


6-10-2019

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Recommended Citation

Alvarez, Andres, "Immigrants, Mental Health, and the Oregon State Hospital" (2019). *Student Theses, Papers and Projects (History)*. 267.
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Immigrants, Mental Health, and the Oregon State Hospital

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Senior Seminar: Hst 499
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June 5, 2019

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From eugenic programs that helped to inspire the Nazis, to the lack of support and staff, the field of mental health in the United States has many dark histories still waiting for light to be shined upon them. There is a need to examine and analyze what roles mental health institutions played in the early 20th century, to help form a better understanding of the field of mental health at the time, and bring to light what information has been forgotten, purposely or not. This paper examines two female patient case files from the Oregon State Hospital from the 1920s. Both women were immigrants, and this fact alone affected their treatment and reason for hospitalization in the first place. Pulling from secondary sources that helped to lay a foundation for better understanding the field of mental health in a broader sense, the comparison and contrast of the patient case files will show that mental health institutions were used against marginalized groups, and the mistreatment of these groups had effects on their communities. The themes that will be explored through the patient case files include race, ethnicity, gender, and class. An analysis of motives and practices against less represented people in the history of mental health care can lead to a larger understanding of mental health during the early 20th century.

Both female patient medical case files contain two unique case studies of immigrant women named Mary¹ and Florence² who were both incarcerated at the Oregon State Hospital during the early 20th century. Mary came to the United States as a young immigrant at the age of five from Scotland,³ and was able to attend and complete grammar school suggesting despite

¹ Female Patient Medical Case Files, File #4033, Box 58, Folder 10, Oregon State Hospital, Oregon State Archives, Salem, Oregon, United States of America. For the sake of privacy the name of this patient has been changed to Mary for this paper, (hereinafter cited as File #4033, Oregon State Archives).

² Female Patient Medical Case Files, File #3892, Box 55, Folder 16, Oregon State Hospital, Oregon State Archives, Salem, Oregon, United States of America. For the sake of privacy the name of this patient has been changed to Florence for this paper, (Hereinafter cited as File # 3892, Oregon State Archives).

³ Circuit Court Paperwork, File #4033, Oregon State Archives.

being an immigrant, she most likely had a good grasp as an English speaker and writer.⁴ She was married and had one child before being put into the Oregon State Hospital at the age of 28. During her time at the hospital she was made a part of the state eugenics program, and despite being paroled once to her husband, she died at the hospital after being a patient there for six years.⁵ Florence arrived in the United States as an adult Catholic Italian immigrant at the age of 37.⁶ Because she was an adult she had trouble adapting to American culture for example not grasping the English language very well. She was married in the state of Washington⁷ and had one living child before being incarcerated at the Oregon State Hospital. During her time at the hospital she was paroled twice into the care of her daughter and son-in-law but ultimately died at the hospital after being a patient there for fifteen years.⁸ As an Italian immigrant she was also made to sign an enemy alien form after the U.S. entered World War II.⁹ Both of these women entered the hospital and displayed extra struggles within their case files due to being female immigrants. Comparisons and contrasts exist between the two files through their assimilation into American society before incarceration, reasons for being admitted to the state hospital, communications issues while incarcerated, legal issues they faced as immigrant patients, and the kind of support given to each woman during their time at the hospital.

Historians who are exploring and understanding the field of mental health during the early 20th century are still working to uncover many of the silences that exist. The following sources lay a foundation for proper investigation and analysis of the two female patient case files

⁴ Hospital Station Patient Previous History, December 22, 1927, File #4033, Oregon State Archives.

⁵ Continued Notes, File #4033, Oregon State Archives.

⁶ Circuit Court Paperwork, File #3892, Oregon State Archives.

⁷ Circuit Court Paperwork, File #3892, Oregon State Archives.

⁸ Continued Notes, File #3892, Oregon State Archives.

⁹ Enemy Alien Form, File #3892, Oregon State Archives.

from the Oregon State Hospital. Together the following eight sources explore the themes of mistreatment of marginalized and minority groups in the field of mental health, and the effects such mistreatment had on them and their communities. The groups of marginalization that will be explored include race, ethnicity, and gender. An analysis of motives and practices against these groups of people in the history mental health care can lead to a larger understanding of mental health during the early 20th century.

One group of scholars focus on race, ethnicity and sexuality. The second group explore treatment in institutions and asylums, and therapeutic questions. The book *Intimate Matters: A History of Sexuality in America*¹⁰ by John D’Emilio and Estelle B. Freedman, “A History of Oregon Issei, 1880-1952”¹¹ by Eiichiro Azuma, “Disorderly Pasts: Kinship, Diagnoses, and Remembering in American Indian/US Histories”¹² by Susan Burch all focus on exploring the themes from the first category. The book *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*¹³ by Joel Braslow, “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983”¹⁴ by Mark A. Largent, “Freedom of Speech and Institutional Control: Patient Publications at Central State Hospital, 1934-1978”¹⁵ by Constance Ledoux Book and David Ezell, “They Gave Their Care, But We Gave Loving Care”: Defining

¹⁰ John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* 3rd ed.(Chicago: University of Chicago Press, 2012).

¹¹ Eiichiro Azuma, "A History of Oregon's Issei, 1880-1952." *Oregon Historical Quarterly* 94, no. 4 (1993), 315-367.

¹² Susan Burch, “Disorderly Pasts: Kinship, Diagnoses, and Remembering in American Indian/US Histories.” *Journal of Social History*, 50, no. 2 (Winter 2016): 362-385.

¹³ Joel Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley: University of California Press, 1997).

¹⁴ Mark A. Largent, “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983,” *Oregon Historical Quarterly* 103, no. 2 (Summer 2002): 188-209.

¹⁵ Constance Ledoux Book, and David Ezell, "Freedom of Speech and Institutional Control: Patient Publications at Central State Hospital, 1934-1978," *The Georgia Historical Quarterly* 85, no. 1 (2001): 106-126.

and Defending Boundaries of Skill and Craft in the Nursing Service of a Manitoba Mental Hospital during the Great Depression”¹⁶ by Chris Dooley, and “Accounts of Abuse of Patients at the Toronto Hospital for the Insane: 1883-1937”¹⁷ by Geoffrey Reaume focus on the themes in the second category.

Focusing on the theme of sexuality, historians John D’Emilio and Estelle B. Freedman look at the impact of sexual expression and discrimination within American society during the early 20th century in their book *Intimate Matters: A History of Sexuality in America*. This source gives background to better understand the role of sexuality for immigrants. Sexual expression at this time moved outside and beyond the confines of marriage. Birth control became less of an issue of freedom for women and more a tool for regulating the poor, suggesting a correlation can be explored between keeping the poor from reproducing and those who were sterilized within institutions.¹⁸

The authors explain how men and those with political power had authority to decide what was deviant and what was the norm of sexuality, why they had this authority, and how they carried out ways to define sexuality. One example of this was the commercialization of sex. Entrepreneurs in the late 19th century into the 20th century created institutions that encouraged erotic behaviors, and were able to cash in on using women to fulfill the sexual needs of men from all backgrounds to turn a profit.¹⁹ The idea that men were lustful allowed for brothels to exist and for men to frequent them, yet at the same time women were expected to “stay

¹⁶ Chris Dooley, “‘They Gave Their Care, But We Gave Loving Care’: Defining and Defending Boundaries of Skill and Craft in the Nursing Service of a Manitoba Mental Hospital during the Great Depression,” *Canadian Bulletin of Medical History* 21 no. 2 (Fall 2004), 229-251.

¹⁷ Geoffrey Reaume, “Accounts of Abuse of Patients at the Toronto Hospital for the Insane: 1883-1937.” *Canadian Bulletin of Medical History* 14 no. 1 (Spring 1997), 65-106.

¹⁸ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 250.

¹⁹ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 181.

virtuous.” The idea that women did not have the same sexual desires as men also proved to not be true after the study by Katharine Bement Davis showed that women who did have access to birth control reported having more frequent “fulfilling” intercourse.²⁰ Many of these women who stated they had sex for pleasure did not feel that pleasure was a legitimate reason to have sex, once again showing how much the pressures of society influenced what was perceived to be right or wrong. The clear ignorance and lack of education about sex stands out as the prominent cause of the mixed feelings many women studied had about sexual passion. Social purity campaigns become common but helped in contributing to the creation of brothels in segregated vice districts by forcing it from the view of white middle-class women and into the working class, immigrant and Black neighborhoods. Prostitution was becoming a feature of urban life.²¹ The social hygiene movement influenced by Prince Morrow saw prostitution as the reason for syphilis and gonorrhea being spread.²² This led vice and those associated with it to become the target for countering venereal diseases. Social hygienists commented frequently on birth deformities that were caused by venereal disease. “At a time when the belief in the inheritability of moral character was strong in American thought, the fight against prostitution and venereal disease fed into eugenics campaigns to sterilize the ‘unfit.’”²³ Those who were targeted as “unfit” were often immigrants.

Class and ethnicity influenced cultural ideas about gender and sexuality. The many sexual attitudes and customs of working-class and immigrant Americans varied according to traditions they brought with them to urban living. Italian families wanted daughters to stay a

²⁰ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 175.

²¹ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 181.

²² John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 204.

²³ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 215.

virgin until married.²⁴ At the start of the 20th century more women were able to go to college and found the freedom to act on mutual attraction, in many cases with other women. Even of those who got married to men some decided not to have children, this group became an anomaly, living proof of the fragility of the middle-class values. Even though white middle-class Americans were exploring sexuality due to greater access to birth control, immigrant families did not have the same knowledge and thus had high procreation rates that led to poor living conditions and inadequate medical care.²⁵ Racism was deep rooted, and Southern leaders expected White women to be untouchable, exemplifying a purity that was beyond corruption, yet at the same time many White Southern men had their first “sexual encounters” with women of color.²⁶ Mexican and Black men were being lynched over accusations of rape or having sex with a white women, regardless of class. They were lynched often without a trial.²⁷

Focusing on the theme of race and ethnicity, historian and specialist in Asian American Studies Eiichiro Azuma explains the arrival of Japanese immigrants, their impact on the state of Oregon, and how their communities were later sabotaged in "A History of Oregon's Issei, 1880-1952." This source gives context to how a minority group can be singled out by their community, and helps to better understand how Mary and Florence were singled out as a Scottish and Italian immigrant in Oregon. It also shows how much support plays a factor for minority groups. Azuma shows how the Chinese Exclusion Act of 1882 created a shortage of labor for railroad companies that resulted in Japanese immigrants being able to migrate to the United

²⁴ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 185.

²⁵ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 274-275.

²⁶ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 186.

²⁷ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 274.

States to fill that void. The rapid increase of Japanese rail workers between the end of the 19th and the early 20th century brought the first influx of Japanese immigrants to Oregon.²⁸ Some were able to acquire some capital over time and founded businesses that catered to Issei laborers.

29

Throughout the early 20th century the Japanese American community was able to expand to other cities in Oregon such as Hood River to pursue agriculture. The early 20th century also brought an influx of Japanese women to Oregon changing the conventional family structure that existed before in the more bachelor-centered Japanese communities. New family norms started to emerge that were different from what existed in Japan at the time which included men acting as midwives and mutual support between couples.³⁰ While building their supportive communities the Japanese would be fighting against exclusion from white settlers in Oregon. The Oregon Alien Business Restriction Law of 1923, Oregon Alien Land Law of 1923, and the Immigration act of 1924 all worked against the Issei and Japanese communities. Endorsers included the Anti-Asiatic Association, the Oregon American Legion, and the Ku Klux Klan.³¹ Understanding the deep-rooted racism against these communities helps to understand how and why their communities were sabotaged and challenged. Azuma gives evidence of how much race was an issue within the state of Oregon and its identity during the early 20th century.

In “Disorderly Pasts: Kinship, Diagnoses, and Remembering in American Indian/US Histories,” Susan Burch focuses on how South Dakota’s Canton Asylum detained nearly four hundred Indigenous men, women, and children from more than fifty Native nations during the

²⁸ Azuma, "A History of Oregon's Issei," 316.

²⁹ Azuma, "A History of Oregon's Issei," 317.

³⁰ Azuma, "A History of Oregon's Issei," 332.

³¹ Azuma, "A History of Oregon's Issei," 336.

first three decades of the twentieth century.³² The Canton Asylum separated families and used medical diagnoses to dispossess Native people. Staff did not allow Menominee patient Agnes Caldwell to leave the asylum to take care of her sick father.³³ Agnes Caldwell's kin detailed how institutionalization undermined their family's well-being, and the institution maintained that they understood best how to restore wellness.³⁴ Caldwell had a child, most likely with someone who was harassing her and worked at the asylum, and then the institution put the blame of the pregnancy on someone else instead of their worker.³⁵ When the Menominee tried to get relatives and tribal members back from the asylum the institution usually did not comply, even when family members asked for their family members to be released.

The events in this article show how the asylum not only broke down communities but also broke down the individuals within, so if they did leave the asylum they would not be the same as before. The asylum took those from families that had previous mental issues, showing that they were trying to wipe out whole families that lived together on the native lands. Not only did they take multiple members from the same family to the asylum, they also applied Eugenics to destroy family lines surviving in the future,³⁶ further breaking down the kinship that was so strong in the native communities showcased in the article. The fear of strong native communities was a part of the fuel for using the Canton Asylum to break them apart by the government. Understanding the patterns of society using asylums as places to work against indigenous and other minority groups in the early twentieth century lays a foundation to build upon how asylums

³² Burch, "Disorderly Pasts," 362.

³³ Burch, "Disorderly Pasts," 365.

³⁴ Burch, "Disorderly Pasts," 367.

³⁵ Burch, "Disorderly Pasts," 369.

³⁶ Burch, "Disorderly Pasts," 371.

worked the way they did, the background of people who occupied them, and what were alternative goals that they tried to carry out. Burch gives clear evidence of violent entanglement of settler colonialism, racism, ableism, and patriarchy and their impact on Native sovereignty. Understanding how this worked can again help with future analysis of other patients who come to asylums as apart of minority groups, and how the asylums were used to work against groups who were “unwanted” by society and were racially fueled.

The forcefulness of pushing white culture onto Menominee patients is best shown with how their names were changed on their tombstones in the cemetery connected to the asylum. Burch writes of “the 120 known Native people buried in mostly unmarked graves in this cemetery. Most of the names inscribed on a historic marker reflect U.S. government references: English, Christianized names or English approximate translations of Indigenous names”³⁷ It’s clear the institution was not meant to help those taken to it, but instead push those who came to leave their native identity and sabotage their existing kinship.

Looking at the theme of institutions and treatment psychiatrist and historian of medicine Joel Braslow studied psychiatric hospital records in California In the early 20th century, focusing on Patton State Hospital and Stockton State Hospital in *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*.³⁸ Braslow considers how physicians used therapies such as hydrotherapy and sterilization in order to find ways to heal the mind by treating the body. Braslow finds that the treatment of patients reflected the stigma about mental health during the early 20th century and considers whether doctors believed their treatment was a remedy for the patients or if it was just discipline. Understanding how

³⁷ Burch, “Disorderly Pasts,” 375.

³⁸ Braslow, *Mental Ills and Bodily Cures*, 15.

institutions operated helps to better understand what Mary and Florence experienced, and how their immigrant status played a role in their treatment at the institution.

Braslow describes how patient intake led to patients being jailed prior to being taken to Stockton State Hospital.³⁹ This action towards patients shows what seems more like a punishment than a form of treatment while waiting to be taken to the hospital. The sheer number of patients was far greater than physicians at the State Hospitals and this taxed not only the patients, but those who were supposed to care for them. Braslow states the following to show how quickly the patient population was rising at the time, “The total number of patients residing in all of California's State Hospitals grew even more quickly than did Stockton’s resident population.”⁴⁰ The numbers were so great in the early 20th century that hundreds of patients had to sleep on corridor floors. The stigma around mental health was enough that many institutions did not have adequate funding and support from the state or communities to function properly. Many patients also tended to be poor so families couldn’t always pay the hospital, leading to one source of fund deficits.⁴¹ The fact that patients mainly came from lower income families shows how they were more susceptible to being called “mentally ill” and sent to institutions instead of their middle-to-upper class counterparts. The lack of workers was devastating to this patient population as they could not receive or expect frequent help, an example of this aftermath was the gap of information missing for many patients as it was common for years to go by without a single entry or update in a patient's record.⁴²

³⁹ Braslow, *Mental Ills and Bodily Cures*, 17.

⁴⁰ Braslow, *Mental Ills and Bodily Cures*, 21.

⁴¹ Braslow, *Mental Ills and Bodily Cures*, 22.

⁴² Braslow, *Mental Ills and Bodily Cures*, 25.

Braslow explores the use of sterilization programs in California with the patients in the State Hospitals and why they came to be. California State Hospitals led the nation in sterilizing psychiatric patients, and California was among the first states to enact sterilization legislation thanks to the efforts of physician F. W. Hatch.⁴³ California policymakers justified eugenics as a way to protect society from the hereditary taint of those deemed “insane.” This gives insight on how that same rhetoric was used in some form across the nation to justify eugenics and those practicing it as well. Physician Margaret Smyth even showed some pride in presiding over an institution that had helped inspire the Nazi eugenics movement.⁴⁴ Her display of pride can be seen more as a suspect social intervention than a legitimate therapy to help patients. Braslow is quick to note eugenics was not always the main factor for sterilization, it was also frequently used on patients who had diagnosis that were thought to have a genetic basis like manic depressive psychosis or dementia praecox.⁴⁵ While some women would have opted for sterilization to save them from more children and unhappy domestic lives, many sterilizations happened to women who gave birth out of wedlock, women considered “unfit” by society’s standards.⁴⁶ The superintendent at Stockton did send letters to families of potential surgery candidates even though legally he didn’t need too, but only did so fearing family members might challenge the constitutionality of the law if they opposed surgery.⁴⁷ This context from Braslow helps to better understand how the state of institutions in the early 20th century played a factor in the treatment of Mary and Florence.

⁴³ Braslow, *Mental Ills and Bodily Cures*, 56.

⁴⁴ Braslow, *Mental Ills and Bodily Cures*, 59.

⁴⁵ Braslow, *Mental Ills and Bodily Cures*, 59.

⁴⁶ Braslow, *Mental Ills and Bodily Cures*, 67.

⁴⁷ Braslow, *Mental Ills and Bodily Cures*, 64.

Mark Largent, a historian of science, gives insight on the eugenics movement that took place within Oregon during the 20th century and explores how ethnicity played a role in “‘The Greatest Curse of the Race’: Eugenic Sterilization in Oregon, 1909-1983.” This source helps to better understand why Mary was a target for the eugenics program in Oregon, and why Florence was not. Largent explains how the movement impacted the patients who were a part of the sterilization process. They were targeted due to being seen as “inferior” to others in society, and that loose definition targeted certain ethnic groups. Supporters proposed sterilization legislation in the early 20th century frequently and in the process created many “justifications” to promote the legislation. Largent points out that one of the main justifications was sterilization was a greater good for the community at the expense of individual human rights. This justification also claimed sterilization would benefit future generations by only letting the right individuals reproduce, and their superior offspring would create a better society.⁴⁸ In Oregon many in favor of eugenics were also considered progressive at the time. One example is the existing link between many reformers of temperance, women's suffrage, and political reforms who also championed eugenics legislation.⁴⁹ This link can help to identify why the West Coast, which was seen as progressive at the time, also was a place of common practice of eugenics.

The influx of immigrants after World War I led sterilization to be justified as a way to deal with immigrants who were not “the same quality as earlier immigrants.”⁵⁰ The targeting of immigrants after World War I is a clear attack on newer ethnic groups who were migrating to the United States. Prominent doctor Bethenia Owens-Adair was the main person responsible for the

⁴⁸ Largent, “The Greatest Curse of the Race,” 189.

⁴⁹ Largent, “The Greatest Curse of the Race,” 190.

⁵⁰ Largent, “The Greatest Curse of the Race,” 190.

creation and adoption of the eugenic sterilization bill in Oregon and the pioneer advocate for eugenics in the Pacific Northwest. Owens-Adair believed that eugenic sterilization and marriage laws could improve the quality of the states citizenry by preventing “unwise marriages”⁵¹ and the offspring that would be created from them. Leagues against sterilization existed in Oregon but publications like the *Oregonian* and the *Oregon Journal* published numerous summaries and lectures on eugenics to discredit their arguments. The anti-sterilization camp, lead by Lora Little, was also anti-vaccination since she believed her son was killed by a reaction to a smallpox vaccination.⁵² This shows that even those against sterilization seemed to be against the medical profession instead of supporting who was being affected by the movement. By showing the darker side of how the state of Oregon and the country was willing to go to extreme lengths to rid themselves of populations that were deemed unfit or unwanted by society, context can be created as to why it was so readily accepted by so many during an era of progressive legislation. This background on immigrants being common targets for eugenics in Oregon helps to better understand why Mary, a Scottish immigrant, was targeted.

Constance LeDoux and David Ezell also address the state of institutions and therapies in "Freedom of Speech and Institutional Control: Patient Publications at Central State Hospital, 1934-1978." They explore how occupational therapy was able to help patients at Georgia's Central State Hospital from 1934 to 1978. Occupational treatment of this standard was not taking place at the Oregon State Hospital when Mary and Florence were incarcerated there, and this source gives context to a therapy that had potential to help them as patients better assimilate into the institution. By working on the publication of *The Builder*, female patients at Central State

⁵¹ Largent, “The Greatest Curse of the Race,” 193.

⁵² Largent, “The Greatest Curse of the Race,” 198.

Hospital learned writing, editing, and publishing skills as occupational therapy. During the early stages of the *The Builder* the publication provided information regarding patient activities. While both patients and administration read the newspaper “patients especially looked forward to each edition’s appearance. Often the newspaper included artwork and cartoons contributed by patients.”⁵³

Other occupational therapies existed within the hospital at the same time and while the skills were significant for patients, they were not the same as writing and publishing a newspaper. Ezell and Book write: “patients involved in the production of *The Builder* were the ones most likely to respond to treatment and often left the hospital after a short stay.”⁵⁴ The success of *The Builder* shows that it went beyond being popular, as it helped those involved make great strides during their time at the hospital. The paper gained popularity between 1952 and 1953, and the circulation of the paper increased 400 percent.⁵⁵ Understanding the role of the paper gives insight on how occupation therapy could be utilized from the early to mid 20th century by hospitals in the field of mental health. This source ultimately lays a foundation for understanding that good relationships and atmosphere help patients more than hurt them. It was this lack good relationships and atmosphere that played a role in Mary and Florence’s experiences as patients.

Chris Dooley examines staff and patient relationships in “‘They Gave Their Care, But We Gave Loving Care’: Defining and Defending Boundaries of Skill and Craft in the Nursing Service of a Manitoba Mental Hospital during the Great Depression.” This source supplies

⁵³ Book and Ezell, “Patient Publications at Central State Hospital,” 114.

⁵⁴ Book, and Ezell, “Patient Publications at Central State Hospital,” 116.

⁵⁵ Book, and Ezell, “Patient Publications at Central State Hospital,” 116.

background on who the nurses of the 1920s and 30s were, and how their background and class impacted the way they carried out their profession. This source helps to identify how immigrant status played a role in the workforce and can help to better understand why Mary and Florence were either a part of the workforce or not. Dr. Charles Baragar, Medical Superintendent of the Brandon Hospital for Mental Diseases, implemented a nursing program at the mental hospital. He came to Brandon believing the application of rigorous scientific observation and pathological study would allow for cures to be found for all forms of mental illnesses.⁵⁶ Recognizing the stigma attached to mental illness and the poverty and low social standing of their patients Baragar realized a route needed to be taken for institutions the presided over them to recognize BHMD as equal in status with general hospitals.

To carry out this vision Baragar argued there needed to be a cohort of trained nurses who specialized in the care of the mentally ill. Baragar's vision for this is what led BHMD to become the first mental hospital in Western Canada to operate a training school for nurses in 1921.⁵⁷ When this program began there was much effort to recruit native born nurses, but this failed so during the 20s most of the pupil nurses were from Scotland and Ireland.⁵⁸ Having a large number of immigrant women in the program most likely did not boost the prestige of mental hospitals in the way that Baragar envisioned, but it did lead to more staff and the foundation of a much needed field of work. The creation of the mental hospital nurses helped to create a greater hierarchy with graduates from general hospitals feeling they were above those who graduated from the mental hospital program. This during the 20s could also have been because much of the

⁵⁶ Dooley, "They Gave Their Care," 232.

⁵⁷ Dooley, "They Gave Their Care," 233.

⁵⁸ Dooley, "They Gave Their Care," 233.

mental hospital graduates were immigrants. The other main issue was that the mental hospital could not compete with the broader medical community to recognize its nurses.⁵⁹ This led to many feeling stuck in their field knowing their certificate would not be usable in other hospitals. The lack of supplies and support emulated by Dooley gives insight on the challenges many mental health hospitals faced during the early 20th century. Dooley sets up how some immigrants were able to enter the workforce, giving context to how Mary was in the workforce and Florence was not.

Geoffrey Reaume analyzed documents and writings of asylum inmates, their relatives, and staff members in “Accounts of Abuse of Patients at the Toronto Hospital for the Insane: 1883-1937.” This source helps to understand better the silences that exist in patient case files. Reaume believes that accounts of abuse existed in greater number than what is recorded because of the many flaws in the practice of recording abuse at the time. Reaume’s analysis suggests that information about patient abuse was withheld from or skewed to the public. One such document was a letter from Elaine O in 1910, written to the asylum officials after she was a patient there and containing the following: “ I have a good memory of being locked in that prison house of satan for five years for nothing.”⁶⁰ This shows she felt that there was more harm than good by staying at the Toronto Hospital, and that she couldn’t speak out until she was safely away from the hospital. Letters from patients were changed or edited by staff, but letters sent from patients about their stay were unfiltered when they wrote from outside their institution with no one editing them before being sent away.

⁵⁹ Dooley, “They Gave Their Care,” 236.

⁶⁰ Reaume, “Accounts of Abuse,” 66.

Understanding how the Toronto Hospital recorded abuse is helpful in understanding how other institutions might have done the same. It's obvious from this article that clinical files, letters from families and friends, and writings from the patients themselves show that abuse did occur at the Toronto Hospital, even though the collection and accessibility of data and abuse within public institutions continues to be an issue.⁶¹ The issue though, is that records of accounts of abuse were flawed. Reaume notes "there was not a standard method for reporting incidents of violence in the late 19th century at Provincial facilities in Ontario."⁶² The other evidence of this was certain types of treatment being considered physically wearing on a patient but not apparent to staff or outside observers.⁶³ These methods showed a lack of mental health education or small numbers of staff had to maintain large numbers of patients. Another reason for the silence and lack of evidence of all the abuse that existed in institutions was the fear patients had of speaking out while still being a patient. Elsa P., a former patient at the Toronto hospital, made it clear she was away from the institution before writing a letter to avoid punishment.⁶⁴ Her case, along with others almost identical to hers, shows that not all accounts of abuse were reported for fear of retaliation, giving a reminder in the silences that exist today when analyzing documents in patient case files. Reaume helps us to understand how important correspondence is in understanding patient case files, and the relationships/support that existed for patients.

Together these eight sources build a framework to understand and analyze Mary and Florence's patient case files. D'Emilio and Freedman note how many times immigrants carried culture along with them into urban living. Azuma and Burch explore how specific minority

⁶¹ Reaume, "Accounts of Abuse," 67.

⁶² Reaume, "Accounts of Abuse," 66.

⁶³ Reaume, "Accounts of Abuse," 80.

⁶⁴ Reaume, "Accounts of Abuse," 71-72

groups have been targeted in the past by their own communities, and how institutions have played a role in the targeting of minority communities. Braslow gives a strong background on how the state of institutions has played a part in the type of care received by patients in the early 20th century. Book and Ezell give context to a type of therapy that helped patients but was not available at the Oregon State Hospital where Mary and Florence were incarcerated. Dooley supplies information on how immigrants were able to join the workforce and how Mary was in the workforce as an immigrant and Florence was not. Finally Reaume describes the silences that persist in case files and how to identify what silences exist in Mary and Florence's files by examining the correspondence in each of their files.

Analysis of the two female patient medical case files from the Oregon State Hospital has brought attention to the many similarities and differences between two immigrants who were incarcerated at the state hospital during the early 20th century. Mary and Florence immigrated from Scotland and Italy and therefore had two very different cultural backgrounds, yet they still encountered many of the same experiences during their incarceration and deaths at the state hospital. The comparison and contrast between the two will be centered around their assimilation into American society before incarceration, reasons for being admitted to the state hospital, communication issues while incarcerated, legal issues they faced as immigrant patients, and the kind of support given to each woman during their time at the hospital.

Assimilation into American society was easier for Mary because she grew up in the United States. Mary was only five years old when she came to America from Aberdeen, Scotland and while growing up in the states was able to attend school and work like the experiences of native-born Americans. This included attending and finishing grammar school by the age of

sixteen, and taking night classes for one term some-time after.⁶⁵ Despite English being her first language, having two native Scottish parents likely influenced her accent and was what helped identify her as an immigrant. Despite a possible accent Mary was able to work for a time as a telephone operator. Her case file states “moral character-excellent.- worked 5 years in telephone office after leaving school.”⁶⁶ This “moral character” helped staff see her as more assimilated and less an immigrant because of the consistent work history and the fact that immigrants were painted as immoral often in the 1920s.⁶⁷ Her ability to work in this profession also suggests a level of education and professionalism not available to all immigrants during the early 20th century. Further showing the level needed to work in the profession an article from the *Sunday Oregonian* written by Dewitt Harry states “There is likely no line of work in which the actual concentration is greater than in handling the nerves of a great metropolis telephone system.”⁶⁸ Along with going to school and working in America Mary was also married and had a child leaving the workforce and taking on the role of housewife.⁶⁹ Mary’s assimilation into American culture can be seen as successful due to partaking in many activities that the average American women were a part of in the early 20th century.

Assimilation for Florence, on the other hand, was more of a struggle. She was an adult when she immigrated to the United States from Italy at the age of 37, unlike Mary growing up in a completely different cultural context. Coming to America as an adult, her first language was Italian, not English. Her intake paperwork states “her understanding of English is very limited...

⁶⁵ Hospital Station Patient Previous History, December 22, 1927, File #4033, Oregon State Archives.

⁶⁶ Hospital Station Patient Previous History, December 22, 1927, File #4033, Oregon State Archives.

⁶⁷ John D’Emilio and Estelle B. Freedman, *Intimate Matters*, 199.

⁶⁸ 1920 7 25 Portland Central's Phone Club Many images and text about facilities Broadway Central Oregonian July 25 1920 Magazine Section 1.

⁶⁹ Hospital Station Patient Previous History, December 22, 1927, File #4033, Oregon State Archives.

is an Italian lady and speaks very little English.”⁷⁰ She was married in America instead of Italy but to an Italian man,⁷¹ not giving her a cultural tie to her new country through her spouse. Her occupation before entering the state hospital was recorded as housewife. This suggests that she did not have the opportunity for an education in English through school and work. She also cared for her newly born daughter when settling into life in a new country. Primarily caring for her child likely hindered her opportunities to be immersed in a second language and put her at a disadvantage to learn English. Portland had a strong Italian community, and this also gave Florence the chance to continue to speak in her native tongue instead of pursuing English out of necessity. Florence was not as successful as Mary assimilating into an early 20th century White American culture. These differences greatly shaped the experience of each patient during their time incarcerated at the hospital. Regardless of assimilation, both women suffered greatly as immigrants inside the walls of the hospital.

Mary was admitted to the Oregon State Hospital on December 22, 1927 for having apparent hallucinations of being pursued by people whom she had never seen.⁷² Her official diagnosis was “dementia praecox, paranoid type.”⁷³ Beside the accused hallucinations and delusions, Mary denied other accusations including suicide and homicide.⁷⁴ Mary’s breakdowns and episodes of hearing voices began after she was married and had a child. Her intake paperwork also stated that Mary “claims her married life was unhappy,”⁷⁵ creating a timeline where she was apparently functional and mentally well until she entered an unhappy marriage

⁷⁰ Continued Notes, File #3892, Oregon State Archives.

⁷¹ Circuit Court Paperwork for the county of Multnomah, June 30, 1932, File #3892, Oregon State Archives.

⁷² Hospital Station Patient Previous History, December 22, 1927, File #4033, Oregon State Archives.

⁷³ Continued Notes, File #4033, Oregon State Archives.

⁷⁴ Continued Notes, File #4033, Oregon State Archives.

⁷⁵ Continued Notes, File #4033, Oregon State Archives.

and had a child. Mary's mother was a patient at the Oregon State Hospital from 1918-1919 for having a "weak mind."⁷⁶ Because her mother was incarcerated previously this gave further reason for Mary to be confined at the state hospital since there was medical thought that insanity was hereditary in the 1920s.⁷⁷

Florence was admitted to the Oregon State Hospital on May 19, 1927 for imagining people were talking about her for two and a half years prior to confinement.⁷⁸ Her official diagnosis was paranoid type of dementia praecox.⁷⁹ Just like Mary there is evidence that Florence felt unhappy about an aspect of her living situation with her intake paperwork stating: "She said that she did not want to live in this neighborhood anymore."⁸⁰ She was put in the state hospital by her son-in-law John S. who also took her out on parole.⁸¹ Along with multiple letters from him during her time incarcerated, it's clear that if the situation allowed she would be living with him and her daughter. This gives reason to believe that her being put in the state hospital was because there was no other option for her daughter and son-in-law, not because she suffered from extreme mental health conditions.

Both patients experienced communication issues with staff while incarcerated. Both were immigrants but differed in when they came to America and the language environment they were raised in. The difference in their ability to speak English influenced how each patient perceived their commitment and time at the hospital. Mary was able to explain her thoughts about her home life and communicate that she denied accusations made against her about threatening

⁷⁶ Hospital Station Patient Previous History, December 22, 1927, File #4033, Oregon State Archives.

⁷⁷ Largent, "The Greatest Curse of the Race," 193.

⁷⁸ Hospital Station Patient Previous History, May 19, 1927, File #3892, Oregon State Archives.

⁷⁹ Continued Notes, File #3892, Oregon State Archives.

⁸⁰ Hospital Station Patient Previous History, May 19, 1927, File #3892, Oregon State Archives.

⁸¹ Continued Notes, File #3892, Oregon State Archives.

homicide or suicide. Florence was not able to communicate as well and though she was able to realize she was in a hospital, there is reason to believe she did not understand what kind of hospital she was put in. She showed fear of being operated on and didn't speak English well enough to understand from her attendants that no operation was planned at the time of her admittance.⁸² Another part of her intake paperwork states she "keeps protesting over and over that she is not sick- not crazy, and that she wants to go home."⁸³ The safety and comfort of using a first language surely left her when she came to the hospital and was surrounded by primarily English speakers, giving further reason for staff to believe she was paranoid. Florence's case file suggests she did not gain a grasp on the English language due to living within an Italian community during her time in the U.S and was likely using her native tongue when going out into the community. The staff likely interpreted Florence talking in Italian as "muttering to herself."⁸⁴ There is no evidence in her case file that there was ever an attempt to bring an interpreter in to assist in conveying what she might not have been able to say herself. There is also no evidence there was any help given at all for her to better communicate to staff. Florence's inability to speak English fluently helped staff put her in the category of "paranoid type" since her speaking Italian was likely viewed as talking to herself.

Mary's inability to communicate did not come from a lack of understanding English but instead a lack of understanding medical terminology and the consequences of sterilization operations. Mary signed an agreement for her sterilization procedure, but there is evidence she didn't understand the consequences of it. In correspondence with the hospital in 1928, Mary's

⁸² Continued Notes, File #3892, Oregon State Archives.

⁸³ Continued Notes, File #3892, Oregon State Archives.

⁸⁴ Continued Notes, File #3892, Oregon State Archives.

husband inquired about the possibility of her being pregnant after having intercourse with her after her salpingectomy operation, which removed the fallopian tubes. The hospital's first physician responded, "I think you need not worry about her being pregnant as she was sterilized when here before."⁸⁵ This suggests that Mary's husband did not know how sterilization worked and can give insight on how Mary might not have completely understood the consequences of the operation herself when agreeing to it. Lack of understanding medical terminology and the consequences of sterilization procedures left Mary vulnerable to being a part of the Eugenics program.

Each patient faced legal issues during their time as patients within the state hospital and this is best displayed in the state of Oregon Circuit Court paperwork that is within each patient case file. Both patients dealt with issues of property being taken from them by their spouses. Mary's Circuit Court Summons states "You are hereby commanded to appear in Department No. 7 before the Honorable Circuit Court, of the State of Oregon... of said day, to show cause, if any exist, why Peter P. R. should not be appointed as guardian of your estate."⁸⁶ Florence's summons states "You are hereby commanded to appear in Department No. 7 before the honorable Circuit Court, of the state of Oregon... of said day, to show cause, if any exist, why Myer C. Rubin, an attorney in the Pacific Building, Portland, Oregon, should not be appointed guardian of the estate of Florence, the above named insane person."⁸⁷ The more defined context of both plaintiffs centers around what seems to be interest of the property for its value. Peter R., Mary's spouse, was trying to become guardian of their property valued at \$15,000 in Portland,

⁸⁵ First Assistant Physician to P. P. R., July 17, 1928, File #4033, Oregon State Archives.

⁸⁶ Circuit Court Paperwork, File #4033, Oregon State Archives.

⁸⁷ Circuit Court Paperwork, File #3892, Oregon State Archives.

Oregon in the hopes that he could mortgage the property for \$2,500.⁸⁸ Florence, on the other hand was being sued by her husband Joe C. since she was the owner of an undivided one half of two lots on a block in Portland, Oregon.⁸⁹ Circuit Court paperwork also shows Florence's husband had representation from attorneys while Mary's husband did not.

Both patients faced legal action dealing with property, but along with being sued for property, her husband sued Florence for divorce at the same time. "Plaintiff prays for a decree: that the bonds of matrimony now existing between plaintiff and defendant be dissolved, and a divorce granted to plaintiff."⁹⁰ Even though the husband of Florence did not want to be with her that did not mean Mary's husband didn't leave her in his own ways. There is evidence that he disappeared toward the end of her life in the following correspondence written in 1933: "Dr. Steiner has instructed me to say that we do not know the present address of Mr. P. P. R., husband of Mary, a patient in this institution. We wish him to be informed that his wife is suffering from pulmonary tuberculosis and that her condition will grow progressively worse."⁹¹ The fact that Mary's husband wanted money from a mortgage on their property and then seemingly disappeared suggests that he may have been looking to generate some quick cash for undisclosed reasons. Being sued and being left by their husbands is something that both patients had in common and can reflect a greater story that took place regarding female immigrant patients at mental hospitals and the state of their marriages being strained by their time incarcerated.

The fact that Mary and Florence were both female immigrants who were incarcerated in a mental health institution suggests that the verdict was skewed against them and their husbands

⁸⁸ Circuit Court Paperwork, File #4033, Oregon State Archives.

⁸⁹ Circuit Court Paperwork, File #3892, Oregon State Archives.

⁹⁰ Circuit Court Paperwork, File #3892, Oregon State Archives.

⁹¹ Second Assistant to Harry Daniel, June 12, 1933, File #4033, Oregon State Archives.

were more likely favored in the proceedings. Florence's husband was represented by Albert Ferrera, an Oregon attorney and former editor of the Italian Tribune newspaper in Portland. He was also the Italian consul in Portland. His influence alone might have given Joe C. an even greater chance of winning the case. A newspaper clipping about Ferrera states, "Mr. Ferrera for many years has been prominent among Italians in this city... For more than 20 years he has been engaged in the successful practice of law."⁹² It is also important to note that there is no evidence that Florence was ever given a translator when dealing with the proceedings and that in itself could have played a factor in her losing the case. Since neither patient was scheduled to be discharged at the time of their court cases it can be speculated this also played a major factor in both Mary and Florence losing their court cases and property.

During their time within the state hospital each patient also found control being placed over their bodies. Mary was a part of the state eugenics program and Florence had to register as an enemy alien when the U.S entered World War II. Both of these were ways of limiting the rights of each patient. Mary was admitted to the state hospital on Dec 22, 1927 and within 25 days of her time as a patient was recommended to be sterilized in the form of a salpingectomy, a removing of the fallopian tubes, on the basis that she is insane and, "thereof is likely to become a menace to society. That the condition of the said Mary is such that procreation by the said Mary is likely to or would produce a child or children having an inherited tendency to insanity."⁹³ Their choice to recommend her for sterilization was because they believed they could protect the future of society from her acts and from the "menace" of procreation by her. Mary did not fit the stereotype of being immoral. Her file states the following about previous children; "one living.

⁹²"Italian Consular Agency Reopened in this District," *Oregon Journal*, December 8, 1918, Sec. 1:13.

⁹³ State Board of Eugenics Paperwork, File #4033, Oregon State Archives.

Born 6 day of Nov, 1923 none dead. No miscarriages.”⁹⁴ She also was in the workforce and was a married woman, not a single mother when admitted. Mary, although convincingly assimilated into American society was still an immigrant, and this status alone was used for consideration of sterilization. Another reason she was recommended to the eugenics program must have been due to the fact that insanity was thought to be genetic and Mary’s mother was also a patient at the Oregon State Hospital. Her case file states: “mother was confined at Salem in state hospital about 1918-19. Trouble apparently caused by operation on womb several years previous to the time her mind became weak.”⁹⁵ Her mother was also a female immigrant who ended up incarcerated at the hospital. Unlike Mary her mother immigrated as an adult to the United States and likely had a longer persisting Scottish accent that had potential to hinder her assimilation and make her a target for incarceration. Her mother being a former patient made Mary a target for eugenics.

Florence, on the other hand, was forced to fill out an alien enemy form for WWII during her last months alive, when her health was declining, because she was an Italian citizen. The form she filled out on April 8, 1942 gave information on where her residence was before she was incarcerated in 1927 and the recommendation to keep her in institutional care indefinitely. The form also gives information on her daughter and that she was currently living in Portland.⁹⁶ Only a month after filling out the form Florence died, being made an enemy alien in the country to where she immigrated to. The information gathered on her shows the state of surveillance the U.S government was partaking in during the time of war by taking measures to make sure even frail elderly women were also accounted for. Both cases involved the state imposing control over

⁹⁴ Hospital Station Patient Previous History, December 22, 1927, File #4033, Oregon State Archives.

⁹⁵ Hospital Station Patient Previous History, December 22, 1927, File# 4033, Oregon State Archives.

⁹⁶ Alien Enemy Form, File #3892, Oregon State Archives.

each woman and resulted in further loss of control for both Mary and Florence. Their immigrant status played a factor in both Mary's eugenics recommendation, and Florence filling out an alien enemy form.

Through the analysis of correspondence within each case file, it is clear the type of support that existed for each patient was quite different. This difference can be from their two different cultural backgrounds. Most correspondence regarding Mary came from her husband but the subject matter many times revolved around issues she must have been having regarding her mental health and giving the okay to perform operations. One such correspondence regarding the removal of Mary's tonsils states "in regards to above request. If you think it is necessary you go ahead with the operation."⁹⁷ Besides that there is no evidence of outreach during her time incarcerated. This includes Mary not receiving any information about her child throughout the duration of her time at the state hospital. The prevalent silence in regards to those outside of the hospital reaching out to Mary suggests she lacked much support from friends, family, and community during her incarceration until her death at the hospital. This isolation is a factor in what made Mary so vulnerable during her time incarcerated.

Florence, on the other hand, appears to have had support from her immediate family, her son-in-law and daughter. Not only do they both show signs of concern for her well-being in their correspondence, they sent her items to make sure her stay at the state hospital was more comfortable. The following correspondence is from her daughter: "I am sending her a package for christmas will you please see that she gets it. If she needs any clothing will you please let me know."⁹⁸ There was also a willingness to get her out of the state hospital and back into the care of

⁹⁷ P.P R. to Forth Assistant Physician, N.D, File #4033, Oregon State Archives.

⁹⁸ Mrs. John S. to Oregon State Hospital, N.D, File #3892, Oregon State Archives.

her family. In a correspondence written in 1928 to the hospital from her son-in-law he states; “kindly let me know how my mother-in-law is getting along, and if in your estimation, you would think that it would be all right to bring her home kindly let me know.”⁹⁹ This support that Florence was able to receive displays the different set of family values that might have existed between each patient and also the fact that Florence’s child was an adult during her mother's time at the state hospital and had the ability to care for her. Mary’s child was still very young and under the care of an unknown guardian, unable to help their mother in the ways that Florence's child was able to help her.

Overall both patients have many similarities that overlap during their time in the Oregon State Hospital. These overlaps show a bigger picture in the world of mental health during the early 20th century. Many of these issues like both patients dealing with legal issues as immigrants, and both being subject to government actions to hinder their control, set up a context for what female patients faced and experienced during this period. The different experiences each woman had reflect on the individuality of each patient, and show how important it is to understand the different variables that go into each case file. This is important so experiences are not lumped together or generalized for all female case files from the state hospital or other institutions. It is evident both Florence and Mary were taken advantage of during their time within the hospital as immigrants, and this understanding helps create a better understanding of how an immigrant status played into the treatment and care for those at mental hospitals during this period in history. Their assimilation into American society played a major factor in their treatment at the hospital, especially Florence’s lack of English language comprehension. Mary

⁹⁹ John S. to Oregon State Hospital, Dec 10, 1928, File #3892, Oregon State Archives.

was able to assimilate into American society to a degree. This is shown through her being in the workforce as a telephone operator. They were both admitted to the hospital on the same diagnosis of paranoid type dementia praecox yet showed signs of being mentally well.

Communication issues led to Mary not understanding the consequences of sterilization, and left Florence stranded in a world where she could not understand or speak to others at the hospital well. Multiple factors played into the legal issues both women had to face. One main factor being since neither were likely to be discharged from the hospital at the time of their court cases they were not likely to have won. The court cases showed how little control they had as immigrant patients since they both lost in court. Florence was given support through family during her time at the hospital, but the lack of support for Mary from the outside left her isolated and vulnerable to what she endured at the hospital. The institution worked against each woman as female immigrants, and both women had to face numerous challenges unsuccessfully until their deaths at the hospital.

Bibliography

Primary Sources

Female Patient Medical Case Files. #3892. Oregon State Hospital. Oregon State Archives,
Salem Oregon, United States of America.

Female Patient Medical Case Files. #4033. Oregon State Hospital. Oregon State Archives,
Salem Oregon, United States of America.

“Italian Consular Agency Reopened in this District.” *Oregon Journal*, December 8, 1918, Sec
1:13.

Secondary Sources

Azuma, Eiichiro. "A History of Oregon's Issei, 1880-1952." *Oregon Historical Quarterly* 94, no.
4 (1993): 315-67.

Book, Constance Ledoux, and Ezell, David. "Freedom of Speech and Institutional Control:
Patient Publications at Central State Hospital, 1934-1978." *The Georgia Historical
Quarterly* 85, no. 1 (2001): 106-26.

Braslow, Joel. *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the
Twentieth Century*. Berkeley: University of California Press, 1997.

Burch, Susan. “Disorderly Pasts: Kinship, Diagnoses, and Remembering in American Indian/US
Histories.” *Journal of Social History*, 50 no 2 (Winter 2016): 362-385.

D’Emilio, John and Estelle B. Freedman. *Intimate Matters: A History of Sexuality in America* 3rd
ed. Chicago: University of Chicago Press, 2012.

Dooley, Chris. "They Gave Their Care, But We Gave Loving Care": Defining and Defending Boundaries of Skill and Craft in the Nursing Service of a Manitoba Mental Hospital during the Great Depression." *Canadian Bulletin of Medical History* 21 no. 2 (Fall 2004): 229-251.

Largent, Mark A. "'The Greatest Curse of the Race': Eugenic Sterilization in Oregon, 1909-1983." *Oregon Historical Quarterly* 103, no. 2 (Summer 2002): 188-209.

Reaume, Geoffrey. "Accounts of Abuse of Patients at the Toronto Hospital for the Insane: 1883-1937." *Canadian Bulletin of Medical History*, 14 no. 1 (Spring 1997): 65-106.