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The early career of Pliny Earle: A founder of American Psychiatry

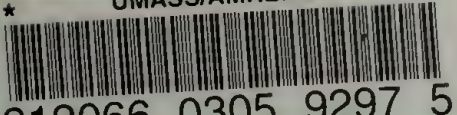
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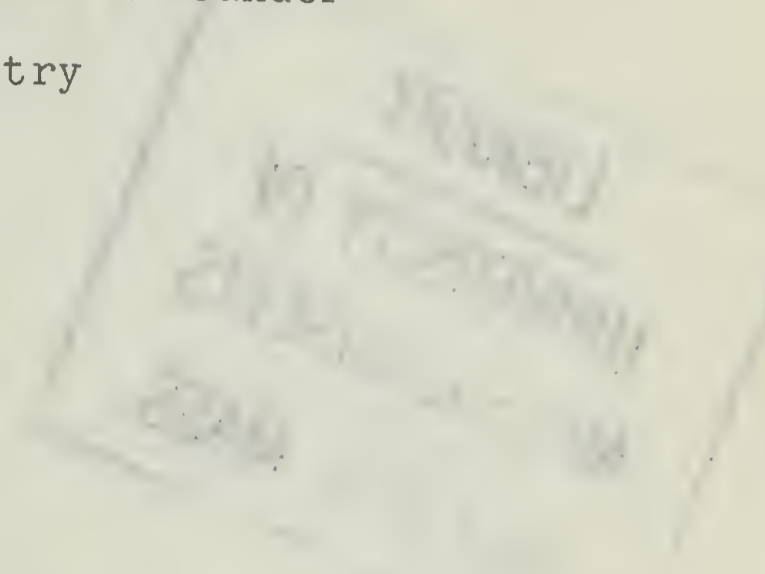


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The Early Career of Pliny Earle: a Founder
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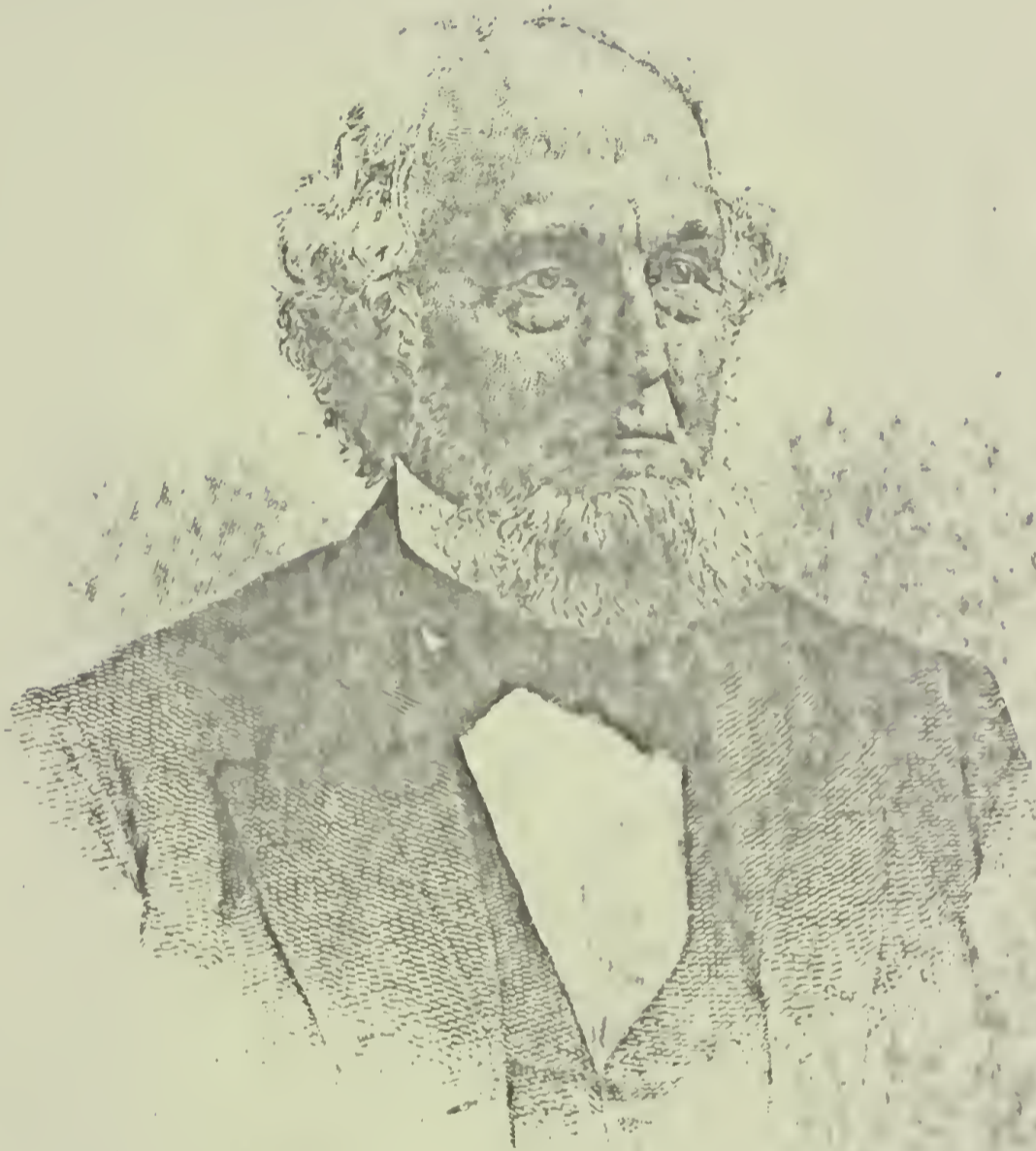


A Thesis Presented
By
Constance M. McGovern

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

May, 1971

Major Subject American Social History



Henry Earle
E. E.

ABOUT 1860.

PREFACE

Dr. Pliny Earle (1809-1892) is a major figure in the history of American psychiatry. Though he is worthy of a full-dress doctoral dissertation, this master's thesis deals only with the first part of his life.

To introduce a man as a subject for a career biography and then to fail to treat the most significant years of his career is a seeming contradiction. Dr. Pliny Earle, however, was an unusual man. Not until he was fifty-four years old did he begin his ascendancy in the American psychiatric field. To do justice to the following twenty-two years he spent efficiently administering Northampton State Hospital, attacking the "Cult of Curability," and establishing standards for the treatment of the mentally ill would necessitate neglect of the forces which shaped the success of these later years. Family heritage, preparation for a career, the American medical and psychiatric milieu, and Earle's hiatus of fifteen years determined his character and his success. So influential were the events of these fifty years that knowing these would enable one to predict with relative certainty his activities and procedures once he attained a position of superintendency.

In view of the brevity of this paper and of the author's intent to pursue the subject in a later work, the

obvious and logical cutting-off point was 1864, when Dr. Earle was finally appointed to a position from which he could exert his lasting influence in American psychiatry.

I am grateful to James Mooney and the staff of the American Antiquarian Society who have made available the Earle manuscripts. Dr. James H. Wall, retired Medical Director of the Westchester Division of the New York Hospital, and "Pliny Earle Fellow" from 1933-1936, provided insights to the power struggle during Earle's term at Bloomingdale. Dr. William K. McKnight, Coordinator of Community Health Services at Westchester, has worked diligently to put the archives of the hospital in order. He has been most generous with his time and suggestions. At the Payne Whitney Psychiatric Clinic of the New York Hospital, Dr. Jacques M. Quen, who is compiling the Isaac Ray papers, opened his collection for my study. Dr. Eric T. Carlson at the same clinic and head of the Oskar Diethelm Library not only opened the entire facilities of the library, but also his personal notes and bibliographies, as well as making many helpful suggestions regarding content and other sources.

Finally, this paper would have been impossible without the generous and time-consuming efforts of Professor Mario S. DePillis of this University.

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INTRODUCTION

The opening of the 1800's marked the beginning of the end of centuries of abuse and misunderstanding of the mentally ill. From demon-possession and punishment for sin, the concepts of insanity had finally progressed to somatic and psychological concepts. Treatment also improved. Western society still tended to ignore, conceal, and ridicule the insane. But now it was also possible to see them as unfortunate persons, as individuals to be cared for with understanding. Recent historians have designated this period from the late eighteenth century the era of moral treatment.¹

The era may be dated from the French Revolution when Dr. Philippe Pinel, the father of modern psychiatry, unchained the lunatics at Bicêtre and Salpêtrière in France. His work was advanced by William Tuke at the York Retreat in England in the early 1790's. Americans, especially Quakers, looking across the Atlantic for leadership, imitated the principles of York. As a result of their concern for their members who were mentally ill, Friends Asylum in Frankford, Pennsylvania was established in 1811. At the Asylum patients were treated with

¹Gerald Grob is one of the noted historians who bases his entire book on Worcester State Hospital on this periodization. (The State and the Mentally Ill [Chapel Hill: University of North Carolina Press, 1966]).

respect and tenderness, tempered by firmness. Doctors consulted with each patient individually and subjected them to an entire regime of occupational therapy, recreation, and religious inspiration. Institutionalization was considered essential. Once this was accomplished, the patients were set in an atmosphere of studied normality in which it was expected that they would regain their reason. The success of the Quakers inspired others. McLean Asylum near Boston was opened in 1818, Bloomingdale in New York in 1821, and the Hartford Retreat in 1824. But it was in 1833 in Worcester, Massachusetts that the first state hospital was opened to all patients for therapeutic care.

Under the leadership of Dr. Samuel B. Woodward, the hospital's first superintendent, Massachusetts set the pace in the application of moral treatment and in its adoption by all other public asylums in the United States. Woodward proved the benefits of moral treatment through his high rate of curability (although his use of statistics would later be questioned).² And with such colleagues as Isaac Ray, Amariah Brigham, Elias Todd, and Pliny Earle, he persuaded many more of his contemporaries that moral treatment was the only logical and acceptable form of treatment.

²Pliny Earle questioned the use of statistics by all the early superintendents. His theory was that curability percentages would have been lower if only persons were considered instead of cases (especially readmitted cases).

One of the most ardent supporters of moral treatment was Dr. Pliny Earle, Jr. As a young man he had observed Woodward at Worcester, and later imitated him when he chose the field of psychiatry as his profession.

The life of Earle spanned nearly the entire nineteenth century. And his work coincided with almost the entire era of moral treatment. Having entered the field in 1840, Earle was exposed to, and trained in, the method of moral treatment. In 1886, when he retired, moral treatment was still widespread, but it quickly deteriorated during the next few years into mere custodial care.

During the remaining six years of his life Earle could look back on a full and successful career. He had not only skillfully administered a state institution for twenty-two years, but he had also improved all its facilities while making a financial profit for the hospital. In accomplishing all this he managed not to alienate any person, or group of persons, and indeed he seems to have endeared himself to all. His patients respected and admired him; his staff worked cooperatively with him; his trustees showered him with unremitting praise; his overseer, the chairman of the State Board of Charities, lauded him;³ and his colleagues used him and his work as a model.

³During most of Earle's tenure of office the chairman was Franklin Sanborn. Besides his annual praise in official reports, Sanborn wrote an extremely laudatory account of Earle's life and work. (Memoirs of Pliny Earle, M.D. [Damrell and Upham: Boston, 1898]).

Wherever he served, he thought always of those whom he served and of their benefit. At Friends' Hospital from 1840 to 1842, he learned quickly and well all the principles of moral treatment. Never neglecting an opportunity to improve and test his theories, he initiated lectures to the patients on a variety of subjects. This was the first time patients had been addressed on any but religious matters.

Accepting a position at Bloomingdale, then in New York City, in 1844, Earle met with a different set of circumstances. Friends' had been a small, privately-financed, sectarian asylum; Bloomingdale was a large and wealthy establishment. Earle met the challenge with his usual energetic good sense. Realizing that a well-paid, satisfied staff meant better patient care, Earle asked for an increase of attendants and more pay for them. He condemned blood-letting at this asylum, as he would do more publicly later. He introduced the "single dose system"⁴ and began the use of case records. Never fully advocating non-restraint, he did eliminate most mechanical devices for this purpose. But his crowning achievement was the establishment of a school for the patients. For five years he labored at Bloomingdale, once again, gaining the respect and admiration of all.

⁴Prior to Earle's superintendency, medicines were administered from a general supply. The single dose system meant each patient had his own individually-marked dosage always available.

According to William Russell in his history of the New York Hospital, Earle

. . . was one of the most eminent psychiatrists of his time A reference to him as "Superintendent and Physician" in the Governor's Minutes, instead of "Physician of the Asylum" or "Head of the Medical Department," which were the usual designations, may perhaps indicate his influence on the general administration of the asylum. The position of Medical Superintendent was not officially established until 1877.⁵

In 1852, not only did Earle open an office for consultation in New York (which was a first in the psychiatric field), but he also served on the Board of Visiting Physicians to the Asylum on Blackwell's Island in New York. The New York College of Physicians and Surgeons appointed him as a lecturer on mental disease in 1853. During the winters of 1863 and 1864 Earle volunteered his services to his friend and colleague, Dr. Charles Nichols, who was then in charge of the Government Hospital for the Insane in Washington. In 1864 Earle was appointed as professor of Materia Medica and Psychology at the short-lived Berkshire Medical Institute at Pittsfield, Massachusetts.

But it was July of 1864 that brought Earle his hard-earned and long sought after appointment. After a hiatus of fifteen years, he was once again to be superintendent of a mental institution.

⁵William Russell, The New York Hospital (New York: Columbia University Press, 1945), pp. 242-43.

Dr. William Prince, the first superintendent of the six-year-old Northampton Hospital felt out Earle's thoughts on the matter.⁶ Within weeks, the trustees of the institution made a formal offer, and Earle accepted the position.

For twenty-two years, he labored selflessly for those in his charge. His patients were his primary concern, and for them he organized every aspect of life in order to hasten their cure, or at least to make their life at the hospital as normal as possible under the condition of long-term custodial care. But he also felt a deep sense of responsibility to his staff, his attendants, and the people of Massachusetts. A good example of his personal concern for his staff was his recognition of the need of his assistant, Dr. Nims, to take a vacation. Nims went to Europe at Pliny's urging.⁷ Earle was not only concerned about the training of his attendants, both for their benefit and that of his patients, but also he was considerate of their personal needs. He wrote many letters of recommendation when they were terminating service with him, and then proceeded to do everything in his power to place them in positions with his colleagues.⁸ The doctor also

⁶Implied from Earle to Prince, April 22, 1864, Earle MSS, American Antiquarian Society, Worcester, Massachusetts, (Hereinafter referred to as AAS).

⁷Mrs. Nims to Earle, May 5, 1885, Earle MSS, AAS.

⁸Earle to Kirkbride, July 5, 1846 and September 14, 1846, Kirkbride MSS, Historical Library and Museum, Institute of the Pennsylvania Hospital, Philadelphia. (Hereinafter referred to as Kirkbride Collection).

felt a particular need to please those to whom he was responsible, that is, the trustees of the hospital and the members of the State Board of Charities. He worked diligently to fulfill their every request promptly and to make them feel always welcome at the hospital.⁹ But besides his patients, Earle was most concerned about the people of Massachusetts. Realizing that Northampton was founded to serve the people of the four western counties, he made every effort to make it that, rather than a dumping ground for the incurables and the overflow from the eastern part of the state. In the financial administration of the institution, he accepted no excuse for waste or inefficiency. His obligation to the people was to run the hospital on its own profits, not to drain the legislature, nor to line the pockets of unscrupulous office-holders.

Twenty-two years of painstaking labor and dedicated service brought Earle acclamation from every quarter. The success of his life and work was probably best acknowledged in the testimony given by his trustees of two decades. In 1885, after reluctantly accepting Earle's petition for retirement, the following resolution was unanimously passed by the trustees:

⁹See notations in diaries in Earle MSS, AAS, and Massachusetts Board of State Charities, Annual Report, 1864-1878 and Massachusetts State Board of Health, Lunacy, and Charity, Annual Report, 1879-1885.

In its [the hospital's] management he has combined the highest professional skill and acquirement with rare executive ability. By his thorough knowledge, his long experience, his patient attention to details; by his wisdom and firmness, his absolute fidelity to duty, and devotion to the interests of the hospital, he has rendered invaluable services to the institution, and to the community which it serves.¹⁰

They then voted to provide living quarters to Earle for as long as he wished them, and requested that he remain as a wise and astute advisor to the hospital. This had not been done before Earle's time, nor has it been done since.

Despite the public acknowledgment this action of the trustees brought, many felt the need to personally express their gratitude and affection. Edward Hitchcock, a trustee of Northampton for many years, wrote Earle:

Your abilities, integrity, immense experience in Psychiatry and ripe wisdom were never so eminent as they are today: you stand at the head of your profession, and as a good, pure, and true man, everybody loves you¹¹

Success in administering a state mental hospital, and acknowledged success at that, would have been enough for most men to deem their life worthwhile. But Pliny Earle had offered his fellow-man and his profession so much more.

Even for the period of fifteen years when Earle held no official professional post, he was not inactive or uninterested. In 1849 he revisited Europe and her asylums,

¹⁰Northampton State Lunatic Hospital, Annual Report, XXX (1885), 11.

¹¹Hitchcock to Earle, December 12, 1884, Earle MSS, AAS.

publishing his account of this visit four years later. This volume, Institutions for the Insane in Prussia, Austria, and Germany,¹² contained information about the German asylums which was elsewhere unavailable. It was an aid in making the German advances known to the English-speaking world. His 1854 article, "Blood-letting in Mental Disorders,"¹³ helped to serve the death blow to Rush's theory of the benefits of bleeding both in physical and mental illnesses. For a decade, 1854-1864, Earle occupied himself with reviewing Annual Reports of American, as well as European, asylums, publishing his comments regularly in the American Journal of the Medical Sciences.¹⁴ Between publications, Earle found time to testify in many court cases concerning moral insanity in New York, New Jersey, Massachusetts, and Connecticut. One account of these testimonies, the Parish Will Case, he had published in 1857.¹⁵ And thanks to his friend and colleague, Dr. Thomas Kirkbride of the Pennsylvania Hospital, Earle was asked to

¹²Pliny Earle, Institutions for the Insane in Prussia, Austria, and Germany (Utica: New York Asylum, Printers, 1853).

¹³Pliny Earle, "Blood-letting in Mental Disorders," American Journal of Insanity, X (April, 1854), 287-405.

¹⁴Earle published some account or review in the American Journal of the Medical Sciences every year from 1838-1869, with the exception of 1850 and 1851.

¹⁵Pliny Earle, Medical Opinion in the Parish Will Case (New York: John F. Trow, 1857).

write the introductory chapter for the 1860 Census of the insane.¹⁶ His history of the insane and their treatment, his description of their present status, and his careful analysis of the census figures was a milestone in the annals of the publication of government statistics.

During his five years of service at Bloomingdale, Earle helped found three societies still in existence today. He served on the organizing committee of the American Medical Association, and became a charter member. The New York Academy of Medicine benefited from his preliminary work, and granted him the honor of reading his paper, "History of the Insane Hospitals in America," as the first report read before this distinguished assemblage. Not only was he one of the original thirteen founders of the Association of Medical Superintendents of American Institutions for the Insane, (later the American Psychiatric Association), but he was also its president in 1884. Locally, he aided in the founding of the New England Psychological Society in 1875, serving as its first president, and presiding once more from 1882 to 1885. He belonged to, and contributed to, numerous other professional organizations.¹⁷

¹⁶Pliny Earle, Chapter on Insanity in United States Census: 1860 (Washington, D.C. : Government Printers, 1860).

¹⁷Other organizations to which Earle belonged were the American Philosophical Society, The Medical Society of Athens, the British Medico-Psychological Association, and several state medical societies.

Meanwhile he handled the family estate while caring for his aged mother until her death in 1849. Family concerns were ever-present during Pliny's life. His brother William, blind for the last thirty years of his life, was totally dependent upon Pliny. Ill for years, his sister Lucy was finally admitted to the Northampton Hospital and died there in 1887. Jonah, his younger brother, was no less a concern. He, too, was taken care of by Pliny until his death in 1857.

Professionally and domestically, Pliny had offered much--but at great sacrifice to himself. Pliny suffered from intermittent, and sometimes prolonged, periods of mania and depression. The reasons for this despondency were many. Earle's life seems to have been shaped by disappointments. High expectations were not met at Bloomingdale; professional recognition did not come after his resignation from this New York institution; positions of administration were not offered; services volunteered as a surgeon for the Sanitary Commission during the War were ignored; questioning of curability statistics was met with anger and disdain. And, of course, there were disappointments in love.

Despite his personability and charm, Earle was also quite capable of alienating people. When he felt threatened, particularly professionally, he became extremely dogmatic. According to Sanbourne Bockoven, a recent critic of curability statistics, Earle was not above misusing statistics in

order to prove their misuse by others.¹⁸ In 1864, his pride was so threatened that he refused to be considered as a competitor for the job at Northampton. He replied to Dr. Prince that he would accept the offer only if his were the only name placed before the trustees.¹⁹ In a threatening situation, he either faced it head on without his usual tact and diplomacy, or he withdrew from the situation entirely.

The reasons for his behavior reach back into his family heritage, his choice of a career and his motivation for this choice, his preparation for the psychiatric field, the medical and psychiatric milieu which he entered as a neophyte, and most definitely to the hiatus in his career between 1849 and 1864. These fifteen years are extremely important for any understanding of why he died so renowned and acclaimed. But the hiatus, in turn, must be understood in the light of his early life and family background.

¹⁸J. Sanbourne Bockoven, Moral Treatment in American Psychiatry (New York: Springer Publishing Company, Inc., 1963), pp. 57, 61-65.

¹⁹Earle to Prince, April 22, 1864, Earle MSS, AAS.

CHAPTER I

CHOOSING A CAREER

Upon Pliny's retirement in 1885, the trustees of Northampton State Hospital went out of their way to laud Earle's professional skill, dedication, and rare executive ability;²⁰ and by this date Earle had reached the end of one of the most notable careers in the early history of American psychiatry, and was a figure well known to both English and American alienists.

It was now over twenty years since he had accepted the position as head of Northampton State Hospital. One of the first three state mental hospitals of Massachusetts, Northampton had been in operation for only six years when its first director resigned. The trustees of the institution, seeking a replacement, decided to offer the position to Dr. Earle.

The trustees could hardly have made a wiser choice at that moment in the history of American psychiatry. While not a creative theorist of modern psychiatry, Earle had achieved a level of distinction in the history of the treatment of mental illness in the United States which led one of

²⁰See above, pp. 7-8.

his colleagues to praise him in a private letter as the "Nestor of American psychiatry."²¹

After an early career beset with personal and intellectual problems, Earle must have felt a deep sense of gratification at this recognition. To be sure, his family heritage, his education, and his professional experience had readied Earle for his eventual fame. But the road had been a long one.

Born in Leicester, Massachusetts in 1809, Pliny Earle had roots that struck deep into the soil of New England. But in one respect his New England background was atypical: several generations of his family were Quakers.

American Quakerism had always followed the lead of England. By the middle of the eighteenth century, Friends on both sides of the Atlantic had settled into the comfort and prosperity of the middle class. In the vanguard of the Second Great Awakening, the philanthropic work of the Friends reached into every area of life, especially those needing reform.

Persecution of the Quakers had ceased by the early nineteenth century, and the Quakers of America prospered in both business and church membership. Despite their prosperity, they retained their traditional philanthropic interests. Originally, they were concerned almost exclusively for fellow-members, but by the end of the eighteenth century they extended their charity more widely to non-Quakers, most notably

²¹Blumer to Earle, February 7, 1891, Earle MSS, AAS.

in the crusade against slavery. The Quakers first had to purge themselves, individually and collectively, of the belief in the necessity and justice of enslavement of fellow humans. Once having accomplished this, they worked diligently to divest the rest of mankind of such beliefs. The universalizing pattern was the same in all their areas of concern.

The centers of Quaker energy in America were Philadelphia, New York, and Providence, Rhode Island. In 1741, as an off-shoot of the Providence Meeting, the Meeting at Leicester, Massachusetts was established. In New England, Providence rather than Boston became a Quaker stronghold because of the latter's long history of hostility to the Quakers. In the establishment and organization of the Leicester Meeting, the Earle family played the most prominent role. Especially noteworthy were the efforts of Patience Buffam Earle, the family matriarch and the mother of Dr. Earle. The Buffams had migrated to Leicester from Providence.

Near the end of the nineteenth century, when the influence of the Earles and Buffams in Leicester waned, the meeting place was removed to Worcester, and completely disappeared in Leicester. Today, the only indication that Quakerism ever existed in Leicester is the old Quaker cemetery located on a nearly deserted back road. The Meeting House has been demolished and present-day Friends of Leicester travel to Worcester to worship.

Though very much the nineteenth-century professional man, Earle belonged to the eighteenth century in his quietist version of Quakerism. It was the earlier century which produced a period of quietism, during which Quakers discovered the time and energy to consider and to initiate works of philanthropy. In the nineteenth century, Quakerism was torn by dissension. Despite their internal theological squabbles, the Quakers still continued, and even increased, their work as reformers.

Quaker historians make much of the differences in the eighteenth and nineteenth centuries.²² Yet, in matters of reform, their distinctions seem to be unjustifiable. The Quakerism of the earlier century manifested a unified theology, necessitated by persecutions. 1827 saw the great disruption of the Quaker Society. Elias Hicks, attempting to maintain the spirit of the previous era, but failing to gain the backing of the city elders, became the leader of the Liberal faction. The Liberal group, as opposed to the Orthodox, refused to adopt the English policy of definite doctrinal statements. Unfortunately, Hicks, in his efforts to defend the

²²See A. Neave Brayshaw, The Quakers: Their Story and Message (New York: Macmillan, 1927); Howard Brinton, Friends for 300 Years (New York: Harper and Bros., 1952); Auguste Jorns, The Quakers as Pioneers in Social Work, trans. by Thomas Kite Brown (Port Washington, New York: Kennikat Press, 1969); Elbert Russell, The History of Quakerism (New York: Macmillan, 1942); and D. Elton Trueblood, The People Called Quakers (New York: Harper and Row, 1966).

quietism of the eighteenth century, developed a stringent theology of his own. The Liberal Yearly Meetings never adopted these theological statements; but the split had been made, the damage had been done. Further dissension came within ten years when John Gurney, an English Friend, visited America. Gurney emphasized Bible study, and opposition to his work by John Wilbur led to further disagreements, particularly in New England and Ohio.

Earle was never noticeably disturbed by the internal dissensions of Quakerism. But his older brothers, John, Thomas, and William, were. They had been very active in the Hicksite controversy and they were politically far more active and liberal than Pliny. Perhaps this indifference to raging religious controversy was to be an indication of Earle's later hesitation to become involved in any disputed questions. He later reneged on the controversial questions of moral insanity in the courts, of improvements in moral treatment, of psycho-pathological investigations of insanity. The one exception was the question of curability statistics. Earle was at home in the field of statistics, and he had attained a secure position. Yet even here he had doubts, since the disapproval of his peers on this question of curability left him with intermittent periods of despondency throughout his later years at Northampton.

Earle, for the greater part of his active life, was

not a practicing Quaker. After he settled in Northampton, there is little concrete evidence that he had any further contact with Quaker worship. Unimpressed with the nineteenth-century penchant to evangelize, he was frequently admonished in this respect by relatives and friends.²³

Whether or not he was formal in his worship, Pliny could not escape the generally beneficent influences of Quakerism. He worked in a philanthropic field, and a relatively unpopular one at that; he was frugal; he loved order and system; he lived an apparently upright life; he searched always for the truth in his professional work; he was interested in the practical sciences, with a deficiency in the classics, of which he boasted; and he applied the principles of non-violence to his treatment of the insane.

And yet, at times, Earle was not a Quaker at all. Already it has been noted that he was not concerned with the Quaker discussions of his time. Although aware of the Hicksite, Wilburite, and Gurneyite doctrines; he adhered to none. Discarding the dress of the Quakers as an external manifestation seemed to be his first step away from orthodoxy. He enjoyed dancing, music, card-playing, billiards, and many other forms of light entertainment not ordinarily approved by the Quakers. The pleasures of social events in New York, Washington, Charleston, and Havana enticed him. The manifes-

²³Franklin Sanborn, Memoirs of Pliny Earle, M.D. (Boston: Damrell and Upham, 1898), pp. 282-83.

tations of inner conflict in his accounts of these affairs were obvious, for he treated them in a jocular manner, but in such a way that his sense of sin was apparent. Further examples of his guilt feelings occurred in his descriptions of the Cuban festivals which he attended in 1852. His diary is filled with tales of these events, eye-witness accounts, supposedly told to him by other people, who in reality were none other than Earle himself. He described a cock fight attended by "his barber"; an evening spent on the town by an "American physician"; and a masked ball attended by "a man who was in Europe when [I] he was."²⁴ Earle was an inveterate participant in these and similar events. In this respect he did overcome his residual Quaker seriousness. His break with Quakerism was so complete that in his autobiography,²⁵ the only mention he made of his Quaker heritage was in connection with his formal education at Providence and the University of Pennsylvania.

Indeed, because of his later inactivity, Earle may well have benefited from the early eighteenth-century doctrine of "birth-right membership". In 1737, the Society of Friends eased their requirements for membership. Previously, the Friend had to be inspired by the Inner Light and openly

²⁴1852 Diary, Earle MSS, AAS.

²⁵Biographical envelope, Earle MSS, AAS. Earle's unfinished autobiography was written in the third person. His niece compiled and recorded his notes, but the work is definitely that of Earle himself. In this collection at Worcester there is also a notebook of autobiographical notes in Earle's own hand.

manifest the results of such a conversion. Now the children of members were automatically entered on the rolls of membership. Once accepted, they were retained for life, barring any serious offense. Even when they became inactive, they were listed in the hope that sustained membership might eventually ease the way for their return to full and meaningful participation.

Despite the size of the estate Earle left (about \$108,000),²⁶ he bequeathed but two thousand dollars to a Quaker cause. This he gave to the Uxbridge, Massachusetts Monthly Meeting with the provision that three-quarters of it be used for repairs and improvements to the Friends' burial ground in Leicester. It would seem that he was moved less by reverence for Quakerism than by pride of family.

A Quaker by virtue of his family heritage and background, Earle, then, was not the usual Friend. Somehow his unusual personality and his spirit of independence enabled him--not without some guilt feelings--to reject, or at least to remain indifferent to, parts of his Quaker heritage and retain other parts. On balance he retained the best in the philanthropy, the social conscience, the motivation for achievement--while casting aside the structures of religious practice, such as Meeting attendance or avoidance of such "creaturely" activities as card-playing. He did not entirely

²⁶Springfield Republican, May 19, 1892, Sanborn, Memoirs of Pliny Earle, M.D., pp. 390-94, and Forbes Library, Northampton, Massachusetts.

escape the guilt feelings associated with common American experiences.

In some ways, a Quaker background was advantageous for fields of social work. The Quaker tradition of reform, together with established reform institutions, made such a career seem a natural one. But one area of reform to which the Quakers came late was the treatment of the mentally ill. By the early nineteenth century, however, American Quakers had begun to work in this field. Here certainly, Pliny Earle could have chosen to commit his innovating and creative talents.

But the young Earle had difficulty choosing any field in which to work. The possibilities for a lucrative and safe career were many, if he were to follow in the footsteps of his father or brothers. They were limited if he had a yen to be unique.

Being the eighth of nine children, and the fourth of five sons, Earle was in constant rivalry with his siblings. Pliny was the last of the sons who was expected to choose a career. Jonah, four years younger than Pliny, was physically and intellectually unsuited for a professional career. According to the Reverend Samuel May of Leicester, "Jonah had less than his equal share of the mind and capacity of the family."²⁷

²⁷Samuel May to Franklin Sanborn, May 26, 1897, Earle MSS, AAS.

The seven older children were already well-established and making their contributions. The eldest brother, John Milton, was the editor of the Worcester Spy, a representative to the General Court, and an active abolitionist in Worcester. Thomas was a successful lawyer in Philadelphia and at least prominent enough in political circles to be John G. Birney's running mate for the Liberty Party. William was also an active journalist and abolitionist. Although he was to be blind for the last thirty years of his life and completely dependent upon Pliny, William's early success and activity offered a challenge to Pliny's choice of a career.

Even the women of the family offered Pliny no respite from competition. Both Sarah and Eliza were teachers, and had even established their own school, the Mulberry Grove School for Young Ladies, in Leicester. They had also preceded Pliny as teachers at the Friends' School in Providence. Sarah, in conjunction with others, had established a women's literary circle when Pliny was only ten.

The business world, though the employment of his father and uncles, was not to have the magnetism for the Earle brothers that it had had for the previous generation. Business ambitions were for eighteenth-century Friends. Besides, the family business, in which Pliny's father had been so successful, was now controlled by his uncles.

Pliny was not totally unimpressed by prior endeavors of his family. He was proud of his father's business success. Both in his genealogy of the family and in his unpublished and terse autobiography, he defended his father's inventiveness and prominence in the manufacturing of carding machines and methods in connection with Samuel Slater.²⁸ Pliny Earle, Sr. made the first American cotton carding machines driven by waterpower. Pliny, Jr. worked for his father as a youth, and became quite fascinated with the prevailing business practices, as well as amazed at his own abilities. Mercantile interests, however, could hold no real sway when one's brothers and sisters were engaged in more professional fields.

Maternal domination also played a part in Pliny's choice of the professional over the mercantile. Patience Buffam Earle was an intelligent and charming woman. She was a dedicated Quaker, opening her home regularly to Meetings of the Friends. Although her husband was a Quaker by birth, he was inactive. Yet he did not object to this activism in his home. Patience Earle taught each of her children from infancy. She had complete control over their education, and apparently over their lives. As already noted, Pliny was the last child for which she could do

²⁸Pliny Earle, The Earle Family: Ralph Earle and His Descendants (Worcester, Massachusetts: Press of Charles Hamilton, 1888), and Biographical envelope, Earle MSS, AAS.

anything fruitful. This relationship was emphasized later in both their lives when she became completely dependent on him. Her death in 1849 so disoriented Pliny that he was unable to synthesize his life or career. It was 1849 that marked the beginning of the hiatus in Earle's life, that fifteen years of search for his special niche in his chosen field.

Patience Earle taught her children their letters before they were twenty months old. An avid reader herself and an amateur poet, she constantly encouraged her children to read, and for this gained the undying admiration of her favorite son. Patience accompanied her son to the site of his first formal education, Leicester Academy, an unusual act, which underlines her ever-present influence.

She was an imposing figure to everyone who met her. Earle quoted a local Quaker minister saying of her, "She was the most capable woman, taking her in every aspect, that I ever knew; and I have known a great many."²⁹ And Reverend Samuel May described her thus:

She . . . was known generally as "Aunt Patience"
 a woman of tall and commanding figure. As
 I remember her, she was of unusually large frame
 and rather masculine in appearance, quiet in
 manner, slow in speech, and of winning voice.
 She was a greatly respected and influential
 member of the local Society of Friends
 She was probably the leading figure in their
 society here at the time³⁰

²⁹Biographical envelope, Earle MSS, AAS.

³⁰Samuel May to Franklin Sanborn, May 26, 1897
 Earle MSS, AAS.

If she so deeply impressed acquaintances outside the family circle, one can well imagine the decisive effect she must have had on her children, especially on a young son looking for his place in the world.

In the search for his eventual career, Pliny tried his hand at teaching--sometimes termed a way-station for professional men. Between 1826 and 1829 he attended the New England Yearly-Meeting Boarding School at Providence. For the next six years he taught at this establishment, becoming its principal in 1835. His role as administrator was short-lived since he resigned his position in the fall of that year in order to pursue his medical education at the University of Pennsylvania. Earle fell into this career temporarily, marking time prior to formal entrance to medical school. Nevertheless the experience did influence him eventually in his way of treating the mentally ill.

As early as 1831, Earle had considered the legal profession. At that time Thomas was well-established in Philadelphia, and Pliny wrote to him for advice concerning his future.³¹ His older brother's professional success was impressive, and the enchantment of a thriving metropolis and social center such as Philadelphia was a lure. Earle's need to find his own place in the world, however, was too strong for him to choose a career that would put him in his brother's shadow.

³¹Pliny Earle to Thomas Earle, October 9, 1831, Earle MSS, AAS.

While traveling in Europe for the first time from 1837 to 1839, he contracted with his brother, John Milton of the Worcester Spy, to publish his travel notes. Earle never gave up this journalistic interest, as his long list of periodical publications attests.³² But, once again, the need to stand out prevailed over the temptation to follow in anyone's footsteps.

There is little evidence to explain why Earle settled on a medical career. But with business, journalism, and law already occupied by other members of the family, what other professional field was open to a searching youth in the early nineteenth century?

Earle did his pre-medical apprenticeship under the guidance of Dr. Usher Parsons of Providence. Parsons was a rather well-known surgeon in the early nineteenth century, having gained his local fame from recognition of the value of his new surgical techniques used during the War of 1812. Parsons' military superiors wrote laudatory reports about the work of their talented surgeon, reports which when made public, did him no harm in establishing a successful practice. As a local hero and leading practitioner of medicine, Parsons went on to serve on the faculties of Brown and Dartmouth Colleges.

³²See Earle's own list of publications, Biographical envelope, Earle MSS, AAS. Also Franklin Sanborn, Memoirs of Pliny Earle, M.D. pp. 317-320.

His influence, however, was somewhat superficial, since surgeons were not considered the elite of the medical profession. There is no evidence that Parsons influenced Earle's eventual choice of a field of specialization. Parsons never came closer to considering mental illness than listing Benjamin Rush's On the Mind as one of the three most quoted American medical books.³³

Even while at the University of Pennsylvania, Earle gave no indication of later interests. His lecture cards still survive. They list his attendance at classes in the theory and practice of medicine, materia medica, anatomy, surgery, obstetrics, and chemistry.³⁴ Of course, between 1835 and 1837 when Earle was at the University, not one medical school in America offered any formal education in the field of insanity. Benjamin Rush, before his death in 1813, did emphasize training in the diseases of the mind. His successor used Rush's notes, but even these were apparently discarded by the time Earle arrived in Pennsylvania, so that from 1813 until 1848 no American medical school included lectures on mental illness in its curriculum. In 1848 the Washington Medical College of Baltimore made the innovation. Earle acknowledged this inadequacy himself in his first lecture at the Berkshire

³³Howard Kelly and Walter Burrage, American Medical Biography (Baltimore: Norman Remington Co., 1920), p. 892.

³⁴Lecture cards, Earle MSS, AAS.

Medical Institute in 1864. Even in Europe, the first alienists received their training and knowledge from the practical experience of trial and error. Superintendents of European and American asylums were generally non-medical men until the mid-nineteenth century.

Despite a lack of opportunity for formal training and despite a lack of inspiration, Earle chose to do his graduating thesis in the field of psychiatry. As revealing as this may seem, it loses some significance when all circumstances are considered. First, most graduating theses in the medical field were done as purely academic exercises, not for scientific advancement. Secondly, by self-admission, he mentally surveyed "the medical realm in search of a subject for his graduating thesis, which he could treat with at least a little show of originality--even if only of research"35 Therefore he was primarily motivated, once again, by his tremendous drive to be different, to be unique; not just by a social awareness of the problem, not by a personal or intellectual attraction to the field.

Upon graduation in 1837, Earle was apparently still undecided. He immediately sailed for Europe. It is difficult to determine if he went with the intention of further study in medicine, or if the trip was simply the upper-middle class

35Biographical envelope, Earle MSS, AAS.

thing to do. He had originally intended to travel for one year. But after visiting some insane asylums, he extended his plans for another year.

If he had planned further medical study, he would more likely have headed for Edinburgh, the center for American medical training in the first decades of the century. Pliny did not study in Scotland, but spent an extended time in England, mainly in, and around, London. His introduction to Quaker philanthropy here probably had more influence in his choice of an area of concentration than any other circumstance. Here he was first introduced to the Tukes. William Tuke had founded the famed York Retreat in England and initiated the whole regimen of moral treatment of the insane. His work was now carried on by his grandson Samuel. With him, Pliny first seriously discussed the causes of insanity; and at York, Pliny first observed the treatment of the insane. Although he stated in his autobiography that he had visited Woodward at Worcester State Hospital, it was the York Retreat which was the epitome of enlightened treatment of the mentally ill. His experiences in England started him on his extended studies of, and journeys to, the more noted European asylums.

In his conversations with Samuel Tuke there appeared the first indication of one of his unspoken reasons for his choice of specialization. Earle was extremely concerned, once having chosen his field, with the hereditary aspects of insanity.

Franklin Sanborn, his official biographer, referred to this only vaguely in mentioning that Earle may have been influenced by the early death of a beloved cousin. Cousin Mary, having recovered from a serious physical illness, remained insane, and died in this state. This reasoning is rather unconvincing, since Earle never mentioned his cousin himself. Sanborn based his supposition on the testimony of another cousin, Rebecca Spring, who proposed this theory in 1897. Sanborn ignored a statement in Rebecca's letter, however, that was even more revealing. Near the end of the letter, Mrs. Spring remarked:

A disappointment in early life turned his interest still more upon the life he had chosen. Later he was interested in a lady of Salem, and she in him, but he told me he could not marry her on account of there being insanity also in her family.³⁶

Earle had been particularly struck with Tuke's discussion of the "extreme cultivation of the ties of consanguinity, the parental and fraternal affections" as related to the causes of insanity.³⁷

In 1848, in his article in the Journal of Insanity, "On the Causes of Insanity", Earle devoted the greatest amount of space and statistics to hereditary factors.³⁸ And in his History, Description, and Statistics of the Bloomingdale

³⁶Rebecca Spring to Franklin Sanborn, July 17, 1897, Earle MSS, AAS. Italics mine.

³⁷Diary, September 9, 1837, Earle MSS, AAS.

³⁸Pliny Earle, "The Causes of Insanity," American Journal of Insanity, IV (January, 1848), 185-211.

Asylum for the Insane, he again devoted an entire section, complete with intricate tables, to hereditary influences.³⁹

While a superintendent at Northampton, he was negligent in recording treatment of any kind. Yet, he carefully documented the initial entries for patients as to their relatives who were, or had been insane.

Ironically, just as he was ending his career in 1885, his own sister, Lucy, then 80, was admitted to the Northampton Hospital. Her records show at that time she had been continually insane for five years. Her first recorded attack had been noticed twenty years before. The cause of her illness was listed as "unknown," which meant, in Earle's terms, that there was no direct or immediate cause.⁴⁰ It would be safe to theorize that Earle felt the predisposing cause was heredity, and that this explanation was threatening or embarrassing enough to make the upright Earle neglect his duty in not recording it.

Pliny chose the medical field in large part because it was the only one in which one of his siblings was not already successful. He chose the particular branch of psychiatry not only because it was relatively new and untried and therefore offered an opportunity for originality, but also because he was intensely concerned about the possibility of insanity in his own family. Having a cousin who died insane, a sister whose

⁴⁰Northampton State Lunatic Hospital, Register, 1885.

first recorded attack of insanity was neither recent nor unexpected, a younger brother who was mentally simple, and an older brother who was incapable of caring for himself for the last thirty years of his life, would certainly lead a man like Pliny Earle to ponder a career dedicated to the study and care of the mentally ill.

CHAPTER II

PREPARING FOR A CAREER

The motivations for the choice of a career and the important influences in the preparation of a career are always rather nebulous. Yet, as already noted in Earle's choice of a career, there were certainly some events and circumstances that explained his selection of psychiatry as a field of concentration. And so with the preparation for his profession, there were incidents that shaped his ideas on insanity, his attitude toward his colleagues and their work, and his professional formation.

Parental influences and early education have varying degrees of importance. For Earle, the particular talents of his parents carried more weight than his somewhat ordinary elementary schooling.

At a very early age, Earle began attending classes at the public district school of Leicester. He deemed himself somewhat precocious, since he claimed placement in the highest class of reading, working from Scott's "Lessons," when he was but five years old.⁴¹ He continued at this school until he was ten, and then entered Leicester Academy in 1820.

⁴¹Biographical envelope, Earle MSS, AAS.

The Academy had been founded in 1784 and offered courses in the classics, sciences, and business. Initially, Earle was impressed with some of his teachers, but was critical of the organization of the school. He described the preceptor of the English department as "a genial, good-natured man, without much natural taste for his employment, and not specially fond of severe work, but who still performed his prescribed duties without censure." He judged the head of the Classical department as being an excellent scholar, but was apparently more impressed with this man's near-sightedness which enabled him to have "the magical power of making every pupil in the schoolroom believe the master was looking right at him."⁴²

One more term was spent at the district school, and then, in 1826, Earle left his hometown for the New England "Yearly-meeting Boarding-school" in Providence, Rhode Island. The next three years were spent in completing his basic education. Earle stayed at the school for six years, passing through varying degrees of assistant teacher, teacher, and finally principal in 1835, when he left to study medicine full-time at the University of Pennsylvania.

Teaching at the Providence school, Earle was well-entrenched on the paths of innovation and of statistical analysis. Although his regular duties were to teach spelling,

⁴²Ibid.

writing, grammar, and mathematics, he frequently lectured to his regular classes on botany and the natural sciences. Botanical interests, although not unusual then, led Earle to a modern educational approach, i.e., the learning about the local specimens by planning field trips in order to gather the material for the course. In the conduct of his spelling course, Earle also displayed educational insight. He was the first at this school to introduce the method of writing down words to be spelled. In speaking of another teacher, Earle stated in 1833:

D. does pursue the method of having the words written for spelling; but it was introduced by me. I recommended it a long time before it was adopted, but could get none to encroach so far upon the "good old way" as to attempt this reformation. Therefore, I asked my class one morning to take their slates for spelling, they did so, and were much pleased with the exercise. Very soon the whole school were using their pencils so.⁴³

As a result of his spelling courses, Earle, also first displayed his statistical bent. He was already very careful about substantiating his figures and minutely defining his point. Realizing the difficulties inherent in the spelling of English words and the problems in communicating the rules of such spelling to his pupils, in 1832 he made a study with the following results:

When my spelling-class consisted of twenty-one, I put the names of the twenty-four United States to them. They spelled on their slates; and I found more than two hundred mistakes, - an average of ten apiece. Again, when there were twenty-seven

⁴³Ibid.

in the class, I made a list of fifty-two words, things commonly known to them. They spelled wrong, in the aggregate, three hundred and ninety-one times In an additional list of sixty-one words, a class of twenty-eight made six hundred and sixty-eight mistakes. These, however, were more difficult words. One youth of seventeen made forty-three errors.⁴⁴

Had Earle spent more time in teaching the spelling words, rather than in compiling the statistics of errors, perhaps his results would have been more encouraging!

His meticulous concern with statistical proof of his work, even at this early stage, foreshadowed the years he was to spend in questioning curability figures of insane asylums. This mathematical obsession enabled him to produce in 1877 what he considered his chief work, The Curability of Insanity. Not only did Earle consider this his greatest work, but experts of his own time, as well as recent writers, hailed it as an important work. Gerald Grob in The State and the Mentally Ill, gave Earle total credit for the introduction of the "Age of Pessimism" in psychiatric treatment because of Earle's questioning of earlier statistical proof of the ease in curing cases of mental illness.⁴⁵ Norman Dain noted the change in attitude of the public and the profession toward curability as a result of Earle's pessimism,⁴⁶ and J. S. Bockoven also pursued the

⁴⁴Pliny Earle to Eliza Earle, March 24, 1833, Earle MSS, AAS.

⁴⁵Gerald Grob, The State and the Mentally Ill (Chapel Hill: University of North Carolina Press, 1966), pp. 231-32.

⁴⁶Norman Dain, Concepts of Insanity (New Brunswick, New Jersey: Rutgers University Press, 1964), pp. 120-21.

theme of Earle's negative influence.⁴⁷ A contemporary of Earle, writing a notice in the July, 1883 edition of Alienist and Neurologist, substantiated this effect:

Dr. Pliny Earle contributes another of his dispiriting articles on the curability of insanity, which are all the less welcome since we can find no flaw in his reasonings, and are compelled noleus et noleus to accept his conclusions⁴⁸

At the age of twenty-three, Earle was beginning the type of studies which ultimately would bring him much of his notoriety.

Earle's mother had been a strong influence in his choice of a career and of his state in life. Despite her overpowering personality, Earle's father, Pliny, Sr., was not totally ineffective in shaping his education and character.

Earle wrote of his father:

My father . . . was a man of good intellectual powers, with a love for the science of mechanics, and much inventive faculty. He received little literary education; He had a special turn for mathematics, without the opportunity of pursuing its higher branches; and he acquired, though not in the schools, such a knowledge of chemistry as the general student rarely obtained in his active life.⁴⁹

Pliny, Sr. had been a farmer and then turned to trade and manufacturing. Although, just before his death in 1832, there were some financial setbacks, the elder Earle was extremely successful in all that he undertook. Even while engaging in

⁴⁷J. Sanbourne Bockoven, Moral Treatment in American Psychiatry (New York: Springer Publishing Company, Inc., 1963), chs. IV and V.

⁴⁸Earle's hand-written copy of this notice is contained in the Earle MSS, AAS.

⁴⁹Biographical envelope, Earle MSS, AAS.

manufacturing, he ran a successful farm, employing others to help. He never lost interest in agriculture, for his son related a number of tales of experiments in his orchards, particularly in the grafting of fruit trees. Pliny's father did not require it, but Pliny did often work at the farm and "made himself familiar with the use of every farm tool used at that time."⁵⁰ This early training was certainly largely responsible for his extraordinary ability to make the hospital at Northampton a financially-sound and profitable institution.

His father's business of manufacturing cards and carding machines also proved a learning ground for Earle--one which again played a part in his later ability to run the organization at Northampton efficiently. Here he worked in the carpenter and blacksmith shops, and studied the new steam machinery in which his father had invested. Delivering work to be done in various homes of the area also gave Earle an early education in social graces.

This early education at the feet of his father was more practical than academic, but it proved the saving grace for Earle in later life. Without it Earle's total influence in the psychiatric field might have been based on his introduction of the pessimistic era in which psychiatric care devolved from the positiveness of moral treatment to the negativeness of custodial care. Earle's salvation, however, was that he administered Northampton so systematically and efficiently, that

⁵⁰Ibid.

his regime became the model of public institutional operation. The influence of his father and the experience of his father's agricultural and mechanical endeavors provided Pliny with the necessary knowledge for his task at Northampton.

Earle was not unaware of the debt he owed to his father and mother. Realizing that his father's death was imminent in 1832, Earle wrote to his family:

I have often thought that, in whatever situation we brothers and sisters may find ourselves,-- whatever may be our characters or our success in the world,--we can never throw the least shadow of reproach upon our parents. They have done everything in their power for our benefit; and, though they may have failed in one respect (which indeed is of trifling importance) to do as much as they wished, that failure was owing to events beyond individual human agency to control. And are not those benefits we have received of far greater value than wealth? If we compare the situation of our family with that of the great mass of people, shall we not find abundant cause to be thankful?⁵¹

A grateful son, Pliny acknowledged the early forces that had shaped his character and personality. He always strove to repay the debt he felt he owed to them. There was nothing he could do for his father since he died when Pliny was only twenty-three, but he was the support and consolation of his mother for another seventeen years, and he cared for his sister and two brothers until their deaths.

Earle was continually torn between two desires regarding

⁵¹Pliny Earle to Eliza Earle, November 24, 1832, Earle MSS, AAS.

his home. He had a yearning to travel and to see new places and people, yet in his opinion "love of home is an affection that lives throughtout existence,--an indelible principle."⁵² He was able to reconcile these opposing desires, for at the end of his life he was a well-seasoned traveler, yet he usually returned to Leicester between excursions. Even in his long term at Northampton, he managed to spend a good deal of each summer at his homestead.

School at Providence was Earle's first extended expedition from home. But even Providence was little more than a branch of home for he was in his mother's home city and among Quakers, many of whom were his cousins.

While teaching at the boarding-school, Earle was also fulfilling one of the requirements for entrance into the medical school at the University of Pennsylvania--that of a two-year apprenticeship. In 1835, he completed his preparatory medical work under the tutelage of Dr. Usher Parsons, resigned his position as principal at the school, and entered the Medical College at Philadelphia.

Philadelphia was an entirely new scene for Pliny Earle. His first recorded impressions centered around the never-before experienced celebration of Christmas. This holiday was not even celebrated in Puritan New England for many years after. A letter to home written on Christmas Eve recorded his amazement at the hustle and bustle of holiday shopping and visiting.

⁵²Pliny Earle to Sisters, September 12, 1831, Earle MSS, AAS.

Jokingly he marveled at the duties of Santa Claus, remarking that "the stocking of every manikin and every womanikin overflowed this morning with the gifts of Saint Nicholas. With honor be his name spoken!"⁵³

The new experience of a Christmas celebration he could treat in a jocular and pleasant fashion; the new experience of roudy medical students was another matter entirely. The class of medical students of 1836-1837 were described by their preceptors, apparently with tongue in cheek, as the "most gentlemanly class that ever attended this school."⁵⁴ After citing this description, Earle went on to note the events of the year which consisted of one caning with the favor returned, three stabbings, and a shooting. The impression made on the local inhabitants was also quite indicative of the lack of gentlemanliness among the medical students, as Earle stated, "every disobedient urchin is told, 'I'll give you to the students;' and by this magic of a name he brought back to the path of rectitude." More student disorders occurred in the following year. By this time, Earle was apparently more cosmopolitan, and was able to complete his studies unruffled by the disturbances. Earle graduated somewhat early, in March of 1837, because of his anticipated European tour. He returned to

⁵³Pliny Earle to Sisters, December 25, 1835, Earle MSS, AAS.

⁵⁴This and the following description were in a letter from Earle to Sisters, February 28, 1836, Earle MSS, AAS.

Leicester to say farewell to his family, made arrangements with his brother, John Milton, to have his travel notes published in the Worcester Spy, and sailed from New York on April 25, 1837.

After nearly three weeks at sea, Earle was anxious to enter the Quaker society of England. His personal charm, as well as the many letters of introduction he carried with him, made Earle welcome in these circles. So involved was he in the religious, social, and philanthropic life, that he stayed four months rather than the two weeks he had originally planned. At this point in his life, Earle was hardly financially-solvent enough to tour leisurely, aid, however, came from the unexpected and generous offer of a newly-made Quaker friend. Consequently, Earle spent the summer touring England, Scotland, Ireland, and Wales. His new acquaintances were notable persons in Quaker activities, in the medical profession, and in his personal life. Many an evening was spent with Elizabeth Fry, Samuel Gurney, Samuel Tuke, Joseph Lister, and Elizabeth Arnold, to mention just a few.

Paris and medical studies beckoned in September, but Earle was not to forget the warm reception of his English friends, for he returned in the late spring and early summer of 1838, and again in 1849 and 1871.

Earle had been urged by his cousin, Dr. Elisha Bartlett, to study under Dr. Louis at the Hôtel Dieu in Paris. He did

follow Bartlett's advice, but not to the exclusion of other noted French medical practitioners and lecturers. Nor did he devote his entire time to medical study. Earle could never resist the social life of any city he visited. Students' hours at the hospital were generally from 7 to 10 A.M. and 3 to 5 P.M., therefore Earle had ample time to enjoy luncheons, dinner parties, the theatre, and any other event that caught his interest. He mastered French within a few months and then worked to become equally fluent in Italian.

Studies in Paris were purely medical and it was not until the spring of 1838 that Earle mentioned visiting any continental asylums for the insane. Living in Paris and having expressed at least some interest in insanity, Earle would naturally visit Bicêtre and Salpêtrière, the scenes of the great work of Pinel. These were the first of many asylums visited by Earle in his three trips to Europe (1838-1839, 1849, 1871). Although in 1838 and 1839, he had no plans to publish his observations for he had taken only sparse notes, by 1841 he was convinced of the need of Americans for a knowledge of European institutions. The resulting work, A Visit to Thirteen Asylums for the Insane in Europe, described the major asylums Earle visited with additional hospital facilities outlined, although Earle in most cases had not seen the latter ones. The published article also contained descriptions of the asylums in the United States. Again, this material was not gleaned

from his personal observations, but from perusal of the annual reports of the institutions.

Three aspects of moral treatment, or the lack of these, particularly impressed Earle even at this early stage of his observations. The asylums at Middlesex, Wakefield, and York in England; Utrecht in Holland; Bicêtre and Salpêtrière in France; and Milan in Italy were all praised for their emphasis on manual labor as a curative means. Other asylums, besides these, were noted for their use of other means of therapy, such as religious worship, amusements, and attempts at creating a home atmosphere. Finally, Earle's watchword, "order", was outstanding at Utrecht about which Earle said he had seen "in no other institution . . . greater neatness, more apparent order, or the evidence of a more enlightened and rational mode of treatment."⁵⁵ On the other hand, his criticism of Timar-hané in Constantinople was severe. He had never seen such terrible conditions and could not reconcile the supposed reverence of the Moslems for their insane with the treatment of their institutionalized lunatics. His condemnation of this asylum was so strong that Dorothea Dix made it a point to visit Timar-hané on her European tour. Her zeal for reform was somewhat disappointed, however, for by the time of her arrival in the Turkish capital, amelioration of conditions had already been undertaken.

Most of what Earle saw and approved of in these asylums

⁵⁵Pliny Earle, A Visit to Thirteen Asylums for the Insane in Europe (Philadelphia: J. Dobson, 1841), p. 24.

became part of his program at Friends' and Bloomingdale, but even more so at Northampton. Earle was no innovator. He liked what he saw and he copied it. In this respect, he was comparable to most of his American co-workers in psychiatry, who were not creators of new systems and methods of treatment, but imitators of the best that their European colleagues had to offer.

Attached to Earle's description of the European asylums was "the most important part" of his graduating thesis on insanity. The published article was entitled "Of the Causes, Duration, Termination and Moral Treatment of Insanity,"⁵⁶ while the original work's title was far more generalized as "An Essay on Insanity."⁵⁷ The title was not the only change that occurred in the four years (1837 and 1841) between the writing of the two essays.

Much in the two articles was the same, particularly Earle's description of the principles and means of moral treatment. Minor changes occurred in the later article which reflected the changing psychiatric milieu in America. "Autopsic investigations" were no longer considered important enough to be included. This type of research fell into disuse, although

⁵⁶This article was originally published as "Researches in References to the Causes, Duration, Termination, and Moral Treatment of Insanity" in The American Journal of the Medical Sciences, XXII (August, 1838), 339-356, as well as an appendage to A Visit to Thirteen Asylums for the Insane in Europe.

⁵⁷Earle's manuscript of his graduating thesis is in the archives of the Westchester Division of the New York Hospital, White Plains, New York.

it was to gain prominence again in the last decade of the century. In 1837 Earle had recommended that individuals suspected of having an inherited predisposition for insanity refuse marriage. This admonition was deleted four years later. Detailed lists of the uses and effects of various drugs in the medical treatment of insanity were totally dropped, not only from Earle's article, but also from the American psychiatric scene. Earle had devoted five pages of descriptions of drugs in his original essay, within four years, he dismissed medical means with a terse sentence and devoted his entire section on treatment to the moral means. Earlier, he had even recommended bleeding the patient. From recommending the practice in 1837, to eliminating any mention of it in 1841, Earle progressed to total condemnation of venesection by 1854. Again, the evolution of his attitude was merely a reflection of changing attitudes in the profession.

Earle added much in the way of illustrative anecdotes to his 1841 publication. He also noted some new ideas on the causes of insanity. The most prominent among these, and one that was just beginning its long hold as a theory of causation, was masturbation. Here-after all asylum reports listed this as a physical cause of mental illness, and even today many in the American public believe in the possibility of bringing on insanity by masturbation.

But the most important and significant of Earle's alterations was his total deletion of the section on curability. At first this would seem to be a contradiction, since Earle's later life was devoted to this cause. But Earle was in the process of refining his somewhat naive ideas in regard to insanity. In 1837 he used statistics from Bloomingdale, Hartford, Worcester, York, and Glasgow to illustrate the advantages of early treatment. He was so optimistic that he asserted that with early treatment it was possible to cure 91.66% of all patients. What a difference from his later percentages of 20% or less. Within four years, his acceptance of these high possibilities for cure was so shaken that he simply eliminated any reference to curability, biding his time until he could substantiate his growing pessimism.

This essay, merely an appendage to his major work on the description of European asylums, served as an indication of the development of his more sophisticated ideas on insanity, its treatment, and its ultimate prognosis.

Earle's first tour of Europe took place between the writings of these two articles. What he had observed there certainly affected his point of view. He became convinced of the benefits of moral treatment, he rejected, almost completely, medical treatment, and he was beginning to question curability statistics. His life and work were taking their shape from this European experience of 1838 and 1839.

With a medical degree from the University of Pennsylvania, a year's study in Paris, and a tour of noted insane asylums in Europe, Earle was well-prepared to embark upon his career. Since private psychiatrists were non-existent, Earle had to wait for an offer from some institution to begin the practice of his chosen specialty. While biding his time, he opened a general office in Philadelphia, and it was only a matter of months before the Board of Managers of the Friends' Asylum in Frankford, Pennsylvania offered him the position of resident physician.

Friends' Asylum was one of the first hospitals in America designed for the exclusive practice of moral treatment for the mentally ill. It was second in time only to the Williamsburg Hospital in Virginia, which had been founded before the Revolution. The suggestion for the Frankford institution first came up in 1811 at the yearly meeting of the Society of Friends in Philadelphia. Fund-raising was undertaken and the hospital opened its doors on May 15, 1817.

The set-up of the hospital was directly modeled on that of Tuke's regime at the York Retreat in England. Because there was no model to turn to in the States, the governing board had sent its representatives to York for study. Friends' Asylum, like York, was a Quaker foundation exclusively for the treatment of "such of our members as may be deprived of their

reason."⁵⁸ Even after 1834, when the hospital expressed its willingness to take other patients, the authority always remained in Quaker hands. York's principle of non-restraint was practiced as far as possible and manual labor was used as the most effective means of moral treatment, combined with other recreational and educational activities. Medical therapy advanced so that depletives were replaced in keeping with more current medical practices.

Friends' Asylum was the ideal place not only for the advancement of moral treatment, but also for any fledgling psychiatrist to train and experiment. The physical plant itself was isolated, which was considered the ideal type of location for an asylum for the insane. This trend was also exemplified in the various sites which the Bloomingdale (New York) Asylum occupied in its long history. Since no public monies were involved in the funding of the hospital, the governing board was totally free to select its patients for the ideal promulgation of moral treatment, and there was no outside interference in the conduct of the hospital. It was ideal for the benefit of the patients, but it was also ideal as a training ground for many of the leading psychiatrists of the mid-nineteenth century.

As resident physician at the asylum, Earle had no

⁵⁸As quoted from a series of lectures given by Dr. Arthur P. Noyes, "History of Psychiatry," at Friends' Hospital, Philadelphia, Pennsylvania, p. 11-1.

authority in the administration of the hospital, but he was relatively free to observe and to practice. Earle served between the years 1840 and 1842, when the government of the establishment was in the hands of a lay superintendent. This apparently caused Earle no difficulties, as the same situation would later at Bloomingdale. With no controversy or publicity, Earle worked.

Many of the programs of treatment Earle initiated and carried out at Northampton can be traced to the influences of these two years of assisting and learning at Friends'. Earle was obviously impressed by the emphasis on manual labor and other means of distraction employed with wealthier patients who might be adverse to working with their hands. During Earle's residency, many recreational and educational innovations were made. Particularly note-worthy was the organization of the Restorative Society. At the suggestion of the authorities, the patients helped to plan, carry out, and evaluate the occupational, educational, and recreational programs. A library for the patients was begun as early as 1838, and Earle added to the literary and scientific improvement of the inmates by conducting a course of lectures in 1841.

Lectures on any but religious subjects had not before been given to patients of a mental hospital in America, or elsewhere. Earle, in this respect, was an innovator. He was impressed with the effectiveness of this means of moral treatment, as were the administrators of the hospital, since they

continued the practice long after Earle had left. Earle, himself, continued the practice at Bloomingdale, at the Government Hospital for the Insane in Washington, and, most doggedly, at Northampton. He devoted much space in each of his twenty-two Annual Reports at the Massachusetts hospital to detailed lists of the subjects of the lectures as well as the numbers of those who attended. So firm was he in the belief of the beneficial effects of lectures, that in 1867 he presented a series of six lectures to the patients on their own malady! Although his diaries indicated that the reception of these talks was extremely favorable, he never did repeat this series.

Another principle of the treatment of mentally ill patients was learned by Earle at Friends' within a few months of the end of his service there. Writing to his family, he noted:

We have a C. E. [Caroline Earle] here from Maryland, who, in homely phrase, is "crazy as a loon," but improving rapidly. When she arrived, her husband, a brother, and two sisters came with her. After a while we walked out into the garden, C. walking with me. While I amused her, these relatives slipped away, and were off before she was aware of it. For a month afterwards she believed that I had ordered her friends murdered, and, having assumed the name of her husband, was making pretensions to her hand. Finally, this delusion was removed by the receipt of letters (written at my request) from all those who came with her. Never again shall I insist on detaining a patient by deception or stratagem. It shall be straightforward work.⁵⁹

And Earle held true to his word. It was apparently a bitter

⁵⁹Pliny Earle to Lucy Earle, September 30, 1840, Earle MSS, AAS.

lesson, for again his Annual Reports at Northampton are filled with admonition never to deceive any patient in any way.

Two other ideas impressed Earle during his service at Friends', one temporary, the other never relinquished. Early in 1842, he was convinced of the usefulness of phrenological delineation by a L. N. Fowler, and even submitted, along with Stephen Earle, to an examination and description of his own character according to these principles. He further used this new theory in describing the behavior of some of his patients at Friends', as will be noted below.⁶⁰ He later dropped this belief, but not that of the influence of the mind over the body.

Earle had an entire lecture prepared on the supremacy of the mind which he delivered annually at Northampton to the patients. So struck with the idea was he that his papers at the American Antiquarian Society are filled with anecdotes clipped from newspapers illustrating the power of the mind over the body. His preoccupation with this was not simply an idiosyncrasy, for his whole concept of the nature of insanity rested on the supremacy of the mind. In his lecture notes for medical students, he expressed this idea:

I believe that the psychic part of man is a being endowed with the power of perception, comparison, reflection, judgment; susceptible to the emotions of pity, of affection, of veneration, and destined to an eternal existence.--and that it is

⁶⁰See Chapter III.

brought into connection with the organic structure of the body, so that it can control the movement of the latter. (*Italics mine.*)

But--how are soul and body united?
Enough for me to believe that this union is effected by the nervous fluid So mind impresses the nervous fluid, the nervous fluid exerts its power upon the organs of the body and they are obedient to its influence, expressing that which it wishes or wills to express.⁶¹

In correspondence with Elizabeth Arnold, a personal friend, Earle reiterated the same concept.⁶²

While carrying out his duties at Friends', Earle was also gathering evidence for a variety of articles that he was later to publish. He made studies of color-blindness, paralysis of the insane, and pulse rates in the insane, as well as self-experimentation with the effects of conium maculatum.⁶³

In 1844, Earle was renown enough to be asked to take a similar position at the Bloomingdale Asylum in New York. The title of Assistant Physician went with this position, but as at Friends', the ultimate authority did not lie in this position. In the New York Asylum, however, Pliny had more leeway to continue to test his theories concerning the most effective means for moral treatment.

⁶¹Notes for Medical Lectures, Earle MSS, AAS.

⁶²Elizabeth Arnold to Pliny Earle, August 15, 1853, Earle MSS, AAS.

⁶³Conium maculatum was a drug derived from poison hemlock used to produce a lethargic state in the patient.

The official name of the institution today is the Society of the New York Hospital, with branches in New York City and White Plains. It was founded in 1771 as the first general hospital in New York and the second in the United States, but the first patients were not received until 1791. The first record of admission of a psychiatric patient was in May of 1797 when two cases of mania were listed. There must have been at least one other patient who escaped the recorder, though, for at the end of the month the records show that two were cured and one died. By the end of 1803 the number of psychiatric patients had grown to 215, and within five years their numbers had so increased that it was necessary to provide a separate building for the lunatics. In 1821, the "Lunatic Asylum" was removed to Bloomingdale Road, a site where Columbia University now stands. One of the original buildings still remains, although it will soon be razed. With the population of the city burgeoning, it was thought best to move the hospital into a more isolated area, similar to the relative location of Friends' Asylum in Philadelphia. Acting on the idea, the governing board of the city hospital elected to locate the new asylum in White Plains. The name of the Bloomingdale Asylum was kept although later the authority of the hospital became independent, and the care of the insane of New York City was turned over to the Payne Whitney Clinic of the New York Hospital. Since 1965, the Bloomingdale Asylum, or the

Westchester Division of the New York Hospital, has been integrated once more with its mother hospital.

For five years, Earle labored at Bloomingdale. Although the circumstances of his leaving were questionable, while serving there he established a long list of innovations in treatment of patients, instituted administrative practices, and made thorough studies of statistics.

From the beginning of the hospital, the Board of Governors was convinced of the necessity of moral treatment, consequently many of the ordinary means were already in use when Pliny arrived on the scene. Having publicly expressed his dissatisfaction with blood-letting, Earle practically abandoned this practice at Bloomingdale. He used no cold baths, and used the shower only with the patient's consent. The benefits of this device would be lost, Earle felt, if the patient did not understand that this was not a punishment but a means of recovery. He allowed the use of conium maculatum only after he had tested the effects of this drug on himself. Most mechanical restraints were eliminated, and personal restraint was resorted to only in the most violent cases. Earle particularly addressed himself to the mind and to the moral sense of his patients. Believing that the mind could still function in certain capacities, although warped in regard to others, one of the first things Earle did was catalogue the library. This grew out of his penchant for order and system,

but it was also the result of his desire to have literary materials available to his patients. Having reading materials handy was only one of the various means to implement the basic principle of distraction in the application of moral treatment. In 1845, under the direction and urging of Earle, a school for patients was established. Courses in "the English branches," some chemistry, and natural philosophy were taught to the twenty or thirty patients who regularly attended this educational endeavor. Immediately upon his arrival, Earle began his favorite project in regard to the treatment of the patients--his lectures. No longer was he to rely completely on the spoken word. Based upon the Governing Board's willingness to grant him other supplies, Earle requested a number of items to enhance the effectiveness of these lectures.

In the full belief of the utility of lectures and other similar discourses for instruction or entertainment, and that those subjects are the most useful which are susceptible of demonstration or illustration, either by experiment, or by means of diagrams which address the eye⁶⁴

Earle requested, and gained, all the apparatus and diagrams he could have desired. Although the particular machines are no longer in existence, the hundreds of hand-prepared slides that he used on the "magic lantern" are still in the archives of the Westchester Division of the hospital. Reading the lectures which Earle prepared and which are still in the major

⁶⁴Biographical envelope, Earle MSS, AAS.

collection of his correspondence in Worcester, one can easily imagine these slides corresponding with each talk and nearly visualize the fascination they must have had for Earle's patients who were so in need of distraction.

Earle's administrative ability and love of order began to bud at Bloomingdale. Within two years he had asked for and received more attendants; obtained higher salaries for them; and introduced the "single dose system," the Register of Discharges, and Case Records. The "Guide of Attendants" he compiled contained the most poignant example of his love of order and system. This guide was followed for fifty years after Earle had left the establishment. Following are Earle's "Maxims for the Halls of Bloomingdale:"

1. A place for everything, and everything in its place.
2. A time for the performance of each duty, and each duty to be performed at its appropriate time.
3. No place is clean if it can be made cleaner, and no place is in good order if it can be put in better order.⁶⁵

One is reminded of the comment in 1898 made by Dr. W. W. Godding of the Government Hospital in Washington (now St. Elizabeth's).

He was a most methodic and painstaking, conscientious man. He introduced many methods at St. Elizabeth that bore testimony to this. He evolved a form for registry of cases, and induced the superintendent to adopt it in place of that in use, which--when I came, years later, to take charge of the same side--I found both exhaustive and exhausting.⁶⁶

⁶⁵Pliny Earle, Brief History, Description, and Outline of Moral Treatment, Etc., rev. by Samuel B. Lyon (White Plains, New York: The Psychopathic Branch of the New York Hospital at Bloomingdale, 1904).

⁶⁶Sanborn, Memoirs of Pliny Earle, M.D., p. 256.

Reverend Samuel May, a Leicester minister, remembered visiting Earle at Bloomingdale, and he, too, attested to Earle's love of order.

. . . . he showed me the hospital and its methods. I saw then more intimately than I had ever done before the arrangements of an insane asylum, and how valuable were his precise methods and his exactness in all practical matters.⁶⁷

The administrative ability which was but budding at Bloomingdale reached full fruition once Earle received his final assignment to the State Hospital at Northampton. So effective were his combined talents then, that Carlson and Peters, writing on the sesquicentennial anniversary of his birth, noted that "it [Northampton] became an example of what economical and efficient management could accomplish."⁶⁸

With a busy schedule of administrative duties and the pressures of treating patients, Earle still found time to pursue his study of statistics. By October, 1847, Earle was ready to publish his first major statistical study. He submitted his report of the hospital to the Governing Board, with a request that it be published, which was granted. So impressed were they that they hoped that "the experience of this Institution will furnish many facts and results of great

⁶⁷Ibid., p. 388.

⁶⁸Eric T. Carlson and Lillian Peters, "Dr. Pliny Earle (1809-1892)," American Journal of Psychiatry, CXVI (December, 1959), 557-58.

value to the study of the phenomena, causes, and cure of mental disease."⁶⁹ Russell, in his history, The New York Hospital, noted the influence of Earle's volume:

. . . . for many years this account of the asylum was the principal source of information relating to the early history of the institution. It was said to contain "the fullest account of the operations and results of an American asylum which had ever been published," and the "statistics in new forms, after much labor in tabulation, made it the first essay in the reformation of statistics of insanity in America."⁷⁰

Not only was this work the first essay among many in the reformation of statistics, but it was also the first among many to be written by Earle himself. His later work, The Curability of Insanity, was only an extension of this one, with conclusions regarding statistics based on a wider scope than that of one institution.

In his study of twenty-three years of Bloomingdale's statistics, Earle first noticed the practice of listing as new cases, patients who had previously been discharged as cured. Consequently Earle adopted the axiom that percentages of cures had to be based upon individual persons, with all their relapses discounted, rather than upon cases which lost sight of the fact that many "cured" patients were readmitted. On this matter, Earle's torch was lit, and he would burn it brightly until the day he died.

⁶⁹As quoted in William Russell, The New York Hospital (New York: Columbia University Press, 1945), p. 225.

⁷⁰Ibid., pp. 225-26.

Two other principles were first noted at Bloomingdale, and never given up. First, Earle admonished that inebriates should be sifted from the numbers of the cured patients, and that there should be separate institutions for their amelioration. Secondly, he began his drive for the limited size of hospitals. Small hospitals, accommodating no more than 200 or 250 patients were a necessity. Earle did not live to see either of these principles accomplished. In fact, in each, he was constantly disappointed by the growing trend away from his ideas.

Earle never retreated from his profound belief in the necessity of manual labor as a main instrument of moral treatment. From his very first dissertation on the subject of mental illness in 1837 to his last major publication in 1887, Earle never failed to reiterate the principle. This was already a well established method of treatment when he arrived at Friends'. In his lectures at the Berkshire Medical Institute he restated the necessity of prescribing manual labor for patients in much the same fashion that one would prescribe medicine. He pursued the analogy quite effectively.

Manual labor is universally eulogized as among the most potent curative means, and yet it is universally intimated that it is never required of a patient without his cheerful volition If the patient required an emetic, would it not be administered? If he refused to eat, would he not be fed, if necessary, under coercion? Yes, drugs and medicine may be forced upon a patient till he becomes a perfect apothecary's shop, and

all is right; but an attempt to force him to the genial, wholesome, and curative exercise of manual labor is an outrage upon humanity.⁷¹

At Northampton his implementation of the program of manual labor provided the hospital with 75% of its work force, as well as allowing the institute to show a profit in its yearly fiscal operation.

Bloomington was apparently a different story. In retrospect, Russell noted that the records "fail to show that he [Earle] had any better success than his predecessors in introducing occupation as a means of treatment."⁷² Many of the patients were wealthy and therefore adverse to such a middle-class occupation as working with one's hands. Since Earle was convinced of its necessity, and since he held a position of some authority at the hospital, he felt it was the proper time and opportunity to insist upon this means of cure for all patients without exception. Once again, Sanborn skirted the issue. In dealing with Earle's ideas on the employment of the insane, and his determination to follow through on it at Bloomington, Sanborn conjectured, "whether this had aught to do with his short term of office at New York I have never heard, but it is conceivable."⁷³

⁷¹Notes on Medical Lectures, Earle MSS, AAS.

⁷²Russell, The New York Hospital, pp. 238-39.

⁷³Sanborn, Memoirs of Pliny Earle, M.D., p. 160.

Earle had decided to make his stand. Knowing that their financial solvency was based upon their wealthier, paying patients, the Board of Governors and the lay superintendents opposed Earle on the matter. Earle also hoped to use this issue to establish, once and for all, that the Assistant Physician should have total control over the treatment of patients. Confident of his ability to win the dispute, and of his value to the institute, Earle stood firm. Despite his work and reputation, the Governing Board apparently felt that the retention of their authority was more important. As early as December, 1848, Earle mentioned to Dr. Thomas Kirkbride that he intended to leave. Having lost the fight to gain what he considered the necessary power, he resigned.⁷⁴

The dispute at Bloomingdale over authority apparently was a long-standing controversy. The list of resident physicians between 1822 and 1849 show nine different officials. Of these, four men served one year or less, two served two-year terms, and only three, Pliny Earle among them, served five years. Dr. Charles Nichols, Earle's friend, followed him at Bloomingdale. He had similar difficulties. Even Dorothea Dix and Dr. Isaac Ray were aware of the situation. Ray described the abuses at Bloomingdale to Miss Dix in 1851, and his letter prompted a visit from Miss Dix to Bloomingdale within a short time. Both Ray and Dix inspected the hospital when

⁷⁴Earle to Kirkbride, December 7, 1848, Kirkbride Collection.

Nichols was in charge and felt changes were in order. Ray stated:

I told Dr. Nichols that when he had staid there as long as a tolerable regard for his own self respect would allow him, he should unite with Earle and Wilson in a manifesto to the public, setting forth the state of things at that institution.⁷⁵

Nichols did not immediately follow Ray's advice, but he did return to the same institution in the 1870's and conducted a revision of administrative policy and power. Beginning with Nichol's second term of service, the post which had formerly been listed as "Assistant Physician" became that of "Medical Superintendent." From that time on, there was no question about who would have the last word in the means employed for treatment of the patients.

Once more, Earle's tendency to withdraw from an unpleasant situation, instead of remedying it, was manifested in his retirement from Bloomingdale. This characteristic of his was apparent to others in his profession even at this early date. Ray's letter to Miss Dix went on: "Nichols himself has pluck enough for it, I think, but I am doubtful about the others."⁷⁶ The others were Earle and Dr. William Wilson who had preceded Earle in the post. Obviously, Ray's judgment of Nichols was correct, as it was of Earle.

⁷⁵Ray to Dix, December 8, 1851. Dr. Jacques Guen of the Payne Whitney Clinic of the New York Hospital is now in the process of collecting the Isaac Ray manuscripts.

⁷⁶Ibid.

Yet looking back, one must grant that Earle was well-prepared for his profession. He had progressed in his specialty and had gained a national reputation. Resigning voluntarily from Bloomingdale, supposedly for more study in Europe, Earle had every reason to expect offers of positions upon his return to the States in the closing months of 1849. That he was disappointed in these expectations will be taken up later. Meanwhile, he was ready to enter the mainstream of psychiatric treatment and to adopt and promulgate the ideas and theories of mid-nineteenth century alienists.

CHAPTER III

MEDICAL AND PSYCHIATRIC MILIEU

The medical profession was experiencing a period of transition when Pliny Earle selected it for a career. At the dawn of the nineteenth century American medical men were involved only in general practice. By the end of the Civil War, doctors were specialists, well-educated in the theory and practice of their chosen fields.

The center of medical study had shifted from Edinburgh to London to Paris. With its remnants of revolutionary spirit, the French capital held a certain intrigue for the Americans. London had not totally lost its appeal, but the English had become less solicitous of their American brothers.

In 1800 there were only four medical schools in America, but in the 1820's their number more than quadrupled, and by the end of the next decade thirteen more had joined the ranks. The number of medical students soared to about 3000.⁷⁷

As impressive as the growth was, the actual training they offered left much to be desired. Some schools had dropped pre-medical requirements, and some state legislatures had

⁷⁷The figures for the growth of medical schools and their respective numbers of students are largely taken from Richard H. Shryock, Medicine and Society in America: 1660-1860 (New York: New York University Press, 1960).

granted the faculties of colleges the right of licensing with no other controls. Clinical facilities were primitive and hospital affiliations were few. Pedantic lectures replaced actual experience. Even when schools offered a two-year course, the second year was often mere repetition.

In many respects the University of Pennsylvania was an exception. Its age and tradition as the first medical school established in America lent a certain distinction, if not always wisdom, to its policies. The largest and most successful institution of its kind in America, it required of its students a pre-medical apprenticeship and a year's attendance at lectures (later extended to two). Although threatened by the founding of "easier" schools, Pennsylvania continued to hold the lead in enrollment. In 1839 the school enrollment was 444 (from the total of 3000), while degrees were granted to 163. Its nearest competitor, Transylvania at Lexington, enrolled 257, granting degrees to 60.

One of the reasons for the success of the University of Pennsylvania was its outstanding faculty. Morgan and Shippen were its originators, with chairs in the theory and practice of medicine, and anatomy and surgery, respectively. It was not long, however, before chairs were established in botany, materia medica, natural philosophy, and chemistry. Obstetrics, physiology, and pathology were later added. The study of chemistry was assigned to Benjamin Rush in 1769.

A leading American physician, Benjamin Rush went far beyond the mere practice of medicine.⁷⁸ He became intensely interested in the field of psychiatry, and had much to do with its inclusion as part of the medical curriculum at the University during his thirty years of service there. Many of his ideas on insanity and the moral treatment of the illness preceded those of Pinel and Tuke. His work, although not the most consistent nor the most creative, earned him the title of the "Father of American Psychiatry."

Perhaps all that is remembered of Rush's medical work today is his seemingly inhumane method of treating all illnesses with blood-letting. In the late eighteenth century, however, Rush was an outstanding physician, and the only American medical man who was recognized and heeded by Europeans. Actually his methods quite logically flowed from his premises. All disease, according to Rush, stemmed from one cause, "morbid excitement." This excitement was an excessive or convulsive action in the blood vessels. If the primary factor in disease was some kind of tension in the blood vessels, than the only logical course of action would be to lower the pressure. To

⁷⁸The influence of Benjamin Rush in the field of psychiatric theory is ably handled by Shryock, Medicine and Society in America, and Dain, Concepts of Insanity. Eric T. Carlson, M.D. of the Payne Whitney Psychiatric Clinic is now in the process of writing a definitive work on Rush. Two of his preliminary articles are "Benjamin Rush on the Importance of Psychiatry," American Journal of Psychiatry, CXIX (March, 1963), 897-98, and "Benjamin Rush's Medical Use of the Moral Faculty," Bulletin of the History of Medicine, XXXIX (January-February, 1965), 22-33.

Rush and his followers, lowering the pressure meant bleeding and purging the patient.

Having formulated his theory for the cause of all disease, it was natural for Rush to extend it to mental illness when he became interested in that field. Insanity was merely this abnormality of blood vessels centralized in the brain. Believing the brain to be the most essential organ of the body, Rush used depletion and other mechanical devices to draw blood from the head, even if it were to the detriment of another organ such as the stomach. In order to transfer the "morbid excitement" from the brain to the stomach, doctors administered emetics. Using the same reasoning, they prescribed sparse diets. Cold showers, used as means of shock, would slow the movement of the blood in the brain or send it to other parts of the body where it would be less harmful. Rush even invented his own mechanical device for keeping the patient quiet, hoping, again, that this tranquil state would lessen the tension in the vessels of the brain. Appropriately, this invention was known as the "tranquillizing chair." When Rush's theories fell into disrepute, bleeding was banned from most asylums, as was the chair.

Before judging Rush harshly, one must remember, first, that he was working in eighteenth-century American medicine, a field which lagged far behind that of Europe in most respects. Although Rush's medical concepts were inaccurate and carried

to excess (Rush sometimes advocated removing as much as 4/5's of a patient's blood), the ultimate goals of his "shock" treatments were not essentially different from twentieth-century electric insulin shock therapies. American medical men were largely untrained in systemization or research. Treating the immediate symptom was a doctor's major concern, and for that matter, usually his only skill. Secondly, and more significantly, Rush always operated with a humanitarian and social approach. It was Rush who conceived and spread the idea in American medicine that the mentally ill were suffering human beings, and that they should be treated with understanding, not scorn. Rush emphasized the doctor-patient relationship. While believing the doctor should always have complete mastery over the patient, Rush demanded that the patients be treated with dignity, honesty, and kindness. He spoke always of recovery with his patients and believed they should follow this set regime of moral treatment. Although Rush promoted most of the structure of moral treatment before Pinel and Tuke published their ideas, he never advocated mere moral treatment as the primary means of curing mental illness. Basically his cure was somatic: depletion through blood-letting.

Rush holds the distinction of being the first American to make a serious study of mental illness, and consequently his occupation of a chair of instruction at the University of Pennsylvania increased its distinction as the leading medical

school in America in the late eighteenth and early nineteenth centuries.

Rush died in 1813. His theories lived on, but not unchallenged. It is necessary to separate Rush's belief that insanity was caused by excitement and pressure in the blood vessels and that insanity was somatic, from his belief that it was psychological. The treatment of blood-letting was dropped because theories of specific causes of insanity changed with succeeding generations. The basic belief in somatic causation was never dropped in the nineteenth century, simply altered.

The phrenologists who flourished from 1830 to 1860, for example, proposed the theory that the brain was divided into distinct areas of responsibility. One entire area supposedly controlled the emotions, and each specific section of that area controlled each individual emotion. Cognitive responses and behavioral traits were similarly tied to areas in the organic structure of the brain. Imbalance in the development of these various areas was the cause of insanity.

But the phrenologists, many of whom bordered on quackery, were not the only believers and practitioners. Most of the superintendents of asylums, at least for a time, followed their doctrine. These psychiatrists, and superintendents of asylums were virtually the only psychiatrists, were hard-pressed to reconcile their apparent successes with moral treatment, which was essentially psychological, with their somatic

approach to theory. The doctrine of phrenology gave them temporary respite from having to explain the contradiction, because it enabled them to use phrenological explanations in their records while applying moral treatment in their everyday work. Case records of this period are filled with phrenological references to patients' Destructiveness, Reverence, Acquisitiveness, Firmness, Conscientiousness, etc.⁷⁹ Indeed, although of a later period, a book on the life and trial of the assassin of President Garfield, Charles Guiteau, contained on the frontispiece a complete phrenological delineation of the man's brain, and therefore his character.⁸⁰ Leading psychiatrists like Brigham, Ray, Earle, and Woodward all fell prey to this theory at some point in their careers.

Another, less popular, theory that helped push Rush's blood theories into oblivion was that the cause of the "morbid excitement" in insanity was an irritation of the nervous system. If the nervous system were affected, then once again somaticism was safe.

A third theory, promoted particularly by Edward Jarvis, a prominent statistician and hospital-planner in Massachusetts, was that of associationism. According to Jarvis, it was the imagination that was influenced by distorted images and could

⁷⁹These particular terms are directly from one of Pliny Earle's accounts of patients at Friends' Asylum.

⁸⁰Charles E. Rosenberg, The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age (Chicago: University of Chicago Press, 1968).

therefore account for errors entering the mind. While not safeguarding somaticism as securely as the other theories, it still left the sacredness of the mind untouched.

American psychiatrists, although possessing neither the penchant nor the talent to systematize, felt occasionally pressed to justify their use of purely psychological treatment. This entire period of floundering in and out of theories on causes of insanity was nothing more than an attempt to reconcile the dichotomy between what asylum superintendents were observing and practicing in their everyday work, and the basic theological concepts of Protestant Christianity which was the religious and social milieu in which American psychiatrists had to function.⁸¹

The religious principle which they neither could reject, nor wished to, was that the soul was immaterial and immortal. The mind of man was very much his soul. If the mind were immaterial, it could not be diseased. If the mind were immortal, disease could not be admitted, for the ultimate prognosis of disease was death.

French and German specialists like Pinel and Heinroth did not have this problem of reconciliation. Because of their rationalist milieu they were able to follow the conclusions stemming from their observations and discoveries. But the

⁸¹This dichotomy between theory and practice is well-documented in Dain, Concepts of Insanity.

American theorists were hampered by the moralistic or theological scruples of their brand of Christian culture. Even though they could observe the effects of purely psychological medicine and could discover the lack of physical lesions in many cases, they never could bring themselves to joining the purely psychological school. A few, it is true, did hedge by claiming a strange ambivalence which combined psychological and somatic causes. But largely, Americans tenaciously held to somaticism.

Fortunately for the Americans, there were circumstances which eased their awkward, if not impossible, task of reconciling theory and practice. First, none of the members of the American profession found theorizing to be his particular talent. Considering the fact that most asylums had previously been headed by laymen, any advance introduced by medical superintendents, especially if shown to attain a high rate of curability, was not generally questioned. Rush was perhaps the only American who made any serious attempt to create a complete system. For those who followed, explanations were simply sporadic attempts to justify immediate actions.

Secondly, the pragmatic American public simply did not insist on explanations. Success in treating the insane was its own explanation. This was particularly revealed in the willingness of the American people to approve the building of more and more institutions. The state of Massachusetts

was typical of this philanthropic generation of Americans and their desire to help the needy. Leading the way in providing state supported treatment for all classes, Massachusetts opened the hospital at Worcester in 1833. Taunton opened in 1854, Northampton in 1858, Danvers in 1878.

The entire country followed suit. In some areas of the nation, Dorothea Lynde Dix gave the needed impetus. Her crusading spirit and her refusal to accept defeat aided thousands in obtaining enlightened treatment.

Third, the superintendents of mental hospitals were generally better educated than their fellow medical men. All of them had respectable medical training and experience. Having in common an upper-middle-class background, many had traveled in Europe with the purpose of studying the practices of the alienists in those countries.

In comparison to the general practitioners, they also shared a higher respect of the people. There were definitely no quacks among them. Quackery was the bane of the medical profession throughout the nineteenth century. Although the earliest asylums were headed by laymen, it was not long before they were replaced by medical men. These men dedicated their lives to their specialty. Partially because of their success with their patients, and partially because of the general public's long-standing attitude of hopelessness and despair when faced with the insane, most people held asylum superintendents in high regard. Furthermore, these superintendents

took great care to see that the newer asylum posts were filled with those trained in the older institutions. In this way they safeguarded their own reputation and their public image.

Finally, American psychiatrists were a close-knit group and therefore presented a generally united front. They shared a common religious, social, and economic background. They looked to those already established in the field as authority figures. With few exceptions they maintained a unity in public in order not to hamper the promotion of their work by adversely influencing the allocation of funds by their state legislatures. Even their private correspondence exemplified this unity. They encouraged one another and asked for advice and help. The most tangible outcome of this close group-consciousness and cooperation was their organization in 1844 of the society known today as the American Psychiatric Association.

American psychiatrists of the era of moral treatment eventually settled upon a concept of functionalism, meaning that the functions of the mind could be disordered. Reliance on the concept that whatever action occurred within the mind produced some physical change in the brain, however slight or undetectable, reconciled the psychological with the somatic. John Charles Bucknill of England used this theory to extend Pinel's and Esquirol's pure functionalism. Pinel taught that insanity in which there was no obvious physical malfunction

or damage was purely a disease of the functions of the mind. His noted protégé, Esquirol, continued the promotion of this idea. It was Bucknill, however, who altered the theory so that it was acceptable to Americans. Every operation of the immaterial mind, even a passing thought, had to produce a change in the material brain.

Functionalism was the perfect theory. Time after time, alienists had performed autopsies and found no brain lesions. They were hard put to explain the insanity of the deceased. Now, the absence of lesions could be explained by the physical damage being present but not yet detectable. According to Norman Dain in his comprehensive study, Concepts of Insanity, this handy explanation allowed the doctors to attribute insanity to somatic causes:

By "functional" they did not mean "non-somatic," but "non-organic," a stage of disease that had not yet visibly changed the structure of the brain and still could be cured.⁸²

Psychiatric measures could then reverse any minor damage before lesions had been formed.

If and when the alienists ever felt pressed to explain, either to themselves or others, their use of pure psychiatry, functionalism was the most comprehensive, convenient, hair-splitting device.

There was another reason for alienists to hold to the

⁸²Dain, Concepts of Insanity, p. 70.

somatic point of view: there was a real danger that theories of insanity would regress to the demonological. These men had worked diligently to remove demon-possession and superstition from the realms of psychology. To emphasize causality in the mind was too close to causality in the soul. Furthermore, their major propaganda weapon had been to get the patient hospitalized in order to be helped through medical treatment. Their emphasis on medical help cloaked their real aim. Hospitalization was necessary to provide whatever help was pertinent, medical or psychological, and in the majority of cases it was the latter.

Although not an issue in the American psychiatric field until after 1830, the question of moral insanity constituted a real problem after that date.⁸³ Pinel had observed cases in which the patient manifested none of the ordinary signs of derangement of the intellect, although behaving in other ways as mentally ill. He published these observations in 1801 calling this type of disease "manie sans delire." But the most influential work on the subject was that of the Englishman, James C. Pritchard. In 1835 he published his Treatise on Insanity and Other Disorders Affecting the Mind, defining and

⁸³Eric Carlson and Norman Dain collaborated on two articles on moral insanity, "The Meaning of Moral Insanity," Bulletin of the History of Medicine, XXXVI (March-April, 1962), 130-40, and "Moral Insanity in the United States 1835-1866," American Journal of Psychiatry, CXVIII (March, 1962), 795-801. Four years later Dain incorporated this material in his book Concepts of Insanity.

naming the affliction "moral insanity." From then until the late 1860's, the theory of moral insanity made up a major part of the American psychiatric scene.

Pritchard defined moral insanity in this way:

The intellectual faculties appear to have sustained little or no injury, while the disorder is manifested principally or alone, in the state of the feelings, temper, or habits. In cases of this description the moral and active principles of the mind are strangely perverted and depraved; the power of self-government is lost or greatly impaired; and the individual is found to be incapable, not of talking or reasoning upon any subject proposed to him, for this he will often do with great shrewdness and volubility, but of conducting himself with decency and propriety⁸⁴

Most of the medical superintendents accepted the definition. Although Isaac Ray was the most vocal in defending the theory, it was equally acceptable to Bell, Brigham, Butler, Earle, and Woodward.

The defining of moral insanity led to several problems. First was the dispute as to whether the concept would be accepted as a recognized form of insanity. This question remains today in regard to the sociopath. Second, was a problem of nosology. Pinel solved this for himself by dividing his nosological category of "manie" into "manie sans délire" or moral insanity, and "manie avec délire." The former was supposedly caused by bad upbringing or innate perversity. Pritchard had defined moral insanity; he did not worry about its nosological designation.

⁸⁴As quoted in Dain, Concepts of Insanity, p. 73.

The use of Pritchard's definition in a growing number of court cases created another problem. Psychiatrists were now forced to take a stand on the matter. Once having agreed to the concept, they were attacked by the legal profession as well as by a few members of their own. Some could see Pritchard's definition for the catch-all it was becoming and feared the possibility of every defendant claiming innocence on these grounds.

Largely, the medical superintendents showed a united front and consequently became involved in testifying in a variety of court cases ranging from spectacular murder cases, as that of Guiteau, to mundane contests over wills.

And so the stage was set for Pliny Earle to make his entrance. Earle's preparation was both typical and atypical. Medically, Earle was atypical in having gone through an apprenticeship for two years with Parsons in Providence, a two-year course at the University of Pennsylvania, and studies in Europe. But his background in comparison with psychiatric specialists was typical. In medical and psychiatric education and public and professional standing he was on a par with the other twelve original founders of the American Psychiatric Association.

By 1840, psychiatry was a recognized specialty. This was the year that Earle accepted his first professional position at Friends' Asylum. In 1844, the Association of Medical

Superintendents of American Institutions for the Insane was founded. This was the year that Earle accepted his next professional position, at Bloomingdale. Earle was in the mainstream of his field. He was a leader in a small, select group who were interested in neither systemization nor scientific research. The only way in which he differed from the rest of his group was in his willingness to publish. No particular intellectual contributions were made to the profession by Earle, nor by any of his American colleagues. They were, above all, organizers and administrators, adopting and putting into practice the latest techniques of their European counterparts. Earle's entire fame rested on his ability to organize efficiently the state hospital at Northampton, and his skill in profitably and diplomatically administering it for a term of twenty-two years.

The detailed story of those years, to be taken up in a larger work on Pliny Earle, is as significant for its illustrations of American ethnic and class history as it is for the career of Pliny Earle.

CHAPTER IV

HIATUS

In seven short years of professional activity, Earle had proved himself an able administrator, a successful innovator, a perceptive statistician, and a competent writer in his field. Despite personal dissatisfactions with the governing policies of Bloomingdale, his administration of the institution was sound and efficient, as it had been at Friends'. The introduction of lectures to patients on other than religious subjects, the establishment of a school for inmates, the detailed keeping of case records, the discontinuance of mechanical restraints, and various minute innovations testified to the creative and progressive talents of Earle. Beginning with his graduating thesis he used and questioned statistics. Continuing along this line at Bloomingdale, Earle thoroughly investigated the records of twenty-three years (1821-1844), publishing a statistical study and analysis of the use of these figures. Before leaving Bloomingdale, he published numerous articles in the American Journal of Insanity, as well as in the American Journal of the Medical Sciences.

His professional accomplishments coupled with being numbered as one of the "Original Thirteen" founders of the

American Psychiatric Association, assured Pliny of a long and successful career. Yet his career was interrupted. Partially voluntary, partially imposed, the hiatus of fifteen years from 1849 to 1864 so affected Earle that when he re-entered his field as an administrator, he pursued his course with the doggedness and determination of a man driven to prove his worth and righteousness to the world.

Earle had voluntarily resigned from Bloomingdale. At that point in his career he had enough confidence in himself to feel that it was unnecessary for him to have to tolerate adverse working conditions. Based upon his previous endeavors at Friends' and his accomplishments and reputation established at Bloomingdale, he felt assured that another offer would be imminent when he was ready to return to work. The lack of offers turned his optimism into despair and resulted in the despondency of his long hiatus.

Resignation from Bloomingdale was not only an indication of Earle's over-confidence, but also of his tendency to withdraw from any situation which was rampant with difficulties. Earle did not have the initiative to fight the circumstances at this hospital. Later in his career, when difficulties arose at Northampton, Earle used the same method of escape. He toured Europe in order to regain his equilibrium, but in reality to absent himself from a situation with which he could not, or would not, cope.

Although Earle's motivation for the trip was not initially that of professional education and advancement, what he observed, particularly in the German asylums, led to many of his later ideas and policies in the treatment of the mentally ill and in hospital management.

Smarting from his need to resign from Bloomingdale, Earle was free with his admiration of the systematic organization of the Germans. Particularly impressed with the asylum at Sonnenstein, Saxony, he noted that:

In this Kingdom of Saxony the directors of asylums are not merely experts, but judge and jury, so far as insanity is concerned. Their opinion given to the supreme courts is decisive.⁸⁴

There seemed to be nothing at this institution that Earle could find wrong. Along with the high esteem given to psychiatrists, the regime of the hospital met with Earle's every ideal and hope.

Everything was in good order, bearing unmistakable evidence of industry, system, and an ever-watchful supervision The hope of cure is based on suitable diet, regularity of hours, discipline, exercise, amusements, and the other means of moral treatment.⁸⁵

Industry, system, supervision, regularity, and discipline are words that occur again and again in Earle's later reports of his own work at Northampton. In fact they are words that not

⁸⁴Pliny Earle, Institutions for the Insane in Prussia, Austria, and Germany (Utica: New York Asylum, Printers, 1853), p. 32

⁸⁵Ibid., p. 140.

only describe his professional activity, but also his personal life. One more note that made Sonnenstein just perfect in Earle's estimation was that there was no practice of venesection.

The curative influence of labor on the mentally ill was well-noted in Saxony, as it was in other asylums as Earle traveled. At Winnenthal, headed by a Dr. Zeller, manual labor was the watchword, and Earle noticed that the asylum was more like a farm colony than a hospital, so great was the emphasis. At Eberbach the wards, both male and female, were nearly empty for the greater part of the day. Believing that nearly 80% of mentally ill patients were beneficially affected by moral treatment, Dr. Maximilian Jacobi at Siegburg, near Bonn, Prussia not only had a regular program of manual labor, but also added instruction in music and literature. This idea was not lost on Earle. Among his proudest accomplishments at Northampton were his weekly, and sometimes more frequent, programs centering around literary works and musical performances.

Dr. Jacobi's program of treatment left other marks upon Earle. His careful statistics and his meticulous follow-up on these particularly influenced Earle. For twenty years, Jacobi studied the results of his cures. He noted those who had not relapsed and were still living; those who had relapsed, and many more than once; those who had died without a relapse; and those who had died in a relapsed state. Earle's optimism of the possibility of cure for the insane was shattered. Much

of the rest of his life was spent, as a result, in an effort to make curability statistics in America truly reflect the chances of cure for a patient upon admission to a mental hospital.

There was one aspect of Jacobi's program that Earle apparently never adopted. Although Earle noted that at Siegburg the physicians studied mental illness quite thoroughly by an immediate consultation upon arrival of a new patient and followed through with frequent conferences on the case, there is no evidence that Earle did this at Northampton. In the scanty records surviving from this period at Northampton, the opposite would seem to be true. Apparently Earle's tendency not to become personally concerned with patients won out over the influence of Jacobi's system.

At Leubus in Silesia, Earle was again impressed by the personality, as well as the system, of a doctor. Dr. Moritz Martini had one system which Earle adopted, point for point, in his administration at Northampton. In 1849, Earle wrote:

No supplies, even of a handkerchief, a shoestring, a broom, or an ounce of salt, can be obtained without an order from the proper officer. If a garment be torn or worn so as to make a new one necessary, or if any article has become unfit for use, these must be produced as evidences. A regular account of debits and credits is kept between the various departments; and thus unnecessary consumption, carelessness, and "sequestration" are guarded against. No institution can ever attain that perfection of good order which is a chief beauty in a public or a private establishment without such a system.⁸⁶

⁸⁶Ibid., pp. 95-96.

And indeed, Northampton attained that "perfection of good order." In his Annual Reports, one can find the description of the supply system in almost the same words. The only change Earle made from that of Martini, was that he made himself, as Superintendent, the chief officer in charge of all supplies.⁸⁷

Because of the large hospital at Northampton and the large percentage of incurable patients, Earle well-remembered and postulated another advance he had seen in this German tour. He noticed at Hildesheim, Hanover that there were two institutions for the insane; one a hospital for the curables, and the other an asylum for the incurables, both under the same control. He also noticed their size as being ideal, i.e., accommodations for 200-250 patients. Although never seeing his idea accomplished in public institutions, he frequently recommended this policy to the general public, as well as to the governing boards in Massachusetts.

The instruction of medical students on mental illness was another point that Earle reiterated in publications, and was eventually to carry out himself at the Berkshire Medical Institute. In 1849, Earle said that the Germans were already far in advance of the Americans in this respect. He mentioned

⁸⁷Martini's supply system was instituted at Northampton by Earle immediately. See Earle's description in Northampton State Lunatic Hospital, Annual Report, X (1865), pp. 15-16.

that German doctors were recommending this procedure, and carrying it out, for nearly half a century, yet

It is safe to say that not one in forty of the graduates of our medical schools has ever read a treatise upon diseases of the mind. The subject of insanity does not enter into the programme of lectures in any of our leading medical schools.⁸⁸

How well Earle knew this, since as a student himself, he had been unable to obtain such instruction. He knew, and remembered, and when given the opportunity, acted. Those medical students who attended his introductory lectures at Pittsfield, were at least made aware of the very real lack in their medical education (although Earle was never to finish his lectures on psychology). Fortunately, some American medical schools were beginning to fill the gap, but, as Sanborn noted, even in 1898 when he published his biography of Earle, they were still far from the ideal.

Having toured thirty-five asylums in Europe, seven of which were in Prussian Germany, six in other German states, two in Austria, and one in Frankfort, Earle had recovered sufficiently from his "ill health" to return home.

Upon his arrival in the States in the late fall of 1849, Earle received the news of his mother's death. Although he was a devoted and favored son, it is difficult to explain his extended stay in Leicester totally to filial devotion.

⁸⁸Sanborn, Memoirs of Pliny Earle, M.D., p. 184.

For three years Earle remained in his home town. His official biographer, Sanborn, claimed that this was spent in settling the family estate, with intermittent periods of ill health. The settling of the estate was not complex enough to require three years of intense involvement. And whenever Sanborn mentions Earle's ill health, credibility is questionable. Sanborn's denotation of "ill health" was usually a covert term used to designate periods of depression. Earle's physical constitution was ordinarily strong. In his personal diaries, he never mentioned anything more serious than a cold or needed dental work. And these diaries were kept to within five months of his death. Sanborn noted Earle's "ill health" during this period of the hiatus and, once again, in 1871, when the doctor obtained a leave of absence from Northampton in order to tour Europe one final time. Again, this was a period of depression, shaped by an unfortunate incident at the hospital which had resulted in adverse publicity.

With no professional offers forthcoming, it must have seemed to Earle, that his career was ended. He was forty years old. He had all the necessary qualifications for a superintendency. His preparation and previous experience was better than most of those younger men who were attaining the positions for which he longed. Ray was still established at Butler, Bell was at McLean, Brigham at Utica, Kirkbride at Pennsylvania, Nichols at Bloomingdale. Institutions for the mentally ill

were being opened at an amazing pace. Yet not one position was offered to Earle.

For three years he marked time. No offer came. Pulling himself out of despondency, Earle took up residency in New York. In 1852, he opened an office for consultation in psychiatry in that city. At least now he would have a base from which to operate. With his re-entrance into the field came an offer to act as a consulting physician to the Asylum on Blackwell's Island. Five years before he had been appointed to the same position. At that time he had resented the intrusion on his busy schedule at Bloomingdale and the over-sight on the part of the governing board in not consulting him first on the appointment. Consequently, then, he had made only one cursory visit to the asylum. The intervening years of being ignored changed his attitude considerably. Now Earle threw himself into the work at Blackwell's. It became an opportunity to re-establish his reputation. At first, Earle seemed to have accomplished his goal. Almost immediately came an invitation to lecture at the New York College of Physicians and Surgeons. The offers, however, stopped with these positions. Not only did they cease with these, but Blackwell offer was not renewed, nor was the lecturing post.

The budding hope was once again crushed. Early in 1854, Earle closed his consulting office and returned to Leicester in another period of "ill health." For the next ten

years, Earle was not to venture out again.

He passed the time in a small, simple house his grandfather had built on the family estate in Leicester. Once again he made use of his teaching background. In preparation for a career, teaching had filled a gap. Now this experience was to serve a real need. Earle became active on the school committee in Leicester. At least in a limited field of activity, he gained prominence. According to Reverend May of that town

It was inevitable that the town should desire his service as one of its school committee; and he so served for many years, doing a very valuable work in raising the tone of the schools. He aroused the spirit of both teachers and pupils wherever he went among the schools. There had been, to his time, no member of the school committee whose influence had been so important and marked as his since I have known the schools of Leicester.⁸⁹

What small compensation this must have been to Earle for his lost, or temporarily obscured, medical renown.

Earle took part in other paltry activities of local government. Despite misgivings on the part of some of the townspeople, he was able to convince the assembled town meeting of the absolute necessity of establishing a library. Quietly and effectively he spoke, so that the resolution was passed without a dissenting vote. Although a seemingly miniscule project, Earle spent a great deal of time collecting and categorizing a fine array of shells and minerals. This

⁸⁹Ibid., p. 389.

hobby was a usual one for men of his class at that time, and it at least won him the gratitude of his alma mater, the Leicester Academy, to which he donated it.

Remaining days and months at Leicester were spent in two projects, one professional, the other personal. Since 1838, Earle had been researching and tracing his ancestors. Although not published until 1888, the Earle Genealogy represented one of the most complete and masterly works of its kind. His correspondence is filled with inquiries to relatives throughout the country, and he even had elaborate forms printed in order to organize his material. Later, at Northampton, his niece was fully employed in tabulating the vast array of data. This study was another indication of Earle's intense devotion to his family, as well as an implication of his concern for the possibility of an inherent weakness in physical or mental strains.

Professionally, Earle's one activity was to review the annual reports of various American hospitals for the insane. The number of reviews he published in any one year varied from ten to as many as forty. These reviews were time-consuming and quite thorough. Earle not only read the reports, but analyzed all statistics and programs of treatment and management, offering much constructive criticism. This work he began in 1849, and he did not give it up until 1867. Even in that year, when he must have been deluged with the work

and concerns of the previously mismanaged hospital at Northampton, he did not voluntarily stop. According to a letter to Earle from Dr. James Redman, the editor of the American Journal of the Medical Sciences had decided to delete this feature from the magazine, feeling that such reviews were no longer of any interest or importance to his readers. Earle must have been somewhat upset by the deletion, since Redman's letter implied sympathy for Earle and contained encouragement for him.⁹⁰

Other works of historical and scientific importance engaged Earle's attention. "The Insane at Gheel," "Hospitals in British America," "The Lunatic Hospital at Havana," "Insanity and Idiocy in Massachusetts," and "New American Institutions for the Insane" are samples of the type of articles he published. None of the above articles represented any serious study or indicated any trend of originality or creativity. They were either excerpts from notes he had taken while touring, mere compilations of statistics, or dull descriptions of the sizes and capacities of buildings.

More taxing were articles that he not only submitted to journals, but also had published on his own in individual volumes. The Practice of Blood-letting in Mental Disorders was one of these more serious works. Although the majority of the article consisted of a synopsis of other authors' and doctors' opinions on the benefits and disadvantages of

⁹⁰Dr. James Redman to Earle, June 20, 1867, Archives of the Westchester Division of the New York Hospital, White Plains.

venesection, Norman Dain claimed that it was "the most extensive attack upon blood-letting" to that date.⁹¹ Isaac Ray had exhorted general practitioners to cease blood-letting as early as 1842, and Dr. John R. Allen of the Eastern Lunatic Asylum at Lexington had given the same advise, but it was Earle's comprehensive article that helped to squelch Rush's over-used and over-rated technique. Earle cited not only the opinions of American doctors, but also those of Britain and Europe. Carefully analyzing all statements and claims, his conclusion could be none but adverse to the practice. In his own words:

This publication had an important effect in confirming the opinions of the opponents of venesection, in producing conviction in that direction among those who were doubtful and hesitating, and in the conversion of those who still favored it by both faith and practice. The lancet soon fell into utter disuse, and the scarificator and the "cup" were not long in finding a place of similar repose.⁹²

Although Earle condemned blood-letting in mental disorders rather harshly and angrily, it is interesting to note that on at least one occasion he applied the very treatment to himself as a physical remedy. After performing an autopsy, Earle discovered a scratch on his hand. Since the corpse had been infected, the infection spread to Earle. He then daily applied leeches to himself as a means to rid his body of the infection.

⁹¹Dain, Concepts of Insanity, p. 247, n. 14.

⁹²Biographical envelope, Earle MSS, AAS.

Fortunately the treatment was successful. In the treatment of mental illness, however, rejection of Rush's theory of causality was bound to lead to the rejection of his method of treatment.

Another activity that kept Earle in touch with his professional world in this brooding time was his travels to testify in various court cases. Most of the cases were not worthy of note, with the exception of two. The first, of which Earle made the least, was the case of Willard Clark accused of murdering his former fiancée's husband. Dain used this case, and the following, to illustrate the importance of the testimony of close associates of the accused as opposed to medical or psychiatric opinion. Earle, however, placed great weight on the testimony of professional experts when the defendant claimed insanity. Dain quoted the testimony primarily of Clark's landlord and former acquaintances. Earle noted that "Dr. Butler, Dr. Ray, and he were the only experts employed, and all of them pronounced the prisoner insane at the time of the homicide." In his autobiographical account, his first entry was "he [i.e. Earle himself] was the first expert who pronounced the prisoner insane" ⁹³ It would seem that when this was written Earle still felt compelled to defend his position and to give himself credit. In re-editing this autobiography after his retirement from Northampton, his reputation re-established, he felt secure

⁹³ Ibid.

enough to make the final statement including other experts' testimony and even to eliminate the first place being given to himself.

The other notable case, and again one that Dain used to bring out the greater validity of everyday associates' opinions, was that of the Parish Will Case. After three strokes, a wealthy New York merchant, Henry Parish, changed his will, cutting the inheritance of his wife. Mrs. Parish won the case based upon the testimony of the man's nurses, his blacksmith, and his poulterer, among others. The opinions of the experts called to testify were published separately, as well as in the official court records.⁹⁴ In The Parish Will Case Before the Surrogate of the City of New York; Medical Opinions upon the Mental Competency of Mr. Parish concurring opinions were stated by Dr. John Watson, Dr. M. H. Ranney, Sir Henry Holland, Dr. Luther Bell, Dr. Isaac Ray, and Dr. Pliny Earle. Yet Earle deemed it necessary to publish, at his own expense, his opinion in another separate volume.⁹⁵ When this

⁹⁴The Parish Will Case Before the Surrogate of the City of New York; Medical Opinions upon the Mental Competency of Mr. Parish, by John Watson, M.D., D. T. Brown, M.D., M. H. Ranney, M.D., Sir Henry Holland, Bart., M.D., F.R.S., Pliny Earle, M.D., Luther V. Bell, M.D., LL.D., I. Ray, M.D. (New York: John F. Trow, Printer, 1857) and New York (County), Surrogate's Court, In the Matter of Proving the Last Will of Henry Parish, Deceased; Testimony and Exhibits (New York: Wm. C. Bryant & Co., 1857).

⁹⁵Pliny Earle, Medical Opinion in the Parish Will Case (New York: John F. Trow, 1857).

was published in 1857, it had been six years since Earle had had any professional recognition. Perhaps he felt that the added publicity would enhance his chances in obtaining a superintendency. After all, he had been called to testify in the company of men of as long-standing in his profession as he, and each of these still held a position of administration. Earle was to be disappointed once more, however. And, it is interesting to note that, with the exception of the introductory chapter for the 1860 Census, he did no more serious publishing until after his appointment to the superintendency at Northampton.

Although in many respects, Earle's reputation was still intact, the credit for his receiving the assignment of the Census work was due to Dr. Thomas Kirkbride. The report was comprehensive and somewhat unusual in the annals of government statistics. Actually Earle used this opportunity to expound his personal views. Largely it was a compilation of previous notes. It did, however, cover all that the Superintendent of the Census required. It contained essays on the causes and curability of insanity, a history of the treatment of the mentally ill in the United States, and a list of the institutions then in existence. Once again, Earle found errors in the use of statistics by the asylum superintendents and remarked about this abuse in the report. After outlining the changes in treatment, he defined moral treatment, sketched the means by

which cure could be attained, and cited a curability rate of from 60-70%. His questioning of the statistics in 1860 was good preparation for his greater work of 1887, The Curability of Insanity. Within these twenty years, Earle was to lower curability chances to just over 20%. This 1860 Census report provided Earle with a sound, substantiated base from which to begin his great work of breaking up the "curability cult."

Even Earle's letters to Dr. Thomas Kirkbride reflected his changing attitude and his failing optimism. Kirkbride, at the Pennsylvania Hospital, acted as secretary to the Association of Medical Superintendents of American Institutions for the Insane (later the American Psychiatric Association), and his preserved correspondence reflects much of the thought of psychiatrists of that time. Earle's early letters were very businesslike and contained various discussions concerning attendants and convention arrangements. They obviously depict a man with a busy schedule and much concern for the asylum he was heading at Bloomingdale. In 1848, Earle mentioned the possibility of his leaving the New York hospital. There are no more letters until 1857. The following half dozen letters have a very different tone from those which were written after Earle arrived in Northampton. Mainly he discussed individual cases and his method of preparing the many reviews of annual reports which had become his major occupation in the field. How different from the letter of 1865 when Earle, with tongue

in cheek, answered the inquiry of Kirkbride:

"As President of the Association of Super.", thee asks me if I am married. As a correspondent of the Am: Jour: of the Med; Sciences, I answer: NO. If the question had been put, - and answered, in the personal capacity of each of us, the answer would have been the same!!⁹⁶

Or in 1866, after more inquires about administrative policies he asked of Kirkbride, "Please inform me Whether, from your own grease (not yours - but - the hospital's) you make all your soap: (signed) Man waiting for this."⁹⁷

In the fall of 1865, he expressed to Kirkbride, great concern for Dr. Charles Nichols who had recently lost, not only his wife, but also a close medical friend and confidant.⁹⁸ Contrast this with Earle's reluctance even to meet with Kirkbride in 1852 when he had been in Philadelphia for several weeks, according to Nichols.⁹⁹ There is no doubt that Earle was affected by being overlooked. Sanborn realized Earle's feelings of resentment as he drew the general history of the period in his introduction to Earle's Memoirs. He described the situation rather bitterly:

. . . . the impulse given to the public for its [insanity's] better treatment, by the missionary labors of Dr. Woodward, Miss Dix, and others,

⁹⁶Earle to Kirkbride, February 13, 1865, Kirkbride Collection.

⁹⁷Earle to Kirkbride, January 31, 1866, Kirkbride Collection.

⁹⁸Earle to Kirkbride, October 31, 1865, Kirkbride Collection.

⁹⁹Nichols to Kirkbride, March 30, 1852, Kirkbride Collection.

led to the building of many new asylums, which must be medically officered. By this time, though the real nature of insanity had been but little studied, young physicians perceived that the specialty gave an opening for them in a profession where it was not easy to get a bread-winning position for general practice at the outset of their career. This led to ambition and intrigue for places in the new hospitals and asylums. Personal favor and political interest came in to promote the claims of the inexperienced and self-seeking, and a class of physicians was gradually introduced in important positions who had neither the mental endowment nor the high moral purpose of the pioneers in the American specialty.¹⁰⁰

If Sanborn expressed this a half century later, one can well imagine the growing bitterness and despondency of Earle as he was continually passed over in favor of less scrupulous and more selfish men. His dedication was proved, his preparation was long and sound, his work was tested, his desire strong, and his expectations were high. It is no wonder, then, that he spent his time in impatience "not without days and months of despondency."

It would be misleading to imply that Earle spent fifteen years in total despair. Since others who have studied Earle's work have described him as a "manic-depressive" type, it would be safe to assume that he also had his periods of great activity. Although this was not so evident in his hiatus as it was in his later life, there were periods when Earle was very active. 1852-1854 was one of these periods. This was the time in which he opened an office in New York,

¹⁰⁰Sanborn, Memoirs of Pliny Earle, M.D., p. xii.

served as a consulting physician to the asylum on Blackwell's Island, and lectured at the New York College of Physicians and Surgeons. In this fluster of activity, he also found time to make an extended visit to the Carolinas and Cuba. From late January until February 8, 1852, he attended lectures, balls, parties, and horse races in exciting pre-bellum Charleston in the company of his cousin and her husband, Rebecca and Marcus Spring. These few weeks were just a stopover in their trip to Cuba. Earle, however, enjoyed the carefree life, despite his Quaker scruples, for "he was too much a philosopher and student of human nature not to enjoy for a few days this Epicurean life of Charleston."

The remainder of that month was spent in seeing Havana and the surrounding countryside. Earle's diaries and letters to his sisters are filled with minute descriptions of the city, its people and customs, and other details of daily excursions. It is in his descriptions of the festivals surrounding the birth of the new princess of Spain, that Earle particularly exhibited his residual guilt feelings in connection with the enjoyment of Quaker-prohibited pleasures. Third person accounts of eye-witness events are rampant in his correspondence. Returning to Leicester in March to care for an invalid brother, presumably Jonah, Earle once more became a recluse.

The opening of the Government Hospital for the Insane in 1856 under the guidance of his good friend, Dr. Nichols,

proved to be the impetus for Earle to emerge from his retreat almost yearly after this. Nichols invited Earle to Washington to tour the hospital facilities and to spend some time with him. For a month and a half, Nichols and Earle worked at the hospital, visited the sessions of the Senate and House, and attended dinner parties and White House receptions. Sanborn would lead one to believe that the social activity was due to Nichols' interest in courting a certain young lady, but Earle was hardly disinterested, and even without Nichols' particular interests, it is safe to assume that he would still have enjoyed thoroughly the social life of Washington.

Earle returned to Washington in the early months of 1857, and again in 1859. By this time, Nichols had succeeded in convincing his lady love to marry him, and despite Nichols' more settled life, Earle was "again thrown into a tide of social festivity, by no means disagreeable to the recluse of Leicester, when he came forth from his cottage into the active world."¹⁰¹

When Earle returned to Washington in 1862, 1863, and 1864, his outlook was very different. This was partially due to his continuing depression and despair over lack of professional opportunity; but more due to the influence of the War. Social life, of course, was non-existent, and Earle was there on the business of the publication of the 1860 Census

¹⁰¹Ibid., p. 236.

figures. He was profoundly affected by the changed atmosphere of the city. In writing to his nephew, Pliny Earle Chase, he remarked;

I am very busy looking through the army hospitals, listening to the proceedings in Congress, finishing the special business with Mr. Kennedy, superintendent of the census, for which I came, and noticing the many changes which have taken place since I was last here, in 1859. The city is comparatively quiet since General McClellan and his army left to go to the York River; but officers and soldiers are no rarity in Pennsylvania Avenue and the suburbs on the east, as well as on the heights of Georgetown and Arlington. Across the Potomac the encampments of many regiments are to be seen.¹⁰²

The martial state of Washington and the conditions of the army hospital pushed Earle into renewed professional activity. In one attempt to re-establish himself, and at the same time do something for the war effort, he was rejected. Through Dr. S. G. Howe, he offered his services as a surgeon to the Sanitary Commission. For whatever reason, his age (now 53), or his lack of a reputation and practice as a surgeon, his offer was never accepted. Before he had a chance to become too despondent about this slight, his friend Nichols, pressed by his many duties, appointed Earle to the staff of his hospital which was treating the many insane patients resulting from the war conditions. The winter and spring of 1863, as well as that of 1864, were passed in the treatment of these patients.

¹⁰²Earle to Pliny Earle Chase, April 12, 1862, Earle MSS, AAS.

Earle spent a great deal of time conversing with his patients. Since his diaries are filled with comments on the conduct of the war and sketches of leaders, one wonders if his interest in his patients was not one more of information than for benefit in their treatment. Despite his curiosity, though, he did take his work seriously. He remarked that, "I have work enough to keep me out of mischief. This is my 39th day at the hospital; and, since I came, 45 men patients, have been admitted, -- insane patients, I mean, who all come under my care, and, being all recent cases of insanity, they make me much work."¹⁰³ Even in this state of affairs, Earle was trying his theories of moral treatment, for he instituted secular lectures on a regular basis of twice a week. He was also careful to justify his action. He stated:

It is a good way to break the monotony of the evenings in hospital life. It pleases many of the insane, makes the government of them much more easy, and increases their attachment to the person who has the general charge of them, provided it is he who gives the lectures.¹⁰⁴

These principles of breaking boredom, and establishing a bond with patients would follow Earle throughout the rest of his professional life.

Although the number of patients at the Government Hospital continually increased, the duties of Earle were less

¹⁰³Diary, 1863, Earle MSS, AAS.

¹⁰⁴Earle to Pliny Earle Chase, February 22, 1863, Earle MSS, AAS.

arduous when he returned for the winter and spring of 1864. His previous position had been filled by Dr. W.W. Godding in his absence, leaving him with only the women and Negro patients. After nearly two months, he expressed his own boredom in his diary.

My course of life in the midst of war is very even. Breakfast, a walk through the several wards of the women's department of the hospital, the preparation of medicine, a look at the newspaper, lunch, the reading of medical books, perhaps a game of billiards with one of the men patients, dinner, and an evening occupation varying between lectures, reading, and a second visit to the wards, - such is the sum of my existence. I sometimes go to the weekly dance, but only as a spectator.¹⁰⁵

What a difference from constant conversation with men returning from the battlefield where the action was. There were no more stories about the various generals and their foibles, or interesting accounts of the waging of war, or even reflections on the individual cases of patients.

In at least one respect, Earle was grateful for his lighter duties, for it gave him a chance to prepare the lectures he had been commissioned to deliver at the Berkshire Medical Institute in Pittsfield, Massachusetts. His post was Professor of Psychologic Medicine. The purpose of the chair of instruction was a great satisfaction to Earle, for he had previously lamented the lack of instruction in mental diseases in any medical schools in America. No such instruction had

¹⁰⁵Pliny Earle to Lucy Earle, February 21, 1864, Earle MSS, AAS.

existed for the training of medical men since the death of Benjamin Rush in 1813. Earle had already given an introductory address on the subject at the commencement ceremonies at the Institute in November, 1863. He planned his lectures carefully and outlined his course of study in the first formal class he conducted in September, 1864. As it turned out, this was the only lecture given in Earle's course, for he had then attained the superintendency of Northampton, and this, naturally, took precedence over all other activities.

The purpose of his lectures was, first, to give a better understanding of the nature of insanity and the pathological condition of the system which promoted the invasion. Secondly, he wanted to impart a more correct understanding of the characteristics, peculiarities and capabilities of the insane. He described the proper medical treatment of mental disorders to enable the doctors to treat at home those for whom hospital admission would be unnecessary. Finally, Earle had intended to speak on the question of the medical jurisprudence of insanity. If he had continued his post at Pittsfield, it would seem that he would have presented a fine analysis and compilation of current psychiatric theories and practices.

But the end of Earle's hiatus was in sight. In April, 1864, Dr. William Prince, then superintendent of Northampton was planning to resign his post. He had previously consulted

Earle on matters of hospital management, and apparently felt that Earle would be the perfect administrator to pull Northampton out of the financial and administrative difficulties with which he could not cope. He, unofficially, offered Earle the post. Earle must have been elated. Here was the offer for which he had been waiting for the fifteen years since his own resignation from Bloomingdale. Yet Earle was not ready to open himself to another disappointment. His reply to Prince is almost arrogant.

. . . . In reply I can only say that, should the Superintendence of the Hospital at Northampton be offered to me, it is probable that it would be accepted, because I think that the conditions might be arranged satisfactorily to all persons necessarily concerned.

I cannot, however, consent to the presentation of my name to the Board of Trustees as a candidate for the place, in competition with others.

My qualifications for the place, so far as relates to past labors, if not sufficiently known, can readily be ascertained, and the measure of devotion which I give to anything which I undertake may be learned from those who are most intimately acquainted with me.¹⁰⁶

Dr. Prince certainly knew of Earle's reputation. Unprepared for the task of handling such an institution, Prince had already sought his advice as well as that of many other professional men. So Prince was not approaching a man without having prior knowledge of, and respect for, his abilities.

Apparently Earle's request for procedure concerning the

¹⁰⁶Earle to Prince, April 22, 1864, Earle MSS, AAS.

appointment was accepted, for the position was accepted by Earle in June, and he began his official duties at Northampton on July 2, 1864.

The hiatus was over. The years of despondency were not without moments of recognition. The account of his German tour of 1849 was lauded, at least in Europe. His analysis of the prevailing opinions on blood-letting helped stop Rush's outmoded treatment. With respected superintendents of hospitals for the insane, he was called to testify at one of the most publicized will trials of the time. An innovative chapter on insanity statistics served as a sounding board for his thoughts on history, proper treatment, and use of statistics. A series of articles on "Cases of Partio-general Paralysis, or Paralysis of the Insane" gained him added fame through his examination of the first case of this so treated in the United States. Finally, in the midst of his hiatus, he had added proof of the esteem in which he was held. In 1858 an edition of the New American Cyclopaedia was being prepared. The writer assigned to do the article on "humanitarian topics" asked Earle for a biographical sketch. He explained that the editors wished "to do justice to the labors of those who have aided materially by deed or word in making man better and happier."¹⁰⁷ Yet all of these were of little consolation to Earle. His idea of success and recognition was an assignment

¹⁰⁷L. P. Brockett, M.D. to Earle, June 14, 1858, Earle MSS, AAS.

as a superintendent of a hospital for the treatment of the mentally ill.

At the age of fifty-four, Earle was about to embark upon what was essentially a new career. Perhaps his first choice of posts would not have been the hospital at Northampton. For the short six years of its existence the hospital had already been grossly mismanaged. The patients were of a type for which there was the least hope of recovery. Public opinion in western Massachusetts shunned hospital admission for insane patients. Earle's concern about this was expressed in his second Annual Report:

The size of the building being disproportionate to the population of the western section of the State, it has constantly been made the receptacle for the incurables of the other two hospitals, the halls of which are filled to overflowing from the cities and denser settlements of the east.

Of the one hundred and thirty-four patients admitted in the course of the year, no less than forty-four were transferred . . . from the institutions at Worcester and Taunton.

The recovery of any one of these is extremely doubtful Again, town authorities in this section of the State appear but little disposed to bring their insane to this hospital, so long as they can be taken care of in the poorhouses or at their homes; and the same is too often true of the families of private boarders or pay-patients.¹⁰⁸

Surely this seemingly insurmountable task should have added to Earle's despondency. But elation at his return to

¹⁰⁸Northampton State Lunatic Hospital, Annual Report, XI (1866), pp. 16-17.

the active profession overcame all obstacles. Earle's perseverance in conquering the problems of Northampton and his dedication for his task brought him success and renown. Indeed, so successful was he that the New York Times notice of his death contained admiration and acclamation. The editor wrote that Earle had "gained the highest reputation as an alienist" and that "he was one of the most famous and progressive doctors of insanity in the world."¹⁰⁹

¹⁰⁹New York Times, May 19, 1892.

CONCLUSION

My said executors and my friend Frank B. Sanborn of Concord, Massachusetts, shall consult and advise with each other, and shall determine and decide whether said three thousand dollars . . . shall be devoted to preparing my biography, or to collecting, editing, and publishing my writings on insanity or any of said writings. It is my opinion that . . . it would be best to prepare a brief account of my life, which may include a reference to the places where my writings can be found If they shall decide that a brief biography of the testator is desirable, I wish Mr. Sanborn to prepare it¹¹⁰

Following this directive, Franklin B. Sanborn published the Memoirs of Pliny Earle, M.D. (1809-1892) within six years of the death of Earle. Sanborn exalted the doctor to "a pinnacle higher than intrinsic merit permits or discerning posterity will sanction" ¹¹¹ for various reasons. First, he was an intimate friend as well as close professional associate of Dr. Earle. Sanborn served as chairman of the Massachusetts State Board of Charities for nearly twenty years while Earle was superintendent at Northampton. Secondly, the late 1890's experienced the decline and eventual eclipse of moral treatment, and Earle and

¹¹⁰Last will and testament of Pliny Earle, Forbes Library, Northampton, Massachusetts.

¹¹¹From a review written by G. Alder Blumer inserted in Isaac Ray's copy of the Memoirs of Pliny Earle, M.D. The review probably appeared in a 1899 issue of the American Journal of Insanity.

Northampton had been the last stronghold of this type of treatment for the insane. Thirdly, Sanborn, like Earle was a "consummate statistician, familiar by a long official experience with the fallacies of asylum arithmetic"112 Both men were somewhat ineffective in their attempts to perfect statistical records.

It was not without a spirit of admiration and exaltation, then that Sanborn penned his laudatory, and somewhat inaccurate, account of Dr. Pliny Earle.

Since 1898, nothing definitive has even been attempted on Dr. Earle. Besides correcting the fallacies contained in Sanborn's Memoirs, the work of Dr. Earle is, in itself, deserving of further treatment. His long-standing advocacy (nearly 42 years) of moral treatment in light of its similarity to mid-twentieth century milieu therapy justifies a reinvestigation of his life, ideas, and work. Although, not an innovator, Earle's views on insanity reflect the psychiatric thought of his century; his attacks on the curability cult reveal some of the weaknesses and inadequacies of the period; and his administration of a state hospital for the insane as a prototype upon which all other state institutions were to model themselves for decades make Earle a prominent and noteworthy subject for a career biography. These three areas, only hinted at in this paper, deserve full and thorough treatment in order to gain insight to the pre-Freudian era of the treatment of the mentally ill.

112 Ibid.

SELECTED BIBLIOGRAPHY

I. PRIMARY SOURCES

1. Manuscripts

Dix, Dorothea, MSS, Houghton Library, Harvard University, Cambridge, Massachusetts.

Earle, Pliny, MSS, American Antiquarian Society, Worcester, Massachusetts.

Earle, Pliny, MSS, Westchester Division of the Society of the New York Hospital, White Plains, New York.

Kirkbride, Thomas S., MSS, Historical Library and Museum, Institute of the Pennsylvania Hospital, Philadelphia.

Ray, Isaac, MSS, Payne Whitney Psychiatric Clinic of the Society of the New York Hospital, New York.

2. Government Documents

Bloomington Asylum. Annual Report, 1844-1849.

Massachusetts Board of State Charities. Annual Report, 1864-1878.

Massachusetts State Board of Health, Lunacy, and Charity. Annual Report, 1879-1885.

Northampton State Lunatic Hospital. Annual Report, 1864-1885

3. Books

Bucknill, J. C. Notes on Asylums for the Insane in America. London: J. & A. Churchill, 1876.

Esquirol, E. A Treatise on Insanity. Translated by E. K. Hunt. Philadelphia: Lee & Blanchard, 1845.

Ferriar, John. Medical Histories and Refections. Philadelphia: Thomas Dobson, 1816.

Jarvis, Edward, Address, Delivered at the Laying of the Corner Stone of the Insane Hospital at Northampton, Massachusetts. Northampton: J. L. Metcalf, 1856.

Pinel, Philippe. A Treatise on Insanity. Translated by D. D. Davis. Sheffield, England: W. Todd for Cadell & Davies, 1806.

Sanborn, Franklin B. Memoirs of Pliny Earle, M.D. Boston: Damrell and Upham, 1898.

Tuke, Daniel H. The Insane in the United States and Canada. London: H. K. Lewis, 1885.

Waterson, Robert Cassie. The Condition of the Insane in Massachusetts. Boston: James Munroe & Co., 1843

4. Articles

Brigham, Amariah, "Law Cases Bearing on the Question of Insanity," American Journal of Insanity, X (Oct., 1853), 179-84.

Curwen, John, "The Original Thirteen Members of the Association of Medical Superintendents of American Institutions for the Insane," Journal of the Mental Sciences, XXXI (Jan., 1886), 593.

Howe, Samuel Gridley, "The Insane and Their Treatment Past and Present," National Quarterly Review, VII (Sept., 1863), 207-32.

Jarvis, Edward, "Insanity in Massachusetts," North American Review, LVI (Jan., 1843), 171-91.

"Obituary of Pliny Earle, M.D.," Journal of the Mental Sciences, (July, 1892), 479.

Ray, Isaac, "American Hospitals for the Insane," North American Review, LXXIX (July, 1854), 66-90.

_____, "Doubtful Recoveries," American Journal of Insanity, XX (July, 1863), 26-44.

_____, "Statistics of Insanity in Massachusetts," North American Review, LXXXII (Jan., 1856), 78-100.

Sanborn, Franklin B., "The Present Status of Insanity in Massachusetts," American Journal of Insanity, LIII (April, 1896), 551-55.

Tuke, D. H., "Dr. Earle's Retirement from American and Colonial Retrospect," Journal of the Mental Sciences, XXXII (April, 1886), 121.

5. Selected Works of Pliny Earle

a. Books

Earle, Pliny. Brief History, Description and Outline of Moral Treatment, Etc., rev. by Samuel B. Lyon. White Plains, New York: The Psychopathic Branch of the New York Hospital at Bloomingdale, 1904.

_____. Chapter on Insanity in the United States Census. Washington, D.C.: Government Printers, 1862.

_____. The Curability of Insanity: A Series of Studies. Philadelphia: J. B. Lippincott Company, 1887.

_____. The Earle Family: Ralph Earle and his Descendants. Worcester, Massachusetts: Press of Charles Hamilton, 1888.

_____. European Institutions for Idiots. New York: William Saunderson, Printer, 1853.

_____. History, Description, and Statistics of the Bloomingdale Asylum for the Insane. New York: Egbert, Hovey & King, 1848.

_____. Institutions for the Insane in Prussia, Austria, and Germany. Utica: New York Asylum, Printers, 1853.

_____. Medical Opinion in the Parish Will Case. New York: John Trow, 1857.

_____. The Practice of Blood-letting in Mental Disorders. New York: S. S. & William Ward, 1854.

_____. A Visit to Thirteen Asylums for the Insane in Europe. Philadelphia: J. Dobson, 1841.

b. Articles*

- Earle, Pliny, "Analysis of Cases of Delirium Tremens, admitted to Bloomingdale Asylum for the Insane, from June 16, 1821 to Dec. 31, 1844," AJMS, XV (January, 1848), 76.
- _____. "Cases of Insanity," AJI, I (October, 1844), 145.
- _____. "Cases of Paralysis peculiar to the Insane," AJMS, XIII (April, 1847), 333.
- _____. "Cases of Partio-general Paralysis," AJMS, XVII (January, 1849), 73.
- _____. "Cases of Partio-general Paralysis, or the Paralysis of the Insane," AJMS, XXXIV (July, 1857), 36.
- _____. "Contributions to the Pathology of Insanity," AJI, II (January, 1846), 218; III (July, 1846), 35; III (January, 1847), 199.
- _____. "Experiments to Determine the Physiological Effects of Conium Maculatum," AJMS, X (July, 1845), 61.
- _____. "History and Description of the Northampton Lunatic Hospital," AJI, XXIII (April, 1867), 497.
- _____. "Hospitals in British America," AJMS, XLV (April, 1863), 432.
- _____. "A Leaf from and for the Annals of Insanity," AJI, IV (October, 1847), 163.
- _____. "New American Institutions for the Insane," AJMS, XXXIII (January, 1857), 152.
- _____. "Observations on the Pulse of the Insane," AJMS, IX (January, 1845), 56.
- _____. "Observations on the Rapidity of the Pulse of the Insane," AJMS, III (January, 1842), 84.

*Earle published his articles exclusively in two nineteenth-century professional journals. In this bibliographical notation the American Journal of the Medical Sciences is listed as AJMS, and the American Journal of Insanity as AJI.

- _____. "On the Causes, Duration, Termination and Moral Treatment of Insanity," AJMS, XXII (August, 1838), 339.
- _____. "On the Inability to Distinguish Colors," AJMS, IX (April, 1845), 346.
- _____. "On Insanity and Idiocy in Massachusetts," AJMS, XXXI (April, 1856), 429.
- _____. "On the Pulse of the Insane," AJMS, VII (April, 1844), 306.
- _____. "The Poetry of Insanity," AJI, I (October, 1844), 193.
- _____. "Prospective Provision for the Insane," AJI, XXV (July, 1868), 51.
- _____. "Psychopathic Hospital of the Future," AJI, XXIV (October, 1867), 117.
- _____. "Psychological Medicine: Its Importance as a part of the Medical Curriculum," AJI, XXIV (January, 1868), 257.
- _____. "Review of Dr. F. Leuret's Treatise on the Moral Treatment of Insanity," AJMS, IV (October, 1842), 375.

6. Newspapers

New York Times, May 19, 1892.

Springfield Republican, May 17, 18, 19, 1892.

II. SECONDARY SOURCES

1. Books

Alexander, Franz G. and Sheldon T. Selesnick. The History of Psychiatry. New York: Harper & Row, 1966.

Billington, Ray A. The Protestant Crusade, 1800-1860: A Study of the Origins of American Nativism. New York: The Macmillan Co., 1938.

- Bockoven, J. Sanborne. Moral Treatment in American Psychiatry.
New York: Springer Publishing Co., Inc., 1963.
- Boorstin, Daniel J. The Americans: The Colonial Experience.
New York: Random House, Inc., 1958.
- Brayshaw, A. Neave. The Quakers: Their Story and Message.
New York: The Macmillan Co., 1927.
- Brinton, Howard. Friends for 300 Years. New York: Harber
& Bros., Publ., 1952.
- Dain, Norman. Concepts of Insanity in the United States,
1789-1865. New Brunswick, New Jersey: Rutgers
University Press, 1964.
- Deutsch, Albert. The Mentally Ill in America. New York:
Columbia University Press, 1949.
- Greenblat, Milton, et al. From Custodial to Therapeutic Patient
Care in Mental Hospitals. New York: Russell Sage
Foundation, 1955.
- Grob, Gerald. The State and the Mentally Ill. Chapel Hill:
University of North Carolina Press, 1966.
- Hall, J. K., et al., eds. 100 Years of American Psychiatry:
1844-1944. New York: Columbia University Press, 1947.
- Hunter, Richard and Ida Macalpine. 300 Years of Psychiatry:
1534-1860. New York: Oxford University Press, 1963.
- Hurd, Henry M., ed. The Institutional Care of the Insane in
the United States and Canada. Baltimore: John Hopkins
Press, 1916-17.
- Johnson, Allen, et al., eds. Dictionary of American Biography.
New York: Charles Scribner's Sons, 1928-58.
- Jones, Rufus M. The Later Periods of Quakerism. London: 1921.
- Jorns, Auguste. The Quakers as Pioneers in Social Work.
Translated by Thomas Kite Brown. Port Washington, New
York: Kennikat Press, Inc., 1969
- Kelly, Howard and Walter Burrage. American Medical Biographies.
Baltimore: Norman Remington Co., 1920.

- Kraepelin, Emil. 100 Years of Psychiatry. New York: Philosophical Library, Inc., 1962.
- Norwood, William Frederick. Medical Education in the United States before the Civil War. Philadelphia: University of Pennsylvania, 1944.
- Powers, Edwin. Crime and Punishment in Early Massachusetts, 1620-1692. Boston: Beacon Press, 1966.
- Rosenberg, Charles E. The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age. Chicago: University of Chicago Press, 1968.
- Russell, Elbert. The History of Quakerism. New York: The Macmillan Co., 1942.
- Russell, William. The New York Hospital. New York: Columbia University Press, 1945.
- Shryock, Richard H. The Development of Modern Medicine: An Interpretation of the Social and Scientific Factors Involved. new ed. New York: Alfred A. Knopf, 1947.
- _____. Medicine and Society in America, 1660-1860. New York: New York University Press, 1960.
- Sykes, John. The Quakers. New York: J. B. Lippincott Co., 1959.
- Trueblood, D. Elton. The People Called Quakers. New York: Harper & Row, Publ., 1966.

2. Articles

- Bockoven, J. Sanborne, "Moral Treatment in American Psychiatry," Journal of Nervous and Mental Disease, CXXIV (August-September, 1956), 167-94, 292-321.
- Carlson, Eric T., "The Unfortunate Dr. Parkman," American Journal of Psychiatry, CXXIII (December, 1966), 724-28.
- _____. and May F. Chale, "Dr. Rufus Wyman of the McLean Asylum," American Journal of Psychiatry, CXVI (May, 1960), 1034-37.
- _____. and Norman Dain, "The Meaning of Moral Insanity," Bulletin of the History of Medicine, XXXVI, 2 (March-April, 1962), 130-39.

- _____, "Milieu Therapy in the Nineteenth Century; Patient Care at the Friends' Asylum, Frankford, Pennsylvania, 1818-1861," Journal of Nervous and Mental Disease, CXXXI (October, 1960), 277-90.
- _____, "Moral Insanity in the United States, 1835-1866," American Journal of Psychiatry, CXVIII (March, 1962), 795-801.
- _____, "Psychotherapy in the Hospital (1740-1840)," Current Psychiatric Therapies, Part VII, II (1962), 219-26.
- _____, "The Psychotherapy that was Moral Treatment," American Journal of Psychiatry, CXVII (December, 1960), 519-24.
- _____, "Social Class and Psychological Medicine in the United States, 1789-1824," Bulletin of the History of Medicine, XXXIII (September-October, 1959), 454-65.
- _____ and Lillian Peters, "Dr. Pliny Earle (1809-1892)," American Journal of Psychiatry, CXVI (December, 1959), 557-58.
- _____ and Meribeth M. Simpson, "Benjamin Rush on the Importance of Psychiatry," American Journal of Psychiatry, CXIX (March, 1963), 897-98.
- _____, "Benjamin Rush's Medical Use of the Moral Faculty," Bulletin of the History of Medicine, XXXIX (January-February, 1965), 22-33.
- _____, "Moral Persuasion as Therapy," Current Psychiatric Therapies, Part I, IV (1964), 13-24.
- _____, "Opium as a Tranquilizer," American Journal of Psychiatry, CXX (August, 1963), 112-17.
- _____ and Evelyn A. Woods, "The Psychiatry of Philippe Pinel," Bulletin of the History of Medicine, XXXV (January-February, 1961), 14-25.
- Jones, Robert E., "Correspondence of the A.P.A. Founders," American Journal of Psychiatry, (June, 1963), 1121-1134.
- Noyes, Arthur P., unpublished series of lectures, "History of Psychiatry."
- Walk, Alexander, "Some Aspects of the 'Moral Treatment' of the Insane up to 1854," Journal of Mental Science, C (October, 1954), 807-37.

