

A PIECE OF MIND: THE FATE OF THE STATE-FUNDED ASYLUM OF THE
NINETEENTH CENTURY

by

BRYAN LEE HARDMAN

(Under the Direction of JOHN C. WATERS)

ABSTRACT

This thesis tries to give examples of state-funded asylums of the nineteenth century. By showing the various architectural styles which represent styles of that period, the creation of an organization is needed to preserve and educate the public of the importance of these buildings and other medical facilities within the context of mental health treatments of that time.

INDEX WORDS: Historic Preservation, Historic Asylums, Kirkbride, State-funded Asylums

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DEDICATION

I would like to dedicate this thesis topic to all of those individuals that have come into contact with and who admire these remarkable architectural feats of a period not so long ago. My hope is that this topic will be a starting point to further preserve and educate those willing to understand the asylum building movement of the nineteenth century. Knowing full well of the sensitivity of this topic, I hope that I have not downplayed the role of the mental health movement as far as treatment is concerned, but that is why I focused solely on the architectural resource as a creation and as a source of pride for the community. Understanding the treatment changes and theories of the time period helped to create these asylums, but the concern today is that recent changes in the healthcare of the United States has altered the role of so many of the buildings and the grounds on which they are placed. I feel in some way that understanding the purpose and appreciating these asylums will help us to preserve them and give new life to them for the future. Perhaps the individuals associated with these facilities will find some solace that these asylums are not forgotten. Lastly, I want to dedicate this topic to the pioneers in the field of psychiatry, the patients, the staff, and the communities of these wonderful asylums.

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CHAPTER 1

INTRODUCTION

The purpose of this thesis is to demonstrate that the state funded structures and buildings created to house and care for the mentally ill are a unique architectural achievement and they need to be preserved by a national organization. The nineteenth century witnessed an overwhelming number of mental facilities being built so that those with the illness could be removed from prisons or families and could get the attention and treatment they deserved. Toward the end of the nineteenth century attitudes changed along with the names of the institutions, and the last huge change involved funding the institutions was in the mid-twentieth century. All of these changes had an impact on the structures, but none so much than those of the twentieth century. Many states no longer wanted to keep these facilities functioning and repaired; new facilities were built or patients were reintroduced into the community and were helped in other ways. Today, some facilities remain in use, some have a broader use, and others incorporate a community environment setting, and yet still others remain abandoned or have been, worst of all, demolished. The goal of this perspective of historic asylums is to help bring to the forefront case examples of state funded asylums in their most recent situation. Several examples of other important asylums and hospital types are mentioned due to their significance in the mental health movement. Two laws are presented to help generate ideas of how they can be applied universally to any state, city or, county. Then, several names of possible organizations that could be created to bring national recognition of the importance of these structures are suggested, along with two particular

groups that are established to preserve and educate about a certain type of architectural type. The organization would not only help to preserve these structures and their history, but would educate anyone who is interested in learning about them.

The concept of mental health is ever present in today's society just as it was well over a hundred years ago. Some of the stigmas of the mentally illness remain, but barriers have been broken and treatment continues to advance. An article in October 1999 mentioned that Hollywood Boulevard (Los Angeles, California) was frequently referred to as the world's largest outdoor mental hospital.¹ Whether this comment was made in jest or states a fact, the truth is that people who do not fit the normal and ideal standard of society are different and often still are not treated equally. There has been much advancement in medical treatments and the way patients are treated, but in some cases not much in terms of facilities to house these individuals have changed. Jack Nelson, a correspondent for *The Los Angeles Times* made an observation about the mental healthcare system in the United States. He stated, "About 160,000 mental patients are in jail because of lack of space in the mental health centers and about 150,000 to 250,000 mental patients wind up homeless."² He mentions also that out of the 21,500 inmates at the Los Angeles County Jail, about 15% are mentally ill and are not properly treated.³ This 1998 comment is not only discouraging, but it seems as if mentally ill patients are still being untreated and are still being housed in jails and prison with criminals just like they were over 150 years ago. Although this thesis will not discuss the progression and transgression of mental health in the United States, it will focus on the

¹ *Las Vegas Life*. October 1999. Available from www.lvlife.com/oct1999/vegasversus/story01.html; Internet; accessed 12 February 2004.

² Faruqui, Mohammad. "Rosalyann Carter lecture features *Time*'s Nelson." Available from www.emory.edu/WHEEL/Archive/98Sep29/news4.html; Internet; accessed 12 February 2004.

architectural structures built to house mental patients. While there appears to be a need for mental patients to be cared for, there are also state-funded and built structures standing vacant and abandoned by states. Perhaps there will be a future understanding that mental patients' need to be properly taken care of as well as the structures that were built to house them. Either way, both should be given a chance to show their potential and should not be discarded by the fast-paced life of today and by the lack of proper understanding and care.

“Mental illness (must) be freed from moral stigma, and be treated with medicine rather than moralizing.”

- Dr. Benjamin Rush⁴

“Men ought to know that from the brain and from the brain only arrives our pleasures, joys, laughter, and jests, as well as our sorrows, pains, griefs, and tears.”

-Hippocrates⁵

³ Ibid.

⁴ University of Pennsylvania Health System. Available from www.uphs.upenn.edu; Internet; accessed 22 March 2004.

⁵ Ibid.

“The architect should be equipped with knowledge of many branches of study and varied kinds of learning, for it is by his judgement that all work done by the arts is put to test. Let him be educated, skillful with the pencil, instructed in geometry, know much history, have followed the philosophers with attention, understand music, have some knowledge of medicine, know the opinions of the jurists, and be acquainted with astronomy and the theories of the heavens.”

“In all matters, but particularly in architecture, there are these two points: the thing signified, and that which gives it its significance. That which is signified is the subject of which we may be speaking; and that which gives significance is a demonstration on scientific principles. It appears, then, that one who professes himself an architect should be well versed in both directions.”

-Vitruvius, first century B.C., Roman architect and engineer⁶

⁶ Vitruvius. *Vitruvius-The Ten Books On Architecture*. Translated by Morris Hicky Morgan. (New York, New York: Dover Publications, Inc., 1960), 5.

CHAPTER 2

HISTORY OF ASYLUMS IN THE UNITED STATES

Although medical treatments have varied and improved with time, mentally ill individuals did not become a specific concern of the government and the public until the nineteenth century. Dorothea Dix, along with other medical professionals, led the way for betterment in the treatment and curing of the mentally ill. The campaign for the mentally ill involved establishing a method of construction for asylums in such a distinct manner that the structure, along with a well-organized facility, would lead the patients to a cure based on the balance of a building, grounds, and management alone. Although this theory was the product of the Victorian age and social hierarchy, the fact of the matter would be that the curing rate was not as high as projected and the individual care, that was so important to curing, would be stifled by over-crowded facilities. Further isolation in the countryside, far away from society and loved-ones, would prove to be the undoing of the “Age of the Asylums” in America.

Professionals and laymen alike desperately wanted to be credited with the calculations that would glorify American science and republican humanitarianism; a cure for insanity was the sort of discovery that would honor a new nation.⁷ The history of the state mental hospitals in the United States is in many aspects the history of American psychiatry; the accounts and interpretations are intertwined with that of psychiatry.⁸

During the mid-eighteenth century, the first facilities specifically for the mentally ill were established. In 1752, Pennsylvania Hospital created a separate unit for the mentally ill. This unit was to house and care for the poor of Philadelphia. Then in 1773,

⁷ Rothman, David J. *The Discovery of the Asylum*. (New York, New York: Walter De Gruyter, 2002), 132.

a facility for the mentally ill was opened at Williamsburg, Virginia (Figure 1). That facility was modeled after the then famous Bedlam Hospital in England.⁹

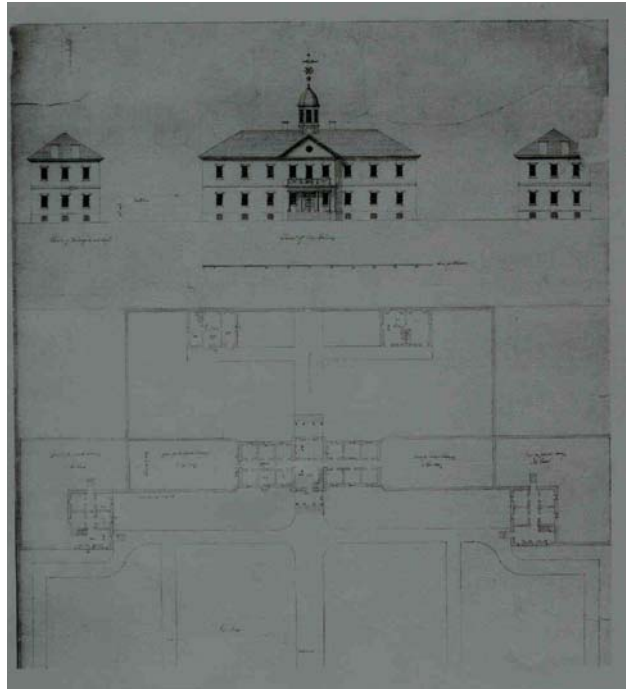


Figure 1 Public Hospital, Williamsburg, Virginia

Individual states started to establish publicly funded mental hospitals in the late-eighteenth and early-nineteenth centuries. Several states such as Massachusetts and New York led the publicly funded mental hospital movement in the 1820's and 1830's. Dorothea Dix would accelerate the mental health movement.¹⁰ Dix advocated that the states assume the responsibility for the severely and chronically ill, and argued for a nationwide effort to build state mental hospitals.¹¹ By 1850, almost all of the northeastern and Midwestern states supported her concept of state funded mental hospitals. By 1860, twenty-eight out of the thirty-three states had at least one public

⁸ Talbott, John A. *The Death of the Asylum*. (New York, New York: Grune and Stratton, Inc., 1978), 13.

⁹ *Ibid.*, 15.

¹⁰ *Ibid.*, 17.

mental hospital. In 1865, sixty-two facilities treated mentally ill patients across the nation¹². Between the years of 1841-1887, thirty-two state asylums were built.¹³

Whether this was a result of an epidemic of mental illness or merely a building fever, these hospitals are a tribute to Dix, who died in 1887.¹⁴

In 1844, the superintendents of the asylums organized the Association of Medical Superintendents. They published a journal called the *American Journal of Insanity* that covered various topics but mainly focused on the structure of the institutions.¹⁵ Another author referred to the association, as the Association of Medical Superintendents of American Institutions for the Insane, and it later became the American Psychiatric Association.¹⁶

At the fifty-third annual meeting of the American Medical Psychological Association in Baltimore, Maryland held in 1897, an address was delivered entitled “*Presidential Address: A Sketch of Psychiatry in the United States*,” by T.O. Powell, M.D. Dr. Powell was the Medical Superintendent of the State Lunatic Asylum in Milledgeville, Georgia. In his address, he mentioned that the South in particular had (for convenience) five periods in the history of the care of the insane. (Powell included the following states in his address as being in the South: Virginia, Maryland, Kentucky, West

¹¹ Ibid., 4.

¹² “Georgia’s Insane Asylum- Past Treatment of the Mentally Handicapped.” Available from www.arches.uga.edu/~mgagnon/students/Aldrich.htm; Internet; accessed 12 February 2004.

¹³ Thompson, John D. and Grace Goldin. *The Hospital: A Social and Architectural History*. (New Haven, Connecticut: Yale University Press, 1975), 76.

¹⁴ Talbott, John A. *The Death of the Asylum*. (New York, New York: Grune and Stratton, Inc., 1978), 17.

¹⁵ Rothman, David J. *The Discovery of the Asylum*. (New York, New York: Walter De Gruyter, 2002), 134.

¹⁶ Grob, Gerald N. *The State of the Mentally Ill*. (Durham, North Carolina: The University of North Carolina Press, 1966), 43.

Virginia, North Carolina, South Carolina, Georgia, Alabama, Mississippi, Tennessee, Louisiana, Missouri, Arkansas, Texas, and Florida.)¹⁷

The first period included the colonial days where methods were primitive. Theories of demonical possession held sway and treatments involved patients being chained in strongly constructed houses. Parishes from which they came supported the paupers. The concept of the time was to protect the sane, and therefor the insane were neglected.¹⁸

The second period was around the time of the Revolutionary War. The insane were placed in almshouses, increasing their place in society with the commissioner of the poor. Medical treatments did not improve, and the patients were often under the charge of brutal keepers.¹⁹

The third period was considered to be the third decade of the nineteenth century. Asylums specifically for the insane were constructed in Kentucky and South Carolina, along with a second facility in Virginia, and included the reorganization of the Maryland Hospital. Facilities were built in large towns and were themselves massive structures. Admission included not only the insane but idiots and epileptics, and only the most violent were committed. Superintendents were lay people, and physicians would make visits upon the request of the superintendent. Those patients that could afford to pay would be required to. Medical treatments included restraint (which was common), and

¹⁷ Powell, T. O. *Psychiatry in the Southern States: Presidential Address*. "Presidential Address: A Sketch of Psychiatry in the Southern States." (Baltimore, Maryland: 1897), 9-51.

¹⁸ *Ibid.*, 6.

¹⁹ *Ibid.*, 6.

violent methods of repression were in vogue: shower baths, tranquilizing chairs, bleeding, vomiting, etc.²⁰

The fourth period included the decade following 1830. The period witnessed the establishment of asylums in Tennessee and Georgia. Around 1840, lay superintendents were being replaced by “resident physicians” and “medical superintendents”, but in some places visiting physicians continued. The treatment of restraint was altered. County care still dominated. Curative treatment began, although the custodial idea was not discontinued. Due to the prejudice of asylums, the number of patients in state facilities was small. During this period, asylums in Louisiana and North Carolina were constructed.²¹

The decade after 1850 was one of immense activity in asylum construction in the South and was called the fifth period. At the beginning of this period, American asylums were believed to lead the world. State hospitals in Missouri, Mississippi, Texas, and Alabama, and a second in Kentucky, were established. Dr. Thomas Kirkbride’s influence was manifest in the plans of asylums and Doctors Galt and Stribbling of Virginia were recognized leaders in treatment, management, and discipline of asylums. County care continued, but the number of patients was small. Insane Negroes were under the care of such states as Maryland, Virginia, South Carolina, and Louisiana. By 1860, the only two Southern states not provided with asylums were Florida and Arkansas.²²

The time after the Civil War and Reconstruction period is mentioned in regards to asylums. To Dr. Powell’s knowledge, no hospital for the insane, save one, was closed during those periods. The war and its aftermath affected the funding and organization

²⁰ Ibid., 6-7.

²¹ Ibid., 7.

along with clothing and supplies, but the state governments realized their responsibility to these afflicted members of society and reorganized the administration of hospitals for the insane.²³

A special mention of the “colored” insane is also given in his address. He said that these were a specialty of the South.

“Provision for this class has always been a separate and peculiar problem. Before the war (Civil War) there were, comparatively speaking, few insane Negroes. Following their sudden emancipation the number began to multiply, and, as accumulating statistics show, is now alarmingly large and on the increase.”

Powell goes on to say, “Until a recent period, the Southern Negro was in great measure exempt from both insanity and tuberculosis. Today, associated with insanity, we find tuberculosis alarmingly prevalent among our colored patients, especially females. As a race their mortality is greater than among whites. Medication is of little effect. The tendency of the disease is toward a rapid and fatal decline. If we cannot cure, possibly we may prevent. To this end isolation of tuberculous cases is the most rational method at our command.”²⁴

This insight gives a little better understanding of the kind of thinking prevalent in the latter part of the nineteenth century.

²² Ibid., 8.

²³ Ibid., 8-9.

²⁴ Ibid., 51-53.

CHAPTER 3

THOMAS KIRKBRIDE AND DOROTHEA DIXDr. Thomas Story Kirkbride (1809-1883)

Thomas Story Kirkbride was born in 1809 and was brought up as a Quaker.²⁵ By 1832, Kirkbride (Figure 2) was the youngest resident physician of the Quaker institution known as Friends Asylum.²⁶



Figure 2 Dr. Kirkbride

Friends Asylum was a model for moral treatment, and it provided a valuable experience for such nineteenth century asylum care leaders as Kirkbride and Pliny Earle.²⁷ Kirkbride was the superintendent of the prestigious Pennsylvania Hospital for the Insane from 1840 until his death in 1883.²⁸ The Pennsylvania State Hospital is the only asylum documented through the Historic American Building Survey (HABS) and is available online for viewing. Kirkbride stated in the 1846 *Report of the Pennsylvania Hospital for*

²⁵ Cherry, Charles L. *A Quiet Haven*. (Cranbury, New Jersey: Associated University Presses, Inc., 1989), 170.

²⁶ Ibid., 167.

²⁷ Ibid., 176.

the Insane, that, “insanity is curable in proportion to the early period at which a patient is placed under treatment, and a prompt removal from familiar scenes is commonly desired.” He goes on to say that if prompt treatment is administered, “at least eighty percent will probably recover...”²⁹ The creation of a “surrogate home and family in which to resocialize the patient” was the primary theory of treatment throughout the initial years at the Retreat and Friends Asylum.³⁰ A hospital in Utica, New York, instructed attendants precisely and explicitly in their duties: “Under all circumstances be tender and affectionate; speak in a mild, persuasive tone of voice...A patient is ever to be soothed and calmed when irritated...Violent hands are never to be laid upon a patient, under any provocation.” But the organization and structure of the institution prevented complete observance.³¹

In 1851, that the Association of Medical Superintendents of American Institutions for the Insane passed a proposition introduced by Kirkbride setting the maximum limit of 250 beds per hospital.³² Later, he would go on to publish one of the leading textbooks on insanity entitled On the Construction, Organization, and General Arrangements of Hospitals for the Insane printed in 1854³³, with a second printing in 1880.³⁴ The second printing was entitled, On the Construction, Organization, and General Arrangements of Hospitals for the Insane with some Remarks on Insanity and its Treatment. This book

²⁸ Rothman, David J. *The Discovery of the Asylum*. (New York, New York: Walter DeGruyter, 2002), 134.

²⁹ Cherry, Charles L. *A Quiet Haven*. (Cranbury, New Jersey: Associated University Presses, Inc., 1989), 163.

³⁰ *Ibid.*, 163.

³¹ Rothman, David J. *The Discovery of the Asylum*. (New York, New York: Walter DeGruyter, 2002), 149.

³² Grob, Gerald N. *The State of the Mentally Ill*. (Durham, North Carolina: The University of North Carolina Press, 1966), 132.

³³ *Ibid.*, 235.

³⁴ *Ibid.*, 236.

was useful at a time when building and managing such institutions was an infant skill. Kirkbride was confronting and solving the puzzle of curing insanity through these “technical matters of construction and maintenance”.³⁵ The asylum plan that Kirkbride designed consisted of a linear plan with a central administration building with receding wings on both sides.³⁶ Kirkbride believed the actual asylum structures and their surroundings were a vital component of his concept of therapy known as the Kirkbride Plan.³⁷ The design not only started a construction boom in the United States, but the “Kirkbride model” of architecture and organization had a great influence in Canada in the nineteenth century.³⁸

Kirkbride’s meticulous attention to detail is documented in his 300 plus page book. Some of the topics mentioned include proper size and location for these buildings, the right materials for constructing walls and making plaster, the best width for rooms and height for ceilings, the most suitable placement for water closets and dumbwaiters, etc. Then he discussed how to group the patients, staff the hospital, and occupy the patients during the day.³⁹ This arrangement made the patients’ asylum experience more comfortable by isolating them in wards separated from patients with illnesses different than their own, while still allowing fresh air, natural light, and views of the asylum grounds from all sides of each ward.⁴⁰

³⁵ Rothman, David J. *The Discovery of the Asylum*. (New York, New York: Walter De Gruyter, 2002), 134.

³⁶ Thompson, John D. and Grace Goldin. *The Hospital: A Social and Architectural History*. (New Haven, Connecticut: Yale University Press, 1975), 76-77.

³⁷ Kirkbride Buildings. “Short History of Kirkbride Buildings.” Available from www.kirkbridebuildings.com; Internet; accessed 5 March 2003.

³⁸ Moran, James E. *Committed to the State Asylum*. (Montreal, Canada: McGill-Queen’s University Press, 2000), 48.

³⁹ Rothman, David J. *The Discovery of the Asylum*. (New York, New York: Walter De Gruyter, 2002), 134.

⁴⁰ Kirkbride Buildings. “Short History of Kirkbride Buildings.” Available from www.kirkbridebuildings.com; Internet; accessed 5 March 2003.

The theory was to place patients in a more natural environment away from the pollutants and hectic energy of urban centers. Along with ample amount of fresh air and natural light, extensive grounds with cultivated parks and farmland contributed to a healthy environment. Having landscaped parks served to both stimulate and calm patients' minds with natural beauty (enhanced by rational order), as well as improve the overall image of the asylum.⁴¹ At the Pennsylvania Hospital, Kirkbride arranged the patients' day; manual labor was encouraged such as farming the grounds, simple workshop crafts, or household tasks. Other asylums adopted this theory: above all the activities, labor was prized the most.⁴²

Psychiatrists were very careful not to use penitentiary terminology. Kirkbride instructed attendants to avoid such expressions as, "No insane hospital should ever be spoken of as having a cell or keeper within its walls." He believed using household terminology would help to quiet the patients. Patients, unlike convicts, wore ordinary clothing; there were no special haircuts, no head shaving, no identification badges, and no number wearing. Patients walked from place to place and did not march or have group formations.⁴³

Despite the positive image that asylums were trying to emit, there was the thought that "asylums were the last, not first resort" for most families.⁴⁴ Negativity toward the asylums and their operations could never escape Dr. Kirkbride. Kirkbride, one of the most respected figures in asylum care, had in 1868 several laws suits filed against him, stating he was an evil prison-keeper who forced people into a snake-pit against their

⁴¹ Ibid.

⁴² Rothman, David J. *The Discovery of the Asylum*. (New York, New York: Walter De Gruyter, 2002), 145.

⁴³ Ibid., 152.

wills.⁴⁵ Even another famous advocate of the state-funded asylum saw results of the asylum as an institution with serious problems. Dorothea Dix lived long enough to see that the asylums she had crusaded to build in the name of progress and humanity had become the hellholes she crusaded to destroy.⁴⁶

The end of the nineteenth century saw the Kirkbride Plan in decline, and various reasons contributed to the demise. Such factors included: the lack of substantial cure rates; no evidence of the reduction in the incidence of mental illnesses caused the mental health care establishment to seek different methods of treatment; a new generation of superintendents began advocating new forms of asylum design based on different ideas of care; and new forms of treatment surfaced.⁴⁷ The close of the nineteenth century was truly the end of the “Age of the Asylums”. With changing social conditions and new advancing medical treatments, the twentieth century saw the state funded asylum in a different view. The last quarter of the century saw many of these structures abandoned, given new uses, and even worse, destroyed. These structures represent a movement and condition in our society, although not always in a positive light, but the articulate detail and construction and various architectural styles make these structures unique in their own context of this country’s history.

⁴⁴ Ferguson, Philip M. *Abandoned to their Fate: Social Policy and Practice Toward Severely Retarded People in America, 1820-1920*. (Philadelphia, Pennsylvania: Temple University Press, 1994), 144.

⁴⁵ Cherry, Charles L. *A Quiet Haven*. (Cranbury, New Jersey: Associated University Presses, Inc., 1989), 198.

⁴⁶ Thompson, John D. and Grace Goldin. *The Hospital: A Social and Architectural History*. (New Haven, Connecticut: Yale University Press, 1975), 78.

⁴⁷ Kirkbride Buildings. “Short History of Kirkbride Buildings.” Available from www.kirkbridebuildings.com; Internet; accessed 5 March 2003.

Kirkbride Plan for Asylums

Understanding the influence of Dr. Kirkbride and his revolutionary design and layout of asylums is important in realizing how the concept was related to nature and the healing and curing results attributed to the built environment. The plan of asylum construction known as the “Kirkbride Plan” (Figure 3) was one of radical design.

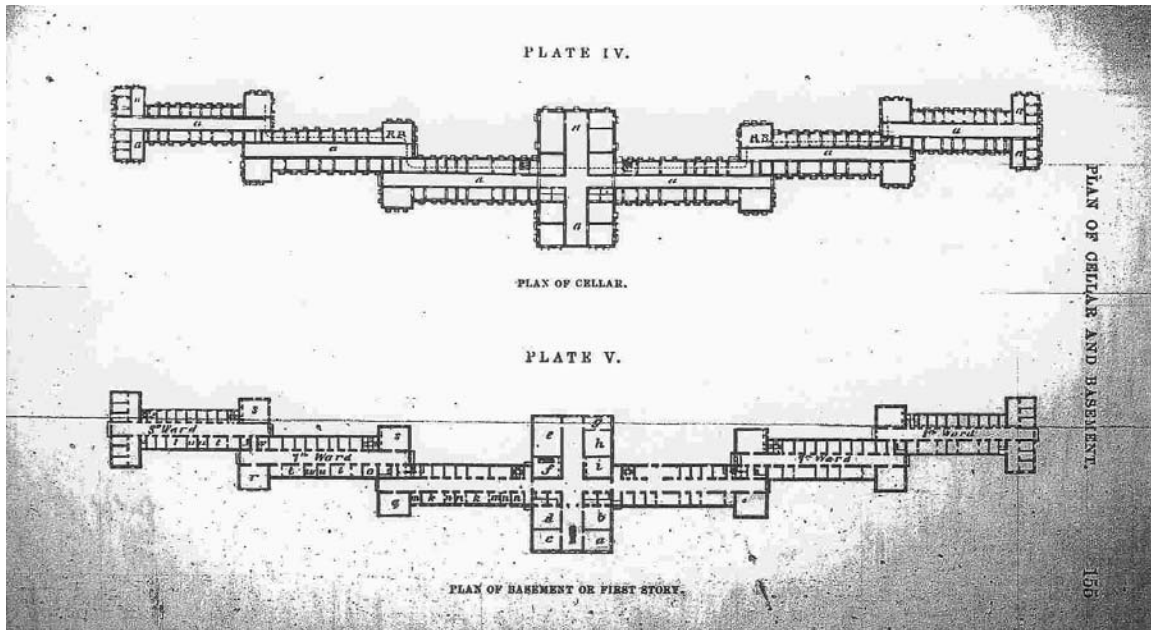


Figure 3 Kirkbride Plan linear design for Asylum

The idea of creating a centralized administration and receding wings to each side was creative and made sense in the period of time it was suggested given the logic and theories of the nineteenth century. The power and support that Dr. Thomas Kirkbride had in his field allowed for his theory of asylum design and construction to be fulfilled. He will perhaps get the recognition one-day for his unique designs given to institutional commissions throughout the United States just as other architects are known for their architectural designs. Yet for now, the purpose is to find uses for these magnificent and

grand architectural feats so that their past will not be erased such as other unpleasant aspects of history and culture so often are.

Dorothea Dix (1802-1887)

Perhaps no other figure in the history of mental health gained worldwide recognition for her crusades for the treatment of mentally ill patients than Dorothea Lynde Dix. Her international attention to the mentally ill would change not only the way patients would be housed but also the way the state would take care of them.



Figure 2 Dorothea Dix

Born in Hampden, Maine on April 4, 1802 to a father that was an alcoholic and a mother that suffered from depression, Dix would live with her parents until the age of twelve, where she then moved to Boston to live with her grandmother. At the age of fourteen, Dix opened her own school for small children, and at nineteen opened a more formal school for older children. Through her work, Dix made acquaintances throughout

Boston's religious and intellectual community. Due to mounting "lung trouble" and depression, Dix was forced to close her school in 1836.⁴⁸

During her recuperation in Europe in 1836, Dix encountered two individuals that introduced new theories for treating the insane. The theories included the moral treatment, seclusion from family and society, less use of mechanical restraints, and useful tasks to keep the patients' occupied. The two individuals were Elizabeth Frye (a prison reformer) and Samuel Tuke (proprietor of the York Retreat for Mentally Disordered). Upon her return, Dix's life had changed; both her mother and grandmother had passed away. Her grandmother had left Dix a comfortable independent income, and therefore Dix began visiting friends and traveling.⁴⁹

On March 28, 1841, after teaching Sunday School to twenty women inmates at the Cambridge jail, Dix went to the lower level of the building against the objections of the jailer. There in the lower level were the insane chained to the walls. Dix saw both men and women chained to the walls, locked into pens- naked, filthy, brutalized, underfed, given no heat, sleeping on the stone floors. It was from this visit that launched Dix's campaign for improved conditions for the mentally ill. Immediately Dix took action and began surveying first hand the conditions throughout Massachusetts, so that the evidence could be presented before the Massachusetts Legislature as a basis for laws to improve the conditions of the mentally ill. Later she would travel to other New England states and eventually all over the nation as it existed at that time.⁵⁰

⁴⁸ North Carolina Department of Health and Human Services. "Biography of Dorothea Dix." Available from www.dhhs.state.nc.us/mhddsas/DIX/dorothea.html; Internet; accessed 20 April 2004.

⁴⁹ Ibid.

⁵⁰ Ibid.

Dix would actively lobby for passages of bills seeking out sponsors and support. The first state hospital built as a result of her efforts was Trenton State Hospital in New Jersey. In the 1850's, Dix brought her message of improve conditions for the mentally ill to an international scope. She traveled to the British Isles, France, Greece, Russia, Canada, Japan and then back in the United States. After send a letter to the U.S. Congress recommending that 5,000 acres in trust with income be set aside for the mentally ill, both houses approved the bill, but it was vetoed by President Pierce. Eventually, St. Elizabeth's Hospital was established to care for the mentally ill.⁵¹

During the Civil War, Dix served as Superintendent of Nurses for the Union Army, and although in poor health, she never missed a day's work. After the war, Dix campaigned in the southern states where facilities either suffered damage or had been neglected. She fell ill in 1881, and at the age of 80 retired to a private apartment at Trenton State Hospital, the same hospital she planned from the ground up. Dix continued to write letters and support her efforts until her death on July 17, 1887.⁵²

⁵¹ Ibid.

⁵² Ibid.

CHAPTER 4

ASYLUMS WITH NOTABLE ARCHITECTS & LANDSCAPE ARCHITECTS

There are far too many notable architects and landscape architects associated with the design of asylums to list in this thesis. The few chosen are for specific reasons.

Architect R. Snowden Andrews designed Weston State Hospital. Architect N. W. Overstreet was an architect quite well known in Jackson, who designed the Mississippi State Hospital with other works throughout the state. Landscape architects were perhaps the most difficult to link to the grounds of historic asylums. When two famous designers were connected to the layout of the grounds of some nineteenth century asylums, both are recognized. Frederick Law Olmsted and Andrew Jackson Downing are two of the most well known and influential landscape architects in America's history.

R. Snowden Andrews (1830-1903), architect

By 1856, only twenty-six years old, Richard Snowden Andrews (R. Snowden Andrews) concluded his apprenticeship with the top architectural firm in Baltimore, Maryland, Niernsee and Neilson, and started his own business. Two years later, at the age of twenty-eight, he designed Weston State Hospital. Born in Washington, he later achieved a reputation as the architect of the Old Treasury Building and other government edifices, he also designed the Church of the Redeemer in Baltimore, Maryland. He was noted for the quality of his granite, which was labeled in his blueprints and was quarried from lands along the James River in Virginia. Andrews served in the Civil War as a

Colonel, and he also wrote an artillery book. He died at the age of 72 in 1903 in Baltimore, Maryland.⁵³

N. W. Overstreet, architect

The city of Jackson, Mississippi and the entire state has one particularly well known architect who made an architectural impact with his art deco lines and innovations in public buildings, courthouses, and school; he was known as Noel Webster Overstreet. He is known as the Father of Mississippi Architecture.⁵⁴ While Overstreet did design the new site for the Mississippi State Hospital, he also was commissioned for other prominent Mississippi landmark sites. The following buildings are located in the Jackson area and were built with the Overstreet influence.

- Old Ladies' Home (1908) designed by Overstreet⁵⁵
- Lampton-Bradley-Yerger House (1921) designed by Overstreet⁵⁶
- Lamar Life Building (1924-25) associate architect N. W. Overstreet Jackson's first skyscraper at 10 stories⁵⁷
- First Baptist Church (1927) designed by N. W. Overstreet and Gabriel Ferrand⁵⁸
- The Plaza Building (1929) designed by N. W. Overstreet and A. Hays Town 13 stories and is known as the Standard Life Building⁵⁹
- Bailey Junior High School (1937) designed by N. W. Overstreet and A. Hays Town; praised by architectural journals for its "conservative-modern" style⁶⁰
- English Village expansion (1941) designed by Overstreet⁶¹
- Grocery Store (1905) was owned by Overstreet from 1943-46⁶²

⁵³ The Episcopal Church of the Redeemer, Baltimore. Available from www.redeemeronline.com; Internet; accessed 20 January 2003.

⁵⁴ www2.mde.k12.ms.us/4120/church/main.htm

⁵⁵ The Junior League- Jackson, Mississippi. *Jackson Landmarks*. (Jackson, Mississippi: Calvin Hales Advertising, Inc., 1982), 180.

⁵⁶ *Ibid.*, 115.

⁵⁷ *Ibid.*, 42.

⁵⁸ *Ibid.*, 71.

⁵⁹ *Ibid.*, 44.

⁶⁰ *Ibid.*, 122.

⁶¹ *Ibid.*, 91.

⁶² *Ibid.*, 167.

- Galloway Memorial United Methodist Church's north wing (1953) designed by Overstreet⁶³
- First National Bank of Jackson (1956) designed by N. W. Overstreet and James T. Canizaro⁶⁴
- Municipal Auditorium (1968) designed by Overstreet, Ware, Ware, and Lewis⁶⁵
- The Mississippi Archives Building (1971) designed by Overstreet, Ware, and Lewis⁶⁶

F. L. Olmsted (1822-1903), landscape architect

"What artist so noble...as he who, with far-reaching conception of beauty, in designing power, sketches the outlines, writes the colors, and directs the shadows of a picture so great that Nature shall be employed upon it for generations, before the work he arranged for her shall realize his intentions." Frederick Law Olmsted⁶⁷

Frederick Law Olmsted is considered to be the founder of American landscape architecture. Olmsted was born in Hartford, Connecticut in 1822; he moved to New York at the age of eighteen to begin a career as a scientific farmer. When that did not work, Olmsted toured Europe with his brother, traveled the southern United States, and published several books. Olmsted became Superintendent of Central Park in New York in 1857 and would later go on to work on designs for the park with Calvert Vaux. They worked again on the Prospect Park, New York project (1865-73). Olmsted would go on to design the Riverside subdivision in Chicago, Buffalo's park system (1868-76), and the

⁶³ Ibid., 46.

⁶⁴ Ibid., 39.

⁶⁵ Ibid., 66.

⁶⁶ Ibid., 27.

⁶⁷ Frederick Law Olmsted. Available from www.fredericklawolmsted.com; Internet; accessed 3 March 2004.

Niagara Reservation at Niagara Falls (1887). In 1883, Olmsted left New York City for Brookline, Massachusetts where he worked on a park system for the City of Boston, later to be known as the Emerald Necklace. One of Olmsted's last projects was the design for the 1893 World's Fair in Chicago. The firm was given to his partners in 1895 due to Olmsted's failing health. With the onset of senility, Olmsted was confined in McLean Hospital in Waverly, Massachusetts, and the hospital for which he had designed the layout of the grounds.⁶⁸

Olmsted died August 28, 1903, and his sons and their successors carried on the landscape architecture firm he founded until 1980. Olmsted's home and office were purchased by the National Park Service and opened to the public as a museum. The Library of Congress currently houses his papers, while the Olmsted National Historic site preserves the drawings and plans for many of Olmsted's and his firm's work.⁶⁹

Andrew Jackson Downing (1815-1852), landscape architect

Andrew Jackson Downing is referred to as the "Father of Public Parks in America". In 1835, Downing began his study of art in landscape gardening, and he began visiting the estates along the banks of the Hudson River in New York. Downing published a book in 1841 entitled, Treatise on the Theory and Practice of Landscape Gardening, Adapted to North America which became an instant classic. In 1842 Downing published Cottages Residences; this book detailed the principles of landscape gardening having them apply to more humble folk. The Fruit and Fruit Trees of America

⁶⁸ Ibid.

⁶⁹ Ibid.

was published in 1845. Downing was the founder⁷⁰ and editor of the *Horticulturist* from 1846 until his death from drowning in 1852.⁷¹

Downing's theories concerning housing were derived from the writings of Englishman John Claudius Loudon. Loudon believed in the soul getting cleansed through living in a rural uncomplicated way. Downing also was influenced by Loudon's democratic desire to create places that would be enjoyed by all classes of society. These theories aided Downing's desire to advocate larger inner city parks. Similar to Frederick Law Olmsted, Downing recognized the civilizing aspect of open spaces. Downing and Calvert Vaux were instrumental in the preliminary design stages for New York City's Central Park.⁷² Vaux and Olmsted would finalize and implement the Central Park project.

In 1843, Downing was asked to design the grounds for Mohawk Psychiatric Center located in Utica, New York. Then, President Fillmore invited Downing to Washington D.C. in April of 1851. He was asked to oversee the work converting the grounds near the Capitol, the White House, and the Smithsonian Institution in Washington into public gardens and promenades. Downing accepted the invitation and began designing and implementing his plans. An unexpected death meant that not all of his plans were completed. Downing's associate Calvert Vaux, would later partner up with Frederick Law Olmsted.⁷³

⁷⁰ Frederick Law Olmsted. "Andrew Jackson Downing." Available from www.fredericklawolmsted.com/ajdowning.htm; Internet; accessed 3 March 2004.

⁷¹ Downing Family Historical Society of America. "This Old Downing: Andrew Jackson Downing- Father of Public Parks in America." Available from www.downingfamily.org/A.%20J.%20Downing.htm; Internet; accessed 17 February 2004.

⁷² Frederick Law Olmsted. "Andrew Jackson Downing." Available from www.fredericklawolmsted.com/ajdowning.htm; Internet; accessed 3 March 2004.

CHAPTER 5

ADVOCACY AND ASYLUMS

Advocates and asylums have been placed in the same century once more. Elizabeth Packard advocated in the nineteenth century and for patients' rights of asylums, while a group of advocates today want the loved ones buried on the grounds of asylums to be remembered and given the proper burial respect. Even while asylums were being constructed throughout the nation, Elizabeth Packard's voice was heard and a hundred years later her impact was given credit by the laws that were passed due to her advocacy. The group Advocating Change Together (ACT) is one of several grassroots organizations spearheading asylums into the mainstream conscience of America. Asylums had far reaching impacts on many lives, and they should not be forgotten, not the structures, grounds or the people. It is with great hope that more advocates will help to bring the "Age of Asylums" back into the spotlight. That way families can be at peace, the structures and grounds can be preserved and brought to a new use, and communities can flourish from the renewed interest in that area of the state.

Elizabeth Packard (1816-1897)

There are always people that can leave an impact in a situation or event and they have an opinion about it. The asylum building movement was no exception, there were those advocating the asylum construction while there were those that experienced the

⁷³ Downing Family Historical Society of America. "This Old Downing: Andrew Jackson Downing- Father of Public Parks in America." Available from www.downingfamily.org/A.%20J.%20Downing.htm;

asylum life personally or through families. Elizabeth Packard was one such person who was admitted, released, and then credited with creating laws for patient rights and hospital care.

Elizabeth Packard was committed to Illinois State Hospital for the Insane in Jacksonville, Illinois in 1860 and was released in 1863. She was admitted for disagreeing with her husband's religious views, had different views on how to raise their children, and she was opposed to slavery while her husband was in favor. Therefore she was confined as being a madwoman. Once released, she made the comment of, "Before I entered an insane asylum and learned its hidden life from the standpoint of the patient, I had not supposed that the inmates were outlaws, in the sense that the law did not protect them in any of their inalienable rights."⁷⁴

Once released, Packard recounted her experience and why laws and conditions in asylums need to be changed in publications and in numerous public speeches. She wrote four publications between the years 1864-1868. She also visited asylum inmates in various states and offered her support to them. The first publication was "Marital Power Exemplified, or Three Years Imprisonment for Religious Belief" in 1864. The second was in 1865 and in two volumes entitled, "Great Disclosure of Spiritual Wickedness in High Places". Then "The Mystic Key or the Asylum Secret Unlocked" was published in 1866. The last publication was done in 1868 and called "The prisoners' Hidden Life, Or Insane Asylums Unveiled" which was also in two volumes. Packard is credited with allowing 21-34 laws to get changed throughout the United States dealing with asylums. In a 1968 report issued by the American Bar Association, it was stated that Elizabeth

Internet; accessed 17 February 2004.

Packard was responsible for changes to commitment laws in Illinois, Iowa, Massachusetts, and other states as well.⁷⁵

Advocating Change Together (ACT)

According to an article published in U.S. News & World Report in October 9, 2000, there is a group advocating remembrance of loved ones in cemeteries located at state hospitals. The group goes by the name Advocating Change Together (ACT), and it is composed of people with mental retardation; and the group was started in Minnesota. The organization's obstacle is to sue the state to release the names of those buried in the numbered graves at these institutions. Officials argued that the institutions need to honor promises from times long gone of anonymity to the families who placed loved ones in the state hospital. Tina Schroeder, of ACT, doesn't agree with the Officials saying that, "We're just giving the person who passed away the dignity that they deserved."⁷⁶

Efforts to restore gravesites so far have come to the forefront in at least 12 states. An apology and to refurbish the anonymous burial grounds of an estimated 22,000 to 30,000 residents of the former Georgia State Lunatic Asylum was offered by a state official. A concerned citizen, Patricia Deegan, began raising money to restore the graveyard at Danvers State Hospital in Massachusetts after discovering the poor condition of the gravesite. She states, "If you can discard human beings as so much garbage, that's a statement about ex-patients are treated today." Deegan has a small

⁷⁴ Psychiatric Survivor Archives of Toronto. "People." Available from www.psychiatricsurvivorarchives.com/people.html; Internet; accessed 17 February 2004.

⁷⁵ Ibid.

⁷⁶ Advovating Change Together. U.S. News & World Report, "Making Forgotten Lives: Old Mental Institution Graves are Named at Last." October 9, 2000. Available from www.selfadvocacy.com/star_tribune_article1.htm; Internet; accessed 10 February 2004.

federal grant to travel the country to share the strategies of other activists similar to herself.⁷⁷

⁷⁷ Ibid

CHAPTER 6

NINETEENTH CENTURY ASYLUMS

The examples listed in this chapter are only a small sampling of the many asylums across the nation today. Each asylum's situation is different and unique just as the asylum and communities vary from city to region. Some asylums are fortunate enough to experience an increase in funding while others wait patiently to find new uses, and while still others are no longer standing. Since each case study is different, one can apply what methods or ideas worked and learn from what didn't work. All this information can be used as long as it is kept in mind that the ultimate goal is trying to preserve and give new life to the asylums and communities surrounding them. All these case studies can be instrumental in the forming of an organization that focuses on the historic asylums and their importance in American history.

The following excerpt illustrates how the media portrayed one particular asylum in the late 19th century. The *Fergus Falls Weekly Journal* was commenting on Fergus Falls State Hospital after the first five and a half years of operation. The hospital built in 1888 is currently in use and was designed in the Kirkbride plan style by architect Warren Dunnell. The journal stated,

"No State in the union has provided more generously to its wards and unfortunates than Minnesota...Of the fifteen or more public institutions in the state, the greatest, the most complete, the most perfectly constructed, is the state hospital for the insane in Fergus Falls...The hospital here is a model institution..."
Intertwined with host community, both city and asylum swelled with local pride.

*Built to treat mental deficiencies, the state hospital was welcomed by the city as an economic opportunity. Unique among Minnesota institutions in its planning and construction, it existed within an American system already 140 institutions strong by 1880. Influenced by them, along with its own geography, the hospital represents a blending of major treatment and architectural issues within a local construct".*⁷⁸

Four New York State Psychiatric Hospitals (1837-1870)

When the Preservation League of New York State nominated four psychiatric hospitals to the National Trust for Historic Preservation's *11 Most Endangered List* of 1999, it was for two main reasons. The first was for the "undeniable importance of these historic places" and two, was for the chance that New York could be the national example of "moving these landmarks from abandonment and peril to preservation and use". The four hospitals are among the ten percent of the state's resources, of the total 2,200 properties, identified by the National Historic Landmark program, which was started in 1935. The hospitals include Mohawk Valley Psychiatric Center, Binghamton Psychiatric Center, Hudson River Psychiatric Center, and Buffalo Psychiatric Center. New York State encouraged, supported, and recruited the nation's most prominent architects for the development of these mental health facilities.⁷⁹ These hospitals represent the creations of architects and landscape architects. They represent the

⁷⁸ Historic Asylums- America's Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; from a paper by Ben Leonard; Internet; accessed 17 February 2004.

dedicated leadership of the state for the less fortunate citizens. At the same time, the hospitals showcase the de-institutionalization of patients that altered their use and began the abandonment course starting in the 1970's.⁸⁰

Mohawk Psychiatric Center

The Mohawk Psychiatric Center (Figure 4) located in Utica was built between 1837 and 1843 and is the oldest of the four nominated.



State Hospital, Utica, NY

Figure 3 Mohawk Psychiatric Center

At the time of construction it was the largest and most modern single purpose hospital of its kind in the nation. One author described the facility as, “The impressive Greek Revival building was intended to inspire confidence in the patient, attract eminent medical professionals as well as benefactors, and impress the thousands of travelers who pass through Utica on the Erie Canal each year.” The grounds of the hospital were

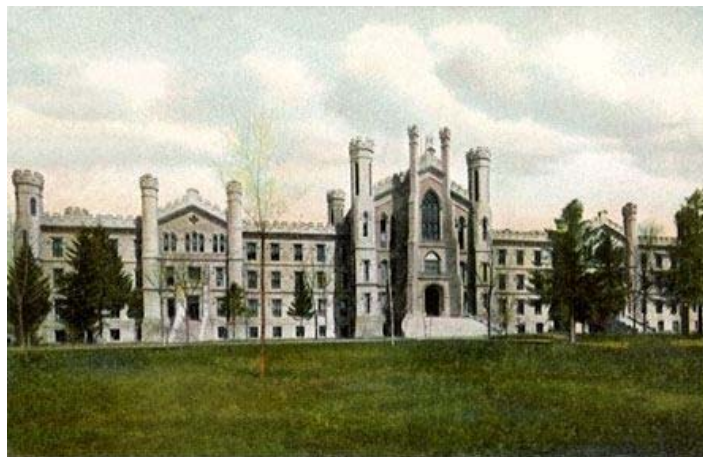
⁷⁹ Maurice Hinchey News, June 14, 1999. “Hinchey Praises Additions of Binghamton Psychiatric Center to ‘11 Most Endangered Historic Places’ List.” Available from www.house.gov/hinchey/1999press/june/061499-web.htm; Internet; accessed 17 February 2004.

⁸⁰ Preserve and Protect. “New York State’s Four National Historic Landmark Psychiatric Centers on National Endangered Properties List.” Available from www.preservenys.org; Internet; accessed 9 April 2002.

complimented as well having been designed by American landscape designer Andrew Jackson Downing.⁸¹

Binghamton Psychiatric Center

The significance of the Binghamton Psychiatric Center is that it was the nation's first single-purpose hospital founded to treat alcoholism as a disease. The center was constructed between the years of 1858 and 1866 and was known as the New York State Inebriate Asylum; the facility later became part of the state's mental health hospital system in 1879.



State Hospital, Binghamton, New York

Figure 4 Binghamton Psychiatric Center

Isaac Perry designed the castle-like, Gothic Revival style facility. Perry was one of New York's most renowned architect of public buildings. He served as Commissioner of the State Capital in Albany and helped to bring about forty armories across the state.⁸²

⁸¹ Ibid.

⁸² Ibid.

Hudson Valley Psychiatric Center

The Hudson Valley Psychiatric Center (Figure 6) is located on a hillside overlooking the Hudson River in the town of Poughkeepsie. The construction of the facility was started in 1867 and was completed eleven years later.



Figure 5 Hudson Valley Psychiatric Center

The hospital was designed by Frederick C. Withers and is significant as the nation's earliest example of the use of High Victorian Gothic style for institutional construction. Withers was known for his architectural designs of churches. The grounds of the hospital were designed by world famous landscape architects Frederick Law Olmsted and Calvert Vaux, known for their work of New York City's Central Park.⁸³

Buffalo Psychiatric Center

The last hospital of landmark status is the Buffalo Psychiatric Center (Figure 7). The construction of the hospital began in 1870 and was design Henry Hobson Richardson. Richardson was know by many as H. H. Richardson and introduced a national style of architecture known as "Richardsonian Romanesque" recognized by the

⁸³ Ibid.

rough, massive stone with round arched openings. Medina sandstone was quarried locally for the stones used in the construction of the massive hospital.⁸⁴



Figure 6 Buffalo Psychiatric Center

In June 14, 1999, United States Representative Maurice Hinchey (D-NY), expressed support for the recognition of the four asylums brought to the forefront with the National Trust’s “11 Most Endangered Historic Places” list. He stated that New York State would be selling the four 19th century asylums without any provisions for the new owners to preserve the sites. Hinchey issued the following statements.

“The Binghamton Psychiatric Center and the three other New York hospitals are historically, architecturally and socially important. All have been named National Historic Landmarks. Yet, New York State is casting off these critical properties to be sold to the highest bidder without adding any stipulations to ensure future preservation. The addition of the New York hospitals to the National Trust’s endangered list acknowledges both the long road of neglect

⁸⁴ Ibid.

these facilities have faced and the imminent danger to them. Since the State began de-institutionalizing mentally ill patients in the 1970's, the hospitals have fallen into disrepair. Now the Empire State Development Corporation plans to privatize the facilities- without any covenant requiring that the new owners preserve the integrity of these nationally important historic buildings or even prevent them from demolition. I am very pleased the National Trust has called attention to the threat of destruction at these sites."⁸⁵

Pennsylvania State Hospital (1841)- Philadelphia, Pennsylvania

Pennsylvania State Hospital was part of the most influential and respected hospital institution in the history of the United States. While Pennsylvania Hospital was the name of the hospital that cared for all, Pennsylvania State Hospital (Figure 8) served exclusively the mentally ill.

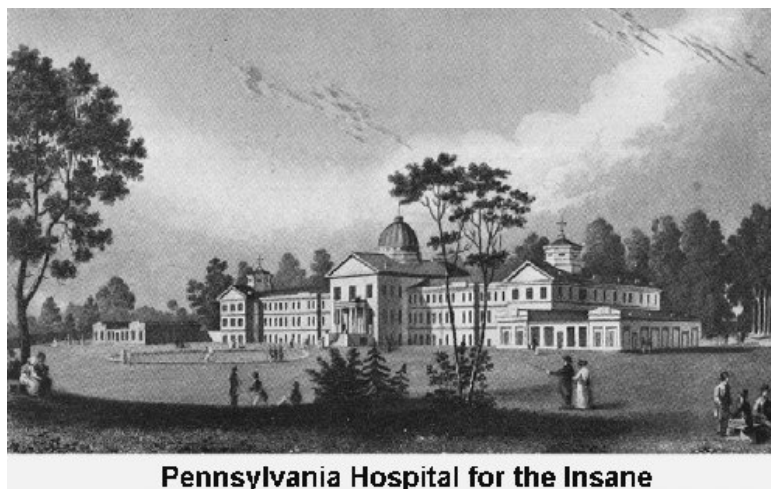


Figure 7 Pennsylvania State Hospital

⁸⁵ Maurice Hinchey News, June 14, 1999. "Hinchey Praises Additions of Binghamton Psychiatric Center to '11 Most Endangered Historic Places' List." Available from www.house.gov/hinchey/1999press/june/061499-web.htm; Internet; accessed 17 February 2004.

The hospital as an institution has had several transformations from a hospital for the poor, to having an area set aside specifically for the insane, to having an entire building designated for the insane. This institution founded with Quaker beliefs, is today part of the University of Pennsylvania Health System.

It is stated that Pennsylvania Hospital was the birthplace of “formalized American medicine and many of our nation’s “firsts” were achieved on the Eighth and Spruce Streets campus- the first surgical amphitheater, the first apothecary, and even the first hospital auxiliary”. The most outstanding achievement of Pennsylvania Hospital is the “unprecedented influence on the field of psychiatry”. Pennsylvania is considered the “Nation’s First Hospital” being established for the “reception and cure of sick persons”.

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Pennsylvania Hospital was chartered by the Pennsylvania Assembly on May 11, 1751 and admitted the first patients on February 11, 1753. The need for a hospital was, in part, created by the fund-raising campaigns of Dr. Thomas Bond and Benjamin Franklin. Franklin was so pleased by the hospital’s founding that he said, “I do not remember any of my political maneuvers, the success of which gave me at the time more pleasure...” The hospital’s purpose was clearly illustrated with the seal of the hospital having the image of the Good Samaritan and the inscription “Take care of him and I will repay thee”. With the city of Philadelphia’s population booming, the two saw a need to care for the increasing number of “lunaticks”. Thirty years later, Dr. Benjamin Rush (1745-1813) would change the image of psychiatric treatment in America forever.⁸⁷

⁸⁶ University of Pennsylvania Health System. Available from www.uphs.upenn.edu; Internet; accessed 22 March 2004.

⁸⁷ Ibid.

Dr. Rush is universally as the “Father of American Psychiatry”. Rush was the first to believe that mental illness was a disease of the mind, rather than a possession of demons. Rush greatly emphasized recreational and occupational therapies, but he strongly supported purging, blood letting and other treatments; although primitive and harsh by today’s standards, these were considered more humane. As part of the medical staff (from 1783-1813), Rush forced the hospital to halt its policy of chaining the most serious cases of the mentally ill in unheated cells in the basement of the building. He also was able to stop the local townspeople from visiting the hospital to watch the insane patients as a form of entertainment. Rush published in 1812, Observations and Inquiries upon the Diseases of the Mind, which was the first psychiatric textbook printed in the United States. The overcrowded conditions of the psychiatric ward made the institution created in 1841 a separate building to house solely the mentally ill.⁸⁸

Known as the Pennsylvania Hospital for the Insane, the hospital would later be renamed the Institute of Pennsylvania;⁸⁹ sometime through the years, it was called Pennsylvania State Hospital. The course of Pennsylvania State Hospital would change once again under the direction of Dr. Thomas Kirkbride who became superintendent in 1841 and would remain until his death in 1883. Kirkbride and his contemporaries believed in a cure for mental illness. He wanted the hospital to have expansive grounds, including occupational therapy suites, libraries, and swimming pools which allowed patients many recreational and educational opportunities. Kirkbride hosted in 1844, a meeting for the thirteen superintendents of hospital for the insane. His ties to these original thirteen leaders remained and were later known as the Ivy League Private

⁸⁸ Ibid.

⁸⁹ Ibid.

Psychiatric Hospital Group, which is still in existence today. Pennsylvania State Hospital, during its over 150 years in operation contributed twelve presidents of the American Psychiatric Association, more presidents than any other hospital in the United States.⁹⁰

While Pennsylvania State Hospital was not the “first free-standing psychiatric hospital in the United States, it was the first to be associated with a general hospital” which was Pennsylvania Hospital. The Institute of Pennsylvania Hospital (or Pennsylvania State Hospital) continued to treat patients until 1997, when Pennsylvania Hospital was “forced to sell the facility due to the drastic reductions in funding for mental health treatment”. Patients requiring inpatient care were relocated to the original Eighth and Spruce Streets campus where other treatment services were reacquainted.⁹¹

Milledgeville State Hospital (1842)- Milledgeville, Georgia

In 1834, Georgia Governor Wilson Lumpkin petitioned the state house and senate for a facility to care for the state’s “idiots”, “lunatics”, and “insane”. After the petition, a commission of lunacy was appointed, but the ignorance of society stifled the bill from being passed and an asylum created. With President Andrew Jackson’s conservative view dominating much of the South and the nature of mental illness still not understood, the Georgia Legislature passed an act creating a state lunatic, idiot, and epileptic asylum in December 28, 1837.⁹²

⁹⁰ Ibid.

⁹¹ Ibid.

⁹² “Georgia’s Insane Asylum- Past Treatment of the Mentally Handicapped.” Available from www.arches.uga.edu/~mgagnon/students/Aldrich.htm; Internet; accessed 12 February 2004.

After touring asylums throughout the United States, style including hospitals in Worcester and Charlestown, Massachusetts, searching for an architectural the site was chosen for the new facility. The asylum would be two miles south of the capital, Milledgeville, on a track of forty acres and situated on a hill. The site was purchased for \$4,000 and the budget was originally set for \$20,000, and construction started out slow for what was to become the largest facility of its kind in the world.⁹³

The State Lunatic Asylum at Milledgeville (Figure 9) was opened November 1, 1842. The first patient was a “sad professor” from Macon; the thirty-year-old man died six months later from “maniacal exhaustion”. Homes counties were responsible for the expenses of pauper patients sent to the state asylum. If patients could not pay for themselves, then friends and family paid for their dependants. Other states were able to send their patients to the asylum until 1877.⁹⁴

⁹³ Ibid.

⁹⁴ Ibid.

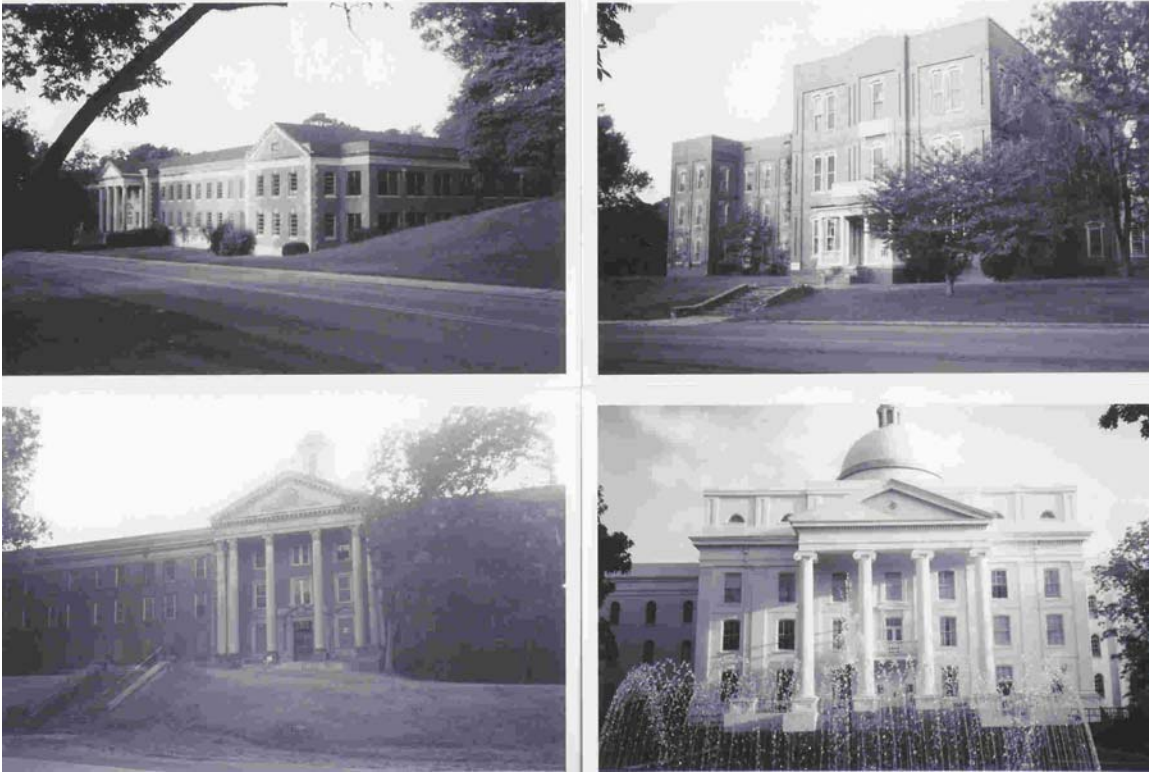


Figure 8 Milledgeville State Hospital buildings

The first building was four stories high and was one hundred by thirty feet. Men were on the first two floors while the women were on the third and fourth floors. The kitchen was located in the basement with a dumbwaiter serving all of the floors. A steward, his wife (who also served as the matron) staffed the original facility, and a few slaves served as attendants. The second building opened in 1847 and was dedicated solely to women, to allow for the separation of the sexes.⁹⁵

Success rates left much to be desired in the early stages of the hospital founding. There was a theory that if patients were admitted early, their cure rate was much higher. Some patients died from the poor conditions they already came in with, others died from diseases and natural causes. A large number of cases of dysentery and typhoid took a toll

⁹⁵ Ibid.

through the hospital in 1854 causing many deaths. The cemetery on the grounds had over 30,000 patients buried making it perhaps the largest cemetery in the world solely for the mentally disabled.⁹⁶

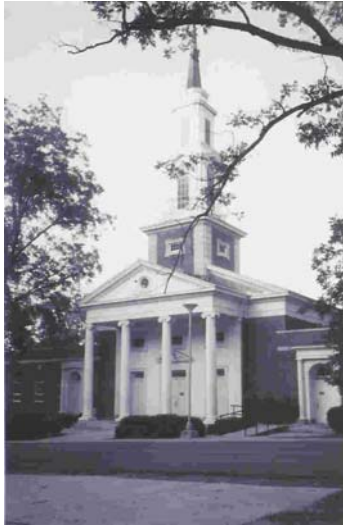


Figure 9 Milledgeville State Hospital Church of All Faiths

Dr. Thomas Green was the second superintendent and served from 1847 to 1879. During his time at the asylum he administered changes that would steer the course of the facility into a new direction. Green advocated separating the patients into twelve classes based on their conditions. He believed the patients should be treated with comfort, kindness, respect, and gentleness. Green is credited with giving the people of Georgia a facility to care for them and in turn making the facility the largest in the world serving the mentally ill. The Georgia Lunatic Asylum later became Central State Hospital.⁹⁷

⁹⁶ Ibid.

⁹⁷ Ibid.

Trenton State Hospital (1848)- Trenton, New Jersey



Figure 10 Trenton State Hospital

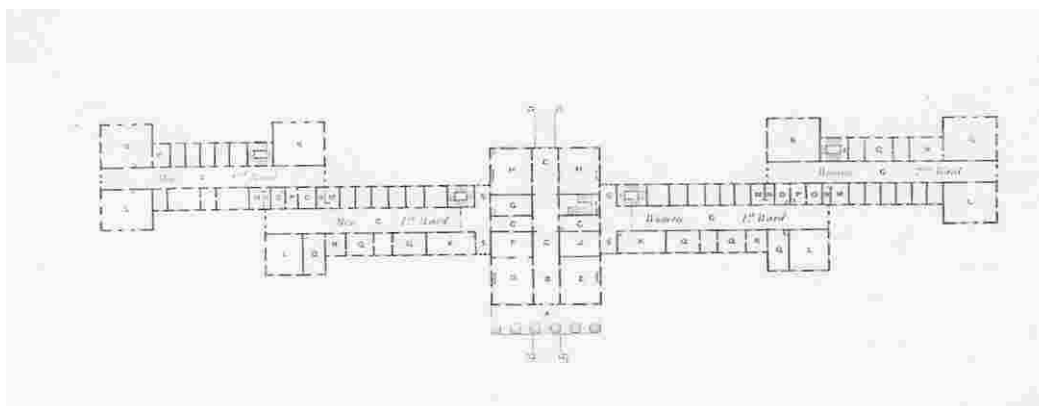


Figure 11 Trenton State Hospital floor plan

It is believed that Trenton State Hospital (Figure 11) was the first hospital built on the “Kirkbride plan” (Figure 12) being established on May 15, 1848.⁹⁸ A commission was appointed mainly through the efforts of several doctors and Dorothea Dix to select a site for the asylum.⁹⁹ Once the site was chosen, \$35,000 was appropriated for the land

⁹⁸ Historic Asylums- America’s Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 10 February 2004.

⁹⁹ Trenton Historical Society. History of Trenton- Charities, Welfare and Social Agencies. “Hospitals.” Available from www.trentonhistory.org; Internet; accessed 10 February 2004.

and the construction for the asylum; construction began in November of 1845.¹⁰⁰

Located on the left bank of the Delaware River, the site is about two miles northwest of City Hall.¹⁰¹ The Legislature made large appropriations to the site between the years of 1887-1927 to accommodate new buildings and then repairing and modernizing older structures on the grounds.¹⁰² The institution boasted a library, one of the largest, if not the largest in this country associated with a hospital for the insane.¹⁰³ The site also had a chapel capable of seating five hundred patients.¹⁰⁴ Although the hospital was state-funded, the facility treated private patients.¹⁰⁵ The hospital has had several names over the years including New Jersey Lunatic Asylum and New Jersey State Hospital.¹⁰⁶

Mississippi State Hospital (1855/1935)- Whitfield, Mississippi

Mississippi State Hospital (MSH) as an establishment has a history in two locations. The first location was in Jackson, while later a new site would be placed miles away. Although the focus of this thesis is the preservation of nineteenth century asylums, this state-funded mental institution is included because its origins trace back to the “Age of Kirkbride”. The original four-story building occupied 160 acres and was located two miles north of the city limits¹⁰⁷. The Kirkbride planned hospital (Figure 14) no longer stands in Jackson, but the institution has made great strides and continues serving the

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ Historic Asylums- America’s Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 10 February 2004.

¹⁰⁷ Mississippi State Hospital- information sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

community and the patients as the purpose was for the creation of the asylum some almost 150 years ago.



Figure 12 Mississippi State Hospital current logo



Figure 13 Mississippi State Hospital from 1855

Mississippi Governor A. G. Brown made two public propositions to establish a hospital for the insane in his address to the Legislature in 1846 and then again in 1848.¹⁰⁸ Finally on March 4, 1848, he signed a bill appropriating funds for the construction of

¹⁰⁸ Mississippi State Hospital- Historical Facts sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

such a building.¹⁰⁹ After a visit from Dorothea Dix in 1850, who was crusading the implementation of a law establishing the creation of an asylum, the Legislature appropriated \$50,000; a second visit two years later drew additional funds toward the asylum.¹¹⁰ The Mississippi State Lunatic Asylum was the state's first hospital for the mentally ill opening in 1855.¹¹¹ The site of the asylum currently is home to the University of Mississippi Medical Center.¹¹² In the first year the hospital served 70 patients; the mental disorders for admittance were listed as exposure to the sun, heredity, intemperance, loss of property, injury to the head, epilepsy, domestic trouble, ill health, fright, jealousy and some "cause unknown".¹¹³ In 1880, there was general consensus of the need for another hospital; an act passed by the Legislature in 1882 to establish East Mississippi State Insane Hospital in Meridian.¹¹⁴ The first building opened on the Meridian complex in 1885, but by 1890 both Jackson and Meridian hospitals were full.¹¹⁵

In 1900 the name of the asylum changed from Mississippi State Lunatic Asylum to Mississippi State Insane Hospital, reflecting social influences and with the perception of the facilities not only housing patients but also offering therapeutic care.¹¹⁶ Due to the deterioration of the facility, the Legislature appropriated funds to building a new facility located outside of Jackson on 3,500 acres of state-owned land.¹¹⁷ Renowned Mississippi

¹⁰⁹ Ibid.

¹¹⁰ Mississippi State Hospital Museum- A History of the Treatment of Mental Illness in MS pamphlet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹¹¹ Mississippi State Hospital- Historical Facts sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹¹² Ibid.

¹¹³ Mississippi State Hospital Museum- A History of the Treatment of Mental Illness in MS pamphlet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹¹⁴ Mississippi State Hospital- information sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹¹⁵ Ibid.

¹¹⁶ Mississippi State Hospital Museum- A History of the Treatment of Mental Illness in MS pamphlet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹¹⁷ Ibid.

architects N. W. Overstreet and A. Hays Town designed the new facility and site. The area for the new site was known as Howell; after Governor Henry L. Whitfield was successful in acquiring funds for the new facility, the area was renamed Whitfield in his honor.¹¹⁸ Between the years of 1926 and 1935, seventy of the more than 100 buildings were constructed.¹¹⁹ The cost of the new complex after the nine-year construction period was finished at a cost of \$5 million.¹²⁰



Figure 14 Mississippi State Hospital building in disrepair: Building 88 scheduled for demolition

¹¹⁸ Mississippi State Hospital- Historical Facts sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹¹⁹ Ibid.

¹²⁰ Mississippi State Hospital- information sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.



Figure 15 Front Door of the building in disrepair



Figure 16 Mississippi State Hospital buildings

The new facility was called Mississippi State Hospital and the doors opened on March 4, 1935 with a capacity of 3,000 patients.¹²¹ The hospital complex layout resembled a university campus with redbrick (Figures 15 and 16), Colonial Revival buildings with white columns (Figure 17).¹²² It was designed to be self contained

¹²¹ Mississippi State Hospital Museum- A History of the Treatment of Mental Illness in MS pamphlet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹²² Mental Outlook, Spring Issue 2003, Vol. III, Number 1. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

including a post office, railway station, store, carpentry shop, sawmill, repair shops, ice plant, laundry, kitchens, bakery, meat market, power plant, cold storage plant, warehouses, an engine room for heating and gasoline pumps, and its own electricity, telephone natural gas and water devices.¹²³ The complex had farms and dairy to supply most of the needs of the staff and patients. The ability for patients able to work along side the staff was considered to be healthful, restorative, and to be also cost-effective.¹²⁴

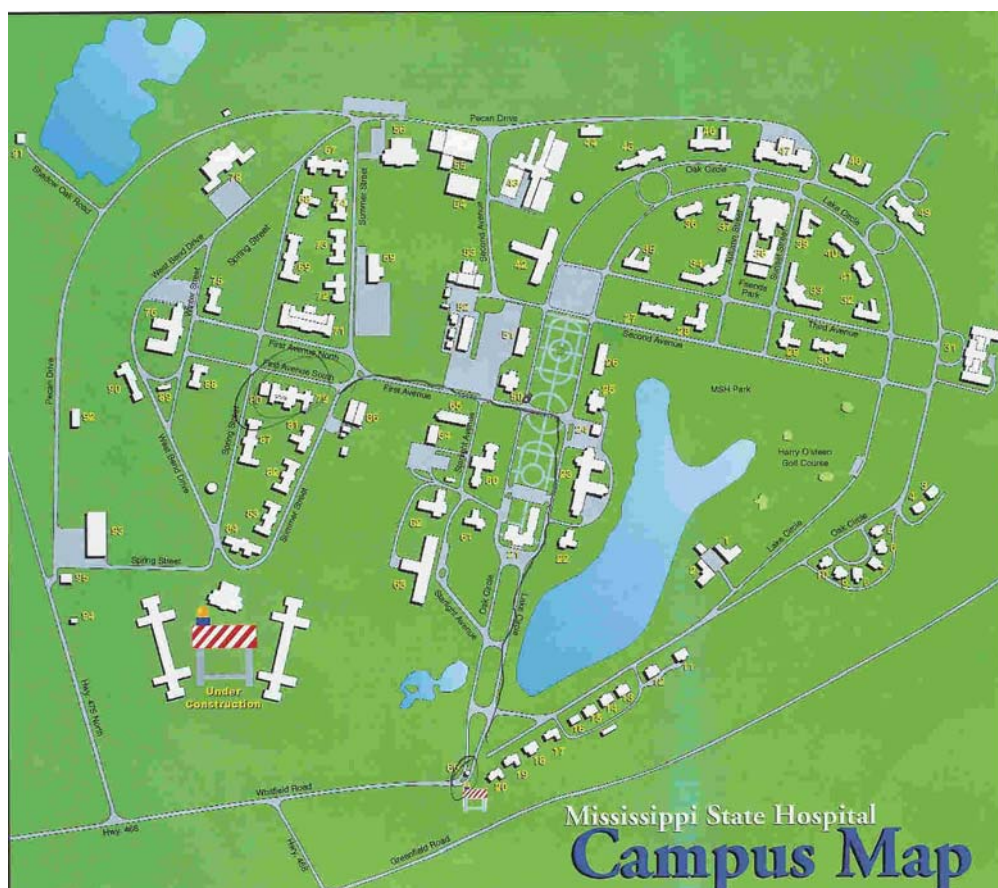


Figure 17 Mississippi State Hospital ground plans The lower circled area indicates the entrance, while the circled building on the left indicates the gift shop; Building 88, with a building mirroring it across the lawn, is just to the left of the gift shop.

¹²³ Mississippi State Hospital Museum- A History of the Treatment of Mental Illness in MS pamphlet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹²⁴ Ibid.

The most interesting visible difference between the newly designed complex and the former Kirkbride building was the segregation of the patients (Figure 18). While Kirkbride plans take into account various levels of illness, the new state hospital planned and maintained two campuses- one for white and one for black patients. The segregation of Mississippi State Hospital continued until 1965, just after the passage of the Civil Rights Act of 1964.¹²⁵ During the Mississippi State Hospital years, Dr. William L. Jaquith served as chief administrator for twenty-six years.¹²⁶ He was responsible for instituting a psychiatric residency program at the University of Louisville in Kentucky, and he later went on to establish residency programs with the University of Mississippi Medical Center.¹²⁷ Dr. Jaquith encouraged internships for psychologists, psychiatric social workers, and nurses for the State Hospital.¹²⁸ He also helped to draft the legislation creating the State Department of Mental Health. Jaquith opened the first nursing home and after suffering a stroke in 1979, requested to live the rest of his life at Mississippi State Hospital.¹²⁹ He was often heard saying, “Whitfield is my one true love.”¹³⁰ Mississippi State Hospital is often referred to as “Whitfield” today.

Today, Mississippi State Hospital is a non-profit, publicly funded psychiatric facility located on a 350-acre campus in Whitfield, Rankin County, located fifteen miles southeast of Jackson.¹³¹ The hospital serves an average of 1,600 patients, residents, and consumers, and in turn employs 2,500 people with an annual operating budget of \$115

¹²⁵ Mississippi State Hospital- information sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Mississippi State Hospital- Fact Sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

million.¹³² The logo for Mississippi State Hospital is the last original cupola (Figure 13) that sits atop the administration building of the 1935 planned site.¹³³ In 2002, construction began on the largest building project since the design of Mississippi State Hospital was first planned seventy-seven years ago; and the new buildings will reflect the architectural style of the existing Colonial Revival buildings.¹³⁴

Mississippi State Hospital has a museum for education purposes, a gift shop that provides patients a chance to sell their works of art created through the occupational therapy program, and then also has an “open house” inviting the community to the site celebrating the 4th of July and other events. The hospital even has an organization called *Friends of Mississippi State Hospital, Inc.*, which raises money and supports efforts in informing the public of what the hospital can provide. The group has a yearly art auction to raise money to help patients participate in fieldtrips and other outings. The path that Mississippi State Hospital currently is on is one of hope. The unique situation of the design of the site and continued progress leaves Mississippi State Hospital as a model for other state institutions to admire.

St. Elizabeth Hospital (1855)- Washington D.C.

Even the nation’s capital was home to a hospital for the insane. Today, St. Elizabeth’s is a complex of more than 300 acres (Figure 19) located in the Anacostia section of Southeast Washington D.C.¹³⁵ The hospital was designed by Thomas U.

¹³² Ibid.

¹³³ Mississippi State Hospital- Historical Facts sheet. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹³⁴ Mental Outlook, Spring Issue 2003, Vol. III, Number 1. Produced by Mississippi State Hospital, A Facility of the Mississippi Department of Mental Health, 2002.

¹³⁵ D.C. Preservation League. “Most Endangered Places for 2003.” Available from www.depreservation.org; Internet; accessed 26 January 2004.

Walter¹³⁶ in 1855 and was known as the Government Hospital for the Insane.¹³⁷ Saint Elizabeth's stature among mental institutions across the nation is based on the fact that the facility was the "nation's first large-scale, government-run mental institution," and with that prominence, "it was a model for other mental facilities across the nation".¹³⁸ Saint Elizabeth was designed and built in the "Kirkbride plan".¹³⁹



Figure 18 St. Elizabeth Hospital grounds view

¹³⁶ National Trust for Historic Preservation. "America's 11 Most Endangered Historic Places." Available from www.nationaltrust.org; Internet; accessed 26 January 2004.

¹³⁷ D.C. Preservation League. "Most Endangered Places for 2003." Available from www.dcpreservation.org; Internet; accessed 26 January 2004.

¹³⁸ National Trust for Historic Preservation. "America's 11 Most Endangered Historic Places." Available from www.nationaltrust.org; Internet; accessed 26 January 2004.

¹³⁹ Historic Asylums- America's Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 26 January 2004.



Figure 19 St. Elizabeth main building up close

The facilities at St. Elizabeth have been used for various purposes. In the founding years the mission of the hospital was to provide the “most humane care and enlightened curative treatment of the insane of the Army, Navy, and District of Columbia,” according to the largest mental health advocate of the time, Dorothea Dix.¹⁴⁰ During the Civil War, St. Elizabeth’s served as an infirmary for wounded soldiers¹⁴¹, although many soldiers were reluctant to tell of their stay at an insane asylum, they said they were at St. Elizabeth’s, which was the colonial name of the land where the hospital is situated.¹⁴² Congress officially changed the name of the hospital to St. Elizabeth’s in

¹⁴⁰ U.S. National Library of Medicine, National Institute of Health, Department of Health and Human Services. Available from www.nlm.nih.gov; Internet; accessed 26 January 2004.

¹⁴¹ National Trust for Historic Preservation. “America’s 11 Most Endangered Historic Places.” Available from www.nationaltrust.org; Internet; accessed 26 January 2004.

¹⁴² U.S. National Library of Medicine, National Institute of Health, Department of Health and Human Services. Available from www.nlm.nih.gov; Internet; accessed 26 January 2004.

1916,¹⁴³ and the hospital continued to contribute to the development of modern psychotherapy techniques.¹⁴⁴

In 2002, the National Trust for Historic Preservation placed St. Elizabeth on its *America's 11 Most Endangered* list.¹⁴⁵ The article mentions that the National Historic Landmark at one time included a railroad, bakery, greenhouse, and has an impressive collection of Victorian and Colonial Revival (Figures 21) buildings, yet the shrinking population has left many of the historically significant buildings vacant.¹⁴⁶ The hospital is also associated with two “illustrious” residents including attempted presidential assassin John Hinckley and the poet Ezra Pound.¹⁴⁷



Figure 20 St. Elizabeth complex building

Saint Elizabeth found itself in the spotlight in 2003 when Federal leaders were evaluating underutilized federal properties that were costing taxpayers millions each year

¹⁴³ Ibid.

¹⁴⁴ National Trust for Historic Preservation. “America’s 11 Most Endangered Historic Places.” Available from www.nationaltrust.org; Internet; accessed 26 January 2004.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

to maintain.¹⁴⁸ With the grounds of St. Elizabeth totaling over 300-acres of prime real estate in the District of Columbia, the site was at the top of the list.¹⁴⁹ The 182-acre western portion of the grounds is owned by the federal government, but is leased to the District's government, while the District of Columbia oversees the eastern portion.¹⁵⁰ The condition of the western portion was considered inexcusable by the senate committee chair, but the blame for the mismanagement that has led to the deterioration of the properties was given to both parties.¹⁵¹ Five visits to the site uncovered holes in roofs, ceilings and floors that have collapsed, walls rotting from water damage, mold and mildew was found, furniture that was left behind, and then confidential patient records that were also left behind.¹⁵² The senate investigation brought to light decades of neglect, yet the cost over the years, for restoration, has reached nearly a half a billion dollars.¹⁵³

Bryce Hospital (1860)- Tuscaloosa, Alabama

The hospital in Tuscaloosa, Alabama is perhaps the earliest form of a full “Kirkbride plan” showing the clear layout of the central building with the receding wings. The architect was Samuel Sloan.¹⁵⁴ In the beginning Alabama's first hospital was called Alabama Hospital for the Insane (Figure 22). With the hospital nearly finished, South Carolina native Peter Bryce (1834-92) was hired as the superintendent to manage the new facility.

¹⁴⁸ NBC4- District of Columbia, Maryland, Virginia. “St. Elizabeth's Scrutinized for Neglect: Federal Leaders Question Former Hospital Property.” Available from www.nbc4.com/print/2525465/detail.html?use=print; Internet; accessed 26 January 2004.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² Ibid.

¹⁵³ Ibid.



Figure 21 Bryce Hospital

Although Bryce was only 26 years of age, he would dedicate the remaining thirty-two years of his life to the hospital that today bears his name. Bryce was Alabama's first psychiatrist and an innovator for the mental health movement. His treatment of the mentally ill was considered pioneering including the idea of occupational theory, a concept that became a basic practice for modern psychiatry. The idea of "moral treatment" of the insane was an unknown concept for this part of the country, yet it had been a theory mentioned 70 years prior. Bryce discarded the use of shackles, jackets, and other medical restraints. Bryce strictly enforced his attendants to show patients courtesy, kindness, and respect. This practice of patient care led to a policy in 1882 that initiated an absolute non-restraint toward the patients. Bryce also implemented a system of work projects that included farming, sewing, maintenance; these programs were effective for the patients and were essential for the stability of the hospital. Considering the impact of

¹⁵⁴ Yanni, Carla. "The Linear Plan for Insane Asylums in the United States before 1866." *Journal of the Society of Architectural Historians* 62:1 (March 2003).

the Civil War in the early years of the asylum's founding, the mere survival of the facility, through the state's relocation and distribution of funds, is attributed to the superintendent. Bryce is credited with creating a mental institution recognized as one of the best managed in the country. Peter Bryce made a written assessment of his career shortly before death stating, "I feel that I have done my work, and hope, without selfpraise, to be permitted to say I have done it well."¹⁵⁵

Weston State Hospital (1864)- Weston, West Virginia

Located within the heart of West Virginia is a small town called Weston where an asylum was built and later vacated. This massive structure (and later additions) provided the small community of 5,000 (today) with an economy, and when the modern Weston Hospital was built in 1994, the economy of the area was changed. Today the Kirkbride planned structure is the center of attention (Figure 23) by a community that wants to see the structure have a new life and wants to improve the economy through the uniqueness of the structure and the possible uses it could serve.

¹⁵⁵ Alabama Department of Archives and History. Available from www.archives.state.al.us/famous/p_bryce.html; Internet; accessed 10 February 2004.



Figure 22 Weston State Hospital view of the grounds

On March 22, 1858 the Virginia Legislative voted to establish a facility to serve the insane in the “remote section of Virginia”. The land that Weston State sits on was originally 269 acres purchased for \$9,809. Architect R. Snowden Andrews, at the age of twenty-eight¹⁵⁶, anticipated the cost of construction to be \$253,000 and the additions of heating and ventilation, the engine house, and the exercise yard brought the total to \$395,000. After the building was completed it cost \$725, 000. Dr. Thomas Kirkbride and Francis T. Striblin were advisors for the planned state-of-the-art facility.¹⁵⁷

¹⁵⁶ The Episcopal Church of the Redeemer, Baltimore. Available from www.redeemeronline.com; Internet; accessed 20 January 2003.

¹⁵⁷ Weston Hospital Revitalization Committee. “Hospital History.” Available from www.westonlandmark.com; Internet; accessed 6 September 2002.



Figure 23 Weston State Hospital



Figure 24 Weston State Hospital old view

When Weston heard of a visit from officials to select a possible site for the asylum, all of the houses and businesses were whitewashed, and the fences, sidewalks, and streets were repaired. The officials were greeted by a brass band, and school children

led the parade to the proposed site of construction. All of the building materials were available, and construction began that year.¹⁵⁸

Work was halted when Virginia seceded from the union in June of 1861. The hospital was originally called the Trans-Allegheny Asylum for the Insane; however in 1863, when West Virginia became a state, one of the earliest acts of the new legislature was to rename the hospital West Virginia Hospital for the Insane. It was again renamed in 1913 as Weston State Hospital to meet the social climate of the time. This renaming commonly occurred with many of the asylums.¹⁵⁹

In 1864, the first patients were admitted. One was a thirty-seven year-old housekeeper who was committed for “domestic trouble”; another was a thirty-three year-old housekeeper admitted for acute dementia, the supposed cause of her illness was “the war” (referring probably to the Civil War).¹⁶⁰

The building was only supposed to house 250 patients in accordance with the Kirkbride plan and construction of the asylum. In 1858, the hospital housed fifty-seven patients (of those eight recovered, three died, nine were discharged, one eloped, and forty remained). By 1880 the asylum was housing 717 patients (325 males and 392 females). This overcrowding would eventually doom the asylum movement, since a key idea was isolation and not overcrowded conditions.¹⁶¹

Weston State Hospital is graced with a central clock tower reaching 200 feet in height. Four lower towers or cupolas once reached about 150 feet in height as probably the other for towers did (Figures 24 and 25). There are the Kirkbride planned wings

¹⁵⁸ Ibid.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

receding from the central administration section of the clock tower. The building is made of solid sandstone, and the walls are two-and-a-half feet thick and backed throughout by brick. There are 921 windows and 906 doors. A full basement runs the entire length of the structure and the interior floors are made of reinforced concrete. Heavy timbers support the roof; rubberized roofing and/or asphalt shingles has replaced much of the roof's original slate tile. The building has approximately 400,000 square feet of usable space.¹⁶²

An article in the *Sunday Gazette-Mail Online* in May 2001 showcased how Weston State Hospital is being used for modern technology. A team of West Virginia University students and faculty set up a Cyrax 3D Laser Scanner, a \$175,000 machine and only one of 80 in the entire world. The machine was setup on the lawn of the asylum to create a 3-D “virtual reality” computer model of the National Historic Landmark for prosperity, for practice, and for the hopes of tempting new tenants. Chairwoman of the state Archives and History Commission, Joy Stalnaker said, “We’ll put it on our Internet site. Maybe a developer will see it and say, ‘This would be great here’” Stalnaker mentioned the back offices could be used for insurance offices, banking, credit card companies, telemarketing firms, and then the central portion could have condominiums. The former asylum could even be a site for a state Civil War Museum, a visitor’s center, or a mental health museum. Some years ago, the New York Times sent a reporter to the small West Virginia town when a promising Tennessee developer made claims to turn the hospital and grounds into “Weston Grande Resort,” consisting of a luxury hotel, golf course and condos. The developer disappeared soon after they had appeared leaving the

¹⁶² Ibid.

community with shattered hopes and the use of the site was still up in the air. Records confirm people were admitted to Weston State Hospital for more than 90 reasons; some of the reasons would be dealt with differently today. Stalnaker said, “We can’t look at the people who were here as freaks of nature. I’ve had people suggest we put in a haunted house. Give me a break.”¹⁶³

The main building is a National Historic Landmark, and is considered to be the largest hand-cut building in North America. The hospital closed in 1994, and the Weston Hospital Task Force is currently managing a \$750,000 grant from the National Trust for Historic Preservation’s *Save America’s Treasures* program. The task force is currently trying to acquire the property from the state and invite suggestions as to what the structure can be used for.¹⁶⁴

Kankakee State Hospital (1877)- Kankakee, Illinois

Known in the founding days as Illinois Eastern State Hospital for the Insane (Figure 26), it was the first state hospital in the United States designed on the Cottage Plan (Figure 27). The Cottage Plan was consisted of domestic scale residences that were used for the housing of patients. This concept was in reaction to the Kirkbride Plan. The Kirkbride Plan believed in the family as being part of the illness and the management of the hospital as being the cure. Yet, Dr. John M. Galt believed the linear hospital design was not homelike enough to help in the curing process and therefore encouraged smaller

¹⁶³ Tuckwiller, Tara. “Touring Weston-by computer: students practice on vacant, historic hospital.” *Sunday Gazette-Mail Online*, 20 May 2001.

¹⁶⁴ Weston Hospital Revitalization Committee. “Hospital History.” Available from www.westonlandmarks.com; Internet; accessed 6 September 2002.

places of living on the hospital grounds making the idea of separation more defined as part of the curing theory.¹⁶⁵



Figure 25 Kankakee State Hospital

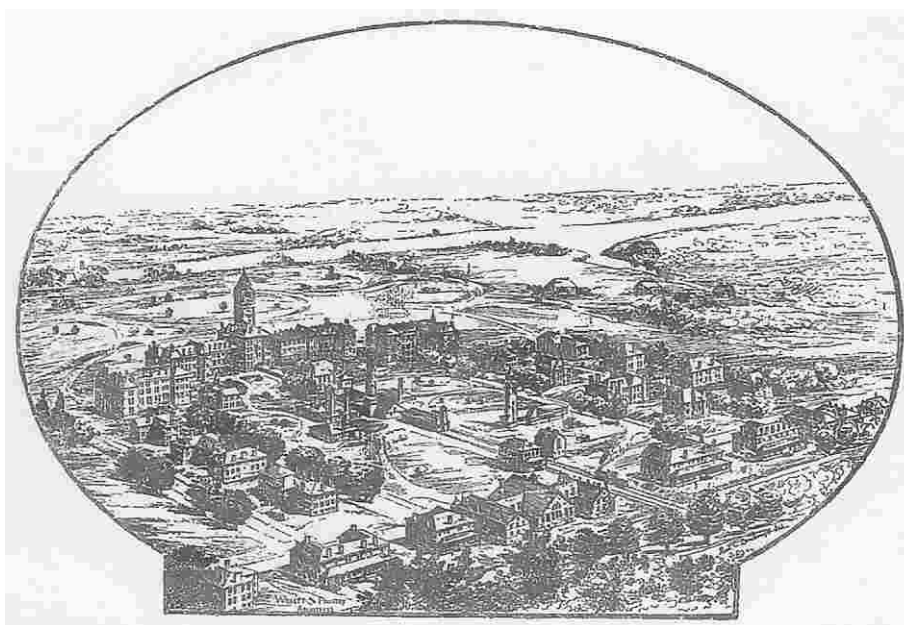


Figure 26 Kankakee State Hospital with cottage plan layout

¹⁶⁵ Yanni, Carla. "The Linear Plan for Insane Asylums in the United States before 1866." *Journal of the Society of Architectural Historians* 62:1(March 2003), 44-46.

Dr. John M. Galt (1819-1862) along with other supporters encouraged use of the cottage plan, a system that broke the monolithic hospitals into smaller parts. Galt believed, just as Kirkbride, that the environment including the architecture shaped behavior of patients. He saw the linear plan of Kirkbride as “giving fixedness” to insanity, rather than curing it, while the community-based treatment of the cottage plan was better for more chronic case. Galt grew up with his father and grandfather being superintendents at Virginia’s Eastern State Hospital (formerly known as Williamsburg Public Hospital; Figure 1).¹⁶⁶

While the International Prison Congress convened in Stockholm, Sweden in August of 1878, Illinois Governor Cullom approved of Mr. Wines to attend the conference. Mr. Wines served as Secretary of the Board of Charities; his goal in Europe was to study hospitals and asylums, which would assist in the planning of the new Kankakee site. Kankakee State would later be designed with the center and rear buildings having wings in the old style (referring to the Kirkbride Plan), but the grounds were designed with reference of the village idea also known as the cottage plan. The new site consisted of 251 acres at a price of \$14,000 and was chosen August 2, 1877; the site was known as “Cowgill Farm” located along the Kankakee River¹⁶⁷

The cottage plan was attributed to the Belgium town of Gheel. The concept started with the people of the town took in the insane that came seeking a cure after the church in the seventeenth century was dedicated to the Irish Saint Dymphna. Before long seekers and the community became one. An article by a correspondent for the *American Journal of Insanity* in 1848 told of the good character of the host families and the speedy

¹⁶⁶ Ibid.

recovery of the insane that were cultivating the land. This led to the change of the hospital as being the cause and the home as the sanctuary.¹⁶⁸

Chicago architect and Civil War Major James Rowland Willett (1831-1907) designed the complex for Illinois Eastern Hospital for the Insane (Kankakee State Hospital) and yet had no prior experience.. The design included a linear plan for the main building while several streets were lined with cottages. The main building was Romanesque in style, buff-colored in stone, and was topped by a large central clock tower. The cottages were simple two- or three-story buildings with pitched roofs, porches, and front steps; the cottages housed between fifty to one hundred patients and resembled small college dormitories. Patients that were ill for more than a year were housed with quite and more orderly patients, of course this was based on the patient's reputation at their former facility. Doctors were using a combination of medical and moral treatments with the patients for this new theory.¹⁶⁹ The layout of Kankakee State Hospital led to seven other hospital ground plans in both the United States and Canada.¹⁷⁰

The sites include:

- Jamestown, North Dakota (1885)
- Toledo, Ohio (1888)
- Logansport, Indiana (1888)
- Central Islip, New York (1889)
- Richmond, Indiana (1890)
- Ogdensburg, New York (1890)
- Mimico, near Toronto, Ontario (1890)

¹⁶⁷ Abandoned Asylums. "Kankakee History." Available from www.abandonedasylums.com/kankakeehistory.html; Internet; accessed 8 March 2004.

¹⁶⁸ Yanni, Carla. "The Linear Plan for Insane Asylums in the United States before 1866." *Journal for the Society of Architectural Historians* 62:1 (March 2003), 44-46.

¹⁶⁹ Ibid.

¹⁷⁰ Abandoned Asylums. "Kankakee History." Available from www.abandonedasylums.com/kankakeehistory.html; Internet; accessed 8 March 2004.

Illinois Eastern State Hospital for the Insane (somewhere during the years Kankakee State Hospital was another name used¹⁷¹) has gone through various name changes over the years including Kankakee Mental Health Center, Kankakee Development Center, and currently Governor Samuel H. Shapiro Development Center.¹⁷² In 1995, the Kankakee State Hospital site became listed on the National Register of Historic Places as a historic district with Historic Significance being Event, Architectural/Engineering, while the Area of Significance being Health/Medicine, Architecture.¹⁷³ The Kankakee State Hospital Historic District consists of 1,190 acres, has eighteen buildings, and one structure, and the site is owned by the state.¹⁷⁴

Clinton Valley Center (1878)- Pontiac, Michigan

Sometimes trying to preserve a historic asylum can be a continuing struggle against the odds, especially when the odds are citizens versus the city and state in which they reside. As the following article describes the account of the legal struggle, keep in mind that another example involving Traverse City's asylum was the subject within the same state. The Kirkbride planned building was finished in 1878 (Figure 29), designed by architect Elijah E. Myers.¹⁷⁵ Myers was an architect for public buildings.¹⁷⁶ The

¹⁷¹ Historic Asylums- America's Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 8 March 2004.

¹⁷² Manteno State Hospital- Manteno, Illinois. "Illinois State Hospital." Available from www.mantenostatehospital.com/ilsthoslps.html; Internet; accessed 8 March 2004.

¹⁷³ National Register of Historic Places. Available from <http://www.nationalregisterofhistoricplaces.com/il/Kankakee/districts.html>; Internet; accessed 8 March 2004.

¹⁷⁴ Ibid.

¹⁷⁵ Historic Asylums- America's Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 8 March 2004.

¹⁷⁶ Ibid.

In a January 19, 2000 article in the *Metro Times Detroit* entitled “History to Rubble” by Jennifer Bagwell, the struggle to save Clinton Valley Center, a nineteenth century asylum was underway. Attorney, Donald Rump represented the historic preservationists pro bono. His clients included members of the mayor-appointed Pontiac Historic District Commission, Bruce and Doris Smith (architects), and others. The Smith’s offered their advice to the state claiming that the buildings are “in excellent condition for their age.” The couple said, “There’s a great deal of interest in these buildings. These buildings are ones that any state would be proud to have.” But as the couple witnessed during the week of the hearing, the demolition crew continued tearing down a 1940’s building.¹⁷⁸

The governor closed the Clinton Valley Center complex in 1997 amid the protests from mental health advocates. Now, the appearance is that the state along with the partnership from the City of Pontiac is determined to demolish the asylum complex despite current protests from historic preservationists. While neither state nor city is taking credit for the demolition efforts, proposals drafted by the city have already planned uses such as upscale single family dwellings, along with offices, and townhouses to be constructed on the site.¹⁷⁹

An injunction was filed by St. Augustine’s University Foundation to use the existing building as their campus. In mid-December Judge Steven Andrews lifted the injunction claiming the building would be torn down due to a 1998 state legislation that provides development for the 220 acres of state land, and for this the state set aside \$5 million for demolition. On January 11, the historic organization Heritage Pontiac and

¹⁷⁸ Bagwell, Jennifer. “History to Rubble.” *Metro Times Detroit*, 19 January 2000.

¹⁷⁹ Ibid.

eight concerned citizens, including the Smiths, filed a complaint stating that the demolition violated the 1998 legislation because the land's fair market value should be based on its "highest and best use." Preservationists believe the "highest and best use" incorporates the old buildings, yet the state plans the appraisal without the buildings on the property. Attorney Rump is interpreting the legislation reference to "reusing the property" to mean the building currently standing on the site as well.¹⁸⁰

Another citizen wanting to see the complex preserved is developer Raymond Leduc. After the university fell through, he sent certified letters to the governor, mayor, and other officials offering \$1 million cash for thirty acres and the buildings. He in turn would restore them to whatever conditions the state and city officials wanted them; last week, he increased his offer to \$2 million cash, and was still denied. According to State Management and Budget Office spokesperson Penny Griffin, the 1998 legislation requires that the state go along with the city's master plan, and that plan says the buildings must be demolished. She stated, "We can't entertain offers from people." Pontiac City Council President Pro-Term Gary Foster, who disagrees with what the city master plan actually requires, calls the state's rejection to Leduc's offer "mind boggling." He said of the state, "Getting them to change directions is like trying to stop a freight train."¹⁸¹

State Representative Hubert Price, D-Pontiac, was in support of the demolition, claiming the need and growth of housing had increased so much in the last decade. The Mayor of Pontiac was conflicted by what to do with the site and said it was the state's decision. In court, Leduc motions to the spires of the asylum visible from the courtroom

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

and says, “Why are they so set on demolishing these buildings.” The state attorney said no violation had been committed. The state attorney also mentioned that the state offered to take pictures of the buildings. All the while in court, demolition continued. At the end of the court session, Rump and the preservationists were dismissed due to the state legislation. The possibility of even getting a state lawmaker to push through an emergency amendment appeared slim and, by that time, the building of the Clinton Valley Center probably would be long gone.¹⁸²

Toward the end of the article, the Smiths said they would persevere in trying to save the site and buildings. Bruce Smith said, “If we quit, we’d never forgive ourselves for caving in,” and went on to say, “You can’t let the bastards win.”¹⁸³ On the web-site www.historicasylums.com, there was an update posted April 16, 2002 stating the Clinton Valley Center had been gone for two years and nothing had been done with the empty land.

Warren State Hospital (1880)- Warren, Pennsylvania

The importance of Warren State Hospital (Figure 30) is that it was one the asylums designed by Dr. Thomas Kirkbride and therefore the “Kirkbride plan” (Figure 31) was once again implemented. The cornerstone of the “Kirkbride” building was placed September 10, 1874. The facility would be named the State Hospital for the Insane at

¹⁸² Ibid.

¹⁸³ Ibid.

Warren. The facility was built to accommodate 650 patients. The first patient was admitted in December 5, 1880.¹⁸⁴

The description for the construction of Warren State Hospital is given with much detail. The cellars were hand-dug. Single horse-driven carts were used for the removal of the stone from the quarry that was being used for the building, which was located about a mile away. A good day's work was considered if nineteen loads of stone and one of sand were hauled to the construction site. The majority of the sixteen million bricks used in the Warren State Hospital structure were manufactured, shaped, and fired on the site including the rounded bricks and keystones. The walls were erected with one mason on the outside for every two bricklayers working on the inside of the walls. It is said that construction was started at opposite ends of the Kirkbride structure with the center portion being finished with horses hoisting the final stones.¹⁸⁵

The forefront of treatment for individuals with mental illnesses was always the priority of the new facility. For patients that did not need to be hospitalized, an outpatient clinic was established in 1885; a free clinic was also setup twice a month for patients that were unable to pay. Shortly afterwards, a patient library was compiled, recreational therapy was started, and an art teacher was hired. Patients were part of a larger hospital economy. With the hospital site proving to be its own community, it had its own beef cattle, prized winning dairy herd, grew and packed their own vegetables, laundry, bakery,

¹⁸⁴ Pennsylvania Department of Public Welfare- Office of Mental Health and Substance Abuse Services. "History of Warren State Hospital." Available from www.dpw.state.pa.us/omhsas/omhWarrenStHospInfo.asp; Internet; accessed 9 February 2004.

¹⁸⁵ Ibid.

and large kitchen. This involved what was known as “industrial therapy”. When oil was discovered on the property, the money from the oil went to purchase more farmland.¹⁸⁶



Figure 29 Warren State Hospital

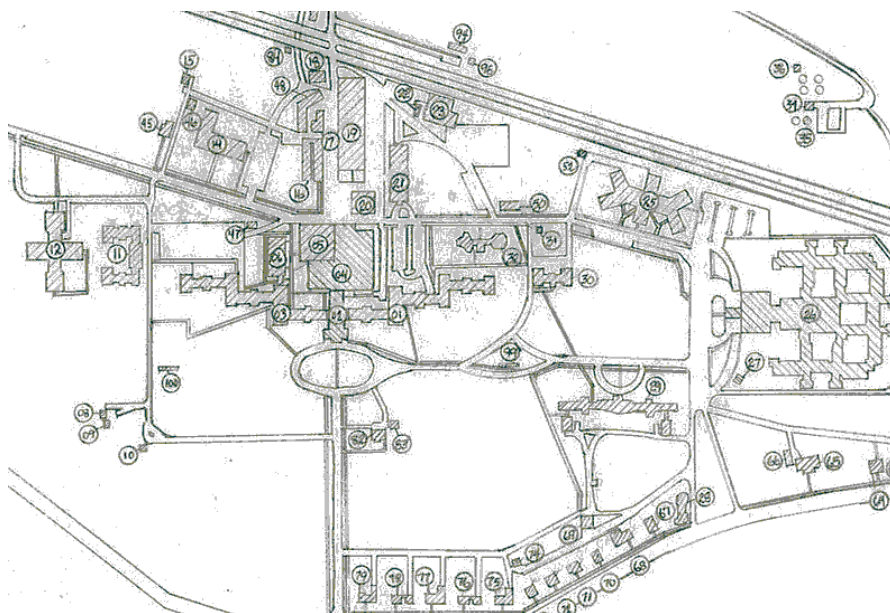


Figure 30 Warren State Hospital grounds

¹⁸⁶ Ibid.

Warren State Hospital established a school for nurses in 1901 with the first class graduating in 1903. The patient population had grown to 1,116 in 1916. In 1920, the hospital name was changed from State Hospital for the Insane at Warren to Warren State Hospital. The school for nurses closed in 1936.¹⁸⁷

There have been other changes to the history of the hospital over the years. A gymnasium/auditorium was built for the patients and could seat 1,100. A psychiatric residency program was created and lasted until the 1980's. A psychiatric technician program was established. A unit to tend to the needs of adolescents was created. In 1970, the Institute for Geriatric Research was founded. A forensic unit was started with twenty-seven beds serving thirty-one counties of the state. The Community Mental Health Act of 1963 started the de-institutionalization of patients affecting the patient numbers from 2,600 in 1963 to 1,900 in 1980 and then 600 patients in 1990. Warren State Hospital was the first hospital in the state to successfully complete a large community hospital integration project; from 1993-96 about 147 patients were reintroduced to the community. Today the hospital serves 215 patients. The hospital initiated a leasing policy of their surplus buildings on the campus to community human service agencies; this has resulted in nearly thirty agencies locating to the hospital grounds.¹⁸⁸

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

Nevada State Hospital (1880's)- Nevada, Missouri



Figure 31 Nevada State Hospital

In an article dating back to January 29, 1995¹⁸⁹, the future of Nevada State Hospital (Figure 32) looked very optimistic. The 1880's, Kirkbride-plan main building¹⁹⁰ and other structures were programmed to be reused after several years of unsure tenants. The article believed that the town of 8,500 held the key to its own economic recovery after the hospital closed and 300 jobs were lost. Alan Kenyon, the director of the Nevada Area Economic Development Commission, believed the best way to replace the jobs lost was to build a telecommunity using the brick buildings and 754 acres of pasture land vacated by the Missouri Department of Mental Health. This telecommunity would be connected to the world with fiberoptics and other technological advance and this in turn

¹⁸⁹ Smith, Robert J. "Nevada, MO, Looks to the Future and Sees a Telecommunity." *The Joplin Globe*, 25 January 1995.

¹⁹⁰ Historic Asylums- America's Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 20 July 2001.

should compliment traditional development ideas. He believes that, “this represents the best opportunity for rural revitalization that I’ve ever seen.” Then he goes on to say, “What we have to have now is a telecommunications vendor willing to make an investment, but we’re not asking for a handout or charity.”¹⁹¹

State Representative Jason Klumb, D-Butler, said that the computer technology would offer the yuppies of the year 2000 a chance to live in rural Missouri. He claimed the education was good and the cost of living was lower in rural Missouri, and therefore the site offered an ideal location.¹⁹²

Kenyon wanted to see if his idea had any support and posted a message on CompuServe, a subscription computer network service saying, “Would telepreneurs be interested in a rural development that includes free home sites for telepreneurs, a telecenter with the latest technology, an adjacent incubator and training services, and a connected ‘teleneighborhood?’” Kenyon had dozens of responses including ones from Israel, Germany, and the United Kingdom; this made him feel he had an idea with substance. The challenge for Kenyon and other town officials was to find uses for land and buildings that had already been abandoned. Those included a three-story Rush Building, the 77,000-square foot Ozark Building, portions of the main building and more than a dozen small buildings that are located on the 754 acre site. (Even when the state hospital closed, the site was still occupied by other various tenants.)¹⁹³

¹⁹¹ Smith, Robert J. “Nevada, MO, Looks to the Future and Sees a Telecommunity.” *The Joplin Globe*, 25 January 1995.

¹⁹² Ibid.

¹⁹³ Ibid.

A recent update on www.historicasylums.com, reports that the main structure built in the Kirkbride plan has been demolished and some other buildings of the complex remain.

Traverse City State Hospital (1885)- Traverse City, Michigan

Traverse City State Hospital (Figure 33) was established in 1885 and closed its doors 104 years later.¹⁹⁴ The main building is referred to as “Building 50” which is a 388,000 square foot Victorian-Italianate brick structure.¹⁹⁵ The future of the hospital and grounds (known as the Commons) began a new course starting in July of 2000, a year after closing.¹⁹⁶ Ray Minervini and a team began the negotiation process with the Grand Traverse Commons Redevelopment Corporation, the then stewards of the Commons property.¹⁹⁷ The purpose of the discussion was to secure a Redevelopment Agreement to renovate the historic buildings in a manner consistent with the city’s District Plan.¹⁹⁸ After months of discussion, and with public support, the Commons Board voted to approve the Minervini Group proposal for the complex on April 26, 2001.¹⁹⁹ The official Redevelopment Agreement was signed June 19, 2001 and this ignited a 12-month “Due Diligence” period for the Minervini Group.²⁰⁰ During this period of time a broad range of feasible studies were conducted of the site including engineering, architectural,

¹⁹⁴ Historic Asylums- America’s Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 26 January 2004.

¹⁹⁵ The Village- Grand Traverse Commons. Available from www.thevillagetc.com; Internet; accessed 26 January 2004.

¹⁹⁶ Ibid.

¹⁹⁷ Ibid.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

²⁰⁰ Ibid.

marketing, and environmental analysis for review approval by not only the Commons Board, but the Traverse City City Manager as well as state and federal agencies.²⁰¹



Figure 32 Traverse City State Hospital

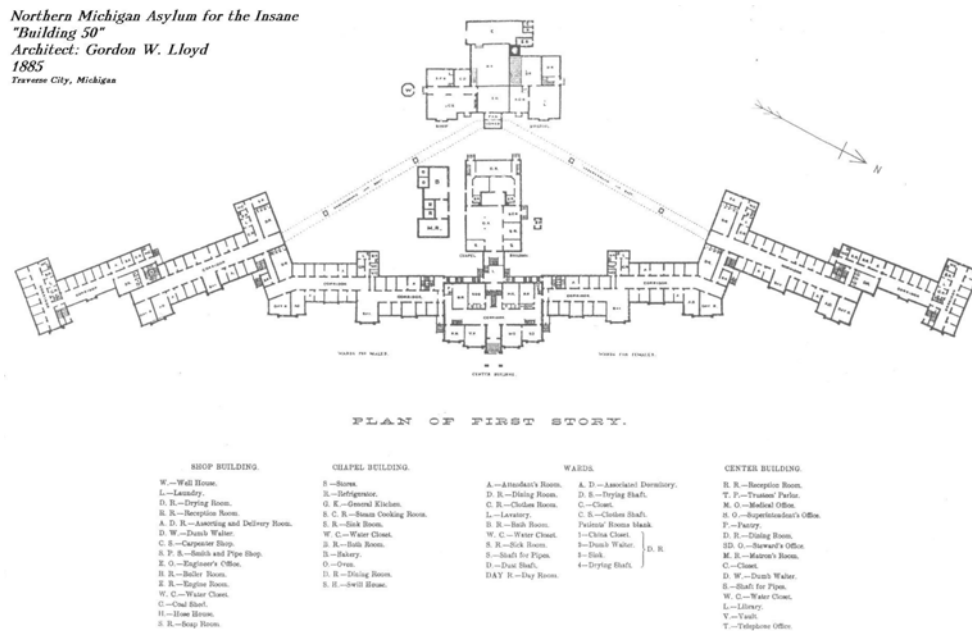


Figure 33 Traverse City State Hospital floor plan

²⁰¹ Ibid.

Then, in May 6, 2002, the Minervini Group acquired the Sub-Area 2 property (includes Building 50 and the South Cottages); that winter the entire roof of Building 50 was repaired- almost 11 months ahead of schedule.²⁰² On September 24, 2003, an announcement from Michigan's Department of Environmental Quality awarded Grand Traverse County a \$1 million Brownfield Redevelopment Grant.²⁰³ These grants will help the redevelopment efforts being made on the Traverse City State Hospital grounds.²⁰⁴ The Clean Michigan Initiative Brownfield Redevelopment Program "provides funding to local units of government for environmental response activities at contaminated properties where redevelopment is proposed" and this "enables local governments to redevelop contaminated properties and put these properties back into productive use in their communities".²⁰⁵ Most of the grant money will go toward the lead paint and asbestos removal in the main facility, Building 50.²⁰⁶

The Minervini Group has a mission with the Traverse City State Hospital site. The purpose of their involvement is to pursue the successful "resurrection" of the historic treasures making up Sub-Area 2. Their vision includes "creating a walkable, mixed-use Village that will feature a broad variety of residential and commercial opportunities. Generally speaking, the lower floors of Building 50 will have a variety of retail, office, and restaurant space, while the upper floors will have a broad range of condominium and apartment options."²⁰⁷ The Village is situated on thirty-six acres of land in the heart of

²⁰² Ibid.

²⁰³ Michigan Newswire, September 24, 2003. "Grand Traverse County Brownfield Redevelopment Grant to Assist with Redevelopment Project." Available from www.michigan.gov; Internet; accessed 20 March 2004.

²⁰⁴ Ibid.

²⁰⁵ Ibid.

²⁰⁶ Ibid.

²⁰⁷ The Village- Grand Traverse Commons. Available from www.thevillagetc.com; Internet; accessed 26 January 2004.

Grand Traverse Commons (Figure 35).²⁰⁸ The site is surrounded by hundreds of acres of preserved park and woodland that allow for hiking and biking trails, open spaces, creeks, and all of this is within a mile and a half of downtown Traverse City and the Bay.²⁰⁹

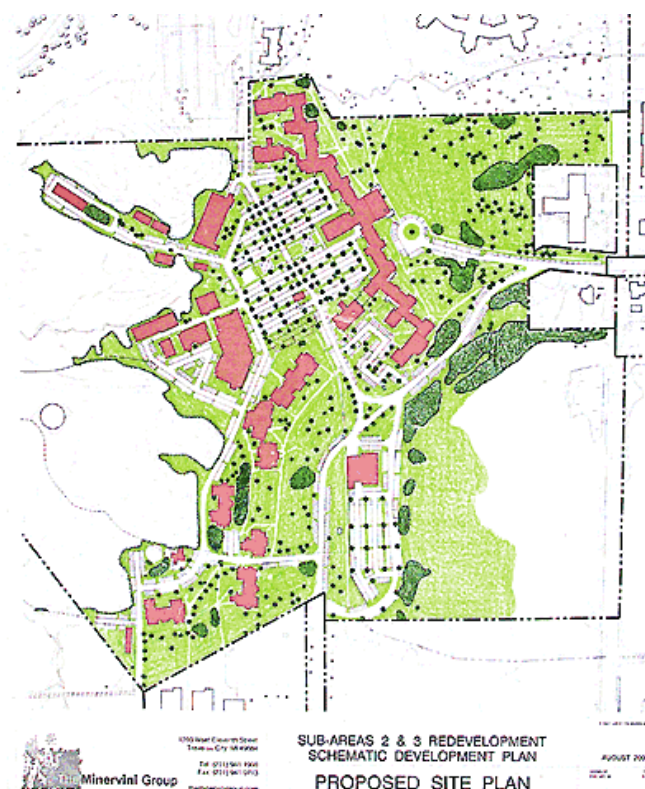


Figure 34 The Village new grounds plan

The goal is to create a 24-hour livable community and neighborhood through the state's designation of the site as a Michigan Renaissance Zone (Figure 36).²¹⁰ It is with this notion of community that the whole purpose and reason for the asylum has come back to life. Asylums were a self-sufficient community relying on very little outside support and yet, while the residents have a different reason for living on the site today, they too can relax in the beauty of the grounds which were originally design to assist in

²⁰⁸ Ibid.

²⁰⁹ Ibid.

²¹⁰ Ibid.

the curing process. This asylum benefits from not only public support but with laws to assist those that want to preserve the site. Another factor is that this particular asylum has a location that is scenic and yet close to a large town where this old site can be considered once again as a “retreat” of sorts from the hustle and bustle of city life. It is ironic that there are parallels between the new use and original use, but nonetheless the site will be preserved in a adaptive reuse approach allowing future generations to enjoy the wonderful architectural designs of the nineteenth century.

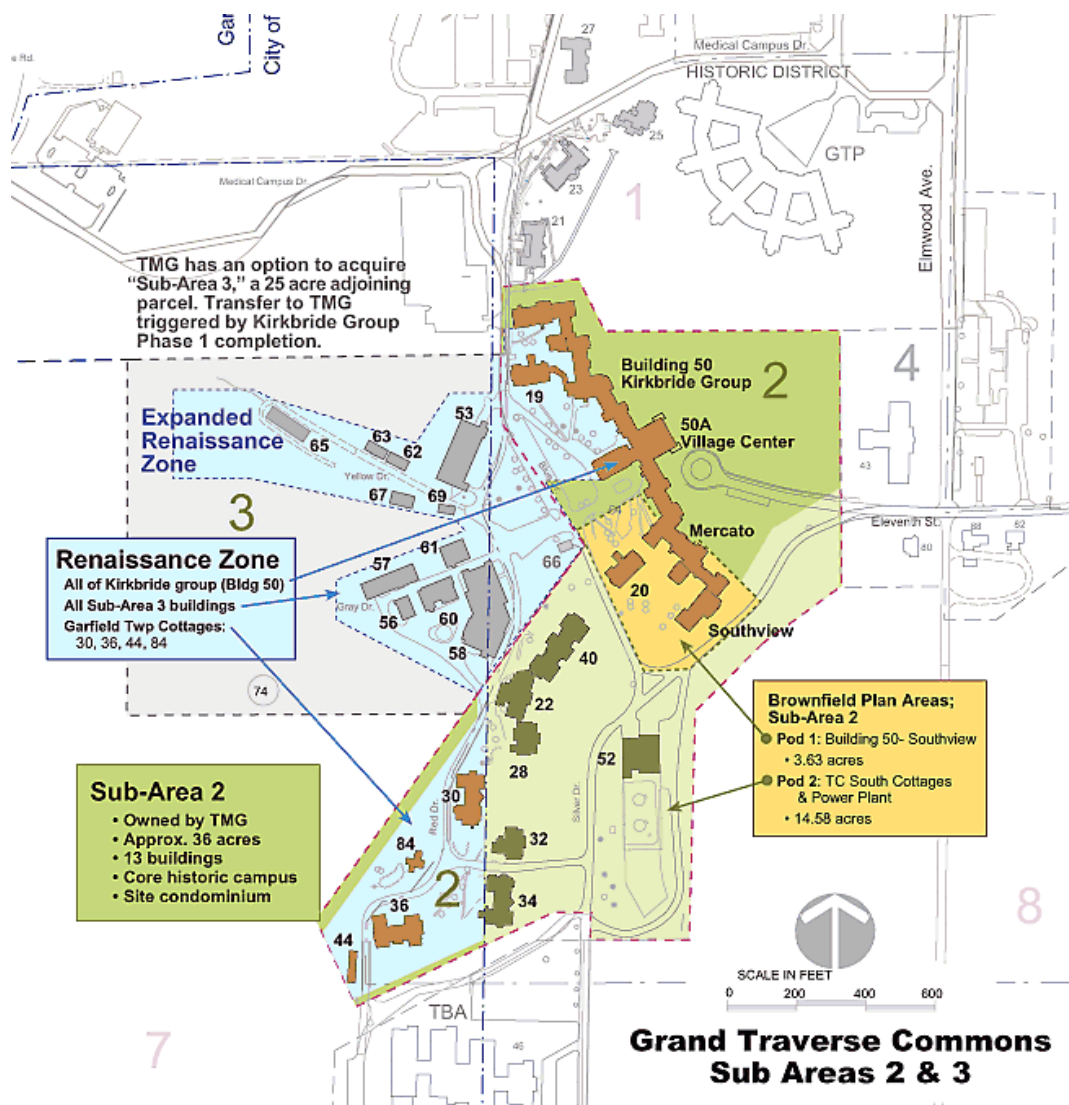


Figure 35 The Village grounds

The chart below sums up the important information discussed prior about each asylum.

Name of the Asylum	Year	Arch. Style	Architect	Landscape Architect
Mohawk Psychiatric Center	1837	Greek Revival		Andrew Jackson Downing
Binghamton Psychiatric Center	1858	Gothic Revival	Isaac Perry	
Hudson Valley Psychiatric Center	1867	Gothic Revival	Frederick C. Withers	F. L. Olmsted & Calvert Vaux
Buffalo Psychiatric Center	1870	Romanesque	Henry Hobson Richardson	
Pennsylvania State Hospital	1841	Greek Revival		
Milledgeville State Hospital	1843	Greek Revival		
Trenton State Hospital	1848	Greek Revival		
Mississippi State Hospital	1855/1935	Grk Rev/Neocl.	Noel Webster Overstreet	(1935)
St. Elizabeth Hospital	1855	Gothic Revival	Thomas U. Walter	
Bryce Hospital	1860	Greek Revival	Samuel Sloan	
Weston State Hospital	1864	Italianate/Queen Anne.	Richard Snowden	Andrew
Kankakee State Hospital	1877	Romanesque	James Rowland Willet	
Clinton Valley Center	1878	Chateausque	Elijah E. Myers	
Warren State Hospital	1880	Colonial Revival	Thomas Kirkbride	
Nevada State Hospital	1880's	Second Empire		
Traverse City State Hospital	1885	Italianate/Queen Anne	Gordon W. Lloyd	

It is most evident with Traverse City State Hospital, now The Village, that historic asylums can be used in a more accommodating manner. While these large buildings and often the three hundred acres attached to them may seem a bit difficult to establish a new use at first, there are some advantages to having such a large building and so much acreage included. Having the grounds attached for the new use not only

incorporates the old asylum more effectively but also adds to the new proposed use.

Potential uses for these asylums and their grounds could include but are not limited to:

- health / spa or golf resort
- another medical facility
- a telecommunications headquarters
- a private school / boarding school / technical school / university extension
- a government extension office or department
- a mixed-use community of residential and commercial spaces
- a museum related to healthcare or a subject important to the community
- a set for movies own by a production company
- an office park or corporate retreat

CHAPTER 7

ASYLUMS BUILT FOR CERTAIN PEOPLE AND NOTABLE ASYLUMS

This chapter will provide examples of asylums and hospitals that may or may not fit within the perimeters of the nineteenth century time frame, but which bring to light larger issues that may not be discussed here in detail, but are worthy further investigation. The reader should understand that the institutions listed may be the more prominent ones, but that does not mean other specialized institutions were not created for certain groups of people in need of care.

Friends Hospital (1813)- Philadelphia, Pennsylvania

Perhaps no other mental institution had more of an impact on the way mental patients were treated in the nineteenth century than Friends Hospital (Figure 37). Influential figures such as Dr. Thomas Kirkbride can be traced back to Friends Hospital.

The founding of Friends Hospital by the Religious Society of Friends was an effort to care and treat members of their own religious sect and the hospital would later open its doors to all denominations. The group Friends is more commonly known as Quakers. The Quakers viewed insanity as a temporary impediment to reaching that of God within and saw it as their mission to help the mentally ill out of the darkness. It was with this mission that Friends established the nation's first private institution dedicated exclusively to the care of the mentally ill in 1813. It was first known as "the Asylum" and was renamed "Friends Hospital" in 1914.²¹¹

²¹¹ Friends Hospital. "A History of Friends Hospital." Available from www.friendshospitalonline.org; Internet; accessed 12 February 2004.

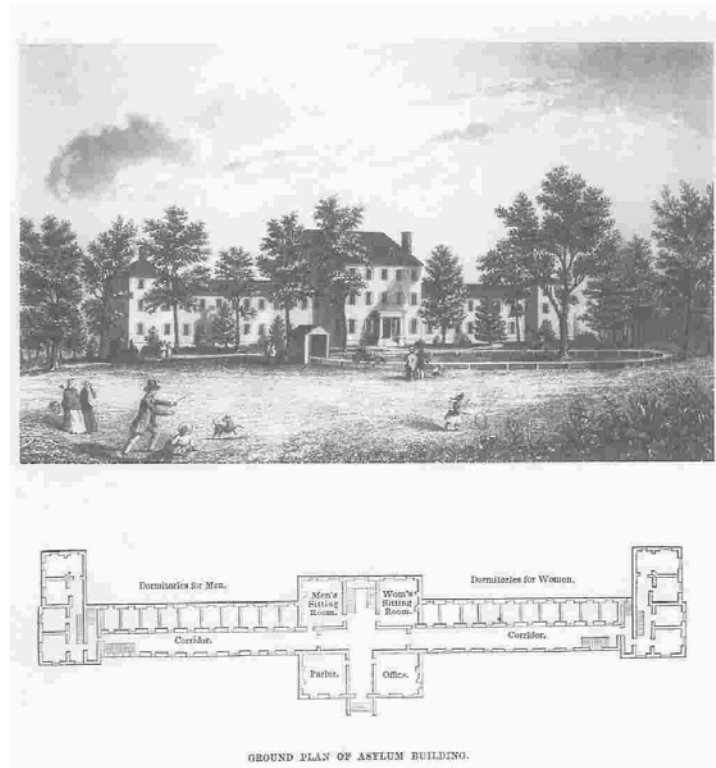


Figure 36 Friends Hospital with an earlier exterior and floor plan



Figure 37 Friends Hospital with a Second Empire roof

While much of society viewed the mentally ill as less human, the Quakers saw the mentally ill as “brethren capable of living a moral, ordered existence if treated with kindness, dignity, and respect in comfortable surroundings. Their approach to treatment

and care was called “moral treatment,” this treatment is still practiced at Friends today. The moral treatment at the asylum centered on the ideal of a well-ordered, well-disciplined Quaker family living within the familiar routine of a domestic farm economy.²¹²

In 1813, a committee known as “the Contributors to the Asylum for the Relief of Persons Deprived of the use of their Reason” was formed. They purchased a 53-acre farm in Oxford Township, five miles from Philadelphia. The grounds of the asylum included features such as meadows, woodlands, vegetable and flower gardens, orchards, and handsome buildings. A greenhouse was built promote in 1879 to compliment the long tradition of horticultural therapy. Then in 1911, the site encompassed about 100 acres; in 1916 the grounds grew to 326 acres of farmland. In 1996, the Friends Professional Associates were formed to provide behavioral health services in eight outpatient offices in suburban Philadelphia. Larkspur Health Network, Inc. was formed to allow Friends to provide emergency behavioral health services through the Crisis Response Center. On the Friends web-site it states, “Friends Hospital is still an “asylum” in the true sense of the work...a refuge or retreat, a place where patients have the opportunity to begin the healing process.”

McLean Hospital (1811)- Belmont, Massachusetts

McLean Hospital was founded in Charlestown, Massachusetts in 1811 as the original psychiatric department of Massachusetts General Hospital. McLean (Figure 39) was established as the nation’s first laboratory dedicated to studying the role of biological

²¹² Ibid.

factors in mental illness. In 1896, a new site was selected by renowned landscape architect Frederick Law Olmsted just outside of Boston in the Belmont.²¹³



Figure 38 McLean Hospital

Today McLean maintains the largest research program of any private psychiatric hospital in the United States. The facility operates the largest psychiatric neuroscience research program of any Harvard University-affiliated hospital, department or school. McLean is the largest psychiatric teaching facility of Harvard Medical School, which is an affiliate of the Massachusetts General Hospital and a member of the Partners HealthCare. Partners HealthCare is one of the Northeast's health delivery systems. The institution's scientific publications are among the most commonly cited sources for the subject of neuroscience, according to the Institute for Scientific Information. McLean Hospital also established the nation's first mental health information center run for, and by, consumers of mental health services. *U.S. News & World Report* consistently ranks McLean Hospital among one of the nation's top psychiatric hospitals. It is listed as

²¹³ McLean Hospital. "Facts about McLean Hospital." Available from www.mcleanhospital.org; Internet; accessed 12 February 2004.

among the top 15 hospitals worldwide to receive the National Institutes of Health grants support.²¹⁴

McLean has achieved notoriety through association with Hollywood and other celebrities. The hospital was used by Sylvia Plath and Susanna Kaysen in The Bell Jar and Girl Interrupted. Anne Sexton and Robert Lowell were patients at McLean. Singer Ray Charles mentioned the hospital in his autobiography, Brother Ray. *Boston Globe* author Alex Beam published a book entitled Gracefully Insane: The Rise and Fall of America's Premier Mental Hospital. The book mentions that McLean has sold off much of the campus to stay open. He goes on to tell the history of mental health and then tells stories of McLean patients.²¹⁵

Western New York Institution for Deaf-Mutes- Rochester, New York

Prominent and well-educated Rochester citizen, Edmund Lyons helped to establish the Western New York Institution for Deaf-Mutes after a friend of his, who had a daughter that was deaf, suggested it to him.²¹⁶ He would later marry Carolyn Hamilton Talcott who not only worked at the institution but also was partially deaf.²¹⁷ The institution was established in 1876; before this date, Rochester had a short-lived small school for the deaf in the 1820's.²¹⁸ In 1919, the Western New York Institution for Deaf-

²¹⁴ Ibid.

²¹⁵ Alford Henry. "Soulful Asylum- Inside Boston's Fabled Mental Hospital." *Vanity Fair*, (January 2002), 46.

²¹⁶ Remington, Carolyn Lyon. *Vibrant Silence*. Lawyers Co-operative Pub. Co., 1965. "Edmund and Carolyn Lyons." Available from www.geh.org/topographic-collection.html; Internet; accessed 12 February 2004.

²¹⁷ Ibid.

²¹⁸ About, Inc. "Deafness/Hard of Hearing- Rochester's Deaf Community." Available from www.deafness.about.com/cs/culturefeatures3/a/rochester_p.htm; Internet; accessed 23 March 2004.

Mutes was renamed Rochester School for the Deaf (RSD).²¹⁹ Today, younger students, up to the twelfth grade, attend RSD, while graduates can attend the National Technical Institute for the Deaf which was started in 1968, part of the Rochester Institute of Technology.²²⁰

Rochester, New York is considered to be the deaf-friendlyest city in the United States.²²¹ The city boasts the largest deaf population per capita; almost every aspect of life in the city is deaf-accessible.²²²

The University of Kentucky and the Kentucky School for the Deaf will co-host a national exhibit on deaf history from October 1 to November 3, 2001 on the university campus in Lexington. The exhibit entitled “History Through Deaf Eyes” chronicles nearly 200 years of deaf history in the United States. The exhibit was organized through Gallaudet University in Washington, D.C. The Kentucky School for the Deaf, founded in 1823, was the first publicly funded school for the deaf in the United States, and the school served as a model for other public schools for the deaf. While the exhibition is the second showing, the exhibition will be shown at William Woods University in Missouri, and then in 2002, the exhibit will be held in Philadelphia, Rochester, and at the Smithsonian Institution in Washington, D.C. The first exhibit was held in Hartford, Connecticut at the American School for the Deaf (ASD). American School for the Deaf was established in 1820, is privately funded, and is the first school for the deaf in the United States.²²³

²¹⁹ Ibid.

²²⁰ Ibid.

²²¹ Ibid.

²²² Ibid.

Asylums for the Colored: Cherry Hospital (1880) Goldsboro, North Carolina

Cherry Hospital is one of several facilities built for the “colored” of the United States. In the early establishment of Cherry Hospital in 1880, the facility was known as the Asylum for the Colored Insane. Cherry Hospital was located in Goldsboro, North Carolina. The hospital served the entire black population for the state of North Carolina in the first eighty-five years, and then in 1965 the hospital was desegregated to serve all races.²²⁴ The hospital was renamed Cherry Hospital in honor of North Carolina Governor R. Gregg Cherry (1945-49) in 1959.²²⁵ The patients worked about 3,500 acres of farmland on the hospital grounds until the 1970’s.²²⁶ Today the hospital serves thirty-three counties making up the eastern region of the state.²²⁷ Cherry Hospital Museum is one feature listed as a historic site to visit on the Greater Goldsboro attraction list.²²⁸ The Museum is open to the public weekdays from 8 A.M.-12 P.M. and 1 P.M.-5 P.M.; the interpretation of the Museum depicts over a century of history including photographs, logbooks, and a variety of medical and farming equipment once used by the facility.²²⁹

Hiawatha Insane Asylum for American Indians (1903)- Canton, South Dakota

Although the Hiawatha Insane Asylum for American Indians (Figure 40) was built in the first few years of the 20th century, it is the first and only institution designed

²²³ University of Kentucky Public Relations. “UK Hosts National Exhibit on Deaf History.” Available from www.uky.edu/PR/News/Archives/2001/Sept2001/htde.htm; Internet; accessed 23 March 2004.

²²⁴ Historic Asylums- America’s Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 10 February 2004.

²²⁵ North Carolina Department of Health and Human Services. “Cherry Hospital- Greensboro, North Carolina.” Available from www.dhhs.state.nc.us/mhddsas/cherry/; Internet; accessed 10 February 2004.

²²⁶ Ibid.

²²⁷ Ibid.

²²⁸ Greater Greensboro, North Carolina. “Cherry Hospital Museum.” Available from www.gretergoldsboro.com/attractions.html; Internet; accessed 10 February 2004.

and dedicated to a particular group of people in society, a fact that is quite fascinating by itself.



Figure 39 Hiawatha Insane Asylum for American Indians

The formation for the institution designed to house exclusively American Indians started in 1898 when Congress passed a bill setting into motion the founding of the institution. Located in Canton, South Dakota, just near the Nebraska border, the doors of the asylum began welcoming patients as of January of 1903. There was an investigation conducted by the Department of the Interior, finding that many patients were dying because they had been denied medical care. According to Harold Iron Shield, the founder of the Native American Reburial Restoration Committee, typical patients included “traditional spiritual people or teenagers who misbehaved or people the Indian agent didn’t like.” Also disheartening was a finding in 1933, by the Bureau of Indian

²²⁹ North Carolina Department of Health and Human Services. “Cherry Hospital- Greensboro, North Carolina.” Available from www.dhhs.state.nc.us/mhddsas/cherry/; Internet; accessed 10 February 2004.

Affairs stating that a “large number” of the patients showed no signs of mental illness at all.²³⁰

There was a parcel of land set aside for a cemetery, but it was said that the Indian Office decided stone markers for graves would be an unwarranted expense.²³¹ Today the cemetery for the asylum is located in the middle of a golf course in Canton with 121 names listed.²³² Every year a memorial service is held at the cemetery.²³³ The cemetery was recently listed on the National Park Service’s National Register of Historic Places.²³⁴ The Hiawatha Insane Asylum was closed sometime before the article was printed *by U.S. News & World Report* in October 9, 2000.²³⁵

Pilgrim State Hospital (1929) Long Island, New York

The Long Island hospital known as Pilgrim State Hospital (Figure 41) was completed in 1929 and at one time was deemed the “Worlds Largest Mental Hospital.”²³⁶ The site occupies 665 acres and still has some buildings in use.²³⁷

²³⁰ My Two Beads Worth Hiawatha Insane Asylum. Available from www.mytwobeadsworth.com/Cantoninsane.html; Internet; accessed 10 February 2004.

²³¹ Ibid.

²³² Ibid.

²³³ Shapiro, Joseph P., “Marking Forgotten Lives- Old Mental Institution Graves are Named at Last.” *U.S. News & World Report*, 9 October 2000.

²³⁴ My Two Beads Worth Hiawatha Insane Asylum. Available from www.mytwobeadsworth.com/Cantoninsane.html; Internet; accessed 10 February 2004.

²³⁵ Shapiro, Joseph P., “Marking Forgotten Lives- Old Mental Institution Graves are Named at Last.” *U.S. News & World Report*, 9 October 2000.

²³⁶ Historic Asylums- America’s Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 10 February 2004.

²³⁷ Danvers State Insane Asylum. Available from www.danversstateinsaneasylum.com; Internet; accessed 10 February 2004.



Figure 40 Pilgrim State Hospital

The hospital was created by the Legislature in 1929 and named for Dr. Charles W. Pilgrim, commissioner of mental health in the early 1900s.²³⁸ In 1929, Pilgrim State occupied 825 acres with 100 patients transferred from Central Islip.²³⁹ Nine months later the hospital was serving 2,018 patients.²⁴⁰ By 1935, Pilgrim State Hospital housed nearly 9,000 patients.²⁴¹ The peak census was in 1954, with 13,875 patients.²⁴² In 1999, the hospital campus contained 75 structures.²⁴³

The architectural firm of Fox and Fowle Architects, based in New York City, listed principal architect Mark E. Strauss as having proposed a Reuse Strategy for Pilgrim State Hospital for the UDC on Long Island involving 600-acres.²⁴⁴ In a press release

²³⁸ Historic Asylums- America's Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 10 February 2004.

²³⁹ Ibid.

²⁴⁰ Ibid.

²⁴¹ Ibid.

²⁴² Ibid.

²⁴³ Ibid.

²⁴⁴ Fox and Fowle Architects, New York City. Available from www.foxfowle.com; Internet; accessed 10 February 2004.

issued by the State of New York on October 27, 1998, the Oak Brush Plain State Preserve at Edgewood was originally part of the Edgewood and Pilgrim State hospital sites, constructed in the 1930's, which were administered by the former Department of Mental Hygiene.²⁴⁵ James L. Stone, the State Mental Health Commissioner, said, "The Office of Mental Health applauds this action, which is entirely consistent with our goal to provide streamlined services by reducing unneeded infrastructure. This initiative will in no way impact services at Pilgrim, which will continue to provide the highest quality care for individuals with serious psychiatric disabilities."²⁴⁶ The transfer of this property is in compliance with Chapter 635, Section 7 of the Laws of 1987; this law states that any Pilgrim State Hospital land that are no longer needed by the facility should be incorporated into the Oak Brush Plain State Preserve.²⁴⁷ There is a mention that in 1998, the state government of New York announced the transfer of 86 acres of pine barrens forest from the Pilgrim State Hospital lands to the State Department of Environmental Conservation.²⁴⁸ In an auction in 1998 that was not completed, the 650 acres of the complex was sold in an auction for \$32 million.²⁴⁹

In a January 3, 2002 web-site update, Kessler International- Forensic Accounting, Corporate Investigation, and Computer Forensics, moved from a building formerly

²⁴⁵ New York State Department of Environmental Conversation. October 27, 1998. "Governor Protects 86 acres of Long Island Pine Barrens." Available from www.dec.state.ny.us/website/press/govrel/102798.html; Internet; accessed 10 February 2004.

²⁴⁶ Ibid.

²⁴⁷ Ibid.

²⁴⁸ Historic Asylums- America's Vanishing Historic Asylums, State Hospitals, Sanitariums, County Homes, Medical Hospitals, and Other Institutions. Available from www.historicasylums.com; Internet; accessed 10 February 2004.

²⁴⁹ Ibid.

operated as the Pilgrim State Hospital and now owned by Courthouse Corporate Center L.L.C. an affiliate of Garden City-based Benjamin Development.²⁵⁰

²⁵⁰ Kessler International, January 3, 2003. "Kessler International Moves to Long Island." Available from www.investigation.com/press/press25.htm; Internet; accessed 10 February 2004.

CHAPTER 8

OTHER HOSPITAL TYPES

Three other hospital types that gained popularity during the nineteenth and twentieth centuries impacted communities in the same way as well mental asylums. These hospitals include charity, tuberculosis, and Veterans Affairs hospitals. While the sizes of these facilities vary, there is one feature that they do in fact share with the mental hospitals of the nineteenth century which is of great concern for the future of these structures: these structures are victims of the changing needs in the healthcare system. While only three facilities are discussed in this work, that does not diminish the need for preservation of these facilities. While not the focus of this thesis, all of these structures are in the same situation.

Waverly Hills Tuberculosis Sanitarium (1911)- Louisville, Kentucky

The Waverly Hills Tuberculosis Sanitarium (Figure 42) was the result of a large tuberculosis epidemic that impacted the city of Louisville and surrounding county in the early 1900's.²⁵¹ The lethal bacterial disease known as "White Death" had skyrocketed so much, Louisville was one of the highest of incident cases in the nation.²⁵²

²⁵¹ Ransdell, Mike. "Fortress of Fright." *Louisville Magazine* (October 2001), 29.

²⁵² Ibid.



Figure 41 Waverly Hills Tuberculosis Sanitarium

With such a large number of cases, a group of concerned wealthy citizens, which called themselves the Anti-Tuberculosis Association, spearheaded the movement for the construction of Waverly Hills.²⁵³ Opening in 1911, the sanitarium was placed on the outskirts of the city secluded by woods and hidden from the traffic of Route 31-W or Dixie Highway down below, the site served the patients with fresh clean country air, the standard treatment of the time.²⁵⁴ The site was used until it closed in 1962, and then was run by a nursing home until 1980. Since that time the site has been home to vandalism, neglect, and also ravaged by nature.²⁵⁵

Recently, Waverly Hills made headlines when featured in The Fox Family Channel's show *Scariest Places On Earth* episode.²⁵⁶ With all of the stories of death from patients through the years as a tuberculosis sanitarium, ghost stories have brought interest and speculation to an abandoned site. This renewed exposure to an abandoned gigantic site allows for attention, whether good or bad, to be given which could bring historic preservation issues to the forefront. Currently the building and grounds are

²⁵³ Ibid.

²⁵⁴ Ibid.

²⁵⁵ Ibid., 30.

²⁵⁶ Ibid.

owned by Curtis and Tina Mattingly who purchased the site in the summer of 2001 with the hopes of opening it up for tours. There is a web-site dedicated to Waverly Hills at www.waverlyhillstbsanatorium.com. It is with great hope that renewed interest in the site and the history along with the site will be the starting point to preserve and give a new life to Waverly Hills.

Shriners Hospitals (1922-present), North America

Shriners, as a Fraternity, began in 1870 with the number of mason totaling around seven thousand out of the 900,000 residents of Manhattan, New York. Billy Florence and Dr. Walter M. Fleming were influential in forming the group known as Ancient Arabic Order of the Nobles of the Mystic Shrine (AAONMS). Rearranged the letters and “A MASON” is created and thus Shriners was founded in the early 1870’s.²⁵⁷

The 1900’s allowed the Shrine to grow and expand their influence creating international temples. During this time of growth, the fraternity wanted to establish an official Shrine charity. In 1906, \$25,000 was sent to the city of San Francisco after the earthquake; also European war victims benefited from a relief of \$10,000. Freeland Kendrick, a member of a Philadelphia Shrine, was visiting the Scottish Rite Hospital for Crippled Children in Atlanta, where he saw the need for crippled children in North America. That year he advocated for them as the charity cause. After campaigning the Shrines across the nation, the vote came to approve the “Shriners Hospital for Crippled Children” using a \$2 yearly due from each Shriner, the approval came in 1921.²⁵⁸

²⁵⁷ Shrine of North America. “Evolution of the ‘World’s Greatest Fraternity.’” Available from www.shrinershq.org/shrine/shorthistory.html; Internet; accessed 17 February 2004.

²⁵⁸ Ibid.



Figure 42 Shriners Hospital in Lexington, Kentucky

The first Shriners Hospital for Crippled Children was constructed in Shreveport, Louisiana in 1922. The first patient was a young child with a clubfoot. Since that time Shriners has a network of twenty-two hospitals and have treated over 600,000 children. These children qualify after their applications are reviewed and it is clear they don't have the financial resources to be treated at other hospitals. Shriners Hospitals for Crippled Children are throughout North America. The hospitals were built in the following cities:

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Shreveport (September 16, 1922)
 Honolulu (January 2, 1923)
 Twin Cities (March 12, 1923)
 San Francisco (June 16, 1923) relocated to Sacramento in 1997
 Portland (January 15, 1924)
 St. Louis (April 8, 1924)
 Spokane (November 15, 1924)
 Salt Lake City (January 22, 1925)
 Montreal (February 18, 1925)
 Springfield (February 21, 1925)
 Chicago (March 26, 1926)
 Philadelphia (June 24, 1926)

²⁵⁹ Ibid.

Lexington (November 1, 1926)²⁶⁰
 Greenville (September 1, 1927)
 Mexico City (March 10, 1945)
 Houston (February 1, 1952)
 Los Angeles (February 25, 1952)
 Winnipeg (March 16, 1952) closed August 12, 1977
 Erie (April 1, 1967)
 Tampa (October 16, 1985)
 Sacramento (April 14, 1997)

Out of the hospitals, eighteen would currently qualify to be listed on the National Register of Historic Places. It is also important to note famous Atlanta, Georgia architect Neel Reid designed the Lexington hospital (Figure 43). A mason had this to say about the organization, “Thus, whatever changes occur within the fraternal organization or within the Shriners Hospital system, the Shrine of North America will remain the "World's Greatest Fraternity," operating and maintaining the "World's Greatest Philanthropy.”²⁶¹

Veteran Affairs (V.A.) Hospitals

It is said that the United States has the “most comprehensive system of assistance for veterans in the world”. The origin can be traced back to the Pilgrims of Plymouth Colony in 1636 when they were at war with the Pequot Indians. The Continental Congress of 1776 established pensions for soldiers who were disabled after enlisting in the Revolutionary War. The first “domiciliary and medical facility was established in 1811. The nineteenth century saw the veterans’ assistance to include benefits and

²⁶⁰ William R. Mitchell, Jr. *J. Neel Reid of Hentz, Reid, and Adler and the Georgia School of Classics*. (Savannah, Georgia: Golden Coast Publishing Company), 240. The Shriners Hospital in Lexington, Kentucky was job number 569 and dates to 1925. Reid had a total of 606 jobs during his short career.

²⁶¹ Shrine of North America. “Evolution of the ‘World’s Greatest Fraternity.’” Available from www.shrinershq.org/shrine/shorthistory.html; Internet; accessed 17 February 2004.

pensions for not only for veterans, but also their widows and dependants. Many states, after the Civil War, founded veterans homes. The 1920's saw veterans' benefits being administered by three separate Federal agencies: the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers. The Veterans Administration was the 1930 creation as an umbrella for these three agencies by the President after being authorized by Congress. The Veterans Bureau was changed to Veterans Affairs. The Department of Veterans Affairs was created as a Cabinet-level position on March 15, 1989. The VA healthcare system has grown from fifty-four hospitals in 1930, to 171 medical centers; more than 350 outpatient, community, and outreach clinics; 126 nursing home care units; and 35 domiciliaries.²⁶²

Lexington, Kentucky has a Veterans Affairs (VA) Hospital on Leestown Road (Figure 44) built in the Georgian Colonial Revival style in 1930.²⁶³ According to the web-site from the Veterans Affairs, the Lexington hospital is in a sub-category called "Architectural Set Medical Centers" under the section of Architectural Set List and History (1918-1948).²⁶⁴ This sub-category states these "fifty properties nationwide that serve as part of the VA's Architectural Set, a thematic, multiple property nomination to the National Register.

²⁶² Department of Veterans Affairs. "A Brief History." Available from www.va.gov/vafhis.htm; Internet; accessed 8 March 2004.

²⁶³ Department of Veterans Affairs. Office of Facility Management- Historic Preservation. "Arcchitectural Set Medical Centers." Available from www.va.gov/facmgt/historic/VHA_Listing_By_Resource.asp; Internet; accessed 8 March 2004.

²⁶⁴ Department of Veterans Affairs. Office of Facility Management- Historic Preservation. "History of VA Facilities." Available from www.va.gov/facmgt/historic/History_of_Facilities_Home.asp; Internet; accessed 8 March 2004.



Figure 43 V.A. Hospital in Lexington, Kentucky

They share a common prototype floor plan, campus siting/landscaping, and overall health care design strategy; the exterior facades differ regionally by architectural style.”²⁶⁵

The grounds of the facility have other buildings located within. Just by the dates listed, the entire complex is historic.²⁶⁶ The structures’ building number is listed in front of the building, while the year of construction follows in parenthesis:

- (1) Main Building (1930)
- (2) Outpatient Clinic/Canteen (1931)
- (3) Pharmacy (1931)
- (4) Auditorium (1932)
- (5) Administrative Offices (1931)
- (6) Officers Duplex Quarters (1930)
- (7) Officers Duplex Quarters (1930)
- (8) Director's Residence (1933)
- (12) Storehouse (1931)

²⁶⁵ ²⁶⁵ Department of Veterans Affairs. Office of Facility Management- Historic Preservation. “Architctueural Set Medical Centers.” Available from www.va.gov/facmgt/historic/VHA_Listing_By_Resource.asp; Internet; accessed 8 March 2004.

²⁶⁶ Department of Veterans Affairs. Office of Facility Management- Historic Preservation. “Kentucky.” Available from www.va.gov/facmgt/historic/kentucky.asp; Internet; accessed 8 March 2004.

- (15) Flag Pole
- (16) Nursing Home Care (1937)
- (17) Mental Health (1937)
- (25) N.P. Infirmary (1942)
- (27) Nursing Home Care (1948)
- (28) Intermediate Care (1948)
- (29) Psychiatric Nursing (1948)

Just as of last year, the fate for the continued use of the hospital was in question.

In a August 5, 2003 article, the Department of Veterans Affairs announced plans to close seven VA hospitals, open others, and retarget services in a major restructuring of its healthcare system. The plan would involve thirteen facilities including the Leestown Road location in Lexington. The restructuring proposals for the VA hospitals began in 2002; it was an attempt to shift the agencies' focus to outpatient care, place services where they are required, and to "save money by eliminating underused and outdated services and facilities". It is considered to be the largest comprehensive infrastructure assessment since the Second World War. Just like the military base closing, the proposal is either accepted or rejected in its entirety. Veterans Affairs Secretary Anthony J. Principi mentioned that the objective of the assessment is to meet the needs of the veterans for the next twenty years. Principi went on to say, "I'm not trying to save money. I'm trying to transform an infrastructure that has been built or acquired over the past fifty years." The restructuring will cost an estimated \$4.6 billion over twenty years by some of the costs getting offset with hospital closures or leasing out unused facilities. Hospitals slated as targets for closures were already met by protests.²⁶⁷ The Leestown

²⁶⁷ Gamboa, Suzanne. "VA Plans Major Health Care Changes- Restructuring of Facilities to Cost \$4.6 Billion Over 20 Years." *The Washington Post*, 5 August 2003.

Road located has 135 acres and has about dozen-unused buildings of the fifty-plus located on the grounds.²⁶⁸

²⁶⁸ Ward, Karla. "VA to take input on closing Leestown Road facility." *Lexington Herald-Leader*, 6 September 2003.

CHAPTER 9

LAWS AND ASYLUMS

There are two laws that impact asylums directly. The Mental Health and Mental Retardation Facilities Closures Act of 1999 in Pennsylvania and the Michigan Renaissance Zone laws allow not only communities to play a role in the future and direction of the asylum, but they let their voices be heard. Since most asylums were often welcomed by the communities as an economic booster and stabilizer, it is only respectful that communities have a say in the condition of the asylum in their area. These two laws may be for a specific state, but the importance is that they can be applied to any state. The state does not have to have an asylum or hospital; these closures apply to a school system or major industrial factory that impacts the growth and economic welfare of the area. The Renaissance Zone was altered and used in Michigan for agricultural purposes as well, and therefore this allows for change and other uses can build in to this thought of conservation and preservation.

Mental Health and Mental Retardation Facilities Closures Act of 1999- Pennsylvania

The Act was passed by the General Assembly of the Commonwealth of Pennsylvania in the Session of 1999. It was known as House Bill No. 319 or HB 319 PN326. The Act has a direct impact on state mental hospitals in certain conditions, and in the Act the community does have an input in the future of the facility

The Act requires public hearings before closing State mental health or mental retardation facilities. In the Act, there are four terms and their definitions listed. Terms

are the following: “closure”, “department”, “facility”, and “reduction”. The Act states under Section 3 “requirement- within 30 days after a closure announcement or reduction, the department must hold a public hearing in the county where the facility is located. In the case of a closure, the hearing shall be held within 30 days after the department announces a decision to close a facility. In case of a reduction, the hearing shall be held within 30 days after the resident/patient census or staff reduction of 20% has occurred. Nothing in the act shall require the department to hold additional hearings regarding further reductions at the same facility.”²⁶⁹

Section 4 of the Act deals with noncompliance. It says that, “If the department does not hold the hearing required under Section 3, the department shall not implement closure of a facility or plan for additional reductions. Section 5 deals with confidentiality, but Section 6 is in reference to applicability. Under Section 6 part “a”, it states that “This act shall apply to closures or reductions made after December 31, 1997. For the purpose of this section, the department shall have 30 days from the effective date of this act to comply with section 3. The act was to go into effect in 30 days from passage.”²⁷⁰

An article from the *Times Observer* entitled, “Hearing Set on Future of WSH,” by staff writer Victoria Barone showcases just how this Act works in reference to Warren State Hospital. The May 4, 2002 article states that the population of the hospital has dropped 20% or more since 1999, and because of that the hospital is holding a public hearing May 27, 2002. The hospital superintendent says this is a chance for the public to testify at the hearing. He went on to say that this was a routine measure in accordance to

²⁶⁹ The General Assembly of Pennsylvania, House Bill Number 319, Session of 1999. Available from www.legis.state.pa.us/WU01/LI/BI/BT/1999/0/HB0319P0326.HTM; Internet; accessed 3 February 2003.

the Act, and it did not mean that the hospital was closing. The superintendent also said that along with all of the state hospitals, Warren State Hospital has been reducing the number of residents through the Community Hospital Integration Program Projects (CHIPP). The CHIPP program has meant the transfer of funds from state hospitals to communities that are receiving the patients where they are immersed in their own community. Community care is less expensive for the state than institutional care. The public hearing will be promoted by the Department of Public Welfare. Notices will be placed in newspapers and letters will be sent to unions that cover hospital employees, staff, and family members of patients, county health authorities, consumer support groups, and other interested parties informing them of the upcoming hearing. Yet anyone who is interested on the matter can attend the hearing and testify, even in written testimony form as well. The superintendent said, “We do want everybody to have the opportunity to testify if they so choose and to inquire about what’s going on. We don’t just want to alarm anybody that we’re closing or going out of business. It’s not that at all. We’re just complying with the law.” After the hearing, all of the comments will be given to the Mental Health Substance Abuse Services. The superintendent said after that, “All comments, all testimony, will be kept and we’ll see what issues there are and if there are any issues that need to be attended to.”²⁷¹

Michigan Renaissance Zones

The State of Michigan created the Michigan Renaissance Zone in 1996. The motto of the zone is “An Innovative Tool for Re-vitalizing Distressed Areas.” The

²⁷⁰ Ibid.

Renaissance Zones were the results of nine separate legislative bills establishing eleven new tax-free zones. The objective of the Renaissance Zones was to spur economic activity in distressed urban and rural areas. The legislation called for up to eleven tax-free zones, with a minimal of at least five urban and three rural economically depressed areas. Every city and county in the state was eligible to apply for one or more zones. At the time of its passage, the legislation stated that the zone may consist of no more than 5,000 acres (eight square miles) and may be divided into as many as six noncontiguous zones of at least 1/250 of total municipal acreage for cities or 400 acres for counties. The incentive with the zone was that all state and local taxes (except the state sales tax and bonded indebtedness) would be waived for businesses and residences in the zone from anywhere between 11 to 15 years. This tax break would apply to both existing and new properties. So in order to receive the benefits of the zone, businesses and residents would have to locate within one of these zones.²⁷²

Under the Renaissance Zone program businesses and residents would be exempt from paying- 1.) single business tax; 2.) state personal income tax; 3.) 6-mill state education tax; 4.) local personal property tax; 5.) local real property tax; 6) local income tax; and 7.) utility users tax.²⁷³

However, businesses and residents would still have to pay- 1.) social security tax; 2.) unemployment compensation; 3.) worker's compensation; 4.) sewer and water tax; 5.)

²⁷¹ Barone, Victoria. "Hearing Set on Future of WSH." *Time Observer*, 4 May 2002.

²⁷² The Village- Grand Traverse Commons. Available from www.thevillagetc.com; Internet; accessed 26 January 2004.

²⁷³ Ibid.

property tax resulting from local bonded indebtedness or special assessments; and 6.) 6% state tax (Michigan does not allow local sales tax).²⁷⁴

In an update issued December 3, 2002 by the Michigan Economic Development Corporation, they announced that 34 Renaissance Zone designations and modifications received approval by the state; and this would affect 19 counties. The announcement is expected to help create 4,000 new jobs and spur about \$ 957 million in private investment. Also announced was that effective December 31, 2002, the Michigan Renaissance Zone legislation will no longer permit further designations or modifications. The tax benefits will continue for the existing and modified Renaissance Zones. The update mentions that since the creation of the program in 1996, the nationally and frequently imitated program has generated 241 new projects resulting from the more than 6,300 new jobs and the \$1.7 billion in private investment from these zones.²⁷⁵

²⁷⁴ Ibid.

²⁷⁵ Michigan Newswire, September 24, 2003. "Grand Traverse County Brownfield Redevelopment Grant to Assist with Redevelopment Project." Available from www.michigan.gov; Internet; accessed 20 March 2004.

CHAPTER 10

FORMING A NON-PROFIT ORGANIZATION FOR HISTORIC ASYLUMS

There is an inherent need to have some sort of organization that can be a voice or advocate for historic asylums. With so many state budgets tight, the need to keep a structure, such as an asylum that sits vacant or which could need extensive renovations if kept in use, is not an avenue easily taken. It is in so many cases cheaper for states to sell the property to developers who could pay the state in taxes for the new development use. These structures are just too much of a financial burden for some states to even see any hope or new use for the structures.

Such an organization would keep not only a listing of these structures but would also oversee other needs of these historic asylums. One major need is to document with photographs and historic documents, and even person feedback from directors or patients or family members of how the asylum ran, the condition they last saw it and what other features they remember. The organization would use the researched information as a basis for educating the public about the history of mental health in American during various periods as well as show what role a particular asylum played in the location. Then another tool for saving these structures from permanent loss, a revolving fund, could be established to save endangered sites and then seek new owners who would bring new life to the site, structure. This would, in turn, benefit the local economy. The organization envisioned would be non-profit so that it could qualify for funding and grants on many levels. Donors could be private, public, from other organizations that deal with architecture, education, photography, history, healthcare, community issues,

and various other facets that the asylum would have impact and influence with. Like any organization created there is a goal and purpose and the everlasting struggle will be to maintain financial stability and interest amongst the donors. The organization would ideally preserve, save, and rehabilitate every historic asylum still in existence, but the fact of the matter is that is too large of a feat.

The importance of this organization is to give a voice and chance to these architectural creations allowing them to serve the public in a new and productive use as they once did for which they were created in the first place. The following are some suggested names for an organization

- National Historic Asylum Association (NHAA)
- Society for the Preservation of Historic Asylums (SPHA)
- National Association for the Preservation of Historic Asylums (NAPHA)
- Historic Asylum Preservation and Education Association (HAPEA)

Out of the four suggested names, the last is by far the best name with the most flexibility. The purpose of this organization is to not only advocate the preservation of historic asylums but also strives to educate the public of these architectural marvels. The organization has the ability to serve regionally or nationally, depending on demand, interest, and support of the founding members. Education is an integral part of understanding healthcare and the structures created over a hundred years ago that were to aid in the healthcare trends of the time. The ideal situation would be that the organization would be a storage facility for all of the historic asylums throughout the states and when

information would be needed, this organization could furnish information or get the contacts of those that could assist in the research.

Two organizations that cater to particular architectural types are the Theatre Historical Society of America and the United States Lighthouse Society. The theatre organization encompasses various theatrical types, while the lighthouse organization is just for lighthouses.

The Theatre Historical Society of America has been in existence for thirty-five years. During that time the organization has documented the “rich heritage of historic theatres in the United States- from nineteenth century opera houses, early nickelodeons, small town and neighborhood theatres, to ornate movie palaces, drive-ins, and even early multiplexes.” This organization based out of Elmhurst, Illinois has several ways to get their message out to the public. There is a theatre tour to certain featured sites, awards, an annual newsletter, photos, galleries, links to other theatre sites, exchange of stories, audio archives, a sale of unique theatre ornaments, and of course administrative areas such as directors/region, volunteering, membership information, and the bylaws are accessible. Having a place to keep information archived is beneficial in many regards for future use. The theatre tour is a great way to showcase theatres in an area to members as a way to educate and appreciate different architectural types.²⁷⁶

The San Francisco, California based United States Lighthouse Society is a non-profit historical and educational organization established to “educate, inform, and entertain those who are interested in America’s lighthouses, past and present.” The

²⁷⁶ Theatre Historical Society of America. Available from www.historictheatres.org; Internet; accessed 21 April 2004.

organization was founded to “assist in the restoration and preservation of America’s lighthouses and to help qualified local groups in their efforts to return the nation’s lighthouses to the public domain.”²⁷⁷

The goals of the society are to: 1) assist in the restoration and preservation of America’s light stations; 2) continue researching the history of light stations, lightships, and related aids to navigation; 3) sustain a communication between local concerned parties with local restoration groups; 4) to serve as the means of communication between all who care about these unique symbols of maritime history; 5) to continue the forty-eight page publication of the organization’s quarterly magazine; 6) to maintain and update the library and photographic archives; 7) to continue to publish the quarterly bulletin of national and international tours; 8) to raise funds, to collect artifacts for and support the new National Lighthouse Museum on Staten Island, New York; and 9) to maintain the organization’s own floating vessel as a museum.²⁷⁸

The society has a collection of archived material that can benefit those interested, while even planning an educational package for students in kindergarten through fourth grade. Then as the theatre organization does, the lighthouse society has tours that members can go on to experience the lighthouses up-close and in their environment. This tour idea greatly enhances to overall effort of why an organization is needed to preserve and educate the public of why these structures are so unique.

After looking at the two listed and established groups that are dedicated to preserving an architectural type, the issue of why an organization is needed to preserve and educate historic asylums is more evident.

²⁷⁷ United States Lighthouse Society. “About the Society.” Available from www.uslhs.org/inner/home.html; Internet; accessed 19 April 2004.

CHAPTER 11

CONCLUSIONS AND RECOMMENDATIONS

- 1) hold a workshop to generate interest to form an organization
- 2) once established, a documentation program can be started
- 3) assistance with National Register nominations of sites
- 4) then begin educational and adaptive reuse plans to inform the public and advise interested parties for tax credits and other incentives

“The lunatic asylum was intended as a place of structured improving activity, seclusion from suspected causes of illness, a certain amount of medical therapy, and moral treatment. All of these were intended to cure those suffering from mental disorders, thus improving their lives and the quality of society in general. Those that could not be cured were at least ostensibly sheltered from harmful circumstances.” These disappearing monuments represent an important period in the progress of American mental health care.²⁷⁹

The asylum movement which started in the nineteenth century does not only represent the changing views of the mentally ill, but the movement also incorporates the prevailing architectural style types of the period. Whether the building was suppose to serve the greater feat of curing or just symbolized the dedication of the state for their less

²⁷⁸ Ibid.

²⁷⁹ Kirkbride Buildings. “A Short History of Kirkbride Buildings.” Available from www.kirkbridebuildings.com; Internet; accessed 5 March 2003.

fortunate citizens, these architectural time capsules should be understood and most importantly preserved for future generations to use. These buildings and the surrounding grounds represent a legacy in the history of the United State, and for this reason these cultural resources are too important to be lost forever.

Currently, there is no organization specifically dedicated to historic asylums or other medical or hospital types. There are however, several web-sites dedicated to specific asylums and a few that are statewide in nature. A large listing of asylums and other hospitals are on one particular web-site with the address being www.historicasylums.com. This web-site has assisted in gathering information and has given directions to news updates including preservation groups, demolitions, and asylum site's current status, as well as links to various beneficial and related site. However, [historicasylums.com](http://www.historicasylums.com) appears to be informative, which is great, but there needs to be an organization created to tie all these grassroots, local, statewide, and Internet resources together.

The National Trust for Historic Preservation does bring preservation needs of asylums to the forefront, but the organization is dedicated to all historic and cultural resources throughout America. The National Trust could spearhead the creation of this all-encompassing organization. At the annual conference, the National Trust could invite individuals, groups, state historic preservation officials, and leaders in the mental healthcare systems to convene in a workshop to generate interest. In *Preservation*, the National Trust's magazine, advertisement of the interest in such a group could be spread to members of the National Trust. Once the interest is established, an office within the National Trust could be given to an individual to learn how to create this organization

and how to keep the organization a success with future planning and fundraising issues are addressed. Since there are asylums in almost every state the founding site would not be of particular importance.

Once the historic asylum organization has an interested following, several programs can be initiated. One such program that is of dire need, is the documentation of asylums through photographic means or even through the Historic American Building Survey (HABS). Then assisting communities or states could nominate these sites to the National Register of Historic Places, which would give recognition to both the site and the community. After listing on the Register, adaptive reuse plans should be suggested to individuals, communities, developers, or architectural firms, who could benefit from rehabilitation tax credits and incentives. Then, another direction the organization should focus on would be educating the public and those interested in learning more about the buildings and grounds. All the while, fundraising and grant writing will be a major concern for continuing the success of the organization. There is a sector of society interested in these asylums, whether for historic preservation or personal reasons. Perhaps the organization, in time could broaden its focus on historic asylums to include other historic medical facilities for various illnesses.

Asylums and other medical facilities are reminders of a time when patients were treated differently than they would be today, but that is the evolution of knowledge. To reject these buildings and sites would not respect their place in history.

Acknowledgement of these cultural resources is not only a must, but a necessity for understanding the delicate subject of mental health as well as the fine details and

craftsmanship given to enormous buildings. (Such as with Weston State Hospital in Weston West Virginia, Figures 45 and 46.)

The communities welcomed these sites and the state's prided themselves on their charitable appearance. Change to these sites has come from the very institution that allowed their creation, and therefore they have become the burden to some states. Perhaps the creation of an organization that would preserve and educate the public about the significance of these asylums would alter the course of demolition that seems likely for many of the sites. These "Palaces for the Insane" should be a cultural resource worth preserving to ensure the appreciation and utilization of the properties for present and future generations.



Figure 46 (left) and 47 (right)

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FIGURE CREDITS

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Fig. 4	North Carolina Department of Health and Human Services
Fig. 5	www.historicasylums.com
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Fig. 43	<i>The Courier Journal</i> file photo
Fig. 44	author
Fig. 45	author
Fig. 46	author
Fig. 47	www.historicasylums.com

APPENDICES

APPENDIX A

KIRKBRIDE'S BOOK ON THE CONSTRUCTION, ORGANIZATION, AND GENERAL ARRANGEMENTS OF HOSPITALS FOR THE INSANE WITH SOME REMARKS ON INSANITY AND ITS TREATMENT

Part I- On the Construction of Hospitals for the Insane:

- Chapter 1- Preliminary remarks
- Chapter 2- Definitions of insanity
- Chapter 3- Frequency of insanity
- Chapter 4- Curability of insanity
- Chapter 5- Economy of curing insanity
- Chapter 6- Hospitals the best places for treatment
- Chapter 7- Different classes of hospitals for the insane
- Chapter 8- State provision to be for all classes
- Chapter 9- The Association of Medical Superintendents of
American Institutions for the Insane
- Chapter 10- First steps to secure a hospital
- Chapter 11- Form of law for establishing a hospital
- Chapter 12- Building commission
- Chapter 13- Selection of a site
- Chapter 14- Amount of land
- Chapter 15- Supply of water
- Chapter 16- Drainage
- Chapter 17- Enclosures
- Chapter 18- Patient's yard
- Chapter 19- Importance of architectural arrangements
- Chapter 20- Character of proposed plans
- Chapter 21- Site of building and number of patients
- Chapter 22- Position and general arrangement of the building
- Chapter 23- Form of building
- Chapter 24- Height of hospitals
- Chapter 25- Temporary or wooden structures
- Chapter 26- Number of patients in a ward
- Chapter 27- Natural ventilation
- Chapter 28- Cellars
- Chapter 29- Materials of walls
- Chapter 30- Plastering
- Chapter 31- Security from fire in construction
- Chapter 32- Roofs
- Chapter 33- Size of rooms and heights of ceilings
- Chapter 34- Floors

Chapter 35- Doors
 Chapter 36- Locks
 Chapter 37- Windows and window guards
 Chapter 38- Inside window screens
 Chapter 39- Stairs
 Chapter 40- Associated dormitories
 Chapter 41- Infirmary wards
 Chapter 42- Bath rooms
 Chapter 43- Water closets
 Chapter 44- Ward drying rooms
 Chapter 45- Water pipes
 Chapter 46- Dust flues and soiled clothes hoppers
 Chapter 47- Kitchens and sculleries
 Chapter 48- Dumbwaiters and distribution of food
 Chapter 49- Railroad
 Chapter 50- Heating and ventilation
 Chapter 51- Axiom on heating and ventilation
 Chapter 52- Hot air and ventilation flues
 Chapter 53- Lighting
 Chapter 54- Patient's work room
 Chapter 55- Washing, drying, ironing, and baking
 Chapter 56- Farm buildings
 Chapter 57- Cost of hospitals for the insane
 Chapter 58- Description of the plates
 Chapter 59- Description of the frontispiece and its ground plan
 Chapter 60- Description of a linear plan of hospital for the insane
 Chapter 61- Improved linear form of hospital
 Chapter 62- Remarks on the linear plan
 Chapter 63- An infirmary ward
 Chapter 64- A supplementary ward
 Chapter 65- Connection between center building and wings
 Chapter 66- Fireproof stairways
 Chapter 67- Windows, window guards, and doors
 Chapter 68- Kitchen
 Chapter 69- Water arrangements
 Chapter 70- Concluding remarks on construction.

Part II- The Organization and General Arrangements of Hospitals for the Insane

Chapter 1- Preliminary remarks
 Chapter 2- Officers of the hospitals for the insane
 Chapter 3- Trustees
 Chapter 4- Treasurer
 Chapter 5- Physician-in-chief
 Chapter 6- Assistant physicians
 Chapter 7- Steward

Chapter 8- Matron
Chapter 9- Other officials
Chapter 10- Chaplain
Chapter 11- Consulting physicians
Chapter 12- Persons employed in the wards
Chapter 13- Supervisors
Chapter 14- Companions and teachers
Chapter 15- Attendants
Chapter 16- Night watching and nursing
Chapter 17- Watch clocks
Chapter 18- Outside assistants
Chapter 19- Remarks on the number employed and their
 compensation
Chapter 20- Supervision of hospitals for the insane
Chapter 21- Admission of patients
Chapter 22- Classification
Chapter 23- Schedule of a complete organization
Chapter 24- Residence of physician –in-chief
Chapter 25- Separation of the sexes
Chapter 26- Should the recent and chronic be separated?
Chapter 27- Is there danger of the sane being admitted as insane?
Chapter 28- Restraint and seclusion
Chapter 29- Furniture
Chapter 30- Provision for insane criminals
Chapter 31- Means of extinguishing fire
Chapter 32- Labor, outdoors exercise, and amusements
Chapter 33- Evening entertainments
Chapter 34- A hospital day
Chapter 35- Visitors
Chapter 36- Importance of a correct nomenclature
Chapter 37- Concluding remarks.

APPENDIX B

HOSPITALS, STATE INSTITUTIONS, ETC. OPERATING IN PENNSYLVANIA,

1902

A free resource provided by The Genealogist's Physician Lookup Service (PLS)

Compiled by A.E. Armstrong

City	Hospital Name	Date	Capa	Other Info.
		Est'd.	city	
ALLEGHENY	Allegheny General Hospital	1886	120	110112 E. Stockton Ave.; Public Hospital; Ambulance Svc.
	Presbyterian Hospital	1895	35	1101 Ridge Ave.; Public Hospital; Ambulance Svc.
	St. John's General Hospital	1896	50	McClure Ave.; Public Hospital; Ambulance Svc.; Physician in charge: W.J. Langfitt.
	United Presbyterian Memorial Hospital	1888	15	Monterey & Roberts Streets
ALLENTOWN	Allentown Hospital	1899	31	Ambulance Svc.; Physicians in charge: W.H. Hartzell & C.D. Schaeffer.
ALTOONA	Altoona Hospital	1886	48	Public Hospital
BLOSSBURG	Cottage State Hospital	1891	30	Ambulance Svc.; Public Hospital; Physician in charge: G.D. Crandal
BUTLER	Butler County General Hospital	1898	25	Corner of S. Main and Plank Road; Public Hospital; Ambulance Svc.
CHESTER	Chester Hospital	1892	50	9th. and Barclay streets; Ambulance Svc.; Public
COLUMBIA	Columbia Hospital	1895	15	Public
DANVILLE	State Hosp For The Insane	1868	1,000	
DEVON	Richardson Home For Convalescents	1892	50	(Branch of the Presbyterian Hospital in Philadelphia)
EASTON	Easton Hospital	1890	50	656 Wolf; Ambulance Svc.; Public
ELWYN	Pennsylvania Training School For Feeble Minded	1852	1,050	Superintendent: Martin W. Barr, M.D.
ERIE	Hamot Hospital	1882	80	corner of 2nd. and State streets; Public
ERIE	St. Vincent's Hospital	1875	80	Ambulance Svc.; Public
FOUNTAIN SPRINGS	State Hospital For Injured Persons	1883	100	Ambulance Svc.; Sperintendent: J.C. Biddle, M.D.
GERMANTOWN	Germantown Dispensary And Hospital	1866*	100	E. Penn street; Ambulance Svc.; Private

GREENSBURG	Westmoreland Hospital	1895	50	Ambulance Svc.; Public
HARRISBURG	Harrisburg Hospital	1873	65	Front and Mulberry streets
----	Maternity Hospital	1893	6	226 Liberty; Medical and surgical staff
----	Pennsylvania State Lunatic Hospital	1851	900	Cameron and McClay streets
----	St. Clare Infirmary	1897	30	corner of Fourth and North streets; Private; Medical and surgical staff
HAZLETON	State Hospital For Injured Persons	1889**	52	Ambulance Svc.
JOHNSTOWN	Cambria Hospital	1887	25	Ambulance Svc.; Private; Medical and surgical staff
----	Conemaugh Valley Memorial Hospital	1892	75	Ambulance Svc.; Public
KANE	Kane Summit Hospital	1888	50	Public
LANCASTER	Lancaster County Almshouse and Insane Asylum	1797	96	Ambulance Svc.; Medical and surgical staff
----	Lancaster General Hospital	1893	25	528 N. Lime; Medical and surgical staff
----	St. Joseph's Hospital	1884	140	College and Marietta avenue; Ambulance Svc.; Public
LOCK HAVEN	Lock Haven Hospital	1897	18	Ambulance Svc.; Public
McKEESPORT	McKeesport Hospital	1894	85	5th. and Evans avenue; Ambulance Svc.; Public
McKEE'S ROCKS	Norwood Hospital	1899	50	Ambulance Svc.; Public
MERCER	Cottage State Hospital	1890	23	Ambulance Svc.; Public
NEW BRIGHTON	Beaver Valley General Hospital	1895	26	Ambulance Svc.; Public
NEW CASTLE	Shenango Valley Hospital	1893	50	Public
NORRISTOWN	Charity Hospital of Montgomery County	1890	50	corner of Basin and Powell; Ambulance Svc.; Public
----	Norristown State Hospital	1879	2,150	
OAKBOURNE	Pennsylvania Epileptic Hospital and Colony Farm	1896	54	Public
OIL CITY	Oil City Hospital	1891	30	Ambulance Svc.; Public
PHILADELPHIA	Blue Cross Medical Institute	1896	14	Franklin and 1502 Marshall; Public
----	Children's Homeopathic Hospital	1877	65	Franklin and Thompson; Ambulance Svc.; Public
----	Children's Hospital Of Philadelphia	1855	135	207 S. 22nd.; Ambulance Svc.; Public
----	Eye and Ear Dept. of Howard Hospital		30	corner of Broad and Catharine; Surgical staff
----	Frederick Douglass Memorial Hospital	1895	18	1512 Lombard; Public
----	Free Hospital For Poor Consumptives	1895	55	Has received a State appropriation
----	Garretson Hospital	1897	12	18th. And Buttonwood; Public
----	German Hospital	1866	220	Girard and Corinthian avenues; Ambulance Svc.; Public
----	Gyneccean Hospital	1888	40	247 North 18th.; Public
----	Hahnemann Hospital	1869	200	15th. Above Race; Ambulance Svc.
----	Hahnemann Maternity Hospital	1898		1715 Vine
----	Home of the Merciful Saviour For Crippled Children	1882	70	44th. And Baltimore avenue
----	Home For Consumptives	1887	60	Chestnut Hill; P.E. Church institution
----	Hospital of the P.E. Church	1851	400	Front and Lehigh avenue; Ambulance Svc.
----	Hospital of the University of Pennsylvania	1870	285	3400 Spruce; Ambulance Svc.
----	Hospital and Dispensary of the Alumnæ Of The Oman's Medical College of Pennsylvania	1896		1207 S. Third
----	Howard Hospital	1853	50	corner Broad and Catharine; Public
----	Jefferson Maternity Hospital	1892	24	224 W. Washington
----	Jefferson Medical College Hospital	1877	160	1020 Sansom; Ambulance Svc.; Public
----	Jewish Hospital	1865	79	York and Tabor roads; Ambulance Svc.
----	Kensington Hospital For Women	1884	50	136 Diamond; Public
----	Maternity Hospital	1873	35	734 S. Tenth; Public
----	Medical, Surgical and Maternity Hospital Of The Oman's Homeopathic Association Of Philadelphia	1882	80	20th. And Susquehanna; Public
----	Medico Chirurgical Hospital	1882	205	Cherry, Seventeenth and Eighteenth; Public

----	Methodist Episcopal Hospital In The City Of Philadelphia	1892	80	Broad, Wolf, 13th. and Ritner; Ambulance Svc.
	Municipal Hospital	1862	450	22nd. And Lehigh avenue; Ambulance Svc.; Public
----	Pennsylvania Epileptic Hospital	1896	24	corner of Cherry and Lambert
	Pennsylvania Hospital	1751	310	8th. and Spruce; Ambulance Svc.; Private
----	Pennsylvania Hospital For Insane	1751	500	4401 Market; Incorporated benevolent institution
	Philadelphia Hospital	1732	1,500	34th. And Pine; 5 ambulances and 17 horses; Public
----	Philadelphia Hospital, Dept. Of Insane	1836	1,600	34th. And Pine; Public
	Philadelphia Lyingin Charity Hospital	1828	44	S.W. corner 11th. and Cherry; Public
----	Philadelphia Orthopædic Hospital and Infirmary For Nervous Diseases	1865	81	N.W. corner 17th. and Summer; Public
	Polyclinic Hospital	1882	67	Lombard above 18th.
----	Presbyterian Hospital In Philadelphia	1870	220	51 W. 39th.; Ambulance Svc.; Private corporation; Board of 30 trustees
	Rush Hospital For Consumption and Allied Diseases	1890	38	44 N. 32nd.; Public; Medical and surgical staff
----	St. Agnes' Hospital	1888	213	Broad and Mifflin; Ambulance Svc.; Public
	St. Christopher's Hospital For Children	1875	60	Lawrence and Huntingdon; Ambulance Svc.; Public
----	St. Joseph's Hospital	1848	200	Girard avenue and 16th.; Ambulance Svc.; Public
	St. Luke's Homeopathic Hospital	1896	27	Broad above Westmoreland; Ambulance Svc.; 25 trustees and staff of 34 physicians
----	St. Mary's Hospital	1862	125	Frankford avenue and Palmer; Ambulance Svc.; Public
	St. Timothy's Memorial Hospital And House Of Mercy	1890	75	Ridge and Jamestown avenues; Ambulance Svc.; Public
----	St. Vincent's Home and Maternity Hospital	1858	500	17th. And Woodland avenue; Private
	Samaritan Hospital	1893	55	Broad and Ontario; Ambulance Svc.; Public
----	U.S. Marine Hospital, Office and Dispensary	1875		410 Chestnut; Ambulance Svc.
	U.S. Naval Hospital	1868	100	Gray's Ferry avenue; Ambulance Svc.
----	Wills Hospital	1833	90	Race between 18th. and 19th.; Public
	Woman's Southern Homeopathic Hospital	1896	25	724 Spruce; Public
PITTSBURG	Eye, Ear and Throat Hospital of Pittsburg	1895	15	945 Penn avenue; Public
	Homeopathic Medical and Surgical Hospital and Dispensary	1866	150	408 2nd. avenue; Ambulance Svc.; Public
----	Mercy Hospital	1847	245	Stevenson and Locust; Ambulance Svc.; Public
	Municipal Hospital (small pox)	1875	60	Bedford avenue and Francis; Ambulance Svc.; Public
----	Passavant Hospital	1849	80	Roberts and Reed; Ambulance Svc.; Institution of Protestant Deaconess
	Pittsburg Hospital For Children	1890	50	Forbes and McDevitt Place; Ambulance Svc.; Private
----	Reineman Maternity Hospital	1895	25	Melwood avenue east of 33rd.; Public
	Roselia Founding Asylum and Maternity Hospital	1891	100	Cliff and Gum; Medical and surgical staff
----	South Side Hospital	1889	65	S. 20th. And Mary; Public; Medical staff and 3 house physicians
	U.S. Marine Hospital Service (has a ward in Mercy Hospital)			
----	Western Pennsylvania Hospital (Medical and Surgical Depts.)	1848	300	head of 28th.; Ambulance Svc.; In charge of staff of 13 and assistants
PITTSTON	Pittston Hospital	1893	40	
POLK	State Institution For Feeble Minded	1897	800	
POTTSTOWN	Ambulance Hospital	1892	50	Ambulance Svc.; Public

POTTSVILLE	Pottsville Hospital	1895	50	Ambulance Svc.; Public
READING	Homeopathic Medical and Surgical Hospital	1891	22	135 N. 6th.; Public
----	Reading Hospital	1867	75	Spring street; Ambulance Svc.; Public
	St. Joseph's Hospital	1873	114	1215 1221 Walnut; Ambulance Svc.; Public
ROCHESTER	Passavant Memorial Homes (for Epileptics)	1895	40	Medical and surgical staff
SAYRE	Robert Packer Hospital	1885	36	Ambulance Svc.; Public
SCRANTON	Hahnemann Hospital	1897	28	corner Monroe avenue and Linden; Ambulance Svc.; Public
	Moses Taylor Hospital	1884***	76	Quincy avenue; Ambulance Svc.; Private
----	State Hospital Of Northern Anthracite Coal Region of Pennsylvania	1873	93	410 Franklin avenue; Ambulance Svc.
	West Side Hospital	1896	30	1302 Jackson; Ambulance Svc.; Public
SHILLINGTON	Berks County Hospital	1872	300	
SOUTH BETHLEHEM	St. Luke's Hospital	1873	61	Ambulance Svc.; Public
SUNBURY	Mary M. Packer Hospital	1895	23	Ambulance Svc.; Public
TITUSVILLE	Titusville City Hospital	1901	13	Public
WARREN	Emergency Hospital	1897****	33	
	State Hospital For The Insane	1880	1,050	Public
WERNERSVILLE	State Asylum For The Chronic Insane Of Pennsylvania	1894	800	
WILKES BARRE	Mercy Hospital	1898	60	corner Hanover and Church; Ambulance Svc.; Private
----	Wilkesbarre City Hospital	1872	125	River and Auburn; Ambulance Svc.; Public
WILLIAMSPORT	Williamsport City Hospital	1873	75	Ambulance Svc.; Public

* Dispensary was established in 1866; Hospital was established in 1872.

** Established in 1889, opened in 1891.

*** Incorporated 1884.

**** Incorporated March 25, 1898.

APPENDIX C

ARCHITECTURAL STYLE TYPES AND DATES

<u>Architectural Style Types and Dates</u> ²⁸⁰	
Greek Revival	(1820-1860)*
Gothic Revival	(1830-1875)*
Italianate	(1840-1890)*
Exotic Revivals	(1840-1880)
Second Empire	(1855-1885)*
Romanesque	(1870-1900)*
Queen Anne	(1870-1910)*
Stick and Shingle	(1870-1905)- would not be used
Folk Victorian	(1870-1910)- would not be used
Beaux Arts	(1880-1940)
Colonial Revival	(1890-1940)*
<u>Other Architectural Style Types and Dates</u> ²⁸¹	
Chateausque	(1880-1910)*
Neoclassical	(1885-1950)
Tudor	(1890-1940)

*Example Asylums and their Architectural Style Type(s)

National Trust: New York State (1837-1870)	
Mohawk	Greek Revival
Binghamton	Gothic Revival
Hudson River	Gothic Revival
Buffalo	Romanesque
Pennsylvania State Hospital (1841)- Philadelphia, PA	Greek Revival
Milledgeville State Hospital (1843)- Milledgeville, GA	Greek Revival
Trenton State Hospital (1848)- Trenton, NJ	Greek Revival
Mississippi State Hospital (1855/1935)- Whitfield, MS	Greek R./Neoclass
St. Elizabeth Hospital (1855)- Washington D.C.	Gothic Revival
Bryce Hospital (1860)- Tuscaloosa, AL	Greek Revival
Weston State Hospital (1864)- Weston, WV	Italianate-Queen A.
Kankakee State Hospital (1877)- Kankakee, IL	Romanesque
Clinton Valley Center (1878)- Pontiac, MI	Chateausque
Warren State Hospital (1880)- Warren, PA	Colonial Revival
Nevada State Hospital (1880's)- Nevada, MO	Second Empire

²⁸⁰ Massey, James C., and Shirley Maxwell. *House Styles in America*. New York, New York: Penguin Studio, 1999.

²⁸¹ McAlester, Virginia and Lee. *A Field Guide to American Houses*. New York, New York: Alfred A. Knopf, Inc., 2002.

Traverse State Hospital (1885)- Traverse City, MI

APPENDIX D

LIST OF ASYLUMS, SANITARIUMS, AND SIMILAR HOSPITALS IN THE U.S.

From www.historicasylums.com

Alabama

Asylums

Bryce Hospital for the Insane 1860- Tuscaloosa (Alabama Insane Hospital)

Sanitariums

Belle Aire Sanitarium, Mobile

Alaska- no listings

Arizona

Asylums

Insane Asylum- Phoenix

Arkansas

Asylums

Arkansas State Hospital 1883- Little Rock (Arkansas Insane Asylum)

Other State Institutions

Arkansas Training School for Girls, Alexander

California

Asylums

Atascadero State Hospital

Agnews State Hospital 1885; destroyed in 1997

Camarillo State Hospital, Ventura County

Highland State Hospital

Metropolitan State Hospital, near Los Angeles

Modesto State Hospital

Napa State Hospital

Norwalk State Hospital

Pacific State Hospital

Patton State Hospital, near San Bernardino (Southern Cal. State Hospital)

Stockton State Hospital 1853; first public in CA to serve mentally ill (Insane Asylum of California at Stockton, Stockton Development Center)

Colorado

Asylums

Fort Logan Mental Health Center

Colorado State Hospital 1879- Pueblo (Colorado Insane Asylum)

Sanitariums

Mount Airy Sanitarium

Connecticut

Asylums

Fairfield State Hospital 1932- Newtown; now closed (Fairfield Hills)

Connecticut Retreat for the Insane 1823- Hartford

Connecticut State Hospital 1866- Middletown; still in use (Connecticut Asylum for the Insane, Connecticut Valley Hospital)

Norwich Insane Hospital, Norwich

MR and DD, Disabled, State Homes, etc.

State School for the Feeble-Minded, Lakeville

Sanitariums

Dr. Given's, Stamford

Dr. Wadsworth, South Norwalk

Delaware

Asylums

Delaware State Hospital for the Insane, Wilmington

District of Columbia

Asylums

Saint Elizabeth's 1855 (Governor Hospital for the Insane, U.S. Government Hospital for the Insane)

Sanitariums

Washington Sanitarium and Hospital

Florida

Asylums

Florida State Hospital 1877- Chattahoochee (Florida Asylum for the Insane)

North East State Hospital, Macclenny

Georgia

Asylums

Central State Hospital 1837- Milledgeville (State Lunatic, Idiot, Epileptic Asylum)

State Homes, etc.

Georgia Retardation Center

Sanitariums

Blackman-Walton, Atlanta

Hawaii- no listings

Idaho- no listings

Illinois

Asylums

Alton State Hospital

Anna State Hospital (Southern Illinois; Anna, Clyde Choate Mental Health and Development Center)

Bartonville State Hospital 1885- Peoria (Peoria State Hospital)

Chester State Hospital

Chicago State Hospital (Chicago Read)

Elgin State Hospital (Illinois Northern Hospital for the Insane, Elgin Mental Health Center)

Jacksonville State Hospital 1847 (Illinois State Hospital for the Insane, Jacksonville Development Center)

Kankakee State Hospital 1877 (Eastern Illinois)

Manteno State Hospital

Watertown Asylum / East Moline State Hospital

MR and DD, State Homes, etc.

Institute for the Feeble-Minded, Lincoln

Indiana

Asylums

Central Indiana Hospital for the Insane 1885; vacant since 1999; main building demolished (Central State Hospital)

Evansville State Hospital 1890 (Woodmere, Southern Indiana Hospital for the Insane)
Logansport State Hospital 1888 (Northern Insane Asylum)
Madison State Hospital 1910 (Southeast Insane Hospital)
Richmond State Hospital

State Homes

Home for the Feeble-Minded Youth, Fort Wayne; demolished

Sanitariums

Dillsboro Sanitarium

Iowa

Asylums

Mount Pleasant State Hospital
Cherokee State Hospital
Clarinda State Hospital
Des Moines County Infirmary and Insane Asylum
Hospital for the Insane, Dubuque
Woodward State Hospital
Independence

State Homes

Institute for the Feeble Minded Children, Glenwood

Kansas

Asylums

Kansas State Imbecile Asylum, Winfield (Winfield State Hospital)
Larned State Hospital
Parsons State Hospital
Topeka State Hospital
Well Asylum, Atchison
Osawatomie State Hospital
Menniger Clinic, 1925

Kentucky

Asylums

Central Insane Asylum, Lakeland
Western State Hospital 1848- Hopkinsville (Western Kentucky Asylum)
Eastern State Hospital 1824- Lexington; second oldest in the country

MR and DD, Disabled, State Homes, etc.

Kosairs Hospital for Cripple Children, Louisville

Louisiana

Asylums

State Hospital at Alexandria
Jackson State Hospital (East Louisiana State Hospital)
Central Louisiana State Hospital (Pineville)

Sanitariums

Fenwick Sanitarium, (Covington)

Maine

Asylums

Augusta Mental Health Institute 1848 (Augusta Insane Asylum, Maine Insane Hospital, Maine State Hospital)

Bangor Insane Hospital

MR and DD, Disabled, State Homes, etc.

Valley Farm, West Ponwal (Maine Scholl for the Feeble-Minded)

Maryland

Asylums

Bay View Asylum, Highlandtown
Eastern Shore State Hospital, Cambridge
Sheppard-Enoch Pratt Hospital, Towson
Spring Grove State Hospital 1797- Cantonville
Springfield State Hospital (Warfield Complex Development Project)

Sanitariums

Laurel Sanitarium, Laurel (Solomon Sanitarium)

Massachusetts

Asylums

Foxboro State Hospital
McLean Hospital
Northhampton State Hospital 1858
Danvers State Hospital 1874 (Danvers Lunatic Asylum)
Taunton Lunatic Asylum 1853
Worcester State Hospital 1833?
Tewksbury Hospital 1852 (Massachusetts State Infirmary, Tewksbury Hospital)
Metropolitan State Hospital for the Insane

Sanitariums

Essex Sanitarium, Middleton

Michigan

Asylums

Caro State Hospital
Pontiac State Hospital 1878; demolished in 2000 (Clinton Valley Center)
Iona Asylum (Iona Asylum for the Criminally Insane)
Kalamazoo Asylum, at Asylum Lake
Traverse City State Hospital, 1885
Newbury State Hospital
State Psychopathic Hospital at the University of Michigan in Ann Arbor
Lapeer School
St. Joseph Asylum at Dearborn
Northville State Hospital, Dearborn
Eloise Hospital, Wayne County
Wayne County Child Development Center early 1920's- Northville
Ypsilanti State Hospital, 1930's

Sanitariums

Hewitt's Sanitarium, White Cloud
Kellogg Sanitarium, Battle Creek (Battle Creek Sanitarium)
Grand Traverse Sanitarium
Mercy Sanitarium, Manisee; demolished (Mercy Hospital)

Medical Hospitals

Harper Hospital, Detroit; demolished in the 1970's
Henry Ford Hospital, Detroit
Fremont Hospital
House of Providence 1909-1910- Detroit
St. Mary's Hospital, Detroit
Children's Hospital, Detroit

Minnesota

Asylums

Brainerd State Hospital
Fergus Falls State Hospital 1888 (Fergus Falls Regional Treatment Center)
Hastings State Hospital 1888 (Minnesota Veterans Home)
St. Peter Regional Treatment Center 1866 (St. Peter Regional State Center)

Rochester State Hospital
Wilmar State Hospital
 Medical Hospitals
Mayo Hospital, Rochester
St. Cloud Hospital, St. Cloud
St. Elizabeth's Hospital, Wabasha
St. Gabriel's Hospital, Little Falls
St. Luke's Hospital, St. Paul
Winona General Hospital, Winona

Missouri

Asylums

Nevada State Hospital 1880; main building demolished (State Hospital for the Insane No. 3)
St. Joseph State Hospital (State Lunatic Asylum No. 2)
Marshall State Hospital
Fulton State Hospital
St. Louis County insane Asylum

Mississippi

Asylums

Jackson State Hospital
East State Hospital 1885- Meridian (East Mississippi State Hospital)
Mississippi State Hospital 1935- Whitfield
North Mississippi Regional Center, Oxford
South Mississippi State Hospital, Laurel
Kuhn Memorial State Hospital, Vicksburg

Montana

Asylums

Montana State Hospital, Anaconda

Nebraska

Asylums

Hastings State Hospital 1887 (Hastings Regional Center)
State Lunatic Asylum 1870- Lincoln
Norfolk Hospital for the Insane 1885

Nevada

Asylums

Nevada Mental Health Institute 1882

New Hampshire- no listings

New Jersey

Asylums

Ancora State Hospital
Hudson County Asylum
Trenton State Hospital 05/15/1848; first to be built on "Kirkbride Plan" (New Jersey Lunatic Asylum at Trenton)
 State Asylum for the Insane at Morristown, Morris Plains, Greystone
 Marlboro State Hospital
 Insane Asylum, Pleasantville

New Mexico- no listings

New York

Asylums

Newville State Hospital
Binghamton State Hospital 1858 (Binghamton Inebriate Asylum, Binghamton Psychiatric Center)
Creedmore State Hospital
Harlem Valley State Hospital
Hudson River State Hospital 1871- Poughkeepsie
Utica State Hospital 1843 (New York State Lunatic Asylum at Utica)
Buffalo State Hospital
Dannemora State Hospital
King's Park State Hospital 1885; in 1900 became state mental hospital; closed in 1996 (King's Park Psychiatric Center, King's County Asylum)
Middletown State Hospital
Matteawan State Hospital (now Fishkill Correctional Facility)
Pilgrim State Hospital 1929- Long Island; (world's largest Mental Hospital)
Rochester State Hospital
Willard State Hospital
Willowbrook State School, Long Island
Western New York Institution for Deaf-Mutes 1876- Rochester
St. Lawrence State Hospital 1887, 1890- Ogdensburg
Rockland
Asylum on Blackwell's Island- 1839- New York City
Bloomington Lunatic Asylum 1808; demolished (New York Lunatic Asylum)
New York Asylum for Idiots 1851- Syracuse; demolished in 1970's (State Idiot Asylum, Syracuse Development Center)

Sanitariums

Loomis Sanitarium, Liberty
Interpines Sanitarium, Goshen

North Carolina

Asylums

Broughton State Hospital 1874- Morganton (Western North Carolina Insane Asylum, Broughton Hospital, Western Carolina Center)
Cherry Hospital 1880- Goldsboro; desegregated in 1965 (Asylum for the Colored Insane)
Dorothea Dix Hospital
Goldsboro State Hospital
State Hospital at Raleigh

Sanitariums

Western North Carolina Sanitarium, near Black Mountain

North Dakota

Asylums

Grafton State Hospital
Jamestown State Hospital

Ohio

Asylums

Fairhill Psychiatric Center
Toledo State Hospital 1888; demolished in the 1970's (Toledo Asylum)
Dayton State Hospital (Southern Ohio Lunatic Asylum, Dayton Mental Health Center)
Columbus Hospital for the Insane 1838; Kirkbride building 1870-77- demolished (Ohio Lunatic Asylum, Central Ohio Psychiatric Hospital)
Cleveland State Hospital 1885; 2 of 6 public asylums (Northern Ohio Lunatic Asylum, Newburgh State Hospital, Cleveland Development Center)

Athens State Hospital 1874 (Athens Mental Health and Retardation Center, The Ridges)
Longview Asylum, Cincinnati
Massillon State Hospital
Lima State Hospital, used as a prison

Sanitariums

Springfield K.P. State Home

Oklahoma

Asylums

Central State Hospital, Norman
Eastern State Hospital, Vinita
Western State Psychiatric Center, Fort Supply

Oregon

Asylums

Dammasch State Hospital, Wilsonville; closed in 1995
Eastern Oregon State Hospital, Pendleton
State Insane Asylum 1883- Salem (first state mental hospital in Oregon)

Pennsylvania

Asylums

Blossburg State Hospital
Byberry Hospital
Nanticoke State Hospital
Pennsylvania Hospital 1841- Philadelphia (Pennsylvania Hospital for the Insane
Friends Hospital 1817- Philadelphia (by Quakers, first private, exclusively mental
hospital in the U.S.)
Western Pennsylvania Hospital for the Insane, Dixmont (no longer in use; vacant
since 1974; Dixmont State Hospital)
Harrisburg State Hospital 1853 (Dorothea Dix Library and Museum)
Scranton State Hospital
Warren State Hospital 1874
Woodville State Hospital
Mayview State Hospital 1818
Norristown State Hospital, Philadelphia
Schuylkill County Almshouse and Hospital for the Insane, near Pottsville
Allentown State Hospital (Pennsylvania State Homeopathic Asylum)
Farview State Hospital, Waymart, Wayne County (State Hospital for the Criminally
Insane)
Pennsylvania State Hospital general/medical hospital and not mental asylums
Philipsburg State Hospital (medical / general, and never a mental hospital)
Shamokin State Hospital
Hamburg State Hospital

Puerto Rico

Asylums

Insane Asylum (Northern IN Hospital for the Insane, Asylum for the Insane en Casa
Blanca)

Rhode Island

Asylums

Butler Hospital for the Insane 1847 (first hospital in Rhode Island exclusively for the
mentally ill)
Dexter Hospital for the Insane
Asylum for the Incurable Insane, 1870- Howard

South Carolina

Asylums

Columbia State Hospital**South Dakota**

Asylums

Yankton State Hospital**Hiawatha Insane Asylum for American Indians** 1902- Canton (first and only institution for insane Indians in the U.S.)**Tennessee**

Asylums

Bolivar State Hospital**Texas**

Asylums

Austin State Hospital**San Antonio State Hospital****Rusk State Hospital** (was a prison first, then it turned into a hospital; was originally for African Americans with mental illness)**Terrell State Hospital****Wichita Falls State Hospital**

Other

La Lomita Mission 1849 (Tropical Texas Center, Mission)**Utah**

Asylums

Utah State Hospital 1885; main building demolished in 1981 (Territorial Insane Asylum)**Vermont**

Asylums

Brattleboro Retreat 1838 (in private ownership; Vermont Asylum for the Insane)
Waterbury State Hospital**Virginia**

Asylums

Eastern State Hospital 1773- Williamsburg (original main building burned in 1885; replica created in 1985- museum; The Public Hospital for Persons of Insane and Disordered Minds)**Western State Hospital**, Staunton**Central State Hospital** 1869- Petersburg (served only African American; desegregated; still in use; first hospital in the U.S. exclusively for the treatment of mental diseases in the Negro)**Augusta County Asylum****Washington**

Asylums

State Insane Asylum near Tacoma, Steilacoom**Eastern State Hospital at Medical Lake** (original demolished and replaced with a Kirkbride planned building)**West Virginia**

Asylums

Fairmont State Hospital**Weston State Hospital** 1858 (first hospital for the insane in West Virginia; vacant since

1994; Lunatic Asylum West of the Allegheny Mountains)
Spencer State Hospital (demolished in the 1990's; second hospital for the insane in West Virginia)
Larkin State Hospital (Colored Insane)
Huntington State Hospital

Wisconsin

Asylums

Mendota State Hospital, Madison
Winnebago State Hospital, Winnebago
Mental Health Institute 1873- Oshkosh

County Asylums

Dane County Asylum for the Criminally Insane 1845 Verona
Sauk County Poor Farm and Insane Asylum 1871- near Reedsburg
Rock County Insane Asylum, Janesville area
Dunn County Insane Asylum
Richland Center Asylum
County Asylum, Lancaster
County Asylum, Sparta
County Asylum, Sheboygan
County Asylum, Marinette

Medical Hospitals

Wisconsin State General Hospital, Madison (Mendota State Hospital)

Wyoming

Asylums

Casper State Hospital
Evanston State Hospital
Sheridan State Hospital

Other

Asylums

St. Agnes Hospital for the Chronically Insane U.S. (started 1930's and closed in 1970's)

Canada

Asylums

Asylum, Hamilton, Ontario (Asylum for the Insane)
Asylum, Kingston, Ontario (Rockwood Hospital for the Insane)
Asylum for the Insane, London, Ontario (Hospital for the Insane)
Asylum, Orillia, Ontario
Asylum, Toronto, Ontario