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## **"Mad doctors" : American psychiatrists, 1800-1860.**

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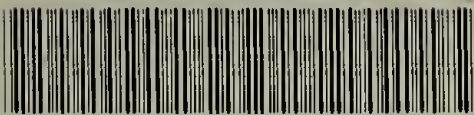
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"MAD DOCTORS:" AMERICAN PSYCHIATRISTS, 1800-1860

A Dissertation Presented

By

Constance Madeline McGovern

Submitted to the Graduate School of the  
University of Massachusetts in partial  
fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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1976

History

302

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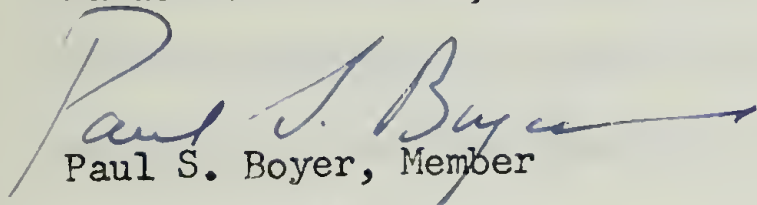
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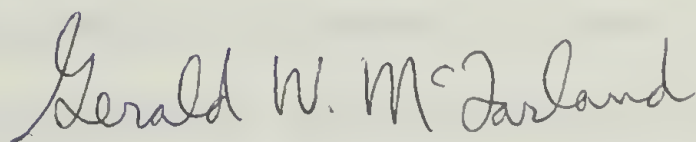
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Special thanks go to my sister-in-law, Carol McGovern, who has sat through many an hour of my rambling on about antebellum psychiatrists and still has had the patience to type draft after draft.

Finally, this dissertation is dedicated to the memory of my father. Without his early encouragement and faith in me, this would not have been.

## ABSTRACT

"Mad Doctors:" American Psychiatrists, 1800-1860

(April 1976)

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In 1800 the idea of pursuing a career of caring for the insane was virtually unknown. Yet, by 1860, 115 physicians chose to enter this nascent field. The traditional thesis that the spirit of reform and belief in egalitarianism inspired these men seems to hold true for a few. But sympathy for the down-trodden and unfortunate does not fully explain all motivation, others may have been seeking personal fulfillment.

My computer study of 2405 graduates, 1800-1850, of six New England colleges illustrates that men entering professional fields after 1820 had a different experience from those entering before 1820. This was especially true for doctors and my study verifies the general medical histories which assume increasing difficulties for doctors in the antebellum period.

Antebellum physicians were looking for opportunities in stable and lucrative practices, but with the waning of public confidence, the commercialization of the patent medicine industry, the multiplication of medical school graduates, and the onslaught of irregular sects, their goals were frequently unrealized.

Grounded in religious, political, and educational conservatism, the lives of future alienists were disrupted, first by the general restlessness of Jacksonian society, and then by specific communal and familial



instability. And with seemingly little opportunity to gain success in practicing general medicine, they were willing to take a chance in the unproven field of treating mental illness. In the antebellum years, psychiatric medicine was practiced only within asylum walls. Thus, these doctors turned to asylum administration.

Americans, of course, did not "discover" the asylum, Europeans did. American psychiatrists learned the lessons of institutionalization and therapeutic treatment especially from their British colleagues. British psychiatrists, who viewed social change and cleavage in much the same way as Americans, founded their professional organization in 1841, and within three years, the English Association had its duplicate in the United States.

The movement toward professionalization in America culminated when a number of psychiatrists -- specifically Francis Stribling of Staunton, Virginia, William Aul of Columbus, Ohio, Samuel Woodward of Worcester, Massachusetts, and Thomas Kirkbride of Philadelphia, Pennsylvania -- felt the need of a concerted effort to control professional behavior, further publicize and justify their profession's work, and establish professional independence. A recognizable, official, national body which could synchronize action and thought became a necessity. By the early 1840s, each of these "mad doctors" (as they called themselves) faced a critical situation that threatened his professional standing, and so each was resolute in his efforts to attain professional autonomy through a formal organization.

These four men and nine other early psychiatrists, founded, in 1844, the Association of Medical Superintendents of American Institutions for the Insane (later renamed the American Psychiatric Association). Year by year, the membership of the Association grew. Striving somewhat

unsuccessfully to maintain a national representation, the Association, nevertheless, matured into a self-conscious, elite, and powerful professional organization. It dictated policies for organization, administration, and treatment of the insane to state legislatures and charitable organizations which supported asylums. No other policies were tolerated.

Consequently, in the last half of the nineteenth century, the Association and many of its members became inflexible, clinging to the early dictates of the Association and failing to incorporate the discoveries of advancing science.



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## CHAPTER 1

### REFORMERS OR REGULATORS?

Who were the "forgotten Samaritans" of the Jacksonian age of reform? Invariably, Dorothea Dix, Samuel Gridley Howe, and Horace Mann turn up in lists of Jacksonian reformers, but actually the forgotten Samaritans were those who carried on the daily work of treating the insane while Dix, Howe, Mann, and others aroused the public.<sup>1</sup> Samuel Woodward, William Awl, Thomas Kirkbride, Luther Bell, Amariah Brigham, and Isaac Ray, among scores of other medical superintendents of institutions for the insane, are scarcely known to historians.<sup>2</sup> Yet they were the ones who actually changed things, who established new practices for treating the insane. They accomplished this not only as individuals, but also by working through an effective organization, as did so many other reform groups.

What motivated them? Were they altruists with deep humanitarian concern for the lot of the unfortunate? Inheritors of the doctrines of perfectionism and moral stewardship? Did they support their work whole-heartedly because they imbibed the idea of progress?

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<sup>1</sup>"Forgotten Samaritan" is Helen Marshall's depiction of Dorothea Dix. See Helen Marshall, Dorothea Dix: Forgotten Samaritan (Chapel Hill: The University of North Carolina Press, 1937).

<sup>2</sup>The terms medical superintendent, asylum administrator, alienist, and psychiatrist will be used interchangeably throughout this work.



Was their role that of the social critic? Were they concerned about social problems created by growing industrialism, urbanization, and changing population patterns? Did they perceive a change in moral and social values? Did they worry about it? Were they even affected by the "restlessness" of Jacksonian society? These questions have been raised about Jacksonian reformers, so they must be raised about Jacksonian alienists.

Few historians answer such questions. At best, historians of general reform see Christian idealism and democratic faith inspiring reform. Arthur M. Schlesinger, Sr. claims that American reformers have always "fortified their social outlook from the New Testament, the Preamble of the Declaration of Independence and their daily practice of human equality." He mentions multiplicity of motivation only in dismissing the theory of economic determinism. Brief, lacking in detail, and superficial in matters of motivation, Schlesinger's work is disappointing. <sup>3</sup>

Better is Robert Bremner's book on philanthropy. Interested in why so many Americans wanted to help their fellow men, he delves into historical roots and discovers that philanthropist-reformers, like Benjamin Rush and Stephen Girard, were strongly influenced by

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<sup>3</sup>Arthur M. Schlesinger, Sr., The American as Reformer (Cambridge: Harvard University Press, 1950).

the Great Awakening's fostering of humane attitudes and its popularizing of philanthropy. In the antebellum years, historical tradition, religious awakening, and moral stewardship overwhelmed people like Dorothea Dix, Samuel Gridley Howe, Horace Mann, and Thomas Gallaudet, spurring them on to great endeavors. Perhaps, because reform was not his major concern, Bremner, in dealing with antebellum "Saints and Scolds," never looks beyond the surface. <sup>4</sup>

Among the many historians of antebellum reform who have traced the impulse to the same general sources as Schlesinger and Bremner are Alice Felt Tyler, Henry Steele Commager, and Walter Hugins. Tyler hopes to "recapture something of the inward spirit," but produces only an encyclopedic treatment. The leaders, events, and polemics are there, but not much more. The reader soon finds that democratic institutions, romantic evangelicism, progressivism, and perfectionism produced the crusading zeal. Despite these shortcomings, Tyler does succeed in bringing together a multitude of scattered and diverse stories. <sup>5</sup>

Walter Hugins adopts a similar approach. Jacksonian reformers were altruists furthering the "American Dream." They became involved because of a "humanitarian belief that society could be improved by

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<sup>4</sup>Robert H. Bremner, American Philanthropy (Chicago: The University of Chicago Press, 1960).

In a comparable study of English philanthropy, David Owen cited some of the same influences, but went farther and named a concern for national interest, especially the problem of depopulation and economic loss, as a motive. See David Owen, English Philanthropy, 1660-1960 (Cambridge: Harvard University Press, 1964).

<sup>5</sup>Alice Felt Tyler, Freedom's Ferment (Minneapolis: The University of Minnesota Press, 1944).



human effort and that the individual was capable of moral redemption and ultimate perfection." Seventeenth-century Americans set the pattern -- they came "in search of an environment which would provide the matrix of a new society, a 'city upon a hill,' and thus a new opportunity for the individual." Though he does suggest at one point that the "resurgence of religious benevolence in the decades following the War of 1812 was both a product of the Second Great Awakening and an endeavor by a conservative elite to use morality as a means of social control," Hugins in general sees religious benevolence and American democratic faith as the motivations of reformers.<sup>6</sup>

Unlike, Hugins, Commager is not entirely monistic in his treatment of Jacksonian reform. He views antebellum reformers as different from those of the Revolution, Progressive, and New Deal eras -- and says that the difference lay in their belief in, or reaction to, Transcendentalism. Extremely sympathetic to the Transcendentalists, Commager depicts the reform movement as a moral crusade with a notable clerical leadership and a strong religious impulse.<sup>7</sup> Ultimately, he differs little in his interpretation from Schlesinger, Bremner, Tyler, and Hugins.

Other historians of antebellum reform have looked beyond pure humanitarian and democratic impulses. In explaining the interaction of reformers and their society, Arthur M. Schlesinger, Jr.

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<sup>6</sup>Walter Hugins, ed., The Reform Impulse, 1825-1850 (New York: Harper & Row, Publishers, 1972).

<sup>7</sup>Henry Steele Commager, The Era of Reform, 1830-1860 (New York: D. Van Nostrand Company, 1960).

and Joseph Blau adopt a class struggle framework.<sup>8</sup> One could take issue with Blau's thesis that reform stemmed from lower middle-class struggles with the "party of privilege," but not with his argument for diversity of motivation.<sup>9</sup>

Some, such as David Brion Davis and Clifford S. Griffin, change their positions. In tracing the transformation from moderation to immediatism, Davis discovered that immediatism, on both sides of the Atlantic, emerged from a "deep sense of moral sincerity and earnestness."<sup>10</sup> But later, Davis finds even these "moral and intellectual sources" inadequate in explaining the emergence of reform at a "particular time," and suggests further research on the motives of the "individual reformers."<sup>11</sup> Griffin first depicted the managers of evangelical benevolent societies as conservatives reacting sharply to an increasingly chaotic society and their loss of moral and social leadership.<sup>12</sup> In a later work, he too changes his position and outlines five "schools" which explain the "forces and motives" producing reformers.<sup>13</sup>

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<sup>8</sup>Arthur M. Schlesinger, Jr., The Age of Jackson (Boston: Little, Brown and Company, 1945).

<sup>9</sup>Joseph L. Blau, ed., Social Theories of Jacksonian Democracy (New York: The Bobbs-Merrill Co., Inc., 1954).

<sup>10</sup>David Brion Davis, "The Emergence of Immediatism in British and American Antislavery Thought," Mississippi Valley Historical Review 49 (September, 1962): 209-230.

<sup>11</sup>David Brion Davis, ed., Ante-Bellum Reform (New York: Harper & Row, Publishers, 1967).

<sup>12</sup>Clifford S. Griffin, Their Brothers' Keepers (New Brunswick, N.J.: Rutgers University Press, 1960).

<sup>13</sup>C. S. Griffin, The Ferment of Reform, 1830-1860 (New York: Thomas Y. Crowell Company, 1967).

Still other historians have seen reformers as particularly sensitive to possible, or real, social and economic displacement. Whitney Cross traces the Yankee and Yorker benevolence of western New York to such dislocations, not only in the "burned-over" district, but also in the Yankee's native New England. Avery Craven, David Donald, and Stanley Elkins theorize thus about abolitionists, as do Lorman Ratner and Leonard Richards about anti-abolitionists. And Joseph Gusfield discovers similar motivations in early temperance reformers.<sup>14</sup> In some respect, all these historians promote their groups as institutional wall-builders, that is they perceive their reformers as strengthening, or building anew, social institutions to maintain social control and stability. Varying in their interests, they contribute the most realistic and multi-causal approach thus far to the story of antebellum reform.

What about the alienists? Were they motivated solely by humanitarianism and democratic ideals? Or did they also feel the

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<sup>14</sup> Whitney R. Cross, The Burned-over District (New York: Cornell University Press, 1950); Avery Craven, The Coming of the Civil War (Chicago: The University of Chicago Press, 1942); David Donald, Lincoln Reconsidered (New York: Alfred A. Knopf, Inc., 1956); Stanley M. Elkins, Slavery: A Problem in American Institutional and Intellectual Life (Chicago: The University of Chicago Press, 1968); Lorman Ratner, Powder Kez (New York: Basic Books, Inc., 1968); Leonard Richards, "Gentlemen of Property and Standing" (New York: Oxford University Press, 1970); and Joseph R. Gusfield, Symbolic Crusade (Chicago: University of Illinois Press, 1969).



restlessness of their society and even the promptings of materialistic and personal ambitions? Their story needs to be told. American alienists brought about more practical results than either the abolitionists or the temperance workers. They convinced the nation that insanity could be cured through institutionalization, and group after group and legislature after legislature voted funds for their asylums and committed the insane to their care. Although institutionalization was not the panacea, Jacksonian Americans and alienists believed it was.

The treatment of the insane in America has had its historians. In 1938, Albert Deutsch made the first large-scale attempt to gather scattered materials and relate them to general and cultural history, but his work suffers from lack of a monographic base and uncritical acceptance of the idea of progress.<sup>15</sup> Fortunately, in recent years the studies of Norman Dain and Gerald Grob have provided a more scholarly picture of the history of the treatment of mental illness. Dain, in his study of the theories of insanity, develops the thesis that from the 1780s until the Civil War, "psychiatry grew as a medical specialty, and its practitioners were hopeful, at times highly optimistic," but that pessimism set in after the war and lasted until the 1940s. Dain suggests that Enlightenment thought, humanitarian impulses, and changing socio-economic patterns influenced alienists, but does not explore the question of why doctors became alienists.<sup>16</sup>

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<sup>15</sup>Albert Deutsch, The Mentally Ill in America (New York: Doubleday, Doran & Company, Inc., 1938).

<sup>16</sup>Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Brunswick, N.J.: Rutgers University Press, 1964).

The most prolific recent historian in the field is Gerald Grob. In his history of the state hospital at Worcester, Massachusetts, Grob attributes the rise of the humane treatment of the insane to "faith in science, belief in progress, and a warm humanitarianism," converging in the eighteenth century and setting the stage for a "radical transformation" in attitudes toward the insane and in methods of treatment. Time after time he sees lay reformers and alienists motivated primarily by the desire to "eradicate the evil remnants still existing in society." The Second Great Awakening and moral stewardship play such a large role that Samuel Woodward, the first superintendent at Worcester, appears driven solely by these concerns. Grob depicts Woodward as developing a "sense of social idealism and warm humanitarian concerns that led him to accept an obligation to improve the condition of his fellow citizens;" as "imbued with an ardent social consciousness;" and as one who "accepted the prevailing faith in the perfectibility of man" and who therefore held a "hope of perpetual human progress, leading perhaps to the achievement of a utopia on earth." Woodward did have contact with humanitarian impulses, but this was hardly the sole influence. Traditional agrarian values, community leadership, and economic needs, among other things, also shaped his behavior and are important for a complete understanding of Woodward's attitudes. <sup>17</sup>

The only other individual alienist Grob studied was the author of the 1854 Report on Insanity and Idiocy in Massachusetts -- Edward Jarvis. Noting that Jarvis had wanted to study for the ministry, Grob

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<sup>17</sup>Gerald N. Grob, The State and the Mentally Ill (Chapel Hill: The University of North Carolina Press, 1966), Chapter 1.



concludes that many alienists were driven by "their humanitarian and religious convictions," and that "in their eyes a hospital superintendency was no different than the calling that led some to enter the ministry." Considering the meager evidence, this is a broad assumption to make, for Grob had studied the lives of only two alienists.<sup>18</sup> Both Woodward and Jarvis were important figures, but what of the other one hundred or more Jacksonian alienists?

Both in his commentary on the Jarvis Report and in his more general work on American mental institutions before 1875, Grob clearly sees that antebellum alienists were unable to carry out their enlightened methods of moral treatment because of a growing social and cultural alienation from their patients, but he fails to explore the role these same values played before doctors switched to psychiatry.<sup>19</sup>

David Rothman looks at insane asylums and their administrators from a different angle. In his analysis of Jacksonians' attempts to deal with deviant and dependent behavior, Rothman claims that reformers "discovered" the asylum. The almshouse, orphan asylum, penitentiary, reformatory, and insane asylum, he suggests, "all represented an effort to insure the cohesion of the community in new and changing circumstances." Faced with "unprecedented dangers and unprecedented opportunities," Jacksonians built asylums solely to restore a lost social order and to prevent any return of disorder. They were so persuasive

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<sup>18</sup>Gerald N. Grob, ed., Insanity and Idiocy in Massachusetts (Cambridge: Harvard University Press, 1971), p. 15.

<sup>19</sup>Gerald N. Grob, Mental Institutions in America: Social Policy to 1865 (New York: The Free Press, 1973), Chapters 5 and 6.



that modern Americans still cling to their institutions. The story is not that simple.<sup>20</sup>

Some critics have characterized Rothman's work as tendentious and too concerned with nostalgia. He is further accused of omissions: the failure to recognize a transitional period between the colonial model of stability and the uncertainties of Jacksonians; the dismissal of European institutional developments as insignificant; and an inadequate differentiation among the varied social and cultural backgrounds of all those he designates as "Jacksonians."<sup>21</sup>

Historians might also take issue with his assumption that there were viable alternatives to institutionalization. Asylums were not new in America, and they had a longer history in Europe. Their use for reform was relatively new, but, again, not unique to the United States. But what were the alternatives? Rothman's only suggestion is a type of "boarding-out" system -- one much like that of colonial America. First, this had not worked perfectly even in colonial times. Towns squabbled over support of transients and other dependents and made elaborate attempts at "warning out" systems. Even when they agreed to support their own dependents, abuses occurred.

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<sup>20</sup>David J. Rothman, The Discovery of the Asylum (Boston: Little, Brown and Company, 1971), p. xiii-xx.

<sup>21</sup>Rowland Berthoff, "Reviews of Books," The American Historical Review 77 (April, 1972): 585-586; George H. Daniels, "Reviews," The Journal of American History 63 (March, 1972): 1015-1017; and Douglas Lamar Jones, "The Strolling Poor: Transiency in Eighteenth-Century Massachusetts," The Journal of Social History 8 (Spring, 1975): 28-49, especially 49.

Secondly, in the early nineteenth century, the problems of deviancy and dependency became more visible and exaggerated with crowded living conditions in burgeoning cities and mill towns and with population growth rapidly accelerated by new waves of immigrants. A "warning out" system became impractical and a "boarding-out system" would have demanded a sophisticated, well-financed, and carefully monitored organization for effectiveness and control. Jacksonian Americans simply had not yet developed the bureaucracy or the state finances to handle such vast numbers and needs. Institutionalization clearly seemed the most practical, effective, and logical method of managing thousands of deviants and dependents.

Especially in his treatment of the insane asylum, Rothman exaggerates his points on its origins and use. For instance, he emphasizes that Jacksonians feared the collapse of the Republic and that they set up "asylums" as models for society to "spark a general reform movement" -- a kind of positive conspiracy.<sup>22</sup> Neither of these ideas is prominent in the rhetoric of the alienists. They strove only to reform the individual and create a proper society within the asylum walls.

Further, one might question Rothman's suggestion that alienists' ideas on the origins of insanity "depended not on the lessons of anatomy, but on a critique of Jacksonian society." One cannot doubt that alienists were profoundly concerned with all the evils of contemporary society, but neither can one ignore their intellectual struggle in trying to explain insanity (a disease) in

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<sup>22</sup>Rothman, The Discovery of the Asylum, p. 132.

a bodily organ (the brain) whose function was so closely connected with an immortal soul. Some of their ambivalence about the origins of insanity resulted from this attempt to harmonize spiritual and organic functions. Moreover it is a distortion of the historical sources to ignore their on-going discussions and their many post-mortem examinations. Admittedly, social causes played a large role, but alienists, all of them doctors, could not ignore anatomy. Rothman's suggestion that "incarceration in a specially designed setting, not the medicines that might be administered or the surgery that might be performed there, would restore health," is again, overstatement. Alienists did support an institutional setting geared to their special method of treatment -- moral therapy -- but they used medical treatment as well. Their annual reports and the proceedings of their professional organization are replete with discussions of proper medical treatment.<sup>23</sup>

Finally, one of the most serious weaknesses in Rothman's book is his off-hand treatment of the backgrounds of the alienists. He does admit that they "cannot be dismissed as . . . a group of disaffected Whigs and die-hard Federalists, well out of the mainstream of American life and thought,"<sup>24</sup> but he does little else to tell the reader who these men were. Buried in a footnote is an explanation that they were trained medical men and that their career lines were "established and certain."<sup>25</sup> What is certain about a general practitioner switching to the new field of psychiatric medicine or about a doctor becoming an

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<sup>23</sup>Ibid., pp. 109 and 133.

<sup>24</sup>Ibid., p. 125.

<sup>25</sup>Ibid., p. 338, fn. 31.



administrator? If one accepts Rothman's analysis of alienists' views of Jacksonian society (and Rothman is substantially correct in his exposition of these views, despite my criticisms) a serious question must be raised -- what circumstances in their backgrounds and medical careers shaped the thoughts of these men who became asylum administrators?

Almost without exception, these men planned careers in general medicine; what were their expectations? Why did they switch to psychiatry? Were they humanitarians or regulators or were both impulses at work? To what extent were they reformers? Did they simply follow European precedents? Having become successful asylum administrators, why did they feel the need to professionalize when they did? What was their pattern of behavior as professionals? Given their backgrounds and careers, was their response to Jacksonian society unique?

These questions raise fundamental and important issues. Without the answers it makes no sense to label the movement and with the answers we may better understand antebellum society -- as well as the origins of the psychiatric profession and its method of treatment.

## CHAPTER 2

### AN UNCERTAIN PROFESSION

To understand the origins and motivations of the men who will be the principal focus of this study, it is necessary first to know something more of American society in the first half of the nineteenth century. And specifically it is necessary to gain a sense of the status of the learned professions in the period when these men were starting out.

Medicine was but one of the professional fields open to men who wished to follow a traditionally learned vocation, serve their fellow men, gain power and prestige, or be socially mobile. Depending upon one's bent, the law and ministry were equally available. How successfully did these professions fulfill the aims of their aspirants? This question has a direct bearing on the development of the institutional care of the insane in the United States, because early nineteenth-century alienists began as doctors but switched to the new, although related, profession of psychiatry.

Many historians claim that the social and economic position of the professions declined in the first half of the nineteenth century.<sup>1</sup> Much is made of the egalitarian spirit which brought

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<sup>1</sup>For views of the medical profession see Henry B. Shafer, The American Medical Profession, 1783-1850 (New York: Columbia University Press, 1936), passim; William G. Rothstein, American Physicians in the Nineteenth Century (Baltimore: The John Hopkins University Press, 1972), chapters 3-6; George Rosen, Fees and Fee Bills (Baltimore: The John Hopkins Press, 1946), passim; William F. Norwood, Medical Education in the United States Before the Civil War (Philadelphia: University of Pennsylvania Press, 1944), passim; and Charles E. Rosenberg, The Cholera Years (Chicago: The University of Chicago Press, 1962),

about repeal of medical licensing laws, elimination of educational requirements for lawyers, and the ascendancy of anti-clericism. Recent research, however, shows that historians have often exaggerated the prestige and position of professionals before the Jacksonian period.<sup>2</sup> Colonial Americans had complained just as bitterly about quackery and the harsh medicines of doctors, and about lawyers' high fees and "aristocratical leanings." Anti-intellectualism -- the reaction against men whose stock of highly developed and salable skills automatically set them off as an exclusive class -- also had played an important part in undermining the status of professional groups.<sup>3</sup> Necessary but resented, the professionals continually faced latent hostility and even open abuse.

To throw some fresh light on the general economic status of the learned professions in the antebellum period, I studied 2405

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chapters 4 and 9. For views of the legal profession see Gary B. Nash, "The Philadelphia Bench and Bar, 1800-1861," Comparative Studies in Society and History 7 (January, 1965): 203-220; Alfred Z. Reed, Training for the Public Profession of the Law (New York: Charles Scribner's Sons, 1921), pp. 83-92; and Anton-Hermann Chroust, The Rise of the Legal Profession in America (Norman: University of Oklahoma Press, 1965), vol. 2.

<sup>2</sup>Jackson Turner Main, The Social Structure of Revolutionary America (Princeton, New Jersey: Princeton University Press, 1965), pp. 200-209.

<sup>3</sup>For a discussion of this interpretation of anti-intellectualism see Richard Hofstadter, Anti-Intellectualism in American Life (New York: Vintage Books, 1963), pp. 26-27.



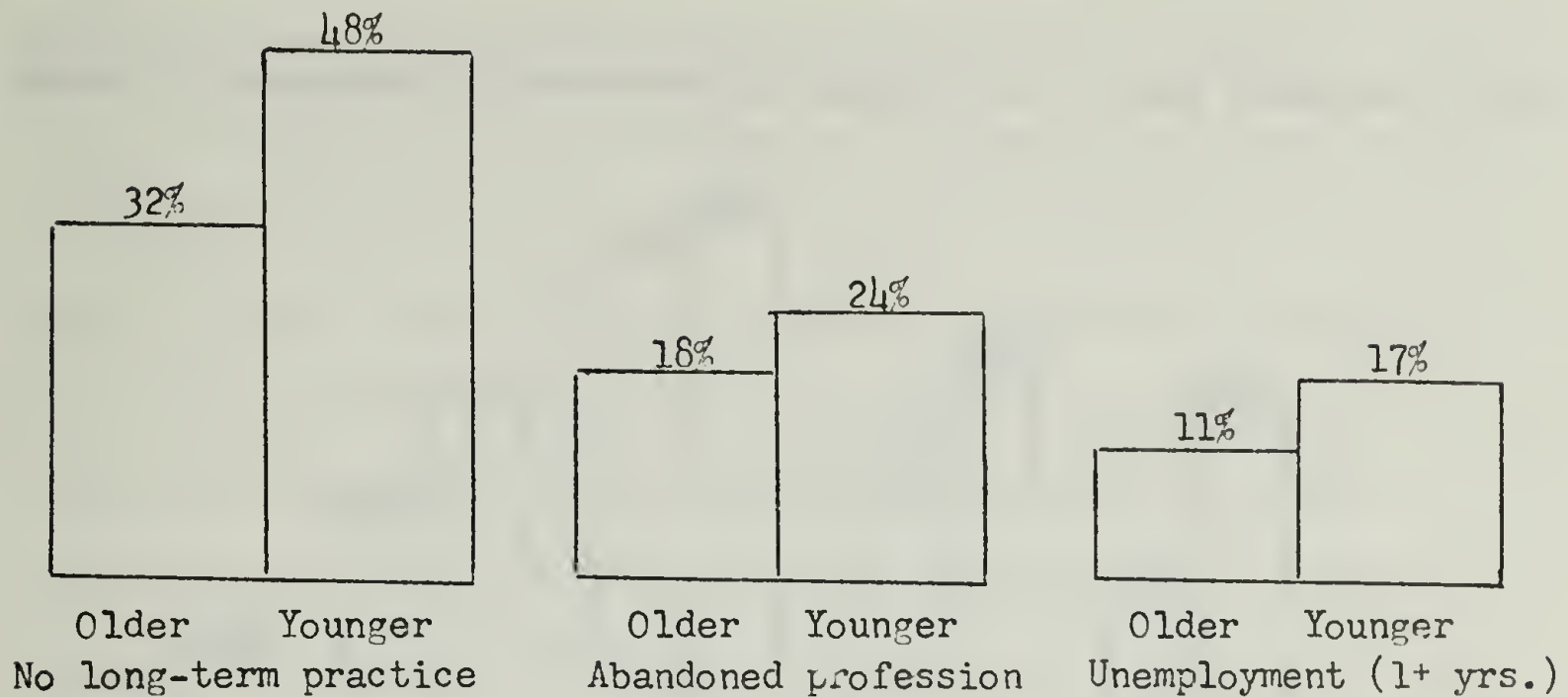
graduates of six New England colleges who became ministers, lawyers, and physicians in the years 1800 to 1860.<sup>4</sup> Virtually no hard data for incomes exist, but questions can be asked of the available material whose answers reveal something of the economic status of professional men. For instance, one might ask, how many of these men chose to abandon their profession? After how long? Did some establish long-term practices immediately, while others moved from place to place? Did any try other occupations or professions? Were any unemployed for substantial periods? How well-prepared were they for their careers? At what age and under what circumstances were they ready to take the responsibility of marriage and fatherhood? The answers to these questions clearly show that the experience of men entering the learned professions before 1820 was significantly different from that of those entering after 1820.

Many of the post-1820 group, or younger professional men, never did establish a long-term practice (a practice of at least ten years' duration), as illustrated in Graph 1. These younger men simply had greater difficulty in gaining success in their chosen professions, and so they gave up and turned to other occupations. But even there, they were often unemployed and moved from place to place.

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<sup>4</sup>For a detailed description of my study and complete statistical results, see Appendix A.

Graph 1. Comparison of Selected Professional Experiences of Older and Younger Professionals.

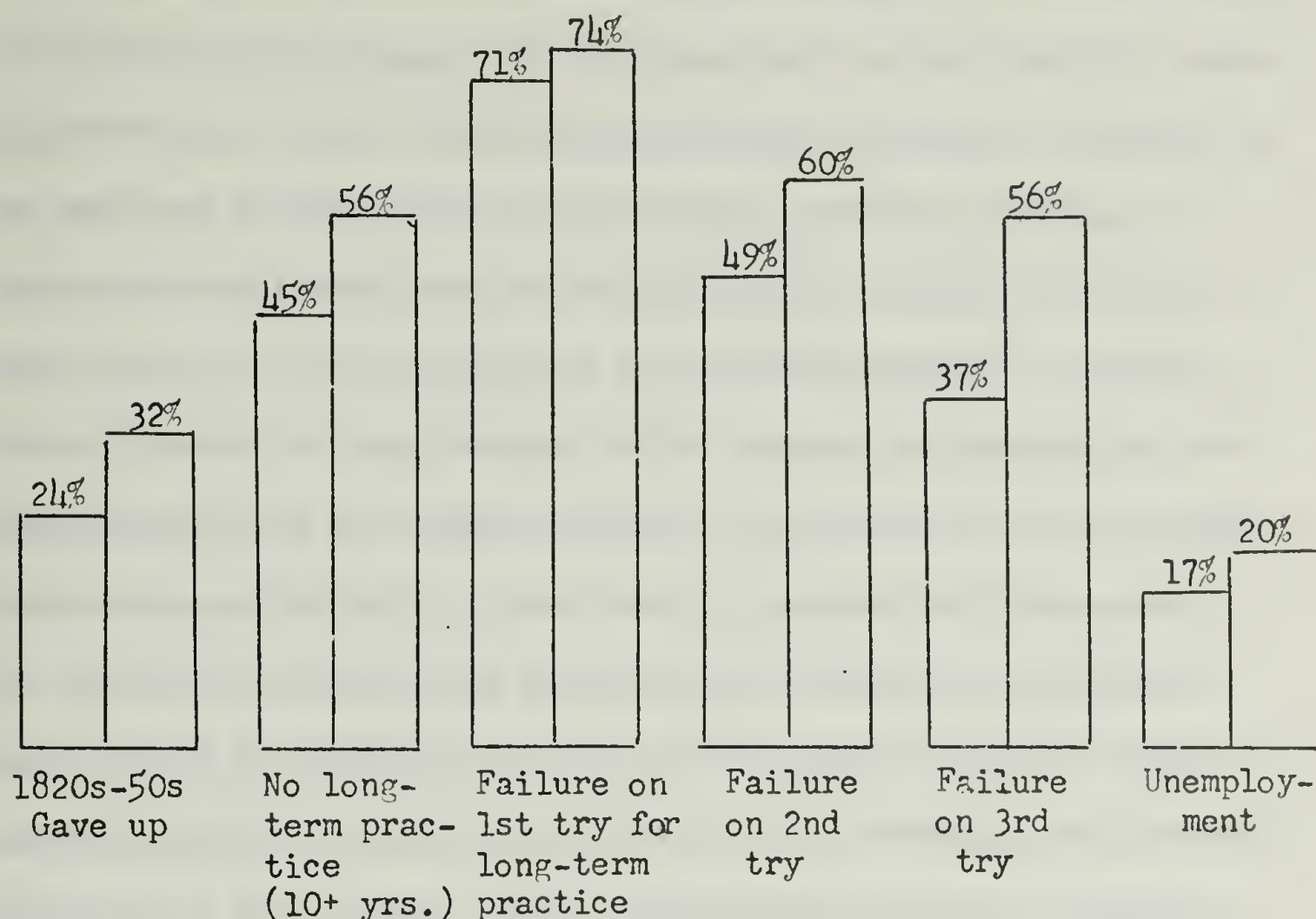


Increasingly, the men who aspired to professional careers in America were becoming little more than transients in a succession of communities.

For professional men as a class, after 1820 the overall trend in economic security plummeted downward. In the 1830s and 1840s, there were a few indications of recovery, for instance the percentage of those who deserted their professions dropped slightly, as did the number of those who established more than two practices. This is to be expected, since up to 1837, this was a decade of expansion and growth. Yet, as the following graph shows, the fortunes of these professionals failed to keep pace with the renewed growth in the national economy following the Panic of 1837. Indeed, the 1850s decade was the worst decade for these professionals of the entire period I studied. It is clear that the career difficulties of

these professionals as the antebellum period wore on was not simply a reflection of the state of the economy.<sup>5</sup>

Graph 2. Comparison of Professional Experiences in the 1820s and 1850s.



Part of the downward trend might result from combining all three professions. The decline of the ministry, some might argue, skewed the results. If one accepts Daniel Calhoun's conclusions on the dating of this decline, however, the ministry was already in trouble during the first decade of this study.<sup>6</sup> Actually, the

<sup>5</sup>General conclusions on economic trends in the United States in the first half of the nineteenth century are derived from Douglass C. North's The Economic Growth of the United States, 1790-1860 (New York: W. W. Norton & Company, Inc., 1966).

<sup>6</sup>Daniel H. Calhoun, Professional Lives in America, 1750-1850 (Cambridge: Harvard University Press, 1965). See especially Chapter 4, "Permanency in the New England Clergy." Calhoun documents an abrupt break in 1807, based on increasingly shorter terms of service, and sees the decline continuing for a generation.



professions as a whole were doing comparatively well for the first twenty years of the nineteenth century, and the experiences of the ministry had little effect on the conclusions of the study.

Combining all three professions, however, does obscure trends in individual professions. It is clear that in the 1800-1810 decade ministers were doing better economically than doctors or lawyers; in the next two decades, doctors moved into prominence, followed by lawyers and ministers; and in the 1830s-1850s, lawyers fared well while doctors and ministers fell considerably behind.<sup>7</sup> Paradoxically, during the very decades of the movement to democratize and deprofessionalize the legal profession, lawyers were most successful. Historians such as Gary B. Nash have illustrated this phenomenon.<sup>8</sup> The movement to democratize peaked in the 1840s when educational requirements for admission to the bar had been abolished in eight states; reduced in rigor in six states; and introduced, but promptly abolished in five others. Mere citizenship was enough to qualify for admission in New Hampshire, Maine, and Indiana, and Wisconsin

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<sup>7</sup>I adopted a ranking procedure which involved ranking each profession for each factor on a scale from 1 to 3. The profession which was doing best in the factor for that decade received a rank of 1. The factor-ranks were then tabulated for each decade. The results were as follows:

<u>1800s</u>	<u>1810s</u>	<u>1820s</u>	<u>1830s</u>	<u>1840s</u>	<u>1850s</u>
Min. 20	Drs. 19	Drs. 19	Laws. 14	Laws. 14	Laws. 15
Drs. 26	Laws. 24	Laws. 19	Drs. 24	Drs. 27	Drs. 27
Laws. 26	Mins. 28	Mins. 32	Mins. 31	Mins. 30	Mins. 30

<sup>8</sup>See Nash, "The Philadelphia Bench and Bar," 219-220.



required only residency. By 1860, even where legislation still existed, standards were considerably reduced.<sup>9</sup> Yet this was the same period, 1830-1860, in which lawyers led the professional field, so it is clear that the movement toward democratization by statute had less effect on the profession than one might assume.

In most areas the repeal of educational requirements for admission to the bar did not immediately or profoundly affect the status of those who were actually admitted. The courts still controlled admission to the bar. Opening a law office and actually practicing at the bar were two quite different activities. Furthermore, despite dissatisfactions and complaints, most men felt more secure in court when represented by a professional.

Lawyers were not without problems. Workingmen's parties attacked all professionals because of exorbitant fees, but the attack on lawyers galvanized the party in many areas. Workingmen claimed that lawyers controlled the electoral process and they could easily adduce evidence: fifty-seven per cent of the Fourteenth Congress (1815-1817) was made up of lawyers, and that percentage continued to grow, reaching 74% by 1845.<sup>10</sup>

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<sup>9</sup>See Reed, Training for the Public Profession of the Law, pp. 83-92.

<sup>10</sup>See Ronald Joseph, "Farmers, Mechanics and Other Working Men," unpublished seminar paper, University of Massachusetts at Amherst, 1974; Arthur B. Darling, Political Changes in Massachusetts, 1824-1848 (New Haven: Yale University Press, 1925), pp. 97-102; and Lee Benson, The Concept of Jacksonian Democracy (Princeton: Princeton University Press, 1961), pp. 32-37.

The number of lawyers in Congress was tabulated from the Biographical Directory of the American Congress, 1774-1971 (Washington, D.C.: United States Government Printing Office, 1971). In 1825, lawyers constituted 63% of Congress and in 1835, 64%.

The sheer number of lawyers was the complaint of some within the profession. "As plentiful as blackberries," one New York lawyer complained in 1818, when the ratio of lawyers stood at one to 1000. By 1850, that ratio was reached throughout the nation. Law schools had aided in this multiplication of attorneys. The number steadily increased: from one in 1784 in Litchfield, Connecticut, the total grows to twenty-one by 1860. This trend toward law school training picked up most significantly after the Civil War, but the early graduates did add to the problem of overcrowding.<sup>11</sup> Furthermore, college graduates leaned toward law careers. Of the 2405 college graduates in my study, fully 36% became lawyers.<sup>12</sup>

Despite democratization, organized opposition, public outcries, and some internal concerns about overcrowding, lawyers after 1830 generally managed to improve their position and outstrip both ministers and doctors. In the 1830s, 21% of the lawyers turned to some other occupation after having practiced law for less than ten years. In the next two decades only fifteen percent gave up. By contrast, in the 1850s, 53% of the doctors gave up their

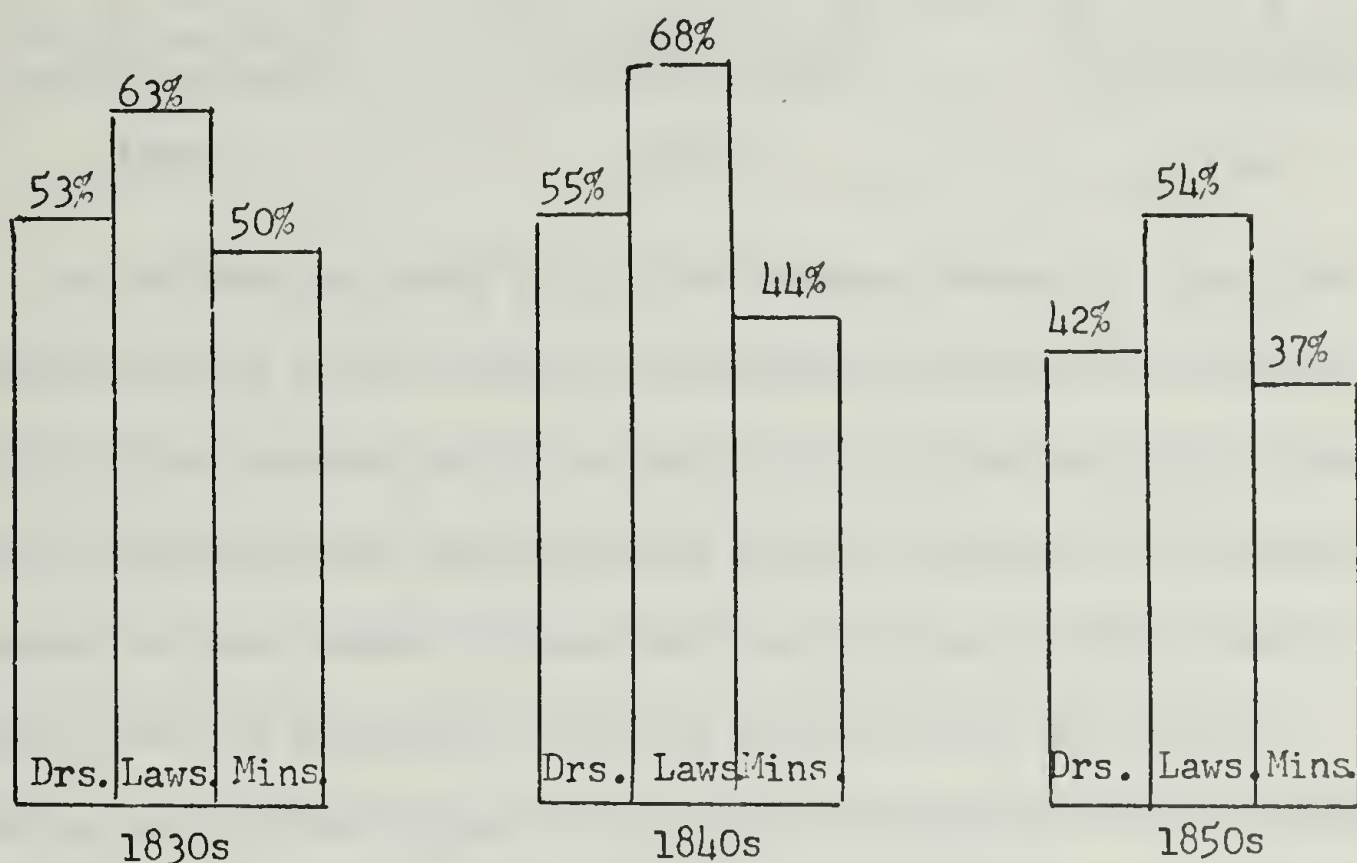
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<sup>11</sup>See Reed, Training for the Public Profession of the Law, pp. 442-443; Chroust, The Rise of the Legal Profession, vol. 2, especially Chapter 1; and Daniel J. Boorstin, The Americans: The National Experience (New York: Vintage Books, 1965), pp. 35-42. Both Boorstin and David Grimstead, "Rioting in Its Jacksonian Setting," American Historical Review 77 (April, 1972): 361-397, describe the public dislike for the American legal system and mention that these attitudes carried over -- affecting the self-image of lawyers.

<sup>12</sup>The other occupational categories were: doctors - 12%; ministers - 23%; professors - 2%; teachers - 9%; businessmen - 7%; farmers - 3%; engineers - 1%; others - 4%; and unknowns - 3%.

profession, and 27% of the ministers. Similarly, lawyers led in the attainment of long-term practices. An average of two-thirds of the lawyers between 1800 and 1860 attained at least one ten-year practice (see Graph 3), and 38% of them, between 1830 and 1860, established a lifelong practice in one community. Only 23% of the doctors and 8% of the ministers enjoyed such professional stability.

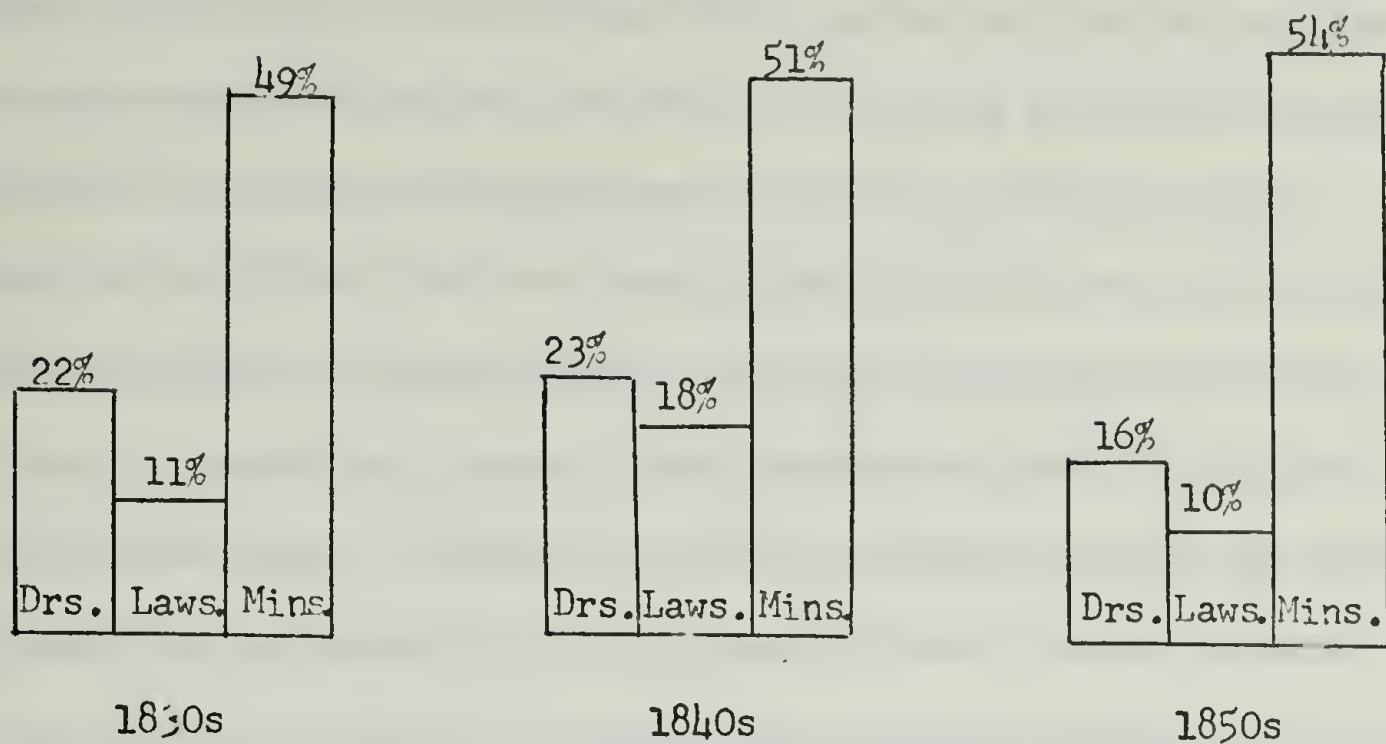
Graph 3. Attainment of a Long-term Practice (10+ years) for Doctors, Lawyers, and Ministers, 1830-1860.



Also, the number of lawyers who either chose or were forced by circumstances to practice in more than two communities was significantly lower than the other professional groups after 1830. Their slight difficulties in the 1840s may reflect the culmination of the democratization movement as well as the impact of incipient overcrowding and the general prosperity of the country, which may have cut into the number of cases, especially debt collections.



Graph 4. More than Two Practices for Doctors, Lawyers, and Ministers, 1830-1860.



On an average, only 27% of the lawyers turned to some other profession during their careers, as compared to 35% of the ministers and 39% of the doctors; and more than half of those who did so became heads of commercial and manufacturing firms, directors of banks and railroads, or real estate brokers and land agents. Being a lawyer obviously had its advantages. Having contacts with the world of commercial enterprise helped to keep the unemployment rate of lawyers at a low of 9%, nearly half that of doctors, and one-third that of ministers. Lawyers improved their professional standing throughout the first half of the nineteenth century, and especially in comparison with the declining position of medical men.

But what of the profession that will be concerning us more

specifically in this study: medicine? As a professional class, doctors, too, suffered from the anti-intellectualism, individualism, and democratization of the period. Beginning shortly after the Revolution, state after state empowered medical societies to regulate their own profession: Massachusetts in 1781; New Hampshire, Connecticut, New York, and Maryland in the 1790s; Ohio and Rhode Island in 1812; and South Carolina in 1817. By 1830, the legislature of all but three states had taken this step. In practice, however, this development was not as significant as it might seem. The laws generally provided only for the granting of licenses and occasionally for a miniscule fine if a man practiced medicine without a license. In many cases the state medical societies were not given the power to collect the fines, nor to revoke a license once granted. The only real advantage for a physician in joining a medical society was that he then could sue in court to collect unpaid fees from his patients; an unlicensed doctor had no standing at the bar. Even these generally ineffectual regulatory measures ran counter to powerful egalitarian currents of the day. By 1844, most states had repealed their legislative actions and only New Jersey retained medical licensing laws after 1852. The medical field was wide open.<sup>13</sup>

Even more damaging than the repeal of licensing legislation was

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<sup>13</sup>For the history of American medical licensing, see Joseph F. Kett, The Formation of the American Medical Profession (New Haven: Yale University Press, 1968), especially chap. 1 for Kett's general conclusions; Rothstein, American Physicians, pp. 63-81; Shafer, The American Medical Profession, pp. 200-214; and Richard H. Shryock, Medical Licensing in America, 1650-1965 (Baltimore: The John Hopkins Press, 1967), pp. 3-42.

the medical profession's inability to deal with disease. "Heroic" medicine was painful and ineffective.<sup>14</sup> The cholera epidemics in 1832 and 1849 (as well as earlier ones of diphtheria, small pox, and yellow fever) made clear to Americans the impotence of their doctors. Five different physicians might prescribe as many different remedies -- none of which helped.<sup>15</sup> While this ineffectiveness stemmed in part from the state of early nineteenth-century American medical knowledge, it was also due to the reluctance of orthodox doctors to adapt and experiment. In such circumstances, it is hardly surprising that "irregular physicians," as they were dubbed by the orthodox, flourished. The practice of other than orthodox medicine was not a new threat to the doctors. According to Joseph Kett, in 1760 there were ten domestic practitioners for every regular physician.<sup>16</sup> In 1763, doctors in Norwich, Connecticut, urged the legislature "to Distinguish between the Honest and Ingenious Physician and the Quack or Empirical Pretender" and doctors in other areas made similar complaints.<sup>17</sup> The crucial difference in the early nineteenth century was the growing number of "irregulars."

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<sup>14</sup>Early nineteenth-century medicine was dubbed "heroic" because of the courageous spirit needed by the patient in order to withstand the physically harsh treatment.

<sup>15</sup>For the inability of physicians to deal with cholera and the resultant loss of status see Rosenberg, The Cholera Years especially chaps. 4 and 9. A classic example of multiple advice was that related by Samuel Thomson (1769-1843), the founder of the Thomsonian movement. When his wife became ill Thomson called in seven different physicians and upon seeing their lack of success and hearing them dispute among themselves promptly dismissed them and took over the care of his wife himself. As cited in Rothstein, American Physicians, pp. 130-131.

<sup>16</sup>Kett, The Formation of the American Medical Profession, p. 179.

<sup>17</sup>Rothstein, American Physicians, p. 73.



Samuel Thomson and his followers became the particular bane of the physician in the 1820s and 1830s. Poverty-stricken, unschooled and embittered against regular medicine for its inability to help his wife when she fell ill, Thomson devised his own panacea for illness which he unveiled in 1822 in his New Guide to Health: or, Botanic Family Physician, containing a Complete System of Practice, on a Plan Entirely New; with a Description of the Vegetables made use of, and Directions for Preparing and Administering Them, to Cure Disease, to which is Prefixed, a Narrative of the Life and Medical Discoveries of the Author. Thomson's plan of treatment was relatively simple. After deciding that all disease occurred as a result of loss of heat, and finding steam baths ineffective, he developed an alternative method of restoration using emetics and laxatives of a vegetable nature.<sup>18</sup>

The substitution of vegetable concoctions for supposedly harsher minerals was not the only plane upon which Thomsonians attacked the regular profession. Samuel Thomson was an adept salesman with the gambit that every man could treat himself. For twenty dollars, Thomson's agents would sell the secret of the remedies to families as long as they pledged secrecy, and to doctors only if they backed up their pledge of secrecy with \$500. Thomson himself roved the hills and valleys of the country during the 1820s and his followers converted hordes of people, not only in New England, New York, and Ohio, but also throughout the

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<sup>18</sup>Samuel Thomson (1769-1843) worked on his father's farm in Alstead, New Hampshire, as a youth and experimented with various herbs. Unable to obtain effective treatment for his wife, despite consulting several doctors, Thomson became embittered against the regular profession. He successfully treated himself, and later his wife, daughter, son and several neighbors, with his vegetable concoctions. His fame spread quickly and he launched his new career. See James Harvey Young, The Toadstool Millionaires (Princeton: Princeton University Press, 1961), pp. 44-46.

South. Although they attracted mainly the lower class, to whom a less costly medicine would appeal most strongly, they also enticed every class in the South and Midwest. Even some orthodox physicians used Thomson's vegetable remedies as part of their treatment.

The Thomsonian movement assailed the medical profession at its most vulnerable point. The movement offered less costly medical treatment, seemingly less harsh remedies, alternative systems of treatment, less reliance on a group of learned men, and the opportunity to gain access to the secrets of a closed field. Thomsonianism appealed to all those who were caught in the vise of expensive medical care and all those who felt the need to vent their resentment of intellectuals, professionals, monopolists, and aristocrats. <sup>19</sup>

Since, in varying degrees, anti-intellectualism had operated against physicians in all eras, it was significant to the individual orthodox doctor that Thomsonian practitioners actually stole his patients. According to various complainers, Thomsonians converted one-sixth of Boston's inhabitants in the 1820s, from one-third to one-half of Ohio's population, and by 1835 half of Mississippi's population. <sup>20</sup>

Other medical movements similarly cut into the regular doctor's source of income. One even more influential and longer lasting than Thomsonianism was homoeopathy. Homoeopaths at first seemed less

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<sup>19</sup>For the treatment of the Thomsonian movement in detail, see Young, The Toadstool Millionaires, pp. 44-57; Rothstein, American Physicians, pp. 125-151; and Kett, The Formation of the American Medical Profession, pp. 97-131. Kett is particularly perceptive in his handling of the political and cultural repercussions of the movement.

<sup>20</sup>As cited in Young, The Toadstool Millionaires, p. 57.



threatening to the regular profession in that they were not so closely tied to radical political and social movements, but they proved more forbidding because they became a powerful sect which challenged the exclusiveness of the regulars.

Originating in Germany with Samuel Hahnemann and introduced in this country in 1825 by Hans Gram, homoeopaths worked on the principle of similia similibus curantur, i.e., what caused an illness in a healthy person would cure the same illness in a sick person. They coupled this principle with a drastically reduced dosage of drugs. Offering an appealing way of natural physical restoration and rejecting the prevalent "heroic" treatment of the day, which probably killed more patients than it cured, homoeopathy flourished. It attracted especially middle and upper urban classes, mainly because most of its first practitioners were well-educated Europeans and well-established urban medical converts. Less likely in times of illness to turn to nostrums or evangelistic-type practitioners, the privileged classes were impressed by the education and culture of the homoeopaths. But the homoeopaths did not rely on foreigners and converts alone, they quickly established formal medical schools to replenish their ranks, and claimed equal rank with the established medical men. At least 2400 homoeopaths set up practices between 1835 and 1860; the regulars felt the pinch. <sup>21</sup>

Less widespread and more faddish as rivals to the regular medical profession were eclectics, hydropaths, and Grahamites. Eclecticism, founded by Wooster Beach of Trumbull, Connecticut, spread throughout

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<sup>21</sup>See especially Kett, The Formation of the American Medical Profession, pp. 132-164 for the best historical scholarship on homoeopathy.



New York in the 1820s and 1830s. Based on milder vegetable treatments and given an impetus, especially in western New York, by its opposition to "King-craft, Priest-craft, Lawyer-craft, and Doctor-craft," its botanical societies and schools spread. Beach founded a medical school in Cincinnati in 1845, adopted a plan of free tuition, and consequently drew 200 to 300 students annually from Ohio, the surrounding states, and the South and East. Grahamism and hydropathy became popular alternatives, not only to regular medicine, but to any medicine at all. Both Sylvester Graham (1794-1851) and T. H. Trall (the populizer of hydropathy) preached a healthy doctrine based on diet, exercise, and regular bathing, all aimed at preventing debilitation. Without debilitation there would be no need for doctors or their drugs. <sup>22</sup>

Thomsonianism had run its course by the end of the 1830s, but homoeopathy, eclecticism, and the popular health movement took its place as rivals to the medical profession.

A far more long-standing and deeply-entrenched rival posed equal difficulties for doctors. Early in colonial America exposure to Indian remedies and the availability of English patent medicines established the habit of self-dosing. Cut off from English trade during the Revolution, enterprising American entrepreneurs manufactured bottles and contents resembling those of the familiar English products, sold the contents at half price, and launched a new native industry. Soon

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<sup>22</sup>The growth of eclecticism is outlined by Rothstein, American Physicians, pp. 218-221 and Grahamism and hydropathy as social forces are treated in Richard H. Shryock, Medicine in America (Baltimore: The John Hopkins Press, 1966), pp. 111-125.

American manufacturers were inventing distinctive and colorful names for their products, publishing catalogues, and using alluring advertising to capture the public. Stressing the mildness of their remedy and listing every possible general symptom on the labels, patent medicine vendors convinced the ill, and many who were not, that a dose of "Bilious Pills" or "Swaim's Panacea" would be less harrowing, less costly, and probably more effective than a call on the local physician.<sup>23</sup>

Urbanization and industrialization created a favorable social climate for the spread of patent medicines. Long hours, bad working conditions and crowded living were beginning to take their toll on American health, and increasingly people turned to nostrums for general weakness, back pains, loss of weight, despondency, or "fluttering about the heart." The growth of inexpensive newspapers and weekly magazines, aided by lower postal rates, helped spread the word that the cure for the working man's ill-defined pains lay close at hand. Vendors went to great lengths to advertise their wares. Competition was stiff and many men failed, but some reaped great profits. A congressional committee in 1849 found that Benjamin Brandeth, an English immigrant, while spending \$100,000 a year to advertise his Vegetable Universal Pills, was still earning \$600,000 annually. Brandeth's success may not have been typical, but the more limited enterprises of thousands

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<sup>23</sup>Although most medical historians treat the influence of patent medicines in some cursory form, the best and most detailed work is Young, The Toadstool Millionaires.



of other nostrum vendors constantly harrassed the position of the local doctor.<sup>24</sup>

Medical men also faced lack of uniform standards, poor medical programs, institutional wrangling, and individual bickering and jockeying for power. The prestige of pre-revolutionary medical schools had made a degree an acceptable license and the only requisite for opening an office. But after the Revolution, as the general quality of the medical schools declined drastically and as their numbers proliferated, the status that went with a medical degree declined correspondingly. Between 1810 and 1840, while medical societies, colleges or various groups of physicians were establishing thirty-one "regular" medical schools; countless homoeopathic, eclectic, Thomsonian and other "irregular" schools -- all without any uniform policy for regulation or governance -- were springing up as well.<sup>25</sup> As Table 1 shows, some

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<sup>24</sup>Although the nostrums are generally referred to as patent medicines, few of the vendors actually acquired patents after 1836 when the law required revelation of the concoction's ingredients. Many did, however, take advantage of the copyright laws for the labels and other advertisements. The saga of Benjamin Brandeth is recounted in Young, The Toadstool Millionaires, pp. 75-89.

<sup>25</sup>In the 1820s thirteen new schools appeared, fourteen more in the 1830s, and twenty more before 1850. Fifteen of the 47 were founded in areas already served by other medical schools. By 1846, Philadelphia encompassed five medical schools and New York City, four.

At least a dozen irregular schools left some record of their existence: Reformed Medical College of the City of New York (before 1830); Medical Department at Worthington College, Ohio (1830); North American Academy of Homoeopathic Medicine, Allentown, Pennsylvania (1835);



"regular" medical schools had clinical facilities; but most did not.

Table 1. Availability of Medical Schools with Clinical Facilities.

	Founding dates:						Total by 1850
	<u>pre-1800</u>	<u>1800s</u>	<u>1810s</u>	<u>1820s</u>	<u>1830s</u>	<u>1840s</u>	
Clinical facilities	3	2	0	5	11	5	26
No clinical facilities	1	0	4	8	3	15	31

Thirty-one provided no opportunity for bedside learning and even among the twenty-six which did, nearly half provided either intermittent or poor facilities. The Medical Department of Harvard opened in 1782 but did not affiliate with any hospital until the Massachusetts General Hospital opened in 1821, and even then the ratio of students to patients was so high as to preclude any practical clinical experience; Jefferson Medical College had no hospital of its own for the first twenty-three years of its existence; and the Medical College of Ohio and the Medical Department of Cincinnati College fought for years over the use of the Commercial Hospital. Of all the medical schools, the

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Literary and Botanico-Medical Institute of Ohio, Columbus (1839); Southern Botanic-Medical College, Macon, Georgia (1839); Reformed Medical School of Cincinnati (1843); Worcester Medical School (1846); Scientific Medical and Eclectic Institute of Virginia, Petersburg (1847); Homoeopathic Medical College of Pennsylvania, Philadelphia (1848); Central Medical College of New York, Syracuse (1849); New England Female Medical College, Boston (1852); and Hahnemann Medical College of Chicago (1855). See Norwood, Medical Education in the United States, pp. 416-422 and Francis R. Packard, History of Medicine in the United States, vol. 2 (New York: Hafner Publishing Company, 1963), pp. 1227-1239. The above schools were the most prominent ones but dozens of others "sprang up like cattails in a swamp" according to Norwood.

University of Pennsylvania School of Medicine and the College of Physicians and Surgeons in New York gave their graduates adequate clinical experience.<sup>26</sup>

Inferior medical training was not the result of poor clinical facilities alone. Although a few schools boasted adequate and stable faculties, most did not.<sup>27</sup> Wholesale resignations or dismissals of teaching staffs were common. Faculty members of even the most notable schools squabbled. Francis S. Beattie and John Barnes divided the faculty and trustees at Jefferson Medical College, Nicholas Romaine quarreled with his fellow professors at the College of Physicians and Surgeons, and Daniel Drake fought John Moorhead over control of the Medical College of Ohio. Drake participated in another activity typical of the trustees and faculties of medical schools of this period -- he worked to annihilate a rival school. Although Drake was unsuccessful, his attempt, and similar ones, like the University of Pennsylvania's running controversy with Jefferson Medical College over clinical facilities, added nothing to public confidence in medical schools and their graduates.

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<sup>26</sup>Norwood, Medical Education, gives an excellent sense of the growth and widespread lack of quality of medical schools in the antebellum period. This and the following material on medical education is based on an analysis of Norwood's description of each individual school.

<sup>27</sup>Despite other drawbacks, schools noted for their excellent faculties were: the College of Physicians and Surgeons of the Western District of the State of New York, the Medical School of Maine, Geneva Medical College, Albany Medical College, the University of Pennsylvania School of Medicine, the Medical School of Harvard University, and Jefferson Medical College.



The battle for students was equally disruptive. High enrollments were important to the faculty since each professor personally received a fee for his course from each student, as well as one on examination and graduation.<sup>28</sup> This fee collection system led to the lowering of standards for acceptance into the schools as well as to the poor quality of instruction. Although they professed strict requirements for entrance and graduation, many schools ignored lack of preliminary education, shortened school terms, lowered fees and demanded little but sporadic attendance at two terms of lectures -- the second-term lectures being exact duplicates of the first. Even the prestigious University of Pennsylvania, fearing a loss of students, neglected to enforce its standards. Other schools followed Pennsylvania's example, producing a flood of poorly-prepared physicians.<sup>29</sup>

This scandalously poor quality of medical education led to the founding of the American Medical Association. The movement began in New England. In December, 1825, the Vermont Medical Society pleaded with the societies and schools of New England and New York to adopt a uniform standard for granting licenses and degrees. Vermont's recommendations were not new, except for the suggestion that a Bachelor of

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<sup>28</sup>Only the Medical Department of the University of Virginia provided salaries for its professors in the 1830s. The University of Michigan Medical School experimented with salaries for its professors when it opened in 1850, however, the practice did not become generally accepted until the last half of the nineteenth century.

<sup>29</sup>The requirements were: a knowledge of Latin and natural and experimental philosophy, three years of private tutelage under a respectable practitioner, attendance on two terms of lectures, preparation and defense of a thesis in Latin or English, the passing of all appointed examinations, and a minimum graduating age of twenty-one.



Medicine degree be granted after the completion of a formal program of medical schooling and the Doctor of Medicine only after seven years' practice. Connecticut and New Hampshire approved, and the Massachusetts Medical Society reported in favor of all the Vermont proposals, suggested the Society adopt the standards regardless of the others' action, and proposed a regional convention for 1827.<sup>30</sup>

Meeting at Northampton, Massachusetts, in June, 1827, the New England delegates adopted the following requirements for licensure: a Bachelor of Arts degree or proof of a sound knowledge of English, Latin, geometry, and natural philosophy; three years of medical and surgical study at a respectable college or four years of study with a licensed physician; and attendance at one full course of lectures at an incorporated institution with concomitant dissertation and examination. For a degree of Doctor of Medicine, the requirements were extended to two courses of lectures, plus additional studies of botany and medical jurisprudence.

General acceptance by the six New England state medical societies followed. The New York Medical Society not only accepted the proposals, but suggested a national convention "for the purpose of suggesting and recommending for adoption . . . a more uniform system

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<sup>30</sup>The Medical Faculty of Bowdoin College accepted the invitation and further extended it to all the medical institutions in the United States -- the first call for a national medical convention.

The history of early attempts to establish a national medical association is carefully documented in Byron Stookey, "Origins of the First National Medical Convention," Journal of the American Medical Association 177 (July 15, 1961): 133-140.

of medical education than now prevails." <sup>31</sup> Apparently this convention never met, but the idea of establishing a national convention to regulate education was kept alive throughout the 1830s and early 1840s.

Predictably, medical schools opposed the idea. Every resolution coming out of state and regional meetings laid the blame for the poor quality of physicians on the schools and their failure to maintain standards. At every opportunity, powerful bodies like the University of Pennsylvania Medical School aborted efforts to establish nationally enforced standards for medical education. In 1846, the New York Medical Society finally issued a convention call to which state societies and schools responded. Only about one-third of the schools attended in 1846, but in 1847 when the convention established itself as a permanent body, twenty-eight medical colleges sent delegates. <sup>32</sup>

At that first meeting in 1846, a committee on education had recommended the raising of medical school standards, and asked for longer terms, graded and differentiated lecture courses, election of new medical faculty members by all departments, and direct pay for faculty rather than the insidious fee arrangement. The AMA, as a voluntary organization, could only suggest improvements, and thus the fear of losing students to less stringent institutions continued to pit the medical colleges against reform. But once established to deal with a field overcrowded with poorly educated practitioners, the AMA

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<sup>31</sup>As cited in Byron Stookey, "Origins of the First National Medical Convention," 128.

<sup>32</sup>The title "American Medical Association" was not adopted until the 1848 meeting.

continued to criticise the poor quality of the many medical school graduates.<sup>33</sup>

All the available sources document the overcrowding of the field which so concerned the AMA. An AMA committee reported in 1847 that there was one doctor for every five hundred people in the country. Some areas were worse. In the late 1830s, the Boston Medical and Surgical Journal had noted that in Chicago there was one doctor for every two hundred people and in Cincinnati, one for every fifty.<sup>34</sup> To all the leading medical spokesmen of the day these ratios were absolutely intolerable and constituted a crisis situation. A recent study of doctor-population ratios in New England towns and my study of other regions confirm such an overflow of doctors, at least for the 1810-1840 period. The ratios were

1790s	1:668	1820s	1:575
1800s	1:795	1830s	1:542
1810s	1:597	1840s	1:668

But these averages per decade obscure some even more surprising local statistics. In Litchfield County, Connecticut, for example, the ratio dipped as low as one doctor to 379 people in the 1830s. In Cheshire

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<sup>33</sup>Both Kett, The Formation of the American Medical Profession, pp. 170-177 and Rothstein, American Physicians, pp. 114-121, treat the early years of the AMA.

<sup>34</sup>As cited in Rothstein, American Physicians, p. 98 and Shafer, American Medical Profession, p. 166.



County, New Hampshire, the nadir was reached in the 1810s -- 1:409 -- and rose only to one in 449 in the 1820s. <sup>35</sup> In my study, the ratio of doctors to population was lower than one to six hundred in two-thirds of the twenty-eight communities. <sup>36</sup>

Although the statistics might suggest that the most obvious places for aspiring doctors to begin their practices were communities like Jaffrey, New Hampshire; Cambridge and Dorchester, Massachusetts; Mobile, Alabama; and, perhaps, Philadelphia and Boston -- even some of these places had drawbacks hidden by general statistics. Philadelphia, for instance, was inundated with medical schools and, consequently, with medical students who usually served their preceptorships while attending lectures. The physician of Philadelphia with the aid of his apprentices could handle a larger case load with less demand on his time than the country doctor. The situation was similar for Boston

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<sup>35</sup>The ratios of doctors to population are taken from Barnes Riznik's computer study which he used as the basis for his article, "The Professional Lives of Early Nineteenth-Century New England Doctors," Journal of the History of Medicine and Allied Sciences 19 (1964): 1-16, and for his longer and more detailed paper of the same title at Old Sturbridge Village, Sturbridge, Massachusetts.

<sup>36</sup>For the results of my study, see Appendix A. Data for the cities on the list was gathered from twenty-five published city directories, (see Bibliography), although relying on city directories for information sometimes creates a different situation from what actually existed in as much as compilers frequently missed people in their listings. For other communities, I relied upon the results of Riznik's computer study.

The majority of the communities selected were those which were either birthplaces or places of business for the men who form the main subject of this thesis. The choice of communities was sometimes limited by the availability of the data.

and the neighboring communities of Dorchester and Cambridge. Other than these few communities, expectations were bleak. Nearly everywhere, doctors faced a field full to overflowing.

Even towns with an apparently favorable ratio were not immune to the hazards of overcrowding. From 1790 to 1840, Jaffrey, New Hampshire, a town of less than 1500 people, barely grew. If more than one doctor settled in Jaffrey, or similar communities, the source of the resident doctor's livelihood diminished and the new physician was in an equally bad position. <sup>37</sup>

If there was so little opportunity to gain success, why the continuing influx of medical students into an already flooded field? One answer may be that physicians could still look at fee schedules and think in terms of future prosperity. The bulk of the ordinary physician's work consisted of advice, visits, consultations, dressing of wounds and abscesses, setting fractured bones, vaccinations, extraction of teeth, midwifery services, and the preparation of medicines. Although there were differences in recommended charges in urban and rural areas, medical aspirants could be easily influenced by prospec-

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<sup>37</sup>Jaffrey's doctor-patient ratio zigzagged throughout the first half of the nineteenth century:

	<u>Number of doctors</u>	<u>Doctor-patient ratio</u>
1790s	2	1:618
1800s	3	1:447
1810s	3	1:445
1820s	1	1:1339
1830s	2	1:677
1840s	1	1:1411



tive expectations of success. <sup>38</sup>

Reality, of course, varied sharply from expectation -- doctors, especially in rural areas, often could not collect their fees. Fee bills were filled with this complaint, as were medical journals and doctors' accounts. The very purpose of publishing fee bills was to standardize fees, to facilitate the regular collection of debts, and to attempt to eliminate undercutting -- all reflections of the precarious position of orthodox physicians. But studying at centers of medical education, these fledgling physicians were exposed daily to mentors who were economically successful in combining general practices with highly remunerative teaching and apprentice fees. Annual incomes exceeding \$8000 were not uncommon. Although, comparatively, a rural physician might expect an income in money and kind of only \$500-\$1000, this still placed him above the economic level of most other professionals -- if he could only collect his fees. <sup>39</sup>

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<sup>38</sup>Rosen, Fees and Fee Bills, reprints the extant fee bills from the first half of the nineteenth century. The urban areas include New York City, 1816; Boston, 1817; Washington, D.C., 1833; Philadelphia, 1834, 1843, and 1848; Allegheny County, Pennsylvania, 1848; and Richmond, 1853. The rural areas include Lowell, Massachusetts, 1837; Washington County, New York, 1838; Norwich, Connecticut, 1843; Addison County, Vermont, 1843; and Nottoway County, Virginia, 1853.

<sup>39</sup>Typical incomes for physicians of the Jacksonian period are difficult to discern. Sidney H. Aronson in Status and Kinship in the Higher Civil Service (Cambridge: Harvard University Press, 1964), p. 48, says a good physician could make between \$4000 and \$5000 annually. Aronson bases his figure on Evarts B. Greene, The Revolutionary Generation (New York: The Macmillan Company, 1943), p. 93, who, in turn bases his figure on one example of Benjamin Rush's income of 900 pounds. Rothstein in American Physicians uses Shafer's American Medical Profession incomes, but opts for Shafer's lowest figures. Shafer does not attempt to conclude about average or typical incomes, but remarks that his sources for citations, day books and account books, "are those of prominent and successful doctors, and not those of the small country doctor or impoverished city doctor who could hardly



There were, of course, successful doctors. Indeed as Richard Shryock has suggested, many a local practitioner may have benefited from the general disrepute of the profession by clearly being an exception and therefore gaining even greater esteem from his patients and community.<sup>40</sup> Other indicators support Shryock's surmises about this success. In the first half of the nineteenth century, anywhere from eight to twenty doctors represented their districts in Congress, and at least 5% of the doctors in my study, reported earlier in this chapter, held elective office at some time. Doctors chosen for the faculties of prestigious medical schools like Harvard, the University of Pennsylvania, or the College of Physicians and Surgeons garnered respect and status. Members of elite medical societies, like the Massachusetts Medical Society, were generally prosperous and highly regarded. There were notables in every city -- Daniel Drake of Cincinnati, for instance, and George C. Shattuck of Boston. Charles Eliot Ware, after receiving his B.A., M.A., and M.D. from Harvard, settled down to a long, prosperous life made possible by his Boston practice. And David Humphrey Storer graduated from

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afford to keep accounts." (p. 169). For an analysis of incomes for rural New England doctors see Barnes Riznik, "The Professional Lives of Early Nineteenth-Century New England Doctors." See also, Rosen, Fees and Fee Bills, pp. 7-19, passim.

<sup>40</sup>See Richard H. Shryock, "Public Relations of the Medical Profession in Great Britain and the United States: 1600-1870," Annals of Medical History n.s. 2 (1930): 337, fn. 99.

Bowdoin with an M.A. in 1825, in the same year received his M.D. from Harvard, and opened an office in Boston. Within twelve years he helped establish the Tremont Street Medical School and had been elected to the Chair of Obstetrics at Bowdoin. After serving for seventeen years on the Bowdoin faculty (while maintaining his Boston office), Harvard elected him Professor of Obstetrics and Medical Jurisprudence. Further recognition came for Storer in the deanship of the Harvard Medical Faculty and in the presidency of the AMA. <sup>41</sup>

And some less renowned doctors had equally successful and stable careers. Noah Hardy practiced all his life in his hometown of Hollis, New Hampshire, as did Benjamin Franklin Heywood in Worcester, Massachusetts, and William Atwater in Westfield, Massachusetts. Milton Bradford not only practiced in his hometown of Woodstock, Connecticut, for 47 years, but served in the state legislature. Other doctors also were effective vote-getters. The people of Vergennes, Vermont, elected William Smith Hopkins as their mayor and twice sent him to the state House of Representatives. Even many who moved West reached positions of some respect, like Samuel Tuttle, a Vermonter, who served as an Indiana county court judge for four years. Others established lifelong practices in western communities: Horace Potter in New Lisbon, Ohio; Josiah Howes in Burlington, Iowa; Storrs Hall

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<sup>41</sup>The career of Storer (Class of 1822) is outlined in the General Catalogue of Bowdoin College and the Medical School of Maine, 1794-1850 (Portland, Maine: The Anthoensen Press, 1950) and the sense of a lucrative career for Charles Eliot Ware is evident in the materials contained in his biographical folder at Harvard, Harvard Quinquennial File, Harvard University Archives.



in Rosendale, Wisconsin; and Francis Brown Clark in Benecia, California. <sup>42</sup>

But this was not the usual pattern. My study of college graduates indicates that only about one-fourth of the doctors remained in practice in a single community, and the percentage dropped steadily throughout the period of the study: from 33% in the 1800s to 13% in the 1820s and 11% in the 1830s and 1840s. <sup>43</sup>

Since less than one-half of one percent of the population attended college in the Jacksonian period, college graduates were a relatively elite group, one with higher expectations than the general

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<sup>42</sup>For Hardy (1812), Heywood (1812), and Clark (1843), see George T. Chapman, Sketches of the Alumni of Dartmouth College (Cambridge, Mass.: Riverside Press, 1867) For Hopkins (1846), Tuttle (1818), and Hall (1838), see Walter E. Howard and Charles E. Prentiss, Catalogue of the Officers and Students of Middlebury College in Middlebury, Vermont (Middlebury, Vt.: Published by the College, 1901). For Atwater (1807) and Potter (1804), see Franklin Bowditch Dexter, Biographical Sketches of the Graduates of Yale College New Haven: Yale University Press, 1912), vols. 5 and 6. For Bradford (1828), see Historical Catalogue of Brown University, 1764-1904 (Providence, R.I.: Published by the University, 1905). And for Howes (1844), see General Catalogue of Bowdoin College.

<sup>43</sup>Riznik found that two-thirds of his New England doctors established a practice in one community and never moved. The disparity in the figures occurs because Riznik's figure is based on the entire period from 1790-1840, and therefore does not reveal the growing instability of the profession in the later decades. Another explanation of the difference involves the type of men studied. Riznik considered every man who either claimed to be, or was acknowledged to be, a doctor as subjects of his study. He found less than 10% of his men to be college graduates and no more than one-third of them to be even medical school graduates. The rural doctors of the Riznik study were generally trained in the more conservative tradition of preceptorship and more likely to stay put.



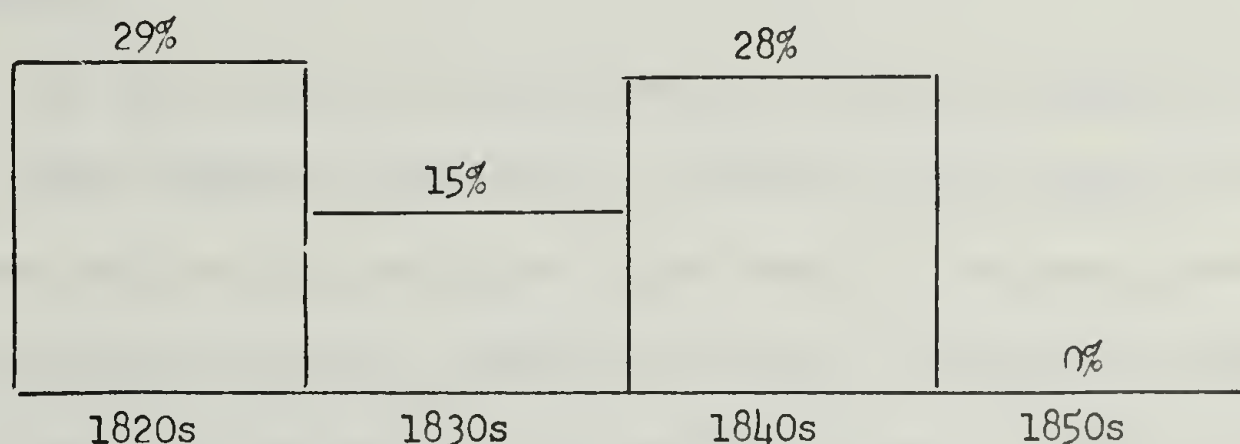
population and presumably greater opportunities and contacts. Four years of college, in many cases three more years to attain a master's degree, and then more years of professional training, understandably built hopes for professional success. Since nearly 45% of the college-graduate doctors began practices in urban areas, their chances were increased. Professorships on medical faculties, seats on medical boards, positions as institutional visitors or administrators, activities in exclusive medical societies, and occasional political office beckoned city doctors.

Despite the apparent advantages of an urban practice, the geographic stability of some rural doctors, and the education and training of many college-graduate physicians; doctors in the second quarter of the nineteenth century not only experienced spiritual doldrums, but also, practically speaking, faced an overall decline in their prospects for making a successful living. Many had spent long years in preparing to be doctors. Three-year apprenticeships were usual, but of the more than three hundred doctors in my study, all attended four years of college and two-thirds had an M.A. In the post-1820 sample, ninety percent had graduated from medical school as well. Yet almost half never stayed in any place for more than ten years. Of those who did establish long-term practices, only one-third did on their first attempt. And by the third attempt, in their third community, an average of 43% of these doctors opening offices between 1820 and 1860 still had not settled down. As the

situation worsened, it would seem that medical students spent more time in preparing themselves, even delaying marriage and fatherhood.<sup>44</sup>

If the situation was discouraging for most new doctors, it must have been more so for those fifty percent in my study who never did attain success as practicing physicians.<sup>45</sup> By any standard of measurement, these "unsuccessful doctors" did not succeed in making a living from medicine. As illustrated in Graph 5, most simply could not get started.

Graph 5. Percentage of Long-term Practices (10+ years) for "Unsuccessful Doctors."



Their history of unemployment was not only worse than that of doctors

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<sup>44</sup>Late marriages reached a peak in the 1830s at 30.3 years of age, although the age was nearly as high in preceding decades. In the same period the new doctor waited over five years after beginning practice before he took on the added responsibility of a wife and family.

<sup>45</sup>Those who did not attain success as practicing physicians, or "unsuccessful doctors" as they will be referred to, are defined as those who never attained a practice of at least ten years and/or those who had some other occupation not considered to be upwardly mobile in the medical field, such as becoming a druggist.

in general, but it was the worst when compared to all other professions. Although these failures zealously sought other work, still their unemployment rate was high. Of the 137 "unsuccessful doctors," there is no record of employment for twenty percent. Some presumably just gave up--including those whose family affluence made continued professional activity unnecessary. Others were lost track of by alumni secretaries and other recorders of history, or simply chose not to document the details of their less professional activities.

But by far the greater number of these "drop-outs" found some sort of alternative occupation necessary. Thirty-seven percent (41) of the "unsuccessful doctors" turned to fields totally unrelated to medicine. For ten of these men, the change was clearly a change in career direction: eight entered the ministry and two became lawyers. The remainder became businessmen, teachers, farmers, writers, librarians, or engineers.

The path was not always smooth for those who changed occupations. Zerah Hawley of Farmington, Connecticut, for example, having practiced medicine and dentistry in New Haven for thirteen years with "but indifferent success," trekked off to Ohio. Failing to establish himself there, Hawley returned to New Haven where "he endeavored to add to his resources by taking pupils." At the age of fifty-four he retired to the family farmlands. In a space of just six years, Ebenezer Clark Smith of Washington, Connecticut, practiced in Branford and Enfield; taught for three years in Henderson, Kentucky; practiced for less than three years in several towns in Ohio; and finally settled down to farm in Minnesota. Transplanted from Hillsboro, New Hampshire, to Providence, Rhode Island, Joshua Bicknell Chapin successively



practiced medicine, opened a drug store, worked as a photographer and edited the Rhode Island Schoolmaster. Ezekiel Holmes of Kingston, Massachusetts, practiced medicine in Paris, Maine, from 1824 to 1829, and in Winthrop from 1832 to 1833. In between he taught natural sciences at the Gardiner Academy and edited the Farmers' and Mechanics' Journal and the American Standard. Later, for a short period, Holmes lectured on chemistry and natural history at Waterville College, but spent the rest of his thirty years as editor of the Maine Farmer and surveyor of public lands. <sup>46</sup>

The occupational hazards of the profession were many, but forty-three percent of the "unsuccessful doctors" never fully severed their relationship with medicine. These fifty-nine men continued to eke out a living in jobs related to medicine. Fourteen of them became professors for short periods in some of the "medical schools" that dotted the countryside. Others turned to dentistry and pharmacy, both new specializations in the early nineteenth century and not yet as established as general medicine. <sup>47</sup> At least eight made careers as

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<sup>46</sup>For Hawley (Yale, 1803) see Dexter, Biographical Sketches of the Graduates of Yale College, vol. 5 for Smith (Yale, 1836) see Obituary Record of Graduates of Yale College (New Haven: Tuttle, Morehouse and Taylor, 1860-1910); for Chapin (Brown, 1835) and Holmes (Brown, 1821) see Historical Catalogue of Brown University, 1764-1904.

<sup>47</sup>Dentists professionalized earlier than pharmacists. The National Society of Dental Surgeons was organized in 1839, but the American Pharmaceutical Association was not founded until 1852. Both specializations had more impact on urban doctors than on rural. See Richard H. Shryock, Medicine and Society in America, 1660-1860 (New York: New York University Press, 1960), pp. 151-153.

surgeons in the army or navy, and twice that many served short terms as hospital administrators or visitors. Their occupational history was one of moving from place to place and from venture to venture.

Geographic and career mobility, of course, was not especially unusual in the Jacksonian era. Complaints about the instability of society and the disruption of personal lives were common. European visitors like Alexis de Tocqueville detected the restlessness and observed that

In the United States a man builds a house in which to spend his old age, and he sells it before the roof is on; he plants a garden and lets it just as the trees are coming into bearing; he brings a field into tillage and leaves other men to gather the crops; he embraces a profession and gives it up. <sup>48</sup>

And Harriet Martineau found all classes -- moralists, scholars, professionals, merchants, mechanics and farmers -- dissatisfied and worn out by the pressures of competition and "money-getting." <sup>49</sup>

Members of the early temperance movement, tract and Bible societies, Workingmen's parties, and anti-abolitionist groups were just a few who struggled, at least in part, to maintain their power and prestige in the face of this restlessness of the newly enfranchised, the rising industrial elite, and masses of migrants and immigrants. They perceived the restlessness in their own society and worked to maintain order and control. <sup>50</sup>

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<sup>48</sup>Alexis de Tocqueville, Democracy in America, ed. Phillips Bradley, vol. 2 (New York: Vintage Books, 1945), pp. 144-145.

<sup>49</sup>Harriet Martineau, Society in America, ed. Seymour Martin Lipset (Gloucester, Massachusetts: Peter Smith, 1968), pp. 265-271.

<sup>50</sup>See especially Gusfield, Symbolic Crusade; Charles I. Foster, An Errand of Mercy (Chapel Hill: University of North Carolina Press, 1960); Ronald Joseph, "Farmers, Mechanics and Other Working Men;" Richards, "Gentlemen of Property and Standing," and Griffin, The Ferment of Reform, 1830-1860.



A cursory reading of the early careers of Jacksonian doctors might leave an impression of this spirit of venturesomeness: 40% set up their first practice outside of their home state. Even 30% of Riznik's relatively stable rural New England doctors moved their practices.<sup>51</sup> This nomadic fever, however, played only a limited part in the geographic and career mobility of doctors. College-graduate doctors were reluctant to move out of New England. For instance, Richard Steele of Durham, New Hampshire, received his B.A., M.A. and M.D. from Dartmouth, and in forty years of professional practice moved to four different communities in New Hampshire and four more in Massachusetts -- all within a 60-mile radius of his hometown.<sup>52</sup> Except in the 1830s, when at least one-third of all the professionals studied began practicing outside of New England, the percentage of doctors who moved to totally unfamiliar communities and states was lower than that of lawyers and ministers.<sup>53</sup> It would appear that the necessity of making a living

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<sup>51</sup>See Riznik, "The Professional Lives of Early Nineteenth-Century New England Doctors," Old Sturbridge Village, 124.

<sup>52</sup>For Steele's career see Chapman, Sketches of the Alumni of Dartmouth College.

<sup>53</sup>Percentage of doctors, lawyers, and ministers who began professional practices outside their home areas:

	<u>1800s</u>	<u>1810s</u>	<u>1820s</u>	<u>1830s</u>	<u>1840s</u>	<u>1850s</u>
Doctors	50% (6)	12% (26)	9% (32)	33% (36)	15% (47)	26% (19)
Lawyers	16% (44)	27% (92)	19% (69)	33% (92)	19% (119)	35% (68)
Ministers	10% (42)	26% (65)	32% (100)	35% (121)	29% (127)	33% (48)



motivated most physicians who did move, and especially those who had not initially succeeded in medicine.

Jacksonian physicians, then, were looking for opportunities. The ideal was to establish a stable and lucrative practice. But with the waning of public confidence, the commercialization of the patent medicine industry, the multiplication of medical school graduates, and the onslaught of "irregular" competitors, the ideal was frequently unrealized and doctors sought alternatives. Some substituted other professional careers, some entered commercial or literary circles, some moved from place to place and from job to job, and some supplemented their income by farming, writing, teaching or even preaching. But others sought refuge in careers related to the medical profession: dentistry, pharmacy, military service, college teaching and hospital administration.

Eighty-three doctors of the Jacksonian period coped with career problems in their chosen profession by becoming administrators of a very specialized type of hospital -- the institution for the treatment of the insane. In making this career commitment, they also placed themselves in a position of influence for shaping ideas on the causes of mental instability and its proper treatment in Jacksonian society.

## CHAPTER 3

### AMERICAN ALIENISTS

Why did some doctors with socio-economic difficulties become alienists? First of all, they were part of a movement that permeated the Atlantic world. That institutionalization of the insane triumphed on both sides of the Atlantic was due largely to the sharing of ideas and parallel social and economic experiences. Eighteenth-century Enlightenment thought, with its faith in the perfectibility of man and society, filtered down to leaders of religious, social, and political groups and provided the rationale for an upsurge of humanitarian endeavors.<sup>1</sup> Later industrialization and urbanization accentuated hardship and poverty, and made the groups needing care more visible. In England and America, societies emerged to deal with social problems and to aid unfortunates in finding their proper place in a perfectible society. The poor, the deaf, the blind, the orphan, the criminal, the enslaved, and the insane -- all become the object of some group's concern.

American alienists, however, were especially troubled by changes in their own society. Traditional institutions of social control seemed

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<sup>1</sup>See Charles Roy Keller, The Second Great Awakening in Connecticut (New Haven: Yale University Press, 1942); Charles T. Foster, An Errand of Mercy (Chapel Hill: University of North Carolina Press, 1960); Frank Thistlewaite, The Anglo-American Connection in the Early Nineteenth Century (Philadelphia: University of Pennsylvania Press, 1959); David Owen, English Philanthropy, 1660-1960 (Cambridge: Harvard University Press, 1964); and Sydney V. James, A People Among Peoples (Cambridge: Harvard University Press, 1963).

to be crumbling under the pressure of ceaseless internal migration. The drain was most devastating in New England, although other parts of the nation experienced similar disruptions.<sup>2</sup> Centers of economic, political, and social power shifted, leaving behind displaced individuals as well as entire communities.<sup>3</sup> Immigrants from Ireland and Germany, arriving en masse, were viewed as a menace to solidarity rather than as new Americans.<sup>4</sup> Even the backbone of American society -- the farmers, artisans, and mechanics -- appeared restless in their traditional role.<sup>5</sup>

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<sup>2</sup>See Lois K. Mathews Rosenberry, The Expansion of New England (New York: Russell & Russell Inc., 1962); Stewart H. Holbrook, Yankee Exodus (Seattle: University of Washington Press, 1968); Lewis D. Stilwell, Migration from Vermont (Montpelier: Vermont Historical Society, 1940); and David M. Ludlum, Social Ferment in Vermont, 1791-1850 (Montpelier: Vermont Historical Society, 1948); John D. Barnhart, "Sources of Southern Migration into the Old Northwest," Mississippi Valley Historical Review 22 (1935): 49-62; and William O. Lynch, "The Westward Flow of Southern Colonists before 1861," Journal of Southern History 9 (1943): 303-327.

<sup>3</sup>See Rowland Berthoff, An Unsettled People (New York: Harper & Row Publishers, 1971); David Donald, Lincoln Reconsidered (New York: Vintage Books, 1961); Avery O. Craven, The Coming of the Civil War (Chicago: The University of Chicago Press, 1957); Marvin Meyers, The Jacksonian Persuasion (Stanford: Stanford University Press, 1957); Alice Felt Tyler, Freedom's Ferment (New York: Harper & Row, Publishers, 1962); Whitney R. Cross, The Burned-Over District (New York: Harper & Row Publishers, 1965); and Glyndon G. Van Deusen, The Jacksonian Era (New York: Harper & Row Publishers, 1963).

<sup>4</sup>See John Higham, Strangers in the Land (New York: Atheneum, 1971) p. 2.

<sup>5</sup>See Edward Pessen, Jacksonian America (Homewood, Ill.: Dorsey Press, 1969) and Arthur M. Schlesinger, The Age of Jackson (Boston: Little, Brown and Company, 1945).



And finally, the established churches declined in importance as the new churches of the "disinherited" rose in power and in numbers. With churches losing moral control, families dispersing, communities fighting for economic survival, and individuals seeking "higher status," some Jacksonian Americans, including many future alienists, worried about disorder and lack of control.<sup>6</sup>

Although these larger social and economic forces intruded upon their lives and careers, individual American alienists responded also to a personal sense of humanitarianism, a particular compassion for the insane, a need for professional security, and a sense of uneasiness with social change. Which of these came first and how large a role each played can be better understood through a study of their backgrounds and experiences.

Eighty-three doctors chose careers in asylum administration before the outbreak of the Civil War.<sup>7</sup> Predominately of English or

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<sup>6</sup>See H. Richard Niebuhr, The Social Sources of Denominationalism (New York: H. Holt and Company, 1929); Clifford S. Griffin, Their Brothers' Keepers (New Brunswick, N.J.: Rutgers University Press, 1960); Donald G. Mathews, "The Second Great Awakening as an Organizing Process, 1780-1830, An Hypothesis," American Quarterly 21 (Spring, 1969), 23-43; and Sidney E. Mead, "Denominationalism: The Shape of Protestantism in America," Church History 23 (December, 1954), 291-320.

<sup>7</sup>There were at least 115 men who held a medical superintendency (or its equivalent) before 1860 (see Appendix B), but I have limited my study to those who held a post for more than five years. This tenure seems to indicate a serious interest, and therefore a career, in the profession. For most indicators, I have been unable to trace about twenty-four (29%) of these eighty-three men and statistics, for the most part, are based on the fifty-nine known men.

Scotch-Irish ancestry, at least three generations in America, and reared in traditional and conservative religious and political environments, these doctors form a remarkably homogeneous social group.<sup>8</sup>

There were individual variations, of course. For example, Samuel B. Woodward's father withdrew from the church and became one of the first Democrats in Torrington, Connecticut; Oliver M. Langdon's father was a Methodist preacher; and the Meads, Gundrys, and Greens came to America from the British Isles when their children were young. But the majority learned the customary values either of Congregationalism in New England or of Quakerism, Episcopalianism, and Presbyterianism in the middle and southern states. None was raised in poverty, nor were any from "rich and illustrious" families.<sup>9</sup> Parental occupation

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<sup>8</sup>Genealogical, ethnic, religious, and educational data has been gleaned from a variety of biographical works including Henry M. Hurd, The Institutional Care of the Insane in the United States and Canada, 4 vols. (Baltimore: The John Hopkins Press, 1916); Howard Kelly and Walter Burrage, American Medical Biographies (Baltimore: Norman Remington Co., 1920); James G. Wilson and John Fiske, Appletons' Cyclopaedia of American Biography (New York: D. Appleton and Company, 1887); The National Cyclopaedia of American Biography (London: James T. White and Company, 1892); Allen Johnson, et al., eds., Dictionary of American Biography (New York: Charles Scribner's Sons, 1928-1959); the obituaries and memorials in the American Journal of Insanity; many other journal articles and monographs on specific individuals; unpublished or privately published biographies from the institutions in which these men served; and extant local histories. (See Bibliography).

<sup>9</sup>I have adopted a method similar to Sidney H. Aronson's in determining socio-economic class. See Status and Kinship in the Higher Civil Service (Cambridge: Harvard University Press, 1964). Using occupations of fathers, status of colleges, status of medical schools, expected cost of medical education, probable actual cost of medical training, genealogical descriptions, and education of siblings, I find that none of these men fall into Aronson's Class 1, "rich and illustrious," or Class 4, "poor or destitute." Most of them are in the "prosperous and highly respectable" Class 2 and in the "average means and respectability" Class 3.



and educational goals indicate an upper middle-class status. Of thirty-seven fathers whose occupations are known, sixteen were professional men, sixteen owned their own farms, two were merchants, and three skilled artisans.<sup>10</sup> College education was common, and only five alienists did not attend medical school but studied under the old preceptorial tradition. Their families were still in the mainstream of upper middle-class American life.

But this traditional upbringing was not to be the only influence. They were also raised in troubled areas. Half of them were born in New England and nearly three-quarters of them in the Northeast. Their native communities were suffering a decline in population as young people left for the cities and the West. Native New Englanders were especially affected in that their hometowns were seeking alternatives to the declining agricultural economy, and the townspeople were participating fervently in moral and temperance societies to restore economic health and re-establish community solidarity. Of these New Englanders, most were born in such stagnant and shrinking rural communities. Twenty-three of the alienists' hometowns (45% of the total) experienced only a natural growth in population and nineteen others (37%) actually declined in population.<sup>11</sup> Only five were born in the thriving urban settings of Boston, Baltimore and Richmond.

Of fifty known families, twenty-one had established a pattern of impermanence. Some simply moved from place to place within the

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<sup>10</sup>Among the sixteen professional fathers were 10 doctors, 3 lawyers and 3 ministers.

<sup>11</sup>The time periods upon which these population trends are based vary. I studied the population statistics for the decades in which each man lived in his hometown, as well as those for two decades before and after his residence there.



same state -- such as Samuel Bell, the father of Luther V. Bell, who was born in Londonderry, New Hampshire, went to Hanover to attend Dartmouth, and opened an office in Francestown where "the people of the town 'were greatly exasperated at his audacity' in opening a law office . . . 'and threatened him with violence,'" -- and George Parker who moved from Charleston, South Carolina to Beach Hill, where his son John Waring was born. Others made more extensive moves such as James S. Athon's father who had followed the trail west from eastern Virginia through Tennessee, Kentucky, and Indiana. Nine others lost their fathers through death before they reached manhood, although frequently other male family members accepted responsibility for their upbringing. For a few, even this did not work out. Amariah Brigham's uncle died just three years after his father, and so Amariah and his brother were on their own. Clement Walker's uncle also agreed to direct his nephew's future, but he wanted him to study for the ministry. When Walker refused, he was left on his own to tutor in the South in order to pay his way through medical school. Nearly two-thirds of those who can be traced experienced some degree of parental and familial instability at an impressionable age. <sup>12</sup>

Growing industrialization and declining farms made rural life less attractive for the fifty percent whose fathers were farmers. Thus,

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<sup>12</sup>For Samuel Bell's early experience in Francestown, see W. R. Cochrane and George K. Wood, History of Francestown, N.H. (Nashua, N.H.: James H. Barker, Printer, 1895), p. 447. Bell eventually became prominent in New Hampshire politics becoming Governor (1819-1823) and a United States senator (1823-1835). For the others, see William S. Hall, "John Waring Parker, M.D.," The Journal of the South Carolina Medical Association 69 (October, 1973): 381-389; William W. Woollen, Biographical and Historical Sketches of Early Indiana (Indianapolis: Hammond & Co., 1883), pp. 478-480; Eric T. Carlson, "Amariah Brigham: I. Life and Works," American Journal of Psychiatry 112 (April, 1956): 831-836; and Kelly and Burrage, American Medical Biographies, p. 1184.

William Stedman of Lancaster, Massachusetts, sent his first boy off to sea to seek a livelihood. His second son married in Lancaster in 1826 and presumably received the farmlands, whereupon William decided to send his third and youngest son to medical school. In another case, Francis Jarvis, had to combine farming with ship-building to support his family. He left his land in Concord, Massachusetts, to his namesake and eldest son and sent his second son to medical school. His youngest, Edward, apprenticed in a factory in Stow. When Edward's physician brother died at the age of twenty-six, Jarvis sent Edward to medical school.<sup>13</sup>

Similar experiences were the lot of Samuel White, Amariah Brigham and Nehemiah Cutter. Captain Daniel White of Coventry, Connecticut, left all his farmlands and estate to his eldest son and bequeathed only \$1000 to his other son Samuel who, he said, had already received his inheritance through his medical education. Having seen the futility of farming in their youth in New Marlboro, Massachusetts, and Chatham, New York, the eldest sons of John Brigham decided on other careers. The older brother entered the ministry and Amariah worked his way through medical school. The Cutters of Jaffrey, New Hampshire, were more successful in providing farmlands for their seven sons. The three eldest boys made a living on their father's land, but even that stretched only so far. The fourth son, Nehemiah went to college and medical school, and the three younger

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<sup>13</sup>For the family of Charles Stedman, see Henry S. Nourse, ed., The Birth, Marriage and Death Register, Church Records and Epitaphs of Lancaster, Massachusetts. (Clinton, Mass.: W. J. Coulter, Printer, 1890).



sons became farmers on their own land. <sup>14</sup>

Others carried the family's hopes for the future. William Chipley was an only son, as were Isaac Ray, William Rockwell, and Rufus Wyman. Forty-six percent of those known were eldest sons, and in some cases were the only sons the family educated. Such was the case of Merrick Bemis, Nehemiah Cutter, and Thomas Kirkbride. Forty-one percent were the youngest sons -- again, either the sole recipients of an education or anxious to compete with their brothers. Whether they experienced the charge of maintaining family status, endured the weight of self-support, or felt the psychological burden of the family placing its economic resources on their shoulders is less certain.

Whatever their reasons, these men prepared themselves to seek a livelihood. Generally attending local academies or studying under noted tutors, fifty-one percent (30) attended college, half of them at prestigious schools like Harvard, Yale, Dartmouth, Rutgers, or William and Mary, <sup>15</sup> and all but three graduated. Seven went on to attain the Masters of Arts degree. Only three men seemed not to have had an early, clear-cut interest in medicine. As a young man, William Chipley of Lexington, Kentucky, was interested in politics, but discouraged by Henry Clay's presidential defeat, Chipley turned to medicine. Pliny Earle, while teaching in Providence, Rhode Island, sought his brother's advice on the

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<sup>14</sup>See Captain Daniel White's will housed in the probate records at the Connecticut State Library at Hartford; Carlson, "Amariah Brigham: I. Life and Works;" and Daniel B. Cutter, History of the Town of Jaffrey, New Hampshire, 1749-1880 (Concord, N.H.: Republican Press Association, 1881).

<sup>15</sup>Prestigious colleges are defined as those founded in the pre-Revolutionary period. See Aronson, Status and Kinship in the Higher Civil Service.



best profession to follow and Edward Jarvis' first inclination was the ministry.<sup>16</sup> But as a whole these men chose their careers early and went to the finest medical schools in the country: ten to the University of Pennsylvania; seven to Harvard; five to the College of Physicians and Surgeons in New York; four to Berkshire Medical Institute of Pittsfield, Massachusetts; three to Jefferson in Philadelphia; three to Yale; and three to Maryland.<sup>17</sup> Many chose schools with clinical facilities, increasing the quality of their education -- and, presumably, their career expectations.

If one were to be a regular physician, however, training under a preceptor was required as well, and at least one-quarter of the men studied under medical notables such as David Hosack, John Jeffries, Willard Parker, William Donaldson, Usher Parsons, Philip Turner and George Shattuck.<sup>18</sup> These aspiring young doctors left little to chance. If they had attended college, they began their practices by the age of twenty-five, if not by twenty-three and thought themselves well-prepared to serve their fellowmen.

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<sup>16</sup>See Kelly and Burrage, American Medical Biographies, p. 217; Thomas Earle to Pliny Earle, September 9, 1831, Earle MSS, American Antiquarian Society (AAS), Worcester, Massachusetts; and Gerald N. Grob in his introduction to Insanity and Idiocy in Massachusetts (Cambridge: Harvard University Press, 1971), p. 40.

<sup>17</sup>Others went to Castleton, Dartmouth, University of New York, Transylvania, South Carolina, Louisville, Medical College of Ohio, Philadelphia Medical School, Bowdoin, Geneva, and Woodstock.

<sup>18</sup>Notable preceptors are defined as those who are mentioned in standard histories of medicine in America, such as Norwood, Medical Education or Packard, History of Medicine. The rest studied with less famous local doctors.

Only ten began medical practice before 1820, the rest entered the field after that date when it was becoming increasingly crowded.<sup>19</sup> Forty-four percent (23) of this post-1820 group, choosing the type of community in which they had been raised, set up their first practices in rural communities.<sup>20</sup> Apparently personal preference blinded them to economic reality. Sixteen chose towns which were declining in population or merely holding their own with a natural growth rate. Others chose areas already overcrowded with physicians.

In Durham, Connecticut, a town of about 1100 people, William Rockwell and Henry Holmes tried to set up practices between 1831 and 1833. They found the competition too strong, losing out to the deeply-entrenched William Foote who had been practicing since 1809 and to Chauncey Andrus, whose practice dated from 1823. In the slightly larger New England town of Northfield, Massachusetts (population, 1757), Edward Jarvis tried to wrest patients away from two established physicians. Failing, Jarvis bitterly attacked the townspeople, accusing them of obstructing his determination "to be a better physician and a greater and more useful man . . ." because they wanted deference paid to them before they would give him their business. The truth was that these young doctors simply could not attract enough patients in rural areas.<sup>21</sup>

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<sup>19</sup>The ten who had entered medicine by 1820 were William Awl, James Bates, Amariah Brigham, Nehemiah Cutter, Silas Fuller, Edward Taylor, Eli Todd, Samuel White, Samuel Woodward, and Rufus Wyman.

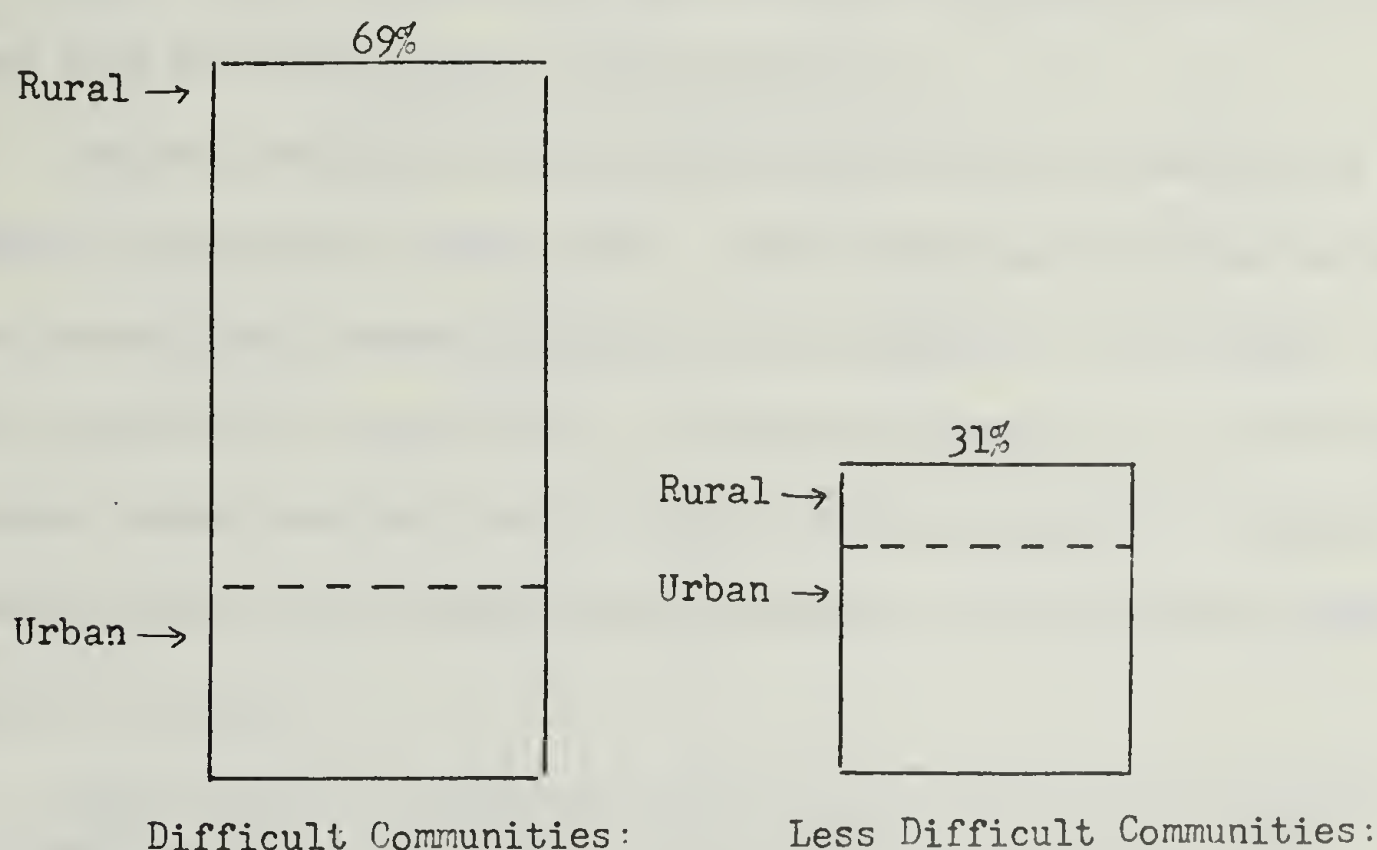
<sup>20</sup>Percentages are based on the number of known men: 9 older men, all rural-born; and 51 younger men, 6 urban-born and 45 rural-born.

<sup>21</sup>Ratios were determined by consulting the United States Government Census for the years in which the men practiced in the communities and the number of doctors was determined either by counting the doctors



Apparently some younger men were influenced by their urban experience while in medical school. None of the older men was urban-born, and none set up urban practices initially. But twelve (27%) of the rural-born younger men opened their first offices in cities. These twelve had attended medical school in either Louisville, Boston, New York, Philadelphia, or Baltimore. They worked hard to attract patients, but starting practices in cities where medical schools abounded meant facing competition, not only of hundreds of apprentice-doctors, but also of well-established, and even renowned, medical men. As illustrated in the following graph, many thus met with the same drawbacks of overcrowding as their rural counterparts.

Graph 6. Percentage of Alienists Beginning Practices in Difficult Communities (Doctor-population Ratios of less than 1:651). <sup>22</sup>



listed in the city directories or by analyzing lists of physicians in local histories. (See Bibliography). In both sources, the error is probably on the side of underestimation of the number of doctors serving any given community. For a more detailed and individualized illustration see Appendix A.

See W. Chauncy Fowler, History of Durham, Connecticut: 1622-1866 (Hartford: Wiley, Waterman and Eaton, 1866) for William Rockwell's experience, and for Edward Jarvis see Forrant, "Opportunity and Flight: Edward Jarvis, D. L. Moody, and Northfield, Massachusetts."

<sup>22</sup>For complete doctor-population ratios, see Appendix A.



Even a situation that looked promising did not always work out well.

In 1835 in Philadelphia, where the doctor-patient ratio seemed to favor young doctors, Thomas Kirkbride opened an office on Arch Street. Two prominent doctor friends, Joseph Parrish and John Conrad Otto, sent many of their patients to him. Kirkbride's income reached nearly \$700 in his second year of practice, but declined in the third, and in the fourth year was less than that of his first. <sup>23</sup>

Of course, the older men had met problems also. The doctor-patient ratio was not generally much better for their communities. But in a less complicated world they had, perhaps, greater opportunity for supplementing their income by selling medicines, acting as visiting physicians, maintaining some type of farmstead, or serving as justices of the peace. In an increasingly specialized and mobile society, these avenues were not often open to the younger men.

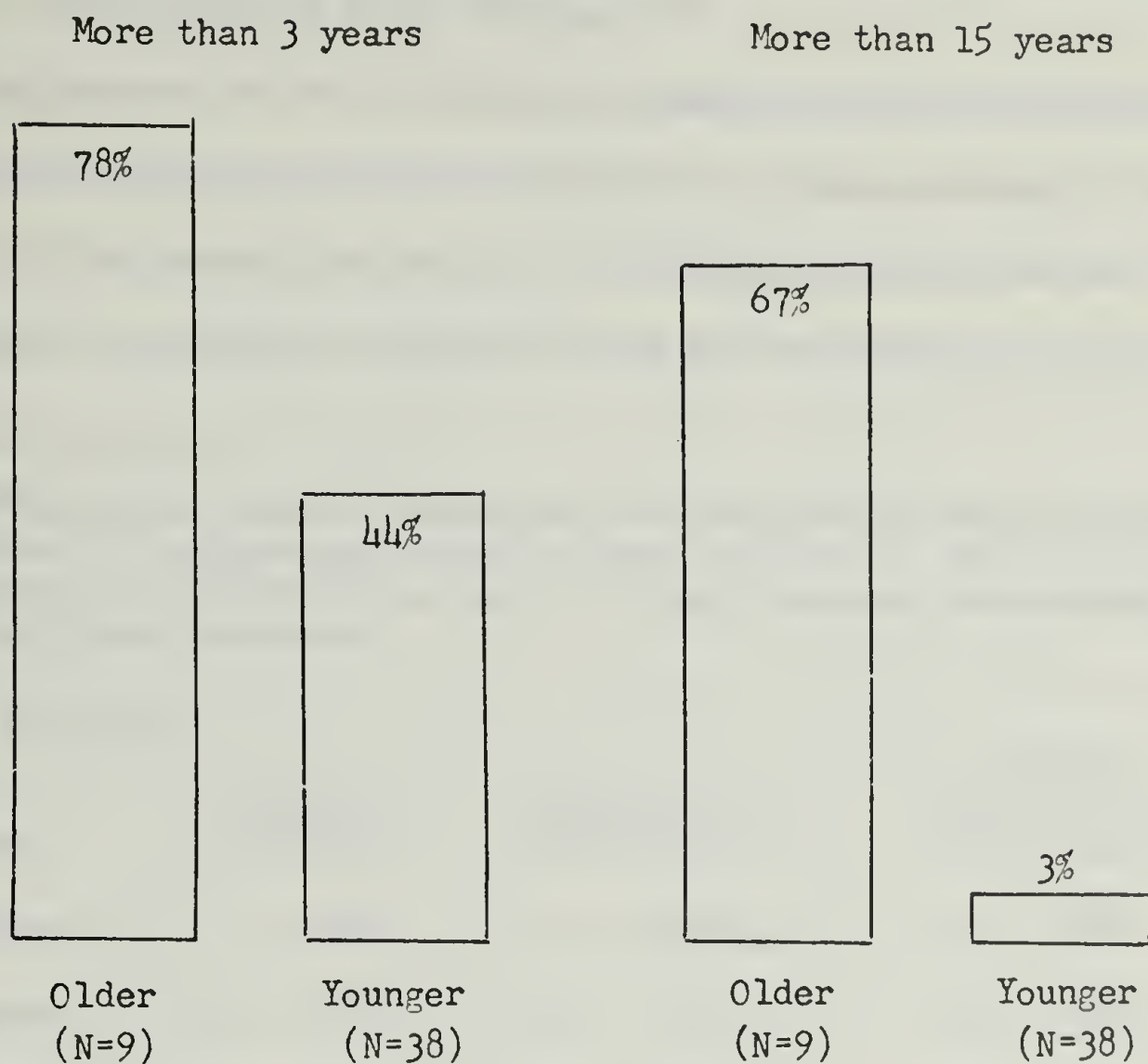
Another indication of increasing difficulties is evident in the tendency of the younger men to move. They simply may have been responding to the general restlessness of Jacksonian society, or more likely, seeking better professional opportunities. Whatever the reason, the percentage of younger physicians who gave up their first practice within ten years was nearly three times that of the older men. As the following graphs

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<sup>23</sup>See Thomas S. Kirkbride Account Book, May, 1835 to January 4, 1839, Kirkbride MSS, Institute of the Pennsylvania Hospital (IPH), Philadelphia.

show, older men were much more likely to settle into a long-term first practice.

Graph 7. Comparison of Length of First Practices of Older and Younger Doctors.



Six of the older men had settled into a community and become part of the social fabric before changing their lifestyles. A seventh, James Bates, made one false start in Hallowell, Maine, but then settled in Norridgewock for twenty-eight years. But the younger men did not have that kind of perseverance, although at least fourteen of them supplemented their incomes by serving as visiting physicians at institutions for the blind, deaf, poor and imprisoned or at general hospitals. Such economic stop gaps held no attraction for eight of them. These eight did not even

bother to open an office -- they opted immediately for the alternative of serving as mere resident or assistant physician in asylums for the insane. Younger doctors simply fared worse in competition with others, moved around, and eventually changed their professional goals in order to support themselves and their families. <sup>24</sup>

Besides the choice of declining communities and overcrowded medical fields, these men faced everything that made a doctor's life difficult in the antebellum period. The egalitarianism which had brought about the repeal of licensing laws led two-thirds of them to

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<sup>24</sup>Since the younger doctors had an opportunity for the alternative career of asylum-administration much earlier in their professional lives than did the older men, a slightly smaller percentage of them had multiple practices.

Number of Practices.

	Older (N=9)	Younger (N=40)	Revised Younger (N=16)
1 practice	<u>5</u> 56%	<u>27</u> 71%	<u>8</u> 50%
2 practices	2 22%	9 24%	4 25%
3 practices	0 0%	3 8%	3 19%
3+practices	2 22%	1 3%	1 6%

However, nineteen of the twenty-seven younger men who established only one practice and five of the nine who set up two practices remained in general medicine on the average of less than five years before choosing an alternative career. If these twenty-four are eliminated as being less than determined to remain in general medicine, only sixteen doctors remain. (See "Revised Younger" in above table). Eight established long-term practices on their first try; one had two lengthy practices; two made an initial false start and then settled into their communities; three, Luther V. Bell, James Hawthorne and Edward Mead tried three times to get started; and one, Edward Jarvis, moved from Northfield, Massachusetts, to Concord, to Louisville, Kentucky, and finally back to Dorchester, Massachusetts, between 1830 and 1843. Clearly, after 1820, it was becoming more and more difficult to find a community in which to settle and practice one's profession.



join medical societies. In part, they hoped to control the quality of their profession. Among the more zealous were William Aul who initiated the annual state convention in Ohio and Samuel Woodward who participated in nearly every early move in New England to establish a national society.

Many others expressed their concern about the harm caused by irregulars. George Chandler complained that his sister-in-law was finally recovering from the "prosecutions of Doct. Thompson" and John Butler wrote to Samuel Woodward about the absurdity of treating any illness with just "a small Blue Pill." Francis Stribling was one of the most adamant complainers. While practicing in Staunton, Virginia, he had competed with a doctor whose main remedies were "vapor sulphur baths and a liquid called 'LeRoy'." Later, as an asylum administrator, he lashed out at the "ignorance and harshness" of such Thompsonian doctors who could convert a "spell of bilious fever . . . into positive derangement." Others simply competed unsuccessfully with the irregulars. A contemporary biographer of Charles Van Anden depicted the situation in western New York by describing Van Anden as so conscientious, sensitive, and modest that the "self-advertised quack, pushing his own claims, was quite likely to outstrip him in the race for popular favor."<sup>25</sup> To help counteract unqualified men as well as out-and-

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<sup>25</sup>See James Chandler to George Chandler, August 10, 1840, Chandler MSS, AAS; John S. Butler to Samuel B. Woodward, January 25, 1840, Woodward MSS, AAS; Joseph A. Waddell, Annals of Augusta County, Virginia, 2nd ed. (Bridgewater, Va.: C. J. Carrier Company, 1958), p. 432; Report of the Physician of the Western Lunatic Hospital for 1836 (Staunton: Staunton Spectator Book & Job Printing Establishment, 1870), p. 12; and John Curwen, History of the Association of Medical Superintendents of American Institutions for the Insane (Harrisburg: Theo. F. Scheffer, 1875), p. 97.

out quacks, fourteen of these doctors, nine very early in their careers, taught courses in medical schools. <sup>26</sup>

These difficulties in getting established and maintaining professional standards forced the young physicians to delay the gratifications of courtship, marriage and fatherhood. Several historians of pre-industrial societies have found that whenever it is easy for the young to get started, the average age of marriage goes down; whenever hard, it goes up. <sup>27</sup> Thus it is worth noting that while older doctors generally married earlier than other professional men, those who were to become alienists married considerably later than any other group of professionals -- almost a year later than lawyers or ministers and nearly three years later than their fellow physicians.

Table 2. Average Marriage Ages of Lawyers, Ministers, Doctors, and Alienists. <sup>28</sup>

		<u>Older</u>		<u>Younger</u>
Lawyers	(N=79)	28.1 years	(N=158)	29.2 years
Ministers	(N=61)	28.4 years	(N=186)	29.8 years
Doctors	(N=17)	26.2 years	(N= 67)	29.1 years
Alienists	(N= 8)	28.9 years	(N= 24)	31.1 years

<sup>26</sup>These men taught courses in general medicine. After 1860, a few delivered lectures in their specialty: Nathan D. Benedict in 1867 at the College of Physicians and Surgeons; Pliny Earle in 1864 at the Berkshire Medical Institute; John P. Gray at Bellevue Hospital and Albany Medical College in 1874 and 1876; and John Tyler at Harvard between 1871 and 1878. This however, was not the general pattern earlier in the century.

<sup>27</sup>See John Demos, A Little Commonwealth (New York: Oxford University Press, 1970); Philip J. Greven, Jr., Four Generations (Ithaca: Cornell University Press, 1970); and Kenneth A. Lockridge, A New England Town: The First Hundred Years (New York: W. W. Norton & Company, Inc., 1970).

<sup>28</sup>The breakdown of marriage age (Table 2) and years between the



Although all professionals delayed marriage after 1820, the younger doctors reacted most strongly, delaying their marriages three years longer than their older counterparts. Alienists, delayed a full two years and still were considerably older at marriage than any other professional -- 31.1 years. Younger doctors and alienists may have spent more time in preparing for their careers because of nascent professionalization, and thus delayed marriage. More likely, they experienced increasing difficulties in setting up remunerative practices. Future alienists, as the following table shows, spent a considerably longer time between the beginning of their professional careers and their marriages.

Table 3. Years between Start of Professional Practices and Marriage.

		<u>Older</u>		<u>Younger</u>
Lawyers	(N=72)	5.7 years	(N=161)	5.3 years
Ministers	(N=57)	2.4 years	(N=158)	3.5 years
Doctors	(N=17)	4.7 years	(N= 66)	4.7 years
Alienists	(N= 8)	6.4 years	(N= 24)	7.3 years

Indeed, 38% did not marry until they had found some success in an alternative career.

Alienists tended to have relatively small families. In part, this followed the national trend. Beginning around 1800, birth rates

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start of a professional practice and marriage (Table 3) for lawyers, ministers, and doctors are derived from my computer study of college graduates. See Appendix A.



began declining sharply because of changing social values, industrialization, urbanization, and increased population density.<sup>29</sup> The decline in the birth rate among other professionals followed closely the national trend.<sup>30</sup> The young alienists, however, out-did everyone. While their fathers had an average of 6.9 children, they had an average of only 3.6 children. A major factor in the alienists' decision to have fewer children may have been the influence of accumulated economic difficulties in their early professional careers.

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<sup>29</sup>The average national decline in the American birthrate between 1830 and 1860 was approximately 20%. For a brief review of the literature on demographic transition and hypothesis which relates declining economic opportunity to a lowered birthrate, see Robert V. Wells, "Family History and Demographic Transition," *Journal of Social History*, 9 (Fall, 1975), 1-19. For the national birthrate decline, see Yasukichi Yasuba, *Birth Rates of the White Population in the United States, 1800-1860* (Baltimore: The John Hopkins Press, 1962), especially Chapter 2. Yasuba, pp. 68-72, notes that Maine (33.6%), New Hampshire (37.5%), Vermont (38.5%), Kentucky (22.8%), and Tennessee (25.3%) had the greatest decline in crude birth ratios, although other New England and frontier states were also high. For the thirty alienists about whom there is data, the decrease in the birth ratio was 47.8%. Three were born in New Hampshire and one in Maine. For the thirteen alienists for whom their is paired data (that is, the number of children of both fathers and their sons), the decrease was 59.5%. One was born in Vermont, three in New Hampshire, two in Maine, and one in Kentucky. The majority were born in states with more slowly declining birth rates and therefore the disparity between the birth rate of Jacksonian Americans in general and alienists in particular remains significant.

<sup>30</sup>My study of 597 (of 880) graduates of Middlebury College, 1800-1850, shows that on the average the decline in the birth rate among other professionals was only 19%. The following table shows the breakdown according to profession of the average number of children and the rate of decline.

	<u>Older</u>		<u>Younger</u>		<u>Rate of Decline</u>
Lawyers	(N= 64)	4.9	(N= 89)	4.0	18.4%
Ministers	(N=105)	5.6	(N=182)	4.6	17.9%
Doctors	(N= 19)	5.2	(N= 22)	4.5	13.5%
Others	(N= 29)	5.4	(N= 87)	3.9	24.1%

These young men had looked forward to all the amenities of a professional career. They were grounded in religious, political and educational conservatism, but their lives were disrupted, first by the general restlessness of Jacksonian society, and then by specific communal and familial instability. Preparing to face a world suspicious of professionals in general and particularly of ineffectual physicians, they spent long years of preparation in the best colleges and medical schools and with the best preceptors, only to enter a field which offered little immediate reward. They saw that overcrowding caused instability; that bitter in-fighting had lowered social status; and that competition from irregular physicians and patent medicine peddlars led to the loss of both patients and status. In short, they saw little chance of success and looked for alternatives. And thus it was that, having been fully trained to deal with physical illness, these eighty-three physicians were willing to take a chance in the unproven field of treating mental illness.

It was a big gamble. Asylum administration was a new and relatively untried specialization in medicine. There were no training facilities and only a limited number of available places. Of the eighty-three physicians who chose this course, not one had any psychiatric training in medical school. None studied at the University of Pennsylvania before 1813 when Benjamin Rush delivered discourses on the diseases of the mind. None heard Valentine Seaman lecture at the



College of Physicians in New York in 1798. And no other instructor in mental disease gave such a lecture until a Jacksonian alienist, James Macdonald, delivered one in 1840.

Even native published works on insanity were scarce. Benjamin Rush's Medical Inquiries and Observations upon the Diseases of the Mind, urging the humane treatment of the insane appeared in 1812 and George Parkman's Management of Lunatics, with Illustrations of Insanity in 1817. Otherwise the American field was barren until 1829 when T. R. Beck published a statistical notice. The next significant works, written by two Jacksonian alienists, were Amariah Brigham's Remarks on the Influence of Mental Cultivation and Mental Excitement upon Health (1832) and Isaac Ray's A Treatise on the Medical Jurisprudence of Insanity (1838).

Hospitals for the insane were equally scarce. Until 1817, Williamsburg, Virginia, had the only one. In that year and in 1818, groups in Frankford, Pennsylvania, a suburb of Philadelphia, and in Charlestown, Massachusetts, a suburb of Boston, incorporated hospitals for the insane. In the 1820s two corporate and three state hospitals opened in New York City; Hartford, Connecticut; Lexington, Kentucky; Columbia, South Carolina; and Staunton, Virginia. Meanwhile the Pennsylvania Hospital, the Public Hospital of Baltimore, and Blackwell's Island Hospital of New York City provided a few rooms to house the insane. By 1830, there were eight full-time posts as medical superintendents available to those who desired to become alienists. Openings doubled the following decade but still the chance for professional



inspiration and employment were minimal. <sup>31</sup>

There were, however, some secondary positions, such as assistant physician in an asylum, that could lead to a superintendency. Thirty-three of these young doctors began as assistants. Since the annual salary for an assistant was generally only \$500, the desire for security may have been a major motive in accepting this low-paying job. <sup>32</sup> Only three of thirty-three showed any prior interest in the treatment of the insane. Pliny Earle had written his graduating thesis on "The Causes, Duration, Termination, and Moral Treatment of Insanity" and had spent two years visiting asylums in England and on the Continent; Chauncey Booth's uncle, William Rockwell, superintendent of the Brattleboro Retreat, had taken in Booth as an assistant; and Horace Buttolph "for a number of years . . . had been developing an interest in 'mental science' and in the proper treatment of insane patients." Others, like George Chandler, had been simply struggling along in private practices,

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<sup>31</sup>The most helpful works for tracing the foundation of nineteenth-century hospital for the insane are Hurd, The Institutional Care of the Insane, vols. 2 and 3 and J. K. Hall, ed., One Hundred Years of American Psychiatry: 1844-1944 (New York: Columbia University Press, 1944). Various volumes of the American Journal of Insanity also contain notices of the founding of new institutions and periodic historical notes on others.

<sup>32</sup>The Hartford Retreat paid a low salary of \$200 to its assistant physician, while Stribling's assistant at the Western Lunatic Hospital in Staunton, Virginia, received \$750. Provision for room and board was provided, although only for the assistant, not for his family. At the Pennsylvania Hospital, the New Jersey Asylum, and the Hartford Retreat, in 1850, the steward was paid more than the assistant physician. See the series of letters to Francis T. Stribling which list salaries, Francis T. Stribling, MSS, Western State Hospital (WSH), Staunton, Virginia.

receiving "that kind of patronage that usually falls into the hands of young physicians . . . emoluments of which consist principally in gratitude and good wishes." <sup>33</sup>

Accepting an assistantship sometimes led to a superintendency. Forty percent of the eighty-three gained their posts this way, but the route was not easy. On the average, these men served as assistants for 5.6 years before attaining the well-paid position of authority. Not many waited as long as Chauncey Booth who spent nineteen years as an assistant in three different asylums; or changed institutions as assistants, like David T. Brown and Henry M. Harlow; or marked time in general practice between their assistantships and their superintendencies, like R. C. Hopkins, Samuel H. Smith, and William H. Stokes; but most waited from four to eight years before gaining their superintendencies. <sup>34</sup>

Only nine were promoted within the same asylum; others were protégés of prominent people in the field. Dorothea Dix planned Saint Elizabeth's Hospital in Washington, D.C., and virtually named its first superintendent, Charles H. Nichols. John Curwen was the protégé of

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<sup>33</sup>See Pliny Earle's graduating thesis at The New York Hospital, Westchester Division, White Plains, New York; unsigned typescript copy of "Sketch of the Life and Work of Dr. Horace A. Buttolph," June 3, 1942, at the Trenton State Hospital, Trenton, New Jersey; and Autobiographical Note, Chandler MSS, AAS.

<sup>34</sup>Chauncey Booth was assistant physician at Brattleboro for three years, at Maine for three years, and at McLean's for thirteen years. In 1856, his thirteenth year at McLean's, he was appointed superintendent. Unfortunately, he died within a year. David Tilden Brown moved from Brattleboro to Utica and finally to the superintendency of Bloomingdale and Henry Mills Harlow went from Brattleboro to Maine and after five years was appointed superintendent at the Maine Asylum.



Thomas Kirkbride, so much so that after receiving his appointment to the Pennsylvania State Hospital at Harrisburg, he literally dunned Kirkbride with inquiries and pleas for advice on every minute detail of running an asylum. Edward C. Fisher was trained by Francis Stribling, apparently for the post at the North Carolina Asylum. Horace A. Buttolph developed his own connections. When he heard in 1842 that Samuel Woodward had been offered the superintendency at Utica (a post he did not accept), Buttolph wrote to him immediately, asking for an appointment as assistant physician. In 1847, anxious now to gain a superintendency, Buttolph petitioned Thomas Kirkbride to promote his cause in New Jersey, because he was "aware of the high esteem in which your opinion of the requisite qualifications for such a station would be held." Buttolph obtained both positions.<sup>35</sup> But these were the fortunate few, and not typical of assistants in general. Before 1860, 111 men in all held the position of assistant physician in asylums; of these eighty-six (78%) never became medical superintendents.<sup>36</sup>

Even the rapid multiplication of available positions in the 1840s and 1850s (fifty-two hospitals by 1860) did not guarantee success

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<sup>35</sup>See Hurd, The Institutional Care of the Insane, vol. 2, p. 144; letters from John Curwen to Thomas S. Kirkbride, 1851 on, Kirkbride MSS, IPH; Report of The Investigating Committee of the Western Lunatic Asylum, 1851; and Horace A. Buttolph to Samuel B. Woodward, May 5, 1842, Woodward MSS, AAS (Woodward had just received news of the appointment 18 days before) and Horace A. Buttolph to Thomas S. Kirkbride, January 9, 1847, Kirkbride MSS, IPH.

<sup>36</sup>The number of assistant physicians before 1860 includes thirty-three from the group studied, two others who worked in asylums for less than five years, and eighty-seven who never became superintendents.



for the young medical men trying their hand at psychiatry. Once struggling physicians made the move, they tended to hold their superintendency posts well into old age. Neophytes, although they were unaware of it at the time, generally could not look for opportunity in a fast turnover. More than one-third of the asylum administrators clung to their offices until death and most of the others held long tenures.

Table 4. Length of Service in Psychiatry. (N=79) <sup>37</sup>

	<u>Died in office</u>	<u>Retired after 60</u>	<u>Others</u>
40+ years	5	2	0
30-39 years	6	5	0
20-29 years	7	3	6
10-19 years	7	1	14
9 years or less	4	3	16

Of seventy-nine superintendents, fifty-six served for more than ten years, and of those, thirty-four served more than twenty years. Nearly three-quarters of these men were unwilling to relinquish what they viewed as an economically-secure position -- a guaranteed annual income, room and board for their families, and a release from competition -- until they were totally worn out. Even then it was with the greatest reluctance that some retired. William Awl constantly complained of ill health, of being over-taxed, and of his fear of "going crazy." He finally retired at the age of fifty-two, exhausted by the rigors of asylum administration and legislative wrangling. At only forty-nine, Nathan D. Benedict's

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<sup>37</sup>For four of the asylum administrators, I have been unable to find the terminating date of their superintendencies.

health broke and he was forced to move to Florida to recuperate. After noting that he felt cut-off from his professional brethren and inquiring about Bell, Ray, and Dorothea Dix, he lamented to Thomas Kirkbride that "I see no prospect of returning to a specialty to which I have been very much attached." And Merrick Bemis, although his assistant and steward had to bring him to the Pennsylvania Hospital for psychiatric treatment in 1865, did not give up his post at McLean's for another seven years.<sup>38</sup>

But time soon proved that if one of these few positions could be secured, stability and well-being would follow. Annual incomes of superintendents were hardly phenomenal, but they were guaranteed. In the antebellum years salaries ranged from \$1000 to \$3000, but the average was \$1500, plus room and board for the superintendent and his family.<sup>39</sup> It was far less than the income of a physician like George Shattuck of Boston, who reported an income of \$9666 in the year of the Panic of 1837, but it was a good deal more than those poor city physicians who experienced "prodigious Ramadans" in their receipts and the struggling rural doctors who averaged less than \$500.<sup>40</sup> William

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<sup>38</sup>See the following letters to Thomas S. Kirkbride: William Awl, May 27, 1847; N. D. Benedict, January 31, 1855; and John Lee, December 11, 1865, Kirkbride MSS, IPH.

<sup>39</sup>Superintendent's salaries in some institutions:

Brattleboro	1836	\$1000	Hartford	1850	\$1500
	1842	1200	New Jersey	1850	1500
Indiana	1847	1200	McLean's	1850	1500
Friends	1849	1000	Staunton, Va.	1850	2500
Pennsylvania	1850	3000	Louisiana	1850	800
Ohio	1850	1200	Harrisburg, Pa.	1851	1500
Utica, N.Y.	1850	2000	Iowa	1861	1600

<sup>40</sup>See Shafer, The American Medical Profession, pp. 169 and 166-167 and Riznik, "The Professional Lives of Early Nineteenth-Century New England Doctors," Old Sturbridge Village.

Rockwell agreed to a salary of "only" \$1000 in 1836, but he knew he could count on that as a minimum each year. For the next thirty-six years he enjoyed that kind of security.

A further indication of their desire for security can be seen, perhaps, in their reluctance to move once they attained a superintendency. Only one-quarter (21) ever took another position. Some succumbed to political pressures. During Reconstruction, for example, T. R. H. Smith was forced to resign the superintendency of the Missouri Asylum, although he returned in 1873. Richard J. Patterson and Charles H. Nichols also had serious disagreements with their state legislators and boards of directors in Indiana and New York, respectively.<sup>41</sup> Some, like Amariah Brigham, were ambitious for still higher things. The president of the Board of Directors of the Hartford Retreat attributed Brigham's resignation in 1842 to the "ambition which was so prominent a point in his character" and which had led him to accept a "more influential position" at Utica. And Pliny Earle simply withdrew into a fifteen-year self-exile because his wish to have final decision-making authority at Bloomingdale was not acknowledged by the governing board.<sup>42</sup> Others -- Henry W. Buel, Edward Jarvis, James Macdonald, Andrew McFarland, and Edward Mead -- grew tired of institutional wrangling and established their own private asylums.

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<sup>41</sup>See Hurd, Institutional Care of the Insane, vol. 2, p. 84 and the following letters to Thomas S. Kirkbride, Richard J. Patterson, February 20, 1852 and Charles Nichols, March 3, 1852, March 19, 1852, and April 22, 1852, Kirkbride MSS, IPH.

<sup>42</sup>See Hurd, Institutional Care of the Insane, vol. 2, p. 84.



And, in old age, men like Horace A. Buttolph and John Curwen, gave to newly-established state institutions the benefit of their reputation and experience.<sup>43</sup> But sixty-two others held only one superintendency during their lifetime, and their average tenure was seventeen years. It seems reasonable to conclude that the repeated early professional failures of so many of these future alienists led them in later life to cling to the security of institutional jobs.

Certainly, prior interest does not seem to have played a large part. Only fourteen of the eighty-three wrote a tract or did anything else in the interest of the insane before receiving a superintendency or an assistantship. And even in these cases, interest in psychiatry often coincided with economic need. Amariah Brigham dabbled on the brink of serious interest in writing two tracts, but it was his Inquiry Concerning the Diseases and Functions of the Brain, Spinal Cord and Nerves which brought him to the notice of the trustees of the Hartford Retreat. Even though his biographer, E. K. Hunt, estimated Brigham's income in the 1830s at \$2500, Brigham was often in debt.<sup>44</sup> The consistently declining population of Wethersfield, Connecticut, may have affected the income of Samuel Woodward and since he was already interested in the care of the insane, the switch was easy.<sup>45</sup> And by the time Luther Bell was working on a bill in the New Hampshire legislature to establish a state asylum, his three brothers were prosperously settled in their

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<sup>43</sup>Horace Buttolph had held the superintendency of the first New Jersey asylum from its opening in 1847 until 1876, when he agreed to head a new New Jersey asylum at Morristown and John Curwen followed a similar pattern in Pennsylvania, serving at Harrisburg, 1851-1881, and at Warren, 1881-1900. Both men were over 60 when they made the moves.

<sup>44</sup>Carlson, "Amariah Brigham," 833 and E. K. Hunt, "Memorial of Dr. Amariah Brigham," American Journal of Insanity 14 (July, 1857): 13-14.

<sup>45</sup>See Chapter 5 for a more complete account of Woodward's motivations.

careers of law and medicine. Bell had already attempted to establish practices in Londonderry, Chester, and Brunswick.<sup>46</sup> Similarly, others who showed an early interest also faced socio-economic problems.

Even interest in other reform movements was minimal. Only eight men participated in activities such as temperance or Sabbath observation, while seventy-five (90%) manifested no recorded interest in any reform movement -- even the crusade to treat the insane humanely and effectively -- before their lot in life forced them to consider an alternative to general practice.<sup>47</sup> It is difficult to conclude that the spirit of individual perfectionism and humanitarianism was the single, or even the primary, motivating force which led these physicians to care for some of the most unfortunate of their fellowmen.

The British, however, led the western world in instituting humane treatment of the insane. Thus, British doctors also turned to asylum administration. In order to understand how American alienists fit, it is necessary to know something of their predecessors.

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<sup>46</sup>The Bell family, father and sons, are included in the National Cyclopaedia of American Biography and in Cochrane and Wood, History of Frankestown, N.H., pp. 513-516. The father, Samuel Bell, had served in the state legislature as speaker of the house and president of the senate, sat on the governor's council, presided as judge in the state supreme court, and was elected governor and then United States Senator. From the career lines of Luther Bell's three brothers, it is clear that they were well-established before Luther had achieved success: Samuel Dana was a lawyer and banker by 1836; John served as professor of anatomy at the University of Vermont; and James had opened a law office.

<sup>47</sup>Six were born before 1800 and perhaps touched by the growing spirit of humanitarianism. Their major interest was temperance. Although none of these six belonged to what Joseph Gusfield describes as the ruling aristocracy so prominent in the early temperance movement, their fathers did belong to local ruling groups, as town office-holders, professional men, or church deacons. William Aul's family was prominent in Harrisburg, Pennsylvania; James Bates', Luther Bell's and Nehemiah Cutter's fathers were local or state politicians; Samuel Woodward's father was a doctor; and Rufus Wyman's father was a church deacon. They too may have had an ominous feeling about their roles in a changing local society. See Gusfield, Symbolic Crusade, especially Chapter 2.



## CHAPTER 4

### THE ATLANTIC WORLD

Americans did not "discover" the asylum, Europeans did. As early as 1547, England had at least one public asylum for lunatics; private madhouses flourished in the seventeenth century; and in the eighteenth century two major parliamentary acts provided for the institutionalization of the insane, as well as for their cure.<sup>1</sup> Nor were other countries without asylums. That of Gheel in Belgium dated back to the seventh century. Germany had asylums in the middle ages; Valencia in Spain claimed one in 1409, Rome later in the fifteenth century, and Constantinople in 1560. And Paris had Bicêtre and Salpêtrière, among others.<sup>2</sup> Even the United States had an asylum. As early as 1766, the royal governor of Virginia recommended "legal Confinement, and proper provision" for the insane of the colony. The House of Burgesses authorized the erection of the building for this purpose four years later and the first patients entered in the fall of 1773.<sup>3</sup>

But all of these asylums provided little more than confinement overseen by lay keepers. When the movement toward humane treatment of

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<sup>1</sup>See Courtney Dainton, The Story of England's Hospitals (Springfield, Ill.: Charles C. Thomas, Publisher, 1961) and William Ll. Parry-Jones, The Trade in Lunacy (London: Routledge & Kegan Paul, 1972).

<sup>2</sup>See Gregory Zilboorg, A History of Medical Psychology (New York: W. W. Norton & Company, Inc., 1941), pp. 558-567 and Henry C. Burdett, Hospitals and Asylums of the World: Their Origin, History, Construction, Administration, Management, and Legislation (London: J. & A. Churchill, 1891), vols. 1 and 2.

<sup>3</sup>See Dain, Disordered Minds, Chapter 1.



the insane emerged between 1790 and 1830, more and more medical men entered the field and eventually created the specialty of psychiatry. Since early American alienists stressed reliance on their English predecessors, it is crucial to know something about the system of these Englishmen, whether similar inducements to psychiatry existed in England, and whether English alienists responded as did the Americans.

The method of humane care adopted by the English became known as "moral treatment." The term seems to be an Anglicized version of "traitement moral," a phrase Philippe Pinel, the master of French psychiatry, used to describe the regimen he employed in treating mental or natural faculties of the minds of the insane, as opposed to physical manifestations of illness.<sup>4</sup> English alienists quickly embraced the term and in 1813 Samuel Tuke, the grandson of the founder of the celebrated York Retreat, popularized it. The basis of moral treatment was therapeutic care in an environment controlled by a kindly, but firm, physician and staff. Institutionalization was crucial: removal from excitement, daily attention and observation, and a disciplined environment would be impossible without it.

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<sup>4</sup>In eighteenth-century French, "moral" meant "l'ensemble des facultés morales, mentales, le caractère, l'esprit, l'âme ou ce qui s'y rapporte -- par opposition au physique." There was no ethical connotation, and Pinel used the word in this sense. By the mid-nineteenth century, "moral" did acquire an ethical meaning: "état affectif, disposition temporaire quant à l'énergie, la volonté." See Dupré Encyclopédie du Fon Français dans l'usage contemporain (Paris: Éditions de Trévise, 1972), tome II.

Next in importance was the character of the physician. In 1806, Pinel described the governor of Bicêtre as possessing the "principles of a pure and enlightened philanthropy," and added:

His attention to the arduous duties of his office is indefatigable. His knowledge of human life and of the human heart is accurate, extensive, and easily applied to the frequent and urgent demands that are made upon it. His firmness is immovable, his courage cool and unshrinking.

Not only did this paragon possess strong personal characteristics, but he also appeared "manly and well proportioned;" all in all, Pinel was delighted to learn from "a gentleman of such a character."<sup>5</sup> Seven years later, Samuel Tuke also stressed the special character of the alienist, although he acknowledged that "it is unhappily, in great measure true, that 'the address which is acquired by experience, and constant intercourse with maniacs, cannot be communicated: it may be learned; but it must perish with its possessor.'"<sup>6</sup> Similarly, in 1828, George Man Burrows, owner of a private asylum at Chelsea as well as head of the Clapham Retreat, emphasized that the "tact of the physician . . . is . . . the pivot on which everything moves." Also regretting that "it is an art . . . that cannot be taught," he did suggest that a "few general principles" could be outlined and, if followed, "must be conducive" to cure.<sup>7</sup>

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<sup>5</sup>See Ph. Pinel, A Treatise on Insanity, trans. D. D. Davis (Sheffield, Eng.: Printed by W. Todd, 1806), pp. 107-108.

<sup>6</sup>See Samuel Tuke, Description of the Retreat (York, Eng.: Thomas Wilson and Sons, Printers, 1813), p. 133. Tuke quotes John Haslam's Observations on Madness (1798) for this difficulty.

<sup>7</sup>George Man Burrows, Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity (London: Thomas and George Underwood, 1828), p. 667.



Americans quickly caught on to the desirability of these unique characteristics in a superintendent, and as new asylums opened, directors looked for candidates with specific "moral qualifications," such as "equanimity of temper, self control, firmness of purpose and gentleness of manner." Frequently candidates were expected to possess "intellectual qualifications" as well as medical skill, general education, capacity for business, and experience in, and devotion to, their specialty.<sup>8</sup> No matter how difficult to find, essential to effective moral treatment was a man who could "gain the confidence of the patient and . . . awaken in him respect and obedience" by a "superiority of talents, discipline of temper and dignity of manners."<sup>9</sup>

But even the ideal psychiatrist needed a controlled environment to effect cure. Leaving nothing to chance, alienists worked to control every detail within the institution. Precise scheduling of the day would bring a sense of order to the chaos of a disordered mind. Proper diet and regular exercise would help correct physical disabilities connected with mental illness. But, most important, occupational, recreational, and religious activities (all carefully controlled) would create a proper life environment. The insane mind would be first diverted from its distractions and then trained to overcome them.

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<sup>8</sup>For examples of this see Commissioners of Indiana to Thomas S. Kirkbride, March 24, 1848 and Charles Nichols to Thomas S. Kirkbride, April 22, 1852, Kirkbride MSS, IPH and Grob, The State and the Mentally Ill, p. 40.

<sup>9</sup>John Haslam, Observations on Insanity (London: J. Callow, 1798), p. 122.



Pinel observed that "laborious or amusing occupations" could arrest "delirious wanderings" and concluded that the "surest, and, perhaps, the only method of securing health, good order, and good manners," was "to carry into decided and habitual execution the natural law of bodily labour, so contributive and essential to human happiness."<sup>10</sup> In addition Pinel thought intellectual and religious therapy useful. Tuke also employed religious therapy, promoted literary pursuits as long as the books were not "works of imagination," and encouraged "every kind of rational and innocent employment," as well as varied recreational pastimes.<sup>11</sup> Thus, working independently, Philippe Pinel, at Bicêtre in 1793, and William Tuke, at York Retreat in 1796, devised systems of moral treatment for the insane that were to be imitated throughout the world.

Although Pinel and Tuke systematized the regimen, they did not originate all the procedures. Among Pinel's predecessors was Pierre Cabanis who combined the psychological and somatic viewpoints in his "Traite du Physique et du Moral de l'Homme" (1799) and thereby provided a theoretical explanation for moral treatment.<sup>12</sup> Although a fairly obscure layman, Cabanis was a friend and patron to Pinel. Jean Colombier

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<sup>10</sup>Pinel, A Treatise on Insanity, pp. 193 and 216.

<sup>11</sup>Tuke, Description of the Retreat, pp. 181 and 183.

<sup>12</sup>For Cabanis, see Erwin H. Ackerknecht, A Short History of Psychiatry, trans. Sula Wolff (New York: Hafner Publishing Company, 1968) and Medicine at the Paris Hospital, 1794-1848 (Baltimore: The John Hopkins Press, 1967).

(1736-1789), while in charge of the Hôtel Dieu, spoke out for humane treatment of the insane, separate asylums, and proper classification, and Joseph Daquin (1733-1815), superintendent at Chambéry, was similarly outspoken in urging humane treatment.<sup>13</sup> Pinel himself acknowledged his indebtedness to men like his lay keeper, Pussin, at Bicêtre, "who although unacquainted with the principles of medicine and guided only by their sound judgment or by some obscure tradition, have devoted their lives to the treatment of the insane and have cured a great number by temporizing, by putting them to regular work, and by adopting methods of kindness or energetic repression at the right moment."<sup>14</sup> And then Pinel began to observe the methods of Pussin, "forgetting the empty honours" of his "titular distinction as a physician;" he "saw a great number of maniacs gathered together, and submitted to a regular system of discipline."<sup>15</sup> Pussin had previously experimented with some forms of humane treatment, and so the two men continued to work together in harmony: the keeper working directly with the patients and Pinel supervising and observing the effects.<sup>16</sup> Gradually Pinel worked out his system and published his

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<sup>13</sup>See Zilboorg, A History of Medical Psychology for Cabanis, pp. 283-284; for Colombier, p. 316; and for Daquin, pp. 317-318. René Semelaigne, Les pionniers de la psychiatrie française avant et après Pinel, vol. 1 (Paris: Librairie J. - B. Baillière et Fils, 1930-1932), also traces the predecessors of Pinel.

<sup>14</sup>As cited in Zilboorg, A History of Medical Psychology, p. 339. Zilboorg includes a translation of Pinel's introduction to his first edition of A Treatise on Insanity. Actually this is the introduction to the second edition.

<sup>15</sup>Pinel, A Treatise on Insanity, p. 108.

<sup>16</sup>See Evelyn A. Woods and Eric T. Carlson, "The Psychiatry of Philippe Pinel," Bulletin of the History of Medicine 35 (January-February, 1961): 23.



Traite medico-philosophique sur l'alienation mentale in 1801. In the same year a German edition appeared; within three years, a Spanish edition; and in 1806 an English translation.<sup>17</sup> Pinel had made moral treatment world renowned.

William Tuke had even more precursors than Pinel. Among the earliest was William Battie (1703-1776), the gifted but slightly eccentric physician of St. Luke's Hospital for Lunatics. Battie urged separate confinement of the insane and practice of "Regimen." Not yet as detailed as the later moral treatment, "Regimen" nevertheless meant that "management did much more than medicine," that "every patient must have a separate Room, and Diet," and that without confinement "every method hitherto devised for the cure of Madness would be ineffectual."<sup>18</sup> Thus Battie established the most basic of principles, institutionalization, nearly forty years before the opening of Tuke's highly-publicized York Retreat.

The second principle, the character and role of the psychiatrist, also had been delineated previously. Thomas Withers, one of the founders of the York Asylum in 1777,<sup>19</sup> remarked that in the "proper management of [the insane], there is an opportunity for the physician to show much

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<sup>17</sup>Ibid., 25.

<sup>18</sup>See Richard Hunter and Ida Macalpine, Three Hundred Years of Psychiatry, 1535-1860 (London: Oxford University Press, 1963), pp. 402-410 for excerpts from William Battie's A Treatise on Madness (1758). Denis Leigh in The Historical Development of British Psychiatry. vol. 1. 18th and 19th Century (London: Pergamon Press, 1961) depicts Battie as a "man of great gifts, which were unfortunately offset by his eccentricity." (p. 51).

<sup>19</sup>The York Asylum, founded in 1777, was a public subscription hospital. York Retreat was founded in 1796 by William Tuke and others, partially because the conditions at York Asylum were so deplorable.



judgment and address." The psychiatrist was to be a "man of the world," one who could "penetrate at once into the mind, and . . . ascertain with a cautious exactness the ruling passion." Always observing "countenances, gestures, words, and actions," he should "seem as perfectly regardless of these things as if he made no observations upon them." Withers summed up the character expected of a physician by noting that a "good heart has great influence on an able head." <sup>20</sup> At his private asylum at Greatford, Francis Willis operated on similar principles, and William Pargeter, a physician particularly interested in the treatment of the insane, urged in 1792 that "chief reliance in the cure of insanity must be rather on management than medicine." <sup>21</sup> Criticizing the abusive treatment of the insane, John Ferriar, in 1795, recommended a "system of discipline, mild, but exact, which makes the patient sensible of restraint, without exciting pain or terror." Talking with a patient first, "for lunatics have frequently a high sense of honor," was even a better method, according to Ferriar. <sup>22</sup> And, of course, even without a theoretical base, many owners of private madhouses during the eighteenth century treated their patients humanely: William Cowper praised the "Collegium insanorum" in the 1760s, as did John Wesley the Hanham House in 1782,

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<sup>20</sup>Thomas Withers, Observations on chronic weakness (York: Cadell & Nicoll, 1777), pp. 140-143.

<sup>21</sup>See Hunter and Macalpine, Three Hundred Years, p. 538 and William Pargeter, Observations on maniacal disorders (Reading, Eng.: For the Author, 1792), p. 49.

<sup>22</sup>Ferriar's Medical Histories and reflections is included in Hunter and Macalpine, Three Hundred Years, pp. 544-546.

and Charles Lamb that at Islington.<sup>23</sup> Even William Tuke's devoted matron, Katherine (Allen) Jepson, had learned humane methods at Edward Long Fox's first licensed house at Cleeve Hill in Bristol before she went to York.<sup>24</sup> She and her husband, George Jepson, worked directly with the patients at York and thus William Tuke had a solid foundation from which to build. It remained for his grandson, Samuel, to publicize the success of the Quaker Retreat at York in 1813.<sup>25</sup>

Circumstances were especially propitious for a favorable reception of Samuel Tuke's Description of the Retreat. The public asylum at York had opened in 1777, nearly twenty years before the Tukes opened

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<sup>23</sup>"Private madhouse" was a term ordinarily used in England for an asylum owned and run by an individual. Later the term was changed to "licensed house." There were also county asylums, burough asylums, and public asylums supported by subscription.

<sup>24</sup>See Parry-Jones, The Trade in Lunacy, pp. 170-174. Parry-Jones is particularly hesitant to give exclusive credit to the Tukes for the introduction of moral treatment. Besides the precursors listed above, and many others, he postulates that Edward Long Fox's achievements "seriously rival those of Samuel Tuke." (p. 113).

<sup>25</sup>An American, Benjamin Rush, also worked for the more humane treatment of the insane quite early. In 1789, Rush complained to the Board of Managers of the Pennsylvania Hospital that the cells for the insane were deplorable and predicted that "should more wholesome apartments be provided for them, it is more than probable that many of them might be Relieved by the use of remedies which have lately been discovered to be effectual in their disorder." In 1798, he again addressed the Managers on the necessity of employing the insane patients. By 1810, Rush submitted detailed suggestions for separate buildings and plans of treatment. See Thomas G. Morton, The History of the Pennsylvania Hospital, 1751-1895 (Philadelphia: Times Printing House, 1895), pp. 143-150. Interestingly, one of Rush's sons had become insane in 1808, but this clearly was not the motive for his early interest in the insane. See Eric T. Carlson and Jeffrey L. Wollock, "Benjamin Rush and His Insane Son," Bulletin of the New York Academy of Medicine 51 (December, 1975): 1312-1330.



their Quaker-supported asylum, and although the founders had intended the hospital "for the Relief of an Unhappy Part of the Community," by the 1790s the housing and treatment of patients at the public asylum was causing national scandal. Patients lived herded together in filthy quarters where the doctor administered "secret insane powders, green and grey" and frequently beat them. Bethlem had long been infamous for such conditions, and St. Luke's and the Manchester Royal Lunatic Asylum came under the same criticism. Some private madhouses seemed no better. Exempt from inspection and regulation, abuses crept in, especially as private asylums received more pauper patients. The County Asylums Act of 1808 which had recommended the immediate construction of public asylums for paupers was relatively ineffective for nearly half a century.<sup>26</sup> Abuses were rampant and well publicized.

No wonder that Tuke's description of the model York Retreat in 1813 gained such attention.<sup>27</sup> Here was an asylum that not only treated its patients humanely, but also cured them! While warning that one could not "form a just estimate of the importance of the curative means, employed in different asylums, from a bare comparison of numbers," Tuke nevertheless included a detailed list of the status of the 149 patients admitted between 1796 and 1811. Only sixty-one had been recent cases of less than one year's duration: 66% were discharged as "perfectly recovered" and another 7% were "so much improved, as not to require

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<sup>26</sup>For conditions at the York Asylum, see Kathleen Jones, Lunacy, Law and Conscience, 1744-1845 (London: Routledge & Kegan Paul Limited, 1955), pp. 83-85 and for the general deterioration in private madhouses, see Parry-Jones, The Trade in Lunacy, pp. 11-16. Alexander Walk's chapter, "Mental Hospitals," in F. N. L. Poynter, The Evolution of Hospitals in Britain (London: Pitman Medical Publishing Company Ltd., 1964) and Dainton, The Story of England's Hospitals, are also useful in tracing these developments.

<sup>27</sup>Daniel Hack Tuke, Chapters in the History of the Insane in the



further confinement." It was an excellent record. <sup>28</sup>

But it was misleading, since the York Retreat catered to a limited clientele. William Tuke and the Quarterly Meeting at York founded the asylum for the care of Quakers "of all ranks with respect to property." <sup>29</sup> But their plan provided that to nominate "one poor patient at a time on the lowest terms of admission, a "Quarterly Meeting" or "Annuitant" had to buy a fifty pound annuity and a "Donor" had to pay twenty-five pounds. <sup>30</sup> This effectively limited the number of poor patients, since in 1793 only four of some one hundred subscribers purchased annuities at fifty pounds, and only four or five made donations of twenty-five pounds. <sup>31</sup> From 1796 until 1800, only seven or eight patients were admitted on "low terms;" after 1800 such patients were not even mentioned. The Description publicized the Retreat's special accommodations for the "higher" or "superior" class by noting that "there are apartments in which patients with a servant may be accommodated, without mixing with the others." <sup>32</sup> Clearly, the managers of the Retreat arranged everything to

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British Isles (London: Kegan Paul, Trench & Co., 1882), pp. 123-129.

<sup>28</sup>Tuke does not give the percentages, but lists total numbers. If all patients were considered, only 38% were cured and another 7% discharged as improved. See Description of the Retreat, pp. 203-220.

<sup>29</sup>Ibid., p. 27.

<sup>30</sup>Ibid., p. 28.

<sup>31</sup>Ibid., p. 33. From 1802 on, the income from the patients exceeded the costs of running the asylum (even as the directors added land and buildings) and apparently there were no patients kept on "low terms."

<sup>32</sup>Ibid., pp. 54-69 and 99-107. In 1812, the number of patients at the Retreat was just sixty-six -- the largest number of patients to that date.

effect successful treatment for upper and middle class Quakers.

Despite their original desire to serve only their fellow Quakers and their subsequent practice of favoring paying patients, William and Samuel Tuke broadened their concern to other insane as well. Upon hearing of the deplorable conditions at the public asylum at York in 1813, they joined Godfrey Higgins, a prominent county magistrate, and forty-three other citizens of York; paid their twenty pounds to become governors; and forced an investigation of the asylum. The matter came before the Parliamentary Select Committee on Madhouses in 1815, and both William Tuke (eighty-three years old and nearly blind) and Samuel testified. After that the management and treatment of patients at York Asylum steadily improved.<sup>33</sup> The Tukes had used their reputation to benefit the pauper insane.

The influence of the Tukes and their Retreat spread far beyond the boundaries of York or London and helped shape the character of a number of pioneering American mental institutions. Finding "no asylum in the United States which could serve as a model for an institution of this kind," the Society of Friends in Philadelphia circulated a copy of the Description among its members. When Friend's Asylum opened near Philadelphia in 1817, it was "governed by the same liberal and enlightened policy in the construction and management" as that of York.<sup>34</sup> Thomas

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<sup>33</sup>See Jones, Lunacy, Law and Conscience, pp. 60 and 79-92 and Tuke, Chapters in the History of the Insane, pp. 149-152. The investigations dragged out over two years and were highlighted by a suspicious fire, refusals to grant visiting inspectors admittance, destruction of the financial record books, and threats of libel from the physician. Eventually a new staff was appointed and strict regulations for conducting and overseeing the asylum established.

<sup>34</sup>See unsigned typescript copy of "Friend's Hospital" at Friends Hospital, Philadelphia and Norman Dain and Eric T. Carlson, "Milieu



Eddy, a Quaker and prime mover in the founding of Bloomingdale Asylum in New York, similarly adhered to Tuke's principles. At these two asylums, men who were to become leading American alienists gained their first experience: Thomas Kirkbride and Pliny Earle at Friend's and James Macdonald, Charles Nichols, and D. Tilden Brown at Bloomingdale. Rufus Wyman, the first superintendent in 1818 of the McLean Asylum in Charlestown, Massachusetts, not only read Tuke, he visited Friend's Asylum and later consulted with Thomas Eddy.<sup>35</sup> And in every respect, the founders of the Hartford Retreat modeled their asylum on that of the English Quakers: the scheme for raising money, the plan of management, and the method of treatment.<sup>36</sup> The stage was set for moral treatment in this country.

Philippe Pinel's treatise was equally well-known in America and his principles of institutionalization, kind treatment and occupational and recreational therapy differed little from those of Tuke. Yet Americans clearly relied more heavily upon Tuke, even though an English translation of Pinel's work appeared seven years before Samuel Tuke's Description. Obviously, close ties between English and American Quakers played a dominant role, but other influences may have been equally strong.

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Therapy in the Nineteenth Century: Patient Care at the Friend's Asylum, Frankford, Pennsylvania, 1817-1861," The Journal of Nervous and Mental Disease 131 (October, 1961): 277-290.

<sup>35</sup>Eric T. Carlson and May F. Chale, "Dr. Rufus Wyman of the McLean Asylum," The American Journal of Psychiatry 116 (May, 1960): 1034-1037.

<sup>36</sup>Eaton, New England Hospitals, pp. 65-69. For a general view of the gradual proliferation of Tuke's ideas in America, see Dain, Concepts of Insanity, pp. 21-35.



Tuke dealt with the history and management of one asylum, Pinel was trying to develop a systematized body of knowledge. Tuke's clarity and readability appealed to both laymen and physicians. Tuke spoke of treatment of upper and middle classes, Pinel worked with the poor and destitute. Since Friend's, McLean's, Bloomingdale and Hartford were established largely for paying patients, the York Retreat offered a more satisfactory, and practical, model. And, finally, Tuke was successful -- he cured his patients. In every way, Tuke appealed to upper middle-class American physicians setting out to treat their peers who suffered from the unfortunate malaise of insanity.

Besides being the progenitors of moral treatment, Tuke and Pinel also contributed to the growth of the "Cult of Curability:" the optimistic belief that insanity could be cured and its curability proved statistically.<sup>37</sup> Tuke's emphasis on the number of cases cured and his distinction between recent and chronic cases impressed Americans, as did the strains of self-congratulation in his narrative. Pinel's influence was of a different sort. Rejecting traditional methods and systems, he turned to statistical recording and established a "scientific" vehicle for illustrating the results of treatment.<sup>38</sup> As in all movements, however, others made their contributions. One of the earliest in pro-

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<sup>37</sup>Deutsch, The Mentally Ill in America, Chapter 8, labels this movement as the "Cult of Curability."

<sup>38</sup>Woods and Carlson, "The Psychiatry of Philippe Pinel," 19. The keeping of statistical data was not unknown. As early as 1662, John Graunt applied the method to the vital statistics of London and in 1788, William Black attempted to draw practical conclusions from the statistical reports on two or three thousand patients at Bethlem Hospital from 1772-1787.

moting optimism about curability was Francis Willis, George III's "psychiatrist." In his testimony before the Parliamentary "Committee to examine the physicians who have attended His Majesty, during his illness," Willis asserted that a "very great majority" of cases could be cured and estimated that "nine out of ten" put under his care "within three months after they had begun to be afflicted with the Disorder" would recover.<sup>39</sup> The validity of his claim might be questioned, but not the public impact. Another prominent English alienist, George Man Burrows, expressed similar optimism in 1828 and was widely quoted in America.

An unexpected boost for inflated claims of curability, illustrated by statistical reporting, emerged from the travel books of Captain Basil Hall. Hall spent fifteen months in America in 1827-28 and published his impressions in three volumes. Generally unhappy with what he saw, Hall nevertheless found the Hartford Retreat, under the superintendency of Eli Todd, "a model . . . from which any country might take instruction." With that, he included extracts from Todd's annual report claiming a cure rate of 91.3% among recent cases.<sup>40</sup> When editions of Hall's Travels in North America, in the years 1827 and 1828 appeared not only in Philadelphia, but also in Edinburgh, London, and Paris, both sides of the Atlantic were alerted to Todd's remarkable success.<sup>41</sup> It was, of course, in the self-interest of private madhouse keepers in England to exaggerate their success

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<sup>39</sup>Hunter and Macalpine, Three Hundred Years, p. 513. Willis also contributed to another practice in statistical recording. He stated: "If a Person has been Twice under my Care, and Twice cured, I reckon two Cures." This method of counting "cases" rather than persons led to the inflation of curability statistics.

<sup>40</sup>Basil Hall, Travels in North America, in the years 1827 and 1828 (Graz-Austria: Akademische Druck, 1964), vol. 2, pp. 191-197.

<sup>41</sup>Ibid., vol. 1., pp. xii and xvi.



in curing patients and they had been exaggerating for a long time.

Newcastle-upon-Tyne Lunatic Asylum reported that nearly 40% of patients admitted between 1764 and 1817 recovered completely, making no distinctions based upon the duration of the illness. But when the mania of separating recent and old cases in curability statistics caught on, rates of recovery as reported by private madhouse keepers sky-rocketed: Drowitch Lunatic Asylum reported 76% of recent cases cured between 1792 and 1816; Spring Vale, from 1802-1815, claimed 87% cured; and Laverstock reported 52% cured in 1815 and 87% in 1828. <sup>42</sup>

Similar considerations turned American alienists in the same direction. Corporate hospitals had to attract subscribers and state asylums needed to convince legislators that the most economical way of dealing with insane citizens was to cure them. Thus, Pliny Earle, Samuel Woodward, and Francis Stribling, in the 1830s, recorded from 72-90% of their patients discharged cured. <sup>43</sup> Two American superintendents did even better. John Galt of Williamsburg announced in 1842 that 92.3%, i.e., twelve, of thirteen recent cases had fully recovered. Unfortunately one patient had died depriving Galt of a perfect record. <sup>44</sup> In the same year William Awl of Columbus reached the pinnacle. He recorded: "Per cent of recoveries on all recent cases discharged the present year, 100." <sup>45</sup>

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<sup>42</sup>Parry-Jones, The Trade in Lunacy, pp. 202-203.

<sup>43</sup>See Deutsch, The Mentally Ill in America, pp. 149-153 and the annual reports of the Western Lunatic Hospital, Staunton, Virginia, for 1837, 1838, and 1839.

<sup>44</sup>Dain, Disordered Minds, p. 115.

<sup>45</sup>Fifth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum (Columbus: Samuel Medary, 1843). Awl's cures: 1838, 72%; 1839, 86%; 1840, 86%; 1841, 85%; 1842, 100%; 1844, 90%; 1845, 95%, and 1846, 95%. Deutsch has the year of the 100% cures as 1843, but that was the year in which Awl published his report for the preceding year of 1842, therefore the record was set in 1842.



These accomplishments and repeated citings of men like Willis and Burrows, as well as the early optimistic statements of other alienists, impressed the American public and legislators. The rush toward building state asylums was on. Establishing state asylums as curative institutions based upon statistical reporting created a vicious circle for American alienists. They needed to report continuing success and so they sometimes consciously manipulated their statistics: citing only cases discharged and not total number admitted; emphasizing success with recent cases; and counting cases, not individual persons -- some of whom might account for more than one "statistical" cure in a single year. A few like Isaac Ray and Luther Bell dissented, but generally the "Cult of Curability" did not die out until the 1870s. The telling blow came when Pliny Earle reversed his earlier position and revealed the fallacies of early statistics. In 1877, Earle published his findings in The Curability of Insanity. One of Earle's strongest criticisms was against the practice of counting cases, not persons. He noted that 161 persons were responsible for 184 recoveries, 100 improvements, 34 "unimprovements," 2 elopements, 24 deaths, and 31 patients still in hospitals -- a total of 375 entries. One woman alone was responsible for 46 cures and then died insane. <sup>46</sup>

By the late 1870s, state asylums had become largely custodial and so exaggerated claims were no longer necessary or even useful. Although American alienists were particularly adamant and optimistic about the curability of insanity, they learned the mood and the method

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<sup>46</sup>See Earle MSS, AAS.

from their English counterparts, as they had learned the lessons of institutionalization and therapeutic treatment.

Since England and America experienced similar problems in the late eighteenth and early nineteenth centuries, these circumstances may help to explain parallel developments within the specialty of psychiatry. In England, the scientific and industrial revolutions, with the resultant shifts in wealth and economic power, all served to disrupt social order. People were on the move, migrating from rural areas into the urban and industrial centers. Religious sects were growing in numbers and influence. All these new forces inspired various groups to undertake an organized effort to re-establish control over a disrupted society. In a complementary development, the continuing influence of Enlightenment philosophy with its more humanitarian thrust, encouraged organized philanthropy, while vigorous evangelical currents promoted a commitment to moral stewardship.<sup>47</sup>

Further, conditions in England were, as in America, such as to lead a number of physicians into this new area of specialization. By 1800, most Englishmen owning private madhouses or heading other types of asylums were

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<sup>47</sup>See Foster, An Errand of Mercy; Frank Thistlethwaite, The Anglo-American Connection in the Early Nineteenth Century (Philadelphia: University of Pennsylvania Press, 1959); Peter Laslett and John Harrison, "Clayworth and Cogenhoe," in H. E. Bell and R. L. Ollard, eds., Historical Essays, 1600-1750 (New York: Barnes & Noble, 1963); Elie Halevy, England in 1815 (London: Ernest Benn Limited, 1949); H. J. Habakkuk and M. Postan, The Cambridge Economic History of Europe (Cambridge: The Cambridge University Press, 1966), vol. 6; and Owen, English Philanthropy.



medical men and the British public trusted them no more than Americans trusted their doctors. Englishmen and Americans alike preferred to dose themselves with patent medicines rather than call in a doctor.<sup>48</sup> The colonists had brought their English habit with them and until the Revolution, English vendors made great profits exporting their bottled panaceas across the Atlantic. But they made even greater profits in England. As Shryock remarks, "Credulity was, after all, not peculiar to Americans." In 1849, there were living in London alone at least five men who had become millionaires by selling elixirs and pills to their naïve countrymen and the British treasury was annually enriched by more than £30,000 from the patent medicine industry.<sup>49</sup>

The aversion to sending for a doctor, the reluctance to pay one if sent for, and the fear of "heroic" treatment all made the English doctor's economic status as precarious as the American's. British doctors too, competed with "irregulars," quacks, and popular health advocates. Homoeopaths and hydropaths attracted patients and scores of British periodicals preached "personal hygiene" and were dedicated to the "proposition that all men could stay well, if they would but stay away from their doctors!"<sup>50</sup>

Control over medical education and licensing was as loose and ineffective in England as in America. The internal structure of the British medical profession differed in that three distinct levels of

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<sup>48</sup>Young, Toadstool Millionaires, Chapter 1.

<sup>49</sup>Shryock, "Public Relations of the Medical Profession," 316-317.

<sup>50</sup>Ibid., 314, 317, 326, and 336.



practice -- physician, surgeon and apothecary -- were recognized.

Physicians studied for thirteen years: four years for the Bachelor of Arts degree, three for the Bachelor of Medicine, and six for the Doctor of Medicine. Only a medical degree from Oxford and Cambridge qualified one for membership in the Royal College of Physicians, the disciplinary body of the profession. Unfortunately, the Royal College was ineffective as a regulatory force. Many young Englishmen obtained medical degrees from Edinburgh, a first-rate medical school; from St. Andrews, also in Scotland, which had no true medical school but granted the degree in absentia; or from the rising number of private medical schools in London and the provinces. These doctors did not qualify for the Royal College of Physicians, but they had their M.D.s and could obtain licenses to practice from the Society of Apothecaries or the College of Surgeons. Their numbers swelled the ranks, but the number of apothecaries was even more devastating. Originally the intermediaries between the patient and the physician; they filled the doctors' prescriptions. But as some became more familiar with physicians' usual medications, they frequently prescribed medicines themselves. The cost of the doctor's fee and the ready availability of the local apothecary shop led many a patient directly to the apothecary. Apothecaries, in practice, became the local doctors.

The ease with which one could qualify as an apothecary and the competition even they faced from unlicensed "chemists" and quacks, led to the Apothecaries Act of 1815, giving the Society of Apothecaries self-regulating powers which they took quite seriously. But much bickering and rivalry continued, other medical leaders quarreled, and regulatory bodies competed for licensees. It was not until 1858 that a national

Medical Council was created to oversee the profession. Meanwhile, for nearly a century in both Britain and America, "anyone could assume the title of 'doctor' or 'surgeon' . . . and practice with impunity," thus crowding the medical field and lowering its status.<sup>51</sup>

Disruptive forces may have led many British doctors to seek alternatives. Of those who turned to psychiatry, most were surgeons, a few were apothecaries, and a few were licentiates (though not members) of the Royal College of Physicians. None attended Cambridge or Oxford; most trained at the growing number of voluntary hospitals. James Prichard, John Conolly and John Kirkman received degrees from the highly respected medical department of Edinburgh, but others such as James Thurman and Andrew Blake attended the less reputable Scottish schools at Aberdeen and Glasgow. These doctors were not in the higher echelons of London, or even provincial, practice, so they faced strong competition. Heading a county or public asylum, and therefore receiving a guaranteed annual income, might have seemed a good opportunity, especially since one could continue to see private patients or even run a private asylum.<sup>52</sup> Owning a private madhouse, although it demanded some initial capital, could be lucrative and licenses were easily obtained. Indeed, a number of doctors who first served in public asylums, later opened their own houses and a number of other laymen and women also obtained licenses.

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<sup>51</sup>For the history of British medical education and the problems encountered by doctors, see F. N. L. Poynter, "Medical Education in England since 1600," in C. D. O'Malley, ed., The History of Medical Education (Los Angeles: University of California Press, 1970) and Shryock, "Public Relations of the Medical Professions."

<sup>52</sup>Superintendents of English asylums were paid even better than those in America. See Jones, Lunacy, Law and Conscience, p. 157.



Medical men criticized this practice and depicted the lay keepers as marginal individuals with "pecuniary powers sufficient to obtain a license, and set themselves up keepers of private madhouses, alluring the public." It was not a totally self-interested motive that provoked the attack -- critics were interested in the welfare of the insane, but they were also concerned about the profits to be had for themselves. Movement in both directions occurred, but by far the greater number moved from the public hospitals to owning private ones, sometimes a whole series of them, catering to affluent paying patients. 53

To assign profit as the only motive would be a mistake, however. Men who made this move, such as John Conolly, T. O. Prichard, Richard Mallam, Robert Gardiner Hill, or John Millingen, whole-heartedly believed in the curability of insanity, and fought for their beliefs. Against heavy opposition, for instance, both Hill and Conolly introduced non-restraint. At Lincoln Asylum, in 1835, Hill observed the sufferings of restrained patients and "reflecting on these things" announced his "confident belief that under a proper system of surveillance, with a suitable building, instrumental restraint was in every case unnecessary and injurious." By 1838, not one patient at Lincoln was restrained. Disbelief and criticism met his announcement. Non-restraint required a large staff of highly skilled attendants and constant overseeing by the superintendent; the method was costly and time-consuming. But Hill persevered until driven out in 1840 by a "perfect hurricane of

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53Parry-Jones, The Trade in Lunacy, pp. 77-89.



opposition." <sup>54</sup> Conolly, then superintendent of Hanwell, visited Hill just before his resignation and was so impressed that he immediately instituted non-restraint at Hanwell. Both of these men held to their humanitarian attitudes even in the face of widespread criticism and derision, and both operated private asylums for profit. Hill became a partner in a private asylum near Lincoln in 1840 -- he was unemployed and some source of income would have been necessary. But Conolly ran two private houses while he headed the public asylum at Hanwell. Despite his sincere concern for the insane, Conolly may have felt less financially secure. His father had died when he was only six years old, essentially leaving him on his own. He married and started a family before going to medical school at Edinburgh, practiced medicine for a few months in Lewes, for one year in Chichester, and for five years in Stratford-on-Avon where he was twice elected mayor but made little money in medical practice. In 1827 he moved to London, but despite the friendship of many "very influential men," he failed in practice as a London physician. <sup>55</sup> Unable to assure a large practice, his friends apparently could offer other appointments: Inspecting Physician for the Lunatic Asylums of Warwick; the chair of medicine at the newly founded London University; and, perhaps, the appointment at Hanwell. Conolly spent

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<sup>54</sup>Although eventually adopted throughout the western world in some form, non-restraint met bitter opposition at first. Hill himself noted that there "arose a perfect hurricane of opposition to myself and my system" and that it was called "the raving mania of a theoretic visionary," "a piece of contemptible quackery, a mere bait for the public ear." He felt he had to resign because "the attendants were encouraged in acts of disobedience, and all control was lost." See Hunter and Macalpine, Three Hundred Years, p. 889.

<sup>55</sup>Biographical data on Conolly is largely from the Dictionary of National Biography. Leigh, The Historical Development of British Psychiatry, p. 210, simply states that Conolly was "a failure until the age of forty-five."

the rest of his life at the work for which he seemed best suited -- administering first Hanwell and then his own private houses. <sup>56</sup>

Conolly could no more remain unaffected by humanitarian thought than he could by the social and economic disruptions of the medical profession and the larger British society. He and others, such as Burrows, Millingen, and Prichard, saw these conditions as the most likely causes of insanity. Burrows, after long experience as the owner of two private madhouses, concluded that insanity originated "not in individual passions or feelings, but in the state of society at large." He saw "lower orders" provoke insanity in themselves by trying to imitate the upper classes. Furthermore, he continued, all extremes in society, public events or "great political or civil revolutions," created excitement and thus insanity. But insanity caused by religious excitement was the worst of all, and Burrows knew where to place the blame. "In England," he complained, "the liberty of theological discussion and religious worship is tolerated," and "every variety of schism and sectarianism abounds," and therefore "the great predisposing cause [of] religious madness," was that "numbers exchange one form of faith for another" and thus become excessively excited. <sup>57</sup>

James Prichard, Commissioner of Lunacy, expressed similar concern over religious insanity, but placed the blame on ministers who "were remarkable for a severe, impassioned, and almost imprecatory style of preaching, and for enforcing the terrors rather than setting forth the

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<sup>56</sup>See Jones, Lunacy, Law and Conscience, pp. 154-155.

<sup>57</sup>Burrows, Commentaries . . ., pp. 18-40.



hopes and consolations which belong to the Christian religion." Marriage was a good safeguard against insanity, Prichard believed, since "married persons lead in general more regular lives . . . they are for the most part more fixed in their pursuits, and their condition as to maintenance and employment." In general, he concluded, regularity of life within one's social station would prevent exposure to "causes which agitate the mind and excite strong emotions." The rough and tumble world of the aspiring merchant, trader, and others would lead inevitably to the asylum. 58

John Millingen, a political conservative, was as outspoken as Burrows in attributing the rising rate of insanity to the "moral and peculiar condition of nations" and singled out "religious delusions" and the irregular life of unmarried persons as causes, as had Prichard. But Millingen's real concern was the attempt of the lower classes to improve themselves socially and economically. Specifically, he pointed out that "in England, insanity appears to be most prevalent among female servants and workwomen, at whose feet the Pactolus of worldly grandeur flows in vain." Trying to acquire the "gaudy trappings of the wealthy" only led these poor women to disappointment, discontent and eventual insanity. Similarly condemned were ambitious businessmen who "in their misfortune had recourse to the Lethean cup of ardent spirits." Millingen lamented the lack of proper education for both the higher classes and the lower classes, for he believed that education could control the passions and

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<sup>58</sup>James Cowles Prichard, A Treatise on Insanity and Other Disorders Affecting the Mind (Philadelphia: E. L. Carey & A. Hart, 1837), pp. 139-153.



vices that might otherwise lead to insanity.<sup>59</sup> In short, unorthodoxy, liberalism, passion, and attempts at upward mobility could all be causes of insanity.

American alienists viewed the social and economic changes of their society in much the same way as Englishmen. As early as 1811, Theodric Romeyn Beck, one of the earliest American psychiatric writers, reiterated Benjamin Rush's list of the causes of insanity: "avarice, domestic misfortunes, commercial speculations, political contests, and enthusiastic patriotism, mistaken ideas of religion causing either enthusiasm or superstition and sudden joy." "Errors in early education," Beck believed, were the sources of all mental (or moral) causes of insanity.<sup>60</sup> And Beck was not alone in faulting improper education. Isaac Ray, a major figure in American psychiatry, was especially outspoken, and so were Horace Buttolph, Edward Jarvis, and William Chipley. Declaring that "in our anxiety to obtain speedy and tangible results, we manage the education of our children somewhat as we often manage our capital, going upon the plan of quick returns and small profits," Ray made a sweeping condemnation of every aspect of American society. Juvenile literature held no challenge for children because it was watered-down and romanticized; families no longer provided the proper moral culture for their children; the masses cared less for instruction than for excitement and looked upon the virtue of humility as obsolete; and people were no longer satisfied "with taking opinions on trust, in the belief that others might be better qualified by education and experience to form them." These traits

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<sup>59</sup>J. G. Millingen, Aphorisms on the Treatment and Management of the Insane; with Considerations on Public and Private Lunatic Asylums, Pointing Out the Errors in the Present System (London: John Churchill, 1840), pp. 4-14.

<sup>60</sup>Theodric Romeyn Beck, An Inaugural Dissertation on Insanity (New York: J. Seymour, 1811), pp. 23-24.

"peculiar to the intellectual, moral, political, and social condition of our times" would certainly produce insanity.<sup>61</sup> Horace Buttolph, the ambitious superintendent of the New Jersey Asylum, joined in and felt that an "enlightened view of the philosophy of life and living" was the "best safeguard against insanity."<sup>62</sup> Edward Jarvis, the Massachusetts statistician, was far more specific. Noting that "most in the United States have some sort of education to fit them for action in the world," Jarvis pointed out that the danger of this education to mental health was "greater here than elsewhere," because "our people generally not only aim higher than those of most other nations, but they are constantly looking upward, to see if they may not better themselves." To accomplish all this, Americans assume "burdens of thought, study, care and anxiety, such as they had not been trained to bear." Jarvis felt it was absolutely necessary "to warn men to prepare themselves, by a better education, for the responsibilities of life." American education, as it stood, did not do this.<sup>63</sup> And William Chipley of Kentucky warned that an unwise plan of education which forced the child's intellect at an early age, but neglected physical exercise and training, led to masturbation and therefore to eventual insanity.<sup>64</sup>

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<sup>61</sup>I. Ray, Mental Hygiene (Boston: Ticknor and Fields, 1863), pp. 224, 225, and 262.

<sup>62</sup>"Proceedings of the Twelfth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," American Journal of Insanity 14 (July, 1857): 86.

<sup>63</sup>"Proceedings of the Thirteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," American Journal of Insanity 15 (July, 1858): 126-128.

<sup>64</sup>W. S. Chipley, A Warning to Fathers, Teachers and Young Men, in Relation to a Fruitful Cause of Insanity and Other Serious Disorders of Youth (Louisville, Ky.: L. A. Civill & Wood, Publishers, 1861).



Many aspects of American society received criticism from these men, but the other most "popular" weaknesses were religious diversity, political freedom and involvement, and the spirit of ambition. As for religious diversity, Amariah Brigham condemned churches for opening their buildings in the evening for "what are called Monthly Concerts for prayer, meetings to hear accounts of, or to aid the Bible, Missionary, Tract, Education, Seamen, Colonization, Abolition, and other charitable and religious societies" and he totally objected to revival camp meetings, urging that "in nothing should we be more careful . . . than in powerfully exciting the minds of the young, and particularly of females." Religious excitement in all ages, Brigham continued, "has been one of the most fruitful sources" of insanity.<sup>65</sup> Pliny Earle agreed. Because this country practiced "universal toleration upon religious subjects, and [sheltered] under this broad banner congregations of almost every sect that has ever appeared in Christendom," asylums were peopled with large numbers suffering from religious fanaticism.<sup>66</sup>

James Macdonald best summed up American alienists' worries about political freedom. In an article in the New York Journal of Medicine and Surgery, he said, "within the writer's own experience, the Anti-Masonic excitement, the Jackson excitement, and the Anti-Jackson excitement, the Bank excitement, the Abolition excitement, and the Speculating

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<sup>65</sup>Amariah Brigham, Observations on the Influence of Religion upon the Health and Physical Welfare of Mankind (Boston: Marsh, Capen & Lyon, 1835), pp. 143-144, 149, 265-266, and 275.

<sup>66</sup>Pliny Earle, "On the Causes of Insanity," American Journal of Insanity 4 (July, 1848): 206-207.



excitement, have each furnished the Asylum with inmates." 67

But the ambitious man was the real bugbear for American alienists. According to Brigham, asylums were filled because of the "too constant and too powerful excitement of the mind, which the strife for wealth, office, political distinction, and party success produces in this free country." 68 Once again Jarvis chimed in and took to task every man who was ambitious beyond his natural state.

We find cultivators of the soil becoming traders, patient mechanics becoming manufacturers, the small trader enlarging his business to that of a wholesale merchant, the working man turning speculator, the capitalist going to the stock exchange, and dealing in matters of doubtful value. Some leave the plough or the workshop, and become scholars, or enter the professions. The quiet workman, or man of business, enters the field of politics, and engages in the anxieties and strifes of parties, or in the management of the affairs of state. 69

According to Jarvis, "some of these find themselves in a wrong position" and "stagger beneath their unaccustomed burden" only to end up in an asylum. S. Hanbury Smith of Ohio was equally pessimistic about the fate of ambitious men, speculating on "what numbers would fly the course they are now following" if they only realized that it would "bring them within

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<sup>67</sup>As cited in Amariah Brigham, An Inquiry concerning the Diseases and Functions of the Brain, the Spinal Cord, and the Nerves (New York: George Adlard, 1840), pp. 289-290. Isaac Ray agreed and blamed the newspapers for getting people involved. "The appeals of an aspiring demagogue, the debates of an excited convention, the platform of a political party, exercise the minds of millions, who, without this agency, would have moved on to their dying hour in happy ignorance of them all." See Ray, Mental Hygiene, p. 237.

<sup>68</sup>Amariah Brigham, Remarks on the Influence of Mental Cultivation and Mental Excitement upon Health (Boston: Marsh, Capen & Lyon, 1833), 2nd ed., pp. 80-81.

<sup>69</sup>"Proceedings of the Thirteenth Annual Meeting . . .," 127.

the walls of a Lunatic Asylum -- some to leave it no more -- some to leave it sadder and wiser men -- some, in the lapse of time, to exchange its friendly protection for a prison or a poor-house." <sup>70</sup> American alienists could not escape reacting to social cleavage anymore than their English colleagues could. They were more specific and vociferous, perhaps, but both groups were living in societies fraught with change that affected not only their patients, but also themselves and their views of society.

In 1841, with at least 150 Englishmen specializing in treating the insane, "several gentlemen" who had "the conduct of lunatic asylums" decided to organize "An Association of the Medical Officers of Lunatic Asylums." <sup>71</sup> Samuel Hitch, resident physician of the Gloucester Asylum sent out eighty-eight circulars "to each medical officer of a lunatic asylum" and received forty-five replies in favor of forming the Association. On July 21st, seven men representing five county asylums and one private retreat held a preliminary meeting. Four months later, fourteen men gathered for the first Annual Meeting. The members of the Association wished to exchange ideas for improvement of the management of asylums and for promoting the "acquirement of a more extensive and more correct

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<sup>70</sup>Thirteenth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum (Columbus: S. Medary, 1852), p. 14.

<sup>71</sup>T. Outtersen Wood, "The Early History of the Medico-Psychological Association," The Journal of Mental Science 42 (April, 1896): 241-260. Unless otherwise noted, all information about the Association is from this source. Wood's article is especially useful because he quotes verbatim from the manuscript minute book which he feared "in the course of time, even with every care, . . . will become dilapidated."



knowledge of insanity." To accomplish this they urged that each superintendent report the medical and moral treatment adopted in his asylum and that he keep uniform statistical records and circulate them with his annual reports. They planned to meet each year in a different asylum so that they could inspect individual asylums.

Besides this desire to share knowledge, promote their specialization, and police institutions, the founders of the Association probably wanted to solidify their own position. Generally they represented the best of the county asylums. None of their asylums had been objects of scandal and they had worked hard and long to institute moral treatment in its finest form. Four of them -- Gaskell, Hitch, Prichard, and Smith -- had instituted non-restraint, and the other four agreed that restraint should be used only in rare cases. Other county asylums were not as advanced, and a few were under fire for questionable practices.<sup>72</sup>

Earlier some Poor Law Commissioners had launched an attempt to empty the county asylums, citing the high cost of the plan of moral management. Though it was unsuccessful, this effort put medical superintendents on guard. These alienists were curing the insane and they wanted it known that their asylums were different from the workhouses, poorly run county institutions, and disreputable private madhouses.

Whatever the reasons for organizing, and they were varied, the members of the Association used all the methods of other professional organizations: exchanging ideas, publicizing their work, and policing

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<sup>72</sup>There were at least seventeen county hospitals (of fifty-two counties in England and Wales) in 1841. The asylums at Stafford and Cornwall were far from ideal, see Jones, Lunacy, Law and Conscience, pp. 117-118.



their specialty through suggestions for reform. But they were a loose organization. A permanent secretary served, but each meeting was chaired by the superintendent of the asylum in which they met. Membership was by election, but all seemed welcome and scores of honorary members were elected. Formal papers were infrequent. Little discord occurred and even when the members disagreed, it was with a spirit of warm tolerance. For instance, at the first meeting, agreement over endorsing total non-restraint could not be reached, but the members approved a resolution "without pledging themselves to the opinion that mechanical restraint may not be found occasionally useful in the management of the insane," and nevertheless voted thanks to "those gentlemen who are now engaged in endeavoring to abolish its use in all cases." Non-restraint was a volatile issue in both England and America at this time, but exercising superb tact, the English Association alienated no one.

Nor were they particularly adamant on other issues. Only a brief note in the minutes of 1843 mentioned that the governors of Bethlem refused their proposed inspection. Such a note may have been enough to point out the defects of Bethlem, but it is more likely that the members were losing interest in this function. Within a few years they gave up the plan of yearly asylum inspections and agreed to meet annually at Freemasons' Tavern in London.

Prior to 1851, they did not even meet every year, skipping 1845, 1846, 1848, 1849 and 1850. This apparent diminution of interest may have resulted from the passage of the Lunatics Act of 1845, which subjected every asylum -- private, public, or county -- to the inspecting, licensing, and reporting of the new Lunacy Commissioners. Since every county was required to build an asylum, admission processes tightened, uniform

statistical reporting demanded, and county asylums encouraged to handle as many curable patients as they could, everything the English founders had hoped for had now been legislated. <sup>73</sup>

By 1851, the English Association was attracting large numbers of private madhouse owners. Even this expansion and variety did not provoke serious dissension. When the Association voted to establish its own journal in 1852, some discussion occurred, probably spear-headed by Forbes Winslow. Since 1848, Winslow had published The Journal of Psychological Medicine. In the pages of his journal, he now complained that he had invested considerable capital and had "stood nearly alone in fighting the battle for the British psychologist." And he found that it could not be "otherwise than mortifying that those who have never lifted their little finger to assist us, should, in 1853, attempt to ignore the property of this journal by starting a rival publication." <sup>74</sup> Winslow's journal prospered for another decade and his bitterness apparently subsided quickly. In 1857 he became president of the Association. By that time membership had grown tremendously and at least one-quarter of the members were heads of private asylums. By 1900, twelve of these men had held offices, <sup>75</sup> which was remarkable since treatment of the

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<sup>73</sup>Jones, Lunacy, Law and Conscience, pp. 183-195.

<sup>74</sup>As cited in Hunter and Macalpine, Three Hundred Years, p. 965.

<sup>75</sup>Parry-Jones, The Trade in Lunacy, pp. 89-90. Parry-Jones mentions some feelings of a "distinct line of demarcation between the medical officers of public asylums and the proprietors of private asylums," but compared to the American Association, heads of private asylums in England exerted great influence. See Chapter 6 of this work.

insane in the last half of the nineteenth century fell more and more to the county and public asylums. 76

Somewhat desultory in the early years, the Association, by the late 1850s, settled down to regular meetings and thereafter kept a watchful eye on the conduct of its members, on the course of national legislation on lunacy, and on the advance of mental science. In time, the English Association would have its duplicate in the United States, but the American Association would differ in several fundamental respects.

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<sup>76</sup>The following figures from Tuke, Chapters in the History of the Insane, pp. 211 and 259, illustrate the diminishing role of private asylums.

	<u>Patients in county asylums</u>	<u>Patients in private asylums</u>
1844	4,400	5,163
1859	15,844	5,016
1881	41,355	4,626



## CHAPTER 5

### ORGANIZERS

The beginnings of the American Association go back to an evening in the autumn of 1844. A noteworthy group had gathered in the parlor of "The Mansion" on the grounds of the Pennsylvania Hospital for the Insane. Catching up on the news was the first order of the evening, for many of the thirteen were well-acquainted. Just three months before, the patriarch of the group, Samuel B. Woodward of the Worcester Asylum, had visited the other three doctors responsible for the meeting: Francis T. Stribling of Staunton, Virginia; William M. Awl of Columbus, Ohio; and Thomas S. Kirkbride of Philadelphia. With the exception of two, Nehemiah Cutter of Pepperell, Massachusetts, and Samuel White of Hudson, New York, all the others had corresponded extensively with one another. All held positions as medical superintendents of hospitals for the insane and would soon be known as the "Old Originals." This gathering of October 14th, and the four days of intensive discussion at the Jones Hotel that followed, was the founding session of the Association of Medical Superintendents of American Institutions for the Insane (to be renamed the American Psychiatric Association).<sup>1</sup>

The initiators of the Association were Woodward, Stribling, Awl and Kirkbride. Of the four, Samuel Woodward did the most work. Upon a suggestion by Stribling in June of 1844, he acted immediately, carrying

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<sup>1</sup>In 1894, the Association was renamed the American Medico-Psychological Association and in 1921, the American Psychiatric Association.

the message to Awl. Returning home, he wrote to Kirkbride and other superintendents. Stribling contacted the Southern superintendents. <sup>2</sup>

As the profession of asylum administration matured, it was natural for alienists to move toward national organization. Within the concept of moral therapy, they had developed a body of specialized knowledge, and various segments of Jacksonian society -- state legislatures, religious groups and medical societies -- were willing to support their work. The exchange of ideas and information could be helpful and professional companionship might be pleasant. But given these prerequisites, professionalization in 1844 was not inevitable. The movement culminated only when a number of alienists felt the need of a concerted effort to control professional behavior, further publicize and justify their work, and establish professional independence. <sup>3</sup>

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<sup>2</sup>Woodward is given most of the credit because he contacted the majority of the superintendents and because he introduced James Barnard and his scheme of exchanging European and American annual reports of superintendents and Barnard's report of the English administrators forming a national organization in 1841. See Samuel Woodward to Francis T. Stribling, May 26, 1843, Francis T. Stribling MSS, Western State Hospital (WSH), Staunton, Virginia. Apparently, Woodward made little note of this at the time, for in a later letter to George Chandler, Woodward told Chandler that he was acting on the suggestion that Stribling had made to him for establishing a national organization. See Samuel Woodward to George Chandler, July 28, 1844, George Chandler MSS, American Antiquarian Society (AAS), Worcester, Massachusetts. Both Stribling and Awl had mentioned the desirability of such a gathering in their annual reports in previous years. Kirkbride also acknowledged Stribling's initiating suggestion in a letter to him in 1867. See Thomas S. Kirkbride to Francis T. Stribling, August 9, 1867, Stribling MSS, WSH.

<sup>3</sup>For analyses of the professionalization process see George H. Daniels, "The Process of Professionalization in American Science: The Emergent Period, 1820-1860," *Isis* 58 (1967): 151-166 and his book, *American Science in the Age of Jackson* (New York: Columbia University Press, 1968), Chapter 2; Rothstein, *American Physicians*, Chapters 1 and 10; Calhoun, *Professional Lives*, Chapter 5; Rowland Berthoff, *An Unsettled People: Social Order and Disorder in American History* (New York: Harper & Row, Publishers, 1971), Chapter 27; William J. Goode, "Community Within



The thirteen medical superintendents gathered in Philadelphia in October 1844 felt this need.<sup>4</sup> Some had already cooperated in standardizing the reporting of statistics, setting criteria for those who wished to enter the field, and working out the practical problems of implementing therapy.<sup>5</sup> But partial cooperation was not enough; as the move toward state-supported asylums crystallized, an even greater effort was needed to justify and rationalize the spending of state monies. Others had argued for early commitment of patients and proper architectural planning of buildings, but now all had to fight against the treatment of the insane by general practitioners and interference within the

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a Community: The Professions," American Sociological Review 22 (1957): 194-200; and Corinne Lathrop Gilb, Hidden Hierarchies (New York: Harper & Row, Publishers, 1966).

<sup>4</sup>At least ten hospitals were not represented at the founding meeting: Maryland Hospital; Mt. Hope Hospital, Baltimore; South Carolina Hospital; Georgia Hospital; Eastern State Hospital, Kentucky; Central State Hospital, Tennessee; Friends' Hospital, Frankford, Pennsylvania; Brattleboro Retreat; New Hampshire Hospital; and a well-known private asylum, James Macdonald's Murray Hill Asylum, in New York.

By and large the Southern hospitals unrepresented were not yet in full operation or were not using moral treatment. Friends' Hospital lacked a full-time superintendent. Asylum business kept away William H. Rockwell (Brattleboro) and George Chandler (New Hampshire). Six of these hospitals sent their superintendents to the second meeting and it was not long before every asylum was regularly represented at the meetings.

<sup>5</sup>See William M. Awl to Samuel B. Woodward, September 5, 1838; George Sumner to Samuel B. Woodward, April 17, 1840; William M. Awl to Samuel B. Woodward, April 18, 1842, Woodward MSS, AAS. See also Samuel Woodward to Francis T. Stribling, August 21, 1841; Luther V. Bell to Francis T. Stribling, August 20, 1841; and Amariah Brigham to Francis T. Stribling, September 27, 1841, Stribling MSS, WSH.



asylum by "outsiders." In order to avoid domination by their medical confreres, boards of directors, or state legislators, alienists sought professional autonomy. A recognizable, official, national body which could synchronize action and thought became a necessity in order to create functional professional independence.

The reasons for professionalization become much more understandable when we consider the careers of the individual men who felt a need to increase the status of their profession. Francis Stribling, Samuel Woodward, William Awl, and Thomas Kirkbride shared similar socioeconomic backgrounds and having entered a profession beset with difficulties, they had chosen the same alternative medical career. By the early 1840s, each faced a critical situation that threatened his professional standing, and so each was resolute in his efforts to attain professional autonomy.

The Striblings had emigrated from England to the eastern coast of Virginia in 1710. Around 1800 Francis Stribling's father, Erasmus, moved to Staunton. The Striblings settled in Staunton at the same time as William Eskridge, Briscoe Baldwin, Addison and Lyttleton Waddell, and John Peyton -- all of whom were to become local and county leaders. It was not long before Staunton's "Old Guard" accepted the newcomers, asking them to deliver Fourth of July orations, appointing them to local and county offices, and electing them to state political conventions. Erasmus Stribling served as City Recorder and Mayor, clerk of the District Court

of Sweet Springs, clerk of the County Court of Augusta, clerk of the United States Court for the Western District of Virginia, Justice of the Peace for Augusta County, and secretary of the convention to amend the state constitution. As a Federalist and Episcopalian, Stribling easily gained admittance into the highest social and political circles of Staunton. In 1807, he married into the prominent Kinney family.<sup>6</sup>

Francis Taliaferro Stribling, the second child of Erasmus and Matilda Kinney Stribling, was born in Staunton on January 20, 1810. Although the Striblings had ten other children, in 1830 they sent Francis to the University of Virginia for medical training. There, Stribling studied physiology, pathology, and the theory of medicine under Robley Dunglison, the eminent British physician whom Thomas Jefferson had induced to come to the United States to establish the Medical Department of the University. Stribling also attended the lectures of other prominent physicians like Thomas Johnson and John Patten Emmet. Probably because the Medical Department at the University of Virginia was small, the following year Stribling went to the University of Pennsylvania, from which he attained his medical degree in 1831. Returning to Staunton, he started medical practice. Unfortunately, the community already had five physicians and Stribling's opportunities appeared limited.<sup>7</sup>

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<sup>6</sup>Biographical and genealogical material on the Stribling family is from Hugh Milton McIlhany, Jr., Some Virginia Families Being Genealogies of the Kinney, Stribling, Trout, McIlhany, Milton, Rogers, Tait, Snickers, McCormick, and other families of Virginia (Baltimore: Genealogy Publishing Company, 1962) and from Nancy Feys Dunne, "The Era of Moral Therapy at Western State Hospital," unpublished M.A. thesis, DePaul University, 1968. Jos. A. Waddell, Annals of Augusta County, Virginia (Bridgewater, Virginia: C. J. Carrier Company, 1958), 2nd edition, is helpful in tracing other prominent Staunton men.

<sup>7</sup>On Robley Dunglison and the Medical Department of the University of Virginia, see Norwood, Medical Education, p. 263.



Doctors in Staunton who wanted to supplement their incomes might look to election as physician for the Western Lunatic Asylum at a salary of \$600 a year. The asylum had been established by the legislature in 1825 because of the high cost of transporting the insane of the western district to Williamsburg. In 1828, just two months before the Asylum first received patients, the directors nominated two Staunton doctors -- William Boys and Addison Waddell -- for the position. On a close vote Boys won and for the next six years was unanimously re-elected. In 1835, however, only eight of the twelve directors voted in favor of Boys and one wanted to increase the number of physicians at the Asylum. Two who voted against Boys nominated men of their own in 1836, as did the director who favored increasing the number of physicians. Either they were dissatisfied with Boys' performance or they had someone else in mind.<sup>8</sup>

For whatever reasons, the directors nominated five doctors for the post in May, 1836. Among the five was Francis T. Stribling, age twenty-six, who had practiced medicine in Staunton for only five years, but had friends among the directors. His father had been a director, and two of his uncles, William Kinney and Nicholas C. Kinney, were presently directors. Thomas J. Michie, a relative through marriage, nominated Stribling and introduced a strong letter of recommendation from Robley Dunglison. On the first five ballots Stribling did not receive enough votes to secure the position, but finally, on the sixth ballot he received the necessary majority. Two of the five directors

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<sup>8</sup>Complete minutes and votes of the Court of Directors are contained in the manuscript copy of the Records of the Directory of the Western State Asylum from 1825 to 1837, WSH, Staunton, Virginia.



who never voted for Stribling resigned immediately, and a third left the Court within two years. For the first fifteen years of his administration, Stribling had an essentially sympathetic and stable Court of Directors.

Although there is no evidence that Stribling had any interest in the treatment of the insane prior to his election as asylum physician, he lost no time in educating himself. Before taking the office, he inspected asylums in Maryland, Pennsylvania, New York, Connecticut, and Massachusetts. The lesson he learned best, he thought, was that with more expenditure of funds, provision of better facilities, and early treatment insanity could be cured. This was easily proved, it seemed, by the statistics of curability published by the asylums in the northern and middle states.

The number of patients cured became all important to Stribling, as it had to others. In his first official statement, just five months after his election, Stribling discussed the long duration of many cases already in the asylum and urged early treatment. Up to this time, the hospital had been nothing but a "well-kept prison," a mere custodial institution. Reminding Virginia that it was "a matter of general notoriety . . . that the number of cures effected in her Hospitals is but trifling," Stribling accused the managers of the Virginia hospitals of "a degree of illiberality utterly incompatible with, and destructive of, the very objects which they should desire to promote." With that, he asked the directors for funds to purchase land, carriages, books for the library, and other equipment to improve occupational and recreational facilities.<sup>9</sup>

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<sup>9</sup>Report of the Physician of the Western Lunatic Hospital for 1836 (Staunton: Staunton Spectator Book & Job Printing Establishment, 1870), pp. 1-9.

This was not to be Stribling's only tactic. In just eighteen months, he discharged as cured as many patients as Boys had during his entire eight-year regime. The increase may have been the result of the introduction of moral treatment, but Stribling also worked to release other patients, especially those whose condition would have meant long-term confinement. Systematically, he presented for discharge those suffering from dementia or idiocy, those who were incurable but harmless, and those whom he claimed "as more fit for the poor house." The discharge of chronic cases meant not only more room for new cases, but also fewer hard cases to be considered in determining the rate of cures. <sup>10</sup>

Stribling did not stop there. In 1837, he urged that the Directors of the Asylum allow him to reserve cells for recent and easily curable cases. Apparently they complied, since John Galt of the Eastern Lunatic Asylum at Williamsburg constantly attacked Stribling for following just such a policy. Nevertheless, Stribling maintained the policy throughout his life. <sup>11</sup>

Stribling then began to recruit private, paying patients to fill

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<sup>10</sup>Between 1828 and 1835, twelve patients had been cured by Boys. In the last six months of 1836, Stribling released five and each year after the number of cures increased.

Systematic discharges are evident if one analyzes the Western Lunatic Hospital Register which contains information on patients from 1828 through 1845. Stribling also noted his reasons for discharging patients in his annual reports.

<sup>11</sup>See Report of the Court of Directors of the Western Lunatic Hospital with Reports of the Physician for the Year 1837 (Staunton: Staunton Spectator Book & Job Printing Establishment, 1870), p. 12.



these cells. In 1838 he complained that the citizens of Virginia had paid \$5000 to Northern hospitals which, because they were better conducted, attracted patients from the South. A year later he was even more blunt, stating that affluent patients did not enter Virginia's own asylums because "no means were provided for their accommodation in a style at all suited to their former habits of life." He hoped that "with but few alterations in our present plan of management, we may establish a reputation for our Institution, that will secure to it the undivided patronage of the more wealthy class of the insane."<sup>12</sup> Affluent patients would help defray expenses, but more importantly they would have a better chance for recovery. Early admission, separate furnished apartments with provisions for "servants," occupations and amusements suited to personal taste, and daily social contact with the staff doctors who shared their values would all be conducive to rapid recovery. Stribling soon received letters recommending for admission a member of "an old and respectable western family," a person "of high respectability of character and family," "a gentleman of fortune," and similar respectable figures.<sup>13</sup> As the number of private patients increased, so did Stribling's rate of cures.

Stribling still had a problem concerning curability statistics -- a problem involving his own reputation and that of his hospital. He

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<sup>12</sup>Report of the Court of Directors of the Western Lunatic Hospital with Reports of the Physician for the Year 1838 (Staunton: Staunton Spectator Book & Job Printing Establishment, 1870) and The Annual Report of the Court of Directors of the Western Lunatic Asylum, to the Legislature of Virginia, with the Report of the Physician, for 1839 (Staunton: Kenton Harper, 1840), pp. 15-18.

<sup>13</sup>See P. T. E. Hull to Francis T. Stribling, January 13, 1845; Asa Boyer to Francis T. Stribling, June 18, 1844; and T. I. Garden to Francis T. Stribling, July 25, 1847, Stribling MSS, WSH.



wanted uniformity in reporting statistics, so that he would not have to remind his readers constantly that he defined a recent case as one occurring within the previous eighteen months, while others used twelve months as their cut-off. Thus in 1837, he complained he could only report 70-80% of his discharged patients as cured, while Silas Fuller of the Connecticut Retreat could boast of 84%. <sup>14</sup>

His policies for obtaining high curability rates and criticisms of these policies created for Stribling a situation in which he might have felt the need for professional support and justification. Woodward, Kirkbride, Awl, Butler, Jarvis, and Brigham also urged uniform reporting and statistical emphasis, but Stribling's professional position in Virginia was unique -- he headed only one of the two state asylums in the Old Dominion. <sup>15</sup> Although he worked with a supportive Court of Directors and cleverly won the favor of the governor and state legislature, Stribling frequently found himself on the defensive against the attacks of John Galt and the directors of the Eastern State Asylum. Galt had launched one such attack at the end of 1843, criticizing the 1841 law which had abolished the Blue Ridge Mountains as the boundary line for determining the region from which each hospital would draw its patients, and instead required a prospective patient to apply for admission to the hospital nearest his

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<sup>14</sup>See Report of Directors . . . 1837, p. 12.

<sup>15</sup>See Samuel Woodward to George Chandler, May 14, 1843, Chandler MSS, AAS; Thomas S. Kirkbride to Francis T. Stribling, June 1, 1844, Stribling MSS, WSH; William M. Awl to Samuel Woodward, April 18, 1842, and Edward Jarvis to Samuel Woodward, October 12, 1844, Woodward MSS, AAS; and John S. Butler to Pliny Earle, April 16, 1844, Earle MSS, AAS.

No other state had two publicly-supported asylums, therefore the rivalry between Galt and Stribling was largely the result of this unusual situation.

residence. Since three-quarters of the state's population lived closer to Staunton, Stribling with more applicants than he could accept, selected those most likely to recover, forcing Galt to take his rejects. No less taken with curability statistics than Stribling, Galt chafed under the situation, and in 1843 petitioned the legislature to re-enact the Blue Ridge boundary. The controversy was to rage on through the 1840s, but the initial attack came in the winter of 1843-1844. Within a few months of this initial attack, Stribling proposed to Woodward the idea of forming a national organization to set professional standards and to strengthen his own professional position.<sup>16</sup>

Despite his early promotion of a professional organization, Stribling attended only its 1844, 1852, 1853 and 1854 meetings before the Civil War. He may have avoided some simply because Galt attended. Ordinarily avoidance of confrontation would have been out of character for Stribling, but there is some evidence that Galt's persistent attacks were taking their toll. For instance, Stribling considered resigning in 1846. Hearing of this, Kirkbride assured him that the Association had decided "by resolution, all who have been medical supts. as well as those who are, -- are members." This could have referred to no one but Stribling.<sup>17</sup> Or Stribling simply may have been annoyed at the inaction of the first meeting on the issue of uniform statistical reporting.

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<sup>16</sup>Dain, Disordered Minds, pp. 113-127, traces the dispute with particular emphasis on Galt and the Eastern Lunatic Asylum. The rivalry is also evident in the letters from John Galt to Francis Stribling, April 12, 1843; December 16, 1843; November 13, 1844; and September 24, 1845; as well as in the manuscript copies of Galt's and Stribling's "reports to the legislature," Stribling MSS, WSH.

<sup>17</sup>Thomas S. Kirkbride to Francis T. Stribling, May 17, 1846, Stribling MSS, WSH.



In his Annual Report for 1843, he had strongly urged "greater precision" and "more uniformity" in reporting data so that the "results of treatment in our Asylums" might be presented "with more utility" and produce "something like concert" among asylum superintendents.<sup>18</sup> And yet the Committee on Statistics had only recommended that records be kept on admission, discharge, death, age, and mental and civil conditions. Skirting the issue of curability statistics, the Committee did not feel "prepared to urge uniformity in other respects at this time."<sup>19</sup>

In the early 1850s, the pressures on Stribling increased. Galt continued to assail Stribling's admission policies. And, apparently unhappy with his salary, in 1850 Stribling collected data on the salaries of the officers of other asylums, presumably to impress his directors.<sup>20</sup> Shortly after, the Court raised his salary to \$2500, but even this brought the scorn of Galt who had refused a similar offer from his directors. Galt termed it "one of the most unpopular proceedings that ever occurred" at the Western Lunatic Asylum. There was little that Stribling could do that did not pit Galt against him.<sup>21</sup>

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<sup>18</sup>See Sixteenth Annual Report of the President and Directors of the Western Lunatic Asylum, to the Legislature of Virginia, with the Report of the Superintendent and Physician, for 1843 (Staunton: Spectator Office, 1844), p. 16.

<sup>19</sup>"Medical Association. Meeting of the Association of the Medical Superintendents of American Institutions for the Insane," American Journal of Insanity 1 (January, 1845): 257.

<sup>20</sup>See Thomas S. Kirkbride to Francis T. Stribling, March 13, 1850; William M. Awl to Francis T. Stribling, March 15, 1850; N. D. Benedict to Francis T. Stribling, March 16, 1850; John S. Butler to Francis T. Stribling, March 16, 1850; H. A. Buttolph to Francis T. Stribling, March 16, 1850; and Luther V. Bell to Francis T. Stribling, March 26, 1850, Stribling MSS, WSH.

<sup>21</sup>As cited in Dain, Disordered Minds, p. 153. Also see this work for a fuller treatment of Galt's personality and work. Treated solely as Stribling's adversary, Galt's full personality is somewhat neglected.



Even more menacing was the legislative investigation of the two state asylums in 1850 on charges of nepotism, irregularities in staff appointments, and irresponsible use of construction funds. The committee exonerated Stribling, but he was hard put to explain his training of Edward C. Fisher for the North Carolina Asylum, the preponderance of Episcopalians and Whigs on the Court of Directors, and the awarding of contracts to relatives and close associates.<sup>22</sup> Friends in the legislature may have managed Stribling's personal exoneration, but they could not control the situation entirely. Changes in the tenure of the members of the Court of Directors ensued and it was recommended that at least one-third of the directors should be from outside Augusta County. By 1853, only two of Stribling's former Court remained, Samuel Clarke and Thomas J. Michie. The changeover was political -- the remaining nine directors were Democrats and Stribling, a Whig, may have been apprehensive about maintaining his own office.<sup>23</sup> Stribling once again turned to the Association in 1852 for help in counteracting Galt and in maintaining his professional independence.

In the late 1850s he seemed more self-assured. Galt had not succeeded with his legislative proposals and had alienated his fellow medical superintendents.<sup>24</sup> Meanwhile Stribling had ingratiated himself

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<sup>22</sup>Report of the Investigating Committee of the Western Lunatic Asylum, 1851. It was thought that Stribling was merely grooming Fisher for the superintendency of the North Carolina Asylum.

<sup>23</sup>Twenty-sixth Annual Report of the President and Directors of the Western Lunatic Asylum (Richmond: Ritchies and Dunnivant, 1853).

<sup>24</sup>See particularly D. T. Brown to Thomas S. Kirkbride, May 3, 1853, Thomas S. Kirkbride MSS, The Institute of the Pennsylvania Hospital (IPH), Philadelphia, in which Brown declaims Galt: "by his own pen, could Galt be 'condemned,' for his last paper throughout. But

and his hospital with the legislature, surviving and eventually welcoming their investigations. His reputation became so widespread that a newly-appointed director for the Eastern State Asylum at Williamsburg wrote to him for instructions, rather than to Galt. Stribling ceased crusading. Having won over his new court and having engineered the expansion and improvement of the physical plant, he quietly maintained the regimen of moral treatment at the Asylum until his death twenty years later in 1874.

Like Stribling, Samuel Bayard Woodward also felt the need of a national organization to strengthen his own professional position. He too was descended from an old English family. Originally settling in Dorchester, Massachusetts, Woodward's ancestors moved to Northampton and then to Watertown, Connecticut.

His father, Samuel, was born, raised, and trained in shoe-making in Watertown. In 1776 the elder Woodward entered Yale to study for the ministry, but his studies were interrupted by the war. Three years later, at the age of twenty-nine, feeling he was too old to pursue clerical studies, he switched to medicine. For twelve years he practiced in Torrington, returned to Watertown in 1791, found the competition too stiff, and within two years returned to Torrington, where his practice "soon became extensive, arduous and lucrative." Acquiring a reputation,

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is it worthwhile & is he 'of any account' as they say in his country . . . he is a 'windmill' -- well enough to let alone." Also see Chapter 6, for a more detailed accounts of Galt's fall from grace.



based partially on his successful treatment of patients and partially on his forthright manner, the elder Woodward attracted medical apprentices from all over Litchfield County. During his first stint in Torrington, he was elected to the state legislature seven times, but after his return in 1793, he became one of the first three men in town to switch to the Democratic-Republicans, and only once again was he ever elected to public office. In 1795, he was again among the first who "dissented from the established society of Torrington" and even a sympathetic contemporary biographer admitted "he was regarded with much doubt by the federal and orthodox Calvinists, and with whisperings of infidelity." The elder Dr. Woodward's medical reputation, however, endured despite his political and religious views. <sup>25</sup>

Samuel Bayard Woodward, the doctor's eldest son, was born in Torrington on June 10, 1787. Serving his medical apprenticeship under his father, as did four of his five brothers, he studied for four years and then stayed on to gain experience. In 1809, Woodward received his medical license from the Connecticut Medical Society and opened an office in Wethersfield. <sup>26</sup>

Since only one doctor served the town's nearly 4000 people, Woodward could look forward to a substantial practice. Unfortunately,

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<sup>25</sup>Biographical data on Samuel Woodward, the father of Samuel Bayard Woodward, is gleaned from Samuel Orcutt, History of Torrington, Connecticut (Albany: J. Munsell, Printer, 1878) and Riznik, "The Professional Lives of Early Nineteenth-Century New England Doctors," 5.

<sup>26</sup>See Orcutt, History of Torrington, pp. 627-630; Henry R. Stiles, The History of Ancient Wethersfield, Connecticut (New York: The Grafton Press, 1904), vol. 1; and Howard Kelly and Walter Burrage, American Medical Biographies (Baltimore: Norman Remington Co., 1920), pp. 1263-1264.

Dr. Barwick Bruce arrived in the same year as Woodward, and within a few years, Dr. Alonzo Rockwell opened an office. By 1824, three more doctors serviced Wethersfield and the surrounding countryside where the ordinary charge for a physician's visit was less than 20¢. Thus, to supplement his income and help support his growing family, Woodward kept a store, took in medical apprentices, acted as Justice of the Peace, and served as visiting physician to the Connecticut State Prison. <sup>27</sup>

But Woodward was not driven totally by the desire for economic success. He was conscientious in training apprentices -- frequently taking in two or three students at one time and shepherding them through 30 volumes of medical treatises in a ten-week period. <sup>28</sup> His patients also received his kindly concern, and repaid him, if not always in fees, at least with testimonials of high regard. <sup>29</sup> With a benevolence shaped by a father who had rejected the deterministic and elitist elements in

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<sup>27</sup>Stiles, The History of Ancient Wethersfield, listed the doctors in Wethersfield from the time of the town's founding to 1904. In a chapter on the history of Rocky Hill (the southern section of Wethersfield), Dr. Rufus Griswold reported the results of his study of account books of doctors who were contemporaries of Woodward. Even by 1843, local doctors received no more than 33¢ for an ordinary visit.

It would appear that Woodward sold medicines in his store, as well as more general merchandise -- expanding his possibilities for income. The office of visiting physician for the prison carried a payment of \$1 per prisoner. In 1827, when the prisoners were transferred from the old Newgate Prison and when Woodward took the position, there were 127 inmates.

<sup>28</sup>For Woodward's training of medical apprentices see Riznik, "The Professional Lives of Early Nineteenth-Century New England Doctors," *Old Sturbridge Village*, 101-102.

<sup>29</sup>In 1832, when Woodward left Wethersfield to take the superintendency of the Worcester Asylum, 150 townspeople, representing 669 of their family members, signed a farewell scroll expressing gratitude for his service. See Woodward MSS, AAS.



Calvinism and Federalism, as a student Woodward composed essays on the social evils of gambling and drinking and expressed his admiration for those who "assist the wretched and miserable of the human race." Although unaffiliated with any specific congregation, Woodward was touched by the humanitarian spirit of the Second Great Awakening. To the ills of a society experiencing change and cleavage, he was trying to apply his non-sectarian views of benevolence. <sup>30</sup>

Temperance had interested him as early as 1807 and by 1829 he was a popular lecturer for total abstinence. Frequent contact with doctors interested in the deaf and the insane sparked his interest in their plight. And serving as a visiting physician to the state prison exposed him to the need for penal reform. Although never losing interest in all of the "wretched and miserable of the human race," Woodward adopted the cause of the treatment of the insane as his particular life's work. <sup>31</sup>

Whether Woodward treated insane patients in Wethersfield is unknown. He was concerned about housing the insane together with criminals at the Wethersfield prison and his regular exposure to the ideas of

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<sup>30</sup>For discussion of the humanitarian spirit emerging from the Second Great Awakening, see Keller, The Second Great Awakening in Connecticut; Mead, "Denominationalism: The Shape of Protestantism in America," 291-320; Niebuhr, The Social Sources of Denominationalism; and Mathews, "The Second Great Awakening as an Organizing Process, 1780-1830: An Hypothesis," 23-43.

For Woodward's youthful writings see Samuel B. Woodward, "Collected Writings," 3 vols., typescript, Library, Worcester State Hospital, Worcester, Massachusetts.

<sup>31</sup>Woodward probably acquired his interest in the deaf and dumb from Mason Cogswell who promoted education and training for those unfortunates as a result of his own daughter's loss of hearing. Woodward frequently expressed his concern for the inmates at Wethersfield. See especially, Reports and other Documents relating to the State Lunatic Hospital at Worcester, Mass. (Boston: Dutton and Wentworth, Printers to the State, 1837), pp. 171-182.

Eli Todd, a well-known Hartford physician whose father and sister had died insane, further stimulated his interest. In 1821, Woodward, Todd and others conducted a survey of the insane in Connecticut and proposed that the state medical society establish a "Society for the Relief of the Insane." Acquiescing, the Medical Society launched a highly-organized campaign to raise funds for an asylum, centering their appeal on what they saw as the major cause of increasing insanity -- the unusual social and economic mobility of American life. Campaigning throughout the state, Woodward and his colleagues received such an immediate response that within just three years the Hartford Retreat for the Insane opened its doors. Eli Todd, the prominent Hartford physician, agreed to be its superintendent and Woodward maintained his interest in the Asylum, serving as a director, member of the prudential committee, and visiting physician. <sup>32</sup>

This close association with Todd and the Retreat paved the way for Woodward's appointment to the superintendency of the Worcester Asylum in 1832. The trustees of the Massachusetts asylum first offered the post to Todd, who declined but recommended Woodward. As he would many times in the future, Woodward hesitated before he uprooted his wife and eleven children. Salary seemed uppermost in his mind as it was the only thing about which he sought advice. One friend with whom he consulted did not even know of Woodward's interest in the insane, and asked him, "how wants the care of the Insane uit yr. feelings {?}" On the advice of this friend, Woodward decided that he could not "positively receive 1200 in cash per annum in W. [ethersfield] beyond [his] expenses" and agreed to go to

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<sup>32</sup>For the origins of the Hartford Retreat for the Insane and the role of the Connecticut Medical Society and its individual members, see Eaton, New England Hospitals, Chapter 3.



Worcester. <sup>33</sup>

Having pursued his interest in the insane in the congenial atmosphere of a well-run corporate hospital, Woodward now faced a different situation. In his first year as superintendent of a state asylum, Woodward encountered two problems. One was common to all state asylums: the admission of a large number of patients suffering from long-term insanity. A second was peculiar to Worcester: an unfinished and inadequate physical plant. Initially undaunted, Woodward organized the hospital to his own satisfaction, reported 82-91% of his discharged patients cured, elevated his asylum and himself to national prominence, and counselled fellow superintendents.

But Woodward's personal fame obscured the many problems he faced in administering a state-supported asylum. Growing industrialization and immigration had their effect -- debilitated laborers, increasingly of Irish nativity, soon crowded his hospital. And crowded urban living conditions which made insanity more visible and less tolerable coupled with easy access to therapeutic care added to the overcrowding. Twice in Woodward's thirteen-year tenure at Worcester, the asylum was enlarged, and by 1844 it could accomodate 379 patients -- a far cry from the ideal of 120. As a result, a long-standing practice of offering preferential treatment to paying patients became even more pronounced. Finding it impossible to visit all the patients daily, Woodward withdrew more and

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<sup>33</sup>For Woodward's appointment see Eaton, New England Hospitals, pp. 232-233 and Grob, The State and the Mentally Ill, pp. 38-41. Also see Horace Porter to Samuel B. Woodward, October 5, 1832, Woodward MSS, AAS. Horace Porter was apparently an old friend from Wethersfield -- the owner of a fulling and carding mill. Porter pointed out the advantage of receiving a guaranteed salary, surmised that Woodward had difficulty collecting fees, and implied that if Woodward could dispose of his house without great loss and if he did not object to treating the insane, the Worcester offer should be taken. For a different interpretation, see Grob, The State and the Mentally Ill.

more from contact with his patients. Increasingly, he had to discharge patients as merely improved or non-dangerous, argue with town officials over patient support, struggle with legislators' attempts to make Worcester an exclusively pauper asylum, and deal with the pauper and chronic insane. <sup>34</sup>

In the spring of 1844, when the Massachusetts legislature approved still another addition which made it plain that his asylum was becoming a mere custodial institution, Woodward turned to his colleagues. First, he went to Staunton, Virginia, to see Francis Stribling. While they were visiting, Stribling suggested forming a national association of medical superintendents of hospitals for the insane. Woodward liked the idea and spread the word to William Awl in Ohio. Home again, by August Woodward had written to Bell, Butler, Stedman, Rockwell, Ray, Brigham, Chandler, Earle, and Awl, set the time and place for the meeting, and assigned organizational duties. <sup>35</sup> Respecting his national reputation and recognizing his initial work for the meeting, the medical superintendents elected Woodward as their first president. Woodward presided over two meetings, 1844 and 1846, and guided discussion on topics of particular interest to him: moral and medical treatment of insanity, hospital construction, prevention of suicide, statistics of insanity, support for the pauper insane, proper provision for insane prisoners, treatment of

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<sup>34</sup>Woodward's career at Worcester and the problems with which he had to cope are documented in Grob, The State and the Mentally Ill, Chapter 3.

<sup>35</sup>See Samuel B. Woodward to Francis T. Stribling, August 5, 1844, Stribling MSS, WSH and Samuel B. Woodward to Pliny Earle, July 26, 1844, Earle MSS, AAS.



incurables, proper size of institutions, and effects of alcohol and tobacco on the insane.<sup>36</sup>

But Woodward was worn out and, in 1846, he resigned his superintendency and retired to Northampton, Massachusetts. Many times during his career at Worcester, he had considered giving up that post. In 1838 he had submitted a letter of resignation and in 1844 had told Horace Mann he wanted to retire. Twice, in 1834 and 1840, he seriously considered taking the post at Hartford, and that at Utica in 1842. He always asked friends for financial advice, but was more concerned with his reputation and local political situations.<sup>37</sup> On every occasion, he refused the offers, but in retirement he had one last plan to promote his cause. With his son Rufus, Woodward planned to open a small, private retreat for the insane.<sup>38</sup> Unhampered by the parsimony of legislators and free to select his patients, he could overcome even the veiled criticisms of his work that his colleagues had expressed. He could once again practice moral therapy, prove

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<sup>36</sup>"Medical Association," American Journal of Insanity 1 (January, 1845): 253-258.

<sup>37</sup>See the following letters to Samuel B. Woodward: Horace Mann, January 15, 1839, February 26, 1840 and March 11, 1844; Thomas Miner, June, 1834; T. H. Galludet, February 21, 1840; George Sumner, February 22, 1840; R. H. Salter, March 2, 1840; William M. Ayl, April 18, 1842; J. P. Batchelder, April 18, 1842; Maturin L. Fisher, April 30, 1842; Daniel F. King, May 12, 1842; and Bezaleel Taft, December 10, 1842, Woodward MSS, AAS; Samuel B. Woodward to George Chandler, May 12, 1842, Chandler MSS, AAS; and Samuel B. Woodward to Thomas S. Kirkbride, September 2, 1842, Kirkbride MSS, IPH.

<sup>38</sup>For Woodward's retirement plans, see Kelly and Burrage, American Medical Biographies, pp. 1262-1263.

the curability of insanity, and continue to illustrate how insanity should be treated in antebellum society. His plans died with him on January 30, 1850. <sup>39</sup>

William Maclay Awl, born on May 24, 1799, in Harrisburg, Pennsylvania, was like Woodward in his varied interests. On the paternal side he descended from a family of farmers and tanners, but his mother's grandfather was William Maclay, a Senator in the First Congress, and her great grandfather was John Harris, "proprietor" of Harrisburg. At the age of fifteen Awl entered the Northumberland Academy, studied Latin, Greek and other classical subjects for three years, and then for the next three studied anatomy, surgery, and chemistry with Dr. Samuel Agnew of Harrisburg.

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<sup>39</sup>Thomas Kirkbride had remarked on Woodward's heavy reliance on drugs, see Earl W. Bond, Dr. Kirkbride and His Mental Hospital (Philadelphia: J. B. Lippincott Company, 1947), p. 39. Kirkbride, after visiting Worcester in 1845, had also described Woodward as having "the happy temperament, which believes whatever he has, is the best that can be had, and of course never seems very anxious for any improvement." Kirkbride further resented not being shown the entire hospital, even the "very poor Lodges." See Kirkbride's account of his trip north in 1845, Kirkbride MSS, IPH. Isaac Ray condemned certain aspects of the Worcester Hospital, especially "verandahs as Dr. Woodward styles them . . . cages, I call them." Isaac Ray to Thomas S. Kirkbride, January 16, 1847, Kirkbride MSS, IPH. Woodward was apparently aware of the criticism and his own growing complacency. In rejecting an offer to travel to Europe with Kirkbride and Awl, he said, "I should not expect to be so much wiser for it as some suppose, my views of insanity and hospitals will not probably be changed at my time of life." Samuel B. Woodward to Thomas S. Kirkbride, December 31, 1845, Kirkbride MSS, IPH.



While under the tutelage of Agnew, Awl spent one semester at the University of Pennsylvania, but did not receive a medical degree. Returning to his parents' home in Sunbury in 1821, he "made several attempts to get into practice, in various places, but without success." <sup>40</sup>

Without financial resources, but undaunted in spirit, Awl packed a knapsack and walked the more than 400 miles from Sunbury to Lancaster, Ohio, in 1826. Wherever he went he easily made friends and soon after arriving in Lancaster, Dr. Robert McNeil, a prominent local physician, introduced Dr. Awl to his friends and patients. But nine other doctors already practiced in the tiny community, and Awl moved on to Centreville within the year. Once again charming his new neighbors, Awl gained attention by convincing the inhabitants to change the name of the town to Lithopolis. But Awl's assets went beyond mere affability, he was a skilled surgeon and while in Lithopolis acquired local fame by performing innovative surgery. Receiving a call from several families, Awl moved on to Somerset, married Rebecca Loughry, joined the Presbyterian Church, and treated his first case of insanity. Apparently preferring wider opportunities, Awl, in 1833, moved to Columbus, the state capital. <sup>41</sup>

A town of about 3500 people, Columbus already had ten physicians,

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<sup>40</sup>Biographical data on William M. Awl, his family, and his education is found in J. H. Poole, "Memoir of William Maclay Awl, M.D., of Columbus, Ohio," Ohio State Medical Society, Proceedings (1877): 69-80; Alfred E. Lee, History of the City of Columbus, Capital of Ohio, vol. 2 (New York: Munsell & Co., 1892), pp. 591-594; and the Biographical Directory of the American Congress.

<sup>41</sup>Henry M. Wynkoop, Picturesque Lancaster: Past and Present (Lancaster, Ohio: Republican Printing Company, 1897), p. 11 and Poole, "Memoir of William Maclay Awl," 73-77.

but it was untouched by the vituperative medical rivalry of Cincinnati.<sup>42</sup> Combating cholera in the summer of 1833, Awl met many of the city's prominent professional and business men and through these contacts received appointments as visiting physician to the poor house and the new state prison. One of his new friends was Samuel Parsons, a physician who had successfully combined his medical practice with a political career.<sup>43</sup>

Ohio doctors from the early 1820s on had faced a wave of egalitarianism which culminated in the repeal of all state medical licensing regulations in 1833. With competition from the irregulars, especially the Thomsonians who claimed half the population of the state as their converts, and with highly publicized disputes within their profession, Ohio physicians were generally plunged into "public disesteem."<sup>44</sup> William Awl, learning from his politically-active friend Parsons, set out to remedy the situation in 1834.

Addressing a circular to "all Scientific Practitioners of Medicine and Surgery in the State of Ohio," Awl pointed out that he and others were of "that portion of the profession who view, with pain, the great depression of character -- want of harmony and concentration of useful action, which unhappily prevail in the Medical Science," and proposed a state

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<sup>42</sup>Osman Castle Hooper, History of the City of Columbus, Ohio (Columbus: The Memorial Publishing Company, 1920), p. 37.

<sup>43</sup>William T. Martin, History of Franklin County (Columbus: Follett, Foster & Company, 1858), pp. 90-92 and Alden B. Steele, et al., The History of Clark County, Ohio (Chicago: W. H. Beers & Co., 1881), pp. 596, 633 and passim.

<sup>44</sup>See Kett, The Formation of the American Medical Profession, pp. 79-96.



medical convention. He asked that the Convention consider regulating professional etiquette, reorganizing local medical societies, issuing a journal, promoting temperance, and supporting the construction of asylums for the blind and the insane. Over seventy Ohio doctors responded and convened at the First Presbyterian Church in Columbus on January 5, 1835. The physicians took a strong stand on two of Awl's proposals. They recommended first that membership be limited to anyone who "shall have been a regular student of medicine under the direction of a respectable and qualified physician," and that "all disciples of 'Botanic' or 'Thompsonian' systems of practice," be excluded.<sup>45</sup> And Awl, secretary of the meeting, steered the body to its second move -- to memorialize the General Assembly to establish an institution for the education of the blind and an asylum for the treatment of the insane.<sup>46</sup>

Within two months the legislature authorized the erection of the insane asylum and appointed a three-man board of directors for purchasing land, investigating other asylums, and supervising construction. The three were William M. Awl and Samuel Parsons of Columbus, and Samuel F. McCracken of Lancaster, a wealthy shopkeeper and insurance agent, already serving as a trustee for the state penitentiary and Ohio University. The directors left immediately for the East, visiting Baltimore, Philadelphia, New York, Boston, and Worcester. On their return, they recommended following the plan of the Worcester Asylum.<sup>47</sup>

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<sup>45</sup>Medical Convention of Ohio, Proceedings, 1835, 3-6.

<sup>46</sup>Lee, History of the City of Columbus, p. 592. The school for the blind was first held in the basement of the Presbyterian Church beginning in 1837 at the urging of Awl. See Poole, "Memoir of William Maclay Awl," 78.

<sup>47</sup>For background on McCracken, see Charles M. Walker, History of Athens County, Ohio (Cincinnati: Robert Clarke & Co., 1869) and for the directors' trip see, Lee, History of the City of Columbus, p. 592 and

During 1836 and 1837, the land was purchased, construction began, and a new board of directors was formed to select a superintendent. Both Parsons and McCracken served on this board along with four new members: one, Noah H. Swayne, later became Associate Justice of the United States Supreme Court, and the others were prominent citizens later elected to state offices.<sup>48</sup> Awl was noticeably absent, and apparently actively seeking the post, for he had solicited a letter of recommendation from Samuel B. Woodward.<sup>49</sup> Awl received the appointment, resigned from the board of directors for supervising construction, and prepared for his new post by once again visiting the asylums in the East.

During his twelve years as head of the Ohio Lunatic Asylum, Awl maintained his interest in institutions for the blind, the deaf and dumb, and the feeble-minded; continued to support the Ohio Medical Convention; joined the fledgling American Medical Association; and admonished his "professional brethren of the West" on their use of the "lancet" and "drastic cathartics." But his major concern was the asylum, and he wore himself out fighting for its betterment.

His first task was to explain the comparatively low rate of recoveries. The Asylum was, after all, a state institution and one which

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Report of the Directors to whom was committed the charge of erecting a Lunatic Asylum for the State of Ohio, December 24, 1838, p. 5.

<sup>48</sup>See J. F. Everhart, History of Muskingum County (Columbus: J. F. Everhart & Co., 1882); Williams Brothers, History of Franklin and Pickaway Counties (n.p.: n.p., 1880); and A. Banning Norton, History of Knox County, Ohio, from 1779 to the present Inclusive (Columbus: Richard Nevins, Printer, 1862). The others were Adin G. Hibbs, an investor in turnpikes and later a state senator; Colonel Samuel Spanler; and David L. McGugin, a physician later elected to the state legislature.

<sup>49</sup>William M. Awl to Samuel B. Woodward, September 5, 1838, Woodward MSS, AAS. This is not the letter asking for a recommendation, but one thanking Woodward for his "kind and very friendly letter" to Dr. Parsons.



had to take in every case, for the "people of Ohio with a noble spirit of enlarged benevolence" had provided that the treatment of all insane persons would be paid for from the common treasury. Praising their liberality, Awl, nevertheless, pointed out that the measure

entirely precludes the possibility of a selection or refusal of any cases that the proper tribunals may commit; and as the public, in most instances, are quite as anxious to be relieved of their hopeless, as they are of their most favorable, and what in comparison may be called good cases, the asylum must, from a plain necessity, become the receptacle of a large number of unpromising patients . . . <sup>50</sup>

To counteract such liberality, Awl, like his colleagues, reported two sets of statistics -- one showing the percentage of discharged cases cured and one illustrating the recovery rate of recent cases.

Awl went one step further. He defined a recent case as one having occurred within eight months, and in 1842 he recorded 100% of recent cases discharged as fully recovered (earning himself the nickname of "Dr. Cure-Awl"). <sup>51</sup> But other medical superintendents were also manipulating the definition of "recent," some interpreting it to mean three to six months, and thus he immediately changed his tactics and began to argue for uniformity in statistical reporting.

By 1843, Awl faced mounting problems. Not only was the hospital in a poor location, but the state was ready to double its size, and the number of incurable patients was growing so rapidly that Awl himself urged that either a new wing be constructed or that the county almshouses provide a separate section for them. Although plagued by ill health, he

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<sup>50</sup>Second Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum (Columbus: Samuel Medary, 1840), pp. 26-27.

<sup>51</sup>Fourth Annual Report . . . 1841, p. 57 and Deutsch, The Mentally Ill in America, p. 153.

once more inspected the asylums of the East "to discover what improvements had been made in the institutions recently built." Finding "little that will be valuable to him," he nevertheless made an agreement with Kirkbride, Stribling, Brigham, and Woodward to adopt a uniform method of reporting statistics. A year later, still trying to cope with a less than ideal institution and greatly overworked, Awl greeted Samuel Woodward on his visit to Columbus. <sup>52</sup>

When harassed by irregular physicians as a general practitioner, Awl had organized an effective state medical organization and now in 1844, beset with difficulties in running his asylum and frustrated with inconsistencies within his specialization, Awl happily participated in founding the Association of Medical Superintendents of American Institutions for the Insane. At the first meeting, Awl chaired the committee on the construction of hospitals and served on four others: the committees studying medical treatment, statistics of insanity, asylums for idiots and demented, and asylums for colored persons. Before the meeting adjourned he delivered a preliminary report on the progress of his committee and submitted a full report at the second meeting in 1846. At the third meeting in 1848, William M. Awl was elected president and steered through a resolution "that any attempt, in any part of this country, to select [medical superintendents] through political bias, be deprecated by this Association . . . ." <sup>53</sup>

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<sup>52</sup>Mrs. C. Todd to Samuel B. Woodward, September 15, 1843, Woodward MSS, AAS; Samuel B. Woodward to George Chandler, May 14, 1843, Chandler MSS, AAS; and Fourth Annual Report, pp. 82-86.

<sup>53</sup>"Proceedings of the Third Meeting of the Association of Medical Superintendents of American Institutions for the Insane, "American Journal of Insanity 5 (July, 1848): 91.



This move may have been in reaction to agitation in Ohio for a more democratic state constitution. Awl himself was not politically active (although he characterized himself as a "republican"), but his tenure at the Asylum had rested on the political strength of the Whigs. By 1848, Democrats were gaining ascendancy in state politics and the Whigs were further weakened by the defection of the Free Soilers. Awl must have foreseen what a constitutional revision might do to his position, for holding a superintendency of a state asylum in the West was a precarious position -- no man except "one who had the skin of a rhinoceros" could withstand the pressure. <sup>54</sup>

In the next two years, Awl's position became less and less tenable. He complained of ill health more frequently, even speculating about where he would like to be sent if he "should ever go crazy." Disagreements with his Board of Directors and the state legislature occurred more often, and by 1849 he was referring to the representatives as "a beautiful set of blackguards." <sup>55</sup> By 1853, the Whig Party was defunct, localistic voting patterns had broken down, and, at least temporarily, political power had shifted away from the central counties. William Awl, a shrewd assessor of practical matters, had offered his resignation in 1849. Although his directors had refused it, a year later they acknowledged his complaints of being "over taxed with duties" and accepted it. <sup>56</sup>

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<sup>54</sup>Richard J. Patterson to Thomas S. Kirkbride, February 21, 1852, Kirkbride MSS, IPH. Patterson's full remark was "that these state institutions are horrible establishments, & no sensitive man -- none but one who had the skin of a rhinceros has any business in one of them. I speak of those in the West particularly." At the time, Patterson administered the Indiana Asylum, but he spoke from long experience at the Ohio Asylum also.

<sup>55</sup>William M. Awl to Thomas S. Kirkbride, June 19, 1846; March 24, 1847; May 27, 1847; August 30, 1847; July 7, 1849; August 2, 1849; and December 24, 1849, Kirkbride MSS, IPH.

<sup>56</sup>For help in assessing Ohio politics in the 1840s and 1850s, see Eugene H. Roseboom and Francis P. Weisenburger, A History of Ohio (New York:

But Awl was not to experience a quiet, peaceful retirement. The first annual report issued by his successor, S. Hanbury Smith, pointed out all the defects of the asylum. Although Smith's appointment had been politically unpopular and within two years a legislative committee fired him, Smith's comments immediately embroiled Awl in a bitter defense of his own previous administration.<sup>57</sup> In retirement, Awl had returned to medicine, but "never acquired a very extensive general practice." Thus, although he retained the esteem of the people of Columbus, becoming an elder in the Presbyterian Church, writing its history, and serving as a pall bearer with his old friend Parsons when Lincoln's body was brought through the city, his financial situation in later life became precarious. His friends obtained for him the posts of Superintendent of the State Capitol and visiting physician to the Asylum for the Blind, and a former colleague in the East occasionally used him as a land agent.<sup>58</sup> But for the last seventeen years of his life, 1859-1876, William Awl had no contact with Eastern colleagues, although he had played a major role in initiating

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Prentice-Hall, Inc., 1934); Paul Kleppner, The Cross of Culture (New York: The Free Press, 1970); and John S. C. Abbott, The History of the State of Ohio (Detroit: Northwestern Publishing Company, 1875).

<sup>57</sup>Dorothea Dix to Francis T. Stribling, April 2, 1850, Stribling MSS, WSH; Richard J. Patterson to Thomas S. Kirkbride, February 20, 1852; S. Hanbury Smith to Thomas S. Kirkbride, March 8, 1852; Charles Nichols to Thomas S. Kirkbride, March 30, 1852 and April 22, 1852, Kirkbride MSS, IPH.

<sup>58</sup>Poole, "Memoir of William Maclay Awl," 79-80; Jacob H. Studer, Columbus, Ohio: Its History, Resources, and Progress (Columbus: W. Riches, 1873); and William M. Awl to Thomas S. Kirkbride, February 26, 1859 and June 13, 1859, Kirkbride MSS, IPH.



their organization and in shaping their profession.

Thomas Story Kirkbride, an anomaly among the founders of the Association, inherited all the social advantages necessary for success in Quaker Philadelphia. His ancestors not only emigrated with William Penn, but had been intimately associated with him. By the time his father, John Kirkbride, settled on the family farm-lands in the lower part of Bucks County, the Society of Friends had long since withdrawn from political life. But in order to maintain the solidarity of the sect and to increase its contribution to American society, Quakers had adopted the social philosophy of humanitarianism and gradually expanded their practice of in-group benevolence to general philanthropy.<sup>59</sup> It was into this social and religious milieu that Thomas Kirkbride was born on July 31, 1809.

As a child he was taught by his father, sent to schools in Morrisville and Fallsington, and to the Classical Institution in Trenton, New Jersey. For a year he studied "higher mathematics" and then worked on the family farm. In 1828 he studied under the watchful eye of Dr. Nicholas Belleville of Trenton, "a profound scholar, a great reader" and one who "had a practical knowledge of his profession rarely equalled." For the following three years, Kirkbride attended medical lectures at the University of Pennsylvania, graduating in 1832.<sup>60</sup>

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<sup>59</sup>For an insightful view of the gradual transition of Quaker benevolence to general philanthropy, see James, A People Among Peoples.

<sup>60</sup>The most reliable information on Thomas Kirkbride's youth and early career seems to be his Autobiographical Sketch Dictated by Thomas S. Kirkbride, M.D., in 1882 n.p.: n.p., n.d.).

Immediately he applied for a residency at the Pennsylvania Hospital, but upon learning that a good friend had done the same, he withdrew his application, hoping he would be in a better position the following year. Traveling to Morrisville and planning a quiet year on his father's farm, Kirkbride received an opportune letter from his uncle, one of the managers of the Friends' Asylum at Frankford, offering him the position of visiting physician. Seeing the opportunity to increase his chances for the cherished residency at the Pennsylvania Hospital, Kirkbride accepted.

Finally, in 1833 he obtained the residency at the Pennsylvania Hospital and for two years he moved in the best social, educational, and medical circles. As roommates he had Dr. Mifflin Wistar, the son of the renowned Professor Caspar Wistar, and Dr. William Gerhard who had already published important treatises on rubella and the cerebral affections of children. Among his mentors were John Conrad Otto, a student of Benjamin Rush and known for his work on hemophilia; Joseph Parrish, an expert in obstetrics; Thomas Tickell Hewson, a prominent anatomist and surgeon; and Jacob Randolph and John Rhea Barton, two of the best surgeons in Philadelphia.<sup>61</sup>

The presence of so many fine surgeons and the willingness of his roommate, Dr. Gerhard, to leave to Kirkbride the care of the surgical and insane patients, suited Kirkbride's plans for a surgical career. Finishing his term at the Hospital, Kirkbride rented an office from a fellow Quaker in a Quaker neighborhood. With the help of his former mentors, Dr. Otto

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<sup>61</sup>For the careers and contributions of Wistar, Gerhard, Otto, Parrish, Hewson, Randolph, and Barton, see Packard, History of Medicine, vol. 2, passim and Norwood, Medical Education, Chapters 7, 8, and 9.



and Dr. Parrish, who recommended patients to him, Kirkbride collected fees from forty-nine patients amounting to \$459.50 in 1835, his first year of practice. In 1836 he had eighty-five paying patients for an income of \$687.00, but in the next two years, which included the depression of 1837-38, his income decreased as did the number of patients he treated, until in 1838 he earned only \$353.50.<sup>62</sup>

During these four years, Kirkbride maintained his contacts at the Hospital, hoping that his "intimacy with the Board of Managers" would enhance his chances should a vacancy occur. In 1840 that vacancy occurred -- Dr. John Rhea Barton resigned his surgical post and recommended Kirkbride as his replacement. At nearly the same moment, Kirkbride received from an old Quaker friend, John Paul, another offer -- the superintendency of the new Hospital for the Insane. With little apparent regret at giving up his long-cherished dream of a career in surgery, Kirkbride accepted the post at the new asylum. His reasoning is best explained in his own words.

On the other hand, I saw that from the first I was to have a comfortable residence, a rather liberal salary, the opportunity of starting a new institution, and developing new forms of management, in fact giving a new character to the care of the insane, and possibly securing for myself a reputation as desirable as that which I might obtain by remaining in the city. Besides, my parents favored my accepting this new office as being a certainty in place of an uncertainty, and, beyond all else, my young wife approved the plan, knowing as she did, that a successful city practice must necessarily keep me most of my time from home, while the care of the Hospital for the Insane would be sure to keep me somewhere on its premises.<sup>63</sup>

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<sup>62</sup>See Thomas S. Kirkbride Account Book, May, 1835 to January 4, 1839, Kirkbride MSS, IPH.

<sup>63</sup>Autobiographical Sketch, Kirkbride MSS, IPH.

Desires of security, comfort and fame loomed large in Kirkbride's decision. Although reluctant to apply openly for the position or to see any of the Board of Managers, he did name a salary that would be acceptable to him and told Paul that if all conditions were met, he would take the job. On October 12, 1840, Kirkbride was elected Superintendent and Chief Physician and on December 26, he moved his wife and child into "The Mansion" on the grounds of the Asylum. <sup>64</sup>

Despite his year spent at the Friends' Asylum for the Insane at Frankford, he was unknown to other medical superintendents and needed letters of introduction as he set out to inspect institutions. <sup>65</sup> A novice in 1840, he immediately immersed himself in his new specialty, and soon was arguing for an asylum for the pauper insane, consulting with Woodward, Stribling and Earle, and introducing Dorothea Dix and her work to Philadelphia. <sup>66</sup>

In office for only four years, but working with a sympathetic and stable Board of Managers and heading a corporate hospital catering to paying patients, Thomas Kirkbride's professional experience differed from that of the other founders of the Association. He apparently had no pressing personal or professional reason for urging the formation of a national organization and yet he was destined to be the most prominent of all members.

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<sup>64</sup>Autobiographical Sketch and John Curwen, Charles H. Nichols, and John H. Callender, Memoir of Thomas S. Kirkbride, M.D., L.L.D. (Warren, Pennsylvania: E. Cowan & Co., Printers, 1885).

<sup>65</sup> Alfred Stillé to Samuel B. Woodward, October 19, 1840, Woodward MSS, AAS.

<sup>66</sup> Thomas S. Kirkbride to John K. Kane, August 18, 1841; Samuel B. Woodward to Thomas S. Kirkbride, September 2, 1842; and Luther V. Bell to Thomas S. Kirkbride, June 3, 1844, Kirkbride MSS, TPH; Thomas S. Kirkbride to Francis T. Stribling, April 22, 1844 and June 1, 1844, Stribling MSS, WSH.



In 1844, however, Kirkbride was the only medical superintendent of a Philadelphia asylum. The prestige of his hospital and the central location of the city, attracted the promoters of the Association to Philadelphia and caused them to rely on Kirkbride for making arrangements for accommodations. At this point Kirkbride's amiability, thoughtfulness, tact, and efficiency became apparent. He was elected Secretary-Treasurer of the Association and the members' tour of his asylum resulted in the judgment that "it is, to say the least, as complete and well-ordered . . . as we have ever seen, and one of which not only Pennsylvania, but our country has reason to be proud." <sup>67</sup>

These first impressions were to be borne out for many decades. At no time in his forty-three years at the Pennsylvania Hospital for the Insane were there open criticisms of Kirkbride, of his asylum, or of his work for the Association. For twenty-six years his colleagues honored him with offices in that Association: consecutively, he served as secretary-treasurer for eight years, as treasurer for three, as vice-president for seven, and as president for eight.

Thomas Kirkbride earned the esteem of his colleagues. He worked so diligently to devise plans for ideal asylum architecture that institutions opened in the 1850s and 1860s were built on the specifications of the "Kirkbride Plan." To his desk came hundreds of requests for his annual reports, for pamphlets on the treatment of the insane, and for information on heating systems, furnishings, and other details of treatment and regimen. Inquiries on particular patients came from all over and frequently patients were sent on to Philadelphia from other institutions. Boards of Directors

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<sup>67</sup>"Medical Association," American Journal of Insanity 1 (January, 1845): 254.

from Indiana, Michigan, Georgia and Missouri asked for cost estimates of construction and for recommendations of doctors and attendants to fill their administrative posts. And by 1847, ambitious young doctors sought Kirkbride's approval before applying for posts.<sup>68</sup>

Nothing seemed beyond the powers of Thomas Kirkbride. Once placed, his protégés retained their superintendencies for decades: Horace Buttolph at Trenton, 1847-1876 and John Curwen at Harrisburg, 1851-1881. He kept the Association alive, contributing to every meeting, recording and reporting its activities and sometimes reminding officers of their duties. He faithfully informed absent members of events and gently prodded men like Stribling, Fonerden, and Buttolph to attend more frequently.<sup>69</sup>

Complaints of personal dissatisfactions, professional disagreements and "political disabilities" crossed his desk in droves, but Kirkbride answered each so promptly and tactfully that he alienated no one. For instance, one superintendent reported that "Drs. Awl and Smith still love each other, about as a cat loves bath soap," yet Kirkbride listened to their complaints and managed to retain the lifelong friendship of both men.

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<sup>68</sup>It is impossible to list here all the letters concerning these subjects which crossed Thomas Kirkbride's desk, but for examples see the following letters to Kirkbride: Pliny Earle, June 27, 1846; John Fonerden, July 10, 1846; Horace Buttolph, January 9, 1847; Isaac Ray, January 16, 1847; William M. Awl, December 1, 1847; Commissioners of Indiana, March 24, 1848; A. Lopes, April 17, 1852; R. C. T. Lind, April 15, 1853; Andrew McFarland, March 24, 1855; T. R. H. Smith, March 19, 1859; Thomas F. Green, September 27, 1859; and John Curwen, July 31, 1860, Kirkbride MSS, IPH.

<sup>69</sup>John Fonerden to Thomas S. Kirkbride, May 10, 1850; William M. Awl to Thomas S. Kirkbride, July 7, 1849; and Isaac Ray to Thomas S. Kirkbride, May 19, 1858, Kirkbride MSS, IPH and Thomas S. Kirkbride to Francis T. Stribling, May 17, 1846, July 7, 1855, and August 9, 1867, Stribling MSS, WSH.



He was so highly respected and so skillful in wielding his influence, that in 1854, he could rebuke Luther Bell, then president of the Association, for his ideas on spiritualism without violating camaraderie. <sup>70</sup>

With all of this, Kirkbride still kept his hospital "ever prosperous" according to Dorothea Dix and wrote annual reports which Charles Nichols read "with admiration, almost with envy" because they showed that Kirkbride was "mounting still higher and higher in that career of benevolent enterprise that has done you such imperishable honor and rendered your hospital so useful." <sup>71</sup> By 1862, Kirkbride realized that his function had become one largely of public relations. This role prevented him from seeing patients daily, but he acknowledged that "this is the most profitable mode in which I can be employed for the hospital." And he worked on, seeing patients when he could, directing his growing staff, consulting with colleagues from across the nation, and presiding over the Association. <sup>72</sup>

When the Association met in Philadelphia on May 31, 1884, Thomas Kirkbride had been dead just five months. Never in the annals of the Association had there been, or would there ever be, such an outpouring of

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<sup>70</sup>For example, see letters to Thomas S. Kirkbride from William M. Awl, May 27, 1847; James Macdonald, May 25, 1848; Pliny Earle, December 9, 1848; S. Hanbury Smith, March 8, 1852; Charles Nichols, March 19, 1852, March 30, 1852, April 22, 1852; D. T. Brown, May 3, 1853; Andrew McFarland, March 24, 1855; John Curwen, July 31, 1860; Isaac Ray, May 9, 1861; and Richard J. Patterson, February 20, 1852, Kirkbride MSS, IPH; and Thomas S. Kirkbride to Francis T. Stribling, 1854, and July 7, 1855. Stribling MSS, WSH.

<sup>71</sup>Dorothea Dix to Francis T. Stribling, February 7, 1852, Stribling MSS, WSH and Charles Nichols to Thomas S. Kirkbride, March 3, 1852, Kirkbride MSS, IPH.

<sup>72</sup>T. S. Kirkbride to the Managers of the Pennsylvania Hospital, June 30, 1862, Kirkbride MSS, IPH.

sentiment. The entire morning was devoted to eulogies for the doctor. Dr. Grissom of the North Carolina Insane Asylum expressed the mood of the convention: "we mourn that Dr. Kirkbride is dead; we rejoice that Dr. Kirkbride can never die." 73

Unlike Stribling, Woodward, and Awl, Thomas Kirkbride was free of the vicissitudes that went with the leadership of a state-supported asylum. Because he headed an autonomous institution, Kirkbride could exercise selectivity in the types of patients he admitted and treated. Manifesting no concern over definition of "recent" cases, unhampered by uncontrolled expansion of his physical plant, and unencumbered by large numbers of pauper and immigrant patients, Kirkbride nevertheless perceived the problems faced by his fellow superintendents and took their cause to be his own. Disinterestedly, through the Association, he crusaded for allocation of more funds to perfect the therapy of moral treatment and against political intervention in administrative appointments. With diligence and sincerity, he took every opportunity to publicize, not only his own work, but also that of others. Amiable, tactful and earnest, Thomas Kirkbride "was able to carry with him, by the steady, persistent course which he pursued, all who were within the reach of his influence." 74

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<sup>73</sup>Curwen, Nichols, Callender, Memoir of Thomas S. Kirkbride, pp. 3-12.

<sup>74</sup>John Curwen, The Original Thirteen Members of the Association of Medical Superintendents of American Institutions for the Insane (Warren, Pennsylvania: E. Cowan & Co., Printers, 1885), p. 31.



At least in part, personal and professional difficulties moved Stribling, Woodward and Awl toward professionalization. Thomas Story Kirkbride, however, matured into the archetypical professional alienist -- publicizing and justifying the profession's work, solidifying professional autonomy, and helping shape the attitudes and outlook, not only of outsiders toward the profession, but also that of his fellow alienists.

## CHAPTER 6

### MASTERS OF MADNESS

Despite his later dominant role, even Thomas Kirkbride in the summer of 1844 questioned the wisdom of establishing a national organization. While he liked the idea of his fellow laborers "getting to know each other," he doubted if much could be accomplished "by the convention as a body."<sup>1</sup> Kirkbride's doubts however, proved ill-founded. Despite the difficulties and expenses of travel, other asylum administrators joined the "Old Originals" in the professional organization, strengthening its political influence and extending its geographic base. At every meeting more hospitals were added to the list of the original thirteen: six in 1846, five in 1848 and again in 1849, and three more in 1850; until by 1860, fifty-nine asylums in the United States and Canada had membership in the Association.<sup>2</sup> After 1850, it was the building of new asylums that accounted for growth, particularly in the West and Southwest. As new administrators took their posts, they found not only comradeship, but strength and support in belonging to a nationally-based professional organization. Before 1860, this Association with its original founders,

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<sup>1</sup>See Thomas S. Kirkbride to Francis T. Stribling, August 28, 1844, Stribling MSS, WSH.

<sup>2</sup>The only hospitals in existence not represented at some meeting by 1860 were those just opened in that year, county hospitals of Iowa and Wisconsin, and the state hospitals in California and Oregon.

As a rule, statistical studies in this chapter exclude the Canadian members.



early adherents, and later joiners formed a self-conscious, elite and powerful professional group.

Largely organized to strengthen the position of the individual superintendent and to elevate the standards of asylum administration, the Association immediately began working to enhance its public image. In 1844, the members unanimously agreed to publish the proceedings of their first meeting not only in the newly-founded journal of their own specialty, the American Journal of Insanity, but also in the American Journal of the Medical Sciences.<sup>3</sup> Thus, they announced to the medical world their organization, their goals, and their intent to manage the specialty.

At the second meeting in 1846, the members resolved to publicize their work even farther by also publishing the proceedings in the New York Journal of Medicine and by printing a separate volume of the transactions.<sup>4</sup> Thomas Kirkbride, for one, was delighted and wrote Stribling that the separate volume of transactions would "give character to the Association."<sup>5</sup>

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<sup>3</sup>See "Medical Association. Meeting of the Association of the Medical Superintendents of American Institutions for the Insane," American Journal of Insanity (AJI) 1 (January, 1845): 258.

The journal itself was neither founded nor published by the Association, but by Amariah Brigham, one of the "Originals." The members usually viewed it as their official organ, although under the editorship of John P. Gray (1854-1884), there was much dispute as to its "disinterested" function.

<sup>4</sup>"Second Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 3 (July, 1846): 92.

<sup>5</sup>Thomas S. Kirkbride to Francis T. Stribling, May 17, 1846, Stribling MSS, WSH.

At the next meeting in 1848, "two or three reporters for the New York newspapers" were present and wrote "short accounts of the proceedings of the convention in their respective papers."<sup>6</sup> In 1849, the members again invited local reporters and added directors of asylums to their meetings. At the same time they further formalized their public relations endeavors by establishing a standing committee on publications. This committee, year after year, recommended that the proceedings be published in "various medical Journals of the country" and that papers from among those presented at the annual conventions be published in the Journal of Insanity.<sup>7</sup>

Although at every meeting resolutions of thanks for various evidences of hospitality were passed and recorded in the proceedings, in 1852 the publications committee recommended that henceforth copies of these resolutions be sent to key officials.<sup>8</sup> And in 1855, the Association sent its resolutions of thanks to the mayor, to the "several branches of the City Government of Boston," and to the trustees and officers of the institutions visited -- humanitarian, educational, scientific, and cultural -- and to the Boston papers for publication.<sup>9</sup> All these steps expanded and

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<sup>6</sup>"Proceedings of the Third Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 5 (July, 1848): 92 and James Macdonald to Thomas S. Kirkbride, May 25, 1848, Kirkbride MSS, IPH.

<sup>7</sup>See Amariah Brigham to Francis T. Stribling, March 1, 1849, Stribling MSS, WSH and Amariah Brigham to Thomas S. Kirkbride, March 1, 1849, Kirkbride MSS, IPH and "Fourth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 6 (July, 1849): 70.

Until the 1849-1850 issues, the journal had printed contributions from individuals, but not papers presented at the conventions.

<sup>8</sup>"Proceedings of the Seventh Annual Meeting of Medical Superintendents of American Institutions for the Insane," AJI 9 (July, 1852): 72.

<sup>9</sup>"Proceedings of the Tenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 12 (July, 1855): 100-101.



improved the Association's public image.

Nowhere was this concern with public image more apparent than in the papers delivered at the annual meetings. Before 1860, one out of five dealt with subjects directly related to the question of public image, and many others -- either in presentation or discussion -- were linked covertly to the same concern.<sup>10</sup> The discussion of jurisprudence as it related to insanity was one of these. Legal procedures for commitment had to be clarified in view of the relatively new institutionalization movement, but men like Isaac Ray, William Stokes, and Luther Bell were particularly concerned with the public role of the medical expert in insanity pleas in court. Ray, the acknowledged legal expert, warned against the "favorite manoeuvre [s] of counsel" whose object it was "to perplex and embarrass" the psychiatric expert, rather than to throw any light upon the case.<sup>11</sup> Ray hoped his colleagues not only would win their cases, but also that they would preserve a dignified and professional image whenever called upon to testify.

The precise use of language in referring to the insane and to asylums was another concern. In 1849 and again in 1854, many alienists voiced their objections to such terms as "madhouse," "keeper," "cell," "asylum," and "retreat." First, they wanted their vocabulary to reflect none of "the most painful associations" of the past, for these were "unworthy of the profession and the progress of the age," and second,

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<sup>10</sup>Of the 112 papers presented between 1844 and 1860, 45 dealt with moral and medical treatment, 36 with the general subjects of construction and hospital regimen, 8 with the causes of insanity, and 22 with a series of miscellaneous questions -- all in some way related to public image.

<sup>11</sup>See Isaac Ray, A Treatise on the Medical Jurisprudence of Insanity (Boston: Little, Brown and Company, 1853), especially ch. 27.

they wanted no mistaken association with such unpopular institutions as the "poor house, prison, or small pox hospital." Francis Stribling of Staunton objected to "hospital" because, he said, "in Virginia, a hospital is regarded as a resort for paupers, the outcast, friendless, and those unable to take care of themselves from any cause." He felt "nothing would be more revolting to the feelings of a Virginian than to be taken to an institution with such a name." Similarly, James S. Athon of Indiana objected to "asylum." At the end of its protracted discussion of 1854, the Association finally agreed that the name of every institution "should be made to conform to the prejudice and tastes of the community in which it is situated." <sup>12</sup>

Some alienists also worried about the effect their policies might have on public opinion. Although Luther Bell of the McLean Asylum objected to Thomas Kirkbride's 1853 paper "On the night care of the Insane" and his call for regular indoor and outdoor night watchmen to guard against fire, the majority did not. Bell argued that hiring night watchmen was but "a debt paid to public sentiment." But Kirkbride carried the day by replying that the destruction of the Maine Asylum by fire in the preceding year had aroused public concern about the safety of the insane. The other Association members ignored Bell's objection and agreed to adopt Kirkbride's policy. <sup>13</sup>

Bell, however, supported Kirkbride on the issue of publicizing

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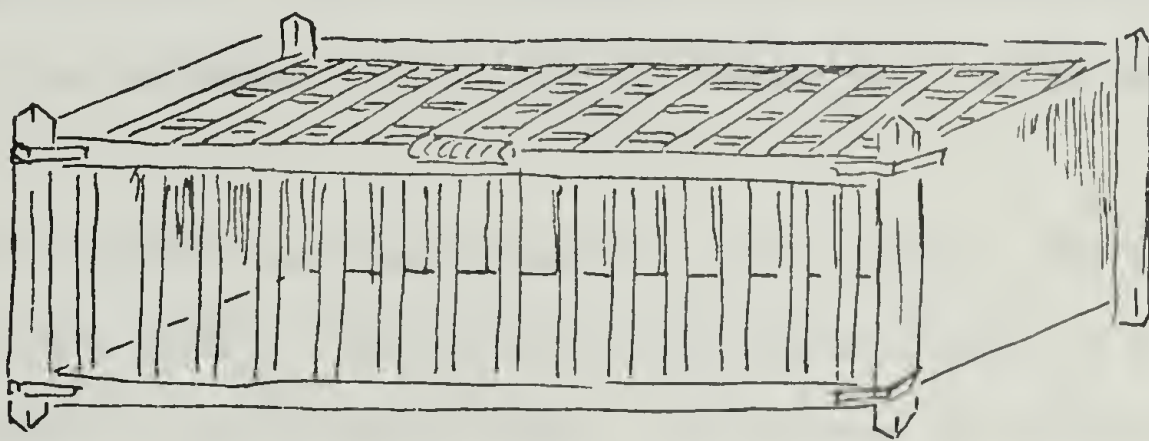
<sup>12</sup>For the discussion, see "Proceedings of the Ninth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 11 (July, 1854): 44-45.

<sup>13</sup>"Proceedings of the Eighth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 10 (July, 1853): 75-78.



the Association's strong feelings against coercion and punishment. Some members argued that the presence of night watchmen was useful in discouraging the "filthy habits" of some patients. The discussion then turned to the best method of handling such behavior. Elijah Kendrick of Ohio suggested using "injections of ice-water into the rectum" to prevent incontinence and smearing. Immediately, Kirkbride, Nathan D. Benedict, Edward Jarvis, and Bell objected to the use of such barbaric measures. Bell further wished to have it "widely and distinctly known that the views and sentiments of this Association are directly and emphatically adverse to any penal or coercive means being used or permitted in our Hospitals for the Insane."<sup>14</sup> Disagreement over the usefulness of night watchmen was one thing, but when it became a question of retrogressive and cruel treatment, Bell, like his colleagues, wanted the public to know where the Association stood.

Two years later, the question of public reaction came up again. The issue was the unsightliness of the crib-bedstead.




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<sup>14</sup>See "Proceedings of the Eighth Annual Meeting . . . ," 78.

Horace Buttolph recommended its use in cases where mechanical restraint was necessary. Significantly, Buttolph's suggestion was generally criticized on the grounds that such practices would have an adverse effect on visitors. Charles Nichols, the young architect of St. Elizabeth's, thought the "crib-bedstead was an ungracious-looking machine;" Joseph Workman of Canada thought both visitors and fellow-patients would feel a "general repugnance toward this means of restraint;" and Bell said that the machine had such "an ungracious look" that "it would require considerable argument to reconcile friends on a visit to a patient confined in it." Thomas Kirkbride was most adamant, stating that the "appearance of the crib is a great objection to its use, . . . the moral effect . . . is undoubtedly bad." He then recounted his experience when "some distinguished men, members of the medical profession," visited the Pennsylvania Hospital.

Certain individuals among them wanted to see patients in chains; and when told there were none, they asked to see those in cages, or crib-bedsteads; and when told there were none thus confined, they said they had seen them in Utica, and appeared to expect to find them everywhere.

"That is the impression," Kirkbride concluded, "which the cribs make on the friends of the patients, on the patients themselves, and on medical men."<sup>15</sup>

In 1857, another coercive method provoked a debate: the use of "lodges" or "strong rooms." John Tyler of New Hampshire went to great lengths to defend his use of strong rooms. Noting that the appearance of the room was the important issue, he said that "at Concord we have built rooms for the violent insane, light commodious, comfortable, elegant,

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<sup>15</sup>For this discussion, see "Proceedings of the Tenth Annual Meeting . . .," 52-61.

Some of the alienists who objected to the use of the crib-bed because of its appearance, nevertheless still occasionally used it for lack of a better device to gain the desired result.



and very strong." George Choate, just twenty-eight and head of the Taunton Asylum, disagreed, since "in New England the term 'strong room' had been synonymous with prison-cell" and he was convinced that the "moral effect of seclusion in separate rooms . . . was bad." James Athon of Indiana agreed and praised Choate for removing such rooms from his asylum. Edward Jarvis best summed up the underlying objection -- public reaction. While serving on the Massachusetts Commission on Lunacy in 1854, he and other commissioners visited the Taunton Hospital, which at that time had a number of such rooms. One of the commissioners, on leaving the asylum, remarked, "I have learnt one thing, that is, what should not be built." <sup>16</sup> The Association could not risk flying in the face of such public reaction and once again, Thomas Kirkbride, the acknowledged leader, wanted it on record that the Association should guard against wholesale endorsement of this method of restraint.

Some alienists devoted direct attention to issues of public image. For instance, in 1851, Isaac Ray, worried about the "strong under-current" of public "bad feeling" and even "fierce hostility" and urged the superintendents to do everything in their power to counteract it. Consequently, in the following year, the Association asked S. H. Smith, superintendent of the Columbus Asylum, to explain his part in arousing such public indignation in Ohio. Apparently Smith had implied that some patients had frozen to death. Although they abhorred the conditions that would allow this, the superintendents, finding such a public airing distasteful, rebuked Smith. Others made suggestions to the Association for improving its public

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<sup>16</sup>For the complete discussion, see "Proceedings of the Twelfth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 14 (July, 1857): 72-81.

relations and influence. David T. Brown suggested that a general treatise on the proper treatment of the insane in America be written and distributed to general practitioners and Edward Jarvis proposed that "complete sets of the annual reports of all our institutions for the insane should be preserved in one or more of the public libraries in each state." <sup>17</sup> The Association agreed. Other resolutions and papers simply promoted the perfecting of moral treatment and so tangentially increased the esteem of the alienists and their Association in the eyes of the public.

In dealing with public opinion, a basic problem of the 1840s and 1850s was the growth of sectionalism. Self-conscious about sectionalism the Association tried to offset it in two ways. First, for the sake of a truly national base of authority, they worked to have all regions represented. Secondly, as the nation grew closer to civil war, some of the Northern members made an effort to maintain professional contacts with their Southern brethren.

The four original organizers, of course, represented major geographical areas: Woodward was from New England; Kirkbride from the Middle States; Stribling from the South; and Aul from the West. Whether this was deliberately planned by Stribling and Woodward when they first discussed the idea of organizing in the spring of 1844 is a matter of conjecture. It is more likely that these men were already well-acquainted and therefore naturally cooperated in such an endeavor. But obviously it would benefit

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<sup>17</sup>See Isaac Ray, "On the Popular Feeling towards Insane Hospitals," *AJI* 7 (July, 1851): 36-65; "Proceedings of the Seventh Annual Meeting . . .," *68*; Charles H. Nichols to Thomas S. Kirkbride, April 22, 1852, Kirkbride MSS, IPH; "Proceedings of the Ninth Annual Meeting . . .," 55-56; and "Proceedings of the Twelfth Annual Meeting . . .," 89-90.



a national association to have a broad base and, whether by chance or plan, the national idea grew. Within two months of first hearing Stribling's idea, Woodward expressed hope that "those from the South will not keep back."<sup>18</sup> Stribling did not keep back, nor did his fellow Virginian, John M. Galt. The other four Southern superintendents did not attend the founding meeting for various reasons, but three came to the second meeting. In 1844, the Southwest had only two asylums, in Kentucky and Tennessee, and their superintendents joined in the third and fourth meetings. William M. Awl represented the one western asylum at Columbus, Ohio.<sup>19</sup>

Northeasters dominated the active membership of the Association, but committee members were appointed in such a way as to give the Association a national image. From 1849 on, there were regular committees on nominations, business, finance, thanks, publications, and place and time of the next meeting. With the exception of the thirteen founders, new members from the Northeast attended three or four meetings before they were nominated to serve on any of these committees, while a superintendent from the South, Southwest, West, or Canada generally served on some committee upon

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<sup>18</sup>Samuel B. Woodward to Francis T. Stribling, August 5, 1844, Stribling MSS, WSH.

<sup>19</sup>William Fisher of the Maryland Hospital told Stribling that he simply could not leave his asylum because of his "peculiar situation," William Fisher to Francis T. Stribling, July 10, 1844, Stribling MSS, WSH. David Cooper of the Georgia Asylum at Milledgeville was renowned for being an eccentric. And it is possible that Stribling had not originally written to William H. Stokes, the resident physician of the Mt. Hope Institution (Baltimore) run by the Sisters of Charity, or that Stokes simply did not have time to attend since a new building was being occupied in 1844. John Allen of the Eastern Lunatic Asylum in Lexington, Kentucky, had just taken over and was in the process of instituting moral therapy for the first time and John McNairy of Tennessee was working in a small, inadequate building.

attending his first or second meeting.<sup>20</sup> About half of the members served on these committees at some time or other, but the Northerners were most often ignored.<sup>21</sup>

Despite such nationalizing efforts, full participation from each section was never achieved. Before 1860, only one Southern hospital was represented at 50% or more of the meetings.<sup>22</sup> The other nine Southern hospitals fell far below this mark. From the Southwest, only Missouri was well-represented, while the superintendents of the Tennessee and the two Kentucky asylums attended only intermittently. The Western states had better than half of their asylums represented, with the exception of those in the relatively new states of Iowa and Wisconsin, but the Northerners stood

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<sup>20</sup>Most of these members served on a committee at either their third or fourth meeting. Two men, David T. Brown and Andrew McFarland, did not serve until their fifth meeting and Mark H. Ranney did not receive the honor until he attended his eighth meeting.

<sup>21</sup>If those from the South were ignored, it was generally because they attended only one meeting. The exceptions to this were William Stokes and John Galt. There may have been a bias against Stokes since he headed an essentially private (and Catholic church-supported) asylum. John Galt has a story all his own. See pp. 177-179.

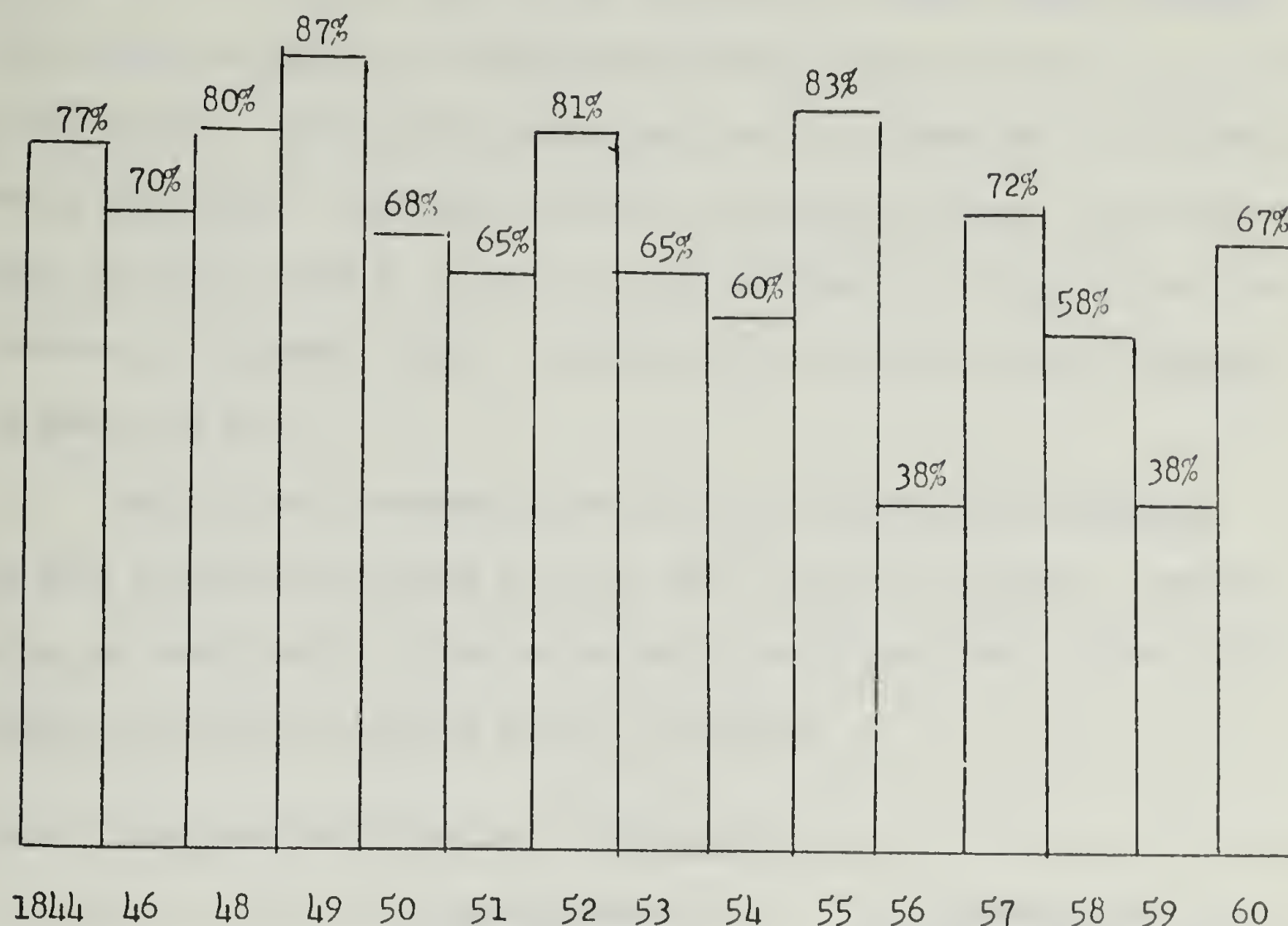
For the most part, the only Westerners ignored were those from Ohio. This bias probably stemmed from both the pattern of short-term appointments and the long-standing policy of the state legislature to interfere in asylum administration.

<sup>22</sup>The number of meetings attended was determined by counting only those held while any particular hospital was in existence. For instance, the Indiana Asylum did not receive its first patients until 1848, therefore it could only be represented at 12 "possible" meetings before the Civil War. Richard J. Patterson attended four meetings and James S. Athon attended seven and therefore Indiana was represented at 92% of the "possible" meetings.



out and, as the following graph shows, dominated each convention, except 1856 and 1859.<sup>23</sup>

Graph 8. Percent of Delegates from the Northeast, 1844-1860.



When it came to actual participation -- preparing papers and leading discussions -- Northeasterners also stood out.<sup>24</sup> Men like Kirkbride, Ray, Jarvis, and Bell presented from eight to sixteen papers. Others -- Joshua Worthington, John Curwen, Pliny Earle, John P. Gray,

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<sup>23</sup>The other exceptions in the West, of course, were Oregon and California.

<sup>24</sup>The following analysis, particularly of discussion participation, omits the meetings of 1844, 1846, 1848, 1850-1852, and 1856, since no, or incomplete, record is made of the discussion in the proceedings as published in the American Journal of Insanity.

and Amariah Brigham -- presented five each.<sup>25</sup> Only John Galt of Williamsburg, Virginia, and J. J. McIlhenny of Dayton, Ohio, came close to such active participation. The only other Southerners or Westerners who presented more than one paper were John Fonerden of Maryland, Andrew McFarland of Illinois, and William Awl of Ohio. At only three meetings, 1850, 1852, and 1859, did non-Northeasterners present as many as one-third of the papers. Particularly significant was the convention of 1856 which met in Cincinnati. Although Westerners, especially Ohioans, dominated the ranks that year, only J. J. Quinn of the new Hamilton County Asylum (near Cincinnati) delivered a paper. Northeastern men, by contrast, delivered the remaining five.

Man for man, Northeasterners did not dominate the discussion.

The most talkative delegates were the four from the Southwest. Participating at every meeting, they accounted for more than their share of the discussion, as the following table illustrates.

Table 5. Regional Participation in Discussion.

	<u>Participants in Discussion</u>	<u>Frequency of Participation per member</u>
Southwesterners	4	9.0
Northeasterners	33	8.5
Westerners	9	7.0
Southerners	8	4.4

They led all others in the number of times they entered the discussion. In comparison, Southerners seldom spoke; while Northeasterners had such an

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<sup>25</sup>Although I cite actual numbers of papers presented, the ranking of this "quality" of participation is based also on the "possible" meetings at which each man could have presented a paper.



edge in numbers that they had to dominate unless they self-consciously chose not to do so -- which they did not. Thus, overall, Northeasterns dominated the Association's activities: they made up 55% of the active membership, delivered 80% of the papers, controlled 68% of the discussion, and held 89% of the offices. With the exception of the founder William Awl, elected president in 1848, all offices were filled by men from the Northeast until 1859 when Andrew McFarland, a New Englander transplanted to Illinois, held the presidency. For all their good intentions, leaders of the Association failed to establish a truly national representation.

As the nation moved toward civil war, a valiant effort was made to preserve the Association's solidarity. The effort largely turned on Francis Stribling, who seemed to be the only "acceptable" Southerner. John Fonerden and William Stokes were from Baltimore, which was not Southern enough. J. D. Barkdull of Louisiana and Robert Kells and W. B. Williamson of Mississippi were not only latecomers, but also from the New South. And John W. Parker of South Carolina and Thomas F. Green of Georgia were only intermittent participants. The only other Southern members were John Galt and Edward C. Fisher. Galt's retrogressive views on nearly all issues made him unacceptable,<sup>26</sup> and Stribling had groomed Fisher for the North Carolina Asylum, and so the Association turned to the master, Stribling himself.<sup>27</sup>

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<sup>26</sup>See pp. 177-179

<sup>27</sup>See Francis T. Stribling to Duncan Cameron, February 2, 1850, Stribling MSS, WSH.

The remembrance of old battles fought and won together may have exerted some influence. As John Butler reminded Stribling:

You know we Massachusetts folks remember the day when their two noble states stood together against the world in '76. How goes the old song!

"Massachusetts all afire  
Ole Virginy never tire  
Yankee doodle dandy." 28

And the strong ties of Virginia to the Union had not yet been severed. 29

From a personal and professional viewpoint, Stribling was attractive. He corresponded widely with Northern superintendents, enjoyed their companionship, and sometimes served as chairman pro tem when he did attend meetings. Most important, Stribling was efficient in administering his asylum and extremely effective in handling his state legislature. For various reasons, then, some courted Stribling.

Stribling had attended the founding session, but not the next five meetings. Realizing that his absence might become permanent, in 1849 William Awl fondly prodded him, saying that "we all regretted your absence both at N.Y. and at Utica and I am pleased with the expectation of seeing you with us." 30 He was also warmly urged to attend by John Butler who "was right glad . . . to see even your signed name!" and who assured him he would "be most cordially welcomed by all his brother Superintendents." 31 Luther Bell also hoped to see him, and Charles Stedman desired that

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<sup>28</sup>John S. Butler to Francis T. Stribling, February 1, 1851, Stribling MSS, WSH.

<sup>29</sup>See Avery O. Craven, The Growth of Southern Nationalism, 1848-1861 (New Orleans: Louisiana State University Press, 1953), pp. 123-124 and 384-390.

<sup>30</sup>William M. Awl to Francis T. Stribling, August 18, 1849, Stribling MSS, WSH.

<sup>31</sup>John S. Butler to Francis T. Stribling, March 16, 1850, Stribling MSS, WSH.



"nothing will prevent your being present at the next meeting of our Association." <sup>32</sup> Stribling did not attend that meeting in 1850 and Butler and Kirkbride both wrote to say that all missed him. <sup>33</sup> Finally, in 1852, Stribling attended another meeting. But during the late 1850s, he did not attend again, although he received continual invitations from his friends in the North. In November, 1860, on the eve of the Civil War, Charles Nichols spearheaded a plan for himself, Kirkbride, Brown, and Buttolph to visit Stribling. Maintaining contact with the South seemed the purpose, for Nichols said, "I have written Brown and urged him to join us in our proposed descent upon Stribling. If he don't [sic] go he will have none of the immortal credit of saving the Union." <sup>34</sup> The proposed visitors were among the most active members of the Association and all except Brown had held offices. This particular mission was abortive, however, as was the general attempt to maintain solidarity and equally distributed representation in the Association.

Even though alienists failed to maintain complete professional unity in the face of civil war, they were successful in presenting a united front to the public regarding their standards for administration and treatment and in controlling the behavior of their members. When individual members sometimes expressed faith in the use of bleeding, administering large and vigorous doses of emetics, or employing coercive

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<sup>32</sup>Charles H. Stedman to Francis T. Stribling, April 20, 1850, Stribling MSS, WSH.

<sup>33</sup>John S. Butler, July 10, 1850, and Thomas S. Kirkbride, September 26, 1850, to Francis T. Stribling, Stribling MSS, WSH.

<sup>34</sup>Charles Nichols to Thomas S. Kirkbride, November 4, 1860, Kirkbride MSS, IPH.

methods, the Association rebuked them quickly and vociferously. The only one who received a relatively mild rebuke was Nehemiah Cutter of Pepperell, Massachusetts. Cutter liked to administer large doses of medicine "to produce a good shaking up of the system" and thought "that not enough medicine was given at the present day." Kirkbride objected strongly, but the secretary, Charles Nichols, added a parenthetical note explaining that Cutter began his career when "insanity was not exactly the same thing that it is now." <sup>35</sup> Cutter did not need to be rebuked harshly -- he was sixty-eight years old, no longer heading even his own little private asylum, and out of the mainstream of professional activity.

Others were handled differently. When Horace Buttolph presented his 1849 paper on phrenology (the study of the development of mental faculties based upon bulges in the skull), the members generally rejected his conclusion that phrenology had any connection with insanity. The president, William Awl, closed the discussion by citing anecdotes. One concerned a man whose head had been examined and who expressed his opinion of the procedure by saying, "it is hard to tell what meat is in the smoke house by putting your hand on the roof." Awl then related an experience at his institution.

A somewhat noted blind Phrenologist came to make examinations. The Doctor at first caused himself to be presented as a violent patient, and the Phrenologist pronounced him deficient in mental development. Afterwards introducing himself in his true character, he was examined, and the verdict was essentially different. <sup>36</sup>

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<sup>35</sup>"Proceedings of the Tenth Annual Meeting . . . ," 64-66.

<sup>36</sup>"Fourth Annual Meeting . . . ," 56-58.



In 1849, Awl used ridicule; others simply disagreed with Buttolph's ideas. By 1853, only three members, Buttolph, Bell, and T. R. H. Smith, were willing to support phrenological views and they "appeared to be, however, largely in the minority," according to the secretary himself -- Horace Buttolph. <sup>37</sup>

Another example of cooperative behavior on a sensitive, and perhaps unpopular, subject occurred in 1854-55. In 1854, Luther Bell, superintendent of McLean's for twenty years and president of the Association, read a paper "narrating his observations on what are styled 'Spiritual Manifestations.'" There was virtually no response. <sup>38</sup> At the next meeting, still irritated by the rebuff, Bell expressed surprise "in finding, at so large a meeting of persons whose lives were spent in investigating the reciprocal influences of mind and body, scarcely a single member had given a moment's notice to a topic directly in their paths . . . ." The Association wanted to avoid a subject "so much connected in the public mind with the ridiculous," and Kirkbride, for one, tried to get Ray and Stribling to intercede with Bell. Kirkbride feared destruction of the "character and usefulness of the Association" and urged Stribling to "be sure to be at Boston next May, as we may want all our strength to keep the Association straight." <sup>39</sup>

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<sup>37</sup>"Proceedings of the Eighth Annual Meeting . . . ," 78-79.

<sup>38</sup>"Proceedings of the Ninth Annual Meeting . . . ," 48. In 1854, Bell's paper was simply "ordered to lie upon the table." This is the only reference to Bell's paper in the 1854 Proceedings. Every other paper presented at that meeting was summarized and the discussion recorded in detail.

<sup>39</sup>Thomas S. Kirkbride to Francis T. Stribling, 1854, Stribling MSS, WSH.

Imagine his dismay when Nathan Benedict, retired from Utica and living in Magnolia, Florida, wrote that it was "a great pitty [sic] that Dr. Bell should be engaged in the spirit rapping business!" <sup>40</sup> When Bell presented his second paper in 1855 on "Spiritual Phenomena," a few members joined in the discussion, but only Ray, Buttolph, and Brown thought the Association should investigate such phenomena. Half those present were silent, although for men like Kirkbride, Curwen, Rockwell, Athon, Smith, Harlow, and Ranney, silence was out of character. The Association decided that neither of Bell's papers were to be published. <sup>41</sup>

Thus the Association effecti ely controlled its public image and the behavior of its members. Most members were aware that without such control, it would have been impossible either to justify their work or maintain professional autonomy.

The Association became not only a self-conscious group, but also an elite society. This was not unusual since lawyers, architects, engineers, doctors, dentists and even clergymen were organizing during the

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<sup>40</sup>Nathan D. Benedict to Thomas S. Kirkbride, January 31, 1855, Kirkbride MSS, IPH.

<sup>41</sup>For the complete discussion, see "Proceedings of the Tenth Annual Meeting . . . ," 68-78 and 81-83. Gray, Cutter, and Nichols asked stilted questions of information. Butler, Tyler, and Fisher simply stated their faith in Bell without taking a stand on the issue. Given the law of gravity, Worthington found it difficult to believe in the phenomena. Workman thought it might be good to investigate but that it would take too much time. Jarvis thought it best to wait.



antebellum years at least in part to elevate the status of their professions.<sup>42</sup> Doctors in particular agitated for a national organization throughout the period with just that avowed goal.<sup>43</sup> Having competed as general practitioners with every man who hung out a shingle, these ambitious alienists wanted not only to separate themselves from most doctors, but also to limit their group to only the "better" sort of alienist.

The exclusiveness of the organization was immediately apparent in its title: The Association of Medical Superintendents of American Institutions for the Insane. Excluded from membership was any one else who might be interested in the fate of the insane -- and there were many such as T. R. Beck, George Parkman, William Sweetser; Edward Jarvis and Edward Mead until they opened their own private asylums; and, of course, Dorothea Dix. It also barred non-medical men, such as lay heads of asylums and members of boards of directors. And, perhaps most significantly, the Association excluded assistant physicians.

The Association was not so closed that it totally ignored non-members. Throughout Dorothea Dix's struggle to gain federal lands for the benefit of the treatment of the insane, the Association sent annual resolutions of support.<sup>44</sup> Although, many members, especially Horace Buttolph and Charles Nichols, were close friends with Dix, the Association never offered her even an honorary membership. Others were acknowledged in an informal manner. Beginning in 1849, the members invited the attendance of

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<sup>42</sup>See Berthoff, An Unsettled People, pp. 255 and 450-453 and Calhoun, Professional Lives, pp. 178-197.

<sup>43</sup>See Chapter 2.

<sup>44</sup>See the Proceedings of the meetings of 1849-1853.

"Boards of Trustees, managers, or official visitors of each Insane Asylum on this continent" and "such gentlemen" that members "deemed proper." The privilege to attend was granted, not membership. <sup>45</sup>

In 1846, the Association expanded membership. First, every asylum "on this continent" was entitled to membership -- thus Canadian administrators gained entry. Second, the Association resolved that "all those who have heretofore been Medical Superintendents and members of this Association . . . are hereby constituted members." <sup>46</sup> These moves were the only attempts to enlarge membership until 1885, when the superintendents finally admitted assistant physicians.

The omission of assistant physicians is puzzling, given the number of assistants and the heavy reliance of medical superintendents upon them. <sup>47</sup> In their absence, assistants became acting superintendents, carrying on all administrative duties. Few superintendents kept as close to their hospitals as Rufus Wyman, who in fourteen years was absent only five nights. <sup>48</sup> Many others traveled on professional and personal business. For at least five or six days, they were away at the Association meetings. At other times they spent weeks touring other American asylums, traveling abroad, or journeying to restore health. Some of these trips involved long-term absences during which assistant physicians were entrusted with the daily business of administering the asylum.

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<sup>45</sup>"Proceedings of the Third Meeting . . . ," 92 and "Fourth Annual Meeting . . . ," 53.

<sup>46</sup>"Second Meeting . . . ," 90. (*Italics added*).

<sup>47</sup>In 1844, ten of the twenty-two asylums had assistant physicians and by 1860, twenty-five of the fifty-three asylums had assistants.

<sup>48</sup>See Morrill Wyman, Jr., A Brief Record of the Lives and Writings of Dr. Rufus Wyman and His Son Dr. Morrill Wyman (Cambridge, Mass.: Privately Printed, 1908).



But even while at home medical superintendents delegated administrative duties and much of the actual patient care to their assistants. The varied tasks of administration -- writing annual reports, preparing papers for the Association, corresponding with colleagues, planning strategy for dealing with state legislatures, attending boards of directors meetings, maintaining important public relations, corresponding with relatives of patients and former patients, overseeing the general operation of the asylum, ordering supplies, and planning occupational and recreational therapy -- left them little time to spend with individual patients. Especially as asylums increased in size, superintendents turned over more and more of the patient-care duties to their assistants. Although the medical superintendent's task became one of pure administration, administrators never lost interest in the treatment and care of their patients. Indeed, by the mid-1850s, as shown in the types of papers presented at the Association, their concern turned largely toward treatment -- especially medical treatment. Yet this was precisely the kind of work they turned over to their assistants. Furthermore, superintendents frequently recommended their assistants for administrative posts or fought for pay raises for them.<sup>49</sup> But despite their faith in their assistants, more than forty years elapsed before they admitted assistants to their elite society.<sup>50</sup>

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<sup>49</sup>See especially, Samuel B. Woodward to Horace Mann, January 15, 1839, Woodward MSS, AAS and Thomas S. Kirkbride to Managers of the Penna. Hospital, June 30, 1862, Kirkbride MSS, IPH.

<sup>50</sup>Four assistant physicians did attend Association meetings before 1860: in 1858, Edward Van Deusen of Utica and Edward A. Smith of Pennsylvania and, in 1860, J. M. Cleaveland and L. A. Tourtellot of Utica. However they did not speak.

Limiting membership was not the only means of preserving eliteness. The Association also employed various controls within the body to maintain exclusivity and to remind members of their privileged position. Leadership control was an obvious method. The offices remained in the hands of the founders and this was probably deliberate political policy.<sup>51</sup> Woodward, White, and Kirkbride were the first in 1844 and in following years, Awt, Brigham, Bell, Ray, and Butler joined their ranks. Once installed in an office, these founders served at some level until they retired or died. The office of secretary did "descend upon" non-founders, but the men who held that post, Buttolph, Nichols, and Curwen, were protégés of "Old Originals." The only other exception was Andrew McFarland who was elected to the presidency in 1859; but from 1862-1873, Kirkbride and John S. Butler presided. There was selectivity even among the thirteen founders; four never held office, and one held office only in old age. Both Nehemiah Cutter and Charles Stedman retired in the early 1850s and Pliny Earle was unemployed from 1849-1864. Neither Galt nor Stribling were regular attenders. Galt, after alienating his colleagues with his unpopular views did not attend after 1850 and Stribling did not attend between 1854 and 1867.<sup>52</sup> Successful control of high-ranking leadership was reinforced by

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<sup>51</sup>Charles Nichols gives some hint that this leadership control was deliberate. He wrote Kirkbride in 1852, saying, "I cannot conceive why Fonerden wants to change offices. Does he hope by rotating others out to rotate himself in? If Bell or Ray should hear of such a proposition, I fear they would resign and then we would be in a pretty fix." Charles Nichols to Thomas S. Kirkbride, April 22, 1852, Kirkbride MSS, IPH.

<sup>52</sup>When Stribling did return to the fold in 1868, the Association rewarded him, not with an office, but with the honor of holding the next annual meeting in Staunton -- the only Southern city to host a meeting. Meetings had been held in Baltimore in 1853 and in Lexington in 1859 (and would be held in Baltimore again in 1873 and in Nashville in 1874), but Staunton was the only truly Southern city in which the Association met.



control of committees. At least one founder, or protégé, served on every important business committee. Spearheaded by Kirkbride, the business of the meetings was continually overseen by the same select group of men.<sup>53</sup>

Total domination was not possible, nor especially desired. The alienists were willing to exchange views on treatment and listen to each others' experiments; but the select group did clearly have the power to control dissidents who strayed too far afield. Nehemiah Cutter -- who irreverently described the profession as "the crazy business" -- was generally ignored or indulged because of his age.<sup>54</sup> And, as noted above, Luther Bell experienced the censure of silence when he dabbled in spiritual phenomena. But Bell and Isaac Ray, both prominent spokesmen, came in for a good deal of criticism for their stand on the proper nature of annual reports.<sup>55</sup> Even before the founding of the Association, Bell had acquired a reputation as the "anti-statistician" for his vocal insistence that statistical reporting was subject to manipulation and misinterpretation. Many disagreed with him, particularly Awl and Brigham, but Ray became Bell's ally as early as 1849.<sup>56</sup> Neither man succeeded in convincing the majority of

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<sup>53</sup>See Chapter 5 and the various manifestations of Kirkbride's leadership and control cited throughout this chapter.

<sup>54</sup>Awl also had described Cutter as "curious." See Isaac Ray to Thomas S. Kirkbride, July 23, 1849, William M. Awl to Thomas S. Kirkbride, May 27, 1847, and December 5, 1857, Kirkbride MSS, IPH.

<sup>55</sup>Amariah Brigham was especially vehement against Ray and Bell. Ray's paper on the statistics of insane hospitals published in the American Journal of Insanity, irritated him and he wrote Kirkbride that "Ray's article is in type -- I think it wrong -- very wrong -- and, (inter nos-entirely) if no one else does I may review it -- if so shall feel obliged to couple him and Bell together and show them up as 'doxxedly crabbish and snarlish' and no more wise, learned, accurate or scientific than their neighbors -- " Amariah Brigham to Thomas S. Kirkbride, June 12, 1849, Kirkbride MSS, IPH.

<sup>56</sup>William M. Awl to Samuel B. Woodward, April 18, 1842, Woodward MSS, AAS, Amariah Brigham to Thomas S. Kirkbride, June 12, 1849 and Charles Nichols to Thomas S. Kirkbride, March 30, 1852, Kirkbride MSS, IPH and "Proceedings of the Tenth Annual Meeting . . . ," 98-100.

the Association and in 1855, with Bell as presiding officer, T. R. H. Smith, the outspoken superintendent of the Missouri Asylum, suggested that the Association appoint a committee to devise a uniform system of statistical reporting. Bell was on his feet immediately, making point after point on the logic of his long opposition to such a procedure. Smith, "with all due deference to Dr. Bell," still believed a uniform system necessary and possible. The sentiment of the Association was with Smith. The "Cult of Curability" had waned, but the members still felt the need of statistical reporting to illustrate and evaluate their work. Bell was disregarded and Smith's resolution passed.

Ray took an unpopular stand on another issue -- the holding of annual meetings. Ray thought them unnecessary and virtually useless, and in 1853, informed Kirkbride that "we [are] meeting too often" and "our reunions would be more profitable if the intervals were longer."<sup>57</sup> To Kirkbride and most others, this sentiment was anathema; it was to be squelched at its first mention. Nevertheless, at the Association meeting that year, Ray amended the recommendation of the committee to select a place for the next meeting. Not only did he prefer Providence to Washington, but "he further moved that the next meeting be held two years from that date" and doubted that the Association exerted any influence whatever upon the community in which it met. Kirkbride and Bell strongly disagreed and the "amendments proposed by Dr. Ray having been separately put to the meeting, were severally rejected." Ray continued to attend the annual meetings and never again raised the issue -- nor did anyone else.<sup>58</sup>

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<sup>57</sup>Isaac Ray to Thomas S. Kirkbride, March 9, 1853, Kirkbride MSS, IPH.

<sup>58</sup>For the complete discussion, see "Proceedings of the Eighth Annual Meeting . . . ," 84-85. One annual meeting was postponed -- that of 1861 -- but that was because of the outbreak of the Civil War.



The Association rejected Bell and Ray on very specific issues, they did not ostracize them.<sup>59</sup> This was not the fate of John Galt of the Williamsburg Asylum. Part of Galt's problem with the Association stemmed from his introspective and reserved personality. He frequently felt inferior, sometimes acted in a rude manner, and was so concerned with his health, that even when attending Association meetings, he often absented himself from the sessions because "social companionship tends to break in upon habitual observances requisite for health."<sup>60</sup> Virtually unknown to his colleagues, despite attendance at four early meetings, Galt nevertheless practiced moral treatment at Williamsburg and was developing ideas on its implementation that would eventually diverge from those of the Association. While he attended, all went well. Even in 1851, when S. H. Smith delivered for Galt a paper "On the impropriety of treating the Insane, and persons affected with other disorders in the same building," a favorable resolution on the subject was elicited from the Association.<sup>61</sup> But by 1853, Galt had fallen from grace. He had always leaned toward unpopular issues. In The Treatment of Insanity (1846), he had summarized European advances and had devoted long sections to English examples of non-restraint. Given the Association's stand against British non-restraint policies, this had been unwise. And then in 1850, in an essay, "On the Organization of Asylums

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<sup>59</sup>Bell, after all, held the presidency from 1852-1854 and Ray from 1855-1858.

<sup>60</sup>For a description of Galt's personality, see Dain, Disordered Minds, pp. 68-73 and for the citation, p. 134.

<sup>61</sup>"Proceedings of the Sixth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 8 (July, 1851): 84 and 86.

for the Insane," he advocated that each asylum have a consulting or visiting physician. Although he answered all arguments against an apparent division of authority and the "growth of cabals and intrigues against the superintendent," Galt did not convince the Association.<sup>62</sup> In 1853, he sent two papers, both containing suggestions based on English practices. The Association members condemned Galt's promotion of open visitation as "retrogressive" and felt that everything else he recommended had been "adopted and practiced in every institution making any pretensions to respectability in this country." The second paper, "On Pledges of the Insane," was summarily dismissed on the ground that the revered Dr. Woodward had once placed great faith in the promises of his patients, but later found the pledges useless.<sup>63</sup> So much for Galt's adulation of the British.

But Galt continued to hammer away. In 1855, he once again cited European examples -- the farm of St. Anne at Bicêtre and the village at Gheel in Belgium. The telling blow was not the European reference, but the very nature of treatment at these places. Both asylums were decentralized with patients living with individual families and working in the communities.<sup>64</sup> To illustrate his point, Galt described New England

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<sup>62</sup>See John M. Galt, The Treatment of Insanity (New York: Harper & Brothers, Publishers, 1846); John M. Galt, Essays on Asylums for Unsound Minds (Richmond: H. K. Ellyson's Power Press, 1850); and "Proceedings of the Fifth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 7 (July, 1850): 79.

<sup>63</sup>"Proceedings of the Eighth Annual Meeting . . . ," 72, 74, and 78. Friends Asylum still accepted patients' pledges not to escape, but their elopement rate was high. See Dain and Carlson, "Milieu Therapy in the Nineteenth Century," 280-288.

<sup>64</sup>John M. Galt, "The Farm of St. Anne," AJI 11 (April, 1855): 352-357



institutions as "mere prison-houses" and claimed that American alienists had done "absolutely nothing" toward establishing any new principle in the governing of the insane. This diatribe and the fact that Galt's idea struck at the very heart of American asylum administration proved too menacing for the Association. Member after member denounced the article and its author. Only Edward C. Fisher of North Carolina and Joseph Workman of Toronto, the brilliant and popular leader of Canadian alienists, expressed surprise at the condemnation.<sup>65</sup> But the condemnatory sentiment prevailed and alienation was complete.

Two other groups felt the sting of the Association's exclusiveness: operators of private asylums and the American Medical Association. Samuel White and Nehemiah Cutter, owners of private asylums, were among the founders. And private asylum administrators were still welcomed in 1848 when George White delivered a paper for his deceased father "On the Comparative Value of Treatment in Public Hospitals and Private Practice." But hints of uneasiness existed. Eleven men, representing seven different private establishments participated at some time in the meetings, but none ever served as an officer and only one, John W. Barstow of Sanford Hall in New York, served on a committee. Francis Bullock and George White delivered one paper each and Nehemiah Cutter delivered two, but the most outstanding and prolific was Edward Jarvis of Dorchester, Massachusetts, who delivered eight. Yet Jarvis was never granted any other role in the organization.

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<sup>65</sup>"Proceedings of the Tenth Annual Meeting . . . ," 42-48. Fisher "regarded the statement made by the writer rather in the light of a mistaken opinion than in that of a misstatement of fact" and Workman thought that New Englanders "were rather thin-skinned, and consequently winced a little under reproof," p. 48.

The Association published his papers and always expressed its deepest gratitude for his work, but that was all. It was Jarvis' own paper on "The Proper Functions of Private Institutions or Homes for the Insane," delivered in 1860, which brought out the real feelings of the members. David T. Brown, who had served in four different asylums, initiated the discussion by admitting "that there was a very great prejudice, on the part of the gentlemen connected with large institutions, against those of a private character." He thought, though, that a need for private care might arise. Brown had little support. A few members hesitantly endorsed private asylums only if they met Association standards or if they were as good as Jarvis'. But Kirkbride, Rockwell, Butler, Worthington, Buttolph, and Chipley were decidedly against private asylums.<sup>66</sup> Most private asylums could not offer proper classification, nor could they provide a complete program of moral treatment. Furthermore, in this country, there were no provisions for legal commitment to private asylums, no agency to regulate their operation, and no means for the Association to exert an influence over them.

The Association was also hostile toward the American Medical Association, holding it at arm's length for many decades. Alienists had not fared well in general practice because of the general disrepute of the entire medical profession and they may not have wanted any association with it again. Besides, the AMA, founded in 1847, had opted for a less exclusive policy on membership in order to attract more members and its early meetings "sometimes became rancorous" and tumultuous.<sup>67</sup>

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<sup>66</sup>"Proceedings of the Fifteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane," AJI 17 (July, 1860): 35-42.

<sup>67</sup>See Rothstein, American Physicians, p. 129.



Consequently, any close association with the AMA as a professional body left much to be desired and when Stribling suggested, in 1853, that the Association plan to meet at the same time and place as the AMA, Kirkbride thought the suggestion "utterly impracticable." Not only did the Association have more than enough business of its own, but "he considered it most important that they should keep themselves entirely distinct from all other bodies whatever." <sup>68</sup> The matter was not broached again and there was no official relationship with the AMA in the ante-bellum years. <sup>69</sup>

Besides maintaining external control through selective membership and internal control through censorship, many members tried to preserve the Association's purity by maintaining a network of contacts for filling new or vacant positions. It was natural for state officials and boards of directors to turn to those already in the field for recommendations, and various administrators readily responded. Some connections were obvious. John Curwen had been a trusted assistant to Kirkbride, as had George Chandler to Woodward and Edward C. Fisher to Stribling and Charles Nichols had been a favorite of Dorothea Dix. Others were more circuitous. For instance, Richard J. Patterson had been an assistant to William Awl at

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<sup>68</sup>"Proceedings of the Eighth Annual Meeting . . . ," 85.

<sup>69</sup>In 1865, Nichols asked Kirkbride, "Has it ever occurred to you that we should annually appoint a representative to the National Medical Assn? You perceive they are discussing questions relating to insanity and putting forth strong views. These are often erroneous, coming as they do from theoretical and uninformed sources, but will be more or less accepted by the community unless the fallacy is refuted and as widely published as the original source. The better way, it seems to me, is to prevent the spread of error rather than to bear the task of refuting it after we find it parading the country." Charles Nichols to Thomas S. Kirkbride, May 9, 1865, Kirkbride MSS, IPH. In 1867, an AMA delegate was "invited" to attend the Association's meeting and in 1870, John Curwen was sent as the Association's delegate to the AMA meeting.

Columbus for five years. When Patterson resigned, Awl sent him to Philadelphia to see Kirkbride, who the "Commissioners of Indiana" had already asked for help in finding a superintendent. Patterson received the Indiana appointment, but found the legislature "impossible" and returned to Columbus in 1853 to practice general medicine. The Asylum for the Feeble-Minded, one of Awl's pet projects, opened in 1857. Patterson was named superintendent. He stayed for three years and then once more traveled west to superintend the Iowa Asylum for the Insane. The Iowa position had been offered first to David L. McGugin, an old friend of Awl's in Ohio in the late 1830s. McGugin refused the offer and probably recommended Patterson at Awl's behest. Coincidentally, the president of the board of directors, Maturin L. Fisher, had been a member of the board of directors of Awl's close friend, Woodward, in 1842. Apparently Patterson's connections with Awl, and Awl's with Kirkbride and Woodward, paid off.<sup>70</sup>

The situation was less complicated for men like Edwin Van Deusen, Andrew McFarland, and Nathan Benedict. While acting superintendent at Utica, John Gray was hired to direct the work of erecting the Michigan Asylum and naturally the board sought his recommendation for a superintendent. Gray selected his assistant, Van Deusen. Gray played a role in McFarland's life as well. Along with Butler, he recommended McFarland to the board of trustees of the Illinois Asylum when they visited the East in 1853. Nathan Benedict openly acknowledged the help he received in obtaining the Utica post in 1849, relating to Kirkbride some time later

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<sup>70</sup>The various twists of Patterson's fate are gleaned from the Awl, Woodward, and Kirkbride correspondence, local histories which mention both Fisher and McGugin, and from clues given in Hurd, The Institutional Care of the Insane, passim.



that "the 'Meeting' set me up finely and I have been doing well since." <sup>71</sup>

Not every attempt was successful, but many others were recipients of similar favors as the Association continued to propagate itself.

Above all, the Association was a professional organization -- concerned with proper behavior and public image assuredly, but most concerned with what the members believed to be the best, most efficient, and most practical way of treating the insane.

The general principles of moral treatment as outlined by men like William Tuke, Philippe Pinel, Eli Todd, and Samuel Woodward had already been well-publicized before the founding of the Association in 1844. Only occasional clarifications were needed to remind administrators that sanity could be restored if kindness, patience, and firmness were used in implementing religious, occupational, and recreational therapy. But as state-supported asylums multiplied, the Association developed precise guidelines regulating the construction of institutions and delineating lines of authority.

In 1844, by its very title, the Association of Medical Superintendents of American Institutions for the Insane broadcast its view that institutionalization was essential for effective treatment. <sup>72</sup> At

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<sup>71</sup>Nathan D. Benedict to Thomas S. Kirkbride, June 21, 1851 and William M. Awl to Thomas S. Kirkbride, December 24, 1849, Kirkbride MSS, IPH.

<sup>72</sup>"Medical Association. Meeting . . . ," 257.

successive meetings, the superintendents rejected total non-restraint, expressed their faith in the utility of accurate statistical reporting, instructed general practitioners on treating the early stages of the disease, called for clarification of nosology, and encouraged post-mortem examination reports. But their real work in formulating a comprehensive program for the implementation of moral therapy resulted from a concentrated effort launched between 1851 and 1853.

In 1851, twenty-two members agreed to adopt Kirkbride's "series of Resolutions or propositions, affirming the well ascertained opinions of this body in reference to the fundamental principles which should regulate the erection and internal arrangements of American Hospitals for the Insane." <sup>73</sup> The twenty-six propositions covered every detail: location, amount of land, maximum size, water supply, building material, lay-out and size of rooms, and heating, lighting, and sanitary facilities. Nothing was left to conjecture and in the fourth proposition, alienists agreed that

no hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation. <sup>74</sup>

They wanted to assure the best possible arrangements for their colleagues to work in and for their patients to recuperate. The Association ordered the propositions to be published in all the medical journals of the country.

At the same time, a committee worked on another aspect necessary

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<sup>73</sup>"Medical Association. Meeting . . . ," 257.

<sup>74</sup>Curwen, History of the Association, p. 24.



for proper implementation of therapy -- the conduct of those in constant contact with patients. John Curwen presented a "Manual for Attendants" which the Association approved and recommended for "general adoption in American Institutions for the Insane."<sup>75</sup> Attendants were to be moral, disciplined, long-suffering, responsible and meticulous.<sup>76</sup> Although constantly in the company of patients and held responsible for anything out of order, attendants had no authority and little remuneration. Rising at dawn to greet, wash and dress patients, and to have time to clean and ventilate the corridors and rooms before the physician's visit at 8:00 o'clock, the attendants faced a similarly rigid and disciplined schedule for the rest of the day and evening. Great expectations of moral character and severe limitations on social life were required of attendants, but their superintendents believed all these restrictions essential for a successful asylum regimen and so they whole-heartedly approved of Curwen's regulations.

The final guidelines to be formulated were those on "The Organization of Hospitals." Individual resolutions on the necessity of a resident superintendent and on the desirability of keeping the insane separate from all other poor or diseased persons had passed earlier, but in 1853, the Association adopted an all-encompassing plan. The fourteen propositions

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<sup>75</sup>"Proceedings of the Seventh Annual Meeting . . . ," 67.

<sup>76</sup>Even a certain naïvete was desired in attendants. McFarland preferred untrained, raw recruits. See "Proceedings of the Fifteenth Annual Meeting . . . ," 53-60. And Ray noted that a former attendant of his who had traveled to "California, Minnesota, and Lord knows where else," had too much "experience" and that his great fault now might be "that he would be likely to know too much for an attendant, and not enough for a supervisor." Isaac Ray to Thomas S. Kirkbride, May 19, 1858, Kirkbride MSS, IPH.

established, once and for all, the duties of each asylum officer and clearly delineated the lines of authority, especially between the board of trustees and the superintendent. They advocated that boards of trustees should be composed of "individuals possessing the public confidence, distinguished for liberality, intelligence, and active benevolence, above all political influence . . . ." Trustees could appoint the superintendent, but no other officer without his consent. They could inspect the asylum and supervise its expenditures and general operation, but the superintendent was to be the chief executive officer and everyone, staff and patients, were subject to his direct authority.<sup>77</sup> So strongly did the Association feel on the subject of the superintendent's complete control of his asylum, that it ordered these propositions "to be published as the unanimous sentiments of the association . . . and it was recommended to the different superintendents to publish them . . . as an appendix to their Annual Reports, for the purpose of giving them more general publicity."<sup>78</sup>

By 1853, then, the Association had accomplished the major goals of setting the standards for the proper physical plant and establishing an efficient internal system of authority and organization in which to carry on their work. This done, the members turned their attention to other aspects of dealing with the insane. As early as 1844, they had come out against the "attempt to abandon entirely the use of all means of personal restraint."<sup>79</sup> But as the controversy over the discarding of all means

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<sup>77</sup>Curwen, History of the Association, pp. 29-31.

<sup>78</sup>"Proceedings of the Eighth Annual Meeting . . . ," 88.

<sup>79</sup>Curwen, History of the Association, p. 7.



of restraint raged in England throughout the 1840s and 1850s, American alienists responded defensively. Never advocating complete non-restraint, they justified their rejection of this theory on the grounds of their own moderate and infrequent use, differences in the nature of patients in the two countries, and variances in the American and British definitions of non-restraint. English extremists aside, American alienists believed, in the light of their own experiences and experiments, that they did what was best for their patients. <sup>80</sup>

After 1853, they concentrated more and more on the causes of insanity, on the best means for treating specific types of insanity, and on experimentation with new drugs. Papers on general mental health and hereditary dispositions provoked much discussion. The criminal insane, the periodic insane, the inebriate, and the epileptic drew equal attention. But the members never ceased to be interested in the advantages and disadvantages of chloroform, ether, hashish, opium, or even brandy punches in quieting the insane. They listened attentively to one another's experiences, raised questions, and frequently vowed to try new methods upon returning home.

If any characteristic distinguished these men, it was their seriousness of purpose. Involved in a taxing, almost impossible, job, they labored to perfect their asylums, their system of treatment, and

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<sup>80</sup>Both Robert Gardiner Hill of the Lincoln Lunatic Asylum and John Conolly of the Hanwell Asylum were initiators of non-restraint. Hill delivered a lecture on "The total abolition of personal restraint in the treatment of the insane" as early as 1838. The British were divided. Some interpreted non-restraint as non-use of mechanical devices, others thought it meant abolition of both mechanical and personal restraint. The issue was similarly misunderstood in this country and American alienists spent much time discussing both the definition and the value of such a procedure. See Jones, Lunacy, Law, and Conscience, 1744-1845, pp. 149-156 and Deutsch, The Mentally Ill in America, Chapter 11.

their Association. The topics they discussed, the difficulties they met and overcame, and the propositions they adopted attest to this seriousness. But even more outstanding was their close adherence to the Association which they believed would best promote their cause. Ninety-five men were eligible for membership before 1860: one-quarter of them attended all the meetings; one-third attended at least 75% of the meetings; and almost two-thirds attended half of the meetings. Only fifteen men never attended: of these thirteen had very short terms and the other two, James Hawthorne of California and Preston Pond of Louisiana, lived so far away that attendance was virtually impossible. Even men who no longer held superintendencies continued to attend, such as Pliny Earle, William Aul, Charles Stedman, S. H. Smith, and Henry Buel. Given the difficulties of long-distance travel and the expense, the record is phenomenal.<sup>81</sup> It bespeaks a dedication that appears far removed from the self-interest and personal ambition that seemed to motivate so many early doctors to turn from general practice to psychiatry.

Composed of dedicated professional men, the Association exercised the right of any effective professional group -- the right of sanction. Meetings were held in nine different cities and the members inspected the asylums in each. Institutions like the Pennsylvania Hospital, McLean's, Utica, Mt. Hope Institution, St. Elizabeth's, and Bloomingdale received the Association's approbation. Others did not. In 1848, upon inspecting

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<sup>81</sup>Most superintendents paid their own expenses. In 1854, however, the Association adopted a resolution that recommended that all such expenses be paid by their institutions. Copies of this were ordered to be sent to all Boards of Managers, "together with such remarks . . . urging the importance of the attendance of these meetings by all the Superintendents." See "Proceedings of the Ninth Annual Meeting . . .," 57.



the Lunatic Asylum on Blackwell's Island in New York, the members were incensed. "The arrangement for the three or four hundred pauper lunatics of this city "they declared," are far in the rear of the age, of the standard of other regions equally advanced in civilization and refinement; of the imperative demands of common justice, humanity and respect due to the image of a common Father, however much disfigured and changed." <sup>82</sup> They demanded "the abandonment . . . of those miserable apologies for insane hospitals," and tasted their first success when they again visited Blackwell's four years later. They expressed their "high gratification" at the "very marked improvement in nearly every department." <sup>83</sup>

The boards of managers in two Philadelphia institutions received admonitions also, although not such harsh ones. Approving of most of the arrangements at the Philadelphia Hospital and Lunatic Asylum at Blockley in 1851, the Association reminded the board "of its well-known opinions on the importance of providing labor, and spacious and constantly and readily accessible grounds for exercise for the Insane." <sup>84</sup> Apparently the Board heeded the warning because the only Philadelphia institution under fire in 1860 was the Almshouse. By this time the Association had become adamant about its standards and it "earnestly recommended a thorough establishment of the hospital upon the basis of the propositions

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<sup>82</sup>"Proceedings of the Third Meeting . . . ," 90-91.

<sup>83</sup>"Proceedings of the Seventh Meeting . . . ," 72.

<sup>84</sup>"Proceedings of the Sixth Annual Meeting . . . ," 91-92.

for the organization and government of institutions for the insane, already adopted and published by this Association." <sup>85</sup> Other institutions condemned, in whole or in part, were the Maryland Almshouse and the Lunatic Asylum at Lick Run in Ohio. Public remonstrances brought action. After being sanctioned by the Association, most institutions incorporated the suggestions for improvement.

Despite its self-consciousness and exclusiveness, or perhaps because of these, the Association of Medical Superintendents of American Institutions for the Insane had matured into a powerful and effective professional organization.

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<sup>85</sup>"Proceedings of the Fifteenth Annual Meeting . . . ," 72.



## CHAPTER 7

### A UNIQUE RESPONSE

On August 2, 1881, Daniel Hack Tuke, the great-grandson of the renowned founder of the York Retreat, addressed the British Medico-Psychological Association,<sup>1</sup> praising its accomplishments of forty years. But what of American progress of four decades? Tuke paid passing tribute to the Americans since some were in his audience. Mentioning half a dozen, he especially noted Thomas Kirkbride's early contributions to asylum architecture, Pliny Earle's attack on the "Cult of Curability," Luther Bell's criticism of Pinel's classifications, and Isaac Ray's "dream" of the "Good Superintendent."<sup>2</sup> All in all, however, Tuke could think of few American accomplishments. The kudos went to the Europeans and British.

British alienists had adapted quickly, extended the "humane system of treatment inaugurated nearly half a century before in England and France," and now witnessed a "large number of institutions in

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<sup>1</sup>The British Medico-Psychological Association originally had been named the Association of Medical Officers attached to Hospitals for the Insane.

<sup>2</sup>Ray fell asleep while reading Fuller's "The Holy and Profane State," in which he portrayed the ideal characteristics of the Good Merchant, the Good Judge, etc. Ray then modeled his Good Superintendent on this: "The Good Superintendent hath considered well his qualifications for the office he hath assumed, and been governed not more by a regard for his fortunes than by a hearty desire to benefit his fellow-men . . . To fix his hold on the confidence and goodwill of his patients he spareth no effort . . ." See Tuke, Chapters in the History of the Insane, pp. 462-463. This "contribution" was hardly among Ray's most significant, but Ray had died just five months before, and so Tuke used the opportunity to eulogize.

admirable working order, reflecting the greatest credit upon their superintendents." <sup>3</sup> But they had done more, they had experimented with variations of moral treatment and made breakthroughs in the etiology, nosology, pathology, and physiology of insanity. Learning from one another as well as from European innovators, British alienists had forged ahead.

American alienists had not. Early in the century, Americans had also eagerly adopted humane treatment of the insane, but their struggle for professional autonomy led them to uniformity and rigidity. Basic to this rigidity was the American Association's propositions of 1851 on the construction of hospitals, known as the Kirkbride Plan. Thomas Kirkbride, the master architect, presumed that the insane must be institutionalized and inadvertently led the Americans to their attachment to "mere bricks and mortar." He required that the hospital should "consist of a main central building with wings," "be constructed of stone or brick," and only the laundry and boiler room could be separate structures. <sup>4</sup> The superintendent was to live in the central building so that he would have immediate access to every corner of the asylum -- he would also have complete control. Accepting the Kirkbride Plan as both ideal and practical, state after state built asylums on this model, making it increasingly difficult to break the pattern. <sup>5</sup> This acceptance of one, and only one,

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<sup>3</sup>Daniel Hack Tuke, "Progress of Psychological Medicine During the Last Forty Years: 1841-1881," (Presidential Address, delivered at the Annual Meeting of the Medico-Psychological Association, August 2, 1881), as printed in Tuke, Chapters in the History of the Insane, pp. 443-501.

<sup>4</sup>See Curwen, History of the Association, pp. 24-26. The Propositions were reaffirmed in 1866.

<sup>5</sup>Asylums in states such as New Jersey, Ohio, Michigan, Illinois, Wisconsin, Kentucky, Tennessee, North Carolina, Georgia, Alabama, Louisiana, Mississippi, Texas, Iowa, Minnesota, Nebraska, Kansas, Virginia, Maryland, West Virginia, Missouri, New York, Massachusetts, Connecticut, Maine, Utah,



architectural design precluded any experimentation with other types of buildings, which, in turn, precluded experimentation with any other mode of treatment.

Alternatives existed. For decades in Gheel, Belgium, recuperating patients had lived and worked among the villagers. They were treated according to the dictates of moral treatment, but they were not institutionalized. Scottish alienists had been equally successful in establishing boarding-out and open door systems. Conolly conducted a similar experiment at Hanwell, England, in the 1830s, as did Bucknill and Needham in the 1850s and 1880s. And the British Association officially approved of the boarding-out system in 1876.<sup>6</sup> American superintendents were fully aware of these developments, but they refused to budge. For nearly four decades, they constantly reaffirmed the Kirkbride Propositions. Even in 1888, when the majority no longer approved, they did not repeal them. Instead, they hedged and simply voted not to reaffirm their 1851 resolutions.<sup>7</sup>

Acceptance of boarding-out, cottage, or colony systems implied that the patient was not totally dependent upon the superintendent, nor upon a sterile environment, and weakened the central position and authority of the superintendent. To adopt a new system would have meant that American

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and California were built according to the Kirkbride Plan. See Hurd, Institutional Care of the Insane, vol. 1, p. 206.

<sup>6</sup>Tuke, Chapters in the History of the Insane, p. 461.

<sup>7</sup>Before 1888, the asylum at Kankakee, Illinois (1879), had been built partially according to the Kirkbride Plan and partially according to the cottage system. The cottages housed at least one hundred patients a piece and thus was not a major deviation. Two others followed in 1885: Kalamazoo, Michigan, and Toledo, Ohio.

For the vote of the Association, see Hurd, Institutional Care of the Insane, vol. 1, pp. 221-222.

asylum administrators would have to renege on a long-held position: a position that seemed to work in the early years, but one that came increasingly under attack in the post-war period.

Similarly, stands taken on the issues of non-restraint and separate facilities for the chronic insane plagued the Association members for decades. Non-restraint, although creating a furor in England, was nevertheless practiced in both small and large British asylums. It seemed to be a matter of personal preference or availability of funds. In the United States it became a question of loyalty to the profession to approve of restraint even if one did not use it.<sup>8</sup>

And Americans despite constant problems in housing the chronic insane together with other patients, continued to oppose the building of separate asylums for difficult patients. Indeed, when New York approved such an asylum in 1865, the Association publicly denounced the move.<sup>9</sup> England had experimented with separation and found that it "proved successful," that the "patients do not suffer," and the "office of superintendent is not rendered unendurable."<sup>10</sup> But Americans continued to resist.

Why did they persist? Perhaps they did believe that it was nearly impossible to distinguish chronic from curable insanity and that a lifetime of mere custodial care was a deplorable fate. Yet, in fact, their

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<sup>8</sup>For instance, Thomas Kirkbride in 1857, reported no use of mechanical or personal restraint, but still felt obligated to approve it. See "Proceedings of the Twelfth Annual Meeting . . . ," 80. Also see Dain and Carlson, "Milieu Therapy in the Nineteenth Century," 287-288, for similar behavior by Joshua H. Worthington at Friends.

<sup>9</sup>The Willard Asylum received its first patients in 1869, but the Association disapproved the initial legislation of 1865.

<sup>10</sup>Tuke, Chapters in the History of the Insane, p. 461.



chronic insane were separated from those deemed curable within the asylum. Men like Kirkbride, Earle, and Ray objected to the high cost of constructing separate buildings and training large staffs. But they particularly resented interference from that "class of men (to be found in every community) whose only chance of achieving notoriety is to find fault with everybody else."<sup>11</sup> The "Old Originals" spoke so loudly that newcomers like Henry Stearns, the brilliant and far-sighted superintendent of the Hartford Retreat, could not be heard. They had long fought for professional recognition. They had won it because their system worked and they maintained the façade that it still worked.

Never really escaping the attachment to "mere bricks and mortar" and failing to adapt moral treatment to new systems of organization, American alienists not only ignored new avenues of investigation, but failed to incorporate the findings of an advancing science. Despite early interest in the physiological effects of insanity, once moral treatment and success became the mania, pathology received little attention. In 1881, Tuke could not name one American who had contributed to the science. He did overlook John Gray's experimental program in pathology at Utica in the late 1860s, but the program was short-lived and ended with its founder's death in 1886. At any rate, scientific research had become the forte of the neurologists in America. Emerging from the Civil War as a specialty, neurology quickly came to the forefront. Neurologists publicized their growing expertise and formed an influential professional organization as early as 1875. From then on, the asylum administrators were under attack. Accusations of regression, snobbery, isolationism,

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<sup>11</sup>Isaac Ray to Pliny Earle, February 18, 1872, Earle MSS, AAS.

politicking, and undue concern with budgets were common.<sup>12</sup> The battle raged in the pages of the American Journal of Insanity and the Journal of Nervous and Mental Disease (founded in 1876 by the neurologists), as well as in more public forums. But for American alienists, lack of scientific investigation stemmed from their commitment to structure, order and success. American alienists were stuck with the rigidity of their asylum system.

This inflexibility was uniquely American and American alienists knew it. When John Callender, the youngest man ever elected to the presidency of the American Association, addressed his colleagues in 1883 on nearly forty years of their history and work, he could not exude the optimism and confidence of a Daniel Hack Tuke. In an attempt to justify the significance of the Association's on-going work, he harked back to the meetings of the early 1840s. Noting that the scope of the founders' discussions "leaves little, if anything to be added after the lapse of forty years," Callender stretched the work of those early years into a vindication of the body from the "carping current in certain quarters, that its field of effort is trivial, restricted and inadequate to the object, and at most but meagrely scientific in direction."<sup>13</sup> For

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<sup>12</sup>See especially, S. Weir Mitchell, "Address Before the Fiftieth Annual Meeting of the American Medico-Psychological Association," American Journal of Nervous and Mental Disease (July, 1894), 413-437. This was a later address, but the criticisms are typical of those of the 1870s and 1880s.

<sup>13</sup>See John Callender, "History and Work of the Association of Medical Superintendents of American Institutions for the Insane -- President's Address," American Journal of Insanity 40 (July, 1883), 1-32.



every policy, Callender offered a labored defense. For instance, when discussing the Association's perennial stance against non-restraint, Callender assailed the "ignorant and prejudicial censure it has called forth from mountebanks." At a later point in the address, he became even more vehement, condemning and vilifying "so-called" reformers, ignorant and malevolent, who clamored for non-restraint and therefore "vented much objurgation against this position of the Association," and those who sought to "cast odium on institutions for the insane, and arouse popular distrust and hostility." Valid improvements in treating the insane, he reassured, would never come from the "pretentious and empirical precepts" of medical men, politicians, or "sensational pulpiteers" who invent "crude schemes" and "drool over imaginary needs for the protection of the insane." Equally adamant in defending the stance of the Association on its "brick and mortar" propositions, Callender noted that "animadversion" came only from those "who have always been quick to criticize the work of those in charge of the insane." But, he continued, "the fault is not imputable to the instructions or recommendations of this Association." The Association had continually promoted "durability, security, [and] convenience" in asylums and had admonished that "structures which shelter the whole household in ready accessibility and control of those who have been in charge," were essential, despite strong criticism.

On and on, Callender flayed, defending the Association against the charge of "illiberal exclusiveness;" denying that it was a "mere self-protecting guild;" rejecting the charge that the Association was "perfunctory in character," that it offered valueless suggestions, that it ignored the "behests of advancing society" and remained "wedded to obsolete ideas and methods." Sprinkled throughout his defense were the real villains:

general practitioners, self-styled reformers, lawyers who adhered to "ancient forms and hoary ideas," and journalists with "rank appetite [s] for sensations." Never was the Association at fault.

Long before, American alienists had realized the advancement of their science, as well as their own careers, depended upon their strong professional organization. From 1844 to 1860, the membership of the Association of Medical Superintendents of American Institutions for the Insane was made up of doctors who had sought alternatives to general medicine because, in part, they had faced stiff competition. As late as 1860, the lack of quality control and the resultant crowding of the medical profession still plagued many and forced them to seek alternatives. Leander Firestone, an Ohio surgeon and gynecologist who had worked his way through medical school and opened an office before graduating, gladly accepted the superintendency of an asylum, and later remonstrated that many doctors experienced problems because the "profession is positively crowded. Every little village and every 'cross-roads' can boast of a doctor." Not only that, but "some are good, some indifferent, and some notoriously bad . . . and the people . . . are in doubt who is the best qualified, who to employ."<sup>14</sup> Therefore, twice in his medical career, Firestone turned to asylum administration. Firestone was not alone, earlier alienists had experienced the same problems.

Not all were motivated solely by economic concerns, and even if some were, once settled in asylum administration, a deep abiding concern

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<sup>14</sup>See Leander Firestone, Valedictory Address delivered before the Ohio State Medical Society, June 13th, 1860 (Columbus: Follett, Foster and Company, 1860), p. 14 and Commemorative Biographical Record of Wayne County, Ohio (Chicago: J. H. Beers & Co., 1889), pp. 358-370. Firestone served at Cleveland, 1853-1856 and at Columbus, 1878-1881.



for the best interests of their patients emerged, although in many cases it is difficult to tell which occurred first. As a youth, Samuel Woodward had expressed admiration for those who "assist the wretched and miserable of the human race," and the sympathies of men like Eli Todd and Pliny Earle moved in the same direction because family members suffered insanity. Others adopted the spirit as they worked in the field: for example, William Awl in 1838 hoped to "live through" his superintendency; four years later he referred to it as a "plaguy craft;" but by the time he retired he regretted having to withdraw from his co-laborers in the "great enterprise of science and benevolence."<sup>15</sup>

Their ability to help the insane, and themselves, had rested upon their ability to convince the public of the efficacy of their work. An obvious way to accomplish this was to demonstrate success, and so alienists had adopted "scientific" statistical reporting to illustrate their skill. Their optimism had been contagious and legislatures had allocated great sums of money for building asylums. Immediately questions had arisen: architectural, administrative, and regulatory. Everyone had an answer: legislators, reformers, and general practitioners. The business of treating the insane, however, was the business of asylum administrators and so these men had organized their profession to control their working environment. Launching a concerted, conscious effort to improve the treatment of the insane: power, influence and recognition was theirs by the late 1850s. But the years of fighting the battles of institutionalization, moral

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<sup>15</sup>William M. Awl to Samuel B. Woodward, September 5, 1838 and April 18, 1842, Woodward MSS, AAS, and to Thomas S. Kirkbride, April 7, 1851, Kirkbride MSS, IPH.

treatment, administrative authority, public recognition, and professional autonomy had led the alienists, bit by bit, into unwavering loyalty to the dictates of their Association. Thus American alienists became inflexible in supporting the institutional guardian of their success.

By 1883, the Association exhibited a siege mentality. Referring to the Association's stand on the lines of authority in asylums, Callender unwittingly revealed a deeper feeling about the position of American alienists. He likened the asylum to a "military camp" and a "man-of-war," needing "rigid observation of regulation and discipline," and closed his address with an apology because its tone appeared "defensive and vindictory."<sup>16</sup>

Although American alienists were indeed inflexible by the 1880s, their position was different from that of the English. In England, Parliament had taken on the task of establishing standards for the treatment of the insane, while in America Congress had not. Thus American alienists had fought the battle alone. They had reformed the old system, introduced humane care, and convinced everyone, for a time, that their system was ideal. If in doing so they left Americans the legacy of an inadequate institutional system and retarded the development of half-way houses and milieu therapy, it was predictable short-sightedness.

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<sup>16</sup>Callender's address appeared as the lead article in the July, 1883 issue of the American Journal of Insanity. Significantly, the next article was entitled "Public Complaints against Asylums for the Insane and the Commitment of the Insane," in which John Chapin, superintendent of the Willard Asylum, complained: "So frequent, causeless, undeserved and unexpected, have been the attacks upon the asylums for the insane, and those connected with them, that it has, probably, been the personal experience of some here present to enjoy a momentary sensation of relief after gleaning the morning papers to find they have not been publicly charged with the commission of some grave offenses; or, during a session of the legislature that no inimical measure has been proposed."



## APPENDIX A: The State of the Professions, Methodology.

Medical historians have generalized about the problems of doctors in antebellum America, but in the absence of hard data, especially on incomes, the picture is difficult to verify. The crucial question is, did doctors before 1820 have a different experience from those of the later decades? And if they did, was this simply a reflection of the experiences of professional men in general, or was there something unique about the experiences of doctors?

To attempt to answer these questions, I studied the graduates of six New England colleges between 1800 and 1850. I selected twenty percent (2405) of the total number of graduates and made allowance for the proportionate size of the colleges, so that I studied 31% of Yale's 3733 graduates; 24% of Harvard's 2879; 17% of Dartmouth's 2037; 12% of Brown's 1427; 9% of Bowdoin's 1068; and 7% of Middlebury's 880 graduates. In order to avoid bias in selection, I used a random number table.

Admittedly, the results of my study initially appear skewed because I only selected college graduates. First, of the men who make up the major focus of this study -- the alienists -- fifty-four percent were college graduates and 93% were medical school graduates. Second, studies have already been made of less educationally-elite professional groups which generally support the results of my study: Barnes Riznik studied rural New England doctors; Clark Elliott, antebellum scientists; Daniel Calhoun, ministers; and Gary Nash, lawyers. Finally, I assumed that the experiences of the elite of the professions would be reflected in the experiences of the less well-prepared.

Relying largely on information in historical catalogues published by the colleges, I gathered data that could then be fed into a computer program, specifically the Statistical Package for the Social Sciences (SPSS).<sup>1</sup> Of my 2405 cases, only 1297 remained when the computer selected according to professional entry decade. To test the validity of this somewhat limited sample, I ran a program according to birth decade, i.e., I assumed that men born in the 1800s generally entered professional life in the 1820s, those born in the 1810s entered in the 1830s, etc. This second broader study yielded usable data for 97% of the cases. Since the trends in both statistical breakdowns were similar, I chose to use the more accurate category of professional entry decade.

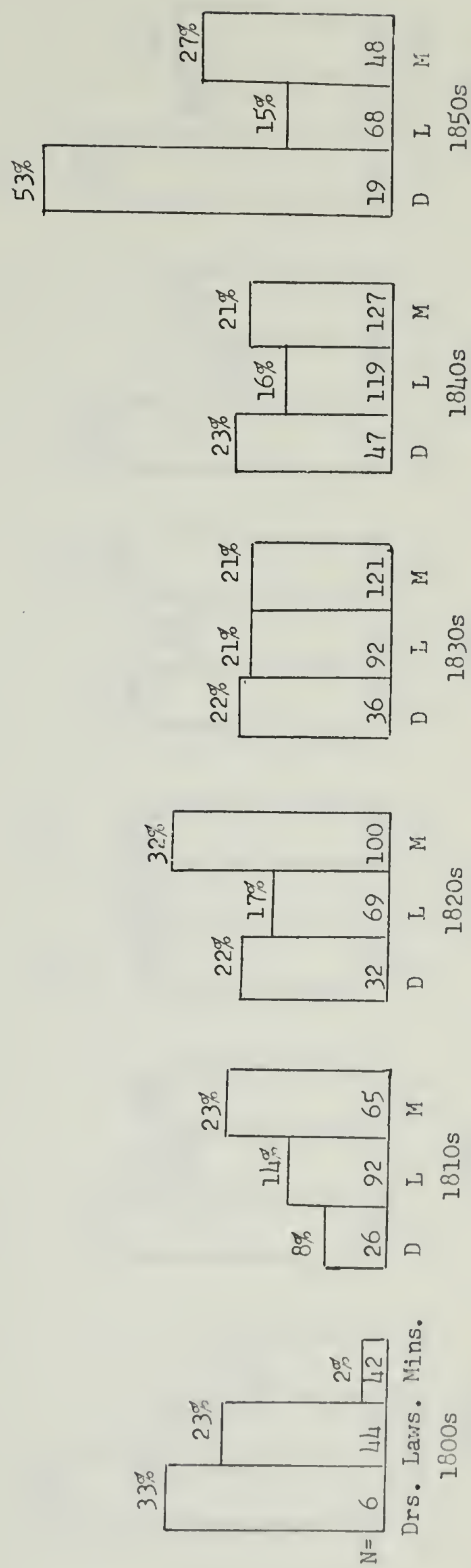
I have used the results of this study throughout this dissertation in presenting my view of the professions in general, but especially in my conclusions about the state of the medical profession in antebellum America. More complete results are presented in the following graphs and tables.

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<sup>1</sup>Norman Nie, Dale H. Bent, and C. Hadlai Hull, SPSS: Statistical Package for the Social Sciences (New York: McGraw-Hill Book Company, 1970).

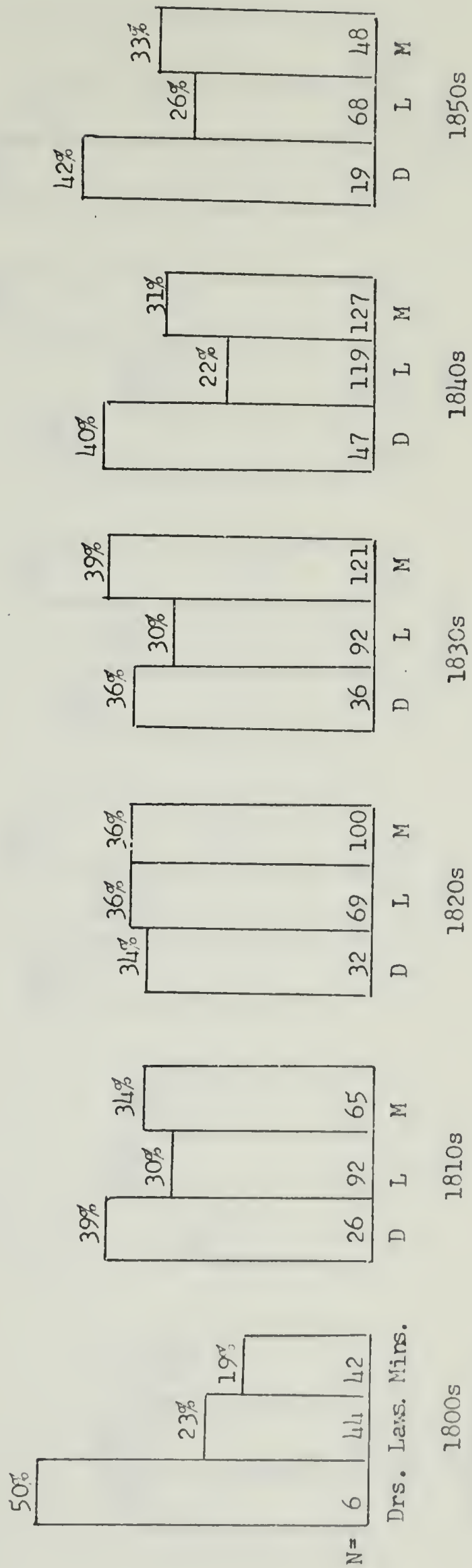


Graph 9. Professional Men Who Abandoned Their Practices Within Ten Years.



Drs. Laws. Mins.  
1800s  
(Professional  
entry decade)

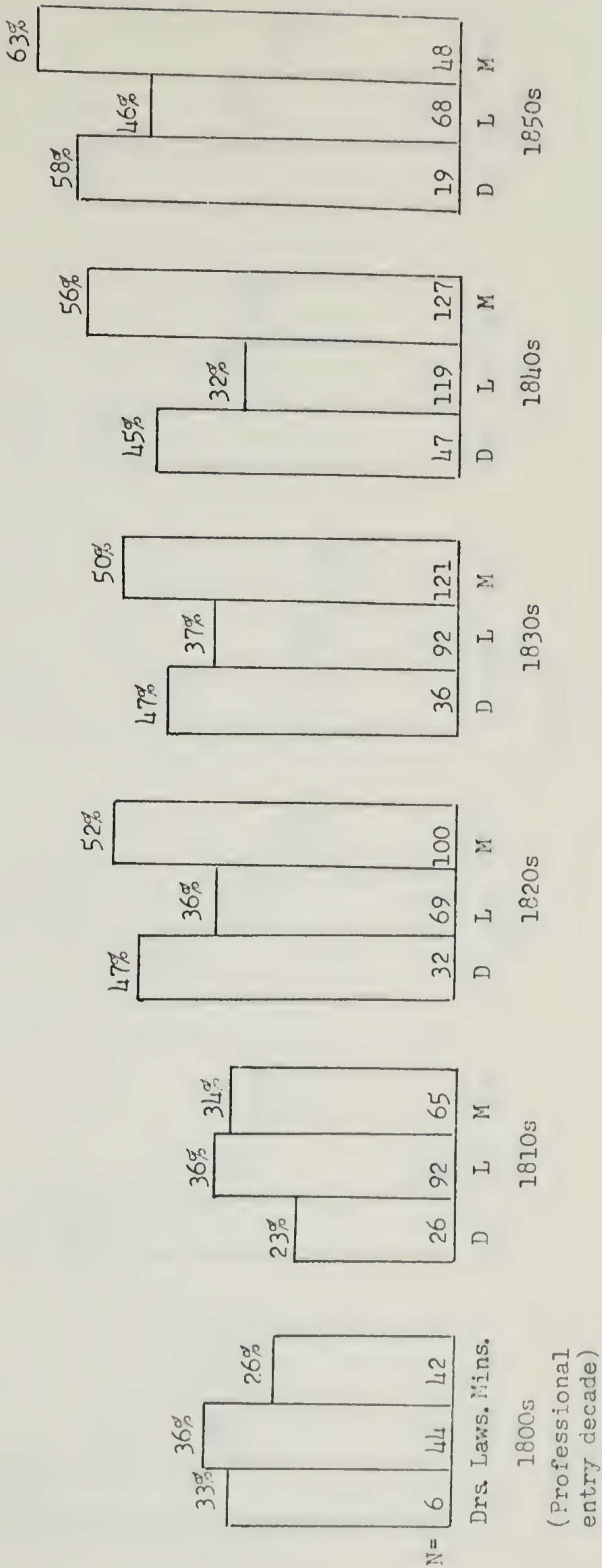
Graph 10. Professional Men Who Left Their Professions Temporarily before Normal Retirement Age.



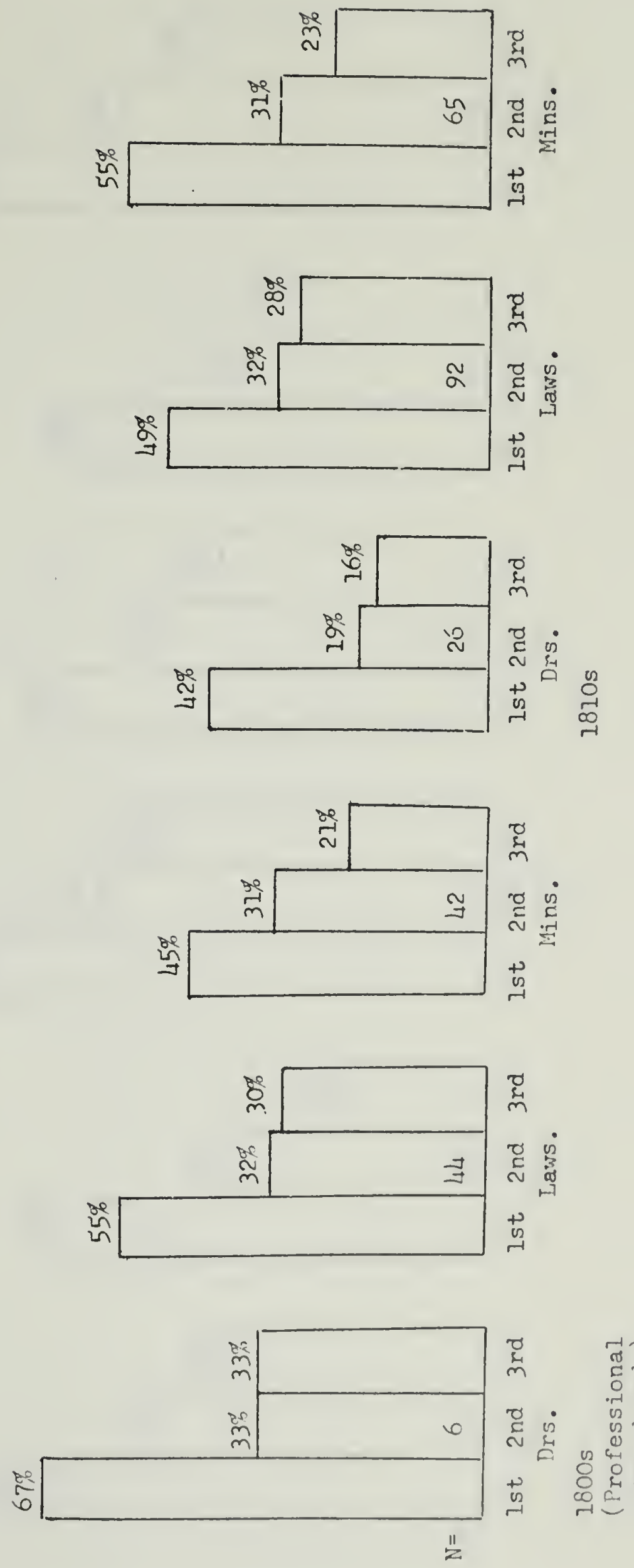
(Professional  
entry decade)



Graph 11. Professional Men Who Failed to Establish a Long-term Practice in a Single Locality.

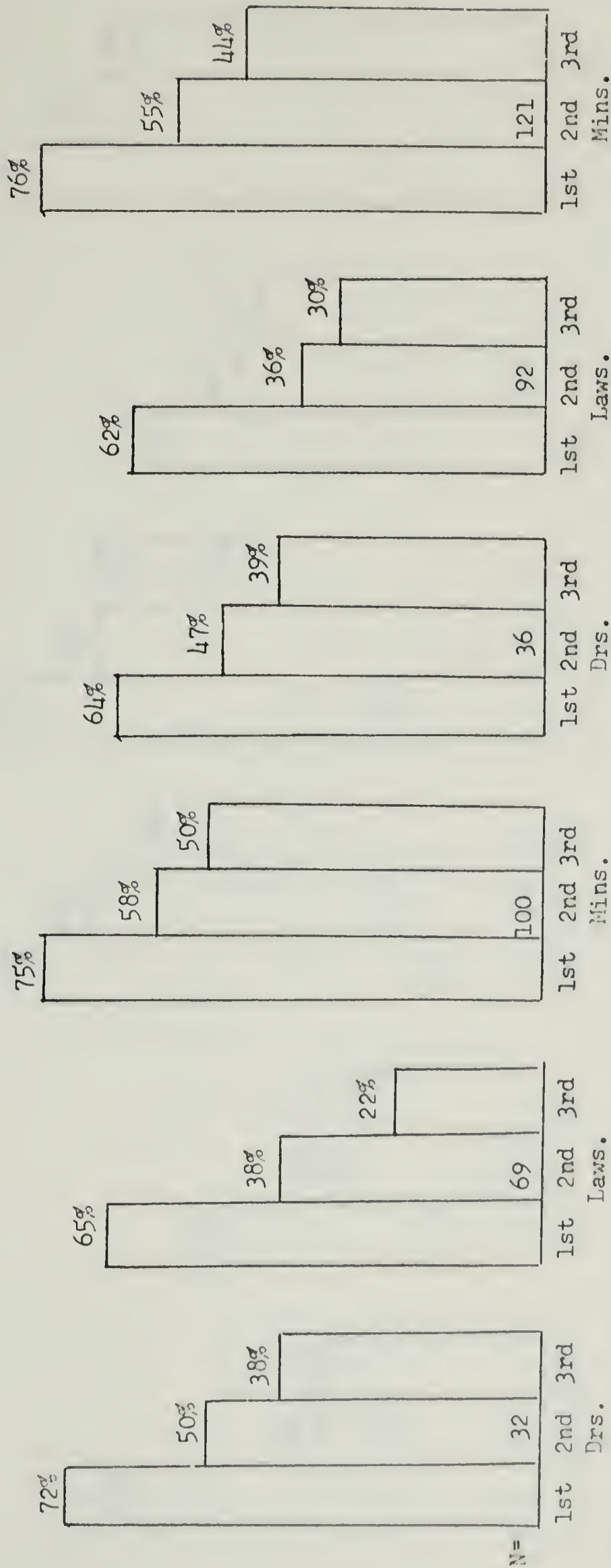


Graph 12. Professional Men Who Failed to Establish a Long-term Practice on Their First, Second and Third Attempts.





Graph 12 (cont.)

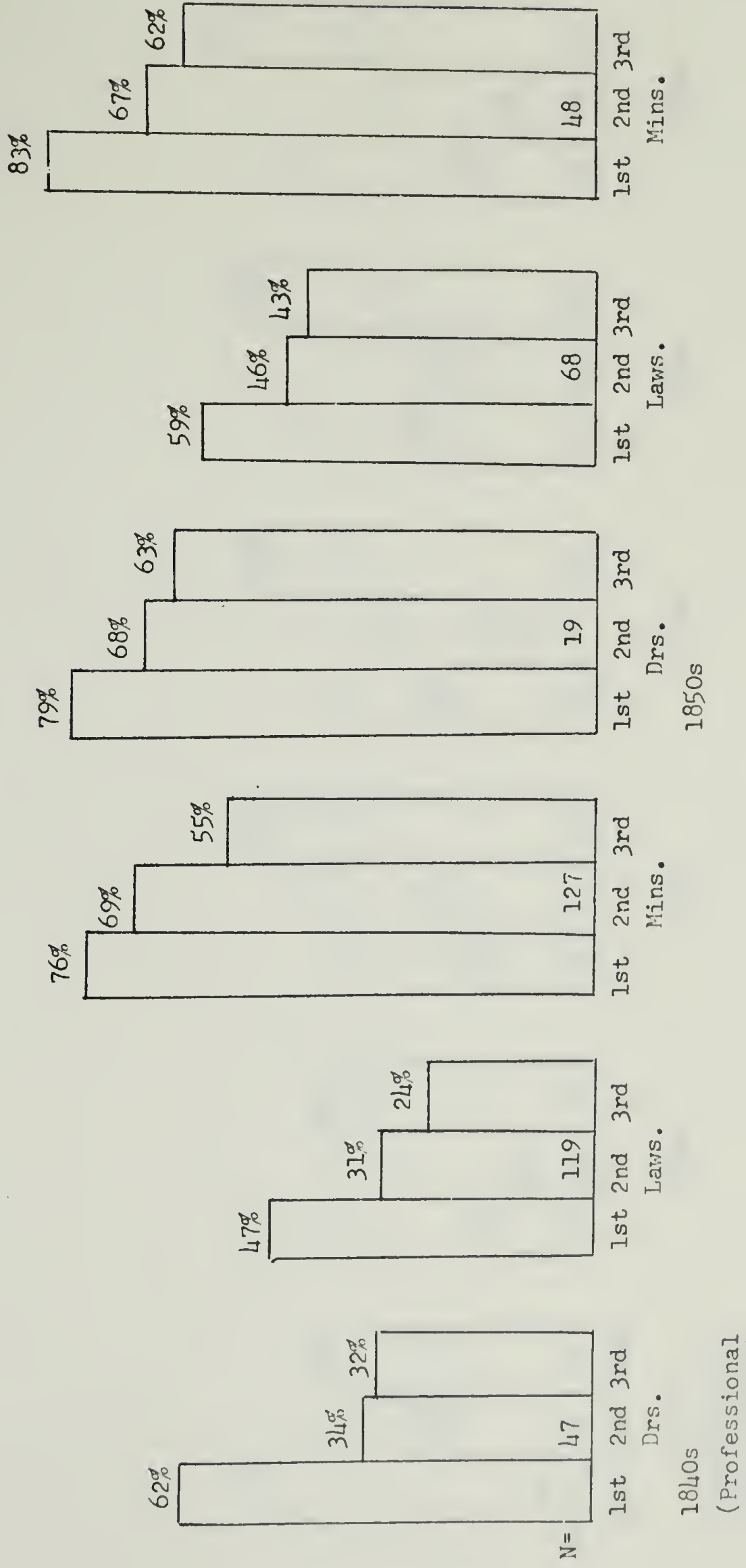


1820s

(Professional entry decade)

1830s

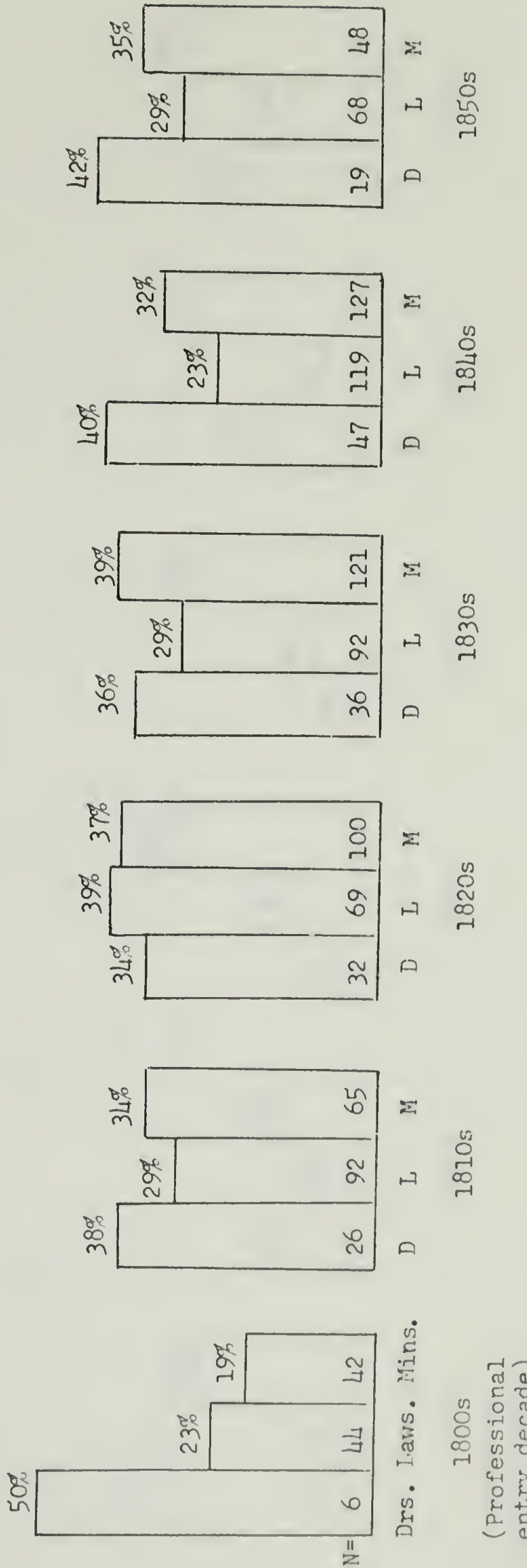
Graph 12 (cont.)







Graph 14. Professional Men Who had Practiced Other Professions at Some Time.





Graph 15. Professional Men "Unemployed" for More Than One Year.

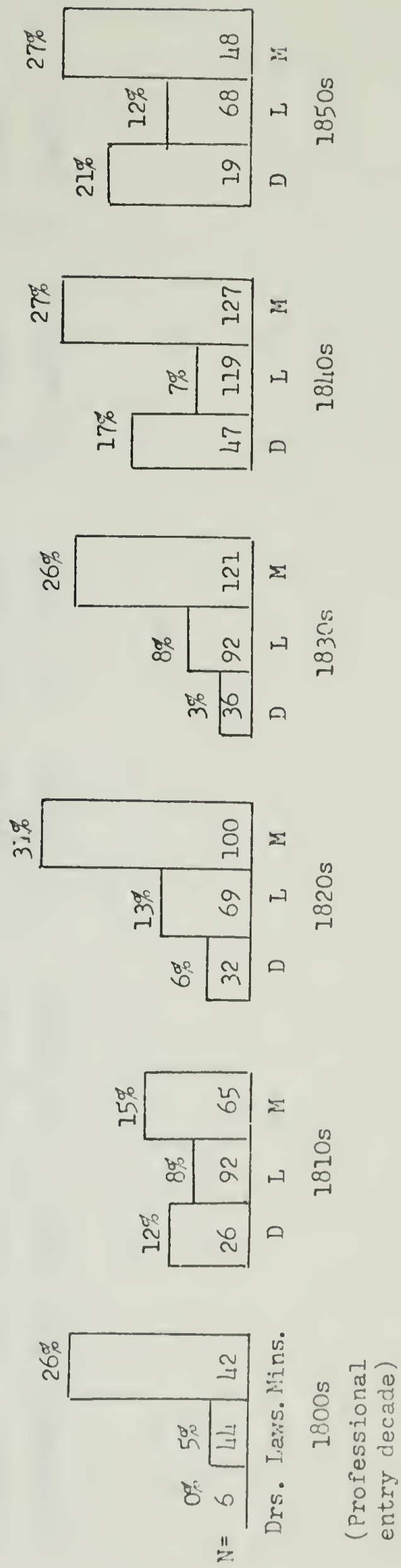


Table 6. Average Time Spent in Preparation for Professional Career. (In years)

	1800s	1810s	1820s	1830s	1840s	1850s
Doctors	3.2 (N= 6)	3.7 (N=25)	4.9 (N=32)	4.7 (N= 35)	4.1 (N= 46)	5.2 (N=18)
Lawyers	3.3 (N=38)	4.1 (N=88)	4.0 (N=63)	3.4 (N= 88)	3.5 (N=113)	4.5 (N=64)
Ministers	3.6 (N=40)	4.8 (N=65)	5.3 (N=96)	5.3 (N=116)	5.6 (N=121)	5.8 (N=43)

Table 7. Lapse of Time between Start of Profession and Marriage. (In years)

	1800s	1810s	1820s	1830s	1840s	1850s
Doctor	3.8 (N= 4)	5.6 (N=13)	5.7 (N=22)	5.2 (N=13)	4.9 (N=22)	2.8 (N= 9)
Lawyers	4.4 (N=22)	6.9 (N=50)	5.7 (N=33)	5.2 (N=45)	5.0 (N=53)	5.3 (N=30)
Ministers	2.0 (N=22)	2.7 (N=35)	3.4 (N=50)	3.3 (N=43)	2.6 (N=45)	4.6 (N=20)



Table 8. Average Age at Marriage.

	1800s	1810s	1820s	1830s	1840s	1850s
Doctors	24.3 (N= 3)	28.0 (N=14)	28.2 (N=20)	30.3 (N=13)	29.7 (N=23)	28.2 (N=11)
Lawyers	27.2 (N=26)	29.0 (N=53)	29.4 (N=29)	28.9 (N=44)	29.2 (N=51)	29.4 (N=34)
Ministers	27.8 (N=24)	29.0 (N=37)	30.7 (N=53)	29.4 (N=51)	29.7 (N=61)	29.5 (N=21)

Table 9. Ratio of Doctors to Population in Twenty-eight Selected Communities.

	1820s	1830s	1840s	1850s
Augusta, Me.	---	---	---	1:821
Fryeburg	1:264	1:677	1:768	---
Portland	1:999	1:663	---	---
Concord, N.H.	---	1:675	1:625	---
Jaffrey	1:1339	1:677	1:1411	---
Boston, Mass.	1:676	1:758	1:841	---
Cambridge	---	---	1:1086	---
Dorchester	---	---	1:1167	---
Gardner	1:456	1:512	1:1260	---
Lancaster	1:310	1:403	1:505	---
Leicester	1:626	1:594	1:569	---
Roxbury	---	---	1:505	---
Sturbridge	1:1633	1:1688	1:1003	---
Worcester	1:494	1:417	1:625	---
Canaan, Ct.	1:1166	1:460	1:361	---
Litchfield	1:355	1:203	1:252	---
Hartford	1:405	1:569	1:591	---
Sharon	1:429	1:523	1:344	---
Torrington	1:290	1:826	1:569	---
Auburn, New York	---	---	---	1:455
Philadelphia, Penn.	---	1:822	---	1:835
Columbus, Ohio	---	---	1:559	---
Lexington, Ky.	---	1:254	---	1:414
Louisville	---	1:355	---	---
Nashville, Tenn.	---	---	---	1:249
Richmond, Va.	1:549	---	1:300	---
Mobile, Ala.	---	1:949	---	---
Jackson, Miss.	---	---	---	1:375



Table 10. Doctor-population Ratios for Communities in which Future Alienists were Practicing.

Rural communities:

Columbus, Ga.	1:128	William S. Chipley
Spartanburg, S.C.	1:200	John W. Parker
Londonderry, N.H.	1:272	Luther V. Bell
Durham, Ct.	1:279	William H. Rockwell
Staunton, Va.	1:400	Francis T. Stribling
Worcester, Mass.	1:417	John S. Butler
		George Chandler
Sharon, Ct.	1:434	Horace A. Buttolph
St. Johnsbury, Vt.	1:467	Jesse P. Bancroft
Chelmsford, Mass.	1:469	Rufus Wyman
Pepperell, Mass.	1:495	Nehemiah Cutter
Columbus, Ohio	1:559	William M. Aul
Norridgewock, Me.	1:559	James Bates
Northfield, Mass.	1:585	Edward Jarvis
Wethersfield, Ct.	1:651	Samuel B. Woodward
Hudson, N.Y.	1:896	Samuel White
Canaan, Ct.	1:1166	Amariah Brigham

Urban communities:

Nashville, Tenn.	1:249	John McNairy
Richmond, Va.	1:300	Edward C. Fisher
Louisville, Ky.	1:355	James C. Hawthorne
Lexington, Ky.	1:414	John R. Allen
		William S. Chipley
Philadelphia, Pa.	1:835	Nathan D. Benedict
		John Curwen
		Thomas S. Kirkbride
Boston, Mass.	1:841	Charles H. Stedman
		Clement Walker
Mobile, Ala.	1:949	William Stokes
Portland, Me.	1:999	Isaac Ray

# APPENDIX B: List of American Alienists.

## Career Asylum Administrators:

John R. Allen	Lexington, Ky.	Supt.	1843-54
James S. Athon	Indianapolis, Ind.	Supt.	1853-61
William M. Ayl	Columbus, Ohio	Supt.	1838-51
Jesse P. Bancroft	Concord, N.H.	Supt.	1857-82
J. D. Barkdull	Jackson, La.	Supt.	1857-65
John W. Barstow	Sanford's Flushing, N.Y.	Supt. (Private)	1854-74
James Bates	Augusta, Me.	Supt.	1845-51
Luther V. Bell	McLean's Charlestown, Mass.	Supt.	1836-56
Merrick Bemis	Worcester, Mass.	Asst.	1848-55
Nathan D. Benedict	Philadelphia Almshouse	Supt.	1856-72
Chauncey Booth	Utica, N.Y.	Med. Supt.	1846-49
	Brattleboro, Vt.	Supt.	1849-54
	Augusta, Me.	Asst.	1837-40
	McLean's Charlestown, Mass.	Asst.	1840-43
Amariah Brigham	Hartford Retreat, Ct.	Asst.	1843-56
David Tilden Brown	Utica, N.Y.	Supt.	1856-57
	Blackwells Island, N.Y.	Supt.	1840-42
	Brattleboro, Vt.	Supt.	1842-49
	Utica, N.Y.	Med. Officer	1844
	Bloomington, N.Y.	Asst.	1845-46
Peter Bryce	Columbia, S.C.	Asst.	1846-47
	Trenton, N.J.	Supt.	1852-77
	Mobile, Ala.	Asst.	1859-60
Henry W. Buel	Sanford's Flushing, N.Y.	Asst.	1860
	Spring Hill	Supt.	1860-92
	Litchfield, Ct.	Supt. (Private)	1849-54
John S. Butler	South Boston, Mass.	Supt. (Private)	1854-93
	Hartford Retreat, Ct.	Supt.	1839-42
Horace A. Buttolph	Utica, N.Y.	Supt.	1843-73
	Trenton, N.J.	Asst.	1842-47
	Morristown, N.J.	Supt.	1847-76
Henry F. Carriel	Trenton, N.J.	Supt.	1876-85
	Jacksonville, Ill.	Asst.	1858-69
George Chandler	Worcester, Mass.	Supt.	1870-93
	Concord, N.H.	Asst.	1834-42
	Worcester, Mass.	Supt.	1842-45
Edward R. Chapin	Augusta, Me.	Supt.	1846-56
	Brattleboro, Vt.	Asst.	1843
	Kings County, N.Y.	Asst.	1843
William Cheatham	Nashville, Tenn.	Supt.	1855-57
		Supt.	1857-73
		Supt.	1852-62

William S. Chipley	Lexington, Ky.	Supt.	1855-70
	Cincinnati, Ohio	Supt.	1875-80
George C. S. Choate	Taunton, Mass.	Supt.	1855-70
Joseph M. Cleaveland	Utica, N.Y.	Asst.	1857-67
	Hudson River, N.Y.	Supt.	1867-93
George Cook	Utica, N.Y.	Asst.	1848-54
	Brigham Hall		
	Canandaigua, N.Y.	Supt. (Private)	1855-76
John Curwen	Pennsylvania Hospital		
	Philadelphia, Penn.	Asst.	1844-49
	Harrisburg, Penn.	Supt.	1851-81
	Warren, Penn.	Supt.	1881-00
Nehemiah Cutter	Pepperell, Mass.	Supt. (Private)	1834-53
Pliny Earle	Friends		
	Frankford, Penn.	Res. Phys.	1840-44
	Bloomington, N.Y.	Supt.	1844-49
	Northampton, Mass.	Supt.	1864-85
Leander Firestone	Cleveland, Ohio	Supt.	1853-56
	Columbus, Ohio	Supt.	1878-81
Edward C. Fisher	Staunton, Va.	Asst.	1850-51
	Raleigh, N.C.	Supt.	1853-68
	Staunton, Va.	Asst.	1871-81
			1884-90
William Fisher	Baltimore, Md.	Res. Phys.	1836-46
John Fonerden	Baltimore, Md.	Supt.	1846-69
Silas Fuller	Hartford Retreat, Ct.	Supt.	1834-40
John M. Galt	Williamsburg, Va.	Supt.	1841-62
John P. Gray	Utica, N.Y.	Asst.	1850-54
		Supt.	1854-86
Thomas F. Green	Milledgeville, Ga.	Supt.	1846-79
Richard Gundry	Columbus, Ohio	Asst.	1855-56
	Dayton, Ohio	Asst.	1857-61
		Supt.	1861-72
	Athens, Ohio	Supt.	1872-77
	Columbus, Ohio	Supt.	1877-78
	Baltimore, Md.	Supt.	1878-91
Henry M. Harlow	Brattleboro, Vt.	Asst.	1844
	Augusta, Me.	Asst.	1845-50
		Supt.	1850-83
James C. Hawthorne	Portland, Ore.	Supt.	1858-78
J. M. Higgins	Jacksonville, Ill.	Supt.	1848-53
R. Hills	Columbus, Ohio	Supt.	1856-64
	Weston, W. Va.	Supt.	1864-71
R. C. Hopkins	Columbus, Ohio	Asst.	1844-48
	Cleveland, Ohio	Supt.	1856-57
T. M. Ingraham	Kings County, N.Y.	Supt.	pre- 55
Edward Jarvis	Dorchester, Mass.	Supt. (Private)	1845-84
Robert Kells	Jackson, Miss.	Supt.	1859-66
Oscar C. Kendrick	Columbus, Ohio	Asst.	1852-54
	Cleveland, Ohio	Supt.	1858-64



Thomas S. Kirkbride	Friends Frankford, Penn.	Res. Phys.	1832-33
	Pennsylvania Hospital Philadelphia, Penn.	Supt.	1840-83
Oliver M. Langdon	Lick Run, Ohio	Phys.	1848-56
	Longview, Ohio	Supt.	1859-70
J. Edwards Lee	Utica, N.Y.	Asst.	1847-48
	Pennsylvania Hospital Philadelphia, Penn.	Asst.	1851-56
	Madison, Wisc.	Supt.	1859-60
	Pennsylvania Hospital Philadelphia, Penn.	Asst.	1862-68
James Macdonald	Bloomington, N.Y.	Res. Phys.	1825-30
		Supt.	1831-37
	Sanford's Flushing, N.Y.	Supt. (Private)	1841-49
Andrew McFarland	Concord, N.H.	Supt.	1845-52
	Jacksonville, Ill.	Supt.	1854-70
	Oak Lawn, Ill.	Supt. (Private)	1870-91
J. J. McIlhenny	Dayton, Ohio	Supt.	1856-62
John S. McNairy	Nashville, Tenn.	Supt.	1843-49
Edward Mead	Chicago, Ill.	Supt. (Private)	1847-51
	Cincinnati, Ohio	Supt. (Private)	1852-69
	Winchester, Mass.	Supt. (Private)	1872
	Roxbury, Mass.	Supt. (Private)	1873
Charles H. Nichols	Utica, N.Y.	Asst.	1848-49
	Bloomington, N.Y.	Supt.	1849-52
	St. Elizabeth's, D.C.	Supt.	1852-77
	Bloomington, N.Y.	Supt.	1877-89
Benjamin Ogden	Bloomington, N.Y.	Res. Phys.	1837-39
	Sanford's Flushing, N.Y.	Supt. (Private)	1852-60
John W. Parker	Columbia, S.C.	Supt.	1836-70
		Asst.	1876-82
Richard J. Patterson	Columbus, Ohio	Asst.	1842-47
	Indianapolis, Ind.	Supt.	1847-53
	Mt. Pleasant, Iowa	Supt.	1860-65
Preston Pond	Jackson, La.	Supt.	1848-55
William H. Prince	Northampton, Mass.	Supt.	1858-64
Mark H. Ranney	Butler Providence, R.I.	Asst.	1849-54
	McLean's Charlestown, Mass.	Asst.	1854-65
	Mt. Pleasant, Iowa	Supt.	1865-73
	Madison, Wisc.	Supt.	1873-74
	Mt. Pleasant, Iowa	Supt.	1875-82
Moses Ranney	Blackwells Island, N.Y.	Supt.	1848-64
Isaac Ray	Augusta, Me.	Supt.	1841-45
	Butler Providence, R.I.	Supt.	1845-66
Joseph A. Reed	Dixmont, Penn.	Supt.	1857-84
William H. Rockwell	Hartford Retreat, Ct.	Asst.	1827-36
	Brattleboro, Vt.	Supt.	1836-73

John Sawyer	Butler		
	Providence, R.I.	Asst.	1858-59
	Madison, Wisc.	Asst.	1861-67
Samuel H. Smith	Butler		
	Providence, R.I.	Supt.	1867-85
	Columbus, Ohio	Asst.	1840-43
Turner R. H. Smith	Fulton, Mo.	Supt.	1850-52
	St. Louis, Mo.	Supt.	1851-65
Charles H. Stedman	Fulton, Mo.	Supt.	1872-73
Richard S. Steuart	South Boston, Mass.	Supt.	1873-85
	Baltimore, Md.	Supt.	1842-51
William H. Stokes	Baltimore, Md.	Pres. Bd.	1828-62
	Mt. Hope	Supt.	1869-76
	Baltimore, Md.	Res. Phys.	1834-35
Francis T. Stribling	Staunton, Va.	Supt.	1842-87
Edward Taylor	Friends	Supt.	1855-74
Eli Todd	Frankford, Penn.	Supt.	1823-32
John E. Tyler	Hartford Retreat, Ct.	Supt.	1824-33
	Concord, N.H.	Supt.	1852-57
	McLean's		
Charles E. Van Anden	Charlestown, Mass.	Supt.	1858-71
	Auburn, N.Y.	Asst.	1859-62
Edwin H. Van Deusen	Utica, N.Y.	Supt.	1862-70
	Kalamazoo, Mich.	Asst.	1853-58
Clement A. Walker	South Boston, Mass.	Supt.	1858-78
George H. White	Hudson, N.Y.	Supt.	1851-81
Samuel White	Hudson, N.Y.	Supt. (Private)	1845-?
Samuel B. Woodward	Worcester, Mass.	Supt. (Private)	1830-45
Joshua H. Worthington	Friends	Supt.	1832-46
	Frankford, Penn.	Res. Phys.	1842-50
		Supt.	1850-77
Rufus Wyman	McLean's		
	Charlestown, Mass.	Supt.	1818-35

## Short-term Asylum Administrators:

Samuel Annan	Hopkinsville, Ky.	Supt.	1854-58
W. D. Aylett	Stockton, Calif.	Supt.	1857-61
Robert B. Baiseley	Kings County, N.Y.	Supt.	1855-56
E. S. Blanchard	Kings County, N.Y.	Supt.	1855
Francis Bullock	Kings County, N.Y.	Supt.	1850-53
A. B. Campbell	Blockleys Philadelphia, Penn.	Supt.	1854-55 1856-57
Joshua P. Clements	Dayton, Ohio	Supt.	1856
	Brattleboro, Vt.	Asst.	1856-58
David Cooper	Milledgeville, Ga.	Supt.	1843-46
George E. Eels	Columbus, Ohio	Supt.	1854-56
John Evans	Indianapolis, Ind.	Supt.	1845-48
William S. Haines	Blockleys Philadelphia, Penn.	Supt.	1850-53
Edward Hall	Auburn, N.Y.	Supt.	1858-62
Elijah Kendrick	Columbus, Ohio	Supt.	1852-54
Cyrus Knapp	Augusta, Me.	Supt.	1840
Jacob Laisy	Cleveland, Ohio	Supt.	1857
Samuel Langdon	Stockton, Calif.	Supt.	1856
W. S. Langley	Jackson, Miss.	Supt.	1855-57
John V. Lansing	Kings County, N.Y.	Supt.	1856-58
Thomas G. Lee	Hartford Retreat, Ct. McLean's Charlestown, Mass.	Asst.  Asst.	1832-34  1834-35 1835-36
James McClintock	Blockleys Philadelphia, Penn.	Supt.	1857-58
G. Meyberry	Jackson, La.	Supt.	1855-57
F. G. Montgomery	Hopkinsville, Ky.	Supt.	1858-62
William Mount	Hamilton County, Ohio	Supt.	1857-59
Edward C. Power	Jackson, La.	Supt.	1853-54
J. J. Quinn	Hamilton County, Ohio	Supt.	1853-56
Robert Reid	Stockton, Calif.	Supt.	1853-56
W. H. Selby	Jackson, La.	Supt.	1848
R. K. Smith	Blockleys Philadelphia, Penn.	Supt.	1855-56 1858-59
Joseph D. Stewart	Blockleys Philadelphia, Penn.	Supt.	1853-54
W. B. Williamson	Jackson, Miss.	Supt.	1857-59
Martin E. Winchell	Kings County, N.Y. Trenton, N.J.	Supt. Asst.	pre- 55 1855
John S. Young	Nashville, Tenn.	Supt.	1849-52



## Assistant Superintendents:

Robert H. Awl	Columbus, Ohio	1848-50
Henry F. Barnes	Indianapolis, Ind.	1858-61
C. K. Bartlett	Northampton, Mass.	1859-69
Guy C. Bayley	Bloomington, N.Y.	1830-32
H. H. Bethshares	Nashville, Tenn.	1852-62
John Blackmer	Augusta, Me.	1859-60
Henry M. Booth	Brattleboro, Vt.	1845-46
		1854-56
Daniel Brooks	Hartford Retreat, Ct.	post-36
G. M. Buffum	Brattleboro, Vt.	1858-59
J. B. Chapin	Utica, N.Y.	1854-57
B. W. Chase	Brattleboro, Vt.	1853-54
Charles Corey, Jr.	Bloomington, N.Y.	1857-65
Charles F. Cornett	Jacksonville, Ill.	1854-59
Jacob Cuttin	Brattleboro, Vt.	1855
T. V. L. Davis	Staunton, Va.	1858-63
William R. DeWitt	Harrisburg, Penn.	1851-?
Charles Disney	Columbus, Ohio	1853-54
John M. Dunlap	Indianapolis, Ind.	1858-63
J. B. Elliot	Trenton, N.J.	1851-55
Thomas B. Elliott	Indianapolis, Ind.	1851-56
D. L. Ely	Columbus, Ohio	1856-63
Charles Evans	Friends	
	Frankford, Penn.	1832-51
John Favill	Mendota, Wisc.	1860
John Fox	McLean's	
	Charlestown, Mass.	1839-43
William Freeland	Hopkinsville, Ky.	1858-59
D. Fuller	Dixmont, Penn.	1857-64
Richard H. Gambrill	Staunton, Va.	1842-58
		1863-65
Robert A. Given	Pennsylvania Hospital	
	Philadelphia, Penn.	1842-44
William H. Hamilton	Staunton, Va.	1851-81
		1884
S. W. Hart	Hartford Retreat, Ct.	post-36
Edward Hartshorne	Pennsylvania Hospital	
	Philadelphia, Penn.	1841
Thomas E. Hatch	Worcester, Mass.	post-42
W. S. Headly	Utica, N.Y.	1852-54
Charles Hodge, Jr.	Trenton, N.J.	1857-58
Francis A. Holman	Brattleboro, Vt.	1846-50
H. K. Jones	Jacksonville, Ill.	1851-52
S. Preston Jones	St. Elizabeth's, D.C.	1858-59
	Pennsylvania Hospital	
	Philadelphia, Penn.	1859-84

Asa P. Kenny	Jacksonville, Ill.	1860-64
John R. Lee	McLean's	
	Charlestown, Mass.	1837-39
	Worcester, Mass.	post-42
William S. Longshore	Pennsylvania Hospital	
	Philadelphia, Penn.	1860-62
Oliver S. Lovejoy	Brattleboro, Vt.	1850-53
Samuel B. Lov	Brattleboro, Vt.	1841-44
Charles Lukens	Friends	
	Frankford, Penn.	1817-21
		1822-23
James McCrea	Friends	
	Frankford, Penn.	1833-34
T. P. McCullough	Columbus, Ohio	1849-50
	Indianapolis, Ind.	1853-54
Andrew McElwee	Columbus, Ohio	1854-56
John R. McGregor	Butler	
	Providence, R.I.	1856-57
Charles F. Matlack	Friends	
	Frankford, Penn.	1821-22
Thomas J. Mendenhall	Pennsylvania Hospital	
	Philadelphia, Penn.	1849-51
Paul Merrill	Augusta, Me.	1856-59
Edward M. Moore	Friends	
	Frankford, Penn.	1837-39
Robert Morton	Friends	
	Frankford, Penn.	1832-35
F. Nash	Utica, N.Y.	1856-59
J. Nutt	Indianapolis, Ind.	1848-51
A. A. Padgett	Nashville, Tenn.	1852-62
Roger G. Perkins	Butler	
	Providence, R.I.	1854-55
Samuel W. Pickering	Friends	
	Frankford, Penn.	1823-32
Charles R. Pierce	Columbus, Ohio	1852-53
M. G. Porter	Utica, N.Y.	1849-51
Robert C. Porter	Friends	
	Frankford, Penn.	1835-37
William Porter	Hartford Retreat, Ct.	post-36
B. Lincoln Ray	Butler	
	Providence, R.I.	1859-67
Edward Rowland	McLean's	
	Charlestown, Mass.	1835-36
Andrew Sabine	Columbus, Ohio	1858-60
Edward A. Smith	Pennsylvania Hospital	
	Philadelphia, Penn.	1856-62
Francis Gurney Smith	Pennsylvania Hospital	
	Philadelphia, Penn.	1841
Horatio S. Smith	Augusta, Me.	1845-50

Jerome C. Smith	Augusta, Me.	1854-56
	McLean's	
N. C. Spann	Charlestown, Mass.	1856-61
Bela N. Stephens	Indianapolis, Ind.	1856
James A. Steuart	St. Elizabeth's, D.C.	1859-65
H. S. Swift	Baltimore, Md.	post-54
Joseph Thoburn	Utica, N.Y.	1854
Austin W. Thompson	Columbus, Ohio	1851-52
William Thrall	Northampton, Mass.	1858-59
W. P. Tilden	Columbus, Ohio	1854-58
George A. Torbett	Stockton, Calif.	1860-63
L. A. Tourtellott	Indianapolis, Ind.	1854-58
	Utica, N.Y.	1855-62
		1867-68
Isaac Trimble	Friends	
	Frankford, Penn.	1834-35
F. C. Weeks	Brattleboro, Vt.	1858-62
Samuel Willey	Columbus, Ohio	1851-52
William Wilson	Bloomington, N.Y.	1837-39
Thomas Wood	Friends	
	Frankford, Penn.	1839-40
Rufus Woodward	Worcester, Mass.	post-42
F. M. Wright	Utica, N.Y.	1859-62
William P. Young	St. Elizabeth's, D.C.	1855-58



## A NOTE ON SOURCES

Unparalleled in richness of information are the Kirkbride MSS at the Institute of the Pennsylvania Hospital in Philadelphia. Kirkbride served as an officer in the Association from 1844-1870, and consequently received letters from every major figure in American psychiatry, as well as from a multitude of others in this country, Canada, and England. The collection of letters numbers over five thousand and reveals much about psychiatric thought, asylum administration, and the personal characteristics of the correspondents. Other manuscript collections, although less comprehensive, are also essential. The Woodward MSS at the American Antiquarian Society in Worcester, Massachusetts, reveal a great deal about Woodward, although less about the general field since Woodward retired in 1846. The Stribling MSS at the Western State Hospital in Staunton, Virginia, particularly reveal problems of Southern superintendents. All these collections are important also for the picture they give of another major figure for whom there is no manuscript collection -- William Aul of Columbus, Ohio.

A study of American psychiatry in the first half of the nineteenth century would be impossible without constant reference to the American Journal of Insanity. In its pages are discussions of every pertinent issue in the treatment of the insane, as well as the official proceedings of the Association's annual meetings, historical notes on hospitals, and biographical sketches of most American alienists.

Equally important is Henry Hurd's multi-volume Institutional Care of the Insane in the United States and Canada. Although the information is scattered, it contains valuable material on asylums, alienists, and even state legislation. Since my study is largely one of the men involved

in psychiatry, Hurd's fourth volume of biographical sketches is especially useful.

Other major sources for biographical information are local histories. Although not as accurate as the vital statistics records, local histories invariably give a picture of the communities in which these men were living and working. I have used all I could find for the towns in which these men were born, those in which they or their families lived, and those where their preceptors practiced.

English sources were the hardest to find in this country. The DNB was helpful for those English alienists who were prominent enough to make it. More helpful was Richard Hunter and Ida Macalpine's Three Hundred Years of Psychiatry, 1535-1860. They not only have collected primary documents, but also have provided anecdotal sketches of the authors and their interplay in the psychiatric world. William Parry-Jones has written a comprehensive treatment of private asylums in England, but little else has been done. Other than these, I have relied on contemporary psychiatric treatises.

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