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Article Title: The Nebraska Asylum for the Insane, 1870-1886

Full Citation: Klaus Hartmann and Les Margolin, “The Nebraska Asylum for the Insane, 1870-1886,” *Nebraska History* 63 (1982): 164-182

URL of article: <http://www.nebraskahistory.org/publish/publicat/history/full-text/NH1982Asylum.pdf>

Date: 4/23/2014

Article Summary: From the time that it became a state, Nebraska attempted to provide for the mentally ill. This history of the Asylum includes a description of patients' quarters, the substances used in their treatment, and the cost of their care.

Cataloging Information:

Names: C A Tucker, H P Mathewson, N W Larsh, Charles F Stewart, Minerva M Lewis, Helen B Bodelson

Nebraska Place Names: Yankee Hill (near Lincoln), Norfolk, Ingleside (near Hastings), Beatrice

State Institutions for the Mentally Ill: Nebraska Asylum for the Insane (later renamed the Nebraska State Hospital for the Insane, the Lincoln State Hospital, and finally the Lincoln Regional Center); Incurable Insane Asylum; Nebraska Institute for the Feeble-Minded

Keywords: Nebraska Asylum for the Insane, Board of Public Lands and Buildings, Board of Insanity, H P Mathewson

Photographs / Images: Nebraska Asylum for the Insane; table of patient statistics, “General Statement for the 16 years ending November 30, 1886”; Asylum ready for occupancy, November 21, 1872; patient room

The Nebraska Asylum for the Insane, 1870-1886

BY KLAUS HARTMANN AND LES MARGOLIN

The Territory of Nebraska, after it was organized into a state on March 1, 1867, was faced with many tasks. Among them was the need to set up a stable government able to address the needs of the citizenry. Among those needs were care of the mentally ill. In a few short years Nebraska put in place an astoundingly comprehensive service system. In this paper the early history of the Nebraska Asylum for the Insane will be described based on the relatively few records still available. Retracing these beginnings of mental health treatment in Nebraska at times gives evidence of foolhardy concepts and actions, but more generally one is impressed by the wisdom, forethought, dedication, and ability demonstrated by those who transformed a disorganized frontier region into a reasonably well-functioning society.

Nebraska in 1871 faced gloom and poverty. Its only resource, agriculture, was as yet doubtful and undeveloped. Prices for products were normally low owing to imperfect transportation to distant markets and were further depressed to an unprofitable scale by the impending industrial panic. Official speculation and factional strife had demoralized and almost destroyed social order.¹

Nevertheless, through the Capitol Removal Act of 1868 which permitted the sale of lots to raise money, the first of three state institutions for the care of the insane was created. Erected first was the Nebraska Asylum for the Insane near Lincoln. It opened for the admission of patients according to conflicting records on November 26, 1870,² or December 22, 1870,³ or January, 1871.⁴ Between 1901 and 1919 the institution was known as the Nebraska Hospital for the Insane, then became the Lincoln State Hospital. Finally, in 1969 the name was changed to Lincoln Regional Center.

The second state hospital at Norfolk opened in 1885. The third hospital, the Incurable Insane Asylum, at Ingleside near

Hastings opened on August 1, 1889, to care for those found to be chronic cases after treatment in Lincoln and Norfolk. A fourth institution, the Nebraska Institute for the Feeble Minded, at Beatrice was established in 1886 with a capacity of 450 beds.

Besides this impressive record for building, the state also opened its Penitentiary south of Lincoln and the Deaf and Dumb Asylum in Omaha in 1869. The School for the Blind at Nebraska City opened in 1876. The Nebraska State Reform School for Juvenile Offenders was created in 1879. A group of church women established a Home for the Friendless between 10th and 11th Streets on South Street in Lincoln in 1884. Here the aged, orphans, and unwed mothers were all cared for. Subsequently the state took over operation. In 1887 the Soldiers and Sailors Home in Grand Island was established, and Governor John M. Thayer laid the cornerstone of the first building on October 6 of the same year.

In many ways mental hospitals seemed impractical in a state where the population lived scattered sparsely over thousands of miles and where there were few roads and only rough vehicles to travel them. The degree of difficulty is realized when one considers that the move of the State Archives from Omaha to Lincoln in 1869 took six to ten days during inclement weather over bad roads. Teachers, clergy, and judges at times became itinerant, traveling circuits to reach dispersed settlers. Alienists, then the term for psychiatrists, however, remained in hospitals waiting for patients to come to them.⁵

The first case of insanity in Nebraska, a Cass County woman who became a public charge, was sent to the Iowa Hospital for the Insane at Mount Pleasant in September, 1861, and maintained there at the expense of the Territory. In 1863 a woman from Douglas County was committed there; in 1864, a criminal lunatic from Otoe County; in 1865, six patients; in 1867, seven; in 1868, nine; in 1869, 10; and in 1870, 10. On December 1, 1870, there remained in Icwa 22 patients sent by Nebraska. These, with 11 taken from the jails in the state, constituted the first to occupy the Nebraska Asylum at Lincoln.

The act locating and appropriating funds for the first hospital building for the insane in Nebraska was passed in the 1868 Legislature. Capital Commissioners David Butler, T. P. Kennard, and John Gillespie located the hospital on Yankee

Hill, 3 miles southwest of Lincoln. On September 15, 1869, Joseph Ward of Lincoln received the building contract. It was completed at a cost of \$137,000 and accepted by the commissioners November 29, 1870. Some sandstone for the structure was quarried south of the building on Yankee Hill, but the sandstone for the ashlers came from Crete. Limestone for the window caps and other trimming was quarried near Ashland. The men employed on the building were homesteaders.⁶

The Board of Public Lands and Buildings constituted a board of trustees for this and other subsequent state hospitals. The board was composed of the land commissioner, secretary of state, state treasurer, and the attorney general. This board purchased supplies, audited vouchers and claims, was responsible for repairs and new buildings but had no authority to appoint and discharge employees, an authority vested in the governor.

The unhappy condition of Nebraska at the beginning of the 1870s was made worse by the incendiary burning of the Lincoln Insane Asylum on April 17, 1871. One chronicler says the fire started in the attic. A candle had been placed on a joist and shavings and sticks arranged next to it, so that when the candle burned down, the shavings caught fire. Supposedly someone set it when the painters went to dinner. Water from the tank and cistern was sufficient to put out the fire, but the building was gutted. The same chronicler states that three inmates supposedly perished, since that number were missing.⁷

J. Sterling Morton gave a different account of the fire, believing only one inmate perished. Ten convicts, a full third of the inmates of the Penitentiary, escaped the night of the conflagration, and it was charged, though without proof, that they were let loose to assist in kindling it. The leading Republican, but anti-administration organ, summed up the case as follows:

The lunatic asylum ought to have been a substantial public building and an honor to the State. By law, the expense was limited to \$50,000, but the State officers took the responsibility of increasing it until the amount actually paid was about \$150,000. The main building was 72 x 90 feet and five stories high, with a four-story wing running northward, 42 x 80, making a total frontage of 170 feet. A brick structure of this size, and costing so much money, should have been something for every Nebraskan to be proud of. But this asylum did not excite emotions of that sort, being so badly put together that visitors were fearful it would fall while under its roof... The builder of



*Nebraska Asylum for the Insane, Lincoln, completed in 1870,
burned on April 17, 1871.*

this matchless specimen of architecture was one Joseph Ward. An attempt was made to burn it several months ago, by placing combustibles on the roof, but failed. ...Of the grand delivery of Penitentiary convicts, we have too few facts to justify comment. But ten convicted criminals are certainly at large... What a history the Capitol has furnished of late. The State officers charged with peculating and speculating—impeachments queerly handled—burning of a lunatic asylum and lunatics—and winding up with the quiet departure of one-third of the convicts of the Penitentiary. Surely it is about time for a constitutional Convention that will build for the state anew and let it start again with a clear record.⁸

Based on the newspaper column, it appears there were actually two fires in relatively short succession. Accounts vary but supposedly the building was insured and thus a few thousand dollars were available with which to begin construction of a new building. It was ready for occupancy on November 21, 1872. The city of Lincoln, fearful that the asylum would be moved to a rival city, quickly built a temporary structure to house the patients and appropriated \$70,000 in emergency funds for the construction of a gray limestone building. The State Legislature subsequently reimbursed the city.

The new building contained 39 sleeping rooms for the pa-

tients, and each floor had a dining room, bathroom, and water closets. Walls were 13 inches thick, and metal grating was on the outside of the windows. Located in the basement were kitchen, laundry, employees' dining room, pantry, storeroom, and closets. The second floor contained the superintendent's bedroom, dining room, parlor, and bathroom, and the assistant physician's room. On the third floor, besides sleeping areas, was the chapel. On the fourth floor were the bedrooms for the employees.⁹

In 1887 Tucker described in some detail the interior of the structure, which in the meantime had been expanded. He related that the quiet and orderly patients were on the ground floor or the lower stories, while the more excitable patients were lodged on the upper floors; the fourth floor housed the particularly turbulent and destructive patients. Each corridor contained its own bedrooms, dining rooms, and bathrooms. The building was heated through hot air coils with marble tops placed in the center of each hall.¹⁰

Bedrooms were provided with bedsteads only about 4½ feet wide with wire springs and mattresses of hair. Two patients occupied one bed if the superintendent saw no reason to direct otherwise. Over and under the doors were open spaces for ventilation. The windows were provided with iron bars, both upright and across. Walls were painted. In the dining rooms, tables covered with oilcloth were laid with white tablecloths set with knives and forks. There were separate outdoor airing courts for men and women; each court was bordered with high wooden fences and shrubs. Visiting was allowed for one half-day per week.

Planners then as now had to cope with the high inflation of a developing country. There was a demand, characteristic of developing societies, that public buildings be grand, reflective of greater achievements to come. Thus, buildings were to be located on attractive grounds and to appear cheerful, comfortable, and spacious.

In his biennial report of 1872, Charles Stewart wondered how much land actually belonged to the institution. He thought there were 80 acres, whereas the commissioner of lands believed 160 acres belonged to the hospital. By the mid-1870s a total of 480 acres were assigned to the hospital which made it nominally self-sustaining, the weekly cost per

capita being only \$3.45. Morton summarizes conditions: "Nebraska provides for all her insane in a generous manner. The building is commodious, the grounds pleasant and well kept, and in a few years will be picturesque and inviting."¹¹ It should be noted that during the early years of the hospital a few patients from Colorado and Wyoming were cared for at the Lincoln Insane Asylum for lack of accommodation in those territories.

Each county in the state had a Board of Insanity composed of three members—the clerk of the district court, one attorney, and a physician, the latter two appointed by the district judge. Application for admission to the hospital had to be made to this board by affidavit, whereupon the board had to investigate the case. They could require the allegedly insane person to appear before them for direct examination. Testimony for and against the application was heard.

Any citizen or relative could resist the application and employ counsel. The Board of Insanity appointed a practicing physician to examine subjects to determine a person's mental state. If the board found the subject insane and a fit subject for treatment in a hospital, a warrant was issued authorizing the hospital superintendent to receive him. A commitment to an institution for the insane in Nebraska deprived the committed person of legal rights while hospitalized.

To appeal a commitment a sworn statement had to be made to a judge of the district court of the county in which the hospital was situated, alleging that the person was not insane. The judge appointed a commission of inquiry—usually three persons—including a physician and a lawyer. If the judge found the person sane, he was discharged. The remedy of habeas corpus was available to all persons confined.

Costs of commitment were paid by the county of legal residence; if the subject had no residence, by the state. To discharge a patient from a hospital in Nebraska, it was necessary to notify the clerk of the district court in the county from which the patient came. The clerk filed a notice of discharge, clearing the record and restoring the patient to his former legal rights.

The hospital, according to Superintendent Stewart's 1872 report, set its own priorities for admission. Recent cases of maladjustment—generally less than one year in dura-

tion—had preference. Only then were chronic cases of more than one year duration to be admitted. It was felt though that insanity if treated promptly and properly was curable in a majority of cases.

Nebraska law spelled out that “any person having care of an insane person and restraining such person either with or without authority who shall treat such person with wanton severity, harshness, or cruelty, or shall in any way abuse such person shall be guilty of a misdemeanor, besides being liable in an action for damages.”¹²

No censorship was exercised over the correspondence of inmates, “their post office rights shall be as free and unrestrained as are those of any resident or citizen of this state, and be under the protection of the same postal laws.”¹³ The superintendent was to furnish each patient with suitable writing material and postage at the expense of the state.

In 1880 Superintendent Mathewson, a physician, felt that 200 patients were all that an administrator could see every day and attend to properly with a view toward their recovery. He felt at least one-half the cases of insanity were due to heredity; others were due to overwork and want of proper food. His treatment was to give a plentiful supply of good food and attend to the bowels and stomach. An unusual emphasis was placed on cleanliness both of surroundings (drainage, ventilation, water) and of the patient, with insistence on bathing at regular times and at a specified water temperature. Otherwise, he did not think much could be looked for with medicine.

American mental health treatment in the early and mid-1800s was guided by the precepts of moral treatment. It generally meant gentle, individualized care in a small hospital with occupational therapy, religious exercises, amusements and games, kind treatment, and in large measure a repudiation of all threats of physical violence with an infrequent resort to mechanical restraint. Emphasis was on a regular living regime, a substantial though simple diet, emphasis on personal cleanliness, amusements, and sports, rejecting the idea of confining patients, permitting a high degree of freedom about the grounds and on unsupervised town visits. Thorough examination of all patients was required and each hospital was to have a laboratory. Treatment was to be individualized. Patients

were to be tried in a variety of occupations within the hospital to awaken interests and to provide them with exercise. Knowledge gained about human behavior was to be shared with the community, and the hospital was expected to take part in public affairs and to provide a forum for enlightening discussions.¹⁴ In brief, this therapy implied the creation of a healthy psychological environment for the individual patient as well as the group.

The Lincoln Insane Asylum put into effect some of these precepts as shown by the 1886 Biennial Report of the Superintendent. The superintendent specifically refers to Sunday afternoon song services, weekly Saturday evening dances, and the availability of books, periodicals, and magazines in the library. He also alludes to the purchase of many new pictures. Christmas Eve in 1884 and 1885 were celebrated with trees in the chapel, exchange of presents, and dancing. The Fourth of July was highlighted by fireworks and a lawn party with dancing, refreshments being made available. Additionally, "grounds and flowers have been a continual pleasure with frequent bouquets on the table."

Toward the end of the century, considerations of order and efficiency tended to limit the degree of innovation and flexibility. Thus moral treatment was institutionalized and forced into a regular and predictable pattern with a consequent loss of compassion and turning away from the initial high ideals and altruistic goals. An increasing belief in incurability of mental illness and therapeutic pessimism set in.¹⁵ There is evidence that as the institution grew, the superintendent no longer knew every patient, leading to feelings of loss of control and hesitancy to discharge patients. Fear of potential violence increased as more and more criminally insane persons, prisoners from penal institutions, and the maniacally violent had to be accepted. Recreational and work programs were gradually curtailed to prevent patients from eluding attendants.

Most of the medical treatment was given en masse with little variation from one patient to the other. Many medicines were purgatives to clear the intestines of "maniacs," who were considered to be generally constipated and in need to be emptied by whatever means available including large enemata of water at 90 degrees temperature, in gallon portions if necessary,

repeated until successful. Otherwise, tonics were given to improve the general condition of the person. Also, there was much reliance on narcotics such as morphine and opium with the purpose of quieting the patient and making him amenable to moral treatment. Otherwise, bed rest, good nutrition, comfort, and absence from occupational pressures were thought to be curative (rest cure).

The oldest records of mental health treatment available at the Lincoln Regional Center date back to 1887 and list a variety of substances used in the treatment of the insane. A brief review is provided:

One compound, elixer purgous, a sweetened, aromatic alcoholic preparation of the tincture of jalap was used as "an agreeable, fairly reliable, but slowly active purgative."¹⁶ Rheum or rhubarb was used principally as a purgative, stomachic, and astringent. It caused bowel evacuation within four to eight hours. It was usually prescribed to "remove irritant material from the bowel in acute diarrhea."¹⁷ Potassium bromide was given every one to two hours until sleep would occur. It was described as "very good for hysterical and maniacal wakefulness." It was also used with narcotics for insanity with excitement and insomnia.¹⁸ Ferric chloride solution was used locally as a styptic in controlling bleeding after extraction of teeth, tonsils, or after application of leeches.¹⁹ Other substances enjoyed use such as essence of calesaya bark which was used as a febrifuge and tonic in the treatment of malaria and lack of appetite.²⁰ Calomel was useful as a diuretic and purgative.²¹ In larger doses, it was used as a sedative.²² Compound tincture of gentian was helpful to increase appetite and strengthen digestion.²³ A beef and iron wine consisted essentially of the juice of beef when cooked along with wine and iron plus some cooked beef blood.²⁴ Wine enjoyed a number of obvious uses and, at times, malt was added to aid digestion.

Other substances used were preparation of phosphorus as a useful adjuvant to iron and strychnine in small doses as a general tonic to the vascular and nervous system, particularly in sluggishness of the bowels. Arsenic was used but tended to irritate the stomach. Hydrochloric acid enjoyed use in fermentative dyspepsia, replacing the presumably deficient gastric

acid. Brandy and whiskey sometimes were used as sleeping potions if other remedies failed.²⁵

After the opening in 1889 of the Hastings hospital, which was designed to handle those incurably insane, physicians at the Lincoln hospital spent much time in attempting to discriminate between those few patients who were curable versus the many chronic, incurable residents. The indicators used are unclear, but most likely the duration of the illness was a deciding factor. Those determined to be incurable were to be transferred to Hastings for long-term treatment.

All patients were regarded as being on an equal footing and entitled to equal care, allowing for individual needs. Special attendants were permitted if paid for by relatives or friends. Such charges had to be paid quarterly in advance. Otherwise, any relative or friend had the "privilege of paying" any portion or all of the expenses.²⁶ Generally though, all patients at the state hospitals were supported by the state, with the exception of the expense of their clothing. However, when patients or their relatives were too poor to furnish clothing, the state supplied it.

Hospital records show that in 1873 the weekly cost per patient was \$10.36, decreasing to \$3.85 by the year 1886.²⁷

No statistical material is available as to the average length of stay in various treatment programs or patient categories. However, of 387 patients admitted during the two years preceding November 30, 1886, 149 were ill less than two months; 65, two to five months; and 37, five to nine months. Of those 387, 119 were 30 to 40 years old, the most frequently represented age category. The following table summarizes the record of the Lincoln Insane Asylum.²⁸

Inadequate facilities, quickly strained, were further taxed by the sometimes unwelcome immigrants. Weakened by lengthy journeys these new arrivals were unusually prone to febrile illnesses, nutritional deficiencies, and alcoholism. Several reports of superintendents speak of the bewilderment of how to deal with these presumably illiterate, poverty-stricken patients who often had little or no working knowledge of the English language.

In 1886, out of 387 patients, 222 were native born, whereas 165 were foreign born, including 48 from Germany, 26 from Ireland, 27 from Sweden, and one from far-away Persia.

GENERAL STATEMENT FOR THE 16 YEARS ENDING NOV. 30, 1886

	In Hospital Nov. 30	No. admitted	No. treated	Recovered	Improved	Unimproved	Not insane	Unaccounted for	Escaped	Died	Remaining at Year's end
1871		87	87	8	3	1	1	12	5	1	56
1872	56	29	85	20	5	4	2	1	1	5	49
1873	49	38	87	14	10	2	1	1	1	2	56
1874	56	17	73	15	6	5			1	5	46
1875	46	46	92	20	4	2				2	61
1876	61	72	133	30	5	1			1	3	93
1877	93	52	145	24	6	2			1	13	99
1878	99	83	182	38	11	1			1	11	120
1879	120	117	237	42	18	2	1			14	160
1880	160	114	274	44	11	7	4			15	193
1881	193	124	317	48	16	6				17	230
1882	230	164	394	71	18	6			1	25	273
1883	273	206	479	74	47	52			1	23	282
1884	282	204	486	74	22	10				20	360
1885	360	185	545	81	33	37				36	358
1886	358	202	560	97	46	19	1		2	21	374
Totals		1740	700	261	155	10	13	14	213	374	

Categorization was the passion of late 19th century psychiatry, as patients were divided into separate wards according to disease entities. Nosological studies became the overriding concern in an effort to bring order into the chaos of cases and symptomatologies. It was expected that recognizable and distinct disease entities would lead to specific treatments. Individual care largely was subordinated to mass treatment of categories, and idiosyncratic symptoms of patients tended to be ignored.

Put forth as supposed cases of diseases were domestic trouble, disappointment in love, financial trouble, hepatic dullness, heredity, masturbation, intemperance, overwork, overstudy, religious excitement, sun stroke, satyriasis, and other suspected origins.²⁹

The diagnoses were listed primarily as variant forms of mania such as acute mania, sub-acute mania, chronic mania, pure paramania, recurrent mania, but also appearing are categories such as dementia, general paralysis, and melancholia.

Fairly precise criteria were set forth for the selection of a

physician as a superintendent. He had to be a physician of knowledge, skill, and ability in his profession and be a graduate of a regular medical college. The evidence is that in the 1870s qualifications of physicians generally were low. Two years of classroom study, one of internship, a thesis, and a cursory oral examination were the steps to a medical degree. The degree itself gave the physician the license to practice.³⁰ Superintendents frequently were chosen from asylum staffs—men who had been isolated from the ordinary practice of medicine. These practitioners were thought to be inferior and less qualified than those outside. While psychiatry was considered a part of medicine, it was kept in a marginal position. The psychiatrist was primarily a custodian rather than a healer, and were it not for mental disturbances that apparently were due to physical causes, the psychiatrist would have had no contact with his fellow physicians.³¹

In Nebraska the superintendent was to hold the office for six years unless removed sooner by the governor for malfeasance in office or for other causes deemed "good and sufficient." He or the assistant physician had to be in daily attendance and in no instance could both be absent at the same time. The superintendent had active control of the medical, moral, and dietetic treatment of patients. The governor appointed the superintendent and could appoint two assistant physicians, one of whom had to be a woman, to hold offices for six years.³²

Superintendents were entitled to certain fringe benefits—groceries, a surrey and horse, a cook and maid, and quarters were rent free. In the 1880s a pathologist was appointed to the asylum to conduct research on a full-time basis. The board saw clearly that the medical superintendents had already acquired a multiplicity of competing roles—they were held accountable as farmers, stewards, caterers, treasurers, business managers, and physicians. They could not be expected to be scientists as well.

Toward the end of his tenure, Dr. H. P. Mathewson attended a national meeting of the Association of Medical Superintendents and, though an unknown frontiersman, spoke up forcefully, yet somewhat apologetically, for reform in the running of hospitals and the care of the insane, a view contradictory to those of the entrenched establishment. These heretical views were initially ignored but gained support, and

over the years became part of hospital practice. One ledger file dated October 15, 1885, lists the expenses of Dr. Mathewson's trip to the national convention as \$136.70, a seemingly reasonable amount considering the length of time such a trip must have taken.

During this period a number of imaginative proposals for reforming institutional practice—several of which contained elements remarkably similar to contemporary community mental health ideas—were developed, but they failed to gain wide or lasting acceptance. The character of these hospitals as large, understaffed, and otherwise deprived custodial institutions was finally established by the close of the 19th century, and these conditions persisted in essential detail for the next several decades.³²

Early superintendents and their years of service follow:

- Dr. N. W. Larsh, July 1, 1870
- Dr. C. F. Stewart, February 15, 1871
- Dr. D. W. Scott, December 29, 1874
- Dr. F. G. Fuller, December 27, 1875
- Dr. H. P. Mathewson, November 15, 1877
- Dr. W. M. Knapp, December 8, 1886
- Dr. C. B. Manning, February 3, 1892
- Dr. J. W. Bowman, March 1, 1892
- Dr. John T. Hay, April 1, 1893
- Dr. L. J. Abbott, June 18, 1895
- Dr. C. E. Coffin, May 15, 1899
- Dr. James L. Greene, February 1, 1901
- Dr. John T. Hay, July 16, 1906
- Dr. D. S. Woodard, February 1, 1909
- Dr. John T. Hay, February 1, 1911
- Dr. B. F. Williams, October 1, 1911

The first superintendent, N. W. Larsh, born in Ohio in 1835 and a Miami College graduate in 1857, arrived in Nebraska City in 1859. He served in the Territorial Legislature, 1861-1862; in the Nebraska Senate, 1872-1873; and was mayor of Nebraska City. Larsh was one of the organizers of the State Medical Society, which he served as its third president in 1870. He died in December, 1887, succumbing after two days to a severe chill he received in crossing the Missouri River to see a patient. The second superintendent, Charles F. Stewart, a native of Indiana, settled in Nemaha County in 1857. He had served in the Civil War as assistant surgeon and was a United States examining surgeon for 20 years.³³

The honesty of superintendents was frequently questioned because they were usually political appointees and because this was an era of gross immorality in public life. Corruption ran through all levels of government due to mismanagement and the absence of a trained civil service, and with a spoils system awarding jobs by patronage rather than by experience. Sufficient irregularities in bookkeeping had been revealed by investigations to cast suspicion on the competence and honesty of asylum management. Superintendents were suspected of living luxuriously on hospital appropriations, of running asylums not as public trusts but as personal estates or petty sovereignties.³⁴

Shortage of trained personnel to operate hospitals caused many problems. Finding decent, able-bodied men and women willing to work in an asylum was a difficult task. Disobedience was a constant problem, particularly from a vagrant class of attendants of often suspect character who drifted from one asylum to another taking temporary work. Since salaries were low, there was a high turnover rate, averaging close to 40 percent per year. The shortage of medical staff was even more acute. Most doctors had little or no training in the diagnosis and treatment of insanity. Few lectures were given on the subject during that period of time.³⁵

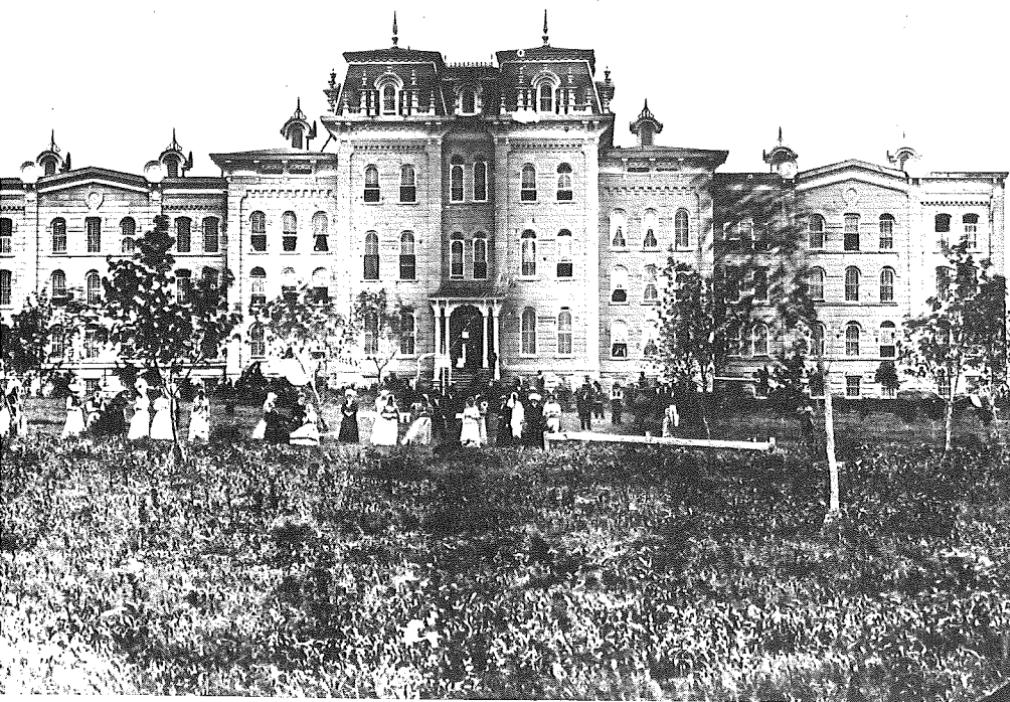
A review of the first report of the asylum superintendent in 1872 reveals some interesting information. Between December 1, 1871, to November 30, 1872, 30 men and 11 women were admitted; the total number of patients treated during that year was 75. He mentioned that the employees were still owed a month's wages, which he was unable to pay. He lamented that by strict economy he was able to bring the hospital on a solvent footing, yet as a result, patients had to be crowded, impairing successful treatment. He plead for an additional building with probable cost of \$40,000.

The proposed budget for 1873 amounted to \$34,500 and included costs of drugs and medicines in the amount of \$1,000; employee wages, \$7,500; salary of superintendent \$2,500; and salary of assistant physician, \$1,000. The steward also rendered a precise accounting of all receipts, disbursements, and the varied products of farm and garden. The matron listed a complete inventory of bedding, clothing, pantry, and other domestic arrangements.³⁶

Superintendent Mathewson, in his biennial report of 1886 proudly stated in the opening paragraph that "46 percent of all patients received during the last two years have been restored to mental health, and twenty percent have been so much improved as to be able to return to their homes." During the biennium the average census was 365, of which "but five percent" died. The superintendent, expressing his dismay that by 1886 only one-third of the insane in Nebraska were being treated and provided for, lobbied for an additional hospital which was being planned for Norfolk. Dr. Mathewson decried the demoralizing influence of idleness as harmful to both sane and insane. Out of door work was preferred, really "anything which will employ the mind." The risk of an occasional escape was felt to be acceptable. Referring to more tangible problems, the doctor explained that a long-standing water shortage problem was solved after reaching an abundant supply at a depth of 180 feet. The problem was further taken care of by construction of a reservoir.

On December 31, 1884, a woman physician, Minerva M. Lewis, the assistant physician, was removed from office, the reason not stated. A Helen B. Bodelson was appointed January 1, 1885 to fill the vacancy. Only in 1899 by act of the Legislature, the first female physician could be employed at the Hastings hospital.³⁷

Even 100 years ago mental hospitals were buffeted by politics, probably more so than now. Testimony was taken by the Senate special committee appointed for the purposes of investigating the management of the Nebraska Hospital for the Insane. This committee investigated charges of cruelty and neglect by the superintendent and the employees. Fifty-six witnesses were examined; 22 witnesses testified to many acts of neglect and cruelty. Even though the superintendent was personally exonerated, the committee felt that under vigilant, humane, and proper management, such acts should not have occurred at all. It was also concluded that the superintendent was negligent by not hiring a matron as required by statute. In review of the alleged abuse, the committee held the management not to be in accordance with the law and reluctantly recommended a change in the management as soon as practical. The *Senate Journal* of February 24, 1883, shows that the full Senate did not have enough time to read, examine, or con-



Nebraska Asylum for the Insane, Lincoln, was ready for occupancy November 21, 1872. . . . (Below) Patient room showing two patients per bed, barred windows, and lack of decorations and space.



sider the evidence taken by the special committee, and by resolution the matter was referred to the Board of Public Lands and Buildings without recommendation. Dr. Mathewson was retained for the time being.³⁸

However, on January 11, 1885 a Joint Committee of the Senate and House was formed to again investigate grave charges concerning the management of the hospital. Findings included evidence that patients were not systematically and carefully examined upon entering the hospital by the superintendent and the assistant physicians to determine the extent and cause of the maladies. The thoroughness of treatment was questioned, and record-keeping was felt to be incomplete and defective. Further, accommodations were thought to be insufficient for the number of patients, and too little recreation and amusement was provided. Also, supplies were not purchased according to law. Dr. Mathewson defended his record in the 1886 Biennial Report. He cited at length the full investigative minority report of the Senate, which largely supports the superintendent's blamelessness. The doctor continued to justify his position essentially by saying that doing a good job involves taking risks, and any superintendent is naturally the target of patients and employees alike. Again, the superintendent was personally exculpated from acts of cruelty and neglect.³⁹

The committee suggested changes in record-keeping, general management, and that a board be appointed to manage the institution. A minority report, though, recommended a change in the office of superintendent. Another dissenting view came to the support of the superintendent, stating that under trying conditions of overcrowding and constant danger, the superintendent had produced better results than could be expected. The report proposed retention of the superintendent, especially, as it was thought to be impossible for the state to secure the services of an equally qualified man. In any case, in the year following a new superintendent took over the running of the hospital.

In 1890 articles of impeachment for misdemeanor in office were filed against the four executive officers (secretary of state, attorney general, treasurer, commissioner of public lands and buildings), who constituted the Board of Public Lands and Buildings. Charges were confined to fraud, which

had been perpetrated at the State Penitentiary and at the Hospital for the Insane at Lincoln. Charges included that the Board of Public Lands and Buildings let the contract for a supply of coal required for the use of the hospital. The firm of Betts, Weaver, and Co. furnished substantially less fuel than what was charged. In July, 1880, another firm, the Whitebreast Coal Company furnished to the hospital 250,000 pounds of coal but billed the state for 720,000 pounds, which was paid by the board. There was a general investigation of the administration of the state institutions in response to charges of corruption and mismanagement. A committee of the House found still worse State corruption, if possible, in the administration of the Hospital for the Insane. The committee to investigate charges of the improper administration of the Institute for the Feeble-Minded Youth at Beatrice was able to make a report that was relatively unique inasmuch as it gave Superintendent A. T. Armstrong, MD of the institute a clean score for his management.

The impeachment case against the Board of Public Lands and Buildings was eventually dismissed when the defendants left office and impeachment proceedings could only be pressed against state officers, not private persons. Some others indicted subsequently were convicted.⁴⁰

Much of the early history of the Nebraska Asylum for the Insane is colorful and fascinating reading. Even though, according to Edward Gibbon, history is little more than the register of the crime, follies, and misfortunes of mankind, there is much evidence of ability and courage in this state's early efforts to provide for the mentally ill. It is up to the present generation to make new history and further the cause of the mentally ill. Yet, study of the past teaches tolerance for human shortcomings, not uniquely of any one generation, but of all time.

NOTES

(The assistance provided by Vickey Bulin is gratefully acknowledged by the authors.)

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