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Treatment, warehousing, and dispersion: Mt. Pleasant Insane Asylum 1844-1980

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**Treatment, warehousing, and dispersion:
Mt. Pleasant Insane Asylum, 1844-1980**

by

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A thesis submitted to the graduate faculty
in partial fulfillment of the requirement for the degree of
MASTER OF ARTS

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List of Abbreviations

Acts and Resolutions of the General Assembly of the State of Iowa	<i>ARGA</i>
Biennial Report of the Board of Control of State Institutions of the State of Iowa	<i>BRBC</i>
Board of Control of State Institutions of the State of Iowa	BCSI
Bulletin of the Board of Control of State Institutions	<i>BBCSI</i>
Iowa General Assembly	IGA
Iowa Mental Health Authority	IMHA
Iowa Mental Hospital Survey Committee	IMHSC
Iowa State Medical Society	ISMS
Journal of the House of Representatives for the General Assembly of the State of Iowa	<i>JHR</i>

Introduction:
Mt. Pleasant Hospital for the Insane, 1844-1977

In 1861, the Iowa State Insane Asylum opened in the southeastern town of Mt. Pleasant. The hospital ushered in a period of hope, happiness, and curability toward Iowan insane. Mt. Pleasant operates today but holds a 150-year past full of complications and difficulties. Throughout the facility's life, the treatment, management, and attitudes paralleled conditions within and outside the walls. The general populace of Iowa imposed their standards and ideologies on the mentally ill. Nothing predisposed medical methods, facilities, and opinions regarding mental illness more than growing inmate populations and limited budgets.

The history of Mt. Pleasant and Iowa's insane divides into four periods: the beginning of institutional care (1855-1899), the failures of centralization (1900-1915), desperation and pessimism (1916-1940), and decentralization (1941-1980). Each period involves the conditions of the physical plant, the costs, treatment, contemporary attitudes, and possible solutions.

From 1844 to 1899, traditional homecare proved insufficient for the increasing numbers of insane in Iowa. In the late 1850s, the General Assembly recognized the need for a facility to hold, treat, and hopefully cure the insane. The facilities adopted the tenets and plans of Thomas Kirkbride's moral treatment. The Kirkbride method established personal relationships that developed correct behavior through work, amusements, and education. Within three decades of opening, Mt. Pleasant faced the difficulties of the law of supply and demand. The overcrowded halls and inadequate funds prevented the successful treatment of the insane. Between 1870 and 1900, the state constructed three additional mental hospitals in Iowa, to remedy the growing population. Still, the

problems required a more drastic solution. In 1898, the General Assembly created the Board of Control of State Institutions (BCSI). The Board managed Iowa's charitable and penal institutions with the hope of correcting poor fiscal supervision. The first year of ratification changed little in day-to-day operations of Mt. Pleasant but instilled a sense of efficiency and cost management.

By the second biennium of the BCSI, members of the Board established their authority and administrative programs. Iowa remained optimistic with the evolution of care. The emerging sciences of psychiatry and technical diagnosis made the correct classification of patients easier. The central themes of the Kirkbride system thrived with the addition of novel methods. The improvements proved inadequate, the population rose alongside insufficient funds. Iowans entered a period of pessimism. Mt. Pleasant's halls were about to burst. Sentiment shifted away from the professional advice as the institution hired unproven and untrained individuals to fill vacancies. The public viewed the insane hospital as a place of last resort and a prison for the poor. Mt. Pleasant possessed hundreds of excess patients.

The pessimism of 1915 spawned three major treatments: industrial, occupational, and eugenic. Each aspect of care strove to cut spending and to limit the ever increasing numbers of inmates, for the present and the future. Unfortunately, the First World War added to the negative attitude of the period; it emphasized the faults of humanity and implanted a desire to wipe out the negative parts of society. The conflict inhibited care by causing shortages in all areas. With the end of the war, Iowa spent at an unprecedented rate. A large proportion of the appropriations countered public perceptions through education programs; these plans aimed at presenting the institutions in a good

light. The 1930s brought the Great Depression, the restriction of extra money, and the rise of custodial patients. The new group of hospital denizens provided nothing to Mt. Pleasant; they were unable to work, did not respond to treatment, required extra staff, and their care cost more. At the end of 1939, the treatment of the mentally ill in state facilities seemed a lost cause.

The United States entered the Second World War and the conflict exacerbated problems. Valuable trained staff left, resources became scarce, overcrowding remained prominent, and custodial patients rose to be the dominant population of Mt. Pleasant. Key advances in medicine, particularly chemotherapy, allowed for violent and difficult patients treatment with fewer staff members or at home. After the rise of local and community hospitals, the superintendents of Iowa's institutions, the Board of Control, and the General Assembly started a process of decentralization. Mt. Pleasant focused on outpatient treatment. Staff transformed the mental facilities into clinics centered on research and preventative care for mental treatment. During this period, the federal government took a more active role in caring for the nation's mentally ill. Washington introduced national standards, rewarded grants for adhering to the new regulations, and performing path breaking research. By 1977, all the Mental Health Institutes under went decentralization.

A Brief Historiography

The history of Mt. Pleasant is a combination of several history disciplines: medicine, hospitals, technology, and science. Between all the fields there is significant overlap and an interrelation; Mt. Pleasant cannot be classified in an independent field. In the secondary sources, the authors universally adopt the constructivist theory. The mental

hospital ultimately reflected Iowan society and the interaction of the professionals with one another. Still, several points about this history of the Mt. Pleasant Insane Asylum differ from common trends within the broad scopes of the many subject's historiography.¹

The hospital reflects society; this is the major theme in the history of hospitals. Charles Rosenberg in *The Care of Strangers* argues the hospital represented social, class, and racial attitudes within their wards of the greater community. The hospital held the traditional Christian role, managed by a board of laymen. The board cared for the community as a form of charity. Since the major objective of any facility centered on helping the unfortunate, the middle and upper classes viewed the hospital as a glorified almshouse. Hospitals entered a period of conflicting goals between stewardship and education, moral principles and scientific advancement. The majority of hospitals failed to secure enough charitable donations to maintain adequate levels of care and the management sought to woo paying patients or the middle class. Hospitals expanded services, trained interns, improved surgical methods, and segregated the wards by class and race. With the evolution and progression of technology, bureaucracy, and professionalism, the insignificant custodial institution for the poor morphed to an impersonal, professionalized beacon of science and profit.²

Gerald N. Grob has written several studies about the mentally ill, society, and policy. His case study of the Worcester State Hospital in Massachusetts illustrates the sense of societal responsibility towards insane citizens. Worcester established itself as an

¹ The constructivists argue changes within an institution, profession, or ideology cannot be separated from society. Since all individuals interact with their surroundings and other people, no one is free from the influence of the world they live in.

² Charles F. Rosenberg. *The Care of Strangers: The Rise of America's Hospital System*. (New York, Basic Books, Inc., 1987)

authority in defining legal insanity, and comforted a public which feared abnormal behavior. The form of treatment employed at Worcester evolved over time from a strict Christian moral treatment, to an attempted cottage system, and then finally to a centralized hospital model. Eventually, Kirkbride's treatment plan emerged but the hospital retained the major aspects of the earlier forms of care. Worcester's history parallels the problems of Mt. Pleasant but each stage, centralization, decline, pessimism, decentralization occurred forty to fifty years earlier. Mt. Pleasant mimicked almost every mistake in implementation, management, and care performed at Worcester. However, Mt. Pleasant implemented the policies described in Grob's thesis later than East Coast facilities; Grob generalizes a universal timeline for American psychiatric care, but the evolution of Mt. Pleasant demonstrates that geography played a role in technological advancement. The further away a region was from the East Coast, the longer the lag in the adoption of practices and ideology might be; it could span anywhere from a few years to decades.³

The cornerstone in the history of medicine, Paul Starr's *The Social Transformation of American Medicine* epitomizes current constructivist theory. Medicine transformed from a low pay, little respected occupation to a well paid, honorific profession. Trained experts consolidated their authority with the erection of a system of dependence and legitimacy. The Progressive Era, industrialization, improvements in transportation, and professionalization across all fields provided means for a centralized, cost effective institution. The success of hospitals represented the citizens' faith in

³ Gerald Grob. *From Asylum to Community: Mental Health Policy in Modern America*. (Princeton: Princeton University Press, 1991); Gerald Grob. *Mental Illness and American Society, 1875-1940*. Princeton: Princeton University Press, 1983); Gerald Grob. *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920*. (Chapel Hill, The University of North Carolina Press, 1966)

science. Professionals allied themselves with government, academic institutions, and other organizations to push out non-conformists. A joint effort raised both the prestige of universities and established a uniform professional workforce, thus escalating their authority and their value to citizens. Hospitals developed programs in conjunction with academia to become institutions of education and primary research. After the doctors achieved a monopoly in medicine, their attention turned toward profits.⁴

The historiography of mental institutes is summarized as a shift from moral centered facilities to medical institutions through a process, which reflected the changes in society. All authors argue a process of hospitals moving from a place of fear for the poor to an acceptable place of surgery and minion of the market. Doctors underwent a process of legitimization and increased their authority within the community. Starr, Rosenberg, Grob, and others expound on the revolution of public health initiatives and preventative measures. Iowa followed national trends by passing legislation similar to more ‘advanced’ and ‘progressive’ states. The major problem in the publicly funded hospitals was the increased costs, lack of professionals, and too many patients.

A Note on Sources

Researching on a medical institute poses several problems; foremost is the availability of sources. Patient records are non-existent and even if they are present, privacy issues prevent their use. Historically mental illness is a disease of shame; as a result family, individuals, and professionals were discrete in their dealings. Newspapers in southeast Iowa, the *Mt. Pleasant Free Press* and *Mt. Pleasant Weekly News* covered local insanity cases. A search throughout the period provided sparse news on the

⁴ Paul Starr, *Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books Inc., 1982)

Hospital; anywhere from two to three articles appear in a single year. Seldom does the Institution appear within either newspaper, the only real case is the catastrophe of the mid-1930s. Throughout this paper, the majority of archival and primary documents are from the legislative, administrative, and professional journals.

The General Assembly provides the bulk of information. The legislative *Journal of the House of the General Assembly of Iowa* published debates and issues surrounding construction, management, site placement, and public sentiment over the increasing numbers of insane. For the first decades of operation, the visiting committee to Mt. Pleasant submitted annual reports. Since the legislative process of Iowa is long; the concerns for a particular subject spanned several sessions. The final step in the legislative process that solidified the beliefs of the representatives appears in the *Acts and Resolutions of the General Assembly of Iowa*. The law on the books is the action taken and provides the figures for the expenditures.

After 1898, the Board of Control of State Institutions, by law, printed a biennial report on facilities under its management. Each volume described general upgrades, maintenance, disasters, and costs of Mt. Pleasant and her sister facilities. The Board gathered statistical data covering the general demographics of the population; within the tables the cure rates, number of employed, causes of the disease, and age offer insight to the daily functions of the facility. In the 1920s, a shifted occurred regarding the numbers. State auditors, economists, and statisticians argued the usefulness of the gathered data and of the cost reduction of a smaller volume. The information published decreased significantly. From then on, each institution presented a short report and population tables centered on race, heredity, and ethnicity.

Each year under the Board of Control, those engaged as professionals in Iowa's facilities published a quarterly journal. The Superintendent, Assistant Physicians, educated members of the public, and politicians contributed to the forum; they expressed their ideas and transferred their knowledge to the public and each other. *The Bulletin of State Institutions* discussed major forms of care and attitudes towards the insane, jailed, veterans, and feeble-minded. Many of the articles are scientific works going into the specifics of procedures and the benefits of certain treatments. The majority of information of the actions of professionals and their attitudes come from the *Bulletin*.

These three sources allow for the analysis of Mt. Pleasant and the Iowan insane. The public sentiment is reflected in the elected officials, while the treatment, attitudes, and costs come from the Board of Control's publications. Through a combination of the sources, a thorough and concise history is achieved.

**PART I:
The Beginning of Mt. Pleasant and the Movement toward Centralization,
1844-1899**

Throughout the United States, states and citizens gradually accepted the obligation of caring for unfortunate denizens suffering from mental disturbances. From the moment of Iowa's statehood, it placed the comfort and care of its citizens as a top priority. Charitable institutions, such as almshouses, jails, or poor farms provided the majority of treatment for most of the nineteenth century for the insane. These local facilities gave less than ideal care to their insane; the main job of the institutions centered on separating the undesirables from mainstream society.

Iowa through legislation established the first Insane Asylum at Mt. Pleasant in 1855. The moment the institution opened the doors, demand surpassed supply, spawning more hospitals and increased costs. Methods of treatment and management of the asylum morphed to meet the changing needs of the hospital's residents, and the evolution of the General Assembly's economic thought and methodology. Eventually, Iowa centralized all the state's charitable institutions. Legislators, doctors, and the populace of Iowa hoped for better treatment with lower costs.

Towards a Hospital

The treatment of insanity in the pre-hospital period did not exist. In general, relatives and private homes cared for most illnesses. Doctors, when called, rode through the countryside on horseback. They were seldom used due to their expense and scarcity. Home treatment in Iowa continued well into the 1860s despite several attempts at

professionalization and regulated care. Insane persons without a family or without financial means, more often than not, landed in the county jails or almshouses.⁵

Along the east coast in 1844, a group of America's most respected hospital managers formed the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL). The new society sought to transform hospitals from custodial institutions to treatment facilities. It introduced new methods of care with the expectations of returning the insane to normal lives.⁶

Iowa entered the Union in 1846, just as these ideas began to spread. Within four years the number of insane in almshouses troubled the new twenty-ninth state; the General Assembly proposed an insane asylum to counter the unnerving trend. Serious consideration appeared in 1852, when a majority of representatives voted in favor of the hospital's construction. The legislature postponed the vote and sent the deliberations to the Committee on Charitable Institutions.⁷

The call for the protection of the insane garnered high support and reached into the depths of the government. Governor James W. Grimes expressed the sentiment in the annual governor's address of 1854:

The establishment and endowment of an asylum for lunatics, is a measure which should be commended itself to your favorable consideration. We cannot but be aware of the fact, that we have a considerable number of those unfortunate person in our state, who have strong claims upon our sympathy and bounty, and who must be removed from their friends to other states in order to obtain the means of alleviating and improving their condition, or of being confined in our jails and poor houses.

⁵ ISMS. *One Hundred Years of Iowa Medicine* (Iowa City: The Athens Press, 1950) 16

⁶ Thomas Kirkbride. *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, 2nd Ed. (London: J. B. Lippincott & Co., 1880) 75; Nancy Thomes. *A Generous Confidence*. (Cambridge, Cambridge University Press, 1984) 39

⁷; IGA. 4th JHR. (Iowa City: Iowa State Printer, 1852) 109, 360, 376, 394

He asserted the role of government as “the protection of the governed,” while it “establish[ed] justice, promote[d] the public welfare and secure[d] the blessings of liberty.” The function of government, he argued, was as a “moral” and “physical protect[or]” of its citizens. The political body echoed these views, claiming the current system of homecare as “unworthy and unbecoming a civilized people.” The leading practitioners of the day encouraged such thought. The influential Thomas Story Kirkbride wrote in his widely-accepted blueprint for the care of insane, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*: “It would seem that at this day no one could dispute what has been so often said, that the insane are really ‘the wards of the State,’ and that every state is bound by all the dictates of humanity, expediency, and economy, to make proper provision for all those not able to provide for themselves.”⁸

Iowa faced many obstacles in the quest to provide a refuge for the insane. State authorities need to raise money, decide on a location, determine the facility, select a mode of treatment, and find trained professionals. In a near landslide vote, the state approved the sale of public lands to finance the future asylum. The potential site selection created a political war for five years. Representatives recognized the financial benefits of hosting the hospital in their districts. The Fifth General Assembly entertained proposals for such towns as Mt. Pleasant, Fairfield, Oskaloosa, and Fort Des Moines but they all failed to gain enough votes to start construction. They reached a compromise with the removal of a specific site with the carefully crafted phrase: “To be located by three

⁸James W. Grimes “State of the State Address” in *5th JHR* (Iowa City: State of Iowa Printer, 1854) 21-34; IGA, *5th JHR*, 315-316; Kirkbride, 30

commissioners, to be appointed by the governor.” Still, definitive action evaded the proponents of care.⁹

The following year, 1855, legislation finally established a new asylum. In January the selection of an “asylum board” passed, the General Assembly gave the Commissioners of Insanity the duty of advertising for contacts, traveling east to talk with current Superintendents of state-run facilities, develop a layout of the building, and select a location. After careful deliberation and numerous meetings with the top experts, Luther Bell and Thomas S. Kirkbride, the three representatives chose the popular Kirkbride model. After traveling throughout Iowa, the commissioners touted the advantages of the facility being built along the eastern border of the state to service Iowa and her neighbors; Mt. Pleasant fit the bill perfectly. At the Sixth meeting of the Iowa Assembly, the representatives called for ‘liberal provisions’ and expedited construction for the facility in order to help in the ‘enlightened’ care of the unfortunate. In the following session the final bill laid out governance, incorporation, and admittance procedures for the Mt. Pleasant Insane Asylum. The new building opened with “[all] the insane of the State subject to the provisions of this act.” The law foresaw future difficulties for over population by stipulating quotas and limits from each county, funding for harmless individuals in poorhouses, and the discharge of incurable or harmless patients to make room for a recent case.¹⁰

In the following years, Iowa appropriated funds to all state run charities. Iowa committed itself to the rapid completion of the hospital; state officials quickly realized

⁹ Wesley Shank, “Mount Pleasant: Iowa Insane Hospital” in *Studies of Historic Architecture Part II* (Ames: Iowa State University, 1975); IGA, 5th JHR, 303,316, 318, 347,348, 351

¹⁰ Shank; James W. Grimes “State of the State Address” in 6th JHR (Iowa City: State of Iowa Printer, 1856), 19-20; IGA “Chapter 141” in 7th ARG (Iowa City; State of Iowa Printer, 1858), 264-282

the sum appropriated fell well short of the necessary amount. Calls for additional money continued. Governor Ralph P. Lowe led the charge arguing the success of other states: “Should it take \$100,000 more to complete this structure, it will still cost less than its prototype at Northampton, Massachusetts.” To limit opposition, he expounded, “It is difficult for those not acquainted with structures of this description, to conceive why their cost should reach so high a figure; a visit, however to this institution would reveal to them this mystery. When finished, it will occupy the first rank of all similar institutions in the world and be a beautiful as well as a shining illustration of the philanthropy and enterprise of the people of Iowa.” Generous appropriations allowed the doors of Mt. Pleasant to open in March of 1861. Mt. Pleasant was the second insane hospital opened west of the Mississippi, the first in Iowa, and the third public building in the State. The building resided on 173 acres of farmland with 425 rooms, 900 doors, 1100 windows, 12 miles of steam pipe, and cost \$500,000. At the opening of the massive structure legislators commented on the sense of pride of local Iowans.¹¹

The Early Years of Mt. Pleasant

The AMSAII adopted the Kirkbride or linear model in 1851 as result of Thomas Story Kirkbride’s Insane Asylum blueprint and his relatively successful program of moral treatment in Pennsylvania. The original Commissioners of Insanity followed suit and adopted the Kirkbride model for the construction of the hospital building as the preferred method of care. Kirkbride’s book gave detailed accounts of every aspect of erecting a

¹¹IGA “Chapters 37, 51, 52, 85, 105” in *6th ARGA* (Iowa City; State of Iowa Printer, 1857); IGA *7th JHR* (Iowa City: State of Iowa Printer, 1858) 359, 365; ISMS, *One Hundred Years of Iowa Medicine*, 375-6; Ralph P. Lowe, *8th JHR* (Iowa City; State of Iowa Printer, Jan. 9th 1860), 31-2; Peter Jaynes, Ed., *Highlights of Henry County, Iowa History 1833-1976* (Burlington: Doran& Ward Lithographing Co., 1977), 46; Marge Harper, Ed., *Mt. Pleasant, Iowa Sesquicentennial 1835-1985 History Book* (Mt. Pleasant: Mt. Pleasant Sesquicentennial Association Benefactors, 1988)

hospital for ideal and efficient care. He discussed minute details ranging from the height of molding to the most soothing materials for walls. Few hospitals built in the following decades strayed from his design. According to Kirkbride, the hospital needed to be located in a rural area near a large city. In theory, this allowed the patients privacy while supplying the hospital with staples, employees, and field trips. Iowa went farther by emphasizing building “at a point easy of access to the present inhabitants of the State.” Mt. Pleasant’s easy access to the nearby Mississippi River enabled the facility to service Iowa and neighboring states. The countryside provided pleasure gardens and farmland essential for mental and physical stimulation that Kirkbride recommended.¹²

Linear construction of the Kirkbride floor plan centered on the main building; it consisted of the kitchen, store rooms, business offices, medical offices, chapel, library, and staff living quarters. On each side, male and female segregated wards stretched out from the main building. The configuration of the wards allowed for easy expansion if the need arose. Legislators, in fact, anticipated increased demand in coming years, “As the State advances in population, the unfortunate class of citizens for whose benefit these institutions were designed will continue to increase in number, and require additional facilities for their accommodation and treatment.” Due to larger numbers than expected by the builders, the Hospital used the expansionist principle immediately. Governor Samuel J. Kirkwood declared:

[The] Institution, so long and so much needed, has been, for some months, in successful operation. The appropriations made at the last regular session, for furnishing the center and east wing of the building has proved to be more than sufficient for that purposes, and there is a considerable balance unexpended. The number of patients now in the institution, is nearly or quite sufficient to fill all the finished portions of the building,

¹² Kirkbride, 36-47; IGA, 5th JHR, 315-316

and much inconvenience arises from the fact that patients of both sexes are confined in the same wing.

He urged the extension as a means to transfer the current insane from the county poor houses and jails into the finished facility. Although the official opening occurred in March with completion of the east wing, patients resided in the main building in January of 1861. The west wing took three years to complete and created a capacity of over 300.¹³

A strict hierarchy dominated the institution. The superintendent served as supervisor over all aspects of the facility. He was to be “a physician of acknowledged skill and ability in his profession” while possessing “the entire control of the medical, moral, and dietetic treatment of the patients, and he shall see that the several officers of the institution faithfully and diligently discharge their respective duties.” Dr. R. J. Patterson, a physician who cut his teeth in Ohio and Indiana, fulfilled these requirements and became Iowa’s first Superintendent of the Insane Hospital. Under him the assistant physicians were charged with day-to-day care of the patients. They also filled in for the superintendent during his absences. During Patterson’s tenure, he trained the majority of staff. To encourage the best possible care the Iowa Medical Society adopted standards, approved by the American Medical Association and American Medical Colleges, of a four year education for future medical doctors. All physicians had to have advanced courses in anatomy, public hygiene, surgery, and chemistry. Nurses and attendants performed individual and basic ward care. The steward and matron managed purchasing,

¹³ Kirkbride, Appendix; Tomes, 311; Gerald Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1983), 11-12; IGA, *12th JHR* (Iowa City: State of Iowa Printer, 1868), 20-21; Samuel J. Kirkwood, *9th JHR* (Iowa City: State of Iowa Printer, 1862), 23-4; Shank

paperwork, facility upkeep and housework. The advanced education of the staff symbolized the continued transformation of the asylum into a specialized institute.¹⁴

The historian Nancy Tomes summarized the adoption of the Kirkbride system as a movement into the social acceptability of insane asylums: “Moral treatment brought those into the hospital because it seemed a markedly more effective and human approach to insanity.” Traditionally, insanity sent patients into jails, poor farms, and basements. Facilities dedicated to the treatment of the insane often used restraints and dehumanized patients to control outbursts and disruptive behavior. Changing attitudes of insanity and humanity by professionals dictated the morphing attitudes of care. Society and medical doctors progressively viewed insanity as a disease, a form of unbalance, or as Kirkbride argued, “[Insanity] is best described as unsoundness. But more clearly shown by what an individual does, than by what he says, and that a change in a man’s natural character.” The Kirkbride moral treatment created an ordered regimen to break the ‘habit’ of insanity. Selection of hospital officials proved essential. They were to have daily one-on-one interactions to encourage more self-control and teach acceptable behaviors.¹⁵

The physical building and landscape conveyed these principles of moral treatment. The central element of Kirkbride’s care was classification. The placement of each person within Mt. Pleasant reflected the success and failure of each individual. Ground floor patients showed greater progress in the areas of sanity, hygiene, awareness, and morality than the first floor; the first floor was greater than the second; and so on. The distance from the main building indicated improvement as well. The farther from the

¹⁴ The Iowa Medical and Chirurgical Society met early in June of 1850. They possessed “that organized medicine was the only means of progress, and towards higher educational standards, with greater benefits to the state and the people generally.”

IGA, “Chapter 141” in 7th *ARGA*, 264-282; ISMS, *One Hundred Years of Iowa Medicine*, 21, 226, 450

¹⁵ Tomes, 125, 21, 193, 194; IGA, “Chapter 141” in 7th *ARGA*, 264-282; Kirkbride, 80, 21

center structure, the worse the patient's status within the hospital's 'hierarchy.' In general, the farther the patient from the ground level and the center structure the 'more insane' the individual. Caregivers used this hierarchy of shame and guilt to coerce good behavior from their charges. Patients yearned for the pride of social promotion and special privileges related to improved placement.¹⁶

The theory and view of insanity evolved. The public gradually recognized the insane as people; no longer as outcasts but as their family members, their neighbors, and their friends. At the 1876 opening of the School for the Feeble-minded in Glenwood, the representative from the Iowa State Medical Society remarked on the feeling during the period "The people of Iowa had awakened to the obligation and necessity of providing hospitals for the treatment of mentally ill persons. Realization now began to dawn that another class of unfortunate citizens urgently demanded help: those handicapped in early life by deficient or injured brains." As early as 1870, the legislative body discussed the first comprehensive act to protect the insane. The law passed in the next regular session granted greater securities to the mentally ill. The new decree forced the governor to send a committee to the state's charitable institutions at random times for inspections. The committee provided any needs the insane needed while retaining the right to discharge any employees and pursue a trial. To ensure patients' rights, all were entitled to Habeas Corpus and due process of law. The final act of humanization of the patient allowed for the insane to send letters without censorship or having their mail checked before reception. Since, Iowans viewed women as refined, fragile and emotional; the bill tried to remove the stress of admittance for the weaker sex by admitting women only if they

¹⁶These privileges included more freedoms to move within and around the hospital's wards and grounds. The patients also enjoyed more free time and leisure tasks.
Grob, *Mental Illness and American Society, 1875-1940*, 12; Tomes, 204

traveled to the asylum with a female friend or relative. Iowa tried to prevent the act of selecting favorites based on their previous conditions. The state mandated all patients be equally treated; those that wanted to pay for their care were welcome to but those who could not received the same treatment.¹⁷

Kirkbride's moral treatment dominated the period. Moral treatment centered physical labor and establishing acceptable behaviors and actions based on work. In theory, when a patient learned a task, the individual could repeat the job without guidance and alone. When inmates acquired enough skill, they should be able to contribute to society and themselves. Iowa adopted the most practical occupation in the state, farming. The asylum purchased 240 and 14 3/4 acres in 1888 and 1894. New farm lands contributed to patient treatment and facility subsistence. Mt Pleasant emphasized agriculture and husbandry as the prime means of treatment. The 1896 Committee to Mt. Pleasant "commend[ed] the management of the institution for the good judgment in planting and growing an abundant supply of small fruit and vegetables. We find that there are fifteen acres in grapes, twenty-five acres in raspberries and strawberries and twenty-five acres in vegetable garden." The live stock, tools, and implements were well-cared for and in excellent condition. A cold storage building, ice house, greenhouse, slaughter house, horse barn, carriage barn, and piggery were built to nurture the minds and bodies of patients. Several visiting committees noticed the increased numbers of insane who in a past life were former skilled and mechanical employees. They proposed the

¹⁷ Iowa was the first state to grant this privilege to the insane. The IGA revoked this privilege in 1874. The Superintendent had to right to read all incoming and out going mail; he was able to prevent the reception of mail but could also include his own letter inside the letter to those receiving mail from a patient. Often the deranged outgoing letters included far reaching stories of abuse and fantasies of neglect. IGA, 15th ARG (Des Moines: State of Iowa Printer, 1874) 41-2; ISMS, *One Hundred Years of Iowa Medicine*, 452; IGA, 14th JHR (Des Moines: State of Iowa Printer, 1872), 203, 95-97; Grob, *Mental Illness and American Society, 1875-1940*, 48; IGA, 13th ARG (Des Moines: State of Iowa Printer, 1870) 116, 124, 120

construction of an industrial building in which patients would repair furniture, make mattresses, and brooms, and serve as a place of profitable employment for men who would otherwise be idle. The hospital built a blacksmith shop; to provide jobs and lower the cost of maintenance. The hospital erected such an industrial building for men in 1894.¹⁸

Through education and mental stimulation, doctors nurtured the brains of their wards. The Superintendent improved care with additions to the chapel and the amusement hall. The facility purchased new books, pictures, and other diversions because "[the] importance of these agencies in the care, treatment, and comfort of the unfortunates." A healthy mind worked best by learned behavior and reflexes.¹⁹

The Beginning of Problems

Mt. Pleasant went through the years updating the building as needed. 1870 saw the purchase of thirty-seven and a half acres of serviceable farmland. Four years later, the engine house caught fire destroying the boiler of the hospital. The General Assembly immediately appropriated funds for construction of a new boiler house. During this period, worry over tuberculosis dominated many municipalities including the city of Mt. Pleasant and the asylum. The board of trustees constructed and implemented a new tuberculosis cottage. In the same year, 1878, it expanded the kitchen and improved the transportation of water throughout the facility.²⁰

¹⁸IGA, "Report of the Visiting Committee to Mt. Pleasant" *26th JHR* (Des Moines: State of Iowa Printer, 1896), 203-210; IGA, *25th ARGA*, 134; IGA, "Report of the Visiting Committee to Mt. Pleasant" in *25th ARGA*, 142-8; IGA, *ARGA 22nd*, 100; IGA, *18th ARGA* (Des Moines: State of Iowa Printer, 1880), 87

¹⁹ IGA, *23rd ARGA* (Des Moines: State of Iowa Printer, 1890), 100; IGA, "Report of the Visiting Committee to Mt. Pleasant" in *26th JHR*, 203-210

²⁰ IGA, *13th ARGA*, 100; IGA, *17th ARGA* (Des Moines: State of Iowa Printer, 1878), 133-134

Demand for care surpassed the institution's capacity to supply the moment the doors opened for the insane. In a few years patients slept on mattresses on floors in rooms and hallways. Mt. Pleasant tried numerous methods to control the overcrowding problem. State laws addressed the issue by writing a preference list and placement plan of the overflow. If the hospital was full, the deranged went into home care, if no one at home could provide care, they went to the poor farm, and if one did not exist in the county they went into the local jail. Legislators issued universal guidelines for release. They targeted the incurable and harmless insane "to make room for recent cases." The Twelfth Iowa Congress opened deliberations on the incorporation of a second hospital for the insane. They agreed and broke ground in Independence. As a result, the Iowa Hospital for the Insane became the Iowa Hospital for the Insane at Mt. Pleasant with its sister, The Iowa Hospital for the Insane at Independence. Construction took longer than expected, which kept pressure on Mt. Pleasant. In his annual message of 1872, Governor Samuel Merrill laid out the desperate need for completion of the Independence hospital: "The overcrowded condition of the house becomes at once apparent. This state of affairs will continue until the building at Independence is ready for occupancy." He noted the purchase of forty-eight acres to Mt. Pleasant for expansion of care. The General Assembly passed additional legislation to remove incurable and harmless patients to county facilities. At the close of the term the facility accommodated 510 patients; the commissioners of insanity designed Mt. Pleasant for a maximum capacity of 300.²¹

Not only was the facility full but the growing costs were astronomical. Governor William Stone lamented:

²¹ Jaynes, 47; IGA, 13th ARG, 112, 121, 125; IGA, 12th JHR, 144; IGA, 12th ARG (Des Moines: State of Iowa Printer, 1968), 133-134; IGA, 14th JHR, 24-25; BCSI, 1st BRBC (Des Moines: State of Iowa Printer, 1899), 122

[The Charitable Institutions] appear to have been both ably and economically managed. And it should be regarded as a matter of sincere gratification, that these institutions, in spite of the many embarrassments incident to their foundation and early growth, have steadily advanced in usefulness, and are now in an exceedingly flourishing condition... The Law requires the expense of supporting patients at the Insane Asylum to be paid either from private means or by the counties from which they are sent. Great inconveniences results from the tardiness with which many counties return their dues the State treasury, while some of them have wholly neglected this duty. the importance of promptly paying their dues should not be overlooked, as all deficiencies must be made up to the Asylum from the General State fund.

Along with the daily funds, each year brought increased repair for the deteriorating building. The facility renovated the ventilation, heating, and fireproof systems. Disasters cost the state funds; bad weather often damaged parts of the hospital. The General Assembly responded promptly; it forced each county to provided funds for the insane appearing in the wards of the hospital.²²

New facilities in Independence and Mt. Pleasant failed to solve the problem of overcrowding. The most telling problem of overcrowding is the bill, House File 7, of the Twentieth General Assembly; which called for additional room for the incurable insane. Later in the legislative session, representatives suggested appropriations for another hospital of the insane. By 1884, both hospitals were in the middle of huge development projects. Mt. Pleasant erected additional east (men's) and west (women's) wings; completed in 1885 and 1887, respectively. Although each hospital provided care for hundreds of additional patients, roughly 200 per expansion, it still fell short of solving the population problem. The government removed dangerous and criminally insane and moved them to the newly built the department for the criminally insane in Anamosa. The

²² William Stone, "Governor's Message" in *11th JHR* (Des Moines: State of Iowa Printer, 1866), 21; IGA, *18 ARGA* (Des Moines: State of Iowa Printer, 1880), 87; BCSI, *2nd BRBC* (Des Moines: State of Iowa Printer, 1901) Insert 46; IGA, *20th ARGA* (Des Moines: State of Iowa Printer, 1884), 84-85

prison received all the state's violent offenders. Governor William Larrabee reflected: "The appropriations made by the last General Assembly economically and judiciously expanded... a model of convenience and solidity" yet he urged for the improvements of the facility as rapidly as possible.²³

The legislative and executive offices called for an additional hospital for the insane. The State designated \$150,000 for another asylum in hopes of relieving overcrowding. The Governor again selected a committee for site selection in southwest Iowa. Legislators from southwestern Iowa lobbied for their cities to become the building site of the new asylum. At least six bills for the site appeared. The state agreed on Clarinda and construction began immediately.²⁴

In a few short years, numbers of patients in the facilities in Clarinda, Independence, and Mt. Pleasant exploded beyond capacity. The process of selection and construction began yet again. The town of Cherokee gained the honor and appropriations and construction started on 240 acres outside of town. With the opening of a new hospital, the other facilities felt a temporary reprieve.²⁵

Nationally, several hospitals had mistreatment incidents hugely publicized. The state took precautions to protect itself and its employees. Iowa shielded the employees of state institutions from prosecution for unjust detention and imprisonment of patients who were unwillingly committed. The House of Representatives showed faith in doctors with the introduction of several bills to increase the authority of the hospitals and

²³ IGA, 20th JHR (Des Moines: State of Iowa Printer, 1884), 64, 72; IGA, 21st JHR (Des Moines: State of Iowa Printer, 1886), 85; IGA, 21st AGRA (Des Moines: State of Iowa Printer, 1886) 60; IGA, 20th ARG A, 220-2, 110; IGA 22nd ARG A (Des Moines: State of Iowa Printer, 1888), 103; William Larrabee, "Governor's Message" in 22nd JHR (Des Moines: State of Iowa Printer, 1888), 22

²⁴ IGA, 20th ARG A, 220-2; IGA, 20th JHR, 64, 240, 130, 140, 231-2; IGA, 21st JHR, 103

²⁵ IGA, 25th ARG A (Des Moines: State of Iowa Printer, 1894), 83-6; IGA, 26th ARG A (Des Moines: State of Iowa Printer, 1896), 147-8

professionals. Medical schools flexed their authority by requiring preliminary education in science and medicine. First, they called for the enactment of the government of hospitals for the insane. This bill provided specifics for the limits of power to the superintendent and to the care of insane. Second, they called for a State Board of Health to monitor and suggest public hygiene policies for the hospitals and to communities statewide.²⁶

Yearly general maintenance rarely avoided catastrophes. Fire plagued the hospital. Over a six year period, the visiting committee noted plentiful fire hazards. They focused on the perilous and conducive conditions for flames and called for the addition of fire escapes. The facility installed and upgraded fire prevention. All thirty-four wards received hose plugs, hose carts, fire grenades and pumps.²⁷

Financial issues continued through the 1890s. The General Assembly passed vague laws open to interpretation, such as the transfer of insane persons; the state had "ability to transfer patients from one hospital to another whenever such a transfer [became] necessary." Iowa called for funds and even requested non-mandatory payment from patients. Two acts appeared, one called for "[the] estates of insane or idiotic persons or persons legally bound for support liable to the county" to be seized as payment; the other law gave families the right to mortgage property for the cost of care.²⁸

The Centralization for Economy

Professionalization, economy, and treatment came to the forefront for the management of the state hospitals. Iowans, as with the rest of the nation, believed

²⁶ IGA, 13th ARGA, 128; ISMS, *One Hundred Years of Iowa Medicine*, 40; IGA, 13th JHC, 604

²⁷ BCSI, 2nd BRBC, insert 46; IGA, "Report of the Visiting Committee to Mt. Pleasant." in 25th JHR, 142-148; IGA, 26th ARGA, 121-2; IGA, "Report of the Visiting Committee to Mt. Pleasant" in 26th JHR, 203-210

²⁸ IGA, 24th ARGA, 73; IGA, 26th ARGA, 56

principles of science, organization, and specialization solved the problems of society. In 1899, the General Assembly formed the Board of Control of State Institutions. Each hospital, school, and penitentiary, county and state, forfeited its respective committees and trustees to the state agency. The Board, under established guidelines of the state, visited Mt. Pleasant twice a year to investigate such as patient diets, facility ventilation, sewage disposal, adequacy of the medical staff, and cost of treatment and care. The new governing body oversaw the admittance and discharge of every citizen. The two greatest changes gave the Board the direct responsibility of supply purchases and the biennial publication. With the conception of the Board, all state mental asylums changed their titles to state hospitals, due to the negative nature of the word asylum and insanity.²⁹

Centralization of all charitable and penal institutions fulfilled the objectives of each facility: to give those under their care the best possible treatment, and conserve all property and supplies belonging to the state. In reality, the Board of Control emphasized cost reduction; it standardized record keeping, experimented with new accounting principles, and produced multiple records. The first Biennial Report discussed the two main aspects of care: humane point of view and the economic standpoint. The Board affirmed "The latter, while important, sinks into insignificance when we consider the question of affording proper care and relief to those whose minds are clouded, and reason dethorned."³⁰

The first visit revealed many problems, Mt. Pleasant's physical plant had no adequate system of ventilation, a horrible smell permeated throughout the facility because

²⁹BCSI, *1st BRBC*, 112-13, 179-81; IGA, *28th JHR* (Des Moines: State of Iowa Printer, 1898), Chapter 144; IGA, *28th ARG* (Des Moines: State of Iowa Printer, 1898), 62-76

³⁰F.C. Hoyt, *BBCSI* (Des Moines: State of Iowa Printer, 1899), 1: 84,89; BCSI, *1st BRBC*, 129

of the water closets, the kitchen existed in disrepair, the basement, roof, piggery, vegetable storage building, and laundry needed work.³¹

Still, the Board practiced established paradigms of medicine. Moral treatment remained the norm at Mt. Pleasant and throughout Iowa. Mt. Pleasant's Superintendent F.C. Hoyt stated "in all institutions of modern character we have an auxiliary branch known as industrial work; the need of occupation, is so well recognized it requires no argument... I [with the State] regard idle hands as the most pernicious thing." Each institution desired every able body and half-able body to work. Professional perceptions dictated "that manual labor does good to the insane, and gives rest to the poor tired brain, deranged in its activities, by setting certain uninvolved motor centers in operation and drawing the excessive flow of blood away from overworked, exhausted and irregularly operating centers." Debate existed over what kind of work a person should perform; one group called for separate tasks from their daily employ and the other argued for the continuance of their normal toil. These opposing viewpoints both believed that the ailing mind needed stimulation; often, patients perform hospital maintenance as part of their manual labor treatment.³²

To maintain facilities, the Board of Control presented six ways to better use hospital labor. First, each institution needed more shops. Second, the shops should have up to date machinery. Third, employ more and better trained teachers and attendants. Fourth, accommodate the reasonable needs of the inmates. Fifth, promote the aspects of

³¹ BCSI, *1st BRBC*, 112-13, 179-81; IGA, *28th JHR*, Chapter 144; IGA, *28th JHR*, 62-76

³² F.C. Hoyt, "The Internal Management of Institutions" in *1st BRBC*, 93-4; Psycho-Physiological Reason for Manual Labor in the Treatment of the Insane, Max E. Witte, "Psycho-Physiological Reason for Manual Labor in the Treatment of the Insane" in *1st BRBC*, 115-124

health, self-respect, contentment, and longevity inside and outside of the buildings. Finally, through the shops, teach the patients self-support.³³

As with the wards, Mt. Pleasant divided the tasks of industrial treatment by gender. Women worked half a day with outside duties, mostly gardening. They proceeded into the hospital for more feminine jobs and general housekeeping. Several of the chores included sewing, crocheting, knitting, cooking, and other beneficial odd jobs to occupy the mind. The facility employed a staff under the Matron but the capable insane performed errands under her guidance. Men performed different tasks in the several shops at Mt. Pleasant, including: a woodworking shop, shoe shop, tin shop, upholstering shop, tailor shop, industrial shop, and a smithy. Both men and women received stimulation through more genteel methods; reading, lectures, sermons, games, puzzles, and even a hospital band and orchestra. Treatment consisted of more than fun and games, however; the hospital utilized more drastic forms of care, such as: electrotherapy, insulin therapy, hydrotherapy, drug therapy, and psychosurgery.³⁴

The farms grew faster than any other part of Mt. Pleasant. The ranch held twelve horses and mules, over 140 head of cattle, and 339 hogs. Dr. Max E. Witte posited the success of the homestead because the patients were "drawn from the agricultural and laboring classes." He encouraged, the expansion of the farm and garden for all cases; "Even the chronic insane, in whom pathological changes have taken place which render a full recover out of the question, and who sits about wrapped in gloomy brooding, or expend their energies in irrational and mischievous motor activities, are benefited by employment to which they have been accustomed, and which occupies their attention in a

³³ BCSI, *BBCSI*, 1:173

³⁴ F.C. Hoyt, "The Internal Management of Institutions" in *1st BRBC*, 93-4; *IGA*, 25th *ARGA*, 134; BCSI, *BBCS* (Des Moines: State of Iowa Printer, 1900), II: 709-712; Kirkbride, 84-87

pleasurable manner.” In theory, a patient’s mind shifted from morbid channels into healthful ones through the replacement of bad behaviors with good processes. All members of the hospital community were required to work including the chronic insane; they performed the tasks of “drudgery” and the jobs no one else cared to do, especially in the fields.³⁵

The agricultural endeavors not only provided a method of care but presented an opportunity for profit and subsistence. The diet of an inmate contained vast amounts from the herds and fields: milk, eggs, meats, soups, vegetables, pies, sauce, among other things. Malnutrition plagued state-run facilities. It proved to be a constant problem. Several of the hospitals varied on their diets while they disputed the best meals for the ill; yet, then never settled on the ideal diet. F.C. Hoyt determined “the question that has seemed to me to be most important in feeding patients is not what you feed them so much as how you feed them, how you prepare it, and how you save it in wastage.” Again, the hospital prioritized fiscal economy in the guise of patient care.³⁶

After the Board of Control

The first year of the Board of Control ushered in a period of renewed hopes and expectations. By centralizing all the state’s institutions under one governing body, Iowa proclaimed efficiency, superior management, and fiscal responsibility. From the conception of Mt. Pleasant to the establishment of the Board of Control, 10,849 citizens had walked the halls seeking help. Slightly over half left improved or recovered; the

³⁵ This is the continued argument over the best form of treatment. The farm provided numerous advantages and seemed highly practical; since the majority of patients previous lives were on the farms. This provided ammunition as a cause for insanity, mind numbing labor without any stimulus. Continued farming produced little mental stimulation and hindered brain activity.

BCSI, *BBCSI*, I:138, Psycho-Physiological Reason for Manual Labor in the Treatment of the Insane F.C. Hoyt, 115-124 ; “The Internal Management of Institutions" in *Ist BRBC*, 93-4,123

³⁶ BCSI, *BBCSI*, I:20-28; F.C. Hoyt, “The Internal Management of Institutions" in *Ist BRBC*, 93-4;

hospital was hardly the shining beacon of patient care proclaimed by its founders. At the end of a year of operation of the Board, the patient populations expanded while cost per patient and total expenditures decreased. The Board accomplished its major goal: providing better care for less cost. Sarah Tracy, a historical sociologist, reflected on the new managing body “Iowa was on its way to building a network of specialized social welfare and medical institutions for the treatment of the state’s defective, delinquent, and dependent classes.” Legal reformers and medical professionals ended the era, much as the first started, full of optimism for the future.³⁷

³⁷ 3389 patients left fully recovered with 2166 went home improved. Out of the total, 2099 died inside the facility.
BCSI, *1st BRBC*, 707, 387, 122; Sarah Tracy, *Alcoholism in America: From Reconstruction to Prohibition* (Baltimore: Johns Hopkins University Press, 2005), 199

Part II:

A Steady Decline, 1900-1915

Centralization gave Iowa a framework to deal with the unfortunates in state facilities. Iowa made significant advances in treatment in the first forty years of Mt. Pleasant's operation. Chairman F. A. Ely of the Des Moines section of the Mental and Nervous Disease Society pointed out such advances as a more accurate process of classification, improved methods of statistics keeping, expanded view of insanity, increased education programs, and removal of barbarous forms of restraint.³⁸

Expectations of the Board of Control lasted a few short years. The population exploded causing severe overcrowding in the state hospitals. Iowa maintained the paradigm of "agreeable surroundings, plenty of room, and the maximum of personal liberty for the chronic, quiet and well-behaved patients." Unfortunately, increasing patient populations created faults in their treatment plan. The numbers of inmates drained institutional resources. The Board of Control faced difficult economic decisions but was at the mercy of the General Assembly. Charles F. Applegate summed up the professional feeling, "I see no reason why the great State of Iowa should lag behind in the care of its unfortunates, simply to give a few petty politicians political plums at so great a cost as the human mind." Those involved in the hospitals directed their attention towards gaining public support.³⁹

³⁸ F.A. Ely, *100 Years of Iowa Medicine*, 63-64

³⁹ H.A. Tomlinson, "The Influence of Occupation in the Prevention of Mental Reduction" in *BBCSI*, (Des Moines: State of Iowa Printer, 1907), IX :357; C.F. Applegate, "Symposium" in *BBCI* (Des Moines: State of Iowa Printer, 1901), III: 480

The Evolution of Treatment

In 1902, Iowa operated hospitals for the insane. Technological advances altered treatment throughout the fifteen year period. Although the core of the Kirkbride system remained, rules were continually revised throughout the next half century. The hospital's purpose became twofold: curative and custodial. Specialists generally agreed that insanity was a disease and those suffering were "entitled to the most skillful treatment and the best care which can be given to them." To monitor successes and failures of the facilities, the Board enacted new statistical tables which tracked populations, hereditary cases, pre-institutional occupations, employment at Mt. Pleasant and costs. All hospitals included a treatment plan consisting of: physical and mental examinations, medicine, hydrotherapy, food, abstinence, bromides, chloral, strychnine, massages, steam baths, lectures, exercise, social recreation, sermons, and privileges.⁴⁰

Conceptions of insanity shifted within the profession as the cause of the disease became more precise and at the same time additionally vague. Doctors argued the modern development of urbanization and industrialization altered normal brain activity. They believed the brain had adapted over generations to farm life and failed to cope with the fast pace of city life. In the same breath, professionals believed farm life had some responsibility for the disease owing to the monotony, improper exposure, and loneliness of labor and rural areas. The mail, order catalogues, and the telephone could remedy these issues if properly distributed. Many scientists credited the medical disorder to over stimulation, non-observance of the Sabbath, intensive education methods, women

⁴⁰ BCSI, *BBCSI* (Des Moines: State of Iowa Printer, 1902) IV: 155-171; Charles Applegate, "Inebriety, and the care and treatment of Inebriates in the Mt. Pleasant State Hospital" in *BBCSI* (Des Moines: State of Iowa Printer, 1903) V: 151-171; C.B. Burr, "The Size and Essential Features of the Model State Hospital for the Insane" in *BBCSI*, III:204-211; G.S. Robinson, "County Care of the Insane" in *BBCSI*, III: 57

entering the world of business, rapid transit, improved communications, over organization, and selfishness. Ironically, technology caused the disease but doctors proposed it as the cure.⁴¹

A patient ended up in the hospital after examination by a locally appointed board. The committee reviewed several factors before admitting a citizen because one abnormality or irresponsibility was not enough for commitment. Changes in temperament, character, moods, habits, modes of thought, gait, expression, appearance, and general demeanor provided strong evidence for insanity. A careful study of the life history of a patient; along with the physical evidence of disease established the dreaded sickness. Experts labeled insanity as a “mental attitude, or condition, characterized by [vulgarities] of thought, or of feeling, or of both, and which may or may not express itself in concrete acts.” Classification remained the most vital tool of Mt. Pleasant and the other hospitals:

Classification is a specific instance of a common mental process- abstraction, and involves both the analytical and synthetically powers of the mind. The abstract is based on and derived from the concrete by conceptual separation. That is, the more general truth is obtained from the more special. To have the abstraction truly and fully represent reality it is necessary not only that the mind should have a profound and necessary not only that the mind should have a profound and comprehensive grasp on the subject in order to resolve from it its attributes and among these to distinguish and separate what is essential and universal from what is trivial and accidental, but also the observational powers must be keen and accurate so that the representation in consciousness may be clear, just and fair.

⁴¹ Classification aided these presumptions; the largest groups present in the hospital were agricultural and rural, manufacturing and mechanical, and communication and transportation. F.I. Herriot, “Occupations, physical health, and diseases in Insanity” in *BBCSI*, V: 331-343; Pauline Leader, “Are Women on the farm more liable to insanity than from other walks of life” in *BBCSI*, IX: 264-269; Francis Ely, “Some Influences in the Life of to-day productive of nervous and mental disorders” in *BBCSI* (Des Moines: State of Iowa Printer, 1911), XIII:153-158

Mt. Pleasant employed the most updated and ‘accurate’ Kraepelin method which looked at a disease’s rise, behavior, course, and termination based on a careful empirical methodology.⁴²

Through applications of generally accepted parameters, specialists laid out the best course of treatment. General hospital practice called for careful and immediate classification and segregation of patients. The emotional stress of arrival taxed the new patients beyond healthy levels. The individuals were forced to an unknown destination, given a bath, dressed in institutional clothing, and often left alone without meeting their primary caseworker for several days. To limit anxiety, the facility constructed a non-dreary area separate from the main building for the purpose for observation and classification of patients. Special cases required special care and professionals looked at a cottage system. The proposed cottage layout consisted of “small specialized” hospitals to treat each case. At the bequest of the superintendent, Mt. Pleasant erected several cottages and converted a few dilapidated barns into useful receiving areas, including a tubercular patient cottage and new patient farmhouse.⁴³

Mt. Pleasant highlighted that a patient’s “brain and muscles [were] in healthy surroundings.” Common perceptions dictated negative environments deteriorated the intellect and resulted in a mental disease. “The employment cure is good for the large majority. Proper exercising and diverting effort helps most insane persons.” Men did

⁴² James Wherry, “Insanity not a question of Conduct” in *BBCSI*, VII: 314-326; Max Witte, “Classification of Insane Conditions” in *BBCSI* (Des Moines: State of Iowa Printer, 1905) VII: 164

⁴³ M.N. Voldeng, “The Observation Cottage in Connection with Hospitals for the Insane” in *BBCSI* (Des Moines: State of Iowa Printer, 1904) VI: 303-308; L.C. Mead, “My Experience in Hospital Construction” in *BBCSI*, IX: 83-91; Max Witte, *BBCSI*, VII: 164-173; Henry Hurd, “Reception Hospitals for Cases of Acute Insanity” in *BBCSI* (Des Moines: State of Iowa Printer, 1908) VIII:7-8; *BCSI*, 7th *BRBC* (Des Moines: State of Iowa Printer, 1910), 47; *BCSI*, 9th *BRBC* (Des Moines: State of Iowa Printer, 1914), 32

better in their natural atmosphere with manual labor. The goal of the hospital centered on a healthy stimulus for mental activity:

I believe all physicians engaged in the care and treatment of the insane fully recognize the great value of exercise and employment of the mind in the treatment of the insane. If employment is so universally eulogized as the most potent of hygienic and curative means, we should provide as many varieties of occupation as is possible and discover the forma and manner of it which has the greatest attraction for each patient, and through moral suasion, special inducement and encouragement get the indolent and unwilling classes to work.

Mt. Pleasant remained a proponent of physical labor. Patients walked in the groves, worked in the fields, or labored in the shops. Between 1900 and 1915, on average 62% of men and 58% of women worked in the institution; those who didn't were the elderly, custodial, violent, or useless wards. Often work failed to improve mental behavior in the ill. Each individual learned acceptable conduct through tasks, while the vocations granted a possible career for the cured.⁴⁴

Over the next decade, the Board of Control expanded programs of care in the in all facilities. Forest C. Ensign, a doctor in Iowa City, represented the majority of professionals, he argued "recreation is also recognized as affording great relief to diseased minds, and games, both indoor and out, are provided. Magazines, newspapers, and music are furnished in wards in which patients appreciate them." The assembly hall hosted dances, concerts, theatre productions, and stereopticon entertainments. Many of the amateur programs reached maturity after the second year of centralization. Still, critics emerged, they claimed "The great trouble with amusements in many hospitals, shall I say in practically all hospitals, has been that, while they have been regarded as

⁴⁴ J.T. Searcy, "The Industrial Management of Insane Hospitals" in *BBCSI*, III: 13; Charles Applegate, "Physical Culture Employment and Amusements as Adjuncts to the Medical Treatment of the Insane" in *BBCSI*, VI: 153; Applegate, "Observation on some of the European Asylum for the Insane" in *BBCSI*, III: 26; *BCSI*, *BBCSI* (Des Moines: State of Iowa Printer, 1917), XIX: 90

possessing some therapeutic advantages, they have been employed merely to put in the time, or because other hospitals use them, or, indeed, because the public has been led to expect it... Amusement administered in a haphazard, unprofessional manner can produce as much, or more insanity than they relieve.” Professionals accepted music as a restoration of the soul. Mt. Pleasant hired a band master, V. Olker; he cultivated the ordinary brass band into a first rate military band averaging three concerts a week. The Hospital also performed plays and held carnivals with varying themes. Several of the theatrical productions included staff and received praise from the local press.⁴⁵

Since the institution owned 917 acres, Mt. Pleasant exploited its farming land. Orchards offered staples and sellable produce. Apple reigned as ‘the king of fruit’ and appeared as the primary crop in all state institutions. The charitable buildings diversified by nurturing cherries, plums, peaches, grapes, raspberries, blackberries, currants, strawberries, gooseberries, and pears. Farms functioned much as they previously had; they raised several crops vital as foodstuffs: potatoes, corn, oats, and hay. The latter three fed the pigs, cows, and horses throughout Mt. Pleasant. Numerous visiting committees noted the cows never produced a self-sustaining amount of milk and large sums of the liquid had to be purchased from outside. The facility established an individual poultry department. Chicken raising gave a unique opportunity to patients. Individual cared for a single flock without supervision. Birds kept patients physically and mentally occupied through easy care giving tasks. Doctors claimed the ill learned self-respect and trust towards other inmates. All the cultivation fell short of self-sufficiency for the Hospital.

⁴⁵ Forest Ensign, “The Care of the Insane in Iowa” in *BBCSI* (Des Moines: State of Iowa Printer, 1900), 25-26; P. V. Olker, “Mt. Pleasant State Hospital: Band and Orchestra” in *BBCSI*, IV: 310-314; J. W. Cherry, “The Therapeutic Value of Amusements in State Hospitals for the Insane” in *BBCSI*, VII: 177; “Minstrel Show put on at Hospital” in *Mt. Pleasant Free Press*, Feb. 8, 1912.

Mt. Pleasant imported stores, including crops grown on the ground. Fresh meat accounted for half the total cost of institutional supplies; other large expenditures were coffee, tea, spices, soda, baking powder, canned stuffs, and flour.⁴⁶

Professionals debated which duties enabled the best chance of a cure. A common practice emerged in Iowan institutions of allowing patients to sell their labor off-campus for wages. Some argued for a full workday program, while others advocated a part-day of no more than eight hours. Those against full-time employment prophesized the hospital's collapse with no one working on or around the institute; they feared Mt. Pleasant would become a boardinghouse for cheap labor to nearby abusers. Tensions emerged in the facility, patients wanted to work but only for wages outside. The naysayers' worries proved a reality at Mt. Pleasant as "more teams were necessary to properly conduct the farming and other work necessary about the institutions." Since, "the principle part of the work of farming, gardening and all other kind of work required was performed by the patients;" the sale of labor ended. All hands worked on institutional tasks but still Mt. Pleasant did not have a workforce large enough to manage its own facilities.⁴⁷

Women continued their duties established during the first decades of the hospital. The swelling numbers of chronic insane plagued the institution and resulted in the expansion of their tasks. Professionals focused on the 'natural' occupations of the finer

⁴⁶ IGA, "Report of the Visiting Committee to Mt. Pleasant" in *32nd JHR* (Des Moines: State of Iowa Printer, 1907), 363-365; F.M. Powell, "What kinds of fruits can be raised to good advantage on institution farms" in *BBCSI*, III: 90; J.P. Jackson, "Planting and Cultivation of Fruit Trees, Vines, and Plants" in *BBCSI*, III: 180-185; A.J. Rae, "Profitable Crops for Institution Farms" in *BBCSI* (Des Moines: State of Iowa Printer, 1913), XV: 35-37; IGA, *31st JHR* (Des Moines: State of Iowa Printer, 1906), 426-428; A. Hoffman, "The Advantages of Conducting a Poultry Department in a State Institution" in *BBCSI*, XV: 256-261; Ralph Hulings, "Receiving and Caring for Institutional Supplies" in *BBCSI*, XV: 49-51; L.G. Kinne, "Ancient and Modern treatment of the Insane and An Official visit to a State Hospital" in *BBCSI*, II: 178-190

⁴⁷ The most ardent of arguers were Superintendent Hill and Witte of Independence and Clarinda. *BBCSI*, *BBCSI*, II: 118-128; IGA, *31st JHR*, 426-428; IGA, *30th JHR* (Des Moines: State of Iowa Printer, 1904), 738-740

sex. Women performed housekeeping chores. They made beds, swept, dusted, polished floors, sewed, laundered clothes, and cooked. Specialists encouraged private stimulation by individualized responsibilities. Women worked small garden plots, crocheted, knitted, and made paper; all cash industries for Mt. Pleasant.⁴⁸

Women did not escape surgical procedures. A common ‘cure’ for feminine insanity included operation of the cerebral and pelvic areas as soon as possible before the disease manifested and became fixed in the body. No uniformity existed on the application of surgery; contemporaries suggested surgery as a necessity and often times the only means for improvement.⁴⁹

Many doctors believed in “the practice of treating the sick by influencing the mental life.” Professionals did this through the direct alteration of the body. The first step to cure the body stressed diet. The right consumption of food regulated individuals and filled them with proper nutrients. Several mental conditions depressed the body and limited natural functions; hence the rising popularity of drugs. Laxatives and diuretics purged organisms of unwanted substances. Often unruly patients received sedatives or ‘chemical restraints.’ Drugs introduced another split in the medical profession; many believed drugs to be a miracle. Opponents to the heavy medication of patients argued “The proper and tactful control of the conduct and life of the insane has more to do with their recovery than drugs. Very few cases owe their recovery, altogether or even in large part, to the medicines they have taken.”⁵⁰

⁴⁸ Phebe Mumford, “Some Helpful Occupations for Insane Women” in *BBCSI*, II:3-6;

⁴⁹ Max Witte, “As to Surgery for the Relief of the Insane Conditions” in *BBCSI*, VII: 453-465

⁵⁰ E. E. Harris, “The Value of Psychotherapy” in *Journal of the Iowa State Medical Society* (Des Moines: Iowa State Medical Society, 1912), 1:427-434; Charles Applegate, “Food: Its preparation and distribution in State Institution” in *BBCSI* (Des Moines: State of Iowa Printer, 1906) VIII:12-19; Max Witte, “Melancholia” in *BBCSI*, III: 160-165; S.C. Lindsay, “Restraints” in *BBCSI*, XV: 95-99; Searcy, 14-15

Charles F. Applegate urged Iowa to not fall behind to other states in treatment: “All the up-to-date hospitals are today installing hydrotherapy apparatus and that this line of treatment is being carried out.” Yet, the use of water had its critics; many denounced it as mere quackery. Most, however, believed it “revolutionized management of disturbed cases.” Mt. Pleasant asserted “The use of hydrotherapy in connection with the medical treatment gives the acute mental and nervous cases the greatest chances for recovery.” The state installed spray baths in 1906 at the Mt. Pleasant facility. Two years later, the Board of Control requested funds for a women’s hydrotherapeutic department; the General Assembly appropriated the funds the following year. The hospital upgraded the hydro-works annually. Hydrotherapy treated acute cases of insanity with many methods, including: continuous flowing baths, neutral baths, electric lights, sitz baths, hot and cold baths, dry and wet packs, douches, sprays, and shower baths. The Mt. Pleasant water department performed over ten thousand different types of healing processes. The most effective treatments were the continuous flowing bath, electric light bath, hot and cold packs, and needle spray. Because each patient was unique, no unified water policy existed; therefore the doctor developed a special and single program for each case. Overall, Superintendent Applegate avowed hydrotherapy as the ultimate cure. He believed it improved the skin, kidneys, bowels, and lungs. Applegate claimed, “it will relieve internal congestion, congestion of the brain and cord and do it more readily than by the use of drugs; it will improve the functions of the skin, quicken the flow of blood and lymph and equalize the circulation... [Water] vitalizes, harmonizes and strengthens the central nervous system.”⁵¹

⁵¹ Hydrotherapy provided 39% of the elicited treatment in 1914.

Alcoholism gained special recognition in the hospitals. Many believed that abuse of liquor was a fervent cause of insanity. Alcohol damaged the mind, physically destroyed the body, and endangered society. The Secretary of the Iowa State Board of Health, J. F. Kennedy, wrote numerous articles on alcohol and its affect on the social order. Kennedy called for the abolition of tobacco, stimulants, and alcohol to minors, followed by an intense, preventative education program. His allies disavowed heredity as a cause of alcoholism because it excused excess abuse. Primary and secondary schools embraced Kennedy's ideals; they taught personal responsibility for individual actions and touted temperate behavior as the path to mental wellness. The programs failed; the numbers of adults and teens drinking remained constant in the following decades. Experts contested Kennedy's claims about the nature of alcohol; most physicians attributed alcoholic insanity to alcohol, heredity, sex, civil condition, occupation, climate, and race. Most advocated a middle ground between the prohibition environmentalists and Darwinists. As one moderate stated, "the connection between heredity and alcoholism is most intimate. There is no doubt that alcoholic parents beget degenerate children, and these in turn readily fall victims to alcohol. Moreover the bad example set by such parents doubtless exercises a considerable influence on the subsequent habits of the children." The usual treatment pivoted on total abstinence and seclusion during the detoxification period. Attendants alleviated the unpleasant situation by giving patients sedatives and a specially formulated diet. Underlying the discussions, professionals

Grob, 121-122; Charles Applegate, "Hydrotherapy as an adjunct to the medical treatment of mental and nervous disease" in *Journal of Iowa State Medical Society*, I: 421-429; Oliver Bigelow, "The Use of Prolonged Baths in the Treatment of Insanity" in *BBCSI* (Des Moines: State of Iowa Printer, 1911) XIII: 27-32; IGA, 31st JHR, 122; IGA, 32nd JHR, 58; BCSI, 6th BRBC (Des Moines: State of Iowa Printer, 1908), 57; IGA, 33rd ARG A Des Moines: State of Iowa Printer, 1909), 222; BCSI, 7th BRBC, 23; Applegate, *Journal of the Iowa State Medical Society*, 1: 423, 426

agreed that the disease of alcoholism was preventable. While Mt. Pleasant treated patients, Kennedy and prohibitionists, called for an inebriate hospital.⁵²

Psychologists gave solid explanations for insanity but argued that “the fundamental conditions or cause of insanity, incorrigibility, and criminality, may be conveniently summed up into two words, heredity and environment.” Experts recognized that several factors contributed to insanity. Predisposition toward mental illness, which was blamed on heredity, could be exacerbated by unfavorable conditions. Others, however, argued that environment shaped the individual’s mind and how the brain developed. Several of the accepted ecological causes were: syphilis, malnutrition, defective physical development, faulty upbringing, climate, drugs, alcohol, gout, shock, stress, suggestion, or emotional surprise. The two concepts of heredity and environment shaped care for the next half century. Based upon these two factors, Iowa turned towards a program of preventable care.⁵³

In 1900, Iowa established the Committee on Mental Hygiene. The group sought to cure and prevent mental deterioration in the state’s public. It argued for restraining growth of the degenerate populations by sterilizing inmates, limiting immigration, and restricting marriage for unworthy couples. For the first time in 1901, the Board included comprehensive statistics on heredity in the *Biennial Report of State Institutions of the*

⁵² Eight steps were outlined for a successful cure of consumption: early diagnosis, fresh air, food, control, climate, temperament, medical aid, and intellect. All professions agreed through observation, education, hospitalization, disinfection, better living, and better work places; the devil’s sauce was avoidable. Arthur Hamilton, “Alcohol and Insanity” in *BBCSI*, IV: 202-211; J.F. Kennedy, “Inebriety and its Management” in *BBCSI*, IV: 184-195; G.M. Kline, “Concerning Temperance Instruction” in *BBCSI*, VII: 349-354; Charles Applegate, “Inebriety, and the care and treatment of Inebriates in the Mt. Pleasant State Hospital” in *BBCSI*, V: 155-171; BCSI, “Cure for Consumption” in *BBCSI*, VIII: 380-383

⁵³F.I. Herriot, “Occupations, physical health, and diseases in Insanity” in *BBCSI*, V: 331-343; P.B. Battery, “The Causes of Insanity” in *BBCSI* (Des Moines: Iowa State Printer, 1914), XVI: 117-119; Lena Beach, “The Prevention of Insanity” in *BBCSI*, VI: 26-29; BCSI, *BBCSI* (Des Moines: Iowa State Printer, 1910), 15-16, 23

Board of Control. L.G. Kline predicted the coming battle between those who claimed heredity as essential and those who attributed the environment as the vital factor. For the next decade, the majority of medical professionals in Iowa and the United States encouraged a negative eugenics program, backed by legislative measures to limit procreation of corrupted groups. Some proponents of heredity compared the lack of regulation as “[as a] willful, sometimes criminal, disregard of what little we know of the laws of heredity.” The generally accepted hypothesis of heredity claimed a cured patient still possessed the illness and weakness inside their germ plasm; the released wards posed a danger to society by possibly having insane children. The Second Assistant Physician of Independence, H. A. Lindsay summarized his colleagues’ feelings for “more stringent legislation toward the prevention of procreation of certain insane, criminals, and imbeciles.” By prohibiting unwanted groups from multiplying, they believed a “greater ultimate psychic stability in human affairs” achievable. Glenwood’s Superintendent agreed: “The public interest in this science arises from the frankness of its suggestions. The leaders are not content with the study of the facts of half a century through the united efforts of great nations but proposes immediate legislation for ridding society of the losses and burdens it suffers from pathological classes. In different American states legislation and practice have already gone forward for the elimination of the unfit by methods.” In 1911, The General Assembly enacted laws for the sterilization of “criminals, idiots, feeble-minded, imbeciles, drunkards, drug fiends, epileptics, syphilitics, and perverts” through a vasectomy or ligation of the fallopian tubes. At the next meeting, the legislative body refined the law’s scope. Opponents against restrictions on marriage and sterilization appeared; they argued such measures were unconstitutional

and unethical, and believed the act violated the sanctity of marriage and the essence of humanity.⁵⁴

The Plague of Overpopulation

The patient population grew at an uncontrollable pace. All the Board of Control institutions were overcrowded. Mt. Pleasant housed nearly 1,100 citizens; a single ward housed forty inmates with one water closet. Charles Applegate, the Superintendent, noted Mt. Pleasant's "main building was not intended to accommodate [the current] number of patients, and as a consequence, some of the wards were badly crowded, the lack of room for proper sleeping accommodations in many of the wards being very apparent." Yet, the visiting committee countered Applegate's negative comments; they claimed the level of care did not suffer but "order and quiet prevailed" in the "extreme neatness of the wards and patients" provided a "general air of contentment." Still, the population of the Mt. Pleasant facility rose briskly each year. When capacity in the hospital reached the maximum number, the overflow went to local jails and almshouses. Governor William Larrabee called Iowans to remedy overcrowded conditions in the facilities; "will the enlightened and progressive people of Iowa consign this 5,000 [patients not in the hospital] increase to county houses, where is it written over the entrance, 'Abandon hope who enter here.'⁵⁵

⁵⁴ISMS, *100 years of Iowa Medicine*, 68-69; BCSI, 2nd BRBC, 197; L.G. Kline, "Prevention of the propagation and increase of defectives, delinquents, and criminals" in *BBCSI*, IV:91; "Kill of Denigrates" in *Mt. Pleasant Free Press*, October 26, 1911; V. H. Podstate, "The Study of the Etiology of Insane in State Hospitals" in *BBCSI*, XII:18; BCSI, *BBCSI*, XV: 131-132; George Modridge, "Eugenics" in *BBCSI*, XV:188; IGA, 34th ARG (Des Moines: Iowa State Printer, 1911), 144-145; IGA, 35th ARG (Des Moines: Iowa State Printer, 1913), 209-210; "Marriage Safe Guards Needed" in *Mt. Pleasant Free Press*, April 18, 1912;

⁵⁵ Overcrowding occurred across the nation and throughout the world. Reports from a visit to Europe, showed chronic problems of overcrowding along with a lack of trained professionals. Charles Applegate, "Observations on Some of the European Asylums for the Insane" in *BBCSI*, III: 27; IGA, 30th JHR, 739; IGA, "Visiting Committee to Mt. Pleasant" in 32nd JHR, 363-365; BCSI, 9th BRBC,

Mt. Pleasant desperately needed room. The sexes mixed throughout the facility. Such conditions retarded the successful classification of patients, which hindered individualized treatment plans. A female infirmary was vital to prevent overcrowding and enable correct classification. In 1908, Iowa resegregated the genders and decreased cramped conditions of the wards through the additional construction of wards, infirmaries, and cottages.⁵⁶

Several new buildings housed the ever increasing numbers of insane. The state heeded J. F. Kennedy's recommendations for a specialized inebriate institute. In 1904, Iowa erected the State Hospital for Inebriates at Knoxville to relieve pressures from the insane hospitals. Knoxville accepted the male populations of dipsomaniacs, inebriates, and other addicts. The new facility received individuals with the goal of making them self-sufficient and clean. All female addicts transferred to Mt. Pleasant; this arrangement further congested the facility. The Board of Control and Mt. Pleasant's staff proposed the building of a female inebriate hospital. The female institution never garnered enough support in the General Assembly and the suggestion soon died. In 1913, Iowa still attempted to alleviate the undesirable conditions by building a psychopathic hospital.⁵⁷

The General Assembly tried to relieve overcrowding through legislation. The sterilization laws of 1911 and 1913 with the restrictive marriage acts, looked towards the future by preventing undesirable people from propagating. Scientific evidence suggested reduction in future insane because the Board of Control stated heredity as the cause of

31; L.G. Kinne, "Tuberculosis in State Hospitals" in *BBCSI*, VII: 3-32; Forest Ensign, *BBCSI*, II: 3-32; William Larrabee, "A Brief Summary of the Organization and Operation of Institutions under the Board" in *BBCSI*, III: 347

⁵⁶BCSI, 5th BRBC (Des Moines: Iowa State Printer, 1906), 24, 426-8; BCSI, 6th BRBC, 7-8

⁵⁷IGA, 30th ARG (Des Moines: Iowa State Printer, 1904), 86-90; J.F. Kennedy, *BBCSI*, IV: 193-194; BCSI, 9th BRBC, 32; BCSI, 10th BRBC (Des Moines: Iowa State Printer, 1916), 39; IGA, 35th JHR (Des Moines: Iowa State Printer, 1913), 28-62; IGA, 35th ARG, 429

62% of documented cases. With the correct implementation of the marriage and sterilization laws, in theory, Iowa could close two of the state hospitals in a few decades. Doctors claimed these precautions removed “certain conditions” out of the main stream population. Leading members of the Board of Control showed their optimism by stating, “While the law has not been in operation long enough for a sufficient number of operations to be performed under its direction, yet we learn from the heads of institutions that the vasectomy provided for in said law is working out great results.”⁵⁸

The population grew naturally, Iowa gained more citizens through migration and births. The hospitals reflected this normal state growth but other stimulants added to overcrowding. The facility grew because of a number of factors outside of its control. Mt. Pleasant retained inmates because the state held no universal law for the parole of patients. The hospital still relied on the trustee system, which took time to release an individual. State laws required alcoholics and drug addicts to attend the state hospitals. Large numbers of out-of-state residents migrated to Iowa and found their way into a state institution. To solve these problems, the Board standardized a code of release for a quicker, more uniform process. State representatives made it a penal offense for dropping outside residents in Iowa for care; the Assembly transferred patients back to their home states, at the individual’s expense.⁵⁹

A minority of specialists saw privatization of hospital care as the only solution for overcrowding. By comparison, private hospital had double the cure rates of state-run institutions. The wards in the private sector received better care with lower rates of reported staff abuse. J. H. Kulp, an independent practitioner, pleaded with his colleagues;

⁵⁸ L.G. Kinne, *BBCSI*, IV: 91-93; *BCSI*, 9th *BRBC*, 32;

⁵⁹ *BCSI*, *BBCSI*, V: 49-57; *BCSI*, 3rd *BRBC*, 34; *IGA*, 29th *ARGA* (Des Moines: Iowa State Printer, 1902), 58-59; *BCSI*, 2nd *BRBC*, 62; *BCSI*, *BBCSI*, VII: 36-37

“The private hospital is a necessity in relieving this overflow, and in being utilized for the early treatment of cases, who otherwise would remain at home until they would have become chronic.” Iowa experienced the first idea for decentralization but the private hospital movement lost steam quickly.⁶⁰

The Decline in Public Faith

Iowans criticized the hospitals. The Iowa State Medical Society’s President, M. N. Voldeng criticized the citizenry for their lack of information. He claimed most people only read about the horrors and failures of the hospitals, and argued that “ignorance is the greatest foe of our public institutions.” The state institutions were at the mercy of the masses or as Dr. Applegate stated:

Public opinion governs, I might say, almost absolutely, many things. It governs the political complexion of this country, and of states and municipalities, and there is no reason why it should not regulate, to a large extent, the condition of public institutions... public sentiment generally drags behind actual facts, and I am inclined to believe the public will have more confidence in our hospitals for the insane when it is shown they are worth of more confidence. I believe too that the harmful public attitude, long existing, against our hospitals, has been the outgrowth partly of remediable cause. In fact, the manifest improvements in public sentiment have been coincident with marked improvements in our methods.

People held misconceptions about Mt. Pleasant, other Iowa facilities, and all hospitals nationwide. Hospitals held the historic stigma of a prison and a last resort for the poor and lower classes. Once a physician confined a citizen to a hospital, the public believed a horrible cycle of victimization occurred. To make matters worse, once the cured left, the community often ostracized them and they wandered the region aimlessly.⁶¹

⁶⁰ J. H. Kulp, “The Relation of the Private to State Hospitals” in *BBCSI*, III: 41

⁶¹ M.N. Voldeng, “Address of the President” *Journal of the Iowa State Medical Society*, 1: July 15, 1911; BCSI, *BBCSI*, IV: 9; BCSI, 2nd *BRBC*, 58; M.N. Voldeng, “Aftercare of the Insane” in *BBCSI*, IX: 279-285

In reality, “skill and science” dictated kind treatment towards the ill. A visiting committee to Mt. Pleasant reported “none of the patients were kept in cells or locked up in their rooms during the day, but were permitted to have the freedom of the halls and their rooms... All of whom [patients], seemed to be well cared for” by young men and women of a kind and considerate character. Staff took every physically able patient outside two or three times a day if the weather permitted. The complaints which left the institutions were thoroughly investigated, most were fabrications the troublesome and deranged conjured. The only fault found by the 1906 visitors was the shortage of comfortable chairs. This failed to quell the public’s fears; M.N. Voldeng defended the institutions to his fellow colleagues: “I venture the opinion that the majority within my hearing have never visited one of our state hospitals.... This condition is unfortunate, if not deplorable, what is true of physician is also true with reference to the public.”⁶²

Iowa donated time and resources to correct these fallacies. First, the Board of Health tried to limit the publication of scandals and dangerous news. Second, Mt. Pleasant encouraged outside physicians, clergy, and men of standing from town to visit. Third, staff and administrators followed all admittance procedures to the letter. Fourth, professionals educated the public on insanity through pamphlets and lectures. Fifth, the use of mechanical restraints on inmates ceased. Sixth, all patients received treatment as though they suffered from a physical disease and could be cured. Seventh, the state formed a sub-committee to investigation the possibility of a prohibition program for docile and harmless individuals. Eighth, Mt. Pleasant enacted new steps in hiring

⁶²BCSI, 2nd BRBC, 58; Max Witte, “Troublesome and Complaining Patients in State Hospitals” in *BBCSI*, V: 425-430; IGA, 31st JHR, 426-428 the Insane; M.N. Voldeng, “Address of the President” in *Journal of the Iowa State Medical Society*

employees. Ninth, the Board of Control punished, fired, and blacklisted undesirable workers. Finally, the Superintendent listened and acted on each and every complaint.⁶³

Employees were the greatest bane of Mt. Pleasant and provided the majority of negative press. Stories of abuse appeared around the country. Charles Applegate defended Mt. Pleasant, “there is an impression in many places that ‘shoulder-strikers’ or strong men are required to control and subdue the patients at these institutions, but we found no such conditions existing at Mt. Pleasant.” The new system the Board instituted classified workers as good, tolerable, and undesirable. The first group eluded officials and became an unobtainable myth. The latter two groups were abundant with the undesirables surpassing the good. Staff viewed the largest faction as angry, lazy, know-it-alls, temporary employees, or journey men. Yet, these attitudes were not limited to the attendants, many of the physicians and specialists were irritable and lethargic. The entire hospital needed a “radical change in medical spirit.”

A year later, Mt. Pleasant established a ‘scientific atmosphere’ by hiring men with ‘scientific attitudes.’ Iowa professionals reformed medical schools and training programs; Mt. Pleasant directed its own nursing program which emphasized the new spirit. The hospital acted as a school on multiple levels: first, the Superintendent trained those under him and the newly educated passed on their knowledge when they left the facility. Second, the staff acted as teachers towards the patients and their colleagues. The state

⁶³ L. G. Kline, *BBCSI*, IV: 92-6; Charles Applegate, “Public Opinion as Related to our Hospitals for the Insane” in *BBCSI*, IX: 9-18; M. N. Voldeng, “Aftercare of the Insane” in *BBCSI*, IX: 279-285; Max Witte, “Undesirable Employees: How are we to protect ourselves against them” in *BBCSI*, IV: 431; M.N. Voldeng, “Address of the President” in *Journal of the State Iowa Medical Society*, July 15, 1911

institutions reinforced two common rules of success: good employees and strict discipline.⁶⁴

The Problem of Money

Fiscal economy remained the main goal behind any action taken by the Board of Control and the institution at Mt. Pleasant. Those involved in the management of the facilities believed centralization “resulted in a very considerable saving to the state, and in addition the service at most of the institutions... has been improved.” The Board ended the era of poor management and dated methods at Mt. Pleasant. Following national trends, Iowa experienced an increased interest centered on public funding in “raising the revenue wherewith to carry on the multitudinous activities, nowadays performed by or dependent on government.” The state held an unwritten contract for the care and wellbeing of its citizens; the citizenry thought Iowa should provide food, clothing, and fuel to those unfortunates in the hallways. Numerous professionals supported a general tax to care for the ill; they eventually achieved several tax measures charging counties, local governments, and individuals for services. Within a few years, the steady funding for the charitable institutes experienced a sudden increase.⁶⁵

The savings the Board promised proved false within ten years. In 1913, after learning of the deteriorating institutions, Governor George Clarke commented on the lack of funding and the Board’s mismanagement, “The institutions under the charge of the Board of Control fared rather badly at the hands of the last session of the legislature,

⁶⁴ Max Witte, “Undesirable Employees” in *BBCSI*, IV: 428-431; M.N. Voldeng, “Scientific Work in Hospitals for the Insane” in *BBCSI*, V: 150-154; ISMS, *100 Years of Iowa Medicine*, 67; Charles Applegate, “Observations...” in *BBCSI*, 26-28

⁶⁵ Leslie Shaw, “Governor’s Message” in 27th *JHR* (Des Moines: Iowa State Printer, 1900), 22-24; Forest Ensign, *BBCSI*, II: 3-32; Frank Herriott, “Institutional Expenditures in the State Budgets of Iowa” in *BBCSI*, III: 317-327; C.E. Faulkner, “Responsibility of the State as a Public Guardian” in *BBCSI*, VIII: 302-308; *BBCSI*, 7th *BRBC*, 43-45; Charles Applegate, “Symposium” in *BBCSI*, III: 480-481

consequently, the necessities of those institutions are greater at this time by reason of the fact that they were in some respects neglected two years ago... [the facilities] require more liberal appropriations.” In summary, the hospital promised the best treatment but was poorly equipped to provide it. As the cost rose, Applegate argued “[The] human mind was never intended to be measured by dollars and cents, or bartered away for mere song.” The medical professionals sought removal of budgetary matters from the “petty politicians” whom used laws to sell away “the last ray of hope” of the insane. The physicians argued the legislators valued the “human mind, personal decency and self-respect, and in fact, life itself, in mere dollars and cents.”⁶⁶

Work, although vital to treatment, profited the institutions. J. T. Searcy, an expert on industrial management in Iowa, confirmed “profit that comes from a patient’s labor is a secondary consideration; still, in the aggregate it can be made to amount to more than would be at first supposed; with judicious direction it can be made to do a great deal towards their self-support. The enormous cost to the State of insane institutions can be reduced considerably with proper and well managed employment of the patients; at the same time the patients will be benefited.” Laboring in the fields and the shops proved useful to all parties: Mt. Pleasant, the inmates, and Iowa.⁶⁷

Everyday maintenance absorbed most of the appropriated funds along with yearly upgrades. Mt. Pleasant was the oldest hospital for the insane in the state. According to the Board of Control, “The buildings that were built in the early days of the institution are showing their age, and a large sum of money is necessary to put them in the shape and

⁶⁶ George Clarke, “Governor’s Message” in *35th JHR*, 28-62; L.W. Littig, “The Practitioner, The Profession, and the Medical Organization” in *100 years of Iowa Medicine*, 70; Charles Applegate, “Symposium” in *BBCSI*, III: 480-481

⁶⁷ J.T. Searcy, “The Industrial Management...” in *BBCSI*, III: 15; W.P. Crumbacker, “Diversional Occupation for the Insane” in *BBCSI*, XV: 193-199

keep the institution in proper and serviceable condition.” Emergencies tapped already thin budgets. Fire threatened the institution and claimed several buildings between 1900 and 1915, including the industrial building, laundry, and dry closet. Furthermore, inclement weather damaged the main structure and killed the institution’s livestock.⁶⁸

Failed Solutions and the Possible Future

Mt. Pleasant suffered under the Board of Control. The Hospital faced serious problems of overcrowding, financing, staffing, and maintaining public confidence. As the population grew, money became tight, thus leading to cutbacks in care and hiring practices, which resulted in the hospital presenting an apathetic attitude to the public. The state sought to remedy many of the problems through radical legislation, increased tax codes, and appropriation of funds at the state hospitals. Nothing solved the immediate troubles.

Mt. Pleasant, the Board of Control, the General Assembly, and Iowa faced difficult decisions. The first fifteen years of the twentieth century, started with hope for the care of the mentally deficient through increased government involvement, professionalization, efficiency, fiscal management, and specialization. Despite these lofty goals, all the attempts by the legislators, doctors, and experts proved futile and the

⁶⁸ Between 1900-1915, Mt. Pleasant added new machinery for the industrial building, installed new plumbing, improved sewerage disposal, erected a tempering coil for the heating system, purchased kitchen equipment, improved the grounds, expanded the library, built more lavatories, enlarged the barns, painted, replaced several roofs, installed new floors, repaired the coal house, placed drain tile, erected silos, purchased furniture, bought several pieces of land, appropriated funds for a railway switch, laid new steam pipes, constructed an electric light plant, revamped the ventilation, dug multiple wells, bought farm implements, placed a new elevator, built a new psychopathic hospital, opened a new infirmary, and built several wards.

BCSI, *9th BRBC*, 12-13; BCSI, *BBCSI*, III: 281; IGA, *31st JHR*, 122, 426-428; IGA, *32nd JHR*, 58; BCSI, *5th BRBC*, 7-8, 30-31, 118-119; IGA, *34th JHR* (Des Moines: Iowa State Printer, 1911), 220; IGA, *33rd JHR*, 740; IGA, *33rd ARGA*, 212, 214; BCSI, *2nd BRBC*, 43, 91-98; IGA, *36th ARGA* (Des Moines: Iowa State Printer, 1915), 286; IGA, *28th ARGA*, 109; BCSI, *BBCSI*, III: 26, 49-57, 305-316; IGA, *29th ARGA*, 137-138; BCSI, *8th BRBC* (Des Moines: Iowa State Printer, 1912), 49; BCSI, *3rd BRBC*, 70-73; BCSI, *4th BRBC* (Des Moines: Iowa State Printer, 1905), 44

institution's problems slowly intensified. All remained manageable, however, as long as Iowans paid the price. Unfortunately, the choices of the Board and General Assembly over the next thirty-five years laid the foundations for a rapid decline.

PART III:

Overcrowding, Skyrocketing Costs, and Failed Solutions, 1916-1940

State hospitals swelled with people and forced modifications in methods of treatment. The population explosion seemed unavoidable, while Iowa's hospitals appeared the only solution for insanity. The Board of Control claimed its institutions to be 'superior' to county mental facilities: "They contain[ed] more room and better arrangements for classification and the comfort and treatment of patients. They are better for lighting, heating, and ventilation, the location is chosen with reference to water supply, sewerage and healthfulness of site, the necessary buildings for the proper service, for the heating apparatus, for the laundry, barn for the farm, and shops for construction and repair." As the decades dragged on, citizens gradually saw the institutions in a different light; the hospitals cost too much, abused their patients, and imprisoned individuals against their will.⁶⁹

Costs of maintaining multiple facilities of the highest quality were astronomical. During the economic boom of the 1920s, Iowans were willing to care for their ill, no matter the cost. The feeling subsided during the Great Depression as healthy citizens struggled and the number of insane cases increased. One Iowan described Mt. Pleasant as experiencing "institutionitis," or the slow shift from a curative institution to a custodial facility. Professionals viewed mental disease as incurable, but increasing numbers believed it was preventable. Preventative care through eugenics, public education, birth control, and mental hygiene dominated the actions of physicians. The expenses of

⁶⁹ BCSI, 10th BRBC, 37-38; M.C. Mackin "State Care V. County Care of the Insane" in *BBCSI* (Dubuque: State of Iowa Printer, 1922), XXIV: 50

maintenance proved too much for the General Assembly; the state began a long process of decentralization as the only feasible economical measure.⁷⁰

Industrial, Occupational, and Eugenics

The facility attempted to provide quality care but failed owing to financial constraints. The care subtly changed as the chronic and elderly wards multiplied; the hospital adopted ‘occupational therapy.’ Most of the components of the original Kirkbride method persisted: the emphasis on work and establishing corrective behaviors. Still, due to fiscal and personnel problems, Mt. Pleasant’s primary function became guardian of the ill. The Board stated “we are left without facilities and personnel to do very much about what these examinations reveal [statistical tables]. This applies both to the strictly mental as well as the physical side of therapeutic procedures.” Although need dictated most alterations of treatment, Iowa made modifications in the name of progress:

History of all medicine demonstrates that the adoption of new methods, or so-called impossible necessities for the good of the nation as a whole, was instituted and carried out to perfection in some institution where disciplinary measures were used. All scientific measures were used. All scientific investigation must bear the criticism of the layman public, so it is our duty as officers of such a great commonwealth as Iowa to be just one step ahead of our associates, not merely as a duty, but when to the satisfaction of individual as we have grouped here today, a remedy is good for Iowa, it is expected by the general populace that we not be too slow to make our adoptions.

Mt. Pleasant State Hospital modernized care through the next twenty-five years to face problems as they appeared; not once did planners look towards future crises.⁷¹

⁷⁰ Pauline Lewelling Devitt “A Public Welfare Department for Iowa: Yes or No?” in *BBCSI* (Dubuque: State of Iowa Printer, 1931) XXXIII: 165-171; John Dale Paul “The Value of Health” in *BBCSI* (Dubuque: State of Iowa Printer, 1924), XXVI: 107

⁷¹ Grob, 292; BCSI, 21st BRBC (Des Moines: State of Iowa Printer, 1938), 104; Thomas Bess “Sterilization” in *BBCSI* (Dubuque: State of Iowa Printer, 1926), XXVIII: 181-196

Upon entering Mt. Pleasant, doctors purged the new arrival's body. Each patient received a thorough cleaning by a hot bath and a steady dose of eliminatives. After 1924, the hospital used the x-ray machine on entering individuals for easier and more concise classification. Proper placement remained the essence of a meaningful regimen. Increasingly, clinical psychologists, social workers, behavioral scientists, and statisticians promoted interdisciplinary psychiatry. Freudian psychology revolutionized the science by exploring the subconscious; which resulted in a greater range of accurate classification. Despite the praise for advances in classification, however psychiatrists argued about its precision. The superintendent of Independence described classification as a "methodical abstraction, according to set standards and limits- a pigeon hole, for the greater convenience and efficiency of thought. And as much it is good, bad, or indifferent according to the degree of adequacy with which it meets practical needs or the requirements of thought in advancing knowledge." Many physicians placed classification as a describer of patients that contributed nothing towards care.⁷²

Mt. Pleasant sustained the farm, shop, and physical programs under the new industrial therapy movement. The Board of Control stated "the fundamental principle of occupational therapy is a psychological principle, the substitution of a coordinated purposeful activity, mental or physical, for scattered activities or the idleness which comes with weakened body or mind. The specific task, however simple, which is undertaken and carried through signifies a gain in the physical and mental condition which is the essential element in the adjustment to environment." Patients still exercised

⁷² M.C. Mackin "Morphine Addiction" in *BBCSI* (Dubuque: State of Iowa Printer, 1919) XXI: 171-176; *BRBC*, 19th *BRBC* (Des Moines: State of Iowa Printer, 1924), 18; W.P. Crumbacker "Freud's Theory of Psychology" in *BBCSI* (Dubuque: State of Iowa Printer, 1920), XXII: 77-86; Max Witte "Classification of Mental Diseases and Uniform Statistics" in *BBCSI*, XXI: 102

daily and performed outside work details, which included farming, general maintenance, and shop work. Under an honor system, the participants toiled unsupervised. Daily, all wards performed their group tasks; the caregivers prevented individuality and the destructive behavior associated with it.⁷³

Occupational therapy focused on the minds of patients. It educated an inmate's thoughts and activities towards others. Ultimately, the institution wanted the 40% not working to work. They would do tasks beneficial to themselves and to the facility. Mt. Pleasant cured idle hands by correcting physical, mental, behavior and environmental problems and teaching proper actions. Overall, as the private physician Effie Dean noted, "Occupational therapy has proved its therapeutic value [at Mt. Pleasant] as at other hospitals, to the mental and physical health of patients."⁷⁴

Amusements and mental stimulation accompanied physical correction. The state appropriated funds for bibliotherapy, which included the purchase of lecturers, books, and newspapers. The amusement curriculum sparked controversy between the public and the institutions. The public thought the amusement activities wasted valuable funds for mere inmate distractions. Those administering the corrective series countered the dissent:

⁷³ The farming tasks included maintaining a total of 1117 total livestock: dairy herd, hogs, and sheep. The cows produced milk and sold an average of 100 a year. Fruit and vegetables grown were apple orchards, gardens, grains, alfalfa, corn, sweet corn, oats, mixed hay, rye, barley, and soy beans. The industrial shops expanded their operations by 1940. They included shops of: shoe, broom, mattresses, printing, carpenter, paint, electrical, art, sewing, and tin.

BCSI, 20th BRBC (Des Moines: Iowa State Printer, 1936), 83-84; Iowa Mental Hospital Survey Committee. *A Survey of the State Hospitals of Iowa* (New York: State of Iowa, 1937), 19-20; C.F. Applegate "Quarterly Minutes on Honor System" in *BBCSI*, XVIII:17; Julie F. Hill "Treatment of Psychoses by Occupational Therapy" in *BBCSI*, XXVI: 47; W.A Bryan "Re-Educational Treatment of the Insane" in *BBCSI* (Dubuque: State of Iowa Printer, 1917), XIX: 91-97; BCSI, 19th BRBC , 9; Effie E. Dean "Before the Institution- What?" in *BBCSI* (Dubuque: Stat of Iowa Printer, 1928) XXX: 122-128;

⁷⁴ Julie F. Hill "Treatment of Psychoses by Occupational Therapy" in *BBCSI*, XXVI: 47; W.A Bryan "Re-Educational Treatment of the Insane" in *BBCSI* , XIX: 91-97; BCSI, 19th BRBC , 9; Effie E. Dean "Before the Institution- What?" in *BBCSI* ,) XXX: 122-128; BCSI, 21st BRBC, 66, 101-102; BCSI, 13th BRBC (Des Moines: State of Iowa Printer, 1920), 18; BCSI, 15th BRBC (Des Moines: State of Iowa Printer, 1924), 26-27; BCSI, 19th BRBC, 9

“It is probable that there is some misunderstanding regarding the purpose and value of an amusement program for mental patients. Amusement programs are not carried out in mental hospitals merely to pass the time more pleasantly for patients.” Supporters argued a good program taught “disordered personalities how to get along and to express themselves and to compete in the presence of and with other individuals. In other words it serves a very definite socializing influence.” In theory, amusements corrected unfavorable behavior and instilled acceptable social processes.⁷⁵

Rebekah Wright, a female physician, deposited that “two therapeutic measures which have been used for many years in the treatment of psychiatric cases are water and work.” Mt. Pleasant ranked the hydrotherapy department as the second most successful form of care behind occupational therapy. Hydrotherapy enhanced the mind through the betterment of the body. Experiments, use and time produced a more sophisticated understanding of the effects of water on the human body: water stimulated the appetite, regulated the bowels, equalized the circulation, improved breathing, and influenced the natural sleep cycles. Specialists recognized “the results depend upon the physician’s knowledge of hydrotherapy and of his patients and upon the bathroom attendant’s intelligence, training, tact, kindness, firmness and fidelity.”⁷⁶

In the midst normal facility operations, the United States entered the First World War. Wartime mobilization strained the institutions. Patriotic fervor gripped the wood, textiles, blacksmith, and other shops. The hospital produced military materials, mostly

⁷⁵ In 1934 the library consisted of 1485, with an annual purchase of around a hundred books biennium. IGA, *40th ARGA* (Des Moines: State of Iowa Printer, 1923) 337; IMHSC, *A Survey of State Hospitals of Iowa*, 19-20; BCSI, *21st BRBC*, 104-105; BCSI, *19th BRBH*, 55

⁷⁶ Several methods continued throughout the period and novel ones introduced: neutral baths, continuous flowing baths, wet sheet packs, tonic baths, fomentation, and electric light cabinet bath. Julia F. Hill “Treatment of Psychoses by Occupational Therapy” in *Bulletin of State Institutions* Volume XXVI 1924 p 43; Rebekah Wright “Hydrotherapy” in *BBCSI* (Dubuque: State of Iowa Printer, 1918), XX: 206, 207-218; BCSI, *21st BRBC*, 101-102

shoes and uniforms, for the nation's sons. Mt Pleasant struggled "along patriotically to maintain a fair standard of living and service to its patients on a very inadequate amount of money," as prices rose and incoming funds decreased. During and after the war, a whole new group of mental illnesses appeared that related to the harshness of the war. The conflict expanded the Board of Control's powers and increased cooperation between the institutions.⁷⁷

Psychologist Andrew Woods predicted that "insanity is increasing, and scare us with pictures of a future human race with most of its members criminal, neurotic, or insane. There are enough facts here to disquiet even the unimaginative, but prophecy is a dangerous pastime and we can leave it to others, while we turn our minds from future possibilities to present realities." Too many degenerates wandered the wards of state-run organizations. Improved methods of care produced an opinion by professionals "that much mental disease which is now going uncured in our institutions, can be cured, and much more can be done regarding the rehabilitation and improvement of the more or less chronic mental cases than is now being done, and that a sufficient amount of mental disease can be prevented to warrant measures being taken for prevention." With this gusto, specialists pushed for preventative care based on the laws of heredity.⁷⁸

Iowan professionals began to view insanity in evolutionary terms. The Iowa State Medical Society emphasized, "Heredity: This term is applied to the fact of recurrence of traits in a number of blood relatives... Hereditary of a trait is direct, when the trait is

⁷⁷ BCSI, 11th BRBC (Des Moines: State of Iowa Printer, 1918), 19; George Donohoe "General Conditions in the Cherokee State Hospital" in *BBCSI* (Dubuque: State of Iowa Printer, 1931), XXXIII: 131; Gershom Hill "Is a Society of Mental Hygiene Needed in Iowa?" in *BBCSI*, XX: 22; George Donohoe "Mental Diseases of World War Veterans" in *BBCSI* (Dubuque: State of Iowa Printer, 1923), XXV: 237-241

⁷⁸ Andrew Woods "Neuropathology, The foundation of Psychiatry" in *BBCSI* (Dubuque: State of Iowa Printer, 1935), XXVII: 62; BCSI, Report and Recommendations: Covering a Ten Year Improvement Program For the Fifteen State Institutions Under the Board of Control of State Institutions (Des Moines: Committee of Retrenchment and Reform, 1938), 9

found in parents and offsprings: atavistic, when one or more generations are skipped: and collateral, when the trait is found prevailingly in collateral relatives and not necessarily in the direct line of ancestry.” The state became proactive with battling defectives by public health movements to remove, isolate, or sterilize the mentally ill.⁷⁹

Segregation seemed more humane than sterilization. Men of medicine regarded containment “as more just and lenient, and less likely to interfere with the sentiments of the people.” Some radicals went further, arguing for complete isolation during childbearing years or until the insane were ‘permanently cured.’ The Board of Control stood divided on the isolationist movement; the economic losses of storing the insane could lessen future costs. G. Mogridge, Superintendent of Glenwood, claimed segregation and education as the “best weapon” to eradicate hereditary illnesses. Separation of the inmates from society looked promising but was unrealistic. Statisticians looked at projects and determined “the number of institutions required would be enormous, and taxes would be very great.” Citizens of Iowa complained about the current costs; any sudden jump in payments to the state would not pass.⁸⁰

Eugenics appeared as a practical solution but the science was surrounded in controversy. During his inaugural address, Max Witte, president of the Iowa State Medical Society and superintendent of Independence, discussed eugenicists in favorable light, “Knowledge of psychology, laws of heredity, and causes and diagnosis of psychopathic conditions and a willingness to work for the betterment of the race, he can accomplish more than laws which are not enforced, preachers who appeal to the

⁷⁹ISMS, *100 Years of Iowa Medicine*, 79-80

⁸⁰H.A. Lindsay “Elimination” in *BBCSI* (Dubuque: State of Iowa Printer, 1917), XIX: 98-102; G. Mogridge “Present Knowledge in Regard to Mental Defectives” in *BBCSI*, XVIII: 233-240; Eleanor Hutchinson “Possibilities for Race Betterment” in *BBCSI*, XXVIII: 293

emotions, or societies that indulge in dreams of the ideal.” Fellow supporters believed the preservation of the individual and society existed through scientific and selected breeding; the reduction of degenerate diseases depended on the enforcement of legislation. Eugenacists looked towards the government to protect society, “in most matters society has superior powers and can achieve what the individual cannot. In the matter of reproduction, because of the doctrines of individual rights is supreme. This is not the principle upon which government is based, and why the individual is permitted such power over society is this matter is a question which cannot be discussed here. Surely it is not the best interest of society to permit him such privilege. Society must dominate in all matters pertaining to the public welfare.” Eugenics could conquer the unfavorable ‘environment’ and the ‘evil’ within it. In 1935, the state of Iowa created the State Board of Eugenics. Under the science of eugenics, children, parents, and patients soon lost autonomy to higher powers. The General Assembly, the Board of Control, and the Board of Eugenics pushed through sweeping legislation and enforced the new, restrictive laws.⁸¹

As eugenics became an acceptable science and continued to provide pragmatic solutions, experts pushed for the reinstatement of a sterilization law.

The weight of opinion seems to be on the side of heredity as the most potent factor in producing the abnormalities we daily see in our institutions. If we grant this as a starting point we must come at once to the suggestion of some humane form of prevention which virtually means sterilization of all those afflicted with any disease or condition of long standing capable of transmission in any way to future generations.

⁸¹ Max E. Witte “Address of the President of Iowa State Medical Society” in *BBCSI*, XXI: 118; Max E. Witte “Inherited Insanity” in *BBCSI*, XXV: 128; H.A. Lindsay “Elimination” in *BBCSI*, XIX: 99-101; H. A. Lindsay “Importance of Early Diagnosis in Insanity” in *BBCSI*, XVIII: 256; Eleanor Hutchinson “Possibilities of Race Betterment” in *BBCSI*, XXVIII: 290; *BCSI*, *BBCSI*, XXVIII, 290; *IGA*, 46th *JHR* (Des Moines: State of Iowa Printer, 1935), 77; *IGA*, 43rd *ARGA* (Des Moines: State of Iowa Printer, 1929), 106-110

Without seeking to minimize the importance of the efforts of those who have labored to advance the human race through demanding higher standards of fitness from candidates for marriage, we believe that a far more important element is involved in preventing in a great measure abnormal births by some form of humane sterilization, not as a punishment for anyone but in the way of revoking a privilege some are not mentally or physically fit to exercise.

In 1913, Iowa's representatives passed the first 'unsexing' law. The bill had little support and the Thirty-Sixth General Assembly repealed the law. In a few years, the 1916 sterilization law passed. The majority of the state's officials favored the new compulsory legislation for the protection of future generations through the removal of menacing genes from civilization. By 1923, the Iowa State Supreme Court found the sterilization regulation unconstitutional, which prompting mass movements by concerned professionals to reinstate the law. More support emerged with the United States Supreme Court decision of *Buck v. Bell* (1927); the majority opinion pronounced citizens had no right to procreate if it went against the public good. The Forty-Third Assembly passed Iowa's first official 'eugenics law.' Large numbers of denizens opposed the new act; the dissenters consisted of religious zealots, constitutionalists, human rights activists, and several physicians. Their major objections centered on the Bill of Rights and a lack of wide-spread consensus from Iowans. They found the lack of uniform legislation and regulations disconcerting; they felt the law gave physicians too much power with too little oversight. Supporters, however, claimed that public opinion lagged behind medical science. Large numbers of the legislators, superintendents, and medical specialists still favored the unconstitutional law; they proposed several winning plans for obtaining an amendment. The plans shared common components. First, they directed their full attention on the issue of the increasing populations of "unwanted." Second, they sought

an in-depth education program directed toward the public. Third, the eugenicists required all institutions and medical facilities comply with the law, including the prohibition of early paroles. Finally, they suggested the state take measures prohibiting and monitoring marriages. Pro-legislators changed their language over two decades to something less hostile and agreeable to citizens; but the arguments remained the same.⁸²

The application of eugenics and preventive care seeped into the sacred institution of marriage. M.N. Voldeng and others focused on marriage, “Through there are many obstacles in the way of eugenic progress, the movement is meant for the greatest good. Perhaps the best application to be made of the facts in heredity is through the institution of marriage.” Eugenicists pushed to make negative ‘matings’ impossible. In 1931, the marriage licensing law went into effect. The state required citizens to obtain a doctor’s note before Iowa certified a union. The law proved futile. Citizens traveled across state lines, married, and returned to Iowa.⁸³

Sterilization and marriage monitoring faced heavy opposition from proponents of individual liberties and civil rights. Social workers and women activists pushed birth control methods as a cure-all for public health problems. Advocates pointed to statistics that indicated that the lowest social classes bred the most. Communities benefited through the deterrence of children than pushing eventual dependents onto government

⁸²W.G. Morgan, “What is Iowa Going to Do about it?”, XVIII: 49-50; BCSI, *10th BRBC*, 38-39; Thomas Bess “Sterilization” in *BBCSI*, XXVIII: 181-196; BCSI, “Report on State Hospitals for Mental Disease” in *Report of the Chairman of the Subcommittee on Hospital Equipment. Report on State Hospitals for Mental Disease* (Des Moines: Iowa State Planning Board, 1939), 17; H.A. Lindsay “Elimination”, XIX: 98-102; IGA, *44th JHR* (Des Moines: State of Iowa Printer, 1931), 522; Max E. Witte, “Address of the Iowa State Medical Society”, XXI: 121; Eleanor Hutchinson, “Possibilities for Race Betterment”, XXVIII: 287-294; IGA, *38th JHR* (Des Moines: State of Iowa Printer, 1919), House File 408

⁸³M.N. Voldeng “Eugenics” in *BBCSI*, XXIV: 180; Max E. Witte “Address of the President of the Iowa State Medical Society” in *BBCSI*, XXI: 121; James E. Remley “Marriage by Mental and Physical Defectives and Laws pertaining to Marriage” in *BBCSI*, XXXIII: 339-247

funds. Birth control movements collected support because educational programs were practical and less controversial than segregation and asexualization.⁸⁴

The Board of Control focused its attention on children. Voldeng again advocated eugenic principles. He recognized objections to the current objections to segregation and sterilization, “The main objections to segregation are two; as long as our present parental attachment for the child obtains, it will be exceedingly difficult to separate him from the parent. The child may be of some economic use to the family. Then sterilization is recommended by the promoters of eugenics as the other alternative.” Medical professionals affirmed parents as opponents of their new technical and scientific methods of raising children. Most doctors, teachers, and legislatures credited early childhood development essential for the prevention of insanity. Iowa took a personal responsibility to educate and monitor its youth by establishing laws cumulating in a kindergarten program at the state hospitals and Department of Psychology of Youth in 1917 and 1938. This new focus dealt not only with laws of heredity, but with parents who were generally unfit to raise children.⁸⁵

The exact causes of insanity still eluded professionals in Iowa. Applegate asserted “the existence of a hereditary predisposition to nervous or mental disease, inebriety, epilepsy, or feeble-mindedness.” He elaborated the “free use” and easy access to drugs, alcohol, and sex exasperated the problem. The Board of Control sought to greater understand mental illness. It pressured the Thirty-Seventh General Assembly to construct

⁸⁴ Carrie Harvison Dickey ‘Public Health Problems’ in *BBCSI*, XVIII: 206-215; W.P. Crumbacker ‘Observations on the Insane’ in *BBCSI*, XIX: 297-305

⁸⁵ M.N. Voldeng “Eugenics” *Bulletin of State Institutions* Volume XXIV 1922 p 183; Max Witte, Jr., “Parental Attitudes and their effect on Children” in *BBCSI* (Dubuque: State of Iowa Printer, 1932), XXXIV: 25; W.A. Bryan “Re-Education Treatment of the Insane” in *BBCSI*, XIX: 91-97; Thomas Bess, “Sterilization” in *BBCSI*, XXX: 181-196;

a hospital dedicated to the research and treatment of mental diseases. The motion failed over the location and costs.⁸⁶

The Increased Difficulties of Insanity: The Public, Costs, and Overcrowding

The purpose of the state institutions remained protection: “protection from the ignorant, protection from the homeless, protection from the wayward, protection from the criminal, protection from the mentally unbalanced, protection from disease and contagion.” The Board of Control regained the trust of the public through careful management, monthly visits, local education programs, and carefully published reports. Iowa achieved some success: “Fortunately public opinion is not hampered at present by the same mental inertia as in former years. It is more fluid, not always working directly toward the best result but in the main doing just that though at times we all are too blind to see it.”⁸⁷

These good times lasted a few short years. The 1937 *Hospital Service Report* addressed the fears of Iowans who worried about the ever-increasing numbers of reports about abuse, malpractice, and false imprisonment in the mental hospitals around the nation. The press printed stories such Edmond Hanrahan. He gained release from Mt. Pleasant by an action of Habeas Corpus and a follow up mental exam. The state court ruled the hospital had unjustly incarcerated Hanrahan. Such events increased during the 1930s. The widely published article spurred efforts to win back public support. The

⁸⁶ C.F. Applegate “Some of the Reasons why Nervous and Mental Disease are on the Increase” in *BBCSI*, XVI: 43; IGA, 37th *JHR* (Des Moines: State of Iowa Printer, 1917)

⁸⁷ Henry W. Rothert “State Institutions and the Public” in *BBCSI*, XVIII: 128; *BCSI*, 13th *BRBC*, 26; W.G. Morgan “What is Iowa Going to Do About it?” in *BBCSI*, XXVII: 48-49; ISMS, *100 years of Medicine in Iowa*, 453-456; IMHSC, *Hospital Survey Committee*, 26-27

suggestions echoed those of three decades earlier: educate people through lectures, study courses, conferences, presentations of papers, and encourage voluntary admission.⁸⁸

From 1916 to 1930, Iowa appropriated funds with little hesitation; Governor N. E. Kindell justified such action in his annual message: “Iowa is not poor in money, nor are her people in the grip of poverty. There is more wealth now in the State than ever before, and this wealth is, and will increase continually. The moral tone of the people and educational advantages are at their zenith in the State’s history. This is the hour of confidence, the extension of the helping hand and a word of good cheer.” Iowa appropriated copious amounts of money for the State’s oldest public institution. The state rebuilt the shifting and cracking foundation, maintained the roads, purchased a bus, installed a phone system, constructed a bakery, updated the power plant with a coal crusher and conveyor, and planted a sewage disposal center.⁸⁹

Other than the physical buildings, Iowa improved patient care. Mt. Pleasant purchased land along with horses, tools, and wagons. The hospital bought lumber, improved the industrial shops, and erected a greenhouse. The institution expanded the library and periodicals room for mental stimulation. Diagnosis improved with the enlargement of the pathology laboratory and the addition of a state-of-the-art x-ray machine.⁹⁰

⁸⁸ “Requests Release of Hospital Patient” in *Mt. Pleasant Free Press*, Nov. 18, 1939; “Asks Release From Hospital” *Mt. Pleasant Free Press*, August 17, 1939

⁸⁹ N.E. Kendall “Governor’s Biennial Message” in *39th JHR*, 28; *BCSI, 10th BRBC*, 21, 36-37; *BCSI, 15th BRBC*, 29, 34; *BCSI, 17th BRBC* (Des Moines: State of Iowa Printer, 1930), 24; *BCSI, 21st BRBC*, 1; *IGA, 41st ARGA* (Des Moines: State of Iowa Printer, 1925), 231; *BCSI, 15th BRBC*, 12-13; *IGA, 29th ARGA* (Des Moines: State of Iowa Printer, 1921), 155, 336;

⁹⁰ *BCSI, 13th BRBC*, 10; *IGA, 36th JHR* (Des Moines: State of Iowa Printer, 1915), 30-32; *BCSI, 16th BRBC*, 12; *IGA, 37th ARGA* (Des Moines: State of Iowa Printer, 1917), 296; *IGA, 38th ARGA* (Des Moines: State of Iowa Printer, 1919), 224; *IGA, 42nd ARGA* (Des Moines: State of Iowa Printer, 1927), 267; *IGA, 40th ARGA*, 125; *BCSI, 15th BRBC*, 19-20

Iowa bestowed money on Mt. Pleasant from taxes and institutional profits. Farm lands produced beyond expectations and livestock multiplied at an unprecedented rate. The farms remained one of the biggest assets of the State. Kendall called for the allocation of funds for more cultivable lands. The industrial and commercial shops continued to supply the facility with basic services and goods. Mt. Pleasant sold the surplus items outside of Mt. Pleasant for a net gain. Overcrowding provided an unexpected opportunity for financial gain; the state institutions restarted contracting inmates to the local community.⁹¹

The Great Depression forced Mt. Pleasant to limit expenditures. Iowa avoided any new buildings and unnecessary costs, but the old facilities required considerable funds to operate. The Board of Control reduced salaries and took “every possible economy.” Superintendents’ wages decreased \$3,000 to \$2,700, while all other employees experienced a similar decline. Pay reductions made hiring and retaining employees more difficult. The strapped budgets decreased the historically stable finances of two dollars a day per patient down to half a dollar. As food prices rose, the hospital failed to maintain its self-sufficiency. Such budget constraints impelled Mt. Pleasant to limit care and further the custodial role of the institution. Still, hope remained “that economical conditions will improve so that former wage schedules may again be adopted” and care returned to normal. Nonetheless, even extreme measures fell short of achieving the previous status quo.⁹²

⁹¹The year 1921 provides a good example of the success of the farms; Mt. Pleasant made a net profit of \$1,253,372.65 from its lands.

John Hammill, “Governor’s Message” in *42nd JHR*, 51-5; N.E. Kendall, “Governor’s Biennial Message” in *29th JHR*, 34-36; William Harding, “Governor’s Message” in *38th JHR*, 31-32; George Donohoe “Care of the Insane” in *BBCSI*, XXIII: 174; IGA, *37th JHR*, House File 159

⁹²Salaries counted for 55% of total expenditures of the State Institutions.

The biggest disaster occurred on August 10, 1936. A fire consumed parts of the main building, chapel, recreation building, and employee dormitory. Mt. Pleasant evacuated all 1,300 plus patients. Hundreds from the town came out to aid the insane; they formed a human chain to contain the meandering patients. One woman wandered off and was never heard from again. Iowa immediately appropriated \$215,000 for repairs, with up to \$502,000 available over the next two years for construction. Mt. Pleasant turned the catastrophe into an opportunity to redesign the damaged space into a more modern medical facility. The Board of Control drew up plans for a larger, combination chapel and amusement hall with a centralized kitchen. The new spaces could relieve overcrowding by 1,000.⁹³

Overcrowding persisted as the major problem at Mt. Pleasant. The Iowa eugenicist, James Remley recognized that “public institutions are established and maintained, at great expense, to take care of those who are mentally and physically defective. These defectives have increased and are increasing so rapidly, and the expense in maintaining and supporting them is so great, that it has become alarming- particularly at this time when we are having such burdensome taxation and unheard of depression.” In 1939, the Sub-Committee on equipment commented the dire conditions of overcrowding, “Apart from the discomfiture, and even the misery, it entails, overcrowding must be

BCSI, 17th BRBC, 12; BCSI, 19th BRBC, 9; IGA, 45th JHR (Des Moines: State of Iowa Printer, 1933), 109; IMHSC, *Survey Committee of 1937*, 9-10; BCSI, *Report and Recommendations: Covering a Ten Year Improvement Program For the Fifteen State Institutions Under the Board of Control of State Institutions*. (Des Moines: Committee of Retrenchment and Reform, 1938), 3-4; BCSI, 19th BRBC, 39

⁹³Due to upgrades over the years to the main building, the modern fire proofing prevented the spread of the flames. Even after the most devastating fire in the History of Mt. Pleasant, the prevention of another fire dominated future facility updates. *The Sub-committee Report on Hospital Equipment of 1937* reflected on the miracle of no loss of life since the Hospital had limited exits. The Fire Marshall suggested the old facility was close to being condemned.

Harper, *150 Years of Mt. Pleasant*; Jaynes, *Henry County Iowa*, 129; IGA, 47th JHR (Des Moines: State of Iowa Printer, 1937), 1497; BCSI, 21st BRBC, 107-108; IGA, 44th JHR, 44; IMHSC, *Hospital Survey of equipment*, 31; Iowa, “Report on Hospital Equipment” in *Report of the Chairman of the Subcommittee on Professional Staff*. (Des Moines: Iowa State Planning Board, 1939), 7-9

considered a distinct obstacle to the cure of patients. It directly affects cures by preventing the proper classification of patients.” Unnecessary contact, confrontation, and poor sanitation produced a hotbed for communal diseases, such as tuberculosis. All of the facilities under the Board of Control were overflowing but Mt. Pleasant had a harder time than the others. The hospital had the oldest facility with no construction problems for several years.

[Mt. Pleasant] which has now a population of approximately 1,500 patients, contains only 352 side rooms. Our main building, which houses 1,300 patients at the present time, contains 200 of these side rooms, the remainder being distributed among the smaller buildings. This means that in practically no cases can side rooms be used for single patient occupancy as is the most desirable in several classes of patients. Even on the most disturbed wards more than one patient occupies a single side room and in many cases large numbers of disturbed patients have to occupy open dormitories. The danger and confusion of the situation is grave and it is a source of daily trouble. Hardly a day passes that this overcrowding does not cause altercations and injuries which should not occur.

Most wards had one or two toilets for anywhere from thirty-five to sixty-five patients. Care suffered immensely, each primary care physician tended to 300-500 patients; they were unable to see each patient daily or even weekly. The hospital stripped the night shift down to half staff, leaving twenty-six wards without an attendant at any given time.⁹⁴

Mt. Pleasant’s population increased owing to several factors. Mental disease admittance rose from 92.6 to 365.8 per 100,000 since the opening of the hospital. The Hospital for Inebriates at Knoxville closed down in the 1920s and patients were dispersed between the state-run facilities. Thereafter, Mt. Pleasant accepted all women addicts and alcoholics, along with the men in its jurisdiction. Often, unethical Iowans took advantage

⁹⁴ All of the State Hospitals’ populations exceeded capacity by at least 400 by the time of the 1939 report. Most were averaging 13-17% in excess population. James E. Remley “Marriage by mental and physical defectives and laws pertaining to marriage” in *BBCSI*, XXXIII: 239; Iowa, *Sub-committee on Hospital Equipment*, 2,3, 6; *BCSI*, 21st *BRBC*, 103-104; *IMHC*, *Hospital Survey*; 28, 62-64

of the tax-funded institutes by filing insanity charges against relatives, either for property or personal discord. The greatest cause for the increasing population stemmed from the difficult financial times of the 1930s. During the depression, citizens brought their dependents into the facilities for care, especially the elderly. The era saw the largest increase in patients in that age group. With the addition of the senile, addicts, and alcoholics to the general population, patient care suffered. The drunkards and addicts were disruptive and troublesome towards other inmates. Although the elderly were quiet and submissive, they gave little to the facility in terms of work. Not all the rising population came from negative factors; professionals argued the educational programs a success. The public became more informed and actively sought treatment at the mental facilities.⁹⁵

The Board of Control sought to alleviate the problems of overcrowding. The state utilized traditional methods of easing overcrowding by expanding the dormitories and wards. The hospital remodeled several spaces to relieve the pressures of inmates. Iowa adopted a parole policy of releasing harmless and incurable patients to their respective counties. The obvious solution to the Board of Control was construction of a new hospital. The General Assembly blocked the proposal for a number of years. Legislators claimed suggested costs were too much during the height of the depression. Professionals argued against a new facility because the other four mental hospitals would become obsolete, morphing them into purely custodial facilities. In 1939, the General Assembly

⁹⁵ BCSI, 13th BRBC, 20; IMHSC, *Hospital Survey*, 24, 64; BCSI, 21st BRBC, 26; BCSI, 16th BBCSI, XXX: 103-107; BCSI, BBCSI, XXXIII: 165-171; Iowa, *Sub-Committee on Hospital Equipment*, 17-18;

began the arduous process of passing unpopular but necessary legislation to control the increasing population of insane.⁹⁶

The growing masses compounded problems for the staff. A high turnover rate of employees had always plagued Mt. Pleasant. Reports of abuse by patient handlers obligated the hospital to fire employees, resulting in vacancies. The Board of Control noted the discharge of “too many attendants for one kind or another of unsatisfactory attitude toward our patients. A strict vigilance is maintained; however discharge of attendants is no final solution to this problem.” Mt. Pleasant hired in haste untrained and overall poor replacements to fill posts. Overcrowding placed extra tension on already sparse staffs, the inadequate nurses and attendants gained additional responsibilities, which decreased the quality of care. Physicians donated a meager three hours to check the wards a day and the physically ill were overlooked. The Board of Control allowed a superintendent and five extra assistant physicians per facility; Mt. Pleasant averaged two vacancies for the positions every biennium.⁹⁷

Others argued the hospitals’ employees were well-educated and working in a great research facility. The decline in treatment resulted from “a great deficiency of the lack of modern implements of diagnosis and lack of scientific treatment of physical ills.” Several visiting committees described the dilapidated conditions of the facility and old medical equipment. For example, insulin treatment became a miracle treatment in numerous institutions nationally and in Iowa, Mt. Pleasant failed to adopt the method due

⁹⁶ IGA, 44th ARG, 220; BCSI, 18th BRBC, 13; IMHSC, *Survey of Committee*, 5; Iowa, *Recommendations for a ten year period*, 19; IMHSC *Hospital Survey*, 57; Iowa, *Sub-Committee on Hospital Equipment*, 14-15; IGA, 48th JHR (Des Moines, Printer of Iowa State), 179-180

⁹⁷In 1939 the Sub-Committee recommended each hospital staffed with a clinical director, assistant, two junior physicians, two supervisors of nursing, ten registered nurses, and fifty assistants.

Rebekah Wright “Hydrotherapy” in *BBCSI*, XX: 205-218; BCSI, 21st BRBC, 105; Iowa, *Recommendations for a ten year period*, 3; IMHSC, *Survey Committee of 193*, 8; Iowa, *Sub-Committee*, 6-8; IMHSC, *Hospital Survey Committee*, 23

to the “absences of adequate[trained] nursing personnel.” To compensate for their lack of technology, Mt. Pleasant’s experts performed intense patient observation during and after the illness; they communicated their findings to the medical community. Iowa established the Board of Control’s Department of Psychiatry in 1934 for the sole purpose of coordinating the research on preventive care and psychology. The new department gathered the information and made it available to the medical community.⁹⁸

The rising costs of improved treatment pushed taxpayers and legislators towards decentralization. Numbers of professionals supported the new medical precepts of outpatient care and follow-up programs. Community cooperation became essential; the state tried local clinics and work placement programs for the mentally ill. The Department of Health suggested population decrease through: increased family care, improved parole services, psychiatric research, and the expanded use of drugs. Iowa removed redundancy in the system. The hospitals no longer processed patients before they went to a community center. The Hospital Survey Committee advised for the expansion of the State Department of Health along with the reduction of the powers of the Board of Control; the General Assembly considered the department’s suggestions.⁹⁹

The Decline of Mt. Pleasant

Iowa began decentralization in the wake of excessive costs and the continued growth of the patient population. Traditionally, overcrowding was part of a state institution’s life, but the type of patients which came in was novel. The numbers of

⁹⁸J.C. Ohlmecher “The Treatment of Physical Ills of the Insane at State Institutions” in *BBCSI*, XXXV: 14-15; IMHSC, *Hospital Survey Committee*, 24; BCSI, *21st BRBC*, 104; Andrew Woods “Neuropathology, the Foundation of Psychiatry” in *BBCSI*, XXVII: 62-69; IMHSC, *Recommendations for a ten year period*, 4; IMHSC, *Sub-Committee on Hospital Equipment*, 18, 24

⁹⁹C.F. Applegate “The Follow-up system with Reference of the Insane” in *BBCSI*, XX: 105-109; IMHSC, *Sub-Committee on Hospital Equipment*, 18; IMHSC, *Hospital Survey 1937*, 56-58; R.A. Stewart “Some Thoughts Concerning the Parole of Patients” in *BBCSI*, XXII: 34-36; Iowa, *Recommendations for a Ten year Period*, 20; “The Local Hospital” in *Mt. Pleasant Free Press*, November 12, 1924.

useless, addicts, and elderly surpassed the needy and able patients. The daily chores, farm work, and shop projects never had enough healthy or able-bodied inmates to manage the tasks. As a result, Mt. Pleasant became a place of safekeeping for those society cast aside. The primary function of curing mental illness became second to providing everyday care to hundreds of individuals unable to feed or bath themselves.

The state mental hospitals were broken. Experts campaigned for fresh ideas, measures, and treatment plans; they settled on the preventive program. Iowan doctors looked at other states, “Now that means of prevention have been so well worked out and so generally accepted, it is desirable that Iowa keep pace with other states in the eradication of disease and the abolition of disabilities that mar the happiness or curb the prosperity of our people. Iowa should not allow other states to outstrip her in preventive measures that her natural rural advantages may be more than outweighed.” The doctrine of preventative medicine allowed more freedoms to individual physicians and patients. Yet, the current system of hospitals could not meet the needs for preventive care; so a process of outpatient services and decentralization occurred to reach the citizens of Iowa.¹⁰⁰

¹⁰⁰ Governor Hammill “Governor’s Message” in *42nd JHR*, 46-47

**Epilogue:
Decentralization and the Modern Mt. Pleasant, 1940-1977**

Problems of overcrowding and costs increased and climaxed in the late 1940s. Kirkbride's traditional moral treatment underlined the more scientific and contemporary forms of medicine. Ideas of decentralization took root rapidly but implementation was an entirely different matter. The Second World War slowed any plans. The immediate problems of overcrowding, inadequate staff, costs, and poor infrastructure retarded state attempts at decentralization. Twenty-five years passed before Mt. Pleasant and Iowa designed working out-patient facilities and community centers. During those decades, the Board of Control ramped up paroles, expanded outpatient clinics, and broadened training programs.

By 1960s, Iowa's Mental Health Program revamped large portions of the state's facilities. It posited new goals and objectives for a working decentralized structure: First, they sought to transform the mental institutions into modern hospitals with the newest equipment. Second, all personnel were to be trained by the State Board of Health. Third, hospitals widen their preventative services and out-patient care. Finally, each facility conducted scientific research and investigation for the purpose of "advance[ing] scientific knowledge, improve[ing] care, and increase[ing] the efficiency of our administrative efforts." The 'new' institutions escalated their educational efforts for the community and took charge of professional training. By 1980, Mt. Pleasant no longer performed long-term in-patient treatment. They successfully decentralized mental treatment into the hands of the locals.¹⁰¹

¹⁰¹James Cromwell "Iowa Mental Health Program" in *32nd BRBC* (Anamosa: Men's Reformatory Press, 1960), 101; BCSI, *31st BRBC*, (Anamosa: Men's Reformatory Press, 1958), 103-104

Continuing Problems amidst Reformation

The employee problem remained a staple at Mt. Pleasant. The hospital never retained employees for long. The facility never achieved its goal of a permanent staff of six physicians; doctors left for private industry and higher paying jobs; in many cases the private posts paid twice as much. Mt. Pleasant sought more specialists but salaries costs prevented their hiring. Similar to the patients that graced the halls, Mt. Pleasant hired a large percentage of foreigners. Even the most prominent member of Mt. Pleasant, Superintendent L.P. Ristine, a man who held his post for several decades, took a higher paying position at a facility in Topeka, Kansas. The Board of Control “liberalized hiring tactics” to fill vacancies. Yet, the hospital stated “such terms as ‘absenteeism,’ ‘fast turnover,’ and ‘floaters’ have found much application here. In general the policy of not hiring grossly incompetent help has been followed, with the thought that it is better to have a vacancy than to have some troublesome or possibly dangerous individual in the job.” About half of the employees moved on. Mt. Pleasant averaged 70% of a full workforce. The mental institutes were not alone in their workforce woes; staff problems were across the board for state offices. The social service and public health positions held multiple vacancies. The Governor’s Public Health Advisory Committee suggested remedies by increasing salaries, expanding funds for the departments, and permitting local taxation for community relevant health services.¹⁰²

¹⁰²BCSI, *31st BRBC*, 123-125; BCSI, *28th BRBC* (Anamosa: Men’s Reformatory Press, 1952), 134-136; A. Soucek in *24th BRBC* (Anamosa: Men’s Reformatory Press, 1944), 76-78; BCSI, *26th BRBC* (Anamosa: Men’s Reformatory Press, 1948), 6-7; BCSI, *29th BRBC* (Anamosa: Men’s Reformatory Press, 1954), 13; BCSI, *25th BRBC* (Anamosa: Men’s Reformatory Press, 1946), 83; BCSI, *27th BRBC* (Anamosa: Men’s Reformatory Press, 1950), 83; BCSI, *31st BRBC*, 130-131; Wayne B. Brown in *32nd BRBC*, 138-140; BCSI, *31st BRBC*, 101-102; Harold Hughes “Annual Budget Report” in *61st JHR* (Des Moines: State of Iowa Printer, 1965), 68-69

The United States entered the Second World War with much gusto. Every citizen, state, and government facility put their full support into the war effort. Similar to three decades earlier, Mt. Pleasant used its shops for war production while neglecting the inmates of the state. The conflict produced extra financial strain. Due to the demand of goods, commodities formally purchased on the pre-war market had cost rise on average 63%. Even if the state possessed funds to pay for supplies, goods were unable to be found. To manage Iowa's organizations, the General Assembly granted the heads of their respective institutions wartime powers. This allowed the hospital to run high deficits and maintain prewar contracts.¹⁰³

The Second World War exacerbated employee problems. The Board of Control observed, "The loss of employees to the armed forces, to war industries or to the institutions of other states, is the most serious problem facing the institutions. This is particularly true in the mental hospitals... where the loss of doctors, nurses, and attendants has been so great that at times the remaining staffs have been entirely inadequate to handle the situation. This institution will not beg better until the war emergency has passed." Upon the United States entering the war, four physicians and fourteen other trained professionals, including the Superintendent and Assistant Superintendent, entered the armed services.¹⁰⁴

With the conflict coming to an end the interim Superintendent optimistically spoke of the future:

Individuals come and go, but institutions continue. As we look toward the victorious and early end of the world conflict, we trust that in the period to

¹⁰³ Food costs increased 55%, salaries by 45%, and fuel nearly 25%. George Wilson, "Governors Message" in *50th JHR* (Des Moines: State of Iowa Printer, 1943), 90; BCSI, *23rd BRBC*, 6; BCSI, *25th BRBC*, 7, 83; IGA, *57th JHR* (Des Moines: State of Iowa Printer, 1957), 153, 836

¹⁰⁴ BCSI, *23rd BRBC*, A. Soucek, *24th BRBC*, 76-78

follow, not only this but other institutions may rise to their true positions in our great state. The postwar period should be anticipated as one of great opportunity in this direction, by the formation of long range plans for building and personnel, backed by sufficient appropriations, and carried to the point where they are ready to be placed in action at the earliest possible time. In providing care for the less fortunate citizens, our aim must be to make the best use of reasonable expenditures; not the strive for ways of spending the least.

The war affected care for the next quarter century. Iowa ran great debts during the combat period to keep the institutions operational. Mt. Pleasant abandoned psychiatric ideals because of cost and climbing mental populations. Large numbers of men were discharged or rejected from the service because of emotional disorders that came out during the hostilities. A Mt. Pleasant visiting committee reflected on the deteriorating institution, “Shortages in certain lines of materials and supplies have compelled depletion of inventories to subnormal levels, postponement of needed repairs and improvements, and lowering standards of care.” Even though the conflict ended, many of the costs of necessary staples rose or disappear from the market.¹⁰⁵

Immediately after the war, the federal government intensified its involvement in the care of mental health; the United States government enacted the first National Mental Health Act. The law encouraged research and expanded care by giving grants to states. Two years later, the General Assembly created directorships for the departments of Mental Institutions, Corrective Institutions, Child Welfare, and Industries under the Board of Control. Duties of the Board were greatly reduced and spread out to the new directors. Mt. Pleasant decreased patient numbers in the state institutions through a process of privatization and decentralization. In 1950, Iowa enacted an umbrella organization, the Iowa Mental Health Authority (MHA). The MHA oversaw the current

¹⁰⁵ A. Soucek, *24th BRBC*, 77-8; Iowa Mental Health Authority, *Iowa Mental Health Authority: First Biennial Report* (Des Moines: The State of Iowa, 1950), 8-9; BCSI, *25th BRBC*, 6, 83

clinics, personnel, and supply services to the mentally ill. In the following biennium, the MHA's set the objective of lowering populations in all facilities. The legislative body allocated funds for psychiatric dependents in county. To reach rural citizens, the MHA set up five mobile mental hygiene clinics to travel throughout the state. Eventually, the General Assembly passed a body of acts to lower institutional populations. It extended parole trials, expanded education programs, enacted harder admittance standards for involuntary commitment, funded \$500,000 for observation on current patients and treatment, and removed "incurable and harmless patients" to county homes.¹⁰⁶

The first Director of Mental Health, James Cromwell, gained charge of all mental buildings under the state's control. Cromwell mandated all physicians hold a psychiatric degree from a school recognized by the American Board of Psychiatry and Neurology. The hospital increased the salaries multiple times but the meager sum still prevented lives outside the institutes. To appeal to professionals, Mt. Pleasant decreased the days and hours numerous times, eventually reaching forty hour weeks. To finance the growing salary costs, Iowa established a fee program for individuals seeking treatment from specialists. In 1966, Iowa gained a federal grant of \$25,000 yearly, for professional training programs. The American Psychiatric Association recommended a ratio of eight to one, wards to staff. Through the previous measures, the facility hired more personnel and achieved a ratio of twenty to one, down from 246-1. Mt. Pleasant kept up-to-date treatments, they hired a full time pathologists, cosmeologist, psychologist, chaplain, and

¹⁰⁶ W.R. Miller, *1st Iowa Mental Health Authority*, 5-9; BCSI, *26th BRBC*, 6-10; BCSI, *28th BRBC*, 6; IGA, *54th JHR* (Des Moines: State of Iowa Printer, 1953), 597, 879; IGA, *52nd ARG A* (Des Moines: State of Iowa Printer, 1947), 152; BCSI, *26th BRBC*, 85; Jaynes, *Henry County Iowa*, 145; IGA, *56th ARG A* (Des Moines: State of Iowa Printer, 1955), 143-145; Donald Johnson, *Mental Health Facilities in Iowa: A Descriptive Handbook* (Iowa City: Institute of Public Affairs, 1952), 79; BCSI, *25th BRBC*, 7; IGA, *54th ARG A* (Des Moines: Iowa State Printer, 1951), 28, 111

numerous social service workers. The state decreased the ratios but neglected to mention in publicized reports the use of administrative and maintenance workers in the total numbers; these two groups accounted for nearly a quarter of those employed. As a result, Mt. Pleasant remained understaffed. Fortunately, community groups gave time and aided the local mental hospital.¹⁰⁷

Mt. Pleasant never regulated overcrowding; the state's ill population increased and sought free treatment. Between 1940 and 1944, the denizens of Mt. Pleasant went from roughly 12% to almost 19% of all mental institutions populations. The average numbers of inhabitants stayed several hundred over the suggested level. The majority of new admittance cases remained the elderly. Experts thought the rapid proliferation of the aged as a wartime trend. But rising populations spanned the next twenty-five years. By 1946, over half the population of Mt. Pleasant consisted of civilians over sixty; most were incurable cases of senility limited to their beds. The old required more hands on treatment and produced nothing; they cost Iowa large sums of money and gave zero back to the state.¹⁰⁸

Decentralization

The hospitals experienced several dips in the total population through natural and artificial occurrences. In increasing numbers, individuals return to county and local facilities, which moved citizens out of the congested buildings. The Board argued against

¹⁰⁷ The Mt. Pleasant Hospital increased the staff by 25%, while they reduced the workday from 6 to 5. The State reduced the hours from 12 to 10 and eventually to 8.

IGA, 58th ARG (Des Moines: State of Iowa Printer, 1959), 214-215; James Cromwell, "Report of the Director of Mental Institutions" in 26th BRBC, 9-10; James Cromwell, "Director of Mental Institutions" in 27th BRBC, 7; BCSI, 25th BRBC, 83-84; BCSI, 28th BRBC, 134; BCSI, 26th BRBC, 89; BCSI, 31st BRBC, 131; BCSI, 28th BRBC, 137; BCSI, 33rd BRBC (Anamosa: Men's Reformatory Press, 1962), 126; BCSI, 35th BRBC (Anamosa: Men's Reformatory Press, 1966), 81-84

¹⁰⁸ 1946 held the greatest population in the history of Mt. Pleasant with 1581.

BCSI, 22nd BRBC, 91; BCSI, 24th BRBC, 75, 78; BCSI, 23rd BRBC, 82-83; BCSI, 25th BRBC, 83;

this movement, “The increase in county home transfers has been steadily going up indicating a tendency to return [to the] other county system for the care of the insane, which we consider a definite step backward in mental hygiene.” The decentralization and county movement created adverse effects within the state’s institutions, “[The Board of Control] never believed that increasing the number of transfers to county homes was in anyway a sound solution to the problem of overcrowding.” Specialists in mental illness praised the shift towards local care, “If diagnosis and treatment are provided locally, this means the public has accepted mental illness as another disease and that it no longer maintains a pessimistic, moralistic and hopeless attitude towards the problem.” In 1967, the General Assembly established a separate department and facility for the criminally insane. This exported many of the violent patients. Ironically, the country homes accepted only malleable and useful individuals; this gave Iowa’s state funded hospitals more of the useless custodial patients.¹⁰⁹

Superintendent Ristine blamed part of the overcrowding on the fact that “no new patient space has been created” for many years. Governor Robert D. Blue lamented “[The buildings] have had hard usage; they have served their day well, but many of them are out of date and should be completely replaced. Several of these institutions are greatly overcrowded and additional space to house these unfortunates should be built.” The aging, decrepit conditions of many of the state institutions embarrassed their staffs. Most of the institutions were over sixty years old; Mt. Pleasant was nearing its centennial anniversary. The lack of space and old edifices restricted care and raised maintenance costs; administrators stored canned goods any place available including throughout office

¹⁰⁹ BCSI, 27th BRBC, 7; BCSI, 22nd BRBC, 93; BCSI, 29th BRBC, 11-12; BCSI, 23rd BRBC, 82-83; IGA, 62nd ARG (Des Moines: State of Iowa Printer, 1967), 367-370

and in the basement. Mt. Pleasant and the fourteen others needed rehabilitation. The General Assembly heeded the calls of the governor and superintendents; the representatives allocated funds and began expansion of the buildings. In the few short years between 1950 and 1960, Mt. Pleasant built new employee housing to open up the main building for administrative tasks and make more patient room available. Several cottages appeared on the farm lands to relieve the filled halls. The institution also replaced part of the original structure with a state-of-the-art 249 bed wing. To combat the elderly a special ward for the old and infirm opened, making the structure “modern in every respect” and a “credit to the State.” Even after all the money and institutional updates, Mt Pleasant’s “physical plant... has become obsolete and inadequate.” A large number of the buildings were “in bad repair and urgently in need of attention.” The maintenance levels proved inadequate.¹¹⁰

Mt. Pleasant continued to operate the farmlands as a vital aspect of care. After generations of observation, specialists concluded “a hard-working population, engrossed in forcing the soil to provide food, the avenues of trade and the machinery of production to carry to the people the transformed natural resources, so as to bring safety, then leisure for thought and the development of the highest faculties latent in the brains of its people.” Iowa utilized recreational, occupational, and industrial therapy with the goal of creating self-confidence through the completion of tasks. Daily and special activities included movies, religious services, sports, and games. The idea of instilling corrective behavior still prevailed. The hospital band maintained a high level of excellence within the local community. Surgery and physical alterations gained praise throughout the period. The

¹¹⁰ L.P. Ristine, 23rd BRBC, 83; BCSI, 25th BRBC, 83-84; Robert D. Blue, “Governor’s Annual Address” in 52nd JHR (Des Moines: State of Iowa Printer, 1947), 6, 64-65; BCSI, 29th BRBC, 4,13,23; BCSI, 27th BRBC, 6, 84; IGA, 58th JHR, 30; BCSI, 32nd BRBC, 138-140; BCSI, 31st BRBC, 101-102, 123-125

lobotomy, twenty years after its invention, remained “the operation of choice” for the chronically disturbed. Classical methods still had a place in the hospital; physicians still used hydrotherapy and electroshock to ease the suffering of patients.¹¹¹

Chemotherapy promised the highest cure rates. The Board of Control praised the application of drugs, “The use of tranquilizing drugs has effected certain changes in the hospital populations: some individuals are able to remain out of the hospitals on tranquilizing drugs that previously would have been hospitalized; the length of hospitalization has tended to decrease; large numbers are being placed on convalescent leave, and at an earlier date, that was previously possible.” Doctors prescribed chlorpromazine and reserpine to calm wild moods and make troublesome patients easier to handle. Many specialists recognized drugs not as a cure-all, even though many produced excellent results, but as a shield to protect society from the most dangerous insane. One drug advocate stated, “We believe that our treatment has been reasonably effective, as evidenced by the number of patients leaving the hospital during the period as recovered or improved. A large number of patients might recover sufficiently to return to their homes if we were equipped to administer the modern treatments.”¹¹²

Outpatient programs reduced populations and costs, while radically altering treatment. Each facility under the Board of Control expanded their diagnostic and parole

¹¹¹Mt. Pleasant’s care included routine medical, dental, immunizations, and diagnostic forms of treatment. Mt. Pleasant responded to previous suggestions by expanding and utilizing the x-ray department at every available opportunity.

ISMS, *100 years of Iowa Medicine*, 28, 458-461; BCSI, *27th BRBC*, 82,84; Johnson, *Iowa Mental Facilities*, 28; BCSI, *29th BRBC*, 13; BCSI, *31st BRBC*, 124-125

¹¹² Some of the drugs used in chemotherapy placed the patients in a drugged stupor and created an anti-drug movement based on the ‘use of chemical restraints.’

BCSI, *25th BRBC*, 84; BCSI, *23rd BRBC*, 83; BCSI, *22nd BRBC*, 94; IMHA, *Iowa Mental Health Authority: Third Biennial Report* (Des Moines: The State of Iowa, 1954), 10; BCSI, *30th BRBC*, 91; BCSI, *31st BRBC*, 124-125

staffs. By 1960, the concept of transforming the facilities into a modern hospital emerged.

Superintendent Wayne Brown proclaimed:

The concept, 'modern hospital' is not a personal one. Hospitals have well-established standards determined by experience. In the mental field, the patients are divided into administrative groups, based roughly on diagnosis... the recognized groups of patients are: those being received in the hospital, those being submitted to an intensive treatment program, those involved in a long-term or continued treatment program, geriatric cases, and all others having medical, surgical and neurological disorders. Children's wards are staffed for intensive treatment... Requirements for meeting established standards depends on the relative number of each type of patient in the hospital.

Mt. Pleasant reinstated the outpatient department with increased follow-ups and a more in depth job placement program for the cured. The mental facility started group therapy programs focusing on depression and behavior. Mt. Pleasant initiated an Alcoholics Anonymous unit in the wards to compliment the shifting attitudes toward addiction and voluntary therapy. AA, along with Iowa's social service agency and local psychiatric clinics, accepted paroled patients and took responsibilities for the release's actions.¹¹³

The four mental institutes transformed into screening centers with contemporary care. By 1964, Mt. Pleasant held the lowest populations since 1899 because of the programs initiated over the past decade. The home and community accepted care for the serious ill. The hospitals needed a new purpose outside of inpatient and outpatient services; Iowa created the Mental Retardation Administration Agency. The new agency applied for federal aid, grants, and gifts to establish, conduct, maintain, equipment, and operation facilities for the care of "retardation" and other mental illnesses. In the same

¹¹³ Iowa experimented with outpatient programs. The first screening center opened at Independence in 1950.

Wayne B. Brown, *32nd BRBC*, 102-103, 138-140; BCSI, *22nd BRBC*, 92; BCSI, *34th BRBC* (Anamosa: Men's Reformatory Press, 1964), 103-105; IGA, *59th ARG*A (Des Moines: State of Iowa Printer, 1961), 136-137; BCSI, *27th BRBC*, 5, 83; BCSI, *28th BRBC*, 135; Johnson, *Mental Facilities Iowa*, 26; BCSI, *34th BRBC*, 61-62; BCSI, *34th BRBC*, 103-105

year, the Division of Mental Health in the Department of Public Health expanded their authority for state-wide control over all mental health issues. Governor William Beardsley compared the agents as “a single army engaged in combat against the formidable public health enemy No. 1: mental illness and mental retardation.” The mental institutions turned their attention to research. The state appropriated funds for a study on the future of mental institutions, their possible consolidation, and the expansion of their social services. Iowa was not alone, in 1970, the state joined the Interstate Compact on Mental Health. Treatment became a cooperative effort and care no longer depended on the residency of a citizen.¹¹⁴

In 1974, the role of Mt. Pleasant as a hospital ended. Iowa achieved decentralization. The state hospitals became community mental health centers and provided support for localities. Treatment focused on outpatient care with minimal inpatient hospitalization. The center provided a twenty-four hour emergency service. The General Assembly created the Department of Substance Abuse; the department funded and managed the outpatient programs¹¹⁵

The county clinic movement relieved overcrowding in Mt. Pleasant and the other state mental facilities but congestion existed in Iowa’s penal institutions. The General Assembly recommended the erection of a criminal detention facility at one of the hospitals for the criminally insane. Three options appeared with Mt. Pleasant at the top of

¹¹⁴ The Division of Mental Health’s duties included: evaluate all public and private institutions, exam the purposes of the mental hospitals, establish and supervise suitable standards, inquire and determine the qualifications of staff, determine the qualifications of operation, and encourage scientific investigations. William Beardsley, “Inaugural Address” in *54th JHR*, 57; BCSI, *34th BRBC*, 103-105; IGA, IGA, *61st ARGA* (Des Moines: State of Iowa Printer, 1965), 308; IGA, *60th JHR Extra Session* (Des Moines: State of Iowa Printer, 1964), 11-13; BCSI, *34th BRBC*, 17, 75; IGA, *63rd ARGA* (Des Moines: State of Iowa Printer, 1972), 7; IGA, *64th ARGA* (Des Moines: State of Iowa Printer, 1970), 148-153

¹¹⁵ IGA, *65th ARGA* (Des Moines: State of Iowa Printer, 1974), 492; IGA, *67th ARGA* (Des Moines: State of Iowa Printer, 1977), 209

the list. The local community fought against the transformation. building. Mt. Pleasant eventually gained the honor and converted an old building to house the new arrivals. The medium security prison soon expanded to the larger buildings of Mt. Pleasant. At the end of 1982 no part of the original construction remained.¹¹⁶

The Long Path of Decentralization

Conditions beyond the influence of the hospitals forced the General Assembly, the Board of Control, and Department of Health into desperate actions. The solutions varied in time and represented the opinion of the masses. The price of maintaining such vast facilities on the taxpayers' dime seemed unreasonable to the public. The state enacted new cost effective management at the citizens' demand.

A state hospital for the insane seemed vital in 1855 and the General Assembly acted accordingly. For the first few years, Mt. Pleasant functioned as planned but eventually the demand for services far outstripped the availability. In a few decades, overcrowding made it clear one hospital could not meet the needs of Iowa; a rapid period of construction occurred in the 1880s through 1910; Iowa built three new asylums, an inebriate hospital, and several juvenile facilities for the feeble-minded, addicts, and mentally deficient. The separate boards and committees of hospitals, which possessed subtle differences in management, interests, reports, and care, further stigmatized the public. The ideology of an overseeing body seemed the only answer.

The implementation of universal standards and an increased accountability alleviated the General Assembly's fears of an unmanageable, sprawling system. The subsequent Board of Control of State Institutions gathered statistical data for analysis;

¹¹⁶ The total conversion for the medium security facility cost \$1,524,000. IGA, 66th ARGA (Des Moines: State of Iowa Printer, 1976), 40; Jaynes *Henry Co* 175; IGA, 67th ARG, 77

from this data they implemented 'correct' and 'scientific' methods for a curative plan. From the reports published by the Board, optimism reigned within the medical profession. The Board painted insanity as a curable disease. Doctors recognized the current problems of overcrowding and cost but believed the danger avoidable through increased development. Mt. Pleasant expanded the work programs, lands, and facilities in hopes of reaching more lost souls. Ironically, the Board's actions did not stem the growth of population and poor fiscal management but encouraged more individuals to seek treatment. More movements spawned seeking to correct the mismanagement. The accepted optimism of the early institution died and a general pessimistic veil covered the facilities.

During and between the two World Wars, the faults of mankind rose to the surface and a period of apathy emerged in Iowa. Government and their citizens attempted to perfect humanity or at least protect future generations. The main historic tenet of medicine, the concept of personal relationships, vanished as staffs shrank or, at best, maintained the status quo as patient numbers rose. Matters worsened as destructive, incurable, and elderly citizens filled the wards. The primary objective of Mt. Pleasant turned from treatment to a babysitter of the unwanted. Eugenics called for the annihilation of any degenerate; the Board of Control embraced these ideas and implemented far reaching programs. The General Assembly aided in the establishment of widespread birth control movements, segregation programs, and 'voluntary' sterilization throughout the state. Iowa cared more for the removal of the insane from society than for their reentrance as productive individuals.

With overcrowding came rising expenditures, costs rose due to greater problems within civilization. Mt. Pleasant never produced enough in the shops or on the farms for subsistence. The two wars limited the availability of supplies and inflated prices. The numerous ups and downs of the economy provided similar hardships for the facility. Governors and legislators gave as much money as they could spare; however, the fiscal issues persisted to the point that Knoxville, the inebriate hospital, closed and sent the addicts to the mental hospitals instead.

After several decades of lawsuits, the accepted methods began to sour to the public. Sterilization, lobotomies, and chemical restraints no longer entered the repertoire of licensed professionals. Advances in psychiatry and in chemotherapy offered an effective solution to decrease costs. A process of decentralization began in the 1940s. The General Assembly passed laws requiring stricter admittance and lax parole requirements to shrink patient populations. The public favored the county homes; they viewed private and local hospitals as providing better care. With the enactment of the US Mental Health Act of 1963, the movement in Iowa to county hospitals, clinics, and outpatient programs was far underway. As Mt. Pleasant's focus shifted from long-term patient care, the institution searched for a new identity. Research, training, education and day programs became the new objective of the Mental Health Institute at Mt. Pleasant. The hospital converted into a haven for the functional during daylight hours.

Throughout the tenure of Mt. Pleasant, the hospital utilized the accepted paradigms for the physical plant and patient treatment. The moral treatment of Thomas Kirkbride evolved into occupational, recreational, and industrial treatment. Experts argued behaviors and actions were malleable by a system of education, work, and

relationships with the insane. Some emphasized elimatives and body purification, while most used physical and mental stimulation as a remedy for the illness. Doctors argued over the use of drugs but few neglected their use. In all four periods, insanity might not have been deemed curable but at least manageable.

For the last two decades, Iowa combated ever rising costs and dangerous population numbers. By the 1960s, the focus of treatment centered on research, prevention, and outpatient care. Governor Hughes best summarized the feelings and success of decentralization, “I am a firm believer in the concept of providing the best psychiatric care for the mentally ill. While humanity is our primary motivation in this area, the record of the past decade shows unmistakably that the populations of mental hospitals are reduced by modern psychiatric treatment and rehabilitation techniques. In addition to restoring human beings to happy and productive lives, this results in substantial savings to the taxpayers.”¹¹⁷

As a case study, Mt. Pleasant proves science and medicine is not done in an ivory tower or removed from the real world. Mental institutions were susceptible to the whims of society. Legislatures and laymen financed the hospitals, they answered to a fickle constitute body. As shown, certain points in history saw the public willing to spend more to help the needy. Alternatively, Iowa refused to appropriate money when normal citizens suffered or the treatment garnered bad press. Professionals recognized the inconsistent way of the masses; they tried to achieve a respectable product to improve human kind and gain the respect of Iowa. The Board of Control praised the institutes and let their sentiments be known to the public; while, privately they debated among themselves over the slight modifications to cure individuals. The Mental Health Authority epitomized the

¹¹⁷ Harold Hughes, “Inaugural Address” in *60th JHR* (Des Moines: State of Iowa Printer, 1963), 78-79

significance of the people's opinion; the Authority spent large sums of taxpayers' dollars to educate the public of the modern methods successes. Decentralization reflects the success of the agency. It localized care and reduced costs by appealing to Iowans.

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