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Sam Lipert

University of Lynchburg, liperts858@lynchburg.edu

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A Reform of Treatment: An Analysis of the American Asylum Movement

Sam Lipert

Senior Honors Project

**Submitted in partial fulfillment of the graduation requirements
of the Westover Honors College**

Westover Honors College

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Dr. Lisa Crutchfield, PhD

Dr. Price Blair, PhD

Dr. Edward DeClair, PhD

Dr. Elizabeth Savage, PhD

Introduction

The nineteenth century was a revolutionary period for the medical field in America. While there was little regulation of the practice of medicine, there was a push towards the greater incorporation of science in the latter half of the century, and training in formalized schools increasingly became a symbol of legitimacy for physicians. This applied not only to practitioners of physiological medicine, but those who practiced psychiatric medicine as well. The nineteenth century saw both the birth and the death rattles of the American asylum, and it ushered in a new understanding of the insane – it promoted the idea that the insane were able to recover and thrive if given proper treatment, an idea that was considered revolutionary during its time. Medical superintendents, charged with running asylums and caring for their inhabitants, encouraged the spread of these ideas and did their best to enact treatments in accordance with the new understanding, something they were ultimately unsuccessful with because they found themselves overextended as patient populations grew. The nineteenth century asylum is emblematic of both the potential for progress in American medicine and the pitfalls that we see in modern medicine, as the actions of medical superintendents, though well intentioned, fostered a misplaced hope in the American people and was ultimately detrimental to the patients and families who sought help, as well as to Americans' faith in the field of psychiatric medicine.

Literature Review

The treatment of mentally ill Americans has varied widely across the last few centuries. In the nineteenth century in particular, the expansion of asylums and state-run institutions greatly influenced both the public views of insanity and the treatment of patients. There are several different models and theories surrounding mental illness and its treatment. Some from the nineteenth century have been discredited or reinterpreted in modernity but are mentioned in

secondary sources. Others are of less use to this research because they have a scientific focus rather than a social focus.

In the earliest works, there is discussion of the distinction between mind, body, and soul and attempts to attribute mental illness to a deficiency in each, something noted by Albert Deutsch throughout his 1937 work, which was noted as being one of the first studies of American trends in the treatments of mental illness. His book *The Mentally Ill in America* remains an important piece of literature in the field, though it lacks any particularly strong arguments concerning the causes of insanity and instead focuses on collecting and presenting a large amount of information encompassing the field as a whole.¹ However, it is worth referring to because it is an often referenced work in the field and the basis for modern interpretations, such as that of Gerald Grob.

Gerald Grob revitalized the field and his works have ushered in new discussion, particularly concerning the importance of Worcester State Hospital in Massachusetts. He presents a very nuanced view: it is important to acknowledge the older ideas presented by Deutsch and his predecessors, such as those concerning the diagnosis of a patient, and how little distinction was made among different ailments. An example of this would be how “insanity” is recorded as having a great number of diverse causes such as political shocks, menstruation, poor dealings in finance – it would be detrimental to not acknowledge that our current understanding of medicine is vastly different from that of the nineteenth century and that while we may observe similar symptoms among such cases, we would not diagnose insanity. Grob also “warns that

¹ Abraham S. Luchins, "The Cult of Curability and the Doctrine of Perfectibility: Social Context of the Nineteenth-Century American Asylum Movement," *History of Psychiatry* 3, no. 2 (1992), 203.

viewing the asylums as monolithic, representative institutions obscures the many uses that patients, psychiatrists, and the larger society made of the asylum.”²

There are some, such as Norman Dain, who seem to focus on the aspect of control within the asylum, and many argue that certain institutions are representative. Dain notably wrote on Eastern State Hospital, and within *Disordered Minds* he argued that the hospital’s plights, structure, and internal hierarchy are all representative of early American institutions.³ This is, broadly, a theme that many of the more general secondary sources imply. Dain also focused on the role of the medical superintendent in the asylum, diminishing the role of other staff and the role of outside influences such as shifting cultural values, regional differences including those of religion, and the general public’s definition of insanity and perception of how curable it was.

Nancy Tomes, however, “stresses the interactions of patients and staff, the relationships of patients with one another, and the consensus between doctors and families of patients about definitions of insanity and expectations about the asylum.”⁴ Like Dain, she did research on an asylum superintendent, Thomas Story Kirkbride, but she used patient-related correspondence from family members of Pennsylvania’s mentally ill. References to farmers writing of their wives, brothers of their sisters, and so forth bring more life to the institutionalized mentally ill than Dain’s references to facts and figures listed in annual reports ever will.⁵ However, by her own admission, her approach using family letters is uncommon – she noted that “the only other work using family letters to an asylum superintendent is Dale Robinson[’s] *Wisconsin and the*

² Constance M. McGovern, *Masters of Madness: Social Origins of the American Psychiatric Profession* (Hanover, NH: University Press of New England, 1985), xi.

³ Norman Dain, *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Va., 1766-1866*, (Williamsburg, Va.: Colonial Williamsburg Foundation, 1971).

⁴ McGovern, *Masters of Madness*, xi.

⁵ Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (Cambridge University Press, 1984), 96.

*Mentally Ill...*⁶ For better or worse, in the existing literature, a great emphasis is placed on insanity as a disease rather than on the person afflicted, as it focuses on insanity both in general and on the data sets compiled by medical superintendents.

There are many other approaches to the topic. Some view the topic through a detached medical standpoint, others view the same control dynamic as Dain but make the exception that institution staff should be viewed as just as influential as the superintendent. The most common views of the asylum movement, the treatment of insanity in America overall, and so forth, all correspond with current understandings of psychology and the approaches used within the field, such as the biopsychosocial approach and all of its parts individually. In general, however, the newest views currently seem to be more society-based than previously, but the social approach is still so new that very little work is available to analyze.

While there are many generalized works, such as *The Mentally Ill in America* by Albert Deutsch and *The Mad Among Us* by Gerald Grob, the literature, as it currently stands, focuses on a number of very niche topics. Many sources chose to focus on a specific hospital or institution, such as *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920* by Gerald Grob, or *Disordered Minds* by Norman Dain, which is on Eastern State Hospital during its first century of existence. Others, such as Nancy Tomes, focus on a medical superintendent by using patient records and physician notes, as seen in *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*. Few works are patient-focused, with the exception of a handful of works specifically on minorities, such as Wendy Gonaver's *The Peculiar Institution: Race, Gender, and Religion in the Making of Modern Psychiatry*. I have found only one article on the geographic inaccessibility of institutions despite

⁶ Tomes, *A Generous Confidence*, 347.

the construction of more institutions in or near populous areas in the 1840s.⁷ This is a fascinating discovery, as one would assume that the patient would be the overwhelming subject of observation and intrigue.

Numerous sources cover treatment of insanity and other ailments, almost exclusively in regard to moral treatment: how it was initially an Enlightenment-era European method of treatment that finally took root in America in the 1800s and how it differed from what came before it. Few, however, cover it in a method that breaks moral treatment down into facets we would recognize today. For example, bibliotherapy and music therapy, the therapeutic uses of reading materials and music via storytelling and self-relation, while not necessarily termed the same in the 1800s, were prime examples of how broad and diverse moral treatment was. Moral therapy was not just about the creation of healing spaces that felt good for patients to be in, nor was it strictly about reducing or eliminating the usage of restraints, and it does a grave disservice to the therapeutic method to reduce it to that. The overarching idea of treating illnesses of the mind with kindness, understanding, and so on simply is not captured well in the bulk of the existing literature, something that is only just starting to be remedied, primarily in dissertations.

There are also few secondary works specifically on public opinion of and attitudes towards insanity as a diagnosis, asylums, and their patients. There are brief mentions in the sources but the explanations they offer are fairly uninformative. For example, while partially out of the time frame examined in this piece, Dain comments on the inclusion of Black patients at Eastern State Hospital from its founding until the Civil War but offers no insight as to what Virginians as a whole thought about such inclusivity up until a separate institution for Black

⁷ J. M. Hunter, G. W. Shannon, and S. L. Sambrook, "Rings of Madness: Service Areas of 19th Century Asylums in North America," *Social Science & Medicine* (1982) 23, no. 10 (1986): 1033-1050, doi:10.1016/0277-9536(86)90262-5.

patients, Central State Hospital in Petersburg, Virginia, was built in 1870.⁸ Deutsch, though he discusses the division of the insane on the basis of how dangerous they were believed to be and the treatment that resulted, speaks minimally on topics of broader impact, such as the cult of curability, which was a group of medical professionals so dedicated to the notion of insanity being a curable disease that they were willing to falsify their data to convince the public, and its impact on the public's understanding of insanity, the increase in the number of institutions, and generally increasing public observation of the insane as media began to discuss local institutions.⁹ Likewise, while Deutsch is one of the few to discuss the "New England System," wherein the insane were auctioned off in a manner similar to slavery, he makes no mention of the opinions and emotions related to the system, other than a brief mention of how it was viewed in the North with the same disregard that Southerners had toward slavery.¹⁰ Outside of brief references to public opinions, there are limited discussions of what average people thought of the insane in the existing literature. It may be that there is no more to be said on the topic, and as such researchers do not focus on it, but the lack of inquiry does disservice to the topic as a whole.

There are very few works comparing public and private institutions within close proximity, the institutions of different geographic regions or states, and the like. There do not seem to be many secondary sources comparing two institutions that do not have a linking factor such as a shared superintendent who ends up being the focus of the comparison. There are many gaps in the literature surrounding the mentally ill of America, and the intention of this study is to

⁸ Dain, *Disordered Minds*, 19.

⁹ Albert Deutsch, *The Mentally Ill in America: A History of their Care and Treatment from Colonial Times*, (New York: 1949), 116.

¹⁰ Deutsch, *The Mentally Ill in America*, 117.

help fill in some questions of how asylums in close regional proximity compared, particularly in the state of New York.

Terminology

While certain terms used within this analysis may be outdated or carry unintended connotations, their usage remains important. For example, “insane” and “lunatic” are currently critiqued as ableist terms, and “lunacy” on its own is not a word frequently used in many modern circles. However, these are some of the terms used in the nineteenth century and earlier to describe those with a wide variety of mental afflictions, whether they fall under current understandings of mental illnesses, intellectual disabilities, or genetic disorders. Avoiding the use of these terms, while strongly encouraged when engaging with modern sources, where there is a greater distinction between different ailments, is misleading with older sources. While it is possible to make arguments concerning and to speculate about the mentally ill of history using sources that reference the “mad” or “mentally disordered,” one must remember that those terms are not synonymous with our own. Among lists of “mad” patients are also epileptics, autistic people, the Deaf, the uneducated, the poor, and many other marginalized groups; the inclusion or exclusion of each entirely depended on the time period, region, education, and views of the attending physician. Using antiquated terms not only keeps with the current literature on the subject but also helps to keep the separation between the past and the present, which is vital within medical history.

Terminology was also debated in the nineteenth century. Dr. Kirkbride, the superintendent of the Pennsylvania Hospital for the Insane, was one of many who objected to the use of “ill-selected and im-proper” terms, and their connotations.¹¹ He was notably against use of

¹¹ American Psychiatric Association, “Proceedings of the Association,” *The American Journal of Insanity* 11 (1854): pp. 37-57, [https://doi.org/https://hdl.handle.net/2027/uc1.\\$b223503](https://doi.org/https://hdl.handle.net/2027/uc1.$b223503), 44.

the terms “moon struck” and “luna” because of the progress made in the field, such as the dissolution of the myth that insanity could be tied to lunar phases, as well as “asylum” and “retreat,” citing that “there is no reason why they should not be applied to every poor house, prison or small pox hospital in the land. Both, however, originated from the best motives, the object being to banish the horrid name of ‘mad house,’ a term full of the most painful associations.”¹² Though some institutions changed their name, Kirkbride’s concern was ultimately not particularly impactful, as newspapers continued to refer to institutions as asylums and madhouses, and asylum continues to be the term remembered when referencing nineteenth century mental health centers.

Within the period of the American asylum, official diagnoses of insanity were based on two primary observations: the “*severity* and *context* of the abnormal behaviors,” which needed to be significant in the physician’s opinion, and represent a “great change in natural disposition and bearing” to qualify for diagnosis.¹³ The common person, on the other hand, noted qualities that fell under one of the following: “loss of cognitive facilities, disturbances in basic living habits, debilitating mental states or moods, and delusions or bizarre beliefs.”¹⁴ While these characteristics and behaviors would have been noted by physicians as well, an important distinction is the physician’s approach of seeking to observe multiple behaviors out of the ordinary, seeking to compare the severity of the behavior with other cases or what was considered a generally “normal” range, and looking for triggers and rational reasons behind the “madness” of the patient.

¹² American Psychiatric Association, “Proceedings of the Association,” (1844), 44.

¹³ Tomes, *A Generous Confidence*, 101-2.

¹⁴ Tomes, *A Generous Confidence*, 96.

European Foundations

Before the American asylum, much of Europe had come to the realization that there was need for reform in how madness was treated and had created institutions in which to keep those they deemed as mentally disordered. Enlightenment-era physicians generally agreed that mental disorders resulted from a mix of stressors, genetics, and physical damage to the brain. However, they could not agree on an effective way to cure any of the behaviors they observed until they began noting and sharing data from their proposed treatment plans. Some of the most notable changes in treatment of the insane originated in France and England, but advancements were made in Belgium and Italy as well.

Philippe Pinel (1745-1826) was among the first to stand against the “long-popular equation of mental illness with demoniacal possession” as well as the treatments of “bleeding, purging, and blistering.”¹⁵ Additionally, he “rejected the idea that insanity could occur only in conjunction with physical lesions,” which “made room for a psychologically oriented therapy” that he would later invent.¹⁶ He rejected particularly physical or mechanical approaches to treating mental disorders, such as the use of restraints, purgatives, bloodletting, and similar, and in their place he proposed a new method of treatment: moral treatment, which placed the highest emphasis on kindness, understanding, and creating an environment in which one could heal. Above all, Pinel focused on treating his patients with humanity. While his disinterest in insanity as a disease and his classification of madness into only four broad categories left much to be desired, his empiricism and clear dedication towards seeing his patients improve left a lasting mark not only

¹⁵ The Editors of Encyclopædia Britannica, “Philippe Pinel,” Encyclopædia Britannica (Encyclopædia Britannica, Inc., October 21, 2019), <https://www.britannica.com/biography/Philippe-Pinel>).

¹⁶ Gerald N. Grob, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920*, (Durham, N. C.: University of North Carolina Press, 1966), 10.

on psychiatry, but on his students and his readers, contributing to his title as “the father of modern clinical psychiatry.”¹⁷

Jean-Étienne Dominique Esquirol (1772-1840) was a student of Pinel’s. Esquirol, like his mentor, was intrigued by the empirical element of treating insanity, something he touched on in his 1838 work *Des Maladies Mentales, Considérées Sous Les Rapports Médical, Hygiénique, et Médico-légal*. He “was the first to combine precise clinical descriptions with the statistical analysis of mental illnesses,” which he did via implementation of Carl Linnaeus’ system of classification.¹⁸ Detailed and specific classifications of mental disorders, in conjunction with Pinel’s new therapeutic approaches, set the stage for a massive movement of humanistic and moral-driven reform in psychiatric care.

An English Quaker named William Tuke (1732-1822) was the founder of a private mental hospital, the Retreat at York.¹⁹ The Retreat was called such because it was “intended to convey the idea of what such an institution should be, namely a place in which the unhappy might obtain a refuge; a quiet haven in which the shattered bark might find the means of reparation, or of safety.”²⁰ In line with this, the York Retreat was “the first establishment in England where mental illness was regarded as something from which a person could recover.”²¹ The techniques and therapeutic systems used at the York Retreat were very similar to the ones championed by Pinel: it was “designed to create an environment in which internal self-restraint

¹⁷ Louis C. Charland, "Pinel, Philippe (1745–1826)," *The Encyclopedia of Clinical Psychology*, 1-5, (2015), <https://doi.org/10.1002/9781118625392.wbecp095>.

¹⁸ The Editors of Encyclopaedia Britannica, “Jean-Étienne-Dominique Esquirol,” Encyclopædia Britannica (Encyclopædia Britannica, Inc., January 30, 2020), <https://www.britannica.com/biography/Jean-Etienne-Dominique-Esquirol>.

¹⁹ Thomas Bewley, *Madness to Mental Illness. A History of the Royal College of Psychiatrists*. Online archive 1, *William Tuke (1732–1822)*.

²⁰ Bewley, *Madness to Mental Illness*.

²¹ “The Retreat, York, England,” Quakers in the World, Accessed October 24, 2022, <https://www.quakersintheworld.org/quakers-in-action/92/The-Retreat-York-England>.

and discipline replaced external fetters” and “the moral character of its managers and staff was indissolubly linked with therapeutic efficacy.”²²

Keeping with general trends of the Scientific Revolution, the treatment of insanity shifted away from religious means and towards pharmacology and humanistic ideas, which eventually evolved into psychiatry and therapy. “The work of Pinel, Tuke, and others led inescapably to a radical conclusion; insanity was not necessarily a chronic illness, that with appropriate treatment recovery was probable, and that investment in mental hospitals would yield a high proportion of cures.”²³ A new sense of hope encouraged the slow spread of European ideas.

American Adoption

America was founded at exactly the right time to take the best from the newest French and English models of institutionalization and treatment, as well as to encourage the new idea that insanity was curable. While some key figures were more resistant to change, all noteworthy individuals embraced the idea that insanity was curable, and that environment played a significant role in the chances of success of treatment.

Benjamin Rush (1746-1813) was a paramount figure in the early American mental health scene who believed in “humane treatment of the insane.”²⁴ Pennsylvania Hospital had a “policy of chaining the most serious cases of the mentally ill in unheated cells in the basement of the Pine Building,” a practice which Benjamin Rush ended.²⁵ However, this did not mean that Rush fully ascribed to the humanitarian approach that he read when studying Pinel’s works. Rather,

²² Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill*, (New York: Free Press, 1994), 28.

²³ Grob, *The Mad Among Us*, 29.

²⁴ Samuel Bernard Wortis, introduction to *Medical Inquiries and Observations Upon the Diseases of the Mind* by Benjamin Rush (Philadelphia: Kimber and Richardson, 1812; New York: Hafner Publishing Company, 1962), 74-5. Citations refer to the Hafner Publishing Company edition.

²⁵ Howard Sudak, "Pennsylvania Hospital's Influence on the Field of Psychiatry," <https://www.uphs.upenn.edu/paharc/features/psych.html>.

Medical Inquiries and Observations Upon the Diseases of the Mind (1812), Rush's paramount work and a keystone in medical history, is decidedly old-fashioned. While it favors the mechanical treatments of earlier periods, such as trepanation and bloodletting, the textbook did help "to spread at least some of the newer psychologically oriented therapeutic concepts," such as the emphasis on allowing patients access to a natural space such as the outdoors.²⁶

The case of Pennsylvania Hospital's mental ward demonstrated that America needed a designated facility for the mentally ill. Rather than being housed in prisons, almshouses, with family, or in hospital wards that were not equipped to handle extreme cases of insanity, the American insane had a chance to be cured if the government properly invested in mental institutions.

Moral Treatment Defined

Esquirol was the most concise and esoteric when he described Pinel's moral treatment, or *traitement moral*, as "the application of the faculty of intelligence and emotions in the treatment of mental alienation."²⁷ Each proponent had slight variations on the practice, though they all generally remained in line with Esquirol's definition. For Pinel, the French founder, moral treatment was about connecting with the patient rather than restraining them – hearing them instead of writing them off. He also claimed that recreational activities helped to fortify the mind.²⁸ Tuke, also credited with founding the practice, put a greater emphasis on a quiet, rural environment being vital for improvement.²⁹ Rush advocated for hospitalization, medical intervention, and new, less forceful forms of restraints in his concepts of moral treatment.³⁰ All

²⁶ Grob, *The State and the Mentally Ill*, 11.

²⁷ Jean E. D. Esquirol, *Des Passions* (1805), cited in Gerald N. Grob, *The State and the Mentally Ill*, 10.

²⁸ James W. Trent, "Moral Treatment," Disability History Museum (Disability History Museum), accessed November 6, 2022, <https://www.disabilitymuseum.org/dhm/edu/essay.html?id=19>.

²⁹ Trent, "Moral Treatment."

³⁰ Trent, "Moral Treatment."

three saw the importance of removing their patients from the distractions of the world as a whole, whether that meant a hospital or a rural change of scene, as well as the need for change in current practices of restraint and discipline.³¹ Likewise, they acknowledged that the patient to staff ratio needed to be fairly small for optimal treatment, as, to an extent, the treatment needed to be individualized.

Ideologically, the expectation of the treatment was that the patient played an active part in their healing, and they needed to both have hope and trust in their physician. It was a physician's duty to instill that hope and to provide a place that contributed positively to the patient's mental state. Notably, moral treatment, or moral therapy, assumed that insanity was a curable disease rather than the enduring curse it had been viewed as before.³² Outside of ideological theory, there were not particularly hard and fast rules on the particulars of the practice, so long as it fell roughly in line with what was done by its earliest proponents.

Making of the Asylum

A number of factors contributed towards the increased need for institutions to house the insane in the 1800s. As America started expanding West, the established East Coast urbanized, and the city population increased due to both increased birth rates and immigration. Urbanization was, for a time, viewed as one of the causes of insanity, given the "alleged concentration of mental illness in the northeastern states, which were the most urbanized."³³ The city was seen by some physicians as a center of corruption in all senses, which also fell in line with ideas of moral treatment needing to occur outside of the city in a more rural location when possible. In spite of that, people kept moving to cities out of necessity. The increased birth rates and adjustments to

³¹ Trent, "Moral Treatment."

³² Grob, *The State and the Mentally Ill*, 10.

³³ Norman Dain, *Concepts of Insanity in the United States, 1789-1865*, (New York: Rutgers University Press, 1964), 90.

city life created a changing family dynamic. Because of the high cost of living in the city, all possible family members had to pitch in, making it so that the mentally ill were no longer able to be cared for by family members in the same way that they were previously.

The wealthy contributed heavily to the creation of new institutions and their upkeep throughout the nineteenth century. In certain states, such as Virginia, Pennsylvania, and New York, the affluent stepped in even earlier, such as in the latter half of the eighteenth century.³⁴ Certain members of the wealthy elite argued that those such as themselves had a social responsibility to the community to use their influence and wealth to the benefit of all, such as through the foundation and ongoing support of beneficial and desirable institutions.³⁵ Such institutions naturally included hospitals, centers for education, and similar institutions, and eventually included asylums.³⁶ Certain regions, such as the Northeast, specifically New York, Pennsylvania, and Massachusetts, were better funded due to the concentration of wealth and increasing industrialization.³⁷

Religion also played a role in the development of the asylum and its early reliance on moral therapy. Protestantism, prevalent in the Northeast, began to take on themes of the innate goodness of man, the need for balance between the secular and the spiritual, and universal salvation – all themes that featured heavily in moral treatment.³⁸ This was especially significant as in centuries before, mental illness was believed to be caused by demonic possession and a lack of religion, among other reasons. In comparison, Protestantism in the nineteenth century

³⁴ Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York, NY: Free Press, 1973), 50.

³⁵ Grob, *Mental Institutions in America*, 50.

³⁶ Grob, *Mental Institutions in America*, 50.

³⁷ Andrew Scull, "The Discovery of the Asylum Revisited: Lunacy Reform in the New American Republic," in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1982), 150.

³⁸ Tomes, *A Generous Confidence*, 99.

preached the idea that anyone could be saved, and with the cult of curability proposing that insanity was not a problem of faith but an entirely curable medical issue, Americans in the North were willing to try to help members of their communities.

AMSAAI and Structure of the Asylum

The medical superintendent was the main authority figure in the American asylum during the mid-nineteenth century. Many fit a fairly similar demographic: white, middle-class men with Protestant backgrounds and some college or medical experience.³⁹ In 1844, thirteen medical superintendents came together to found the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI). The members were as follows: Samuel Woodward, Samuel White, Thomas S. Kirkbride, William Maclay Aul, Luther Bell, Isaac Ray, Amariah Brigham, Nehemiah Cutter, Charles H. Stedman, John Butler, Pliny Earle, Francis Stribling, John M. Galt II.⁴⁰ AMSAAI was intended to provide the professional community of medical superintendents with a forum in which to discuss practice, share findings, and learn new approaches. AMSAAI also published a journal out of Utica State Lunatic Asylum, known at that time as the *American Journal of Insanity*, now known as the *American Journal of Psychiatry*.

There was some debate over whether asylums and other structures should be funded publicly or privately. Grob notes that “[b]efore the Civil War the line of demarcation between the public and private sector was at best blurred. In many instances the public-private distinction simply did not exist in the minds of most Americans or within the framework of existing practices.”⁴¹ This was reflected in the early days of the asylum, as some of the oldest mental

³⁹ Grob, *Mental Institutions in America*, 136.

⁴⁰ Aaron Levin, “APA’s 13 Founders Were Dedicated to Specialty Still Trying to Find Its Way,” *Psychiatric News* (American Psychiatric Association, January 15, 2019), <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2019.1b25>.

⁴¹ Grob, *Mental Institutions in America*, 15.

health facilities, such as the Hartford Retreat and certain asylums of New York were, for a time, semi- or quasi-public institutions before state hospitals existed, and once possible, they became fully private.

There was good reason for the distinction between public and private institutions. Not only did each draw in vastly different patient populations, but they inspired various levels of confidence from the public. At this point, there was still a general wariness surrounding the hospital, as well as reluctance to send away and confine family members in what was a new establishment in society.⁴² The field of psychiatry needed to prove itself as a legitimate branch of medicine, and asylums needed to secure funds. The obvious solution to this problem was for early asylums to establish a population of upper-class clientele, which is, in part, why initial institutions tended to be only semi-public before becoming entirely private.⁴³ The issue of legitimacy was largely solved by the success of early institutions such as McLean Asylum in Massachusetts, Bloomingdale Asylum in New York, and the Hartford Retreat in Connecticut, as well as via the annual reports of institutions throughout the nineteenth century.⁴⁴

After psychiatry was fairly established, the issue of finding patients became null and void in public institutions, though private ones still faced challenges.⁴⁵ For example, private institutions needed to concern themselves with asylum design to a much greater extent than public institutions – “the success of a private establishment depended directly upon its ability to attract a well-paying clientele that required superior accommodations and an impressive

⁴² Andrew Scull, “The Social History of Psychiatry in the Victorian Era,” in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1982), 11.

⁴³ Scull, “The Social History of Psychiatry,” 11.

⁴⁴ Scull, “The Discovery of the Asylum,” 153.

⁴⁵ Scull, “The Social History of Psychiatry,” 11.

regimen.”⁴⁶ This led medical superintendents to follow the Kirkbride Plan, first illustrated in Kirkbride’s 1854 treatise *On the Construction, Organization and General Arrangements of Hospitals for the Insane*. Institutions built in the mid to late 1850s and after were much more able to comply with his ideas, which included notions about locating the hospital “outside a city of some size, easily accessible by train and good roads” yet also in “a secluded area, to provide the patients with ample privacy.”⁴⁷ The Kirkbride Plan gave detailed instructions on the construction of the ideal asylum, going so far as to include diagrams and floor plans meant to maximize the separation between wards, encourage good ventilation, increase natural light, and proactively reduce certain concerns with insane patients, such as those associated with self-harm and suicide, in order to create an environment thoroughly dedicated towards the improvement and healing of patients.⁴⁸ Most notably, Kirkbride’s designs mirrored one of the foundational beliefs of AMSAII and of American moral treatment: “the superintendent’s absolute control of the hospital environment.”⁴⁹

Kirkbride’s ideas were so well received that some superintendents renovated and added onto their institutions in order to accommodate these plans, such as Worcester State Hospital in Massachusetts, Columbus State Hospital in Ohio, and Hudson Lunatic Asylum in New York. However, the Kirkbride Plan had some inherent flaws, such as the long period of time it took to build what is now known as a Kirkbride building, and the layout of large floors, which would

⁴⁶ Nancy Tomes, “A Generous Confidence: Thomas Story Kirkbride’s Philosophy of Asylum Construction and Management,” in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1982), 123.

⁴⁷ Tomes, “A Generous Confidence,” 131.

⁴⁸ Tomes, “A Generous Confidence,” 132-5.

⁴⁹ Tomes, “A Generous Confidence,” 138.

have hindered the effectiveness of staff, limiting some features of moral treatment as staff would not be able to give patients the individualized care featured in the therapeutic approach.

However, both private and public institutions sought to rid themselves of certain patient populations. In private and public institutions, the issue of chronic or incurable insane patients became increasingly problematic. This was noted clearly with Bloomingdale Asylum, wherein the superintendent claimed that “the House is filled with a mass of chronic and incurable cases.”⁵⁰ Such cases contributed to the problem of overcrowding, which most institutions fell victim to several times. There was no proper solution – in the case of Bloomingdale, some of the incurable patients were sent to public institutions such as Utica, but that was not a viable solution in all areas or at all times and still allowed for the build-up of chronic cases in each institution.

The Connecticut State Medical Society’s 1821 report offered a dismal outlook on the successes because, with only a moral framework, “their treatment is feeble compared to the lofty conceptions of truly combined medical and moral management.”⁵¹ This criticism led to an increased reliance on traditional pharmaceuticals, namely opium and morphine.⁵² However, even an increased use of medicine within asylums was not enough for some critics.

For instance, neurologists and asylum superintendents had vastly different approaches to insanity – one based in science, and one based in morality. In the 1870s, the two groups came

⁵⁰ Cited in Andrew Scull, “The Discovery of the Asylum Revisited: Lunacy Reform in the New American Republic,” in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1982), 158.

⁵¹ Connecticut State Medical Society, *Report*, 1821, in Andrew Scull, “The Discovery of the Asylum Revisited: Lunacy Reform in the New American Republic,” in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1982), 151.

⁵² Scull, “The Discovery of the Asylum,” 151.

head-to-head.⁵³ Like the medical superintendents before them, neurologists were disillusioned with current medical practices of their time and sought to solve the issues they saw there, one being the increasing emphasis on the merely managerial role of the superintendent, as well as the issue of asylums and their superintendents only caring for rather than treating the chronic insane.⁵⁴ The conflict brought into question the hard-won legitimacy of the asylums and their superintendents, something only exacerbated by the reports of abuse from previous asylum patients and the onslaught of muckrakers during the same time.⁵⁵

While some sources suggest that certain patient reports of abuse were not entirely truthful, there is no doubt that horrifying practices did occur in asylums, and that certain methods of control and structure went directly against moral treatment. For example, while Pinel's description of moral treatment explicitly condemned the use of restraints and force, certain American physicians did not shy away from using methods that would now be seen as barbaric on an as-needed basis during the early days of the asylum, with use increasing as time went on. Dain reports that unruly patients were threatened with punishments like cold showers, hand and foot straps, confinement in bed or a dark room, or being trapped in a straitjacket, but supposedly patients never fell victim to a blow from a whip or chain.⁵⁶ However, corporal punishment was not the most concerning threat to inmates, as questionable forms of restraint were in use. One of the methods of restraint in use was the Utica Crib, a hospital bed with barred slats on the sides and a hinged lid which was locked from the outside. Developed in France, the intention of the

⁵³ Bonnie Ellen Blustein, "'A Hollow Square of Psychological Science': American Neurologists and Psychiatrists in Conflict," in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, ed. Andrew Scull (Philadelphia, PA: University of Pennsylvania Press, 1982), 242.

⁵⁴ Grob, *The Mad Among Us*, 130.

⁵⁵ Grob, *The Mad Among Us*, 135.

⁵⁶ Dain, *Concepts of Insanity*, 117.

device was to restrain those who paced during the night.⁵⁷ It was introduced to America as early as 1846 at the State Lunatic Asylum at Utica, initially to help those who wandered in the nights, but by 1855, superintendents recognized its potential for restraining destructive patients as well, and said as much at the AMSAII meeting that year.⁵⁸ Thomas Kirkbride, who practiced a form of nonrestraint at Pennsylvania Hospital for the Insane, was the only AMSAII member present at the 1855 meeting to stand fully against its usage and claimed that he “never saw [physical restraint] in use without a feeling of mortification, nor without asking himself whether it was really necessary.”⁵⁹ His peers did not have the same reservations. While many claimed that restraint was largely unnecessary, there was debate over whether mechanical restraint or seclusion was a better method of treatment.⁶⁰ Dr. Gray of Utica claimed that “the strong rooms at Utica had not been much used for several years” for restraint and seclusion, but mentioned that “the floors were in a decayed state. It was therefore deemed advisable to remove them about eighteen months ago.”⁶¹ It is possible that other institutions championed restraint, seclusion, or pharmaceuticals for similar reasons.

Patients of the Asylum

There were a wide variety of different patient populations in the asylum in the nineteenth century. One of the most divisive was those known as the “pauper insane.” They consisted of a variety of people united by one factor: they were unable to pay for their own care and were forced to rely on public welfare. Often relegated to state institutions once they existed, the

⁵⁷ Jennifer L. Bazar, “The Utica Crib: Biography of an Unknown Barbarous Object.” *History of Psychology* 18, (2015), 134.

⁵⁸ Bazar, “The Utica Crib,” 136.

⁵⁹ Tomes, *A Generous Confidence*, 198.

⁶⁰ American Psychiatric Association, “Proceedings of the Association,” *The American Journal of Insanity* 12 (1855): pp. 39-101, [https://doi.org/https://hdl.handle.net/2027/uc1.\\$b223504](https://doi.org/https://hdl.handle.net/2027/uc1.$b223504), 92.

⁶¹ American Psychiatric Association, “Proceedings of the Association,” (1855), 92.

pauper insane of the nineteenth century received worse care than other patients regardless of where they were in the country. However, for a short time, the pauper insane in the northeast were able to attend private institutions, where they likely received the best care overall.

The spread of state asylums in the 1830s and 1840s polarized the patient populations over time. Certain institutions, such as McLean, immediately stopped accepting pauper insane upon the opening of state asylums, while Bloomingdale did so gradually.⁶² In either case, there was defined separation of different classes. Within New York City, the insane poor were initially kept at Bloomingdale or the almshouse, but after 1825, they were mostly relegated to Blackwell's Island, a site that was used as an asylum, an almshouse, a prison complex, and other state-run institutions.⁶³

To some extent, asylums were more accessible in their early years to the underprivileged. In New York, the New York Hospital agreed to take on pauper insane if the local population paid \$2 a week in funding, which still left some financial responsibility on the hospital itself.⁶⁴ These patients, though not treated as well as the wealthy, were still able to benefit from a reasonably well-funded institution with a fairly small patient population – something made impossible in later years as private and public institutions evolved and devolved in radically different ways.

In addition to the paupers, the chronic insane constituted another noteworthy patient population. These were patients who were viewed as needing long-term and sometimes even permanent care. They were the incurable cases, the failures of modern medicine that managed to vanish in the system. While some institutions, such as Willard Asylum in New York, were meant to serve the chronic insane, most facilities discharged patients who did not recover.⁶⁵ This was

⁶² Scull, "The Discovery of the Asylum Revisited," 157.

⁶³ Grob, *The Mad Among Us*, 51.

⁶⁴ Grob, *Mental Institutions in America*, 71.

⁶⁵ Grob, *The Mad Among Us*, 105.

done for a variety of reasons: one was to free up beds in public institutions for those who might recover or those who might pay, another was to be able to write off the discharge as a “cured” patient rather than a failed recovery.

Bloomingtondale Asylum

The Bloomingtondale Asylum opened in 1821 as an independent extension of the New York Hospital; it eventually closed in 1889.⁶⁶ It was created partially due to the spread of ideas between the English and American Quakers, namely Thomas Eddy. Thomas Eddy was “[h]ighly active in many of the Quaker-inspired reforms of the period,” which is likely how he learned of moral treatment, as well as via a mutual friend with the Tuke family in England.⁶⁷ He, along with Samuel Tuke (grandson of William Tuke) brought the practice to New York’s attention, and the “New York legislature voted an annual subvention of \$10,000 to support the erection of more extensive accommodations for the insane.”⁶⁸ It was run by Pliny Earle, who served as the medical superintendent at Bloomingtondale Asylum, from 1844 until 1855.⁶⁹ He was a proponent of moral treatment and was well acquainted with a number of the reformers of the day, including but not limited to Pinel and his student Esquirol, William Tuke, and Dorothea Dix.⁷⁰ He was also a founding member of AMSAIL.

Of the early private hospitals, Bloomingtondale was the largest, and it was uniquely privileged in its early years in that it was easily able to institute moral treatment, something that institutions decades later would struggle with due to unreliable funding and overcrowding.⁷¹

⁶⁶ Dain, *Disordered Minds*, 38.

⁶⁷ Scull, “The Discovery of the Asylum Revisited,” 147.

⁶⁸ Scull, “The Discovery of the Asylum Revisited,” 147.

⁶⁹ William A. Frosch and Diane Richardson, “Pliny Earle, M.D., 1809–1892,” *American Journal of Psychiatry* 161, no. 11 (2004), doi:10.1176/appi.ajp.161.11.1989.

⁷⁰ Frosch and Richardson, “Pliny Earle, M.D., 1809–1892.”

⁷¹ Grob, *Mental Institutions in America*, 68.

Despite the so-called cult of curability, wherein physicians would knowingly falsify their data in order to manipulate public opinion of asylums, which is referenced by historians Albert Deutsch and Abraham Luchins, and was critiqued by medical superintendent Pliny Earle, Grob suggests that the claims of 1,762 discharged, including 672 as “cured” and 104 as “much improved” of the 1,841 patients admitted between 1821 and 1844, are accurate.⁷² Grob’s defense of such is that the diagnosis of “cured” was reliant on the perception of the attending medical superintendent – “when discharging a patient who had recovered, early nineteenth-century psychiatrists were simply stating that in their judgement the individual concerned was able to function at a minimally acceptable level in an average familial and societal setting.”⁷³ While true, one cannot overlook the intentional inaccuracies known to have occurred in the nineteenth century in the exact period Grob implies to be fairly accurate. For example, Deutsch noted that falsified, “unscientific statistics” were “skillfully exploited as major arguments for the erection of mental hospitals” and “constituted, indeed, a powerful stimulus to the asylum-building movement during the 1830’s and ‘40’s” – fifteen years of the Bloomingdale data period that Grob implies is reliable.⁷⁴ That being said, there is good reason to believe the statistics of the mid to late 1840s at the Bloomingdale Asylum – Pliny Earle, the superintendent of that period, notably criticized the practices of the cult of curability. However, even then, there is doubt about the validity of Earle’s data, as “Earle was not above misusing statistics in order to prove their misuse by others.”⁷⁵ At this point in time, there is no way to know with any degree of certainty that any of the self-reported figures, related to Bloomingdale or any other institution, are entirely accurate.

⁷² Grob, *Mental Institutions in America*, 68.

⁷³ Grob, *Mental Institutions in America*, 68.

⁷⁴ Albert Deutsch, "The Cult of Curability, its Rise and Decline," *American Journal of Psychiatry* 92, no. 6 (1936): 1261-1280, doi:10.1176/ajp.92.6.1261, 1265.

⁷⁵ Constance M. McGovern, "The Early Career of Pliny Earle: A Founder of American Psychiatry" (1971), *Masters Theses 1911 - February 2014*, 11-2.

While Bloomingdale was a private institution in most manners, it was not exclusively privately funded as others were. Rather, Bloomingdale “received public subsidies far greater than similar grants given [to] other private hospitals.”⁷⁶ Additionally, the institution initially cared for a fair-sized population of pauper insane until the 1840s on account of the government grants it received.⁷⁷ Initially, in 1828, 17 percent of the total patient population was pauper insane, and a decade later, in 1839, the number had exploded to 40 percent.⁷⁸

The institution became fully private not long after, once other institutions in New York, such as a ward in Bellevue Hospital, Utica State Lunatic Asylum, and the Lunatic Asylum on Blackwell’s Island, became available for the pauper insane and those with smaller pocketbooks. Bloomingdale then aimed to market to those “indigent persons of superior respectability and personal refinement.”⁷⁹

Utica State Lunatic Asylum

Utica State Lunatic Asylum was one of the most influential state hospitals of its time.⁸⁰ It was open from 1843 until 1977 and went by a variety of different names, the most popular of which were the New York State Lunatic Asylum at Utica, Utica State Lunatic Asylum, and Utica State Hospital. Amariah Brigham was the first medical superintendent of the institution, and he served from 1842 to 1849. He was one of the initial founders of AMSAII, and died while working at Utica. He was replaced by John P. Gray, who served as superintendent of Utica for three decades, 1849 to 1886, and during that time he also edited the *American Journal of Insanity*

⁷⁶ Grob, *Mental Institutions in America*, 63.

⁷⁷ Grob, *Mental Institutions in America*, 71.

⁷⁸ Grob, *The Mad Among Us*, 37.

⁷⁹ Grob, *Mental Institutions in America*, 71.

⁸⁰ Scull, “The Discovery of the Asylum Revisited,” 156.

for AMSAII.⁸¹ Despite the changes in leadership, Utica continued to try to implement moral therapy as well as possible.

Ultimately, Utica focused more on pharmaceuticals and restraint to maintain order, breaking with moral treatment.⁸² However, in its early years, Utica State Lunatic Asylum had a number of practices and funding allocated for moral therapy. The institution had a patient-run newspaper, *The Opal*. It emerged in the 1850s, was published monthly, and was likely intended to be a part of moral treatment at the institution, as writing therapy is a part of bibliotherapy, and writing is still used in conjunction with talk therapy and medication today. However, it also detailed some aspects of moral treatment at the institution. In its many volumes, *The Opal* captured a semblance of the life of patients at the New York State Insane Asylum in Utica. It featured notes on events held with the local community, book reviews, poetry, commentary on current events, and more. It painted a mixed view of the asylum through the lenses of personal experiences. For example, the best-known short story from the paper is one told in an epistolary manner from the point of view of a visitor, and it details the asylum in a peaceful manner.

A bow window down at the end lights this apartment. Ladies are seen gliding to and fro from rooms which open on either side. You will be kindly offered a place on one of the nice settees, and a group surrounds you; kindly words of greeting meet you; all are busy, as in a home parlour -- some with book, -- some with needle -- all look happy, in neat and becoming attire. The rich and poor meet here without livery or pride, each maintaining true self-respect; for each is content and helps to bear the burthen of the other. To the spirit of goodness is allotted the highest seat. Grace here abounds.⁸³

The unknown author continues to wax poetically about the niceties of the asylum, saying such things as “Some doors are shut; no one enters without a knock; for each one is mistress of her

⁸¹ Grob, *The Mad Among Us*, 135.

⁸² Dwyer, *Homes for the Mad*, 4.

⁸³ “Life in the Asylum,” *The Opal* (Utica, NY: The New York State Insane Asylum in Utica, 1855), <https://www.disabilitymuseum.org/dhm/edu/detail.html?id=1240&annotations=12¶graphs=1-2%2C4-5%2C7-9>.

own apartment, and may live in solitude or company, according to her mood” implying that the asylum keeps with social niceties.⁸⁴ Likewise, they praise what the facility has to offer, particularly the library: “here is the mind fed from the purest literature of the past and present age; and here we must commend the authorities laid open for strengthening reason and purifying the heart...No parent need fear to feed his child's mind from the "Opal Library."”⁸⁵

However, all of the positive notes on the institution are brought into question in the opening of the second letter: “DEAR FRIEND: -- I can't get out.”⁸⁶ From there, the piece grows cynical about the asylum and its keepers, with comments such as “The master, man, makes me a lunatic in these walls. He will not let me pass *his* door,” and “I look for a champion knight. The Doctor is the champion knight here, and his process is one of bitter pills. I would walk beyond these bounds. You must ask the Doctor. The Doctor! I did not come here to be ruled by the Doctor.”⁸⁷ Within the passage, the author vents frustrations with the superintendent, the treatment method, and most notably the concept of submission to the superintendent.

There is little mention of the newspaper outside of other texts about the asylum at Utica, but given that Utica was already a publishing hub for the *American Journal of Insanity*, as well as the open lines of communication among AMSAII members, it is not beyond reason that *The Opal* may have had more readers than it knew. It was proudly mentioned in the American Journal of Insanity’s annual report in 1852, claiming that it was both popular and was known for its “extensive diffusion.”⁸⁸ There is not, however, substantial reason to believe that patients in other institutions knew of *The Opal*, or that other New York institutions were directly influenced

⁸⁴ “Life in the Asylum.”

⁸⁵ “Life in the Asylum.”

⁸⁶ “Life in the Asylum.”

⁸⁷ “Life in the Asylum.”

⁸⁸ American Psychiatric Association, “Reports of Hospitals for the Insane,” *The American Journal of Insanity* 9 (1852): pp. 167-207, [https://doi.org/https://hdl.handle.net/2027/uc1.\\$b223501](https://doi.org/https://hdl.handle.net/2027/uc1.$b223501), 183.

by this particular patient-published newspaper, as there is no mention of other institutions purchasing copies of *The Opal* listed in the program of the annual AMSAII meeting at any point during the 1850s.

In spite of small comforts such as *The Opal*, Utica was an institution with an uncertain reputation among patients, with some detesting it and some finding it to be a sanctuary. Utica's patient population was, in the 1840s, more diverse than Bloomingdale's during the same period. It was one of several institutions that received pauper and incurable patients from Bloomingdale, but, while technically a state institution, Utica also accepted similar patients to Bloomingdale – it took in many private patients who were unable to find room in or the money for the private asylums.⁸⁹ However, Utica also discharged 30-40 percent of its patients each year.⁹⁰ This was, in part, to alleviate the strain of such a large patient population. Utica unfortunately also discharged patients because of the so-called cult of curability, and because of increasing pressures to “cure” as many patients as possible during the terms of its first medical superintendents.

Blackwell's Island Lunatic Asylum

Blackwell's Island Lunatic Asylum, also known as New York City Asylum, like Utica, was intended to be a place of moral treatment but was overwhelmed by incurable and pauper patients, many of whom the Governor claimed were not residents of New York.⁹¹ This rendered it incapable of providing the care it otherwise might have. It opened on June 10, 1839.⁹² Unlike the

⁸⁹ Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*, (New Brunswick, N.J: Rutgers University Press, 1987), 3.

⁹⁰ Grob, *The Mad Among Us*, 114.

⁹¹ "Work of the New York Legislature." *New York Herald*, February 3, 1857, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003606197/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=76fe5f1c.

⁹² Medicus, "Lunatic Asylum, Blackwell's Island," *New York Herald*, February 26, 1844. *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3013966830/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=ab57f6fa.

other institutions, it was plagued by innumerable issues even prior to the admission of patients, and its failures were regularly recorded in the newspaper.

Blackwell's Island was first intended to house only a penitentiary, and a "secret session of the Board" decided to purchase the island for the sum of \$32,500 in 1828.⁹³ Only a few years later "[i]n 1834, when the insane had become so numerous that they could not be suitably provided for in the basement story of the Bellevue hospital, (now a part of the house of refuge), an energetic movement was made in the Common Council to erect a building for them, which should be large enough to accommodate 150" patients.⁹⁴ While well intentioned, things quickly fell into ruin.

In 1838, the Board of Aldermen appropriated approximately \$20,000 to the building of a "mad house" on the island.⁹⁵ However, in May of 1839, only one wing had been built, and for the much greater sum of \$132,645.40, which the *New York Spectator* attributed to lack of competency among the Board.⁹⁶ However, in spite of an incomplete structure, the site was in use less than a month later. Sarah Rutherford, "an inmate of the Insane Ward" died by suicide in July of the same year, potentially the first in a long line of unfortunate patients.⁹⁷ An August report

⁹³ "Improvements," *New York Spectator*, July 8, 1828, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003747861/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=1ec2d224.

⁹⁴ "The Lunatic Asylum of the City of New York," *New York Herald*, June 20, 1848, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003570993/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=cce3df90.

⁹⁵ "Board of Aldermen," *New York Herald*, May 15, 1838, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3013928474/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=5daffbfe.

⁹⁶ "Board of Aldermen," *New York Spectator*, May 23, 1839, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3013978721/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=6098ee28.

⁹⁷ "An inquest was held at Blackwell's Island, on the body of Sarah Rutherford, an inmate of the Insane Ward, who put a period to her existence by suspending herself to one of the greatest of her window," *New York Herald*, July 22, 1839, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3013931441/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=a94dfb5b.

listed the patient population as being 95 men and 105 women for a total of 200.⁹⁸ The total number of deaths at the asylum on Blackwell's Island in 1839, after only having been open for six months, was 35 patients.⁹⁹

In December of 1840, a motion by the Committee of Charity to spend \$30,000 was adopted to enlarge the asylum.¹⁰⁰ Some were in favor of "appropriating an additional \$15,000, for extra accommodation for the Lunatics confined on Blackwell's Island" but fortunately for the city and unfortunately for the patients, "this resolution was lost, and the original motion carried."¹⁰¹ A few months later in 1841, there were motions toward building a women's ward, which faced some resistance, though it was resolved.¹⁰² In October of that year, the Board of Aldermen ruled in favor of "contracting with Mack Oakley to build a mad-house on Blackwell's Island, for the sum of \$25,000," presumably the women's ward.¹⁰³ No further notes on the project made it into the local newspapers. When Charles Dickens toured the United States in 1842, he commented

⁹⁸ O. M. Lownds and F. S. Winston, "Presentment," *New York Spectator*, August 22, 1839, *Nineteenth Century U.S. Newspapers*,

https://link.gale.com/apps/doc/GT3003805184/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=ba25af3d.

⁹⁹ "Bill of Mortality for 1839," *New York Spectator*, February 27, 1840, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003813673/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=135e8bf8.

¹⁰⁰ "Board of Aldermen," *New York Herald*, December 15, 1840, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3015660126/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=187c774d.

¹⁰¹ "Mr. Davies said it was a small; business," *New York Herald*, December 22, 1840, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3015660310/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=cfe23698.

¹⁰² "Board of Assistants," *New York Spectator*, July 21, 1841, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003822395/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=6accbb57.

¹⁰³ "Board of Aldermen, Oct. 18," *New York Spectator*, October 20, 1841, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003825550/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=e1c260e1.

that while “[t]he building is handsome; and is remarkable for a spacious and elegant staircase,” the asylum was “not yet finished.”¹⁰⁴

In July of 1843, a Mr. Morse reported that there were 332 people in the asylum on Blackwell’s Island. However, the conditions for those individuals were very likely already horrible in spite of the local government’s actions. In 1844, a report in the *New York Herald* read:

The accommodations [of Blackwell’s Island Lunatic Asylum] consisted of two buildings, containing 192 small apartments for over 300 inmates. Mush, rice, bread and molasses, often of an inferior quality, together with vegetable soup, only four times a week for dinner, constituted, with scarcely any variation, the diet. – The clothing was the same as that of the common Almshouse pauper, and the supply was often scant.¹⁰⁵

In spite of this, the Grand Inquest in and for the City and County of New York deemed the institution to be “deserving of the highest praise. Order, care, cleanliness, and every attention to the comfort of its unfortunate inmates that humanity can devise, or art perform, is to be observed in every ward.”¹⁰⁶ Almost two years later in 1845, a new wing was under construction to help house the then 430 patients.¹⁰⁷

In February of 1858, the Island Hospital, previously part of the penitentiary, was destroyed by a fire. In the wake of the fire, it was discovered that “for some years it ha[d] been considered

¹⁰⁴ Charles Dickens, *American Notes for General Circulation and Pictures from Italy*, (London: Chapman & Hall, Ltd., 1913), Retrieved from <https://www.gutenberg.org/cache/epub/675/pg675-images.html>.

¹⁰⁵ Justitia, "Lunatic Asylum Blackwell's Island," *New York Herald*, March 2, 1844, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3013969768/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=f9a9e96e.

¹⁰⁶ Richard Irvin and Thomas Walker, "Presentation of the Grand Jury to the Court of Sessions," *New York Herald*, March 25, 1844. *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3013970640/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=6fb8008b.

¹⁰⁷ "Law Intelligence," *New York Herald*, July 17, 1847, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003562240/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=6a1117c5.

unsafe, and many thousand dollars [had] been expended in bracing it up with iron straps.”¹⁰⁸ A reporter for the *New York Herald* claimed that “The walls, now laid bare, show that the work was originally done in an outrageously slipshod manner,” with facings filled with “cobble and other loose stones” and with loam instead of sand.¹⁰⁹ While this does not clearly indicate that the asylum on Blackwell’s Island was as poorly constructed, it does demonstrate the lack of attention paid by all supervising parties, such as the Board of Ten Governors, the Board of Aldermen, and others. Moreover, the cost of original construction at \$40,000 with ongoing maintenance indicates the poor planning and budgeting done by those in control of the institutions on Blackwell’s Island, which likely does reflect the conditions of the asylum.¹¹⁰

In spite of the outrageous amount of negligence involved in the funding and construction of institutions on Blackwell’s Island, the local government still planned to continue on as they had until the *New York Herald* noted something peculiar:

A few months ago the Ten Governors were actively engaged in procuring plans for building an additional wing to the present edifice, but for some unexplained reason the whole matter was dropped, and as a consequence, the physicians at the institution are unable to meet with that success in their treatment which, under more advantageous circumstances, they otherwise would.¹¹¹

No further explanation as to why the new wing was not constructed appeared in the local newspapers, but the event marked the end of talk of expanding the asylum any further. However,

¹⁰⁸ "Blackwell's Island Hospital Destroyed by Fire," *New York Herald*, February 14, 1858, *Nineteenth Century U.S. Newspapers*, https://link-gale-com.ezproxy.lynchburg.edu/apps/doc/GT3003632384/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=8ed2f326.

¹⁰⁹ "Blackwell's Island Hospital Destroyed by Fire."

¹¹⁰ "Blackwell's Island Hospital Destroyed by Fire."

¹¹¹ "City Intelligence," *New York Herald*, August 29, 1859, *Nineteenth Century U.S. Newspapers*, https://link-gale-com.ezproxy.lynchburg.edu/apps/doc/GT3003647664/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=f51f3112.

the island remained under constant construction as increasingly diverse institutions were added. For example, in 1861, there were motions to add an infant's nursery to the island.¹¹²

To make things even worse, following the "mutilation by rats of a new-born infant at the Bellevue Hospital," the Board of Almshouse Commissioners investigated the conditions of local institutions and found that the "Almshouse and other public institutions at Blackwell's Island are literally swarming with rats. As many as forty of those vermin were killed on Wednesday night in one bath tub."¹¹³ No other reports made the newspaper on the topic, but the situation with the rats indicates how poorly maintained the asylum was.

Unfortunately, the physical structure of the asylum was not the only subject of concern. The public had concerns about the relationship between the staff, particularly the medical superintendent, and the patients. A description of the asylum from a source only known as P. I. A. D., listed under "Correspondence of the Herald," made a point of the controlling aspect of the medical superintendent's position though their word choice when noting that patients were "allowed by the doctor the privilege of walking throughout the whole island," implying that patients had little say over their own lives while institutionalized.¹¹⁴ Likewise, investigative journalist Nellie Bly voiced the same concern when she wrote "I shuddered to think how

¹¹² "Commissioners of Charities and Correction," *New York Herald*, January 19, 1861, 5, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003700132/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=c8d6cb59.

¹¹³ "The News," *New York Herald*, April 27, 1860, *Nineteenth Century U.S. Newspapers*, https://link-gale-com.ezproxy.lynchburg.edu/apps/doc/GT3003662211/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=7baf7a0f.

¹¹⁴ Correspondence of the Herald, "Blackwell's Island," *New York Herald*, June 18, 1843, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3015670173/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=3c1f955d.

completely the insane were in the power of their keepers, and how one could weep and plead for release, and all of no avail, if the keepers were so minded.”¹¹⁵

Technically, the asylum at Blackwell did not have a medical superintendent for the first decade of its existence. It was run by assistant physicians from Bellevue Hospital until Dr. M.H. Ranney was appointed in 1847.¹¹⁶ He was paid \$600 per year for his services.¹¹⁷ At the same time, the hospital system was reformed and according to the *New York Herald* “[b]y this new arrangement of the Hospitals at Bellevue, Blackwell’s Island and the Lunatic Asylum, will all be placed under the medical control of the most eminent of our physicians and surgeons, assisted by younger members of the profession...”¹¹⁸ For the purpose of this examination, the new arrangement made little difference in how the asylum at Blackwell’s Island was run, with the only major difference seeming to be that Dr. M.H. Ranney was commonly referred to as a resident physician by the papers, though he was still considered to be a medical superintendent by his contemporaries and remained a member of AMSAII until his death.¹¹⁹

Dr. Ranney inherited a disastrous asylum, something he arguably was never able to bring to a state of efficiency. In 1848, a report claimed:

in the present state of the asylum on Blackwell’s Island, physicians will not advise patients to be sent, and relatives will not take friends there, unless excluded from every other hospital; or where the subject has become so violent that nothing else can be done; or until so much

¹¹⁵ Nellie Bly, “Ten Days in a Mad-House,” University of Pennsylvania Digital Library (New York: Ian L. Munro, 1877), <https://digital.library.upenn.edu/women/bly/madhouse/madhouse.html>.

¹¹⁶ J. Curwen, *History of the Association of Medical Superintendents of American Institutions for the Insane, from 1844 to 1884, Inclusive: with a List of the Different Hospitals for the Insane, and the Names and Dates of Appointment and Resignation of the Medical Superintendents: Compiled from the Records* (Warren, PA: E. Cowan & Co., 1885), <https://hdl.handle.net/2027/loc.ark:/13960/t39038h9x>.

¹¹⁷ “Medical Department of the Alms House,” *New York Herald*, July 30, 1847, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003562880/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=7f17d0b6.

¹¹⁸ “Medical Department of the Alms House,” *New York Herald*, October 7, 1847, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003563291/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=236cc993.

¹¹⁹ Curwen, *History of the Association...*

time has been lost at home in vain efforts of restoration, that the chances of recovery are much diminished.¹²⁰

In light of reports such as this, Ranney defended the integrity of the institution. For example, when news circulated that an alleged lunatic and murderer had supposedly been released from Blackwell's asylum, Ranney was quick to note that the man had never been a resident of the institution, and that the coroner's report had not made the correction.¹²¹ Unfortunately, the bad press surrounding the asylum never stopped. In 1852, approximately 107 of those in Blackwell Lunatic Asylum died.¹²² According to a compilation of asylum data listed from three years later in 1855, 100 of the 926 patients of the asylum at Blackwell's Island died, and there was no data on those released as recovered.¹²³ By comparison, New York Hospital and Bloomindale Asylum combined had 234 patients, 19 of whom died and 52 of whom were discharged.¹²⁴ Utica State Lunatic Asylum had 725 patients, only 32 of whom died, and 128 of whom were discharged.¹²⁵ Of the three institutions in this analysis, the asylum on Blackwell's Island had the highest percentage of deaths per population in 1855 at 10.8 percent. Bloomingdale followed at a close 8.1 percent, but this may be explained by the asylum and hospital data being combined. Utica had the lowest death rate of only 4.4 percent of the three institutions in 1855.

¹²⁰ "The Lunatic Asylum of the City of New York," *New York Herald*, June 20, 1848, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003570993/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=cce3df90.

¹²¹ Moses H. Ranney, "The Affair at Blackwell's Island," *New York Herald*, March 3, 1863, 4, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003734190/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=455e1a17.

¹²² "Yearly Record of Deaths," *Weekly Herald*, January 1, 1853, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3004504628/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=0d52817a.

¹²³ Grob, *Mental Institutions in America*, 385.

¹²⁴ Grob, *Mental Institutions in America*, 385.

¹²⁵ Grob, *Mental Institutions in America*, 386.

In spite of the high death rate, the governor declared that “[t]he numerous charitable and benevolent institutions of the State, designed to relieve the subjects of bodily and mental affliction, are successfully fulfilling the objects for which they were established.”¹²⁶ In 1859, a report claimed that the “Lunatic Asylum at Blackwell’s Island is crowded with patients, and the accommodations entirely too inadequate for the comfort and well-being of the inmates.”¹²⁷ Since its opening, the asylum was plainly unsuitable for the sheer number of patients it held, and resources were largely lacking, something that the city almost never took responsibility for, and something that Dr. Ranney could never erase from the public’s memory.

Moreover, the staff was less than ideal. Inmates from the penitentiary served in varying capacities on the island and some were “employed as servants at the Asylum.”¹²⁸ Some sources even claim that penitentiary inmates served as guards.¹²⁹ The ability of inmates to work at the asylum implies that the two sites are within walking distance, and a murder case from 1860 confirms that. The news story “Homicide by a Lunatic” detailed the case against Daniel Driscoll, who had been sent to Blackwell’s Island as a lunatic, in the murder of John McGhee, who had been sent to Blackwell’s Island as a vagrant.¹³⁰ Though the jury found that Driscoll had not

¹²⁶ Horatio Seymour, "The Governor's Message," *Weekly Herald*, January 8, 1853, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3004504725/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=824198f8.

¹²⁷ "City Intelligence," *New York Herald*, August 29, 1859, *Nineteenth Century U.S. Newspapers*, https://link-gale-com.ezproxy.lynchburg.edu/apps/doc/GT3003647664/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=f51f3112.

¹²⁸ Edmund Stewart, "DEAR SIR:-In your paper of to-day, the report of the escape of four lunatics from this Institution, with a quantity of clothing, is incorrect," *New York Herald*, July 2, 1845, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003554584/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=ebb26fce.

¹²⁹ Samantha Boardman and George J. Makari, "The Lunatic Asylum on Blackwell’s Island and the New York Press," *Ajp* 164, no. 4 (2007): 581, doi:10.1176/ajp.2007.164.4.581. <https://ajp.psychiatryonline.org/doi/abs/10.1176/ajp.2007.164.4.581>.

¹³⁰ "Court of General Sessions," *New York Herald*, March 4, 1860, *Nineteenth Century U.S. Newspapers*, [https://link-gale-](https://link-gale-com.ezproxy.lynchburg.edu/apps/doc/GT3003647664/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=f51f3112)

killed McGhee, “Driscoll was sent back to the asylum, there to spend the remainder of his existence.”¹³¹ The case did not mention that either party was outside of their respective area or had reason such as employment to be at the other site, which implies that there must have been a shared space where inmate and patient populations mixed.

Convicts were not the only source of help in the asylum. There were requests in the papers for medical students or graduates from medical college to fill positions at the asylum.¹³² An 1860 advertisement from the Office of Commissioners of Public Charities and Correction sought “two Assistant Physicians at the Lunatic Asylum...the vacancies of which will occur on the 1st of September next.”¹³³ Presumably, the Commissioners were confident in the level of interest in the field, as the first known advertisement for the position was placed in the August 19th paper.¹³⁴

In spite of the obvious disaster that Blackwell’s Island Lunatic Asylum was, the island must have been a source of pride for the city government, as it was frequently toured by high-ranking visitors as well as those who were simply in the area. Very early on, members of the local government visited some of the buildings on Blackwell’s Island annually, a visit “always provided for by the Governors, with a view of impressing on the minds of...legislators the imperative necessity of the appropriations asked of the Legislature by the Almshouse

com.ezproxy.lynchburg.edu/apps/doc/GT3003678419/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=85e8be0b.

¹³¹ "Court of General Sessions," *New York Herald*, March 4, 1860, *Nineteenth Century U.S. Newspapers*, [https://link-gale-](https://link-gale-com.ezproxy.lynchburg.edu/apps/doc/GT3003678419/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=85e8be0b)

com.ezproxy.lynchburg.edu/apps/doc/GT3003678419/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=85e8be0b.

¹³² "Multiple Classified Advertisements," *New York Herald*, August 19, 1860, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003664169/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=ea20f800.

¹³³ "Multiple Classified Advertisements."

¹³⁴ "Multiple Classified Advertisements."

Department.”¹³⁵ In later years, the asylum still drew in an interesting variety of visitors. For example, the Emmet Guard of New Haven visited both Randall’s Island and Blackwell’s Island.¹³⁶ At the latter, they “inspected the workhouse, almshouse and penitentiary” and were reportedly quite impressed with the cleanliness of each.¹³⁷ The National Guard of Boston visited Blackwell’s Island, and at “the lower end” they saw the same three sites.¹³⁸ Another military visitor was Captain Anderson of the Southern Republican Blues, a member of “Southern civilian soldiery” was “treated to an excursion to the public institutions of the city” which included Randall’s Island and Blackwell’s Island.¹³⁹ On Blackwell’s Island, the visitor and his party saw “the Workhouse, the Almshouse, the Penitentiary and the Hospitals” yet no note was made of them visiting the asylum, which by all means must have been in very close proximity to the penitentiary.¹⁴⁰ The commissioners who led the tour, Nicholson and Bell, must have been acquainted with the structure, as their names appear on advertisements requesting assistant physicians at both the hospitals and the asylum, yet neither showed off the asylum.¹⁴¹

It is possible that there was a sense of shame surrounding the asylum, at least among the public. After all, insanity had long been a source of shame itself. Moreover, Blackwell’s Island

¹³⁵ "The News," *New York Herald*, December 31, 1857, *Nineteenth Century U.S. Newspapers*, https://link-gale-com.ezproxy.lynchburg.edu/apps/doc/GT3003605977/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=d7df974a.

¹³⁶ Michael Corcoran, "Movements of the Military," *New York Herald*, August 3, 1860, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003662744/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=66c2aebf.

¹³⁷ Corcoran.

¹³⁸ "Military Intelligence," *New York Herald*, November 13, 1860, 10, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003684742/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=8a940d84.

¹³⁹ "Our Southern Military Guests," *New York Herald*, July 22, 1860, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003674412/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=4987ca26.

¹⁴⁰ "Our Southern Military Guests."

¹⁴¹ "Multiple Classified Advertisements."

Lunatic Asylum undeniably represented a waste of city budget, particularly in its early years, because everything about it was so poorly managed during its construction. This is also supported by an 1849 article in the *New York Herald*, which claimed that “Blackwell's Island is the vulgar asylum.”¹⁴² However, this negative view must not have been prevalent outside of New York, as Blackwell’s Island Lunatic Asylum still served as a point of reference for North Carolinians who were appointed to oversee the construction of an asylum in their home state.¹⁴³

Another reason that may account for the lack of visitors to the asylum is the possibility that Dr. M.H. Ranney insisted that isolation from visitors was key to treatment, as that was a practice in line with moral treatment. This would account for how notes of visitors to the asylum vanished after a few years, as there were notes of visitors at least prior to 1837.¹⁴⁴ However, one would imagine that, if Dr. Ranney himself was preventing visitors at the asylum, he might allow others in the medical field to visit, but even when members of the Board of Trustees of the newly inaugurated Bellevue Medical College toured Blackwell’s Island sites, there was no note of an excursion to the asylum beyond the mere possibility that it was included in the “other buildings [that] were hurriedly gone through” after the hospital, almshouse, and penitentiary.¹⁴⁵

¹⁴² "A New Alms House," *New York Herald*, June 22, 1849, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003579387/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=5513d979.

¹⁴³ "Distinguished Arrivals," *Weekly Herald*, October 20, 1849, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3004500554/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=6c915a4e.

¹⁴⁴ "Visit to Bellevue, Blackwell's Island, and the Long Island Farms," *New York Herald*, July 27, 1837, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3013920454/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=e3bfeaa9.

¹⁴⁵ "Bellevue Hospital Medical College," *New York Herald*, October 17, 1861, 8, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3017381598/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=a56d6b3a.

At this time, there is no definitive evidence to support either explanation for the lack of asylum visitors. It is possible that other sites were managed more efficiently and were better kept than the asylum, though it seems unlikely.

Dr. Ranney, like other medical superintendents, was likely ultimately in charge of procedures and happenings at Blackwell's Island Lunatic Asylum, which makes some of the deaths there particularly concerning. In 1863, Peter Donohue committed suicide using his suspenders in spite of being "closely watched" at the asylum on Blackwell's Island.¹⁴⁶ The mere method brings into question the integrity of Dr. Ranney. Additionally, twenty-three years earlier, a similar event occurred under the watch of assistant physicians from Bellevue. On December 9, 1840, the *New York Spectator* reported the suicide of H. Rosenstrauss.¹⁴⁷ While he had been "quiet and apparently better" on Saturday after being admitted the day before in a "state of mental derangement," he was found dead on Monday morning, having hung himself with his suspenders.¹⁴⁸ The case of Rosenstrauss begs the question of what happened on Sunday and whether anyone checked on him when he was reportedly "better."¹⁴⁹ Both suicides are via the same method – hanging by suspenders – which seems to be a glaring oversight when dealing with high-risk populations in an asylum. While Dr. Ranney was not affiliated with the asylum in 1840, one would think that he should have noticed what his predecessors did not, particularly given his active involvement in AMSAII and therefore communication with other asylum leaders. Moreover, the suicides seem to imply that suspenders were part of what inmates were

¹⁴⁶ "City Intelligence," *New York Herald*, February 21, 1863, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003725247/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=69f8ff30.

¹⁴⁷ "Coroner's Inquests," *New York Spectator*, December 9, 1840, *Nineteenth Century U.S. Newspapers*, https://link.gale.com/apps/doc/GT3003812920/NCNP?u=viva_lynch&sid=bookmark-NCNP&xid=cfa24aac.

¹⁴⁸ "Coroner's Inquests."

¹⁴⁹ "Coroner's Inquests."

allowed to wear in the asylum, perhaps even provided by the institution as a uniform, which raises even more questions – were there really only two such suicides in twenty-three years? Why was there not an immediate change to the uniform after the 1840 case? While those particular questions cannot be answered without access to patient files and other primary sources, there were very clear areas of ignorance among medical superintendents – the very people who controlled every aspect of the asylum environment.

Conclusion

Of the three New York institutions examined, none were truly successful, though some had better results than others. While not an example of a functional asylum like the others, Blackwell's Island Lunatic Asylum demonstrates pitfalls only mentioned earlier. As a publicly funded institution, conditions such as notes on the food, attire, convict staff, and vermin suggest that, in spite of how much money was put into the physical structure of the asylum on Blackwell's Island, the institution did not have much funding for anything that would have improved the quality of life for those inside. Though Utica also received funding from the state, it received enough money to provide better opportunities for recovery via moral therapy, such as through bibliotherapy. It is possible that it retained as much as it did because it did not need to put excessive money into maintaining the physical structure of the institution, due to its importance to AMSAII as a publishing house, and due to the institution being better looked upon by the public. For Bloomingdale, public funding for those such as paupers supplemented the undoubtedly extensive funding of their wealthier patients.

Like asylums built under the Kirkbride Plan, the Blackwell asylum took an extraordinary and prohibitive amount of time and money to construct, even though it was not meant to. Like Utica, Blackwell had too many patients, many of whom were considered incurable, and had no feasible

way to treat them. Additionally, the public institutions took on significantly more patients in general. In 1855, the asylum at Blackwell's Island had nearly 1,000 patients, over 200 more than Utica and nearly 700 more than Bloomingdale and the New York Hospital combined.¹⁵⁰ While Bloomingdale was hardly the perfect success story even with its small patient population, Blackwell provides the contrast of exactly how much other institutions struggled, and just how much freedom private institutions had.

Blackwell also demonstrates how, though Dr. Ranney proved he wanted the best for his patients by being an active member of AMSAII, he was completely unsuccessful because he simply could not embody the ideal of being in complete control the way medical superintendents told themselves they should be. Blackwell's Island Lunatic Asylum took the problems of asylums and medical superintendent leadership overall and magnified all of them to reveal that even the best intentions can backfire horribly, which is exactly the overarching problem of mental healthcare, particularly noted here in nineteenth century asylums.

While the American asylum had the potential to help a great number of people, it fell victim to the same problems of modern medicine: it was underfunded and overpopulated. However, while it could have worked around some of the issues incurred by that predicament in the same manners that we do today, the nineteenth century asylum faced another problem: the institution of its own treatments and its heavy emphasis on the medical superintendent's role. The asylum's initial adoption of moral treatment, while revolutionary and incredibly promising, was unsustainable. Unfortunately, this led to decreased quality of patient care, and active harm to the reputation that medical superintendents and the field of psychiatry tried so hard to build up. This was only made worse as medical superintendents slowly became unable to fulfill the tasks that

¹⁵⁰ Grob, *Mental Institutions in America*, 385.

were easier with smaller patient populations, such as interacting with and actually treating their patients, and remaining in contact with the families of their patients in order to keep them apprised on treatment progression. The American people lost their tentative faith in the field of psychiatric care, and this may be why, even now, mental health is taboo, and institutionalization is poorly executed and poorly funded across the country. Nineteenth century moral treatment, even with its gentler methods and initially open-ended application, was built into a practice that actively defeated its own purpose, hindering itself in manners that its European founders never could have conceived. The flaws in the Kirkbride Plan such as build time and size of the structure, the desire for the medical superintendent to stand alone as the paramount supervisor of the institution, and the wavering commitment to the anti-restraint movement all hindered American asylums, and they deprived millions of Americans from the potential benefits of moral treatment in an institution. Rather than helping people, by the end of the nineteenth century, the American asylum served only as a testament to how broken the system of American medicine truly was.

Appendix

When undertaking research of this nature, there were a number of challenges, some of which were expected while others were not. Though none are reason to avoid studying the field, they are certainly problems to consider before beginning research and presenting to an audience.

Primary source material from patients was predictably nearly impossible to find online, and it was a surprise that any part of *The Opal* was freely available to read, though it was disappointing to find so little once suitable databases were located. Institution-specific superintendent materials, such as case notes and admission logs, were not as available as expected. Reprints of the works of Pinel, Esquirol, and Rush were available without any issue, presumably because of their contributions in the field and their ongoing relevance. It took months to locate notes on the proceedings of AMSAII meetings, which unfortunately limited the incorporation the material, as it was by far the best lens into the understandings and ideas of the time period.

Terminology also proved to make research more difficult. With primary source materials, this was particularly apparent when sifting through newspapers, as mad-house, madhouse, lunatic asylum, asylum, lunatic hospital, and a few other terms were used interchangeably, which ensured that OCR-based database search results were not comprehensive. However, secondary sources were even harder to find online, as the term asylum is now primarily used in the political sense, such as to seek asylum in a country. Coupled with the lack of support or limited support for Boolean searches on many database sites, the very act of finding applicable materials was, at times, very frustrating. The changing names of each institution also increased the number of terms to use in searches, and frequently obscured the number of sources available on an institution.

Discussing the topic with others was a central difficulty when presenting this work. While the field is something many people are interested in to some degree, it was surprising to see how many people conflated mental illnesses and intellectual disabilities. Moreover, it was shocking and discomfoting to realize how many people felt comfortable enough in said conflation to use what are now regarded as ableist slurs about intellectual disabilities in conversation about the topic. While this analysis admittedly uses terms that would be ableist if not used in the spirit of encompassing a diverse patient population that more appropriate modern terms fail to, it does not prepare one for slurs against a tangentially related group, and is certainly something to consider before writing or presenting on the topic, particularly if one is neurodivergent.

For those interested in continuing this research, the addition of information from AMSAII meeting proceedings would be invaluable, as would any superintendent materials if they can be found. Additionally, if one was interested in a specific asylum, there are few comprehensive essays on individual asylums, and additions would be welcome. For those interested in writing on nineteenth century asylums as a whole, awareness of what sources are available is invaluable, as is knowing an area of interest.

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