

affairs or visiting prostitutes? It is here that questions arise as to the worthwhileness of the reformers' work. I believe that, in this respect, the reformers did hundreds of Wisconsin women a disservice over its forty-five years of operation.

In Table No. 14, the statistics illustrate several different lengths of sentences given to the inmates of the *WIHW*. Most of the women were given indeterminate sentences, or sentences that states they would be there "until cured" or "until transferred." These would apply to the women who were there for pregnancy or for venereal disease treatment, and many of the inmates from the Industrial Home for Girls who would return there for the completion of their sentence. However, a rather substantial portion of the women served one year (50 of 245 women) or sentences which allowed them to be released after one year (See Figures 5-8 in the Appendix).

Finally, in Table 15, I examined the parole records of the women. There were many different ways for women to leave the reformatory before the completion of their sentence. Some, due to good behavior and the willingness of someone to become their guardian, were paroled. These women, 58 of 245 women, were still under the court's supervision until the end of their sentence, but they were allowed to return to society. Others succeeded in pleasing the court with their "new" behaviour and were discharged early—92 of 245 women. However, 11 of the women cut their sentences short by escaping—although most were caught and returned (see Figures 5 & 6 in the Appendix). Of those women paroled early, 9 broke their parole agreements and were returned, and of those discharged, 4 were rearrested and resentenced to the

reformatory. The rest of the women, due to their physical or mental condition, were placed in other state institutions.

Therefore, the women at the *WIHW* were incarcerated within a state institution that strove initially to give them an environment that differed from the prison. Run by women, the *WIHW* promoted homey cottages, beautifully landscaped grounds, and various educational activities to teach inmates new mental and physical skills to prepare them for a new life on the "outside." They were women who came from all walks of life—many of whom were well-educated and well-trained in a profession. Although the Progressive reformers of Wisconsin believed that they were helping rid Wisconsin of undesirable women and were reshaping those undesirable women into socially acceptable counterparts, I believe that the reformers and the reformatory failed to "do right" by many of clients. So many of them did not belong there, did not deserve to have even one month of their lives taken away by the state. Reformers did a disservice to those women who were living their lives as best as they could, many with abusive relatives. How could the reformers believe that they were correcting social ills and reshaping the morals of many of the sexual offenders when many of the "sexual offenders" were often the victims of sexual abuse? Why weren't the men responsible for their venereal diseases, pregnancies, and illegitimate children incarcerated and taught new morals and values? Isn't it possible that many of the women who made a foolish mistake in an inexperienced love relationship were later exposed to women in the reformatory who had done things much worse? Reformers, in their middle-class, educated wisdom, may have done irrevocable damage to hundreds of women

in Wisconsin because of their own misplaced morals and values. These questions deserve further study in the future.

Although the *WIHW* was originally based on the model at Bedford Hills, New York, Wisconsin's reformatory developed a very crucial difference: a strong emphasis on the routine testing for venereal diseases, and its cure. In the following chapter, I intend to argue that the state of Wisconsin had an overwhelming interest in controlling venereal disease even before the *WIHW* was built, and that this prior interest focused the *WIHW* on arresting and curing women who had venereal diseases. This emphasis would win it a classification known as "the medical model reformatory."

Wisconsin Deviation from the Bedford Reformatory

A special aspect of Progressive reform was an interest in venereal diseases. Physicians during this time saw the problem of venereal disease as a way to clearly "define moral order" and as a route to "growing reliance on technical expertise" (Brandt 8).

Although physicians had been studying venereal diseases, especially syphilis, since the late 1800s, they did not become overly alarmed about its degenerative effect on the American family until 1907, when immigration officials began to worry about incoming nationalities spreading their diseases to "clean" American communities. Reformers, especially those who belonged to the American Society for Social and Moral Prophylaxis, began to fear that immigrants were not the only people who could spread venereal diseases. Americans must also fear contraction of venereal diseases in foreign countries where the American military was stationed (Brandt 20).

In order to prepare service men for the dangers of disease that lurked in foreign prostitutes prior to American involvement in World War I, "social hygienists and Progressive reformers...sought to devise a program that would create a new army, physically fit and morally upright" (Brandt 53). Pamphlets, movies, and lectures became Progressive and American military artillery against venereal diseases. There was, however, a push from Progressive reformers to strike closer to heart of the problem--the

elimination of "red-light districts" --houses of prostitution (Brandt 72). As Stokes states, "to drain a red-light district and destroy thereby a breeding place of syphilis and gonorrhoea is as logical as it is to drain a swamp and destroy thereby breeding place for malaria and yellow fever" (105).

In Wisconsin, the Progressive push to eliminate the threat of venereal diseases was aimed primarily at the general public and specifically at the Wisconsin male. Eventually, as America drew closer to involvement in both World War I and World World War II, reformers pushed for the incarceration of prostitutes and the seizing of "red-light" districts. Here then, was Wisconsin's route to the elimination of venereal diseases, and, inadvertently, its subsequent deviation from the eastern model reformatories.

By 1913, the Wisconsin legislature passed a law that zeroed in on the subject of venereal disease. Although Wisconsin was a bit behind the rest of the country in dealing with venereal diseases, once they began, their commitment was tenacious. Surprisingly, the law, Chapter number 73B in the *Wisconsin Session Laws of Wisconsin, 1913*, looks to

Happiness Ahead
—for the Healthy
but not for
the Diseased

**Get Full Medical Examination
For VD Before Marriage**

the male as the most (See Figure 7). likely carrier of venereal diseases. The law was created to force males who were applying for their marriage license to submit to a venereal test fifteen days prior to the date of their wedding—the test had to prove they were uninfected before they could receive their marriage license (Wisconsin Session Laws, Acts, Resolutions, and Memorials, 1913, 1060)

Fig. 7. Poster warning couples, rather than just the male, to be checked for venereal diseases before marriage, in Allan Brandt's No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880. New York, New York: Everton Pub., Inc., 1965, 148.

In 1915, the 1913 law was amended, and specific tests for gonorrhoea were to be done at the request of any doctor "by the State Laboratory of Hygiene free of charge" (Wisconsin Session Laws, Acts, Resolutions, and Memorials, 1915, 695). The law also stated that the Wasserman test was to be specifically used for the testing of the presence of syphilis, and could be taken at the "psychiatric institute at Mendota free of charge" (695).

By 1917, Wisconsin became even more clear about what it called "antenuptial physical examinations" (Wisconsin Session Laws, Acts, Resolutions, and Memorials, of Wisconsin, 1917, 377). As Chapter number 483 of the *Wisconsin Session Laws of June 28, 1917*, states:

No person who has ever been afflicted with gonorrhoea or syphilis shall be granted a marriage license in this state until such person shall furnish to the county clerk issuing the license a certificate from the director of the state laboratory of hygiene, or the state board of health [sic]... that the microscopical examination has been made and that the individual named in the certificate is not in the infective or communicable state of gonorrhoea...or in the infective or communicable stage of syphilis. Any person who shall obtain any such license contrary to the provisions of this section shall, upon conviction thereof, be punished by a fine of not less than one hundred dollars or by imprisonment in the county jail for not less than three months, or by both such fine and imprisonment. (798)

Therefore, Wisconsin legislators stressed that any male who suffered from gonorrhoea or syphilis needed to go through a physical to prove they were free from venereal diseases, specifically in either the communicable or infective stage. And, if they obtained a license without being properly tested, they could be fined or imprisoned. Much of the emphasis on the treating the male, at this point, comes from the general push across America from other Progressive reformers to keep men free from disease so that they could be in peak physical condition when they were signed up to fight Germany in World War I.

By 1918, it became evident that the state of Wisconsin wanted better reporting by physicians of Wisconsin citizens who were carriers of gonorrhoea or syphilis. Doctors who now saw and treated patients with venereal diseases were required by law, Chapter 9 of the *Wisconsin Session Laws, 1918*, to report such an examination and treatment to the State Board of Health in writing (13-16). Doctors were also now expected to take over the role of a sex counselor—advising infected patients against marriage and further promiscuous adventures until they were cured (13). Rather than allow men to marry,

despite a physicians knowledge of venereal infection, as was the case with many doctors in the early 1900s, Wisconsin decided to force doctors to report the disease so that clerks could not grant matrimonial licenses (Brandt 18).

Interestingly enough, this was the first year that the state legislature made mention of a woman who may have been infected. She was given the right to see a female physician if she so choses (14).

One may question why it never occurred to the legislature of 1913 to test both partners who wished to be married as possible candidates for venereal disease. The answer may be that physicians "felt women should be spared the degrading experience of receiving sexual knowledge" (Brandt 28). In other words, Victorian ideas about women's supposed apathy toward sex might make women very uncomfortable; hence, it was decided that venereal disease testing and therefore education about venereal diseases was so unpleasant to women that they should be spared. Brandt also notes that many physicians felt guilty about having covered up for husbands who brought venereal diseases to their new wives—they were afraid of the anger women would display once they realized that it was often the male, not the female, who was the cause of the deadly diseases (Brandt 16). It was also quite unthinkable at that time that young women about to be married would have had premarital intercourse: they were assumed to be virgins.

The 1918 law concerning venereal disease expanded previous laws by stating that any patient who stopped receiving treatment before they were past the communicable stage was to be summarily sent to either a "county or a state institution" (Wisconsin Session Laws, Acts, Resolutions, and

Memorials, 1918, 14). This was a key statement, because the Wisconsin legislature then saw venereally diseased people as worthy of penal punishment. From this 1918 law, it was only a short jump to imprisoning women in the *WIHW* for being venereally diseased with either gonorrhoea or syphilis. The law also states that "any person who shall violate any of the provisions of this...shall upon conviction *thereof be deemed guilty of a misdemeanor and* be punished by a fine of not more than...*five* hundred dollars or by imprisonment in the county jail for not more than *one year...*" (*italics not mine*) (16). Therefore, people refusing treatment for venereal diseases could now be imprisoned for failure to seek treatment.

By 1919, two years prior to the opening of the *WIHW*, Wisconsin firmed up its stance on venereal disease even more by issuing yet another amendment to the expanding venereal disease law. Local counties would now be responsible for curing indigent persons afflicted with either gonorrhoea or syphilis, and druggists who were not physicians were not allowed to "give, sell, prescribe or recommend to any person any drugs, medicine or other substances to be used for the cure or alleviation of syphilis, gonorrhoeal infection or chancroid..." (Wisconsin Session Laws, Acts, Resolutions, and Memorials, 1919, 403). This is significant because it shows that the legislature is worried about "quacks" attempting to cure a seriously dangerous disease which it is trying to eradicate. It also illustrates the desire of the legislature to keep the authority over venereal reporting and treatment in the hands of the doctor: if any pharmacist were to give out medication to someone who had not been checked and reported by a doctor, the state would not have accurate

reporting on numbers of cases of venereal disease, and patients might not use the medication correctly so as to cure themselves. It is also important to note that, in 1919, the state legislature made a direct statement about how it felt their laws on venereal diseases should be incorporated into the soon to open *WIHM*. As the *Wisconsin Session Laws, 1919*, Chapter 349, state:

The board of control [sic] shall equip and maintain one ward or department of the said industrial home with suitable hospital facilities for the treatment of women afflicted with venereal disease; and shall also equip and maintain a psychological laboratory for the study and treatment of mental disorders to which women and girls addicted to immoral practices are subject. Such females shall be committed for treatment and such industrial training as shall enable them to support themselves properly, and shall be subject to such examinations, treatments, operations and tests, under the regulations of the board as may be deemed necessary by the state board of health [sic] to improve their physical and mental condition. (455-456)

By making this statement in 1919, the Wisconsin legislature predestined the *WIHM* to become—from the day it first opened its doors—a medical model reformatory. The emphasis upon the acknowledgement, testing, and curing of venereal diseases, as well as the emphasis upon the Defective-Delinquent Movement by the addition of a psychological testing ward, created a reformatory which was fundamentally different from the reformatory at Bedford—the "model" reformatory in America. While the Bedford reformatory emphasized social reform, the *WIHM* emphasized medical reform.

Therefore, I feel it is abundantly clear that the *WIHM* was predestined to become a medical model because the progressive Wisconsin legislature, through its legislation from 1913 through 1919, emphasized the importance of testing

and treating both the general public and eventually women incarcerated in the *WIHW* for venereal diseases. It also, because of the provisions made for a psychological testing ward in the *WIHW*, emphasized the state government's faith in the Defective-Delinquent Movement as a way in which to determine why women became criminals. In the following chapter, I will examine why the *WIHW* fell into disuse after twenty-four years of service.

The Decline of Progressivism and the Death of the WIHW

George Mowery, a prominent historian of the Progressive Movement, believes that the primary reason for the nationwide decline of Progressivism between 1916-1920 was because "the groups supporting the central issues had run out of what they thought were permissible reforms" (Colburn and Pozzetta 174). Therefore, according to Mowery, reformers finally sensed that to push for any more reforms would stretch the patience of the public and local, state, and national governments. Prison reformers were able to accomplish much between 1893 and the mid 1920s. Women went from living in restrictive, archaic, dungeon-like prisons—where speech and eye contact were forbidden-- to the twentieth century reformatory— where women could be outside with nature, wear clothing that closely resembled street clothes, be medically examined and treated for illnesses, and engage in various forms of educational and physical exercise. It is not difficult to understand that conservative forces within society may have seen further attempts at lifting restrictions from female criminals as going "too far." What then, happened to Progressivism in Wisconsin, and how did that influence the future of the WIHW?

Just as Mowery saw a time when Progressivism began to taper off, Wisconsin historians also saw a time when Progressivism began to disappear. According to Herbert Margulies, the Progressive period in Wisconsin was dominated by Robert M. La Follette—a Republican governor in Wisconsin

from 1901 to 1906 (124). However, he asserts that the election of Emanuel Phillip to the governorship in 1915 ended the Progressive Era in Wisconsin (124). Apparently, Phillip and his followers were anti-progressive—once they gained a majority within the 1915 legislature, any and all Progressive reform legislation ceased (124). Although it is true that Progressivism in Wisconsin ended in 1915, it may have been noted that "Progressive" legislation pertaining to venereal diseases continued until to 1919 in Wisconsin. From 1911 to 1919, the desire to take care of venereal diseases in Wisconsin was adopted into Wisconsin's ideology and became separate from other Progressive reforms. Therefore, although other Progressive reforms would not pass the legislature after 1915, legislation dealing with venereal diseases *would* because it was an issue to which Wisconsin had developed a special attachment.

Another reason Progressivism ended in Wisconsin was because of "a fundamental disagreement among progressives as to the nature of the movement and strategy that was required" (Margulies 284). La Follette believed that man would always be fighting for Progressive ideals because corruption in politics, economics, and social inequities would always be present. Meanwhile, others both inside and outside of the Progressive Movement believed that Progressivism had already mended such corruption (284).

Finally, Margulies believes that Progressives were always short on money (285). As he states:

On a national level, they espoused sound money and the protective tariff.... On the state level, the reforms they sought, though important, were unimpeachably moderate. That Wisconsin was able to gain recognition as the leading progressive state on the

basis of so conventional a foundation was cause for wonder. (286)

In effect, Margulies is stating that, although Wisconsin was more progressive than other states, Wisconsin reformers were still fairly money conscious in their reforms. This becomes more clear if we remember that the legislature of 1911 did not pass a bill allowing for the construction of a reformatory because of too little money in the treasury.

What then, happened to the *WIHW*? Unfortunately, four major factors caused it to meet its demise in 1945.

One reason for the demise of the *WIHW* was the negative influence one superintendent had as she ran both the *WIHW* and the women's prison. Up until 1933, women who were second-time felons were sent to complete their prison terms at Waupun with the male criminals. This was because their crimes were too severe to qualify them for a commitment to the *WIHW*, and the fact that there was no prison at the time for women. Then, "after listening for ten years to the repeated requests of the Board of Control and Warden Oscar Lee of the State Prison, the legislature of 1931 appropriated funds for the construction of a prison for women on the grounds of the Industrial Home for Women" (Odegard and Keith 229) (See Figure 8).

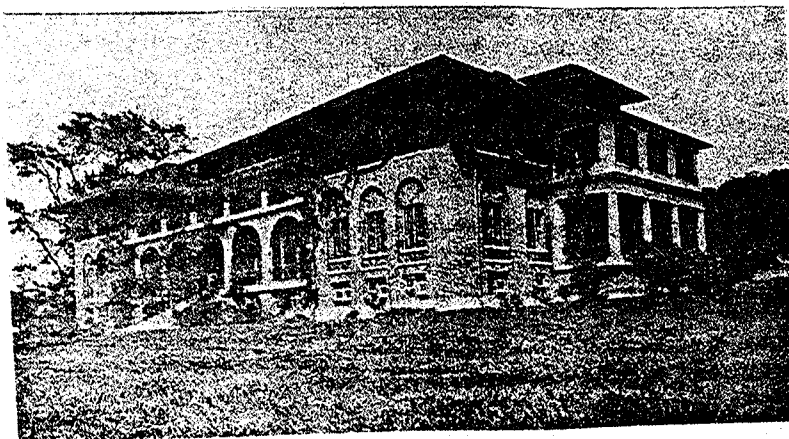


Fig. 8. Photo of the women's prison in Wisconsin, built on the same lot as the reformatory, in Odegard and Keith's A History of the State Board of Control of Wisconsin and the State Institution: 1849-1939, Madison, WI.: State Board of Control, 1939, 230.

Although the prison was to be built upon the same land as the *MIHW*, both institutions were to remain separate from each other but would be run by the same superintendent (Odegard and Keith 229). (See Figures 9 and 10).

Because both facilities were to be run by the same superintendent, the distinctions between the prison-punishment mentality and the reformatory-rehabilitation mentality began to blur. It would be impossible for the superintendent of the reformatory, Mrs. Elizabeth Prescott and later, Mrs. Marcia Simpson, not to allow the prison mentality of punishment—rather than rehabilitation—to enter into the walls of the reformatory. Therefore, the use of one superintendent to run both the reformatory and the prison allowed for prison punishment ideals to cross over into the reformatory, and for rehabilitative ideals to cross over into the prison. By bringing prison methods into the reformatory, much of the long arduous work of reformers to create a penal institution unlike the prison was destroyed.

There was, however, a more positive result attributable to the dual superintendancy. Although the *MIHW* did fall into disuse, a few of its ideals survived. How did this happen?

Figure 9.



Figure 10.



The vegetable gardens and cannery at the state prison for women and women's industrial home at Taycheedah are busy spots these days as inmates harvest and preserve in a stepped up production program, an important part of their

war activities work. A group from the industrial home is shown (top photo) sacking leeks, while (below) women from the prison stack filled cans and jars in the cannery building.

The whole purpose of the reformatory, according to the Bedford Model, was to treat women not as prisoners but as clients. Overall, the reformatory attempted to care for the total woman: physically, mentally, and socially. When the *WIHW* died in 1945, not all of its ideals died with it; rather, some were incorporated by the prison's superintendent, Mrs. Marcia Simpson (See Figure 11), and others who followed in her footsteps, into the day-to-day running of the Wisconsin prison for women.

Fig. 11. Photo of Mrs. Marcia Simpson. Lewis, Catherine. Unpublished Collection. 18 March, 1988.



This occurred because Mrs. Simpson had been a superintendent to both the *WIHW* and the women's prison concurrently. In all probability, Mrs. Simpson saw things she liked about the reformatory and attempted to utilize as many of them in the prison as she could, while still running the prison essentially for female felons. In an interview with Mrs. Catherine Lewis (See Figure 12), a former matron-guard and teacher at the *Wisconsin Home for Women*, Mrs. Simpson's attempt to "reformatize" the prison was substantiated. To begin with, Mrs. Simpson maintained (as had twentieth century reformers) that the women inmates be known as "clients" and *not* prisoners (Lewis interview). Mrs. Lewis notes very firmly that this rule was to be strictly observed by all who worked at the prison—particularly in front of the women themselves and visitors to the prison.

Fig. 12. Photo of Mrs. Catherine Lewis, from The Reporter,
Sunday, Aug. 24, 1986, Sec. E., 5.



Mrs. Lewis also noted, in an article in memory of Mrs. Simpson, that the clients had many opportunities for educational and recreational activities: "there were classes, chapel attendance, programs, musical choruses, book panels, U.W. Extension classes, recreation, programs, and celebrations on all holidays" (Lewis Collection). Although

the *WIHW* did not follow through on this, it made attempts to do so in the beginning. Mrs. Simpson was apparently very concerned that women in prison be able to support themselves once they left, and this would have been impossible had they not received some type of education. In keeping with the beautiful grounds of the reformatories, with their trees, lawns, and flower gardens, "Marcia Simpson believed that beauty and cleanliness went hand in hand....the grounds [were] beautifully cared for..., [and] visitors expressed both appreciation and amazement at the lovely surroundings" (Lewis Collection). Mrs. Lewis also remarked that, just as in the times of the *WIHW*, there was a deemphasis on supervision-- although it was a prison and guards were necessary, they seemed to be unobtrusive, making the clients and staff feel less closed in and watched (Lewis interview). Finally, Mrs. Lewis quotes an article that appeared in the *Fond du Lac*

Commonwealth Reporter after Mrs. Simpson's death, at age 85, in Pennsylvania:

[Marcia Simpson's]...recent death was a reminder to all who knew her that she was out in front of the evolutionary process of prison administration. She was not among those who believed that prisons were for warehousing society's troublemakers. Her enlightened goal was to give women who erred a chance for a fresh start. And in the years she served the people of Wisconsin, that's precisely what she did. (Lewis Collection)

Therefore, Mrs. Simpson carried on many of the ideals of the reformatory—ideals which had been cherished by Progressives of the early twentieth century. In doing this, Mrs. Simpson vitally changed the penal system for women in Wisconsin from a harsh, uncaring, punishing system into a more gentle, concerned, and rehabilitative system. If the *Wisconsin Industrial Home for Women* had never existed, one must wonder how long it might have taken Wisconsin to treat female prison inmates with humaneness and hope, encouraging them to better themselves so that they might succeed once they left the world of the prison?

Along with the influence of one superintendent for the two female penal institutions, an overcrowding problem appeared within the *prison* in late 1934 which also helped to bring about the downfall of the reformatory. In an unknown newspaper, an article entitled "Women's Penal Institution Overcrowded, State Warned," stated that a Dr. Goodland of Racine inquired if women in the home, not the prison, could be paroled early in order to provide more room for the inmates in the prison. (Wisconsin Home for Women—Corrections Scrapbook) By 1943, the two institutions, built to house 93 inmates, had crammed 138 into their facilities (Wisconsin

Home for Women--Corrections Scrapbook). In this instance, space was literally the reason for pushing out reformatory women--it would be interesting to know how many reformatory women lived with prison inmates in order to ease the overcrowding in the prison. Who can know the extent to which prison inmates negatively affected reformatory women? Many of the reformatory women had been committed for pregnancy--unlike the prisoners, who had committed murder and other felonies. Hence, the need for the Wisconsin Women's prison to use the reformatory to house its own inmates was a second factor in the demise of the reformatory.

A third reason that the *WIHW* declined is due to the heavy emphasis on the testing and treatment of venereal disease. This caused the reform and education of the women at the reformatory to become secondary, if virtually extinct. As Odegard and Keith state, "an effort to commence academic school work was started at the Industrial Home in 1924, but the institution was handicapped by the lack of school room and equipment" (229). This problem was aggravated by the assured space for the venereal disease and psychological testing areas, and a great deal of the reformatory's funding went into medical supplies and salaries for the medical personal. An example of the *WIHW*'s obsession with venereal testing can be seen through the tests administered to the women. Tests for venereal diseases were given when they entered the facility, two or three times yearly, and once before they left to ensure that none of the inmates were infected and could spread the disease to upstanding Wisconsin citizens (Department of Public Welfare 1-301, 303-323).

In the *WIHW*'s biennial reports, an increase can be seen,

during the mid twenties, in the volume of doctor's reports concerning general medical examinations as well as venereal disease examinations. In the 1924 biennial report, Dr. Boyd makes the following statement:

In making my biennial report I wish to state that every girl who enters this institution has a good physical examination including the more common reflexes, the Argyll-Robertson pupil, Rombergs symptom and also an examination of the mouth including the teeth, tonsils, the throat, chest examination including the heart and lungs, abdominal examination and vaginal taking two smears for Neisser and blood for examination for Wasserman. All those having positive Wassermanns [syphilis] are given six intravenous injections of Mercusal....

(State Board of Control, 1924, 370)

This illustrates all of the medical examinations that the women endured at the *WIHM*, as well as the type of treatment they received in the testing and curing of syphilis. In the biennial report of 1926, a special section was devoted to a discussion of venereal disease. As the report states:

Figures...indicate that of inmates received, 12 per cent were infected with Gonorrhoea and 25 per cent with Syphilis. These entrants are either committed primarily for specific treatments or are found to be infected upon entrance examination.

(State Board of Control, 1926, 469)

Here again, one can see the emphasis placed upon venereal diseases. Also during 1926, the *WIHM* requested more facilities and funds for "new admissions, hospital and maternity wards; segregation of specific disease inmates; [and] offices for [the] physician, psychiatrist and dentist" (474). Finally, in the 1928 report, Dr. Karl Borsack reports that the total number of venereal treatments given in was 30,467 (State Board of Control, 1928, 478). Therefore, as

more and more emphasis was placed on the testing and treatment of venereal diseases, less and less time was being spent on reforming women through educational processes.

The fourth and final reason the *WIHW* died occurred due to the disappearance of the Progressive Movement from Wisconsin. This left a Progressive institution without Progressive backing in the legislature. In 1945, due to the need for space and a declining interest in the Progressive reform of women, "the legislature combined the two institutions [*WIHW* and the women's prison] and they became the Wisconsin Home for Women" (Wisconsin Home for Women—Scrapbook). Thus the reformatory, due to the need for space for felonious women and a lack of Progressive support for the maintenance of the reformatory, met its death.

According to Mowery, the Progressive Movement ended because reformers felt that the time had come when they could no longer push for further reforms. Margulies states that, specifically in Wisconsin, the Progressive Movement came to a halt due to three reasons: the election of Emanuel Phillip in 1915 as a Wisconsin governor, a general disagreement among Progressives as to the nature of the Progressive Movement, and a chronic shortage of funds.

Finally, the reasons for the death of the *WIHW* include the role of dual superintendents for both the *WIHW* and the women's prison, an overcrowding problem in the women's prison, specialization in venereal disease, and a lack of social reform training, and the end of the Progressive Movement in Wisconsin. And, as a result of the dual superintendents, Mrs. Marcia Simpson in particular, many of the ideals of the twentieth century reformers were not lost

when the *WIHW* was closed because many of them were
assimilated into the Wisconsin women's prison.

The Historical Significance of the WIHW

Why, then, is it important that the *Wisconsin Industrial Home for Women* is studied?

One reason it is important to study this institution is because it exemplified Wisconsin's participation in the Progressive Movement, as well as Progressivism's sub-movements. Wisconsin, caught up in the reforms of Progressivism, attacked such social problems as prostitution, gaps between the wealthy and the poor, and abuses by local, state, and federal governments. Wisconsin attempted to rectify these problems by creating women's groups to fight against corruption, as well the reformatory. Wisconsin perceived reform through Social Purity's spheres of influence, through Eugenic's belief in the lower classes' susceptibility to criminal tendencies, through the Defective-Deliquent's belief in a diseased mind, and in the Prison Reform's belief in rehabilitation versus punishment.

Second, it illustrated Wisconsin's deep-seated interest in the curing of venereal diseases. The succession of venereal disease laws, beginning in 1913 with the requirement of the male to be tested for venereal diseases before he could be granted a marriage license, eventually led to the incorporation of a venereal disease testing and curing facility on the premises of the *WIHW* in 1919. Although Wisconsin was considered one of the most Progressive of states, it was following a national trend: fear of the spread of venereal disease and a desire to eradicate the prostitute who spread venereal diseases.

Third, the *WIHW* became a unique facility because it emphasized the medical—rather than the social—reform of women. This change came about due to Wisconsin's obsessive desire to test, treat, and cure each and every inmate who passes through the doors of the *WIHW*. As Wisconsin delved further into venereal disease treatment, it deviated from the national reformatory model at Bedford Hills; although Bedford also employed venereal disease testing, it did not go to the extremes that Wisconsin did. This deviance from the national reformatory model caused Wisconsin to stand out from other states as an institution which left behind social reform and which was therefore unsuccessful.

Fourth, there was a variety of women who were incarcerated in the *WIHW* during the first five years of its operation. Clients differed in family backgrounds, religions, races, nationalities, education, occupations, and other areas. Many should never have been sent to the *WIHW*.

And, finally, a study of the *WIHW* illustrates why the Progressive Movement, and, ultimately, the *WIHW*, ended. Changes in Wisconsin leadership, fear of pushing reforms further (past the public's level of tolerance), dual superintendship, and the merging of the Wisconsin reformatory with the Wisconsin women's prison were all factors that brought about the end of Progressivism and the Progressive's institution: the reformatory.

In retrospect, we must ask ourselves if such an institution was worthy of Wisconsin's progressive ideals. Ironically, Progressive reformers truly desired to clean up America both socially and morally. Although their intentions were noble, they often defeated their own purposes.

Reformers attempted to tell the world of their concern for female criminals, for wayward women. They attempted to save society from these women and their criminal and immoral ways. However, in the process of "reforming" and "rehabilitating" these women, they often became the force which, in many respects, was the cruelest of all forces to socially attack women in the early 1900s. They took away their freedom to live a normal life by placing them—some indeterminately—behind "bars." They took from them their dignity and pride by exposing their sexual mistakes and abuses to their communities. In many cases, they incarcerated women who were the victims of sexual abuse and pushed them into contact inside the reformatory with women who truly were thieves or vagrants or prostitutes. Women who may have entered as naive or innocent certainly could not have left without such unsavory women having a negative effect on them. Rather than creating a social climate where women would be treated with more equality, they placed yet another burden upon women—the burden of mistreatment by other women.

Finally, the *Wisconsin Industrial Home for Women*, although it did not last forever, left its Progressive-reformatory mark on the Wisconsin Home for Women and on the penal history of Wisconsin. It is not possible to claim that the reformatory was completely a negative institution. It did take women in Wisconsin from the overcrowded facilities at Waupun and created a slightly more open and educative environment. The lives of countless clients in the prison were changed for the better because Progressive prison reformers, such as Mrs. Marcia Simpson, integrated some of the ideals of the reformatory (open and beautifully

landscaped grounds, less supervision, the term "client" rather than "prisoner," incorporation of education courses) into the prison system. It is worth noting that the Wisconsin prison for Women *did* retain the one word that, in a Progressive Wisconsin reformer's mind, epitomized the women's twentieth century Wisconsin reformatory--"**HOME.**"



Inmates of the Wisconsin home for women at Taycheedah take part in the prison's recreational program on the lawn in front of one of

the two inmate buildings. The windows have no bars and the grounds are surrounded by a fence with an open gate.

—Journal Staff

Fig. 13. Wisconsin Home for Women. Corrections Scrapbooks, Series 1389, Reel #1, 1928-1951.

APPENDIX