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ON THE COVER W. H. D. Koerner (1878–1938) was born in Lunden, Schleswig-Holstein, Germany. His family immigrated to the United States in 1881, settling in Clinton, Iowa. With big dreams of a career as an artist but little formal training, Koerner landed a job as a staff artist at the *Chicago Tribune* at the age of twenty. Later, he studied at the Art Student’s League and independently under Gutzon Borglum and Howard Pyle. Koerner is best known for his illustrations in the *Saturday Evening Post*. He painted the front cover feature, *While the Horses Stood To Their Fetlocks In The Tumbling Stream, He Turned To Her, A Smiling Question In His Eyes* (1929, oil on canvas, 31" x 36¾") for that magazine’s April 13, 1929, issue as an illustration for “Cinderella by Request” by Ben Ames Williams. The painting appears courtesy of the Buffalo Bill Center of the West, Cody, Wyoming, U.S.A., gift of William D. Weiss, 20.77.

The back cover features *Jawbone Railroad* (oil on canvas, 22" x 27", Montana Historical Society Collection, X1967.22) by Ralph DeCamp (1858–1936). DeCamp painted this work after a 1904 excursion from Helena to Lewistown, Montana, aboard the Montana Railroad, known colloquially as the Jawbone Railroad. According to David Hilger, who accompanied DeCamp on the trip, the railroad’s wood-burning locomotive lacked the power to pull all four railcars up the steep curves through Sixteen Mile Canyon. Instead, the locomotive pulled two cars up the grade, at which point it unhooked and went back for the other two cars—allowing DeCamp time to sketch the scene and take a photograph on which he based this painting. Turn to page 46 to read about an Italian immigrant’s experiences working on the Northern Pacific Railway.

“WE HAD TO START TREATING THEM AS HUMAN BEINGS”



“New Doctor P. D. Pallister,” *Boulder Monitor*, September 13, 1947

DR. PHILIP PALLISTER,
CLINICAL GENETICS, AND
THE MONTANA STATE
TRAINING SCHOOL,
1940s–1970s

by LINDA SARGENT WOOD

DR. PHILIP PALLISTER began working as a physician at the Montana State Training School in 1947. Though he only intended to stay a few years, he ended up dedicating his life to the care of people with disabilities. His quest to learn more about his patients and to treat their ailments took him into the burgeoning field of genetics and led to world-renowned discoveries. It also made him an advocate for their rights.

MONTANA'S WINTER OF 1949 proved particularly harsh, with record-setting cold, gusting winds, and heavy snows. Large snowbanks made it difficult to clear county roads. Mail was delayed and school canceled. Ranchers struggled to keep their livestock watered and safe. The town of Boulder did not escape this merciless freeze, but on the night of February 6, 1949, another kind of cold blasted the Montana State Training School, the state's institution for people with disabilities.¹

In one of the cottages, Laura—a twenty-year-old resident with microcephaly—became agitated. Her crying irritated the night watchwoman, who allegedly took out a belt and beat her into silence. When attendant Margaret Goodwin came in for the morning shift, she called the institution's doctor, Philip Pallister.² In the course of his examination, Pallister found Laura's neck rigid and her tiny head twisted to one side. Her right pupil was fixed and dilated, showing no reaction to light. The left eye responded sluggishly. Ugly black-and-blue bruises and bloody belt marks covered her. One welt, he wrote, "curled over the front of her right thigh and onto the inner surface of her wasted little limb." Laura died that day. Goodwin, asked for an explanation, relayed the night aide's confession: "[She] was screaming and hollering and I beat her until I was ashamed of myself."³ Alarmed, the doctor, new to the institution in 1947, demanded an autopsy. Butte pathologist Ray Peterson determined the woman had been beaten to death.

Dr. Pallister insisted on an investigation, but school superintendent Howard Griffin and Jefferson County attorney John McGough demurred. Pallister surmised that Griffin, who had recently announced

his retirement, did not want any unpleasant controversy during his final days at the helm of the institution.⁴ Pallister drove to Helena to consult with Arnold Olsen, the state attorney general, who ordered an inquest. By this time, however, the night aide claimed the girl had fallen in the bathtub. Goodwin retracted her earlier report. McGough promised an inquest and ordered that none of the involved parties leave the state. Both women ignored the command, taking a night train to North Dakota, where Pallister said Griffin had arranged jobs for them at the state institution for the feeble-minded.⁵

And that was that. No further investigation. No charges. No trial. No media spotlight or probing politicians. The institution's death register recorded the cause as "atrophy of the brain." Official reports made no mention of the beating. No evidence exists that relatives other than Laura's brother, who also had a recessive form of microcephaly and lived at the institution, ever learned of her death. Perhaps they received some form of notification, but for many residents, institutionalization for life meant a loss of contact with families. When parents dropped children off at the school, they surrendered custody to the State.⁶

Laura's story offers a sobering introduction to the bleak world of custodial institutionalization in the mid-twentieth century. Congenital microcephaly robbed the woman of a fully developed brain and left her bedridden and unable to speak. Few even knew about the place where she lived. But Laura's life propelled Pallister's life's work. Writing his memoirs years later, he concluded that his many "challenges to the establishment" sprang from what he felt had been his "failing to stand up for Laura."⁷ The experience



The appalling conditions at the institution during the early twentieth century led to calls for reform from the 1950s through the 1970s. Leading the fight for better conditions was the institution's physician, Dr. Philip Pallister. This 1924 photograph, labeled "View of the Department for Feeble Minded," shows the central administration building surrounded by the cottages (large dorms) where people lived.

Annual Report of the Montana Schools for the Deaf, Blind, and Backward Children, 1924–25, copy MHS Archives, Helena



Not long after graduating from medical school, Pallister read about the trout streams near Boulder in a *Field and Stream* fishing guide. Attracted by the setting, as well as by the steady income promised by a position at the Training School, he decided to move his growing family to Montana. The Boulder Valley is pictured here in 2011.

introduced him to the indifference of a society that opted to remove people with disabilities from the public eye. It also spurred his quest to learn more about the multitude of genetic and environmental problems affecting the minds and bodies of his patients.

In his search to understand why some faced such debilitating ailments, Pallister turned to patient physicals and family histories, autopsies, EEG labs, chromosomal analysis, and experts in the field of genetics. His quest resulted in world-renowned discoveries in the genetic origins of diseases, breakthroughs typically associated with large research labs. In his case, powerful firsthand experience with patients led to advances in medical genetics and clinical care. He became the most influential and longest-serving physician at the Montana State Training School (later the Boulder River School and Hospital), where he worked until 1975.

Simultaneously, life at the institution immersed the physician in political decisions that circumscribed lives and familiarized him with cultural views

that cast a dehumanizing cloud of humiliation over people with disabilities. Hence, while Pallister looked to science to understand cognitive and developmental impairments, his work did not end there. As he came to see the critical role society played in defining the idea of disability—of deciding who was fit and able and who was not—he became a powerful voice for humanitarian reform. Though many contributed to Montana’s changing perspective of its most vulnerable citizens and worked to bring people with disabilities back into their communities to live, work, and play, Pallister’s actions—informed by interactions with his patients, some of whom were advocates in their own right—were a driving force behind institutional reform and the coalescing disability rights movement.

The Move to Boulder

Set in the rugged Rocky Mountains of southwestern Montana, Philip Pallister’s story, as he described it, “is a Western story, of life in a cow town, of mines and timber, of mountains and streams, of a G.P.’s



Blanche Willa “Willie” DeMille began dating Phil Pallister in Minnesota when they were both twenty years old. They married on June 13, 1942. Pallister sketched this image based on a photo that Willie sent him while he was in the army and stationed at Camp Maxey, Texas.

doctoring and of his family and friends.”⁸ After Pallister completed his medical training and a two-year stint in the U.S. Army Medical Corps, the twenty-seven-year-old could have accepted a fellowship at the Mayo Clinic in his hometown of Rochester, Minnesota, but a *Field and Stream* advertisement noting that five of America’s top trout streams flowed near Boulder convinced Pallister the town was as fine a place as any to start his general practice. Jefferson County commissioners promised additional income for a county physician and health officer. Moreover, the Montana State Training School, located on the outskirts of town, offered a contract and guaranteed income, a particularly appealing prospect for Pallister and his wife Willie. The couple had three boys. Eventually, the family grew to fifteen children.⁹

When Pallister arrived in 1947, Boulder’s census counted 500 residents; the Training School housed 487 additional people. The “two and three-story

buildings,” the doctor observed, were “built at the turn of the century, stinky, with cracked floors of concrete weakened by dirty construction gravel . . . and all painted a dismal gray.” Patients lived fifty to a room. Some walked naked on floors smeared with feces. They drank from communal buckets. Laundry was done twice weekly, which meant that individuals frequently slept in soiled sheets.¹⁰ Residents performed domestic duties as well as outside chores in the dairy barns and in the crop and vegetable fields, sometimes for twelve hours a day, seven days a week. In comparison with other state institutions for people with disabilities, Montana had the third-lowest expenditures per capita.¹¹ A superintendent oversaw operations and reported to the State Board of Education until 1963, when Montana created the Department of Institutions.

The Training School held a wide variety of individuals labeled at the time as “feeble-minded,” “retarded,” “mentally deficient,” “low grade,” “degenerate,” and “crippled.” Psychologists diagnosed them as “idiots,” “imbeciles,” and “morons.” Most had cognitive disabilities. Some were able-bodied. Others had distorted limbs. Some endured paralysis, seizures, and other complications. Many residents had disorders and diseases caused by a variety of problems including enzyme shortages, birth defects, lead and alcohol poisoning, illnesses, and accidents. In Montana, as elsewhere, the diagnosis of disability was fluid, determined by social values and perceptions. The definition proved so elastic that it could be and was used, especially by eugenicists, to include those deemed “socially deficient,” “delinquent,” and “depraved,” individuals judged so intellectually and morally bankrupt that they must be incarcerated to protect society.¹²

For Dr. Pallister, all were his patients. They fell ill with colds, the flu, measles, and mumps. They contracted infections, some caused by poor sanitation, including the dumping of the institution’s sewage into the Boulder River. And they died from diseases, bathtub and river drownings, burns they incurred from exposed pipes, and abuse.

The gloomy conditions Pallister encountered in Boulder deeply disturbed the young physician. On the evening of December 7, 1947, he was summoned to see a girl with measles. The attendant told him that the “ambulance” was on its way to the school hospital

INSTITUTIONAL BEGINNINGS

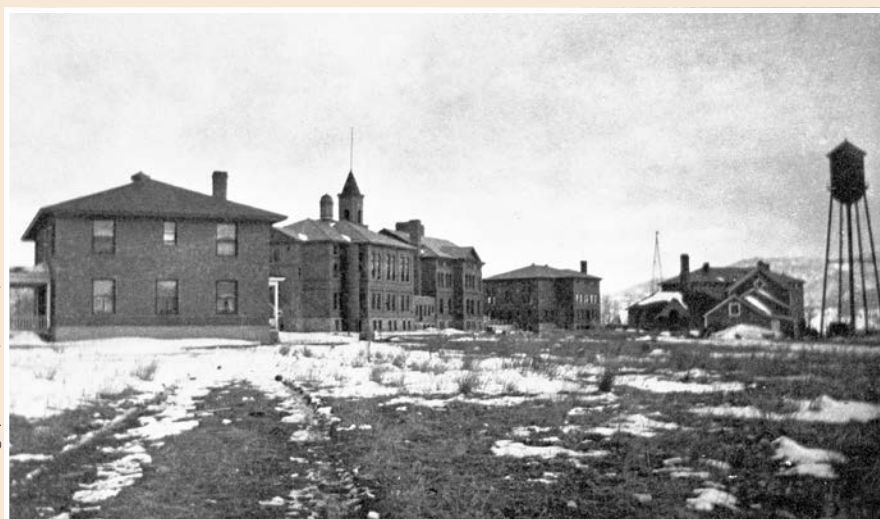
WHEN Montana's first state legislators established a school for the "deaf, dumb, blind, and feeble-minded" in 1893, it became part of a national experiment in state-run facilities that started with educational objectives but quickly morphed into dark, dilapidated dungeons of shame.¹³ Although Montana's program in many ways resembled those found elsewhere in the United States, it differed in that it placed those with cognitive disabilities under the same management and in the same location as students with hearing, seeing, and speech impediments, a decision that proved problematic until ties were severed completely in 1937, and the School for the Deaf and Blind moved to Great Falls.¹⁴

Of the first ten students, two fell within the category of "feeble-minded." All students stayed together in a rented house in Boulder until 1895 when they were segregated. Doctors examined new students, and those they judged "incapable of mental improvement" and "so far deranged in mind" to be a danger to others were moved to the state hospital for the insane at Warm Springs. They did not return to Boulder when the first building opened in 1898 for deaf and blind students. Instead, the feeble-minded had to wait until the state constructed a separate building south of the Boulder River in 1905. A narrow bridge connected it to the main campus. In the early 1900s, the institution established its own farm to help feed the growing resident population. By 1913, seventy-nine so-called backward individuals made the place home. Most,

with the exception of a few Native American children, were white. Waiting lists and overcrowding soon became the norm.¹⁵

Early administrators and teachers understood little about those individuals in the care of the Feeble-minded Department. Any training or instruction students received tended to serve institutional operations. Work broke along gendered lines. Baking, cleaning, and sewing fell to female residents, while male residents turned out furniture and performed outside chores. Initially, proponents of this system contended that imparting manual skills to the students could lead to gainful employment. As institutionalization increasingly became a lifetime sentence, superintendents reasoned that the work in and of itself benefited the feeble-minded and society.¹⁶

Over the course of the twentieth century, the conditions faced by institutionalized individuals in Montana and elsewhere deteriorated. By the late 1940s when Pallister arrived, the Training School, largely neglected during the hard years of the Depression and World War II, suffered from inadequate funding and space, untrained staff, abuse, insufficient supplies, and little public concern.



The Feeble-minded Department of the Montana State School for the Deaf and Blind opened at Boulder in 1905. At the time this circa 1918 photograph was taken, those with cognitive disabilities did not live in the dorms with or attend the same classes as those with auditory, visual, and speech impairments. Those deemed feeble-minded were relegated to their own quarters in the portion of the campus south of the Boulder River.

An old two-story house served as the hospital for the Montana State Training School. The makeshift surgical room on the second floor was accessible only by the exterior stairs visible here.



MHS Photograph Archives, Helena, PAc 98-51.121

from Cottage Four. After waiting for some time, he descended the stairs to peer out into the darkness. Finally, “here it came: materializing out of the night and the swirling snow,” Pallister recalled. “[T]wo girls, one a mongoloid [an anachronistic term for an individual with Down syndrome], were pulling and snorting on the tongue of a child’s wagon and two more pushing the best they could on the rear of the box. The ambulance was a kid’s wagon with an enlarged bed. . . . The patient was very dead and quite frozen.”¹⁷

The school’s hospital was an old, converted two-story house with a makeshift operating room on the upper floor, accessible by an outside staircase. Sterilizations, in accordance with the state’s Eugenical Sterilization Law of 1923, were common.

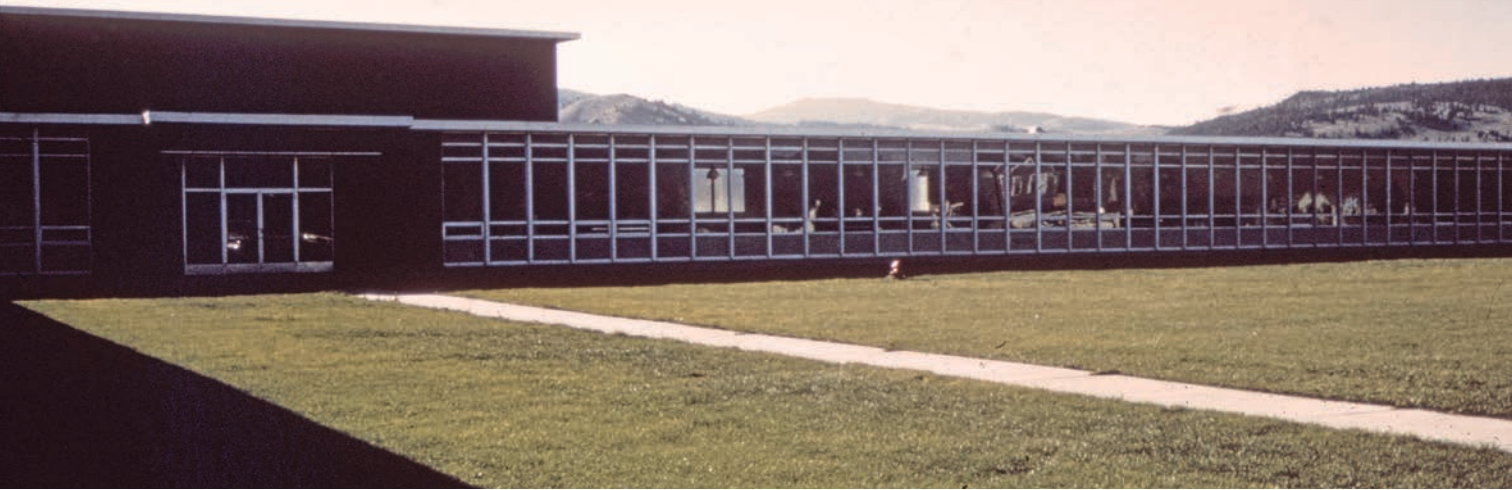
The barren room contained a scrub sink, sterilizer, operating table, and overhead light. “The screens leaked insects in droves,” Pallister remembered. “We usually detailed one person to slaughter the invaders.” A small closet, designated a laboratory though it held no lab equipment, served as storage for blood and urine samples awaiting lab analysis in Helena.¹⁸

Not only were the facilities ill-equipped, but the twenty-eight staff attendants were largely untrained. The only registered nurse, Rebecca McNeely, did not hold a supervisory position, so her efforts to establish proper medical protocols enjoyed little influence. A nurse attendant, May Moier, served as department supervisor. When he observed sick call, Pallister’s “brain literally shifted out of gear!” A line of boys, all dressed in overalls, all with bowl haircuts, took turns

Superintendent Arthur Westwell oversaw many improvements to the school, including the completion of a new hospital building in 1954, but overcrowding persisted, as seen in this photograph, taken in 1961. The large patient population proved to be one of many problems of institutional life.



Jim Sargent, photographer, courtesy the author



The Boulder facility enjoyed greater financial support in the 1950s and 1960s. The State built a new school that boasted eleven classrooms and a gymnasium (above), and the hospital was able to purchase new medical equipment and to staff the facility full time with registered nurses and attendants like those pictured below in 1961. Despite these efforts, construction projects and ongoing maintenance did not keep pace with an ever-increasing population. Hiring and keeping special education teachers and trained medical staff also proved difficult.



Both photos: Jim Sargent, photographer, courtesy the author

announcing their complaints. Regardless of their symptoms, each received the same treatment: using a forceps, Moier dipped a sponge into a small stainless steel bowl half-filled with the bright-red antiseptic Merthiolate and rubbed the spot.¹⁹

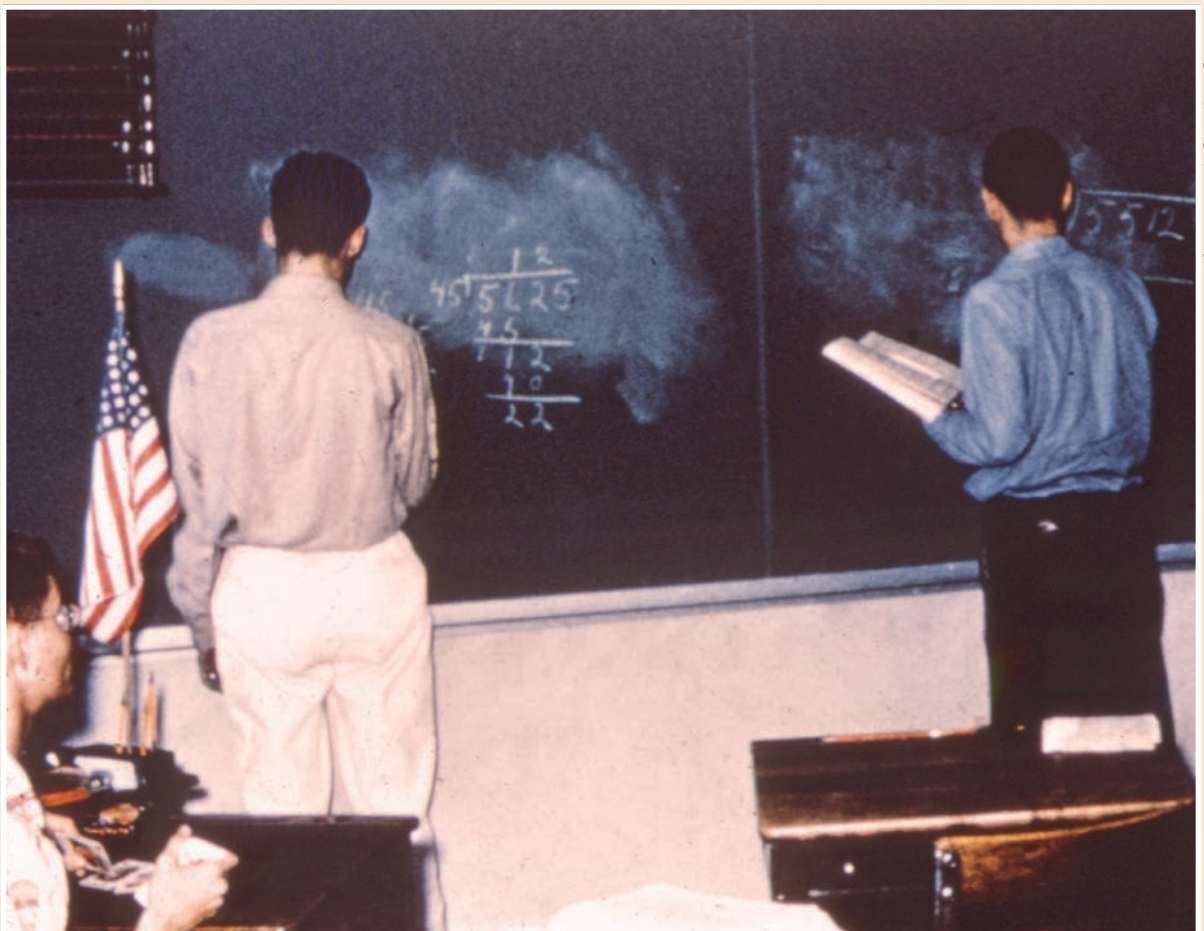
Appalled, Pallister confronted Superintendent Griffin: “Am I in charge of the hospital crew or not? The system has to change.” Griffin acquiesced, “You are in charge, Doctor.” Pallister imposed rules, insisting that sterile techniques must be practiced, patients must be listened to rather than shooed away

with a dab of antiseptic, and all residents should have regular temperature checks. If any had a fever of more than 101 degrees, Pallister wanted to see them. He implemented vaccination programs, dispensed antibiotics, and quarantined new admissions to arrest infection and disease. To establish a working laboratory, he brought in his own microscope, centrifuge, stains, and slides.²⁰

Pallister recalled that the department supervisor did not adjust well to the new rules. Catching “her with her hand in a sterile container of gauze,” he

MONTANA'S DISABILITY RIGHTS MOVEMENT

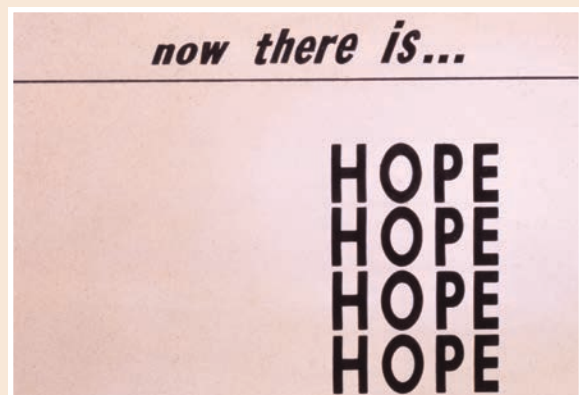
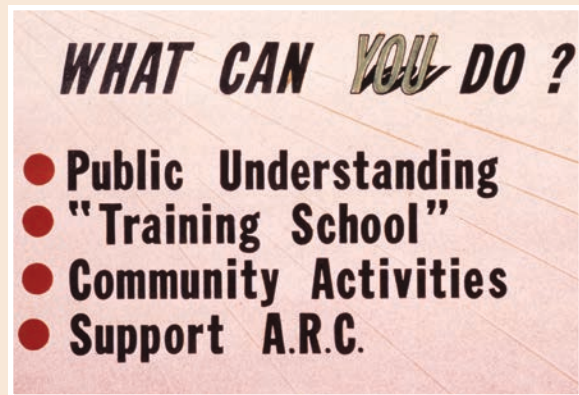
WHILE Dr. Pallister delved into genetics to care for his patients, he also defended their individual dignity: "We had to start treating them as human beings." In the 1960s, Montana parents organized Association for Retarded Children (ARC) chapters and became a compelling voice for the disabled. The disability rights movement coalesced as parents and other concerned citizens educated, lobbied, championed special education, sponsored Special Olympics, and welcomed individuals back to the community.



Around 140 students took elementary-level arithmetic and reading classes at the institution circa 1960.

A 1962 slide show, "Mental Retardation," brought these ideas to audiences throughout Montana. Written by Jim and Alice Sargent, the parents of a child born with a rare genetic disorder, the script communicated their heartaches and eventual realization that their daughter brought opportunities to help others. Distributed by the Montana Extension Service to Home Demonstration Clubs and other civic organizations, the program shared information on "mental retardation," the Training School, and ARC, inviting audiences to take action by asking "What can you do?" By 1964, 7,500 Montanans had seen the slides. Prompted by their concern, hundreds of Home Demonstration Club women toured the Training School. They also volunteered and gave five thousand dollars for a physical therapy unit at the institution.

The slides created by Jim Sargent to inspire others are shown throughout this article. They capture elements of the time, a belief in the dignity of all individuals, and hope that though the problems were serious, more support, research, and resources could usher in a better world.



Jim Sargent, photographer, courtesy the author

The women above are working on handicrafts, including crocheting, beadwork, and embroidery. Some residents joined 4-H clubs and Scout groups.

The recreational activities available to patients at the Montana State Training School and Hospital multiplied during the 1960s. The crafters at right are tooling leather, coloring, and knitting with a loom.

gave Moier a warning. After other infractions, she transferred out of the hospital. Moier's version of events remains unknown. Perhaps she did not respond well to the new physician's gruff demeanor or the challenge to her authority. Still, Superintendent Griffin supported the doctor with a raise in pay, and the new standards imposed by Pallister put Montana more on par with other states. Better care led to decreases in tuberculosis, measles, pneumonia, and overall death rates.²¹

When Arthur Westwell became the school's administrator in 1949, he bolstered Pallister's reform efforts. With thirty-three years of experience at Massachusetts's schools for the feeble-minded, Westwell began with a survey of Boulder's needs. In a report to the State Board of Education, he detailed inadequate facilities, staffing shortages, public misunderstandings, and resident woes. One nurse handled seriously ill patients on two floors. One bookkeeper, one secretary, and one storekeeper bore a "heavy burden" in managing administrative affairs. Residents slept on beds placed eight inches apart rather than the mandated thirty-six. To prevent "mischief," staff resorted to the "military technique of alternating heads and feet." After bringing attention to these conditions, Westwell then successfully lobbied the legislature and private citizens for support.²²

Medical care and patient morale rose to the top of the new superintendent's priorities. "It took Westwell about 24 hours to decide we needed a new hospital," Pallister recalled. Thanks to his efforts, the facility opened in 1954. Updated medical equipment followed, and registered nurses began to serve



Jim Sargent, photographer, courtesy the author



round-the-clock. Westwell painted dorm walls bright colors with attractive murals and erected a theme park for the residents. He trumpeted a motto of "Work, Play, and Worship." More buildings went up, mirroring construction booms at custodial institutions elsewhere and reflecting better economic times after the Great Depression and World War II.²³

Still, progress sometimes faltered. Pallister, Westwell, and subsequent administrators lobbied state officials annually for additional funding to improve patient care, hire trained staff, maintain buildings, and serve a rapidly increasing population. With mixed results, Pallister wrote letters, badgered administrators, appeared before the legislature, spoke with the press, and employed a variety of tactics. In all, he was direct, confrontational, and, as one reporter wrote, "outspoken." In 1960, he declared appropriation cuts a "moral crime," resigned, and then rescinded his

resignation after his medical program was reinstated and his salary renegotiated.²⁴

In addition to these administrative difficulties, simply providing a high standard of care for patients posed considerable challenges. As a general practitioner, Dr. Pallister was familiar with standard medical protocol, but he had scant training or experience to prepare him for his work at the Training School. “The thought of all those non-verbal patients, with strange and disfiguring conditions, paralysis, twisted bodies convulsing, incontinent and sick made me quite anxious,” he confessed. Pallister’s concerns stemmed not simply from personal unfamiliarity with the conditions of his patients but also from the medical field’s insufficient efforts to understand such disorders. He later marveled at “how little we all knew” when he began his professional life. Most of his contemporaries believed that many intellectual disabilities stemmed from the same cause: an enzyme defect. There was “an abyss of knowledge,” he recollected years later. Physicians largely viewed and treated this population as “subhuman.”²⁵

The attitudes of medical professionals reflected societal norms. In the first decades of the twentieth century, individuals with disabilities were largely viewed as “degenerates,” “undesirables,” “defectives,” and even dangerous to society. Such perceptions led to a rising eugenics movement, forced sterilizations, segregation from the general public, and negligent treatment by public agencies. Rarely did politicians demonstrate concern and allocate funds to care for a population with a wide range of disabilities and warehoused in custodial institutions. Similarly, these same individuals also received little attention in the scientific community.²⁶

As a result, Pallister took his lessons patient by patient. Laura taught him to go “to the autopsy table (and laboratory) for the causes of retardation.” His postmortem examination had revealed malformations in her brain. The second lesson he learned was to “determine the cause of death—don’t guess at it.” In contrast to the erroneous assumptions of some and the misleading reports in the official death register, Laura’s physiological disorders had not caused her death; abusive treatment at the hands of her caretaker had.²⁷

Postmortems became a crucial means by which Pallister came to understand his patients, in part

because of the population he served. “Bear in mind,” Pallister explained, “that a good many of our patients were unable to talk, think, point or whatever. We were often dependent on physical and laboratory findings alone for a diagnosis, all masked by crippling, twisted, spastic or paralyzed and wasted bodies.” One patient had an electrolyte disorder, but that did not cause his death. Opening the patient’s skull revealed multiple brain abscesses caused by poor dental hygiene. Unable to communicate his pain, the patient had gone untreated.²⁸

“We Had to Start Treating Them as Human Beings”

Institutions like the Montana State Training School experienced a high rate of turnover among their medical personnel. Pallister anticipated that he, too, would stay only a few years, but Boulder captivated him. He loved the rustic setting. Hunting, fishing, and the beautiful landscape gave him joy and provided sustenance for his growing family. Neighbors taught him how to trap beavers and mountain lions. With children in school and active in sports, the Pallister family was well known. As a general practitioner and the county health officer, he delivered babies and immunized children; treated broken bones, infections, and diseases; cared for those injured in car crashes, mining mishaps, and gunfights; and much more. He answered calls to cabins in the woods, met patients at the scene of accidents, and saw individuals in his private office or the Helena hospital.²⁹

Local politics, too, began to draw him. Increasingly, Pallister saw his mission to provide health care for Boulder’s citizens as intertwined with the need to modernize the community. Elected as mayor in 1949 for a two-year term and again in 1951, he worked closely with the town council to install Boulder’s first water system. City officials also moved the dump from one end of town to a sanitary landfill, paved Main Street, established a police department and traffic system, and laid plans for the first sewer system. In the 1960s, Pallister served three years on the high school board during which time the board initiated a building program and teacher pay scale. He served a third term as mayor in the 1970s.³⁰

Pallister stayed at the institution because of his patients, as he was consumed by a desire to better understand their challenges. At the beginning of the

Workers built a small theme park in the 1950s in an effort to improve the day-to-day lives of patients. As Pallister noted in his memoir, "Recreation was instituted; slavery began to disappear."



All photos this spread: Jim Sargent, photographer, courtesy the author



Beginning with the purchase of a 160-acre ranch in 1904, dairy cows and other animals were raised to support the institution's operations. When this photograph was taken in 1961, the ranch had expanded to 1,700 acres, and the school was roughly 65 percent self-supporting.





The kitchen of the Montana State Training School and Hospital is pictured here circa 1961.



Boulder employees oversee young female residents who gather for an afternoon in Junior Hall. One gets a haircut; others sew, play games, and visit.



A priest delivers Mass at the school. Residents could attend Protestant and Catholic services.

twentieth century, Henry Goddard, a psychologist at Vineland Training School for Feeble-Minded Boys and Girls in New Jersey, asked, “How do we account for this kind of individual?” A committed eugenicist, Goddard blamed “heredity—bad stock,” which, he thought, necessitated the isolation and sterilization of disabled individuals. Given the pervasiveness of imagined associations between feeble-mindedness and degeneracy, shame was a natural response.³¹ Paller performed forced sterilizations until 1954, but his experiences working with his patients led him to see them quite differently. “I began to come to my senses,” he declared. “We had to start treating them as human beings.”³²

Others agreed. Several catalysts, including the shocking revelation of Nazi Germany’s genocidal eugenic programs, prompted a reassessment. People with disabilities provided counterexamples to beliefs that they had no value. A great number of veterans disabled during World Wars I and II held jobs and contributed to society. A capable president, Franklin Delano Roosevelt, who happened to be disabled by polio, further challenged prior assumptions. Most notably, families, inspired in part by the burgeoning Civil Rights Movement, became a compelling voice for the disabled.³³

Parents mounted a grassroots effort when they established the National Association for Retarded Children (ARC) in 1950. The movement began with parents like the New York woman who exclaimed, “I am the mother of a gentle and lovable child whom doctors term ‘hopelessly feeble-minded.’ My son is without playmates, without education of any kind.” She recruited others, urging that other families “band together and do something!” They did, becoming organizers, lobbyists, advocates, and educators.³⁴

Yellowstone County parents were among the first to organize in Montana. They formed a chapter of ARC in 1953, building on earlier efforts that included the Center for Cerebral Palsy and special education classes at Eastern Montana College started in 1947. As chapters sprang up across the state, the Montana Association for Retarded Children (MARC) helped local activism coalesce into a broader educational and political movement. In 1955, MARC enjoyed some of its first statewide success when legislators passed an act creating special education classes in public schools. Lewis and Clark County chapter president Joyce Vashro characterized MARC’s work as supporting families, influencing public officials, and educating “people in our community to become aware of the problems of the mentally retarded.” The organization did so by providing family networks, public talks, legislative lobbying, and statewide conferences. The heightened activism of this period gave families encouragement and common cause.³⁵

Nationally, celebrities and politicians played an important role in changing perceptions of disability. Novelist Pearl Buck wrote a book, *The Child Who Never Grew*, about her daughter with PKU, and entertainers Roy and Dale Evans Rogers professed their daughter was a gift from God despite “an appalling handicap.” In the 1960s, political

The Montana Association for Retarded Children (MARC) helped local activism coalesce into a broader educational and political movement. The organization did so by providing family networks, public talks, legislative lobbying, and statewide conferences. The heightened activism of this period gave families encouragement and common cause.



Jim Sargent, photographer, courtesy the author

This slide from the Montana Extension Service's "Mental Retardation" presentation shows the Association for Retarded Children chapters across Montana in 1962. The slide show educated audiences about the problems facing people with disabilities and encouraged support for community activities, special education classes, research, and fair treatment.



Jim Sargent, photographer, courtesy the author

families aired their stories, too, refusing to succumb to a message of humiliation. Vice president Hubert Humphrey announced he had a granddaughter with Down syndrome. In 1962, the *Saturday Evening Post* published Eunice Kennedy Shriver's "Hope for Retarded Children," and the world learned that her sister Rosemary had an intellectual disability. "We are just coming out of the dark ages in our handling of this serious national problem," Kennedy Shriver wrote. "Even within the last several years," families have left their "retarded infants to institutions before they were a month old and run obituaries in the local papers to spread the belief that they were dead." But "the weary fatalism of those days is no longer justified." Kennedy Shriver later helped start the Special Olympics, her family poured money into research, and her brother President John F. Kennedy used the power of his office to initiate the Panel on Mental Retardation in 1961 that led to legislative mandates aimed at providing education, community resources, and employment for people with disabilities.³⁶

By mid-century, many Montanans, like their counterparts in other states, worked to educate others. MARC members held conferences and helped pass laws securing special education programs, group homes, and community services. Bozeman parent Vesta Anderson championed special education and the Special Olympics. Helena parents testified before the legislature for school access and equal rights and organized a day school and a special 4-H club.³⁷ Public agencies played their part as well. The Montana Extension Service contributed to the changing views

through a statewide educational campaign. Beginning in 1962, Extension agents presented a slide show to Home Demonstration clubs and civic organizations, first in Helena and then across the state. Written by the parents of a "mentally retarded child" who described the pain of discovery, the resultant heartaches and challenges, and the eventual realization that the birth of their daughter offered the opportunity to help others, the program made a strong impression on audiences. By 1964, approximately 7,500 Montanans had viewed the program. Inspired, Home Demonstration women took up the cause to educate, volunteer, and raise five thousand dollars to equip the Montana State Training School's physical therapy department.³⁸

Educating Montana's citizens, as one Missoula physician concluded, produced significant change. Earlier, "the medieval stigma attached to the mentally incompetent and the convulsive patient probably kept the families of Boulder patients from raising a hue and cry." Now, as MARC president Homer Gorder stated in 1962, the goal of parents and concerned citizens was to make the "mentally retarded . . . as much like other people in the community as possible" and to provide "opportunities for all the retarded everywhere to realize their full potential for a creative life in freedom and dignity." Pallister thought MARC "rapidly improved the political and economic climate." At the same time, the physician was engrossed in his own work, seeking answers to his patients' conditions. This, too, upended prior assumptions about the underlying causes of disability.³⁹

STERILIZATION OF MONTANA'S DISABLED

EUGENICS—the belief that humanity could be improved through selective breeding—came to be broadly disavowed after the horrors of World War II, but the ideology enjoyed support from many intellectuals and policymakers in the early decades of the twentieth century. Psychologist Henry Goddard insisted on the scientific credibility of the theory and argued that individuals with low IQ scores constituted a public menace and an unwelcome burden on society. Montana Training School superintendents expressed similar views. Feeble-minded boys, one contended in 1908, “become criminals or the victims of the criminally inclined.” Girls “become outcasts in society,” bringing “more of their kind into existence.”⁴⁰ A 1919 survey of Montana’s so-called “idiot, imbecile, and moron” population highlighted such cases to illustrate the need for further control. These “childish and irresponsible,” “dangerous,” and “hopeless” individuals, the report found, were “too low grade to do any work of value.”⁴¹ Hence, eugenicists argued, officials had an obligation to minimize the threat they posed to others and to prevent them from procreating. Perpetual incarceration offered one solution, involuntary sterilization another.

Following this reasoning, Montana, in 1923, became one of thirty-two states to legalize compulsory

sterilization. The U.S. Supreme Court upheld these laws in the decision of *Buck v. Bell* (1927). Montana’s statute established a Board of Eugenics to oversee proposed cases, mandated that sterilization be performed at state facilities, and required the consent of guardian or kin. The State Board of Eugenics could also approve physician’s requests to sterilize inmates at state institutions.⁴²

Under superintendent Howard Griffin, the Training School became the epicenter of eugenics in Montana. The feeble-minded, Griffin told Butte Rotary Club members, were inept and incompetent, falling into one of three categories: helpless and hopeless, manual workers, and misfits. “These people,” he declared, “are not fit to take a place in our complex civilization.” State control was particularly necessary in some cases Griffin said, offering his audience the example of a feeble-minded woman who had given birth to ten feeble-minded children.⁴³

Sterilization procedures peaked under Griffin’s watch. When he arrived at the school in 1930, the state had sterilized 35 individuals. By his retirement in 1949, the number reached 250. Seventy-two percent (184) of those cases were women, but anyone deemed a hereditary idiot, feeble-minded, insane, or epileptic could be subjected to such operations. Feeble-mindedness had an expansive and ambiguous definition that could include intellectual disability, promiscuity, psychological peculiarity, or moral degeneracy. Many sterilizations were performed at the state hospital in Warm Springs, but most were done at Boulder.⁴⁴

When Philip Pallister came to Boulder in 1947, sterilization was among the duties required of him as the school’s physician. Superintendent Arthur Westwell noted in his 1949 report to the State Board

The Turn to Genetics

Dr. Pallister’s growing interest in genetics started with concerns about the high rate of epileptic seizures among his patients. In 1955, he developed an electroencephalography (EEG) laboratory. After consulting with Great Falls neurosurgeon Alex Johnson, he wrangled money from the legislature to buy a four-thousand-dollar EEG machine and traveled to Washington to learn to read tracings. Pallister said that by identifying the type of seizure and targeting the problems with drugs “carefully titrated to each

individual’s needs,” he significantly reduced the occurrence of convulsions.⁴⁸ While reviewing patient EEGs, he and Robert Stevens, the Training School’s first psychologist, discovered English pathologist Lionel Penrose’s book *Biology of Mental Defect*. As Pallister later recalled, parallels between Penrose’s British patients and those at Boulder “stirred my awakening to human genetics.”⁴⁹

The year 1956 was a pivotal one in Pallister’s life and for the field of genetics as well. Only three years earlier, James Watson and Francis Crick had discovered

of Education that “two castrations were done with the approval of the Eugenics Board. One was at the request of the parents so that the boy could be kept in the home by the mother without danger to the community. The other was requested by the Superintendent since the subject was a menace to the other children in the institution.”⁴⁵ Pallister said he grew increasingly uneasy with such operations, especially after an unsettling 1954 incident in which a patient in his late fifties resisted the procedure by jumping off the surgery table and retreating to his bed. After sterilizing the man, Pallister came to regret it and put an end to the institutional practice. In 1969, legislators revised Montana’s code, making forced sterilization illegal. At least sixty-six individuals were sterilized before the law was fully repealed in 1981. Most of these sterilizations were performed during the early 1970s and corresponded with an individual’s release from the Boulder institution. Consequently, sterilization served as a means of birth control, which Pallister supported. While patients were counseled and consent was required, they made decisions within an institutional setting that some at the time and many later deemed coercive.⁴⁶

Of the 322 Montanans sterilized, 80 percent had been deemed mentally deficient, 20 percent mentally ill. While these numbers pale in comparison to the thousands of individuals sterilized in other states, Montana has yet to follow the lead of states like North Carolina by issuing an official apology for this dark chapter in its history. Instead, as late as 1987, the Montana Developmental Disabilities Planning and Advisory Council continued to debate the merits of sterilization as a means of controlling the state’s disabled population.⁴⁷

the structure of DNA. In 1956, scientists ascertained that human cells contained forty-six chromosomes, not forty-eight as previously thought. Others, such as Penrose and Victor McKusick of Johns Hopkins University, used Mendel’s laws of heredity to reveal links between genetics and developmental disabilities. They were building on the work of Sir Archibald Garrod of Britain, who had outlined the relationship between gene, enzyme, and clinical abnormality in 1908, and that of Ivar Følling, a Norwegian physician, who, in 1934, was the first to associate an inborn met-

abolic disorder with mental retardation—PKU (phenylketonuria). In the 1940s, George Jervis proved that PKU was a recessive condition. While Jervis studied the metabolic breakdown and inactive enzyme, others experimented with a diet to remedy the problem.⁵⁰

Pallister immersed himself in the study of human genetics and began attending professional conferences. In 1956, he traveled to the national meeting of the American Association on Mental Deficiency (AAMD) in Richmond, Virginia, with Training Hospital administrator Arthur Westwell, who was then serving as the organization’s president. While on the East Coast, the two men, accompanied by their wives Hilda and Willie, toured similar state institutions, and Pallister discussed PKU with George Jervis. Pallister decided to investigate the Montana population. Westwell’s daughter Sally and medical student Barry Miller gathered urine samples from some 650 patients at the hospital and identified twelve cases of PKU.⁵¹

Miller was the first of seventy students who traveled to Boulder to work with Pallister. Many of these students, like Miller, hailed from the University of Pennsylvania, but they also came from medical schools in California, Colorado, North Dakota, Utah, Washington, and elsewhere. Such connections to out-of-state medical professionals were especially valu-

able as Montana had no medical school of its own until 1971. The doctor taught and the students shared the latest advances in medicine. For example, when Miller returned home, he mailed Pallister research articles on PKU. For Miller, the PKU study was only part of the experience. Miller got a taste of a country doctor’s practice as well as an education in institutional work. In 1956, Pallister saw about seven private patients daily. Cases included maternity and pediatrics, hepatitis, and accidents. He did his own labs and x-rays.⁵²

Additional discoveries in the field of genetics, such as the 1959 finding that Down syndrome resulted from a double copy of chromosome 21, made lab studies more critical for diagnosis. Hence, in 1963, Pallister and Helena pathologist Allan Miller started a chromosome lab. The two secured a camera and microscope in Germany with donations from the Butte MARC chapter and found assistance from Dr. Ernst Eichwald, a German refugee and pathologist, at the McLaughlin Institute in Great Falls. Before the lab in Boulder was established, a bathroom in the old nurses' quarters at St. Peter's Hospital in Helena sufficed. At first, they tested for PKU, but as other tests for various conditions were developed, they expanded their scope. In 1964, Pallister and Miller won an award for their exhibit "Chromosomes in Medicine" at the Montana Medical Association. In 1966, they delivered a course in cytogenetics for physicians across the United States. Pallister continued to develop the lab, eventually moving it to Shodair Children's Hospital in Helena in 1976.⁵³

At the helm of Boulder's laboratory between 1969 and 1974 was John Casey, who held a degree in biology and chemistry and later served as the head of Shodair Children's Hospital. Pallister sent Casey to Johns Hopkins University for six months of intensive training, and upon his return, the lab was capable of running sixteen different tests, including paper chromatography, amino acid checks, and thyroid screenings. Casey thought the position was one of the best he ever held because "Pallister was really at the cutting edge" and had built one of the best laboratories in the state.⁵⁴

Complementing his growing expertise in genetics and lab analysis, Pallister refined his physical examinations. He began, he liked to explain, with a survey of the hands, paying particular attentions to the fingerprints, bones, and nails. Then he moved to the hair, ears, teeth, and mouth of the patient. Gait, the sound of the voice, the texture of the skin, the strength and structure of the skeleton, and more followed. In total, an exam under Pallister might take an hour. Any number of markings might reveal a condition. Sometimes a person was missing a finger or had extra toes or a short arm. Sometimes the sound of a voice, the coarseness of a patient's hair, or the swirl of a fingerprint yielded a clue. Labs and family histories aided the diagnosis.⁵⁵ Pallister's physician friend

Ron Losee noted, "Bit by bit examinations were recorded, photographs were documented, laboratory tests accomplished, and chromosome studies commenced."⁵⁶ Eventually, Pallister computerized results of detailed genetics studies of two thousand patients for a digital library at the University of Wisconsin.⁵⁷

Medical students were central participants in this work. Gene Levin and Bill Labunetz, for example, spent the summer of 1965 doing chromosome karyotypes on school residents (analyzing the number and appearance of chromosomes in the nucleus of a cell) as well as exams for specific physical findings symptomatic of a particular syndrome. By 1966, the scope of studies performed by Pallister's students had expanded dramatically. Joe Grover made a genetics survey of teeth abnormalities in nine hundred patients; Drew Dawson studied the relationship between mental retardation and diabetes; Tom Bettman scraped the cells from patients' mouths for a study of chromosomal sexual characteristics; Murray Feldstein and Don Kripke worked on cancer; and Jim Little and James Green reviewed causes, prevention, and treatments. In the 1960s, Pallister created a local human rights commission to oversee the research and gained FDA approval as a clinical investigator.⁵⁸

Some of the research conducted at Boulder focused on environmental factors, including what has become the most common cause of intellectual disabilities: fetal alcohol syndrome (FAS). Pallister and world-renowned clinical geneticist John Opitz identified the condition in two Boulder patients in 1973 and later published a paper on the skeletal malformations common to FAS patients. They started screening at-risk families and leading educational programs for the public. One student, Jon Aase, went on to become a leading expert on FAS.⁵⁹

The work conducted at Boulder produced real differences in the lives of families and individuals throughout Montana. Beginning with the development of a test for PKU in 1961, genetic screening of newborns offered an unprecedented opportunity to diagnose disorders and, in some cases, initiate treatments to halt impairment. Hypothyroidism, for example, causes severe mental problems. If diagnosed early and treated with synthetic thyroxin, however, patients live largely unaffected lives. PKU, too, can be arrested by diet. Pallister pushed legislators to implement laws mandating such tests for newborns, and

in 1965 Montana became the fifth state in the nation to pass a PKU screening law. Along with MARC member and state representative Gary Marbut, Pallister worked for the successful passage of additional screening laws in the 1970s. To push compliance, Pallister brought Robert Guthrie, the doctor who developed the PKU screening test, to Montana to meet with officials from the Department of Health and to give public talks.⁶⁰

Guthrie's visit was part of a broader pattern as Boulder became a hub of scientific inquiry. Creating a cutting-edge research laboratory and recruiting student interns were two spokes in the wheel. Another involved engagement with outside medical specialists who treated patients, shared insights, discussed case studies, and conducted clinics. Pallister welcomed regular visits by ophthalmologists, dentists, and orthopedists from all over Montana and conducted phone calls and special meetings with out-of-state experts. Casey said Pallister "consulted with modern geneticists all over the country, in fact all over the world."⁶¹

Beginning in 1966, Pallister hosted annual genetics seminars, first in Boulder and then at Shodair, that attracted national and international authorities in the field. He invited Montana's medical community, institutional staff, government officials, and univer-

sity professors. The first of these gatherings featured John Opitz, whose lifelong association and friendship with Pallister, Opitz later explained, led to the mutual care of patients, genetics discoveries, invitations from national and international congresses to present findings, and a system of "working up" and diagnosing "mental retardation" that became "accepted and recognized worldwide." The highlight of their partnership, he felt, "was the friendship that arose between us and the chance to offer help to the hundreds of Montana families who came to us for diagnosis, genetic counseling, and other services."⁶² Other speakers included the founder of medical genetics, Victor McKusick of Johns Hopkins University, and pediatrician and clinical geneticist Judy Hall. Pallister's partnership with Hall yielded one of his multiple genetic discoveries—Pallister-Hall syndrome.⁶³ In many ways, the annual seminars became a nexus for Pallister's growing network of colleagues.

Montana State University historian of medicine Pierce Mullen attended several of the annual seminars and became friends with Pallister, Losee, Opitz, and others. Mullen later observed that Montana was "unique in having this constellation of gifted and dedicated doctors. Not many family practice or orthopedic physicians take the time and energy necessary to plow through incredibly complex work in



Jim Sargent, photographer, courtesy the author

The Lewis and Clark County chapter of the Association for Retarded Children organized this Christmas party to give parents an opportunity to meet and support one another and their children.

the tidal wave of genetics research as it relates to the Mendelian inheritances of mankind.” These efforts, Mullen thought, helped local pediatricians and various support groups become “more aware and up to date . . . in the education, care and nurturing of afflicted individuals.”⁶⁴

Significantly, the impressive array of experts stayed in Montana on Pallister’s dime. “Phil and Willie would board them and entertain them,” Losee noted, “in return for intensive clinics.” Conferring on intriguing cases provided additional incentive for these dedicated professionals, as did the beautiful Montana setting. Hunting at Bull Mountain and fishing the Boulder River were part of the package. And then there was Pallister himself, whom Gene Levin described as “a most unusual and special individual . . . a renaissance man.”⁶⁵

“We Must Do More”

Genetics provided what Pallister called the “intellectual froth” to his work, but he was first and foremost a clinical practitioner with a practical mindset. He expended great focus and energy understanding the medical problems faced by his patients, but they remained individuals to be cared for. “It is not enough to collect some cases and write an article and perhaps identify a ‘new’ syndrome,” he believed, urging that “we must do more.” His long tenure at the Boulder institution testified to his commitment. “The purpose of our investigations should be to delineate the disorders, study the natural history, the basic biology, all in order to improve the lot of the patients and their families.” His relationships with residents at the school reinforced this view. “My patients were not syndromes,” he insisted. “They were real people who became my friends and many had a story to tell.”⁶⁶

To illustrate, Pallister’s work led to the discovery of the underlying genetic condition that caused a woman to have been born with an extra small finger on her right hand, without the fourth and fifth fingers on her left hand, a short arm, no breasts, and a few other physical abnormalities. Upon learning that the woman was more concerned about her breast size than her arm length, Pallister arranged for silicone implants. “It is a source of satisfaction to discover and report such interesting conditions,” he explained, noting that “they do lead to further understanding of our human condition and occasionally provide a way

to improve the lot of our patients by one treatment modality or another.”⁶⁷

One of the most remarkable of Pallister’s efforts to improve the lives of his patients was the school’s orthopedic rehabilitative program. Severe physical disabilities prevented some residents from lying flat in bed, walking, or eating. Ron Losee, a general practitioner who became well known for his work in orthopedics, joined Pallister in his efforts to help these individuals. Most Wednesdays between 1959 and 1975, Losee drove from Ennis to Boulder in order to perform surgeries with Pallister. A few years after the program started, a legislative budget subcommittee visited Boulder. Senator Francis Bardanoue announced his desire to avoid any impassioned presentations and his hope to “cut the budget by twenty-five percent.” Nonetheless, Pallister, Losee, and nurse Margaret Keating paraded patients, formerly bedridden or confined to a wheelchair, before the subcommittee members. After explaining the dramatic difference that surgical intervention had made in their lives, Pallister asked, “Do you want us to cancel this program?” As a result, Losee observed, legislators “voted for a proper Boulder school budget that year.”⁶⁸

The two physicians took pride in their work and quest for scientific knowledge. Both desired brutal honesty. Each was strong willed, had little patience for bureaucracy or lawyers, enjoyed each other’s stories, and had a philosophical bent. Losee claimed agnosticism but over time became atheistic; Pallister was an atheist himself. A strong moral compass and desire to help others drove the actions of both men. They wanted to leave this world, as Pallister expressed, “producing more than I’ve taken!”⁶⁹

The orthopedic program added to Pallister’s clinical care, genetics workups, research, and other efforts to help his patients. In 1967, an external report of the institution—now called the Boulder River School and Hospital (BRSH)—lauded the surgeries and clinical practice. “Rarely,” it held, “would one find a physician with the energy, dedication, knowledge, and number of highly specialized skills,” concluding that “in view of the size and location of the institution, a surprising amount of basic research is being done.”⁷⁰

Even as he expanded his efforts to alleviate the suffering of others, Pallister and his wife experienced challenges of their own. On the last day of 1959, Willie

The Training School became a hub of scientific inquiry. Creating a cutting-edge research laboratory and recruiting medical interns were two spokes in the wheel. Another involved engagement with outside medical specialists who treated patients, shared insights, discussed case studies, and conducted clinics. Pallister welcomed regular visits by ophthalmologists, dentists, and orthopedists and conducted phone calls and special seminars with national and renowned geneticists. Right, Pallister conducts a corneal transplant in 1971 with Helena ophthalmologist Vince Amicucci, Colorado surgeon Morris Kaplan, and Margaret Keating, the head of the nursing department at Boulder.



Courtesy of Philip Pallister

gave birth to their eleventh child. Adam demonstrated multiple developmental and cognitive difficulties and struggled to survive. He had a weak cry, was frequently sick, learned to walk at three, and said his first words at three-and-a-half. His IQ registered between 48 and 60. The distraught parents sought specialists and had tests run, but no definitive diagnosis was fully rendered until Adam turned fifty, when newly developed higher-resolution banding methods revealed he had infantile idiopathic hypercalcemia. Adam stayed at home, went to school at BRSB, and taught his father more than books, laboratory research, and clinical observations ever could. Now Pallister found himself in the same camp as the parents of his patients, and there he gained a greater appreciation for the social difficulties faced by these individuals and their families.⁷¹

All of “our retarded brothers and sisters,” Pallister declared, should be treated with dignity, not as kids, second- or third-class citizens, or subhuman. All “of our institutionalized citizens are entitled to at least the standard of care available in private life” and should be given as much autonomy as possible.⁷² Accordingly, he became a proponent of deinstitutionalization, which began to enjoy wider public support during this time. Pallister took residents to vote and helped them get jobs. In 1969, he worked to change the sterilization law to require patient consent and worked with educators, psychologists, social workers, and medical personnel to establish a “Family Living Course” for residents that included instruction on cooking, shopping, sex education, childcare, and basic family economics.⁷³

Pallister also spoke widely to parent groups, civic organizations, and high schools. “Doctor,” he liked to say, means “teacher.” In the 1970s, he organized and spoke at a series of public seminars around the state. Lectures by medical specialists, ethicists, religious figures, and historians engaged audiences in difficult discussions about genetics, disabilities, ethics, and society’s responsibilities.⁷⁴

“The problem of mental retardation,” Pallister wrote in 1975, “is one of social complications associated with underlying and usually accompanying biological disturbances.” Hence, the condition posed a complicated set of challenges that he believed could only be addressed through both medical advancements and social change. His views added to a rising chorus of voices contending that people with disabilities should be seen as inextricable from their families and communities and that the way in which such individuals are perceived, understood, and treated reflected the broader social values.⁷⁵

Controversies and Conflicts

Despite Pallister’s purposeful focus and benevolent intentions, his world was fraught with turmoil. “All of this activity in Boulder did not take place in the pleasant intellectual environment implied by the numerous students, the uplifting seminars and the chance to work with the greats of medical genetics and birth defects,” he wrote. Instead, “there was much and at times bitter controversy here.”⁷⁶

The doctor himself produced no small part of the uproar. Beginning with Laura’s death, Pallister quarreled with administrators and bureaucrats

and engaged in raucous debates with politicians. He threatened resignations and lawsuits, writing inflammatory letters and failing to mince words when he appeared at legislative hearings. Confrontational, intellectually rigorous, critical of religion, and foulmouthed, the doctor both intimidated and commanded respect. His tactics stunned some but proved effective, as evidenced by his parade of patients before the legislative committee. When he wanted money to insulate steam pipes, he hung photos of burned patients in his office. One reporter called him “a thorn in the side” of public officials. He lambasted Governor Tom Judge in 1974 over the lack of skilled emergency care of patients during a labor strike. “Political machinations are going on that are damned intolerable,” he cried, insisting that all parties recognize that the “retarded and handicapped” are the “innocent sufferers.” Some cheered his actions, while others misinterpreted them. To his critics, Pallister responded that they “don’t see the tears on my pillow.”⁷⁷

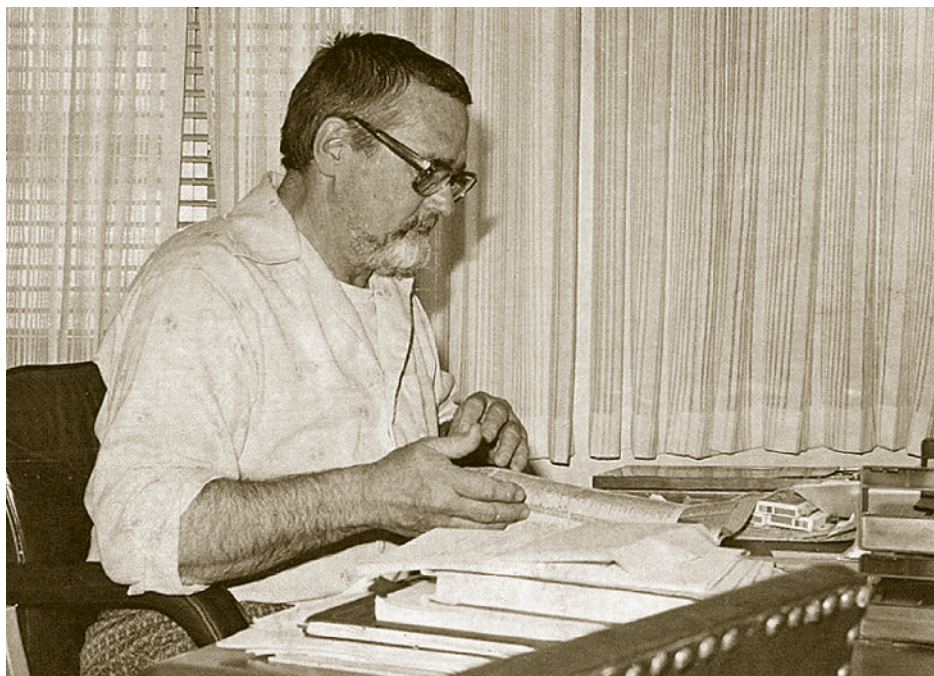
Despite Pallister’s personal commitment, his public advocacy, and significant medical advances, Boulder River School and Hospital remained plagued by problems. The late 1960s and early 1970s proved very tumultuous as the institution faced significant overcrowding, a high turnover of administrators and employees, sanitation problems and outbreaks of disease, labor strikes and lawsuits, and patient assaults,

rapes, and accidental deaths. As a result, the Montana League of Women Voters issued an alarming report in 1971 identifying the Boulder River School and Hospital as the state’s most distressing public institution, and in 1972 it failed to gain accreditation from the Council for Facilities for the Mentally Retarded. Under this weight, public support for institutionalization in Montana imploded, as it did around the nation.⁷⁸

Montana newspapers constantly circulated stories of institutional failings, part of a larger groundswell of muckraking journalism best exemplified by Geraldo Rivera’s 1972 documentary on New York’s Willowbrook State School. In 1967, the *Great Falls Tribune* issued “Tragedy of Our Institutions,” a thirty-two-page exposé that documented the shattered lives, dilapidated buildings, political neglect, and public indifference surrounding the Boulder River School and Hospital. In subsequent years, journalists continued to publish shocking accounts of labor shortages, staff failings, and patient deaths from accidents, neglect, and abuse. After a woman suffered a fatal fall, headlines read, “Four Fired after Boulder Death,” while another caption announced, “Patients Kill Patients of Understaffed Boulder.”⁷⁹

Airing his grievances in the *Montana Standard*, acting superintendent Keith McCarty scorned the place as a “dumping ground for the unwanted.” In 1968, one dormitory held over 100 “severely and

Even with the positive changes made by Pallister, problems continued at the institution, which was renamed Boulder River School and Hospital in 1967. Poor sanitation, physical and sexual abuse of patients, accidental deaths, and high employee turnover all plagued the institution, leading Pallister to declare the place a “pesthole” in 1973. He resigned in 1975 and continued his groundbreaking work in genetics at Shodair Hospital in Helena, where he is pictured at his desk in 1977.



Courtesy of Phillip Pallister

profoundly retarded males,” one fourteen-year-old girl who was not disabled but nonetheless institutionalized after foster homes failed, and 175 residents who were held in shackles. The place was “unbelievably dehumanizing; the quality of life was brutal.”⁸⁰

McCarty applauded when the U.S. Department of Justice brought a lawsuit against Montana in 1974. So did Pallister, who publicly faulted officials for keeping BRSH’s Medicare and Medicaid dollars, for not upgrading the institution to pass health and safety inspections, for not paying workers a just wage, and for violating residents’ civil rights. In 1973, he called Boulder River School and Hospital a “pesthole.” When Losee accused him of going too far in his criticism, Pallister showed him a resident’s bed, neatly made, with urine-soaked and feces-soiled sheets. It was a powerful way of illustrating the deplorable conditions in which his patients lived. He spoke out against the neglect of residents and the facility, documenting broken furniture, shattered windows, and poor sanitation that caused a dysentery outbreak.⁸¹

Pallister, too, faced mounting scrutiny during these years. In 1969, a legislative audit charged that the doctor was overpaid and had been using public resources for his private research, publications, and professional advancement. Losee also attracted criticism. Despite the many successes of the rehabilitation initiative, some damned the program for being experimental in nature, while others condemned the general practitioners for performing surgeries when neither had orthopedic certification. Contentious arguments surrounding the program and the growing movement for deinstitutionalization spelled the end of laboratory research, acute care, and surgical operations at Boulder, which was effectively reduced to the status of an infirmary. Losee ended his weekly visits, and Pallister—both pushed out and fed up—resigned at the end of 1975.⁸²

Residents, too, left Boulder River School and Hospital. As in other states, the vast majority of Montana’s citizens with disabilities were reintegrated into the community during the 1970s, and in 1985 BRSH became the Montana Developmental Center.⁸³ By the time the Department of Justice’s lawsuit forced Montana’s governor and legislature into action, the public supported deinstitutionalization. Federal and state policies, laws, and court rulings followed, providing services and recognizing rights. The Americans with

Disabilities Act (1990) proclaimed that the equal protection clause of the Constitution applied to all regardless of ability.

A Journey of Consequence

Laura’s death during the cold winter of 1949 was tragic, indicative of the harsh institutional life for Montanans with disabilities, but her death set in motion a doctor’s journey of consequence.

In 1976, after leaving Boulder River School and Hospital, Pallister founded the genetics lab at Shodair Children’s Hospital, where he remained until 1982. John Opitz joined him in 1979, and the two men established an esteemed program that continues to serve the region. Over the years, Pallister published more than thirty scientific articles and earned numerous honors, including an award from the Montana Council on Exceptional Children celebrating his “meritorious service to handicapped children in the areas of medicine, genetic research, and public awareness.” Now known as the “Father of Clinical Genetics” in Montana, he lives in Boulder, where he has developed a breed of cattle on his Jaybird Ranch.⁸⁴

When asked to describe Pallister, Pierce Mullen characterized the doctor as “vulgar, strong-willed, stubborn, and just an ultimately loving guy.” The reality of institutionalization was unsettling, Mullen observed, and when Pallister and Losee exposed others to it through pictures and stories—“what a shock.” Despite the doctor’s rough exterior, Mullen insisted that “Phil’s contribution has been, first of all, an enormous amount of intelligence and love.” He was “so determined” to make his patients’ lives better. This was “his first and only—his main goal in life. . . . And surrounding that effort was this cloud of talent that he brought in to work on that particular project.” Moreover, the doctor took on much larger goals than a high standard of clinical care. “To make their lives better,” Mullen recalled, “he had to make the lives of their larger families better. That was an enormous educational program. And then . . . he had to make the citizens of the state more aware of a subject they did not want to consider at all.”⁸⁵

On another level, Mullen explained that Pallister aimed to restore an “understanding of dignity as a human being” to his institutionalized patients that they had not known. “And that probably was the most remarkable aspect of his work, to show them that you

Now known as the “Father of Clinical Genetics” in Montana, Pallister continues to live in Boulder. He is pictured here in 2007 on an elk hunt with three of his sons. From left to right are Greg, Phil, Adam, and Jeff. Adam was born with infantile hypercalcemia and bolstered Pallister’s commitment to uncovering the causes of disabilities and changing the way patients were treated.

too are human beings. To the extent that you can participate in our human enterprise, you need to do that. You have responsibilities, too. And from the deeply, deeply profoundly disturbed on up to Adam, his son, and to others, they need to enjoy their autonomy as human beings.”⁸⁶

The advent of clinical genetics, the rise of the disability rights movement, and the demise of custodial institutionalization is a complicated story. In Montana, as elsewhere, it took a complex and sometimes tragic interplay of forces to dismantle the flawed experiment of institutionalization and the culture of shame, reshaping public perceptions to allow for a more humane perspective and for the return of people with disabilities to their families and communities.

Though he did not plan to “devote his life to the developmentally disabled,” Pallister is glad he did, remarking that “it was a dark area of medicine and a place in desperate need of a dose of humanity.”⁸⁷ Interestingly enough, the rural western locale of Boulder, Montana, made his accomplishments possible, at least in part. Had he relocated to a large research institution, he may not have enjoyed the same freedom to explore or had the same influence



Courtesy of Phillip Pallister

or control over his work. This rustic spot with mountain streams, elk, bears, and hawks provided a refuge from frequent storms and a fertile ground that fed his intellectual curiosity and commitment to improving the lives of others.

Linda Sargent Wood is an associate professor of history at Northern Arizona University. Her book, *A More Perfect Union: Holistic Worldviews and the Transformation of American Culture after World War II*, was published by Oxford University Press in 2010. This essay is one part of an ongoing project on Montana’s institution for people with disabilities in the second half of the twentieth century.

Notes

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1. *Montana Farmer-Stockman*, Feb. 15, 1949. Legislators changed the name of the institution from school to asylum and back again. See "Montana Deaf and Dumb Asylum, 1893-1897," fldr 16, bx 5, Montana Department of Public Instruction Records, 1893-1967, RS 140, MHS. Later, it became the Training School for Feeble-Minded Persons (1919), Montana State Training School (1937), Montana State Training School and Hospital (1959), Boulder River School and Hospital (1967), and the Montana Developmental Center (1985). For institutional histories, see John Westenberg, "Montana Deaf and Dumb Asylum National Register of Historic Places Nomination Form," 1985, National Park Service, U.S. Department of Interior; and Chelsea Chamberlain, "Montana State Training School Historic District National Register of Historic Places Nomination Form," 2014. Both are available online and at the State Historic Preservation Office, Helena.

2. For Pallister's story, I rely on his unpublished memoirs, correspondence, and publications as well as interviews conducted between 2010 and 2016. His memoirs include book 1: "Growing Up in Rochester"; book 2: "Internship and Military"; book 3, part 1: "The Early Years"; book 3, part 2: "Early Times"; book 4: "Battles for Hearts and Minds"; book 4, part 2: "The End Game." Each book is divided into chapters, each beginning with page 1. Copies of his memoirs are available at MHS and BHC.

3. For Pallister's account of Laura's death, see Pallister, bk 4, "Deathwatch," 1-9 (quotes pp. 2-3); Pallister, email to author, Nov. 28, 2016; Howard Griffin, "Statistical Report, Montana State Training School, July 1, 1945," vol. 12, 213, Montana State Board of Education Records, 1893-1971, RS 35 (hereafter RS 35), MHS.

4. Griffin submitted his resignation July 1948. "Minutes of the State Board of

Education," vol. 16, 201, RS 35, MHS.

5. Pallister, bk 4, "Deathwatch," 4. In this article, I use the terminology of the time to maintain historical accuracy, but in doing so I mean no disrespect or disavowal of the dignity of all people regardless of their abilities. The terms "feeble-minded," "moron," "idiot," "imbecile," "retarded," and other appellations took on negative connotations as they were used and now reveal some of the fraught history of abuse, discrimination, shame, and sorrow. For more on terminology, see Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill, NC, 1995), 1-4; and Pallister, bk 4, "The Hospital," 1-5.

6. Pallister, bk 4, "Deathwatch," 3; *Annual Report of the Montana Schools for the Deaf, Blind, and Backward Children, 1918-1919* (Boulder, MT, 1920), 19, copy at MHS.

7. Pallister, bk 4, "The Deathwatch," 6.

8. Pallister, bk 4, pt 2, "Setting the Stage," 1.

9. Pallister, bk 4, pt 2, "Setting the Stage," 1-24.

10. Pallister, bk 4, "Hospital," 5.

11. Philip D. Pallister and John M. Opitz, *The Development of Clinical Genetics in Montana* (Helena, MT, 1981), PAM 1860, MHS; Philip D. Pallister, "Introduction [to 1970s Seminars]," unpublished manuscript, c. 1975, 3, in author's possession.

12. On the social construction of disability, see James W. Trent Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley, CA, 1994); Steven Noll and James W. Trent Jr., eds., *Mental Retardation in America: A Historical Reader* (New York, 2004); and Kim Nielsen, *A Disability History of the United States* (Boston, 2012).

13. "An Act to Create a School for the Deaf and Dumb . . ." *Laws, Resolutions and Memorials of the State of Montana Passed at the Third Regular Session of the Legislative Assembly* (Helena, MT, 1893).

14. Chamberlain, "Montana State Training School," 25-29; Executive Board of Montana School for the Deaf, Dumb, and Blind, 1893, and L. J. Hamilton to State Board of Education, Oct. 5, 1895, both in fldr 16, bx 5, Montana Department of Public Instruction Records, RS 140 (hereafter RS 140), MHS; "Archie Randles Reminiscence," n.d., SC 2192, MHS.

15. J. A. Tillinghast to the State Board of Education, Nov. 27, 1895; statements by L. A. Nuwter and E. O. Fletcher, Oct. 5, 1895; L. J. Hamilton to State Board of Education, Oct. 5, 1895, all in fldr 16, bx 5, RS 140, MHS; *Annual Report of the Montana Deaf and Dumb Asylum to*

the State Board of Education (Helena, MT, 1900), copy at MHS. Annual reports frequently report the presence of a few Native Americans.

16. *Annual Report of the Montana Schools for the Deaf, Blind, and Backward Children, 1913-14* (Boulder, MT, 1915), 26, copy at MHS.

17. Pallister, bk 4, "Deathwatch," 1.

18. Pallister, bk 4, "Hospital," 5-9, quote p. 5. For the Eugenical Sterilization Law, see Eighteenth Legislative Assembly, *Laws, Resolutions and Memorials of the State of Montana 1923* (Helena, MT, 1923), chap. 164; Howard Griffin, "Statistical Report, July 1, 1947-Dec 1947," fldr 8, bx 119, Montana Governor's Papers, MC 35, MHS.

19. Pallister, bk 4, "Hospital," 5-8, quote p. 7.

20. *Ibid.*

21. *Ibid.*, 7-8, quote p. 7; Pallister, bk 4, "Deathwatch," 1-9; Pallister, bk 4, "Infections and Infestations," 1-7.

22. "Minutes of the State Board of Education," Apr. 11-12, 1949, and July 11-12, 1949, Board of Education Minutes, vol. 17, pp. 6, 70, RS 35; *Report of the Montana State Training School* (Boulder, MT, 1949); Robert Hornick, *The Girls and Boys of Belchertown: A Social History of the Belchertown State School for the Feeble-Minded* (Amherst, MA, 2012); "Arthur E. Westwell, 1892-1983" obituary, *American Journal of Mental Deficiency* 90 (1986): 477-78.

23. Pallister, bk 4, "Deathwatch," 5; *Montana Parade, Great Falls Tribune* insert, Jan. 29, 1961.

24. *Billings Gazette*, Mar. 21, 1974; *Helena Independent Record*, Dec. 10, 1960; Pallister, bk 4, "Sixties," 1-8. Superintendent reports throughout the institution's history document labor shortages, the inability to hire trained staff, and difficulties in getting funds to run the facility.

25. Pallister, bk 4, "Hospital," quote p. 6; Pallister, bk 4, "Deathwatch," 4; *Billings Gazette*, Sept. 8, 2003.

26. Nielsen, *Disability History of the United States*, 100-30.

27. Pallister, bk 4, "Deathwatch," 4.

28. *Ibid.*

29. Pallister's memoirs tell of his medical practice, family activities, and relationships with townspeople.

30. Pallister, bk 4, "Memories are Made of This"; bk 3, "Mayor Pallister Reprise"; bk 3, "Law and Order"; bk 4, "Sixties," 24; bk 4, "Health Mines and Placebos," 4.

31. Leila Zenderland, *Measuring Minds: Henry Herbert Goddard and the Origins of American Intelligence Testing* (New York, 1998); Trent, *Inventing the Feeble Mind*, 131-83; Hornick, *Girls and Boys of Belchertown*, 16-19; Romel W. Mackelprang and Richard O. Salsgiver,

Disability: A Diversity Model Approach in Human Service Practice, 2nd ed. (Chicago, 2009).

32. Pallister, bk 4, "Montana Enters the World of Genetics," 18–19.

33. See Allison C. Carey, *On the Margins of Citizenship: Intellectual Disability and Civil Rights in Twentieth-Century America* (Philadelphia, 2009); Nielsen, *Disability History of the United States*, esp. 131–56; Doris Fleischer and Frieda Zames, *The Disability Rights Movement: From Charity to Confrontation* (Philadelphia, 2011); Trent, *Inventing the Feeble Mind*, 225–68; Michael L. Wehmeyer, ed., *The Story of Intellectual Disability: An Evolution of Meaning, Understanding and Public Perception* (Baltimore, 2013).

34. 1949 newspaper advertisement, as quoted in Cornell Capa and Maya Pines, *Retarded Children Can be Helped* (New York, 1957), 7; Charlotte Des Jardinis, *How to Organize an Effective Parent Group and Move Bureaucracies* (Chicago, 1971).

35. "Montana Association for Retarded Children" Vertical File, MHS; *Billings Gazette*, Jan. 28, 1953; Sue Hart, *Montana Center on Disabilities: Focusing on Abilities* (Billings, MT, 2007); "Montana Center for Cerebral Palsy and Handicapped Children" Vertical File, MHS; federal grant application background section, fldr 2 "Yellowstone County Mental Retardation Project, 1967," bx 13, Department of Health and Environmental Sciences, Director's Office Unprocessed Papers, 2012 (hereafter DHES), MHS; Vashro, as quoted in *Helena Independent Record*, Nov. 19, 1962.

36. Pearl S. Buck, *The Child Who Never Grew* (New York, 1950); Dale Evans Rogers, *Angel Unaware* (Westwood, NJ, 1953), quote p. 7; Mark O. Hatfield, with the Senate Historical Office, "Hubert H. Humphrey," *Vice Presidents of the United States, 1789–1993* (Washington, DC, 1997), 465–76; Eunice Kennedy Shriver, "Hope for Retarded Children," *Saturday Evening Post*, Sept. 22, 1962; Edward Shorter, *The Kennedy Family and the Story of Mental Retardation* (Philadelphia, 2000).

37. *Bozeman Daily Chronicle*, Feb. 2, 1992. Westwell served on MARC's board and was an advisor for Kennedy's Panel on Mental Retardation. For parent activism nationally, see Trent, *Inventing the Feeble Mind*, 230–43; and Kathleen W. Jones, "Education for Children with Mental Retardation: Parent Activism, Public Policy, and Family Ideology in the 1950s," in Noll and Trent, eds., *Mental Retardation in America*, 322–50.

38. Jim and Alice Sargent, "Mental Retardation," Montana Cooperative Extension Service program script and

slides, 1962 and 1964, copy in in author's collection; *Helena Independent Record*, Nov. 19, 1962; "Lewis and Clark County Extension Service Annual Report," files 1962 and 1963, bx 35, Collection 00021 Extension Service, MSU; Sylvia Casey, interview with author, June 29, 2011, East Helena, MT. Jim and Alice Sargent are the parents of the author and their daughter, Jan, is the author's sister. Jan had Hurler syndrome. In a Dec. 7, 1964 note in the Sargent family records, Extension agent Mae F. True wrote that she thought it was the parents' personal story that made the show powerful.

39. Leonard W. Brewer, *First 100 Years: Being a Review of the Beginnings, Growth, and Development of the Montana Medical Association in Commemoration of its Centennial Year* (Missoula, MT, 1978), 119; Homer Gorder, "Concepts and Attitudes on Mental Retardation in Montana," Governor's Committee on Mental Health presentation, Dec. 22, 1962, 1, 6 (quotes), fldr 8 "Governor's Joint Committee for Mental Health and Mental Retardation, 1962," bx 2, Montana State Dept. of Public Welfare, RS 236, MHS.

40. *Annual Report of the Montana School for the Deaf and Blind to the State Board of Education, 1907–1908* (Boulder, MT, 1908), 7, copy at MHS.

41. *Report of the Survey of the Feeble Minded in Montana* (Helena, MT, 1919), copy at MHS.

42. Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore, 2008).

43. *Boulder Monitor*, Mar. 11, June 24, 1939; *Phillipsburg Mail*, July 7, 1939.

44. Lutz Kaelber, "Eugenics: Compulsory Sterilization in 50 American States," University of Vermont, 2011, <http://www.uvm.edu/~lkaelber/eugenics/>; Chamberlain, "Montana State Training School," 29; Kayla Blackman, "The Right to Procreate: The Montana State Board of Eugenics and Body Politics," *Beyond Schoolmarm and Madams: Montana Women's Stories* (Helena, MT, 2016), 237–40.

45. *Report of Montana State Training School* (1949), 3.

46. Pallister, bk 4, "Entering the World of Genetics," 18–19; bk 4, "Sixties," 30–33; Philip Pallister, "Mistaking Eugenics for Social Darwinism," [c. 1970s], unpublished paper in author's possession; Gregory Michael Dorr, "Protection or Control?: Women's Health, Sterilization Abuse, and Relf v. Weinberger," in Paul Lombardo, ed., *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era* (Bloomington, IN, 2011), 186 n.37; Daniel Kevles, *In the Name of Eugenics: Genetics and the Uses*

of Human Heredity (New York, 1995); esp. 275–76; Steve Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States* (New Brunswick, NJ, 2008).

47. Between 1969 and 1972, at least sixty-six individuals were sterilized. Kaelber, "Eugenics." Largent reports other institutional directors faulted Montana for the 1969 law. See *Breeding Contempt*, 141. For the Montana Developmental Disabilities Planning and Advisory Council's discussion of sterilization, see Louisa Frank Schultz, *Sterilization for Those Involved in Mental Retardation: History, Issues and Options for Montana*, (Helena, MT, 1986) as well as her other c. 1985 publications.

48. Pallister, bk 4, "Montana Enters the World of Genetics," 2–4 (quote p. 4); Pallister and Opitz, *Development of Clinical Genetics in Montana*; Philip Pallister, "Pallister-Killian Syndrome: Historical Perspective and Foreword," *American Journal of Medical Genetics*, Part A, 158A (2012): 2999–3000.

49. Lionel Penrose, *Biology of a Mental Defect* (London, 1949); Pallister, "Montana Enters the World of Genetics," quote p. 4.

50. Kevles, *In the Name of Eugenics*, 168–93; Krishna R. Dronamraju and Clair A. Francomano, eds., *Victor McKusick and the History of Medical Genetics* (New York, 2012); Diane B. Paul and Jeffrey P. Brocco, *The PKU Paradox: A Short History of a Genetic Disease* (Baltimore, 2013).

51. Pallister, bk 4, "Montana Enters the World of Genetics," 1–2, 5, 16; Pallister, bk 4, pt 2, "Setting the Stage," 6.

52. Pallister, bk 4, "Memories are Made of This," 6–7.

53. Pallister, bk 4, "Montana Enters the World of Genetics," 9–11; Pallister, "Pallister-Killian Syndrome."

54. John Casey, interview with the author, Helena, MT, Aug. 10, 2011; Pallister, bk 4, "Syndromes," 5.

55. Pallister, bk 4, "Syndromes," esp. 8–11, 13–15; Pallister interviews.

56. Ron E. Losee, *Doc: Then and Now with a Montana Physician* (New York, 1994), 167–71; *Butte Montana Standard*, Aug. 30, 1970; Ron Losee, interview with author, Ennis, MT, June 26, 2011.

57. *Butte Montana Standard*, Mar. 29, 1970.

58. Pallister, bk 4, "Memories are Made of This," 6–18; *Butte Montana Standard*, Aug. 7, 1966; Pallister, bk 4, "Montana Enters World of Genetics," 17.

59. Jurgen Herrmann, Philip Pallister, and John Opitz, "Tetraectrodactyly and Other Skeletal Manifestations in the Fetal Alcohol Syndrome," *European Journal of Pediatrics* 133 (1980): 221–26; Pallister,

bk 4, pt 2, "Setting the Stage," 20–21; Pallister, bk 4, "Memories are Made of This," 8; Pallister interview, Dec. 21, 2010.

60. *Helena Independent Record*, Mar. 5, 1965; "Gary Marbut" Vertical File, MHS; Pallister, bk 4, "Montana Enters the World of Genetics," 20–30; bk 4, "Syndromes," 5–6; and bk 4, pt 2, "Biochemical Screening," 1–14; Philip Pallister to David Lackman, Mar. 11, 1975, fldr 22, bx 10, DHES. See also Kevles, *In the Name of Eugenics*, 254–55; Alexandra Stern, *Telling Genes: The Story of Genetic Counseling in America* (Baltimore, 2012); and Beth Tarini, "Revolution in Newborn Screening: New Technology, Old Controversies," *Arch Pediatric and Adolescent Medicine* 161 (2007): 767–72.

61. John Casey interview.

62. Pallister's memoirs provide details of seminars he convened first at Boulder and then Shodair from 1966 to 1982. Shodair revived the seminars in 2014, and Pallister has spoken at them. See Philip Pallister, "The Study of Genetic Syndromes in a Rural Setting," *American Journal of Medical Genetics*, Part C: Seminars in Medical Genetics, 166 (2014): 370–80. For Opitz, see "Strides Made in Genetic Research," *PMT* (1985), quotes pp. 4–5, in "John Opitz" Vertical File, MHS; John Opitz, interview with author, Aug. 3, 2011; John M. Opitz, "2011 William Allan Award: Development and Evolution," *American Journal of Human Genetics* 90 (2012): 392–404.

63. *Butte Montana Standard*, June 23, 1973; Pallister, bk 4, "Syndromes," 8–9.

64. Pierce Mullen, interview with author, Aug. 8, 2011.

65. Losee, *Doc*, 166; Gene Levin, as quoted in Pallister, bk 4, "Memories are Made of This," 17.

66. Pallister, bk 4, "Syndromes," quote pp. 1, 15; Pallister, "Pallister-Killian Syndrome."

67. Pallister, bk 4, "Syndromes," quote p. 15.

68. Pallister, bk 4, pt 2, "Setting the Stage," 15–16; bk 4, "Syndromes," 14; bk 4, "Montana Enters the World of Genetics," 7–9, 18; bk 4, "Sixties," 9–17; Losee, *Doc*, 164–71, quote p. 170; Pallister, bk 4, "Pica—Not Pika—and Other Matters," 5–6; Mary B. Cordingley and William D. James, "Tragedy of Our Institutions," *Great Falls Tribune* insert, Feb. 10, 1967, 12.

69. Pallister, bk 4, "Sixties," 11.

70. "Final Report for Montana State Training School and Hospital, Boulder, 1967," quote on 4, fldr 20, bx 6, Montana Department of Institutions, Director's Office Records, RS 471, MHS.

71. Pallister, bk 4, "Memories are Made of This," 21–27; Philip D. Pallister, Adam B. Pallister, Sarah South, Reha Toydemir,

John P. Johnson, Linda Beischel, and John Opitz, "A Deletion 13q34/Duplication 14q32.2=14q32.33 Syndrome Diagnosed 50 years after Neonatal Presentation as Infantile Hypercalcemia" *American Journal of Medical Genetics Part A* 155 (2011): 833–39.

72. *Helena Independent Record*, Dec. 10, 1960.

73. For his changing views on sterilization and the Family Living Course, see Pallister, bk 4, "Montana Enters the World of Genetics," 18–20; bk 4, "Sixties," 31–35.

74. Pallister, bk 4, "The Soul, Spirit, the Mind, the Great 'I Am,'" 1–29.

75. Philip Pallister, "Position Paper—Medical Staff of BRS&H and Montana Citizens," Aug. 9, 1975, fldr 22, bx 10, DHES.

76. Pallister, bk 4, pt 2, "Setting the Stage," 21.

77. *Billings Gazette*, Mar. 21, 1974; Pallister interview, Dec. 2010; Pallister, bk 4, pt. 2, "Seventies, 1970–74."

78. League of Women Voters of Montana, *Montana State Institutions* (Billings, MT, 1971), copy at MHS; *Great Falls Tribune*, Aug. 23, 1972.

79. Sheila M. Rothman and David Rothman, *The Willowbrook Wars: Bringing the Mentally Disabled into the Community* (Piscataway, NJ, 2005); "Tragedy of Our Institutions"; *Great Falls Tribune*, Feb. 2, 4, 1973; Pallister, bk 4, pt 2, "Seventies."

80. *Butte Montana Standard*, July 29, 1974; Pallister, bk 4, pt 2, "Seventies," 34–35.

81. *Boulder Monitor*, Nov. 8, 1973; Pallister, "Position Paper—Medical Staff of BRS&H"; Pallister, bk 4, "The Pesthole," 1–10; *Great Falls Tribune*, Oct. 17, 1973.

82. *Helena Independent Record*, Aug. 11, 12, 1975; Pallister, bk 4, pt 2, "It's Not Fun to be Called a Crook," 10–17. What bothered Pallister most were people who said, "These kids aren't worth it." Pallister interview, Dec. 21, 2010.

83. Office of the Legislative Auditor, *State of Montana Report to the Legislature, Department of Institutions Montana Developmental Center, Financial-Compliance Audit for the Two Fiscal Years Ended June 30, 1985* (Helena, MT, [1985]), MHS.

84. Pallister, bk 4, pt 2, "The Seventies, 1975," 19–20, and "To the End of Medical Practice, 1976–1982"; Abdallah F. Elias, "The Shodair Medical Genetics Department—Recent Past and Future Developments," *American Journal of Medical Genetics Part C: Seminars in Medical Genetics* 166 (2014): 381–86; Pallister, bk 4, "Soul, Spirit, the Mind, the 'Great 'I Am,'" quote p. 18; "Strides Made in Genetic Research," quote p. 5. For Pallis-

ter's cattle breed, see Pallister, bk 4, pt. 2, "Fade Out to Finis: 1983 and On," 12.

85. Mullen interview.

86. *Ibid.*

87. Pallister, as quoted in *Billings Gazette*, Sept. 8, 2003.