1944

Report of the Committee on Real Estate--Torrens Law--Title Insurance/Report of Committee to Study Facilities of State Institutions

Minn. L. Rev. Editorial Board

REPORT OF THE COMMITTEE ON REAL ESTATE—TORRENS LAW—TITLE INSURANCE

To the Minnesota State Bar Association:

RECOMMENDATIONS

The committee recommends that there be further study of the Standards to be proposed for adoption before the association in 1945. Legislation and problems to be considered by the sub-committees of Torrens Law and Title Insurance should be further considered in the coming year. It is recommended that such of the committee as are available for service should be continued to carry out the work now before the committee.

REPORT

Your Committee reports as follows:

The committee has had several informal conferences of the committee members in the Twin City area, and by correspondence with those in other parts of the state.

The subcommittee on Minnesota Title Examination Standards furnished a speaker for discussion of the standards before the 18th District Bar Association at Anoka, Minnesota, and before the County Attorneys Association at their mid-winter meeting at the Nicollet Hotel, Minneapolis, Minnesota.

The Committee has received suggestions as to the work that the sub-committees of Torrens Law and Title Insurance may consider for the coming year.

Respectfully submitted,

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REPORT OF THE COMMITTEE TO STUDY FACILITIES OF STATE INSTITUTIONS

To the Minnesota State Bar Association:

RECOMMENDATIONS

Your committee recommends that the present commitment laws be supplemented to include a commitment for senility separate and apart from the commitment for insanity; that special cottages and facilities be provided at our State Hospitals to give special care and attention to those committed for senility, and that they be completely separate from those classified as insane; that buildings

be erected for the care of the feebleminded in the State, and that much more thorough examination and investigation be made before committing alleged feebleminded patients. It is suggested that local governing bodies and individuals who seek commitment to our State Institutions should pay the per capita cost of those committed.

REPORT

Recently a qualified public official issued a statement to the effect that too many old people, who are suffering with senility and with no advanced psychoses, are being classified as insane and being sent to State Insane Hospitals, there to live with insane people as one of them; that such treatment is a cruel shock to these old people, shortening their lives and placing a stigma of insanity on their relatives and particularly on their children.

This statement has aroused a great deal of public interest and your committee was appointed by the President of the State Bar Association to investigate this and other related problems.

Your committee has studied two questions.

First, should persons suffering from senility without advanced psychoses be committed without the stigma of insanity and placed in State Institutions separate and apart from the insane.

Second, what should be done to take care of the large number of persons in the State of Minnesota who are feebleminded and who are not now in State Institutions.

In making our study recognized psychiatrists were consulted by your committee and we received from them much necessary and scientific information.

The State Department of Public Institutions willingly furnished valuable suggestions and all the information that your committee requested and evinced a keen interest in a solution to the problems studied.

Moral considerations dictate that in proceedings for the commitment of persons or patients alleged to be insane to a State hospital, every protection and safeguard of the law for the security of every right of such person or patient should be strictly observed.

Our statute does not define insanity. It makes no provision for a classification into which would fit the helpless aged persons who form a part of the consideration of this report. The Probate Court is reluctant to find such a person insane because such judgment carries with it far-reaching results not only to the person directly affected, but to the members of his family. The effect is that many aged and helpless people, who are not insane, are often denied much needed care.

Senility creates in an individual a distinct helplessness, fatigue, depression and sense of futility. Such a person is in no physical condition or attitude of mind to struggle for his or her own comfort and welfare. There is rather an attitude of resignment with attendant suffering and gloom. Therefore it becomes the duty of the more fortunate to do all within reason to aid those who cannot help themselves.

Your committee from its studies has found that persons can suffer from senility attendant with little or no psychoses, while in other cases of senility there may be advanced psychoses. It seems unfair and unnecessary that those in the first category should be committed as insane. It is, however, necessary under existing laws that they be so committed if they are to be cared for in one of our Minnesota State Hospitals. In order to overcome this objection it is the committee's suggestion that the present commitment laws be supplemented so as to include a commitment for senility. This type of commitment would be analogous to similar ones on the statute books, such as for epilepsy, feeblemindedness, inebriety and constitutional psychopathic inferiority cases. These cases are all committable but the law does not require that they be classified and committed as insane.

From our medical research, we have found that the essential features

of senile psychoses, including those with arteriosclerosis, are a progressive impoverishment of mental resources and a gradual regression of the personality incident to an advancing dissolution of brain cells during the senile period. The transition from usual old age to senile dementia is ordinarily gradual, and any decision as to when the imaginary line is past must often be an arbitrary one. The signs of active psychosis in senile dementia and arteriosclerotic psychoses are in many cases clear-cut and unmistakable. When the person is psychotic he should be so labelled and subterfuges should be avoided. No good will come from trying to conceal the obvious. A certain number of borderline cases will be encountered, such as mild senile dementia and arteriosclerotic states. When an examining commission finds that a person does not fit into the moderate or severe senile dementias or arteriosclerotic psychoses, then he should be committed under the senility type of commitment. The law could so provide. Your committee refers any person or group considering such a law to Chapter 15 of "Modern Clinical Psychiatry," by Noyes, published by W. B. Saunders Company, Philadelphia, Pennsylvania.

Your committee further suggests that those committed for senility under such a law should be segrated from other inmates in our State Hospitals. It has been suggested to the committee by many that a separate institution should be built for that purpose. But after many interviews and after careful study and analysis, your committee believes that such a plan would not be advisable. For a long time .the inmates of our State Hospitals have been able to keep the per capita cost at a low figure by furnishing a large proportion of the labor needed at the institutions. The seniles can furnish little or no help and the other inmates have been able to supply the labor. If all of the seniles were placed in one central institution, there would be no labor furnished by the inmates and the per capita costs would be very high. Furthermore, if these old people were sent to a central institution, some citizens of this state would have to travel long distances to visit patients. Your committee would recommend that one or two cottages be built at several or all of our seven State Hospitals, and that they be set apart at some distance from the other buildings of the Hospitals to be used for the care of those committed for senility. These people should receive special attention throughout hospitalization with a maximum of nursing care and will require only limited medical supervision. These old people will then not be committed as insane and will be segregated from those so classified, and will have special facilities and personnel to take care of their special requirements.

The State well realizes the moral phases involved in this situation and its proper department is making concrete plans to make available at a number of State hospital sites suitable separate quarters for the care, maintenance and medical attention of this class of unfortunate persons and your committee respectfully submits its approval of this program.

Your committee has learned that our State feebleminded institutions are filled to capacity and that there is a six or seven year waiting list, and that many of those waiting are urgent cases. We have learned that many of the feebleminded who are not yet committed and not placed in the institutions are much more urgent cases than a large number that are already committed. Your committee recommends that more hospital facilities be provided by the State to care for the many urgent cases of feeblemindedness that cannot now be cared for. We also find that it has been and it is now too easy to commit for feeblemindedness and we believe from our study that laws and regulations should be changed so that it becomes more difficult to commit for feeblemindedness.

We urge that all alleged feebleminded persons be tested by experts especially trained at the University of Minnesota or some other institution of like standing, and that they receive two or three types of substantiating tests. In addition, social data on these cases should be verified with every possible precaution and should not be colored by the opinions of inexperienced social workers. These cases should be considered in the light of their social and industrial inadaptability prior to commitment as com-