In this 1920s photograph, a group of women, including one holding a baby, stand outside the hospital at the Kansas State Women’s Industrial Farm in Lansing, Kansas.
It was a typical cold winter day in Kansas on December 31, 1930, when a police matron working for the Hutchinson City Police came to the door of Mattie Woods’s modest rented lodgings. In most such cases in Kansas, the assignment was reserved for either male officers of the city police or male deputy sheriffs. However, those agents of public safety often lacked the sensitivity required to handle tasks as delicate as the one given to the city’s police matron on New Year’s Eve. The matron’s duty was twofold: to inform Mattie Woods that she had received a diagnosis of an infectious and communicable disease and to escort her to the city or county lockup until she could be transported to the Kansas Industrial Farm for Women in Lansing, Kansas. Mattie Woods, a thirty-three-year-old widow whose husband had died in 1926, was the sole breadwinner for her family of four. No doubt she was in a state of shock when the matron informed her of the specific affliction she had. All available evidence indicates that she went peacefully with the matron; Mattie’s eldest daughter, Nadine, accompanied her. At the station house, someone conducted a rudimentary physical examination of Nadine without her consent, which was all too common. The city police, after consulting the Reno County health officer, held Nadine too, as they believed she was afflicted with the same malady. Unbeknownst to Mattie and Nadine, they were two of more than 3,400 women and young girls incarcerated by the state of Kansas by the end of 1930 for contracting a venereal infection, a program designed in 1918 by the legendary public health advocate Samuel J. Crumbine. By the time the program ended in 1955, nearly 6,100 women had been confined at the Lansing facility, amounting to 70.1 percent of all inmates held at the Industrial Farm. Kansas was not unique in the treatment of its victims of venereal infections, but Kansas provides a more complete picture of how the weak and vulnerable were treated when the medical profession and state governments were driven by fear and the stigma associated with sex rather than by sound public health policy.

Christopher C. Lovett is professor of history at Emporia State University. His research and published works reflect his continued interest in the rich heritage of Kansas that can be found by conducting research in the state’s splendid archives.

1. Owing to privacy concerns, all names have been changed, but the records can be found in the locations cited. Prisoner Interviews for Kansas Industrial Farm for Women, Inmate Records, General History, box 2, folder 4500-99, box 35-07-08-02, State Archives Division, Kansas Historical Society, Topeka, Kansas (hereafter cited as KSHS). For numbers of women inmates in the Kansas State Industrial Farm for 1917–1956, see Tables 1a and 1b of the compilation of the Kansas Biennial Reports, 1918 through 1955, which cover women incarcerated at the Kansas Industrial Farm.
### Table 1a: Women incarcerated at the Kansas Industrial Farm for Women, 1918–1944

<table>
<thead>
<tr>
<th>Biennial Report</th>
<th>Violent Crimes</th>
<th>Nonviolent Crimes</th>
<th>Sex-Related Crimes</th>
<th>Vagrancy</th>
<th>Liquor Law Violations</th>
<th>Violation of 205</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Biennial Report, 1918</td>
<td>4</td>
<td>9</td>
<td>19</td>
<td>66</td>
<td>4</td>
<td>107</td>
<td>5</td>
<td>214</td>
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<tr>
<td>Second Biennial Report, 1920</td>
<td>21</td>
<td>22</td>
<td>37</td>
<td>34</td>
<td>15</td>
<td>626</td>
<td>0</td>
<td>755</td>
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<tr>
<td>Third Biennial Report, 1922</td>
<td>5</td>
<td>27</td>
<td>33</td>
<td>20</td>
<td>9</td>
<td>528</td>
<td>6</td>
<td>628</td>
</tr>
<tr>
<td>Fourth Biennial Report, 1924</td>
<td>19</td>
<td>22</td>
<td>34</td>
<td>6</td>
<td>49</td>
<td>517</td>
<td>7</td>
<td>654</td>
</tr>
<tr>
<td>Fifth Biennial Report, 1926</td>
<td>10</td>
<td>41</td>
<td>39</td>
<td>5</td>
<td>48</td>
<td>524</td>
<td>7</td>
<td>674</td>
</tr>
<tr>
<td>Sixth Biennial Report, 1928</td>
<td>17</td>
<td>33</td>
<td>47</td>
<td>7</td>
<td>66</td>
<td>587</td>
<td>5</td>
<td>762</td>
</tr>
<tr>
<td>Seventh Biennial Report, 1930</td>
<td>16</td>
<td>40</td>
<td>42</td>
<td>0</td>
<td>88</td>
<td>535</td>
<td>4</td>
<td>725</td>
</tr>
<tr>
<td>Eighth Biennial Report, 1932</td>
<td>19</td>
<td>65</td>
<td>34</td>
<td>8</td>
<td>70</td>
<td>515</td>
<td>4</td>
<td>715</td>
</tr>
<tr>
<td>Ninth Biennial Report, 1934</td>
<td>11</td>
<td>49</td>
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<td>4</td>
<td>77</td>
<td>364</td>
<td>1</td>
<td>516</td>
</tr>
<tr>
<td>Tenth Biennial Report, 1936</td>
<td>20</td>
<td>58</td>
<td>21</td>
<td>11</td>
<td>48</td>
<td>366</td>
<td>5</td>
<td>529</td>
</tr>
<tr>
<td>Eleventh Biennial Report, 1938</td>
<td>19</td>
<td>56</td>
<td>23</td>
<td>7</td>
<td>41</td>
<td>269</td>
<td>3</td>
<td>418</td>
</tr>
<tr>
<td>Twelfth Biennial Report, 1940</td>
<td>13</td>
<td>56</td>
<td>24</td>
<td>3</td>
<td>43</td>
<td>188</td>
<td>2</td>
<td>329</td>
</tr>
<tr>
<td>Thirteenth Biennial Report, 1942</td>
<td>16</td>
<td>50</td>
<td>16</td>
<td>23</td>
<td>40</td>
<td>205</td>
<td>0</td>
<td>350</td>
</tr>
<tr>
<td>Fourteenth Biennial Report, 1944</td>
<td>16</td>
<td>50</td>
<td>20</td>
<td>23</td>
<td>18</td>
<td>410</td>
<td>0</td>
<td>537</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>206</td>
<td>578</td>
<td>399</td>
<td>217</td>
<td>616</td>
<td>5,741</td>
<td>49</td>
<td>7,806</td>
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</table>

### Table 1b: Women incarcerated at the Kansas Industrial Farm for Women, 1946–1956

<table>
<thead>
<tr>
<th>Biennial Report</th>
<th>Violent Crimes</th>
<th>Nonviolent Crimes</th>
<th>Sex-Related Crimes</th>
<th>Vagrancy</th>
<th>Liquor Law Violations</th>
<th>Violation of 205</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fifteenth Biennial Report, 1946</td>
<td>26</td>
<td>41</td>
<td>23 (1 crime against nature)</td>
<td>7</td>
<td>19</td>
<td>217</td>
<td>0</td>
<td>333</td>
</tr>
<tr>
<td>Sixteenth Biennial Report, 1948</td>
<td>16</td>
<td>45</td>
<td>8</td>
<td>3</td>
<td>16</td>
<td>76</td>
<td>0</td>
<td>164</td>
</tr>
<tr>
<td>Seventeenth Biennial Report, 1950</td>
<td>14</td>
<td>57</td>
<td>16</td>
<td>2</td>
<td>13</td>
<td>36</td>
<td>0</td>
<td>138</td>
</tr>
<tr>
<td>Eighteenth Biennial Report, 1952</td>
<td>13</td>
<td>39</td>
<td>19 (1 crimes against nature)</td>
<td>6</td>
<td>13</td>
<td>9</td>
<td>0</td>
<td>99</td>
</tr>
<tr>
<td>Nineteenth Biennial Report, 1954</td>
<td>17</td>
<td>41</td>
<td>15</td>
<td>11</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>93</td>
</tr>
<tr>
<td>Twentieth Biennial Report, 1955</td>
<td>14</td>
<td>57</td>
<td>22</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1 (abortion)</td>
<td>106</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>280</td>
<td>103</td>
<td>36</td>
<td>73</td>
<td>340</td>
<td>1</td>
<td>933</td>
</tr>
<tr>
<td>Total from Biennial Reports, 1918–1944</td>
<td>206</td>
<td>578</td>
<td>399</td>
<td>217</td>
<td>616</td>
<td>5,741</td>
<td>49</td>
<td>7,806</td>
</tr>
<tr>
<td>Grand Total</td>
<td>306</td>
<td>858</td>
<td>502</td>
<td>253</td>
<td>689</td>
<td>6,081</td>
<td>50</td>
<td>8,739</td>
</tr>
</tbody>
</table>

Sources for Tables 1a and 1b: First - Twentieth Biennial Reports of the Women’s Industrial Farm, Lansing, Kansas, 1918-1956, State Archives Division, Kansas Historical Society, Topeka.
In his memoir, *Frontier Doctor*, Crumbine pointed to the American entry into the Great War as the catalyst that permitted the Kansas Board of Health to embark on a program to rid the state of the “social evil” of prostitution and to inaugurate a state-wide drive on venereal disease. Though he was secretary of the Board of Health, Crumbine and his staff lacked any reliable statistics about the spread of syphilis or gonorrhea in Kansas. In a report of the State Board of Health in 1916, Crumbine explained, “There has been little or no opposition to furnishing such reports, the lack of them being due more to indifference.” As board secretary, Crumbine thought it was imperative to acquire specimens and provide them to the state “biological laboratory so that it may be enabled to furnish free . . . Wasserman’s [tests for syphilis] in indigent cases.” In many ways, the State Board of Health was in the dark, as the 1916 report indicated; it mistakenly claimed that there were only 108 cases of venereal diseases in Kansas, although later treatments proved otherwise.

Crumbine was familiar with the arguments surrounding the handling of venereal disease cases. As Allan M. Brandt notes, “Although social hygienists looked to education as the ultimate means of combatting venereal disease, Progressives centered their immediate attention on the repression of prostitution.” It was assumed by many in the medical community that most Americans “associated venereal disease, almost exclusively, with the vast population of prostitutes in American cities.” But at the heart of the problem was the prevailing view that the fear of venereal disease served as a check on a person’s sexual appetite. With the advent of salvarsan, an arsenic-based remedy developed by Paul Ehrlich as an effective treatment for syphilis, medical professionals no longer believed that hospitals should ban those afflicted with either syphilis or gonorrhea from admittance, and some believed that cities and states should provide outpatient care for venereal disease sufferers. Unfortunately, that position was challenged by Progressives, who were “committed both to health and sexual morality.” This inherent struggle between those who advocated a “moral” and those who favored a “scientific” approach to venereal disease treatment was front and center in Kansas from 1917 to 1955, leaving a trail of victimized women and minorities in its wake.

By the turn of the century, there was a convergence of forces, both national and local, that altered American habits involving sexuality. The American Social Hygiene Association was divided between physicians and, historian Kristen Luker believes, “woman moral reformers.” In many ways, those women were the direct heirs of the earlier late-nineteenth-century Purity Crusade, which sought to end the scourge of prostitution. At the heart of the matter was the struggle between either a “single standard of sex behavior” or a “double standard” for those engaged in prostitution to satisfy male lust. Many social reformers believed that the double standard “had multiple pernicious effects: it separated ‘bad’ women from ‘good’ women, thus undermining what they [the female social reformers] called ‘sex-solidarity’ among women.”

Coinciding with a revival of the Purity Crusade, reformers in Kansas sought to end prostitution. “The social evil,” as it was called, had been illegal since statehood but was well established throughout the state’s municipalities, especially Leavenworth and Kansas City, both of which had a thriving sex market for clients from throughout the Midwest. It was obvious that the state was taking “the social evil” seriously when C. K. Codding, the warden of the State Prison at Lansing and an attorney for the state welfare board, told a gathering in Lansing that he was drafting a bill that would prohibit “disorderly houses” in Kansas once and for all. He even warned, “We will make it a penitentiary offense for a woman to engage in disreputable traffic, and the man who dares to offend against pure womanhood will get a prison term.”

Nearly simultaneous with the Purity Crusade, the eugenics movement was gaining strength in Kansas. Writing in 1946, Samuel Crumbine recounted the origins of the Kansas eugenics movement by detailing the work of Dr. Florence Brown Sherborn, a noted infant advocate and

eugenicist, whom he hired in 1917 to run the Division of Children’s Hygiene. Sherborn was a proponent of infant health and organized eugenic baby contests commonly called “Fitter Families for Future Firesides.” The contests were held yearly at the Kansas Free Fair Grounds in Topeka. Crumbine explained that each contest “involved the eugenic examination of entire families instead of separate individuals, as had been customary before this.” Those examinations included complete family histories and psychological and mental testing as well as “urethral and Wassermann blood [serological tests] for every adult” (italics added). The completely voluntary procedure could take three to five hours for each contestant and demonstrated the pervasive nature of eugenics in rural America. Crumbine stressed that the contests were only for those who were from “presumably healthy families.”

Kansas, like other states, had passed a sterilization law in 1913. In the subsequent years, it appeared that the law was not as far-reaching as many eugenicists had hoped in removing from Kansas those classified as degenerates. Those physicians who supported an aggressive eugenic solution complained that judges had become the final arbiters in sterilization procedures and were a barrier to the law’s implementation in Kansas, making the 1913 law im-

Table 2. Religious Preferences of Internees, 1923–1928

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Mainstream Protestantism</th>
<th>Evangelical Protestantism</th>
<th>Catholic</th>
<th>LDS</th>
<th>Gen. Prot.</th>
<th>None</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Presbyterian/</td>
<td>Church of God</td>
<td>Church of Christ</td>
<td>United Brethren</td>
<td>Baptist</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Congregational</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000–2099</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>2100–2199</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2200–2299</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>18</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>2300–2399</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>13</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2400–2499</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>20</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>2500–2599</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>16</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2600–2699</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>13</td>
<td>13</td>
<td>3</td>
<td>1</td>
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<td>2700–2799</td>
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<td>13</td>
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</tr>
<tr>
<td>2800–2899</td>
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<td>19</td>
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<tr>
<td>2900–2999</td>
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<td>2</td>
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<td>14</td>
<td>7</td>
<td>1</td>
</tr>
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<td>3000–3099</td>
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<td>9</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>3100–3199</td>
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<td>2</td>
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<td>0</td>
<td>2</td>
<td>16</td>
<td>7</td>
<td>5</td>
<td>0</td>
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</tbody>
</table>

Source: Prisoner Interviews, Kansas Industrial Farm for Women, Inmate Records, General History, 1923–1929, box 35-07-08-01, State Archives Division, Kansas Historical Society, Topeka, KS.

practical.8 Playing upon the public’s fears following the strangulation murder of Edna Dinsmore in Topeka in 1916, nearly all Kansas newspapers mobilized the public to fever pitch, forcing legislators to take bold action to remove similar threats during the next legislative session. Some papers warned of the perils posed by other fiends in their communities. Physicians throughout Kansas convened in Topeka to discuss the case. The Winfield Evening Press boldly tackled the issue in a May 2, 1916, editorial, “The State and Degeneracy,” claiming that “defectives” were “increasing with immense rapidity because of the absence of proper restraining laws.” To bolster its argument for a more stringent law, the editorial quoted Professor Frank W. Blackmar of the University of Kansas, who asserted that the state had “to go to the source and stop the fountain that feeds it.” In January 1917, during the next legislative session, Representative Winfield Austin Scott Bird, a lawyer and a Republican representing Shawnee County, introduced House Bill 484, a new and enhanced sterilization law more in line with the wishes of the state’s medical community.9

Both chambers easily passed the new sterilization proposal—78 to 15 in the House and 27 to 5 in the Senate—which authorized the “examination and sterilization of such inmates in certain cases.” House Bill 484 repealed the state’s 1913 sterilization measure and became Chapter 299 of the state statutes for 1917. Chapter 299 and Chapter 205, which allowed for the quarantining of any person with a communicable disease, were the hallmarks of Samuel J. Crumbine’s efforts to implement eugenic health measures in Kansas.10 Although most of the victims of the state’s sterilization program fell within the category of what Harry Bruinius termed the “three Ds, dependency, delinquency, and deficiency,” many others did not. For example, fourteen-year-old Mary Smith was sent to the Industrial Farm by Shawnee County Health Department for a Chapter 205 violation. The Industrial Farm officials determined that Mary was negative for both syphilis and gonorrhea. Still, she was sterilized and sent to the Kansas

Industrial School for Girls at Beloit for what the authorities claimed was her “immorality.” Her actual offense, and that of her sister, was prostitution and crossing the color line at the instigation of her mother, who served as their procurer.11 Unlike the quarantine law, which was opposed by two lone legislators, no responsible public figure stepped forward to argue against the dangers posed by sterilization. For Crumbine, any inconvenience and violation of a person’s civil rights were warranted to protect families from those who posed a grave danger of transmitting venereal diseases, participating in criminal activity, and what eugenicists considered general moral degeneracy.

The second eugenic measure was first introduced as Senate Bill 135 by Senator J. A. Milligan of Garnett, chairman of the Senate Committee on Temperance and

10. SOS (Secretary of State), Legislative Documents, 1917, HB 329-495, Box 177, Folder: HB 484-1917, 125-1-1-20, KSHS.
11. Harry Bruinius, Better for All the World: The Secret History of Forced Sterilization and America’s Quest for Racial Purity (New York: Random House, 2006), 9; Kansas State Industrial Farm for Women, Inmate Files 5443–5650, box 4, 128-10-1-5; Personal History of Inmates, Volume V, KSHS, http://www.kansasmemory.org/item/228101/page/1346. Like all other names in this study, Mary’s is a pseudonym. Her mother and a friend also were imprisoned at the Industrial Farm for “contributing to the delinquency of a minor.” Her mother sent both of her daughters to a Topeka brothel, ultimately resulting in the sterilization of both for crossing the color line.
Hygiene, on January 16, 1917. Like the sterilization measure, SB 135 was designed to protect the public from infectious diseases without specifically naming the maladies from which the public needed protection. In the upper chamber, SB 135 met no opposition from either Republicans or Democrats and was passed by the end of the month by an overwhelming majority of 35 to 0, which sent the bill to the House. There it met opposition in the Public Welfare Committee. Although the *House Journal* does not include committee testimony, it is likely that Samuel J. Crumbine, secretary of the Board of Health, supported the quarantine law to educate the legislators about the dangers posed by venereal infections. According to news accounts, the legislators made light of the illnesses and nearly “laugh[ed] themselves to death” when discussing the diseases in question. Two representatives, Frank I. Martin, a Republican from Reno, and George W. Holland, a Democrat from Russell, warned lawmakers of the need “to protect the personal liberty of individuals against the board of health.” Their main argument against the bill involved the abrogation of legislative authority to the State Board of Health in determining, without the prior approval of the legislature, the diseases that were deemed to necessitate a quarantine. A week earlier, when opponents sought an amendment to list those diseases, it was defeated in the House. Too many in the legislature thought that venereal infections were not to be mentioned in polite society. Then, in late February, the Kansas legislature allowed “the board of health to issue an order for the quarantining of any communicable disease” without mentioning venereal infections in the legislation. This amended House bill was approved by the Senate and signed into law as Chapter 205 of the Kansas statutes by Governor Arthur Capper on February 27, 1917.\(^\text{12}\) Unbeknownst to the legislature, the 1917 quarantine law remained in effect until 1955, resulting in the incarceration of thousands of Kansas women and girls without due process of law and without regard for their general welfare.

Barely a month after the governor signed both the sterilization and quarantine measures into law in March 1917, the nation found itself at war with imperial Germany. President Woodrow Wilson, a noted moralist, believed that there was a pressing need to protect American troops from the scourge associated with syphilis and gonorrhea. Historian Bryon Farwell described “a study of nearly a million [men that] showed that 5.6 percent were infected with a venereal disease, of which about 90 percent, probably those with gonorrhea, were accepted and treated.” Even before the doughboys sailed for France, the Wilson administration and social reformers in the War Department’s Committee on Training Camp Activities were doing their bit to stamp out the “social evil” around military installations. The powerful arm of the federal government came into play, and the Public Health Service and the War Department provided states and localities with the authority to detain and examine all women and girls serving in the military. The Senate Journal: *Proceedings of The Senate of the State of Kansas* (Topeka: Kansas State Printing Plant, 1917), 44, 49, 117, 139, 355, 419, 430; “Board of Health Quarantine Bill Goes through the House,” *Topeka Daily Capital*, February 20, 1917.

---

<table>
<thead>
<tr>
<th>Cohort Number</th>
<th>Race and Ethnicity</th>
<th>Average Age</th>
<th>Average Age of First Sexual Contact</th>
<th>Percentage of Black Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Black</td>
<td>Mexican/Indian</td>
<td>In Prison among Internees</td>
</tr>
<tr>
<td>2000–2899</td>
<td>582</td>
<td>97</td>
<td>6</td>
<td>21.7</td>
</tr>
<tr>
<td>1900–3899</td>
<td>611</td>
<td>105</td>
<td>8</td>
<td>21.4</td>
</tr>
<tr>
<td>3900–4899</td>
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<td>4900–5899</td>
<td>589</td>
<td>85</td>
<td>12</td>
<td>21.8</td>
</tr>
</tbody>
</table>

deemed a threat to the moral fiber of American service-
men. According to Ronald Shaffer, nearly eighteen thou-
sand women nationally were held in detention facilities
for prostitution. Most were young women and girls from
the working class who were rounded up before the Armistice.\textsuperscript{13}

Nearly two weeks after the American declaration of
war, Crumbine sent a proposal to Dr. Rupert Blue, U.S.
surgeon general. In his letter of April 21, 1917, Crumbine
sketched a plan to support the federal authorities in their
effort to detain “diseased women,” a term frequently
used by state officials when discussing women afflicted
with venereal infections. Crumbine’s objective was to re-
duce the rate of infections near both Fort Riley and Fort
Leavenworth. In his own words, Crumbine “submitted a
tentative outline of what the Kansas Board of Health
might do in serving the federal government during the
period of the war, relative to such concentration camps as
might be placed within the borders of the state” (italics
added).\textsuperscript{14} Crumbine made that initial proposal without
having a workable state program to house those infected
with venereal infections. Despite his status as a physician,
his work brought political instincts and kept Governor
Capper informed of his contact with both the surgeon
general and army officials concerning establishing “extra
cantonment zones around Fort Riley and Fort
Leavenworth.” Crumbine believed “the people of the
state are looking to the State Board of Health to do all in
its power to protect the soldiers in training and the civil-
ian population surrounding the zone [by] preventing
communicable diseases, especially venereal disease.”\textsuperscript{15}

In communities near military reservations such as
Leavenworth, Junction City, and Manhattan, the U.S.
Army had no authority to enforce civil law, particularly as
it pertained to vice and prostitution. Before the Great War,
local commanders had taken matters into their own
hands, as was customary, and conducted medical inspec-
tions of local prostitutes. Prostitutes who were not in-
fected were issued cards noting that they were disease-
free. Raymond Fosdick of the Committee on Training
Camp Activities, whom many in the military believed
was just another civilian “do-gooder” and referred to as
“the Reverend,” objected that prostitutes were an unsatis-
factory “palliative for a poor moral environment.”
Crumbine could not have agreed more, and on November
6, 1917, he notified public health officials in Kansas “not
to issue certificates of freedom from venereal disease, as
such certificates may be used for purposes of solicita-
tion.”\textsuperscript{16}

Samuel Crumbine, as a health professional, had to
have justification for the massive social engineering pro-
gram that he envisioned, the largest ever conducted in the
state up to that time. Writing in the February 1918 edition
of the \textit{Bulletin of the State Board of Health}, Crumbine pro-
vided eight justifications for the state’s effort to suppress
venereal infections on an unprecedented scale. He warned
his colleagues of the need for medical preparedness to
avoid the pitfalls that Europeans faced concerning vene-
real disease at the outbreak of the war and reminded them
that both current and future servicemen needed protec-
tion from the scourge of syphilis and gonorrhea. He
sought to convince physicians that they too were soldiers,
but soldiers in defense of the public health of their com-
munities. Crumbine informed his readers that this chal-
lenge should not be taken lightly because the War
Department had requested their services. More impor-
tant, by meeting this challenge, the Kansas Board of
Health would ensure the well-being of mothers and chil-
dren in the face of the dangers posed by venereal infec-
tions. Crumbine believed the most obvious method to
stop the spread of venereal diseases was to conduct a
statewide campaign to suppress prostitution and reintro-
duce purity into adult sexual relationships. Only with
such a crusade, he stressed, could Kansans stop the social
evil because regulation had never worked. Although
prostitution was curtailed, the spread of venereal infec-
tions increased with the sexual revolution that began with
the war. The key, Crumbine informed medical profes-
sionals, was to solve this problem on the local level rather than
turning to the military for help.\textsuperscript{17}

With the approval of the 1917 quarantine law, the state
legislature gave final authority to the State Board of
Health to write the guidelines for Chapter 205, which it
did in Lawrence on March 29, 1918. The Board of Health

1918 (New York: W. W. Norton, 1999), 52; Ronald Shaffer, \textit{America in the
Great War: The Rise of the War Welfare State} (New York: Oxford University
of the State Board of Health} (Topeka: Kansas State Printing Plant, 1918), 29.
15. “Venereal Disease,” \textit{Bulletin of the Kansas State Board of Health} 13
(November 1917): 243.
Kansas State Board of Health} 13 (November 1917): 243.
17. “Shall Venereal Disease Menace the Nation?” \textit{Bulletin of the State
Board of Health} 14 (February 1918): 20–23.
published the procedures in the March edition of the Bulletin of the Kansas Board of Health. As in other states during the Great War, members of the Board of Health stressed that it was acting on behalf of the “War and Navy Departments and the Council of National Defense, [which had] requested Kansas to do her share in minimizing the evils of organized vice, prostitution, and venereal disease,” which, the regulations noted, were especially detrimental to the “military services.”

The measures were draconian and permitted local or county public health officials “to use every available means” to investigate all cases of venereal disease, particularly syphilis and gonorrhea. The directive from the State Board of Health instructed officials that “all persons reasonably suspected of having syphilis in the infectious stage or gonococcus infection, owing to the prevalence of such diseases among prostitutes, all such persons may be considered in the above class [as prostitutes].” Likewise, all public health officials were “authorized to use every proper means to aid in suppressing same.” Under Crumbine’s determined leadership, the Kansas Board of Health was no longer acting to protect the state’s physical well-being. Now, in wartime, it was to police social mores related to sexual conduct too. The willful abrogation of oversight authority by the Kansas legislature caused a human tragedy that continued unabated for nearly forty years, allowing state authorities to incarcerate any woman deemed a threat to a community regardless of her health condition. Just a suspicion of infection was enough for some public health officials to round up women throughout the state, as evidenced by the number of women interned for being in the wrong place at the wrong time yet

Crumbine, acting with the full authority of the State Board of Health, outlined how those quarantined were to be detained under the March 29, 1918, directive. Kansas then faced an additional crisis. According to Crumbine, “We have jails and other places filled with women held for questioning or for whom treatments have been ordered.” Following consultations with state officials, Crumbine had women who were suspected of infection moved to the newly opened Industrial Farm for Women. Sherman Axford, the physician for both the state prison and the Industrial Farm, noted that those afflicted with venereal disease were to be placed in the same category as those suffering from smallpox and measles, and “the Industrial Farm was made the place of internment and isolation for the entire state of Kansas, both as to civil and military operations.” In Frontier Doctor, Crumbine failed to mention that men were to be included but implied that all those who were detained were nothing more than prostitutes.20

To assist states in battling venereal disease, the federal government provided them with funding to operate clinics to treat citizens afflicted with syphilis or gonorrhea. Kansas opened seven clinics and by 1921 had treated more than 1,800 men and women. But there was a problem: while updating the 1918 Board of Health regulations in 1923 and again in 1926, the Board of Health erroneously claimed that the state maintained a male quarantine camp at the state prison. On the one hand, it appeared that if an infected woman visited a clinic, she would be sent to the Industrial Farm by the clinic’s professionals. Male sufferers, on the other hand, could receive treatment and remain in their local communities after 1921, even before the clinics ceased operation in 1923. The later regulations stressed that the provision “provides ways and means whereby prostitutes and those whose conduct is of such a character as to spread venereal infection may be quarantined at the State Industrial Farm for Women” (italics added).21 It seems that women were the principal targets of the state’s efforts to fight venereal disease and protect its men from not diagnosed with a venereal infection while at the Industrial Farm.

### Table 4b: Doses of Medications Used at the Kansas Industrial Farm for Women for the Treatment of Syphilis, 1922–1942

<table>
<thead>
<tr>
<th>Years</th>
<th>Mercury/ Mercurosal</th>
<th>Arsphenamine</th>
<th>Sodium Thiosulphate</th>
<th>Silver-Arsphenamine</th>
<th>Neosalvarsan</th>
<th>Thio-Bismol/ Bismarsen</th>
<th>Arseno-Bismuth</th>
<th>Mapharsan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1920–1922</td>
<td>2,920</td>
<td>2,920</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1922–1924</td>
<td>3,612</td>
<td>3,316</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1924–1926</td>
<td>2,277</td>
<td>2,319</td>
<td>110</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1926–1928</td>
<td>4,825</td>
<td>3,530</td>
<td>53</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1928–1930</td>
<td>4,133</td>
<td>3,811</td>
<td>71</td>
<td>36</td>
<td>945</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1930–1932</td>
<td>2,904</td>
<td>3,375</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
<td>3,672</td>
<td></td>
</tr>
<tr>
<td>1932–1934</td>
<td>3,207</td>
<td></td>
<td></td>
<td>2,527</td>
<td>3,229</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1934–1936</td>
<td></td>
<td></td>
<td></td>
<td>3,505</td>
<td>7,129</td>
<td>1,737</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1936–1938</td>
<td>6,472</td>
<td>936</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3,505</td>
<td>360</td>
</tr>
<tr>
<td>1938–1940</td>
<td>1,820</td>
<td></td>
<td></td>
<td></td>
<td>3,460</td>
<td></td>
<td>1,778</td>
<td>1,234</td>
</tr>
<tr>
<td>1940–1942</td>
<td></td>
<td></td>
<td></td>
<td>42</td>
<td>111</td>
<td></td>
<td>1,778</td>
<td>1,234</td>
</tr>
<tr>
<td>Totals</td>
<td>30,350</td>
<td>19,291</td>
<td>936</td>
<td>277</td>
<td>11,285</td>
<td>1,056</td>
<td>27,855</td>
<td>3,331</td>
</tr>
</tbody>
</table>

Source: [First - Thirteenth Biennial Reports of the Women's Industrial Farm, Lansing, Kansas, 1918-1942](https://example.com), State Archives Division, Kansas Historical Society, Topeka.

19. Ibid., 41–42.
wayward and “diseased” women, reinforcing Crumbine’s Victorian view of sexual morality as mandated by the Purity Crusade.

Initially, the Industrial Farm was an improvement on incarcerating women in a separate wing of the state prison. Women’s groups throughout Kansas had championed a women’s facility, a policy that had already been adopted by other states. But in light of the bone-dry liquor law, the quarantine law, and the sterilization law, all passed in 1917, the authorization for the Industrial Farm should be seen not merely as a progressive measure to placate the women of Kansas but also as another wartime measure, at least as perceived by the State Board of Administration, to assist the war effort. The federal government provided Kansas with $22,750 for the treatment of infected women and another $3,000 to help defray the $45,000 cost of the construction of a hospital at the site of the Industrial Farm.

Julia Perry, the first superintendent of the Industrial Farm, came from Ohio to Kansas in 1885 and found teaching positions in Sedgwick and Newton while working closely with the Church Union, a social welfare organization. She was deeply religious, and it was her expertise with the Church Union that led the State Board of Charities to ask for her assistance in reorganizing the Beloit School for Girls. After twelve years at Beloit, she retired and moved east, returning to Kansas in 1917 to organize the Industrial Farm and expand the campus from its original farmhouse to a 160-acre facility. Like many of her generation, Perry was part of the moral reform movement as well as teaching “commercial training, domestic science, and domestic art” preparation to the women in her charge.

Despite the medical suffering that many women endured at the Industrial Farm from the prevailing treatment protocols, many thought highly of Perry as superintendent. The Topeka Capital called her “an outstanding woman,” one who had helped in “rebuilding fallen women,” and claimed, “Her life may be said to have been dedicated to the unfortunate.” Unfortunately, far too many Kansans did not know what went on in a prison with “no walls, or bars or locks.” The popular assumption that the women were “detained there for medical care and isolation” and that detention was “largely voluntary” was an illusion. Most Kansans did not know, and would never know, what transpired on the grounds of the Kansas Industrial Farm in the name of medicine and public health.

Crumbine visited the Industrial Farm shortly after its opening in November 1918 and met Perry. It was obvious to him that Perry was distraught about her inability to reform the initial cohort of women. According to Crumbine’s memoirs, Perry told him that “those women in the past had from one to twenty male contacts every 24 hours, [and] they would soon be infected again if they returned to their former life.” An examination of the official reports submitted to the state in 1918 and 1920 shows that those assumptions had no basis to support the claim of massive reinfection for those interned. Crumbine determined to evaluate those internees and employed a participant observer who would intermingle with the women. His candidate was Darlene Doubleday Newby, “a distinguished social worker who was resourceful” and, it was hoped, would find a way to “[break] through the shell of suspicion fallen women raise around themselves.”

Newby spent two weeks working with the women inside the Industrial Farm. The only person aware of her actual identity was Perry. To keep social interaction with other inmates to a minimum, Newby was assigned as a clerk typist. From her position inside the farm, she made a timely report to Crumbine, which appeared in the February 21 edition of the Bulletin of the Kansas State Board of Health. Crumbine, Perry, and Newby were deeply religious, and any social behavior that did not conform to their rigid religious standards was considered problematic. Currently, scholars and researchers tend to assume that after the initial classification of prostitution and vagrancy, professional listings such as housework, waitressing, and cooking were nothing more than euphemisms for the prostitution and sexual behaviors contributed to the internees’ incarceration. Newby claimed that many of the “jolly girls,” as she called them, “lost their social balance, followed soldiers to camp, grew more restless, and

25. Crumbine, Frontier Doctor, 223–26; First Biennial Report of the Kansas Industrial Farm for Women, Lansing, Kansas (Topeka: Kansas State Printing Plant, 1919), 12–14; Second Biennial Report of the Kansas Industrial Farm for Women (Topeka: Kansas State Printing Plant, 1920), 20. Kansas reported 107 women were interned in 1918 and 626 were interned in 1920. Few were repeat offenders.
finally found their way to quarantine.”

What was transpiring was the start of the sexual revolution, which Crumbine, Newby, and Perry neither realized nor would have accepted.

Times were changing. Not only was the United States at war with imperial Germany, requiring the mobilization of men for the military, but social mores were in a state of flux. The patriarchal foundations of society in Kansas were being challenged. Many young women in 1917 and 1918 did not adhere to the same social norms as their mothers and grandmothers. The social shift became more pronounced in the 1920s during the Jazz Age, when young women in Kansas adopted the attitudes of the flappers.

For the first five years of the Industrial Farm, reliable data about the internees’ religiosity is unavailable, though that information was recorded in subsequent years. The data show that a strange phenomenon was occurring; nearly 34 percent of all internees claimed to have no religious preference, a far greater number than Baptists, Methodists, Catholics, and other mainline Christian faiths. Surely public health officials and social workers were at a loss to explain what was transpiring among the women of this new generation.

During the war, Newby noted, it was possible to explain the “patriotic prostitutes” as young women caught up in the war hysteria who, by 1921, appeared “to be straight living.” What worried Newby, and many others, was “the subnormal adolescent girl and [the] feebleminded prostitute.” Who, then, were the women being treated under Chapter 205 at state expense? Professionally, Newby thought, “Some of them [were] cross-eyed, some of them have adenoids [assumed to cause aprosexia, a form of ADHD], [and] some of them have been sex offenders since they were six years old.” They were the moral degenerates who threatened society. Unfortunately, Newby and the Kansas Board of Health were working under a series of false assumptions, assuming the spread of venereal contagion was directly linked to what Newby referred to as the “subnormal adolescent girl.” The good news, in Newby’s estimation, was that “at least Kansas [had] found a dumping ground for the unfit,” protecting healthy Kansans from undesirables, the perfect eugenic solution for the unworthy.

Not everyone agreed with Newby’s assessment. Dr. Sherman L. Axford was not on duty when the Industrial Farm officially opened but oversaw the medical treatment of the inmates and internees starting on November 1, 1918, about the time of Crumbine’s official visit to the facility. Unlike Darlene Newby, Axford did not place much faith in questioning the “mentality of the inmates.” Although he did not believe that the inmates’ personal histories, their life stories, contributed to their eventual incarceration, he did note that “in fairness to the inmate,

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27. See Table 2 concerning the religious preferences of internees from 1923 through 1928.


---

<table>
<thead>
<tr>
<th>Inmate Number</th>
<th>Volunteer</th>
<th>Husband/Partner Infected Internee</th>
<th>Suspection</th>
<th>Don’t Know</th>
<th>Sexually Promiscuous</th>
<th>Personal Disputes</th>
<th>Prostitution</th>
<th>Under Medical Care</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000–2999</td>
<td>60</td>
<td>74</td>
<td>167</td>
<td>30</td>
<td>160</td>
<td>57</td>
<td>120</td>
<td>81</td>
<td>26</td>
<td>775</td>
</tr>
<tr>
<td>3000–3999</td>
<td>56</td>
<td>128</td>
<td>95</td>
<td>37</td>
<td>157</td>
<td>24</td>
<td>82</td>
<td>60</td>
<td>64</td>
<td>703</td>
</tr>
<tr>
<td>4000–4999</td>
<td>56</td>
<td>139</td>
<td>91</td>
<td>95</td>
<td>206</td>
<td>27</td>
<td>24</td>
<td>59</td>
<td>36</td>
<td>733</td>
</tr>
<tr>
<td>Totals</td>
<td>172</td>
<td>341</td>
<td>353</td>
<td>162</td>
<td>523</td>
<td>108</td>
<td>226</td>
<td>200</td>
<td>126</td>
<td>2,211</td>
</tr>
</tbody>
</table>

Source: Prisoner Interviews, Kansas Industrial Farm for Women, Inmate Records, General History, 1923–1929, box 1, folder 3900–3999; Prisoner Interviews for the Kansas Industrial Farm for Women, Inmate Records, General History, 1923–1932, box 2, folder 4000–4099, State Archives Division, Kansas Historical Society, Topeka, KS.
it should be said that scarcely any family can show a family history entirely free from circumstances which might have a bad influence upon the persons leading exemplary and extremely useful lives who have a ‘skeleton in the closet.’” In a rare moment of candor, which ran counter to Newby’s eugenics-influenced analysis, he wrote, “In my study of these women, I have seen nothing that would cause me to brand them as fundamentally different, and while they surely have a trifling higher percentage of subnormals and abnormals than is met with outside of institutions, I am convinced it is environmental influences which accounts for their being with us.”

Representatives Frank Martin and George Holland, early opponents of the 1917 quarantine law, had warned that allowing the legislature to empower the Board of Health to write the directives concerning enforcement of the law would infringe on civil liberties. Their concerns came to fruition when Private Porter Caruthers of the 365th Field Hospital of the 92nd Division, an African American unit at Camp Funston, wrote to Governor Capper on April 18, 1918, to ask why his fiancée, Bertha Howard, had been arrested. Caruthers informed Capper that Howard had never been charged; she had been “forced to take a culture test and symptoms showed slightly and now she is on her way to prison.” Caruthers appealed to Capper for help and asked him to give the “lady a fair chance.” Five days later, Capper wrote to the mayor of Manhattan, Samuel F. Goheen, acknowledging, “I know nothing of the matter and refer it to you for your consideration.” Goheen did his best to explain not only what had happened but, more important, how Chapter 205 had been administered. He described to Capper the diagnosis made by Dr. C. R. Helper of Manhattan, who had claimed that Bertha Howard had gonorrhea, and how the justice of the peace, C. A. Kimball, had made the final determination to send her to the Industrial Farm until she was no longer a threat to the community. Later, C. K. Codding, the warden of the state prison, told Capper that Dr. H. C. Robles, acting scientific and medical officer, had confirmed the diagnosis of gonorrhea, and “under the law she will have to remain here till cured.”

No further follow-up inquiries were made to state authorities about other internees until O. L. Owens, a lawyer representing an insurance company, asked why one of his subscribers had been incarcerated roughly thirteen years after Bertha Howard had been sent to the Industrial Farm. Although adequate medical statistics for those interned between 1918 and 1932 are lacking, it is possible to visualize the realization of Martin’s and Holland’s fears with the incarceration of woman through false diagnoses, violations of the quarantine statute, and inadequate training of rural physicians. Between 1933 and 1938, 964 women were interned for alleged venereal infections, of whom 22 percent, or 213 women, were incarcerated because of faulty test results, apprehension during general police roundups, systematic raids on speakeasies, and the mere suspicion of having a venereal infection. According to her prison interview in 1923, one black woman recalled that the police “raided the place we were staying and found my husband and I in bed. They asked for our [marriage] license, but we didn’t have [it with us] so they arrested us.” She further recalled that they “interned us on our blood. I have always been a good girl never had anything to do with any man other than my husband.” No apologies were given when false positives or unlawful detentions occurred. What transpired between 1933 and 1938 had no doubt happened earlier on a scale that is difficult to imagine. But the evidence does show—and specific cases back it up—that women, often black women, had to endure the prevailing syphilis treatment protocol even though they did not have syphilis, raising concerns that treatments were used less as a curative then as a punishment for not complying with the matrons.

When it came to male internees, Kansas faced a crisis. The use of the Wassermann test for newly admitted prisoners was just being implemented. Yet the facilities at the men’s prison were inadequate, according to Sherman Axford, and making the state prison the central state treatment facility was not practical because the equipment “could not prepare a dose of Salvarsan (606) if we had a week’s notice—not even sterilized water is avail-

31. Letter, O. L. Owens to C. W. Wilson, December 7, 1931, Kansas Industrial Farm for Women, Inmate Files, Regular Inmate Files 2664–5035, box 1, folder 4880, 128-10-1-2, KSHS.
32. Kansas State Industrial Farm for Women, Inmate Files, box 128-10-1-4 through box 128-10-4-11, KSHS; Prison Interviews for the Kansas Industrial Farm for Women, Inmate Records, General History, 1923–1929, box 1, folder 2000–99, box 35-07-08-01, KSHS. See Table 3 for false positives covering the years 1933 to 1938; African American women composed 1.5 to 1.7 percent of the Kansas population from 1920 and 1930, yet they were 12.7 to 15.7 percent of all internees at the Industrial Farm from 1923 through 1935. For further details, see Table 8: Racial, Age, and Sexual Activity of Internees, 1920–1935.
able.”33 After July 1, 1918, the men’s facility housed 252 male internees, but most of them had been discharged by 1920. Even Axford wanted state officials to see reason; he noted in his “Physician Report” for 1920 that although the program was “praiseworthy” and “should be continued, we feel that better hospital facilities should be provided for the care of those patients.”34 Axford was referring only to the male internees housed in a tent complex on the grounds of the state penitentiary, not the women at the Industrial Farm.

In 1921, the Columbia Law Review raised an important question: “How far is it within the power of a court to review the legality of the detention by the board of health of one alleged to be infected by a venereal disease?” In 1918, three men, identified as infected with gonorrhea, were held in the city jail in Topeka until they were moved to the state penitentiary at Lansing. The three hired Alisha Scott, a respected Topeka attorney, to represent them and seek a writ of habeas corpus. In Ex parte McGee et al., the Kansas Supreme Court on November 8, 1919, rejected their argument. The court stressed that “only those invasions of personal privacy are unlawful which are unreasonable, and reasonableness is always relative to the gravity of the occasion.” But “privacy may not be permitted to thwart measures necessary to avert public peril.” The court said in its unanimous judgment, “While it is true that physical facilities constituting part of the penitentiary equipment are utilized, interned persons are in no sense confined in the penitentiary and are not subject to the peculiar obloquy which intends such confinement.” With this ruling both Crumbine and the Board of Health were vindicated. Even the Columbia Law Review agreed. The Virginia Law Review concurred, noting that “protection of the public health and safety has been consistently considered a legitimate end of legislation under the state police power [and] is not controversial.”35 But something was different in McGee. The Kansas Supreme Court simply did not rule on the case; the majority demonstrated a paranoid fear of an illness that they and the public knew very little about, an illness not normally discussed in polite society. Not long afterward, men ceased to be detained, quarantined, and interned for venereal infections. Only women had to endure the stigma of incarceration and the treatments, some of which were out of step with prevailing treatment protocols.

If the initial objective was to protect Kansans from the scourge of venereal infections as well as to provide care to the indigent, the correctional center at Lansing lacked the

capability to treat male internees. Unfortunately, no one asked if the Industrial Farm was prepared to handle female patients. Even then, it was obvious that the internment program was designed to punish rather than treat. In addition to housing female felons, some of whom were infected with either syphilis or gonorrhea, on state warrants, the Industrial Farm was “a place for the internment of those who have violated the laws of chastity and virtue.” Sherman Axford did express concerns about the Industrial Farm’s medical capability, which he described as of a “very primitive character, and the lack of same add much to the difficulties experienced in the proper care of inmates.” If that was not enough, he categorically explained, “It is universally recognized among medical men [italics added] that the extremely chronic gonorrheal infections in women are beyond the reach of medical measures.” The treatment of such a malady in women was horrifying in the extreme, as will be discussed later.

How then were patients with syphilis treated? The first task was to identify those infected. The most authoritative technique was the Wassermann serological blood test. If an internee received a 1+ on the Wassermann without having received prior treatment, it was considered a negative reaction. If the patient showed a 2+ reaction, more tests were recommended to determine whether the test highlighted a false positive. A 3+ or 4+ indicated the need for treatment. Kansas used only the Wassermann test well into the 1930s before transitioning to the Kolmer-Kahn test, an advanced diagnostic tool in syphilis testing with fewer false positives. After receiving the results of the Wassermann test, physicians experimented by using either salvarsan or neosalvarsan in conjunction with intermuscular injections of mercury salicylate of one to two grams each, depending on the patient’s overall health. Doctors recognized that patients with syphilis often lost considerable weight while undergoing treatment. Some patients, either believing they were cured or seeking a way out of the painful procedure, ended the treatment altogether. For Sherman Axford and his staff at the Industrial Farm, the treatment protocol for syphilis was a continuation of intravenous injections of salvarsan followed by intermuscular injections of mercury. A similar protocol was established by military physicians during World War I and continued at the Industrial Farm after 1918. Ultimately, the treatment for patients with syphilis at the Industrial Farm encompassed a combination of salvarsan or neosalvarsan; mercury; and bismol, bismuth, arseno-bismuth, bismarsen, and mapharsan through the 1930s until the introduction of penicillin in 1946.37

To understand the treatment regimen, it is instructive to review the case of Isak Dinesen, the author of Out of Africa, who contracted syphilis from her husband. Initially she sought to hide her condition from her family rather than tell them the truth about her affliction. By the mid-1920s, her condition had worsened, and doctors informed her that they doubted she would ever be cured. At some point, as noted by Deborah Hayden, Dinesen’s biographer, after a series of seven salvarsan injections, “a second salvarsan series was planned, but she quit the ‘infernal cure,’ after four injections.” Claude Quétel stressed that despite Paul Ehrlich’s discovery of salvarsan and neosalvarsan, “syphilis was not so easily defeated,” which explained why women such as Dinesen and many from the Industrial Farm returned for additional treatments.38

Unfortunately, medical personnel assumed that the women who relapsed simply had returned to their previous “immoral” ways and were sexually active once again. Constant claims by the medical officers at the Industrial Farm that women were not released until it was proven they were no longer infectious were specious, as Quétel has noted. Axford explained in 1924, “The fact that it is nearly well-nigh impossible to say when either disease [gonorrhea or syphilis] is cured makes the quarantine of-

36. First Biennial Report of the State Board of Administration (Topeka: Kansas State Printing Plant, 1918), 10. Axford noted, “These conditions are in the process of betterment.”

37. See: Second - Twelfth Biennial Reports of the State Industrial Farm for Women, Lansing, Kansas, 1920-1940, State Archives Division, Kansas Historical Society, Topeka, KS. See Table 4a and Table 4b for medication types and dosage rates covering 1920 through 1942. Often neosalvarsan (neoarsphenamine) was used for children who were interned with their mothers. Dosage rates after 1941 and until the introduction of penicillin are sporadic at best. It appears that the protocol for syphilis treatment changed slightly, with alternating shots of 1 cc of bismuth followed by .06 cc of mapharsan and then alternating shots of arseno-bismuth with shots of sodium iodine if needed. In one case, an internee was treated with arseno-bismuth on the day of her release. In an obviously experimental case, one internee in early 1942 was treated for neurosyphilis with eight shots of tryparsamide. Both American and British researchers wrote about this treatment in 1944. See W. D. Nicol and E. L. Hutton, “Neurosyphilis and Treatment,” British Journal of Psychiatry 378 (January 1944): 351–64; Bernard Dattner, “The Management of Neurosyphilis,” American Journal of the Medical Sciences 208 (December 1944): 812. In 1943, the medical staff experimented with penicillin with a selected number of internees suffering from gonorrhea, and it appears from medical records that they did the same with a syphilitic patient, sending her and her children to Washington, DC, for additional treatment. See “Physician Report,” Fourteenth Biennial Report (Topeka: Kansas State Printing Plant, 1944), 18; Kansas State Industrial Farm for Women, Inmate Files, 1942–1943, box 14, 128-10-1-15, KSHS.

The treatment for syphilis infections in Kansas rarely changed during the operation of the Industrial Farm and included a combination of intermuscular mercury injections followed by intravenous injections of salvarsan (arsphenamine) at a ratio of two to one. Whereas many hospitals throughout the United States had drastically reduced the use of mercury and moved to neosalvarsan (neoarsphenamine), a less toxic form of salvarsan, Kansas did not abandon salvarsan until after 1933 and used neosalvarsan only for children and infants, according to published reports. Although the Industrial Farm limited the use of mercury injections, the medical staff embarked upon the use of mercurosal, a mercury-based syphilis treatment. The effectiveness of this medication was questioned by the American Medical Association as early as 1922 and again in the 1930s.39 Even before ending intermuscular injections of mercury, the staff for four years had used a more dangerous and risky technique between 1926 and 1930: direct intravenous injections of mercury in selected patients. By 1934, the Industrial Farm had switched to neosalvarsan for all patients, which continued until neosalvarsan was replaced by a less toxic variant known as mapharsan by 1942. Sometimes old habits are hard to break, and the medical staff for a short period in late 1938 even returned to “mercury rubs”—using mercury as a skin ointment for a syphilitic sore, a treatment that had been used in the sixteenth century. Even more problematic was the utilization of any of these protocols for women who were pregnant when they arrived at the Industrial Farm.41

At some point the treatments for syphilis appeared pointless, if not outright dangerous. After 1933, the medical staff shifted from mercury injections to bismol or bismuth, which was delivered, like mercury, by intermuscular injections. An examination of internees’ medical records from 1932 through 1936 reveals that the standard number of injections of bismuth ranged from ten to forty-seven. But in June 1935, one inmate, twenty-five-year-old Mary Johnson, who was charged with keeping a brothel, was given 104 injections of bismuth followed by 40 doses of neosalvarsan. The assumption was that bismuth, like mercury, enhanced the following injections of neosalvarsan, but there was a problem with that empirical observation. The standard appeared to be a two-to-one ratio of bismuth to neosalvarsan. In Johnson’s case, the ratio was nearly three to one. Not long after Johnson’s arrival, sixty-year-old Nellie Moore, who had syphilis, arrived at the Industrial Farm. During her treatment, she was given 152 injections of bismuth followed by only 2 injections of neosalvarsan and 14 doses of sodium iodine. The ratio of bismuth to neosalvarsan was seventy-six to one. Risks to the patients from overusing bismuth included renal failure, cardiac and respiratory complications, and jaundice. Nellie Moore did not survive her treatment and died from complications nearly four years after her arrival.42

Some physicians in the 1920s were not confident that the liberal use of salvarsan and mercury could serve as an effective treatment for syphilis. In late April 1929 one former internee told her interviewer upon her return, “I had the disease before [when] I was here. I was cured but about five months later the disease came back on me. I had been living right this time.” Another woman who had returned said that when she was released, she thought she was “cured,” but “[her] doctor said the disease came back.” Still another internee said that she was “picked up” within one week of her release and informed by the local public health officer that she had to return to the Industrial Farm because she “was not cured.” Rarely did the internees complain to the staff, who they believed were working in their best interest. More troubling is that few women knew the cause of their infections or the health problems associated with their treatments.

Jefferson, “Remarks on the Treatment of Syphilis with Report of Cases,” Kentucky Medical Journal 14 (June 1, 1916): 328–29; Deborah Hayden, Pox: Genius, Madness, and the Mysteries of Syphilis (New York: Basic Books, 2003), 230; Judith Thurman, Isak Dinesen: The Life of a Storyteller (New York: St. Martin’s, 1892), 136–40; Claude Quétel, History of Syphilis (Baltimore, MD: Johns Hopkins University Press, 1990), 142–43. According to a statistical study of women internees at the Kansas Industrial Farm for Women, 6.5 percent of all women were infected with either syphilis or gonorrhea by their husbands between 1923 and 1932. See Table 6, which explains the reasons that the internees believed they had been sent to Lansing.

41. See Table 4b for the utilization and dosage rates of chemical-based treatments for patients with syphilis at the Kansas Industrial Farm for Women between 1918 and 1942. This is a composite of data derived from the thirteen biennial reports produced for the state by the Kansas Industrial Farm for Women.

42. The names are pseudonyms for actual internees and inmates, Kansas Industrial Farm for Women (Women’s Prison), Inmate Files, Numbers 5865–6080, box 6, folder 5878 and folder 5882, KSHS.
effective prophylactic in newborn children whose mothers were already afflicted with syphilis. Leonard Findlay, a doctor at the Royal Hospital for Sick Children in Glasgow, Scotland, reported that he had a cure rate of less than 10 percent for those children under the age of one, which included “20 to 30 injections over a period of several months.” The best results, British doctors reported, occurred in prenatal treatments. In one clinic where ninety-five women were treated for syphilis, all had live births. One physician reported that of 144 pregnant women treated for syphilis, only 8 percent had a stillbirth or a miscarriage. Another physician reported that of sixteen women whom he had personally treated, only one had a nonviable pregnancy. British physicians reported that nearly all infants whose mothers were treated with a salvarsan-and-mercury combination during pregnancy were syphilis-free through infancy and early childhood. British medical specialists claimed, “The most striking feature of this form of treatment is the way in which mothers of previously syphilitic children continue to bear healthy, non-syphilitic children in spite of no further treatment being instituted.” American physicians concurred with this treatment protocol and continued the salvarsan treatment after birth with dosages of “6/10 of a decigram of salvarsan in 100 c.cm of normal salt solution by the Murphy drip with good results.” The British medical community consequently believed that prenatal treatment was the most effective method of combating syphilis in the newborn.43

The medical staff at the Industrial Farm followed a similar regimen but with a far greater dosage rate than that employed by British doctors in the 1920s. Although the medical records of internees before 1932 are not available, it is possible to look at the records of women who were pregnant after that period. Tragically, the medical community did not effectively review the dangers posed by heavy metal poisoning from the use of mercury or arsenic-based salvarsan injections, even though officials recorded inmate/internee deaths associated with those treatments.44 The medical officers at the Industrial Farm did not record negative reactions until 1924, when arsenic dermatitis and jaundice reactions became all too apparent. At the same time, they began keeping records of the treatments for a limited sample of pregnant women at the farm. One internee was a sixteen-year-old African American girl from Wyandotte County who had run away from home and was deemed to have an unspecified venereal infection. Shortly after a month of treatments,

Table 5: Treatment for Pregnant Women Following Syphilitic Protocol, 1932–1935

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Date</th>
<th>Months Pregnant</th>
<th>Wasserman Results</th>
<th>Mercury</th>
<th>Bismol</th>
<th>Bismuth</th>
<th>Sodium Iodine</th>
<th>Salvarsan/Neosalvarsan</th>
<th>Status of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>5092</td>
<td>6/3/32</td>
<td>7</td>
<td>1x4+</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>1</td>
<td>Viable</td>
</tr>
<tr>
<td>5417</td>
<td>8/23/33</td>
<td>7</td>
<td>1x4+; 1x3+</td>
<td>19</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>Unknown</td>
</tr>
<tr>
<td>5455</td>
<td>10/2/33</td>
<td>6.5</td>
<td>6x4+</td>
<td>0</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>Unknown</td>
</tr>
<tr>
<td>5554</td>
<td>2/25/34</td>
<td>4</td>
<td>4x4+</td>
<td>0</td>
<td>32</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>Premature/death</td>
</tr>
<tr>
<td>5624</td>
<td>6/2/34</td>
<td>7</td>
<td>4x4+</td>
<td>0</td>
<td>44</td>
<td>0</td>
<td>5</td>
<td>14</td>
<td>Viable</td>
</tr>
<tr>
<td>5696</td>
<td>10/12/34</td>
<td>5</td>
<td>3x4+; 1x3+</td>
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<td>43</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>Unknown</td>
</tr>
<tr>
<td>5734</td>
<td>12/20/34</td>
<td>5.5</td>
<td>3x4+</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>0</td>
<td>21</td>
<td>Unknown</td>
</tr>
<tr>
<td>5772</td>
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<td>8</td>
<td>2x4+</td>
<td>0</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>19</td>
<td>Unknown</td>
</tr>
<tr>
<td>5851</td>
<td>5/23/35</td>
<td>9</td>
<td>2x4+</td>
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<td>0</td>
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<td>Viable</td>
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<td>5926</td>
<td>8/15/1935</td>
<td>9</td>
<td>5x4+; 1x3+</td>
<td>0</td>
<td>0</td>
<td>44</td>
<td>1</td>
<td>19</td>
<td>Viable</td>
</tr>
</tbody>
</table>

Source: Prisoner Interviews, Kansas Industrial Farm for Women, Inmate Records, General History, box 2; Kansas Industrial Farm for Women, Inmate Files, boxes 3–6, State Archives Division, Kansas Historical Society, Topeka, KS.

she suddenly died on September 23, 1930. The cause of her death was not recorded in her personal records, and a death certificate was not provided for her or for any other deceased internees.45

On November 18, 1996, the Kansas Department of Corrections (DOC) received a letter requesting information about a veteran who had recently died at a Veterans Affairs hospital in Missouri. The writer informed the DOC that his late stepbrother, the deceased veteran, had been born at the Industrial Farm on August 12, 1934, and sought information about why the dead man's mother had been incarcerated. DOC officials were perplexed by Chapter 205 and initially had no knowledge of the role the State Board of Health had played in the internment of thousands of Kansas women. Once the DOC discovered the reasons for the woman's incarceration, officials debated the correct course of action to follow. Ultimately, they recommended that the inquirer not be informed without first receiving an appropriate death certificate for the woman in question. There was no subsequent notation in the file about whether the writer had inquired further about the mother of his stepbrother. Unbeknownst to the inquirer, according to her Industrial Farm medical records, his stepbrother's mother had been subjected to forty-four doses of bismol, four doses of sodium iodine, and fourteen doses of neosalvarsan despite being seven months pregnant. There is no record that anyone at the Industrial Farm even questioned whether it was appropriate to treat pregnant women with the existing syphilis treatment protocol or considered the long-term effects on the unborn.46

A troubling aspect of Crumbine's record in venereal disease control is his failure to propose the use of serological testing for engaged couples, though he had supported the use of Wassermann testing for parents in the Fitter Families program. By 1938, to combat syphilitic infections, twenty-six states required Wassermann screenings before permitting couples to marry.47 Unfortunately, Kansas failed to adopt such a proposal during the 1941 legislative session, but it succeeded in 1947 without opposition. By then, hundreds of women and children had been unnecessarily afflicted with syphilis and had to undergo the brutal treatment regimen at the Industrial Farm as mandated by the state of Kansas. Many internees told interviewers that their husbands were the source of infection. One internee, who volunteered to go to the Industrial Farm, told an interviewer on January 7, 1924, “Never lived an immoral life. Became diseased through my husband.” This internee initially received outpatient treatments and volunteered information about her condition to the Kansas City police, who arranged for her transportation to Lansing. Her situation was like many other women interned in the 1920s.48

When examining internee interview data, it is possible to construct a mosaic of the women and what they thought had brought them to the Industrial Farm. In the period between 1923 and 1926, 15.6 percent of the women interned could be classified as prostitutes, women who openly worked out of hotels or were linked to known brothels. In addition, nearly 21 percent of those between the ages of fifteen and twenty-five demonstrated a level of sexual activity that did not include prostitution but still ran counter to typical Kansas sexual mores. Some of this behavior could be attributed to youthful rebelliousness and a reflection of the not-so-subtle sexual revolution that was occurring nationally. A classic example was a sixteen-year-old from Riley County who found herself interned for violating Chapter 205. She explained to her interviewer, “I don’t know how I got the disease. I lived with my grandmother who was old fashion, so I ran off a few times and go to the show, and my grandmother sent the police after me. They wanted me to be examined and I was, I had no idea that I had the disease.” Her plight, like that of many other young women in the same category, was the result of the simple fact that she wanted to go to parties and be with boys, much like the idols she read about in magazines or saw on the silver screen.49 Such behavior is a far cry from being a professional prostitute.

46. Letter to the Department of Corrections from Lloyd J. Fernandez, November 18, 1996, KSHS; Interdepartmental Department of Corrections Memo, n.d.; Kansas State Industrial Farm for Women, Inmate Files, box 4, folder 5624, KSHS. See Table 5 for an example of pregnant internees and their treatment and the potential impact on their infants.
48. Prisoner Interviews for Kansas Industrial Farm for Women, Inmate Records, General History, box 1, folder 2000–99, box 35-07-08-01, KSHS. Approximately 7.7 percent of all women who were interned at the Industrial Farm between 1923 and 1932 had volunteered to go there for treatment. See Table 6.
working out of one of many hotels in Leavenworth, Wichita, Junction City, or Kansas City.

Far too many young women told state officials what they wanted to hear, echoing an all-too-familiar refrain of “living an immoral life.” Such testimonies played upon a guilt complex that traditionalists sought to instill in women. Most, however, did not tell their interviewers, as many prostitutes did, of “having so many men that they simply lost count.” One woman in her twenties told her interviewer, for instance, that she “got this [disease] by just acting crazy.” Another said that she was infected “doing things I had no business doing.” And still another explained, “I was like all the other girls—bad.” Police and health officials were troubled by women who were sexually active and too independent in challenging male authority by driving, drinking, and dancing. More problematic to those in authority, some white women even crossed the color line. Some women found themselves at the Industrial Farm simply because they were in the wrong place at the wrong time. Those unfortunates amounted to nearly 16 percent of the interned. Of the married women, nearly 16 percent claimed that they had become infected by their spouses, and another 8 percent volunteered to go to the Industrial Farm for treatment after acknowledging their husbands as the source of their illness. Others did not know why they were there, didn’t know how they had become infected, or had experienced a relapse after initial treatments at the Industrial Farm.50

A review of the women who were interned indicates a troubling issue that is as obvious to a researcher sitting comfortably in the twenty-first century as it was to the nurses, physicians, and administrators at the Industrial Farm who recorded the statistics of the confined women. Not only was it apparent that the state should have adopted the sex education program initially proposed by Crumbine, an effort to warn young adults about the dangers associated with venereal infections, but the statistics also revealed that an alarming number of young women were married and remarried between the ages of twelve and fifteen. Although the state failed to adopt serological testing of those seeking a marriage license in the 1920s and 1930s, at least the concept was proposed. However, state health officials and social workers never thought of pressing the legislature to change the age of consent from twelve to sixteen. In 1924, five of the women interned at the Industrial Farm had been married at the age of ten. All told, nearly 7.5 percent of all married white women interned between 1923 and 1926 had been married between the ages of twelve and thirteen. If the state had raised the age of consent, it might have helped reduce the rate of infections among some married women. Reinforcing that observation, one fourteen-year-old told a correctional official in 1928, “I ran with [the] wrong kind of people. I was also married underage.”51

The treatment for gonorrheal infections for males and females was painful and problematic, even though the data provided in the biennial reports remain questionable. Sherman Axford admitted in his report for 1920 that it was nearly impossible “to say what percent of the women are infected with gonorrhea.” That impossibility was mainly because the clinic lacked the equipment and laboratory to make adequate diagnoses, but what was more problematic was that the physicians lacked the medical training to make proper diagnoses. Consequently, Axford assumed that “each woman received is infected with gonorrhea, and she is treated for this ailment for fifteen days before microscopic examination is made.” It was believed that 755 women, both internees and those assigned to the Industrial Farm under state charges, were infected by gonorrhea, and despite the treatment protocols, “42 percent [still] gave microscopic findings which led us to make a diagnosis of gonorrhea.”52 Axford did not describe the protocol used for the treatment of gonorrhea other than the actual number of slides sent to the state’s laboratory, many of which were cross-contaminated and mislabeled by the laboratory staff. Even in the sulfa-drug (an early form of antibiotics) era of the 1930s, misdiagnoses and contamination of specimens occurred at troubling levels. None was more troubling than the case of Linda Sue Williams, a fifteen-year-old married woman from Comanche County, who was interned in October 1941 for what Comanche County Public Health assumed was a “gonococcus infection.” Shortly after three hurried


vaginal smears—on October 23, October 28, and November 4—that all proved negative, she was released.53

By the mid-1920s, the treatment of venereal infections at the Industrial Farm was still challenging. Also, the data provided by the medical staff remained highly suspect. After the opening of the hospital in 1924, Axford admitted, “The treatment of gonorrhea in women is necessarily both tedious and unsatisfactory. The treatment of syphilis, while more scientific, is equally wrought with difficulties.” Axford admitted that the laboratory findings, particularly for gonorrhea, were unsatisfactory, requiring the medical staff to rely upon “our trust in their clinical findings.” For syphilis, the mere observation of syphilitic lesions “is a comparatively easy task,” but, Axford noted, “the cure for syphilis is only accomplished after a carefully followed program of effective treatment over a period of years.” Sadly, the Industrial Farm did not have years. Earlier, officials claimed that the best they could do for those infected with syphilis was to “render each patient non-infectious before she is released.” In both the third and fourth biennial reports, the medical staff acknowledged that they had administered more than three thousand doses of both mercury and neosalvarsan and nearly seventy-eight thousand treatments for gonorrheal infections.54

The numbers for gonorrhea and syphilis infections varied with the Industrial Farm’s population. As noted earlier by the medical staff, the treatment for gonorrhea was problematic at best. W. G. Emery, the new medical officer at the Industrial Farm in 1936, had warned, “The zealous social worker should make sure of the diagnosis by the medical staff, the treatment for gonorrhea was necessarily both tedious and unsatisfactory.” Axford admitted that the laboratory findings, particularly for gonorrhea, were unsatisfactory, requiring the medical staff to rely upon “our trust in their clinical findings.” For syphilis, the mere observation of syphilitic lesions “is a comparatively easy task,” but, Axford noted, “the cure for syphilis is only accomplished after a carefully followed program of effective treatment over a period of years.” Sadly, the Industrial Farm did not have years. Earlier, officials claimed that the best they could do for those infected with syphilis was to “render each patient non-infectious before she is released.” In both the third and fourth biennial reports, the medical staff acknowledged that they had administered more than three thousand doses of both mercury and neosalvarsan and nearly seventy-eight thousand treatments for gonorrheal infections.54

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Even the medical staff at the Industrial Farm in the mid-1920s warned country doctors that they were sending far too many women to Lansing under the claim that they were gonorrhea vectors when they suffered from nothing more than a typical yeast infection. In an age without informed consent, which emerged only after the Nuremberg proceedings in 1946, physicians at the Industrial Farm conducted treatments without informing the women about the consequences of those procedures.

What did Axford mean when he said that he had conducted “78,000 local treatments for gonorrhea”? The standard protocol for the treatment of gonorrhea consisted of hot-water douches reaching temperatures of 110 to 120 degrees Fahrenheit, but Axford believed that surgical procedures were the most effective.56 Sadly, he did not notify the women of the consequences of the treatment rendered by the farm’s medical staff. The British had experimented with, for example, swabbing the patient’s cervix and vagina with mercurochrome, but even then, treatments ranged from forty-five to a hundred days and were labor-intensive. The use of this form of treatment is not indicated by reports from the Industrial Farm’s medical officers.57

The infamous double standard of treating women engaged in prostitution differently than those who were not prostitutes, which Crumbine and other reformers were concerned about upholding, did not apply to the treatment of female patients afflicted with gonorrhea. A troubling example was the case of Ethel O’Hara, a twenty-one-year-old Irish American mother of two residing in Parsons, Kansas, in 1931. Her husband, Ralph, had been complaining of an irritating problem involving his urinary tract and decided to visit a local Parsons physician. The doctor diagnosed Ralph with gonorrhea and advised him to go home and return with his wife. The doctor informed Ethel upon her arrival that she had “a slight case of gonorrhea,” and because the family “did not have enough money for [both] to be doctored,” he recommended that she go to the Industrial Farm. Ethel, a dutiful wife, “volunteered to come for the treatment” on October 28, 1931. There is no record of what happened to Ralph’s or Ethel’s health after her release. But Ethel noted that she promised authorities, “I will do my best to obey all rules.

53. The name has been changed for publication purposes. Inmate File 7151, box 13, KSIFW Inmate Files 7100–7323, 1941–42, 128-10-1-14, KSHS.
and regulations of the institution for I do want to go home to my children.” Ethel was released on December 30, 1931, but there is no information about the state of her marriage after her release.58

The hidden danger for women afflicted with gonorrhea was that the infection spread “into [their] tubes, [creating] a significant amount of abdominal pain through ‘pelvic inflammatory disease’ (‘PID’) as it is now called.”59 Infections associated with PID included cervicitis and endocervicitis. Unbeknownst to many in the present day, gonorrhea was a primary cause of sterility among women in the pre-antibiotic age. Axford, writing in 1919, realized that “there are of necessity many surgical operations that would be advantageous to the patient. Quite a large percent of the chronic cases present salpingitis and other pelvic infections which should be dealt with surgically.” What limited the farm from performing those procedures was “the lack of hospital facilities.”60 Once the facilities were upgraded, cauterizations were the treatment of choice; they were not only cost-effective in eliminating the infection but also offered a dual-use procedure by sterilizing those women who were considered noncontributory members of society. It is nearly impossible to discern which women were victimized by the medical staff’s selection process for cauterization except by reviewing the available medical records and following the notations regarding which maladies afflicted the internees and inmates. The victims, according to their available medical records, were often single and sexually permissive women.

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58. Prisoner Interviews for the Kansas Industrial Farm for Women, Inmate Records, 1929–1932, box 2; Kansas Industrial Farm for Women, Inmate Records, box 3; Kansas Industrial Farm for Women, Inmate Records, box 4; Kansas Industrial Farm for Women, Inmate Records, box 5, State Archives Division, Kansas Historical Society, Topeka, KS.

59. Shorter, Women’s Bodies, 266.

Most Kansans paid little attention to the state’s quarantine and sterilization laws before 1937, when Kathryn Ellen McCarthy, a former congresswoman from Hays and a devout Catholic, dramatized the horrors inflicted on many of the state’s young girls at Beloit. Her courageous campaign made front-page news with reports about mass sterilizations occurring at the state facility at Beloit. Still, many voices disagreed about ending or curtailing the practice. Mrs. A. C. Doubermeir, a former twenty-year employee at Beloit, for example, argued for sterilizations by claiming, “Our institutions are over flowing with morons. They [the state] allow these girls to become mothers and bring more morons into the world to increase crime and also taxes.”63 Although sterilizations did not end in Kansas, prison authorities avoided detailing inmate-patient treatments for fear of public condemnation. Medical records at the Industrial Farm, once filled with extensive notation of treatment protocols, disappeared after 1936 or were simply left blank until late 1941.

But the advocates of sterilization were content, as was Harry Hamilton Laughlin, assistant director of the Eugenics Record Office in Cold Spring Harbor, New York, who noted the legal victories for institutionalized sterilization by 1922. When it came to Kansas, Laughlin stressed that the 1917 law authorized sterilization for “inmates of state hospitals for the insane, state hospital for epileptics, state home for the feeble-minded or the state school for girls.” The standard procedures “authorized” for females were “salpingectomy or oophorectomy.” Neither the state prison at Lansing nor the Industrial Farm were mentioned in the legislation, yet Laughlin noted later in his report that no sterilizations occurred in 1921 at either the state prison or the women’s facility at the Industrial Farm.62 Laughlin was not only interested in the sterilization program but also in contact with the Industrial Farm about selected internees. Although many of those records are missing, Laughlin wrote to prison officials that he “was enclosing a bit of information that I took from this woman’s questionnaire.” The specific questionnaire questions are missing from her prison file, but the letter does demonstrate an ongoing link between the Eugenics Record Office and the incarceration of internees in Kansas.63

C. K. Schaffer, a surgeon at Topeka State Hospital, apparently had reservations about the sterilization law when confronted by its provisions in 1927. To keep other physicians from adopting a similar stance, Kansas took him to court in State v. Schaffer (1928). The state sought a Supreme Court ruling to force medical professionals at other state institutions to comply and to move more quickly in performing those procedures “before the terms of confinement of such inmates expire,” claiming that it was the “uncertainty of their right to proceed” that hindered the state’s correctional facilities from performing their lawful duty to fulfill the requirements of state law. During the proceedings, Kansas demonstrated that there were ample safeguards in the law’s administration by providing the minutes of the Board of Examiners, which had arranged for a sterilization procedure to be performed on the patient in question. But Schaffer still refused, claiming that the law and the law’s revisions of 1923 violated the Fourteenth Amendment and the Bill of Rights.64 As the Virginia Law Review noted in 1942, “Kansas was the first of the states to uphold its statute,” which came shortly after the U.S. Supreme Court decision in Buck v. Bell (1927) that declared the constitutionality of sterilization. In its ruling, the Kansas State Supreme Court held that “the statute afforded equal protection of state laws because it applied to all inmates of all state institutions.” In making its ruling, the court quoted “its approval from Reetz v. Michigan (1903), ‘Due process is not necessarily judicial process nor is the right of appeal essential to due process of law.’”65

With the ruling in State v. Schaffer and the establishment of the constitutionality of sterilizations in Buck v. Bell, Kansas expedited sterilizations, regardless of official state guidelines. Who could stop it after the announcement of the majority opinion in Buck by Oliver Wendell Holmes, Jr., who claimed, “It is better for all the world, instead of waiting to execute degenerate offspring for crime or let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing

61. Mrs. A. C. Doubermeir to Kathryn (O’Loughlin) McCarthy, October 26, 1937, Kathryn (O’Loughlin) McCarthy Papers, Section 11, Microfilm, KSHS.


64. “The State of Kansas, ex. rel. William A. Smith, Attorney-general, Plaintiff, v. C. K. Schaffer, as Surgeon and Member of Staff of Topeka State Hospital, Defendant,” No. 28229, Reports of Cases Argued and Determined in the Supreme Court of Kansas, vol. 126 (Topeka: Kansas State Printing Plant, 1928), 606–09; “Motion to Advance”; “Motion for Writ of Mandamus,” and “Motion to Quash Alternative Writ of Mandamus,” File 28229, Kansas Supreme Court, Case Files 28219–28254, box 1057, KSHS.

their kind. . . . Three generations of imbeciles are enough”?66 In the first four years of the Industrial Farm, the medical facilities were not prepared for a mass sterilization campaign. Even after the clinic opened, medical records are missing for the years before 1932. Those records that are accessible are so vague that it is impossible to determine what treatments were provided to women suffering from advanced gonorrheal infections. For instance, scholars such as Edward Shorter note that “no specific treatment for gonorrhea was available until the marketing of the ‘sulfa’ drugs began in 1936.”67 Unfortunately, there is no record of the use of sulfa drugs at the Industrial Farm for gonorrhea sufferers until 1942, shortly before the introduction of penicillin.

Based on data available from the 1960s, a far more enlightened era, Shorter stresses that nearly 60 percent of all women suffering from gonorrhea developed a PID infection. As previously noted, the clinic at the Industrial Farm relied mainly on hot-water douches and perhaps mercurochrome swabs as a remedy. But by then, many of the women, some as young as seven, already had advanced PID infections, including endocervicitis, cervicitis, vaginitis, and other maladies associated with the reproductive system. Cauterization as a treatment for gonorrhea, as administered by the medical staff, became a sterilization procedure as well. Medical professionals in the 1920s and 1930s saw cauterizations as the technique of choice, but few, if any, discussed the long-term consequences of those procedures. One physician claimed that women could withstand the cauterization without the benefit of anesthesia because “the cervix, being insensitive, can be heated to any required temperature” [italics added]. One British doctor warned later in the 1930s that “there are objections to producing burn scars as a surgical procedure.” Consequently, he said, “my warning is not to those who understand the correct degree of heat to use and how to apply it, but to those who give it ‘a thorough good cauterizing’—and do.”68

Dr. Charles McKinley, the chief medical officer at the Industrial Farm from 1932 to 1934, submitted his report as vaguely as possible and filled it with images of a well-equipped hospital making remarkable advances in the treatment of syphilis and gonorrhea. Since 1928, the medical staff had undergone considerable changes. Well before 1930, if not earlier, the Industrial Farm had not been completely forthcoming in reports about following the state’s mandate regarding sterilizations. For instance, the Industrial Farm reported forty-five cauterizations in the years leading up to 1930, with twenty-two more by 1932 and two in 1934. Those figures are not accurate and were designed to mask what the medical team was doing to inmates and internees. In 1934 alone, McKinley reported that there was only one sanctioned sterilization and one instance of salpingectomy/oophorectomy as well as two cases of “cautery of the cervix.” Harry Bruinius, a former journalist with the Christian Science Monitor, warned that sterilizations often “were recorded simply as ‘medical necessities’ for unspecified ‘pelvic diseases.’” An examination of all possible medical variations employed at the Industrial Farm shows that in the 1934 physician’s report, there were fifty-one examples of probable sterilizations. Even more problematic, there were also 196 women suffering from PID who were crudely cauterized according to the medical standards of the day but were not mentioned in the official medical record.69

What did that omission mean for women who either were sent to the Industrial Farms by the Board of Health or voluntarily committed themselves for the treatments provided by the state? Contemporary Kansans tend to forget the stigma attached to anyone who suffered from a venereal infection. In the 1920s, the U.S. Public Health Service thought that educating the public, as attempted by Samuel Crumbine, was a solution. Unfortunately, the public viewed the diseases as tantamount to the infamous scarlet letter. Combined with the public shame of an out-of-wedlock pregnancy, far too many women in the 1920s and the 1930s saw themselves as “damaged goods.”

For instance, shortly before Christmas in 1934, Annie James, a twenty-year-old schoolteacher from Iowa, had

67. Shorter, Women’s Bodies, 267.
69. “Physician Report,” Ninth Biennial Report of the Kansas Industrial Farm for Women, Lansing, Kansas (Topeka: Kansas State Printing Plant, 1934), 7; Bruinius, Better for All the World, 10. In his study “‘Three Generations of Imbeciles are Enough’: State Eugenic Sterilization in American Thought and Practice” (Washington, DC: Walter Reed Army Institute for Research, 1965: 627–37), Julius Paul notes that 3,001 forced sterilizations were conducted in Kansas between 1913 and 1963, but that number includes only those sterilizations explicitly sanctioned by the state. Other medical procedures, such as procedures for treatment of PID, which may have resulted in sterilization, were not included in those calculations. At the farm, 281 women suffering from PID could have been sterilized by those medical techniques between 1931 and 1935. If those numbers are extrapolated for the period 1922 to 1935, more than 843 women may also have been sterilized. For more information, see Table 7 for possible cauterizations at the Industrial Farm.
left her hometown to give birth to a child at the Topeka Crittenden Home on November 20, 1934. The physician at the Crittenden Home believed that Annie had a gonorrhreal infection and proceeded to notify the Shawnee County public health officer. She was picked up by either the Shawnee County Sheriff’s Office or the city police on December 21, 1934. She was immediately tested for gonorrhea, and according to her medical record, her vaginal smears tested positive on three separate occasions between December 26, 1934, and January 10, 1935. Dr. W. G. Emery, the Industrial Farm’s chief medical officer at the time, noted that James was suffering from “considerable cervicitis & discharge.” The medical staff assumed that she might have syphilis too, placing a question mark near “syphilis” on her medical record. There was no notification regarding whether she was cauterized, but the probability is high that she was. Although she was cleared by the State Board of Health as being free of disease on February 15, 1935, she was not authorized to leave until nearly a week later. Like many others released from the Industrial Farm, she sought anonymity with her new freedom. Available evidence indicates that she placed her child for adoption, eventually returning to Iowa and her chosen profession. According to the 1940 census, she was living with other teachers. Instead of one child she could call her own, she now had classrooms filled with them, not as a traditional educator and mother but as a nun. Her students never knew, then or later, the personal trauma Sister Ann had endured during her brief stay in Kansas.

Today, Dr. Samuel Crumbine is viewed as a folk hero for his unrelenting campaign for public health and sanitation. Biographers and public health advocates point with pride to his efforts to combat food- and water-borne ailments. His catchy slogans “Bat the rat,” “Swat the fly,” and “No spitting on the sidewalk” are still recounted by students all over the state. However, Crumbine’s quest for perfection allowed him, like many of his generation, to endorse eugenics and other inhumane treatments for the sick, weak, and powerless. In sustaining Crumbine’s legacy, historians and public health advocates forget the clear violations of the Hippocratic Oath practiced by Samuel Crumbine and others of his generation in relation to sterilization and public quarantines.

The tragedy that occurred at the Industrial Farm was not Crumbine’s responsibility alone. As secretary of the Kansas Board of Health, all he could do was propose solutions for health issues to the state legislature. It was the work of state legislators, often silent and without public input, that furthered the legislation that became the centerpiece of Crumbine’s legacy in Kansas. Crumbine’s forgotten legacy is the “internment” (a polite euphemism for incarceration) of nearly 6,100 females of all ages simply for being afflicted with a venereal infection that society did not want to acknowledge. Crumbine’s willing helpers were the courts and the state legislature that abrogated their oversight and authority in the name of medicine and science. All too often, lawyers and state legislators believed that medical professionals knew best. This situation could have happened only before informed consent standards were instituted. More problematic is the fact that the calamity that befell those women occurred only because society did not value women as highly as men. If women had any worth, it was because of their class status despite their gender. There is not a single case of a woman from an influential family in Kansas being “interned” or imprisoned. In fact, evidence exists that influential women who broke society’s norms were treated much differently. Only six of the thousands of women interned or incarcerated at the Industrial Farm were not issued prison numbers and had their names expunged from prison records. What happened at the Kansas State Industrial Farm occurred only to the weak, the poor, and the powerless. Ultimately, this component of Crumbine’s legacy is not mentioned by public officials when remembering his achievements, but one we avoid at our own peril, if in the future, the public again is driven by fear and uncertainty.

70. The name of the internee is a pseudonym. Kansas State Industrial Farm for Women, Inmate Files 5651–5864, box 5, folder 5736, KSHS.
71. Ibid.
74. County Book, Kansas State Industrial Farm for Women, “Clay County,” KSHS. There were six women, five of whom were incarcerated for “lewd and lascivious conduct.” The sixth was imprisoned for “great bodily harm.” Yet they were not issued prison numbers as were other inmates, and all traces of their imprisonment were expunged from the records of the Kansas Industrial Farm for Women.