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" *A Visit to Thirteen Asylums for the Insane: Pliny Earle, European Asylums and American
Psychiatry*"
BY

Miranda Smith

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Introduction

On March 25, 1837, a recent medical school graduate boarded a ship which, unbeknownst to him, would carry him into his future career. The ship was the *Virginian*, a sailing-vessel, traveling across the Atlantic Ocean from New York to Liverpool.¹ The graduate was Pliny Earle, a twenty-seven year old Quaker from rural Massachusetts, who would become one of the most well-known and well-respected psychiatrists of the nineteenth century, as well as a prolific writer on the subject. During his 50- year career, he

developed curricula to teach medical students about mental disorders, co-founded the first professional organization of psychiatrists, and opened one of the first private psychiatric practices in the country. He [ran] a couple of asylums, where he instituted novel treatment strategies such as providing education to the mentally ill.²

His trip, initially planned to be for the enhancement of his own knowledge of medical practice and the study and treatment of psychiatry, would result in a book which would bring European asylums from the British Isles to modern day Turkey to the American audience.³ This experience would not only define his view of mental illness and asylums, but would shape his practice of psychiatric treatment. Moreover, the advice he would give others in his field through his later letters and publications based on this trip would thus shape psychiatry and asylums throughout the United States. This thesis will discuss Dr. Earle's impact on the world of psychiatry and asylums by first discussing the practice of psychiatry at the time Earle was finishing his medical schooling, followed by descriptions of the asylums he visited during his European tour, and finally, analyzing his discussions of the first two asylums he worked at after

¹ Franklin Sanborn, *Memoirs of Pliny Earle, M.D.* (Boston: Damrell & Upham, 1898), 59.

² Gary Greenberg, "Psychiatry's Incurable Hubris," *The Atlantic*, March 19, 2019. <https://www.theatlantic.com/magazine/archive/2019/04/mind-fixers-anne-harrington/583228/>.

³ Constance McGovern, "The Early Career of Pliny Earle: A Founder of American Psychiatry," Masters Thesis. (University of Massachusetts Amherst, 1971), 43

his return to America in order to determine how he applied what he observed in European asylums to his own practice. Throughout, I argue that the trip was a pivotal moment not just for Earle but for American psychiatry.

Historical and Historiographical Background

Psychiatry

When Earle graduated from University of Pennsylvania in Philadelphia in 1837, the study of psychiatry was untaught in universities; however, psychiatry as a field had been expanding and changed drastically in the last fifty years and would continue to do so in the first several years of Dr. Earle's career. While Benjamin Rush has been characterized universally by historians as "father of American psychiatry" for his writings and innovations on the subject, his legacy is a complicated one. Though he advocated for both medical and moral means and stressed the importance of doctor-patient relationships involving kindness and honesty, his primary forms of treatment were still bleeding, low diet, and depletion, all of which would have caused pain to the patient.⁴ He found the use of the "mad shirt" or "straight waistcoat" to be physiologically or psychologically damaging, and thus created a tranquilizing chair (further discussed in Chapter 1) as a more humane method of restraint, thus in one respect he was considered a humanitarian.⁵ Along the same vein, other historians such as Walter Trattner argue that his name became synonymous with "doing good."⁶ He had also emphasized training in mental illness; however, up until the 1840s, this training was more commonly a form of trial and

⁴ Constance McGovern, *Masters of Madness: Social Origins of the American Psychiatric Profession* (Hanover: University Press of New England, 1985), 40.

⁵ Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Routledge, 2008), 20.

⁶ Walter Trattner, *From Poor Law to Welfare State* (New York: Free Press, 1989), 31.

error or practical experience rather than from a classroom.⁷ Rush's treatments, like many of the eighteenth century, typically involved "shock therapy," treatments meant to "shock" the body to restore the patient to a "normal" state of mind. Examples of this included cold baths and purges. Further, believing that bad blood could be a cause of insanity, he was also known to use bloodletting as a method of treatment. However, toward the end of his life the concept of "moral treatment" was becoming more prominent through the actions of several European doctors such as Phillipe Pinel, William Tuke, and Vincenzo Chiarugi⁸ Though this treatment method varied in its application, it rested on the idea that "insanity" could be treated through teaching the patient "proper" work habits, life skills, and values, while limiting or putting an end to behaviors which contradicted the ones being taught.

This shift in treatment methodology coincided with the changing ideas of "madness." Historian Andrew Scull argues that in the seventeenth and eighteenth centuries, people viewed madness as a loss of humanity, one that turned people into beasts. However, in the nineteenth century, historians argue that reformers came to view madness not as a loss of humanity, but as a loss of self-restraint, order, and rationality, all of which could be restored with proper treatment.⁹ Moral treatment, or moral management as it was sometimes called, emerged in the late eighteenth century and had taken hold as one of the popular forms of treatment by the time Earle was beginning his career. First termed by the French physician Phillipe Pinel as *traitement moral*, the concept quickly spread to England where it would be put to the test by William Tuke

⁷ McGovern, "Early Career of Pliny Earle," 27-28.

⁸ Roy Porter, *Madness: A Brief History* (New York: Oxford University Press, 2003), 104-105

⁹ Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993), 92.

in 1796. At this time Tuke founded the Retreat at York, an asylum which would have great influence on the early asylums in America, part of the subject of Chapter 3.¹⁰

Proponents of this form of treatment, an early form of what Ruth Chaplan describes as “community psychiatry,” hoped that through resocialization and education in both regular work habits and “correct” values, those afflicted with “insanity” could be managed and cured.¹¹ By this definition, in some aspects moral treatment anticipated modern cognitive behavioral therapy, which focuses on retraining the mind to replace negative thought patterns with positive or more productive ones. While not entirely comparable, both stem from the idea of retraining the functions of the mind and replacing negative functions with others. This would be done through integrating occupations and workspaces for the patients on the grounds of the asylum. This could include small jobs necessary to keep the asylum running, as well as to reduce its costs, such as laundry, mending, cooking, gardening, spinning, and shoemaking, many of which could also be applied in a household setting outside of the asylum. Alternatively, the patients might be taught trades such as carpentry, cabinet-making, hat-making, and basket-making, which could produce products which could be sold and might help them find employment after they were released.¹² Not only did this give the patients at the asylum work experience and help them build useful skills, it also helped to keep asylum costs lower than they would be if they had outsourced the labor. Feeling obligated to make the asylum self-sufficient so as to not drain the legislature, Dr. Earle saw Northampton asylum, where he was superintendent, make a profit during the fiscal

¹⁰ Peter McCandless, “Curative Asylum, Custodial Hospital: the South Carolina Lunatic Asylum and State Hospital, 1828-1920,” in *The Confinement of the Insane*, edited by Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003), 175; Porter, *Madness*, 110.

¹¹ Ruth B. Caplan, *Psychiatry and the Community in Nineteenth-Century America: the Recurring Concern with the Environment in the Prevention and Treatment of Mental Illness* (New York: Basic Books, Inc., 1969), 26.

¹² Pliny Earle, *A Visit to Thirteen Asylums for the Insane in Europe* (Philadelphia: J. Dobson, 1841): 6.

year, with patients providing 75% of the hospital workforce towards the end of his life.¹³ This was in theory, of course, in practice this ideal situation was not always achieved.

One of the other debates among scholars regarding nineteenth century psychiatry and moral treatment is the cure rates associated with moral treatment, particularly in its early years of practice. The concept of what was considered “cured” in nineteenth century psychiatry did not necessarily mean that they would not be readmitted to the asylum again. Many “cured” patients might be readmitted a second or third time to the asylum. By looking at the cure rates of asylums in the early nineteenth century, one would think that the treatment methods being used were highly effective. Hartford Retreat for the Insane reported a 90 percent cure rate during 1824-33; Vermont Asylum found that 90 percent of their patients were cured in 1849; Western Lunatic Asylum in Virginia also experienced a 90% cure rate during 1836-4, and Mount Hope Institution at Baltimore found 99% of patients ‘radically restored’ in 1845.¹⁴ These phenomenally high cure rates were found not only in America, but in England as well. George Man Burros in Greater London and Samuel Tuke at the York Retreat reported similar figures at their institutions.¹⁵ Though these cure rates were debunked in the latter half of the century, Lawrence Goodheart argues that the belief in these high cure rates was essential to the optimism in this age of reform as the creation of these early asylums rested on the idea that if it was treated early enough, insanity could be reversible.¹⁶ Scholars have also debated why cure rates were lower than they were initially reported to be, this misrepresentation raising the question of how effective moral treatment really was, if the cure rates were not nearly as high as initially thought. It appears that,

¹³ McGovern, “The Early Career of Pliny Earle,” 7, 3.

¹⁴ Lawrence Goodheart, “The Glamour of Arabic Numbers,” *Journal of the History of Medicine and Allied Sciences* 71, no. 2, April 2016, 175.

¹⁵ Goodheart, “Glamour of Arabic Numbers,” 176.

¹⁶ Goodheart, “Glamour of Arabic Numbers,” 176-177.

in practice, the effectiveness of moral treatment often turned out to be more of an ideal than a reality. Not only did these early psychiatrists lack the knowledge of modern medicine we have today, Andrew Scull argues that moral treatment failed to be truly implemented because the ways that patients were employed focused more on menial tasks that helped the asylum run more smoothly and cheaply, such as doing laundry, repairing clothes and uniforms, or acting as farm laborers for the asylum farm, as opposed to jobs primarily benefiting the patients. That is, assuming they were even given a job at all, as, even with a broad definition of “employment,” many patients remained without an occupation and, as Scull says, “were simply left to rot.”¹⁷ On the other hand, Peter McCandless suggests that it was the lack of funding that impeded the potential of moral therapy to be implemented as it should have been, as without the needed funding, the asylum was unable to supply the facilities and personal attention required for moral treatment to be effective.¹⁸

Though significantly later than the time than this thesis will focus on, even Earle himself in his later years became less confident in the high cure rates previously suggested by asylums, suggesting that the distortions in statistics had grown out of a desire to gain support in expanding asylums and asylum-based policies. He found that cure rates were calculated based on the proportion of cures to cases discharged rather than the total number of admissions and did not take into account cases which were readmitted, which as mentioned earlier, were not uncommon.¹⁹

Trans-Atlantic Ideas

¹⁷Scull, *The Most Solitary of Afflictions*, 289.

¹⁸McCandless, “Curative Asylum, Custodial Hospital,” 181.

¹⁹Grob, *The Mad Among Us*, 99-100

America has long had contact with Europe, and scholars have noted how information regarding psychiatry found its way across the Atlantic Ocean like many other topics including government, antislavery, and feminism. In the eighteenth century, “The Declaration of Independence” was heavily influenced by European thinkers such as John Locke. Additionally, aspects of Mary Wollstonecraft’s work from across the Atlantic influenced developments in nineteenth-century women’s rights.²⁰ In terms of medicine and psychiatry, this exchange allowed American physicians to imitate and improve upon the ideas of European doctors and their asylums. Information describing the latest ideas in the field of psychiatry traveled from Europe to the Americas and vice versa in the form of treatises, case studies, and annual reports. This not only provided the transportation of knowledge but also the potential for international collaboration.²¹

Historians of antebellum reform trace much overlap among reform movements. Earle himself both at home and abroad, was closely linked to those that were involved in the antislavery movement. Three of Pliny’s brothers--John Milton, Thomas, and William Buffum Earle--were all greatly involved in the American antislavery movement. Dr. Earle’s friend and subsequent biographer, Franklin Sanborn, was also a radical abolitionist and had been one of the “Secret Six” who helped fund John Brown’s 1859 raid on Harpers Ferry. In England, Dr. Earle was acquainted with Joseph Sturge, a founder of the British and Foreign AntiSlavery society.²² The two were fellow passengers on the *Virginian*’s 1837 voyage from New York to Liverpool, as Sturge was returning to England following a visit to the British West Indies to observe and report the effects of the recent policy of emancipation. Earle evidently enjoyed Sturge’s company on

²⁰ Charles J. Reid Jr. “The Journey to Seneca Falls: Mary Wollstonecraft, Elizabeth Cady Stanton and the Legal Emancipation of Women,” *University of St. Thomas Law Journal* 10, no. 4 (Spring 2013), 1161.

²¹ Goodheart, “The Glamor of Arabic Numbers,” 177.

²² Goodheart, “The Glamor of Arabic Numbers,” 179.

the voyage, saying he was “very agreeable” and “He sat at my right hand the whole passage over.” Once the two arrived in England, Earle visited Sturge several times at his home in Birmingham and heard him speak on the topic of antislavery on several occasions.²³ Just as Sturge was bringing information on the antislavery and abolitionist movements in the Caribbean home across the Atlantic to England, Earle would collect information on psychiatry from England and other European nations and return with it to the United States.

Concerning asylums, Constance McGovern indicated that American Quakers in particular looked across the Atlantic for leadership in the field of psychiatry, imitating the ideas seen at the York Retreat, which was founded by William Tuke, a fellow Friend.²⁴ Tuke had, in turn, based his ideas of moral treatment off the ideas of the French physician Pinel, showing the spread of thought from the European continent across the English channel to England and across the Atlantic Ocean to America.²⁵ Earle himself would visit the Retreat at York during his time in Europe, as well as the Bicêtre and Salpêtrière asylums in Paris where Pinel had worked, though Pinel himself was long deceased by that time and his son, Scipion Pinel, had taken charge.²⁶

From the early days of colonization by various European nations to the present, people have traversed the Atlantic Ocean, bringing their values and ideas with them from one side of the ocean to the other. Similar to writings and publications before it, Earle’s book would take its place in the trans-Atlantic movement of ideas, bringing the latest treatments and asylum innovations from Europe to the United States.

²³ Sandborn, *Memoirs*, 61, 82.

²⁴ McGovern, “The Early Career of Pliny Earle,” 1.

²⁵ Peter McCandless, “Curative Asylum, Custodial Hospital,” 175; Porter, *Madness*, 110.

²⁶ Earle, *A Visit to Thirteen Asylums*, 15, 31, 33.

Pliny Earle

Though Pliny Earle was very much on-par with his more well-known colleagues in terms of socio-economic and educational background, he has been woefully neglected by historians and scholars. He typically gets at least a few words of recognition in most books on nineteenth century psychiatry; however, few scholars have published works focused specifically on him. Aside from a biography written by his friend, Franklin Sanborn, less than a decade after his death, the only secondary works on his life and contributions specifically appear to be a 1971 thesis and a 2016 article.²⁷ It is rather surprising that so little has been written on Dr. Earle and his contributions as there is a significant amount of primary source and archival material for interested scholars. Though Earle was very much in the mainstream of his field, what distinguished him from his colleagues was his willingness to write and publish his findings, and he left a plethora of documents behind.²⁸ Today, many of his publications are available free online and his personal writings, including diaries and correspondence, survive in several East Coast research libraries.

Those who have written about Dr. Earle have predominantly debated his reason for entering the field of psychiatry. Before Earle began an apprenticeship with a



Fig I.1. Daguerreotype of Dr. Earle: Brady, Mathew B. "Pliny Earle, three-quarters to left." Daguerreotype Portrait Photograph. 1844-1860. Library of Congress, <https://www.loc.gov/pictures/item/20046639>

²⁷ Constance McGovern, "The Early Career of Pliny Earle: A Founder of American Psychiatry," Masters Thesis (University of Massachusetts Amherst: 1971).
Lawrence Goodheart, "The Glamor of Arabic Numbers," *Journal of the History of Medicine and Allied Sciences* 71, no. 2 (April 2016), 173-196.

Franklin Sanborn, *Memoirs of Pliny Earle, M.D.* (Boston: Damrell & Upham, 1898).

²⁸ McGovern, "The Early Career of Pliny Earle," 80.

local physician and surgeon, Usher Parsons, he had been a successful teacher, moving up the ranks from teacher's assistant to full teacher in less than four years before he was promoted to school principal during his last year of his apprenticeship with Parsons. In her 1971 thesis, Constance McGovern suggested that Earle's interest in the medical field may have been out of a desire to differentiate himself from his siblings, as he was the eighth of nine children and fourth of five sons.²⁹ There may be merit in this argument as even though Earle appears to have been a successful teacher at Friends' School, it was the same school where two of his sisters were teaching, so sibling rivalry may explain his decision to change career paths just four years after beginning teaching despite being continually promoted at seemingly reasonable intervals.³⁰ Lawrence Goodheart, on the other hand, provides a different explanation for Earle's choice of career. He proposes that it was Earle's Quaker heritage which influenced him to choose a career in a budding field focused on helping others, saying that of the factors which drew him to psychiatry, "Quaker benevolence was foremost."³¹

Having said this, when he first began his career as a physician, his formal education gave little indication of his future career choice. The doctor he apprenticed under before attending medical school, Dr. Usher Parsons, was not a psychiatrist but a famed surgeon. His course records at the University of Pennsylvania medical school show he took no courses on mental illness, reflecting the lack of course offerings in the subject. The first indication of his interest in psychiatry came when he wrote his graduating thesis on the topic of general insanity. During this time, he was a frequent visitor at the Massachusetts Lunatic Hospital in Worcester where he observed the treatment of patients under Dr. Samuel B. Woodward.³² While this was impressive,

²⁹ McGovern, "The Early Career of Pliny Earle," 27.

³⁰ Sanborn, *Memoirs*, 10.

³¹ Goodheart, "The Glamor of Arabic Numbers," 175, 180

³² Sanborn, *Memoirs*, 154.

McGovern points out that by self-admission, Dr. Earle had “surveyed the medical realm” in search of an original topic, reinforcing her argument that he chose his field out of a desire to be unique. Regardless of his reasoning, even at this early stage in his career, his words must have been compelling as within a year of his graduation, in August 1838, before he had even returned from Europe, his article “Researches in Reference to the Cause, Duration, Termination, and Moral Treatment of Insanity,” was published in the *American Journal of the Medical Sciences*. While in the August edition, the article is dated “Paris, 4th Mo. 12th, 1838” and includes information about several of the asylums which Dr. Earle was known to have visited, indicating that he wrote the article while traveling and sent it back to the States for publication.³³ Using articles such as this, this thesis will seek to add to the scholarly research on Dr. Earle in an effort to give him the attention which he has failed to receive over the past one hundred years.

Notes on Sources

While there is little historiography on Dr. Earle’s life and works, conveniently for those interested in him, he left behind an abundance of writings, both published and unpublished. Many of his published works are available through GoogleBooks and HathiTrust, while his unpublished works such as letters and diaries can be found at the American Antiquarian Society, the Medical Center Archives of New York -Presbyterian/Weil library at Cornell University, and the David M. Rubenstein Rare Book & Manuscript Library at Duke University. His name is also found in many nineteenth century newspapers and periodicals that can be accessed via Gale. This work will draw primarily from his publications, letters, and journal. While his journal and letters are not cited as frequently as his published works, his journal with his notes on his trip to Europe

³³ Multiple Authors, *The American Journal of the Medical Sciences*, vol. 22, no 44, (Philadelphia: Carey, Lea, & Blanchard, August 1838): 339-356 <https://library.si.edu/digital-library/book/americanjournal221838thor>

has been used to verify the information he provided in his book and a few cited letters serve as examples of general trends among the collections. This will be supplemented with the biography of him written by his friend, Franklin Sanborn, who regularly quotes letters and notes written by Dr. Earle that are inaccessible to the author at this time.

A Brief Outline of this Work

This thesis is divided into three chapters. The first examines psychiatry, asylums, doctors, and beliefs about mental illness to 1837, the year that Dr. Earle graduated from medical school. It explores the type of training and resources that Dr. Earle would have had access to during his medical school years, describing not only ideas and people which would have influenced him directly, but also those which would influence others in Dr. Earle's social circle who would, in turn, pass on to him. It also discusses the rise of "moral treatment," a treatment method which began in the late eighteenth-century in France and which Dr. Earle would fully adopt.

Chapter two opens with the scene at the start of this Introduction, with the newly graduated Dr. Earle on his way to Europe with plans to further his education abroad. From here, it details and analyzes his experiences in European countries and his observations at asylums in these countries. During his time in England and France, he attended lectures as well as socializing with some of the most renowned doctors of the time. In Italy and Greece, his time was split between traditional tourist sites and visits to asylums. Even at the easternmost point in his journey in Constantinople he found friends in other Americans and doctors as he visited the local asylum.

Finally, Chapter three follows Dr. Earle into his first years as an asylum physician and shows the implementation of several elements of moral treatment he saw in Europe at the first

two asylums he worked at in America, Friends' and Bloomingdale. Though elements of moral treatment had been present at both asylums before Dr. Earle's arrival, in each case, he both added to and improved upon the treatment regimen that had been in place at the time.

A Note On Terminology

In order to better reflect the terminology present in medical and academic writings of this period, throughout this thesis, antiquated terms such as "madness," "lunacy," and "insanity" will be used interchangeably with modern terms to describe mental illness. Like psychiatric treatment, the use of these words changed over time as doctors found terms more useful or appropriate than others. Similarly, "asylums" and "institutions" will be used to describe psychiatric facilities during this time period as though Earle advocated for the use of the term "hospital" later in his career, during the scope of this thesis (1835-1850) his publications most frequently use the terms previously mentioned.³⁴ Finally, to describe doctors such as Dr. Earle, the term "alienist" will be used interchangeably with "psychiatrist" as both appear in primary source documents. This will be done in an effort to stay as true as possible to the sources referenced, as well as give the reader a sense of the language used by medical professionals of the time without necessitating the use of lengthy quotes when it can be condensed by paraphrasing. Finally, the use of this terminology reflects a dichotomy during this transitional period in medicine when professionals in the field are simultaneously advocating for humane treatment of patients while using terms such as "lunatic" and "insane" to describe them.

³⁴ Grob, Gerald, *The Mad Among Us: A History of the Care of America's Mentally Ill*, (New York: Free Press, 1994), 76.

Chapter 1: Psychiatry and Psychiatric Care circa. 1838

Though the United States had been home to institutions devoted to the care of the mentally ill even in colonial times, at the time Dr. Earle received his education at the University of Pennsylvania, not a single medical school in America offered a formal education in psychiatry.³⁵ In the United States as well as Europe, the first alienists learned their trade from practical experience and trial and error. Though the “father of American psychiatry” and University of Pennsylvania professor Benjamin Rush did emphasize training in mental illness, by the time Dr. Earle was receiving his education from the same institution twenty years later, Dr. Rush’s notes were apparently no longer in use and no other notes had replaced them as part of the curriculum. As such, up until 1848 when the Washington Medical College of Baltimore instituted classes specific to psychiatry, even those who would become famed alienists such as Earle gave no indication of their interests. Instead their focus was on courses such as medical theory and practice, materia medica (“medical material” or pharmaceuticals), anatomy, surgery, obstetrics, and chemistry.³⁶ It may have been this “learn by doing” technique which helped to propel psychiatry from the “shock therapy” techniques such as cold baths, puges, and bloodletting for which Rush was well-known into a new era of moral treatment in America with American students of psychiatry encouraged to study under renowned doctors in their field, many of who were located in Europe.

Rush’s techniques were not unusual practice for his time and some elements were still being practiced in European asylums until at least the late 1830s. He believed that nearly all

³⁵Eastern State Hospital in Williamsburg, Virginia was founded in 1773, 3 years before the beginning of the American Revolution. *Eastern State Hospital*. Eastern State Hospital. <http://www.esh.dbhds.virginia.gov/>. Accessed October 29, 2018.

³⁶ McGovern, “The Early Career of Pliny Earle,” 26-28.

disorders of the mind were caused by vitiated blood, the remedy to which was bloodletting.³⁷ In his 1789 book, Rush further advocated for the use of purges, a reduced diet “consisting of food and drinks that contain but little nourishment,” emetics (substances which induce vomiting), warm and cold baths, “frictions to the trunk of the body and limbs,” blistering, and “the excitement of pain.” At least one of these treatments he discovered by chance before encouraging its use. Regarding the excitement of pain, he said,

I once attended a gentlemen from Barbadoes, who suffered great distress of mind from a hypochondriac gout which floated in his nerves and brain; but no sooner did the gout fix, and excite pain in his hands or feet, than he recovered his spirits; and became pleasant and agreeable to all around him.

From his description, it appears Rush encouraged a small amount of physical discomfort (localized pain) diverted the patient’s mind from their mental state. As such the general method he suggested for patients was to apply mustard to their feet, which, while uncomfortable, does not sound agonizingly painful.³⁸

Despite being a proponent of these treatments meant to shock the body, one may find it surprising that Rush took issue with the use of “mad shirt” or straightjacket, believing it had adverse physiological and psychological effects on the patient. As such, he developed the “tranquilizer chair” (shown below) as a more humane means of restraint.³⁹ Regardless of its

³⁷ Porter, *Madness*, 126-127.

³⁸ Rush, *Medical Inquiries and Observations, Upon the Diseases of the Mind* (Philadelphia: Kimber & Richardson, 1812), 100-105.

³⁹Grob, *Mental Institutions in America*, 20.

appearance, it does show Rush's innovation in terms of seeking out new ways to treat his patients in the manner he thought best. Perhaps more curious, however, is that Rush also suggested "Exercise, especially upon horseback. *Labor* is still more useful, particularly in the open air."⁴⁰ This concept of exercise and work outdoors would become one of the defining features of moral treatment as psychiatry moved into the nineteenth century.

Rush's ideas of shock therapy--that is "shocking" the body to treat mental illness--relied on the concept that insanity was a somatic condition rather than a psychological one. While he knew the brain was involved, the vast majority of his treatment methods treated it like any other organ of the body, rather than considering its functioning, organization, and association. This consideration of mental illness as a *mental* disorder began with William Cullen of Edinburgh University who thought that insanity was a nervous disorder caused by "some inequality in the excitement of the brain" (somatic) as well as an "'unusual and commonly hurried association of ideas', leading to 'false judgement; and producing 'disproportionate emotions'" (mental). By the 1780s and 1790s, the

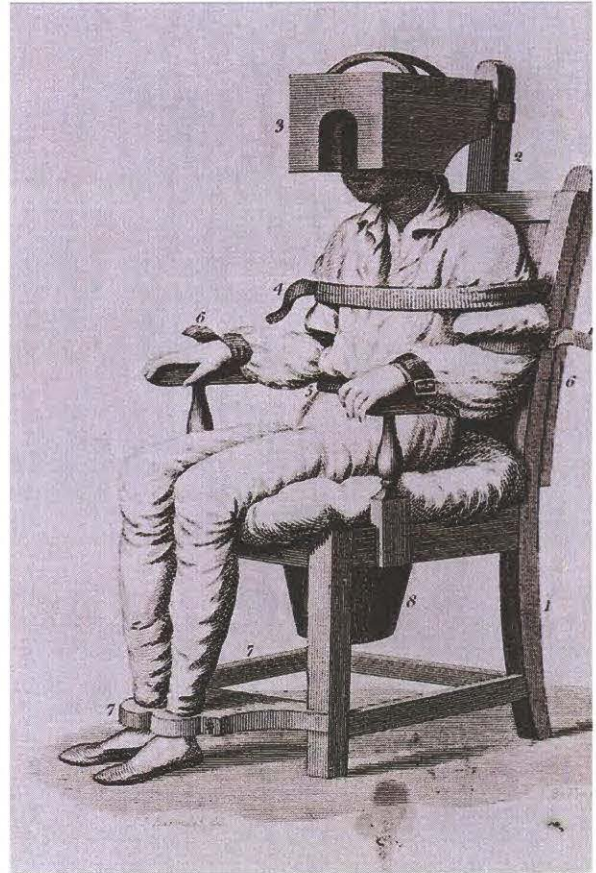


Fig 1.1. Rush's Tranquilizer Chair. "Diseases of the Mind: Highlights of American Psychiatry through 1900 - Benjamin Rush, M.D.(1749-1813): 'The Father of American Psychiatry'" U.S. National Library of Medicine, National Institutes of Health, September 17, 2013, <https://www.nlm.nih.gov/hmd/diseases/benjamin.html>.

⁴⁰ Rush, *Medical Inquiries*, 104.

break with the somatic theory of insanity was clear, at least in Great Britain, as illustrated by the publications of leading physicians such as Thomas Arnold and by Alexander Crichton.⁴¹

Other doctors in America were also moving away from Rush's theories. One theory which arose was that the cause of the "morbid excitement" in insanity was an irritation of the nervous system. Another theory suggested that the cause was associationism, that is, the mind was being influenced by distorted images causing errors. Associationism in particular was promoted by Edward Jarvis, a hospital-planner in Massachusetts, and as a concept it was not dissimilar to another expanding theory of insanity called "functionalism." Subscribers of functionalism determined that that insanity was caused by disordered functions of the mind and thus could be treated by reordering thoughts.⁴² Still other psychiatrists endorsed the idea of phrenology, which reached its height from the 1830s to the 1860s.⁴³ This theory suggested that the brain was divided into distinct areas of responsibility and that cognitive responses and behavioral traits were tied to these areas. If the development of these areas was not balanced, it had the potential to cause insanity and would be indicated by the size and shape of the head and the presence of bumps on it. Though it has been definitively disproved today, and was

⁴¹Porter, *Madness*, 127-129

Thomas Arnold, *Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy or Madness*. London: Richard Phillips, 1806. (First edition published 1782)

Alexander Crichton, *An Inquiry into the Nature and Origin of Mental Derangement*, London: T. Cadell, Junior, and W. Davies, 1798.

⁴² McGovern, "The Early Career of Pliny Earle," 70-72, 75.

⁴³Frederick Bridges, *Phrenology Made Practical and Popularly Explained* (London: George Philip & Son, 1877)
Note: First published in 1837

George Combe, *The Constitution of Man Considered in Relation to External Objects* (New York: Fowlers and Wells Publishers, 1853).

George Combe, *A System of Phrenology* (New York: Harper & Brothers Publishers, 1860).

George Combe, *Elements of Phrenology* (Edinburgh: Maclachlan & Stewart, and John Anderson, 1836).

George Combe, *Lectures on Phrenology* (New York: Fowler and Wells Publishers, 1856).

Pierre Flourens, *Phrenology Examined*, trans. Charles de Lucena Meigs, M.D. (Philadelphia: Hogan & Thompson, 1846).

J. G. Spurzheim, *Phrenology, in Connexion with the Study of Physiognomy* (Boston: Marsh, Capen, and Lyon, 1836).

considered quackery even before Earle's death, most asylum superintendents followed this doctrine for at least a brief period of time.⁴⁴

However, it is worthy of note that though they were hospital administrators and thus responsible for patient well-being, few asylum superintendents in Europe or America were trained in medicine, let alone psychiatry, until the mid-nineteenth century.⁴⁵ With so many theories of the causes and even more theories of treatment, there was great variation in the practices which doctors and superintendents could choose to employ. As late as the 1810s, Rush's notes were still in use at the University of Pennsylvania, being used to educate the young medical minds of America. But there were several publications on other treatment methods that they might access as well, particularly on phrenology (see footnote 40 for a sample of contemporary works). Going forward, each of these theories about the causes of insanity and the resulting theories of treatment would play a part in the changing ideas of madness which would spread across the United States.

Conveniently for those wishing to study psychiatry, the early 1800s saw a rise in the public interest in asylums and mental health in the United States, specifically in regard to attempts to get federal aid for the care and treatment of the mentally ill. Doctors such as Pliny Earle would travel abroad to places such as Great Britain and France to learn from the best in their field. The best in their field had, in turn, learned from other doctors in the profession. For example, Dr. Jean-Etienne Esquirol, who Dr. Earle had met and responded enthusiastically to his treatment methods, had traveled to various European asylums before Dr. Earle visited his asylum as part of his tour. During Earle's visit, Esquirol even asked Earle about asylums in the United

⁴⁴ McGovern, "The Early Career of Pliny Earle," 70-72.

⁴⁵ McGovern, "The Early Career of Pliny Earle," 28.

States, as though he had visited other European institutions, he had not visited American ones and thus was curious to know of the progress which had been made there.⁴⁶

Though it was not a classroom learning experience, the sharing of knowledge in this way, as well as through letters and publications, allowed these doctors to not only keep up with the latest innovations in treatment, but also form a general consensus on what treatment should or should not include, while still leaving room for personal variation. Some social reformers such as Dorothea Dix approached the issue of asylum reform through political lobbying rather than practicing medicine in the asylums.⁴⁷ This willingness to work with politicians set them apart from other reformers during the antebellum period. Further, their generally respectable socio-economic status and moderate theology drew influential people to their cause.⁴⁸ Many of the reformers were very conscious of their public image, including Dr. Earle who made a point to not alienate, and in fact, endear himself to all, particularly to those with whom he worked closely.⁴⁹

At the time of the founding of Friends' Asylum in Frankford, Pennsylvania, in 1813, the founders sent a committee to York, England, to learn the techniques which William Tuke had implemented at the Retreat. Like Rush's recommendations, Tuke's treatment plan encouraged labor; however, he had done away with many other treatments akin to Rush's in favor of "moral

⁴⁶ Earle, *A Visit to Thirteen Asylums*, 42

⁴⁷ While Dorothea Dix was very involved in the asylum reform movement she and Earle did correspond, Dix's contributions have been well researched and documented. As such, her life and contributions are out of the scope of this thesis. Readers interested in Dix can turn to Ronald G. Walters, *American Reformers 1815-1860*. (New York: Hill and Wang, 1985);

Keira Stevenson, *Dorothea Dix*, (Toledo, Ohio: Great Neck Publishing, 2005) ;

Dorothea Lynde Dix, Millard Fillmore, and Charles McCool Snyder. *The Lady and the President: the Letters of Dorothea Dix & Millard Fillmore*, (Lexington: University Press of Kentucky, 1975) ;

Dorothea Lynde Dix, *On Behalf of the Insane Poor: Selected Reports* (New York: Arno Press, 1971) ;

Dorothea Lynde Dix, *Memorial To the Legislature of Massachusetts [protesting Against the Confinement of Insane Persons and Idiots in Almshouses and Prisons]* (Boston: Munroe and Francis, 1843)

⁴⁸ Ronald G. Walters, *American Reformers 1815-1860*. (New York: Hill and Wang, 1985), 210.

⁴⁹ McGovern, "The Early Career of Pliny Earle," 3.

treatment” components such as religious services and anti-restraint. Moral treatment was a relatively recent development in the field of psychiatry. The idea had first been implemented by Phillipe Pinel.

In Paris in 1793, almost twenty years before Earle’s birth, Pinel removed the chains of fifty male patients at the Bicêtre.⁵⁰ Influenced by the ideas of the Enlightenment, Pinel determined that if insanity was a disorder of the mind, then it must be treated through mental approaches rather than through physical restraint. Further, inspired by the Revolutionary ideas of liberty and equality, Pinel instituted his own version of moral treatment in his asylums.⁵¹ His ideas, particularly that of non-restraint, were then used by William Tuke in his creation of the Retreat at York in the 1790s. Moral treatment rested on the idea of retraining the mind to operate in a manner that was deemed acceptable. It was believed that by reeducating an individual and instilling in them “proper” values, or morals, and work-ethic, their mind could be restored. To encourage this, asylums practicing moral treatment typically had some sort of manual labor taking place at the asylum, usually at a small scale in the form of gardening or sewing at the very least, and an attached chapel or weekly services by a religious leader. This treatment plan aligned well with the growing popularity of the concept of functionalism and retraining the mind. The popularity of elements of this treatment regimen reflected the shifting ideas about the causes of insanity--from treating it as an illness of the body and instead treating it as an illness of the mind. Further, the transfer of treatment methods from one doctor to another not only shows the interconnected world of early psychiatry, but also their reliance on one another for ideas of effective treatments in a world where their practice was based on trial and error. With no

⁵⁰ Sanborn, *Memoirs*, 95.

⁵¹ Porter, *Madness*, 104-105.

textbooks and no training, these early psychiatrists relied on their own and their colleagues' observations in order to advance patient care.

This was true of those traveling overseas as well. When Earle visited Europe in the late 1830s, his trip included a stay in a Parisian hotel where several physicians regularly lectured.⁵² However, even in the presence of the best minds in the field, the learning which had the greatest impact on him did not take place during the lectures he listened to. Instead, his education in his specialization took place in local asylums, where letters of introduction written for him by one of the lecturing doctors granted him entrance and tours of the asylums to witness several treatment methods in action. It was in these asylums where he decided which treatment methods were most effective and which he wanted to preserve in his own practice.

⁵² Sanborn, *Memoirs*, 94-95.

Chapter 2: *A Visit to Thirteen Asylums* (1837-39)

Pliny Earle graduated medical school from the University of Pennsylvania in March 1837. Less than a month later, he boarded the *Virginian*, bound for Liverpool.⁵³ Interestingly, the *Virginian* was described as a “packet ship,” a vessel meant for carrying mail, carrying news of the happenings in the Americas to Europe, just as Earle would bring back news of psychiatric practices from Europe to America. When he arrived in Liverpool in mid-May, Earle planned to stay in England for only two weeks, but, finding that he enjoyed his time with his new English Quaker acquaintances, he decided to extend his trip. Earle would not have been able to finance a lengthy tour himself, so one of his newly-made acquaintances offered him aid, allowing him to spend four months touring England, Ireland, Scotland, and Wales. Throughout his trip, he kept sparse notes on his observations, both in these early months in the British Isles, and as his tour extended into the European continent in 1838 and 1839 (see map at end of chapter). This chapter discusses the places Dr. Earle visited and the observations he made, both positive and negative. These observations would influence his later practices as a medical professional.

ENGLAND

England was the site of Dr. Earle’s first exposure to European asylums, and his experiences and observations set a high bar for the remainder of his trip. In England he observed significant numbers of patients engaged in labor as well as well-organized asylums with community atmospheres. His visit was both one of business and pleasure. He had been urged by his cousin, Dr. Elisha Bartlett, to visit Paris and study under Dr. Louis at the Hôtel Dieu. He did this as well as observing other well-known doctors, but he also spent a significant amount of

⁵³ Sanborn, *Memoirs*, 59.

time socializing in the Quaker, abolitionist, and medical circles wherever he went.⁵⁴ For example, he attended a dinner party on February 23, 1838, hosted by Albert Savory's mother, also attended by James and William Tuke, the sons of Samuel Tuke, the grandson of the founder of the Retreat at York as well as the manager of the asylum at the time.⁵⁵ It was through the Tuke family that Dr. Earle gained his first exposure to the treatment of the insane in Europe when he visited the Retreat at York.⁵⁶ Earle appears to have been quite impressed with the Retreat and the Tuke family which ran it, later stating that

S.[amuel] Tuke is well known in this country [England] as well as in the United States . . . no other man living . . . is so well acquainted with the proper management of the insane, and the most suitable construction, arrangement and discipline of lunatic asylums.⁵⁷

By his own assessment, this suggests that Earle began his long career of treating the insane by learning from the best in the field. Not only was Tuke the first to show Earle the treatment of the insane at York, he was also the first person with whom Earle discussed the topic of the cause of insanity in earnest.⁵⁸ Based on his later practices, this first experience at York appears to have had a profound effect on Earle, who describes how "system and neatness prevail in every department" and that the institution seemed to have been created "to make the place a *home* to each patient." Furthermore, he described how Tuke found that labor or work was the most efficient cure for patients.⁵⁹ Combined, these characteristics create a portrait of "moral treatment" at the time Earle was beginning his practice.

⁵⁴ McGovern, "The Early Career of Pliny Earle," 42-43.

⁵⁵ Sanborn, *Memoirs*, 85.

⁵⁶ McGovern, "The Early Career of Pliny Earle," 29.

⁵⁷ Earle, *A Visit to Thirteen Asylums*, 15-16.

⁵⁸ McGovern, "The Early Career of Pliny Earle," 29.

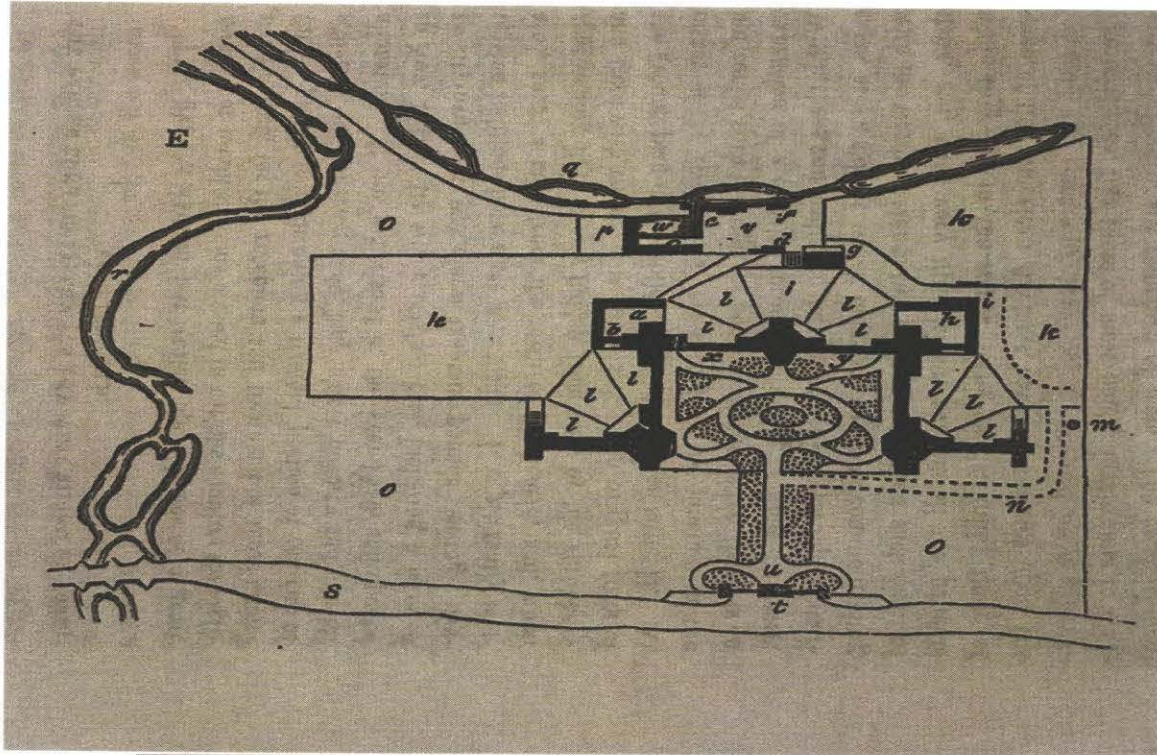
⁵⁹ Earle, *A Visit to Thirteen Asylums*, 17.

While having close to five times the patient population as The Retreat, the Middlesex County Lunatic Asylum at Hanwell also managed to incorporate many of the same treatment methods as found in York. Earle reports that of the six hundred patients who were there in 1837, more than four hundred of them were employed in some useful occupation. Many of these occupations were activities which helped keep the asylum running smoothly such as cooking, washing, tailoring, and shoemaking. However, other tasks such as carpentry, basket-making, and spinning twine were also done.⁶⁰ Though the home-like feeling and personal care which were cornerstones of moral treatment were best found in small institutions, the large Middlesex County Asylum successfully incorporated many of the ideas into its treatment plan. In addition to employing many of its patients, the asylum also had a chapel connected to it, allowing patients to assemble for weekly services and morning and evening prayers.⁶¹ Further, the asylum grounds also contained a garden, airing court, and farm yard, all of which would have provided patients the opportunity to exercise in the outdoors. These and other features of the asylum can be seen in the engraving below.⁶²

⁶⁰ Earle, *A Visit to Thirteen Asylums*, 6.

⁶¹ Earle, *A Visit to Thirteen Asylums*, 7.

⁶² Earle, *A Visit to Thirteen Asylums*, 9.



- | | |
|---|------------------------------|
| a Bake-house. | l Airing Court. |
| Brew-house. | m Well. |
| Gas-house. | n Carriage road. |
| Steam-boilers, &c. | o Cultivated grounds. |
| b Kitchen and Scullery. | p Burial ground. |
| c Coal sheds. | q Canal. |
| d Cart-house, stable and shed. | r River. |
| e Superintendent's stable. | s Road. |
| f Gardener's house. | t Lodge. |
| g Cow-house. | u Entrance. |
| h Wash-house, drying-rooms, laundries. | v Farm yard. |
| i Engine-house, and Engineer's shop. | w Dock. |
| j Superintendent's garden. | x Male side. |
| k Garden. | y Female side. |

Fig. 2.1. Engraving of the Ground Plan of Middlesex County Lunatic Asylum at Hanwell. Frederick A Packard, Esq. In Pliny Earle, *A Visit to Thirteen Asylums for the Insane in Europe*. (Philadelphia: J. Dobson, 1841), 9. Accessed via GoogleBooks.

This emphasis on work was also found in the Pauper Lunatic Asylum for the West Riding of York. Aside from saying that many of the patients were employed as servants, Earle went into

much less detail in describing the specific types of work that the patients performed than he did with the Middlesex Asylum. However, he did find it comparable to the York Retreat, writing that at both institutions, the variety of work done by the patients was “not only to the great profit of the institution, but also to their very great advantage, both in body and mind.”⁶³ That is not to say that the patients spent all their time working to profit the asylum; it was a treatment facility after all, not a workhouse. A visiting physician kept notes on every patient admitted to the asylum and was to visit each patient at least once a day, more if necessary. The asylum’s regulations stated that any servant who struck a patient would be dismissed immediately, and any servant found intoxicated on the job or who had been known to sell anything to patients without the knowledge of the director was reprimanded for the first offense and dismissed the second.⁶⁴ The respectful manner in which the asylum staff treated the patients impressed Dr. Earle greatly and reasonably so as, just decades earlier and even in some other asylums at the time Earle was visiting, it was not uncommon to find asylum patients in chains.

FRANCE

Dr. Earle’s next destination, France, seemed a promising one as it was the location where prisoners had first been unchained at the end of the eighteenth-century. Here he would expand his knowledge of psychiatry through lectures at a Parisian hospital as well as visits to asylums. While he would praise one asylum with a low patient-to-attendant ratio, he made more critical observations as well. In particular, his observation of an asylum doctor using coercion to compel patients to do as he bid would have tremendous impact on how Dr. Earle viewed the use of cold

⁶³ Earle, *A Visit to Thirteen Asylums*, 11.

⁶⁴ Earle, *A Visit to Thirteen Asylums*, 11.

showers and other means of coercion. Further, seeing the low patient-to-attendant ratio would influence how he believed treatment might be best implemented.

By the 1830s, Paris had emerged as the new place for young medical minds to further their knowledge, replacing Edinburgh as the prime destination for American medical students. In the years that Earle had studied under Dr. Usher Parsons in Providence, Parson's brother-in-law, Dr. Oliver Holmes, had chosen to study abroad in Paris. Though this may have drawn his attention to the value of attending lectures of famed French doctors, Dr. Earle's first biographer and friend, Franklin Sanborn suggested that it was instead Earle's cousin, Dr. Elisha Bartlett, who ultimately suggested that he should pursue a European tour and study. Sanborn quotes one of Bartlett's letters from early 1837, just months before Dr. Earle's departure on the *Virginian*, where he tells his cousin:

If you are preparing yourself for the practice of medicine particularly, put yourself under the care of [Dr. Pierre-Charles-Alexandre] Louis, and study diseases as he teaches it. It is the only way. . . . Become a true Baconian disciple of the Bacon of medical philosophy, Louis, and you will learn more true medicine than you can in any other way.⁶⁵

Dr. Earle heeded this suggestion and, after spending the first two months of his time in Paris learning French well enough to understand their lectures, he began studying under doctors such as Louis, and, ever planning ahead, he soon began working to become equally fluent in Italian. This rapid mastering of a second language well enough to listen to academic lectures and working to learn a third speaks not only to Dr. Earle's aptitude for learning languages, but also to his dedication to learning from the best in his field, whether it be in English, French, or Italian.

⁶⁵ Sanborn, *Memoirs*, 94-95.

During his stay, Dr. Earle would typically make daily visits to the Hôtel Dieu, the old general hospital of the city, where Doctors Louis, Velpeau, and sometimes Magendie lectured and gave clinical instructions. Perhaps even more influential in his psychiatric education, it was through his acquaintance with Dr. Louis that Dr. Earle would receive his exposure to French asylum-keeping.

Having Louis's introduction, in spring of 1838, Dr. Earle was able to observe first-hand the treatment methods being used in two well-known Parisian asylums, the Bicêtre and the Salpêtrière.⁶⁶ Though many years before clinical observations would be formally integrated into the curriculum, Earle's experience was likely comparable to how many students of medicine partake in clinical observations today. Like any good student, Earle took notes of his observations, paying attention to the size, the treatment methods being practiced, and cure rates at the institutions he visited, the last two of which would be his primary focus of study as he continued his career as a physician.⁶⁷

The Bicêtre was a pauper hospital on the South side of Paris, which, at the time of Earle's visit, was home to about 3000 male patients, 960 of which were in the care of the "department for the insane," which was comprised of patients classified as "insane," "idiots," or "imbeciles." As it had been the site where Dr. Phillippe Pinel had first unchained asylum patients and began his program of *traitement morale*, Dr. Earle described it as "hallowed as being the scene of the boldest and noblest achievement recorded in the annals of insanity."⁶⁸ It was Pinel's work which

⁶⁶ Sanborn, *Memoirs*, 94-97.

⁶⁷ Focus on treatment methods: Pliny Earle, *History, Description, and Statistics of the Bloomingdale Asylum for the Insane* (New York: L Egbert, Hovey & King, 1848), 26-37.

Focus on cure rates: see Pliny Earle, *The Curability of Insanity* (Philadelphia: J. B. Lippincott Company, 1887) ; Pliny Earle, *History, Description, and Statistics of the Bloomingdale Asylum for the Insane* (New York: L Egbert, Hovey & King, 1848), 108-127.

Lawrence Goodheart, "The Glamor of Arabic Numbers," *Journal of the History of Medicine and Allied Sciences* 71, no. 2, April 2016, (174).

⁶⁸ Earle, *A Visit to Thirteen Asylums*, 33-38.

had inspired William Tuke in the manner of treatment of his patients as he established the York Retreat in the 1790s.⁶⁹ Dr. Earle noted that at the time of his visit, on average, 7 to 8 insane patients would be cured per month and though the Bicêtre was now being run by Dr. Ferrus and Dr. Scipion Pinel (the son of Phillipe Pinel), in the years since his unchaining, it was reported that everything (Dr. Phillipe) Pinel had disproved of was destroyed and all he required had been executed. Similar to some of the English asylums, there was a farm at which sixty patients worked daily, and 200 of the 960 insane patients did some form of labor. However, even in this “hallowed” space, there were some treatment methods being applied which Dr. Earle was appalled by. In the bathing room, about five feet above each of the dozen tubs, there was a showerhead, used to administer the shock of cold water to patients in an effort to restore their sanity. During Earle’s visit, Dr. Ferrus had the shower administered to two patients, one suffering from hallucinations that he was friends with Charles X, the other because he had refused to work the day previous and expressed that he had no intention of working in the future either.⁷⁰ Though Ferrus was obviously quite ready to use the cold shower as he deemed necessary, Earle was appalled by its usage, saying it was “not only destitute of utility, but absolutely and decidedly injurious” and believed it was no better than the old abuse of chaining the men whom Pinel had released.⁷¹ He took particular issue with it as a means of coercion and would make a point to never use the shower in this way in his own practice.⁷²

Earle also visited the Saltpetrière, where Phillipe Pinel had worked after leaving the Bicêtre. He went into much less detail in his description of it that he did for the Bicêtre, but he

⁶⁹ McGovern, “The Early Career of Pliny Earle,” 1.

⁷⁰ Earle, *A Visit to Thirteen Asylums*, 33-38. Note: In Earle’s publication, he describes Dr. S. Pinel showing the bathing room, however, in his *Memoirs*, Franklin Sanborn states the Earle had made an error and wished to correct himself, thus in the *Memoirs* it was cited as Dr. Ferrus who showed him the bathing room, not Pinel.

⁷¹ Earle, *A Visit to Thirteen Asylums*, 37 ; Sanborn, *Memoirs*, 97.

⁷² Earle, *A Visit to Thirteen Asylums*, 38.

did describe the department devoted to the treatment of the insane at the Saltpetrière as “perhaps, the most extensive in the world.” Like the Bicêtre, it was a pauper hospital, however, the Saltpetrière was all female and contained 4500 beds, and having between 1000-1200 lunatics in its care. Its reported cure rate was an impressive 33.33% of all admitted. Many of these were patients who had been admitted to other hospitals and proclaimed “incurable,” but under the kind yet firm treatment of Dr. Mitiviè, who Earle was able to meet during his visit, as well as that of Dr. Mitiviè’s colleague Dr. Pariset, they were able to leave the asylum cured. Earle also observed the spacious courts surrounding the asylum and two rows of windows in the wards, the top row being left open for fresh air and ventilation. Though “isolation and moral means” were used to form the basis of treatment, and Earle did not have any first-hand experience, he did report that similarly to the Bicêtre, methods such as cold baths, showers, and other remedial agents of restoration were unfortunately still being incorporated into the treatment methods at the Saltpetrière.⁷³

Dr. Earle would be impressed, however, by the third asylum he visited, describing it as “one of the best arranged and most neatly-kept establishments of the kind that I have had occasion to visit.” Having been presented with a letter of introduction by Dr. Louis to Dr. Jean-Étienne Esquirol, the head physician, Earle was also able to visit the Charenton asylum, following his visits at Bicêtre and the Saltpetrière. Esquirol was a student of Pinel’s and by this time was a distinguished veteran of the profession.⁷⁴ Similar to what Dr. Earle would go on to do, Esquirol had visited several asylums throughout Europe. However, he had not visited any in the United States, and in their hour talk after touring the asylum, he asked Earle of the progress and improvement of the treatment of the insane on the western side of the Atlantic. Unlike the

⁷³ Earle, *A Visit to Thirteen Asylums*, 31.

⁷⁴ Earle, *A Visit to Thirteen Asylums*, 42 ; Sanborn, *Memoirs*, 97.

Bicêtre and the Salpêtrière, the Charenton asylum had a mixed population of men and women and though it too had once been a hospital as well, as of 1797 it was entirely devoted to the treatment of the insane. Situated five miles east of Paris, it was situated atop a hill, with expansive gardens and just a short distance from the junction of the rivers Seine and Marne. The institution was equipped with a billiard room as well as a parlor containing several card tables, armchairs, and a piano-forte. The patients were encouraged to assemble every evening in the parlor to socialize. A Catholic priest also resided at the asylum for the religious needs of the patients and to conduct services at the asylum chapel, though patients of other faiths were permitted to request the visit of religious leaders of their choosing. Further,

The rules of the establishment require that there shall be one attendant to every tenth patient, but this number, according to M. Esquirol, is not sufficient. There are 73 in all, two of whom remain in the garden to oversee those who are walking. Several others have charge of but one or two patients each.

This emphasis on individualized patient care, exhibited by the low patient-to-attendant ratio, was one of the major components of moral treatments, as were the elements of social engagement and the access to and incorporation of religious services. Each of these elements aligned more closely with the moral treatment methods that Dr. Earle saw when he visited the asylums in England. Further, it impressed him far more than the shock methods being used at the other asylums he visited in Paris.⁷⁵

After five months in France, Earle returned to England in February 1838 before continuing on his journey to the rest of the European continent. He stayed long enough in

⁷⁵ Earle, *A Visit to Thirteen Asylums*, 42-49.

England to be present for the coronation of Queen Victoria in June of that year. During this time he also made connections which propelled him into the next leg of his journey. While at Anne Knight's, Earle became acquainted with James and Sarah Arnold, who were also from Massachusetts and ran in the same social circle as one of his brothers. The pair were also touring Europe and departed England early June, but returned to England before Earle left in July. In the Arnolds' absence, Earle sent a letter to his sisters Lucy and Eliza expressing his intention to stay in Europe another year, returning the following spring, rather than the approaching autumn. Upon returning, James Arnold presented him with a letter to one of their friends, a Quaker named John S. Mollet, living in Amsterdam.

HOLLAND

Knowing Mr. Mollet made Dr. Earle's time in Holland significantly easier as he was unfamiliar with Dutch and his acquaintance was able to accompany him around town to the sites he wished to visit.⁷⁶ However, as pleasant as having an acquaintance might have been, the same could not be said for all the places they visited together. While overcrowding was not an issue as it had been at other asylums, Dr. Earle witnessed to how a lack of progress could impact patient care.

During his visit to the Asylum at Amsterdam Dr. Earle remarked that it had remained stationary while other asylums had progressed further. There was perhaps a time in which the asylum had been one of the most comfortable and well managed institutions in the world, but while other institutions had advanced, the Amsterdam asylum had not. When Earle visited there in July of 1838, there were 157 patients there--69 men and 88 women--many of whom were

⁷⁶ Sanborn, *Memoirs*, 110-111.

classified as “incurable.” He described how patients may be punished by being imprisoned in the “six dungeons,” one of which “was occupied, at the time of my visit, by a woman, who was naked, raving and filthy.” Other patients would sometimes have their hands and feet fastened or were put in a straightjacket as a means of punishment or coercion. Further, it appeared that the environment was in most need of changing. There was a lack of room both indoors and outdoors, as well as a lack of cleanliness and activities to fill the patients time, either in the form of amusements or labor. The physician Earle with whom talked, seemed to be aware of the problems and working to make changes with the support of the city. Yet, Earle could not help but observe how different this melancholy place was from the institutions he had seen in Great Britain, France, and the United States, saying “little, indeed nothing, can be said in commendation of this Asylum.”⁷⁷

Outside the Asylum, Earle also came into contact with a man recently back to the European Continent from America, Ramon de la Sagra. Two years previous, la Sagra had published a book detailing his five month journey in the United States. As he talked with Earle, he spoke positively of his visit with Dr. Woodward, the superintendent of the State Lunatic Hospital in Worcester, which he had visited while he was in the States. Not only did the State Hospital happen to be where Dr. Earle had observed treatment for his graduating thesis, La Sagra's trip, like Earle's, also illustrates the movement of knowledge, information, and observations from one side of the Atlantic Ocean to the other. Dr. Earle would not take his information home quite yet, though, from Holland, he proceeded to Belgium with plans to travel up the Rhine to Switzerland.⁷⁸

⁷⁷ Earle, *A Visit to Thirteen Asylums*, 22-24.

⁷⁸ Sanborn, *Memoirs*, 110-111.

BELGIUM

In Belgium, Dr. Earle visited another asylum which he was less than enthusiastic about. It had little to recommend it other than that it offered mass services. Its patient care was sadly lacking and the living conditions were not much better. Having no letters of introduction, he initially struggled to gain entry to the Asylum at Antwerp, however, after conversing with one of the “regents” in charge of the Asylum, H. Willært, he not only was granted a visit to the Asylum, but also to the City Hospital and the Foundling Hospital as well. Earle took detailed notes of the asylum’s architecture, describing how the old building had many elements reminiscent of a time when the asylum’s inhabitants were treated more like criminals than patients and “the comfort of the patient was sacrificed to a paltry economy.” Each of the dormitories for the 138 patients had huge bolts at the tops and bottoms of the doors and patients were granted minimal furniture in their rooms--a bed made of plank with a straw mattress, fastened to the wall, and no heating source. De la Sagra, who Earle had met in Amsterdam, had been there a few days before Earle arrived and suggested that this might be remedied by using a hot air furnace rather than the stoves used in the common halls where the patients spent most of their time. Further, though the patients did have courts and common halls based on class, few patients were extensively engaged in labor or amusements and even less were motivated to work except by the prospect of payment. Though these conditions were far from ideal, the beds in the infirmary were, by Dr. Earle’s standards, “very good” and, unlike other institutions he had visited, overcrowding did not appear to be an issue as the building was made to accommodate a much larger population and many of the “incurables” that had lived there had died in an influenza epidemic in winter 1836-37. Many survivors of that epidemic then “became victims to” tuberculosis, and, presumably, died as well. Additionally, though having little in common with the moral treatment based asylums Earle was

fond of, the Antwerp Asylum did offer regular mass at the connected chapel, which Earle said, like at other asylums, remained an efficient method in the moral treatment of the insane.⁷⁹

Earle's plans for traveling on from Antwerp to Switzerland were stalled when he took ill in mid-August. A few days after he wrote of his illness, he returned to Paris with the intention to stay there until he recovered. He spent much of his time over the next few months reading while recovering, not continuing on his journey until the morning of October 27. Three and a half days later, he arrived in Geneva, and from here took a steamboat on to Milan.⁸⁰

ITALY

Dr. Earle's time in Italy would allow him to see asylums that, while not as advanced as what he had seen in England and France, were an improvement compared to his more recent visits to Belgium and the Netherlands. Additionally, one of these asylums had a unique way of identifying patients that was not mentioned in any of Dr. Earle's observations of European or American asylums. In Milan, Earle made a point to visit the local asylum, St. John's Hospital, which was home to 420 patients and two resident physicians (a third "attending" physician also attended to the medical needs of the patients). Formerly a Jesuit convent, the building contained large courts and wards with well-ventilated dormitory rooms. The mattresses for the patients were made of a variety of materials, such as straw, wool, and hair, and though the beds were not particularly elegant, they were kept neat, and each had a metal chamber pot strapped to the bed frame for ease of access. Some of the beds also had confining rings and straps at the foot and the sides like those in many other asylums. These, in addition to showers and other restraints such as leather mittens and straightjackets were used for coercion as well as punishment. This no doubt

⁷⁹ Earle, *A Visit to Thirteen Asylums*, 28-31.

⁸⁰ Sanborn, *Memoirs*, 113-114.

would have elicited a similar response that Dr. Earle had to Dr. Ferrus's use of the shower at La Bicêtre.

Despite the use of these harsh methods and though there were few spaces for amusement and entertainment, many of the patients were involved in some form of manual labor or employment, as the moral treatment method promoted, showing a combination of new and old treatments, either due to convenience or being in a state of transition.

During the warm season, nearly 100 of the patients were employed in a large garden belonging to the asylum, and when Earle was visiting in November, between 40 and 50 of the 215 male patients were engaged in braiding Spanish straw for carpets. Earle described how their work was so steady and orderly that it appeared "as if they had not been lunatics." Of the 205 women in the asylum, about 90 were involved in sewing and spinning flax, while many others were making charpie (lint used to make surgical dressings) for the use of the hospital in the city. Further into the asylum, there were other men engaged in shoe-making and tailoring. One of the men cutting pieces for clothing began talking with Earle not long after they entered and, according to Earle "conversed so rationally that I supposed him to be a sane person, acting as overseer to the others." As their conversation continued, some of the gentleman's remarks made Earle more suspicious of his condition. Though the director of the Asylum did confirm that the man was a patient, not just an overseer, Earle's interactions with these hard-working patients no doubt helped to convince him of the value of manual labor and employment in the treatment process.⁸¹

From Milan, Earle traveled onward through Italy to Venice.⁸² Here he visited the civil hospital which included a large building devoted to the care of the insane. The three-story

⁸¹ Earle, *A Visit to Thirteen Asylums*, 49-52.

⁸² Sanborn, *Memoirs*, 117.

building was located on the eastern side of the city, next to a well-known church and one of the lagunes created by the Adriatic Sea. When Earle made his visit in November 1838, there were 230 patients in the asylum, all of whom were women. There was another asylum for men located on the island San Cervilio, located southeast from the one for women that Earle visited. The women's asylum divided the patients into six classes based on the "species of insanity" exhibited by the patient. To signify these classes, a colored strip of cloth would be attached to the shoulder of the patient falling into that category. The classes, diagnoses, and corresponding colors were as follows:

| Class | Diagnosis | Color of Cloth |
|-------|--------------------|----------------|
| 1st | <i>mania</i> | Red |
| 2nd | <i>monomania</i> | Deep Blue |
| 3rd | <i>melanconico</i> | Green |
| 4th | <i>idiotismo</i> | Orange |
| 5th | <i>stupidita</i> | Light Blue |
| 6th | <i>demenga</i> | Yellow |

Such a classification system where the patients' diagnosed conditions were outwardly identifiable by their attire was not mentioned at any other institution that Earle visited. Additionally, it appears that the "class" of a patient did not determine which ward of the asylum they were placed in as patients of every class were found in the same ward. This would indicate that the patients were not categorized for the purpose of dividing them according to diagnosis, but perhaps simply for the purpose of identifying their condition quickly and easily, not so

different from the color-coded bracelets indicating allergies and fall risks found in hospitals today.

The Venice Asylum was not totally unique in its approach, and it did share some characteristics to other asylums. For example, in a first-floor apartment, about 70 patients could be found knitting, sewing, and spinning tow (flax). This room also contained a well-guarded stove enclosed in bricks and mortar and a wooden rail three feet from it for heating the room, while preventing anyone from getting too close to it. A similar set-up had been seen in Milan. The first story was also where the bathing room, kitchen, one of the dormitories, and the dining-room were located. Outside the dining room was posted the daily schedule for patients, as seen below, giving a glimpse into asylum life for the patients.

| Week days. | A. M. | Sabbath and Feast days. |
|-----------------------------------|----------------|---|
| Rise and dress, | 6½ to 7½ o'cl. | The same. |
| Breakfast, | 7½ to 8 | The same. |
| Doctor's visit, | 8 to 9 | The same. |
| Labour, | 9 to 12 | 10 to 11 o'cl., attend mass. |
| | P. M. | 11 to 12 " receive visits of friends. |
| Dinner, | 12½ to 2 | The same. |
| Study of numbers for play, 2 to 3 | | Recreation. |
| Labour, | 3 to 4 | Play at Tomboli and religious exercise. |
| Supper, | 4 to 5 | The same. |
| Walk, | 5 to 6 | The same. |
| Recreation, | 6 to 7 | The same. |

Fig. 2.2. Appropriation of Time for Patients at the Asylum at Venice. Pliny Earle, *A Visit to Thirteen Asylums for the Insane in Europe* (Philadelphia: J. Dobson, 1841), 54. Accessed via GoogleBooks.

The dormitories of the asylum were described as similar to those of the sick ward of a hospital, though the beds had no curtains and the bed frames were made of wood throughout the

building. On the same floor as the dormitories, the second story, there was also an infirmary of about 30 beds and the physician's study. The third floor contained only two departments, one for the patients who had been recently admitted and their condition was still being determined and one for the most violent patients. Though the room for the recently admitted contained only about 30 beds, the department for the most violent patients contained about 50, all of which were in use. According to Earle, many of these "violent" patients were confined to their beds by having either their arms or feet fastened to the bed, which was made of loose straw, covered by a blanket and suspended on a rack with a large box or trough beneath it to "preserve the cleanliness of the floor," suggesting that it was the expectation that these patients would not frequently leave their beds.⁸³

GREECE

Following his visit to Venice, Earle proceeded to Patras, at the western entrance of the Gulf of Corinth, onwards to Athens and Marathon. After over a year of visiting asylums and attending lectures, Dr. Earle acted as a true tourist rather than a study abroad student for the first time in Greece, visiting no asylums, but numerous points of interest still popular today. In Athens, Earle had many acquaintances from the states, including a group of missionaries from New England, as well as a Bavarian physician, Dr. Roeser, who, in addition to being a good friend of Dr. Earle, was in Greece as the physician of King Otto and helped Earle be elected to the Medical Society of Athens. During his visit, he took the opportunity to visit the Stadium of Herodes Atticus (the Odeon of Herodes Atticus or the Herodion), the ruins of the temple of Jupier Olympus (The Temple of Zeus the Olympian), the Arch of Hadrian, the Prison of Socrates, and the Acropolis with some of his acquaintances. Before his departure, he also made

⁸³ Earle, *A Visit to Thirteen Asylums*, 52-54.

time for a day trip to Marathon in order to see the battlefield, where he picked flowers to dry and send back to his friends in America. Once back in Athens, he traveled on to Smyrna (now Izmir), and then to Constantinople (Istanbul).⁸⁴

OTTOMAN EMPIRE

Dr. Earle arrived in Constantinople in December 1838. At this Eastern outpost of his journey, he would see that horrible conditions which were still being practiced in some asylums. It was here he made one of his most, if not the single most, critical reports he made during his trip. His severe condemnation of this asylum indicated from the outset that he would implement none of these practices at his own asylums in the United States, his later record and his statement about the progress of this asylum confirmed this, going so far as to say that the horrible conditions “presents us with an additional motive hoping that the stream of knowledge, which . . ., has flowed to us, . . . may reverse its course, or release a branch, once more to fertilize the desolate regions of intellect throughout the East.”⁸⁵

He was not alone in what he saw during his visit, three American missionaries and an English physician were all also in Constantinople for various reasons.⁸⁶ The asylum he visited, Timar-hané, was a charitable institution adjacent to the mosque of Suliman devoted exclusively to the care of the insane. Only male patients were admitted, as females would be kept in private seclusion. The appearance of the asylum was shocking, even in comparison with the asylums which Earle had given less than positive reviews of. As he entered, he described the sight:

⁸⁴ Sanborn, *Memoirs*, 120-130.

⁸⁵ Earle, *A Visit to Thirteen Asylums*, 60-61.

⁸⁶ Sanborn, *Memoirs*, 133.

From between the bars of the iron grating with which this was defended, a heavy chain, ominous of the sad reality within, protruded, and was fastened to the external surface of the wall. It was about six feet in length. The opposite extremity was attached to a heavy iron ring, surrounding the neck of a patient who was sitting, within the grating, upon the window-seat. . . . It was a most cheerless apartment.

Entering the room, Earle and the two men who accompanied him, Rev. Goodell, one of the American missionaries, and Mr. Rhodes, who was employed by the Sultan, saw two other men in a similar state of confinement. The only amenities found in their room was a jug of water and a few boards elevated 3-4 inches off the floor covered in a couple of blankets--no proper bedding or even a place for a fire for them to warm themselves was provided. On closer inspection, Earle observed that the length of the chain fastened to the patients necks were barely long enough to allow them to lie down on their "bed," depriving them of even this most basic comfort.

Throughout the asylum, they found nearly all the patients in the asylum were subjected to the same conditions. All but one were confined to chains and all but one were without a fire (though these two exceptions were not the same). Despite this "gloomy picture," visitors were allowed to converse with patients as well as gift them food, money, and even tobacco.⁸⁷ Further, despite having no physician, Dr. Earle wrote in his notes that "Patients mostly quiet--thin, bodily healthy."⁸⁸ These positives, few in number, were not enough to dissuade other reformers from visiting. His description of the terrible conditions he saw at Timar-hané was enough that when Dorothea Dix went on her European tour, she too made a point to visit it.⁸⁹

⁸⁷ Earle, *A Visit to Thirteen Asylums*, 57-61.

⁸⁸ Pliny Earle, "Notes on Europe," Dec 22, 1838, Earle Family Papers, American Antiquarian Society, reel 2.

⁸⁹ McGovern, "The Early Career of Pliny Earle," 44.

MALTA

Leaving Constantinople behind, Earle returned, traveling from one destination in the Aegean and Mediterranean Seas to another. From Constantinople to Smyrna, then to Athens, and on to Malta. Here he was forced to stay longer than he had in the more famous locations in his tour due to Malta's quarantine policy. However, this portion of his trip was one of his favorites. His trip here was perhaps one of the most influential ones he would write as Sanborn expressed doubt that any other American physician had visited the island's asylum in Valetta even sixty years after Dr. Earle's visit.⁹⁰ This asylum, despite being an older building, had modified its treatment methods in such a way that Dr. Earle would end his tour on a positive note, being highly impressed by the neatness and organization of the asylum as well as the patients' engagement in labor.

Dr. Earle was introduced to the Valetta Asylum by Dr. Gouder who also accompanied him during his visit and helped him to obtain any information on the asylum that he desired. The asylum contained 90 patients, 40 men and 50 women, though like the asylum at Antwerp, they had been recently visited by an epidemic, in this case, Asiatic Cholera in 1837. While the asylum's outdated architecture made accommodating the new methods of treatment challenging to implement, additions had recently been made and by Dr. Earle's assessment "in a period not very remote, the defects will in a great measure be overcome." The beds were made of two iron stands to support the boards on which straw mattresses were laid. In the mornings, the beds would be disassembled, and the mattresses folded in half and pushed to the edges of the dormitory room which gave "a neat aspect to the rooms" and left "a much greater portion of the floor unencumbered." Two of the outdoor courts for patient exercise doubled as areas for manual

⁹⁰ Sanborn, *Memoirs*, 138, 143.

labor as one had many orange trees, and another was a kitchen-garden which was cultivated by the patients. Between these two courts, patients' diets were rich in fruits and vegetables. "A very large proportion" of the patients were engaged in some form of manual labor, if not in the kitchen-garden, patients might choose to sew, knit, or spin, however, at the time Dr. Earle visited, no form of amusements or even reading and writing for patients had been introduced. In terms of punishments, confinement in solitude was typically used, but when necessary, the straight-jacket could also be resorted to. However, one element of confinement he had seen in Timar-hané was noticeably absent, as starting in 1812, the use of chains had been abolished from the Valetta Asylum. It is in this note that Dr. Earle makes a very telling remark about his opinion on the use of chains, calling them "implements of confinement and torture, fit only for criminals and wild beasts." Having this strong of a reaction against chains, Dr. Earle would be a fierce advocate for the anti-restraint movement as he returned to the United States, making a point to mention it in his publications about the asylums he worked at.⁹¹

From Malta, Dr. Earle returned to continental Europe via Italy, stopping in Naples, Rome, Florence, and Pisa along the way, and finally to Paris, where he stayed a few weeks before ending his trip and returning home in late spring, 1839. As Earle sailed home to the United States, prepared to begin his career as a physician. Prepared as he was, he could have had little idea of the acclaim the next several decades would hold for him. His trip, initially intended to be relatively short, had lasted over two years and allowed him to see a variety of treatment methods in practice. In evaluating each of them, he began to form his own treatment regimen, whether consciously or unconsciously, by imitating the elements he praised, such as manual

⁹¹ Earle, *A Visit to Thirteen Asylums*, 55-57.

labor, exercise, religious services, entertainment and socialization for patients, and avoiding or altering the elements he had critiqued, such as cold showers and restraints.

The notes he had taken were no doubt reviewed as he began his career in Philadelphia, first in a private general practice, then as resident physician at Friends' Asylum for the Insane in the neighboring town of Frankford (now part of Philadelphia). Sometime within his first year at Friends', Dr. Earle came to believe it was necessary for others to know what he had observed in Europe.⁹² Though Earle's first trip to Europe ended as he set foot on American soil for the first time in over two years, his journey as a budding physician had only just begun, and his practice would no doubt be influenced by the training he had accumulated over the last six years as many of these ideas, particularly an emphasis on manual labor as a form of treatment, would be incorporated into Earle's asylums in the subsequent decades.

⁹² Earle, *A Visit to Thirteen Asylums*, Preface.



Fig. 2.3 Dr. Earle's Tour of Europe (1837-39). See table right for month and year of arrival.

| <u>Place</u> | <u>Arrival</u> |
|----------------|----------------|
| Liverpool | May 1837 |
| London | |
| York | |
| London | |
| Paris | Sept 1837 |
| London | Feb 1838 |
| Paris | April 1838 |
| London | June 1838 |
| Amsterdam | July 1838 |
| Antwerp | July 1838 |
| Paris | July 1838 |
| Geneva | Oct 1838 |
| Milan | Nov 1838 |
| Venice | Nov 1838 |
| Patras | Dec 1838 |
| Athens | Dec 1838 |
| Marathon | Dec 1838 |
| Athens | Dec 1838 |
| Smyrna | Dec 1838 |
| Constantinople | Dec 1838 |
| Athens | Dec 1838 |
| Malta | Jan 1839 |
| Naples | Feb 1839 |
| Rome | |
| Florence | |
| Pisa | |
| Marseilles | |
| Paris | April 1839 |

Chapter 3: Earle, Asylums, and Psychiatry in America: How Earle's Trip Shaped His Treatment, Asylums, and Psychiatry in America

Having completed his European tour at thirty years old, Dr. Earle set up his first practice in Philadelphia, where he had graduated from medical school and where one of his brothers, Thomas, worked as a lawyer. Though this first job was a general practice rather than the field which he had been observing for the past two years, he was soon offered a position as resident physician at Friends' Asylum (alternatively known as The Friends' Retreat or Friends' Hospital) in Frankford, just north of (and now part of) Philadelphia. He accepted and began his work there in summer of 1840.⁹³ This would be his first opportunity to have hands-on experience applying the moral treatment methods he had witnessed in Europe. In both this asylum and the next one he worked at he would implement elements of patient care he found most effective during his time in Europe as well as implement elements of his own. The practices he was drawn to most, such as manual labor, religious services, and a comfortable environment for patient living and socializing, would be found in each of his asylums.

Friends' Asylum was a private asylum established by Quakers in 1813 who modeled it and its treatment regimen directly from the Retreat at York and the methods of William Tuke. At the time the asylum was established, the governing board had sent representatives to York to study the Retreat's methods. Similar to Earle's observations after his tour and talks with William Tuke's grandson, Samuel, 25 years later, the committee from Friends' Asylum found that the Retreat practiced the principle of non-restraint and implemented manual labor and recreational and educational activities as effective means of moral treatment.⁹⁴ Bringing back these ideas, the

⁹³ Sanborn, *Memoirs*, 144-146.

⁹⁴ McGovern, "The Early Career of Pliny Earle," 48-49.

Asylum worked to treat fellow members of the Society of Friends exclusively for the first several years of operation, until 1834 when the religious restriction was removed. A year into Earle's tenure at the asylum, in 1841, he published *A Visit to Thirteen Asylums for the Insane in Europe* in an effort to provide information about asylums and the insane to people who otherwise might not have been exposed to it. He further used it as a way to argue the utility of asylums by suggesting that readers comparing the conditions in most asylums to the state they might live in otherwise.⁹⁵ In addition to giving detailed descriptions of asylums he visited during his tour, he included brief notes on transatlantic asylums, including ones in the United States. Working at Friends' at the time of publication, Earle's words offer insight to the asylum as he knew it. The main part of the asylum contained a central building with wings extending on either side as shown in Figure 3.1. At the end of each of the wings, there were also separate "lodges" meant to house noisy patients who might disturb the other residents. The asylum also had a farm containing sixty-one acres "divided into airing courts, and garden, tillage and woodland. The airing courts and the grounds in front of the building are well shaded with large and beautiful trees." During the warm season, many of the patients worked in the garden and on the farm, providing the manual labor which Earle had seen the effectiveness of when he visited asylums in Europe, such as the Tuke's Retreat at York which he had been so fond of. The patients' employment was not limited to the warm months, however; in the winter, Earle said, "they work in two shops, one devoted to basket-making, the other to carpentry." Patients were even in charge of supplying water for the Asylum throughout the year it seems, using a crank-operated pump to bring the water up.

⁹⁵ Earle, *A Visit to Thirteen Asylums*, Preface.

Also comparable to many of the moral treatment based asylums Earle had seen in Europe, Friends' Asylum held assemblies in the afternoon each Sabbath where Scripture would be read to the patients. Some were even permitted to attend meetings in Frankford outside the asylum. Further, for recreation, horses and a carriage were provided for patient use, as was a crank rail car for two on a circular track in the front yard. If weather did not permit patients to be outdoors, tea-parties were given occasionally, and there was also a small building near the garden which acted as a library. Well-furnished, carpeted, and with walls decorated in framed engravings, the building contained "two series of shelves. . .supplied with about 300 volumes of useful books; the whole of one side of the room . . . occupied by a cabinet of minerals, shells, corals, and stuffed birds and quadrupeds." According to Earle, patients frequently used this library, female patients using it in the mornings and male patients in the afternoon.

Additionally, though Dr. Earle did say the asylum made "a very free use of the cold douche" in the asylum in the year 1840 similarly to how he had seen in the Bicêtre and the Saltpetrière, however, unlike these asylums, he made it clear that "in no instance . . .[was it] employed as means of coercion or of punishment." He found the majority of patients who had this form of treatment applied "preferred to use it" and several patients even had it applied to their heads daily and voluntarily "on account of the refreshment and relief" it produced. It was also noted that the cold shower was particularly useful in cases where there existed a "determination of blood to the brain, indicated by flushings of the face, and excessive heat, either constant or variable, of the integuments of the cranium." Compared to other asylums and their use of the cold shower, Dr. Earle went on to say that this use of the shower was particular to Friends', that he was "not aware that it has been resorted to as a curative means in any other

Asylum for the Insane in the United States.”⁹⁶ All of these statements, which indicated that patients consented to this form of treatment, a medical justification and analysis of when it was most beneficial, and the emphasis on its use as a curative treatment suggest a distinct difference from how Earle saw cold showers used in Europe and from the inhumane picture which may come to mind today. Regardless of if this was medically beneficial, it does indicate an emphasis on patient consent and a search for effective treatment. Further, it shows that Dr. Earle found ways to alter European practices he found distasteful in order to make them beneficial to his patients and may also reflect the transition from treating the body to treating the mind, as where the previous use of the shower focused on shocking the body, this use of the treatment ensured the patients knew that these showers were a treatment meant to benefit them and by letting them choose whether or not they would consent to the treatment, it engaged the mind in the treatment process.

One practice, however, which was not noted at the asylums he visited in Europe was that lectures on topics such as Natural Philosophy and Chemistry were delivered to the patients for their entertainment.⁹⁷ This innovative practice seemed to encompass all that moral treatment was--it not only attempted to reeducate those “deprived of their reason” but also treated patients as rational human beings, capable of learning and enjoying lectures, just as people in the general population outside the asylum did. Though Earle’s time at Friends’ Asylum lasted only three more years after the publication of this enthusiastic description, he would bring the lessons he learned with him to his subsequent positions.

⁹⁶ Earle, *A Visit to Thirteen Asylums*, 38.

⁹⁷ Earle, *A Visit to Thirteen Asylums*, 101-103.



Fig. 3.1. Friends' Asylum, 1820. *Friends Hospital Annual Report, 1820*, Haverford College Scan on Demand, HC13-26025.

http://triptych.brynmawr.edu/cdm/compoundobject/collection/HC_DigReq/id/15179/rec/3

Earle's publications during his tenure at Friends' appear to have been well received. One of his first works in this period, *A Visit to Thirteen Asylums for the Insane*, was first published in book form in 1841, but as early as 1839 it had been published as a pamphlet and in academic journals, such as the *American Journal of the Medical Sciences*. Authors in journals such as *The Boston Medical and Surgical Journal* gave it enthusiastic reviews, one writer saying that "Dr. Earle only relates what he saw--he enters into no speculations, advances no theories, and, what is better still, stops the moment he has nothing more to say." Further, this writer recognized the importance of publications like this, noting that it was "not only intensely gratifying to know what and how they are doing in Europe, but it is also important to avail ourselves of any

discoveries made there, in the treatment of a diseased mind.”⁹⁸ The 1841 book release saw even more acclaim as he appended his account of the asylums he visited and notices of similar institutions and added an entire essay entitled “On the Causes, Duration, Termination and Moral Treatment of Insanity.” Though this topic was not new to Earle, having published a similar article on the topic 3 years before in 1838 in the *American Journal of the Medical Sciences*, he did choose an opportune moment to re-release his work.⁹⁹ According to a review in *The Medical Examiner*, “increasing interest which the subject of insanity is just now arresting in the United States, and particularly in our own immediate community.”¹⁰⁰ With each publication and review, Dr. Earle’s words spread to a wider audience, allowing him to spread his findings to others and potentially influence treatments at other asylums.

1841 also saw the publication of Earle’s only literary work--*Marathon and Other Poems*. The majority of the poems in this volume had been written during his time in Europe; “Marathon,” in particular, described the field of Marathon in Greece which Earle had visited and picked flowers to dry and send back to America.¹⁰¹ Advertisements for this collection appeared in newspapers and magazines from all over the country, such as *The North American Review*, *The Pennsylvania Inquirer*, *The Boston Courier*, *The New York Review* and *The North*

⁹⁸ “A Visit To Thirteen Asylums For The Insane In Europe,” *The Boston Medical and Surgical Journal* 21 no. 19 (Dec 1839): 309. <https://search-proquest-com.proxy1.library.eiu.edu/docview/127970774?accountid=10705> (accessed September 4, 2020) .

⁹⁹ Pliny Earle. "ART. IV. Researches in Reference to the Causes, Duration, Termination, and Moral Treatment of Insanity." *The American Journal of the Medical Sciences* no. 44 (August 1838): 339. <https://search-proquest-com.proxy1.library.eiu.edu/scholarly-journals/art-iv-researches-reference-causes-duration/docview/125257330/se-2?accountid=10705>.

¹⁰⁰ “A visit to thirteen asylums for the insane in Europe; to which are added a brief notice of similar institutions in transatlantic countries, and in the United States, and an essay on the causes, duration, termination, and moral treatment of insanity. with copious statistics.” *The Medical Examiner*, 4 no. 16, (1841): 250. Retrieved from <https://search-proquest-com.proxy1.library.eiu.edu/docview/136825287?accountid=10705>

¹⁰¹ Sanborn, 126

American.¹⁰² Prior to its publication, Earle sent a copy of one of the poems, “Soliloquy of an Octogenarian,” to none other than Edgar Allan Poe, who hailed his lines as “beautiful,” and expressed his intention to include Earle’s poetry in a journal he planned to create. Though this journal never came to fruition, two of Earle’s poems, “To My Mother” and “The Double Picture,” were published in other magazines, the *Knickerbocker* and *Godey’s Lady’s Book*, respectfully, and Poe went on to be a co-editor for *Graham’s Lady’s and Gentleman’s Magazine*.¹⁰³ Increasing interest in insanity and asylums, as well as Earle’s poetical publication, earned him a position in society where his name was present enough among households that his signature was featured in an article on autography in *Graham’s Lady’s and Gentleman’s Magazine* among other authors, editors, and well known literary names, including Louis Godey, the creator and editor of *Godey’s Lady’s Book*.¹⁰⁴

Earle’s acclaim granted him acquaintances across the nation. In the 1840s, his correspondence included letters from places as distant as New York, Montreal, Norfolk, and Georgia. These letters show Dr. Earle’s station and influence amongst his peers, as well as the interconnected world of psychiatric institutions during Earle’s early career. Early American psychiatrists were a close-knit community, not only because they relied on one another’s

¹⁰² “Quarterly List of New Publications.” *The North American Review*, 53 (July 1841): 281. Retrieved from <https://search-proquest-com.proxy1.library.eiu.edu/docview/137055712?accountid=10705>
“Multiple Classified Advertisements.” *Pennsylvania Inquirer*, 24, no. 99 (April 27, 1841). *Nineteenth Century U.S. Newspapers* (accessed February 17, 2021). https://link-gale-com.proxy1.library.eiu.edu/apps/doc/GT3010976315/NCNP?u=uiuc_eiu&sid=NCNP&xid=0e8c3fda
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¹⁰³ Sanborn, *Memoirs*, 147.

¹⁰⁴“A CHAPTER ON AUTOGRAPHY.” *Graham’s Lady’s and Gentleman’s Magazine* 19, no. 6 (December 1841): 273.

research for the latest information on treatment, but many also shared a common religious, social, and economic background.¹⁰⁵ Directors of new asylums, such as John Evans, who, in June 1843 was in the process of preparing a report for the Indiana State Legislature “to induce them to act and advisedly upon the subject of the establishment of a Lunatic Asylum for our state.” Evans asked Dr. Earle forward to him a plan of Friends’ Asylum, as well as the cost of the building and the latest report on the Asylum.¹⁰⁶ Another asylum-keeper, Dr. William Fisher, the medical superintendent of the Maryland Hospital in Baltimore, wrote to Dr. Earle discussing improvements that had been made at the hospital since it had been built over thirty years prior. After giving reports on the size of the asylum and its grounds, he mentioned that the “patients labor at gardening” and that they had “lately introduced Divine Worship on Sundays, it has thus far, we think, with good effort,” the implementation of which suggests increasing efforts to apply moral treatment methodology, such as that that Earle saw in asylums in England and France, as well as which had been in use at Friends’ Asylum where he worked in Pennsylvania.¹⁰⁷ While one of these letters is asking for a report of Earle’s asylum and the other is granting a report of their own, they exhibit the interconnected world of psychiatry during this developmental time in the field. As no medical school would include lectures on mental illness until 1848, over 5 years after these letters were written, there was no “textbook way” to treat asylum patients.¹⁰⁸ Thus, asylum physicians and administration relied on information from one another through letters and publications in order to learn about the latest developments in effective treatment methods in the

¹⁰⁵ McGovern, “The Early Career of Pliny Earle,” 75.

¹⁰⁶ Correspondence from John Evans to Pliny Earle, 26 June 1843, 991000359869704158, Folder 5, The Pliny Earle, MD (1809-1892) Papers, Medical Center Archives of New York -Presbyterian/Weil Cornell, Ithaca, New York.

¹⁰⁷ Correspondence from Wm. Fisher to Pliny Earle, 4 February 1841, 991000359869704158, Folder 5, The Pliny Earle, MD (1809-1892) Papers, Medical Center Archives of New York -Presbyterian/Weil Cornell, Ithaca, New York.

¹⁰⁸ McGovern, “The Early Career of Pliny Earle,” 27.

field. Further, Dr. Earle's substantial correspondence shows not only his desire to learn about other experienced asylum physicians' methodology, but also his influence on those in the process of developing their own asylums. His opportunity to share his knowledge through publications expanded even more so with the creation of the Association of Medical Superintendents of American Institutions for the Insane (now the American Psychiatric Association), of which he was one of the thirteen founders. He regularly published articles relating to psychiatric cases, causes of mental illness, and treatment in the Association's official journal, *The American Journal of Insanity* (now *The American Journal of Psychiatry*).

Dr. Earle also made a point to cite acquaintances he admired in his publications, allowing him to pass on the knowledge that they conveyed to him. For example, in his 1848 *History, Description, and Statistics of the Bloomingdale Asylum for the Insane*, Dr. Earle cites Samuel Tuke when discussing how to estimate patient mortality in institutions stating that Tuke's "authority is second to none, in all matters written in reference to insanity and the insane."¹⁰⁹ He cited the Retreat where Tuke worked even more frequently, using it to justify his argument for not wanting to allow relatives of patients to remove them from treatment before they had recovered, saying that at the Retreat "every patient is retained if not cured until all curative resources are exhausted, . . . 35% of all recoveries do not take place until the patients have been in the Asylum more than a year," as well as to defend his favoring airing courts over yards for patients to exercise in.¹¹⁰ Dr. Earle also cited Dr. Esquirol, who he had praised so highly in *A Visit to Thirteen Asylums for the Insane in Europe*. His earlier praise did not prevent Dr. Earle from critiquing Dr. Esquirol's claim that insanity was more common in females than males, as

¹⁰⁹Pliny Earle, *History, Description, and Statistics of the Bloomingdale Asylum for the Insane* (New York: L Egbert, Hovey & King, 1848), 130.

¹¹⁰ Earle, *Bloomingdale*, 30, 113.

Earle found in his practice that the reverse was true, that insanity was more common in males than females, as the Ancient Greek physician Aretæus had found.¹¹¹ While Aretæus was far from a "modern" physician, even for Earle, it shows Earle's willingness to look critically at his colleagues work and how many ages old debates about insanity were still undecided.

Dr. Earle was very much in the mainstream of his field, but the way in which he differed was his willingness to publish.¹¹² The key to his success in publication research was the growing network of asylum-keepers which helped to supply him with data for his research. A letter dated May 22, 1844, shows that the recently appointed Resident Medical Superintendent of the Lunatic Asylum of Lexington, Kentucky, Dr. John R. Allen, had read a letter Dr. Earle wrote to Drs. Letcher and Pinkard. Though Dr. Allen received the letter too late to properly implement Dr. Earle's experiment, he nevertheless enclosed tables with data on the pulsations per minute of his patients in both the morning and afternoon, also including information on their age, sex, and whether their condition was chronic or a recent onset. He further made remarks on alterations he had to make to the experiment instructions and the limitations of the data. For example, though Dr. Allen stated they had 175 patients at the Asylum, the tables include data on only 8 females and 16 males, less than 14% of the total patient population.¹¹³ Additionally, a letter from May 27, 1844 showed similar data from a Concord, New Hampshire Asylum. This data was not anonymized like Dr. Allen's, however, it too included data on 10 observations of the pulse of 15 patients, as well as their age, duration of their condition, and their average over the 10 recorded

¹¹¹ Earle, *Bloomingtondale*, 60.

¹¹² McGovern, "The Early Career of Pliny Earle," 80.

¹¹³ Correspondence from John R. Allen to Pliny Earle, 22 May 1844, 991000359869704158, Folder 5, The Pliny Earle, MD (1809-1892) Papers, Medical Center Archives of New York -Presbyterian/Weil Cornell, Ithaca, New York.

observations.¹¹⁴ Though these letters come too late for the article, similar ones received earlier would no doubt have been beneficial for use in his article “On the Pulse of the Insane,” published in the April 1844 edition of *The American Journal of the Medical Sciences*.¹¹⁵

In 1844, Dr. Earle gave up his position in Frankford to take charge of the New York Asylum for the Insane at Bloomingdale.¹¹⁶ Though his career here was also relatively short, lasting only five years, in those five years he brought with him all he had learned in Europe and Frankford, and in 1848, published *History Description and Statistics of The Bloomingdale Asylum for the Insane*, detailing the types of cases which had been present at the asylum during its years of operation, hypothesizing about the causes of insanity, and providing insight to how he applied his knowledge in his new workplace. Publications such as this one gave readers insight to how moral treatment was being implemented in an American asylum, just as his earlier *A Visit to Thirteen Asylums for the Insane in Europe* showed the ways various treatments were being implemented in several European countries.

Making his preferred treatment method quite clear, he devoted no less than fifteen pages and almost the entirety of the second of three parts of the book to describing in detail how “every practicable effort . . . [was] . . . made to pursue that system [moral treatment], at once gentle, philosophical and practical, . . . , to meliorate the condition of the insane.”¹¹⁷ Dividing the chapter into subsections, the tenets of moral treatment which he found most important are easily made

¹¹⁴ Correspondence from George Chandler to Pliny Earle, 27 May 1844, 991000359869704158, Folder 5, The Pliny Earle, MD (1809-1892) Papers, Medical Center Archives of New York -Presbyterian/Weil Cornell, Ithaca, New York.

¹¹⁵ Pliny Earle, "ART. III.--on the Pulse of the Insane." *The American Journal of the Medical Sciences* (1827-1924) no. 14 (04, 1844): 306. <https://search-proquest-com.proxy1.library.eiu.edu/scholarly-journals/art-iii-on-pulse-insane/docview/125255197/se-2?accountid=10705>.

¹¹⁶ This is the formal name of the Asylum where Earle worked from 1844-1849 as given by Franklin Sanborn in his *Memoirs of Pliny Earle, M.D.* pgs. 151-152. However, for the sake of brevity, it will further be referred to as “Bloomingdale Asylum” just as Dr. Earle referred to it in his *History, Description, and Statistics of the Bloomingdale Asylum for the Insane*.

¹¹⁷ Earle, *Bloomingdale*, 26.

clear: manual labor, religious worship, recreative exercise, instruction, amusements, restraints (or lack thereof), and attendants. As he describes in the introduction of this section,

The primary object is to treat patients, so far as their condition will possibly admit, as if they were still in the enjoyment of the healthy exercise of their mental faculties. . . to make their condition, as borders, as comfortable as possible. . . as much freedom from personal restraint as is compatible with their safety, the safety of others, and the judicious administration of other branches of curative treatment. The courtesies of civilized and social life are not to be forgotten, tending, as they do, . . . , as a means of effecting restoration to mental health.¹¹⁸

The way he describes moral treatment both mirrors the aspects of treatment he praised in Europe and those which he described being practiced at Friends' Asylum. The implementation of moral treatment coincided with doing away with other practices which were common in older "shock" therapy treatments.

Dr. Earle had already expressed dissatisfaction with blood-letting publicly, and at Bloomingdale he abandoned the practice entirely. He additionally rejected the use of cold baths and used the shower only with patient's consent, believing that it would be ineffective as a treatment method if the patient did not understand that it was a treatment not a punishment.¹¹⁹ Further, like the asylums in France, where the anti-restraint movement began with Pinel, and other European countries, as well as Friends' Asylum, Bloomingdale Asylum had also done away with the majority of restraints. By 1848, the only ones which remained in use were the camisole, or long sleeves, leathern muffs for the hands, and the apparatus which Dr. Rufus Wyman had invented with the purpose of confining a patient in bed. Dr. Earle found, however,

¹¹⁸ Earle, *Bloomingdale*, 26.

¹¹⁹ McGovern, "The Early Career of Pliny Earle," 55.

that in nearly all cases the camisole (straightjacket) was enough, and in Earle's three years working there at the point he published *History Description and Statistics of the Bloomingdale Asylum for the Insane*, he said that the muffs had not been used in more than two or three cases each year and never for more than a few days.¹²⁰ Finally, though Earle did allow the use of conium maculatum (hemlock) for patients at Bloomingdale, he did so only after he had tested the effect of the drug on himself.¹²¹ This suggests that Dr. Earle cared enough for the wellbeing of his patients to risk his own health by testing a toxic herb on himself before allowing his patients to be potentially harmed by it. Further, the elimination of several "shock" treatments and the effective implementation of several elements of moral treatment show movement towards more modern community style treatment.

One of Dr. Earle's most utilized components of moral treatment was the use of manual labor. He believed that "Some employment for the hands, of a description requiring a degree of exercise of the body sufficient to preserve and increase the activity and vigor of all its organs, as well as to promote sound and healthful sleep, is acknowledged by all . . . to be most effectual of restorative measures not purely medical."¹²² Though some physicians at the time recommended compulsory labor, when Dr. Earle was at Bloomingdale, he used no compulsory methods to enforce labor, only advising those who were able to "apply themselves to some useful occupation."¹²³ This was much in keeping with his favored European asylums, such as the Middlesex County Lunatic Asylum at Hanwell, where more than two-thirds of the patients were involved in some form of employment, St. John's Hospital at Milan, where almost a quarter of patients were employed, and the Bicêtre in Paris, where 200 of the 960 patients worked in some

¹²⁰ Earle, *Bloomingdale*, 36.

¹²¹ McGovern, "The Early Career of Pliny Earle," 55.

¹²² Earle, *Bloomingdale*, 26-27.

¹²³ Earle, *Bloomingdale*, 27.

capacity. Similar to the jobs listed for patients at other asylums, patients at Bloomingdale found work on the asylum farm, in the kitchen and laundry, as well as in the carpentry shop. Many female patients also sewed in their apartments, and, as such, a much greater proportion of women were willing to work than their male counterparts. Dr. Earle mentioned in his *A Visit to Thirteen Asylums for the Insane in Europe* book how each of these occupations were also performed by patients at Middlesex County Lunatic Asylum at Hanwell.

Unfortunately, as much as he encouraged it, Dr. Earle did find he had trouble motivating patients to participate in the manual labor portion of his treatment program. With Bloomingdale being a private asylum, many of the patients came, as Dr. Earle put it, “from the classes unaccustomed to manual labor.” He found that these patients rarely participated in any of the suggested employment. Another large proportion of patients were from artisanal and mechanical backgrounds, and, thus, though accustomed to work, were unfamiliar with occupations other than the craft they were trained for and many of those occupations could not be replicated on the asylum grounds due to lack of the necessary equipment. Those who did not fall into these categories may well have been acquainted with the kind of work that could be done at the Asylum, such as on the farm, in the kitchen, or carpenter’s shop, were more likely to engage in this work, however, according to Dr. Earle, “a considerable proportion are rendered unfit to work by their disease; and others, though able, will not work, because — to them apparently the best of all reasons,—they ‘pay their board.’”¹²⁴ With this knowledge, it makes sense why a greater proportion of women were engaged in employment at the asylum than men as Dr. Earle considered sewing a form of manual labor. Even non-working-class women would generally have been able to sew in some fashion, whether it was decorative embroidery or garment

¹²⁴ Earle, *Bloomingdale*, 27.

making. Further, though he was not particularly successful in his implementation of manual labor at Bloomingdale, Dr. Earle would have much greater success later in his career at Northampton Lunatic Asylum, where his program of manual labor would provide 75% of the asylum work force and even allow the institution to make a profit in its yearly operation.¹²⁵

Another element Dr. Earle had seen implemented in Europe, a practice which he continued to promote at Bloomingdale, was that of religious worship. There was a long tradition of religious worship for patients in New York asylums. Dr. Earle suggested that the first attempt to hold a meeting for religious worship held at New-York Hospital, the Hospital which Bloomingdale Asylum was created to replace, in August 1819 by Rev. John Stanford to forty patients and several governors and physicians of the hospital, as well as the hospital superintendent. Additionally, beginning in 1832, a chaplain was consistently employed at Bloomingdale Asylum so that patients could assemble every sabbath. As in Europe, Dr. Earle found that “To a large majority of patients these services are beneficial.” However, he did note that to patients prone to melancholy, “excessive contemplation upon religious subjects”, and hopeless of their salvation, were not permitted to attend as these tendencies were thought to be injurious to the patients and could be prevented by them not attending service.¹²⁶

In addition to getting the patients to work outdoors, Dr. Earle encouraged the patients to exercise in the yards and courts of the asylum. In order to give patients autonomy and the opportunity to be active daily, all patients able to do so were allowed to move about the asylum grounds outdoors as they wished, both after the morning physician’s visit and after dinner. For this purpose, there were three airing courts for male patients and four for female, the majority of which had trees for shade and seats for patients. It seems by Dr. Earle’s discussion of the subject

¹²⁵ McGovern, “The Early Career of Pliny Earle,” 61.

¹²⁶ Earle, *Bloomingdale*, 29.

that not all American asylum doctors agreed on the effectiveness of airing courts, as some said they were prison-like, while others thought that patients may lay on the ground in the courts, which may “injure their health.” These arguments, however, were unconvincing to Dr. Earle.

Responding to the objection that the yards were prison like, he wrote that

The airing courts at the Retreat, near York, England, at the York Lunatic Asylum, and at some of the other institutions in Europe, have a much stronger resemblance to a beautiful garden than to the yard of a penitentiary. . . . if the courts of foreign institutions can be made so cheerful and attractive, there is no obstacle sufficient to prevent the attainment of the same object in the United States.

He went on to say that at Bloomingdale the concern of patients taking ill from laying on the ground would not be an issue because

the courts occupied by the men are kept constantly under observation, by an attendant . . . ; and among the rules by which he is to govern his conduct, are the following: ‘He must see that each patient has a hat, while in the yard, and that the clothes of all are kept properly arranged, the pantaloons, vest, and shirt -collars buttoned. He must not permit the patients to lie on the ground while in the yard ; but must endeavor to amuse, encourage and assist them in their games.

As such, Dr. Earle found that the benefits of the airing court outweighed the suggested drawbacks of the airing court. Patients were also encouraged to walk, and attendants were required to take patients in their charge out for walks daily. Moreover, there were two horses and a carriage devoted to patient use and was regularly employed. By Dr. Earle’s estimate, patients would go out as many as two to four times a day in the carriage up to eight miles in various directions, weather permitting. In good weather, some patients were even allowed to travel to the

nearby river to swim or fish.¹²⁷ This freedom to walk about the grounds or take the carriage out no doubt gave a sense of normalcy to patient life, but it also reflected the application of European ideas to an American asylum. Dr. Earle's primary defense of the airing courts at Bloomingdale was that the ones in Europe, such as at the Retreat at York, which were evidently more appealing than some in America could just as easily be created in America as Europe.

Unlike some of the older or underfunded asylums he had observed, Bloomingdale asylum was also equipped with facilities for the entertainment and amusements for their patients; this was an advantage which both Dr. Earle and his patients made full use of. Patients seemed to enjoy using the bowling alley, and Dr. Earle said that the interest of the game was "attractive and absorbing" and the physical force required gave them wholesome exercise. Further, they had access to quoits, "bat-ball," foot-ball, and the swing. Additionally, indoors, they provided games such as "the graces," chess, checkers, backgammon, and cards, and instruments such as the piano, viol, violin, bugle, drum, flutes, and fifes. Further, during the cold season, groups of 20-30 convalescing patients were invited to the parlor once each week for a few hours to socialize, play games, and have refreshments with the officers of the asylum. Further, each month during this time, there was also a formal ball held and attended by 60-70 patients.¹²⁸ This again would have given the patients a sense of normalcy in their lives, attending events as they would outside the asylum. It was also very similar to practices and amenities Dr. Earle had seen at the Chareton which had a parlor that the patients were encouraged to assemble in every evening to socialize and which contained several card tables, arm-chairs, and a piano-forte.

¹²⁷ Earle, *Bloomingdale*, 30-31.

¹²⁸ Earle, *Bloomingdale*, 34-35.

Finally, Dr. Earle added something uniquely his own to the asylum, his lectures. Writing of his lectures in the third person, Dr. Earle said that not long after he first became involved in treating the insane,

he became convinced that lectures upon scientific and miscellaneous subjects might be made an object of interest, as well as of utility, in the moral treatment of patients . . . , being at that time connected with the Frankford [Friends'] Asylum, . . . he gave a series of experimental lectures before the patients, in the winter of 1840–41; and again in the winter of 1841-42. The results were as favorable as had been anticipated.¹²⁹

At Bloomingdale, Dr. Earle was encouraged to continue his lectures and from mid-October 1846, to early May 1847, he gave a series of thirty-eight lectures on the topics shown in Figure 3.2. In these we can see topics he was interested in such as astronomy and poetry, as well as descriptions of his European visit from almost a decade prior. Though Dr. Earle attended lectures himself in hotels in Paris and at various places during his stay in England, he did not mention them taking place at any European asylums. However, the topics of his lectures show that even ten years after he made his way home, his European tour still lingered in his mind.

| | | | | |
|--|---|---|---|-----------------------|
| Natural Philosophy, | - | - | - | Four Lectures. |
| Chemistry, | - | - | - | Six do. |
| Animal Physiology, | - | - | - | Nine do. |
| Astronomy, | - | - | - | Ten do. |
| Physical, Intellectual and Moral Beauty, | | | | Two do. |
| Recitations of Poetry, | - | - | - | One do. |
| History and description of Malta, | - | | | Two do. |
| Greece as it was in 1838, | | - | | Two do. |
| Characteristics of the Americans and Europeans, | | | } | Two do. |

¹²⁹ Earle, *Bloomingdale*, 31-32.

Fig 3.2. Dr. Earle's Lecture Topics, Winter 1846-47. *History Description and Statistics of the
Bloomingdale Asylum for the Insane* pg. 32.

Conclusion

While Dr. Earle may not have been the first asylum doctor to practice moral treatment, his extensive practice of and publication on the matter give the modern audience insight into the nineteenth century asylum, its running, the implementation of treatment methods, and how the doctors working there thought about insanity. While each doctor had their own preferred method of practice, Earle's description of several asylums in both Europe and the United States show how much variation there was in psychiatric treatment during the late 1830s. This variation was prompted by the changing ideas of what mental illness was and, likewise, how it should be treated.

In his own practice, though he implemented all of the most common elements of moral treatment, Dr. Earle emphasized in particular the importance of labor and exercise, entertainment and socialization, and individualized care for patients, and each of these elements he had seen in practice during his tour of Europe. At the Retreat at York, the Middlesex County Lunatic Asylum at Hanwell, St. John's Hospital in Milan, Dr. Earle saw the use of labor and how beneficial it could be for patients if implemented correctly. He spoke numerous praises of the labor implementation of each, discussing not only the variety of occupations which patients might partake in, but also the effects on the patients and the asylum doctor or manager's view on its effectiveness. After returning to America, he encouraged work at both asylums he worked at and wrote extensively on its importance and effectiveness. Many of the tasks his patients engaged in, in particular, sewing, were also tasks which he had seen used in Europe. He also advocated for patients exercising, differing from many of his American colleagues in his preference of airing courts to yards for patients to spend time outdoors as he had seen ones which were beautifully implemented at the Retreat. In terms of patients' social activities and

entertainment other than exercise, Dr. Earle encouraged a number of his patients at Bloomingdale to socialize weekly with asylum officers and other patients weekly, as well as play cards and musical instruments in the parlor of the asylum, not unlike the parlor scene he saw when he visited Charenton Asylum in France. Further, after seeing the low patient-to-staff ratio at Chareton, Dr. Earle saw the benefits this individualized care could provide. A subsequent visit to German asylums in 1852 reinforced this idea, after which he published and later said before the Massachusetts Medical Society that he believed that asylums should be limited to 200-250 patients so that the superintendent would be able to know every patient and patients could receive more frequent attention as well as better and more effective treatment.¹³⁰

His writings and his extensive correspondence helped Dr. Earle inform other doctors in addition to the American public of developments in treatment that he saw in Europe as well as the implementation of these developments in American asylums. His publications would have provided invaluable information to those wishing to go into the field or those already practicing psychiatric medicine and wanting to stay informed of the latest developments in treatment and asylum structure.

While most of Dr. Earle's treatment methods show a clear connection to European asylums and treatments, he did also implement practices uniquely his own. His book, *A Visit to Thirteen Asylums for the Insane in Europe*, provides no indication that he ever saw academic or informative lectures being given in an asylum, but this practice of his own design truly embodied the spirit of moral treatment and post-Enlightenment asylum keeping. By providing lectures for the patients as those outside the asylum might attend, he not only provided a sense of dignity and

¹³⁰ Sanborn, *Memoirs*, 159.

Sanborn quotes Earle who said that in his 1852 publication that asylums should be limited to 200 patients, both curable and incurable. In his 1868 speech to the Massachusetts Medical Society, he said that he wished to modify that statement to 250 patients due to the "large proportion of incurables among the existing insane."

normalcy to their experience in the institution but treated them like rational human beings capable of comprehending and learning.

Though Dr. Earle saw and implemented these treatment methods between nearly two centuries ago, many of the ideas behind them anticipated what would become community therapy and cognitive-behavioral therapy, both of which are still in practice today. While some of his methods have since gone out of use, his legacy of lifelong learning, communicating knowledge to others, and working to provide the best and most current patient care lives on in those who came after him. As Dr. Earle learned from his colleagues, others learned from him. He saw better practices, implemented them, and evaluated their benefits for himself. He would return to Europe two more times throughout his career, bringing back more information to improve patient care at his asylums and pass on to his colleagues, whether through publication or through letter writing. This first trip, however, exhibits Dr. Earle's eagerness to learn from the failures and successes of his colleagues, his willingness to share his findings, and his great desire to make the asylums a curative "home" for all the patients who lived there. While he was only one doctor in a greater asylum reform movement, his contributions and influence reached much farther than the walls of his own asylums, transcending time and space to show us not just how far we have come in treatment, but also how far we have the potential to go.

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