

# The Profits of Insanity:

The Urbanization and Economic Development of Asylum Poor Farms in

Wisconsin, 1890-1920.



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### **Introduction to the Asylum Poor Farm**

The history of care for mentally ill people and destitute indigents in the United States is complex and based on the development of different theories related to treatment and care of these individuals. These theories were often based on faulty or outdated assumptions of medical science but resulted in the creation and administration of large state and county institutions to care for those who could not care for themselves. While such institutions were originally constructed with the purpose of providing an environment in which mental illness and poverty could be cured, they experienced evolution over time. This evolution was based upon many aspects: the shortcomings of the institutions in terms of treatment, progress in medical science related to psychology, and the implications of economic development around and within them. These institutions went by many names, poorhouse, almshouse, poor farm, county home, insane asylum, etc. but all generally followed the same trajectory of implementing the various policies of treatment and custodianship that came out of the small community of east coast psychologists. The small groups of medical doctors, bureaucratic administrators and architects that made up this community developed exceedingly specific regiments and conditions under which treatment was to be administered.

Once fully developed by the 1830s, these policies were implemented in model institutions on the east coast and then disseminated widely through the medium of the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI). The presiding belief in the psychological community was that insanity was the result of physical degrading of brain tissue and that this degrading was essentially environmental. To cure the insane and deranged, the AMSAAI reasoned, their environment had to be purified, something that

could only be accomplished through indoor institutionalization. Ideally, curing the insane and destitute was not only desirable for the individuals themselves, but for society as a whole, which would theoretically become more prosperous and stable if those who went insane could be readily cured. Overall, the ideals of the AMSAII were widely accepted and implemented across the United States but often had to be adjusted to the situational realities experienced in various localities.

Wisconsin, like other midwestern states, was late in implementing indoor relief policies and constructing corresponding institutions due to the fact that its population and urban industrial economy did not start to prosper until after 1865. Asylums and poor houses had been developed on the east coast to deal with population growth and concerns about the effectiveness of outdoor relief. Though it never supplanted outdoor relief, where governmental authorities provide financial and material support to families that were indigent or caring for mentally ill relatives or neighbors, indoor relief was a preferred mechanism on the east coast by the 1830s. This development only came to pass in Wisconsin in the 1860s, and only after nearly a decade of political debate and bureaucratic hindrances. The result was the construction of the Wisconsin State Hospital for the Insane, the first and only institution in the state to offer systematic indoor relief to the mentally ill and completely destitute of the state.<sup>1</sup> However, Wisconsin had many more insane and indigent than a single 250 bed mental hospital could handle and two more state facilities were constructed in the 1870s to cope with the number of insane that were to be found throughout the state.<sup>2</sup>

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<sup>1</sup> Dale W. Robison, *Wisconsin and the Mentally Ill: A History of the "Wisconsin Plan" of State and County Care 1860-1915*, (New York: Arno Press, 1980), 32-33, 37, 42-43.

<sup>2</sup> Robison, *Wisconsin and the Mentally Ill*, 48-49.

Despite the efforts of the state to expand their facilities in size and number, they never came close to being able to cope with the continually growing need for institutional treatment. This was partially due to the industrialization and population growth of cities and towns across Wisconsin combined with the economic recession of the early 1870s as over a million unskilled laborers were out of jobs by 1873.<sup>3</sup> Early estimates by the state did not account for the results of economic downturn which ended up precipitating a steady flow into state asylums.<sup>4</sup> The problem was serious enough by 1881 that a special committee of the state legislature budgeted for the creation of a county-based system to act as a pressure valve for the state institutions. While the state asylums continued to offer treatment for those who could be cured, the county institutions were primarily geared toward caring for the chronic insane on a long term basis and providing interim services to the poor. In this way Wisconsin developed a dual system of indoor relief, which subsequently became a fixture in many Midwestern states.

These county administered and state funded institutions were referred to as “County Asylum Poor Farms” because they were not simply mental hospitals nor poor homes. Rather they combined the care of the chronically insane and destitute poor in the same institutional setting and often under the same roof. The specific focus of this paper is the development of county asylum poor farms in Wisconsin under the 1881 “Wisconsin Plan of state and county care for the chronic insane,” and how they developed into predominantly economic institutions between 1890 and 1920.<sup>5</sup> Their development into economic institutions was a reflection of the failures of AMSAII policies and the fluctuation of medical science pertaining to mental illness. I

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<sup>3</sup> Herbert G. Gutman, *Social Economic Structure and Depression: American Labor in 1873 and 1874* (Madison: University of Wisconsin Press, 1959), 6.

<sup>4</sup> Robison, *Wisconsin and the Mentally Ill*, 54-55.

<sup>5</sup> Robison, *Wisconsin and the Mentally Ill*, 134.

argue that the transformation into economic institutions undermined their intended effects by creating an environment reflecting the harsh urban climate of late 19<sup>th</sup> and early 20<sup>th</sup> century American cities and towns.

I will first talk about the transition that occurred during the era of Jacksonian reform and enlightenment, when antiquated colonial policies of community-based relief for the destitute and insane inside private homes were realized to be unsustainable. This brought about the emergence of indoor relief for the poor and tranquil insane and incarceration for the “disorderly insane” and “loafing paupers.” Indoor relief began as a series of almshouses and poor homes for the destitute and private asylums for the more affluent insane. However, the small scale of indoor relief did not last long and soon state wide systems, with a massive institutional presence and a unified line of thought, emerged as the norm. Another transition occurred after the Civil War as it became clear that a majority of the insane and indigent could not be cured of their ills and that separate institutional settings had to be established for curable patients, and chronic insane and destitute. This will lead me to an examination of how Wisconsin dealt with this problematic realization, with the construction of parallel county level institutions to care for rather than treatment, turning residents into inmates rather than patients.

My main argument stems out of the contradictions that quickly developed within this system and how the destitute and the incurable insane came to have their labor power exploited by those charged with administering and overseeing them. Based on an analysis of the records from the Dane, Dunn, and Winnebago county asylum poor farms, it appears that their practices and motivations took on an economic character as Boards of Trustees and superintendents began running them to produce a profit for the county. In this way, county asylum poor farms came to resemble urban factories where unskilled laborers were paid subsistence wages for their profit-

generating labor. Similarly, county asylum poor farm inmates were supplied with the means of subsistence, food, shelter and clothing, and coerced to labor for free to generate a profit for the institution. While relying exclusively on secondary source materials to establish these conditions in urban areas, the various ledgers, financial reports and board of trustees minutes found in the asylum poor farm records will serve to demonstrate the existence of parallel practices in these primarily rural institutions. Specifically, these practices included formally extolling labor as treatment, utilizing the Kirkbride architectural model to balkanize and regulate labor, expanding and investing in hopes of accumulating greater profit, and incarcerating particularly productive inmates indefinitely to maintain the integrity of their labor force. This was a practice that lasted roughly from 1890 until 1920 in Wisconsin.

### **Jacksonian Enlightenment and Indoor Relief**

The social and political norms of the colonial period in the United States did not simply cease to exist after independence. Rather, they carried on into the second decade of the 19<sup>th</sup> century. This was particularly true pertaining to policies of social welfare and relief for the poor or those defined as insane. Most instances of familial poverty were dealt with through the medium of community-based relief as local authorities aided families in need by providing money and provisions inside their own homes. Separate institutions like work houses or almshouses were rare as the populations of cities and towns were small enough that local relief was sufficient.<sup>6</sup> Providing assistance to the poor in their own homes, a form of outdoor relief, was mutually beneficial for the poor and local authorities who, “were content to dispense support

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<sup>6</sup> David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Toronto: Little, Brown and Company, 1971), 31.

in the least burdensome manner and eager to avoid institutional solutions.”<sup>7</sup> The plight of the insane, a broad tent definition for the mentally ill or physically incapacitated, took a different course as many were too disorderly or uncomfortable in their home environment and tended to be unrestrainable or just to wander about the colony.<sup>8</sup> These less than ideal situations, where private problems became public, prompted the incarceration of the disorderly insane in local jails or special work houses, which were the first institutions to suggest that hard work may improve their condition.<sup>9</sup> By the 1830s, the norms of care for the poor and insane that had carried over from the colonial period were about to be overturned.

The massive population growth in the United States between 1790 and 1830, particularly on the east coast, obliged authorities to revise how they sought to address the indigent and insane. David Rothman explains that the Jacksonian period, starting in 1829 with the ascent of Andrew Jackson to power, was a time of reform and enlightenment. This was particularly true in terms of the transformation of institutional relief. As urban areas grew and experienced industrial development, outdoor relief for the poor became unsustainable and social despair over a drastically changing environment had to be addressed through the formal administrative structures of state government.<sup>10</sup> Though the growth and intrusion of the government into private life had been a taboo in colonial society, the new economic realities of a industrializing society resulted in the growth of a class of unskilled and semi-skilled laborers whose employment was not guaranteed.<sup>11</sup> Another result of industrialization during this period was destitution as a result

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<sup>7</sup> Rothman, *The Discovery of the Asylum*, 32.

<sup>8</sup> Rothman, *The Discovery of the Asylum*, 43.

<sup>9</sup> Rothman, *The Discovery of the Asylum*, 55.

<sup>10</sup> Rothman, *The Discovery of the Asylum*, 56, 64.

<sup>11</sup> Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, Inc., Publishers, 1986), 5-6.

of injury, illness or old age. The lack of labor regulations and increasingly exploitative nature of the capitalist economic environment was hard on industrial workers and resulted in many injuries and deaths. Due to the fact that worker compensation was non-existent, the sick, injured and families of those who died on the job were rendered destitute.<sup>12</sup>

During the colonial period, insanity and destitution were two concepts that had yet to fully converge. While many of the insane were certainly considered impoverished, their plight was considered to be an aspect of god's will rather than the result of personal economic and environmental conditions like the destitute. However, Michael Katz argues that insanity and destitution became intertwined during the mid 19<sup>th</sup> century as the Jacksonian enlightenment institutions of relief were believed to be able to cure conditions of crime, pauperism, ignorance and mental illness.<sup>13</sup> Though the idea of creating a curative environment was one strain of thought pertaining to the establishment of these institutions of indoor relief, there was also an underlying economic aspect. In this second vein, political and economic authorities sought to clear labor markets and outdoor relief rolls by disposing of non-productive members of society as cheaply and conveniently as possible.<sup>14</sup> It is this argument that Katz emphasizes throughout his book, firmly establishing that, "Poorhouses...were designed to enforce discipline and help regulate labor markets and wages. Their advocates wanted to remove people too poor, sick, or old to care for themselves from their friends and families and put them into a harsh, degrading institution."<sup>15</sup>

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<sup>12</sup> Katz, *In the Shadow of the Poorhouse*, 8-9.

<sup>13</sup> Katz, *In the Shadow of the Poorhouse*, 11; Rothman, *The Discovery of the Asylum*, 108.

<sup>14</sup> Katz, *In the Shadow of the Poorhouse*, 13.

<sup>15</sup> Katz, *In the Shadow of the Poorhouse*, 20.

Overall, the poor house was good for urban industrial economic growth but was ultimately fiscally unsustainable, as schemes of forcing inmates to labor to achieve institutional self-sufficiency were baseless. Much to the chagrin of governmental authorities, the establishment of these institutions did not resolve the problems they were created to address, specifically the perception of overspending on relief for the insane and destitute. There was a general perception that institutionalization could help cure these social ills in some way but no coordinated plan for their mitigation or theory for a medical cure were yet forthcoming. While the Jacksonian era is noted as a time of social enlightenment in terms of the development of institutional solutions to the problems urbanization and the normalization of industrial wage labor, institutional ineffectiveness remained. Overcrowding, deplorable living conditions and the breakdown of discipline plagued Jacksonian era poor houses, causing their maintenance to be even more costly and less beneficial than outdoor relief.<sup>16</sup> However, society was striding forward and had decided that indoor relief was to be a solution. All that was needed was the right group of problem solvers to transform the poor house into an institution that could truly cleanse society of its ills.

### **The Moral Treatment Model and Thomas Kirkbride**

Out of the vacuum of medical thought on remedies for insanity that existed at the end of the Jacksonian period came the concept of Moral Treatment. By the 1840s, the few doctors and medical superintendents who attended to the insane and destitute, determined that these complexions were the result of environmental damage to the brain.<sup>17</sup> The transition to an

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<sup>16</sup> Katz, *In the Shadow of the Poorhouse*, 28-30.

<sup>17</sup> Benjamin Reiss, *Theaters of Madness: Insane Asylums & Nineteenth-Century American Culture* (Chicago: University of Chicago Press, 2008) 4; Rothman, *The Discovery of the Asylum*, 110.

urbanized, industrial capitalist socio-economic structure was put forth as the costly but necessary course of civilized development. Surely, though, out of the natural advancement of society, a relatively easily applied cure for insanity and endemic destitution would become known shortly.<sup>18</sup> Self-styled experts on insanity, often the superintendents of poor houses or the few mental hospitals that existed, conceived of the idea that if the crudeness of industrial society was to blame for the ills of insanity and destitution, that they could be cured through the construction of a structured, regimented, institutional space.<sup>19</sup> In a way, superintendents aimed to create a utopian environment that demonstrated the exactly opposite virtues of what existed in urban industrial societies. Instead of the dizzying pace of life, fits and starts of economic balance and danger of rapid descent into poverty, the imagined institutions would provide stability, fresh air, a regular routine and a variety of diversions for the damaged mind and mentality.<sup>20</sup> Further, this utopian vision also advocated authoritarian control of the asylum environment by the superintendent and his staff as a strict and disciplined regime was essential to offering a truly curative environment.<sup>21</sup>

Subsequent to presenting a much sought after remedy for the most severe social ills urban industrial society in the United States, the Moral Treatment Model also created a market for itself by necessitating specialized institutionalization as the crucial aspect of the curative process.<sup>22</sup> The recognition of an economic vacuum by a group of upper or middle class superintendents, bureaucrats, intellectuals, doctors and architects was the basis for the creation of Moral

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<sup>18</sup> Rothman, *The Discovery of the Asylum*, 112.

<sup>19</sup> Rothman, *The Discovery of the Asylum*, 129.

<sup>20</sup> Reiss, *Theaters of Madness*, 16; Rothman, *The Discovery of the Asylum*, 129.

<sup>21</sup> Reiss, *Theaters of Madness*, 3.

<sup>22</sup> Rothman, *The Discovery of the Asylum*, 138; Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 6.

Treatment because, “it offered a kind of professional security and social prestige that traditional forms of medicine did not...asylum medicine offered unmatched job benefits. A centralized site for practice with a stable client base; a guaranteed salary, often secured through state funding; absolute authority over a large staff...[and] lives of hundreds of patients.”<sup>23</sup> It did not matter that actual medical practice had not been advanced to a point where Moral Treatment advocates and functionaries could treat mental illness. Government officials were in desperate enough straights that they would accept the claims of the Moral Treatment Model and allow them to be implemented with little oversight or regulation. To them it seemed that insanity and destitution were drawbacks of the advancement of civilization, and that society, “ought to compensate, at least to a certain extent, for any injurious influence of the spread of civilization.”<sup>24</sup> The advocates for the Moral Treatment Model eventually organized into the AMSAII which was further able to pressure public officials into implementing their model at the state and county levels.<sup>25</sup>

Part of the economy that developed around the Moral Treatment Model was architecture, specifically the architecturally innovative theories of Thomas Kirkbride. Kirkbride was an east-coast insane asylum superintendent as well as an intellectual and architect, and styled himself an expert on insanity. In his famous work, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, Kirkbride begins by defining insanity as a disease of the brain that was manifested physically in one’s actions, character and physical disposition.<sup>26</sup> In line with the Moral Treatment Model, Kirkbride also believed that insanity was easily curable if

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<sup>23</sup> Reiss, *Theaters of Madness*, 91-92.

<sup>24</sup> Rothman, *The Discovery of the Asylum*, 113.

<sup>25</sup> Yanni, *The Architecture of Madness*, 51.

<sup>26</sup> Thomas S. Kirkbride, *On the Construction, Organization and General Arrangements of Hospitals for the Insane with some Remarks on Insanity and its Treatment* (Philadelphia: J.B. Lippincott & Co., 1880), 21.

the patient was placed immediately under the correct environmental conditions.<sup>27</sup> The idea of insanity as a physical disposition of values contrary to societal logic, no longer particular to the raving lunatic or totally incompetent, allowed for the inclusion of the destitute poor into the fold of official insanity.<sup>28</sup> As an individual who stood to benefit from the expansion of insane asylum facilities to include a wide array of patients, Kirkbride devised a very specific architectural model that could easily be adapted for the expansion of the insane population.

The structural design and placement of such facilities proposed by Kirkbride was based on the idea of environmental determinism theoretically but convenience in practice. Insane asylums that intended to apply the Moral Treatment Model had to be removed enough from an urban environment that the pollutions of modern society could not further inflict damage on inmate's brains, but also should not be too far so as to warrant exaggerated expense for the regular delivery of provisions.<sup>29</sup> The site also needed to be large, "at least one hundred acres of land, to enable it to have the proper amount for farming and gardening purposes, to give the desired degree of privacy, and to secure adequate and appropriate means of exercise, labor and occupation for the patients, for all of these are now recognized as among the most valuable means of treatment."<sup>30</sup> What Kirkbride fails to mention is that large tracts of land are also required for the indefinite expansion of the facilities to house larger amounts of the purportedly insane, and bring in more revenue for the state as well as to garner greater social prestige.<sup>31</sup>

Kirkbride's designs not only allowed for the easy expansion of facilities because of their shallow V shape, with backset wings branching off of a main building, but were also ideal for the

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<sup>27</sup> Kirkbride, *On Hospitals for the Insane*, 23.

<sup>28</sup> Kirkbride, *On Hospitals for the Insane*, 30-31; Rothman, *The Discovery of the Asylum*, 123.

<sup>29</sup> Kirkbride, *On Hospitals for the Insane*, 36-37; Yanni, *The Architecture of Madness*, 8.

<sup>30</sup> Kirkbride, *On Hospitals for the Insane*, 38.

<sup>31</sup> Yanni, *The Architecture of Madness*, 56.

implementation of the highly regimented and heavily controlled environment of the Moral Treatment Model.<sup>32</sup> It is important to emphasize the Kirkbride was not simply a self-interested quack looking to capitalize off the plight of the incapacitated. He did in fact make some important architectural innovations in terms of the mass institutionalization that came with the implementation of Moral Treatment. Specifically, he advocated heavily for the construction of proper plumbing to provide for the necessary supply of water and the drainage of waste through an underground sewer system.<sup>33</sup> Proper ventilation of the institutions was also heavily emphasized, which the staggered wings and long hallways were designed to provide. This was mainly because of another baseless, though well meaning, concept that “bad air” was a cause of insanity and that illness, mental or physical, could be spread through its stagnation.<sup>34</sup> It seems that Kirkbride, a Quaker, was to some degree, genuine in his concern for the well-being of the incapacitated. However, it is clear that prestige and profit were also important factors that contributed to the particularities of Kirkbride’s buildings. The popularity of Kirkbride and his structures within the AMSAII, lead to their inauguration into the official guidelines of the Moral Treatment Model in 1851, thus validating what would consequentially be called the Kirkbride Plan.<sup>35</sup>

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<sup>32</sup> Yanni, *The Architecture of Madness*, 38.

<sup>33</sup> Kirkbride, *On Hospitals for the Insane*, 40-41.

<sup>34</sup> Kirkbride, *On Hospitals for the Insane*, 59-60; Yanni, *The Architecture of Madness*, 33.

<sup>35</sup> Yanni, *The Architecture of Madness*, 51.

The Kirkbride Plan was ultimately popular among insane asylum superintendents due to the degree of social control that could be exercised over inmates, both in cooperation with Moral Treatment and easing the burden on administrative staff caring for upwards of 250 inmates of varying conditions. The staggered wings, as shown in figure 1, offered ideal social controls for the separation of inmates based on gender, social class, physical condition, ability to labor and degree of agitation, with the noisiest and most disagreeable inmates being placed in the wings furthest from the center.<sup>36</sup> Benjamin Reiss argues that a novel type of power relationship was established within the Kirkbride Plan insane asylum, different from that of any poor house or early mental hospital that had ever been. Basing his interpretation off Foucault's *Madness and Civilization*, he states, "Power in the asylum was not granted to an individual or specific group, but rather, was relational...the procedure of continuous control over bodies and behaviors...in which medical authority was engaged in a more or less constant scene of confrontation with patients, the goal of which was wearing down the mad and forcing them to accept the dictates of the institution passively, without resistance."<sup>37</sup> This network of control was designed to control mobility, control experience and create conditions of physical or commodity based punishment in response to improper behavior.

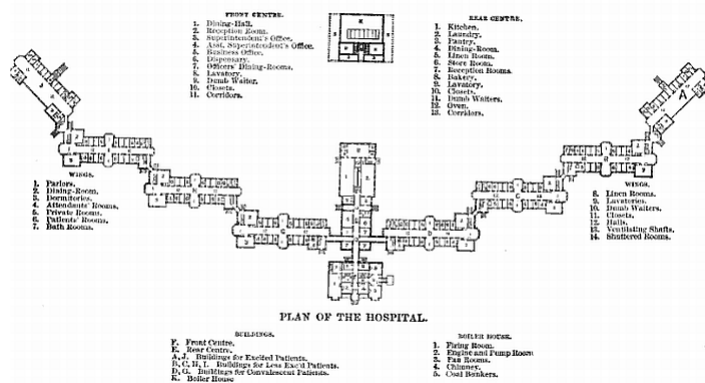


Figure 1: A typical Kirkbride Plan layout, the Danvers State Hospital in Massachusetts. Image courtesy of [asylumprojects.org](http://asylumprojects.org)

<sup>36</sup> Kirkbride, *On Hospitals for the Insane*, 73-75; Yanni, *The Architecture of Madness*, 23-24.

<sup>37</sup> Reiss, *Theaters of Madness*, 11.

The absurdity of the Moral Treatment Model may seem obvious today because of our advanced medical knowledge of the brain and issues of mental health but it was not until the 1880s that it was realized to be a monumental failure. The early claims of Moral Treatment advocates like Dorothea Dix, Isaac Ray and Edward Jarvis impressed state authorities with the idea that a cure was readily available and the initially expensive costs of constructing and administering Kirkbride Plan insane asylums would cost less in the long run.<sup>38</sup> A deeper look into the institutional basis of Moral Treatment facilities reveals their various contradictions and shortcomings. Rothman writes unequivocally that the originally high “cure” rates being produced in Moral Treatment institution were simply a sham engineered in an attempt to keep the promises made to state authorities and maintain the reputation of the institutions in general. The cure rate statistics ranged up to 99% and were often calculated in a deceiving manner.<sup>39</sup> Rothman further undermines the Moral Treatment Model for its lack of originality, owing its routinized and controlled environment to penitentiary reforms that occurred as early as 1820, which claimed that, “A properly organized social system would purify away what is bad and shield its members from the temptations beneath which they are peculiarly liable to fall.”<sup>40</sup> Finally, the official ideology of the AMSAII was constructed on a bureaucratically fixed model in which new concepts of mental health treatment were unwelcomed as they were perceived to be threatening to the specialized economy that had developed around Moral Treatment.<sup>41</sup>

Yanni brings an architectural perspective to his criticism of Moral Treatment, stating that the realization of the incurability of many inmates based on the lack of advanced medical

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<sup>38</sup> Rothman, *The Discovery of the Asylum*, 115-117; Yanni, *The Architecture of Madness*, 52.

<sup>39</sup> Rothman, *The Discovery of the Asylum*, 131.

<sup>40</sup> Rothman, *The Discovery of the Asylum*, 73, 79.

<sup>41</sup> Rothman, *The Discovery of the Asylum*, 135-137.

knowledge of mental illness, lead to overcrowding of institutions. Though Kirkbride and the AMSAII originally intended Moral Treatment facilities to hold a maximum of 250 inmates, they were forced to revise these numbers as population growth and broad ranging definitions of insanity created situations where 1200+ inmates were held in a single facility.<sup>42</sup> The sheer size of these institutions, the low staff to inmate proportion and the segregationist aspects meant to promote a controlled environment all served to undermine the therapeutic and curative regimen of Moral Treatment.<sup>43</sup> The greater number of attendants required also severely decreased the overall quality of patient treatment and activities that were originally intended to be therapeutic became ugly and abusive struggles at worst and a case of just going through the motions at best. The increase of patient populations also led to budgetary problems. Maintenance of much larger buildings required increased budgets and often began to fall apart anyway, infuriating governmental officials who put their public trust in the Moral Treatment Model. Overall, the focus on the curative properties of architecture, which Kirkbride stuck to until his death in 1883, became obsolete in the face of new medical discoveries pertaining to mental illness.<sup>44</sup>

Like Rothman, Reiss also mentions the overestimation of cure rates by insane asylum superintendents due to political and economic pressure as well as a stubborn sense of trust in the Moral Treatment Model.<sup>45</sup> Reiss more prominently demonstrates the absurdity of Moral Treatment through the claim that, “For doctors, monitoring and regulating the cultural lives of patients was an opportunity to convert their criticisms of nineteenth-century American life into medical practice” making the asylum into, “something of a laboratory for the purification of

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<sup>42</sup> Kirkbride, *On Hospitals for the Insane*, 58-59, 131; Yanni, *The Architecture of Madness*, 80, 105-106.

<sup>43</sup> Yanni, *The Architecture of Madness*, 121-122.

<sup>44</sup> Yanni, *The Architecture of Madness*, 142.

<sup>45</sup> Reiss, *Theaters of Madness*, 76.

culture and production of useful citizens who could live in modernity without being unstrung by its temptations, agitated rhythms, and destabilizing messages.”<sup>46</sup> Insane asylum superintendents claimed special knowledge of enlightened science and social authority over a certain sect of humanity, a place of superiority Reiss claims is partially based on medical readings of Shakespeare.<sup>47</sup> The various prose and scripts produced by the bard were interpreted in a way that allowed superintendents to construct and legitimize their idea that insanity was a disease of the brain and that this disease is based on environmental stress.<sup>48</sup> The poaching of Shakespearean concepts of mental health were essentially used to fill an institutional and ideological void of authority, on which Moral Treatment asylums required sole possession to sustain its socio-economic existence.<sup>49</sup>

Despite the ideological decline of the Moral Treatment Model in the wake of the Civil War in east-coast medical communities, the AMSAII still maintained legitimacy, particularly in the less developed Midwest. As industrial development and urbanization began in earnest in the 1870s, small scale state hospitals and poor homes and farms became overwhelmed with the insane and destitute flowing in from areas experiencing urban development. Wisconsin in particular sought to apply the Moral Treatment Model and the Kirkbride plan in a manner specific to Wisconsin’s needs for institutional relief. The 1881 Wisconsin Plan allocated state funds to counties to construct institutions, with Moral Treatment underpinnings, to care for the insane and destitute on a more local basis. Asylums were often built on land the county had already allocated to a small scale poor home or farm, combining aspects of the two previous

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<sup>46</sup> Reiss, *Theaters of Madness*, 79.

<sup>47</sup> Reiss, *Theaters of Madness*, 82-83.

<sup>48</sup> Reiss, *Theaters of Madness*, 86, 88.

<sup>49</sup> Reiss, *Theaters of Madness*, 93-95.

separate institutions. The next section will analyze the original intent and transformation of these institutions through the lens of Dane, Dunn and Winnebago County Asylum Poor Farms. I hope to demonstrate their acquired business like, economic-based features and argue that they were a microcosm of contemporary urban environments using secondary source analysis of said environments.

### **Profiting from Insanity: The Wisconsin Plan and its Consequences**

The Wisconsin plan was an idealistic attempt to amend the well-known, underlying contradictions of Moral Treatment. Through a process of institutional diffusion and delegation of authority to the county level, Wisconsin political leaders believed they could relieve the three state hospitals of overcrowding, a problem due to a large number of chronic insane, and work on instituting advanced curative programs.<sup>50</sup> The chronic insane and destitute were considered to be a decent match as neither were considered salvageable members of society and thus they could co-exist in a nominally separated environment. The idea of chronic insanity, mental or physical incapacity that could not be cured with current medical science, turned out to be a downfall of the Moral Treatment Model, which assumed that most cases could be quickly cured. While antiquated Moral Treatment techniques were applied in the county system, acknowledgement was given that they did not actually qualify as mental health treatment.<sup>51</sup> This then begged the question of what the exact nature of these institutions was and if they could devise of a meaning besides, “acting as an escape valve in an otherwise congested system.”<sup>52</sup> The answer to this

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<sup>50</sup> Robison, *Wisconsin and the Mentally Ill*, 112-113.

<sup>51</sup> Thomas G. Ebert, “Treatment of the Insane in Wisconsin: A Case Study of Two County Asylums 1890-1933” (PhD, University of Wisconsin-Milwaukee, 1998), 72-73, 75.

<sup>52</sup> Ebert, “Treatment of the Insane in Wisconsin,” 76.

question became clear starting in 1890 as the idle inmates of these stagnant institutions began to be exploited for their labor power to the benefit of the county administration.

In the Wisconsin county system, superintendents and Boards of Trustees were not doctors and usually had no medical background. Rather they were usually small-time politicians, bureaucrats or local land owners whose connections with the County Board of Control usually earned them their well paying and satisfactorily prestigious positions. This was true of all of the cases I analyzed as Mr. John Charles of Dunn County, Mr. J.P. Edwin of Dane County and Mr. E.E. Manuel of Winnebago County were all area land owners who became superintendents. No full-time doctor was kept on staff at any of their institutions. It is curious, then, that the aspect of labor at Wisconsin County Asylum Poor Farms was reinforced as a curative method based on the Moral Treatment Model, which advised light but regular work as part of creating a regularized and healthy routine for patients. This usually amounted work in vegetable gardens, small shops or vocational training for the poor, rather than heavy labor for a profit.<sup>53</sup> Contradictions become clear through this lens, as the County Asylum Poor Farms were admittedly not intended to be curative institutions, but expounded the reasoning of curative methodology to rationalize their use of inmate labor. Thus, the Wisconsin Plan, which intended to revive the Moral Treatment Model through the separation of the chronically insane from the curable and spread the financial burden of relief more evenly among rural and urban areas, was exploited as a means of profiteering by county officials.<sup>54</sup>

While the superintendent lived at the institution and worked as the overseer and supervisor of operations, the Board of Trustees was responsible for the financial record-keeping

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<sup>53</sup> Reiss, *Theaters of Madness*, 32.

<sup>54</sup> Ebert, "Treatment of the Insane in Wisconsin," 79; Rothman, *The Discovery of the Asylum*, 22-24.

and business decisions of the County Asylum Poor Farm. Based on the ledgers of their meeting minutes, which included extensive and complex financial records and monthly auditing of the institutions accounts, one can detect the intention to operate the institution as a business and to accumulate as much of a profit as possible. This interpretation is backed up by Ebert who states, “The Board of Control as early as 1894 had commented about the practice in its General Report: If there is any criticism to be made on the county asylum system it comes from the fact that county authorities are inclined to make their asylums not only self-sustaining, but a means of revenue to the county.”<sup>55</sup> County authorities were empowered by the Wisconsin Plan of 1881 to seek funding from the state to improve the economic prospects of their existing institutions to increasing county revenues.

The early 1890s saw reports by Boards of Trustees that the present accommodations for the poor and insane were unsubstantial and that new buildings would be required. Winnebago

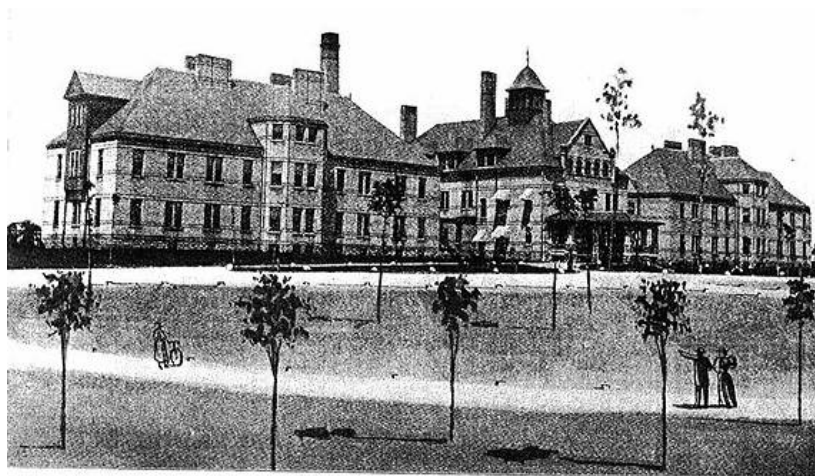


Figure 2: A final drawing of the Winnebago County Asylum building. Image courtesy of asylumprojects.org.

County Secretary L.J.

Pinkerton wrote in his 1890 annual report that, “The subject of a new and separate building for the care of the insane has henceforth been urged of the State Board of Charities and Reforms but the removal of the laundry

works and root cellar from the basement has so improved the condition of things, that they are

<sup>55</sup> Ebert, “Treatment of the Insane in Wisconsin,” 113.

now willing to approve the present building as sufficient for the next few years. The matter of drainage however is still unsatisfactory.”<sup>56</sup> The 1891 annual report carried a similar but more urgent request for a new building with an emphasis on increasing the institution’s capacity and constructing the proper drainage infrastructure.<sup>57</sup> L.J Pinkerton’s report from the trustees emphasized that many surrounding counties had been allocated funds to construct new buildings under the Wisconsin plan and that it would be ideal for the county to raise the maximum capacity for inmates. The year 1893 saw the erection of such a building after the state allocated \$60,000 to have a local architect, William Waters, construct a small Kirkbride style institution, shown in figure 2. An additional \$7000 were allocated to Winnebago County in 1900 to further increase the capacity of the asylum by adding new wings in accordance with the Kirkbride Plan.<sup>58</sup>

Dane County also received an unspecified amount of funding in 1893 after a feisty annual report the year earlier by Superintendent J.P. Edwin reported,

There are now and have been for some time several chronic patients in the hospital whom we have been compelled to reject for want of proper facilities for caring for that class of patients...I deem it my duty, therefore to say that in my judgment the near future will require such an extension to our present building with a few minor changes in what we now occupy as will afford additional accommodations for two special classes: the aged and feeble, and the noisy and violent.<sup>59</sup>

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<sup>56</sup> L.J. Pinkerton, Annual Report of the Winnebago County Asylum and Poor Farm Board of Trustees to the Winnebago County Board of Control, 1890, p. 16, (Winnebago Series 61, Box 1, Folder 2), Winnebago County Asylum, County Home and Poor Farm records, 1867-1969, Archives and Area Research Center, Polk Library, University of Wisconsin-Oshkosh.

<sup>57</sup> L.J. Pinkerton, Annual Report, 1890, p. 16.

<sup>58</sup> Winnebago County Asylum Board of Trustees minutes, ledger, 1889-1910 (Winnebago Series 61, Box 1, Folder 3) March-June 1900, p. 97-98, 100, 102.

<sup>59</sup> J.P. Edwin, Annual Report of Superintendent to the Dane County Board of Control, 1892, (Dane Series 310 Box 1 Folder 3), Asylum Records and Minutes 1884-1924, Dane County Hospital and Home Records, 1854-1985, Wisconsin Historical Society, Division of Library, Archives, and Museum Collections.

The trustees further clarified the remarks of the superintendent in their report, stating that instead of expanding and improving the current structures, funding for a new building should be allocated if possible.<sup>60</sup> It is noted in the 1893 report pertaining to the construction of the new building that the inmates were used to tear down the old poorhouse buildings and used the materials to construct an ice house, hog house, corn crib, and slaughter house for the use of the institution.<sup>61</sup> However, a fire in 1895 destroyed an entire wing and required the reconstruction of much of the institution, which was done along the lines of a linear model rather than strictly a Kirkbride, shown in Figure 3.<sup>62</sup>

Finally, the records of the Dunn County Asylum Building Commission show that the county had only established a poor home in 1889 and was eager to receive funding for the purchase of land and the construction of a modern asylum building in 1891.<sup>63</sup> The Building Commission spent its first \$6000 on purchasing adjacent farm land from Knapp, Stout and Company, spent \$35,783 on the construction of the building itself and paid out various amount for the readying of the farm in preparation for the arrival of inmates to work it. This included \$100 to E.A. Benson for the construction of a barn, \$57.60 to the Haefern Brothers for the tilling of the fields, and additional farm land purchased from Henry Hartford for \$500.<sup>64</sup> The building was finally ready to receive patients on January 30<sup>th</sup> 1892 and superintendent Charles and the board of trustees were eager to see the considerable expenses of the project yield revenues for the

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<sup>60</sup> J.S. Meyer, Board of Trustees report to the Dane County Board of Control 1892.

<sup>61</sup> J.P. Edwin, Annual Report of Superintendent to the Dane County Board of Control, 1893.

<sup>62</sup> Dane County Board of Trustees Minutes, ledger, 1884-1917, (Dane Series 310, Box 1, Folder 4), Asylum Records and Minutes 1884-1924, Dane County Hospital and Home Records, 1854-1985.

<sup>63</sup> Dunn County Building Commission Minutes 1891, ledger, (Dunn Series 166, Box 4, Folder 2) Dunn County Health Care Center Records 1891-1978, March 21<sup>st</sup>, p. 5.

<sup>64</sup> Dunn County Building Commission Minutes 1891-1892, August 8<sup>th</sup>, p. 14, November 14<sup>th</sup>, p. 21, December 8<sup>th</sup>, p. 21, January 23<sup>rd</sup>, 1892, p. 23.

county.<sup>65</sup> No further structural additions were made to the asylum building itself during the era of economic management but the building, which could house up to 200 poor and insane, was designed to fit the Kirkbride Plan, as can be seen in figure 4.

While it is most certainly the case that county institutions sought to expand to meet the needs of a growing population of insane and destitute people, there are identifiable ulterior motives to the physical growth and modernization of asylum buildings themselves. Carla Yanni argues that the design of these Kirkbride style buildings enforced the autocratic administration of superintendents and helped to better organize and segment a population of potentially uncooperative laborers.<sup>66</sup> The aging and often dilapidated farm houses that previously were used as the county poor home were ineffective in terms of being able to manage inmates as laborers.<sup>67</sup> The increase in inmate capacity was also important not only for utilitarian reasons of supporting larger populations of individuals being placed in the asylums but also from the perspective that more inmates meant more workers.



Figure 3: Dunn County Poor Farm and Asylum building. Central structure was home of superintendent and family while wings were occupied by inmates. Image courtesy of [www.dunncopottersfield.com](http://www.dunncopottersfield.com)

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<sup>65</sup> Dunn County Building Commission Minutes 1891-1892, 33-34.

<sup>66</sup> Yanni, *The Architecture of Madness*, 7, 15.

<sup>67</sup> Yanni, *The Architecture of Madness*, 49.

Individuals were being committed for a wide range of reasons by 1890, not only physical or mental incapacity, but poor immigrants who were “mental aliens” and individuals experiencing a wide array of social problems that were at least somewhat fit for work.<sup>68</sup> Even able poor, who had previously been seen as a group that did not deserve indoor relief and were expected to be driven away by harsh conditions and a routine of heavy labor, regularly made up a portion of County Asylum Poor Farm populations.<sup>69</sup> Dunn County kept a log of inmates who labored during the year, with as many as 110 out of 165 inmates being put to work in 1893 and 104 out of 155 in 1908 being put to work.<sup>70</sup> Records from Dane County show that a consistent number of inmates who were “not disabled by any means” stayed in the asylum and most likely labored in 1890-1900 and again in 1914-1920.<sup>71</sup>

While asylum buildings themselves expanded and modernized under the Wisconsin plan, so too did asylum lands and the industries that developed on them. As early as 1885, the Dane County poor house was purchasing surrounding farm land and being reimbursed by the state for such through the annually submitted county budget.<sup>72</sup> In 1894 the 60-acre Sherer farm was purchased and put immediately under cultivation during that same growing season.<sup>73</sup> Winnebago County bought the adjacent Rich Farm for \$6,000 in 1914 and then lobbied for the funds to purchase additional land in 1915.<sup>74</sup> In 1918 the Klise farm was rented on a long term lease

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<sup>68</sup> Ebert, “Treatment of the Insane in Wisconsin,” 119, 123.

<sup>69</sup> Katz, *In the Shadow of the Poorhouse*, 18, 22, 33.

<sup>70</sup> Dunn County Annual Audit and Inventory Report (Dunn Series 166, Box 4, Folders 2-6), Dunn County Health Care Center Records 1891-1978.

<sup>71</sup> Dane County Annual Certified Statements of the Chronic Insane, 1889-1920, (Dane Series 310, Box 1, Folder 1), Dane County Hospital and Home Records, 1854-1985.

<sup>72</sup> J.P. Edwin, Annual Report of Superintendent to the Dane County Board of Control, 1885.

<sup>73</sup> Dane County Board of Trustees Minutes, June 6<sup>th</sup>, 1894, 159-160.

<sup>74</sup> Winnebago County Asylum Board of Trustees minutes, December 31<sup>st</sup>, 1914, September 23<sup>rd</sup>, 1915, 48, 54.

directly to the County Asylum Poor Farm.<sup>75</sup> In terms of total acres of Land, Dane County has the best kept records as the institution started with 205 upon its establishment and increased to 402 in 1890, 444 I 1891, 525 in 1895, and topped out at 625 in 1905.<sup>76</sup> In Dunn County, the large tracts purchased from Knapp, Stout and Company appear to have remained sufficient for agricultural production as no land additions were recorded.

Land expansion was not the only mechanism for increasing production and profit as brand new machinery, buildings and multitudes of livestock were added to the inventory of County Asylum Poor Farms. Among these transactions, bargaining and weighing of bids was prominent in discussion as indicated by the boards of trustees meeting minutes and the board did not mess around when it came to business. When it was found in 1914 by the Trustees of the Winnebago County Asylum that Mr. Tom Wiley, who was contracted to sell excess hay grown at the asylum, had come up \$10 short on his last payment, the trustees interrogated him and seized \$35 plus the \$10 he was short, ending their contract with him.<sup>77</sup> Starting in 1904, the Winnebago trustees went about modernizing their agricultural practices, purchasing a 10 horse power engine in 1904, installing an industrial wash room and expanding living quarters in 1911 under the direction of architect F.T. Stark, adding a pig pen and new stock barn as well as starting a bakery in 1914, electrifying the main barn to run a feed grinder in 1915, and buying a tractor, truck and team of “strong grey horses” in 1916-1917.<sup>78</sup>

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<sup>75</sup> Winnebago County Asylum Board of Trustees minutes, March 14<sup>th</sup>, 1918, 79.

<sup>76</sup> Dane County Annual Certified Statements of the Chronic Insane, 1890, 1895, 1905.

<sup>77</sup> Winnebago County Asylum Board of Trustees minutes, September 30<sup>th</sup>, 1914, 44.

<sup>78</sup> Winnebago County Asylum Board of Trustees minutes 1889-1910, April 7<sup>th</sup>, 1904; Winnebago County Asylum Board of Trustees minutes 1911-1929, (Winnebago Series 61, Box 1, Folder 4), 132, January 25<sup>th</sup>, 1911, 3, January 2<sup>nd</sup>, 1914, 34, April 30<sup>th</sup>, 1913, 36, October 31<sup>st</sup>, 1914, 45, February 27<sup>th</sup>, 1915, 50, June 30<sup>th</sup>, 1916, 64, January 31<sup>st</sup>, 1917, 69.

Dane County also kept extensive records of their equipment and livestock inventory and demonstrated that large scale economic operation had been implemented, exceeding the means of subsistence for the institution. By 1893, the fall inventory accounted for 7 horses, 42 milk cows, 2 bulls, 11 two-year old cows, 12 one-year old cows, 14 spring calves, 7 veal calves, 57 hogs, 900 chickens, all at an estimated value of \$3680. Farm equipment came out to a worth of \$891 and the buildings and fields occupying 407 acres was valued at \$76,000.<sup>79</sup> The grand total of assets of the institution was that year was \$8,9747.86. This total grew consistently, topping out at \$116,393.18 in 1913.<sup>80</sup> The trustee's ledger also contradicts the records submitted to the state on profits from the sale of farm produce The number submitted to the state was \$450.72 while the ledger states \$2005.00 was earned from the sale of farm products. This may indicate falsification of records and profiteering.<sup>81</sup> This type of petty graft and corruption was not unique or surprising pertaining to public poor farms.<sup>82</sup> Dunn County took expansion even one step further by leasing a dairy at the nominal price of \$1, in which inmates could be put to work producing cheese and milk for sale by the county.<sup>83</sup>

The farm profits speak for themselves. Winnebago was extremely success in maintaining a high profit margin, bringing in consistently large returns, as much as \$9,673.84 in 1920, \$6,503.52 in 1917 and \$3,632.27 as early as 1912.<sup>84</sup> The Winnebago farm profits are also striking when compared to the amount spent on care for the inmates. The profits in 1920 come

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<sup>79</sup> Dane County Board of Trustees Minutes, September 26<sup>th</sup>, 1893, 134-136.

<sup>80</sup> Dane County Annual Certified Statements of the Chronic Insane, 1893, 1913.

<sup>81</sup> Dane County Board of Trustees Minutes, September 26<sup>th</sup>, 1893, 152.

<sup>82</sup> Katz, *In the Shadow of the Poorhouse*, 26, 34.

<sup>83</sup> State of Wisconsin. Dunn County. Agreement between Asylum Board of Trustees and J. Russell and Violeta Brown. *Lease of Lucas Co-Operative Cheese Factory No. 1 to Dunn County*, March 17<sup>th</sup>, 1917.

<sup>84</sup> Reports of Expenditure and Incomes of Winnebago County Asylum and Poor Home, 1894-1911, annual financial records, (Winnebago Series 61, Box 2, Volume 6), 1912, 1920.

out to roughly \$6,000 more than was spent on care for the insane and poor, a consistent trend throughout the period where statistics are available.<sup>85</sup> Dunn County also shows a distinct upward curve of profits, starting with only \$110.36 in 1895, it had made \$1849.66 by 1900 and \$6388.66 by 1903, topping out at \$6648.01 in 1911.<sup>86</sup> Dane County did significantly less well and experienced several setbacks in the plans of the Board of Trustees and Superintendent to profit from the farm. They did however receive triple digit revenues in 1891, 1902, and 1905. The records indicate that all proceeds from the sale of farm produce and other materials were kept by the asylum and reported to the County Board of Control, which then reported it as part of a general county revenue to the state in the annual budget. This allowed the county to hide these revenues from the state and assure continued reimbursement for institutional expenses, thus lining the pockets of the Board of Trustees, Superintendent and county authorities.<sup>87</sup>

This mass of data is never ending and could be subject to even greater analysis and interpretation. However, I believe that I have thoroughly shown that these County Asylum Poor Farms were run like businesses rather than treatment centers and that the free labor that was readily available was exploited for profit by county authorities. Though county authorities do not allude to any form of neglect in their records, one must question the curative capacity of physical labor and how this may affect the various ill, disabled and mentally incapacitated that were put to work by force.<sup>88</sup> The industrial laundry stations that were available to county residents at a cost, the the produced clothing and shoes from shops, and the agricultural products from the farms were all sold at a profit while the inmates lived at subsistence levels. Their labor, after all was

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<sup>85</sup> Reports of Expenditure and Incomes of Winnebago County Asylum and Poor Home, 1920.

<sup>86</sup> Dunn County Annual Audit and Inventory Report, 1895, 1900, 1903, 1911.

<sup>87</sup> Ebert, "Treatment of the Insane in Wisconsin," 162.

<sup>88</sup> Ebert, "Treatment of the Insane in Wisconsin," 149.

viewed as a commodity, and if more was needed to fulfill the economic expectations of the trustees, they could simply have the state hospital ship them more chronic cases to be put to work.<sup>89</sup> Labor was not voluntary or light as was suggested in the Moral Treatment Model; rather it was reinforced as mandatory for all those able by the State Board of Control in 1907.<sup>90</sup> If inmates were going to exist in the asylum and were minimally capable of accomplishing simple tasks, they were coerced through threats of a decline in living conditions and sometimes violence.<sup>91</sup>

### **Asylum Poor Farms: A Microcosm of Urban Industrial Society**

In this final section I will advance the argument that the pursuit of profits, exploitation of labor and use of mechanisms to control labor on Wisconsin County Asylum Poor Farms largely mirrored the same practices utilized by industrial capitalists during the same period. While both Rothman and Reiss identify the Jacksonian period of industrialization as the crucial period of economic growth and the establishment of wage labor, this type of industrialization did not reach the Midwest until after the Civil War.<sup>92</sup> Along with massive population growth in Wisconsin, increasing from 1,693,000 in 1890 to 2,939,000 in 1930, labor relationships in the industrial sector were still reeling from the 1871 economic decline which put millions out of work and gave industrial capitalists the upper hand when dealing with their employees.<sup>93</sup> The growth of population across the country, including large numbers of immigrants coming from Europe, created a surplus of unskilled labor, driving down wages and demand for workers as demand

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<sup>89</sup> Ebert, "Treatment of the Insane in Wisconsin," 151.

<sup>90</sup> Ebert, "Treatment of the Insane in Wisconsin," 154.

<sup>91</sup> Ebert, "Treatment of the Insane in Wisconsin," 159-160; Katz, *In the Shadow of the Poorhouse*, 32.

<sup>92</sup> Reiss, *Theaters of Madness*, 10, 105; Rothman, *The Discovery of the Asylum*, 120, 124.

<sup>93</sup> Ebert, "Treatment of the Insane in Wisconsin," 167; Gutman, *Social Economic Structure and Depression*, 21.

could not keep up with production.<sup>94</sup> Labor conditions were also highly unregulated and many of the unskilled worked in wretched, dangerous places and only took enough home for subsistence.<sup>95</sup>

Wage work was a novel part of industrialization and was a key aspect in the creation and perpetuation of class divisions, between a rich owner and largely expendable worker. Labor power had become a commodity and the new economic relationships were drastically different than they had been 50 years earlier, when economic production and exchange were conducted in the colonial style. Laborers were now coerced more violently than ever to work harder and longer under worse conditions than they ever had before and the return was the basic maintenance of life, no prospect of upward mobility and no escape except for death or the asylum.<sup>96</sup> Workers that advocated for better conditions were fired or thrown in jail, strikers and organizers were broken up by militias or the police, new contracts forbade union membership and attempted to bring the personal lives of workers under greater and greater control, including where they shopped, what they ate and where they lived.<sup>97</sup> Laborers were physically subdivided and segregated as capitalists sought to sow intra-class divisions along lines of nationality, race and relative skill.<sup>98</sup> Overall, “the process of rapid industrialization, shaped by laissez-faire economic thought and driven by a desire for cheaper and more efficient productive methods, was both painful and costly. In spite of the comfortingly tangible evidence of material progress, the distribution of wealth was hardly equitable.”<sup>99</sup>

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<sup>94</sup> Gutman, *Social Economic Structure and Depression*, 6, 10-11, Rothman, *The Discovery of the Asylum*, 205.

<sup>95</sup> Katz, *In the Shadow of the Poorhouse*, 7.

<sup>96</sup> Gutman, *Social Economic Structure and Depression*, 20.

<sup>97</sup> Gutman, *Social Economic Structure and Depression*, 44, 89.

<sup>98</sup> Gutman, *Social Economic Structure and Depression*, 224.

<sup>99</sup> Gutman, *Social Economic Structure and Depression*, 277.

In Wisconsin specifically, Milwaukee's rapid population growth in the 1880s was spurred by growing trade and transportation convenience, bringing an influx of German and Irish immigrants and increasing the city's population to 250,00 by 1900. This influx increased populations of smaller cities and towns across Wisconsin and created an array of industrial environments.<sup>100</sup> In Milwaukee, and many cities and towns, industrialization shaped physical living conditions as small, diffuse homesteads were replaced by crowded, balkanized tenements or large apartment complexes where workers at single industrial sites all resided.<sup>101</sup> This domination of labor throughout the history of the United States, especially during periods of unregulated industrialization, indicate just how sweeping the control that employers had over masses of unskilled laborers really was. Inhumanity in the name of profit was normalized as, "The condition of the wage earner on his job was viewed with business-like acumen by most employers. Matters like the length of the working day, the intensity of the normal work load, the regularity of wage payments, and the discipline necessary for factory production were dealt with as necessary economic costs. The same was true with regard to safety provisions and general health and sanitary conditions surrounding a given job."<sup>102</sup>

Based on the brief but descriptive analyses given by Gutman and Richards, there are many parallels that can be drawn to back up the thesis of this paper, that Wisconsin County Asylum Poor Farms were not only the necessary extensions of the inhumanities of unregulated industrial society but were also microcosms of it. Inmates were forced to labor just for subsistence and were coerced into subservience with threats to their well-being and condition

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<sup>100</sup> Patricia B. Richards, "Unknown Man no. 198: The Archaeology of the Milwaukee County Poor Farm Cemetery" (University of Wisconsin-Milwaukee, 1997), 51.

<sup>101</sup> Richards, "Unknown Man no. 198," 62-63.

<sup>102</sup> Gutman, *Social Economic Structure and Depression*, 300.

within an institution which they could not leave. The profit of the institutions was not their profit and they did not benefit from the economic expansion that took place in the 1890-1920 period. Rather, the institution allowed them to exist for the price of their labor and provided some relief. William Gogshall from Dunn County, through the medium of his journal, wrote almost exclusively about his participation in the agricultural practices of the institution and seems mostly bored or uncomfortable in his environment. At one point, in between talking about crops and cattle, he takes to listing the distance he is from several other cities across the country, as if he wishes very badly to get away.<sup>103</sup> He also expresses dismay at the rather poor treatment of an old man who laid dying after a fall down the stairs and received no immediate attention from the staff.<sup>104</sup> Further, Wisconsin institution inmates like Rose Trautman and Frank Delilez alleged outright abuse and considered their incarceration to be in a similar vein to slavery.<sup>105</sup>

While the perceptions of inmates are important in analyzing labor relations, it is not necessary to embark into great detail as the universal disdain toward these institutions and the various abuses inmates experienced while incarcerated in them are thoroughly recognized. Rather, the underlying operational misdeeds that I have attempted to bring to the forefront is that of economic organization and how the deplorable conditions experienced by late 19<sup>th</sup> and early 20<sup>th</sup> century industrial laborers were experienced similarly by inmates at Wisconsin County Asylum Poor Farms. This specialized form of indoor relief grew out of the Jacksonian

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<sup>103</sup> William Gogshall, *Patient Diary 1915-1916*, Dunn County Healthcare Center Records 1891-1978, (Dunn Series 166, Box 4, Folder 4), various entries.

<sup>104</sup> William Gogshall, *Patient Diary 1915-1916*, undated, 32.

<sup>105</sup> Rose Trautman, *Wisconsin's Secret Shame: Insane Asylums or, The America Bastile! The Narrative of the Kidnapping of the Misses Trautman of Sauk City, Wis., on a Sunday Afternoon and Running of Them into an Insane Asylum. Their Two Years Shocking Experience as Written by Themselves*, (Chicago: Guiding Star Publishers, 1892), 12, 16-17, 27-28, 42; Francis Delilez, *The True Cause of Insanity Explained how it is Impossible for the Doctors to Cure the Insane by Medical Appliances, How the Patients are Wretchedly Treated in the Insane Asylums, the Only Reasonable Treatment to Cure Insanity Given; or The Terrible Experiences of an ex-Insane-A Patient for 18 months of the Northern Wisconsin Hospital for the Insane*, (Fond du Lac, Wisconsin: P.B. Haber Printing House, 1890).

enlightenment and economic revolution and the Moral Treatment Model which developed to fill the vacuum of medical thought. The primary concern of Moral Treatment was to remove the insane and destitute from the overstimulating and damaging modern urban industrial environment and cure the physical damage to their brains. The treatments derived from, and socio-economic results of, Moral Treatment turned out to be baseless, leaving institutions established around their line of thought to find their own way. The development of the Wisconsin Plan and delegation of administration and authority to the county level sought to overcome some of the problems of moral treatment but resulted in the exploitation of inmates' conditions of helplessness. In this way, these institutions came to clearly resemble the stressful, exploitative, urban industrial environments which Moral Treatment sought to alleviate individuals from in the first place.

So who does profit from insanity? In terms of the scope of this paper, the compiled data of dozens of institutional reports, financial ledgers and meeting minutes prove without a doubt that county authorities profited and prospered explicitly because the authority invested in them over society's helpless allowed them to exploit their free labor power and incarcerated status for their own gain. The classically recognized exploitation of a class which is treated as socially, mentally, culturally and physically inferior in every way, at the hands of richer, better educated and more powerful men, is normalized in many of the institutions analyzed in this paper. From early poor houses, work houses and asylums to Moral Treatment and Kirkbride facilities, all the way to adapted county level asylum farms for the chronic insane, there is continually the presence of a superiority complex of the jailers over the jailed. Comparatively, this is an extraordinarily similar complex that existed, and to a degree still exists today, in urban industrial society, where a superior class of bourgeoisie uses its acquired socio-economic power to exploit

the labor of those who are weak and subdivided, for their own profit. In this way, Wisconsin County Poor Farms and Asylums were microcosms of urban industrial society in the 1890-1920 period.