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### The Moral Hygiene Movement in the United States, 1840s–1920s

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## **Abstract of Thesis**

During the 19th and 20th centuries, the mental health care system in the United States underwent a series of reforms in an effort to better care for some of the country's frailest citizens. This period, called the moral hygiene era of mental health care, emerged from a further understanding of psychiatry and psychology which led to structural changes in the mental health care system.

This thesis examines the beginnings of the Kirkbride system, which sought to reform the whole of American mental health care through landscaping and architecture as well as the specific treatment plan for each individual. Using case studies like the Buffalo State Hospital demonstrates how Dr. Thomas Kirkbride's ideas filtered throughout the country. Adding to Kirkbride's ideas, reformer Dorothea Dix also promoted humane treatment for the mentally ill. Unfortunately, with the onset of the Industrial Revolution and ideas about scientific management and eugenics Dix and Kirkbride's ideas faded. It took reformers like stunt reporter Nellie Bly to reenergize those earlier ideas. But most professionals squabbled amongst themselves instead of making real progress. World War I served as a catalyst for a reset in how practitioners approached mental health care. By the 1920s, new practitioners like Mary Cromwell Jarrett took the ideas of Kirkbride and Dix and created psychiatric social work. An assessment of these reformers shows that their plans for a modern mental health care system are still relevant in twenty-first-century society.

SUNY–Buffalo State University  
Department of History

The Moral Hygiene Movement in the United States, 1840s—1920s

A Thesis in History

by

Marissa Anne Seib

Submitted in Partial Fulfillment  
of the Requirements  
for the Degree of

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## **Dedication**

To all the people who live with mental illness. I hope you remember how strong you are every moment you choose to live.

## **Acknowledgments**

A special thank you to all the people who see brilliance and beauty in me when all I can see is the darkness of my depression. These have been a terrible four years and I owe all of you a great deal of gratitude.

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## Introduction

During the 19th and 20th centuries, the mental health care system in the United States underwent a series of reforms in an effort to better care for some of the country's frailest citizens. This period, called the moral hygiene era of mental health care, emerged from a further understanding of psychiatry and psychology which led to structural changes in the mental health care system. Moral treatment is "a medical regimen employing psychological techniques that emphasize the human, rather than beastlike, nature of the insane." This theory of treatment has roots in Enlightenment thinking and evangelicalism, "to further their reawakening, moral treatment prescribed a round of occupations and amusements designed to stimulate the patients' latent reason and capacity for self-control."<sup>1</sup> However, as their proponents like Dorothea Dix and Thomas Kirkbride retired and died, these changes died with them. This thesis will argue that throughout the United States' eras of moral hygiene movements, leaders continually failed their mentally ill citizens. This will be demonstrated by a case study of the Buffalo State Hospital for the Insane. In order to understand the importance of the institution, however, we must first introduce several significant individuals whose work would shape it, such as Dorothea Dix and Dr. Thomas Kirkbride.

Dorothea Lynde Dix (1802-1887) was a social reformer who spent forty years traveling the United States, examining almost every place that housed a mentally ill person, petitioning the state governments to allocate funds for new hospitals for the insane and to improve the existing

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<sup>1</sup> Nancy Tomes, "Notes and Documents: The Domesticated Madman: Changing Concepts of Insanity at the Pennsylvania Hospital, 1780-1830." *The Pennsylvania Magazine of History and Biography* 106, no. 2 (1982): 276, <http://www.jstor.org/stable/20091666>.

ones.<sup>2</sup> The three Congressional bills Dix proposed to improve the treatment of the mentally ill were vetoed by President Franklin Pierce due to his focus on the looming Civil War and the debate on federal versus state issues. Through her persistence, the first generation of United States' hospitals for the mentally ill were established. Dix's work also led to federal guidelines for mental health asylums.<sup>3</sup> Dix's campaigns for funding to improve or create new hospitals for the insane were complemented by Dr. Thomas Story Kirkbride's establishment of architectural guidelines to build hospitals that best supported moral hygiene treatment.

Dr. Kirkbride (1809-1883) was a doctor and advocate for the mentally ill. In 1844, he was one of the founding members of the Association of Medical Superintendents of American Institutions. The association was created because the supervising doctors at the relatively few U.S. asylums sought to have a professional network to consult with each other.<sup>4</sup> It was through this association that Kirkbride had the platform to introduce a series of guidelines for the construction of all new asylums. These guidelines mandated every aspect of the planning and construction of mental health hospitals to create facilities that would promote moral treatment. Kirkbride spent his life advocating for these guidelines to be implemented in as many mental health hospitals as possible, which caused this design to be known as the Kirkbride Plan. This advocacy and the numerous hospitals built using these guidelines established Kirkbride as one of the prominent moral hygiene movement activists.

Dix and Kirkbride were the leading activists for the moral treatment movement in the United States of America during the early 19th century. The moral treatment movement began in

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<sup>2</sup> Thomas J. Brown, *Dorothea Dix: New England Reformer* (Cambridge: Harvard University Press, 1998), 111-147.

<sup>3</sup> Dorothy Clarke Wilson, *Stranger and Traveler: The Story of Dorothea Dix, American Reformer* (Toronto: Little, Brown and Company, 1975), 187-191.

<sup>4</sup> *History of the Association of Medical Superintendents of American Institutions for the Insane, From 1844 to 1884, Inclusive with A List of the Different Hospitals for the Insane, and the Names and Dates of Appointment and Resignation of the Medical Superintendents* (Warren, PA: E. Cowan, 1885), 5-6, 25.



Europe in the late 18th century. Phillipe Pinel (1745-1826) was the premier advocate of the moral treatment movement and he popularized the term “moral treatment.” Pinel was a superintendent of a hospital for mentally ill men in Paris called La Bicêtre. His main argument was that mentally ill people were sick and that they needed to be treated as people. He “emphasized the importance of affording the mentally ill respect, moral guidance, and humane treatment, all while considering their individual, social, and occupational needs.”<sup>5</sup> It was common during this time period for ‘lunatics’ to be kept in dark basement cells with no ventilation or heat.<sup>6</sup> While Pinel was advocating for change in Paris, Vincenzo Chiarugi of Italy, Benjamin Rush of the United States, and William Tuke of England were all invoking change in their respective countries.

Tuke was an English Quaker and merchant who founded the York Retreat in 1792.<sup>7</sup> The York Retreat was a private asylum that cared for mentally ill Quakers utilizing the moral management methods of emphasizing community and humanity.<sup>8</sup> It is highly plausible that Dix and Kirkbride both became involved with the moral treatment movement through Tuke and the York Retreat. As a Quaker and psychiatrist, Kirkbride might have known intimate details about Tuke’s work. In an 1846 letter to the superintendent and managers of the Utica Asylum, Kirkbride wrote that Tuke and Pinel gave “to the world a code of principles for the moral treatment of insanity which even now can hardly be improved.”<sup>9</sup>

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<sup>5</sup> Alexis Bridley, Lee W Daffin, and Carrie Cuttler, “1.3. The History of Mental Illness,” in *Essentials of Abnormal Psychology*, 1st ed. (Washington State University, 2018).

<sup>6</sup> David Gollaher, *Voice for the Mad: The Life of Dorothea Dix* (New York: The Free Press, 1995), 127.

<sup>7</sup> Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: Free Press, 1994), 28.

<sup>8</sup> Claire Sewell, “The York Retreat,” University of Warwick (University of Warwick, November 26, 2013), [https://warwick.ac.uk/fac/arts/history/chm/outreach/trade\\_in\\_lunacy/research/yorkretreat/](https://warwick.ac.uk/fac/arts/history/chm/outreach/trade_in_lunacy/research/yorkretreat/).

<sup>9</sup> Thomas S. Kirkbride to the Superintendent and Managers of the Utica Asylum, March 28, 1846. Kirkbride Papers, Institute of the Pennsylvania Hospital, Philadelphia.

While Kirkbride might have been in contact with Tuke through their shared religion, Dix might have had contact through their mutual friends. In 1836, Dix traveled to England and she might have met Tuke and been given a private tour of the York Retreat, as they shared several friends. However, even if she did meet with Tuke, it was not until five years later that Dix began her activism efforts.<sup>10</sup>

In order to understand the evolution of the U.S. mental health care institutions, we must first examine how they have been studied and analyzed by others. The leading historian in the field of mental health history is Gerald N. Grob. In 1966, Grob published the book, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920*, which pioneered the field of mental health history that he called the treatment of the mentally ill in America.<sup>11</sup> In the following years, Grob further established the field and published a three-volume study of books: *Mental Institutions in America: Social Policy to 1873* (1973), *Mental Illness and American Society* (1991), and *From Asylum to Community: Mental Health Policy in Modern America* (1991).<sup>12</sup>

This three-volume study was summed up in the book, *The Mad Among Us: A History of the Care of America's Mentally Ill*, which was published in 1994.<sup>13</sup> Grob's collaboration with Howard H. Goldman resulted in, *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?* (2006). Grob's book, *The Mad Among Us*, contributed to the historiography of the field. It examined the shift from families and communities accepting responsibility for their mentally ill members to hospitals being built to treat and house the

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<sup>10</sup>Grob, *The Mad Among Us*, 46.

<sup>11</sup> Gerald N. Grob, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920* (Chapel Hill: Univ. Pr., 1966).

<sup>12</sup> Gerald N Grob, *Mental Institutions in America: Social Policy to 1873* (New York: Free Press, 1973);

<sup>13</sup> Grob, *The Mad Among Us*.

mentally ill. This book helped explain why it was necessary for hospitals for the mentally insane to be built and examines the work of Dorothea Dix and Dr. Thomas Story Kirkbride.

Grob's work contributed to this study by exploring the question of why it was necessary for mental health care treatment to transfer from families to institutions. This aspect of the study forms the basis of Chapter One, which further examines Dix's and Kirkbride's activism, along with the U.S. mental health care system directly before and after Dix's and Kirkbride's work as reformers.

Carla Yanni looked at the social history of architecture from 1750 to the present. Her book, *The Architecture of Madness: Insane Asylums in the United States* (2007), and her journal article, "The Linear Plan for Insane Asylums in the United States Before 1866," provided an architectural history and viewpoint of the Buffalo State Hospital for the Insane, the New Jersey State Lunatic Asylum, and St. Elizabeth's in Washington, DC.<sup>14</sup> Yanni explored the relationship between the architectural design and treatment plans of the different asylums that she emphasized in her works. She also examined the work of both Dorothea Dix and Dr. Kirkbride. Yanni further assessed the Worcester State Insane Asylum, the New Jersey State Hospital at Trenton, St. Elizabeth's, and the McLean Asylum, as well as the Buffalo State Hospital. Using her work, changes in architectural design and thinking surrounding asylums will be addressed in Chapter Two.

In Chapter Three, I will explore the breakdown of Kirkbride's and Dix's visions, starting with the Asylum Reform Movement of 1878-1883, caused by public conflicts between asylum superintendents and neurologists, the movement away from the Kirkbride Plan, continuing with

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<sup>14</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: Univ. of Minnesota Press, 2007); Carla Yanni, "The Linear Plan for Insane Asylums in the United States before 1866," *Journal of the Society of Architectural Historians* 62, no. 1 (March 2003): 24-49, <https://doi.org/10.2307/3655082>.

Nellie Bly's experience on Blackwell's Island, and finally the emergence of eugenics and the implementation of concepts of scientific management into the mental health care system.

In the conclusion, I will show that by the 1920s, new professionals like Mary Jarrett Cromwell applied modern ideas to the theories of Kirkbride and Dix to revitalize the U.S. mental health care system. I will also contextualize how this history reflects on today's mental health care and whether the work of people like Dix, Kirkbride, and Jarrett can continue to inform new treatment and improve the United States mental health care system.

## Chapter One: Early Mental Health Care in the United States

Starting in Colonial America and continuing until the mid-eighteenth century, the care of insane people remained a family responsibility. However, if a mentally ill person had no family or their family was not able to care for them, their community would often provide the necessary support. There were documented cases of communities assuming the financial responsibilities of these individuals—in some cases, building a shelter to house the individual and essentially placing them in an enclosure to prevent them from harming themselves or others. There were also cases of community members aiding the family with a twenty-four hour watch over the insane who needed such a service. In some instances, insane individuals who did not have a family were given to a family in the community who would then use publicly donated funds to care for the mentally ill person with basic necessities of life. This might also occur if an insane person traveled to a new town alone and was unable to provide an answer as to where they had come from or where their family was. In this situation, the insane person was placed with a local family as the town attempted to locate the family of this unknown mentally ill person.<sup>15</sup>

During the mid-eighteenth century, the largest city in America, Philadelphia, established the first hospital in the United States. Dr. Thomas Bond had expressed his idea of creating a hospital after his visit to London, where he was impressed with the care that the mentally ill received at Bethlehem Hospital. Dr. Bond discussed his idea with Benjamin Franklin who asked the Pennsylvania Provincial Assembly for assistance in building the first United States hospital. Franklin also garnered public support by organizing a colony-wide fundraiser for the hospital. The bill to create the hospital was initially met with some objections from rural members of the

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<sup>15</sup> Grob, *The Mad Among Us*, 6-8.

Pennsylvania Assembly who thought it would only benefit the citizens of the city; Franklin countered that by being able to prove that the populace supported the bill by raising £2,000 from private citizens in less than four months. This caused the assembly to match the funds with an additional £2,000 and support the creation of the Pennsylvania Hospital. Although the hospital was a general hospital—its staff was able to care for various illnesses—the hospital staff did look after mentally ill patients, as evident in the hospital administrator noting thirty-three mentally ill patients during its first two years.<sup>16</sup>

Twenty-one years after the first United States hospital opened, the first hospital for the insane, Eastern State Hospital, was established in Williamsburg, Virginia. The purpose of this institution was to care for the insane people who were causing problems in the community, most likely those that had violent or disruptive outbursts. It was nineteen years after the Virginia hospital began in 1792, when the New York Hospital offered a ward to care for “curable” insane patients. These three hospitals paved the way for other hospitals for the mentally ill and asylums to be established to care for the United States’ mentally ill population.<sup>17</sup> While other such institutions would be constructed, the theories surrounding accommodating and treating the mentally ill would remain largely unchanged for the next fifty years.

By 1841, however, change was afoot. Dorothea Lynde, an upper-middle class woman, undertook a personal investigation of how the mentally insane were being treated and housed. In March 1841, Dix taught a Sunday school class to twenty female inmates at the Middlesex County Jail in East Cambridge, Massachusetts. After her class, she toured the jail and found four insane people being kept in the basement in horrendous conditions. The cell was dark and bare,

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<sup>16</sup> Grob, *Mad Among Us*, 17-19.

<sup>17</sup> “Diseases of the Mind: Highlights of American Psychiatry through 1900—Early Psychiatric Hospitals and Asylums,” U.S. National Library of Medicine (National Institutes of Health, January 18, 2017), <https://www.nlm.nih.gov/hmd/diseases/early.html>); Grob, 19-21.

and so frigid that “the walls were covered with a sparkling blanket of frost.”<sup>18</sup> The basement lacked ventilation and the air was stagnant and pungent. Dix was appalled at these living conditions. When the jailer refused Dix’s request to heat the basement, she petitioned the East Middlesex Court to force the jail to heat the basement cells. Her request was granted at once and this launched Dix’s career as a social reformer.<sup>19</sup>

From 1843 to 1861, Dix traveled the United States observing almost every place that housed a mentally ill person, petitioning the state governments to allocate funds for new hospitals for the insane and to improve the existing ones.<sup>20</sup> This brought three Congressional bills to progress the treatment of the mentally ill, but they were vetoed due to the looming Civil War. Dix readied the stage for another reformer named Dr. Thomas Story Kirkbride to further formalize care-centered treatment for the mentally ill.

In 1844, a group of doctors, who served as superintendents for asylums, formed the Association of Medical Superintendents of American Institutions. This association was created because the doctors who supervised the relatively few asylums in the United States often benefited from consulting their fellow superintendents. One of the ideas that the association discussed was creating a series of guidelines that all newly constructed asylums would have to follow.

Kirkbride, an original member of the Association of Medical Superintendents of American Institutions, was then serving as the superintendent at the Pennsylvania Hospital for the Insane in Philadelphia, Pennsylvania. He created guidelines for the construction of all new asylums. On May 19, 1851, the association officially adopted these new design guidelines for

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<sup>18</sup> Elizabeth Anticaglia, *Twelve American Women* (Chicago: Nelson-Hall Co. 1975), 96.

<sup>19</sup> David Gollaher, *Voice for the Mad: The Life of Dorothea Dix* (New York: The Free Press, 1995), 125-127.

<sup>20</sup> Thomas J. Brown, *Dorothea Dix: New England Reformer* (Cambridge: Harvard University Press, 1998), 111-147.

new hospitals of the insane. Dr. Kirkbride's notable advocacy of these guidelines along with the publication of his book, *On the Construction, Organization, and General Arrangements of the Hospitals for the Insane with Some Remarks on Insanity and Its Treatment*, in 1854 resulted in Dr. Kirkbride being credited with designing the linear asylum plan.<sup>21</sup>

These guidelines included physical aspects of the asylum, stating that every asylum should be less than two miles away from a large town and easily accessible in all seasons. There needed to be at least 50 acres of land reserved for gardens and pleasure grounds and that for every two hundred patients a hospital had to have a minimum of one hundred acres of land. As an asylum would use ten thousand gallons of water daily, a nearby water supply was required. The plumbing in the hospital would be designed to carry this water to the highest parts of the hospital. The guidelines also suggested that a doctor that is familiar with mental asylums should approve of the architect's design for the institution before it could be built. A hospital should only ever treat a maximum of two hundred and fifty patients; although it was much preferred that each hospital served a maximum of two hundred patients at once.

The structure itself needed to be as fireproof as possible; it should be constructed of stone or brick, and have a slate or metal roof, and for every two hundred possible patients, each hospital needed eight distinct wards for each gender. Inside each hospital ward, there should be "a parlor, a corridor, single lodging rooms for patients, an associated dormitory, communicating with a chamber for two attendants, a clothes room, a bath room, a water closet, a dining room, a dumb waiter, and a speaking tube, leading to the kitchen or other central part of the building." No rooms that could ever house patients should be underground. There needed to be a window in each room, so that the outside was accessible. A patient's room could not be smaller than eight

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<sup>21</sup> Wilson, 187-191.



by ten feet, the ceiling needed to measure at least twelve feet high, and the floors of patients' rooms should always be wood.<sup>22</sup>

Although the “Shallow-V Plan” design of asylums is now known as the Kirkbride Plan, it was not actually Dr. Thomas S. Kirkbride who first created this design. The first “Shallow-V Plan” or linear asylum was the New Jersey State Lunatic Asylum, which was built in 1847. The New Jersey State Lunatic Asylum was created due to the efforts of Dorothea Dix, and it was designed and built by architect John Notman. His plan was featured in an 1848 issue of the *American Journal of Insanity*. This article made it common knowledge that Notman was the original designer of the linear asylum design. In addition to designing the asylum in a linear shape, he also utilized several of the guidelines that the Association of Medical Superintendents of American Institutions adopted four years after the completion of the New Jersey State Lunatic Asylum. These features included the ability to house a maximum of 250 patients, using stone instead of wood, and having tall and open spaces for the patients. All these features were included in the guidelines for new hospitals of the insane created by the Association of Medical Superintendents of American Institutions.<sup>23</sup>

Even if Dr. Kirkbride did not have the original idea for the “Shallow-V Plan,” his notoriety as a mental institution doctor and superintendent, along with his belief in the healing benefits of this plan and advocacy for this linear design was a major reason that the Association of Medical Superintendents of American Institutions adopted this asylum plan. Historian Rosanne L. Higgins summed up Kirkbride’s philosophy during a 2019 interview that accompanied her article, “A Brief History of Treatment,” which she wrote for the PBS original

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<sup>22</sup> *History of the Association of Medical Superintendents of American Institutions for the Insane, From 1844 to 1884, Inclusive with A List of the Different Hospitals for the Insane, and the Names and Dates of Appointment and Resignation of the Medical Superintendents* (Warren, PA: E. Cowan, 1885), 5-6, 25.

<sup>23</sup> Carla Yanni, “The Linear Plan for Insane Asylums in the United States before 1866,” *Journal of the Society of Architectural Historians* 62, no. 1 (March 2003): 24-49, <https://doi.org/10.2307/3655082>.

production, *Reimagining A Buffalo Landmark*. She stated, “The whole moral management idea was that you would take the chaos out of the patient’s life and put them into a situation that was ordered and predictable. And you did that with an institution that was designed to run in a specific way, and grounds that were designed to enhance mental well-being.”<sup>24</sup> It is evident in Kirkbride’s book, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment*, published in 1854, that Dr. Kirkbride worked to create the best care for the mentally ill.

Historians, such as Carla Yanni and Gerald Grob, have denoted the American Civil War as the point of change in the United States’ institutions, asylums, and hospitals for the insane. Before the American Civil War, the insane were often kept in decrepit asylums, institutions, almshouses, and hospitals. Other mentally ill patients were kept in the frigid basements of prisons or locked in enclosures specifically built to encase that mentally ill person. Many mentally ill people were not allowed the basic necessity of heat—not having fire and being given threadbare clothes and blankets—due to the common belief that “lunatics” could not tell the difference between hot and cold.<sup>25</sup> These conditions were not limited to the United States. The insane in Lille, France, were forced to live underground. The mentally ill in Strasbourg, Germany, were housed in tiny cells, and the Bethlehem Hospital—the very hospital that had impressed Dr. Thomas Bond with their care of mentally ill patients in London—charged people admission to view the “lunatics” that were housed in their facility.<sup>26</sup> The change in mental asylums during the U.S. Civil War period can be attributed to the public demands for mental

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<sup>24</sup> Rosanne Higgins, “A Brief History of Treatment,” WNED/WBFO (Reimagining a Buffalo Landmark, April 4, 2019), Accessed November 22, 2019. [https://www.wned.org/television/wned-productions/wned-history-productions/reimagining-a-buffalo-landmark/history-of-mental-health-care/?fbclid=IwAR3EUgXO6Llp\\_CQkXqotzrXP6mjY7WneEQZGeQ7uFDJsEKahx18CVcnSrYA](https://www.wned.org/television/wned-productions/wned-history-productions/reimagining-a-buffalo-landmark/history-of-mental-health-care/?fbclid=IwAR3EUgXO6Llp_CQkXqotzrXP6mjY7WneEQZGeQ7uFDJsEKahx18CVcnSrYA)).

<sup>25</sup> David Gollaher, *Voice for the Mad: The Life of Dorothea Dix* (New York: The Free Press, 1995), 27,

<sup>26</sup> Wilson, *Stranger and Traveler*, 103-106.

health care reform spearheaded by Dorothea Dix and the standardized system established by Dr. Kirkbride.

The West Virginia State Hospital for the Insane illustrated the aspirations of Dix and Kirkbride. On March 22, 1858, the Virginia General Assembly passed an act to establish the third hospital for the insane in Virginia.<sup>27</sup> This hospital was created to remedy the overcrowded conditions at Eastern State Hospital in Williamsburg, and Western State Hospital in Staunton. The hospital was Virginia's attempt to appease the state's western citizens, as it was the first large-scale building project on the west side of the Allegheny Mountains.<sup>28</sup> Virginia Governor Henry A. Wise appointed a committee consisting of Thomas Wallace of Petersburg City, Dr. Clement A. Harris of Culpeper County, and Samuel T. Walker of Rockingham, to determine a location for the new hospital. The three towns that were the main contenders for the hospital were Weston, Sutton, and Braxton.<sup>29</sup>

Several Virginia politicians from Weston campaigned for their hometown to be chosen as the site of the new hospital. Senator John Branton and delegate William Arnold pushed for Weston to become one of the top three locations considered, but it was Jonathan M. Bennett, the first auditor of Virginia, who knew that the town itself had to impress the commissioners. He went home to Weston and organized his fellow citizens in an effort to clean up the town and secure it as the location for the new mental hospital. The citizens of Weston went to work fixing fences, whitewashing houses, burning or hauling away the trash on the riverbanks and various properties, and filling all of the holes in the streets among other tasks.

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<sup>27</sup> Thomas Condit Miller and Hu Maxwell, *History of West Virginia*. Vol. 1 (New York: Lewis Historical Publishing Company, 1913), 373.

<sup>28</sup> S. Allen Chambers, "Weston State Hospital (Trans-Allegheny Lunatic Asylum, West Virginia Hospital for the Insane)," *SAH ARCHIPEDIA* (Society of Architectural Historians, September 5, 2019), <https://sah-archipedia.org/buildings/WV-01-LW1>.

<sup>29</sup> Miller and Maxwell, *History of West Virginia*, 373.

Historian Conrad Smith wrote that “The whole town was made to present an outward appearance of snug prosperity and a high order of citizenship.”<sup>30</sup> The town leaders also created an entertainment committee consisting of several prominent citizens.<sup>31</sup> The entertainment committee arranged a parade consisting of school children and a brass band to greet the commissioners and lead the way to the potential hospital sites.<sup>32</sup> The commissioners were lavishly entertained with food, alcohol, and other forms of entertainment. They evaluated the proposed hospital site located near the West Fork River and took note of the accessibility of water, coal, stone, and lumber that would be used to build the hospital. Due to this, the commissioners chose Weston as the location of the hospital.<sup>33</sup> As shown in Appendix B, the West Virginia State Hospital for the Insane followed Kirkbride’s guidelines to create a humane healing experience for its patients.

As with other Kirkbride hospitals, the model hospital was soon overrun by the reality of mental health care in the United States. By the 1880s, overcrowding occurred and the West Virginia Hospital for the Insane shifted away from Kirkbride and Dix’s visions of moral treatment towards custodial care, becoming an institution to simply store mentally ill patients.<sup>34</sup> The hospital began to use devices such as straps, sleeves, and cribs to restrain patients.<sup>35</sup> This practice continued for decades and resulted in many problems, including the death of a patient in 1927.

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<sup>30</sup> Edward Conrad Smith, *A History of Lewis County, West Virginia* (Weston, WV: Edward Conrad Smith, Morgantown Printing and Binding, 1920), 260.

<sup>31</sup> Smith, 260.

<sup>32</sup> Majorie Carr, *Weston Hospital, 1858-1992* (Weston, WV: privately printed, 1992), 2.

<sup>33</sup> Joy Gilchrist-Stalnaker, *A Short History of Weston Hospital* (Weston, WV: Hacker’s Creek Pioneer Descendants, 2001), 3.

<sup>34</sup> Kim Jacks, “Weston State Hospital” (Ph.D. diss., West Virginia University, 2008), 28, accessed November 28, 2022, <https://researchrepository.wvu.edu/etd/857>.

<sup>35</sup> Sleeves allowed the patients to move their arms and hands only one foot in each direction. The Utica Crib (invented in the New York State Lunatic Asylum at Utica) was long and narrow, 15-30 inches high, with slates for the slides, tops, and sometimes the bottom, the person in the crib could neither sit up nor get out.

In 1927, an investigation into the death of a 38-year-old-woman, Mrs. Hoffman, who had only been a patient at Weston State Hospital for forty-eight hours revealed more about the hospital's new treatment methods. The woman experienced her first mental health episode and her family first took her to a hospital in Fairmont, West Virginia, where they injected her with seven or eight shots of morphine over two days and then transported her to Weston State Hospital. At Weston, she was restrained after becoming violent with the attendants. At the hearing it was revealed that there were only three doctors for 1,300 patients and three attendants responsible for sixty-five patients. The doctor who examined Mrs. Hoffman had not prescribed any treatment for her, and the hospital and superintendent were declared not guilty of neglect or acts contributing to her death.<sup>36</sup>

The transition from the model of moral treatment to overcrowded, custodial care was a familiar story for Kirkbride Asylums. New hospital construction followed a familiar pattern. The newly built hospital adhered to Kirkbride's vision, but within a decade or two these same institutions had fallen into disrepair and became warehouses for the mentally ill. While Kirkbride and other members of the Association of Medical Superintendents of American Institutions for the Insane believed that if mentally ill patients were treated with dignity and properly cared for, they would be able to recover. But in the long run, patients remained stuck in the system.

Another institution primed for the moral hygiene movement was the Buffalo State Hospital for the Insane. Like many others, this institution continued Kirkbride's vision at the start of its operation. As we shall see, it began as a state-of-the-art facility to treat the mentally ill before falling into despair and turning into a warehouse for the mentally ill.

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<sup>36</sup> Jacks, "Weston State Hospital", 41-44.

## Chapter 2: The Buffalo State Hospital for the Insane

During the last half of the 19th century, when many hospitals for the insane were exposed as horrible prisons, the Buffalo State Hospital for the Insane (BSHI) was designed and built to be a state-of-the-art facility under the guidelines published by Dr. Thomas Story Kirkbride. The architects and doctors that worked on the plan for BSHI specifically designed it to provide innovative and holistic treatment for their patients. As we shall see, however, the Buffalo State Hospital for the Insane would fall prey to the same historical forces that stamped out Kirkbride's and Dix's ideas for nearly 50 years. In short, the BSHI demonstrated a microcosm of the failures of industrial America to properly look after some of its most vulnerable citizens.

On January 20, 1870, the *Report of the Commissioners to Locate an Insane Asylum in the Eighth Judicial District, New York*, was presented to the New York State Senate. The Senate had appointed five men to serve as commissioners to travel the Eighth Judicial District and decide where the new lunatic asylum should be built. The commission was led by Dr. John P. Gray who was the superintendent of the State Lunatic Asylum at Utica. The "propositions of the Association of Medical Superintendents of American Institutions for the Insane" served as the guiding code to determine where the new institution should be built.<sup>37</sup> This code had nine guidelines that the site for the new lunacy hospital had to meet. The first three guidelines dealt with the actual land that the hospital would be built upon. These conditions were that the hospital should be within two miles of a large town and easily accessible; the land should be comprised of a minimum of two hundred acres that can be "devoted to gardens and pleasure grounds for its

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<sup>37</sup> John P. Gray et al., *Report of the Commissioners to Locate an Insane Asylum in the Eighth Judicial District, New York*, no. 8. (New York State Senate, 1870), 1-2.

patients;” and the hospital should be near water as the hospital will daily require fifty thousand gallons of water in their reservoirs.<sup>38</sup>

The next six guidelines dealt with the building itself: the architectural plan for the hospital must be approved by a doctor that has had previous experienced with lunatics; the building should be able to serve a maximum of 600 patients; the building needs to be fireproof and thus “should be constructed of stone or brick [and] have slate or metallic roofs;” if a hospital can serve more than two hundred patients it needs to have “at least twelve distinct wards for each sex;” the laundry rooms need to be detached from the main hospital building; and all drainage should be underground and properly installed and secured.<sup>39</sup>

Between October 5 and October 16, 1869, the five commissioners carefully examined seven potential sites around Western New York. They visited White’s Farm in Batavia, Kinnie Farm in Warsaw, Pickard Farm in Attica, Irwin Farm in Mayville, County Farm located four miles away from Mayville, Patterson Farm in Westfield, Hutchins Farm in Lockport, and the Clinton Lot in Buffalo. While visiting the Clinton Lot in Buffalo, the commissioners noted that the lot was located within city limits, comprised of two hundred acres of land, and the Scajaquada Creek crossed the north part of the property. The Commissioners estimated that the Clinton Lot was valued at one hundred thousand dollars. After much deliberation, the commissioners voted to locate the new Eighth Judicial District Insane Asylum at the Clinton Lot in Buffalo, New York.<sup>40</sup>

The resolution announcing the commissioners’ decision was received by the Common Council of the City of Buffalo on November 8, 1869. The resolution described the condition of

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<sup>38</sup> Gray et al., 3.

<sup>39</sup> Ibid., 3-4.

<sup>40</sup> Ibid., 3-7.

the land that was being offered by Buffalo to be the site of the new asylum. The Clinton Lot on Forest Avenue contained more or less two hundred acres. Buffalo leaders would guarantee that the state would have “a free perpetual right and privilege” to use any water required and that this “privilege shall never be revoked, withdrawn or rescinded.”<sup>41</sup> The city agreed to correctly and securely construct and lay pipes from the water source to the hospital as soon as construction was started, and the city would allow for a proper sewer to be built for the hospital.<sup>42</sup> The close proximity of the Scajaquada Creek allowed the city of Buffalo to promise the hospital as much free water as it needed while it operated. This was a major deciding factor for the commissioners.<sup>43</sup>

The Buffalo State Hospital for the Insane was viewed as an architectural jewel in Buffalo’s crown. Frederick Law Olmsted and Henry Hobson Richardson, two renowned architects, were the lead designers of the Buffalo State Hospital, bringing its prominence due to its important architectural history.

Frederick Law Olmsted is considered the father of American landscape architecture. Olmsted’s formal education was limited, due to developing sumac poisoning when he was fourteen years old. He attended lectures at Yale University, but because of his illness, he never formally graduated from the university. Olmsted learned about scientific farming by studying with George Geddes, an agricultural engineer, at Geddes’s model farm in Owego, New York.<sup>44</sup> Olmsted also gained more education through a six-month walking tour of Europe and the British

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<sup>41</sup> Ibid., 7.

<sup>42</sup> Ibid., 7.

<sup>43</sup> Ibid., 7-8.

<sup>44</sup> Anna Maria Gillis, “Public Parking,” The National Endowment for the Humanities, 2012, <https://www.neh.gov/humanities/2012/januaryfebruary/feature/public-parking>.



Isles.<sup>45</sup> His career as a landscape architect began in 1857 when he and partner Calvert Vaux's park design was picked to become New York City's Central Park.<sup>46</sup> It was while working on Central Park that Olmsted began using art to improve nature in public parks. This method led to widespread attention and the commissioning of Olmsted to design numerous parks including Prospect Park in Brooklyn, New York; and the nation's first park system in Buffalo, NY.<sup>47</sup> Between 1872 and his retirement in 1895, Olmsted's landscape architecture firm created the grounds for 550 projects including college campuses, residential communities, hospitals, and public parks.<sup>48</sup> It was his well-known landscape architectural designs and his friendship with William Edward Dorsheimer that won Olmsted the Buffalo State Hospital for the Insane commission.

Dorsheimer was key to both Olmsted and Richardson receiving the commission for the Buffalo State Hospital for the Insane. Dorsheimer was an established Buffalo politician and attorney. He served as the District Attorney for the District of Northern New York from 1867 to 1871. In 1874, he was elected to serve as the Lieutenant Governor of New York and he remained in this position until the end of 1879. During his time in Buffalo, Dorsheimer was an active member of Buffalo's Fine Arts Academy and Board of Park Commissioners. This was a group of Buffalo residents who campaigned for the creation of a proper system of public parks in the city.<sup>49</sup> In August 1868, Dorsheimer, on behalf of this group, personally invited and paid for Frederick Law Olmsted to inspect and survey a site for a large public park. Dorsheimer arranged

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<sup>45</sup> Charles E Beveridge, "Frederick Law Olmsted Sr.," National Association for Olmsted Parks (National Association for Olmsted Parks), accessed November 22, 2019, <http://www.olmsted.org/the-olmsted-legacy/frederick-law-olmsted-sr>.

<sup>46</sup> "Frederick Law Olmsted," Architect of the Capitol (Architect of the Capitol), accessed November 22, 2019, <http://www.aoc.gov/capitol-grounds/frederick-law-olmsted>.

<sup>47</sup> Gillis, "Public Parking."

<sup>48</sup> A Short Biography (Frederick Law Olmsted, 2011), <https://www.fredericklawolmsted.com/bioframe.htm>.

<sup>49</sup> "William Dorsheimer House, Buffalo New York," Historic Structures, March 12, 2010, [http://www.historic-structures.com/ny/buffalo/dorsheimer\\_house.php](http://www.historic-structures.com/ny/buffalo/dorsheimer_house.php).

a public meeting with prominent Buffalo citizens to discuss the necessity of a park and to allow Olmsted to explain his vision for the new park. During this meeting, Olmsted proposed the initial design for the Buffalo park system.<sup>50</sup> In October 1868, Olmsted introduced Dorsheimer to Richardson when Dorsheimer was looking for an architect for his personal home in Buffalo.<sup>51</sup>

Henry Hobson Richardson was the lead architect for the BSHI. After graduating from Harvard in 1859, Richardson became the second American ever to be admitted to the *École des Beaux-Arts*, a prestigious art school in France that offered a degree in architecture. However, after only two years at this school, Richardson had to withdraw due to the American Civil War which limited his family's financial resources. He worked at a Paris architectural firm until he returned to the United States in 1865.<sup>52</sup> During the early stages of his career, Richardson mainly utilized the British Victorian Gothic and French Second Empire architectural styles.<sup>53</sup>

Architectural historians have referred to Richardson's work during this time as being "no different from his contemporaries of the time" and that he "possessed only a nascent professional reputation."<sup>54</sup> While the facts regarding Richardson's appointment as lead architect still remain unclear, it is most likely that his friendships with Dorsheimer and Olmsted are why he received the commission. It was during Richardson's work on the BSHI that he began to develop his signature style of Richardson Romanesque. This design style is similar to the Victorian Gothic style but is also based on the ancient Roman basilicas. This style is characterized by:

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<sup>50</sup> "William Dorsheimer," Olmsted in Buffalo, accessed November 22, 2019, <https://olmstedinbuffalo.com/william-dorsheimer>.

<sup>51</sup> "William Dorsheimer House," (Buffalo as an Architectural Museum, 2002), <https://www.buffaloah.com/a/del/434/index.html>.

<sup>52</sup> Finn MacLeod, "Spotlight: Henry Hobson Richardson," *ArchDaily* (ArchDaily, September 29, 2017), <https://www.archdaily.com/552221/spotlight-henry-hobson-richardson>.

<sup>53</sup> Christyn Mobarak, *Buffalo as an Architectural Museum: The Rehabilitation of the Buffalo State Hospital and the New York Central Terminal of Buffalo*, 2nd ed., vol. 2 (Buffalo, NY: State University of New York College at Buffalo The Monroe Fordham Regional History Center, 2006), 26-29.

<sup>54</sup> Mobarak, 27; Lynda H. Schneekloth, Marcia F. Feuerstein, and Barbara A. Campagna, *Changing Places: Remaking Institutional Buildings* (Fredonia, NY: White Pine Press, 1992), 44.

ruggedness and craggy texture, massive stone walls, dramatic semicircular arches, unusual sculptured shapes in stones, heaviness emphasized by stone construction, deep windows, recessed door openings, bands of windows, contrasting color or texture of stone, short and robust columns, and towers.<sup>55</sup>

The building of the hospital marked a crucial early step in his architectural career because it allowed him to develop his own distinctive style and earned him recognition as an established architect. While Richardson's career included designing the Trinity Church in Boston, Massachusetts in 1877, the New York State Capital in Albany, New York in 1899, the Warder Mansion in Washington, D.C. in 1886, the Marshall Field's Wholesale Store in Chicago, Illinois in 1885, and numerous others, BSHI was the largest project that Richardson ever undertook.<sup>56</sup> The style that Richardson developed while designing BSHI enabled him to become a leading architect in the United States and solidified his place in architectural history.

Frederick Law Olmsted and Henry Hobson Richardson met for the first time between 1865 and 1869. Historians are unsure of when the two men first met, but they had ample chances when both the Olmsted and Richardson families relocated to Staten Island, New York in 1866. Olmsted and Richardson most likely first met in 1866 when Richardson joined the Century Association, an exclusive club of which Olmsted was already a member.<sup>57</sup> The Century Association was a club dedicated to artists and intellectuals that was founded in 1847 by William Cullen Bryant.<sup>58</sup> By 1869, the Olmsted and Richardson families were neighbors "in the Clifton

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<sup>55</sup> Chuck LaChiusa, "Roman/Romanesque/Romanesque Revival," Buffalo as an Architectural Museum, 2002, <https://www.buffaloah.com/a/archsty/rom/index.html>.

<sup>56</sup> Patrick Sisson, "Henry Hobson Richardson: 10 Works by the Influential American Architect," *Curbed* (Curbed, May 20, 2016), <https://www.curbed.com/2016/5/20/11723214/henry-hobson-richardson-architecture-trinity-church>.

<sup>57</sup> Frederick Law Olmsted, *The Papers of Frederick Law Olmsted: the Early Boston Years, 1882-1890* (Baltimore, MD: Johns Hopkins University Press, 2014), 7.

<sup>58</sup> James Nevius, "The Rise and Fall of New York City's Private Social Clubs," *Curbed NY* (Vox Media, June 17, 2015), <https://ny.curbed.com/2015/6/17/9950758/the-rise-and-fall-of-new-york-citys-private-social-clubs>.

neighborhood of Staten Island where Olmsted rented a house and Richardson” had built his house.<sup>59</sup> Olmsted held Richardson in high regard. Within the first few years of their friendship Olmsted recommended Richardson for several projects. In 1867 Olmsted promoted Richardson to design the Alexander Dallas Bache Monument in Washington, D.C.’s Congressional Cemetery. In 1868 Olmsted recommended that Dorsheimer hire Richardson to design his house in Buffalo, New York, and in 1870 when Olmsted was appointed to the Staten Island improvement Commission, he asked for Richardson also to be appointed.<sup>60</sup>

The Buffalo State Hospital for the Insane was a unique project because Richardson worked closely with Dr. John P. Gray—the superintendent of the Utica State Hospital and a well-known figure in the emerging moral hygiene movement—to design the BSHI. This allowed Gray to ensure that the hospital met the guidelines for which he strongly advocated. BSHI “consisted of ten independent wards joined by curved connectors to each other and to the central Administration Building.”<sup>61</sup> The buildings were arranged in a shallow “V.” The five wings that expanded to the east of the Administrative Building were for the male patients, while the five wards on the west side of the Administrative Building were for female patients. Following the guidelines set by Dr. Kirkbride, the more severely ill patients were in the wings further from the main building, and as patients improved, they could be moved to wings closer to the Administrative Building with the healthiest patients in the two buildings directly next to the main building. Each building had a basement and an attic and then the individual buildings varied upon stories. The two buildings directly next to the administrative building were each three stories tall. The next two buildings on either side were composed of two stories, and the final two

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<sup>59</sup> Olmstead, 7.

<sup>60</sup> Olmstead, 7; “William Dorsheimer House,” (Buffalo as an Architectural Museum, 2002), <https://www.buffaloah.com/a/del/434/index.html>).

<sup>61</sup> Goody Clancy, “Chapter 1: Executive Summary,” in Richardson Olmsted Complex Historic Structures Report, 2008), 2.

buildings on either side were single story. The blueprint in Appendix B shows each of the eleven buildings that were joined by curved connectors.

Richardson was instructed to limit the ornamental details. This led to the architecture featuring: "... various stone surface treatments, trim elements, and join details to produce patterns and textures."<sup>62</sup> The Administrative Building and the four innermost wings consisted of Medina sandstone, which was locally quarried in Medina, New York. While the other six buildings were constructed using red brick. Richardson originally wanted all of the building to be built out of sandstone, but due to the poor economy in 1876, he suggested that the outer wards be made utilizing red brick.<sup>63</sup> Richardson arranged the sandstone and brick in a "rusticated, random ashlar pattern" and utilized copper, sandstone, and tarred brick to create detailed trim elements.<sup>64</sup> The most spectacular part of Richardson's design was the two towers that rose 180 feet off of the roof of the Administrative Building. These two towers were designed and constructed solely to provide some decoration for the asylum.<sup>65</sup> It was the elaborate yet simple details of the asylum that developed Richardson's signature design style, named Richardsonian Romanesque. Sadly, Richardson never saw his masterpiece fully finished because the western wards were not completed until 1889—nine years after the architect's death at the age of 47.<sup>66</sup>

Olmsted and his business partner, Calvert Vaux, were chosen as the landscape architects for the two-hundred acres of the asylum's grounds. However, they might have contributed to the asylum in more ways than just the landscaping. In 1870, Olmsted and Vaux "proposed the setback arrangement of wards so that patients would not overlook each other's quarters from

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<sup>62</sup> Clancy, "Chapter 1: Executive Summary," 2-3.

<sup>63</sup> Mobarak, 35.

<sup>64</sup> Goody, 2-3.

<sup>65</sup> *Cultural Landscape Report: the Richardson Olmsted Complex* (Buffalo, NY: Heritage Landscapes: Preservation Landscape Architects & Planners, 2008), 2-3.

<sup>66</sup> Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), p.127-133; Mobarak, 26-29.

their rooms.” They also proposed that the buildings be faced in a southeasterly direction to allow the patients to receive more daylight during the winter months. Olmsted and Vaux split the two-hundred acres of the asylum’s grounds into two sections; the land behind the building became a farm on which the patients worked, and the area in front of the buildings was landscaped like a park with “broad stretches of lawn in which shade trees were planted in irregularly spaced groups.”<sup>67</sup>

The idea of having a farm on the asylum grounds for patients to tend was an idea of Dr. Kirkbride’s that he had most likely taken from the British Quaker reformers who often prescribed farmwork to their mentally ill members.<sup>68</sup> Roadways curved around the asylum, and there was a roadway around the perimeter of the property to allow the asylum staff to take patients on refreshing drives. The driveway approached the Administrative Building from the side to allow anyone who came to the hospital a chance to appreciate the beauty of the building. All roads and driveways were bordered with trees and shrubs to create a calming mood. Olmsted created a pastoral look for BSHI to evoke the calmness of a charming rural landscape for the hospital’s patients. The landscape architects believed that their use of shrubbery, trees, and open spaces would have a calming and rejuvenating influence on everyone who entered the hospital’s grounds.

When he was working on the McLean Asylum in Belmont, Massachusetts in 1895, Olmsted wrote: “The most desirable qualities in the home grounds of a retreat for the insane are probably those which favor an inclination to moderate exercise and tranquil occupation of the

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<sup>67</sup> Lynda H. Schneekloth, Marcia F. Feuerstein, and Barbara A. Campagna, *Changing Places: Remaking Institutional Buildings* (Fredonia, New York: White Pine Press, 1992), 58.

<sup>68</sup> Samuel Tuke, “The York Retreat,” *Nineteenth-Century Disability: Cultures & Contexts*, Accessed April 24, 2023. <https://www.nineteenthcenturydisability.org/items/show/41>.; Grob, *Mental Institutions in America*, 46.

mind, the least desirable those which include exertion, excitement, or bewilderment.” Olmsted certainly used this statement as a driving force when he created the landscaping design for the BSHI. The open space and use of shrubbery and trees gave the patients a tranquil outdoor space to enjoy whether they were working on the farm, enjoying a ride around the campus, taking a leisurely walk, or simply sitting outside and enjoy the fresh air.<sup>69</sup>

One requirement of Dr. Kirkbride’s system was that all hospitals for the insane should be able to provide outdoor exercise, work for the patients, and liberal opportunity and means of amusement. This guideline was why Olmsted and Vaux designed the backgrounds of the hospital to have a working farm. The farm on hospital grounds was clearly described in Kirkbride’s book, as he outlined how many farmers, farm hands, and animals hospitals should include in their budget. Kirkbride also suggested that if the hospital ran the farm efficiently and correctly, it could provide profit for the hospital as well as food. The main purpose of having a farm and gardens on hospital property was to allow the patients to receive the healing benefits of sunlight, fresh air, and hard work. Kirkbride encouraged other hospitals for the insane to allow their patients to work on the farm and gardens. In his book, Kirkbride stated that “regular moderate labor in the open fields or in the garden contributes most essentially to their [patients] comfort, and tends to promote their recovery.”<sup>70</sup> Kirkbride believed that labor was one of the best remedies that hospitals for the insane could utilize as labor promoted a healthy appetite, aided in digestion, and exhausted the patients so they could enjoy an unbroken and refreshing sleep. Along with working in the farms and the surrounding gardens, male patients were encouraged to

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<sup>69</sup> Schneekloth, et. al., 55-63.

<sup>70</sup> Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane: With Some Remarks on Insanity and Its Treatment* (Philadelphia, Pennsylvania, 1854), 62.

help maintain the hospital and female patients were encouraged to perform domestic tasks such as washing and mending.<sup>71</sup>

In his book, Dr. Kirkbride also outlined the entertainment and enrichment that hospitals for the insane should provide for their patients. He wanted each hospital to offer a gymnasium for the male patients and a calisthenum for female patients. Kirkbride suggested that patients should be able to enjoy “the various games of ball, the exercise of using a car on a circular railroad, the care of domestic animals,” and regular walks on the hospital’s grounds or in the nearby community. He also suggested that the hospitals provide carriage rides for the patients who were not able to be physically active. Dr. Kirkbride wanted hospitals for the insane to provide intellectual engagement for its patients, such as “the introduction of regular courses of lectures, interesting exhibitions of various kinds, and musical entertainments.” Kirkbride’s guidelines asked that well-furnished school rooms and libraries be made accessible to patients. He further suggested that the hospitals allow their patients to use musical instruments, play with games, look at “collections of curiosities,” and be read aloud to by teachers.<sup>72</sup> Using the knowledge he acquired throughout his career as a physician for the mentally ill, Kirkbride wrote the guidelines for new asylums in the United States to allow for the holistic treatments that he deemed important and beneficial to mentally ill patients.

One of the hospital’s more notable holistic treatments developed in response to the growing population of the hospital was its farm colony. In 1908, the hospital rented a 36-acre farm with a 2-acre orchard from the Dwight family in Wilson, New York. The farm was located

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<sup>71</sup>Kirkbride, 62.; Rosanne Higgins, “A Brief History of Treatment,” WNED/WBFO (Reimagining a Buffalo Landmark, April 4, 2019), Accessed November 22, 2019. [https://www.wned.org/television/wned-productions/wned-history-productions/reimagining-a-buffalo-landmark/history-of-mental-health-care/?fbclid=IwAR3EUgXO6Llp\\_CQkXqotzrXP6mjY7WneEQZGeQ7uFDJSEKahx18CVcnSrYA](https://www.wned.org/television/wned-productions/wned-history-productions/reimagining-a-buffalo-landmark/history-of-mental-health-care/?fbclid=IwAR3EUgXO6Llp_CQkXqotzrXP6mjY7WneEQZGeQ7uFDJSEKahx18CVcnSrYA)).

<sup>72</sup> Kirkbride, 62-63.



almost forty miles north of the asylum. The farm colony began as a place to allow patients recovering from illness or operations to stay in the fresh country air for two weeks while they convalesced, but it soon served as a year-round residence for patients. The physicians noted that at the farm, the patients were able to “do as they like and the fresh air and liberty do them more good than anything else could...the percentage of cures among these patients has been most gratifying and the evidence of all very marked.”<sup>73</sup> In the *Summary of the Fortieth Annual Report of the Buffalo State Hospital*, the doctors wrote that although men were the only patients allowed to remain at the cottage during winter, 77 men and 74 women had resided at the farm colony during the 1909-1910 fiscal year. The report also stated that the institution had secured employment for numerous discharged patients and that some of the patients had found permanent employment on fruit farms near the Buffalo State Hospital Farm Colony in Wilson. Due to the success of the program, the asylum’s physicians urged the Board of Managers to purchase the cottage from the Dwight Family; however, the Board of Managers ultimately decided not to purchase the colony, which meant the hospital could no longer utilize the cottage when it was sold to another party in 1913.<sup>74</sup>

The Buffalo State Hospital for the Insane was not only innovative in its treatment methods, but the hospital also received commendations for its staff’s treatment of the patients and the training the staff received. In August 1885, the *Buffalo Courier* printed an article that reported an early visit from a state official ended with BSHI receiving top marks for the care they provided. The official stated the following about the asylum's first superintendent, Judson B.

Andrews:

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<sup>73</sup> Ian Ference, *Buffalo State Hospital: A History of the Institution in Light and Shadow* (Buffalo, NY: Museum of disABILITY History, 2016), 9.

<sup>74</sup> *Cultural Landscape Report: The Richardson Olmsted Complex* (Buffalo, NY: Heritage Landscapes: Preservation Landscape Architects & Planners, 2008), 26.

Dr. Andrews is often more anxious to get rid of a patient than anybody else can be, and it is his interest as it is that of a private practitioner to have as many recoveries as possible. Patients whom the superintendent deems to have recovered, or those who are incurable, are discharged under bonds. The asylum statistics show a very large percentage of recoveries in the course of a year. Dr. Andrews is, moreover, a good Christian man of broad sympathies, whose heart is in the work, and along with his staff makes a constant study of the welfare of every patient. The Buffalo State Insane Asylum is one of the best managed and best adapted institutions for the treatment of the insane that I have ever visited.<sup>75</sup>

Dr. Andrews was appointed superintendent in 1880 and served until his death in 1894. He strove to make BSHI known for its excellent care for its patients. In 1893, he opened the second training school in the United States to ensure that Buffalo was at the forefront in patient care. The school recruited and trained nurses and attendants so that the Buffalo State Hospital for the Insane would be more likely to retain its employees who had learned how to provide a higher quality of care for their patients. Once established, the school furthered career development for asylum staff and used a handbook on attendant instruction that one of the asylum's doctors, Dr. William D. Granger had published. This training school that Dr. Andrews established allowed the high quality of care to remain even after his death in 1894.<sup>76</sup>

The staff at BSHI was known for their detailed reports of the hospital. *The State Commission in Lunacy Fifth Annual Report from October 1, 1892 to September 30, 1893*, for New York State and the Buffalo State Hospital for the Insane reported upon all matters of the hospital. Most of the report was a detailed explanation as to how the hospital had spent their yearly budget, such as additions or renovations made to the hospital, the salaries of all staff members, as well as all food and other items used. The hospital reported that they had a 30.53% recovery rate on patients admitted to the hospital, a 17.028% recovery rate on the daily average

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<sup>75</sup> Steve Cichon, "From 1880 to Today: The Buffalo State Asylum for the Insane," *The Buffalo News*, July 2, 2018, Accessed November 22, 2019.

<https://buffalonews.com/2018/07/02/1880-to-today-the-buffalo-state-asylum-for-the-insane/>.

<sup>76</sup> Ference, 4-7.

population—patients that remained at the hospital—and a 10.63% recovery rate for the total patients that the hospital had treated. In the report, the doctors did not indicate which treatment methods they believed produced these rates of recovery. This was because the state only requested basic statistics about the patients, but also because the doctors did not have an accurate way of knowing exactly which part of their treatment plan helped each individual patient.<sup>77</sup>

At a time when many existing hospitals, asylums, and other institutions were being publicly criticized for their treatment of mentally ill people, the Buffalo State Hospital for the Insane was built to be a beacon of hope that provided innovative and humane treatment of the mentally ill. Every person who helped design the hospital, most notably Frederick Law Olmsted and Henry Hobson Richardson, worked to make sure that every detail of the hospital would provide the best care for its patients. The asylum was designed and built to be a shining example of Dr. Kirkbride’s guidelines. However, the optimism that surrounded the design and first years of the institution was not destined to last.

By the 1900s, the facilities were already obsolete though less than twenty years old. With any large building project, sacrifices were made out of pragmatism. In other words, if the planners could get most of what they wanted in the design and construction, it was better to have that, than nothing at all. World War I affected the BSHI similarly to others in that attitudes enshrined in eugenics<sup>78</sup> permeated patient healthcare. By the 1920s, this original glimmer of professional excellence became overcrowded, understaffed, underfunded, industrialized

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<sup>77</sup> Carlos F MacDonald, Goodwin Brown, and Henry A Reeves, *Fifth Annual Report: October 1, 1892 to September 30, 1893*, (1894), <https://hdl.handle.net/2027/nnc2.ark:/13960/t1kh1837x>, 234-245.

<sup>78</sup> Eugenics is the belief that the human species can be made better by eliminating the “weaker” traits. This is done by only allowing for breeding to occur between those with “desirable” traits. Throughout history, this can be seen in the forced sterilization of those with mental illness, physical disability, people of color, poor people, and unmarried mothers. Eugenics is unscientific and a racist and ableist belief.

medicine. After the 1920s, the BHSI limped along until the 1970s when it closed its doors for good.

The forces that affected the Buffalo State Hospital for the Insane reflected national trends which will be explored in the next chapter.

### **Chapter Three: Scientific Management, Industrialization and Medical Professionalism in the Late 1800s and Early 1900s**

After the U.S. Civil War, new approaches emerged for the treatment of the mentally ill. This affected not only Dr. Kirkbride's Linear Plan, but also how new scientific discoveries were incorporated into mental health treatment. The Asylum Reform Movement of 1878-1883 began in the 1870s when a war sprouted between the asylum superintendents and neurologists. Three neurological organizations were formed: New York Neurological Society in March 1872, New York Society for Neurology and Electrology in 1874, and the American Neurological Association in 1875. These organizations collaborated in launching a public attack on the Association of Medical Superintendents of American Institutions for the Insane.<sup>79</sup>

There was a fundamental difference between the asylum superintendents and the neurologists. The asylum superintendents focused on patients that were severely ill or "difficult" and thus required hospitalization—often long term. The asylum superintendents based their medical principles on British psychiatric practice and moral treatment of the insane. Their main concerns were asylum construction and management, i.e. the Kirkbride System.

The most significant difference was that the neurologists viewed themselves as scientists first and foremost. Their medical principles were based on their experience with the U.S. Civil War where they focused on the diagnosis and treatment of nerve tissue wounds. After the U.S. Civil War, their practices grew to include "the still functioning though symptom-bearing

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<sup>79</sup> Andrew T. Scull and Bonnie Ellen Blustein, "'A Hollow Square of Psychological Science': American Neurologists and Psychiatrists in Conflict," in *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia, PA: University of Pennsylvania Press, 1982), 241.

psychiatric patients outside of institutional settings.”<sup>80</sup> Neurologists treated dyspepsia, insomnia, general malaise, paralysis, hematomas, cerebral embolisms, locomotor ataxia, and chorea. A major difference—and point of conflict—between neurologists and asylum superintendents was that the latter worked in and focused on asylums, while the former established private practices and served as consultants to physicians.<sup>81</sup>

Public warfare between neurologists and superintendents began in March 1878 after neurologist Edward C. Spitzka presented his paper, “The Study of Insanity Considered as a Branch of Neurology, and the Relations of the General Medical Body to This Branch,” at the New York Neurological Society. The twenty-five-year-old neurologist was known in the psychiatric community for being outspoken. In preparation for his argument that the treatment of mentally ill persons should fall under the care of neurologists, he read the yearly reports of different asylums, after which he was:

Inclined to believe that certain superintendents are experts in gardening and farming (although the farm account frequently comes out on the wrong side of the ledger), tin roofing (although the roof and cupola is usually leaky), drain-pipe laying (although the grounds are often moist and unhealthy), engineering (though the wards are either too hot or too cold), history (though their facts are incorrect, and their inferences beyond all measure so); in short, experts at everything except the diagnosis, pathology, and treatment of insanity.<sup>82</sup>

Spitzka concluded that the Association of Medical Superintendents of American Institutions for the Insane were responsible for the lack of improvement in asylum patients. To remedy the

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<sup>80</sup> Charles E. Rosenberg, “The Crisis in Psychiatric Legitimacy: Reflections on Psychiatry, Medicine and Public Policy,” in *American Psychiatry: Past, Present, and Future* (Charlottesville, VA: University Press of Virginia, 1975), pp. 135-148, 141.

<sup>81</sup> Scull and Blustein, 242; Gerald N. Grob, *Mental Illness and American Society: 1875-1940* (Princeton, NJ: Princeton University Press, 1983) 50-51.

<sup>82</sup> Grob, *Mental Illness and American Society*, 52.

situation he proposed the unification of psychiatry and neurology with neurologists serving as the lead doctors for mental health patients.<sup>83</sup>

Spitzka's presentation inspired the Neurology Society to launch an asylum reform movement. The crusade resulted in a petition for the New York legislature to investigate the New York State mental hospitals and anonymously published critiques of hospital superintendents. In return, hospital superintendents began publicly attacking neurologists and the arguments between the two camps were publicized in the medical and civilian worlds.<sup>84</sup>

In 1879, William A. Hammond—who had served as the Union Army Surgeon General and then helped establish the field of neurology—gave a presentation at the New York State Medical Society in which he stated asylum superintendents insisted that people diagnosed with mental illnesses required institutionalization to legitimize their own careers. Hammond concluded that there was “nothing surprisingly difficult, obscure, or mysterious about disease of the brain which can only be learned within the walls of an asylum.”<sup>85</sup> Hammond went on to state that there were no asylum patients that were too dangerous to be watched by their own family members and that public institutions would only be necessitated to care for the poor.<sup>86</sup>

The public arguments continued between the neurologists and the asylum superintendents until the early 1880s, and by the mid-1880s, the arguments had diminished from public view with no resolution.<sup>87</sup> The neurologists and asylum superintendents continued to operate with parallel belief systems, which brought no unity to U.S. mental health care.

Aside from this intergenerational warfare, other experts were repurposing the Kirkbride Plan from the lens of scientific management. For example, Dr. John S. Butler wrote, “Kill out the

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<sup>83</sup> Ibid., 52.

<sup>84</sup> Grob, *Mental Illness and American Society*, 53.

<sup>85</sup> Ibid., 53.

<sup>86</sup> Ibid., 54.

<sup>87</sup> Ibid., 54.

Lunatic Asylum [sic] and develop the Home [sic]!” in a letter to his family friend Frederick Law Olmsted in 1872.<sup>88</sup> After the American Civil War, Kirkbride’s Linear Plan was the favored model on which to build new mental asylums, but it was being challenged by other architectural designs. Butler, who served as the superintendent for the Hartford Retreat for the Insane—a private mental health hospital in Connecticut—championed the Cottage Plan, also known as the segregate system. The Cottage Plan was based on the village of Gheel in Belgium, where, according to Christian doctrine, St. Dymphna was martyred.<sup>89</sup> Her public beheading in the late sixth century was rumored to have shocked several mentally insane witnesses back to a healthy mind. For centuries, the citizens of Gheel took care of mentally ill people who gathered in the village to worship at the shrine of St. Dymphna. In 1856, the Belgian government hired a medical superintendent to manage the insane citizens of Gheel and their host families. Villagers were paid to house, feed, and take care of the mentally ill. The Village of Gheel was composed similarly to a Kirkbride asylum where the healthier patients lived at the center of the village and those in worse condition lived outside of town. However, these patients lived in one- and two-story houses instead of a grandiose hospital.<sup>90</sup>

After Kirkbride’s death in 1883, many institutional psychiatrists favored the Cottage Plan—smaller cottage-like structures to replace the Kirkbride-plan hospitals. The Cottage Plan asylums were cheaper to build because they did not have to adhere to the strict Kirkbride guidelines. These asylums could reuse pre-existing houses and other structures. These smaller structures did not require the complicated and expensive water and heating systems or the

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<sup>88</sup> Carla Yanni, *The Architecture of Madness Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 79.

<sup>89</sup> Dymphna was an Irish princess during the late sixth century. Her mother died when she was a teenager and her father became obsessed with marrying her as she closely resembled her deceased mother. Dymphna and her priest escaped Ireland to present day Belgium, but her father was able to trace her to the village of Gheel. Her father had his men kill her priest, but he chose to decapitate his own daughter.

<sup>90</sup> Yanni, *The Architecture of Madness*, 84-88.



fireproof masonry of the large Kirkbride hospitals. The Cottage Plan also allowed for easier expansions, which helped as the number of incurable cases increased with each year. Asylum systems were not uniform, however, as one famous stunt reporter—Nellie Bly—discovered.

A cautionary tale for the Kirkbride asylums could be found at the Blackwell’s Island Insane Asylum in New York City. Opened in 1839, the facility was New York’s first publicly funded hospital for the insane and the United States’s first municipal mental hospital. The asylum was designed to be a state-of-the-art institution based on the principles of moral hygiene treatment. The design used the same standards that would officially become known as the Kirkbride Linear Plan in 1851. However, this design never came to fruition, due to financial constraints, which hindered the process so that only two wings were completed.<sup>91</sup> In addition, the asylum employed convicts from a nearby penitentiary to serve as guards and attendants.<sup>92</sup> In the forty-eight years between Blackwell’s Island Insane Asylum construction as a state-of-the-art asylum and Bly’s ten days as a patient, the asylum ventured far from the moral hygiene ideals, which was a good indication of what would soon happen to asylums built under Kirkbride’s plan.

In 1887, Nellie Bly was a young journalist attempting to find a serious reporting job in New York City. Many newspaper editors rejected Bly and her proposal to “travel to Europe and return steerage class, to report first-hand on the experiences of the immigrants coming to the United States in record numbers.”<sup>93</sup> Joseph Pulitzer, managing editor of the *New York World*, rejected Bly’s proposal, but then he suggested a radical idea of his own. Pulitzer asked Bly “if she would feign insanity and have herself committed to the infamous insane asylum on

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<sup>91</sup> Samantha Boardman and George J. Makari, “The Lunatic Asylum on Blackwell’s Island and the New York Press,” *American Journal of Psychiatry* 164, no. 4 (April 1, 2007): pp. 581-581, <https://doi.org/10.1176/ajp.2007.164.4.581>.

<sup>92</sup> Nellie Bly, *Undercover: Reporting for The New York World 1887-1894*, ed. Tom Streissguth (Woodbury, Minnesota: The Archive LLC, 2014), 32.

<sup>93</sup> Jean Marie Lutes, “Into the Madhouse with Nellie Bly: Girl Stunt Reporting in Late Nineteenth-Century America,” *American Quarterly* 54, no. 2 (2002): 217.

Blackwell's Island, home to most of the city's prisons, charity hospitals, and workhouses."<sup>94</sup> Bly agreed to get herself committed with only the promise that her editor would figure out how to get her out of the asylum.

On September 23, 1887, Bly requested a room at the Temporary Home for Females. Her purpose for going to a temporary home was to make it easier to get herself committed, and so she could introduce her pseudonym for this assignment, Nellie Brown. It took one day for Bly to be declared insane by a judge and a group of doctors. After a two night's stay in Bellevue Hospital where she was declared insane, Bly was transported to Blackwell's Island Insane Asylum.<sup>95</sup>

When Bly was admitted to Blackwell's Island Insane Asylum, the cold and smelly grounds were overcrowded by more than 200 patients. Her first night in the asylum consisted of a physical examination that pronounced her insane, an inedible dinner consisting of water with slight traces of tea, stale bread, and inedible prunes, an ice-cold bath, still wet, and clothed with only a slip to wear to bed.<sup>96</sup> It was a sleepless night for Bly and the other patients as the night nurses loudly walked from room to room to check on them. At 5:30 a.m., Bly was awakened and given clothes to put on. Then she joined the other forty-four women in her hall in the bathroom with only two towels to share among them. To finish their morning routine, Bly and her inmate companions waited in a line for two nurses—alternating between six combs—who brushed and braided their hair. After a breakfast consisting of more inedible food, the patients were assigned cleaning chores. In the afternoon, all the inmates went for a lengthy walk on the asylum grounds, where they were instructed to stay on the path and not go on the asylum's grassy yard. Bly's day continued with a dinner that consisted of spoiled meat, a cold potato, and a bowl of soup. After

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<sup>94</sup> Lutes, "Into the Madhouse," 217.

<sup>95</sup> Nellie Bly, *Ten Days in a Mad-House* (New York City: Wildside Press, LLC, 2009) 30-31, 48.; Nellie Bly, *Undercover: Reporting for The New York World 1887-1894*, ed. Tom Streissguth (Woodbury, Minnesota: The Archive LLC, 2014), 32.

<sup>96</sup> Bly, *Undercover*, 39-45.

dinner, the asylum's superintendent checked on the patients, and if anyone complained, the nurses would reprimand them. The remainder of Bly's days at the asylum closely followed the pattern of her first day.<sup>97</sup>

On October 5, 1887, the *New York World's* lawyer, Mr. Peter A. Hendricks, arranged for Bly's release from Blackwell's Island Insane Asylum, by stating that some friends of hers wished to become her caretakers. Bly wrote of her leaving, "I had looked forward so eagerly to leaving the horrible place, yet when my release came and I knew that God's sunlight was to be free for me again, there was a certain pain in leaving. For ten days I had been one of them."<sup>98</sup> Bly realized that even though she was released from the inhumane treatment of the asylum, her newfound friends were not and they might never be. The patients in the asylum had no lawyers to come and declare them free, but families that wanted them to stay at Blackwell's Island so they would not be an immediate danger or burden. Bly felt the plight of her newfound friends weighing on her heavily, especially since writing her article was the only way she could help them.

On October 9, 1887, the first installment of Bly's article was printed in the *New York World*, and instantly captured the attention of the people in New York City. Bly's style of reporting was revolutionary as never before had a reporter actually participated in the story they were reporting on. This style of reporting became known as stunt reporting. City officials began an investigation and the New York City Grand Jury summoned Bly to testify. The day after Bly testified, the jury asked her to accompany them to Bellevue Hospital and Blackwell's Island Insane Asylum.

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<sup>97</sup> Bly, *Ten Days*, 62-68.

<sup>98</sup> Bly, *Ten Days*, 91.

When Bly and the Grand Jury visited the asylum, it was vastly different from the place Bly described in her articles and in her testimony. One of the jurors later reported that the asylum was notified of the Grand Jury's surprise visit an hour before they arrived. He indicated that Blackwell's Island must have been told while the Grand Jury was touring Bellevue Hospital.<sup>99</sup> Bly was worried that the Grand Jury would no longer believe her story, as the kitchen was clean, there was fresh food, the bed situation was improved, and medicine was administered to the sick patients, along with other unseen changes. However, when a patient of the asylum was questioned, a friend Bly had made during her time in the asylum, the patient provided an interesting answer for the Grand Jury. Miss Anne Neville stated, "Strange to say, ever since Miss Brown has been taken away everything is different. The nurses are very kind and we are given plenty to wear. The doctors come to see us often and the food is greatly improved."<sup>100</sup> Miss Neville's statement gave the Grand Jury evidence that the asylum had been cleaned and made presentable after Bly's article was published. The tours of the hospitals, along with the testimony of Bly and Neville, gave the members of the Board of Estimate and Apportionment of Commissioners for the Department of Public Charities and Corrections enough evidence to begin formulating a plan of what they could do to change New York City's asylum system. After the investigation, the Board of Estimate and Apportionment secured an extra million dollars for their budget that would be redistributed to Blackwell's Island.

In January 1892, another advisory committee examined Blackwell's Island Insane Asylum. The city hoped that three years after their initial inspection the asylum would be improved, especially as the male patients had been transferred to Ward Asylum. On January 31,

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<sup>99</sup> Bly, *Ten Days*, 92.

<sup>100</sup> Bly, *Ten Days*, 93-94.

1892, an article was published in the *New York Times* declaring that no major improvements had been made to the asylum.

The committee found old-fashioned buildings that no longer conveniently served their purpose and were physically unstable with leaking roofs. Most of the female patients were housed in pavilions, which the committee described as “miserable wooden shanties” and buildings that were “nothing more or less than long wooden sheds, some of them so old that they would blow over were it not for the fact that they are braced with timbers.” When the advisory committee met with one of the doctors, they were told he “had 1,871 insane women under his charge.”<sup>101</sup> It was determined the asylum was overcrowded by about 550 women, which was evident due to the rooms often having beds lined up right next to each other to crowd as many women as possible in a single room.<sup>102</sup> The *New York Times* article showed that the advisory committee was disgusted by the fact conditions had not improved in the three years since their visit with Bly.

After Bly’s article was published in 1887, and the tour of the advisory committee in 1892, a few more years passed until major changes occurred to Blackwell’s Island Insane Asylum. In 1894, New York State took control of New York City’s asylum system. In the early 1900s, all the asylum patients had been moved from Blackwell’s Island to other hospitals and the asylum was converted into a general hospital called the Metropolis Hospital.<sup>103</sup> Bly’s experience at Blackwell’s Island showcases how mental health treatment was impacted by the Industrial Revolution and the Theory of Scientific Management.

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<sup>101</sup> “Asylums Badly Crowded: The Trouble of Blackwell’s and Ward’s Islands,” *New York Time* (New York, NY), Jan. 31, 1892. Accessed November 19, 2022.

<sup>102</sup> *Ibid.*

<sup>103</sup> David W. Dunlap, “A Historic Asylum Needs Urgent Care,” *New York Times* (New York, NY), Nov. 21, 1988.

The Industrial Revolution and the Theory of Scientific Management were two non-medical ideas that impacted the care of the mentally ill in the United States. The Industrial Revolution brought the mechanization of agriculture and manufacturing. Specifically, as applied to industrial farming, efficiency experts like Frederic Winslow Taylor indirectly influenced the asylum system. The mentally ill were treated like domestic animals to be warehoused in increasingly worse and inexpensive ways. Their lives were now choreographed for efficiency, but not for comfort.<sup>104</sup>

Taylor began to develop the Theory of Scientific Management in the United States during the 1880s and 1890s. Although this theory was meant to maximize profits in labor industries, a generational shift brought younger professionals who brought these efficiency principles to mental health care. Cost-cutting measures included repurposing older, dilapidated buildings, maximizing how many patients lived in an asylum, and furnishings and heating. In the patient's daily life were more "efficiency methods" like being served spoiled food, given threadbare clothing and bedding, and being denied proper access to personal hygiene. Even more glaring was the absence of mental health care consultations. So, in their quest for efficiency, advocates for Scientific Management removed humane treatment in mental health asylums, constituting a mental health care emergency. What remained was a far cry from Kirkbride's vision.<sup>105</sup>

The concepts of Scientific Management also applied to asylums during the 1890s and early 1900s, in terms of labeling certain immigrants as mentally unfit. By the early twentieth century, more than 15 million immigrants arrived in the United States. The majority of these immigrants arrived from non-English speaking European countries, such as Italy, Poland, and Russia. The increased immigrant population was considered a threat to white, Anglo Saxon,

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<sup>104</sup> "Asylums Badly Crowded."

<sup>105</sup> Ibid.

Protestant American hegemony, which allowed for the rise of the eugenics movement and an increase in asylum patients. Even U.S. President Calvin Coolidge, during his 1923 State of the Union address, remarked, “America must be kept American. For this policy it is necessary to continue a policy of restricted immigration.”<sup>106</sup> Between 1882 and 1924, the U.S. government continually passed more restrictive immigration laws. In 1882 the law prohibited entry to any “lunatic, idiot, or any person unable to take care of himself or herself without becoming a public charge.” By 1891, the phrase was changed to “...likely to become a public charge.” Eventually, epilepsy, “imbeciles,” and “feeble-minded persons were also added to the list of unfit people.”<sup>107</sup>

The Immigration Restriction Act of 1924 based immigration quotas on the 1890 U.S. Census, drastically curtailing immigrants from Eastern and Southern Europe. The bill did not allow for Asian immigrants.<sup>108</sup> So, from 1924, immigrants coming from anywhere outside of Northwestern Europe were viewed with suspicion and pathologized.

There were two key pieces to the U.S. eugenics movement: restricting immigration and preventing “defective” people from reproducing. Between 1907 and 1932, thirty states passed statutes that permitted the involuntary sterilization of those determined to be “idiots.” In 1927, the U.S. Supreme Court case *Buck vs Bell* ruled that states could sterilize people in public institutions to prevent imbecility, epilepsy, and feeble-mindedness in future generations. This case ruling helped to further the eugenics movement as eugenicists believed hereditary defects weaken society and should be eliminated from the population. Forced sterilization of people deemed disabled or socially inferior was an effective way of achieving their goal.<sup>109</sup> On Ellis and Angel Islands, immigration officials declared potential immigrants unfit based on physical

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<sup>106</sup> Kim E. Nielsen, *A Disability History of the United States* (Boston, MA: Beacon Press Books, 2012), 100.

<sup>107</sup> Nielsen, 103.

<sup>108</sup> Kenneth M. Ludmerer, “Genetics, Eugenics, and the Immigration Restriction Act of 1924,” *Bulletin of the History of Medicine* 46, no. 1 (1972): 61, <http://www.jstor.org/stable/44447480>.

<sup>109</sup> *Buck v. Bell*, 274 U.S. 200. 1926.

features, oddity of dress, and suspicions of mental defects. Other characteristics of the unfit included a small penis, a male with a short stature, a toddler that was strapped to its parent's back instead of walking, and hearing loss among other things. The immigration officers were enforcing the ideal version of an able-bodied person created by U.S. politicians and scientists to keep unwanted and "un-American" people out of the United States.<sup>110</sup>

While the immigration officers were focused on this task, managers of asylums found new ways to quickly "fix" the patients in their care. Simultaneously, neurologists were further developing their field and still arguing amongst themselves over proper scientific method. In Andrew Scull's book, *Madhouse: A Tragic Tale of Megalomania and Modern Medicine*, he details the career of Dr. Henry Cotton, a psychiatrist and medical director of the New Jersey State Lunatic Asylum. Dr. Cotton, for example, was known for performing unnecessary surgery on his patients in an attempt to cure them of their illness.<sup>111</sup>

During World War I, medical professionals began to describe what they called "shell shock" and "war neuroses" among U.S. soldiers. Still, many people in the medical and military communities doubted that war could cause psychiatric symptoms. It was not until World War II that warfare was recognized as a contributing factor to mental disorders.<sup>112</sup> The World War I experience for asylum affiliated experts hastened the move away from holistic methods towards drug- and technology-based solutions. For example, doctors experimented with insulin shock therapy starting in 1927, proving popular in the 1940s and 1950s, and continuing into the

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<sup>110</sup> Nielsen, 103-110.

<sup>111</sup> Andrew Scull, *Madhouse: A Tragic Tale of Megalomania and Modern Medicine* (New Haven, CT: Yale University Press, 2007).

<sup>112</sup> Greg Eghigian, "The First World War and the Legacy of Shellshock," *Psychiatric Times* 31, no. 4 (February 28, 2014).



1960s.<sup>113</sup> Another treatment focused on Metrazol shock therapy in the 1930s-1940s. Metrazol was an injectable drug that induced convulsions and comas.<sup>114</sup> Electroshock therapy, starting in the late 1930s, incorporated America's fascination with electricity into mental health care and this treatment continued until the 1980s.<sup>115</sup>

In 1936, at George Washington University, Dr. Walter J. Freeman II and Dr. James Watts performed the first lobotomy in the United States. The patient was a woman named Alice Hood Hammatt who had been diagnosed with agitated depression. When Hammatt awoke after her surgery she reported that she was happy. The notes from her release six days later stated that she "experienced transient language difficulties, disorientation, and agitation."<sup>116</sup> People who were seen as not fully human and "un-American" proved to be convenient guinea pigs for invasive, experimental treatments. In the eyes of health professionals, they were revolutionizing the field of mental health. Still, others were outraged by the severity of these treatments and argued for less invasive techniques, much like Kirkbride and Dix had done in the 1800s. Countering industrial medical treatment was Mary Cromwell Jarrett who fused social work and psychiatry.

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<sup>113</sup> Robert Freudenthal and Joanna Moncrieff, "'a Landmark in Psychiatric Progress'? the Role of Evidence in the Rise and Fall of Insulin Coma Therapy," *History of Psychiatry* 33, no. 1 (2021): pp. 65-78, <https://doi.org/10.1177/0957154x211062538>, 65-66.

<sup>114</sup> Grob, *Mental Illness and American Society*, 296-300.

<sup>115</sup> *Ibid.*, 304.

<sup>116</sup> James P. Caruso and Jason P. Sheehan, "Psychosurgery, Ethics, and Media: A History of Walter Freeman and the Lobotomy," *Neurosurgical Focus* 43, no. 3 (2017), <https://doi.org/10.3171/2017.6.focus17257>, 3.

## Conclusion: Mary Cromwell Jarrett and the Kirkbride Connection

Mary Cromwell Jarrett reoriented the progressive thinking of 19th-century reformers like Dorothea Dix and Thomas Kirkbride towards mental health by fostering a new profession, called psychiatric social work. Unlike her peers in the 1920s and 1930s, who turned towards scientific thinking and technology to treat the mentally ill, Jarrett set out on a campaign to refocus the field on patient-centered treatment. What factored into Jarrett's professional training that led her to the creation of psychiatric social work?

In her early adulthood Jarrett did not indicate that she would gravitate towards mental health care. In 1900, she earned a Bachelor's in English from the Woman's College of Baltimore (now known as Goucher College). After teaching for a few years, she began working at the Boston Children's Aid Society, which drew her to the field of social work. She advanced in the field and garnered the attention of Dr. Elmer Ernest Southard, the director of Boston Psychopathic Hospital. By 1916, Jarrett pioneered psychiatric social work—focusing on individual care, the exact opposite of industrialized medicine.<sup>117</sup>

Jarrett directly drew from ideals already established from Dorothea Dix and Thomas Kirkbride in terms of caring for patients. For example, Dix established the basic needs for mental health patients which included a safe shelter, adequate clothing, and proper heating in a patient's room. Furthermore, Dix argued that hospitals should have enough caretakers to provide individualized care for patients, that these hospitals should have enough basic supplies, and that doctors and nurses should avoid unnecessary medical intervention. Kirkbride built upon this model by trying to improve the daily living experience of patients through providing comfortable

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<sup>117</sup> Barbara Sicherman and Carol Hurd Green, ed., *Notable American Women: The Modern Period* (Cambridge, MA: The Belknap Press of Harvard University Press, 1980), 377-379.

rooms with windows, outdoor exercise, meaningful employment if desired, and means of amusement. He envisioned v-shaped hospital buildings to allow for as much sunlight and fresh air as possible and believed that an asylum population should not exceed 250 patients. Jarrett also endorsed individualized treatment plans, early intervention, and she created patient tracking forms that had all the patient's history on it to establish patterns and methods.

By 1916, Jarrett declared her new system "psychiatric social work." She and her team developed an eight-week program that trained her colleagues to respond in emergency psychiatric situations. Jarrett further honed this program, which eventually became part of the training school for social work at Smith College in 1919. She supervised this program through 1923. Simultaneously, Jarrett continued to work with Dr. Southard both at Boston Psychopathic Hospital and in 1919, when Southard changed positions to Massachusetts Psychiatric Institute.<sup>118</sup> Unfortunately, their work ended when Southard succumbed to pneumonia in 1920. Southard's death served to close all sources of support for Jarrett in this particular avenue of mental health care.<sup>119</sup>

Jarrett tried to pick up the pieces by coauthoring the work, *The Kingdom of Evils: Psychiatric Social Work Presented in One Hundred Case Histories Together with a Classification of Social Divisions of Evil*, which provided rich detail of her and Southard's case studies. This publication cemented their ideas in various mental health care fields. She dedicated the second part of her career to more generalized work by joining the Welfare Council of New York and focusing on chronic illness. Despite turning away from more intensive study of social

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<sup>118</sup> Joseph M. Gabriel, "Mass-Producing the Individual: Mary C. Jarrett, Elmer E. Southard, and the Industrial Origins of Psychiatric Social Work," *Bulletin of the History of Medicine: Baltimore* 79, no. 3 (Fall 2005): 430-458; "Mary Jarrett (1877-1961)," NASW Social Work Pioneers, 2004, accessed January 19, 2023. <https://www.naswfoundation.org/Our-Work/NASW-Social-Workers-Pioneers/NASW-Social-Workers-Pioneers-Listing.aspx?id=335>; Sicherman and Green, *Notable American Women*, 377.

<sup>119</sup> "Dr. E.E. Southard Pneumonia Victim," *New York Times* (Feb 9, 1920): 9.

work, Jarrett and Southard's work was pioneering and appreciated by modern mental health practitioners.<sup>120</sup>

While the many fields of mental health care are still evolving, there is much to learn from the legacy of Dix, Kirkbride, and Jarrett. Too often, industrialized medicine still takes precedence, and access to quality care is not a protected right. Moreover, accreditation bodies in modern times don't necessarily reach all mental health patients. Because the Centers for Medicare and Medicaid Services and the Joint Commission have widespread exposure, they have become the chief accreditation body for inpatient mental health care hospitals. Even still, in New York State, under the Mental Hygiene Law, patients "have a broad array of basic rights." So, for example, a patient's rights might vary depending on whether they have "been admitted under the criminal procedure law or the correction law" or have voluntarily sought care (See Appendix C for New York State's Rights of Inpatients.) However, in New York State, patients' rights remain quite similar to those proposed by Dorothea Dix and Thomas Kirkbride in the nineteenth century. According to a 2020 study, different states have vastly different quality mental health care systems. While there is a national accrediting body, mental health care has not been streamlined in modern times. While Dix, Kirkbride, and Jarrett's ideas have been folded into modern health care, we still have a long way to go to meet their vision.

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<sup>120</sup> "Mary Jarrett (1877-1961)."

## Appendix A



Fig. 1. One of the wards in West Virginia State Hospital for the Insane. This picture was taken in September 1912.<sup>121</sup>

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<sup>121</sup> "Hospital Ward, West Virginia Hospital for the Insane, Lewis County, W. Va.," West Virginia History OnView (West Virginia & Regional History Center), accessed February 17, 2023, <https://wvhistoryonview.org/catalog/013398>.

Appendix B

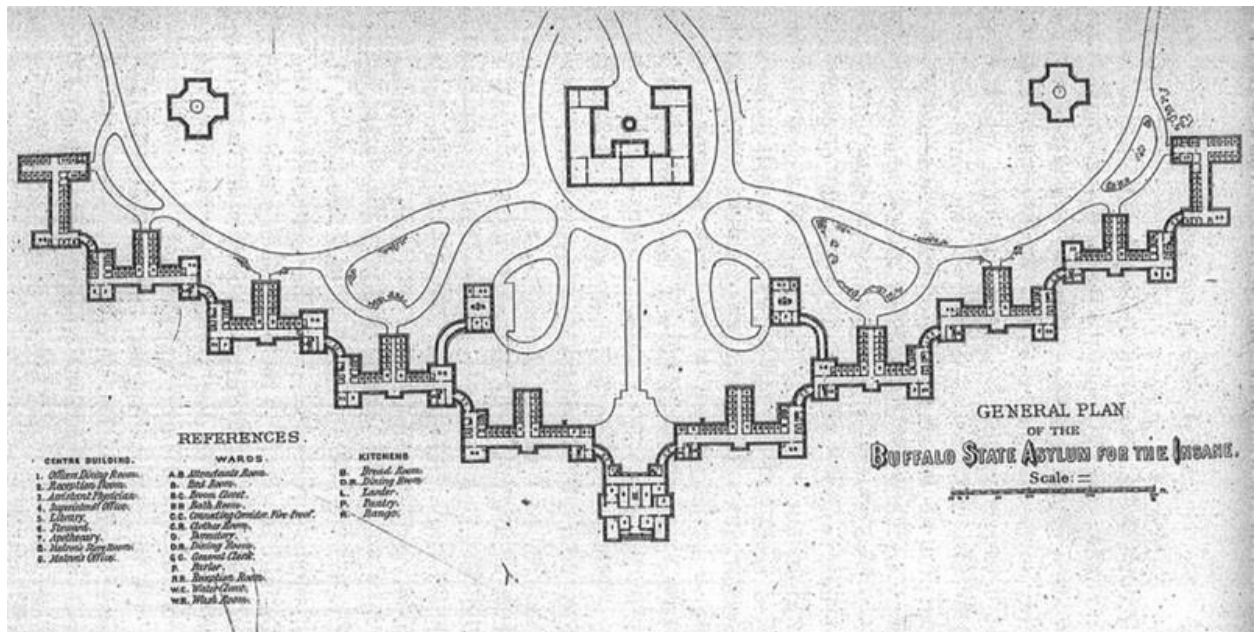


Fig. 2. General Plan of the Buffalo State Asylum for the Insane<sup>122</sup>

<sup>122</sup> "Plan of the Buffalo State Asylum," Reimagining a Buffalo Landmark (WNED/WBFO, November 27, 2019), <https://ny.pbslearningmedia.org/resource/reimagining-buffalo-landmark-kirkbride-plan/the-kirkbride-plan-lesson-plan/>. Accessed February 17, 2023.

## Appendix C

### Personal rights

All individuals in New York State psychiatric centers have the rights listed in this section, unless there is a specific provision of another law – such as the Criminal Procedure Law or Correction Law for individuals admitted under these laws – which provides otherwise.

#### You have the right to:

- Appropriate personal clothing.
- A safe and sanitary environment.
- A balanced and nutritious diet.
- Practice the religion of your choice, or no religion.
- Freedom from abuse and mistreatment by employees or other residents.
- Adequate grooming and personal hygiene supplies.
- A reasonable amount of safe storage space for clothing and other personal property.
- Reasonable privacy in sleeping, bathing and toileting areas.
- Receive visitors at reasonable times, have privacy when visited, and communicate freely with people inside or outside the psychiatric center.
- Appropriate medical and dental care.
- An individualized plan for treatment and active participation in

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Rights of Inpatients in New York State Psychiatric Centers

developing that plan.

- Contact the facility director, the Mental Hygiene Legal Service, the hospital's Board of Visitors, or the New York State Justice Center any questions or complaints. (Addresses and telephone numbers are posted at hospitals, and some appear at the back of this publication.)

The rights stated above shall not be limited as a punishment or for the convenience of staff. These rights can be limited only upon written order of a physician. This order must be placed in your clinical record and state the time period and clinical justification for the limitation.

Fig. 3. The current list of Personal Rights for inpatients of New York State Psychiatric Centers.<sup>123</sup>

<sup>123</sup> “Rights of Inpatients in New York State Office of Mental Health Psychiatric Centers,” Rights of Inpatients in New York State Office of Mental Health Psychiatric Centers (2022). Accessed April 4, 2023.

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