

Social Services in Kansas, 1916-1930

by Mary Scott Rowland

CARE of the poor, the insane, the criminal, and the dependent has been a function of state government since its inception. The Kansas constitution of 1859 called for the establishment of institutions for the benefit of the blind, deaf and dumb, and other such dependents, to be supported by the state; counties were to give relief primarily for the poor and the aged. In 1865 the legislature established an asylum at Osawatimie to provide for the state's insane and "other incompetents as were incapable of carrying on a satisfactory extramural existence or were regarded through mental illness as potential danger to society." The demand for this facility was such that in 1875, the trustees at the State Insane Asylum, as the Osawatimie State Hospital was then known, called upon the legislature to build another facility for the insane. Their request revealed attitudes that had been firmly established toward the correctional facilities. "Public criminals have been, and still are, sumptuously entertained and quartered by the state's generosity while alone toward the insane, who, upon the soundest principles of humanity and highest considerations of public safety, should be the first care of a state, the most niggardly conservatism has been maintained."¹ The institution at Topeka was built shortly thereafter.

Other institutions to care for dependents were the State Home for the Feeble-minded at Winfield, organized in 1881 to care for the mentally deficient; the State Orphans' Home in Atchison in 1885; the State Hospital for Epileptics in Parsons in 1889; Larned State Hospital in 1911; and the State Sanatorium for Tuberculosis in Norton in 1913. Correctional facilities were established beginning in 1863 with the Kansas State Penitentiary at Lansing, followed by the Boys' Industrial School in Topeka in 1881; the Kansas State

Industrial Reformatory at Hutchinson in 1885; the Girls' Industrial School in Beloit in 1889; and the Women's Industrial Farm in Lansing in 1917.

As these institutions were established, each had its own administrative board of trustees, and the history of institutional development in Kansas is one of constant administrative changes. From original boards for each institution, control shifted to a centralized Board of Charities and Corrections (1901), then separated into a Board of Control of State Charitable Institutions (1905), a Board of Penal Institutions (1911), and a Board of Corrections (1913). Management of these institutions fell finally to one Board of Administration in 1917.² These administrative changes reflected changes in attitudes toward the care of dependents. The most striking was the 1905 law which charged the board to obtain information about other charitable and reformatory institutions to ascertain the best methods of caring for the defective classes; to publish scientific and clinical work being done in the treatment of insanity; and to investigate the causes of dependency. The humanitarian side of care was uppermost, and institutions were to provide the best treatment and care known to modern science. Cost efficiency was a goal, but not the major one.

By 1915 Kansas was one of the nation's leaders in progressive social legislation to care for dependents. The counties maintained autonomy in the care of most juveniles, the poor, and the aged, and the state's responsibilities were largely in the care of the criminal, the insane, and the retarded. The state had laws establishing juvenile courts, regulating labor of children and women, providing for mothers' pensions, supporting workmen's compensation, and mandating humane treatment in almost every facet of social responsibility.³

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1. Osawatimie State Hospital, *Twenty-sixth Biennial Report*, 1928, 10-11.

2. *Kansas, Session Laws*, 1905, ch. 475; Bessie E. Wilder, *Governmental Agencies of the State of Kansas, 1861-1946*, Governmental Research Series no. 4 (Lawrence: University of Kansas, 1946), 8.

3. William F. Zornow, *Kansas: A History of the Jayhawk State* (Norman: University of Oklahoma Press, 1957), 224.

Progressivism, in the sense of social reform, made its impact upon the state. The problem then was how to administer social reform.

Social Service Delivery: Correctional Institutions

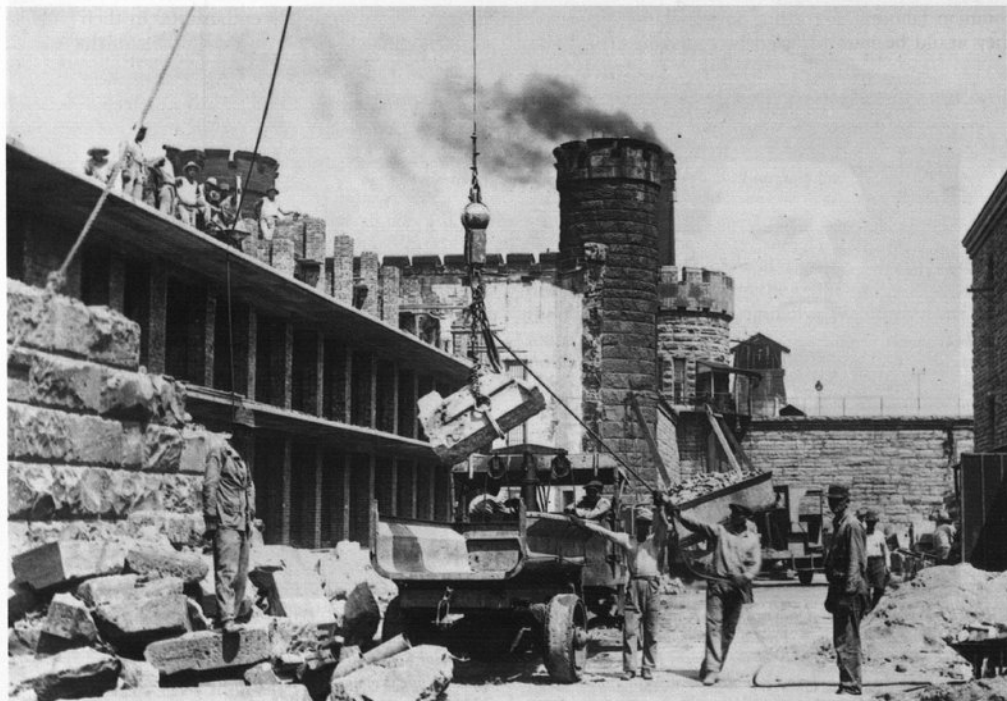
Arthur Capper, as governor, set the tone for delivery of service in the correctional facilities in his 1917 address to the legislature when he recommended two goals for the institutions: on the one hand, he wanted prisons that were truly reformatory, and on the other, he desired productivity from them, believing that although their ultimate aim was public service, there was no harm in being self-supporting.⁴ These stated goals are a good example of the duality of Capper's thinking, depicting both his social reform impulses and his state-as-a-well-run-corporation convictions, but his aims, which were incorporated by other governors throughout the twenties, posed problems for

Kansas correctional personnel. The conflict perhaps stemmed from the mutual exclusivity of his goals, and public policy over prisons vacillated between rehabilitation for prisoners and cost efficiency of prisons.

Despite differences in the philosophy of prisons, four trends developed in the 1920s in correctional institutional policy: 1) increased public service by the institutions that had to accommodate more prisoners; 2) more emphasis on rehabilitation of criminals based on the belief that criminal behavior stemmed from environmental causes; 3) a stronger sense of social control, supported by the idea that the state had an obligation to regulate those forms of behavior that adversely affected the state's order; and 4) the rise of cost analysis to promote efficiency.

The population at correctional facilities increased dramatically (see Table 1). The increase in numbers (eighty-two percent) at the reformatory and prison greatly exceeded the gain in Kansas population during the same time (six percent). The rise in the num-

4. Kansas, House, *Journal*, 1917, 21, 28.



Emphasizing self-sufficiency as well as rehabilitation, Gov. Arthur Capper encouraged the use of prison labor. Shown here are inmates of the Kansas State Penitentiary at Lansing during the 1920s.

TABLE 1

Population of Correctional Institutions, 1924-1930

INSTITUTION	YEAR			
	1924	1926	1928	1930
Kansas State Penitentiary	1,144	1,683	1,743	1,726
Kansas State Industrial Reformatory	331	826	966	957
Women's Industrial Farm	151	184	149	142
Boys' Industrial School	328	346	219	195
Girls' Industrial School	142	138	191	171

Sources: Board of Administration, Correctional Institutions Section, *Third-Seventh Biennial Reports, 1922-1930*.

ber of inmates can be attributed to several factors, but it is significant that the most pronounced increases took place during the years of severe economic stress (1920-22 and 1924-26). Since most prisoners were common laborers, according to population statistics, they would be most affected by economic crisis. The

rise in unemployment was paralleled by the beginning of professionalism in law enforcement and increased vigilance or efficiency in apprehending criminals. The fluctuations in numbers at the Boys' and Girls' Industrial Schools probably reflect the trends toward environmental causes of delinquency and the *in loco parentis* philosophy of juvenile courts. Juvenile judges were active members of the Kansas Conference of Charities and Corrections, which advanced new social theories that probably caused the judges to remove recalcitrants to more structured environments. The fluctuations in numbers at the Women's Industrial Farm undoubtedly reflect the degree to which the quarantine law, which isolated carriers of venereal disease, was enforced.

Capper's idea of rehabilitating inmates was accepted with varying degrees of enthusiasm by correctional institutional personnel. Almost all superintendents at the facilities for boys, girls, and women recognized the desirability of rehabilitation as the institutional goal. Probably because of the kind of client the prison and the reformatory received, wardens at those facilities were less enthusiastic in their acceptance of rehabilitation. Warden M. F. Amrine of the



Milton F. Amrine (1872-1960) came to Kansas in 1884 and grew up near Council Grove. First a teacher, he was later a newspaper editor and a member of the Kansas House of Representatives. In addition to his tenure as superintendent of the State Industrial Reformatory (1910-13), he served as warden of the Kansas State Penitentiary at Lansing for three different terms.



Born in Ohio, Julia B. Perry came to Kansas in 1885 to teach school. Beginning in 1901 she was superintendent of the Girls' Industrial School at Beloit for twelve years, becoming superintendent of the Women's Industrial Farm at Lansing from 1916 to her death in 1932.



"Happy, healthy, busy girls, ready for the dairy barn," read the caption accompanying this picture illustrating the 1922 biennial report of the Girls' Industrial School.

penitentiary wrote in 1922 that the aim of the prison should be "to aid the restoration of the man who has failed, and, on the other hand, to protect society from the man who is an enemy of it and who persists in this attitude."⁵ Warden Albert Bigelow of the reformatory felt that "incarceration is primarily for the protection of society."⁶

Attitudes favorable to rehabilitation were most common in women's and children's institutions. Julia Perry, longtime administrator of the Women's Industrial Farm, held firm views on the role of her facility. She believed that in methods of reform, Kansas led the world, and that through training, the incarcerated women could leave the prison prepared for the active duties of life. Mrs. Perry believed that "the awakening of noble ambitions and forming of correct ideas" were

needed more than technical training. It was, therefore, difficult for her to accept the reality of the position of the farm, which was originally "to care for the sentenced women of the state . . . to better protect the public from the ravages of infection from exposure to venereal disease. . . ." The majority of her charges were violators of Chapter 205, which quarantined carriers of these diseases, and in the 1920s, at least seventy-two percent of the admissions were charged with this crime.

At the Girls' Industrial School, Superintendent Lula Coyner likewise believed in the rehabilitative duties of the institution. She stressed in 1926 that the aim of the school was "to train and educate these girls that they may go back to the community and live in

5. Kansas State Penitentiary, *Twenty-third Biennial Report*, 1922, 5.

6. Kansas State Industrial Reformatory, *Fourteenth Biennial Report*, 1922, 4.

7. Women's Industrial Farm, *Third Biennial Report*, 1922, 3, 4; *Fourth Biennial Report*, 1924, 3-4; *Fifth Biennial Report*, 1926, 3; Wilbur N. Mason to Clyde Reed, August 28, 1919, Records of the Governor's Office, Gov. Henry J. Allen, 1919-1923, Archives Department, Kansas State Historical Society.

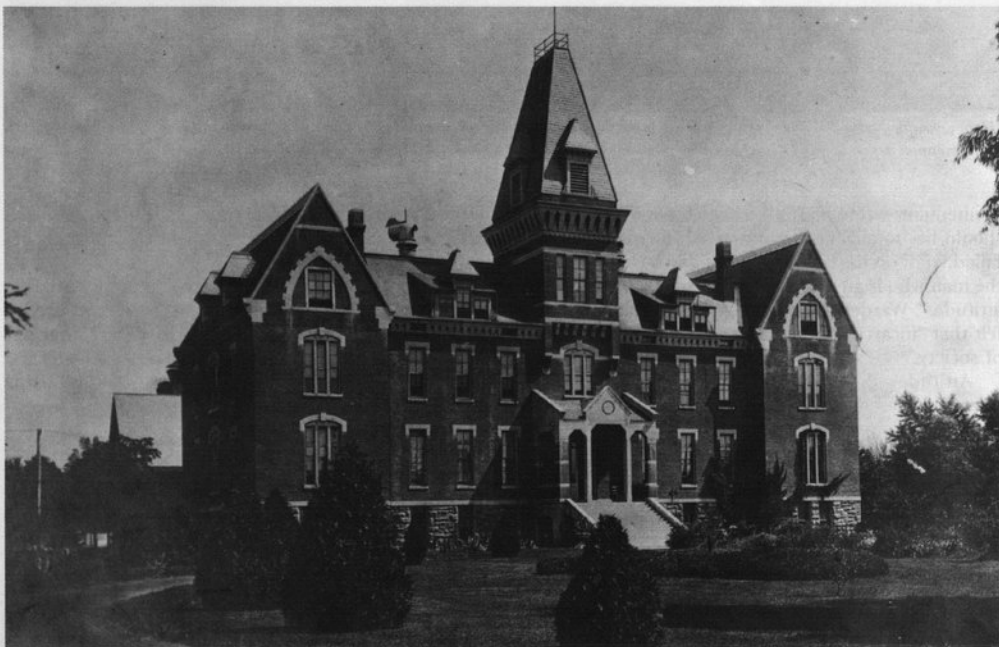
accordance with the accepted laws of society." Her institution was run along the lines of an educational facility, and under her direction, every effort was made to "efface any impression of punishment."⁸ Belief in rehabilitation presumed belief in environmental causes of bad behavior and accepted the idea that a change in environment could change behavior. The superintendent of the Boys' Industrial School, Capt. William P. MacLean, reported in 1922 that ninety percent of the boys at his institution came from broken homes, and that not-normal homes and poverty were directly responsible for delinquency and dependence. One of his successors, Louis D. White, reported that "a majority of the boys are received from the cities, where they have been growing up in idleness and crime." By taking these city boys and making farm hands out of them, most "make good after being paroled out on the farm away from the old gang." White's successor, W. A. Smith, believed that "we have learned that most delinquent boys are not responsible for their

delinquency, but are the results of circumstances and conditions over which they have no control."⁹

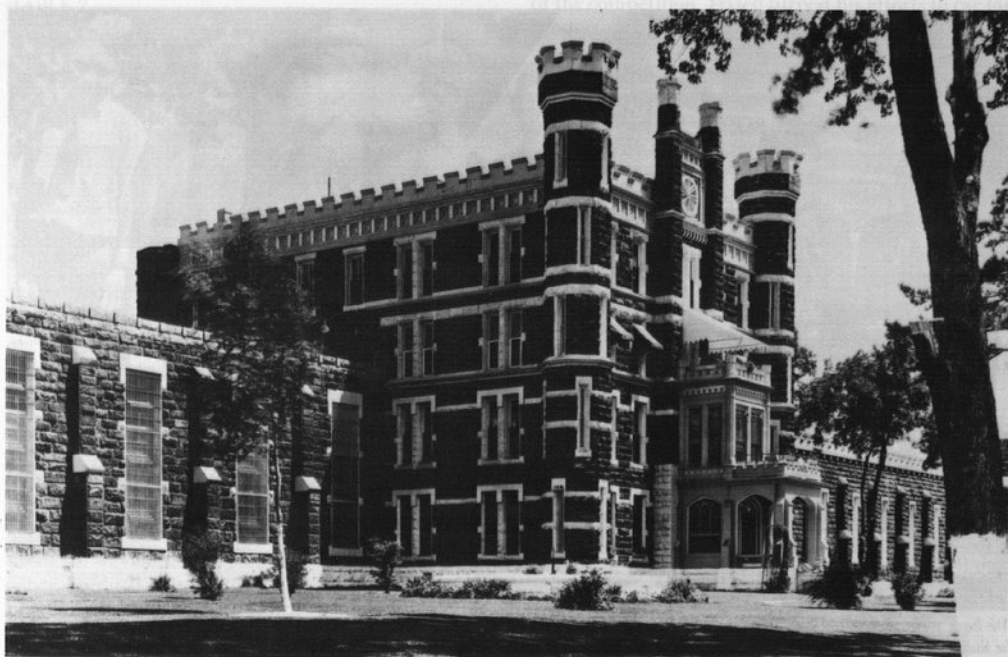
So great was the belief in environmental influence on inappropriate behavior that prisons maintained a record of the "cause of downfall" of each prisoner. As one would suspect, "bad associates" were common to inmates in all institutions. While the relationship may have been more obvious at the Women's Industrial Farm, bad associates, in the form of gangs, were emphasized as a major contributor to crime at the Boys' Industrial School and the Industrial Reformatory. "Immorality" was commonly cited at the Women's Industrial Farm and the Girls' Industrial School, where venereal disease was also a problem. "Need for money" became an increasing cause of downfall at Lansing, as did the influence of liquor. At the Girls' and Boys' Industrial Schools, the cause of downfall and cause for placement were listed concurrently, and it appeared that most boys were admitted for stealing

8. Girls' Industrial School, *Nineteenth Biennial Report*, 1926, 6, 7.

9. Boys' Industrial School, *Twenty-first Biennial Report*, 1922, 10; *Twenty-fourth Biennial Report*, 1928, 3; *Twenty-fifth Biennial Report*, 1930, 3.



Shown here about 1900 is the main building of the Boys' Industrial School, which had opened in 1881 in Topeka as the Reform School for Boys.



Shown here is the administration building of the Kansas State Penitentiary at Lansing, which was established in 1863. Modeled after the Illinois State Prison at Joliet, the first building was completed in 1867.

and most girls for incorrigibility. Further, more girls were admitted as dependent or neglected than were boys.¹⁰

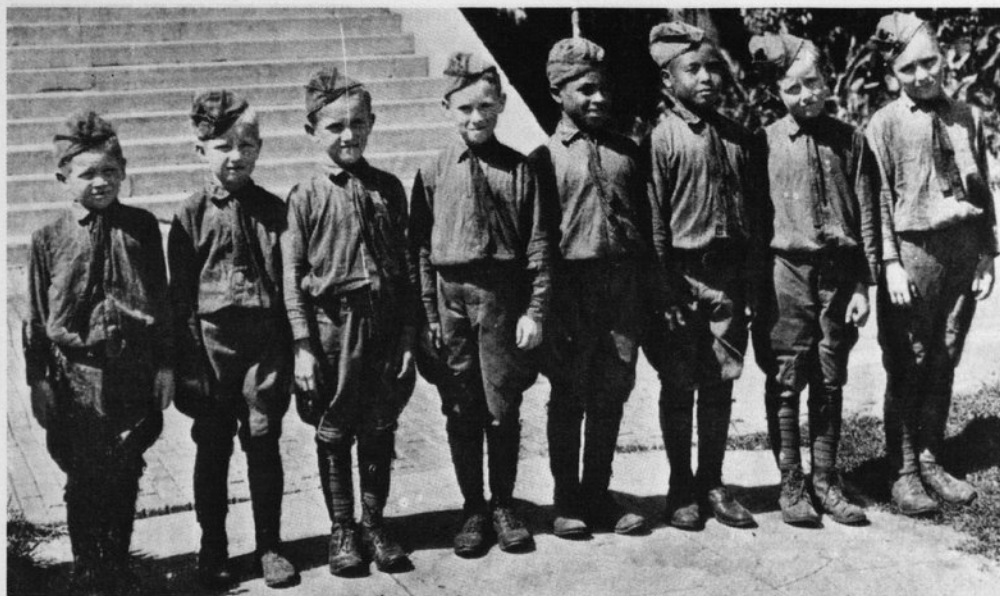
Educational level at the time of institutionalization was also recorded, and since institutions devoted to rehabilitation are necessarily educational in function, all five correctional facilities maintained schools for their clients. At Lansing, during the twenties, the number of prisoners with less than five years of schooling exceeded or equaled the number of high school and college graduates. At the reformatory, Superintendent Edward E. Frizell discovered that in 1923 and 1924 schooling for inmates had consisted of grades one through four for three-month terms. He immediately instituted military and physical training, longer school terms, and additional grades. Vocational training for the fifteen- to twenty-five-year-old young men was

also introduced.¹¹ At the Women's Industrial Farm, the superintendents were faced with a yearly client population of whom about eighty percent had not finished high school. Vocational programs as well as classroom work were made available to these women.

The low educational level of the incarcerated was also reflected in the occupational level. At Lansing, most prisoners listed themselves as common laborers or farm workers. These occupations composed thirty-two percent of the penal population in 1922; thirty-eight percent in 1924; thirty-six percent in 1926; forty-two percent in 1928; and forty-seven percent in 1930. At the Women's Industrial Farm, the greatest number listed themselves as houseworkers or housekeepers. This group comprised between fifty-four and sixty-five percent of the population each year. Parallel to the low occupational level was the correspondingly high percentage of minority prisoners. The reformatory averaged eighteen percent; the prison, twenty-

10. Biennial reports of Girls' and Boys' Industrial Schools, 1917-30. See also Charles S. Osborn, "A History of the Juvenile Court System in Kansas Considering the Incidence of Delinquency" (Master's thesis, Kansas State Teachers College, Pittsburg, 1935), 15.

11. Kansas State Industrial Reformatory, *Sixteenth Biennial Report*, 1926, 5.



"We have some very young and small boys at the school, and contrary to a general belief by the public they are for the most part here for some trivial offense," noted the caption of this photograph in the 1924 biennial report of the Boys' Industrial School.

four percent; the Women's Industrial Farm, seventeen percent; the Boys' Industrial School, nineteen percent; and the Girls' Industrial School, eight percent. It appears that the poor, the worst educated, and the minority composed the majority in society's institutions of social control.¹²

Despite the low socioeconomic status of prisoners, the superintendents did not ignore the social problems caused by incarceration. The most pressing problem, according to Warden Amrine at Lansing in 1922, was that of the prisoners' families. Amrine believed that wages should be paid for prison labor and distributed to the needy families. W. H. Mackey, one of his successors, also urged payment to families and established a commissary within the prison, the proceeds from which were distributed among the families. Only in 1927 did the legislature recognize these recommendations with legislation providing payment for work to prisoners, above their regular assignments, at a rate of four to twenty-five cents per day. These funds were

deposited in a special fund and mailed to the dependent families.¹³

Only the superintendents at the Boys' Industrial School addressed the issue of community responsibility versus state control of recalcitrants. Captain MacLean felt that the communities had to recognize their responsibilities toward incarcerated boys and not simply put "bad" children out of sight in a state institution and forget about them. He warned the communities that the state did not seek out boys to institutionalize, but that the communities had sent them. He concluded that as long as the boys were sent for rehabilitation, then communities were responsible for them when they were released.¹⁴ The attitudes of the superintendents at the Boys' Industrial School reflected the trends toward localism in the care of juveniles and constituted one of the forces that worked against state centralization. They also reflected the local government's antipathy toward caring for the youthful dependents.

12. Board of Administration, Correctional Institutions Section, *Third-Seventh Biennial Reports*, 1922-30.

13. Kansas State Penitentiary, *Twenty-third Biennial Report*, 1922, 3, 5; Kansas, *Session Laws*, 1927, chs. 313, 314.

14. Boys' Industrial School, *Twenty-first Biennial Report*, 1922, 33.

TABLE 2

Cost per Client per Year

INSTITUTION	YEAR		
	1926	1928	1930
Kansas State Penitentiary	\$281	\$303	\$226
Kansas State Industrial Reformatory	399	464	363
Women's Industrial Farm	326	446	406
Boys' Industrial School	445	515	704
Girls' Industrial School	592	488	492

Sources: Board of Administration, Correctional Institutions Section, *Fifth-Seventh Biennial Reports, 1926-1930*.

A major change in correctional philosophy occurred in 1926 when the legislature finally mandated the establishment of a budget director who required correctional institutions to begin establishing the costs of social service delivery on a per-client basis. The general reduction in cost per client was proof that expenditures could be kept down, in part, under the watchful eyes of accountants (see Table 2).

The high cost per client at the Boys' Industrial School was a source of concern to governors in the late 1920s, and the Board of Administration was admonished to lower the expenditures. When cost-per-client accounting was initiated, the issue raised was whether delivery of service or efficiency in administration was more important. Clearly, in the twenties, efficiency superseded service.

Directly related to the emphasis on cost analysis was the supposition that the institutions were to be as self-supporting as possible. From Governors Arthur Capper through Clyde Reed, the state's administrators continually urged the self-sufficiency of the penal institutions. All the prisons used some form of prison labor, and at the penitentiary, convicts engaged in coal mining, brick making, and the production of twine or were farmed out to do work at other institutions. The income they produced was subtracted from the total cost of prison operation in figuring the cost per client. At the reformatory, the Board of Administration brought in Frizell, a former wealthy state senator and wealthy farmer, as superintendent to correct some of the problems, largely financial, at that institution. He first considered broom making as a means of generating income and keeping prisoners occupied, but when the superintendent of the School for the Blind complained

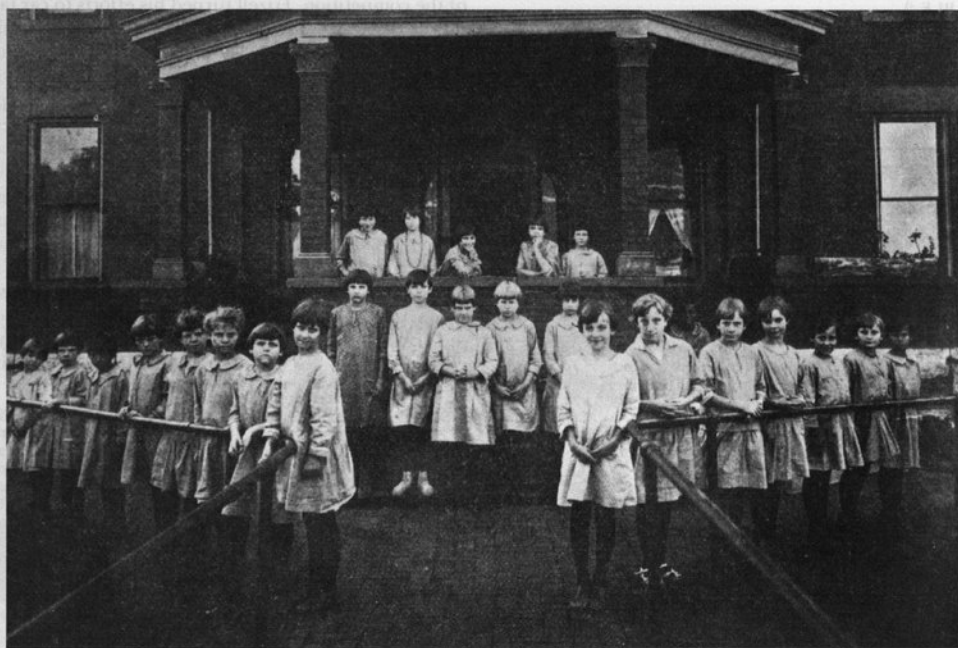
of the competition, Frizell turned his efforts to car tag production and flour milling. He was so zealous in his emphasis on work that the governor had to issue an order forbidding all but necessary work on Sundays. At the Women's Industrial Farm, inmates were kept busy by learning and performing household chores. All institutions had farms, dairies, laundries, and kitchens staffed by prison labor.¹⁵

At the time of World War I, many groups recognized that prisons provided a large source of manpower which potentially could be used to aid the war effort. The American Prison Association called a number of meetings to encourage the states to release prison labor for work in manufacturing plants producing war materials. While Kansans participated in the conference, Capper did not allow prisoners to work in

15. Kansas State Penitentiary, *Twenty-third Biennial Report, 1922*, 4; *Twenty-sixth Biennial Report, 1928*, 6. For a discussion of work there, see Theodore L. Heim, "The Administration and Organization of the Kansas State Penitentiary" (Master's thesis, University of Kansas, 1960) and Kansas State Industrial Reformatory, *Sixteenth Biennial Report, 1926*, 4. See also Grace N. Roseberry to Ben S. Paulen, February 10, 1926, and "In Re: Kansas Industrial Reformatory," January 23, 1926, Records of the Governor's Office, Gov. Ben S. Paulen, 1925-1929, Archives Department, Kansas State Historical Society; Women's Industrial Farm, *Sixth Biennial Report, 1928*, 3.



Edward E. Frizell (1860-1949) came to Kansas in 1876 and settled in Pawnee County. Active in farming and business activities at Larned, he was a member of both the Kansas House and the Senate in addition to serving as superintendent of the State Industrial Reformatory at Hutchinson (1925-29).



"Cottage II Girls" at the State Orphans' Home, Atchison, about 1926.

other industries because they were needed to operate the prison plants. Only rarely did prisons use convict labor for road work, as was common in many states, although this suggestion was made many times.¹⁶

Social Service Delivery: Charitable Institutions

Charitable and correctional institutions are similar because both deal with dependent client populations under the supervision of professionals whose aim is to return the client to society. Thus, many of the trends that emerged in the correctional facilities during

the 1920s were present in charitable institutions. Expanded numbers of clients had to be served, and there was an increased emphasis on what was commonly called "rehabilitation" in prisons and "treatment" in clinical facilities. In both kinds of institutions elements of social control were present. Both charitable and correctional institutions saw the rise of professionalism, and because of joint administration, both had the same emphasis on cost efficiency.

Basic differences existed, however, between the philosophies of the two kinds of institutions. Although both wanted the client released as rehabilitated or cured, the correctional philosophy of environmental causes of deviant behavior led professionals in that field to want to change the behavior of the client in order to rehabilitate him or her. The charitable institutions held an opposite view of causes for the incarceration. They believed that most mental illnesses resulted from hereditary conditions and that most causes, as well as cures, for mental illness were unknown. Medical professionals advocated regulations for hospital care, determined professional qualifications, and established standards for treatment to set

16. J. K. Codding to Charles H. Session, September 5, 1917; E. Stagg Whitin to Arthur Capper, March 22, 1918; Whitin to Capper, April 5, 1918; J. K. Codding to Capper, April 29, 1918; Capper to Whitin, June 26, 1918; Whitin to Capper, August 5, 1918; and Capper to Whitin, October 17, 1918; "Resolutions" adopted at a Conference of the Executive Committee of the American Prison Association and Representatives of State Penal Institutions Appointed by the Governors of the Several States on Request of the American Prison Association, June 2-3, 1917, Records of the Governor's Office, Gov. Arthur Capper, 1915-1919, Archives Department, Kansas State Historical Society; J. C. Mohler to R. W. Dixon, March 13, 1916, and Dixon to Mohler, March 8, 1926, Records of the Governor's Office, Gov. Ben S. Paulen.

the tone for treatment in clinical facilities, but they were confronted with the frustrating issue of the incurability of many of their patients. The certainty of correctional personnel that they could change behavior or rehabilitate the client was absent in professionals working with the mentally ill or the mentally retarded. To be sure, some charitable institutions did not hold to the incurability of patients or hereditary causes. The tubercular hospital's rationale for action closely resembled that of the Department of Health, and the orphanage's philosophy was quite similar to that of the Boys' and Girls' Industrial Schools.

Throughout the 1920s, the institutions were faced with serving more clients, and patient counts at all institutions, except the orphanage, rose (see Table 3). The rise in the numbers of patients was a result of several factors. At the hospital in Norton, more patients were admitted as the causes and treatment for tuberculosis became better known. At the state institution for the feeble-minded, care for children received an impetus from the joint work of the health department and the Children's Code Commission. To some extent, the work of the health department carried over to the institution at Parsons, which also housed many children. The rise in numbers of clients at the state hospitals in Topeka, Osawatomie, and Larned resulted somewhat from the efforts of professionals seeking "treatment" for the mentally ill but probably more from the declining care that counties were providing. When fewer counties had poor farms, more commissioners tended to place the senile poor in state facilities. At the Topeka State Hospital, this portion of the population accounted for forty-two percent of the total admissions in 1930, while the Hospital for Epileptics had thirty-one percent; the superintendent at Larned State Hospital reported that thirty-five percent of all

TABLE 3

Average Daily Patient Population

INSTITUTION	YEAR				
	1917	1923	1925	1927	1929
Topeka State Hospital	1,570	1,638	1,665	1,673	1,705
Osawatomie State Hospital	1,357	1,394	1,385	1,375	1,422
Larned State Hospital	103	215	411	606	640
State Hospital for Epileptics, Parsons	522	533	588	593	628
State Home for the Feeble-minded (State Training School), Winfield	618	770	778	799	842
State Sanatorium for Tuberculosis, Norton	23	84	96	98	194
State Orphans' Home, Atchison	187	170	148	165	167

Sources: Board of Administration, Charitable Institutions Section, *First-Seventh Biennial Reports*, 1918-1930. The figures are from Table 8, Financial Statistics, for each institution, except those for the State Hospital for Epileptics in 1917, which are from Table 10, and those for the State Orphans' Home and the State Home for the Feeble-minded in 1917, which are from Table 9.

admissions since the hospital opened were the aged poor.¹⁷

The increasing number of aged poor caused problems, because hospitals felt that the counties should bear the responsibility for these "childish indigents," as they were termed. If the counties were unable to care for the poor, then hospitals felt that they should be

17. Board of Administration, Charitable Institutions Section, *First-Seventh Biennial Reports*, 1918-30.



In February 1915 the first patient was admitted to the State Sanatorium for Tuberculosis at Norton, pictured here about 1928, and by 1930, 2,404 persons had been treated at the institution.

reimbursed for expenses in carrying out local duties. Superintendents urged the legislature to force the counties to recognize their responsibilities. One superintendent wrote that the state institutions were becoming dumping grounds for all persons the counties did not want to care for, thus creating overcrowded conditions in the institutions at increased and unnecessary expense to the state. "County responsibility of patients would undoubtedly have a favorable effect in limiting this abuse of the state's benefaction," he concluded. This is one example of a bureaucrat who did not want to see state expansion of services, particularly if it meant that his cost per client could increase. Since the counties were mandated to provide relief for the poor, they were saving themselves money by allowing the poor to be cared for at state expense. The legislature remedied this situation somewhat in 1927 when it required counties to pay for the support of some of the aged poor in state hospitals.¹⁸ The fact that the legislature required counties to pay these bills indicated the state's reluctance to assume responsibility for them. The state continued to see this as a county obligation. Counties, by placing clients on the state, were communicating to the state that they wanted to pay for the

18. Osawatomie State Hospital, *Twenty-sixth Biennial Report*, 1928, 18; *Kansas, Session Laws*, 1927, ch. 229.

TABLE 4

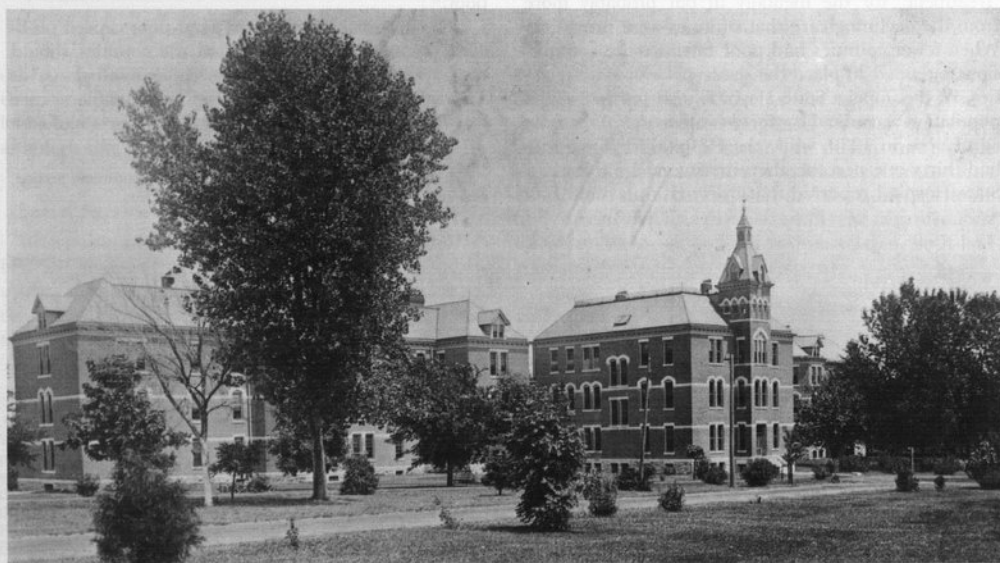
Admission of Incurables at Topeka, Larned, and Osawatomie State Hospitals

ILLNESS	YEAR			
	1924	1926	1928	1930
Manic Depressive	288	331	324	359
Senility	182	173	169	176
Paresis	154	n/a	138	148
Dementia Praecox	428	477	398	402

Sources: Board of Administration, Charitable Institutions Section, *Fourth-Seventh Biennial Reports*, 1924-1930.

care for the aged insane no more than they wanted to be responsible for the care for juvenile delinquents.

The aged were but one category of the hopeless clients in state institutions. Although clinical directors wanted to release clients as restored or cured, the presence of incurable diseases deterred their goals. Admission to the three mental hospitals for incurable diseases is shown in Table 4.



Opened in 1879 as the State Insane Asylum, the institution later known as the Topeka State Hospital admitted 197 patients during the first year.



The baseball team of the State Hospital for Epileptics, Parsons, shown here about 1922.

These illnesses were all recognized as incurable, and this incurability was the biggest problem of all three institutions. At the Topeka State Hospital, admission of incurable patients totaled sixty-five percent in 1926; sixty-two percent in 1928; and sixty-eight percent in 1930. Most admissions were classified as suffering from dementia praecox, and although this baffling disease was then divided into four categories (catatonic, hebephrenic, paranoid, and simple), physicians were unable to determine either its cause or its cure. The scarcity of treatment modalities led superintendents to decry the lack of information on the disease and to describe the treatment that was being done as "empirical and experimental."¹⁹

In the treatment of alcoholics and drug addicts, the physicians were not optimistic. Drug patients were regarded as the most difficult to treat because they were "psychopathic individuals who have never developed normal self-control." The number of these patients was fairly small, but at the Topeka State Hospital, "experience in the treatment of both alcoholics and drug addicts has been most unsatisfactory and discouraging, as practically all such patients sooner or

later return to the habit."²⁰ At the Larned State Hospital, the superintendent noted the "inadequacy along lines of treatment of many mental case[s]" and proposed hydrotherapy as one of the most reliable methods of treatment. At the State Hospital for Epileptics, the superintendent observed that his facility was one of last resort for families and that neither the causes nor the treatment for the disease were known.²¹ At the State Training School, where the mission was to "train and educate those received so as to render them more comfortable, happy, and better fitted to care for and support themselves," the aims seemed incongruent with the type of client served. In 1924, ninety-nine of the "brighter" patients were tested, and their intelligence quotients fell into the following categories: idiot, none; imbecile, fifty-one; moron, thirty-eight; borderline, eight; and dull, two. With this type of client, the mission of the institution was almost impossible to fulfill. The superintendent noted the approximately ten thousand feeble-minded in the state and said that "there is no panacea for feeble-mindedness. There will always be defective persons in the population of every

19. Topeka State Hospital, *Twenty-fourth Biennial Report*, 1924, 8; *Twenty-fifth Biennial Report*, 1926, 4; *Twenty-sixth Biennial Report*, 1928, 4; *Twenty-seventh Biennial Report*, 1930, 4.

20. Topeka State Hospital, *Twenty-fourth Biennial Report*, 1924, 6, and *Twenty-sixth Biennial Report*, 1928, 5.

21. Larned State Hospital, *Ninth Biennial Report*, 1930, 5; State Hospital for Epileptics, *Eleventh Biennial Report*, 1924, 8-9.

state and country . . . most important of all, so far as is possible, the hereditary class of defectives must not be allowed to perpetuate their decadent stock."²²

Belief in the hereditary nature of mental illness and retardation caused professionals to lobby the legislature for laws to prevent mental defectives from reproducing. The Kansas Conference of Charities and Corrections also supported the measure, and in 1917, the legislature passed the sterilization law. Persons in all state hospitals, as well as in correctional facilities for prisoners and the Girls' Industrial School, were covered under the law, which provided for sterilization for "eugenic purposes." The law prescribed sterilization only of persons who might be released from the institutions. If the warden or superintendent believed that "the mental or physical condition of any inmate would be improved thereby or that procreation by such inmate would be likely to result in defective or feeble-minded children with criminal tendencies, and that the condition of such inmate is not likely to improve so as to make procreation by such person desirable or beneficial to the state," the operation could be performed legally. Various measures were established to prevent wholesale sterilization, but nevertheless, Kansas ranked second in the number of such operations performed in the United States. As one superintendent said, "Personally, I consider this one of the most important, far-reaching, and progressive steps taken in institutional work in our state in many years." The same superintendent commented that as the public became better informed, sterilization was "more generally approved and there are fewer protests on the part of the patients and their relatives." A friendly case was instituted to determine the constitutionality of the law, and the state supreme court upheld it.²³

While institutions were wrestling with the problem of restoring clients with incurable diseases, they were also trying to meet the standards adopted nationally for psychiatric hospitals. Outside professional groups strove to maintain minimum standards concerning a qualified professional staff, nonpartisan control, standard office and medical facilities, proper clinical files, classification of patient illness, necessary equipment, proper nursing service, and many other specific requirements, including one against mechanical restraints and seclusion except under strict medical supervision.²⁴ The problem with high standards, or even

any kind of standards, was the cost. Dr. Francis A. Carmichael of Osawatomie State Hospital advocated wholeheartedly the concepts of modern treatment facilities from his position as president of the state medical association in 1925, and at the same time, he stressed the role of the community in treating the mentally ill. Carmichael thought that many were institutionalized who should not be and that hospitals failed with "distressing frequency," and he advocated "intelligently organized and administered social service, extramural clinics, education of the public in principles of mental hygiene, and the limitation of procreation of the mentally unfit."²⁵ Carmichael's hopes for community-based programs were unfulfilled during the cost-efficient twenties. At the same time that the state's leading advocate for the care of the mentally ill was urging local treatment facilities, the counties, however, were attempting to shun that responsibility by foisting more patients upon the state hospitals. Nobody, it seemed, wanted to care for these dependents.

The leadership of the medical profession in embracing the modern hospital concept was one fact in changing the public's perception of the mentally ill and mentally retarded to some degree. Superintendents

22. State Training School, *Twenty-second Biennial Report*, 1924, 3, 7, 19.

23. Topeka State Hospital, *Twenty-fifth Biennial Report*, 1926, 5. See also Board of Administration, "Procedure to Be Followed in Sterilization Cases," undated report (probably 1917), Records of the Governor's Office, Gov. Arthur Capper.

24. Osawatomie State Hospital, *Twenty-sixth Biennial Report*, 1928, 9-10.

25. Osawatomie State Hospital, *Twenty-fifth Biennial Report*, 1926, 6. See "Francis A. Carmichael," in William E. Connelley, comp., *A History of Kansas, State and People*, 5 vols. (Chicago: American Historical Society, 1928), 4:1914-15.

Shown here about 1923, the Osawatomie State Hospital was established by the legislature as the State Insane Asylum. The first building, which could accommodate ten patients, was erected in 1865.



were leaders in the movement away from the asylum designed for madmen and offering only custodial care. The public grew to expect remedial effort and restorative treatment in hospitals where "scientific methods are applied for the reclamation and salvage of those who pass through its portals."²⁶ It is undoubtedly true that while belief in a clean, modern hospital where patients were well fed and well housed was commendable, as long as over sixty percent of the admissions were diagnosed as incurable, the "modern hospital" was still primarily providing custodial care, not treatment. Until hospitals could provide enough treatment to release patients as restored, little had changed since the nineteenth century. The fact of the incurability of patients also weakened the role of the medical doctors in mobilizing public opinion. A large part of Dr. Samuel Crumbine's success in public health resulted from the reduction of the incidence of communicable diseases through specific actions from the abolition of the common drinking cup to the quarantine of those infected with venereal diseases. Carmichael, an equally talented man, could point to no such success in curing his patients, much less in preventing their illnesses.

The biggest problem for the state charitable institutions as well as for the correctional facilities was reconciling humane, restorative treatment with efficiency. Carmichael recognized the pressures for cost efficiency and admitted that low per-capita expenditures resulted in poor patient care, often custodial, and that treatment of patients cost money. He also recognized that for institutions to treat patients best, long-range planning had to be undertaken, since he projected increased admissions as the state's population grew.²⁷ Carmichael wanted institutions that were not the result of makeshift efforts but were permanent and modern. Although the Board of Administration increased the budgets so that they were comparable to those of correctional institutions, the reconciliation of humane treatment and cost efficiency remained a problem for hospital administrators who were pressured by governors and budget directors to keep the cost per patient down.

Conclusion

By 1930, the patterns for state-delivered social services had been established, but the outlines for county services were only beginning to emerge. In the state system, centralization of administration was complete; only the administration of correctional facilities, separated from charitable activities in 1933, called for furthering administrative change. Increased state regulation, specifically that directed toward cost efficiency, was, by 1930, an accepted aspect of institutional management. Furthermore, social control continued to be a recognized aspect of state social services, and its most stringent application, sterilization, continued on the lawbooks until 1965. Social services by 1930 were administered through a bureaucratic structure, despite the absence of a civil service system. Professionalism had made its influence felt most strongly in the area of institutional standards and management rather than in service delivery. The doctor and the accountant were still more important than the social worker, and they all knew it. The helping professions were not to come into their own until they had defined their functions more clearly.

In the counties, delivery systems for the poor and the dependent were in transition. Economic pressures forced counties to care for more clients with less money, and the counties remained largely immune to the impact of nascent professionalism. As long as county commissioners doubled as poor commissioners, their ultimate aims were not motivated by social science theory. Commissioners had the responsibility for "care" but not for "treatment." While this attitude prevailed in county governments, the type of service delivered to dependents remained ambiguous. Only when it became clear that the poor needed more than a pittance of "care" and that counties were unable to supply that need did the state enter into social service delivery. The state, of course, did not want this responsibility, and it had to be dragged kicking and screaming into the provision of new human services. The difference in "care" and "treatment" is the difference between the twenties and the thirties in social service delivery. When this transition was made, Kansans had in effect redefined the nature of their society. KH

26. Osawatomie State Hospital, *Twenty-sixth Biennial Report*, 1928, 8.

27. *Ibid.*