In 1902, the federal government opened an asylum for insane American Indians at Canton, South Dakota. The Canton Asylum was the second federal institution for the insane, predated only by Saint Elizabeths Hospital in Washington, D.C., which had been established in 1855. For thirty-two years, the Bureau of Indian Affairs operated and maintained the facility at Canton, providing Indian patients with treatment that was influenced by a mixture of humanitarian concern, neglect, and deference to local economic interests. The institution started as a place to alleviate the suffering of mentally ill tribesmen from the Indian reservations; it ended as an institution that itself caused genuine human misery.

The asylum first opened its doors to American Indian patients as a result of legislation introduced by Richard F. Pettigrew, one of the first United States senators to represent the new state of South Dakota. Pettigrew had no special humanitarian interest in the insane, whether Indian or non-Indian. Rather, he advocated the construction of the facility because it would hasten the development of his young state, recently admitted to the Union in 1889. The asylum meant new employment and commercial oppor-
tunity for Canton, a town whose first settlers had named it after Canton, China, thinking that they were located halfway around the earth from that oriental city.\(^1\)

A United States Indian agent at the Cheyenne River Agency had suggested the idea of an asylum to Senator Pettigrew in 1897. The agent explained that state institutions were reluctant to accept insane Indian patients, and when they did, they charged exorbitant rates. Often, the only shelters for the insane on the reservations were the guardhouses. The agent estimated that two insane Indians could be found on every reservation in the United States.\(^2\)

Pettigrew was receptive to the agent's suggestion, and in 1899, as chairman of the Senate Committee on Indian Affairs, he introduced a bill for purchase of land near Canton for construction of the asylum. Only then did the senator inquire about the number of insane Indians in the United States. After polling its agents and superintendents, the Bureau of Indian Affairs reported that there were approximately fifty-eight insane and six "idiotic" Indians living on twenty-one reservations. Seven Indians were confined in institutions, five of whom were in Saint Elizabeths Hospital, which was operated by the Department of the Interior. These numbers, to Pettigrew, justified the construction of an Indian asylum.\(^3\)

The acting commissioner of Indian affairs prepared a statement tepidly in favor of Pettigrew's bill. He stated that such an institution would relieve the overcrowding at Saint Elizabeths and eliminate support for Indians in state institutions. The superintendent of Saint Elizabeths, however, plainly objected to the bill. He explained that there were too few insane Indians to warrant the construction and maintenance of a separate facility for

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3. Ibid., pp. 1-18; Acting Commissioner of Indian Affairs to Secretary of the Interior, 14 July 1897, Letters Sent (hereafter cited as LS), Finance, Records of the Bureau of Indian Affairs, Record Group 75, National Archives (hereafter cited as RG 75, NA); R. F. Pettigrew to Secretary of the Interior, 24 June 1897, Letters Received (hereafter cited as LR), 4658, Indian Division, Records of the Secretary of the Interior, Record Group 48, National Archives (hereafter cited as ID-SI, RG 48, NA).
them. Acknowledging the overcrowding at Saint Elizabeths, he stated that a recent $75,000 appropriation from Congress would ease the crowding, as would attrition caused by the deaths of old and feeble patients. The critical need, according to the superintendent, was better facilities for the “African citizens” of his institution. Following the reasoning of the superintendent, the secretary of the interior opposed Senator Pettigrew’s bill. Nonetheless, Congress passed it in 1899 as part of the Indian appropriation act of fiscal year 1900 and authorized $45,000 for the asylum.*

Attorney Oscar S. Gifford, former mayor of Canton and congressman from South Dakota (1889-1891), handled the legal paperwork for the acquisition of one hundred acres of land for the facility at thirty dollars an acre. The site was in Lincoln County, a mile west of the Big Sioux River and two miles east of Canton. Never having built an asylum, the Bureau of Indian Affairs secured the services of an architect outside of the Indian service, John Charles, who had experience in the construction of the Tempera-leau County Asylum and the Home for Feeble Minded, both in Wisconsin. H. S. Pelton and Company of Milwaukee, Wisconsin, submitted the lowest bid for the construction, was awarded the contract, and began work in 1900.^

The asylum originally consisted of one building with four wings. The patients, attendants, physician, and superintendent all lived in the same structure, which was lighted by one hundred twenty electric fixtures and heated by coal-stoked boilers and radiators. Water was supplied by a well, but it was hard water, ill-suited for laundering and bathing. The building had a basement, bathrooms, and water closets, with a sewerage system that carried refuse away from the main building. The structure and its plumbing generally withstood the sixty-mile-per-hour wind gales, temperatures of thirty degrees below zero, and deep snows of the harsh South Dakota winters. Between 1901 and 1909, the asylum acquired cow and horse barns, a corn crib, a laundry, and houses


5. Commissioner of Indian Affairs (hereafter cited as CIA) to Secretary of the Interior, 23 June 1899, LS, Finance; John Charles to CIA, 10 July 1899, LR, 32887; and CIA to Secretary of the Interior, 10 Aug. 1899, LS, Land, all in RG 75, NA.
for poultry, swine, coal, wagon, tools, pump, and gasoline. Two steel gates were constructed at the entrance to the grounds, and the words “Hiawatha Asylum” were placed upon the arch of the gates. A seven-foot woven-steel fence surrounded the asylum property, enclosing walkways, shrubbery, and young elm, evergreen, white oak, maple, cottonwood, birch, and mountain oak trees.

The Indian office appointed Oscar Gifford as the first superintendent of the asylum. He assumed responsibility in November 1901, while the building was still under construction. A year later, his staff consisted of Dr. John F. Turner (assistant superintendent and physician), a financial clerk, a matron, a seamstress, a cook, a laundress, a night watchman, an engineer, two attendants, and two laborers.

On 31 December 1902, the first patient, a Sioux man, age thirty-three, was sent to Canton directly from the Santee reservation in Nebraska. By the end of 1903, the asylum housed sixteen Indian patients, ten males and six females, with one man dying during the year. The patients’ tribal affiliations were Cherokee, Comanche, Osage, Pawnee, Mission Indian of California, Winnebago, Shoshone, Chippewa, and Sioux. After examining the first fifteen patients at the asylum, Dr. Turner diagnosed eight different types of mental conditions: chronic epileptic dementia, alcoholic dementia, senile dementia, congenital epileptic idiocy, congenital imbecility, acute melancholia, chronic melancholia, and chronic mania.

Superintendent Gifford described the patients arriving at Canton as “miserably wretched.” They had been deserted and neglected by friends and relations or had simply had no one at the reservations to care for them. Many patients suffered from multiple diseases and physical ailments such as paralysis, tuberculosis, pneumonia, influenza, syphilis, edema, and eczema. The patients craved meats and sweet food. The diet was arranged to allow...
them sweets, but little meat; they subsisted primarily on a vegetarian diet.¹⁹

Dr. Turner described his regimen for the patients as consisting of cleanliness, suitable diet, proper sleep, and treatment. His treatment or remedies were of three types: sedatives, reconstructives, and out-of-doors activity. Patients who were excessively nervous and prone to convulsions were given sedatives, and bromides in particular were administered to epileptics. The hot bath was freely used to promote sedation. To revive patients mentally and physically, in an attempt to "reconstruct" their normal condition and prevent muscular prostration, Dr. Turner prescribed tonics. Weather allowing, outside activities were encouraged.¹⁰

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The Canton Asylum was ostensibly maintained to serve the chronically insane, but over the years, all classes of patients were sent to and accepted at the institution, including persons described as imbeciles of different degrees, idiots, the feeble-minded, harmless old people, and physically disabled individuals. Superintendant Gifford described one patient as a “desperate fellow” and more criminal than insane. “He broke out of the guard house at San Carlos twice,” Gifford wrote, “stole horses and got away to the mountains with them, broke in a store and packed off a quantity of goods, and has committed other offenses.

11. A. O. Wright to CIA, 30 June 1903, LR, 7667, and John Charles to CIA, 9 June 1908, CCF, 42412-08-150, CA, RG 75, NA.
The fellow should be confined in a steel cell. We will do our best with this fellow but such cases are a little outside of our line."\footnote{12} By 1909, the asylum was described as "a place of refuge for all kinds of defectives."\footnote{13}

The asylum operated under two chapters of regulations, approved by the secretary of the interior in 1903. The first chapter pertained to the asylum superintendent's duties and consisted of nine rules that described the superintendent as the chief executive officer from whom all authority for the control of the asylum emanated. He was responsible for the medical, moral, and physical treatment of the patients. He was the disbursing agent and was directed to reside on the premises of the asylum and devote his entire time to the duties of his position.\footnote{14}

The second chapter of regulations pertained to employees and included forty-three rules. Specific duties of the physician, the matrons, the nurses, and the attendants were addressed, and all of the employees were expected to live at the asylum. Attendants and nurses were the "guardians" of the patients, and their work was "exacting to the extreme degree," requiring "great self-control and the exhibition of unusual forebearance." The kicking, striking, shaking, or choking of patients was proscribed, as was the throwing of patients to the floor as a means of control. Attendants were to prevent "as far as practicable" patients' violent conduct and profane and obscene language. When the nurses and attendants isolated a patient, they were to report the action to the physician or person in charge and could continue the isolation only with official approval. The physician alone could order the use of mechanical restraints. All employees were to address the patients kindly and respectfully, never with ridicule and threats. "Work" was to be a feature of treatment, and patients were to assist with house and yard work. The general retiring time for patients was set at 8:00 p.m., and no patient in good health could retire before 7:30 p.m. The nurses were to bathe the patients at least once a week and keep them as comfortable and clean as conditions permitted.\footnote{15}

The Canton Asylum had no established commitment procedures, other than a requirement that all admissions be authorized

\footnote{12}{O. S. Gifford to CIA, 1 Dec. 1906, LR, 106567, RG 75, NA.}
\footnote{13}{H. R. Hummer to CIA, 22 Sept. 1909, CCF, 95458-09-150, CA, RG 75, NA.}
\footnote{14}{J. H. Dortch to H. R. Hummer, 8 Nov. 1909, CCF, 86051-09-110, CA, RG 75, NA.}
\footnote{15}{Ibid.}
by the commissioner of Indian affairs. The commitment of patients generally followed the precedent established by the consignment of Indians to Saint Elizabeth's Hospital in Washington, D.C. The reservation agent requested permission from the commissioner of Indian affairs to send the Indian to the hospital in the nation's capital. Lacking reason to dispute the facts or judgment of the agent, the commissioner then requested authorization from the secretary of the interior. Because the Canton Asylum was under the supervision of the commissioner of Indian affairs, the commissioner himself gave authorization for the commitment of patients. Sometimes an agent would make a request directly to the superintendent in Canton, who in turn wrote for authorization from the Indian office.16

Because some potential patients of Canton Asylum were of school age, school superintendents and physicians requested those commitments. Parental consent was not required nor secured. A few Indians from Indian Territory were first judged insane by the United States courts before being sent to South Dakota. On occasion, the staff of the asylum made trips to the reservations in order to escort the Indians. Usually, reservation employees and police accompanied the Indians, and United States marshals brought persons from the Indian Territory.17

The first death at the asylum occurred on 20 May 1903. According to Dr. Turner's report, the patient was a twenty-one-year-old Sioux male, diagnosed as "dementia, epileptic chronic." The patient retired at 9:00 p.m. and slept for about thirty minutes. The victim, who was partially paralyzed, then suffered a violent epileptic convulsion that caused his death.18 Superintendent Gifford notified the agent of the reservation where the dead patient had originally lived, but after receiving no request to send the body home for burial, the superintendent made arrangements for an interment on the grounds of the asylum. A section of land was reserved, and for the next thirty years, it received the remains of over one hundred Indians; an average of four patients died at the asylum each year. The Bureau of Indian Affairs informed the superintendent that the expense of putting up stone markers was

16. Ibid. For examples see CIA to Secretary of the Interior, 8 Jan. 1898, LS, Finance; Acting CIA to Charles E. McChesney, 11 May 1897, LS, Finance; and H. R. Hummer to CIA, 21 Dec. 1908, CCF, 86655-08-722.1, CA, all in RG 75, NA.
18. Quarterly Sanitary Report, CA, 30 June 1903, LR, 42256, RG 75, NA.
unwarranted, so the graves were unmarked. On a chart hanging in his office, the superintendent recorded the name and location of each interment. The Episcopal burial service was read over the dead.19

During its history from 1902 to 1934, the Canton Asylum had only two superintendents, and both of their administrations ended with scandal and successful efforts by the commissioner of Indian affairs to remove them from office. Commissioner Francis E. Leupp forced Oscar Gifford’s resignation in the summer of 1908. Two years earlier, Leupp had exploded in anger over Gifford’s failure to notify the commissioner that a young married patient had become pregnant by a male patient and had given birth to a baby at the asylum. The infant was placed in the Children’s Home in Sioux Falls, South Dakota. A citizen of Canton informed the commissioner of the birth and suggested that “other affairs” at the institution should be investigated. Dr. Turner, the asylum physician, also contacted the Indian office and accused Gifford and the asylum clerk of spending too much time away from their duties.20

Leupp ordered an investigation that subsequently cleared the superintendent of any responsibility for the pregnancy. The investigator reported that Gifford interfered in medical matters, but that he found nothing improper in Gifford’s wife owning stock in the power company that received the electrical contract from the asylum. He reported that one of the laborers who recently resigned had been addicted to morphine.21

Throughout 1907 and 1908, the staff at the asylum feuded, and repercussions from the bickering were felt in Washington, D.C. In April of 1908, Leupp ordered a special agent to Canton to conduct a secret investigation. The agent reported that Gifford had prevented Dr. Turner from performing surgery on a patient to remove a gall bladder stone, and shortly thereafter, the patient had

19. Acting CIA to Superintendent, CA, 23 May 1903, LS, Finance; Acting CIA to H. R. Hummer, 3 Nov. 1908, CCF, 73364-08-044, CA; and George Vaux, Jr., to [Board of Indian Commissioners], 30 June 1923, CCF, 6719-1923-150, CA, all in RG 75, NA; Superintendent, CA, to CIA, 24 Aug. 1911, Microfilm 1011, Reel 7, Target 2, NA.
20. Elbert Edwards to CIA, 20 Nov. 1906, LR, 103418; CIA to Superintendent, CA, 10 Dec. 1906, LS, Finance; and Acting CIA to Reuben Perry, 23 July 1907, CCF, 70972-1907-150, CA, all in RG 75, NA.
21. O. S. Gifford to CIA, 19 Sept. 1907, CCF, 77872-07-720, CA, RG 75, NA. See also correspondence in CCF, 70972-1907-150, CA, RG 75, NA.
died. The autopsy attributed the cause of death to the stone. The special agent told Leupp, "This incident is an apt illustration of the apparent unwisdom of having a layman at the head of an institution that has for its object the treatment of diseased people." The agent also informed the commissioner that Gifford and the clerk were, indeed, too often absent from the asylum. Congres-

sional officials and politicians from South Dakota urged Leupp to refrain from drastic and hasty action over matters at Canton, but Leupp consulted with Secretary of the Interior James R. Garfield and received his consent to put the administration at Canton on progressive and "common sense lines." As a necessary step to that end, Leupp demanded and received Gifford's resignation.

Commissioner Leupp sought the advice of the superintendent of Saint Elizabeths, Dr. William A. White, concerning a well-qualified physician to replace Oscar Gifford. When the physician whom White had initially suggested declined the offer, White recom-

mended and Leupp accepted Dr. Harry Hummer, who was twenty-nine years old and had formally applied for the Canton position. Hummer had graduated from Georgetown University with a degree in psychiatry, had interned at Saint Elizabeths, and had practiced medicine there for seven years. He was married to Norena Guest, the cousin of the poet Edgar Guest, and moved with her to Canton in 1908.

During Hummer's first full year at Canton, a major feud erupted between the new superintendent and employees on his staff. The trouble started shortly after the arrival of Dr. L. M. Hardin, who replaced Dr. Turner as the assistant superintendent. Although Hummer had requested that Turner's replacement be unmarried because suitable living quarters were lacking, the Indian office sent Hardin, who was accompanied by his wife and two children. An Indian office investigation at the Leech Lake reservation had resulted in his transferral to Canton. In September 1909, Hardin sent a letter to the Indian office complaining about his quarters, Dr. Hummer's "discourteous language," and the cruel and harsh treatment of the patients at the asylum.

In October, thirteen employees at Canton, including Hardin, sent an affidavit to the Indian office, demanding an investigation.

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22. Edgar A. Allen to CIA, 13 Apr. 1908, CCF, 70972-07-150, CA, RG 75, NA.
23. See correspondence in CCF, 70972-07-150, CA, RG 75, NA.
25. See correspondence in CCF, 95458-09-150, CA, RG 75, NA.
of Hummer based upon a series of specific charges they leveled against him. Some of the accusations were that he failed to issue the proper clothing and rations to patients, that the patients and their bedding were unclean, and that nonviolent patients were locked up for long periods of time. The employees sent copies of the charges to the executive officer of the Indian Rights Association and to Congressman Charles H. Burke of South Dakota, both of whom queried the Indian office about the situation at Canton. A newspaper in Sioux Falls, South Dakota, printed the charges. The thirteen employees threatened to resign en masse if conditions at the asylum did not improve. 26

Commissioner of Indian Affairs Robert G. Valentine sent Charles L. Davis to conduct an investigation, and Davis recommended Hummer's removal from the asylum. Joseph H. Dortch, however, who was the chief clerk in the Indian office, suggested to the commissioner that no quick action be taken against Hummer until Dr. Joseph Murphy, the chief of the health section of the Indian service, investigated the Canton Asylum. Dortch believed that Hummer was the victim of the turmoil at Canton caused by Leupp's dismissal of Superintendent Gifford. He thought Hummer needed more time to straighten out the disorganization and to calm the dissension that he had found upon assuming his post as superintendent. Dr. Murphy went to South Dakota, investigated the controversy there, and concluded that Dr. Hummer was financially and morally "above reproach" and fully qualified professionally, although he did find that the superintendent was ill-tempered and used abusive language. As a result of Murphy's investigation, Hummer remained as superintendent, and some employees resigned or were transferred or dismissed. 27

Employee-management relations at the asylum were peaceful until 1914 and 1915, when the Indian office again investigated charges against Hummer, brought by former workers at the asylum. In both of these new investigations, which concerned Hummer's relationship with female employees, the superintendent was cleared of the allegations of misconduct. In contrast with the earlier turmoil, the charges in 1914 and 1915 were made without publicity, and the investigations were conducted quietly. 28

26. Ibid.
27. Ibid.
28. CIA to L. A. Dorrington, 2 Feb. 1914, CCF, 228-1914-154, CA, and CIA to Dr. Hummer, 15 May 1916, CCF, 67531-1915-154, CA, RG 75, NA.
As had his predecessor, Superintendent Hummer believed that exercise and recreation were integral parts of the therapeutic treatment of patients. When the Indian office was installing playground equipment at the Indian boarding schools in 1912 and 1913, Hummer gladly accepted the few pieces of equipment sent to Canton: six swings, a giant slide, and a seesaw. The swings were especially popular with the patients, who were also encouraged to play baseball, basketball, quoits, horseshoes, shotput, and croquet. Indoor entertainment consisted of checkers, cards, dominoes, sewing, basket weaving, beadworking, and dancing, although native dancing was forbidden. Patients found the official indoor activity dull, and they purposely opened screened doors in the summertime to add flyswatting to their recreation. Under Dr. Hummer’s superintendency, the major change at the Canton Asylum was the construction of a hospital. Completed in 1916, it increased the capacity of the asylum to eighty-five patients and housed a hydrotherapy unit and a solarium.

While World War I brought changes elsewhere in the United States, it had little impact upon the Canton Asylum. Its one noticeable effect was a change in diet for everyone at the institution. Each week featured a beefless day, a porkless day, and a wheatless day, and for six additional meals per week, wheat substitutes were used. Hummer reported to the commissioner of Indian affairs, “The net result [is] a material falling off of the appetites of some of our patients and employees resulting in a perceptible loss in weight for practically everyone here and a considerable degree of grumbling and discontent among the less patriotic of our employees.” The commissioner made no objections to the diet Hummer had imposed upon the patients and employees. By the 1920s, however, Dr. Hummer’s ideas about the development and operation of the Canton Asylum began to conflict with those of the planners in the Indian office, who were advocating qualitative changes. As the decade wore on, the divergent thinking of the superintendent and the commissioner about the proper

30. H. R. Hummer to CIA, 23 Feb. 1909, 732 (Response to Circular 266), CA; Assistant Secretary to CIA, 24 May 1911, CCF, 43538-11-721, CA; and R. E. L. Newberne to CIA, 2 Feb. 1916, CCF, 7633-1916-150, CA, all in RG 75, NA; U.S., Congress, House, Subcommittee of the Committee on Indian Affairs, Hearings, Indian Appropriation Bill [1915], 63rd Cong., 2d sess., p. 641.
31. H. R. Hummer to CIA, 4 July 1918, CCF, 1918-034, CA, RG 75, NA.
management of the asylum grew so disparate that the continued existence of the asylum itself was threatened.

In the early 1920s, Hummer advocated physical expansion of the institution through two means: the erection of more buildings to house approximately five hundred patients and the purchase of additional acreage to provide pasture and cultivable land. He justified his program by explaining that there were hundreds of insane Indians needing treatment and that Canton provided treatment superior to that provided at the various state institutions. He felt it was important to keep Indians out of state asylums because such places allowed families to visit patients, and, in his opinion, this practice slowed a patient's recovery.\(^\text{32}\)

In July 1925, Hummer had a first-rate opportunity to convince the Indian office to enlarge the asylum. At that time, Commissioner of Indian Affairs Charles H. Burke visited Canton, accompanied by members of the House Committee on Appropriations, including Louis C. Cramton, the powerful committee chairman.\(^\text{33}\) Cramton was the most forceful congressional proponent of the 1920s policy of reducing federal expenditures. He approvingly reported: "We were extremely well impressed by the management of this institution. He [Hummer] was certainly very economical. At the same time it was a good-looking institution and we were very much pleased with it."\(^\text{34}\) Hummer won Cramton over to the idea of increasing the asylum's landholdings by pledging to reduce expenditures in other areas and operate on an austere budget. With Cramton's support in 1926, Congress appropriated $34,170 to purchase 228 acres of land adjacent to the asylum property.\(^\text{35}\)

Commissioner Burke, however, was not favorably impressed with Canton during the July 1925 visit. Three things puzzled him about the place. First, as he made an inspection tour, he was startled to meet a naked male patient, unattended, walking through


\(^{33}\) CIA to Harry Hummer, 20 Oct. 1925, CCF, filed with 69471-1925-162, CA, RG 75, NA.


the ward. He then came upon a room where another male patient was restrained with steel anklets connected by a short chain, the type of restraint used on criminals. Third, Burke saw only one attendant working at the asylum, supervising more than ninety patients in the two main buildings. Burke may also have seen other unattended patients, among whom were those who hallucinated, had uncontrolled bowel movements, tore clothing apart, had convulsions, engaged in homosexual acts, and ceaselessly waved arms and hands.36

*Commissioner Charles H. Burke*

After his return to Washington, Burke discussed what he had seen at Canton with Secretary of the Interior Hubert Work, himself a physician, and both agreed that the asylum's budget would have to be increased to allow Hummer to hire more attendants and to purchase "modern" contrivances for restraining patients,

i.e., leather anklets with muffes and straps to prevent injury to those restrained. Burke suggested to Hummer that he visit the asylum at Yankton, South Dakota, to familiarize himself with the type of restraints used there.37

Hummer responded to Burke by explaining that six attendants worked at the asylum, although the commissioner had seen only one on duty. He objected to Burke’s directive to hire more attendants. “We have gotten along reasonably well, Mr. Burke, for seventeen years with this force,” he stated, “and unless you specifically are not satisfied with our results and feel strongly that much good would be accomplished by increasing the force, I am reluctant to try the experiment, considering the cost thereof.” Hummer also explained that the chained Indian was “homocidal” and for the safety of the patients and employees had to be shackled. The superintendent plainly stated that he disapproved of the use of mechanical restraints and preferred not to purchase them. Burke was satisfied with Hummer’s reply.38

In 1926, feuding again erupted between Superintendent Hummer and employees on his staff, but this time it resulted in an important policy change at the asylum. Acting Commissioner of Indian Affairs E. B. Meritt directed Dr. Emil Krulish, an Indian service district medical director, to investigate the turmoil at Canton. Meritt commented, “It is evident that he has a number of disloyal employees who are responsible in a way for the conditions existing, but it is also probable that Dr. Hummer’s method of handling employees is considerably at fault.”39 After his inspection, Dr. Krulish recommended the transfer of two of the women involved, the retention of a third, and, more importantly, the appointment of a trained nurse to the staff of the asylum. His third suggestion was consistent with the policy of Dr. M. C. Guthrie, the new director of the health division of the Indian office, who intended to replace all field matrons in the Indian service with professional nurses.40

37. Correspondence in CCF, 69471-1925-162, CA, RG 75, NA. For a discussion of the state hospital during this time period, see Fred Laberge, “The History of Yankton State Hospital, 1878-1974,” South Dakota Historical Collections 40 (1980): 175-220.
38. Correspondence in CCF, 69471-1925-162, CA, RG 75, NA.
39. E. B. Meritt to Emil Krulish, 4 Aug. 1926, CCF, 32748-1926-154, CA, RG 75, NA.
In 1927, without enthusiasm, Dr. Hummer accepted onto his staff a professional nurse, but her stay was short-lived; within the year she vacated the position. Twelve months after her departure, an older woman, Grace C. Fillius, reported for duty at Canton. She had passed the Missouri state nurses' examination in 1915 and was a registered nurse. She was experienced in public, private, rural, and military nursing and had had two and a half years of training at the state psychiatric hospital in Kansas City, Missouri. Dr. Krulish was impressed with her education and experience. Unfortunately, the relationship between her and Dr. Hummer was stormy. The Indian office sent two additional nurses to the Canton Asylum, and these two women immediately fell into disfavor with Hummer and allied themselves to Head Nurse Fillius.

In February 1929, Dr. Hummer sent a short cryptic message to the commissioner of Indian affairs. He requested that the Indian office's traveling auditor be detailed to Canton to conduct a special investigation of the asylum. Hummer referred to the "deplorable conditions" at his own institution and asserted that only a stranger and layman could provide an impartial and unbiased report. The perplexed assistant commissioner wired Hummer requesting details about the purpose and nature of the investigation and informing Hummer that traveling auditors did not examine medical matters. Hummer responded by calling for an investigation of Nurse Fillius because she consumed large quantities of liquor.

Dr. Guthrie of the Indian office advised the commissioner that the incessant troubles at the Canton Asylum required a full investigation. Commissioner Burke agreed and contacted Dr. William A. White, the now renowned superintendent of Saint Elizabeths, who arranged for Dr. Samuel Silk, a psychiatrist, to inspect the Indian asylum. The commissioner's letter of instruction to Dr. Silk was a broad mandate to examine and recommend changes in administration, personnel, and facilities.

43. Correspondence in CCF, 7448-1929-150, Part I, CA, RG 75, NA.
Dr. Silk traveled to Canton in March 1929 and, after observing the nursing staff, praised the women for their work. He described Nurse Fillius as interested in her job, sympathetic toward patients, quick and alert, and willing to cooperate with Dr. Hummer. Silk noted, “Most of Dr. Hummer’s charges against Mrs. Fillius were based upon rumors and gossip brought to him by various subordinate employees, and without going into the merits of the charges one must question the wisdom and propriety of encouraging or even permitting assistant cooks, dining room girls and unskilled laborers to judge and report upon the professional or personal conduct of a head nurse who in an institution like the Canton Asylum should be considered the second ranking officer in authority.” Because Dr. Emil Krulish was also inspecting the asylum during March of 1929, Dr. Silk deferred to his recommendation about the nursing staff. Krulish concluded that either Hummer or Fillius had to leave the institution, for it was futile to expect a reconciliation between the two. Unfortunately, shortly thereafter, Fillius departed and so did a second nurse.

Dr. Silk spent six days, 20-26 March, at the Canton Asylum and made inspections of the wards during the daytime, two inspections after 9:00 p.m., and one inspection at 6:00 a.m. He conducted a thorough examination of the asylum, its personnel, procedures, records, and buildings, judging what he saw from the perspective of an experienced psychiatrist. The Indian office expected a thorough and professional report and had requested this assistance from Saint Elizabeths in order to obtain it. Silk’s report was over one hundred pages in length and was highly critical of Dr. Hummer’s operation of the Canton facility.

Dr. Silk described the asylum as “a place of padlocks and chamber pots.” When he made his nighttime inspections, an attendant accompanied him with a lantern and fumbled for the correct key at each door. Doors and windows were always locked, allowing no fresh air to circulate, even though open chamber pots were used at night. The doctor saw five patients locked alone in separate stuffy rooms, and attendants told him that one Indian had been isolated for three of his six years at the asylum.

44. Silk Report, 1929, p. 69.
45. Ibid., pp. 65-66. See also CCF, 10814-1929-155, CA, and Assistant Supervisor of Nurses to CIA, 5 June 1930, CCF, 30321-1930-150, CA, RG 75, NA.
47. Ibid., p. 21.
48. Ibid., pp. 5-6, 11, 14, 18, 21-25, 50, 52, 56.
Three types of restraints were used at Canton—straitjackets, metal wristlets, and ankle chains. The wristlets were used when there were no rooms available for seclusion. Silk examined two Indians who had been chained to their bed frames for months at a time and had been released just a few weeks prior to his arrival. The doctor found no need for use of the wristlets on the two patients. Silk actually saw a heavy chain used on an epileptic girl. The local sheriff had lent the chain to the asylum. On each end of it were rings; one ring fit around the girl’s ankle and one around a pipe. The doctor thought it “miraculous” the girl was not severely burned by a nearby hot water pipe. The doctor also saw a young boy, about ten years old, restrained in a straitjacket, although the youngster was locked in a room by himself and quietly sleeping. 

Attendants used their own discretion about using restraints and signed them out through the financial clerk’s office. Silk was absolutely opposed to the use of padlocks and restraints. He noted that the superintendents on the reservations had sent insane Indians to the asylum because they were unable to care for them at the agencies and were forced to confine them in guardhouses and jails. For patients who were restrained and secluded at the asylum, the treatment was no better than that provided on the reservations.

According to Silk, Dr. Hummer’s medical records were woefully inadequate and suggested that he was rendering poor medical care and supervision to the patients at the asylum. There were no ward records, no family and personal histories, and no reports on serious accidents. Accounts of illnesses were inadequate, and no records existed to indicate that urinalysis, Wasserman, sputa, or smear tests were administered. Case summaries of patients who died or were discharged were also lacking. The only statements about deaths were found on death certificates.

In 1929, Dr. Hummer was maintaining the same type of patient records that he had kept since 1909; they revealed very little about the patients and their diseases. Over this twenty-year period, the medical profession, represented by Dr. Silk, had changed its attitude about the care of the insane, and Dr. Hummer had failed to shape his administration to the new thinking. Asylums were no longer considered to be places of custodial care, but were

49. Ibid., pp. 24, 61-63.
50. Ibid., pp. 37, 64-65.
51. Ibid., pp. 29-33, 60.
expected to function as hospitals and clinics where the sick could come for diagnosis, treatment, improvement, and cure. The treatment depended on diagnosis, which required an understanding of the patient’s history, disease, and family background. A precise recording of daily treatment and the patient’s response to it were essential. Dr. Hummer had neglected to adopt an elaborate record-keeping system, and Dr. Silk severely criticized him for it.

Unfortunately, Dr. Hummer had also failed to provide basic medical care to the patients at the asylum, which was required by the medical standards of either 1909 or 1929. When Silk queried Dr. Hummer about the number of tubercular patients, Hummer “thought” that there were eight, three males and five females. He could produce, however, no reliable records of physical examinations, temperature charts, and sputum and x-ray tests for them. They were not secluded from the others and mingled freely in the wards and rooms. The solarium in the hospital was originally built for the treatment of tubercular victims, but it was not serving its intended purpose. Dr. Silk was particularly angered by the neglect of adequate medical care for tubercular patients because records revealed that 50 percent of the deaths at the hospital were attributed to tuberculosis. Dr. Hummer was also ignorant concerning the number of patients with syphilis, and he provided no Salvarsan treatment for them. Silk observed that “quite a percentage” of the patients showed evidence of organic brain disease. When inspecting the facilities at the asylum, Silk was further dismayed to see that the hydrotherapy room in the basement of the hospital was used as a storage room for coal. As he examined the operating room, he found that the room was inadequately equipped, needing a surgical cabinet, electric sterilizer, irrigation stand, and closet for dressings.

Silk believed that the asylum’s financial records disclosed that too little was being spent for personnel. For comparative purposes, he reported that forty-nine veterans’ hospitals were spending 75 percent of their budgets on salaries, whereas the Canton Asylum was using only 50 percent for salaries. He was displeased to learn that in 1928, Hummer returned to the United States Treasury $2,000 of that year’s appropriation. He recommended

54. Ibid., pp. 7, 22, 41.
that seven additional employees be hired, including a trained occupational therapist. 55

The one positive comment that Dr. Silk had about the asylum concerned the food; it was wholesome and in adequate proportions. Silk did suggest that new serving receptacles be used when the food was taken from the kitchen to the two hemiplegic patients on the wards. The uncovered enameled pitchers used to transport the food caused it to be cold by the time it was served. 56

Dr. Silk concluded his report by stating that he found “intolerable conditions” in all departments of the asylum. The patients received the “poorest kind of medical care,” and the custodial care was “very much below the standard of a modern prison.” If the asylum was to continue, he recommended approximately twenty changes to the buildings, including the construction of a new building and new quarters for the employees. The medical care of the patients required a “complete reorganization,” including the addition of an assistant physician and more personnel, better equipment, and new procedures. 57

Dr. Silk’s report included Superintendent Hummer’s view of the institution, and Hummer freely admitted that Canton, in terms of equipment and personnel, could not meet the standards of a hospital for the mentally ill. Hummer explained that for seventeen years he had operated the asylum without medical contacts. Administrative duties consumed his time, and he had to do most of the clerical work himself. It was only recently, he felt, that the Indian office had shown any interest in the asylum. Most of the time he had operated on a “shoestring appropriation,” and he had followed instructions in the various Indian office letters admonishing the superintendents to be economical and frugal. 58

Officials in Washington were not sympathetic to Dr. Hummer’s defense. Commissioner Burke remarked that the reports from both Silk and Krulish indicated a situation at the Canton Asylum “in very great need of correction.” Secretary of the Interior Ray L. Wilbur, who had assumed office in March 1929, was briefed on the Silk report and without much ado authorized three major actions: the replacement of Superintendent Hummer, the closing of

55. Ibid., pp. 36-38, 40, 42-43, 55-56.
56. Ibid., 19, 22, 26, 40.
57. Ibid., pp. 93-107.
58. Ibid., pp. 43-44.
the Canton Asylum at an early date, and the transferral of Indians from the asylum to state institutions.  

Dr. M. C. Guthrie, the director of the Indian office’s medical division, disagreed with the decision to transfer the patients to state asylums. He preferred to have the Indians sent to Saint Elizabeths, believing that the state institutions were already operating at full capacity. Dr. White, superintendent of Saint Elizabeths, informed Dr. Guthrie that the hospital would be unable to accept any patients from Canton unless three conditions were met: passage of legislation authorizing the transferral of patients; increased appropriation for Saint Elizabeths; and construction of facilities to increase the capacity of the institution. White explained that it would take from two to three years before his facility could accept the Indians from South Dakota. By the end of 1929, the Indian office was unable to shut down the Canton Asylum quickly for lack of places to send the inmates. The short-term alternative was to allow the asylum to continue operating, but with fewer inmates, transferring as many patients as state institutions would accept.

As the Indian office attempted to implement these changes, Congressman Cramton expressed strong disapproval of any plans to abolish the Canton Asylum. During appropriation hearings in November 1929, he admonished Dr. Guthrie: “I notice you quote a psychiatrist from St. Elizabeths who went out there and found its [personnel] needs and type of service [were] very deficient. It might not occur to him, but I think you know, Doctor, that the Canton Institution is hardly to be called an insane asylum. It is no more doing the class of work that St. Elizabeths is than anything in the world. As a matter of fact, many of those patients are not entirely insane; many of them are defectives rather than insane. So that pronouncement of the psychiatrist does not have as much force as it might. We thought it was a very good looking plant for those kind of people.”

Congressman Cramton was also direct and emphatic in lecturing Charles J. Rhoads, the new commis-

59. CIA to William A. White, 8 May 1929, and Memorandum, Assistant Secretary to Secretary, 11 May 1929, CCF, 7448-1929-150, CA, RG 75, NA.
sioner of Indian affairs, against the closing of the asylum and the replacement of Superintendent Hummer. Although in strong disagreement with Dr. Silk's conclusions about the Canton Asylum, Congressman Cramton had not read the Silk report. Cramton based his opinions primarily on his own short tour of the asylum in 1925. He probably had also received and read a report sent to certain members of Congress by four prominent citizens of South Dakota who had visited the Canton Asylum on 5 March 1929. These unofficial inspectors reported favorably on the institution and described Nurse Grace Fillius as a person who was unwilling to submit to authority and was stirring up employee discontent.

The 1931 appropriation bill for Indian health that resulted from the November 1929 hearings contained sections for the continued operation of the Canton facility and requested an additional $22,000 to transfer some patients to state institutions. The $22,000 item, however, was not approved, while Congress did ap-

63. CIA to Louis C. Cramton, 31 Mar. 1930, and George M. Pettigrew et al. to U.S. Senate Committee on Indian Affairs et al., n.d., CCF, 7448-1929-150, Part II, CA, RG 75, NA.
prove the request to keep the asylum operating at full capacity. By August 1932, the asylum housed ninety-two patients.64

From 1930 to 1932, the Canton Asylum slid from the Indian office’s focus of attention, although three inspections of the facility were conducted by persons connected with the Indian service. Two physicians carried out the first inspection in November 1930, and the major recommendation of their short, low-key report was to increase the size of the staff.65 In August 1932, John H. Holst of the education division visited the asylum and reported: “A heterogeneous number of human derelicts are herded in and practically forgotten. One can easily imagine a comparison with a leper colony where those who sacrifice themselves to serve the unfortunate at the same time cut themselves off from the outside world in living burial.”66 Two months later, Charles H. Lowndes of the Board of Indian Commissioners traveled to Canton. He concluded that the asylum was a “necessary evil.”67

John Collier assumed office as commissioner of Indian affairs on 21 April 1933, and during his first few weeks in office, he ignored the Canton Asylum because it was not one of the issues that had catapulted him to fame in the 1920s as the nation’s leading critic of United States Indian policy. In July 1933, however, Commissioner Collier visited the Santa Clara Pueblo and was approached by the wife of a man whom Collier regarded as one of the “brightest” of the Pueblo Indians, although “psychopathic.” The woman implored Collier to secure the release of her husband from the Canton Asylum. Returning to Washington, Collier acted quickly and decisively. His inquiries about the asylum resulted in his reading of the Silk report of 1929 and the Lowndes report of 1932. Certain conditions in the Silk report enraged him: the use of a straitjacket on the harmless idiot boy, the seclusion of one patient for three years, and the lack of proper ventilation with the use of chamber pots.68

64. Memorandum, Chief Finance Officer to CIA, 17 Oct. 1933, CCF, 7448-1929-150, Part I, CA, and John H. Holst to CIA, 16 Aug. 1932, CCF, 42536-1932-150, CA, RG 75, NA.
66. John H. Holst to CIA, 16 Aug. 1932, CCF, 42536-1932-150, CA, RG 75, NA.
68. CIA to Secretary Ickes, 4 Aug. 1933, CCF, 7448-1929-150, Part IV, CA, RG 75, NA.
By 4 August, Collier had discussed the condition of the Canton Asylum with Dr. White, who informed the commissioner that he could accept patients from Canton if more dormitory space were provided at Saint Elizabeths. In 1933, Saint Elizabeths housed 4,981 patients, supported on a per capita expenditure of approximately $1.80 per day. Subsequent to his discussion with White, Collier requested that Secretary of the Interior Harold Ickes approve the use of funds from the Public Works Administration to enlarge facilities at Saint Elizabeths and then set January 1934 as the month for closing the Indian asylum. Dr. White’s institution did receive funds for new construction and renovation, and the transfer of 115 patients to veterans’ hospitals ultimately provided adequate dormitory space for the patients from South Dakota.  

Collier and Ickes next sought advice from the solicitor’s office within the Department of the Interior concerning the legality of transferring the Indians from the Canton Asylum. The acting solicitor reported that the transferral of patients from the South Dakota facility was clearly legal, while the acceptance of the patients by Saint Elizabeths was problematical but could be justified on legal grounds and precedents. A conference involving officials of the Indian service and Saint Elizabeths ensued, resulting in a plan to send Dr. Samuel A. Silk back to Canton in order to classify patients according to their disabilities and mental conditions so that Saint Elizabeths could prepare adequately for their arrival. On 31 August 1933, Dr. Silk left Washington for South Dakota, carrying with him a letter of instruction from Commissioner Collier, who forthrightly stated that Silk was to examine patients for the purpose of effecting their transferral to Washington, D.C. Collier also sent Superintendent Hummer a copy of Silk’s instructions.

In early September 1933, the citizens of Canton rallied to the defense of Superintendent Hummer and his asylum. The presi-
dent of the Canton Chamber of Commerce telegramed the president of the United States Chamber of Commerce in Washington, D.C., and urged him to meet with Secretary Ickes to persuade him to delay or cancel the closing of the asylum. On 8 September, United States Senators Peter Norbeck and William J. Bulow and Congressman Fred H. Hildebrant, all from South Dakota, telegramed Secretary Ickes and requested that the asylum's operation be continued. Congressman Hildebrant explained their constituents' view, which blatantly pushed economic considerations to the forefront in the debate about the fate of the institution. He argued that the citizens of Canton would suffer a severe financial loss if the asylum were closed.72

On 15 September, Collier met with a delegation of citizens from Canton. Throughout the meeting, he held firm to his intention of closing the asylum. He agreed only to postpone the transferral of patients until the delegation could return to South Dakota and report back to its congressional representatives.73 The commissioner followed up the meeting by sending the head of the delegation a letter in which he summarized his views about the closing. Collier explained: "The Canton Asylum was established at a time when a small institution providing nothing but custodial care for the deranged was thought to be adequate. The years and decades went by. Psychiatry and psychotherapy became transformed. The modern institutional care of the deranged came to be what it is today. The Indian Office, and Congress, remained perfectly content with the institution which had been established in the earlier times. The Indians were the sufferers." Collier lauded the facilities, staff, and care at Saint Elizabeths and reiterated his intent to transfer the Indian patients there.74

Superintendent Hummer opposed the abolition of the asylum, and he quietly assisted the Canton delegation in preparing a rebuttal to Collier's letter. Then, on 23 September, Hummer informed the Indian office that he had been served that day with injunction papers, and he requested instructions from the Indian office. The papers enjoined Commissioner Collier, Superintendent Hummer, and Dr. Silk from removing the patients from the Canton Asylum. Dr. Silk reported to Collier that there was little

73. CIA to Henrick Shipstead, 6 Oct. 1933, CIA to G. J. Moen, Draft letter, 26 Sept. 1933, and CIA to G. J. Moen, 15 Sept. 1933, all in CCF, 7448-1929-150, CA, RG 75, NA.
74. CIA to G. J. Moen, 15 Sept. 1933.
doubt that Hummer knew all about the maneuverings leading to the issuance of the injunction.\(^{75}\)

G. J. Moen, a member of the Canton Chamber of Commerce and the leader of the Canton delegation that had met with Collier, formally requested the injunction on behalf of Albert Blaine, an adult patient at the asylum, and all other patients there. The plaintiff argued that only Congress could close down the Canton Asylum and that the closing and transferral would cause the patients irreparable injury by depriving them of visits from their families and friends, an argument, ironically, that conflicted with Dr. Hummer’s longstanding policy of discouraging visits at the asylum by relatives and friends. A hearing was set for October.\(^{76}\)

In the meantime, for twenty-one days in September, Dr. Silk was at the asylum. He found conditions essentially the same as they had been in 1929, with the exception of better housekeeping and cleaner wards. He observed a “large number” of patients who exhibited no symptoms of mental illness and whose behavior at the asylum over the years had shown no striking abnormalities. Silk spoke with Hummer about the group, and Hummer concurred that the Indians showed no symptoms and could live by themselves on reservations. Hummer did explain, however, that the patients were “below normal,” or “mentally deficient,” and therefore had to be sterilized before returning to the reservations. Because Hummer did not have the means to perform the sterilizations, he kept the Indians at the asylum.\(^{77}\) Silk also reported on a second group of Indians, males and females, who from the first days of their confinement had behaved normally. They even performed useful work at the asylum, in the dairy, on the farm, and elsewhere. According to Silk, they were sent to and


76. Telegram, Hummer to Indian Office, 23 Sept. 1933, and Newsclipping, “Insane Indians Move to Capital is Fought,” Washington Star, and Bill of Complaint 56282, all in CCF, 7448-1929-150, CA, RG 75, NA.

77. Silk Report, 1933, pp. 7-9. In 1927, the United States Supreme Court ruled that sterilization for eugenic reasons was constitutional. Three years later, the American Association for the Sterilization of the Feeble-minded and the White House Conference on Children endorsed selective sterilization. See Nina Ridenour, Mental Health in the United States (Cambridge: Harvard University Press, 1961), p. 48.
kept at the asylum because of "some difficulty at a school or agency—a fight with a white man, or a fight with a husband or wife."  

In late September, Dr. Silk submitted his report to Commissioner Collier. On 5 October, Collier formally charged Superintendent Hummer with malfeasance, misfeasance, and practically a complete failure of medical administration. The charges came primarily from Silk’s reports of 1929 and 1933. Collier further charged that more than ten Indians at the asylum were not suffering from psychoses and should not have been held in confinement there.

The commissioner allowed the superintendent to respond and explain why he should not be dismissed from the Indian service. Hummer replied, but Collier found his response to be unsatisfactory. On 16 October, Secretary Ickes dismissed Dr. Hummer from the superintendency of the asylum and ordered Superintendent James W. Balmer of Pipestone, Minnesota, to proceed to Canton to assume functions as the asylum’s disbursing agent. Commissioner Collier then wired Dr. L. L. Culp, directing him to assume administrative charge of the asylum. Four days later, Hummer was issued a receipt for the facility’s funds and property, which officially ended his twenty-five-year career with the Indian service.

The day before Superintendent Hummer’s ouster, the Department of the Interior issued a lengthy press release that bristled with criticism of conditions at the Canton Asylum. “A score of perfectly sane Indians are being confined in an institution in Canton, South Dakota as a result of the greed and selfish inhumanity


79. CIA to Harry R. Hummer, 5 Oct. 1933, CCF, 7448-1929-150, CA, RG 75, NA.

80. Secretary Ickes to Superintendent Balmer, 16 Oct. 1933, Part I; Telegram, Balmer to CIA, 20 Oct. 1933, Part I; and Department of the Interior Memorandum for the Press, 15 Oct. 1933, Part IV, all in CCF, 7448-1929-150, CA, RG 75, NA. Because of Superintendent Balmer’s association with the Canton Asylum, records from there were sent to the Pipestone Indian School when the asylum was closed. The Federal Archives and Records Center in Kansas City, Missouri, now houses the records, and Frank N. Willis, Larry M. Dean, and Larry Larsen used them to write a short article, “The First Mental Hospital for American Indians, 1900-1934,” that appeared in Bulletin of the Menninger Clinic 45 (Mar. 1981): 149-54. The authors relied heavily upon Hummer’s reports, which skewed their conclusions. For example, they stated, “there was no evidence that restraints of any kind were ever used at Canton.”
of certain interests there," the press release began. It quoted John Collier as saying that all of the reports on the asylum were reminiscent of the terrible indictments that Charles Dickens leveled against English poorhouses and schools. The bulk of the information in the release came from Dr. Silk’s two reports, and a reference was made to the Lowndes report.\textsuperscript{81} The press release was sensationalist. Its harsh tone and language, which were reprinted by numerous newspapers, were deliberate. Collier had suggested to Secretary Ickes that such a release was necessary to forestall the “local interests” at Canton from successfully appealing to Congress for support in maintaining the asylum.\textsuperscript{82}

“Lies, all lies” was Dr. Hummer’s response to the news stories about the Canton Asylum and his ouster. “Anybody can come here and see conditions for themselves. We have nothing to hide. We want to get this thing in the open and see what’s behind it.” He implied that “politics” was the cause of his dismissal, an inaccurate and weak argument.\textsuperscript{83} Hummer retained counsel, but then failed to press for a hearing or fight his ouster legally.

On 20 October, a court hearing was held on the Moen injunction against the transferral of the Indian patients from the Canton Asylum. In December, the District Court of the United States for the District of South Dakota, Southern Division, issued an order dismissing the complaint of G. J. Moen, guardian. The court explained that Indian patients had no vested right to be treated at a particular asylum. Congress, by appropriating funds to erect the Canton institution, had not made it obligatory upon the Indian office to care for insane Indians solely and only at that facility.\textsuperscript{84} The court’s decision opened the way for the transferral of patients from the asylum.

On 21 December 1933, sixty-nine patients left Canton by train for Washington, D.C. They were accompanied by a physician from Saint Elizabeths and fourteen attendants. Two patients, a male and a female, were acutely ill and were sent on at a later date. Sixteen other patients also remained in Canton. In Dr. Silk’s judgment, they lacked “sufficient mental derangement” to justify their confinement in an institution any longer. Commissioner Col-

\textsuperscript{81} Department of the Interior Memorandum for the Press, 15 Oct. 1933.
\textsuperscript{82} CIA to Secretary Ickes, 26 Sept. 1933, CCF, 7448-1929-150, Part I, CA, RG 75, NA.
\textsuperscript{83} Newsclippings, CCF, 7448-1929-150, Parts I and II, CA, RG 75, NA.
\textsuperscript{84} James D. Elliott to Counsel of Complainant and Counsel for Defendants, 11 Dec. 1933, CCF, 7448-1929-150, Part I, CA, RG 75, NA.
lier directed Dr. Culp to notify superintendents on the reservations to expect the arrival of these people and assist them with housing and readjustment to reservation life. The body of an Indian woman was also sent home at this time. She had been one of the patients designated for release to her reservation, but she had died of tuberculosis on 19 December.^^

Some of the patients from the Canton Asylum lived at Saint Elizabeths through the 1930s and into the 1940s, during the period when that institution began to experiment with insulin, metrazol, and electric shock therapy and with psychosurgery. Hospital physicians periodically reported to the commissioner of Indian affairs or superintendents of agencies about the health, injuries, and deaths of Indian patients. No references were made in those reports to Indian persons being the subjects of experimental therapy. The records do indicate that Saint Elizabeths had little more success than the Canton Asylum in returning Indian patients to their families.86

85. CIA to L. L. Culp, 16 Dec. 1933, CIA to Francis J. Tartaglino, 16 Dec. 1933, and L. L. Culp to CIA, 21 Dec. 1933, all in CCF, 7448-1929-150, CA, RG 75, NA.
86. See correspondence from St. Elizabeths in CCF, 7448-1929-150, Parts II and III, CA, RG 75, NA; Ridenour, Mental Health, pp. 32-33; Winfred Overholser and
By April 1934, the Canton facility was closed, and the Indian office had no intention of using it for any other Indian-related purpose. The state of South Dakota acquired title to the land and buildings and used them as a branch of the state penitentiary for the commitment of first offenders. The state gave the property to the city of Canton in 1946, and three years later, the Canton- Inwood Hospital was opened, following extensive remodeling of the old asylum's hospital. In the late 1940s, the original asylum building was razed.  

The Bureau of Indian Affairs had established the Canton Asylum at the beginning of the twentieth century because Senator Richard Pettigrew had linked the local economic interests of his constituents to a humanitarian purpose suggested to him by an Indian agent who asked that the federal government provide compassionate assistance to the mentally ill abandoned on reservations. As the years passed, the asylum's superintendent placed the welfare of the asylum itself above the welfare of the institution's inmates. Commissioner of Indian Affairs John Collier deliberately chose not to reform, that is, not to reestablish the altruistic although custodial purpose of the facility, because by the 1930s, mental institutions were expected to do more than fulfill a community's economic needs and provide decent care for the insane. Asylums had to successfully diagnose, treat, improve, and cure patients. Collier abolished the Canton Asylum, believing it to be too hopelessly out-of-date and unsuitable for providing the modern and scientific therapeutics that mental illness required.

From 1902 to 1934, approximately 374 Indians from 50 tribes were sent to the asylum. By 1970, a concrete burial stone with a bronze plaque had been placed in the cemetery there. Listed on the plaque were the names of 120 inmates who had died and were buried at Canton during the thirty-two years of that institution's tumultuous but forgotten existence.


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