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The Progressive Era, the Depression, and the American Mental Institution System

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Senior Capstone Paper

The history of mental health care and the use of asylums is a subject that has been studied largely in the United States in order to show how the field has progressed over time. The treatments of patients who were mentally ill have ranged from simply medicating patients with different drugs to lobotomizing them or even sterilization in order to prevent the spread of any mental abnormalities to the rest of the population. The goal of this paper is to examine how asylums were used in the United States during the Progressive Era through the Great Depression of the 1930s, how asylums cared for those who were mentally ill, and the history of the Oregon State Hospital and the patients that were admitted there. The early twentieth century began the shift in medicine to work with the mentally ill by treating them rather than beating the sickness out of them. In the first few decades doctors focused on finding cures for mental illness and preventative measures rather than ignoring their patients and locking them away.

The mental health system in the United States changed throughout history to better treat patients and to improve on treatments that were already being used. The questions that each source looks at are how did the authors explain how the mental health field adapted during the time period of the the 1920s and the depression era. The Progressive Era was a new age of thinking in the medical field for treatments. These new forms of treatments came in the therapies that talked a patient through their illness and looked for stresses that caused that illness. There was also the development of quick treatments during the Depression that were quick and cheap like electroshock therapy and even sterilization in the Eugenics movement. There was also the development of psychiatry as a new form of science and mental health measure that examined how a person's brain functioned and what effected it. Psychiatrists would make the attempt to move

away from asylums during this period and move into the community in outpatient centers to help with the idea of civic medicine, how a community helps treat its ill, and bring the treatments closer to those who needed it. The Great Depression and over-population would drive the field back to the asylum because of funding problems and lack of resources. This paper examines how each of the authors answers these questions about the mental health field during the Great Depression and Progressive Eras. Along with the research in the secondary and primary sources. A group of Facebook posts based off of an internship at the Oregon State Archives gives a first hand look at some of the female patient case files from the Oregon State Hospital and the work done in processing those files for public use.

Mental health in the United States is a largely studied by many scholars. Donna R. Kemp discusses this field in her book *Mental Health in America*. Donna Kemp's book is a source book and focuses on the mental health filed in the United States from its early beginnings during the foundation of the country to the present. Kemp gives an interpretation of the medical field by using primary and other secondary sources in order to paint a picture of the mental health filed and how it has evolved and then gives her own interpretations of what other scholars have written about the subject. The entire first chapter of the Kemp source focuses on the history of mental illness from the early forms of care that were used before 400 BC in to the early 20th century.¹ The Progressive Era in Kemp's source is looked at as a time where more therapies began to emerge rather than the practice of simply locking patients away from society and hoping for the best. The Progressive Era was seen as a time where care for the patient was put first instead. According to Kemp, "The first half of the twentieth century saw some promising new treatment de-

¹ Donna R. Kemp, *Mental Health in America* (Santa Barb., Calif.: ABC-CLIO, Inc., 2007), 1-30.

velopments and attempts to establish community-based systems of services. New therapies included music therapy and photochromatic therapy...The custodial institution remained the main site of care, but some institutions developed cottage systems that placed more able patients in small more homelike structures...another new development was the creation of family care programs for boarding outpatients.”² The early twentieth century and the beginning of the Progressive Era sought to bring more treatment to the patients and help cure them. It also sought to discover what was the cause of the illnesses and find new ways of preventing them from occurring in the future. The Progressive Era also brought with it the idea of bringing the treatments closer to the public with outpatient facilities and moving away from the larger asylums, but instead being closer to the public. It was during the Great Depression that the ideas that had been conceived before fell into decline. Kemp discusses that in the Great Depression, the resources that had previously been available to the Mental Healthcare professional fell into decline and because of this new treatments arose that would be able to have quicker results on patients rather than slow therapies for the early 1900s. The treatments were electroshock therapy, insulin coma therapy, and metrazol-shock therapy.³ These new treatments were created to simply fix the problems that people had as quickly as possible, but they all had detrimental effects on the patients that they were practiced on. The Great Depression played a large role on the decline of the Progressive Era treatments that had been created and because of that, the mental health field began to decline. The mental health system had taken many strides forward in the beginning of the 20th century with the use of civic medicine and the creation of new science such as psychiatry, but the lack of resources and time due to over-population largely hurt the mental health system in the United

² Kemp, *Mental Health in America*, 8.

³ Kemp, *Mental Health in America*, 9.

States. The Kemp source is a strong source to use because it uses other secondary sources and primary sources that other historians in the field and who have studied the mental health field and gives her own interoperation of those sources like David J. Rothman and Gerald N. Grob, who are also mentioned in this paper. Kemp uses both *Conscience and Convenience* as well as *The Mad Among Us* for statics and facts about the mental health field. The sourcebook is useful to examine the history of the mental health field and gives examples from the other people who have studied the field as well.

The Progressive Era in medicine focused on the improvement of medical care for the mentally ill and focused on new ways to care for them and new means of studying in the medical field. *Conscience and Convenience* by David J. Rothman written in 1980, gives an in-depth look at the role that the United States took in the need for civic medicine.⁴ Civic medicine is the process of when the community or society comes together to take care of its ill or people who can not afford the medical care that they need. Rothman discusses the early idea of civic medicine started in the United States, was simply locking the mentally ill away in asylums or behind laboratory doors and few doctors were truly committed to finding a cure for the illnesses that their patients had. It wasn't until the early 1900s to the 1920s that psychiatric reformers set out to find the cures and causes for mental illnesses and to look into the patients histories for causes of illness. These reformers also sought to design new facilities and outpatient centers for the mentally ill to have regular check ups, and finally to teach the public about mental hygiene in order to not just cure the illnesses but to help prevent them as well.⁵ This was meant to bring civic medicine

⁴ David J. Rothman, *Conscience and Convenience: The Asylum and its Alternatives in Progressive America* (Glenview, Illinois: Scott, Foreman and Co., 1980).

⁵ Rothman, *Conscience and Convenience*, 294.

into the twentieth century and for the doctors to start working to actually start helping the patients rather than throwing them away and losing the key. Rothman uses examples from a lecture to other medical superintendents by a former medical superintendent and neurologist S. Weir Mitchell at their 50th annual meeting. Mitchell discusses how asylums had lost their purpose. They had become custodial institutions where Americans dumped their mentally ill and the caregivers tried their best with treatments but were unsuccessful. The rehabilitation idea to Mitchell on paper, but at the horrible conditions of the asylums that he had seen, he considered them a failed project.⁶ Mitchell was very critical of the American asylums because he felt that they were under funded, under staffed and were not doing an acceptable job as custodial institutions even though that was one of their basic tasks. Rothman also uses Clifford Beers as a source in this chapter as well.

Clifford Beers was an ex-inmate of an American asylum, who wrote a book telling the experiences he had on the inside of a mental institution entitled, *A Mind That Found Itself*, an autobiography written in 1907. This source describes how the inmates were treated in the asylum. Beers noted that he would often hear the distant cries of other inmates who were being mistreated and even figured out that a patient's stay would be easier if they remained quiet and out of the way of the abusive staff members.⁷ The use of this source allows Rothman to bring across his point of the fact that asylums were flawed institutions and need work before they would ever be successful care facilities. Beers ideas gave psychiatrists the ideas that would develop the modern mental health care facility and move the United States forward during the Progressive Era.

⁶ Rothman, *Conscience and Convenience*, 295.

⁷ Rothman, *Conscience and Convenience*, 299-302.

Adolf Meyer, a Swiss Psychiatrist, is another source that David J. Rothman examines in *Conscience and Convenience*. Meyer's goal was to look at the root of deviant behavior in order to study it differently from other psychiatrists that were practicing in his field in 1903. He was one of the first psychiatrists to realize that effective treatments had to extend beyond the walls of the asylums in order to truly help the patients. Meyer noticed that keeping patients secluded ultimately defeated the purpose of their treatment and that talking to the patients was far more effective. Meyer's ideas helped drive the Progressive movement in the medical treatments of the mentally ill and to further progress the study of illnesses and what their causes were as well.⁸ Treatments in asylums were ineffective and doctors and mental healthcare workers could do better work outside of the institutions and simply talking to the patients, than some of the treatments they had been using for years. Looking at a patient's history and determining the factors that had caused this person's illness would allow doctors to recreate the stresses that were causing the illness and develop ways for preventative and therapeutic measures to be created. This brought the field of psychiatry out from behind the asylum walls and into the community where they could start to treat patients more effectively.⁹

The National Committee for Mental Hygiene (NCMH), grew out of a meeting between Adolf Meyer and Clifford Beers in 1909. The NCMH was dedicate to the creation of outpatient clinics and after-care programs. The Committee also committed itself to the general dissemination of information about care and prevention of mental disorders. This involved handing out pamphlets, newspapers with stories about mental disorders and teaching people about mental disorders. The NCMH was designed to evolve the mental asylums, not disband them. The program

⁸ Rothman, *Conscience and Convenience*, 302-309.

⁹ Rothman, *Conscience and Convenience*, 305-306.

was designed to further the field but it still relied on the use of another flawed system.¹⁰ Rothman uses this source to show that even with programs to teach the public, the use of asylums was still wide spread and still widely flawed. Work inside of the asylum was impossible to carry out because staff turn over was too high with staffing being completely replaced four times within a year which meant the nursing staff was far more than unqualified. The asylums were largely overcrowded making even classification impossible to the point that doctors had to race through their rounds in order to see every patient let alone do the work that needed to be done. Despite all of these problems, the asylums were to be upgraded not shut down.¹¹ With these challenges the ideas of the progressive medicine could not be carried out properly like the original medical staff wanted, and instead the asylum returned to a system of larger buildings where no patients were really treated and people were largely locked away and forgotten once more.

The enduring use of asylums in the United States is largely discussed in the Rothman source. David Rothman focuses on mental health wards in United States and how they were flawed in their use and their treatments of patients. The Boston Psychopathic Ward within the Boston State Hospital. Created in 1911, it was designed to encompass the ideals that Adolf Meyer had created for the Progressive movement. It would encompass an outpatient clinic and specialize in the idea of cure and prevention. Like many other wards at the time, the Boston Psychopathic could only do so much for the treatment of the mentally ill and often times staff were too quick to just attach a label to patients instead of actually conduct the therapy the patients required. The Boston Psychopathic was created to cure the curable insane, not the incurable.¹²

¹⁰ Rothman, *Conscience and Convenience*, 317-323.

¹¹ Rothman, *Conscience and Convenience*, 319.

¹² Rothman, *Conscience and Convenience*, 325-331.

Boston Psychopathic was created to be an evolution to the asylum system but it ended up continuing much of what asylums had been doing and still left the system greatly flawed as Rothman continues to express. The asylums attempted to adapt to the changing of treatments but they were still great flawed and served as large buildings where society could dump its undesirables. Rothman uses this to further explain the problems with the mental healthcare system in American history.

The story of the Norfolk Penitentiary in Massachusetts is a large source that Rothman uses to discuss his views on the asylum system. The diary of the Norfolk Prison shows several attempts of what Progressives were attempting to do in the mental health field and some of the ways they tried to reform the asylum.¹³ The Norfolk Prison allows Rothman to discuss how new treatments were used on prisoners to attempt to cure their mental health issues. Though the field developed new treatments, it came at the cost of experimenting on prisoners in attempts to find cures. Rothman uses this book to show the flaws in the asylum system because of the mentally ill treatment of patients and prisoners and the lack of funding and research needed to truly help America's mentally ill. "Mental hygiene proponents were eager not to abolish asylums but to restrict them to a back-up and secondary role. The major concern of the mental health system was to be treatment of acute cases within the new community facilities. Reality, however, did not fulfill their expectations. The asylum never lost its centrality and its needs shaped the outcome of all reform ventures."¹⁴ The Progressive Era brought about new ideas of finding the stresses and cause of what made people mentally ill and focused on talking with people and curing them and preventing further illness while straying away from the use of asylums. In theory the ideas of the

¹³ Rothman, *Conscience and Convenience*, 379-380.

¹⁴ Rothman, *Conscience and Convenience*, 324-325.

Progressive Era were forward thinking and pushed the bounds of medicine, but as Rothman puts forward, the asylums were understaffed and overcrowded and the administration wanted to expand the asylums rather than deal with the problems within them.

David J. Rothman's book, *Conscience and Convenience*, is an excellent look at how the United States mental health field had evolved over many years especially in the Progressive Era of the early twentieth century. Rothman discusses how the field was expanding in an astounding way with doctors focusing on not only curing mental illnesses but looking for preventative measures and teaching the public about mental hygiene and the moving away from the use of the asylum in the mental health field and focusing on outpatient clinics and talking with their patients rather than ignoring their problems. Rothman identifies the problems with field arose when there was a constantly changing staff, doctors had so many patients that they could hardly see them all in a day aside from doing the necessary treatments that they needed, and that none of the medical administration wanted to fix the problems, they simply wanted to increase the size and usage of the asylums. Rothman writes about the treatments and the medical field in an optimistic light because it was steps forward to helping the mentally ill, but then the problems with American asylum system threw a wrench in the works and stopped the progress that the mental healthcare officials had begun. The Rothman source has a strong use of primary documents from former patients and doctors that were involved in the Progressive Era of the medical field. This source sheds great light on the ideas that the medical field had begun and the problems with the asylum system that lasted throughout their use.

The study of asylums and their evolution in the United States and how they have developed over time is a wide field and has been looked at for many years. The next author that looks in-depth into American asylums is Gerald N. Grob in his book, *The Mad Among Us* written in

1994. *The Mad Among Us* focuses on the problems with the asylum system in the United States. One of the larger problems with the system was the large amount of chronic mentally ill patients that existed in the United States and the asylums that were in use were too few to handle as many patients as there were in the early 1900s. As Grob discussed in the source, “Even though it was evident that there was a very wide gap between the capacity of state hospitals and the total number of the chronic insane, there was little disposition to consider alternatives.”¹⁵ The large problem of not knowing where to put all of the patients deemed incurable put a large burden on the State governments and because of this, the need for an asylum to house the patients was needed. The asylum system in the United States began new treatments to try and move away from the need of the asylum system, but the overabundance of patients forced the mental healthcare field’s hand. The Progressive Era brought new ideas with it like the idea of mental hygiene and the roles that psychiatrist played in that role of its creation. The creation of the idea of mental hygiene opened up new possibilities in treatments outside of the asylum for psychiatrists like the focus on prevention might quicken the reintegration of psychiatry back into the healthcare field and the ability to assist in other fields.¹⁶ Mental Hygiene would allow doctors and psychiatrists to teach the general public what mental illnesses were and what caused them and teach the general public how to avoid having children with mental illnesses. The focus of the mental hygiene practice was to help prevent further mental illnesses from continuing to be a problem and it was meant to allow healthcare to be able to move away from the asylums and out into the public

¹⁵ Gerald N. Grob, *The Mad Among Us: A History of the care of America’s Mentally Ill* (New York: The Free Press, 1994), 106.

¹⁶ Grob, *The Mad Among Us*, 154.

where they could help their patients more. The problem was the need for places to keep the mentally ill was still a large issue and with so many patients the doctors couldn't help the ways that they needed to and it did more damage to the field than good.

The Mad Among Us by Gerald N. Grob, focuses on the mental health field and the attempts to cure the mentally ill, but also focuses on the realizations of what really happened to the patients that doctors believed they were curing. During the creation of the asylum, overpopulation of the hospitals were a large factor in the failure of the therapeutic treatments that the doctors were practicing with their mentally ill patients. According to Grob, "The creation of an asylum-based system failed to resolve all of the problems associated with mental illnesses. From the very advent of mental institutions, the total insane population far exceeded the number of available beds...there was a wide gap between the perceived and the reality."¹⁷ Overpopulation of the hospitals meant that the new treatments that were being created weren't able to be completed because of the vast amounts of patients that took up the time that the doctors required to treat their patients. Grob continued by saying, "The presence of large numbers of chronically mentally ill persons presented public officials with a profound dilemma. To provide care in mental hospitals required a massive expansion in their number and size...the character of hospitals might be transformed, perhaps irreversibly, as custodial concerns overwhelmed therapeutic goals."¹⁸ The idea behind the Progressive Era values in medicine was to develop better treatments that took time to understand what the patients were going through and to give them therapeutic treatments that helped them focus and attempt to get better. The overpopulation in asylums took away the necessary time that the doctors needed to be with their patients and drew their attention to seeing

¹⁷ Grob, *The Mad Among Us*, 104.

¹⁸ Grob, *The Mad Among Us*, 104.

their large amounts of patients in one day rather than spending time with a few and giving them the treatment that was developed for them.

The revival of psychiatry in medicine brought changes to the mental health field and between the doctors practicing psychiatry and the doctors who focused on their work in asylums. According to Grob, "...psychiatrists called into doubt the caring function that had defined the essential character of their nineteenth-century institutional predecessors...They were hostile to the managerial and administrative nature of asylum practice, and preferred instead a wider more expansive roles outside of institutions."¹⁹ The practice of psychiatry began to get the doctors outside of the hospitals and more involved with their patients, but ultimately it severed the link between the two types of doctors, those practicing general medicine and those focused on mental health. Psychiatry took the focus off of the patients who were chronically mentally ill and focused them more on the patients with less severe cases and left the asylums to deal with the patients that could not take care of themselves. Psychiatry focused on therapy of the patient rather than surgeries and because of this, many psychiatrists ran into conflict with the Eugenics movement in the 1900s.

Grob wrote, "In 1907 Indiana enacted the first law that provided for mandatory sterilization of confirmed criminals, idiots, imbeciles, and rapists when recommended by a board of experts."²⁰ The Eugenics movement was believed to be a quick solution to a problem but many people disagreed. According to Grob, there was not a clear consensus on the idea of the benefits of sterilization as a means of treating mental illness. Though many psychiatrists believed that heredity played a role in the spread of mental illnesses, not all doctors could agree that sterilization

¹⁹ Grob, *The Mad Among Us*, 130.

²⁰ Grob, *The Mad Among Us*, 161.

was the proper course of action in the curing of mental illness.²¹ The involuntary sterilization brought a moral question with it that all doctors questioned when faced with the idea of the Eugenics movement. Sterilizing a patient did not cure the patient of their illness, it simply made it impossible for that patient to reproduce and to possibly spread their illness. Mental hygiene was created by the NCMH to help the average American citizen would only reproduce with people that were not afflicted by mental illness and would create superior offspring and better the human race. Mental Hygiene was a movement in psychiatry that was the practice of maintaining and restoring mental health, and of preventing mental disorder through education, early treatment, and public health measures.²² The role of Mental Hygiene was to educate the public about mental disorders and to screen who they were going to marry or become parents with to prevent the spread of mental illness. The medical field as a whole did not accept the idea of force sterilization because of moral and ethical reasons, but rather endorsed voluntary sterilization instead. The United States government passed legislation in the 1920s allowing sterilization only if the patient or legal guardian of the patient wanted to go through with procedure of sterilization and the Eugenics movement would be active in the United States until the early 1980s.

The Great Depression took a toll not only on the United States, but on the mental health field in America as well. Grob wrote, “The depression of the 1930s and ensuing global conflict discouraged investment in the private sector as a whole. A decade and a half of fiscal neglect would lead to a deterioration of a mental hospital system...Institutional decline had the paradoxical effect of both magnifying friction between psychiatrists who administered mental hospitals

²¹ Grob, *The Mad Among Us*, 161

²² Mental hygiene, Dictionary.com. The American Heritage® Science Dictionary. Houghton Mifflin Company. <http://www.dictionay.com/browse/mental-hygiene> (accessed: May 15, 2018).

and state legislators and officials concerned with economy and accountability.”²³ The Great Depression brought a large amount of budget shortages and lack of resources to the mental health field and because of this, doctors and mental health professionals had to create new treatments in order to help their patients. This involved treatments like electroshock therapy, insulin coma therapy, and typhoid fever therapy. These treatments were cheaper than the longer and more time consuming therapies that had been created during the Progressive Era and achieved the results that the doctors wanted more quickly. The treatments were harder on the patients but because they were seen as effective and less costly, the mental health field adopted the procedures to treat patients more effectively.

The Grob source, *The Mad Among Us*, gives a more negative view to the history of the mental healthcare system in America than Rothman. Rothman’s source looks at the history in a critical but often times optimistic approach, where Grob is highly critical and pessimistic about the field development as a whole. Grob’s source shows how the idea of Mental Hygiene and the Eugenics movement were used during the Progressive and Depression Era. He also discusses the evolution of the mental health field and the creation of psychiatry and their goal to learn how people’s brains work in order to better treat and understand their patients. *The Mad Among Us* paints a picture into the true reality of what asylum life was like and what doctors attempted to do in the development of the mental health field and the treatment of America’s mentally ill.

Mark A. Largent’s, “*The Greatest Curse of the Race: Eugenic Sterilization in Oregon*” written in 2002 focuses on the Eugenics movement and the sterilization of patients in the United States and the Oregon State Hospital. Legislation was put forth in 1935 to help lower the costs of

²³ Grob, *The Mad Among Us*, 165-166.

prisons and institutions that housed the criminally insane. This legislation was to make the Eugenics movement a reality and begin the sterilization of the mentally ill.²⁴ Largent's main source is Dr. Owens-Adair, a woman who was large in both the woman suffrage movement and the Eugenics movement as well.²⁵ Dr. Owens-Adair focused her life's work on the passing of the Oregon State Eugenics Laws in an attempt to improve the future well-being of the country's population. According to Mark Largent, "She [Dr. Owens-Adair] and many other social and political leaders in Oregon believed that eugenic sterilization and marriage laws could improve the state's citizenry by preventing "unwise marriages" and their subsequent offspring."²⁶ In the eyes of Dr. Owens-Adair, this legislation would be the key to improving the population and creating a better society for the future by removing any of the so called "undesirables" from society and keeping the people safe from mental illnesses and criminal activities. Dr. Owens-Adair argued, "These inferior and dangerous citizens should be "dealt with, not by chloroform or strangulation, but by the science of surgery, for if their power to reproduce themselves were rendered null a tremendous important step in advance would have been taken, not only without injury to life, but with often positive benefit to the victims themselves."²⁷ Dr. Owens-Adair thought that the solution to the mental health issues in the United States was as simple as a surgical procedure and sweeping the problems out of sight and out of mind, but it was much more complicated than that and it would take the leaders of the movement years to figure the problems out.

The Eugenics movement had more than just Dr. Owens-Adair pushing legislation to make it a reality. Mark Largent also discusses Dr. Harry H. Laughlin who was in charge of the

²⁴ Mark A Largent "The Greatest Curse of the Race': Eugenic Sterilization in Oregon, 1909-1983." *Oregon Historical Quarterly*. 103 no 2, (June 2002) 192.

²⁵ Largent, "The Greatest Curse."

²⁶ Largent, "The Greatest Curse."

²⁷ Largent, "The Greatest Curse."

Eugenics Board during the Emergency Immigration Act in 1920. Dr. Laughlin's main argument about the in flow of earlier immigrants was that they were doing what their instincts told them to do and they were the stronger races because they were moving somewhere where they could prosper better than in the country they were currently living. He then continued that the more recent immigrants of the 1900s were being forced out of their country and were not coming to the United States by choice and were seen as inferior and should not be allowed into the country.²⁸

The testimony that Dr. Laughlin gave as an expert led to the restrictive legislation that kept immigrants from entering the United States based on flawed sciences and inaccurate reasons for immigration. Restricting immigration was not the only legislation that was passed at this time. According to the Largent source, "eugenicists attempted to improve the quality of the nation's citizenry by reducing the birth rate of individuals they considered to be "feebleminded," term early twentieth-century reformers used to refer to people they considered too physically or mentally deficient to resist "inappropriate" activities, such as chronic masturbation, rape, child molestation, and "crimes against nature" a euphemism for homosexual acts."²⁹ The idea behind the Eugenics movement was to improve the population in the United States by sterilization of those who were deemed criminally insane or mentally ill. The movement was sponsored by famous doctors and political leaders at the time and was done for the benefit of the people and to make society more fit in the eyes of the medical field. The Mark Largent source sheds light on to a subject that not many people know about but operated for many years in the United States and will always be a mark on its history. Like the other authors, Largent gives the history of the Eugenics movement in the United States and the reasons sterilization was used. Largent looks at the

²⁸ Largent, "The Greatest Curse."

²⁹ Largent, "The Greatest Curse."

Eugenics movement as a history that not every remembers, but should. Both Rothman and Grob both say it was a pseudo-science that doctors passed off as a preventative measure, but speak to the reader as if it is already known. Largent gives the history and the figures of how many people were sterilized in the United States and how the U. S. should not forget that this history happened and they should learn from the mistakes of the past.

The Oregon State Hospital is an example of an institution that belonged to the American asylum system as has been largely studied throughout its existence and help in the treatment of the mentally ill in Oregon. One of the main benefits to asylum life in the Oregon State Hospital, was Dr. R.E. Lee Steiner becoming superintendent in 1908. Steiner moved the hospital's mission from storing the mentally ill, into the treatment and possible curing of the patients that were there. In Goeres-Gardner's source, she puts a quote from Dr. Steiner that highlighted his views on what he wanted the hospital to be for patients. Dr. Steiner said to the Board of Trustees, "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...and that everything that deprives them of safe and sympathetic care, modern and scientific treatment, is wrong."³⁰ The Progressive Era led to the idea of treatment of the patients who were suffering from mental illnesses and Dr. Steiner focused the Oregon State Hospital's mission to treat and cure the people who were in the asylum and not just forget about them or leave them to suffer for the rest of their lives. Steiner implemented a credit system for patients so that they could purchase things that the state of Oregon did not have a budget for. Dr. Steiner's time at the Oregon State Hospital was forward thinking and fell in line with the Progressive Era movement.

³⁰ Diane L. Goeres-Gardner, *Inside the Oregon State Hospital* (Charleston, SC: History Press, 2013), 110.

Dr. Steiner also played a role in the Oregon State Hospital's role in the Eugenics movement because he was the head of the Eugenics Board in Oregon. Dr. Steiner believed that the only cure to criminal and deviant behavior was the application of more drastic Eugenics laws including the authority for sterilization without consent of the person submitting to the procedure.³¹ Steiner was a large advocate for the Eugenics movement because of the role he held as the head of the Board of Eugenics. During his time at the Oregon State Hospital, 127 people had been sterilized under the Eugenics Board by 1923.³² Dr. Steiner played a large role at the Oregon State Hospital during his 30 year span as superintendent and he left a mark on the institution's history.

The State of Oregon was played a large role in the Eugenics movement revolving around one woman, Dr. Berthina Owens-Adair. Dr. Owens-Adair received her medical degree from the University of Michigan in 1880. A woman's rights advocate, Dr. Owens-Adair believed scientific and systematic sterilization of those who were feeble minded or deemed non-ideal for society would improve the human race and reduce the amount of criminals in the United States and end criminal tendencies.³³ The Eugenics movement was based on the idea that criminal tendencies were a trait that the human race carried that could be bred out of us like with other animals. The science behind it was flawed but the belief behind the science existed for decades in the United States and Oregon as well. In 1909, Dr. Owens-Adair sponsored the first law authorizing human sterilization of the country's "undesirables." It was later vetoed by the Oregon Governor George Chamberlin because he felt the law was too general. This did not stop Dr. Owens-Adair

³¹ Goeres-Gardner, *Inside the Oregon State Hospital*, 159.

³² Goeres-Gardner, *Inside the Oregon State Hospital*, 159.

³³ Goeres-Gardner, *Inside the Oregon State Hospital*, 150.

and she continued her campaign throughout the state of Oregon with large amounts of support.³⁴ Dr. Owens-Adair said, “I personally believe that every person, male or female, who has been committed to a state institution as insane, epileptic, feeble-minded, idiotic, or for criminality, should be sterilized at least by vasectomy or salpingectomy.”³⁵ The Eugenics movement existed throughout the United States and impacted many lives throughout the years it was active.

The need for quick and effective cures grew as time went on during the Progressive and Greta Depression Eras moved forward and two of these cures presented themselves in the form of Insulin and Metrazol therapies. The Insulin Coma was induced by injecting small amounts into the patients until they had a seizure and slipped into a near-death coma laying for about four hours. Patients would then wake up from the coma in a docile, infant-like state which was perceived as an improvement from what they had been previously.³⁶ This “cure” was seen as effective because it changed the way that the patient behaved and after several treatments like the first, the patient would remain infant-like for the rest of their lives. Insulin therapy was seen as an effective treatment but it completely changed the patient’s brain and they were never truly healthy human beings ever again.

Metrazol worked very similar to the Insulin therapy but was used on the patients who had been in the hospital longer and who had been ill the longest. Metrazol was injected directly into patient’s vein and a violent seizure would follow almost immediately. These seizures were more intense than the Insulin caused seizure, with patients factoring bones, shattering teeth, or even spinal fractures. Though Metrazol was used as a cure, not one patient who was administered this

³⁴ Goeres-Gardner, *Inside the Oregon State Hospital*, 150.

³⁵ Goeres-Gardner, *Inside the Oregon State Hospital*, 151.

³⁶ Goeres-Gardner, *Inside the Oregon State Hospital*, 144.

treatment was ever discharged, even though they had improved in the eyes of the doctors who treated them.³⁷ Both of these treatments were seen as cures because they changed the way that the patients behaved and the doctors deemed these as cures because of this fact, but all the treatments did was damage the patient's brain to the point that they were docile and could not do the same things as a healthy human brain could. These treatments were quick and showed results and because of this, these treatments would continue to be used throughout the late 1930s and beyond.

Inside the Oregon State Hospital by Diane L. Goeres-Gardner gives an inside view of the years of the operation of the asylum and the patient stories and the procedures that went on during its operation. From the Eugenics movement to the use of lobotomy many patients were given procedures that were thought to cure them but did more harm than good. The Goeres-Gardner source is a strong source because it gives direct details about the lives of people who spent time in the asylum system, but is not written by a historian so it does not get as critical of the sources as some of the other sources like Rothman or Grob. *Inside the Oregon State* tells the story of the patients in the Oregon State Hospital and the stories of what happened to them.

“Sterilization and Suffrage” by Dr. Owens-Adair, was an article written about the legislation put forth in Oregon about the Eugenics movement and what Dr. Owens-Adair believed was the best medical decision for people who were mentally ill and how best to help the human race in its advancement. This source looks at the legislation put up by Dr. Owens-Adair in order to make the Eugenics movement a law.³⁸ The goal of sterilization was to attempt to stop the spread

³⁷ Goeres-Gardner, *Inside the Oregon State Hospital*, 144-145.

³⁸“*Suffrage and Sterilization: Dr. Owens-Adair*,” Oregon State Hospital Museum of Mental Health, 2012, <https://oshmuseum.org/suffrage-and-sterilization-dr-owens-adair/>.

of illnesses like Epilepsy, insanity, and cancer. It also aimed to stop criminal tendencies in people. Dr. Owens-Adair believed that the only way to cure the people afflicted by these diseases was to stop the spread of their heirs by sterilizing them and weeding out those who were unsuitable to breed or be parents.³⁹ Dr. Owens-Adair wrote “Suffrage and Sterilization” to explain her position on the Eugenics movement and why she believed that sterilization was the future solution to all mental health issues at the time. If they weeded out those who were unfit to breed, the population would only benefit in the future because they believed that those tendencies would be removed. This pseudo-science had false logic and believed in a cure that was more harmful to people than it did benefit to the human race.

The mental health field in the United States evolved greatly during the Progressive and Great Depression Eras. The evolution of civic medicine with the creation of new sciences like psychiatry and the steps to move away from the asylum system and move into outpatient facilities to be closer to the community they were serving. The problems arose when the constant flow of mentally ill and lack of funding pushed mental health specialists to seek cheaper means in order to treat their patients with radical new treatments such as electroshock therapy or even sterilization as part of the Eugenics movement. The Progressive Era and the Depression Era were times of change in the mental health field and saw new forms of treatments and experimentation in the treatment of America’s mentally ill.

The mental health field has been studied for years and by many scholars throughout American history. This research paper will look at how the mental health field has evolved and how the Oregon State Hospital and other institutes have contributed to the field as a whole.

³⁹“*Suffrage and Sterilization: Dr. Owens-Adair*,” Oregon State Hospital Museum of Mental Health, 2012, <https://oshmuseum.org/suffrage-and-sterilization-dr-owens-adair/>.

The Oregon State Archives hold records from government institutions throughout the state of Oregon that are permanent records and are available to the public for access. The next section is a series of Facebook posts based on an internship at the Oregon State Archives that deal with how the archives store their records, preserve other records, and about the Female Patient Case Files that have recently become available to the public for access. The Facebook posts explain processes like digital preservation as well as a few of the women that spent time in the Oregon State Hospital and the experiences and their lives in an Asylum during the Progressive Era and the early depression era as well. Through these patient files and Facebook posts, the stories of the patients at the Oregon State Hospital as well as the treatments they were given, how the doctors cared for the patients, and what measure of treatments they were given such as sterilization or another form of radical treatment.

Week 1: 04/12/18

Hey everyone! My name is Andrew and I am an intern from Western Oregon University. I am a History major and will graduate in the spring of 2019. This week I am posting about the female patient case files from the Oregon State Hospital from the time period of the late 1800s to around the 1930s. Three files in particular stood out to me.

The first was about a patient named Emma I. Morris. Ms. Morris was admitted to the Oregon State Hospital in October of 1890, with the diagnosis that she had mental impairment and suffered from hallucinations. The doctor's notes about her indicated that she was in great physical condition despite her symptoms. She suffered a stroke in 1934 but was able to recover and lived for another four years. She passed away on February 2, 1938 of heart disease. Emma Morris spent a total of 48 years at the Oregon State Hospital and was a really interesting patient to learn and read about.

The second patient file that stood out to me was a woman by the name of Wilhelmina Merklinger. Wilhelmina was admitted to the Oregon State Hospital in January of 1891 at the age of 27. She was originally from Germany, but lived in Mt. Angel. She suffered from spells of melancholia, and was chronically depressed according to the doctors that cared for her. She stayed at the hospital until December 30, 1928, when she passed away from bronchitis and old age after being a patient at the hospital for 37 years.

The third file was for Jane Mayberry, who spent a considerable amount of time at the Oregon State Hospital. She was first admitted in 1908 because she was deemed both homicidal and suicidal. She was then transferred and released several times throughout the early 1900s, but was readmitted in 1925. She was 48 years old when she first came to the hospital and was in and out of the hospital until she was 68. While at the hospital she had her tonsils removed and was quarantined for diphtheria (a type of infection). She was finally released in September of 1925 to the care of her husband.

All three of the patients were very interesting to read and learn about during this first week of my internship and I look forward to sharing more about the State Hospital's patients in the weeks to come.

Week 2: 04/23/18

Hello again everyone! This is Andrew, writing about my experiences as an intern at the State Archives.

This week I spent time not only looking at more of the State Hospital female patient case files that I posted about last week, but I also got to shadow an archivist! Andrew Needham is the accessions archivist at the Oregon State Archives and handles all of the incoming records, either from other state offices or from local government offices. Some of the records he showed us were county coroner's files, as well as a scrapbook from the American Legion "Girls State" from 1960 (Boy's and Girl's State are programs sponsored by the American Legion to teach teenagers between their junior and senior year of high school how the government works by setting up a mock state. This includes electing members at Girl's State to positions such as Governor, Lt. Governor, and two State Senators). This is a rare example of something that was dropped off by a private donor. Andrew's job is to determine if it has a place in the Archives. This is an incredibly important job, and we learned that his work is never done because there are always more records coming in.

Andrew showed us a section of shelving that spanned probably a good 20 feet and was lined two boxes deep that held just one county's records. This really surprised me! I never realized how many records that an entire county can produce.

This week was really cool because I was able to continue looking at the records, but also got to shadow someone who works at the Archives and therefore learn about some of the jobs that occur behind the scenes. In the coming weeks I will have the opportunity to shadow more Archives staff and work on some other projects as well as researching the female patient case files from the Oregon State Hospital. I'll talk to you all again next week!

Week 3: 04/26/18

Hey everyone! I'm intern Andrew and I am back again to share more of the case files of female patients from the Oregon State Hospital. The three files that I will be talking about today really stood out to me. Two of them also include pictures of the patients.

The first patient file was from a woman named Melcinia Palmer, who was admitted at age 27 on November 27th, 1906. She had been admitted one time before but this file focused on her second admittance. Melcinia was deemed both suicidal and homicidal by the courts and was admitted after two incidents. The first was her attempted suicide by a self-inflicted gunshot wound to the chest two years prior to being admitted to the Oregon State Hospital. The second incident was the murder of her cousin. The notes in the file say that she was excited to see her visiting cousin and left the room and while he and her father continued their conversation. Melcinia shot her cousin in the back of the head and went into a hysterical spell following the incident. Throughout her time at the Oregon State Hospital she continued to talk about her cousin and how he was planning to visit her son. Melcinia Palmer contracted tuberculosis and died in the hospital on September 22nd, 1909.

The second file is from a woman named Sophia Pepper. This file stood out to me because it is the first file that I processed at the Archives. Processing involves going through the file and removing anything that could be damaging to the records over time like staples and tape or metal rivets in the paper. Then we place the documents in the order most suitable for research by putting basic information about the patient (date of admittance, doctors' notes and court files) and finally notification of release, transfer, or death. This process readies the records for use by the public and makes them easier for the researcher to use. Sophia Pepper was a housewife that was admitted to the Oregon State Hospital at the age of 59. She had been admitted to St. Joseph's Hospital, another asylum, four times before her stay at the Oregon State Hospital and was suffering from "fixed delusions". She was also violent and angry at times and was very high strung according to her physician's notes. She was discharged on April 1st, 1921.

The third file is for a patient named Mary Mitty. She was admitted to the Oregon State Hospital on November 1st, 1920 at the age of 52. She was single and was inclined to be suicidal and suffered from nervousness and hysteria as well as frequent headaches. She constantly felt persecuted by the staff and suffered largely from paranoia and had a nervous temperament throughout her stay at the hospital. Mary Mitty died on January 12th, 1932 from influenza while still at the Oregon State Hospital.

All three of these case files were very interesting to go through and to learn about their histories, as well as the history of the Oregon State Hospital. Thank you all for reading and I look forward to posting more about the case files I find in the future.

Week 4: 05/07/18

Hey everybody! This is intern Andrew to tell you about week four of my internship. I worked with Austin Schulz and learned about some of what he does at the Archives.

The first thing that we did was learn how the Archives tests for vinegar syndrome. This is a deteriorative process that happens to film when it hasn't been stored properly. Over time, the adhesive that holds the film together begins to break down and the film begins to crinkle until it becomes brittle and unusable. One of the main ways that you can tell film is going through vinegar syndrome is the very strong smell of vinegar that is given off. This is what gives the process its name. Testing for vinegar syndrome is done by simply placing a blue colored test strip inside the boxes of film, and leaving it there for two weeks to see if the strip changes color. It takes a little time, but the process is pretty straightforward.

Next we learned was how to digitally copy the film and photo negatives that are at risk from vinegar syndrome. This is what I ended up doing for the majority of the time that I was at the archives this week because I thought it was really cool and a lot of fun. The scanning process is as easy as placing a photo negative on a scanner, clicking preview to create a border around the digital photo, and then clicking scan and waiting anywhere from 4 to 8 minutes for the photo to scan into the computer. After scanner was done, I would then give the description of the photo in a file name. That way the digital record has both a name and can be located but also has a description of what is going on in the photo as well. While I was doing this, I also got to put records back where they belong and retrieved other boxes of records for people visiting the archives. This week was really interesting, and I hope to continue the fun work that I have been doing and sharing what I am learning with you all!

Week 5: 05/10/18

Hello everyone! This is Andrew back to talk with you more about my internship experience with the State Archives.

This week the interns from Western Oregon University got to visit the State Records Center in Salem. The Records Center is essentially a giant warehouse where agencies send their records, either permanent or not, for storage before they are either destroyed or sent to the Archives for permanent storage. The Records Center currently stores over 85,000 boxes of records, and has the capacity for 100,000. Some of the files that are stored at the Records Center are permanent records but have to be kept accessible by the agency that stores them for a certain amount of time; or they are sealed for a certain number of years before they are transferred to the Archives. An example of this are the records from the Oregon State Hospital. The case files are sealed for 75 years before they are accessible to the public, and so they spend their time on the shelves of the Record Center until they can be transferred and processed for public use at the State Archives.

The Records Center uses a WAV machine. This is a vehicle that's kind of like a small forklift, and helps the staff reach all of the records, including the ones on the upper shelves. It's a pretty cool place and has a lot of records in it. I really enjoyed my visit there and it was interesting to see where many records are housed before they are transferred to the Archives.

Thank you all for reading!

Week 6: 05/17/18

Hello everyone! This is intern Andrew here to share more about some patient case files that I've been working on at the Oregon State Archives.

The first patient, Elizabeth Miller, was admitted on November 30, 1920 at the age of 74. She was not married and was characterized in the doctor's notes as an "old maid." The diagnosis was senile deterioration. This included trying to run away from home all of the time, as well as destroying her clothes. The doctors also noted that she did not use any substances but enjoyed smoking a pipe. She had a stroke while she was at the State Hospital and as a result suffered from partial paralysis. On February 13, 1925, she died suddenly and without explanation. She was 79 years old at the time of her death.

The next two files are interesting but relate to patients who died within the time period (75 years) that the State Hospital restricts these records, so I will not provide any identifying information. The first file relates to a housewife admitted in December of 1920, with depression and suicidal tendencies. She also had inflammatory rheumatism, which is inflammation of the joints much like arthritis. She also suffered from albuminuria, which is too much protein in your urine; and dysautonomia which affects the nervous system. The doctors treating her believed this was due to complications relating to childbirth. She also tested positive on both her Kahn and Wasserman tests, which are used for syphilis screening. Her husband divorced her while she was a patient, which she was not aware of. In 1946 she died of bronchopneumonia.

The last patient was also housewife who was admitted in December of 1920 with depression. She felt that no one cared about her and she also had a fear of knives, which she often discussed with the doctors. She was paroled for a short time but was readmitted in August of 1922. While she was in the State Hospital, she developed typhoid but was able to overcome it. She later died in 1946 of bronchopneumonia.

All of these files were very interesting to read and to go through. Elizabeth Miller was referred to, by her doctor, as an old maid and I had never seen that as an actual description of someone before. The other two were interesting because they both died of the same condition and were admitted about two weeks apart and died the same year. I hope you all enjoyed reading about them as much as I do and I look forward to posting more next week.

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