



April 2010

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Recommended Citation

Brown, Alison R. (2010) "Reform and Curability in American Insane Asylums of the 1840's: The Conflict of Motivation Between Humanitarian Efforts and the Efforts of the Superintendent "Brethren"," *Constructing the Past*: Vol. 11 : Iss. 1 , Article 4. Available at: <https://digitalcommons.iwu.edu/constructing/vol11/iss1/4>

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Reform and Curability in American Insane Asylums of the 1840's: The Conflict of Motivation Between Humanitarian Efforts and the Efforts of the Superintendent "Brethren"

**Reform and Curability in American Insane Asylums of the 1840's:
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the Superintendent "Brethren"**

Alison Brown

“The treatment of the insane, has ever varied with the philosophy and intelligence of the age. That they are treated better in modern times, more kindly and judiciously, is not owing to any increase of benevolence, but to an increase of knowledge.”¹ The history of insane asylums in America is tumultuous at best, as it was plagued with controversy in treatment (medical versus moral), funding (private versus public), curability (incurable versus recovery rates), duration of treatment (custodial versus moral), and motivation (humanitarian versus professional status). To be sure, any steps forward in the reform of insane asylums were followed by steps backward. However, it is possible to detect a period of rapid reform of insane asylums following the foundation of the AMSAII through study of *The American Journal of Insanity*, the work of Dorothea Dix, and the race towards (and possible myth of) curability, and within this reform it is possible to detect different motivations behind its implementation.

In order to understand the process of reform in insane asylums of the 1840s, it is important to understand when the first insane asylums were created, as well as their funding. According to Gerald N. Grob, author of *The Mad Among Us: A History of the Care of America's Mentally Ill*, the first insane asylums, which were private, were founded in the Northeast.¹ The first of these was the McLean Asylum for the Insane, built in 1826 in Charleston, Massachusetts.² Before this, patients considered insane would be in a general hospital, a poorhouse, or an almshouse as there was no specialized place of treatment yet for the insane. The first *public* insane asylums were actually built in the South, away from the “cultural, intellectual, scientific and medical leadership” prevalent in the Northeast, and perhaps this is why these hospitals served more custodial purposes (housing or containing the insane) rather than actual treatment purposes.³

The first public asylum built specifically for the purposes of the new moral treatment (in addition to medical treatment) was founded in 1830, and called the Worcester Insane Asylum.⁴ According to Grob, this new insane asylum was important as it “offered an alternative model, namely, publicly supported institutions dedicated to providing restorative and effective

¹ Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: The Free Press, 1994), 31-39.

² Ibid.

³ Ibid., 41-43.

⁴ Ibid., 44-45.

therapy.”⁵ By the year 1848, *The American Journal of Insanity* (a journal first published in the 1840s) had reported that the number of insane asylums was “above thirty,” five of which were corporate, eight private, and the rest state asylums (publicly funded by the state legislatures).⁶ However, the journal also assured that several new state asylums were about to be established (most likely owing to the perseverance of Dorothea Dix).⁷

Looking back ever farther, the insane were not necessarily treated in insane asylums even when they were made available. Many insane people were involved in what James E. Moran, author of the article “Asylum in the community: managing the insane in antebellum America” calls “community-based rehabilitation.”⁸ Relatives or family members concerned that someone might be insane could apply for a writ *de lunatico inquirendo*, a legal petition requesting for an investigation into the “mental state” of the suspected insane person, and if he or she was deemed insane, someone would manage their property and affairs until they were recovered.⁹ The treatment in “community-based rehabilitation” involved physical labor, while recovery was deemed successful once the “patient” was able to go back to managing his own affairs; from this it is evident, according to Moran, “that the socioeconomic context in which property ownership was established, and agricultural production conducted, shaped community perceptions of and responses to insanity in antebellum America.”¹⁰

While treatment within communities was still prevailing (especially among the poor), insane asylums were nevertheless being established. At the same time, the treatment of the insane in general was improving. The editors and authors of *The American Journal of Insanity* recognized that reforms in treatment of the insane had to be established. In the article “The Moral Treatment of Insanity” Amariah Brigham espoused Philippe Pinel’s humane treatment of insanity.¹¹ However, he lamented that not enough improvement had taken place since Pinel’s *Traite Medico-Philosophique* on moral treatment of insanity.¹² Thus, Brigham and the other physicians would be reforming *previous* reforms, as they critiqued older methods of treatment of insanity and made their own mission clear.

⁵ Ibid., 45.

⁶ “Institutions for the Insane in the United States,” *The American Journal of Insanity* (1848): 53-54.

⁷ Ibid.

⁸ James E. Moran, “Asylum in the Community: managing the insane in antebellum America,” *History of Psychiatry* 9 (1998): 223.

⁹ Ibid., 219-220.

¹⁰ Ibid., 222.

¹¹ Brigham, “The Moral Treatment,” 4.

¹² Ibid.

For example, while Brigham conceded of Dr. Rush's methods (a physician who helped establish Pinel's treatment in America), he believed that there were clearly flaws that needed to be eradicated. Dr. Rush believed in "mild treatment" for the insane, but he also believed in dominating over them.¹³ In addition to punishment by withholding food and "pouring water under the coat sleeves," he also believed that, "if all these modes of punishment should fail of the intended effect, it will be proper to resort to the fear of death."¹⁴ Brigham adamantly opposed the practices of Dr. Rush and those physicians who did not approach the treatment of insanity with as humane efforts as possible, and therefore it is evident that a great shift, or the implementation of reform, was beginning to occur. "Ignorance," Brigham asserts, "has ever been the worst of all *diseases [sic]*" and he and other superintendents would hopefully be ready to use reason and pragmatism to begin real change.¹⁵

In the article "Houses and Institutions for the Insane," the need for reform is made clear through descriptions of current conditions in insane asylums and how they could be improved. In addition to an increase in ventilation and better organization of patients, details such as the administering of food are discussed. The journal states that keeping observation openings into rooms at the doors, "keep the suspicions of the patient continually excited, and offer inducements to the attendant to throw in his food as to a wild beast, in place of communicating with him humanely and respectfully."¹⁶ This article shows that physicians were definitely recognizing the need for reform, and that it occurred over a span of several years, not all at once.

One of the ways Brigham and other superintendents employed to create real change was by founding the Association of Medical Superintendents of American Institutions for the Insane (AMSAll) in 1844. The AMSAll was created in Philadelphia when thirteen superintendents met and decided that sharing their knowledge regularly would help to "formalize and legitimate the principles that were the foundation of the specialty."¹⁷ This organization would use the aforementioned *American Journal of Insanity* as a vehicle for sharing

¹³ Ibid., 6-7.

¹⁴ Ibid., 7.

¹⁵ Ibid., 3. Many of the primary source articles found *The American Journal of Insanity* contain spelling and grammatical errors; I have retained all of the original spelling and grammar in this paper. Additionally, it may be assumed that any reference to "the journal" is a reference to *The American Journal of Insanity*, unless stated otherwise.

¹⁶ "Houses and Institutions for the Insane," *The American Journal of Insanity* (1850): 199.

¹⁷ Grob, *The Mad Among Us*, 74.

that knowledge, and was a project that Brigham himself had already founded, as he was the first editor.¹⁸ It is through this journal that we are able to study articles written by superintendents and doctors of insane asylums. It is worthwhile to read the small paragraph printed at the end of each journal, a declaration akin to a mission statement:

The Journal of Insanity, is published once in three months. Each number contains 96 pages. Terms one dollar a year in advance. The Journal was established to benefit the Insane by extending a knowledge of their wants and claims; consequently it is offered at a very low price, and we hope that all who take an interest in the subject embraced in the Journal, will not only take it themselves, but endeavor to extend its circulation.¹⁹

Based on this statement, one would surmise that the insane asylum superintendents and physicians had purely humanitarian efforts. While we may infer that their interests most likely *were* to help the insane, we must question their motivation (which will be done towards the end of the essay).

While medicine was still considered an essential component in the treatment of and recovery from insanity, mental treatment was becoming a critical component as well. "Many cases, we believe," states the journal, "cannot be cured or improved, but by the rousing and calling into exercise the dormant faculties of the mind."²⁰ Upon study of moral treatment, one finds that the theories principles are actually twofold: the treatment must be "morally" administered (that is, without harmful punishment or unnecessarily painful treatments) and also must literally treat the *moral facilities* of the patient (the mind). While immoral behavior had been deemed a cause of insanity for centuries, the use of morality as *treatment* was relatively new, and actually, quite convenient.

The causes for insanity were often either physical or moral. Grob believes that an emphasis on physical causes conveniently fit the religious values of physicians at the time. "Mental illnesses were perceived to be somatic and to involve lesions of the brain, the organ of the brain," he argues. "If the mind itself (often equated with the soul) could become diseased, it might conceivably perish. The immortality of the soul, upon which Christian faith depended, would thereby be denied or negated."²¹ Grob also mentions

¹⁸ Ibid., 75.

¹⁹ *The American Journal of Insanity* (1848-1849): 96.

²⁰ Brigham, "The Moral Treatment," 13.

²¹ Grob, *The Mad Among Us*, 58.

moral causes of insanity, which he believes were convenient because they were ultimately preventable.²²

However, one could argue that assuming that insanity was caused by immoral behavior was also convenient because immorality, in theory, could be treated. While physicians, nowhere near as advanced as doctors of today, could not treat physical brain problems, they could conceivably correct immoral behavior; the recovery rate, and thus *curability*, would be much more likely. The possible immoral behavior causing insanity is composed of an interesting variety: “intemperance, masturbation, overwork, domestic difficulties, marital problems, excessive ambitions, faulty education, personal disappointments, marital problems, excessive religious enthusiasm, jealousy, and pride.”²³ Clearly, immoral behavior was considered a legitimate cause of insanity.

Hitherto the causes of insanity and the need for reform have been discussed, but were reforms actually implemented? Within *The American Journal of Insanity*, firsthand accounts from physicians and patients attest to the positive reforms made by the practice of moral treatment. The article “Houses and Institutions for the Insane” describes the “mechanical means” of restraining patients, means that were considered more humane. Those methods approved by the authors of the journal included the “restraining chair,” “restraining waistcoat,” “Gloves of strong leather without fingers,” “restraining girdle,” “Spring straps,” “Bed-girths,” and “The wire-mask.”²⁴ The “turning wheel,” “turning bed,” and “turning chair,” however, were deemed dangerous and no longer in use. As for “correctional means” (versus mechanical, and meant as punishment), these were to be used, “in the strictest sense of the word,” and must, “correspond precisely to the mental peculiarity of the patient, whereby their particular healing aim is not lost.”²⁵ The days of Dr. Rush’s treatment had long since passed; asylum physicians no longer supported severe and unnecessary restraint or punishment; there were guidelines to follow that were expected to become standardized. Change was in fact occurring.

The same article contains descriptions of the accommodations that insane people should have, including areas for exercise, concert hall, and a church or chapel.²⁶ A “Brief Description of the State Lunatic Asylum at Utica, N.Y. describes the many shops available for use by patients, including, “shops for shoemakers, tailors, dressmakers, cabinet makers...two rooms for

²² Ibid., 60.

²³ Ibid.

²⁴ “Houses and Institutions,” 214-216. Some of the methods were capitalized, while others were not.

²⁵ Ibid., 217.

²⁶ Ibid., 204.

printing...a bakery, a painters and plumbers shop.”²⁷ Patients would certainly not be spending their entire days locked up in their rooms, they would be active and exercising their mental facilities.

Perhaps the best evidence for change is in the diary of an actual patient. A letter preceding the article states the reasons that the patient offered his diary to be published in *The American Journal of Insanity*. “The subject, though somewhat a novel one, will not, I think, be without interest to many of your readers,” he states, “the majority of whom, I take it for granted, are deeply interested in all that relates to the welfare and present condition of that unfortunate class of our fellow beings...”²⁸ The letter is simply signed with the initials S.R., but we can infer that it was a male patient because the majority of people he describes are men and patients were separated by sex.

S.R., it seems, was rightly admitted to an insane asylum. One morning, without his apparent knowledge, he found potatoes in his pocket and was advised by his friend Mr. P. to seek revenge on whoever had placed them there.²⁹ However, his diary proves invaluable in describing the types of daily activities that patients experienced. Every Monday and Tuesday night, S.R. and other patients read books chosen by the asylum physicians, and one afternoon the patients visited the “Asylum Museum,” which contained, “many good pictures, minerals, especially ores of metals, and collections in natural history,” and much more.³⁰ Wednesdays were “Lecture day,” and Wednesday nights the “Debating Society” met.³¹ Clearly, S.R. was receiving a type of education, and was learning a great deal. In addition to these services, patients could read newspapers sent to the asylum, which he said were, “agreeable reading matter to the inmates of the Institution.”³² This environment seems a far cry from horror stories often heard about insane asylums, and it appears that at least in Utica, New York, reforms were being made.

Grob has a detailed description of what the daily events in a typical early nineteenth-century insane asylum would have been. Patients woke around 6am, fixed themselves, and had breakfast.³³ Then their condition was checked by the superintendent and another physician, and a list of activities was suggested, which included farm work for men, sewing for women, and

²⁷ “Brief Description of the State Lunatic Asylum At Utica, N.Y.,” *The American Journal of Insanity* (1847): 96.

²⁸ S.R. “Life in the N.Y. State Lunatic Asylum; Or, Extracts From the Diary of an Inmate,” *The American Journal of Insanity* (1849): 289-290.

²⁹ S.R., “Life in the N.Y.,” 291.

³⁰ *Ibid.*, 293-295.

³¹ *Ibid.*, 295-296.

³² *Ibid.*, 299.

³³ Grob, *The Mad Among Us*, 67.

other “exercise, amusements, games, and religious observances.”³⁴ Finally, dinner would be served and organized programs would follow.³⁵ Again, it appears that improvements in the treatment of the insane were in place.

Reform in insane asylums was not restricted to treatment; the architecture of the building was evolving as the structure was deemed imperative to the treatment and cure of insanity. Moran believes that the structure of the asylum was the key difference between the earlier “community-based rehabilitation” and the newer insane asylums. “[T]he lunatic asylum was promoted as a tightly organized and structured institution,” he explains, “one characterized by architectural uniformity, ward organization, and a highly regulated daily regimen of patient activities.”³⁶ Thus, the asylums provided a more formal treatment that would hopefully create an environment that was both economical, and more conducive to quick and effective treatment.

The leader in architecture reform of insane asylums in the nineteenth-century was Dr. Thomas S. Kirkbride, the superintendent of the Pennsylvania Hospital for the Insane in Philadelphia. Kirkbride was among the growing number of physicians that believed that the first step in moral treatment was removing insane people from their community environments into asylums.³⁷ Carla Yanni, author of the article “The Linear Plan for Insane Asylums in the United States before 1866” believes that, “psychiatrists considered the architecture of their hospitals, especially the planning, to be one of the most powerful tools for the treatment of the insane.”³⁸ As such, Kirkbride set out to improve ventilation and organization in insane asylums and came up with the “Linear Plan,” one that would become standard in America.³⁹

The “Linear Plan,” is described by Yanni as, “bilaterally symmetrical and consisted of a central building with flanking pavilions set back *en échelon*, like a row of birds in flight.”⁴⁰ However, in studying Kirkbride’s drawing of the Linear Plan, the buildings have more of the appearance of a disjointed straight line, although each side is farther back than the central building, giving the *slight* appearance of a “v” shape. This shape was different than the “straight” buildings with front parallel to the street (like the Friends Asylum in Philadelphia or the more rectangular shape (like the New York State Lunatic

³⁴ Ibid.

³⁵ Ibid.

³⁶ Moran, “Asylum in the Community,” 238.

³⁷ Carla Yanni, “The Linear Plan for Insane Asylums in the United States before 1866,” *The Journal of Architectural Historians* 62 (March 2003): 27.

³⁸ Ibid., 24.

³⁹ Ibid., 31.

⁴⁰ Ibid.

Asylum).⁴¹ Because of the slight “v” shape and consequent short wards, there was greater ventilation, and patients could be placed according to how advanced their disease was.⁴² Additionally, his plan included a “central pavilion” where the superintendent lived, and greater separation of the sexes was accomplished by placing one sex on each side of the “central pavilion.”⁴³ Changes in the architecture of asylums demonstrate that the physician reformers were willing to use any means possible to enhance and make their new moral treatment successful.

The environment was also becoming important in deciding the actual locations of asylums. A somewhat romantic notion may have led physicians to believe that a retreat into the serene natural environment would be sure to relieve patients of their ailments. “Kirkbride and his brethren in asylum medicine required that asylums be built on the outskirts of a city,” Yanni explains, “so that they would fade literally into the distance and metaphorically in the patients’ memories.”⁴⁴

All of these changes in insane asylum treatment and structure were being done, it seems, in order to benefit the insane. Of course, it would be wrong to assume that every superintendent and physician was working to treat the insane for their own benefit. However, there certainly was a strong desire in the emerging psychiatric field of medicine to prove that curability was possible occurred quite often. Undeniably, there were many cases where people did recover and return to their normal lives. There were those however, who doubted these claims of high recovery rates (myself included) that would like to argue that less than fact, curability was more of a myth that fed into the superintendents’ desire to create professional prestige and acknowledgement.

Carla Yanni states that “nineteenth-century asylums must be understood in light of the supposedly high rate of curability. The cure could not exist outside its architectural framework.” This is very representative of how the insane asylums thought. According to annual reports, asylum superintendents claimed “striking success” in curing insanity.⁴⁵ In fact, “William M. Aul and Woodward [Samuel B.]—both of whom played a prominent role in popularizing the concept of curability—claimed a recovery rate in recent cases (defined as ill for less than a year) of 80 percent or higher.”⁴⁶ Grob believes that these figures are unrealistic and idealistic, rather than *realistic*.⁴⁷

⁴¹ Ibid., 30-31.

⁴² Ibid.

⁴³ Ibid., 32.

⁴⁴ Ibid., 34.

⁴⁵ Grob, *The Mad Among Us*, 99.

⁴⁶ Ibid.

⁴⁷ Ibid.

There were several factors that led to recovery rates (and thus curability) appearing as much higher and being reported that way. Pliny Earle, one of the superintendents, explained why these figures were incorrect: the recovery rates described how many people had recovered out of *those discharged* in the last year, not out of how many were initially admitted in the last year.⁴⁸ Also, the recovery rates did not include those patients readmitted, and if someone *had* been readmitted several times, they were reported as *recovering* several times.⁴⁹ If we break this down into simple numbers, it is easy to understand how much of a difference these changes in numbers made. If 10 patients were admitted to an asylum one year and five were discharged, and three of those five had “recovered,” the recovery rate would be 60% (3/5) rather than 30% (3 out of the 10 admitted that year). This 60% “recovery rate” would be *even greater* if the same person was reported as recovering several times without even acknowledging them as having been re-admitted. Clearly, asylums were manipulating numbers in ways that would work to their advantage.

Ironically, we do not have to look outside of the insane asylums to find evidence that these 80% recovery rates were most likely exaggerated. The article “Institutions for the Insane in the United States” from *The American Journal of Insanity* in 1849 contains a thorough table of 30 insane asylums.⁵⁰ For each asylum, the name of the state they are located in (eighteen in all), the names of the asylums, their location, and their medical superintendent are listed. More important in understanding recovery rates however, are the subsequent lists of information in the table: the dates the asylums were opened, the admissions last year (the past year), the number of patients discharged, the number recovered, and the number of deaths.⁵¹

⁴⁸ *Ibid.*, 99-100.

⁴⁹ *Ibid.*

⁵⁰ “Institutions for the Insane,” 56. All of the following figures and facts (besides my own calculations) can be found in the aforementioned table, and will no longer be cited in this paragraph or the next as they are from the same source and page. See the appendix for a picture of the table.

⁵¹ Discharging patients in the early nineteenth-century was not a formal, detailed procedure, and as such was highly subjective. *The American Journal of Insanity* states in the article “Houses and Institutions for the Insane” that each patient should be able to live a year *or more* unrestrained in the asylum before he or she is dismissed (page 220). However, most likely it was even more subjective than this simple rule. Grob states in *The Mad Among Us* that, “When discharging a patient as recovered, early nineteenth-century alienists (to use the terminology of that era) were simply stating that the individual could function at a minimally acceptable level in a family and community setting. To be sure, some individuals discharged as recovered were subsequently

If the numbers for each category were accurately recorded, calculations can be made that show the great difference correctly calculating recent recovery rates (recoveries in the last year) could make. For instance, the asylum of William M. Awl, one of the superintendents who had claimed an 80% recovery rate during the first four years after its founding, has listed 90 recoveries and 181 admitted in the last year (as of 1849). Thus, the recovery rate would be 49.72% (90/181).⁵² However, because Awl was most likely recording his recovery rates as the number of recoveries out of those discharged, the recovery rate could be reported to his advantage as 62.94% (90/143). This is already a drastic difference. However, because the “number discharged” most likely represents the number discharged since the opening of the asylum, not in the past year, the percentage would be even higher because the number discharged should be even lower (amounting to the number discharged only in the last year for an accurate “recent recovery rate”).⁵³ This too, would benefit Awl as the recovery rate would be even higher.

However, this table was created in 1849, not around 1839 when Awl was making his claims of 80% recovery, and *perhaps* (thought it is doubtful), if he was being completely accurate, the recovery rate simply went down in the following years as they were bound to fluctuate. Still, it is important to note the great difference accurately calculating a recovery rate could make in supporting claims to curability. It seems that the greater the recovery rate, the more likely the curability.

But one has to wonder how accurate these superintendents could possibly have been, considering that their own peers, the editors and writers of *The American Journal of Insanity*, questioned curability in their journal. Later on in the very same article with the detailed table, are written doubts about claims to curability. “[T]here is no occasion for vaunting of success in curing them [the insane],” the journal states, “especially when we call to mind that three fourths of all patients in the institutions for the insane in this country are incurable. . . .”⁵⁴ This figure, three-fourths (75%), of cases as completely

rehospitalized, but many never reentered a mental hospital.” This quote can be found on page 36, and shows how skewed perceptions of being able to function in society might lead to more dismissals. An increase in dismissals after all, would increase recovery rates.

⁵² My calculations have been rounded to the nearest hundredth.

⁵³ I have surmised that the list of patients “discharged” represents those discharged since the opening of the asylum rather than in the last year because in some cases, the number of discharged is larger than the number admitted in the last year, which would only be possible if the number of patients discharged *was not* only listing those discharged in the last year (more patients cannot be discharged in one year than admitted in one year).

⁵⁴ *Ibid.*, 58-59.

incurable is drastically different than the figures given by the superintendents claiming that 80% were *curable*. Indeed, the author of the article believed that the Annual Reports regarding rates of curability were inaccurate, and stated as such:

Some [Annual Reports] we fear mislead the public, especially as to the number of cures, not however by actual misstatements, but by annual per-centages of recoveries deduced from a small number of cures and those the most favorable and recent. We say these things to guard against the extension of an impression that has already become too general, that nearly all the insane, can be cured at Lunatic Asylums. . . .⁵⁵

This evidence is extremely valuable; superintendents were making it known to the public that *their own peers* were manipulating recovery rates. Evidently, reform in the purest humanitarian sense, was not present in a several of the superintendents' minds. What then, was their motivation?

Before delving into the motivation behind the superintendents' efforts, it is advantageous to understand the funding behind insane asylums. Depending on the time an insane asylum was founded and its location, they could be funded a number of different ways: by the local government, by private patients, by the state government, by the asylum itself, with state subsidies, and more. To complicate matters, funding was often accomplished by an amalgamation of these sources, rather than one. "[N]ineteenth-century social policy involved state and local governments acting in concert with private organizations and individuals," explains Grob, "Asylums, although generally established and supported by states, found themselves inextricably enmeshed with local governments as well."⁵⁶ As such, it is hard to identify only one source of funding for any time period, or even one asylum.

The first insane asylums founded were private (like the McLean Asylum for the insane), meaning that indigent insane patients could be admitted to hospitals supported by a combination of private donors (donations) and public funds (in the form of public and state subsidies).⁵⁷ It is interesting to note that upper class patients, who could afford to pay for the asylum, were required to support themselves.⁵⁸ Already, there were several different sources of funding contributing to the support of patients, often depending on the wealth of the patient. After a while, unfortunately, reality

⁵⁵ "Institutions for the Insane in the United States," 58.

⁵⁶ Grob, *The Mad Among Us*, 95.

⁵⁷ *Ibid.*, 32-37.

⁵⁸ *Ibid.* 31.

set in and private funds were unable to support the poorer patients as public subsidies were fading away.⁵⁹ Increasingly, asylums were only accepting private patients, and as will be seen, it is possible that superintendents were intending for this stratification of classes in asylums to occur.

The timing was perfect for the founding of state asylums in order to help the indigent insane. *The American Journal of Insanity* explains the difficulty of establishing standard funding, and that the state government has an “obligation” to provide as much support as it can:

The support of public institutions is brought about in various ways, according to the circumstances of the country, and the community, and their disposition and means. The state has in all cases the obligation imposed upon it, of stepping forth with its help, if the individual or his relatives and nearest neighbours are incompetent, and although its ability to contribute may be more or less, yet the institution always needs connection with the state, if its general utility would be as great as possible.⁶⁰

Enter Dorothea Dix, the woman that would lead a movement towards creating-state funded asylums in the United States and abroad, and would help to establish or enlarge over 30 asylums, beginning in 1843.⁶¹

While Dorothea Dix’s efforts did a lot of good for the indigent insane, these efforts were bred from a childhood full of struggles and depression. David Gollaher, author of *Voice for the Mad: The Life of Dorothea Dix*, thoroughly explains Dix’s own psychological battles that led to her eventual “calling.”⁶² Born to Joseph Dix and Mary Bigelow, Dix grew up in a household Gallaher describes as “dearth of nature, of example, and of respect.”⁶³ Because her father was a Methodist revivalist (and an alcoholic, no less), Dorothea was brought up with “brutal discipline” and expected to achieve “religious perfection.”⁶⁴ Despite running away to her grandmother’s house, her childhood forever affected her “obsession with impurity, sin, and moral failing,” although she did eventually embrace Unitarianism as her religion.⁶⁵

⁵⁹ *Ibid.*, 37.

⁶⁰ “Houses and Institutions,” 206.

⁶¹ Grob, *The Mad Among Us*, 47. 1843 is the year Dorothea Dix made her Massachusetts *Memorial* public.

⁶² David Gollaher, *Voice for the Mad: The Life of Dorothea Dix* (New York: The Free Press, 1995), 141.

⁶³ *Ibid.*, 18.

⁶⁴ *Ibid.*, 19.

⁶⁵ *Ibid.*, 50.

In 1836, Dorothea became depressed “by her failure to settle on a suitable vocation, to work out an acceptable relation with society, to decipher God’s calling and lead a life worth living.”⁶⁶ Her friends sent her to Europe, where she stayed with friends of friends, the Rathbones.⁶⁷ It was in Britain that she witnessed reformers working to find out how the poor lived, creating reports, and using, “their findings to engineer state-sponsored solutions to social problems.”⁶⁸ If this sounds familiar, it is because Dorothea would do the same thing in America, working to create state-funded asylums through persuasion of the legislature of the horrible conditions these people lived in.

Dix’s attempt to gain federal support for asylums in 1848 failed when Franklin Pierce vetoed an 1854 bill that would distribute federal lands and give the proceeds to the insane poor.⁶⁹ But despite this setback, Dorothea continued her work, moving around the country, gathering evidence of insane people living in horrible conditions, and presenting them to state legislatures. *Asylum, Prison, and Poorhouse* written by David L. Lightner contains (among other documents), her entire Memorial submitted to the Illinois Legislature.⁷⁰

In the Memorial, Dix emphasizes the “obligations of man, favored with competence and sound reason, to his fellow-man.”⁷¹ Thus, she is appealing to the emotions of the legislators and their moral responsibility towards those without means to help themselves. Dix’s argument is twofold: she argues the humanitarian side *as well as* the economical side. As we have seen, funding was very complicated. However, Dix cleverly refers back to the high recovery rates superintendents were promoting earlier, to explain why *early* treatment was necessary for higher recovery rates, and why the founding of state-funded asylums was urgent. “Dr. Aul of Ohio, records in 1842, —“that of *twenty-five* old cases, suffered to become incurable, the cost to the State and counties had been \$50,600; while *twenty-five recent* cases brought under *seasonable* treatment, had cost but \$1,130. . . .”⁷² Therefore, the state would actually *save* money if they built enough asylums to treat the indigent insane quickly and effectively.⁷³

⁶⁶ Ibid. 83

⁶⁷ Ibid. 83-94.

⁶⁸ Ibid., 109.

⁶⁹ Grob, *The Mad Among Us*, 97.

⁷⁰ David L. Lightner, *Asylum, Prison, and Poorhouse* (Carbondale: Southern Illinois University Press, 1999): 13-30.

⁷¹ Ibid., 14.

⁷² Ibid., 16.

⁷³ The *American Journal of Insanity* estimates in the article “Institutions for the Insane in the United States” that in 1848 there were, “probably at this time at least 18,000 insane persons in the United States, not including idiots, which number we presume 6000,” on page 55. Because the

In appealing to the humane side of the legislators, Dix told stories both of people who had recovered from insanity (somewhat miraculously) through asylum treatment, and those who were still suffering with their lack of money. An example of the incredible recovery a patient could have if they were treated in an asylum is found in the Memorial: "A—was chained for many years to a block, and was so violent when admitted into the Asylum, that she ran every body of the yard, and had to be subdued by the male housekeepers. She is now the most useful patient in the house among the females."⁷⁴ While this story may seem unbelievable, it certainly would have represented a wonderful alternative to leaving people to suffer. The story of Fanning, a man being financially supported by the county and in the care of his sister and brother-in-law, is extremely graphic and tugs at the heartstrings.⁷⁵

It was an intensely hot day last summer, when I visited Fanning. He was confined in a roofed *pen*, which enclosed an area of about eight feet by eight—probably a few inches over. . . He was without bed and without clothing; his food, of the coarsest kind, was passed through a space between the logs; "no better," said a neighbor, "than the hogs are fed" . . . His feet had frozen, and had perished; upon the shapeless stumps, he could, aided by some motion of his shoulders, raise his body partially against the side of the pen. . . there [in the pen] is to be found a pining, desolate, suffering maniac, whose piteous groans, and frantic cries, would move to pity the hardest heart.⁷⁶

One has to wonder how any legislator could refuse to provide state funding after a story such as this; it is not difficult to understand why Dix was able to expand or found so many asylums.

While states undoubtedly provided money for the construction of the asylums themselves, payments for the indigent patients' treatment in the asylums would still be complicated to understand, and from more than one source. In the Memorial, on one page, Dix mentions all of the following sources as providing funds at the time: "private resources," "the revenues of the commonwealth," "the State," "the districts," and "asylums."⁷⁷ While it may

asylums at the time could only hold 4,711, the journal estimates that they would need to double the amount of institutions just to hold half of the population of insane people. Because curability was contingent on insane people being treated quickly, the founding of more state asylums became indispensable.

⁷⁴ Lightner, *Asylum, Prison, and Poorhouse*, 23.

⁷⁵ *Ibid.*, 28-29

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*, 16.

be difficult to decipher exactly how their treatment would be financed, one thing is certain: indigent insane people could now be treated in insane asylums, not just those with the means to pay for it.⁷⁸

Considering the success of Dorothea Dix in expanding insane asylums in America, one would presume that the superintendents or “the brethren” as they called themselves, would be elated and grateful for her endless efforts and commitment to a cause they were intimately familiar with. However, instead of gratefulness and recognition, they insulted and ignored her. If these superintendents were humanitarians, working purely for the benefit of the patients they watched over, interacted with, and treated every single day, one cannot help but ask: why not support Dix?

The first indication that the superintendents were not working exclusively for the treatment of insanity was in their recovery rates, as discussed above. Curability was most likely not as high as they claimed it to be, and while it is possible that they were hoping to attract more patients so they could help and *treat* more patients, why wouldn’t they then support Dix in founding these new asylums? Curability somehow, had become separate from her efforts, despite her continuing to praise and advertise the superintendents’ recovery rates.

The position of superintendent was gaining prestige as insanity became a legitimate medical specialty, and along with prestige came job security and benefits. Asylum medicine, according to Grob, “was secure, well-paying, and provided status and prestige. Superintendents —unlike their brethren in general practice—had far greater authority and control over their patients and institutions.”⁷⁹ This authority, power, and control can be found in the Propositions written by the AMSAII:

He [the physician] should have entire control of the medical, moral, and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the institution.

⁷⁸ Carla Yanni supports this claim; she explains that in state funded asylums such as the Utica asylum, “Indigent patients were moved there from almshouses and prisons, and they did not pay. Some upper-class patients might also have been housed there, and they would have been charged a nominal fee for their medical care,” on page 30. However, it is still not clear exactly where the funds were coming from (as evidenced by Dix), and we can surmise that it was probably depended on the individual patients and determined on a case-by-case basis.

⁷⁹ Grob, *The Mad Among Us*, 76.

A well-known combination of circumstances for the demise of the human conscience had been developed: money, power, and prestige.

Evidence that not *all* of the superintendents' efforts were pure can be found in *The American Journal of Insanity* as well as in their interactions (or lack thereof) with Dix. An article, "Homicides—Suicides, &c., —By the Insane," graphic descriptions of insane people harming others or themselves.⁸⁰ Jacob G. Drake for instance, killed his child, and "mangled" his wife, whose, "skull was broke, and many severe wounds inflicted upon her head."⁸¹ Many similar descriptions of various people follow this, and the introduction of the article outlines one of the three reasons it was written:

It may serve to make known the fact, that the amount of property destroyed by the insane, by burning buildings, &c., is very great, and probably equals what it would cost to provide safe and comfortable asylums for them, and that therefore, irrespective of any special benefit to the insane themselves, it will be wise economy to thus provide for them.⁸²

While it may seem as though the superintendents' methods were not far from Dix's in suggesting that the insane should be in asylums rather than remaining at large, a deconstruction of this quote in the article will show the vast differences. First of all, while Dorothea admitted that it would be safest for the community if insane people were in asylums, her graphic descriptions of people she came across were meant to inspire *pity* and *sympathy*, not *fear* as this article intends. Secondly, while Dorothea wanted to create asylums for those who need and desire to be in asylums, this article is demanding that insane people enter asylums, regardless of the circumstances. And finally, while Dorothea explained that it would be more economical for insane people to be in asylums, their suffering and the benefits of treatment for the insane were never out of the equation. For the writer of this article, people should be admitted to insane asylums "irrespective of any benefit to the insane themselves." Thus, a conflict of motivations can be detected, one separating people like Dorothea Dix and The Brethren.

Additionally, the fact that superintendents were admitting more wealthy patients than poor patients before publically-funded asylums were created is evidence that they were not working purely to help the insane, but perhaps for prestige. It is true that private asylums were struggling as private funds dwindled and states discontinued their subsidies, but Grob believes that

⁸⁰ "Homicides—Suicides, &c., —By the Insane," *The American Journal of Insanity* (1847).

⁸¹ *Ibid.*, 171.

⁸² *Ibid.*

given the choice to admit poor patients over private patients, superintendents would choose the private patients. “Although superintendents had leeway to use private donations to subsidize patients, they did not necessarily do so on the basis of need. Such funds were sometimes used to support private patients when relatives who could afford to pay refused. . .”⁸³ That superintendents had been supporting treatment of the wealthier patients is indicative of the greatest difference between the motivations of humanitarians like Dorothea Dix and the superintendents: Dix’s greatest motivation was to help those who needed it the most.

Even their own peers questioned the motivation behind the superintendents’ high percentage of curability in their Annual Reports. This idea, so eloquently stated, is perhaps the greatest evidence that may have superintendents’ had lost the vision of helping the insane that they had begun with. The following is a description of the Annual Reports:

There is too much *Coleur de Rose*, and we fear the impression they make upon some minds is something akin to that made by the puffs of Mineral Springs and Water Cure establishments; as if the various Lunatic Asylums were rival institutions endeavoring to attract customers.⁸⁴

The superintendents’ *own peers* recognized a conflict of interest; were the brethren hoping to truly help the insane? Or were they after that money, power, and prestige that would come from these wealthy “customers?”

All of this evidence may explain why the brethren were unwilling to help or thank Dix; her efforts compromised their prestigious positions of wealth and authority by suggesting that the indigent insane should mix with their wealthier patients and be admitted to asylums, free of charge. Amariah Brigham worried that asylums, if discussed in the same accounts of bad conditions in prisons (as they were in Dix’s Memorial), would never be considered the best place for treatment.⁸⁵ Grob further explains this concept:

Because they [the superintendents] craved respect and prestige, they bitterly resented any suggestion that their cherished asylums resembled prisons, jails, and other places of incarceration for criminals. . . It was becoming clear to the asylum professionals that Dix could be an effective ally in the effort to build asylums for the mad; but it was far less clear whether her campaign on behalf of the homeless insane would

⁸³ Grob, *The Mad Among Us*, 37.

⁸⁴ “Institutions for the Insane in the United States,” 57.

⁸⁵ Grob, *The Mad Among Us*, 218.

serve their professional aspirations and raise their standing within the professional hierarchy of medicine.⁸⁶

Consequently, when state funded insane asylums were created as a result of Dix's efforts, she is not mentioned in *The American Journal of Insanity* as having any part.⁸⁷

There is no question that the treatment of the insane was improved during the nineteenth-century. The introduction of Moral Treatment launched reform in the restraint and punishment of patients, as well as their daily activities. Even the architecture and location of asylums were reformed. In a way, the way that asylums were funded was reformed as well, as Dix led a movement from privately funded asylums to state funded asylums. The motivation behind these reforms and curability however, must be examined.

Superintendents were altering their numbers to data in order to have better recovery rates. They chose to help their private patients when they had the option to help those who needed it more. And they refused to support Dorothea Dix in her efforts. However, we still must remember that there were physicians and superintendents that *were* humanitarians, working for the wellbeing of their patients. Each day they worked among the insane, reporting and synthesizing data, and earnestly striving to find the best means possible to help cure this horrible disease. In the end, it turns out that just like the insane, the superintendents were imperfect as well.

⁸⁶ Ibid., 217-218.

⁸⁷ Although Dix lobbied for the creation of the Jacksonville State Asylum, the article "Institutions for the Insane in the United States" only states that, "A State Asylum is now building at Jacksonville, Illinois," on page 54. Grob noticed this absence of Dix too (page 218).