

The County Mental Institution: Did It Do What It Was Designed to Do?

Thomas EBERT, *University of Wisconsin-Oshkosh*

Walter I. TRATTNER, *University of Wisconsin-Milwaukee*

When most states were placing all their insane residents in large congregate state hospitals, Wisconsin adopted a dual system of care; the acute insane were placed in large state hospitals while the chronic insane were sent to smaller county institutions. A detailed analysis of one of these county asylums during the first 43 years of its existence suggests that, with some exceptions, the system worked well—or at least did what it was designed to do.

During the past two decades or so there has been a substantial growth of interest not only in social welfare history in general but in the history of various welfare institutions in particular, especially the mental asylum. The works of Rothman (1971), Grob (1983), Goffman (1961), Lasch (1974), Katz (1986), and others are well known to students of such institutions.

Most of these studies, however, are broad accounts that are based upon what may be called the "asylum idea"; they are not based on "inner histories" of particular asylums that are grounded in unpublished manuscript materials that deal with the daily operation of such establishments over long periods of time. The shortcomings of such studies are plain: Only through a careful analysis of the way in which institutions in fact operated, over long periods of time, can we determine whether the image, and promise, of the asylum conformed to its practice; only when we really know who, in fact, was committed to such institutions, why they were confined, and what happened to them once they entered the institution can we get a fuller, and more accurate, understanding about the operation and social function, or functions, of the insane asylum. (See Zainalden and Tyor, 1979.)

This article, based upon newly discovered and heretofore unused unpublished manuscript materials, does just that.¹ It is an analysis of one of Wis-

¹Those materials, from which all of the information on the Outagamie County Asylum was gleaned (unless otherwise cited), include the Superintendent's *Registry for Inmates of the Outa-*

consin's county insane asylums—the Outagamie County Asylum for the Chronic Insane—and all 480 of its patients, or inmates, from the time the institution began to operate in 1890 until the early 1930s when, for a variety of reasons, it underwent significant change. Such institutions are especially interesting, and important, because they ran counter to the national trend. At a time when virtually every state in the Union was centralizing care of the mentally ill in large congregate state hospitals, Wisconsin adopted a controversial decentralized system based on state and county responsibility.

Wisconsin's dual system of state and county care for the mentally ill was a product of the County Institutions Act, signed into law on 30 March 1881. That measure was adopted because the state's two large, very expensive, and badly overcrowded mental hospitals—the Wisconsin State Hospital for the Insane at Madison (established in 1860) and the Northern Hospital for the Insane at Lake Winnebago (established in 1873)—were not meeting the needs of the growing number of indigent insane Wisconsin residents, and some less costly alternative method of care was deemed necessary. Furthermore, state lawmakers and others, including members of the State Board of Charities and Reform, were convinced that both the chronic (or incurable) and the acute insane could benefit from separating the two; that is, from keeping the latter in remote large, well-staffed, expensive (but “cold”) state hospitals that were therapeutic in nature and placing the former in an environment that provided good “warm” long-term care nearer their places of residence. Hence the creation of county asylums for the chronic insane that were to be small, homelike institutions that would provide lots of “freedom” and occupational opportunities and allow, indeed encourage, visits from relatives in the area and furloughs, or leaves, to nearby homes (Robison, 1980: 113–33; Grob, 1983: 92–98).

The County Institutions Act empowered any county in the state, with the prior consent of the State Board of Charities and Reform, to purchase a site for an asylum for the incurable insane and to construct a building for their care. While the county could levy taxes and float bonds to raise the necessary funds to create and maintain the facility, the State Board had to approve all plans for the institution.

Outagamie County Asylum for the Chronic Insane for 1890–1938, which contain basic patient demographics, personal histories, and other intake data, including information on the supposed causes and types of insanity; a *Record of Proceedings of the Trustees for the Outagamie County Asylum for the Chronic Insane* (2 vols., 22 November 1890–4 December 1946), which consists of biweekly entries of actions taken by the institution's board of trustees, which in turn relate primarily to the approval of expenditures and renovations but which, on occasion, deal with policy issues; and *Financial Register* for the years 1914 to 1918, a monthly ledger of income and expenditures with yearly budget summaries. The inmate *Registry* is located at the institution in Appleton, Wisconsin, now known as the Outagamie County Health Care Center, while the trustees' *Proceedings* and the *Financial Register* are at the Outagamie County Historical Society.

Each asylum was to be governed by a three-member board of trustees appointed by the county board of supervisors; it was to be administered, however, by a lay superintendent under the supervision of a local physician, both of whom were to be chosen by the board. When the “managers” were chosen and the facility—which in accordance with regulations drawn up by the State Board was to be clean and well regulated, was to provide individualized care and light work opportunities, and was permitted only limited use of restraints—was in place, the chronic insane in the county’s jurisdiction were to be transferred from the state hospitals to the county asylum. Of importance was the stipulation that all patients were to be treated initially at one of the state hospitals, thus guaranteeing (in theory at least) a period of therapeutic treatment for all the state’s insane before some were deemed chronic and sent to a county institution.²

The state treasurer was to reimburse the counties \$1.50 per week for the maintenance of each person in its institution. The State Board of Charities, however, was authorized to transfer the chronic insane from counties where they would receive inadequate care, or no care, to counties that had approved institutions; in those cases the county of the patient’s established residence was to assume responsibility for his or her financial support (along with the state). Within a year of the law’s enactment the State Board had approved the erection of 5 county asylums; by the end of 1888 16 such institutions were in existence; and by 1915 there were 35 county asylums throughout Wisconsin housing some 5,320 patients.

What about these institutions, or at least the Outagamie County Asylum for the Chronic Insane? Did it do what it was designed to do, and what, if anything, can we learn from its first forty years of operation regarding county mental institutions in general and the so-called Wisconsin Plan in particular?

When it opened its doors in January 1890, the Outagamie County Asylum, located in Appleton, consisted of a three-story stone building, built for the purpose, and an adjoining farm, which together (with the furnishings) cost the county \$75,000. While by statute the State Board was to oversee the institution, there is little evidence to suggest that it was in any way actively involved in its affairs—or even in conducting occasional on-site inspections in order to ensure compliance to the standards set forth in the enabling legislation or the regulations adopted by the Board. At best, it merely collected information about the institution and its inmates, namely some financial data and demographic material, in order to prepare its biennial reports to the state legislature, as required by law.

Nor, by the way, is there evidence to suggest that inmates received many

²The chronic insane, then, were defined as those who had not improved after initial medical treatment and who, presumably, would not benefit from additional treatment.

visitors, and very few went home "on leave." Thus, if Wisconsin's county insane asylums were designed to be well-regulated (supervised) institutions that, due to their location, would provide their patients with close contact with family and friends, that did not occur at Outagamie.

In accordance with the provisions of the County Institutions Act the institution was run by a lay superintendent—George Downer, a farmer by "profession" and a county supervisor and member of the asylum building committee who held the position until around 1920—appointed by the board of trustees whose members, in turn, were chosen by the county supervisors. The board, however, mainly authorized payment to vendors of goods and services necessary for the ongoing maintenance of the facility. The superintendent, then, actually ran the institution on a day-to-day basis.

Clearly, from the outset, staffing of the asylum was exceedingly sparse. A doctor hired by the board, also as mandated by the statute, provided the only medical care/treatment, most of which consisted of intake examinations and weekly visits to the asylum to address inmates' basic medical needs. O. D. Dougherty, a local general practitioner without any psychiatric training or experience, performed that role from the time the institution began operation until the late 1920s. At no time during the period under discussion was there a specially trained physician in any way affiliated with the institution.

The remainder of the staff consisted of a number of other untrained attendants and a few farm foremen. Thus, for example, as late as 1930, when the inmate count amounted to 184 and the staff totaled 10, the patient-to-staff ratio (assuming the need for 24-hour coverage) was about 60 to 1, which was typical for the entire period. Such a staffing pattern guaranteed that the institution would be nothing more than a custodial facility, as intended.

Inmate labor, especially farm work, was an integral part of the asylum's operation from the outset, also as stipulated in the County Institutions Act. Although at the time production labor was considered to be restorative, a form of moral therapy, it appears as though such work was mandated as much for other as for therapeutic reasons—to keep patients occupied and thus to ensure the smooth day-to-day operation of the institution, and to reduce the financial cost of operating the facility. In short, social control and pecuniary considerations were present.

Thus, the question of compensating the patients for their work, both on the farm and within the walls of the institution, such as meal preparation and housekeeping chores, came up for the first time on 25 April 1891, a little over a year after the asylum began operation. However, while the board of trustees voted in favor of doing so, it made such compensation—\$2.00 per month—payable upon the patient's recovery and discharge from the institution. Since only one inmate was deemed "recovered" and discharged from the asylum between 1890 and 1933, the issue of compensation, in fact, was a moot one.

Inmate labor, however, was not a moot issue; indeed, it was one of compelling importance. By the mid-1890s the institution took in some \$8,000 above costs, and fifteen years later it had brought more than \$20,000 into the county's coffers, a trend that continued. Thus, for example, from 1913 through 1918—the period for which the financial records of the institution remain—the asylum showed a sizable budget surplus each year; whether or not such surpluses continued to be an ongoing occurrence is impossible to determine because of missing financial records.

Still, it is clear that, thanks to what amounted to uncompensated inmate labor, a small staff, and the lack of well-trained costly medical personnel, the asylum proved to be a very inexpensive—indeed in many instances even a money-making—way to deal with the mentally ill, especially by comparison to the larger state hospitals. Thus in 1893 the average per capita weekly cost to maintain a patient at the Northern State Hospital was \$3.70; at the Outagamie County Asylum it was \$1.72. Seven years later, while the weekly cost per patient at Northern had risen 12 percent to \$4.18, the per capita cost at Outagamie had dropped to \$1.37, a 21 percent decrease (*Ninth Biennial Report*, 1910). Clearly, if cost saving was a reason for adopting the “Wisconsin Plan,” it proved to be a great success, at least at Outagamie.³

Who were the people inside the institution whose labor saved the state and county significant sums of money, and how did they get there? Without exception, those who entered the facility had been committed, at one time or another, to a mental institution by a county court judge upon the statements of three individuals, usually two physicians and one other complainant, in most cases a relative or someone else who had—or claimed to have—intimate knowledge of the ill person's behavior. While the vast majority of the inmates were from Outagamie County and were committed by the judge of its county court, a few came from surrounding counties which did not have their own asylum. Most, although not all, of the patients, whether from Outagamie County or elsewhere, were transferred to the institution from one of the state hospitals, usually Northern, as was required by law. Some had received state care for a few months, others for as much as several years, before being transferred to the county institution.

While in theory the transfer from Northern to Outagamie was, or was supposed to be, based on medical criteria—the determination that the patient was incurable, or chronically insane—evidence suggests that on oc-

³There were other relatively unimportant sources of revenue for the institution, including monies received from other counties for the care of their residents, which over the years amounted to very little, and funds from relatives and patients, also very few and small in number. Over several decades the amount from these latter sources, which derived from only 25 of the 480 people committed to the institution between 1890 and 1933, came to only a few hundred dollars. Interestingly, however, the records indicate that when such monies were received, they usually were earmarked for burial expenses, indicating, of course, that such “givers” expected their wards to be confined for life—an expectation, as already noted, that in most cases proved to be true.

casation the decision was made on other grounds, including perhaps administrative or financial considerations. Thus, for example, shortly after Outagamie's board of trustees passed a resolution (on 1 August 1891) directing its secretary to "initiate the immediate transfer of more patients from Northern to the County Asylum," several patients were transferred from the state hospital to the county institution. Precisely what prompted the board's resolution is impossible to determine, but it may have been a desire to turn more "profits," as critics of county institutions frequently charged.

Whatever, a few patients also came to Outagamie from other welfare institutions within the county and elsewhere. Thus, during the first two decades of the twentieth century the Appleton City Poorhouse managed to have a number of its elderly residents with various medical ailments sent to the insane asylum. During the same period (1900–1920), the local Visiting Nurse Service acted as the complainant for a few elderly residents of the community who clearly could not function independently and who were committed to the asylum—also without first being "treated" at a state hospital. In addition, a few people came to Outagamie from the Northern Colony and Training School, a state institution for the retarded located in Chippewa Falls, again without first being sent to either of the state hospitals. These, and the others, all remained at Outagamie until their deaths. Clearly, then, while still primarily a county asylum for the chronic insane, Outagamie had become something of a dumping ground for those afflicted with a variety of other ailments or disabilities.

However they arrived there, all of Outagamie's inmates—with the exception of a 55-year-old farmer who was listed as having "moderate" financial means when admitted to the institution—were deemed "poor" or "very poor." While it should come as no surprise that those committed to Outagamie were poor, for private mental facilities abounded throughout the state for those who could afford them, the universality of poverty among the asylum's patients suggests that it may have been a factor in defining chronic illness—and thus being subjected to custody for life. Furthermore, while mental illness no doubt prevented many from working and hence *caused* poverty, institutional records frequently attributed the problem *to* poverty, especially for women. Some of the inscriptions in the admissions records are illustrative: "Worry over loss of money," "Poverty and desertion by husband," "Poverty and neglect," and the like.

In addition to being impoverished, a large majority of the inmates, especially prior to 1915, were foreign born. Again, while the foreign born may have been poorer and had fewer family members to care for them if ill, the evidence suggests that foreign birth may have had something to do with being adjudged chronically mentally ill. Clearly immigrants were thought to be constitutionally inferior to native born citizens, and hence more prone to mental breakdown. As the State Board of Health put it (in its *Annual Report* for 1889–1890), the growth of civilization has led to an increase in insanity,

“particularly among the foreign born who are especially susceptible to insanity” (State Board of Health, 1891:86–87). Confinement figures at the state hospitals (as well as at Outagamie) seemed to back up their claim: While approximately 31.5 percent of the state’s population was foreign born in the latter nineteenth century, the percentage of immigrants in the state mental institutions stood at around 50 percent and was growing. At Outagamie, the figure was even greater: almost 60 percent of the people committed to the institution between 1890 and 1900 were immigrants, roughly twice their percentage of the general population—and the number also was growing. Whatever the cause, immigrants clearly were far more likely than native born citizens to wind up in one of Wisconsin’s mental institutions, especially those for the chronic insane.

Asylum records were most complete in recording the occupations (or former occupations) and educational status of those admitted to the institution. With regard to the former, distinct differences in job classifications were noted, such as differentiating between farmers and farm laborers, and between laborers and paper mill laborers, for example. If the individual was employed or retired at the time of commitment, that too was recorded.

According to the records male inmates had been employed predominantly in low or unskilled jobs prior to entering the institution, regardless of age, ethnicity, or type of illness. Common “laborers” and farm laborers were the largest occupational categories throughout the period under study. During the first two decades of the twentieth century, however, a growing number of railroad and mill workers, skilled laborers, and merchants entered the institution; at no time, though, did they account for more than 25 percent of the patient population.

Not surprisingly, among those who had been employed, institutionalized women, like men, tended to hold occupations at the low end of the skill and pay level prior to commitment, mainly as domestic servants. However, there were significant differences between male and female inmates regarding employment patterns—and marital status. Thus, for example, while virtually all the males worked or had worked before entering the institution, most women were not, and had not been, gainfully employed; a large majority were classified as housewives. Thus (and relatedly), between 1890 and 1913, for example, only 27 percent of the confined women were single while twice as many, or 55 percent, of the men were unmarried.

The implications of these findings are unclear. They may suggest, however, that contrary to popular nineteenth century assertions that single, childless women were likely to become mentally (and physically) ill, married women and mothers were more likely to wind up in mental institutions than their unmarried and childless sisters—or married men. Whether that resulted from the strains of wife- and motherhood, from the inequities and injustices of a patriarchal society, or from other causes remains to be determined.

The amount of education inmates had experienced also varied considerably, but not just between the sexes. While, as a whole, men typically were better educated than women, as might be expected, there were great variations within the male and female cohorts, ranging from common school to high school, and even beyond. What may be even more surprising, however, is that for the most part relatively few inmates—men and women alike—had no education, or what was referred to as a “poor” or a “limited” education, especially after the turn of the century. Thus, of example, of those committed between 1910 and 1914, only 16 percent of the men and 31 percent of the women were so categorized; between 1915 and 1919 the percentages were 39 and 30. Clearly, their “problem,” then, was not due to a lack of education.

In addition to these differences between men and women inmates in employment patterns, marital status, and educational achievement, several other gender-related trends are apparent in the data. Thus, for example, the attributable causes of insanity were markedly different for men and for women. For men, the causes typically were described in physical or medical terms—the direct result of some accident, such as an injury to the head, or the aftereffects of some illness, such as influenza or syphilis. For women, however, the causes of insanity usually were described in personal (or emotional) terms, often related to their domestic roles, including sexual and reproductive matters, including such things as “hysteria,” “domestic difficulties,” “neglect,” “desertion by husband,” “uterian [*sic*] difficulties,” “suppression of menses,” and the like.⁴

In addition, while the percentages and ages of men and women committed to the asylum were roughly equivalent from 1890 to 1933, as Table 1 shows, women tended to stay—or were kept—there longer, chiefly because they outlived men. There were other reasons for that, however. Thus, while no inmates were paroled from Outagamie prior to the 1920s, when that practice was instituted, women were much less likely than men to be paroled—and if paroled, they were far more likely to be returned to the institution at some later date than were their male counterparts. In short, gender discrimination was as prevalent within as without the institution; it played a role in who entered the institution, how their illnesses were diagnosed, and how long they were confined.

Whether men or women, many of the inmates entered the institution, and thus were deemed incurable, at rather young ages, especially during the early years of its operation. While some were as young as 15 years, the typical age upon commitment, at least until the turn of the century, was between ages 20 and 40. Interestingly, though, the mean age of the inmate population grew steadily over time, partially reflecting an aging population already

⁴Also, in a number of cases—14 to be exact—alcohol was listed as the source of the problem for men; never for women.

TABLE 1

Age at Time of Commitment by Sex for Selected Years in Percentages

Ages	1890-94		1910-14		1925-29	
	Men (N = 18)	Women (N = 12)	Men (N = 23)	Women (N = 22)	Men (N = 40)	Women (N = 34)
15-20	18	12	9.5	—	—	4
21-25	12	—	5	6	13.5	7.5
26-30	—	12	5	12.5	11	11
31-35	18	12	32	—	6	11
36-40	12	12	16	—	8	15
41-45	—	12	—	6	6	4
46-50	—	—	5	12.5	11	15
51-55	6	12	5	6	8	7.5
56-60	—	—	5	12.5	6	—
66-70	—	—	9.5	12.5	8	15
71-75	—	—	5	12.5	6	4
76-80	—	—	—	—	11	—
81+	—	—	5	—	3	7.5

there but also reflecting the tendency to commit fewer young people by the late twenties, as Table 1 also indicates.

This, in turn, meant that there was a decrease in the length of stay for Outagamie's patients—a rather dramatic one. As Figure 1 indicates, the mean length of stay, measured in days, for those institutionalized between 1890 and 1894, for example, was 11,249 for men and 13,157 for women; for those committed between 1930 and 1933, the respective figures are 1,780 and 3,233. (Women thus continued to be confined much longer than men.)

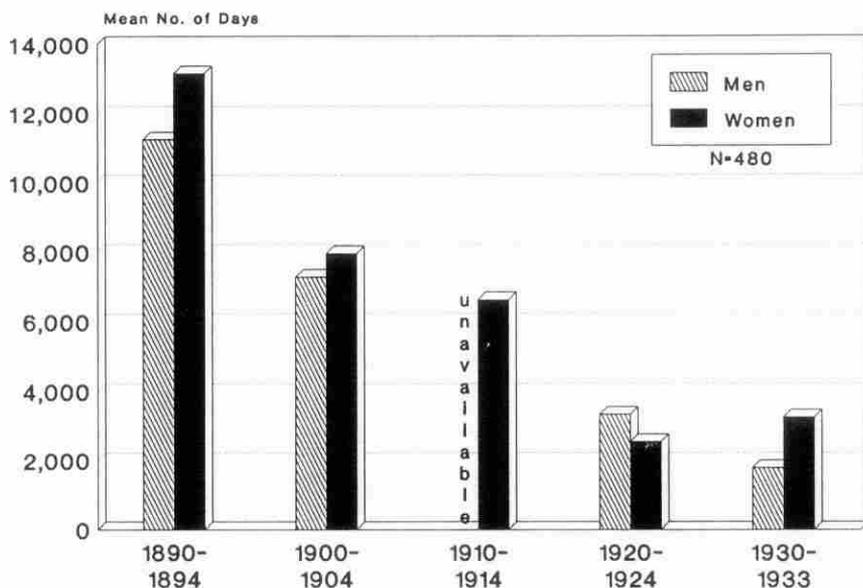
Not only were fewer young people committed to Outagamie by the latter twenties, and those who were, confined for shorter periods of time, but fewer people in general were entering the institution; in fact, its population peaked by mid-decade. A new era was about to dawn for the Outagamie County Asylum for the Chronic Insane.

Before concluding, however, it might be useful to say a few more words about how inmates left, or could leave, the institution. Throughout Outagamie's history there were five ways that inmates could leave the institution, at least in theory: discharge by the County Court upon reexamination, parole, escape, transfer to another institution, or death. The first, discharge upon reexamination of insanity, occurred only once (among 480 cases) prior to 1933—a 60-year-old woman who had been committed in January 1913 for senility was "freed" in June of 1924.

Parole, too, was not widely used, at least until the 1920s. Even then, however, its use was restricted and seemed to be predicated less on an improvement in condition—several inmates were described as unchanged or in poor mental health at the time of parole—than upon a willingness of a close rela-

FIGURE 1

Length of Stay in Days from Admission until Death
by Sex and Year of Commitment



tive, usually a spouse, sibling, or child, to assume responsibility for the patient. Throughout the 1920s, parolees constituted less than 10 percent of the inmate population, and several of those who were paroled died within 30 days of their release.⁵ This, of course, suggests that they were released from the institution in order to be allowed to spend their few remaining days at “home.”

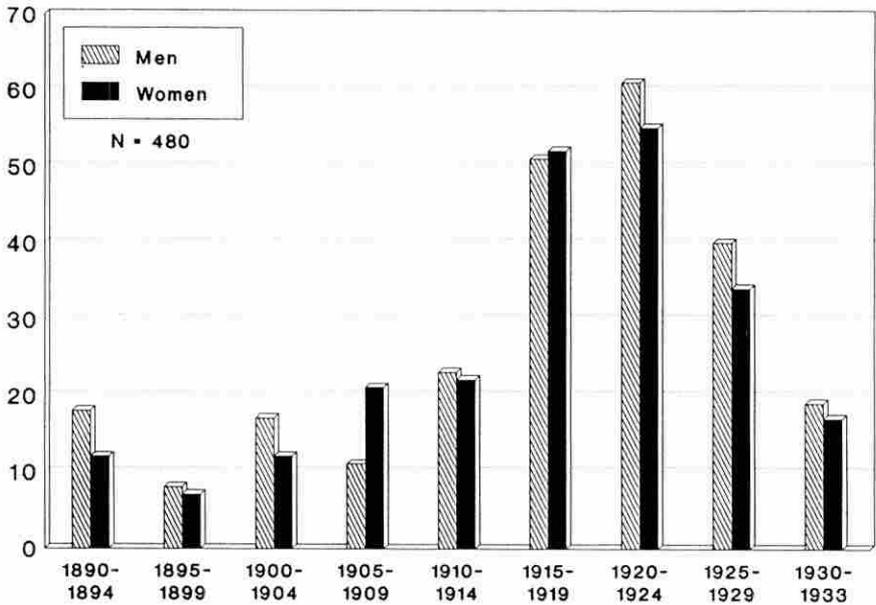
Actually, although not widely used, escape was a more viable means of getting out of the institution than either discharge or parole—at least for males. Thus, although the first escape—a successful one by a male patient—did not occur until June 1914, after that time 10 different people—all males—fled the institution, several repeatedly; 3 were never returned, a 36 percent rate of success.

Transfer, particularly in the first few decades of the asylum’s existence, was a far more frequent occurrence than discharges, parole, or escape. During the first 25 years of its operation somewhere between 12 and 18 percent

⁵ Its use, too, probably was sexist; between 1920 and 1930, 35 patients were paroled, 27 of whom were males.

FIGURE 2

Commitments to Outagamie Asylum by Sex and Year of Commitment



of its inmates were transferred from Outagamie, usually to other county asylums, however, as they were created and put into operation.

Clearly, the most common way to leave the institution, as mentioned at the outset, was by death—although strictly speaking that may not be correct since a large proportion of those who died at the institution were buried on its grounds. Whatever, of those committed to the institution between 1890 and 1895, to cite one period, 88 percent died while at Outagamie (the remaining 12 percent were transferred to other institutions). While the institutional death rate dropped over the years, by 1933 it still was the most frequently cited reason, by far, for termination of an inmate's stay at the institution.

In the end, what can be said about the county mental institution, or at least Wisconsin's Outagamie County Asylum for the Chronic Insane (from 1890 to 1933)? Although the material presented here is sketchy and in preliminary form, and hence needs additional work, it still provides the most detailed analysis of the subject yet conducted—and is instructive.

This brief study suggests that, for the most part, both in terms of the quality of patient care and the responsiveness to the state's needs, at least as

perceived at the time, the Wisconsin Plan worked rather well. Clearly the most striking characteristic of the Outagamie County Asylum for the Chronic Insane was its custodial nature; there simply was no psychiatric care of or treatment for the inmates who, for the most part, entered the understaffed institution at a young age and stayed there for the remainder of their lives, as intended.

Furthermore, the care the chronic insane received at Outagamie seems to have been quite decent and humane—as the few escape attempts may suggest—and far better, no doubt, than it was (or would have been) at overcrowded and wretched county poorhouses and jails, or perhaps even in the very large, overcrowded, impersonal congregate state hospitals, in Wisconsin and elsewhere. Thus, when the secretary of the Pennsylvania Committee on Lunacy inspected Wisconsin's county mental institutions in 1909, he concluded that nowhere in the United States were the insane "better fed, better housed, better cared for" (quoted in Grob [1983:98]). While he conceded that the quality of medical services the patients in county asylums received was inferior to that given to patients at the state hospitals, he added that the chronic insane required "very little medical treatment" (*ibid.*). Whatever, the relatively low cost of patient care, especially by comparison to the state hospitals, even the "profitability" of Outagamie's operation, indicates that it saved the state (and at least on occasion, the county as well) lots of money, also as intended.⁶

Still, it would be inaccurate to conclude that Outagamie lived up to all the hopes—or professions—of those who established the Wisconsin Plan. There is no evidence, for example, that the institution was well supervised by the state, that it fostered a "family" spirit, or that, because of their proximity, friends and relatives monitored the care provided at the institution and visited the inmates, or took them home on a regular basis. In addition, the evidence suggests that contrary to its mission the county mental asylum served, at times, as a catchall that absorbed the overflow from all sorts of other local institutions—poorhouses, schools for the retarded, and the like—perhaps stifling their reform. Furthermore, there is some evidence to suggest that those who administered the system may have been a bit too interested in money-making, or saving, as critics charged, and hence responsible for the premature labeling of some patients as chronically ill—and thus for their lifelong incarceration, especially with regard to married women.

All in all, however, it would be fair to suggest that the Outagamie County Asylum for the Chronic Insane was an ambiguous success. More studies of the institution and others like it, however, are necessary to determine

⁶ Adoption of the Wisconsin Plan certainly slowed the growth of the far more expensive state hospitals. By 1888, the state institutions had increased their populations by only 88 persons while the newly created county asylums cared for some 1,389 patients. By 1930, Wisconsin's 36 county asylums cared for more than 7,500 individuals while the state hospital population totaled around 2,000.

whether the county mental institution, and the Wisconsin Plan, which was responsible for its creation, were unqualified unambiguous successes. SSQ

REFERENCES

Goffman, Erving. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Garden City, N.Y.: Doubleday.

Grob, Gerald N. 1983. *Mental Illness and American Society*. Princeton: Princeton University Press.

Katz, Michael. 1986. *In the Shadow of the Poorhouse*. New York: Basic Books.

Lasch, Christopher. 1974. "Origins of the Asylum." Pp. 3–17 in Christopher Lasch, ed., *The World of Nations: Reflections on American History, Politics, and Culture*. New York: Knopf.

Ninth Biennial Report of Northern Hospital for the Insane. 1910. Madison, Wis.: Democrat Printing.

Robison, Dale W. 1980. *Wisconsin and the Mentally Ill*. New York: Arno.

Rothman, David J. 1971. *The Discovery of the Asylum*. Boston: Little, Brown.

State Board of Health. 1891. *Report to the State of Wisconsin, 1889–1890*. Madison, Wis.: Democrat Printing.

Zainaldin, Jamil, and Peter Tyor. 1979. "Asylum and Society: An Approach to Institutional Change." *Journal of Social History* 13:23–48.

Copyright of Social Science Quarterly (University of Texas Press) is the property of University of Texas Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.

Copyright of Social Science Quarterly is the property of University of Texas Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.