

55-PCF-DPW
State Inst. Gen. S. pr. Report

JOINT MEETING OF THE HOSPITAL SUPERINTENDENTS'
and the
MENTAL HEALTH MEDICAL POLICY COMMITTEE
FARIBAULT STATE SCHOOL AND HOSPITAL
FARIBAULT, MINNESOTA
10 A.M., APRIL 25, 1955

Dr. Engberg greeted the group and gave a brief history on the care given to the mentally retarded at Faribault State School and Hospital. He mentioned that Dr. H. A. Burns made a complete Mantoux survey in 1934 and repeated it in 1943. The entire institution was also surveyed in 1947 when 21 active cases of tuberculosis were found. The tuberculosis control program at the present includes two chest x-ray surveys a year by the mobile unit, plus isolation and treatment of the positive cases. All contact cases are followed for a two year period. An annual Mantoux survey is made. Dr. Engberg brought out the fact that in a population of over 3,000, they have 2,000 negative reactors.

Dr. Engberg pointed out that at one time they had a great deal of difficulty with diphtheria carriers. At one time they had 100 patients and two employees with positive nose and throat cultures. They carry on an intensive immunization program for patients and all employees.

Dr. Bruhl presented cases which demonstrated the various types of patients being cared for in the Faribault State School and Hospital.

The first patient presented was a middle-aged woman who had fractured her hip. She had had surgery using a pin which did not hold and was associated with some bone destruction. She later had surgery with the insertion of a plastic cap. The results are very satisfactory and she walks with only a very slight limp. This is one of the first cases in which this method was used. This surgery was done at Rochester State Hospital.

Dr. Bruhl mentioned that in the matter of cataracts Rochester State Hospital was most cooperative. The past practice has been to send the patients needing eye surgery to Rochester State Hospital but the present practice is for a resident to come to the Faribault State School and Hospital and screen any patients who are prospects for eye surgery. This facilitates the program greatly.

A group of patients were brought in, all of whom were of the moron, imbecile, idiot and mongoloid type. They were representative of the 607 patients in the total population who have a familial background in the above categories.

One case was presented where the patient was mentally deficient due to tuberculous meningitis. The onset of the disease was at two and a half years and the child now is blind, deaf, and has cerebral palsy.

A boy was presented who had been normal up to eleven years of age when he developed encephalitis due to infectious mononucleosis. At the time of admission in 1952, he was blind, deaf, extremely retarded, and hyperactive.

Since 1953, there has been gradual improvement and at present his vision and hearing are returning. He remembers everything up to the time he became ill and can answer all questions up to the 6th grade level, and is now being re-educated to cover that period when he was ill. It was agreed that further study and EEG's will be made at Rochester State Hospital.

Three patients were presented who had normal development up to two or three years and then showed signs of mental retardation, as a result of a prenatal rubella syndrome. The patients bizarre behavior and hyperactivity can be controlled by Serpasil. It was brought out that if the mother developed German measles during different periods of pregnancy that different anomalies are likely to result.

There were four cases of congenital toxoplasmosis presented and various types of microcephalic patients. There were identical microcephalic twins in the presentation who are 52 years old and have spent most of their lives at the Faribault State School and Hospital. They present a classic example of this type of deformity.

Three cases of retrolental fibroplasia associated with mental deficiency were presented. All were premature and had had high oxygen concentration while maintained in incubators. Recent studies indicate that if the oxygen concentration is held at or below 38%, retrolental fibroplasia does not occur.

Three cases of tuberous sclerosis were presented. These cases have facial deformities, epilepsy, mentally defective and show peculiar cyst formations on the phalanges.

One case of Struge-Heber-Naevroid amentia was shown. This patient had a nevus covering one side of her face, has Jacksonian type epilepsy. The life expectancy of this type of patient averages about 15 years.

A joint meeting of the Mental Health Medical Policy Committee and hospital superintendents was held at 1:30 P.M., April 25, 1955, at the Faribault State School and Hospital, Faribault, Minnesota.

1. Consideration of Minutes

The minutes of the superintendents' meeting March 25, 1955, were approved.

2. Faribault State School and Hospital Program

The presentation of patients with unusual types of mental deficiency was made in the morning by Dr. Engberg, Dr. Bruhl and the staff at that institution. The case presentation is described above.

3. Reports

a. Legislation

Dr. Cameron reported on the following bills and the status of them at the moment.

1. Provisional Discharge of the Mentally Ill.

Amends 1953 Legislation and removed requirement that patient be physically returned to committing court 60 days after commitment if, in the opinion of the superintendent, there is no need for further hospitalization; permits the use of provisional discharge during the 60 day period following commitment; clarifies the patient's status upon discharge, but retains the requirement to report to the committing court.

Signed into law April 19, 1955. Chapter 529.

2. Restoration to Capacity of Discharged Mentally Ill.

Clarifies patient's status when he is discharged from provisional discharge or extended provisional discharge by having the discharge restore the patient to capacity.

Signed into law April 7, 1955. Chapter 384.

3. Provisional Employment in Institutions Beyond 12 Months.

Allows for extended provisional status for certain professional people, particularly for research workers, beyond the presently allowed 12 months.

Became law April 21, 1955. Chapter 654.

✓ 4. Surgical Operations Consent.

Eliminates the cumbersome requirement of outside consultation and approval by the Commissioner of the Department of Public Welfare for surgical operations on patients in state hospitals.

Signed into law April 19, 1955. Chapter 532.

✓ 5. Transfers of Dangerous Patients.

Makes permissive instead of mandatory the requirement that hospital patients with homicidal tendencies or under sentence or information be transferred to the Asylum for the Dangerously Insane.

Signed into law April 15, 1955. Chapter 454.

6. Training in Mental Health.

Modified the civil service leave of absence limitations of one year to permit psychiatric residency training up to 5 years.

Signed into law April 19, 1955. Chapter 533.

7. Inebriates at Sandstone State Hospital.

Authorizes establishment of a 30 bed unit in the hospital for the care and treatment of inebriates. Formerly the unit at Willmar was the only state resource of this kind.

Signed into law March 4, 1955. Chapter 102.

8. Mental Health Discharge; Notification to Counties.

Removes the requirement of mandatory one week advance notice to the county welfare boards of discharge of a patient from a mental hospital. Former requirement would result in delaying some releases from the hospital despite obvious intent of 1953 legislature to expedite and accelerate release of patients with county welfare board help.

Signed into law February 28, 1955. Chapter 78.

9. Mental Health Policy Committee.

Changes the number of meetings of the medical policy directional committee to six a year and identifies the medical director as the chief executive officer of the Department of Public Welfare medical program.

Signed into law April 19, 1955. Chapter 528.

10. Chapter 732, Laws of 1953, needs repealing and a new law substituted. Attorney General gave an opinion to the effect that, if tested in the courts, Chapter 732 would be found unconstitutional. Basic principles involved in proposed collection law were: mental hospitals are now treatment institutions and therefore the responsibility for costs of care should be first on the patient or his estate, secondly on his responsible relatives according to their ability to pay, and thirdly the joint responsibility of the state and counties. Administration of the collections system would be through the county welfare boards with provision for uniform rules and regulations and appeal to the state agency and courts from local determination of ability to pay.

Failed to pass.

11. Hospital Superintendents Pay Bill.

Provides for the appointment and removal of institution superintendents to be done with the advice of the medical policy directional committee. Permits commissioner to set individual salaries of these superintendents within a set maximum. Formerly these salaries were set by the legislature.

Signed into law April 23, 1955. Chapter 746.

12. New Pay Range.

A new range entitled range A, B and C was proposed over and above the Civil Service range of 1 to 38 which provides in range A a minimum of \$10,000 to \$13,000, range B \$12,000 to \$15,000, range C \$14,000 to \$18,000. These three ranges would affect clinical directors and directors of medical specialties of various kinds within the state mental hospitals.

Failed to pass.

b. Appropriations

The Legislature appropriated \$14,439,102.35 for institutional buildings in the welfare department.

See Min. Reg.?
This includes a treatment building at Rochester State Hospital; new administration building, activities building, and dormitories at Faribault State School and Hospital; new service buildings at Anoka and Willmar; the construction of an administration building at Brainerd for the mentally deficient (as the first unit of an institution with a 2,000-bed capacity); a 500-bed addition at the Cambridge State School and Hospital; and an activities building for the Braille and Sight Saving School.

The Legislature also re-appropriated funds to construct a new Children's Center at a site to be designated by the Commissioner of Administration.

✓ c. Volunteer Services Advisory Committee

Mrs. Karlins explained that a Volunteer Services Advisory Committee had been established, composed of fifteen members representing various areas of interest in the mental health program. They have had two meetings and have established two sub-committees for the purpose of working out methods of how to screen volunteers and how to recruit. A pamphlet on volunteer services is planned in the very near future. The Committee members showed a great deal of interest and enthusiasm in serving in this capacity and Mrs. Karlins is very hopeful that this Committee will do much to strengthen the volunteer services program in the state hospital system.

✓ d. Congenital Heart Defect Program

The members of the joint meeting were informed on recent developments in establishing a regional center at the University of Minnesota Variety Heart Hospital for a program of surgery for patients with congenital heart defects. Four such centers have been established throughout the United States and this will be the fifth center. The center will serve congenital heart cases needing surgery on a regional basis. A separate grant of approximately \$25,000 will be made to the Crippled Children Services to carry on this program for out-of-state children.

e. Visit to National Institute of Mental Health

Dr. Critchfield reported on his recent visit to the National Institute of Mental Health and commented that Drs. Felix and Southard were most cordial. He met the medical staff of the Center and discussed some of the problems in establishing a unit or building for emotionally disturbed and psychotic children. It was the opinion of the staff at the Institute that the type of children now cared for at the Children's Center should be kept separate from the more severely disturbed and psychotic child.

✓ 4. Free Burial of Bodies of Unclaimed Jewish Patients.

A situation arose at one of the hospitals where upon the death of a Jewish patient two names were given on the card for notification of death. The second name was called, that of a person of the Free Burial Society of Minneapolis, who picked up the body and made arrangements for burial. If, in the records of Jewish patients, the name of Mr. Goldstein of the Free Burial Service appears, this record should be tabbed and the superintendent notified before Mr. Goldstein is called.

5. Leave Policy.

The question arose as to the policy for annual leave for the superintendents and whether or not a personal record is kept on their leave. It was decided that each superintendent should keep a record of his own leave and notify central office if gone for more than three days. It was recommended that one full month's leave per year be allowed with the provision for accumulation of not to exceed a two months leave. A policy concerning superintendents' leave will be sent out from the central office shortly.

6. Meeting with Clinic Personnel

It was thought desirable that a joint meeting of hospital superintendents and clinic personnel be held to discuss hospital-clinic-county welfare board relationships. It was decided to hold such a meeting with the superintendents at the next superintendents' meeting which will be held at Rochester State Hospital on May 27, 1955. The medical presentation in the morning will consist of discussions and demonstrations of Deep EEG and the clinic policies can be discussed in the afternoon meeting.

✓ 7. Proposed Health Department "Hospital Regulations".

A public hearing is to be held on the proposed State Department of Health hospital regulations on May 2, 1955, at 10 A.M., at the State Office Building. There will be a discussion of the regulations as they pertain to the mental hospitals.

Each superintendent had received a copy of the regulations and some superintendents had compared the proposed bed space with what they had in use. This raised a question as to whether or not we as an agency would object or go along with the rules and regulations. It was brought out

that members of the committee realized that the regulations as established were unrealistic but they were standards that we should strive to reach. Attention was called to the use of the term "feeble-minded" in rules and regulations. The superintendents agreed that we should not place patients in those areas the State Board of Health have condemned.

✓ 8. Review of a Survey of the Mentally Deficient Patients in Mental Hospitals.

Mr. Angster and Mr. Feider reviewed those cases who had been committed originally as mentally deficient and were later placed in a mental hospital for one reason or another. At the present there is a total of 525 who were committed as mentally deficient and who are now in the mental hospitals. Of that number, 30 were reported as dead and the Division of Child Welfare and Guardianship had not been informed.

In order to have current information on the movement of these patients, it was suggested that the record room flag those records which were originally Schedule C commitments, so that in the case of transfer or discharge, the Division of Child Welfare and Guardianship can be informed and be aware of plans being made for the mentally deficient patient.

Mr. Angster said that a review of the waiting list was made every six months and that over and above the 800 persons now on the waiting list, there are 3,000 cases committed who are either placed in foster homes or being cared for at home.

9. Other Business.

- ✓ a. A bulletin was sent out from the State Board of Health discouraging routine serological testing for V.D. on admission. However this obtains only in general hospitals and even though the yield is small, the procedure and practice should continue in the mental hospitals.

✓ b. Incontinent Pads

It was brought to our attention by the purchasing department that various incontinent pads were ordered from the hospitals. Miss Crawford made a survey of the different types used and it was the general opinion that the best type for the money was a disposapad put out by the Aloe Company. The superintendents agreed to specify this type of pad in their next order.

c. Availability of Social Worker students

Three social worker students are available to be employed.

William Pappas is now signed up for Fergus Falls State Hospital. There is a question of his classification - his training is satisfactory but he has had no supervisory experience.

d. Job Classification Study

Dr. Sommerness and Dr. Lazarte will collaborate on revising the physicians job specifications for mental hospitals. Superintendents of other hospitals were asked to review the specifications at their hospital and forward their comments to Dr. Cameron so they can be considered along with the material being prepared by Drs. Sommerness and Lazarte.

✓ e. Nursing Consultation

A letter was read from Dr. Blaine from the American Psychiatric Association concerning the continuing use of the psychiatric nursing consultant. A proposal was made that if we wish to continue this consultant service that each hospital would pay \$25 or \$50 toward the support of the consultant. Dr. Cameron will check on the A.P.A. proposal at the annual meeting.

10. Determination of Next Meeting Place and Date.

The next superintendents' meeting will be held May 27, 1955 at the Rochester State Hospital in conjunction with the clinic personnel.

11. Adjournment.

The meeting adjourned at 5 P.M.

Cases shown at clinic

by Dr. Buehl

4-25-55

- I. Childhood schizophrenia 3 cases
- II. Mental deficiency -
 post-encephalitis - 1 case
 post-tubercular meningitis - 1 case
- III. Congenital Toxoplasmosis 4 cases
- IV. Prenatal rubella syndrome - 3 cases
- V. Kernicterus cases - 5 "
- VI. Retro-lental Fibroplasia - 3 "
- VII. Tuberculous sclerosis - 3 "
- VIII. Sturge-Weber - neurofibromatosis - 1 case
- IX. Brain tumor idiocy (juvenile type) - 1 "
- X. Phenyl-pyruvic oligophrenia - 3 "
- XI. Mongoloid idiocy - 6 "
- XII. Microcephalic twins - 2 "

Minnesota School and Colony
Faribault, Minnesota

Mrs. Constance Carlgren, Assistant
Director of Medical Services

April 26, 1955

Dr. E. J. Engberg, Superintendent

The following are the case presentations made by Dr. Bruhl at the combined meeting of the Superintendents and the Mental Health Medical Policy Committee:

Childhood Schizophrenia	3 cases
Mental Deficiency	
Post-encephalitic	1 case
Post-tuberculous meningitis	1 case
Congenital Toxoplasmosis	4 cases
Prenatal rubella syndrome	3 cases
Kernicterus	5 cases
Retrolental Fibroplasia	3 cases
Tuberous Sclerosis	3 cases
Sturge-Weber-Haeyoid amentia	1 case
Amaurotic idiocy (Juvenile type)	1 case
Phenyl-pyruvic oligophrenia	3 cases
Hungelism	6 cases
Microcephalic twins	1 pair

EJE:gb