September 15, 1944 to January 1, 1946, while the writer was in the army, Doctor Myers made personal sacrifices to do the necessary work in the office and to visit institutions and isolation centers. To him is due a great deal of credit in carrying on the work both in the office and in the field.

The success of this control program depends upon the effectiveness of the following activities of which the program is composed:

- I. Bacteriological examination of pulmonary discharges.
- II. Tuberculin testing of all patients and employees.
- III. Routine x-rays of the chest.
- IV. Isolation center for the care of those who are shown by laboratory tests to be a danger to their associates.
- V. The office to be equipped to make full use of accumulating data in the development of future control measures.

The laboratory work involved is shown in the following table. Specimens of sputum and gastric lavage are obtained by the hospital staff and sent to the State Board of Health Laboratory, University Campus, for examination. The numbers indicate the great load of work put upon the laboratory in order to carry out their part of the control program. They do not show, however, the need of bacteriological research in order to reduce the time element between the specimen and its report. Such a table does not show how bacteriological reports of sputum can be changed as a result of research from a relatively positive or negative finding to a matter of actual certainty. The eventual and complete control of tuberculosis will be realized when we have further improved these control factors. The institutional control program must make an important contribution in the bacteriological control of tuberculosis since the institution is even more dependent upon the laboratory than is the control program in the state as a whole.