2018

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The Mental Health Records of Progressivism from the

Oregon State Hospital

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History B.A. Capstone Practicum
History 499 / Spring 2018
Western Oregon University
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“The transforming quality of Progressive ideology brought a new orientation and design to the field of mental health”¹

Progressive ideologies toward mental health and society developed in the nineteenth and the twentieth centuries and influenced social constructs of culture, medicine, history and civil policy in Oregon. Progressives wanted to apply logic and reason to control all aspects of life for the overall betterment of the community. Using the new science of psychiatry and legitimizing their claim through Darwinian evolution, Progressives wanted to improve society to fit their view of perfection. Eugenics is the applied science of a biological and social movement that advocated sterilizing, or preventing the procreation of undesirable human populations, to improve the genetic composition of humanity.² Changing the architecture of the asylum to fit the hypothesized rigid and ordered scheme the new science of psychiatry had proposed, and providing community education and outreach programs, were some of the ways Progressives sought to achieve this reform. The new science of psychiatry and other work in the mental health field was gaining a legitimacy equal in measure to other medicine, procedures, experiments, and authority. “The creation of the specialty of psychiatry was accompanied by an extensive literature designed to illuminate the etiology and nature of insanity, and to provide a rationalization of institutionalization as well as a model of the ideal asylum.”³ The psychiatrists and superintendents used their authority in the asylum and outside of it to diagnose and treat through rigorous mental hygiene, sometimes in ways that infringed upon human rights. Mental hygiene, or civic medicine, was the theory of prevention of mental illnesses through educating

the community; supporters sponsored legislation and community events to turn society Progressive. Creating Progressive reform meant propagandizing the populous to choose mates that would help end mental illness, deviancy, or “feeble mindedness”; and the future expenses of the state which would sustain them in institutions or through welfare pensions. Policies for early treatment with early testing to prevent “poor” offspring were put into place through civic medicine. Supporters of Eugenics wanted to quickly resolve the issue of “poor” offspring and just remove them from the gene pool. Some Progressives wanted to, in their terms, “de-scrub” society, and that included active community participation through choosing viable mates. This paper will consider evidence of Progressive influence in the field of mental health nationally and in Oregon as researched in David J. Rothman’s, *Conscience and Convenience: The Asylum and its Alternatives in Progressive America*, Gerald N. Grob’s, *The Mad Among Us: A History of the Care of America’s Mentally Ill*, Mark A. Largent’s article, "“The Greatest Curse of the Race": Eugenic Sterilization in Oregon, 1909-1983", and Diane L. Goeres-Gardner, *Inside Oregon State Hospital: A History of Tragedy and Triumph*. Progressive foundations exploited the broad and wavering definition of “feeble mindedness,” and Eugenics built a foundation in legislation and medicine in Oregon. The asylums and the new science of psychiatry took on a new role in responsibility of curing and preventing mental illness in the community. The way asylums, in Oregon especially, were built and run exposed the gap in Progressive expectations with realities. The work of Dr. Adolf Meyers led the field of American psychiatry and was ahead of great change to the care of the mentally ill. Research revealed the lasting effects of Dr. R. E. Lee Steiner at the Oregon State Hospital, as superintendent and as the head of the Board of Eugenics.

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in Oregon, and Dr. Bethenia Owens-Adair, who supported woman suffrage and sponsored eugenics legislation. Progressive era ideology influenced both, and in Oregon affected twentieth century policies toward the care of the mentally ill and social stigma around the asylum.

The texts of Rothman, Grob, Largent, and Goeres-Gardner show the evidence to understand the context of the mistreatment and mishandling of the “feebleminded”, and the negligence and experimentation on the mentally ill. There were many victims of sterilizations occurring due to eugenics policies lawfully enacted in Oregon in the twentieth century due to the loose definitions in legislation, medicine, and society. The Oregon State Hospital was greatly influenced by the Progressive Era, and eugenics, and in the policies surrounding patient admittance. The new psychiatry, a brain child of the Progressive era, greatly influenced the asylum; patients were denied their rights as human beings to help legitimize and revolutionize this new science. Some of the patients also admitted during this era were older; showing the need for an elderly home provided by the state; as well as the way the asylum was misused mainly through no segregation of the insane and the elderly. The definition of those to be admitted and considered for sterilized was broadly defined. Masturbators, those with melancholia, to the elderly were treated in the asylum, and deemed a burden to the state, under the scope of “feeble mindedness.” Falling under this scope were persecuted homosexuals and single or distressed mothers among other groups. Institution and asylum directors in Oregon wished to help eradicate potential offspring of those individuals to prevent their multiplying, and in their consideration toxifying society. The Oregon Board of Eugenics, under Chapter 279 of the Oregon general laws passed the legislature in 1917, was given the power to sterilize the “feebleminded, insane, epileptic, habitual criminal, moral degenerates and sexual perverts housed in public institutions. An amendment added in 1919 eventually gave candidates for sterilization the opportunity to
appeal the board’s decision. The application of the policies for sterilizing and medicating in the asylums, under the new psychiatry, that drove Progressiveness and Eugenics was done without foresight and having the knowledge or ability to affect the change that was proposed achievable in the asylum, and in society. The Eugenics movement ideologies, of sterilizing many with racist nearsightedness for their planned betterment of society, affected the way people were admitted and treated in the asylums, specifically at the Oregon State Hospital. “Besides any number of statistical mistakes, Eugenicists ignored poverty, disease, under nutrition, ignorance and other problems that its proponents linked to feeble mindedness and criminality among the poor.”

Other Progressive ideals towards medicine, mental health, the elderly, homosexuals, single and/or distressed mothers, and the criminally incarcerated, were prevalent in Oregon, and the United States, and the evidence is recognized by the following secondary sources.

David J. Rothman’s work has focused on the social history of American medicine and current health care practices in the United States. In Conscience and Convenience: The Asylum and its Alternatives in Progressive America, Rothman concludes that Progressivism had an effect on both the world of mental health and the concept of the enduring asylum. Civic medicine was an attempt to heal the populous by command of reproduction and managing the mind through vigorous routine. Supporters believed that society could be improved through rational willful intervention. Reformers attempted transforming institutional psychiatry into civic medicine through diagnosis and treatment beyond the asylum walls. To them the responsibility and care of

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8 Rothman, Conscience and Convenience: The Asylum and its Alternatives in Progressive America, 293.
the mentally ill fell to the community and not only the state. Civic Medicine was preventing unwanted or unfit children who would become dependent on the state through community education, early treatment. Terms like mental hygiene and civic medicine were coined by Adolf Meyer, “like so many other Progressives, Meyer sought to discover the roots of deviant behavior in the intensive analysis of ‘the facts of the case’.” Adolph Meyer, an American psychiatrist, led the reform of mental health practice to the adoption of mental hygiene and civic medicine. Progressivism was a flourishing ideological movement in Oregon and the U.S. and influenced psychiatry and asylums; it also was relevant to the development of Meyer’s concept of civic medicine. Progressivism, using civic medicine, wanted to disperse outreach from the institution and treat mental health from within the community. Eugenicists desired to eradicate the derivative of mental instability or social and class instability from the source. As Rothman states “Progressives, be they lay or medical, with the clear urgings of Meyer translated the idea of civic medicine into a program of outreach, centered around [the utopic] psychopathic hospital.” Rothman critiques, in his work, the Progressive attempts made by Meyer as novel and his efforts to transform institutional psychiatry into civic medicine through diagnosis and treatment beyond the asylum walls. He also calls novel the “institutions and procedures [that] would bring psychiatric care to a larger number of people at an earlier stage in their illness; at the same time, psychiatrists would assume responsibility for elevating the mental health of the entire community,” Progressive reformers attempted to promote individual and common welfare;

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interests which were often at odds. Unfortunately, “nowhere was the gap between Progressive ambitions and day-to-day realities greater than in the field of mental health.” The asylum represents where these attempts at progressivism and Meyer’s civic medicine fell short.

From within the Progressive movement good intentions were met with politicization and unachievable execution. “Institutional needs were in conflict with the new programs and institutional needs [always] invariably won out.” Because the institution spread its resources “the asylum lost its centrality and its needs shaped the outcome of all reform ventures” in legislation towards mental health, capping the possibilities and abilities of the outreach programs to perform their objectives. Meyer’s intentions were put to the wayside and Progressive ideals never bridged the gap from attempt and execution because legislatures continued to support the institutionalized treatment of mental illness built around the asylum. Progressivism was flawed in its creation as it was underdeveloped; it was designed with the understanding that human beings could be manipulated through intervention to reflect intentional effects. Society also viewed that progressive reforms, toward rehabilitation and progress, superseded human rights and led to many violations. The attempts and aims missed the mark on what would have been effective care for the multitude of sufferers of mental illness. “The progressive reformers [were] impatient with procedural legal barriers from their perspective, the mentally ill equated to the physically ill and should be treated legally the same, equalizing psychiatrists to doctors, and asylums to institutions.” Rothman, writing after the fact, is reflecting on the immediate hindsight of the failures and the progresses that came from the Progressive movement. Peoples

15 Rothman, Conscience and Convenience: The Asylum and its Alternatives in Progressive America, 324.
17 Rothman, Conscience and Convenience: The Asylum and its Alternatives in Progressive America, 323.
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were oppressed, institutionalized, and experimented upon for the sake of, and legitimized by, the idea that the practice of civic medicine and Eugenics upon the community and those in the asylum would improve the population. Improving the population would alleviate the states responsibility financially towards them, as well as progressing society as a whole.20

Here, Rothman used Meyer as an example of harm perpetrated for the advance of society and medicine and the considered wellbeing of the patients. Rothman’s title, Conscience and Convenience, embodies the theme for the ways individuals have embattled the issues of mental health and institutionalization; issues that include the dismissal of human rights. Progressives believed that institutions could coexist with non-institutional programs, they imagined these programs would relieve some of the patients from the institutions. They were wrong, as Rothman states, innovations became add-ons to the system, not replacements. Rothman gives a clear history of the Progressive era ideas on the field of mental health and the many expectations and realities the popularized ideology had on society.

Gerald N. Grob,21 in The Mad Among Us, gives insight into ‘Mental Hygiene’, which was the foundational basis for the institution. Grob states that “built from Meyer’s systemic civic medicine, moral therapy assumed that confinement in a well-ordered asylum was indispensable. In such an institution, the regimen could be employed in ways that would persuade patients to internalize the behavior and values of normal society, and thus promote recovery.”22 Grob further

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Leach-Provancha states “the intellectual and institutional ferment, within the early twentieth-century psychiatry prepared the way for the emergence of a mental hygiene movement, which was based on the belief that it was possible and easier to prevent mental disorders than it was to treat and cure them”. This new practice of psychiatry, asylums, and concepts of mental illness were greatly influenced by the twentieth century Progressive era ideas and then impacted by the disparity of the Great Depression. The Depression lowered patients’ standards of living as well as increasing admittance. State administrators argued it was possible “to provide humane care at a lower cost through efficient administrative and managerial techniques.” “The demands of the latter began to take precedence over the requirements of the former. They were thus faced with a cruel dilemma; their concern for the welfare of their patients collided with the larger goal of maintaining order and administrative rationality in the asylum.” This shows the divide in theory and practice, because the human element is forgotten when humanity, and its care, is reduced to a daily nominal amount.

Compared to Rothman’s social history, with a focus on institutions and civil rights, Grob’s argument is more a social and cultural history because of his focus on the effect on the community, and the community and social effects on the medical and psychiatric fields. Each use civic medicine, the asylum, and the new science to create an element of focus in their research frameworks. Both authors compare the rise in popularity of Progressive ideals and its off-shoot theories, like the new science psychiatry and Eugenics, and the ways they were implemented and corrupted. Grob speaks of mental health as a burden felt by all in society and discusses it on a scope outside of medical academia and legislature. “Their [the mentally ill] inescapable presence poses tragic choices for their families as well as for American society in general.”

26 Grob The Mad Among Us: A History of the Care of America’s Mentally Ill, ix.
between Grob and Rothman [via support of Meyer’s influence, positive and negative, in the field of mental health] share the opinion that “the history of the care and treatment of the mentally ill resembles a seemingly endless journey between two extremes, confinement in a mental hospital versus living in the community.” Grob believes it was the “dreams of social redemption through progressive reforms [that] led psychiatrists to look beyond the walls of the mental hospital.” Meyer strived for the practice of “civic medicine” to be popularized. His research focused on the problems of mental illness and the impact and implications of Progressivism and the Great Depression on asylums and legislation. “Asylums in the early nineteenth century rested on the assumption that mental disorders, if identified early and treated promptly, were curable;” Progressives built their theories off this “fact”. Grob uses the new science of psychiatry and its impact on the treatment of the mentally ill to construct the ways Americans tried to be humane towards patients in their curing, he considers the system to have failed. “Meyers was unable to integrate facts and theory in any systematic [or effective] manner”.

The Great Depression, which saw many without stability in the community, led to a “deterioration in the quality of life at many mental hospitals [and] was paradoxically accompanied by the introduction of a series of radical therapeutic innovations.” It was the rapid decline of the Depression that stimulated the rejuvenation of therapies, while exposing the tension between doctors and legislators. However, during the interwar years, attention shifted away from issues of the care and needs of the mentally ill. Many psychiatrists, community members, and legislators were divided over proper treatments. According to Grob many other mishandlings of structure and

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28 Grob, The Mad Among Us: A History of the Care of America’s Mentally Ill, 141.
29 Grob, The Mad Among Us: A History of the Care of America’s Mentally Ill, 103.
30 Grob, The Mad Among Us: A History of the Care of America’s Mentally Ill, 143.
patients, with state budgets fulfilling the asylums needs to the nominal amount, lead to the closure of the smaller reforming institutions and the dispersal of the mentally ill back into the public. Grob hypothesizes that the issues of homelessness related to deeper alcohol and drug related substance abusers, who were also mentally ill and refused treatment and made up the homeless population.\textsuperscript{32} Grob expresses that the correlations commonly made equating issues of homelessness to the failures to care for the mentally ill by society, as the Progressives had attempted, are incorrect. Progressives attempted to promote mental health within the community by outreach and education. Other outliers, beyond the Progressives’ attempt to reform the institutions, have led to an increase in homeless persons, while society blamed the asylums and the system for their inability to solve these issues. The Great Depression also attributed to the growing homeless population. Its relationship to mental illness and the community is a way to measure how progressive policies failed in their application, specifically in the way the overabundance of the issue has been blamed by society on their inability to properly treat and care for the mentally ill. The Progressives attempted to treat early symptoms of mental illness and educated the community on thoughtful partners to create ‘better’ offspring, or to eradicate the ability to reproduce for those deemed ‘feebleminded’ or ‘deviant’. They did this in an attempt to perfect society through reason and with family planning. When paired with their counterpart, Eugenics, people misinterpreted these policies and denied human rights. Grob points to many ways general society blamed the state and the asylum for its shortcomings to eliminate the persisting issues associated with mental illness.\textsuperscript{33} The state in turn with rising costs blamed those defined as ‘feebleminded’ and saw their sterilization completed in hopes of denying their genetic code the ability to populate. Eugenics is

\textsuperscript{32} Grob, \textit{The Mad Among Us: A History of the Care of America’s Mentally Ill}, 305.

\textsuperscript{33} Grob, \textit{The Mad Among Us: A History of the Care of America’s Mentally Ill}, 105-107.
covered abundantly by Grob as a factor in modern consequences of mental illness and society. The following source views it as the tool for propaganda and the quick fix the state utilized.

Mark A. Largent wrote critically about the Eugenics movement in Oregon from 1909-1983, condemning as well as analyzing the environment in Oregon, and the world, that allowed for the type of discrimination and unlawful denial of human rights. Largent points to a pivotal figure at the forefront of the Eugenic Movement in Oregon, Dr. Bethenia Owens-Adair.\(^34\) She is considered Oregon’s most prominent supporter of eugenic sterilization laws, beginning her pro-sterilization campaign in 1904; by 1910 the legislation was commonly known as the “Owens-Adair Sterilization Bill.”\(^35\) Owens-Adair legitimized the practices of Eugenics with the zeal of familial planning to improve the structure of the American family for the better. Eugenics applied knowledge from evolutionary biology and genetics to human reproduction, for the greater good verses human rights, as part of the broader American Progressive Movement.\(^36\) Her own personal experience of familial strife, her community authority, and medical practice, led her to direct Oregon’s Eugenics movement. Human rights and dignity were stripped away under the visage of reform and reason for the betterment of society. From the 1880s onward, she was a well-respected member of the Portland medical community and was involved in many progressive movements including temperance and women’s suffrage.\(^37\) Largent details that “Oregon had a eugenic sterilization program in place for twenty years before the 1935 propositions and that the state’s mental health and prison officials had already sterilized thousands of ‘persons known to be feeble-minded, insane, epileptic, and habitually criminal,\(^34\) Mark A. Largent, “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983,” \textit{Oregon Historical Quarterly} 103, no. 2, 2002, 193.\(^35\) Largent, “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983.”, 194.\(^36\) Largent, “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983.”, 189.\(^37\) Largent, “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983.”, 193.
morally degenerate or sexually perverted.”” Owens-Adair is most responsible for the creation and adoption of the state’s eugenic sterilization laws. Owens-Adair and other early twentieth century reformers wanted to neutralize the considered threat they believed the “feeble minded” posed to a “progressive” society and argued the most prudent and humane course of action was to sterilize them.\textsuperscript{38} “Feeble minded” was defined as those unable to care for themselves or behave according to society’s ideas of public decency. The progressive movement in the medical mental health field believed that society could be improved through rational willful intervention. Progressives wanted to create outreach centers for communities and facilitate the prevention of mental illness through breeding policies. Family planning centers, IQ tests, blood tests, as well as popularized “fitter family contest” were socially guided constructs that helped to immobilize the belief in “choosing a mate wisely”.\textsuperscript{39} This was an attempt to popularize these beliefs to exclude and sterilize for the betterment of all, the greater good. Underlying Oregon’s original eugenic sterilization laws was the widespread conviction that experts could locate the source of complex social problems in the biology of problematic individuals and eradicate it.\textsuperscript{40} The progressive faith in experts also motivated the inexact definition for feeblemindedness. Eugenics appeared to offer scientifically validated solutions to some of the state’s economic and social problems.

Progressives wanted rational planning, control, and efficiency.\textsuperscript{41} Sterilizations happened throughout the twentieth century and the trend of sterilization generally followed the growth of progressivism.\textsuperscript{42} The sterilizations laws were considered by the state as more efficient and cost effective in comparison with proposed Civic Medicine, which would selectively breed out ‘unfit’

genes. In 1917 a bill was passed in Oregon and those demeaned a “social menace” or ‘feebleminded’ under the discretion of the Oregon State Board of Eugenics, were sterilized.\textsuperscript{43} Sterilization laws emphasized mentally ill persons, and crimes of a sexual nature also including “moral deviants” and “sexual perverts.” It never clearly defined what constituted these categories of abnormality.\textsuperscript{44} Chief Justice Oliver Wendell Holmes argued “the principle that sustains compulsory vaccination is broad enough to cover cutting the fallopian tubes.”\textsuperscript{45} Moreover, Oregon’s Eugenic sterilization law remained in effect for almost forty years after the horrors of Nazi Eugenics became well known. By 1983, two thousand five hundred people had been sterilized.\textsuperscript{46}

The Great Depression help to drive the popularity of eugenic and sterilization supporters.\textsuperscript{47} Scrub is a term that today is still popular, and in a 1912 a public lecture in Portland was titled “Human Scrubs to Be Thing of Past.” Led by Reine Helen Baker, a prominent progressive reformer. She described those citizens that she considered to be biologically inferior as scrubs, a term normally reserved for low-quality domestic animals. They intended to breed humans with the same intention as animal and plants, and pushed for medical examination upon application of marriage to show fitness for parenthood.\textsuperscript{48} Scrub is still a popularized term to describe an unsuitable mate. TLC, the famous female rap group sang, that “they don’t want no scrubs” showing the longevity of the stereotype and terminology. Largent points too many other important factors like the “fitter family,”\textsuperscript{49} competitions that helped to shape the social ideology

of Eugenics. “Fitter family” contests involved families completing Eugenic surveys and
eugenicists would judge the surveys and award medals. These popular social functions held at
fairs and festivals encouraged those to “choose their mate wisely,”50 or suffer unfit poor
offspring. In many ways this was to educate and discourage people from marrying their cousin.
But it also carried out a systemized denial of human rights through racism, misogyny and
homophobia. These popularized activities reinforced genetic based breeding encouraged by
Eugenics policies, policies Dr. Owens-Adair supported and helped pass legislation for. The
effects of her influence are seen today, with blood tests administered when getting married, to
ensure health, and genetic testing done on fetuses to ensure a genetically clean baby, free of
society’s preconceived abhorrent anomalies. These anomalies equate to the inundated definition
of “feeble minded” and those that could be eradicated, or scientifically and medically selected to
be bred out of society for its overall betterment. Largent also points out the apparent parallel the
Oregonian and the Oregon Journal newspapers had with the social ideologies of Progressivism
and pro-Eugenics policies perpetrated at the time.51 The author cites many examples from these
news sources and points to the fact that they follow, or possibly influence, society’s ideologies.
Newspapers, public announcements and popularized “fitter family” competitions pandered
Progressivism and eugenics, ideas which invaded the asylum.

Largent shows that the asylum had been used in the past to keep apart from society any
that were deemed “unfit” or neglected, encompassing a range that made the stigma of being
committed something different then today. Dr. R.E. Lee Steiner, hired in 1908 as the new
superintendent of the Oregon State Hospital, and a member of the Board of Eugenics formed in

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1917, “Began a needed reform of discharging inmates kept in the asylum based on charity rather than a possibility of cure.” Diane L. Goeres-Gardner, writer of the popular history, Inside Oregon State Hospital: A History of Tragedy and Triumph, studied the Oregon State Hospital from 1883 to 2012. Most importantly she includes a discussion of Dr. R.E. Lee Steiner’s years as superintendent of the asylum in her text; he was pivotal during his time for enacting progressive policies. Dr. Steiner was the superintendent of the institution from January 1, 1908 to June 30, 1937. He instilled authority in his position. An example of Progressive ideals implemented in Oregon include community outreach programs built up to provide education on better family planning and how to avoid ‘unwanted’ children through unfit matches; these were integrated wholly into science, medicine, and society. Dr. Steiner instituted progressive policies, including cutting back on costs, changing the heating from wood to oil, setting up a chicken house, and in 1910 building what came to be known as “Steiner’s Chimney,” an incinerator, originally built to burn infectious waste. Steiner was attempting to make order in the asylum’s chaos. In 1911 he wrote rules of conduct for his attendants, enforcing mandates for Matrons and Watchmen. In 1914 a crematorium was built, and in June legislature was passed that made the asylum responsible for cremating anyone who died at the asylum and went unclaimed. These are ways Steiner helped assert the asylum and legitimized its authority to society and to the state to support funding for reforms and treatments.

The blog for the Oregon State Hospital Museum curated by Kylie Pine posts oral histories and artifacts among other primary sources related to the Oregon State Hospital. Some of the posts I found relate to the subject of the Oregon State Hospital in the time period of the records we used for research in the internship. This includes a description of Ward Hall from 1883, the female ward. Another blog post was a description of a visit to the hospital and its facilities in 1916, which is a unique primary source in creating historical context. In two related post it gives the role and job description of the ‘Watchman’ and ‘Matron’ of the hospital facilities. An important post I found delves into the implications of Eugenics and sterilization in use in the hospital, written by a Dr. Owens-Adair, which offers insights into contextually relevant patient treatment ideologies and practices. “One of the most vocal proponents of women’s suffrage in Oregon was also the leading proponent of Eugenics legislation which would affect the lives of hundreds of patients at the Oregon State Hospital.”

Dr. Steiner was studious in his keeping of the hospital records and Goeres-Gardner offers a quantitative look at the “Age on admission of those who died between 10/3/1910 and 9/29/1912”, “Cause of death for patients who died between 10/3/1910 and 9/12/29/1912”, and “Population Movement from 1910-1912”, Biennial reports to the Oregon Board of Trustees show similar data. The graphs provided also show Dr. Steiner’s interest in the rehabilitation and discharging of patients, and the medical analysis of those who had passed during the year. Rothman makes a point toward the board investigations and reports, calling them “invariably useless, asylum trustees identified far more closely with staff then with patients, ignoring any

sign of inadequacy or abuse.” Speaking progressively before Rothman made this observation, Dr. Steiner reminded the board,

“we cannot lose sight of the central fact that the institution exists for the insane; that whatever adds to their comfort, promotes their welfare, or in any way alleviates their very distressing malady, *is right; [sic]* and that everything that deprives them of safe and sympathetic care, modern and scientific treatment, *is wrong [sic].”

The *Biennial Report of the Superintendent of the Oregon Hospital for the Insane to the Legislative Assembly, 1885 and 1893.* These reports were composed by the board of trustees as an annual budget, holistic care, and rehabilitation reports. They give both qualitative and quantitative numbers which can be important in understanding the care that patients received, reasons for their internment, treatments used to revitalize them, work they had done at and for the facility, race, gender, original job, and so forth. They are a primary source which gives me a defined scale of the language used and of daily care, to help better place myself in the patients and caregiver’s situation when trying to contextualize the patient’s records. Comparing this precedent setting primary documents we see similar medical classification with the documents Dr. Steiner assembled later in 1910-1912, with his Progressive ideals. Dr. Steiner’s graphs show the most common cause of death was delirium and exhaustion, the age upon admittance of those who had died is average from twenty years of age to seventy plus showing the aging to be present in the asylum but not a common factor in patient deaths, and also in a two-year period he claims 600 people were discharged while around 220 had died putting emphasis on the rehabilitation and

discharge of patients, which was a primarily progressive perspective. The 1885 report has one page that tells of 46 patients’ deaths and their personal medical information, and then a double fold out page that emphasizes the discharge records, implying a general emphasis on discharges over deaths, which any institution would try to purport to make themselves seem systematically successful. The most common cited reason from death is Phthisis Pulmonalis, the age again is varied along the spectrum and show a decorrelation between age and death. The 1893 record shows that 90 people had died in a two-year period, the most common reasons for death include epilepsy and exhaustion, as well as a copious age range that is evidence at least to the institutionalization of the elderly in the asylum, misappropriating funds and delineating the environment proper for caring for mentally ill persons. Dr. Steiner implemented policies to cut costs and to medically categorize and separate the populations for safety and proper treatment.

The authors all agree on certain key factors that create a context for further examination of primary documents. All of the authors analyze the impact of individuals and their major influences in the field of the new science of psychiatry, the role of the asylum, and the world of mental health. Sources overlap in references to the importance and impact of Dr. Adolph Meyers, and the policies he attempted to implement that underwhelmed the expectations of Progressive era theorization. Meyer’s attempts were misplaced with his outreach programs and community education and involvement with the mentally ill as part of a greater cure and elimination agenda. As some of my authors cite, Dr. Betheina Owens-Adair and Dr. R.E. Lee Steiner were both key figures in Oregon.

62 Oregon Hospital for the Insane. Biennial Report of the Superintendent of the Oregon Hospital for the Insane to the Legislative Assembly. 1885.
63 Oregon Hospital for the Insane. Biennial Report of the Superintendent of the Oregon Hospital for the Insane to the Legislative Assembly. 1885.
64 Oregon Hospital for the Insane. Biennial Report of the Superintendent of the Oregon Hospital for the Insane to the Legislative Assembly. 1893.
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and they both influenced Progressive era ideologies, and the authors cite their importance as proponents in policies and the institutions in Oregon. Dr. Steiner headed the hospital for thirty plus years and Dr. Owens-Adair influenced legislation and society. They both left a mark on Oregon.

This foundation of research I have compiled is to put the following eight inserts in context. Over the course of Spring Term 2018 at Western Oregon University, to complete my yearlong senior capstone practicum, I completed a 74-hour internship at the Oregon State Archives. This internship had two parts’, to first incorporate archival experience and secondly aid in research of female patient files. The following section of eight inserts are Facebook posts, done through the Oregon State Archive public page. As an intern for 8-weeks I posted weekly about both my archival experience and about files that brought further context to my previous secondary research. I worked with many different individuals at the archives and reference in my ‘posts’ these helpful archivists who were enthralled to have interns. I also reference different archival procedures of recording, digitizing, testing and preservation. The female patient files are all public files which were currently going through processing to be completely publicly accessible. They range in dates from the early progressive era through to the depression. According to ruling files cannot be shared if the death date is beyond 50 years and if the discharge date is in 75 years. As well as the sharing of file information concerning Eugenics, the Board of Eugenics, sterilizations, and other medical treatments are private and either omitted or the patients’ name is changed. The files I shared were in hope of highlighting the individual personal struggles of these women. The duality of their stories to the contextual foundation I built in the previous research paper. My thesis encompassing this capstone was my active internship experience this Spring Term 2018 was with medical
patients’ records from the twentieth century Progressive era through to the Depression of the 1930s accessed from the Oregon State Archives. The records help to illuminate the existence of Progressive ideals which were to rehabilitate patients through institutionalization and treatment and the new science of psychiatry. The sources and records show that the ideals of the Progressive reformers in Oregon fell short of the realities of the Oregon State Hospital.

**Week 1: April 16, 2018**

Welcome to the Archives: A Visit to the Oregon State Hospital Museum of Mental Health

Happy Monday Oregonians,

My name is Carliee Leach-Provancha, and you’ll see my posts this spring term as I complete my internship with the Oregon State Archives. I am a part of the History Senior Seminar Capstone Practicum through Western Oregon University and am participating in a practical archives experience, as well as supplementing my thesis paper with primary source records. These records are from the Oregon State Hospital and are specifically female patient files from the late 1800s to the 1930s. On our first day we visited the Oregon State Hospital Museum of Mental Health. Curator Megan Lallier-Barron gave us a personal tour and answered our questions about the hospital in anticipation of our research into the patient files.

The museum is outstanding in its quality, cleanliness, and friendliness. On a subject that can be dark and unsettling, the exhibits and display of the history surrounding the treatment of the mentally ill is done in such a way that you leave feeling positively insightful. The museum does not shy away from displaying restraints and controversial medical treatments, such as shock therapy. By way of contrast, therapies that focus on patient development, like art, sewing, and wilderness exploration, are also presented. Megan explained that these treatments received far more criticism at the time than the more radical medical treatments, because of the societal view that luxury expenditures were being used on the asylum’s patients.

The museum provides a number of interesting artifacts and hands on experiences such as phones that, when put to the ear, present recordings of doctor and patient narratives; and rooms where visitors are encouraged to touch objects so that visually impaired younger patrons can tactiley experience the museum. This provided an in-depth feel of the era and an appreciation of the experiences of the patients. It was a wonderful visit and is well worth the time it takes to explore, question, and learn about the history of mental health in Oregon.
Visiting the Museum of Mental Health

The tunnels beneath the hospital

Documenting people of the State Hospital, including patients

Shock therapy is examined

Part of a timeline chronicling the hospital's history

Documenting a wilderness excursion with patients

Week 2: April 19, 2018
Hello Oregonians! Intern Carilee here with my weekly post.

Today I want to reflect on a specific State Hospital record belonging to a Susan McAllister. I have been hard at work examining the female patient case files, and Susan McAllister’s stood out to me. It dates from before and during the superintendence of Dr. R. E. Lee Steiner, known for his progressive era policies. The record contains quirky remarks by the patient, as well as some detailed information that created a well-rounded story.

She was admitted into the asylum when she was 40 years old, from June 4, 1901 until her death on August 1, 1916 her stated symptoms of insanity were abuses to her husband, which one might interpret as retaliation for being committed into the asylum. She was diagnosed as delusional - she believed that she owned Oregon; owned the hospital and grounds; and that she was never married and wished to be called by her maiden name, O’Hanlan (she often reacted violently when this preference was not followed).

Her home issues are moot now 100 years posthumously, and there is little in the file to assist the researcher in understanding how this married couple existed prior to her commitment. The records show that her husband sent her what was requested in terms of clothing and supported her financially. He also maintained her pension fund so she could buy and receive local fresh milk to help improve her health. It was Dr. Steiner who had implemented the pension program that allowed those with money to send supplementary income for luxuries like fruit or sweets that patients could purchase. Under Dr. Steiner many other progressive polices were put into place to alleviate the inhumanity of the asylum, while unintentionally highlighting the disparities within.

Mrs. McAllister held to her delusions until her death, and the records indicated that the medical staff believed there was never hope for a permanent recovery. At the same time, she had no such symptoms or any other behavior that would be deemed “insane”, outside of the denial of her marriage to her husband (who had committed her to the asylum), and her continued belief that she owned the state of Oregon.
Week 3: April 30, 2018

Hello Avid Archivers! This is intern Carliee with my weekly Facebook update.
To say that the Archives’ records can surprise you with its discoveries is an understatement. To a history inclined person like myself, the more mundane records are what I find fascinating. This past week we had the opportunity to work with the Oregon State Fair Advertising and Promotion records. The one box I was able to complete contained many items that made me appreciate our rich heritage and the traditions that the fair exemplifies. The records included material for proposed performers, artists, and animals. The State Fair is the theme for the upcoming Oregon State Archives fall exhibit and open house, and will focus on the “wild, wacky, and wonderful” aspects of the fair and its history.

My fellow interns and I were excited to work on the State Fair records in the main reference room with other patrons, and got to witness firsthand the filling of requests as we systematically went through the two boxes each of us were given. The boxes I was given were titled “Advertising/Promo Records” from 1979, which I discovered included some records that dated back to 1976. We were directed to look for anything that would be interesting for the exhibit including, logos, interesting animals, performers, “new” technologies or inventions, and anything deemed usable as part of an exhibit.

I found a lot of documentation on “Rufus the Bull.” Rufus was an escaped bull that the fair then put in a pen and had people pay to view. He became a mascot in many ways, and there is a lot of material dedicated to an imagined storyline created around his escape which was used for publicity. Among the boxes I found news clippings, photographs, drawings, a stack of uncolored children’s coloring pages (and a few that had been colored), and advertisements using Rufus’ image.

I also found images of “Quick Draw Charlie,” who was a regular performer at the Fair. I also found an interesting news release and concurrent program relating to Johnny Cash and June Carter performing at the Fair, as well as the cast of Star Trek who visited for the “Star Trek Experience,” all of which I found very interesting. I would have never thought (in Salem, Oregon no less!) that those two entities would be connected. There is one mock up design for a promotion that depicts a robot saluting Oregon’s “heritage into the 80s.” I also found a fantastic aerial photograph of the fair that depicts the crowds surrounding an event that encompasses agriculture, the arts, inventions, and entertainment. We copied anything interesting. I also found a newspaper clipping, “The Pacific Homestead,” from 1914, which excitedly invited people to come check out the “eugenic exposition… along with other many free attractions” at the fair which I think relates back to the State Hospital patient’s files.

This week we worked, under the direction of intern Melissa, learning practical archival processing that includes refolding, organizing, and inventorying some of the unprocessed boxes of the State Hospital’s female patient case files. In order to learn how to process the case files, Melissa and the manager of the Reference Unit, Layne Sawyer, created a detailed set of instructions that included how to sort the papers within the files, along with guidelines for the proper titling of the files and specific legal issues to look for as we processed the records. I also evaluated the contents of the files. It was really interesting to see the original files prior to processing. Our work also includes removing staples and rivets, and separating some of the documents and photographs with archival paper. It was a whole new take on the files I had already been using, and made them feel more authentic.
We were given strict instructions on what to look for in terms of legal issues, including any specific mention of the Eugenics Board. I did find one file that had quite a few documents relating to the sterilization of a patient. She had an expression in her photograph that struck me as sartorial amused annoyance. The doctors stated she was “disoriented as to time and place” and that “she is quite willing to answer questions”, but also that it is “quite difficult to get her attention or to secure a coherent statement”. To me these are contradicting statements; possibly the answers she was giving were not what was accepted then by doctors, but we are not time travelers. I can only make educated assumptions, and as a potential archivist I preserve history as it’s recorded, without bias, and with the hope to shed light on the lives of those who lived our history. The patient was discharged from the institution literally scarred and changed by the policies of the asylum and the politics and social stigmas in Oregon surrounding mental health.
Intern Carlie here and I am excited to share my archival experience with Austin Schulz from last week. We worked at the reference desk and helped to fill requests and to re-shelve records in the stacks for requests that had been filled. In the stacks it was fun to explore the little alcoves that are created as the compact shelving is moved left and right to accommodate the incoming records. It was nice to experience the role of an archivist at the reference desk. We were able to work closely with walk-in patrons. We learned that at times we were unable to leave the reference room when there was nobody around to cover because the desk must always be manned. Austin had me help a pair of patrons myself after instructing me on how the records were stored in their boxes, the use of an “out card” to mark the place in the box where a folder has been removed, and to explain that pens and jackets were not allowed in the reference room. I left them to peruse their request, with a friendly “if there are any questions, at all, please come...”
and ask at the desk. We are more than happy to help, thank you.” Since Austin and I were at the desk we worked on a special digitization of an audio recording from the 1960’s.

I was quite excited to use the “GAF ROLS” dictation machine to make a digital recording of a 1967 House Public Health and Wellness committee meeting, using the computer program “Audacity”. The ROLS dictation machine was made, along with its special Kodak film, at Sawyers in Portland, Oregon. This machine is almost one of a kind and Austin’s work with it has saved the Oregon State Archives literally millions in being able to record their own files, rather than shipping the work out to a company which also has this device. Austin figured out how to fix the machine to be able to listen to the recording, and then he was able to make a recording of the original. He had to understand and reengineer the insides of the device, and even found a reference book with the perfect weight that moves the machine click by click, which is oddly powered by a foot pedal. We got to listen to the recording after we had set up the machine and played back what had been recorded. Because of the way the ROLS dictation machine was originally designed, you can’t listen and record content at the same time. I also learned through Austin’s instruction how to properly record the information so that it is digitally accessible to the public and thus is not a defunct, inaccessible recording. This recording may already be accessible to the public. The work with this machine is dictated by the amount of time it takes to slowly click-click-click through the recordings and is one of the tasks that will eventually be accomplished at the Archives.

Week 5: May 14, 2018

Hello on Monday! This is Archives intern Carilee.

Recently we went to visit Mark Graham at the State Records Center in Salem. The building is just a random warehouse in the city’s industrial area. Mark and Ross have taken care of the Records Center for 20 plus years!
The location of the Records Center is not made obvious; Mark spoke about a man who had found the location and walked in to demand his records. Unfortunately the center is massive, holding upwards of 85,000 cubic feet of records! The building is larger on the inside then appears on the outside. You are met with walls and walls of brown boxes all with numbers and titles and different numerical information.

This building holds Oregon state and local government information. We went over the basics of how the center operates on a daily basis, and some long term problems Mark has dealt with. He just really gave us the lay of the warehouse and the history of the structure. We went over how records are requested, by fax and then mailed directly, using a card system where addresses are stored in a simple manual file. Each card has the address on the back to easily send back the files to the center. Mark helped to develop this system and emphasized the role of critical thinking to manage an operation like the Records Center. By using the fax, record requests are much clearer because names and numbers are written and are therefore harder to mispronounce or mishear.

The clarity which follows the Records Center’s process is something that has been strived for, so that the mistakes in records requested or sent are minimized. Mark also tries to save on the cost of electric bills by using LEDs and changing eleven of the other oldest ones whenever a light goes out so as to cut the reoccurring costs of labor. The shelves are eleven high and in one shelving unit they can fit 66 boxes, with each row holding thousands of boxes! The rows are just far enough apart to allow the ‘WAV’ machine to travel between them. The WAV can carry up to ten boxes at once to the very top of the shelves to help with pulling and re-shelving boxes. I got to ride this machine around and it handles much like a Segway but sturdier, with the ability to cherry picker lift you up above the tops of the shelves. This was a very interesting part of the Archives experience for me as it involves organizational and people skills as well as critical thinking.
Hello Oregon Historians! Intern Carilee here.

I have really enjoyed working with the records at the Oregon State Archives. The processing work we have done has definitely helped the Archives - at least one cubic foot of help! But the acquisition of information to help further my own research has slowed considerably. This shows the decorrelation between research fields; as a historian, or working in archives. Both are similar and work together to achieve many of the same goals, but in archives you are met with problems that are inherent to its nature as a field. Historians have the advantage of using the work done by the archives to further their research.
A record I found worth noting is the file of State Hospital patient Margaret Towne. She was committed and discharged twice, first as a 51 year old widow in April of 1920. She was discharged in October of 1925. Her second commitment, at 64 years old, was in September of 1933. She was again discharged in February of 1934. She was said to have hallucinations, paranoia and delusions of persecution and exaltation. Well, she was put into the hospital forcibly, which I think is an example of her perceived persecution. Once there, her mail was under surveillance and censored by the staff and her father. The correspondence proves her father and mother were keeping her from speaking to anyone but them by having the asylum destroy her letters and prevent her from mailing them. Margaret would find ways to get mail out, though, and in letters to her mother she pleads for her release, and discusses the terrible conditions. Her mother would write back to the hospital, even sending back her letters with notes in the margin remarking upon her sanity.

Based solely upon the evidence in the file’s correspondence and the patients’ own letters, I surmise that some of Margaret’s perceived persecution was a very real possibility. The hospital writes in correspondence to her mother during her first commitment, “the trend of her argument was quite unreasonable and I can readily understand why it was impossible for you to get along with her.” We also know from the correspondence between the hospital and her mother that she was able to send out mail through the other patients. Margaret writes in her own letters that survive in her file about her persecution and the fact she is unjustly committed into the institution. The other correspondence shows she was experiencing some of the delusions of persecution, at least in the facts that: one, she was committed into the institution by someone, and two: her mail was under surveillance and censored.
Leach-Provancha

Monday morning
Nov. 23, 1902

My dear, Brother,

I am writing you as we have a few
hours this morning. I heard quite a lot
about you last night when you arrived.
I know you are not in very good health
at the present time. I wish you were
with me to go to the hospital in Salem.

Dr. Lee Steiner,
P. R. O.

Barnes Hospital

Dear Brother,

I hope you are well and happy. I
will try to write you soon. I am just
now going to bed and will write you
in the morning. I hope you have a
good night. I think of you often.

With love,

William Lee

P.S.: I am going to write you soon.

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Barnes Hospital
Week 7: May 27, 2018

Hello Oregon! This is intern Carilee with a fascinating story from the State Hospital female patient case files.

Note: some personal information was redacted from this patient’s story due to the recommendation that the patient be sterilized. - Todd

Jane Doe was admitted as a patient at the State Hospital in March of 1921 and was discharged in August of 1924. Some excerpts from her own personal writings to Dr. Steiner, Mr. Bendroth, and Mr. Pierce, when paired with the correspondence between the Child Welfare Commission, The Baby Home, The American Red Cross, and an attorney at the behest of Mr. Bendroth, weave a fascinating and illuminating personal account of her time as a patient.

Ms. Doe wrote to Mr. Pierce to tell him about how and why she was sent unjustly to the State Hospital and of the mistreatments and exploitations she was facing. In November 1922 she wrote about how Dr. Steiner was to be removed from his position, and that “Steiner wants me to be a bad woman or he would never hold me for a thing that has never happened. I made $242.50 worth of baskets from May 1st 1921 till Oct 30 1922. Money for Steiner by keeping us here.” She often cites examples of her exploitation by Dr. Steiner as well as Dr. Byrd. She asks Governor Pierce “very kindly to see to my case, and this letter I have written I will hand to the Ku Klux Klan and then you will understand me.” She wrote about how The Board of Control blamed her for bringing children into the world the state must now support.

When Mr. Bendroth visited the State Hospital to talk with the doctors in hopes of taking her out on parole in his care, he relayed to Ms. Doe that the doctors had stated she was “not insane. They said I might sue for devours or lay up [sic] with men to get children for state to support, I always lived a true life. That dirty Steiner.” All of her letters are focused on her gaining access to information about her children or to the possibilities of being paroled and getting them back. She
was with child at some point during her stay: “my baby was two weeks old when taken away it was not as much as a breast pump I had too milk out with my fingers.”

In a second letter to Pierce she writes that to conserve some privacy and to avoid censorship he should send a letter in a blank envelope since every letter written was looked over, and that a deputy sheriff had promised the safety and care of her children upon her being sent to the hospital. In a letter she was unable to send she included samples of goods Dr. Steiner had acquired for his private use. She writes confidently of being perfectly healthy, having been given the blood test she calls number one. “Oh if Dr. Steiner only could get something on me the [sic] would sure use it.” In an early letter to Mr. and Mrs. Bendroth she says “I would rather be dead then in this hell hole,” that she’s not allowed out on parole so as to not inform the public of the over capacity of capable working people, and that the way they operate at the hospital is basically slavery. “To think that dirty Steiner got the power to say and do as he pleases.” She hopes that Governor Pierce will accomplish what the papers say he will, in cleaning up all the accusations about putting people into the asylum to take their property.

She writes that Dr. Byrd belittles the patients; he laughs and sneers at them and cuts them short when he gets a disagreeable answer. “…it breaks their heart.” Dr. Byrd also takes advantage, we find out through Ms. Doe’s letter, of a patient who had been committed for nine years already, and who was allowed to care and be alone with Dr. Byrd’s children, though unfit to be in society. She was taken every day, as Ms. Doe details, to Dr. Byrd’s house where Mrs. Byrd would give her laundry and house chores. When or if Mrs. Byrd left the house she would put the children ‘in charge’ of the patient, who received no special compensation for her work. In an undated letter to Dr. Steiner she talks about a conversation they had in his office about her case, in which he advised to, “stay a little longer and up [her] courage also for [her] to have patience that everything [sic] will come out all right for [her].” She pleads with him “Dr. Steiner what can a women do when everybody was on [her husband’s] side…so what more could I do.”

In November 1924, months after her discharge, she writes again to Dr. Steiner, citing that she had attempted to visit him in Salem when she was in town. Ms. Doe calls Dr. Steiner her Dear Friend and thanks him for his kindness in writing highly about her to the Child Welfare Commission. The Commission finally advised her to not give her husband any more chances, as the Commission had given him chance enough to “make good and he failed to do so” and that he had not done the right thing by her and their children. She was also gifted a basket upon her visit to the State Hospital, which surprised her. The matron cited how hard of a worker she was and how many baskets she had made.
Week 8: June 5, 2018

Note: Identifying information for the three patients discussed below has been removed. In two cases it was confirmed the patients had died less than 50 years ago which falls within the HIPAA restricted access time period, while the other’s death date could not be confirmed. - Todd

TGIAT-Thank Goodness It’s Archive Tuesday!

Intern Carliee here to share with you all some files I found while processing Oregon State Hospital female patient case files. Last week in the patient records I found three interesting files of women who struggled and found treatment and rehabilitation at the Oregon State Hospital. The conversation regarding mental health is important to help with understanding and empathy.
The intention of sharing these records is to spread awareness and revive the memory of these women through their stories.

The first patient was committed and discharged two different times. Her first was from April of 1921 to August of 1922. Her second was from November of 1932 to August of 1934. There is correspondence between her husband and the hospital regarding her teeth, which I guess she had to have sent later. She was in her late twenties, but has the forlorn look of someone withered by time or stress. In the photo from her first commitment, there are at least three pairs of hands that grip her ears and head to get a picture for her file. She deserves to be shown today as her mistreatment is clear in her photo, as well as the rehabilitation she eventually had after her second commitment and being sent home to her husband (and then later followed by her teeth).

The second patient was admitted to the hospital in April of 1921 and discharged in May of 1922. She was English and had come to Portland four months prior to marry her current husband who was an “American Soldier.” She was only nineteen years old. Her initial statements make it clear that the couple had experienced periods of jealousy in which she behaved hysterically. The files also mention under “cause of attacks” that she was greatly shocked while in London during air raids and that great noise disturbed her. The personal property inventory sheet indicates she had a lot of finery on her, including a wrist watch, assorted jewelry, a brown fur neck piece and two vanity boxes.

The third patient was committed three times to the Oregon State Hospital. The first was in April of 1905; the second was from April to October of 1921; and her third commitment was from October of 1930 to January of 1932. Her 1921 commitment forms said she had attempted homicide, and that she woke her husband with singing in the night. She had also attempted to burn down the house, and to kill her husband with a gun. In her 1930 commitment forms it states that she may be homicidal. In her 1905 commitment statement, which is in contrast in its style and formality to her later documents, she is termed “vulgar and filthy.” The patient notes from her second commitment relate that “her present husband, a Russian, whom she claims has always been quite cruel, that he is disloyal to the government and teaches his children disloyalty [sic].”

I found two poems in her file entitled, “The Oregon Oak,” and “Are we Sivelized [sic].” Being able to read these poems, among the other personal letters I have discovered in the files, helps breathe life back into the forgotten stories about women who struggled with mental illness. This provides us with insight and possible hope to those who struggle today with the same issues of PTSD, or incurable genetic disorders, or the challenges associated with turbulent domestic situations:

“The Oregon Oak” (excerpt)

The things look wrong but they call it right
We see the parent abuse there [sic] children in our sight
To do what is right I have tried and tried
And now I wish I have practice race suicide
Now beautiful Oregon oak to study you I tried
And if tormented on all side the result be race suicide  
If our government protect a mother then a child  
This would be a place to live a while.

No photos are available at this time as they were only available after submission date.

Bibliography

Secondary Sources


Primary Sources

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