

55-CHS - DPW  
State Inst. Gen-SuperMtns

HOSPITAL SUPERINTENDENTS' MEETING  
Cambridge State School and Hospital  
Cambridge, Minnesota  
10 a.m. December 28, 1955

1. Consideration of the Minutes of the November 28th Meeting.

The minutes of the November 28th meeting were approved.

2. Hemispherectomy.

Dr. Gully, superintendent of the Cambridge State School and Hospital, introduced Dr. L. A. French who made a presentation of his work on cerebral hemispherectomy for control of intractable convulsive seizures.

Dr. French, in the beginning of his presentation, expressed his appreciation to Dr. Gully and staff members as well as the central office of the Department of Public Welfare for their cooperation in making this study possible. Nine patients were operated upon and the cost of this care was shared by the Department of Public Welfare, plus a federal grant.

The age of the patients in this study varied from 13 to 38 years. At the time of operation they had been institutionalized for periods varying from 6 to 17 years. Dr. French commented on the fact that the long institutional care of these patients made available very important data; that is, the number of observed seizures within each 24 hour period for many years and the kind and quantity of anti-convulsive drugs given during this period. He mentioned that this type of information is not commonly available in a study of seizures because the data is usually obtained from the patient, a relative, or a friend and represents a rough approximation of what actually exists and may be grossly misleading.

The main criteria used in the selection of these patients were that they must have had a hemiparesis since infancy or early childhood and also grand mal seizures uncontrolled by what is generally considered adequate anticonvulsive medication.

Combined with the informational data, pre-operative studies were also done on all patients. They consisted of electroencephalograms, pneumoencephalograms, carotid angiograms and an extensive battery of psychological tests.

All patients were operated upon under pentathol curare nitrous-oxide oxygen anesthesia. A large craniotomy flap was turned to expose a maximum of the cerebral cortex and the hemisphere was then excised, following a cortical electrogram.

All patients, except a man with a glioma, had had seizures since infancy or childhood. With the exception of this one patient, all others

had uncontrollable seizures that made institutionalization necessary. Dr. French mentioned that the post-operative follow-up on these nine patients now ranges from 7 to 57 months. Of the nine patients, eight have had excellent results so far. Four of the patients have no seizures of any kind and are on no medication. Three others have had one seizure each, all occurring in the first few months post-operatively.

There were no operative deaths in this one series of nine cases. One patient died of diphtheria thirteen and one-half months post-operatively. Dr. French felt that the results of these nine cases of cerebral hemispherectomies for intractable seizures has been very gratifying as eight of the nine patients have been, for practical purposes, completely relieved of their seizures for periods of 6 to 57 months.

The pre-existing neurological deficits have not been exaggerated and in at least one case there is a definite improvement. According to psychometric evaluation no patient has had his intellect reduced and several have shown a definite improvement in their personality adjustment.

### 3. Tour of New Facilities

The meetings were held in the new building for boys and all in attendance were able to see the new facility.

### 4. Legislative Proposals

A list of proposed legislation was presented to the superintendents and their comments were invited.

1. Collections for cost of care for the mentally ill. They approved of submitting the same bill that was presented in the last Legislative Session on collections for cost of care for the mentally ill.
2. Collections for cost of care for mentally deficient. The superintendents approved of submitting the same bill that was presented in this area of care at the last Legislative Session. (The collections bill for the mentally retarded should be separated from that for the mentally ill).
3. The 1955 Session of the Legislature made funds available for the construction of a Security Unit at Anoka State Hospital. It was suggested that an appropriation for staffing and operating this Unit be made in the next Legislative Session.
4. It was suggested that we set up the Unit for the TB recalcitrants on a per diem rate comparable to that of the Minnesota State Sanatorium. Mr. Cashman will develop a cost accounting in this area.
5. Dr. Callahan recommended that a law be passed advocating the conversion of county sanatoria of less than 100 beds to some other purpose or to close by January 1, 1959.

This question will be discussed at the next cabinet meeting to find out what the agency policy is in this regard.

6. It has been recommended that an enabling act be passed, broad enough in scope to continue operation of the State Sanatorium as a treatment institution for tuberculosis as well as any other type of chronic case that the Commissioner of Public Welfare considers advisable.

It was suggested that as long as the Commissioner of Public Welfare has transfer powers between the institutions under his jurisdiction that it might not be wise to place this proposal before the legislative body. It was felt unwise to seek authority to treat new categories of patients in existing hospitals.

7. Change of name for A.D.I. It was agreed that efforts should be made to change the name of the Asylum for the Dangerously Insane. Dr. Grimes will collect ideas and suggestions as to a new name. It should be continued as a separate unit from the St. Peter State Hospital.
8. Revision of Commitment Laws. There was a question of the clarification of the use of a hold order. It was the opinion of some that a hold order was meant for private hospitals and not for the state hospitals and that legally the superintendents can refuse a patient on a hold order. However, it was mentioned that it would be poor policy to refuse admittance if the patient was in apparent need of hospitalization. There was a division of opinion on the usefulness of and need for hold orders. Several other items were suggested for exploration, i.e., the use of the sheriff to bring patients to the hospital, and the feasibility of holding commitment hearings at the hospital.
9. Screening Committee on Mental Health. It was decided to ask to have this law repealed.
10. Interstate Compact for Mentally Ill Patients. It was suggested that authorization be given to the Governor to enter into agreement with other states, which agreement would virtually have the effect of abolishing resident requirements for those non-resident patients of other states. Mr. Lord will be attending the Council of State Governments and can review this situation with representatives from other states.
11. Facility for Severely Disturbed and Psychotic Children. There was agreement that such a facility should be established.
12. Local Chronic Care Facilities. In view of the fact that other organizations and individuals are requesting legislation to enable the state to construct facilities for chronic care, it was decided that it would be better for us to support any legislation proposed instead of initiating any bills in this area.

13. Sex Offenders. Under laws of 1939, Chapter 369, psychopathic personalities who are habitual sex offenders are committed which results in almost permanent confinement. In 1953, Chapter 673 establishes a 60-day period of observance for sex deviates. They are placed in custody of the Commissioner who may designate any hospital for this observation period. Of the approximately 50 patients referred under this law, so far no one has been held for continued hospitalization. It was felt that this type of patient could easily be handled by the Judge and the probation agent. Dr. Grimes is going to prepare a report on the patients that he has had so far under this law and will also draft a copy of the revision of both Chapter 673, laws of 1953, and Chapter 369, laws of 1939, relating to the sexual psychopath.
14. Insurance and Part Pay at Gillette. There was discussion as to whether or not Gillette State Hospital could accept part pay or full pay patients as well as insurance payments. A survey will be made at Gillette State Hospital to see how many of the patients who are in now have some type of insurance. There was discussion as to using insurance in the mental hospitals and the question arose as to the membership in the Blue Cross. It was brought out that the Blue Cross will pay directly to individual members if that member is in a non-member hospital. Fergus Falls State Hospital will explore the possibility of using Blue Cross funds in a mental hospital.
15. Blind Stands Operated in Mental Hospitals. There was discussion as to whether or not the law regarding blind stands in public institutions could be changed so that the mental hospitals would be exempt from having the stands. There was discussion as to the difficulty in operating the blind stands in a mental hospital setting.
16. The question was raised as to whether or not the unit now designated as A.D.D. at St. Cloud should be a separate unit of A.D.D. at the State Prison for older men. Before any legislation is contemplated, Miss Thomson was asked to check into the number now present at A.D.D. and Dr. Grimes will report on the number at A.D.I.
17. New Pay Ranges for Professional Classes. It was felt that it was appropriate to draft legislation concerning an upgrading of salaries for the various professional classes in the mental health program.
18. Out-patient Grant-in-Aid Program. The program for grant-in-aid for community services was outlined and there was agreement that this should be a matter that would be placed before the next legislative session for action on their part and appropriate appropriations.
19. Architectural Study. There was discussion on the need for an architectural survey to be made of the institutional facilities

with the view in mind that each existing facility should be built up to or down to a bed capacity of approximately 2,000. This expansion or retraction would necessarily be dependent upon the physical facilities now available. It was envisioned that an increase of about 900 beds would bring the present bed capacity up to approximately 14,000 without overcrowding, at a cost of about \$41,000,000.00. It was proposed and agreed to that in the next legislative session we would ask for approximately 2% of the total cost for survey purposes and this 2% would come out of the 6% normally granted to the architects for their planning.

#### 5. Policy on Admission of Voluntary Patients.

There was a discussion as to whether or not there was a general over-all uniform procedure for the admission of voluntary patients. It was decided that the following criteria were to be used in the acceptance of voluntary admittances: (1) two years state residence, (2) the patient must have sufficient insight into his condition to be willing to sign as a voluntary patient, (3) need for treatment, (4) availability of beds and (5) residence in the receiving district of the hospital.

#### 6. Budget Process.

Mr. Chapado discussed various bulletins that were sent out concerning the building of the 1957-58 request for appropriations. Mr. Chapado said that he understood that the entire budget for all departments, which would be presented by the Governor, would be an executive budget. Consequently, he urged very careful planning and examination of the needs in each institution.

Mr. Chapado sent out information in Bulletin No. #1 concerning the dates of the budget calendar, the request for type of report and the date due in the central office. He also mentioned that he may have to change the calendar that he had sent out November 9th and make several adjustments. Bulletin No. #1 contained the profile outline of special repair projects, construction and improvements. On November 18, Mr. Holtan sent out Bulletin No. #2, which gave an outline of the needed repairs and maintenance. This survey should be done by listing the needed repairs for each building and totaling up the work sheets for an over-all figure.

Bulletin No. #3 sent out on the 14th of December gave forms and illustrations of the manner in which to present biennial requests for personnel. The question was raised as to what would be the goal for personnel and it was brought out that the first budget request prepared for the present biennium, if granted, would have resulted in an over-all budget increase for personnel of approximately 10% to 15%. It was agreed that the increases in personnel contained in that request were realistic in terms of recruitment prospects and budget increase. Therefore, the superintendents were asked to use that budget as a guide.

#### 7. Building Needs

Mr. Chapado mentioned that due to the fact that Dr. Petersen at

Rochester State Hospital had a plan covering a five-year period for the replacement of old buildings and the erection of new facilities, he was able to put his building program into effect. He thought that the next Legislative Session might well give an appropriation for the architectural survey which is going to be proposed so that on a long term planning program, facilities that are obsolete and beyond repair can be demolished and new facilities built.

8. Availability of Phenergan.

It was announced that substantial amounts of this tranquilizing agent may be available to the institutions for clinical trial. However, the drugs will not be sent unless an approved research protocol is furnished. Drs. Petersen and Grimes would be interested in developing a protocol for the use of these drugs.

9. Availability of Consultation on Laboratory Service.

Dr. Evans of the University of Minnesota had consented to come to two or three hospitals with a technician on a consultative basis. The technician will meet with the laboratory personnel to discuss their present procedures and needs for technical assistance. Dr. Evans will discuss, with the superintendent, the relationship between the staff, physicians, and the laboratory and how they are used. The three hospitals that Dr. Evans will visit will be Hastings, Anoka and Willmar State Hospitals. Following Dr. Evans' visit to these three institutions, he will make available a report on the quality of the laboratory services now being provided and any suggestions and recommendations for the improvement of these services.

10. Patients in Mental Hospitals Who Might Well be Cared for in Nursing Homes.

In view of the fact that the next Legislature probably will consider proposed legislation to supply matching funds for the construction of nursing homes, this agency may well be asked to give an estimate of the number of patients in the mental hospitals who could be as well cared for in nursing homes or foster or boarding homes.

The superintendents were asked to look at their present population carefully and note within the coming three weeks the number of patients by county who could be cared for in a nursing home or placed in a foster or boarding home if such could be found. In deciding on the suitability of the patients for nursing, foster or boarding home care, attention should be given to such factors as ability to walk, need for bed care, presence of incontinence, need for spoon feeding and need for security measures.

11. Other Business.

1. Purchase of Thorazine.

Smith, Kline and French Laboratories promised the Purchasing Department that they would give us a discount on the purchase of

Thorazine and that the Purchasing Department could work directly through their company without going through a middle man, thus saving the state a certain percentage on the retail price. However, the company has now refused to give a discount on single small requisitions. In order to obtain the discount, the superintendents were asked to anticipate their Thorazine drug needs for the 3rd and 4th quarters and send in a requisition so that all requisitions can be sent over as one request in order to obtain the discount.

2. Psychiatric Aide Training Program.

There was a discussion as to the training plan and proposal which had been presented for psychiatric aides. After this proposal has been cleared through Civil Service it will be presented to the superintendents and discussed at a future meeting.

3. Research Design for 1956-57.

The form for this was sent to all superintendents and they were asked to return their research requests to the central office the last week in March.

12. Determination of Next Meeting Place and Date.

The next meeting of the superintendents will be held at Hastings State Hospital, starting at 10 a.m., on February 3, 1956.

13. Adjournment.

The meeting adjourned at 4:30 p.m.