

Torry, Torson, Thauwald, Truwe, Umland, Wallace, Weston, Wethern, Wilkinson, Winston.

So the bill passed and its title was agreed to.

ORDERED PRINTED.

Mr. Umland moved that the Clerk be instructed to have printed the usual number of copies of H. F. No. 676 and that when so printed the bill be placed in the files of the members.

The question being taken on the motion,
And the roll being called there were yeas 64, and nays none, as follows:

Those who voted in the affirmative were:

Messrs. Ahlstrom, Argetsinger, Babcock, Benolken, Boutwell, Davis, Dealy, Donohue, Dwinnell, Elwell, Emerson, Estby, Feeney, Ferris, Fosnes, Foss, Galt, Goodspeed, Grass, Grondahl, Heimerdinger, Holm, Lampe, Laybourn, Lommen, Lydiard, Lynds, Mallory, Medcraft, Miller, Munger, Nelson N. C., Nelson N. O., Nelson W., Neubauer, O'Connor, Ojen, Olson C. O. A., Olsson P., O'Neill, Pederson K., Peterson G., Plowman, Pugh, Riley, Roberts, Sander, Schutz, Scribner, Selby, Sloan, Staples, Stivers, Torson, Thauwald, Truwe, Umland, Von der Weyer, Wallace, Weston, Wethern, Wilkinson, Winston, Yale.

So the motion prevailed.

EXECUTIVE COMMUNICATION.

The following communication was received from His Excellency, the Governor:

STATE OF MINNESOTA,
EXECUTIVE DEPARTMENT,
St. PAUL, April 7, 1899. }

Hon. A. N. Dare, Speaker House of Representatives:

Sir:—The problem of caring for our insane population has so long been the subject of searching official inquiry and public discussion in this state, and the data deducible from experience and observation in other states are so complete, that certain propositions bearing upon the subject appear established beyond controversy. They are:

First. That for the purpose of intelligent treatment as well as custodial care, the insane may be divided into two general classes—the acute and the chronic insane. As to the relative number of each, the Trustees say in their last report (p. 10, Tenth Biennial Report), “During the past two years there have been 1545 admissions. About forty per cent of the admissions either die or are

discharged during the first two years, cured or improved; the rest become in time what are known as chronic cases. It will be seen from this that most of the patients in our hospitals are permanent or chronic cases."

Second. That those suffering from the disease in the acute stages require treatment in well equipped hospitals for that purpose, which afford the best medical skill and where the patients can receive expert care.

Our present hospitals meet these requirements in all respects and have ample facilities for caring for double their present population of acute insane, if relieved of the custodial care of the chronic insane.

Third. In the case of the chronic insane, the disease does not respond to medical treatment. They require custodial care and can be benefitted only under conditions that afford abundant outdoor exercise, liberty and suitable employment. Under such conditions they sometimes recover, though rarely, but are comfortable and comparatively contented. They need only such occasional medical care as is required by other persons of like age and are largely self-supporting if afforded opportunity. A hospital is neither a suitable nor an economical establishment for their condition. To congregate them in large numbers in the same institution, as has been done in Pennsylvania, has proven utterly destructive of such intelligence and power of self-assistance as they possessed, whereas in Michigan, under the colony system, and in Wisconsin, under the county plan, where the number rarely exceeds two hundred in the same place, the best results have been attained. Under our system of maintaining them in hospitals it costs \$3.11 per capita per week, in Wisconsin the average is \$1.70.

Pursuant to a joint resolution adopted by the Legislature of this state on the 19th day of April, 1897, the board of corrections and charities, composed of able and eminent citizens, investigated the Wisconsin county system last year and unanimously recommended its adoption in this state, urging it both on the grounds of humanity and economy.

The Hospital Board of Trustees also made a special investigation of the subject of the care of the chronic insane. They pronounce against the hospital plan for their maintenance, and advocate the so-called colony system. They say of the latter: "It is the true solution of the problem to add to our present accommodations by purchasing farms and erecting buildings within short distances from the hospitals already built and under the general management of the same staff of officers. This will save much cost in administration, and is, no doubt, the best and most economical method that can be adopted."

To summarize:

To maintain the chronic insane in large numbers in hospitals is neither humane nor economical.

We already have hospital capacity for double the population of acute insane that we now have.

The state only requires additional accommodations for the chronic insane, and this requirement can be met to the best advantage to that class and with the greatest economy to the state by adopting either the county plan or the colony system.

Notwithstanding these facts, the present bill proposes that the state build and equip two additional hospitals, the first one at an immediate expense of one quarter of a million dollars. It seems to me that unhampered by inconsiderate action of former legislatures, such a proposition would not have been seriously entertained by the present legislature.

The citizens of Anoka (and I presume likewise of Hastings), claim that on the strength of former legislative action, they have in good faith expended upwards of \$10,000 toward securing the site for the proposed hospital at a price within the limits fixed by the act providing for its acquisition and they argue strenuously that on that account the state is morally bound to erect a hospital.

That they are entitled to be reimbursed their actual outlay in this matter is readily granted, but that by reason of a legislative mistake the state should be bound to adopt a system for the maintenance of the dependent class referred to that does not commend itself to the judgment of those charged by law with their care, and that appears to me against the interest of the public, is not conceded. As the interest of the individual must yield to that of society when the general welfare demands, so here the claims of this community must yield to the higher interests of the public.

If this bill had been so drawn that it would be possible for the board of hospital trustees to establish asylums for the care of the chronic insane under its provisions if it became a law, then I should have signed it, notwithstanding my convictions as expressed in my message, but it is in such form that the board will be compelled to build and maintain hospitals—one at Anoka to be erected forthwith, and later an additional one at Hastings. Section five of the bill prescribes as the first duty of the board of trustees that they shall construct an "Administration Building," with a detention ward. This would not be required for an asylum. This alone would entail a first outlay of not less than \$50,000 to \$75,000, besides the burden of annual appropriations for maintenance.

Section 6 provides: "The said district hospitals for the insane shall be subject to and governed by all the laws of the state of Minnesota relating to the management, government, supervision and control of state hospitals for the insane."

Paragraph 3452 of the General Statutes of 1894, which prescribes the duties of the trustees with reference to the present hospitals, provides: "They (the trustees) shall appoint for each hospital a medical superintendent and assistant medical superintendent, who shall be well educated and regular physicians; a steward or accounting officer; such assistant physicians as in their judgment are necessary, and such other officers as they may deem necessary for the welfare of the hospitals."

These provisions are plain and imperative. There are no qualifications, and no escape from them. The administrative expenses in each of the other hospitals under this provision exceed ten thousand dollars a year in each hospital, and would aggregate not less than \$18,000 per annum in the two proposed hospitals. In view of the fact that we now have more hospital room and facilities than we need, and that it is only asylum accommodations that we require, it seems to me that to burden the tax payers with such largely unnecessary charges would be little less than wanton.

For these reasons, I cannot give my consent to the bill and I therefore herewith return H. F. No. 260 to the House of Representatives without my approval.

Very respectfully,

JOHN LIND,
Governor.

Mr. Staples moved that the communication and H. F. No. 260 lie on the table.

Which motion prevailed.

THIRD READING OF SENATE BILLS

S. F. No. 101, A bill for an act to license and regulate the business of commission merchants or persons selling agricultural products and farm produce on commission and require them to give a bond to the State of Minnesota for the benefit of their consignors and prescribing a penalty for the violation of any of the provisions of this act,

Was read the third time and put upon final passage.

Mr. Fosnes, supported by ten members, moved a call of the House.

The roll being called, the following members answered to their names: