

ABSTRACT

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PUBLIC PERCEPTION, DISCOURSE,
AND TREATMENT, FROM THE COLONIAL
PERIOD TO 1964

Robert William Schoeberlein, Ph.D., 2006

Directed By: Dr. Lawrence E. Mintz, American Studies

This dissertation is an overview of the public perception of, discourse concerning, and treatment of Maryland's mentally ill citizens from the Colonial Period to 1964.

The present day view of the mentally ill in the early colony is, at best, fragmentary. The numbers of such Marylanders were small and little information exists to frame a picture of what constituted their daily life or the level of care until about 1785. The decision to confine individuals at home or at an institution entered public discourse. Certain families entrusted their relatives to hospitals.

Mentally ill people constituted a highly visible presence during the first half of the nineteenth century. A vacillating public interest and tepid financial support for their cause, however, prevented access to higher quality care for the majority. County almshouses and jails continued to house the "pauper insane" in a regressive manner. During the second half of the nineteenth century, the rights and well-being of mentally ill citizens came to public notice. The possibility of a sane individual being unjustly confined within a mental hospital fired the public imagination. Court cases and patient exposés persuaded legislators that some laws and formalized state oversight of institutions were required.

The first three decades of the twentieth century marked an epoch of progress. A reform campaign resulted in the transfer of all patients from the county almshouses into modern, newly-constructed state mental hospitals. The insular settings, however, ultimately made them less visible. The Great Depression and Second World War era induced shortages that adversely affected state hospital patients. Many such patients languished in sub-standard conditions. A troubling 1949 photographic exposé ultimately pressured state officials to bring system-wide improvements.

The 1950s ushered in a new era for Maryland's mentally ill citizens. The advent of psychotropic drugs allowed patients to leave the hospitals. Programs to assist in the transition back into the community were developed by the State and public advocates. Members of a once faceless, inarticulate group came to be perceived as individuals who could contribute to and enrich the life of our communities.

MENTAL ILLNESS IN MARYLAND: PUBLIC PERCEPTION, DISCOURSE,
AND TREATMENT, FROM THE COLONIAL PERIOD TO 1964

By

Robert William Schoeberlein

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Advisory Committee:
Dr. Lawrence E. Mintz, Chair
Dr. George H. Callcott
Dr. John L. Caughey
Dr. Edward C. Papenfuse
Dr. Nancy L. Struna

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Foreword

In the fall of 1999, I resigned from a curatorial position to assume similar employment at the Maryland State Archives. At the previous institution, I had performed research and published on early Maryland amateur photographers and my first intention had been to explore similar collections at the Archives. I thought, perhaps, my dissertation topic might be developed from this continued line of investigation.

Fate, of course, sometimes intervenes with our best-laid plans. One now forgotten day, while inspecting the Archives photographs stacks to familiarize myself with the holdings, I opened an innocuous gray box and fixed my eyes upon some images unlike any that I had seen before. My first thought was that the contents appeared to be the only existing photographs of county almshouses in Maryland. That fact alone made them unique. One folder held the image of a bare interior of a ramshackle building (see below figure).



Another featured a group of African American men bedded down, some without pillows or blankets, within a cramped hallway. The sight aroused my curiosity. What I viewed next, however, turned my rapt attention into outrage.



The image depicted an elderly African American male lying upon a thin mattress on the floor of what appeared to be a prison cell. A chain, attached to the grating of the window, led to his manacled wrists. How could such a fragile, sickly man warrant this treatment? Further, how could Marylanders allow this to happen?



I eventually found the answers to these questions. Research on the origins of what I termed the “almshouse photographs” prompted my initial investigation into the history of mentally ill persons in Maryland. As the reader will discover it was these powerful images that had earlier influenced the state General Assembly to pass the first major legislation to improve the lives of these their fellow citizens.

My first research foray only yielded additional questions. The lack of any comprehensive body of historical research on Maryland’s mentally ill population fired my desire to investigate and “recover” aspects of their history and culture. It is my hope is that this dissertation will provide a starting point for others interested in researching aspects of this still marginalized group.

Fortunately, a solid foundation of historical research existed on the general topic of the mentally ill in America. The prolific efforts of Gerald Grob provided me with a comprehensive overview as to the general development of theories relating to mental illness, the changing public perspectives regarding patients, and the rise of institutions for their care. Grob, for over thirty years, explored the history of mental hospitals in a series of books with an emphasis on policy. His work has done much to refute the general revisionist theories of Michel Foucault, Andrew Scull, and David Rothman that such institutions existed primarily as centers of social control and to suppress deviants. Grob’s painstaking research revealed that hospitals attempted to cure and care for individuals in spite of demographic and financial forces beyond their control. Yet, much of Grob’s work drew upon the work of Massachusetts, a state that stood on the forefront of enacting progressive legislation. Maryland generally followed another path. Still, Free State bureaucrats would have had to have provided much more funding and had built many

more state hospitals to have effectively orchestrated any state-engineered conspiracy to mass its deviant population. That is not to say that the social control theorists do not have some merit in their argument. The mental hospital simply may not have been the venue. In the course of my own research, I was struck by the fact that county almshouses apparently acted as centers of concentration for the poor and those persons considered to public nuisances, often homeless mentally ill individuals. I differ with Grob's general opinion, however, that most southern state hospitals existed as backwater institutions. Maryland, besides founding one the country's earliest state institutions, early embraced the nineteenth century "moral treatment" philosophy of patient care and pioneered an innovative patient foster care program in the twentieth century.

I must say a few words about the parameters and limitations of this study. Given the nature of available archival resources, I chose to focus largely upon the administration of Maryland state and county institutions, with an emphasis on the public and not private institutions. The records of the most important nineteenth private facility, the Catholic-run Mount Hope Asylum, simply do not exist. Material from the smaller, specialized private facilities has also suffered from the vicissitudes of time. Tragically, the recent bankruptcy of the Chestnut Lodge, a private psychoanalytical institution, prompted the administrators to immediately shred its records due to patient confidentiality concerns. The Maryland State Archives was able to save the residue, which encompasses very little historical or useful research material. Some may ask why did I not look into the Sheppard-Pratt or Johns Hopkins institutions? Simply because these well-funded elite facilities served a relatively small population, drawing patients from around the country. The patient experience in these facilities stands as an anomaly as to what the majority of

mentally ill Marylanders witnessed. The private institutional model made little difference to the state hospitals, where after a certain time, the base needs of the patient drove the daily routine of the facilities.

I concluded my study at 1964 for several reasons. First, few archival resources exist to take the paper up to the present. Much material is still held by the state hospital system and access is not granted easily. Our litigious society and the HIPPA laws have combined to restrict access to records, even for scholarly pursuits. Second, a very fine dissertation already exists on the period of 1964 forward. Jonathan Engel's work details the development and administrative changes that brought forth the new era of deinstitutionalization and community-based healthcare. Individuals interested in the post-1964 era would do well to review Dr. Engel's work.

My dissertation necessarily draws heavily from archival sources. Simply stated, few quality secondary sources on Maryland of any length or depth exist. Mining various repositories for manuscripts and photographs has been both challenging and, sometimes, frustrating. First is the matter of identifying records where references to mentally ill persons may exist. Most finding aids or series descriptions omit direct references to subject topic of mental illness. Families themselves may have "sanitized" their own papers, removing such material before donating them. In certain cases, state hospital records no longer exist. One such facility, the now closed Crownsville State Hospital, evidently stored their historic records in the basement of one of their buildings. Can you predict what happened? Yes, a water pipe burst and flooded the entire space. Everything in the basement was soaked and summarily and tragically discarded.

A second challenge in primary sources is interpretation. Language and its meaning may have changed over time. Take, for instance, the word “disorderly” as a descriptive. The word possessed multiple meanings even in the nineteenth century. “Disordered” was a term often applied to one who exhibited an impaired mental state. In courts dockets of the 1830s and 1840s, individuals are arrested for “disorderly and riotous” behavior. “Disorderly” in this case is general descriptive of behavior that disturbs the public peace, not necessarily of a person deemed mentally ill. Similarly, the now pejorative label of “idiot” is also a term with different meanings. Routinely applied to those born developmentally disabled in the eighteenth century, the label could also be applied to any person whose behavior and mental functioning indicated a marked decrease from a once former level. The labels of idiot and insane were sometimes used interchangeably in old manuscripts.

While the interpretation of manuscripts or certain terms may sometime prove difficult, the use of historical photographs as documents poses additional problems. The photographs featured later in this paper present a moment frozen in time. Yet, how comprehensive do they happen to be? They constitute a specific body of images created for reform purposes and so subject matter and the staging of certain shots are designed precisely to provoke a reaction in the viewer. Therefore, photographs, like manuscripts, must be examined for viewpoint and editorial bias.

Old photographs, even if identified, still need a certain amount of visual deciphering to be understood. What can such a single photograph tell us anyway? Some scholars believe that an image can hold much information. John Szarkowski believes that photographs can be viewed in two metaphorical ways—as mirrors or windows,

essentially, as a reflection of the society producing the image or a glimpse into a community at a particular moment in time. James Guimond suggests a third metaphor: that an image can enable one to step out of old ideas about ordinary realities and express them in a fresher, more vivid way—they extend our sense of community with other persons and include them in our own consciousness and concerns. Guimond views photographs as bridging the chasm of human experience and providing a connection to what we may have perceived previously to be foreign.

I agree, essentially, with all three metaphors. Yet, in the case of historical photographs, the “mirror” or “window” is often cloudy. Establishing a connection through time can be much more difficult. We are the sum total of our own experiences, living in a period of unbridled change, and often unwittingly place our presentist interpretations upon the past. Our evaluation of historical visual images may be impaired due to this modernist bias and the lack of a foundation of knowledge regarding certain historical events. Without other primary research sources, it is hard to say that the image is not an anomaly.

How many images must be reviewed before bringing forth some conclusions? A good attempt to codify and set forth parameters to read photographs can be found in James Borchert’s *Alley Life in Washington*. Borchert examined several hundred photographs and drew conclusions as to aspects of social and individual community history. While eschewed by many traditional historians, the use of such images may be the only form of record available when no documents or oral histories have survived. Borchert’s American Studies background, however, permitted him to transcend the

conventional forms of documentation in order to recover aspects of African American culture. Sometimes a bold and fresh approach is warranted.

We can never be quite confident of what we perceive in old photographs. Yet, as we become more visually literate and acquire more historical knowledge, we may begin to unravel their mysteries. Not unlike a researcher in historical manuscripts, who reviews all possible items relating to a particular subject, a visual materials researcher can comb through hundreds of photographs to glean information upon a particular subject or locale. As in all historical research, there may be some gaps in knowledge that will have to be bridged by educated conjecture. Reference to other forms of primary documentation, whenever available, may assist us in our interpretation.

While I have attempted to present an overview for Maryland, I necessarily have had to omit a large amount of material. The inclusion of certain vignettes and stories about patients and healthcare workers may have helped to flesh out aspects of institutional life better than any official report. During the period of my research, I discovered a certain group of former state hospital workers. The Spring Grove Alumni Association, as they call themselves, runs a small museum on the grounds of the Spring Grove State Hospital. They celebrate the history of their institution, exhibiting candidly both good and bad aspects of the past. One individual from the mostly septuagenarian group related the story of Nurse Nora Coakely, a young Irish immigrant who started as a Spring Grove attendant in the 1890s, and rose to become the supervisor of the nursing staff by the 1920s. Coakley, like many fellow sons and daughters from Ireland, carried on the hospital tradition of caring and serving for the mentally ill at Spring Grove. Some nineteenth century census research indicates a large and persisting population of Irish

immigrants serving as hospital attendants. Coakley's dedication, however, was not singular. Apparently, generations of families continued to live and work on the hospital grounds from the late nineteenth century until the 1930s. The familial connection alone may have markedly shaped the nature of care delivered to patients during this era.

Clearly, much more research is needed.

My conclusions serve as a cautionary statement to both Maryland State officials and mental health advocates alike. It is always tempting to heap all problems upon the heads of state administrators and bureaucrats, and the circumstances surrounding mental illness and its place in society's consciousness are admittedly complex. Yet, until the second half of the twentieth century, relatively few of Maryland's citizens could have been counted as advocates for the mentally ill. Public ignorance and apathy simply permitted intolerable situations to persist. State support, both constant and consistent, was always, and still remains, necessary to prevent precipitous declines in the state hospitals or in the general care of the mentally ill. When either the funding or the public attention lapses, there soon follows patient neglect and the deterioration of the system. My study suggests that adequate funding is a crucial element and that the government is generally slow to respond until a situation reaches a crisis level. Only an informed public, with the help of its watchdogs the press and mental health advocates, can prompt reform and change.

Dedication

To

Johanna, my friend and partner,

and

Jane and Bill,

my first teachers, those who taught me life's most important lessons.

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Table of Contents

Foreword.....	ii
Dedication.....	xi
Acknowledgements.....	xii
Table of Contents.....	xiii
List of Figures.....	xiv
Chapter 1: A Fragmentary View: Colonial Era to the Early Federal Period.....	1
Chapter 2: Present in the Community: Federal Period to the Antebellum Era.....	27
Chapter 3: A Need for Oversight: Mid to Late Nineteenth Century.....	58
Chapter 4: Attention and Reform: The Progressive Era to the 1920s.....	84
Chapter 5: Forgotten Citizens: Great Depression to Post World War II.....	127
Chapter 6: The Origins of Deinstitutionalization: 1950 to 1964.....	172
Chapter 7: Summary.....	205
References.....	211

List of Figures

Figure 1. <i>Das Narrenhaus</i> (The Madhouse) by Wilhelm von Kaulbach, 1834.....	29
Figure 2. Map of Baltimore showing detail of Maryland Hospital, 1801	36
Figure 3. Baltimore Hospital, detail from Poppleton Map, 1819 [1822]	37
Figure 4. Sampler depicting the Maryland Hospital, c. 1830	38
Figure 5. Baltimore Almshouse, detail from Poppleton map, 1819 [1822]	50
Figure 6. Illustration from <i>The Cornets</i> by Julia Workman, 1877.....	69
Figure 7. Basement apartment in tenement, <i>Housing Conditions in Baltimore</i> , 1907	92
Figure 8. "The Lung Block," from <i>Housing Conditions in Baltimore</i> , 1907.....	92
Figure 9. Patient in basement cell, Kent County Almshouse, 1908	95
Figure 10. Kent County Almshouse, African American building, 1908	95
Figure 11. Montevue Asylum, African American building, 1908.....	96
Figure 12. Second view of Montevue, African American building, 1908	97
Figure 13. Patients shackled at Montevue, African American male ward, 1908	98
Figure 14. Central hall of the African American men's ward at Montevue, 1908	99
Figure 15. Staff at Montevue Asylum, 1908	100
Figure 16. The view from inside a cell at Montevue, 1908	101
Figure 17. The March 1909 issue of the <i>Maryland Medical Journal</i>	103
Figure 18. Catatonic woman at Baltimore County Almshouse, 1908	107
Figure 19. Montgomery County Almshouse, 1909	109
Figure 20. Sleeping conditions for African American males at Montevue, 1909	111
Figure 21. African American men in restraints at Montevue, 1909	113
Figure 22. African American male chained to grate of his cell, Montevue, 1909.....	113

Figure 23. African American female ward at Montevue after renovations, 1910	115
Figure 24. Patients in the Montgomery County Almshouse with tuberculosis, 1909	118
Figure 25. Patients in the Montgomery County Almshouse (second view), 1909	118
Figure 26. Almshouse images contrasted with complimentary hospital scenes, 1910...	120
Figure 27. African American patients at work cutting railroad ties, 1910	123
Figure 28: Continuous tub treatment, Crownsville State Hospital, 1932	129
Figure 29. Shower room at Crownsville State Hospital, 1932	129
Figure 30. “Idleness” from the LIFE magazine article “Bedlam 1946”	144
Figure 31. Rosewood residents posed to illustrate their age range, 1948.....	158
Figure 32. Boy at the Rosewood Training School, 1948.....	162
Figure 33. Captioned photograph of a female patient at Spring Grove, 1948.....	163
Figure 34. More homelike setting of a hospital ward, 1957	170
Figure 35. Alice Cusick and friend at the Rosewood State Hospital, c. 1952.....	173
Figure 36. Drawing of patients at Rosewood State Hospital, <i>Washington Post</i> , 1958...	178
Figure 37. Mental Hygiene staff member role playing as a patient, 1952.....	180
Figure 38. Mental Hygiene staff member role playing as patient, 1952.....	181
Figure 39. Lobotomy (thalamotomy) being performed, 1952.....	183
Figure 40. Mental Hygiene staff member role playing as former patient, 1952.....	183
Figure 41. Aaron Sopher sketch of hospital interior, 1950.....	186
Figure 42. “Old Main” building at Spring Grove Hospital, 1894.....	202

Chapter 1:

A Fragmentary View: Colonial Era to the Early Federal Period

Our knowledge of those deemed mentally ill in Colonial Maryland is both fragmentary and difficult to frame. This chapter provides an introductory overview of the legal status pertaining to, venues where care was provided for, and public discourse surrounding mentally ill citizens in that era. Most information that can be gleaned comes in the form of scant documents from court cases, cryptic notes on the county levy lists, and depositions taken at Coroner's inquests. It is only at the intersection of the mentally ill individual with a governmental entity or legal body that a picture begins to form.¹

Mentally ill persons simply did not form a distinct and visible class in mid-seventeenth century Maryland. The number of individuals classified as *Non compos Mentis*, a legal term taken from Latin and defined as "not master of one's right mind," perhaps, was too small to garner the attention of the colonial lawmakers.² The courts considered them as dependents, as children or orphans, with limited rights. The 1601 English Poor Law dictated that each local Protestant Episcopal parish was obliged to relieve those deemed indigent or, as in the case of the mentally ill, considered "helpless." Such a system, however, never possessed any long term viability in the largely Catholic populated colony of Maryland.

Matters of care, instead, rested with local or county government authorities. Such

¹County Court records, Chancery Court records, County Levy lists, and Coroner's Inquests form the bulk of the material reviewed for this chapter.

²A *Non compos Mentis* individual is anyone unable to form rational decisions due to mental illness, dementia, or physical sickness. Oxford English Dictionary Online, Oxford University Press, <http://dictionary.oed.com>.

individuals possessing some property apparently had legal protection so that the court would step in to adjudicate on their behalf. In 1658, a Charles County court official took the unusual step of nullifying a transaction. An indentured servant had been traded for a small boat. Based upon the values of the items exchanged, the transfer never should have taken place. Another reason, however, prompted the court action. The court labeled Thomas Chowne, the man that traded his servant to a fellow citizen, as *Non compos Mentis*. The judge considered Chowne to be mentally ill and, therefore, unfit to transact any financial or other business. While we do not know what led the court to consider the man in this light, or what behavioral or psychological manifestations he exhibited, the judicial body protected the financial interest of the man in this instance. Yet the court's interest in Chowne only went so far. The man apparently had wandered off sometime after the transaction. The court ordered that in the event that Chowne failed to return, his property would be sold off and all proceeds placed into the county coffers.³

While propertied individuals and those with families as caretakers may have resided at home, the indigent mentally ill fell under the administrative umbrella of "poor relief." Those considered *Non compos Mentis* without property left very little record of their existence. An entry of a name on a register may be the only evidence of their presence. "The county courts beginning about 1660 paid allowances for the care of such people, but without legislative authority until 1671. They then acted under the law that

³Thomas Bacon, *Laws of Maryland At Large . . .*, Annapolis: Frederick Green, 1765, reproduced in William Hand Browne, Edward C. Papenfuse, et. al. eds., *Archives of Maryland*, 215+ volumes (Baltimore and Annapolis, Md., 1883-), 53: 84 , <http://archivesofmaryland.net> (hereinafter cited as Browne, Papenfuse, et. al.).

permitted the justice to levy a poll tax for the ‘county charge’.”⁴ The county charge, or levy, constituted the general operating funds of a county. The county Levy Court meted out payments for services provided that ranged from road building to bounties paid for crow heads, an animal considered very destructive to the agricultural interests of Marylanders at that time. The court also granted payments for those charitable efforts that benefited the greater community such as the care of indigent, dependent, and *Non compos* individuals. Such persons, without family or relatives to provide care, were boarded out with community members.

Maryland did experiment with empowering Protestant Episcopal parishes with poor relief duties during the late seventeenth to early eighteenth centuries. The model derived from the English Poor Law of 1601, had been followed in other colonies. “In 1712, the [South Carolina] assembly adopted the English system, by which the vestry of each parish was responsible for administering poor relief. The vestry elected overseers of the poor to collect the poor tax and distribute aid to the poor.”⁵ Virginia also followed this same parish system. This trial in Maryland, however, proved short-lived. The courts already had proven themselves to be quite adequate to the task and the fledgling Episcopal parishes had to contend with their own administrative matters.⁶

County levy lists from the eighteenth century note a small number, but regular presence, of those with mentally illness. The Queen Anne’s County levy list for 1728 notes that Francis Barner was paid 5 shillings, a liberal sum, for “keeping and

⁴Lois Green Carr, *County Government in Maryland, 1689-1709*, 359 in Harold Hyman and Stuart Bruchey, Eds. *American Legal and Constitutional History*, V. 1 (New York: Garland Publishing, Inc. 1987).

⁵Peter McCandless, *Moonlight, Magnolias & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996), 20.

⁶Carr, *County Government in Maryland*, 362-3.

maintaining Wm. Burk[,] a lunatick man for eight days.”⁷ This payment, however, may reflect an additional premium if the said “lunatick” presented maintenance and care difficulties. Burk, later termed “a poor distracted man,” was next briefly sheltered within the county jail before the Levy Court made an agreement with another citizen to house and care for the man for the period of one year.⁸ On the 1738 list, and those of a few years afterwards, Mrs. Neriah Jones received money for the maintenance of her daughter “Mary Jones, a poor Lunatick.”⁹ The 1765 levy list for Talbot County notes the payment of £20 “[t]o Ja[me]s Kirby for keeping Rob[er]t. Dunavin a poor Mad Man One Year.”¹⁰ This sum appears to be modestly generous since the list notes care for an elderly or physically disabled person generally warranting a yearly payment ranging from £5 to £15. If Dunavin possessed destructive tendencies, the additional money for his upkeep may incorporate the replacement costs for clothing or other household furnishings. As a comparison, an average worker might garner £18 a year while a skilled artisan could earn between £25 to £30 per annum.¹¹

Notable on the county lists are the number of mentally retarded people. James Hobbs cared for a “poor Foolish child,” only later identified by name as Thomas King, for the amount of £1.80.¹² King, likely a toddler, was later identified as an “ideot.”¹³

⁷QUEEN ANNE'S COUNTY COURT (Levy List), 1728 list, 4, MdHR 8879, C1435, Maryland State Archives (hereinafter cited as MSA).

⁸Ibid., 5, 24.

⁹Ibid., 142.

¹⁰SPECIAL COLLECTIONS (John Frazer, Jr. Collection) Talbot County levy list, 4, MSA SC 5576, MSA. In the ensuing years, however, Dunavin is never again labeled in this manner, nor with any adjective relating to his mental state.

¹¹Jackson Turner Main, *The Social Structure of Revolutionary America* (Princeton, N.J.: Princeton University Press, 1965), 68-114.

Unity Lally, termed a “poor Foolish creature,” appeared upon the list of 1743.¹⁴

Examples of public attitudes toward the *Non compos Mentis*, much less aspects of their care, do not appear in any detail to draw definitive conclusions. A review of the levy lists, however, provides us with a clue. “By the early seventeenth century the language of madness had become rich and pervasive; words and phrases about insanity were part of the common coinage of everyday speech and thought.”¹⁵ The *Non compos Mentis* individuals may have one of a number of labels appearing next to their names: “lunatick,” “distracted,” “mad,” “crazed,” “cracked,” or perhaps, an “object of pity.” Certain other persons have similarly placed descriptions. A classification as an “idiot” or “foolish creature” generally denotes a mentally retarded person. In the eighteenth century, however, the term “idiot” often seems interchangeable with that of “lunatic,” to describe an individual at the lowest level of human mental functioning. “Troubl’d with fitts” is applied to those with epilepsy, a condition popularly considered a form of mental illness during this period and long afterward. Yet the true number of mentally ill individuals on the county lists can never be determined with any certainty. Somerset County, for instance, generally followed a pattern of only labeling individuals on their list as “an object” with no further categorization. And, of course, we will never know how many of the poor had an underlying mental illness that contributed to their state of poverty.

The quality of care is one aspect that will continue to remain unknown. In certain counties, medical care underwritten by the county levy was supplied to the poor citizens

¹²Ibid., 44.

¹³Ibid., 83.

¹⁴Ibid., 216.

¹⁵Michael McDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981), 122.

and presumably those who were mentally ill. Early medicine relied upon a regimen of bleeding and emetics, with opiates often being prescribed to relieve pain. Queen Anne's County paid Dr. John Jackson £21.S7.D6 for "medicines and attendance to poor people" during 1748.¹⁶ The Talbot County list notes an additional 5 shilling payment to Elizabeth Malo "for her extraordinary trouble in keeping Elizabeth Clarke whilst under the Doctors Care."¹⁷ Clarke, considered an "idiot," had appeared on the list for years; Malo acted as her regular caretaker.

Another category of legal records recognizing mental illness in individuals is Coroner's inquests. Accidental deaths, drownings, and suicides as the cause of death can be found on such surviving documents. The vast majority of such inquests do not label the suicide victims as insane or provide insight into the motivations prompting the inquests. Occasionally, suicides brought on by mental derangement are noted. Some individuals had been suffering from mental confusion for but a short time. Christian Haas for a period of only two weeks in May of 1783, had been regarded as "being a lunatick and a person of insane mind" before walking into a dense woods to find some secluded spot where he placed a razor to his throat. No explanation as to the suddenly changed mental state of Haas or the motivations behind his act appears as part of the surviving inquest record.

One Coroner's inquest contains rare documentation, in the form of depositions, that sheds light into the mental state of the individual. Conrad Cotuldy, in early June 1778, was discovered hanging from a beam in his stable. According to two depositions,

¹⁶QUEEN ANNE'S COUNTY COURT (Levy List), 1748, 246.

¹⁷SPECIAL COLLECTIONS (John Frazer, Jr. Collection) 1766 Talbot County Levy List.

the victim had been in a “low dejected state” since the death of his wife, a probably untimely passing which Cotuldy blamed upon her doctor and the application of “severe medicine,” the frequent bleeding and purging so characteristic of eighteenth century medicine. From that point forward Cotuldy had “suffered very great uneasiness and distress,” so much so that he could no longer transact business or care for his family. Five days before his suicide he had been kicked by a horse, causing him great pain and temporarily confining him to his bed. Just hours before hanging himself, Cotuldy visited a neighbor who found his conversation “perplexed...[and] that the deceased was not then of a sound mind and then was in a state of, despair, where before the death of his wife a very hearty man.” The inquisition concluded that Cotuldy was not in perfect sound mind for sometime before and at the time of his death.

A number of inquests condemn suicide as a criminal offense, a perspective handed down by the tradition of English Law. On a June day in 1787, Ann Nell passed through a field of rye to seek out a peach tree from which she attached a hemp rope and hanged herself. The members of the inquisition did not label her insane. They ascribed Nell’s action to being prompted by “not having God before her eyes, but by being seduced and moved by the instigation of the Devil” by which she “voluntarily, feloniously and [having] malice forethought” hung herself. “The Latin formula adhered to in Coroners’ inquisitions asserted that suicide was committed ‘at the instigation of the Devil,’ and although the phrase was standard and well employed in the documents about other felonies as well, it was still meaningful in the seventeenth century.”¹⁸ Yet, it appears that by the eighteenth century, Maryland county officials rarely used the

¹⁸McDonald, *Mystical Bedlam*, 133.

expression.

No surviving documents suggest that insanity had been causally connected to the influence of Satan. In contrast, the onset of a person's insanity was often ascribed as to being brought on by "the visitation of God." The changed state of a person's mind is couched as more of a mystery and one that is sorrowful.

Levy lists or coroner's inquests alone, however, provide little to illuminate what prompted Marylanders to label individuals as insane. Only from the few court cases that include depositions can one begin to form an understanding. Behavioral elements that deviate from the norms of general society were key. A pronouncement of insanity was often based upon the evidence of an individual's current physical appearance, as well as words and actions. The case of Edward Oldham, a planter in Talbot County, is particularly illuminating. Sometime in the 1760s, Oldham began to develop an alcoholic addiction and mental instability. The deposition given by Anne Oldham, his wife, recounts his decline. During the first eight years of their eighteen year marriage, Anne believed her husband to "blessed with perfect and uninterrupted enjoyment of his rational faculties." The couple seemingly enjoyed a happy marriage and produced six children. In about 1762, Oldham began to habitually drink "strong liquor to excess." A year later he developed a temporary blindness that lasted for several months, a blindness that a physician ascribed as being "imaginary." His continued heavy drinking, when uninterrupted, would lead to "extravagant and irrational behavior, fits of rage and fury, jealousy and suspicion." In the fall of 1770, Oldham had a seizure and was subsequently "reduced to [i]diotism," a level of rationality so impaired that he even became "insensible... [to] the [n]ecessary call of [n]ature." Though he regained some of his

sensibilities afterwards, Mrs. Oldham opined “his general behavior provided evidences of his lack of reason.”¹⁹

The depositions of Oldham’s acquaintances bear testimony to what society considered as his aberrant behavior. Greenbury Goldsborough thought that Oldham’s general demeanor, words, and actions caused people to look upon him a person “Deprived of his Reason and Understanding in a very great Degree.” Goldsborough, Oldham’s friend for several years, had numerous ample opportunities to observe him, and his deposition recalls several incidents to support his opinion. One day while both men happened to be traveling independently on the road to Oxford, Oldham rode up alongside Goldsborough to engage in conversation. When Goldsborough inquired as to Oldham’s destination, he replied that he was going “to see Old Gabriel.” Old Gabriel was Gabriel Sales, a fellow plantation owner, who had been dead for three years. When Goldsborough informed him of this fact he replied “he was alive and well yesterday.” In subsequent depositions of different parties, Oldham is also mentioned as having conversations with neighbors and relatives who everyone knew to be long dead. Marylanders easily recognized such behavior as ample and unmistakable evidence of profound mental instability.

The care of the poor and those deemed *Non compos Mentis* took place in private homes until the second half of the eighteenth century. Poor relief was not problematic at the opening of the century since “the labor shortage was too great to allow any but the truly impotent to go unemployed and unfed.”²⁰ But an increasing population and

¹⁹CHANCERY COURT (Chancery Papers) Joshua Clarke and William Hopper vs. Edward Oldham, 1773, Accession No.: 17,898-3912, MSA S512-5-4027, MSA.

²⁰Carr, *County Government in Maryland*, 364.

changing economic circumstances combined to place a strain upon the old, informal means of relief. “The large expense to a county for providing care for the indigent in private homes is revealed by the Worcester County tax levy for 1766...[which] shows that about forty percent of that county’s expenditures went for this purpose.”²¹ “Nearly a seventh of the families in Anne Arundel County, Maryland, received aid during the late 1760’s.”²²

The burgeoning need for public assistance prompted the movement to found almshouses. Economies of scale engendered by the concentration of the poor into one building were sought to lessen the financial burden upon the counties. In 1765, a proposal was made to the Maryland General Assembly by residents of Baltimore, Anne Arundel, Prince George’s, and Worcester counties to found “hospitals, workhouses and houses of correction” for the care of the poor and the commitment of vagabonds.²³ Not until 1768, however, did legislation pass that brought about the existence of what become known as county almshouses. Anne Arundel, Prince George’s, Worcester, Frederick, and Charles counties are counted among the first to set up such institutions. Other counties eventually followed this model of poor relief with some almshouses being founded as late as the nineteenth century.²⁴ The new law also empowered the local magistrate to confine persons considered “disorderly” or those giving “disturbance to his or her neighborhood”

²¹Browne, Papenfuse, et. al., 61: 95.

²²Allan Kulikoff, *Tobacco and Slaves: The Development of Southern Cultures in the Chesapeake, 1680-1800* (Chapel Hill: University of North Carolina Press), 298.

²³Browne, Papenfuse, et. al., 8: 279. The colony first examined the issue of workhouse for the poor in 1691-2 when the Council of Maryland recommended the building of “publick workhouses in convenient places for the employing of poor and indigent people.”

²⁴Only Howard County, officially formed as a separate entity in 1851 from part of Anne Arundel County, was the exception. It never possessed an almshouse, probably granting out-pensions to the poor.

for three months. Eighteenth century society often applied the euphemistic label of “disorderly person” upon an insane individual. Unruly residents disobeying the almshouse overseers might be given up to thirty-nine lashes as punishment.²⁵

Another section of the law stipulated that all almshouse inhabitants must wear the letter “P” (for poorhouse) or “W” (for workhouse) in the color of red or blue upon their clothing at all times under the penalty of whipping.²⁶ Marking the clothing in such a manner would not only further stigmatize the individual but aid in their recapture should they decide to wander away from the almshouse grounds.

Virtually nothing is known about the mentally ill inhabitants or their care in these first almshouses. Although an early historical sketch for the institution serving Baltimore City and County exists, the manuscript only hints at their presence by recounting the existence of four cells within the basement.²⁷

It is questionable whether the Baltimore almshouse fulfilled the societal need to control, much less care for, such populations. Fourteen years after the founding of that institution, a city newspaper of 1787 reflected “There are few towns in the United States more infested with vagrants and sturdy-beggars than Baltimore... In Philadelphia, New-York, &c. they have no persons under the description... for the instant that one appears, he (or she) is taken up, and if they cannot give a sufficient account of themselves and manner of living, they are put in the work-house to pick oakum, &c.” With but a few members composing a “Night Watch,” and no regular police force, social control could

²⁵Browne, Papenfuse, et. al., 61: 486-495.

²⁶The English Poor Law of 1601 first stipulated that such badges be worn by poorhouse inhabitants. Virginia and New Jersey followed a similar custom as Maryland in identifying its almshouse residents.

²⁷Douglass G. Carroll, Jr. and Blanche D. Coll, “The Baltimore Almshouse: An Early History,” *Maryland Historical Magazine*, 66, no. 1 (1971): 150.

simply not be exercised effectively. The homeless poor and the non-violent mentally ill continued to be familiar sights throughout the city. The paper went on to remonstrate “It is the particular business of the Magistrates to examine the complaints of these patients, and to administer accordingly, by giving them a refuge in some poor-house or confin[e] them to hard labour.”²⁸ A year later, however, nothing seemed to have changed. The *Maryland Journal*, in 1788, noted with amazement that the streets of Baltimore City still harbored a large population of beggars, commenting “it is remarkable, they are rarely seen anywhere else on the Continent, but in Baltimore.”²⁹

Baltimore, however, did not endure alone as a location for such individuals. Annapolis, it appears, developed a similar problem in the late 1790s, and prevailed upon the General Assembly to pass a law to remove vagrants from its streets. A 1798 law allowed the city to confine these persons, along with any free blacks caught loitering, at the county almshouse. It is unknown if the Annapolitans met with any greater success than the Baltimoreans in removing these types of citizens from their neighborhoods.

The attitude expressed in the pages of the newspapers may reflect the feelings of Maryland’s general public toward the dependent classes. A lack of sympathy for their situation, coupled with the view that such persons constituted a general nuisance, might have compelled citizens to banish them from public sight. According to Gerald Grob, “the general public harbored a deep ambivalence about the nature of medical and welfare institutions. Sickness generally aroused sympathetic attitudes, since all individuals were at risk. Dependency, on the other hand, provoked more equivocal responses, if only

²⁸*Maryland Gazette, or, Baltimore General Advertiser*, March 27, 1787.

²⁹*Maryland Journal, and the Baltimore Advertiser*, May 23, 1788.

because a wide perception that it was the product of laziness and character deficiencies.”³⁰

The county jails may have housed unknown numbers of the mentally ill within their sparse settings. Almshouses, in contrast, may have constituted the more hospitable and sympathetic environment. Such disturbed individuals may have been confined to the jails as punishment for their alleged crimes or simply, if inclined to violent behavior, as a means to safeguard the greater community. Edward Cheatam had been deemed by his guardian to be “so mischievously disposed [that it was] dangerous and improper to for him to go at large.” He was subsequently confined in the Queen Anne’s County jail where, due to “his propensity to injure several persons who approached him,” his jailer found it necessary to keep him constantly confined in irons. Cheatam’s health steadily deteriorated under these circumstances; he lost weight to the point of emaciation.³¹ A physician, who often cared for individuals with mental illness, wrote of his patient in the Baltimore County Jail: “the situation he is in is the most injurious he could be exposed to [as his jailers] are compeled [sic] to lock him in with the Debtors of every description who delight in irritating him.”³² In 1784, prisoners in the Frederick County jail petitioned the county court for the removal of “Cracked Betty,” since “our confinement is made very disagreeable, much more than your Worships can conceive unless you were privy to the disturbance.” The petitioners went on to point out that “the poor house is the proper place for her, for as she is deemed an Idiot she cannot be tryed for felony.” In closing, the

³⁰Gerald N. Grob, *The Mad Among Us: A History of the Care of America’s Mentally Ill* (New York: The Free Press, 1994), 173.

³¹CHANCERY COURT (Chancery Papers) Mary Seth v. Edward Chetham, 1805, Accession No.: 17,898-7280, MSA S512-9-7306, MSA.

³²CHANCERY COURT (Chancery Papers) Samuel and Tench Ringgold v. Thomas Ringgold, 1804, MSA Accession No.: 17,898-4314, MSA S512-6-4441, MSA.

seven male prisoners begged the county officials to “take our situation into your consideration and relieve us of this “most Pestulant Creature.”³³

Those individuals possessing property might have received a different level of care. In 1785, a law passed that allowed the Chancery Court to administer the estates of those individuals deemed *Non compos Mentis*.³⁴ The court, whose purpose surrounded matters of property, afforded a level of protection for the personal estates of those no longer able to care for themselves or their interests. Under the law, a spouse, relative, or, in some cases, a friend or neighbor could petition the Chancellor, writing a letter that described that the person had for some period of time had been “deprived of his reason” and was unable to care for himself or his property. The petitioner could ask that a writ of *lunatico inquirendo* (or an *idiote inquirendo* in the case of the mentally retarded) be issued to determine the “lunacy” or mental state of the individual. A petitioner sometimes included a statement or deposition, sworn before a county official, that would describe incidents relating to behavior or the mental state of the alleged “lunatic.” In response, the Chancellor would write to the county sheriff of the petitioner and request that the sheriff convene a panel of twelve “good and lawfull citizens,” usually males, who sitting as an “inquisition,” would make a determination upon the person’s sanity. The committee, afterward, would affix their signatures upon a document to be filed with the court. In early cases, it appears the alleged “lunatic” may or may not have been present at these proceedings. Nor did a medical opinion need to be solicited. The Chancery Court

³³FREDERICK COUNTY COURT (Petitions), 1783-1847, C847, 40295-7, MSA.

³⁴Even before the passage of the 1785 law, the Chancery Court had been involved in this arrangement. The earliest discovered example occurred in 1711, when the General Assembly approved the petition of Henry Mudd on behalf of his brother George, “being lunatick and take Profits of his Estate, if any.” See *Archives of Maryland*, 29: 42.

held that the sworn opinion of local acquaintances, those possibly having a more intimate knowledge of the individual's behavior, was all that was needed to declare one as legally insane in the eyes of the State. The Court, in turn, would appoint a legal guardian. The guardian had to sign a bond of indemnity of sufficient security "for the true and faithful discharge of the Trust hereby in him reposed." The guardian's obligation to the court involved the maintenance of his charge and the property and at certain intervals, an accounting of expenditures for the court's review.

Several cases appeared soon after the law's passage. In September 1786, Charles Drury, was appointed trustee of Hester Drury of Anne Arundel County, responsible for "care custody and charge of the said... Lunatic and her Estate." In a 1787 case, Abraham Lowe and several others petitioned the court to become the trustees for William Hunter, a native of Scotland without relatives living nearby. When deposed, Lowe and another person described what brought them to question Hunter's sanity. "Hunter discovers a fear of his most intimate acquaintances being apprehensive of their intentions of hurting him, and that sometimes he'll run from them discovering at the time evident marks of uneasiness and fear." Lowe also added that "Hunter... in the beginning of his conversation will speak reasonable but immediately after will speak so irrationally so as to not be understood."³⁵ The petition of Leah Rigger to the Court underscores the urgency of her appeal to the Court for some sort of protection. She stated that her husband's "malady increases daily and that there is too much reason to apprehend he will do violence to himself unless confined and committed to the custody of [a] discrete Humane person... who will treat him with tenderness and alleviate as far as possible his

³⁵CHANCERY COURT (Chancery Record) October court, 1787, 438, S517-21, MSA.

miseries.”³⁶

Home care of the mentally ill presented daily, and sometimes, formidable challenges for the immediate family. Even the simple acts of personal care and maintenance for such a person might prove demanding. The Schneably Family of Washington County experienced “great trouble, labour + difficulty” in caring for Elizabeth Ecard “she being at times very wild and hard to groom, tearing and injuring her clothes, bed + bedding.”³⁷ Troublesome behavior coupled with violent tendencies, however, brought additional anxieties due to the necessity of constant vigilance. Walter Hilleary, a plantation owner in Anne Arundel County, developed marked periods of mental instability sometime during the late 1790s. For a month at a time, Hilleary might appear to be perfectly sane only to slip into irrationality and act out in sudden fits of rage. Elizabeth, his wife, recounted that “in my presence [he has] taken chairs in hand [and] threw them against the window, dashed down articles and stamped on them and broke them.”³⁸ Mr. Hilleary proved very hard to control during these periods, even with the probable employment of slaves as personal attendants.³⁹ One evening when Hilleary’s actions ran particularly violent his family, fearing for their own well-being, sought refuge at a nearby farm. A slave ordered to watch over him refused saying that “she would not because her Master had threatened her and she was afraid of him.”⁴⁰ Hilleary burned

³⁶Ibid., 422-423.

³⁷CHANCERY COURT (Chancery Papers) Adam Schnebly v. Elizabeth Ecard, 1821, Accession No.: 17,898-11133, MSA S512-14-10972, MSA.

³⁸CHANCERY COURT (Chancery Papers) Elizabeth Hilleary v. Walter Hilleary, 1807, Accession No.: 17,898-2451, MSA S512-3-2538, MSA.

³⁹Ibid.

⁴⁰Ibid.

down the plantation house later that same night.

Violent individuals may have been chained or held in some other form of restraint. Families struggled with the question of confinement, the deprivation of a loved one of his or her liberty, versus non-confinement. In many cases, families appeared to have little choice.⁴¹

Fear for personal safety may have compelled families to confine their members. The Hilleary Family split upon this issue. John Hilleary, brother of Walter Hilleary, though admitting the necessity at times to “tie and confine the lunatic” nonetheless “considered it a wanton act of cruelty to have him kept constantly confined.”⁴² Hilleary’s own mother resisted the attempts to confine her son for long periods.⁴³ At least one neighbor believed Hilleary’s treatment to be commendable, remarking that he was “treated with a great deal of tenderness and humanity.”⁴⁴ Yet, concerns for personal safety prompted Hilleary’s wife and daughter to advocate for his more frequent confinement.

Rebecca Wells, the daughter of Walter Hilleary, did not believe her father to be managed well because he had only been confined once or twice “and then but a short time that the family were in danger of losing [sic] their lives from the liberty allowed the lunatic.” Hilleary had, during a period of lucidity, purchased a gun and later “threatening

⁴¹CHANCERY COURT (Chancery Papers) See depositions for the following cases: Richard Watts and Elizabeth Watts vs. Francis Rawlings, 1807, Accession No.: 17,898-5732, MSA S512-7- 5840; Jeremiah Hughes v. David Love Jacob, 1812, Accession No.: 17,898-2388, MSA S512-3- 2480; John Campbell v. Wm. Campbell, MSA S 512-838, 1802; Dennis Poole v. Peregrine Poole, 1815, Accession No.: 17,898-4178, MSA S512-6- 4301, MSA.

⁴²CHANCERY COURT (Chancery Papers) Hilleary v. Hilleary, 1807.

⁴³Ibid.

⁴⁴Ibid.

to shoot the family until taken from him by some person.” On another occasion, during a fit when several men attempted to confine him, Hilleary “was so violent having a chisel and a bad dog we could not approach him.”⁴⁵ After James Bowdle struck his mother on two occasions, his family placed him in a house where he was watched over by a non-relative. “The very object of fitting up the house was to exclude him from the family” recalled his brother. Bowdle “frequently broke crockeryware which was sent to him and broke the panels out of his door.”⁴⁶

Caring for a mentally ill relative simply may have been too great a challenge for some families. Martha Gaither lived, from time to time, with her married sister and her family for about fifteen years. Her brother-in law, Peregrine Poole, had been manageable for a long period of time. Poole, however, experienced a marked change in demeanor, turning violent to the point that “it was notorious in the neighborhood.”⁴⁷ Gaither recounted that “he threatened the members of the family with personal violence and also...to burn the barn and houses [so] it became necessary to keep him constantly under guard or to keep him constantly confined.”⁴⁸ Peregrine Poole thereafter remained locked in his room. On one occasion, after being released from his chamber, he attempted to run away. Grasping an ax he attempted to strike at his pursuer before being overpowered. Gaither recalled that she had once seen Peregrine attack a male family member and “tear the clothes from his back.” It was her view that “No person but an eye witness can form a correct idea of the trouble and anxiety created in the family by the conduct of said

⁴⁵Ibid.

⁴⁶CHANCERY COURT (Chancery Papers) Eleanor Ann and Tristram Bowdle v. James Bowdle, 1826, Accession No.: 17,898-487, MSA S512-1-539, MSA; the incidents spoken of occurred in 1809.

⁴⁷CHANCERY COURT (Chancery Papers) Poole v. Poole, 1815.

⁴⁸Ibid.

lunatic.”⁴⁹

Certain families, evidently, abrogated their familial duty to provide care for a mentally ill or retarded member. The case of the abandonment of Joseph Polk of Cecil County is notable in this regard. The forty-five year old was “suffered to ramble through the Neighborhood and in the woods as a wildman almost naked and half starved” even though he had four siblings, two in Maryland and two nearby in Pennsylvania.⁵⁰ With only a bond for \$110 as his sole asset, community members feared that Polk, “an Idiot... will become a burthen to the county.” A neighbor finally came forward and petitioned the Chancery Court to become Polk’s trustee. Henry Reynolds, a trustee of the poor of Cecil County, wrote the court that Polk “has been sometime living in his Family and under his care as a Lunatick... that he is very troublesome and has been expensive.”⁵¹ Polk’s small estate, at most, could have supported his maintenance for only a short period of just about a year and a half. It is possible, though cannot be determined, that Reynolds eventually placed him in the county almshouse when Polk’s estate proceeds had been expended.

It was not unusual for an individual unrelated to a mentally ill person to petition the Chancery Court to become his or her Trustee. Motivations for this action are varied and cannot be determined with any certainty. Compassion for a fellow human being, as in the above case of Joseph Polk, may have been a factor in certain cases. A pecuniary interest, however, may have motivated others.⁵²

⁴⁹Ibid.

⁵⁰CHANCERY COURT (Chancery Papers) Henry Reynolds v. Joseph Polk, 1817, Accession No.: 17,898-4215, MSA S512-6-4337, MSA.

⁵¹Ibid.

⁵²Narratives penned by former mental patients, as far back as the eighteenth century, often identify the financial motives of relatives as prompting their confinement and subsequent control of their fortunes.

Robert Williams, an apparently non-violent mentally ill older man, also known in court records as “Negro Bob,” resided in Anne Arundel County within “a log pen where he was confined without any cover to shelter him from the weather.”⁵³ The record is silent as to how Williams came to be confined in such a manner. The situation is quite curious since the man had a wife, large family, and an estate estimated to be in excess of \$2000, a sum quite sizable for any white or African American person during the early Federal period. Evidently some of his younger children acted as his attendants. Whatever the circumstances, four community members wrote the Chancery Court for assistance in 1805, because “Negro Bob for want of attention to his person is becoming a nuisance to the neighborhood, besides being a great sufferer.”⁵⁴ Jerome Plummer, a white neighbor, eventually came forward to become Williams’s trustee after the supposed continual promptings of the community. He framed his intention as magnanimous in nature and, of course, not motivated by any financial interest. Plummer’s deposition sent to the Chancery Court indicates that he had “warm comfortable and suitable houses built for the sole accommodation of the lunatic” and Williams’ several children upon the Plummer farm. One supposes that other higher standards of care, such as proper food and clothing, had also been supplied. Curiously, however, Williams did not wholly appreciate his new living situation. As Plummer related, Williams is “only desirous to be at liberty which is always the desire of persons in his unfortunate situation.” Though court documents never attest to a propensity toward violence or destructiveness, Williams was, curiously, kept in

⁵³CHANCERY COURT (Chancery Papers) Jerome Plummer v. Robert Williams, aka “Negro Bob,” 1805, Accession No.: 17,898-4015, MSA S512-4015, MSA.

⁵⁴Ibid.

chains.⁵⁵

Plummer was awarded trusteeship of Robert Williams and his estate sometime in the early summer of 1805. Later that season, Plummer wrote the Chancery Court for permission to organize an auction of William's property since the stock of harvested crops and farm tools had been wasting in the field and would not survive the winter. A trustee, by law, had the right to petition the court to organize a sale and place the proceeds into a maintenance account for his charge. The Court did authorize an auction but with one stipulation: Plummer could not place Williams' slaves up for sale. The inventory drawn up for the auction shows that over one-half of Williams' wealth came from his slaves.

The individuals listed as "slaves" also happened to be Robert Williams' family members. Evidently Williams had purchased his wife Sue and their children but never filed the paperwork to legally release them from bondage. Without being officially manumitted, Williams' family still were considered slaves and so remained classified as property and, at least in theory, could be sold off at auction one day. Lacking a document outlining Williams' future intentions regarding the status of his family and with little probability that Williams might regain his sanity to complete the official manumission documents, Jerome Plummer possessed the right as guardian to sell off Williams' "property." Only the court stood in his way.

The future for Robert Williams' immediate family appeared ominous. Though the court offered its protection, there was no guarantee that the same spirit of oversight might be present in the next person assuming the role of Chancellor. One night, sometime soon after the auction of farm items, a brother of Williams "forced open the house and released

⁵⁵Ibid.

Robert and took him back to Montgomery County.” Caesar Williams had been a tenant farmer in that county for at least ten years, and an affidavit from neighbors attested to his being “punctual in discharge of his debts” and his character being marked by “sobriety honesty + industry.”⁵⁶ Caesar Williams petitioned the court to have Jerome Plummer removed as trustee to have himself appointed. Although another petition charged Caesar Williams as being a man of “bad character, and little or no property,” the Court transferred the trusteeship to him, perhaps, thinking that a blood family member might better protect the interests of its own member.

It is rare to discover evidence of family members or trustees overtly disregarding their obligation to care for their charges. At least one case, however, is recorded. The trustee appointed for Eliza Allen, an almost sixty-year-old woman possessing a farm in Baltimore County, had been lax in his oversight of her person and property. That trustee, Solomon Allen, also happened to be one of her brothers. He had arranged for a tenant to manage the farm and care for his sister, but failed to make regular inspections. The tenant, a blacksmith by profession, simply neglected Allen’s care. She had not for a “year or two... been supplied with clothing, bed and bedding and firewood necessary and proper for her comfort and such as she is entitled to from principles for humanity.”⁵⁷ The farm had also been left to deteriorate badly. These revelations caused the Chancery Court to remove Solomon Allen as trustee and replace him with another family member.

The prospect of hospitalization both provided respite for the family and held out the possibility of a cure. Jeremiah Hughes believed that the confinement of David Love

⁵⁶Ibid.

⁵⁷BALTIMORE COUNTY COURT (Chancery Papers) G.W. Allen v. Eliza Allen, 1842, Accession No.: 40,200-2685, MSA C295-2706, MSA.

Jacob, his brother-in-law, “absolutely necessary to prevent... Jacob from doing acts of violence to himself [&] others.”⁵⁸ Hughes, and, if it can be inferred, the rest of the family, chose a different course than locking or chaining Jacob within their home. They appeared ready to send him to an institution “Considering it necessary and persuaded that it may be usefull [sic] to have... Jacob confined to the Hospital... for the use of persons in his situation at least for a time.”⁵⁹

With the mid-eighteenth century advent of public hospitals, wards were set aside for the care and treatment of the mentally ill, including those with alcohol or drug dependency. Settings, however, continued to be sparse, with a bedding of straw upon the floor of a room for individuals from modest means. Well-to-do families could choose to pay additional monies to provide more creature comforts. Though the hospitals were theoretically better suited to treat mental illness due to ready access to medical care, the early standards of care stressed the use of restraint. At the Pennsylvania Hospital [1751] and New York Hospital [1771], patients often found themselves confined within their room, chained or wearing movement restricting camisoles. Attendants armed with whips exercised control over the unruly. At the hospital in Williamsburg, Virginia (founded in 1773 as the nation’s first solely to house mentally ill patients), the treatment stood only marginally better with the use of chains and the “strait waist-jacket” (strait jacket)—but no whippings.⁶⁰

Marylanders often sought out Doctor Benjamin Rush’s hospital in Philadelphia to

⁵⁸CHANCERY COURT (Chancery Papers) Hughes v. Jacob, 1812.

⁵⁹Ibid.

⁶⁰Gerald Grob, *Mental Institutions in America; Social Policy to 1875* (New York: Free Press, 1972), 19-20; Norman Dain, *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia, 1766-1866* (Charlottesville: University of Virginia Press, 1971), 21.

treat their mentally ill dependents. That facility offered the most progressive care regimen during the late eighteenth to early nineteenth century. Doctor Rush, considered the father of psychiatry in America, penned a widely disseminated book on the treatment of the insane that stressed a somatic approach. His work influenced the graduates of American medical schools for decades. For Rush, insanity could be blamed upon hypertension in the brain's blood vessels. Blood letting, often in copious quantities, he thought might bring relief in certain cases. For example, abundant blood letting of hysterical patients was often prescribed; the loss of blood would eventually bring tranquility. Other treatments enumerated by Rush included the use of emetics and purges, a "meager" (that is, low-calorie restricted) diet and two other "heroic" measures: the tranquilizing chair and the gyrator. In the former, a patient was strapped into the chair and had a wooden box secured over his head. In theory, the deprivation of stimuli would "calm" the individual, thus causing the blood to flow away from the engorged blood vessels in the brain.⁶¹ With the latter device, an individual was fixed firmly down upon a large disc that revolved quickly with the express purpose of invigorating the senses.

While today Rush's methods are looked upon with great skepticism, some Marylanders at that time held another opinion. A hospital might possibly cure mental illness, not just serve as a setting for custodial care as one would find within a private home, almshouse, or jail. Thomas Turpin, the trustee of his brother-in-law Edward Chetham, had Chetham removed from the Queen Anne's County jail and placed under the care of Doctor Rush. Turpin believed that Chetham would be "comfortable at the Hospital in Philadelphia, and that the Medical assistance to be had there might possibly

⁶¹Grob, *Mental Institutions*, 20.

remove his heavy affliction and restore him to himself.”⁶²

Marylander Richard Dorsey sought to have his sister Becky confined in the Philadelphia Hospital in hope of curing her drug addiction and nervous condition. His 1809 inquiry brought assurances from the hospital steward that she could “have a room in our Hospital where she will never be expected to be seen by Students or Visitors” with the cautionary warning against being too optimistic since “[i]t is at all times unsafe to promise cures of any disease and still more so of them which affect the mind.”⁶³ Whether Becky Dorsey wanted to be, or even knew she would be, hospitalized is unknown. Mr. Lewis, the hospital steward, instructed Richard Dorsey to bring her directly to the hospital at dusk to “avoid the unpleasantness of going with her to a private home & afterwards having to remove her to the hospital.”⁶⁴ Admitted sometime in the late summer or fall of 1809, Becky’s overall physical condition improved but, as Dr. Rush believed “[t]here is no change for the better in the mind... confinement, restraint from the Use of opium—absence from friends, & time promise more in her case.”⁶⁵ By late December, however, the hospital steward informed Richard Dorsey of Rush’s opinion that “nothing fundamentally can be done... one advantage of having Becky in a Hospital and that is, the good attendance of a great physician—Her derangement is not of the kind to make it necessary to have a recourse to a Madmans cell—It is only a melancholic state of mind” and that “country life with proper exercise and proper employment” might be

⁶²CHANCERY COURT (Chancery Papers) Seth v. Chetham, 1805, MSA S512-7280, MSA.

⁶³James S. Lewis to Richard Dorsey, June 26, 1809, Richard Dorsey Papers, MS. 1764, Maryland Historical Society.

⁶⁴Lewis to Dorsey, June 30, 1809, Dorsey Papers.

⁶⁵Benj[amin] Rush to Dorsey, November 20, 1809, Dorsey Papers.

helpful.⁶⁶

While we do not know the final outcome of Rebecca Dorsey's treatment, it appears that certain families with financial means were willing to commit their loved ones to the care offered at hospitals. Though psychiatry as a distinct profession would not come about until the later nineteenth century, some Marylanders of means were ready during the early Federal period to entrust mentally ill family members to the specialized care of physicians in the hope of improving their mental state.

⁶⁶Lewis to Dorsey, December 25, 1809, Dorsey Papers.

Chapter 2:

Present in the Community: Federal Period to the Antebellum Era

During the early nineteenth-century, mentally ill Marylanders could be viewed everywhere: on the streets, in private homes, hospitals, almshouses, and jails. Such Marylanders might inhabit various settings during their lifetime. This chapter examines these venues and traces the development of institutions of care and confinement.

The lack of formalized commitment laws and the high cost and limited number of beds in the early hospitals all worked against permanent institutionalization. The poor continued to inhabit the same settings as in the past, the almshouse and jail being the primary institutions for their confinement. Yet, with the exception of the violent, the doors of these establishments swung open for many. A permanent underclass—individuals described as “beggars,” “drunkards,” or “destitute”—lived on the streets of the cities and towns, their living situation often due to an undiagnosed mental condition or an addiction. An indeterminate number of individuals continued to live within private homes without the benefit of regular, if any, medical care. We dimly perceive their existence from occasional newspaper accounts detailing their suicides or violence directed against others.

Persons suffering from mental illness were never far from the public gaze. Poems, penned by several authors, published in the *Maryland Gazette* newspaper attest to the presence and public notice of depressed individuals within the Annapolis community during the first decade of the nineteenth century. The greater community understood that depression could prompt someone to contemplate or perform the act of suicide. The death of a loved one or an affair of the heart gone awry could turn a rational human being into

what one Maryland poet termed “a child of distraction.”⁶⁷ In “The Desponding Lover,” the anonymous poet, most likely a man, reflects upon his notice of a young man “with a very disturbed air” whom he spied frequently pacing the hills and cliffs overlooking the Severn River. The poet, a fellow wanderer of these same riverbanks, could not help but notice the despondent man’s “listless composure,” accompanied by his occasional shedding of tears. His lover had rejected him. One evening the poet notices the young man apparently about to leap off of a cliff, and “with soul quick recoiling, shrunk back at the sight,” calls out in an effort to “the poor wilder’d maniac save.” The distraction initially stops the man from performing his act. The poet then entreats the man not to “rush uncall’d into death,” asking him, “Shall the agoniz’d soul speed her flight madly hence, [a]nd bear the black crime to the author of life?” Even the prospect of eternal alienation from God through the act of suicide cannot sway the man’s mind. “Tis frenzy, ‘tis madness, that prompts the resolve” of the despondent lover to finally plunge from the cliff “to the regions of night.”⁶⁸

The public recognition of an individual as being mentally ill served to dictate the initial setting for that person. By the early nineteenth century, a system of classification, based upon observable behaviors, was recognized by both the medical community and laypersons [Figure 1]. The actions or thought patterns of an individual were measured against what the public regarded as the state of sanity. General opinion recognized the state of sanity as one of reasoned thinking and emotional stability. William Donaldson, a

⁶⁷Author unknown, “The Maniac, by a Lady”, *Maryland Gazette*, c. 1806, details the plight of a woman driven to insanity by her lover’s death at sea. Other *Gazette* poems also touch upon the theme of insanity: “Poor Isabella,” Nov. 21, 1805, “Poor Marguerite,” Nov. 7, 1805, “Fair Maniac,” June 19, 1806.

⁶⁸Author unknown, “The Desponding Lover,” *Maryland Gazette*, September 20, 1804.



Figure 1. *Das Narrenhaus* (The Madhouse) by Wilhelm von Kaulbach, 1834 (Maryland Sate Archives).

Maryland physician well articulated this view in a deposition on behalf of one his patients, a prominent judge who sought to regain his position on the bench after recovering from a temporary mental instability. Donaldson attested to the complete restoration of sanity to his patient since the judge:

appeared calm, collected & coherent in his discourse and & observations
—He shewed no hurry, nor agitation of manner, no passion, no enmity to
persons; nor betrayed any character which my scrutiny could designate as
insane.⁶⁹

The doctor, however, recognized that the deviation from generally accepted patterns of thought or widely held opinions did not necessarily mark one as mentally ill. Only when passions aroused within the individual by that thought or opinion prompted some

⁶⁹BALTIMORE COUNTY COURT (Chancery Papers) William A. McMecken. Appointment of trustee for William McMecken, 1829, Accession No.: 40,200-895, MSA No.: C 295-904, MSA.

behavior—an action or some violence—could one’s sanity be called into question.

Donaldson further wrote:

It is not unusual to find persons erratic in mind upon one subject & perfectly correct in judgment upon all others—If this error regards abstract truth, it can be of little consequence to society or the individual —But if it combines action & effort it may result in injury to both.... a certain notion different from the common opinion of mankind & in itself very unreasonable combined with acts that shew distinctly that want of constraint & command of oneself & actions... constitute[s] madness⁷⁰

The term “insanity” covered a broad spectrum of diagnoses which could be assigned to those exhibiting some form of “madness.” A person exhibiting “eccentricities” might be fixed at one end while the violent or criminally insane placed at the other. Eccentricities of behavior, though not uncommon, generally deviated enough from the manners or actions of general society to cause a sense of “uneasiness” when dealing with the person. Eccentricity was seen as a precursor to more severe forms of madness. The temporarily insane could be considered at the next point upon the continuum. This classification consisted of persons suffering from a temporary mental condition due to some medical condition such as post-partum depression, puerperal fever, or delirium tremens, where their eventual return to complete sanity could be expected. What was popularly termed “the half insane” would be situated at somewhere near the mid-point. A permanent condition, this form of mental illness could be characterized by episodes or cycles of unreason. Henry Moore was considered of this class, “not in a high state of distraction... though perhaps in a confirmed state of a disordered intellect.”⁷¹ Moore could, at times, appear perfectly rational and, since non-violent, was afforded a great degree of personal liberty. The non-violent insane constituted the next category.

⁷⁰Ibid.

⁷¹CHANCERY COURT (Chancery Papers) George W. Moore vs. Henry Moore, 1814, Accession No.: 17,898-3629, MSA S512-4- 3746, MSA.

Catherine Anne Crammer had no periods of lucidity, exhibiting behaviors that society considered being profound insanity. Family members witnessed the following:

Ridiculous conduct, grimaces and laughter, when allowed to go out attracting a crowd of children about her, having seen her attended with her bonnet on wrong side foremost, the total incapability for performing household tasks... also in collecting pins, and if one is missing to search the whole house for it; total incapability of regular conversation, except when pleased; bursting into loud laughter, or making some idle expression; was accustomed to hoard up every cent, which was given her but having found they would purchase pins, she now uses them to increase her stock of that article.⁷²

While the “incapacity of performing household tasks” may have been less than a useful yardstick in measuring a woman’s sanity, Crammer’s general demeanor provided ample evidence. Similarly, the non-violent pronouncements of a Mr. Brice caused people to view him as insane. His doctor considered him to be “a person deprived of his reason in a very great degree.” Evidently, his physician “heard [him] say, that he was to fill the various offices of the General Government; by decrees of god, and that he would be made President of the United States.”⁷³

The violent, or what was known the “furiously” insane, stood the furthest end of the continuum. John F. Schindler was “laboring under well-marked mental derangement and manifested strong delirium” when admitted into a hospital. As Schindler’s doctor related: “He imagined he heard voices [emanating] from his breast and asked me if I did not hear them. The voice[s] spoke, he said, of murder.”⁷⁴ Confinement of this category of individual appeared necessary if only to safeguard the greater community.

⁷²BALTIMORE COUNTY COURT (Chancery Papers) Mary Eckel. Appointment of trustee for Catharine Ann Kramer, 1834, Accession No.: 40,200-1486, MSA No.: C 295-1497, MSA.

⁷³BALTIMORE COUNTY COURT (Chancery Papers) Andrew Bruce vs. Brice W. Howard. Appointment of trustee for Howard, 1833, Accession No.: 17,898-6269 MSA S512-8-6337, MSA.

The public recognized that some mentally ill individuals presented a threat both to family members and the greater community. Hospitals stood as the first institutions where such patients could expect care and confinement in a more humane environment. Families of some mentally ill individuals also believed that the condition of their loved one might be improved by the treatments proffered at these institutions.

The circumstances surrounding the founding of the Hospital in Baltimore, considered to be the first medical institution in Maryland to treat mental illness, remain obscure. The waves of yellow fever that struck Baltimore during the 1790s saw the hasty construction of temporary buildings and a tent city for residents upon the high ground above Fell's Point. This site, chosen for its supposed better air and good drainage, would eventually serve as the six and three-quarter acre grounds of a permanent hospital. Much credit has been given to one Jeremiah Yellott, a mariner and prosperous merchant, for promoting the cause of a permanent hospital at this site, but it is likely a historical embellishment dating from the turn of the twentieth century. Influential families may have banded together and petitioned the State to charter such an institution. Some private citizens understood the need for such a general hospital, pledging money for its support.⁷⁵ What is certain is that the Maryland legislature considered a bill to grant a charter to found such an institution in November of 1797. In the Senate proceedings of early 1798, after the passage of the bill of incorporation, the legislators redirected \$8,000 originally earmarked for an educational academy to the cause of the hospital, since "this institution

⁷⁴ BALTIMORE CITY SUPERIOR COURT (Chancery Papers) Agnes Schindler. Appointment of trustee for John F. Schindler, 1858, Accession No.: 40,200-5520, MSA No.: C 168-1133, MSA.

⁷⁵Private donations totaling \$14,700 were received; see *Report of the Board of Visitors of the Maryland Hospital*, 1852 (Baltimore: John D. Toy), 6.

is an object of great state importance, and extensively interesting to the people of Maryland.”⁷⁶

The interest of the State or its people, however, would not be sustained. By 1801, when the first ward opened in the partially completed Hospital at Baltimore, its noble purpose had been subverted. During its early years, the institution appears to have catered largely to sick sailors under a U.S. Government contract. A Federal law passed in 1798 encouraged the establishment of marine hospitals in the major port cities of America and the hospital was leased for this purpose. From 1802 to mid-1807, the hospital served primarily as a marine hospital, seemingly forgetting its mission to the poor and mentally ill. Instead, another newly founded institution, the Baltimore Dispensary, served as the city’s charity hospital, caring for over 600 patients in 1801 alone.

Since few hospital records for this period exist, it is impossible to determine the number of patients under care. While it is not known for certain if the mentally ill were confined in the institution during this time, some evidence exists to throw doubt upon this supposition. The documents in at least a half dozen Chancery-related lunatic guardianship cases show a preference of the families of such individuals to send them to the Pennsylvania Hospital. In the Baltimore Mayor’s message of February 1807, Thorowgood Smith notes: “Our City Hospital, if ever designed as a receptacle of deranged persons (and it would appear that this was one object intended to be accomplished by those who caused it to be erected), is very badly constructed for the purpose and should... maniacs under certain terms and conditions... be admitted there,

⁷⁶GENERAL ASSEMBLY SENATE (Proceedings) January 19, 1798, 308, Accession No.: 1956, MSA No.: S 978-5, MSA.

appropriations will be required to make the indispensable alterations in the building.”⁷⁷ Evidentially the operation proved less than economically viable. The 1804 report of the Visiting Committee regarded the building to be in poor shape, noting decaying fences, unpainted exterior woodwork, and windows lacking weights or fastenings with the propensity to crash down and shatter.⁷⁸ In July 1807, after the Hospital lost the U.S. government contract, only two patients resided within the facility.⁷⁹ The city refused to sign a long-term contract with the resident physician, who supplemented his income by growing crops of vegetables on the hospital grounds.

In 1808, community leaders and other Baltimoreans once again resurrected the prospect of the Hospital at Baltimore as a care center for the mentally ill. Mayor Smith, in his message of that year, states: “An effort has been made by you...and myself acting in our capacity as citizens of Baltimore, together with the members of the [city] Board of Health, a number of the Clergy, Physicians and other citizens to obtain from the Legislature of Maryland funds for the support of indigent lunatics within the State for this Hospital. This application has not been successful.”⁸⁰

The year 1808, however, appeared to be a pivotal one in the fortunes of the institution as the treatment of the mentally ill became a stated goal. The lease of the hospital to two enterprising physicians, Drs. Colin Mackenzie and James Smyth, may have enhanced the reputation of the facility and prompted citizens to send their family members to Baltimore. Mackenzie had been trained at the Pennsylvania Hospital. Several

⁷⁷Bound Council Proceedings. Mayor’s Message, Baltimore, February 9, 1807, 2, Baltimore City Archives (hereinafter cited as BCA).

⁷⁸1804-120, RG 16, S1 (City Council), BCA.

⁷⁹1808-299, RG9, S2 (Mayor), BCA.

⁸⁰Bound Council Proceedings. Mayor’s Message, Baltimore, February 8, 1808, 2, BCA.

Chancery Court cases from the 1810s included documentation attesting to patients being treated at the hospital. The cost for a patient's care was about \$100 a year plus incidentals. Patients with destructive tendencies had to reimburse the facilities for their actions. Though admittance was governed by the ability to pay, certain charity cases were underwritten by the city of Baltimore or private citizens. The Mayor and the Commissioner of Health occasionally directed the hospital to admit insane patients as city charges.⁸¹ In 1813, three Baltimoreans petitioned the city regarding a "female maniac" who had been found on the street with her near-dead infant clutched within her arms. Both were admitted to the hospital, with their bills paid by charity. The infant died, but the mother recovered slowly, and the petitioners hoped the city could take over the expenses as the charitable funds had run out. The city replied that they could not; the woman should be sent to the almshouse.⁸² Evidence suggests that the hospital made an effort to retain patients where the ability to pay still existed. In 1817, George Gatchell, the hospital steward, petitioned the court for the guardianship over a senile elderly patient still possessing an estate. The petition was successful and the woman remained under medical care.⁸³ The Hospital still, however, acted mostly as a general hospital with a patient census for 1819-20 indicating no more than 13 percent of the cases being those relating to mental illness.⁸⁴

⁸¹1817-668, 670, 678, RG 19, S1 (Health Department), BCA.

⁸²1813-194, 282, RG 16, S1 (City Council), BCA.

⁸³BALTIMORE COUNTY COURT (Chancery Papers) Jeremiah Gatchell. Appointment of trustee for Anna Wornam, 1818, Accession No.: 40,200-74, MSA No.: C 295-74, MSA.

⁸⁴During the years 1819 through 1820, the hospital admitted 843 patients with medical ailments and 107 with some form of mental illness. See report on hospital, 1821-551, RG 16, S 1 (City Council), BCA.

The earliest visual depictions of the institution, eventually to be renamed the Maryland Hospital, appear upon maps of the Federal period. The Warner and Hanna map of 1801 [Figure 2] is the first to depict the existence of the hospital, showing a main building, replete with a formal garden and walkways.

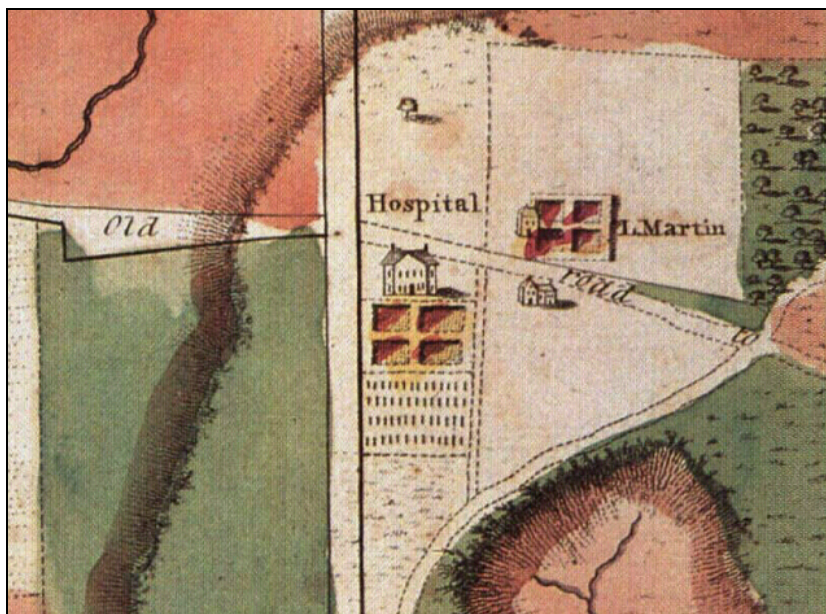


Figure 2. Map of Baltimore showing detail of Hospital, 1801 (Maryland State Archives).

Though this is likely a fanciful depiction, the remote location, some one-half mile from any densely settled area, likely ensured a peaceful setting for the convalescent. Oriented to the south on a hill, the hospital overlooked the distant Baltimore harbor. One discordant feature, however, was the presence of a graveyard or Potter's field directly opposite the hospital's front facade.⁸⁵ Commenting upon the sight of the graves, a later visitor to the institution remarked, "I think [it] rather depressing to the spirits of the unfortunate invalids."⁸⁶

⁸⁵This site may have been necessitated by the speedy burial of the corpses of yellow fever victims in the 1790s.

⁸⁶Opinion of Matilda Houston when visiting the facility in 1850. See Raphael Semmes, *Baltimore as Seen by Visitors, 1783-1860* (Baltimore: Maryland Historical Society, 1953), 155.

The prominence of the hospital upon maps portrays civic pride in the facility. In 1816, the city contracted the production of a large-scale map of Baltimore to surveyor Thomas Poppleton. His finished work laid out the grid of the rapidly growing city and featured marginal vignettes of the most notable public and private buildings within the city. Poppleton's map displays a large-scale engraving of the hospital at its upper margin [Figure 3] left of center between two of the city's most important structures, the courthouse and the Masonic Lodge. The accurate three-quarter view of the facility depicts a large brick center building and wings, the former surmounted by a dome and the latter possessing cupolas. A caption underneath informs the viewer that \$140,000 had been expended in its construction up until that time.

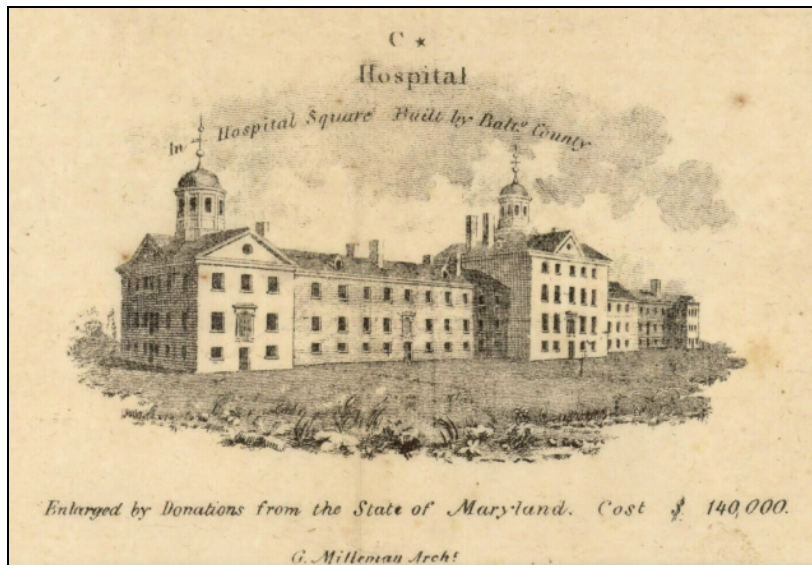


Figure 3. Baltimore Hospital, detail from Poppleton Map, 1819 [1822] (Maryland State Archives).

Maps, however, are not alone in providing a visual record of the institution. Very early views of the hospital exterior come in the form of schoolgirl samplers. At least three samplers have survived that depict the institution, including one of an unusually large size. One might argue that the mere fact of choosing the hospital as a subject matter

indicated a positive opinion existed of the facility, though girls often chose public buildings within their hometown as an appropriate subject to practice their needlework. The Maryland Hospital samplers all portray a simplified domed center building and its wings encircled by a brick wall or fence. The gatehouse is also featured. A curious addition to one sampler [Figure 4] is that of hanging plants within the second story windows of each patient room.⁸⁷

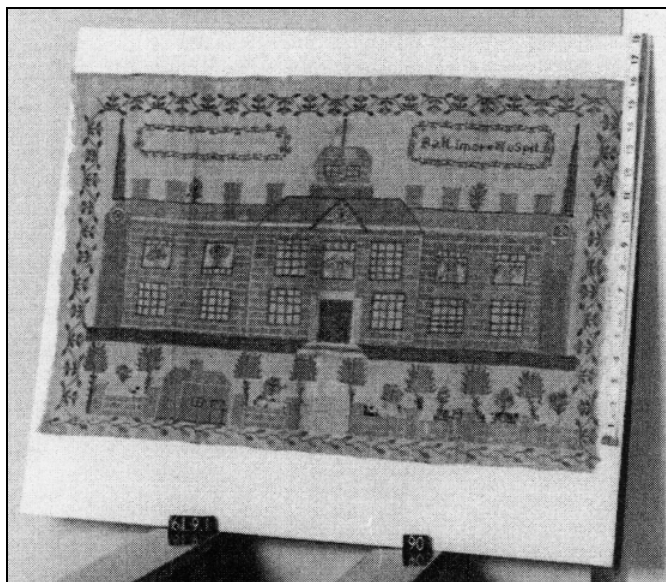


Figure 4. Sampler depicting Maryland Hospital, c. 1830 (Maryland Historical Society).

Knowledge of the facility's interior comes mostly in the form of visitor accounts and reports of the yearly inspections by the hospital board. In the 1820s, while the facility was leased to a private individual, one could tour the facility for the sum of 12 1/2 cents.⁸⁸ The mentally ill, however, were not intentionally exhibited, as had been the case at the Pennsylvania Hospital. From about 1834 to the late 1850s, the institution had a regular Monday public visiting day, where ordinary citizens were invited to tour the

⁸⁷Betty Ring, *Girlhood Embroidery, American Samplers & Pictorial Needlework, 1650-1850*, V. 2 (New York: Alfred Knopf, 1993), 513-514.

⁸⁸Anne Royal, *Sketches of History, Life and Manners, in the United States, By A Traveller* (New Haven: Privately Published, 1826), 192.

building to dispel the popular, seemingly negative, perceptions about mental institutions. Anne Royall, the published travel diarist, toured the Baltimore facility in 1824. After viewing the wing dedicated for the mentally ill, she wrote:

It is against the rules of the institution to suffer strangers to see the insane; this prohibition proceeds from motives of delicacy towards the friends and relations of those afflicted, who do not wish them exposed. The doors of their cells are secured with bars of iron and heated by furnaces placed on the outside of the wall, one to every room, which conveys heat to the patient. I looked into some of these cells, which were vacant; they were similar to those occupied by the sick, excepting the bedsteads, which were of iron, and without chairs or tables. Though I could not see the unfortunate beings, I could hear them utter the most shocking oaths!⁸⁹

The noises Mrs. Royall heard likely emanated from the patient cells within the basement. The mentally ill deemed violent likely resided here, some being chained behind strong doors.⁹⁰ This regressive form of patient maintenance may have occurred in the latter 1820s when the hospital standards appear to have declined precipitously after the death of Dr. Mackenzie, one of the original lessees. African Americans also likely inhabited the basement, in keeping with the general trend of American hospitals.⁹¹ Unfortunately, no documentary evidence exists to suggest overall treatment or level of care for these or other populations until 1834, when the State takes over the management of the facility.

Treatment changes promoted by sources abroad would ultimately influence and modify how American doctors viewed their mentally ill patients. Most historians point to the actions and teachings of Dr. Phillippe Pinel as revolutionizing the care of the mentally ill. In a bold act in 1793, he removed the chains from the male patients at the Bicêtre Hospital in Paris, ushering in a new era of “non-restraint.” He believed that within a

⁸⁹Ibid.

⁹⁰*Report of the Committee...to Visit and Inspect the Maryland Hospital*, February 19, 1839, 3, mentions “ten rooms on the ground floor, in which the pauper lunatics are accommodated. They are...damp, and not as good as should be provided.”

⁹¹African Americans appear to have been admitted to the hospital from its earliest day, yet the first documented cases come in the 1830s. See MARYLAND HOSPITAL (Patient Register) 1834-1872, S184, MSA.

carefully constructed environment, the mentally ill could be taught self-control and eventually regain their reason. The patient would not be whipped if he disobeyed; but a milder form of persuasion, such as seclusion, would be meted out until that individual understood the folly of his action.⁹²

Almost concurrently, and without the knowledge of Pinel's work, William Tuke opened the York Retreat in England for Quakers "who have been deprived of their reason." Tuke did not share Pinel's medical background. Tuke, a tea merchant, was acting as a member of a religious community that recognized the need for such an institution.⁹³ His Quaker belief that an element of God's divinity resided within each individual caused him to acknowledge and value the humanity of insane persons. Tuke advocated humane treatment and "gentle" coercion in order to bring light upon the faulty thinking of his patients. Punishments, however, were not withheld. The York Retreat sometimes administered cold showers to disobedient patients. Melancholics were administered similar showers to "stimulate" their senses into activity.⁹⁴

This revolution in patient care, given the name "Moral Treatment," was embraced by most American doctors caring for the insane by the mid-nineteenth century. Hospital superintendents discovered that occupational or work therapy seemed to improve the condition of certain patients. Toiling in the hospital garden, walking its grounds, even engaging in domestic work, seemed to produce beneficial results. Acute cases might even be allowed to leave the premises for walks with an attendant. To supplement these

⁹²Grob, *The Mad Among Us*, 25-29.

⁹³"As early as 1671, George Fox, founder of the Society of Friends, had suggested that "frends doe seeke some place convenient... wherein they may put any person that may be distracted or troubled in minde." And two years later a rudimentary asylum was established in London." See Van Atta, Kim. "An Account of the Events Surrounding the Origin of Friends Hospital & A Brief Description of The Early Years of Friends Asylum 1817-1820" (Published by Friends Hospital, Printed by The Winchell Company, 1980) <http://friendshospitalonline.org/eventsaccount.htm>.

⁹⁴Constance McGovern, *Masters of Madness: Social Origins of the American Psychiatric Profession* (Lebanon, NH: University Press of New England, 1985), 39-41.

activities, some hospitals offered hydrotherapy, patients soaking in tubs or being placed into showers.

Early reforms relating to patient care at the Maryland Hospital were internally driven. Moral Treatment appeared to have been fully instituted after the State takeover in 1834. Observations by a visitor in 1835, a jurist from Williamsburg, describe a much-enlightened patient care philosophy:

Its plan is new to me, and rather new in the world—an entire departure from the English and Virginia (Wmsburg) methods, of treating lunatics, with ducking, strait-jackets, iron-grated cells, and the lash.” Calls it “Moral Influence.” Kindness—engaging the patient’s affections and thoughts—amusing him—affording him exercise, by light labor, walking, riding, music, dancing—with wholesome diet, and cheerful conversation—these are the chief material medica.⁹⁵

The narrative portion of the Maryland Hospital’s own 1844 annual report further underscores the presence of moral management and the non-restraint philosophy at the institution. “Our efforts to supply the inmates with ample means of useful employment, exercise in the open air, and amusements... have been unremitting. In carrying out the moral treatment, these means are indispensable... Among these agents, manual employment for those accustomed to it, holds first rank.”⁹⁶ Patients were kept active either by work or by participation in various recreational activities, such as reading within the patient library or attending hospital-organized classes. Annual reports from other state hospitals during this period note similar descriptions and offerings.

Occupational or work therapy offered the first hope of a recovery for certain classes of patient. The 1844 annual report documents a case of a man suffering from obsessive thoughts and depression:

⁹⁵James Russell Lowell, “A Virginian in New England Thirty-five Years Ago”, *Atlantic Monthly*, October 1870, 483.

⁹⁶*Report of the Maryland Hospital for the Year 1844* (Baltimore: John D. Toy, 1845), 7.

During our hay-making season, last summer, many of our male patients [were] employed in aiding the work, some as spectators. Among them was one who had been for many months in the state of monomania with depression, and had made several attempts at suicide... He was a farmer ...After some persuasion, but principally by the example of others, he was induced to amuse himself by mowing a little.” As the period of engagement in this activity increased, his mental state improved and “in about four weeks afterwards, he returned home entirely restored. Cases similar to this are of frequent occurrence.⁹⁷

Many, but not all patients engaged in some type of work, with certain duties reserved to a particular gender. No one was required by the staff to engage in work nor was any remuneration paid for such efforts. For the male patients choosing to labor, jobs included gardening, working in the carpenter shop, the carting of wood and coal around building or assisting the attendants in other duties performed within the building. The female patients generally involved themselves in the more domestic or gender-based duties of sewing, knitting or assisting in the wash-house or kitchen.⁹⁸

Recreational pursuits were almost universally appealing to patients. Individuals might choose simply to read the daily newspaper, periodicals, or novels, many of which were donated to the hospital through the benevolence of local businesses. The pursuit of music making, both instrumental or vocal, and the playing of games, such as checkers or billiards, helped to pass the hours of a day. Others might stroll about the grounds, through the grove in the back and, perhaps, out to the front lawn to glimpse the cityscape that stretched outside the institution’s walls.

The hospital walls, however, did not limit the diversions available to certain types of patients. These residents often ventured forth into the city and intermingled with its citizens. Carriage rides occurred on an almost daily basis, for distances that ranged from

⁹⁷Ibid., 8.

⁹⁸Ibid., 9.

five to fifteen miles. Patients sometimes took a coach to attend church, a public meeting or an “amusing exhibition.” For those wishing more exercise, frequent walks of several miles could be pursued “with an attendant, or sometimes without one.” Fishing parties, sometimes lasting all day, also appeared to be popular with male patients.⁹⁹

The Maryland Hospital annual report voiced an optimistic perspective of mental institutions and its own role.

The prejudices against Hospitals for the Insane, so often expressed, even at the present time, are founded in error. These institutions have, of late years, undergone essential improvements. Their architectural arrangements, the medical and moral treatment, everything pertaining to them, has reference to the comfort, the quietude, the happiness, the improvement of the inmates. These are considered as a class of invalids, presented the strongest claims to our sympathy and regards. They are treated kindly and respectfully, and as rational beings; they are exempt from the numberless causes of annoyance and irritation, which constantly beset them at home; they are subject to less restraint....¹⁰⁰

Essential to this new era was the philosophy of non-restraint. Freedom for certain patients marked a great leap forward from the “madman’s” barred cells of the eighteenth century. While the straight-jacket or seclusion room could not be dispensed with entirely, the use of restraints were “never resorted to as a punishment, but merely as a necessary means to prevent a patient from doing mischief; and of this we endeavor to make him sensible.”¹⁰¹

The limited use of restraints, though beneficial to patients, required greater diligence and coordination of efforts by the staff. Administrative changes and patient overcrowding, then as today, often affected the level of attention provided to patients. A

⁹⁹Ibid., 9-10.

¹⁰⁰Ibid., 6.

¹⁰¹Ibid., 11.

shortage of staff within a facility often resulted in an increased occurrence of violence or patient abuse. In 1846, a transitional period when an interim superintendent held the institutional reins, a patient committed a double murder that was widely publicized by the Baltimore dailies.¹⁰² Michael McHurd, a large African American male housed within the basement, was known to experience periods of mental derangement. One morning, as an attendant came to change his clothing, the patient slashed him across the face. McHurd next tore apart his bed and, with post in hand, bounded out of his cell and upstairs in an effort to escape. As a patient stood at a doorway surveying the front yard of the hospital, McHurd swung the post squarely at the back of the unfortunate man's head, killing him instantly. Another patient, who happened to be sweeping the floor in the central hallway, met a similar fate. By this time, additional attendants and hospital staff had been alerted. When McHurd tried to make his escape across the lawn, the gardener, assisted by several attendants, hooked his clothing with a pitchfork, detaining him until he could be firmly secured. It is unknown how the patient fared after the incident. McHurd continued to reside at the hospital until his death on August 5, 1852.¹⁰³

Even the Superintendent was not immune from being the victim of patient violence. Dr. John Fonerdon, who served as superintendent from 1846-1869, was attacked by patients at least twice. In one case "a large and strong Insane man" lured the doctor to his room under the pretense of having a conversation and choked him to the point of "losing vision and consciousness" in an ultimately unsuccessful effort to get the hospital master key.¹⁰⁴ On another occasion, as Fonerdon engaged in friendly

¹⁰²*Sun*, May 15, 1846.

¹⁰³MARYLAND HOSPITAL (Patient Register) 1852, 94, MSA.

conversation with a patient he characterized initially as “always look[ing] like a helpless man,” the patient suddenly grasped a chair with the intent of using it as a weapon against him. The doctor escaped harm but reflected that “but for my getting out of his way quickly, the consequences might have been disastrous.”¹⁰⁵ Cases of violence perpetrated by staff against patients, on the other hand, have rarely made it into the surviving historical record.

By the late 1840s, the Maryland Hospital experienced its own problems as patient overcrowding appears to have placed a strain upon resources and attendants.¹⁰⁶ Dr. Richard S. Steuart, the president of the hospital board, had been in communication with Dorothea Dix about the situation in Maryland. Dix, a nationally known reformer in the field of mental health care, had successfully petitioned the legislatures of various other states to enlarge and improve their facilities for the care of the mentally ill. During the winter of 1851-1852, Dix traveled to Annapolis to make a direct appeal to Maryland’s Governor Enoch Lowe. She hoped to induce the legislature to appropriate \$200,000 for building an entirely new asylum. Alexander Randall, a well-known lawyer and former U.S. legislator, was present at the meeting. He wrote:

we had a long and interesting conversation with the Governor but I fear he will not favor the plan. He is anxious to have a House of Refuge erected in Baltimore and thinks the State has not means for both—He says moreover that the taxes should be reduced and thus the present income would be diminished—we urged that the taxes better be retained to complete this important object. Miss Dix stated the necessities of the State in respect of this Class of our most afflicted people in most touching + truthful

¹⁰⁴Proceedings of the Annual Meeting, *Journal of Insanity*, July 1857 (Utica: State Asylum at Utica, NY), 93.

¹⁰⁵Proceedings of the Annual Meeting, *Journal of Insanity*, July 1865 (Utica: State Asylum at Utica, NY), 39.

¹⁰⁶For elaboration see *Report of the Resident Physician of the Maryland Hospital, 1846-1849* (Baltimore: John D. Toy, 1850), 9-10.

manner—Among other statements that our jails now contain many of them ironed as criminals without medical or moral treatments and are thus made permanently insane whereas if taken in time 80 to 90 percent of them would be cured by proper treatment—that all the hospital accommodation in the State is not sufficient for one half of the insane according to the last census...”¹⁰⁷

Ultimately, the Maryland Legislature appropriated \$100,000 for the project. Governor Lowe’s “House of Refuge” garnered the other \$100,000. It was thought more urgent that an institution for the reformation of delinquent boys be established than more beds be made available for the mentally ill. The decision to only expend half the money needed for a new hospital ultimately meant that a new structure would not be ready for twenty-five years.

Marylanders did have available a private mental disease hospital. In 1840, the Sisters of Charity, who had served previously as attendants at the Maryland Hospital, founded their own facility within Baltimore. The move, prompted by a dispute for reasons now unknown with the board of directors at their previous institution, provided a much-needed alternative facility. Headed for forty-five years by Dr. William H. Stokes, a former Superintendent of the Maryland Hospital, the Mount Hope Institution eventually housed the State’s largest mentally ill patient population.¹⁰⁸ In 1860, a burgeoning population and the encroachment of the city prompted a move one mile outside the city limits into a more rural setting in Baltimore County. The 375 acre site known as the Mount Hope Retreat featured a large, domed main building with four wings, pleasure gardens, and a small lake with a cottage “fitted up with a kitchen for picnic parties... for

¹⁰⁷Alexander Randall Diaries, MS. 652, Maryland Historical Society, see entry entitled “Dix the Philanthropist.”

¹⁰⁸BALTIMORE CITY SUPERIOR COURT (Chancery Papers) See depositions indicating confinement at Mt. Hope Asylum for the following cases: White v. Dorsey, 1858, MSA C 295-5422; Schindler v. Schindler, 1858, MSA C 295-5520; Weirnsing v. Weirnsing, 1854, MSA C 295-5080, MSA.

the patients who frequently pass whole days on these grounds, and thus secure a desirable and delightful change from the monotony of ‘asylum’ life.”¹⁰⁹ Other diversions, similar to the ones found at the Maryland Hospital, included gardening, sewing, billiards, and carriage rides.

Yet not all those hospitalized resided within the specialized institutions for the mentally ill such as the Maryland Hospital or the Mount Hope Asylum. A number of patients were under the care of general hospitals. These other Baltimore institutions had rooms or wards set aside to house mentally ill patients. The Washington College Medical School, the Baltimore General Dispensary, and the Baltimore Infirmary all often served as alternative care sites. The Infirmary, the forerunner of the University of Maryland Hospital, opened in 1823, and treated a diverse patient population that ranged from recent immigrants to free African American sailors for medical conditions that included dysentery, dropsy, pneumonia, and insanity.¹¹⁰ A rare surviving case history provides some insight into the care of the mentally ill at that institution. Elizabeth Pinknine, an unmarried 29 year old, had been considered “sick” seven months prior to her admission into the third floor at the facility in December 1853. Pinknine, whose disordered mental condition had been medically attributed to the “derangement of her nervous system [due to] disappointment in love”, had a sore spine from being “blistered and cupped very frequently.”¹¹¹ A doctor first administered Pinknine some chloroform and placed croton

¹⁰⁹Henry Hurd, *The Institutional Care of the Insane in the United States and Canada*, V. III (Baltimore: Johns Hopkins University Press, 1916); Reprint: (New York: Arno Press, 1973), p. 552.

¹¹⁰Singleton Sharkey had been under a physicians care in the Infirmary for two years. See BALTIMORE COUNTY COURT (Chancery Papers) James Bain. Appointment of trustee for Singleton H. Sharkey, 1846, Accession No.: 40,200-3341 MSA No.: C 295-3366, MSA.

¹¹¹Blistering, cupping, and bleeding had been in use since the eighteenth century as a means to restore the bodily humors and continued to be employed in the post-Civil War era.

oil on her breast to produce an eruption. The chloroform, given in order to quiet her nervous system and produce sleep, had the opposite effect. The efficacy of the oil is not noted. The next treatment involved the ingestion of *Cannibus indica*, or marijuana. Pinknine did not care for this medicine because “it made her feel that there was nothing left of her but her nerves.” Lastly, morphine, administered at bedtime brought the requisite sleep needed for good general health, but did nothing to improve her mental condition. She left the Infirmary after two months “no better in mind.”¹¹² Pinknine eventually sought care at the Maryland Hospital but never recovered.¹¹³

Despite the shortcomings of hospitals and medical treatments, those mentally ill persons confined within almshouses fared much worse. Lacking access to regular care or therapy, some of these individuals were still being chained as in the past. In 1834, the State Legislature passed a law that designated the county almshouse as the facility where the “pauper insane” were to be housed. In the Frederick County almshouse, residents not “amenable to the overseer” might be punished by whipping (not to exceed twenty lashes) or by confinement “in the cells,” presumably set aside for its mentally ill population.¹¹⁴ Yet, the almshouse, however meager the setting, did provide basic human necessities for those without family or means. One Hannah Bruce, a mulatto woman “a lunatic and insane and a pauper” was sent there by the Frederick County court until “she be

¹¹²SPECIAL COLLECTIONS (Tull Collection) MSA SC 4070, case of Elizabeth Pinknine, 195.

¹¹³Pinkind appears on the Register of the Maryland Hospital from 1856-1859 before her release. She was later readmitted and remained there until her death in the 1870s. See MARYLAND HOSPITAL (Patient Register) 1834-1872 and registers contained in MSA SC 4067, MSA.

¹¹⁴FREDERICK COUNTY TRUSTEES OF THE POOR (Proceedings), 1822-1838, October 7, 1833 entry, Accession No.: 19,461, MSA No.: C854-1, MSA.

recovered [?]. . . [by] her friends or relations [who] may confine her or provide for her comfort.”¹¹⁵

The history of the Baltimore Almshouse stands as the most comprehensive view into the almshouse care of the mentally ill in Maryland during the first half of the nineteenth century. Notes in a Federal Era manuscript allude to the existence of basement cells, and record books verify their existence. An 1816 entry in the almshouse trustee proceedings details the acceptance of “Lucy a deranged slave of Jno. S. Horn who has been left by her master with no means of support.”¹¹⁶ The basement setting for Lucy’s reception may, however, have provided less than a positive environment. It appears that the basement also housed “the coffins ready made” needed to bury dead residents.¹¹⁷ In what seems to have been a humanitarian gesture, the coffins were subsequently transferred upstairs to the garret area. The trustees later approached officials at the Maryland Hospital asking “upon what terms the poor maniacs now in the almshouse can be received and maintained in the Hospital.”¹¹⁸ There is no record that such a transfer ever materialized, at least not until later in the century.

The almshouse serving Baltimore City and County consisted of a large central building, the one-time grand residence of a merchant, with a columned portico. Two wings were added, each having the dimension of about thirty feet wide and two hundred feet long. As the resident physician, Dr. Thomas Buckler, reported: “The lower floor,

¹¹⁵FREDERICK COUNTY TRUSTEES OF THE POOR (Proceedings), 1838-1845, December 7, 1840 entry, Accession No.: 19,462, MSA No.: C854-2, MSA.

¹¹⁶BALTIMORE COUNTY TRUSTEES OF THE POOR (Proceedings), 1806-1818, August 1, 1816 entry, Accession No.: 8420, MSA No.: C402-1, MSA.

¹¹⁷Ibid., September 5, 1817.

¹¹⁸Ibid., July 29, 1818.

with [some] exception... is divided into small apartments for the accommodation for the more refractory class of maniacs, who in the absence of a more suitable establishment for pauper lunatics... are forced to go to a place entirely ill suited to their wants.”¹¹⁹ Those



Figure 5. Baltimore Almshouse, detail from Poppleton map, 1819 [1822] (Maryland State Archives).

individuals deemed as “the furious, violent and ungovernable” were confined constantly in cells measuring either 8’ x10’ or 10’ x12.’¹²⁰ In another building, a four story stone one, additional cells for lunatics could be found in its basement and its first floor. The below ground setting served as the primary facility for mentally ill African American males. Windowless and “a short distance from the cess pool and only a few feet from [a refuse] hopper,” it was the center of an 1851 cholera outbreak that took its toll on the residents, killing fourteen, as well as what are described as three attendants.¹²¹ The

¹¹⁹Thomas H. Buckler, *A History of Epidemic Cholera, As it Appeared at the Baltimore City and County Alms-house, in the Summer of 1849, with Some Remarks on the Medical Topography and Diseases of this Region* (Baltimore: J. Lucas, 1851), 6-7.

¹²⁰Alexander C. Robinson. *Report of Cases of Delirium Tremens Occurring in the Hospital at the Baltimore Alms House, with Observations, to which is added...an Appeal for the Insane Poor of Maryland* (Baltimore: John Murphy, 1840), 39.

¹²¹Buckler, *A History of Epidemic Cholera*, 20.

attendants, unskilled in the care of the mentally ill, were selected from the general population of the almshouse. As one physician commented: “although this arrangement diminishes the expense, it also greatly reduces the chances for desirable curative results.”¹²²

Aspects of care continued to reflect eighteenth century norms. An 1841 patient census reveals numerous patients held in restraint, chained or confined within in their cells.¹²³ A doctor’s observations of one such restrained patient while the latter was undergoing the hallucinogenic phase of *delirium tremens* provides ample evidence of the fallacy of such an approach:

the indignity of the restraint present[s] a new motive of action, while its discomfort never permits his attention to be distracted from it, and for hours he will work to free himself from his chain, or writhe in enforced encumberency under the bed straps, until stimulated by fright or fired by indignation, he collects all his energies of his sinking frame and breaks [the] strong fastenings of his chain, or bursts his leather bands, springing to obey the dictates of his frenzy—more discomposed than ever. “¹²⁴

Evidence exists, however, of the implementation of limited aspects of the so-

called Moral Treatment on the acute or non-violent mentally ill population of the Baltimore Almshouse. A number of patients were allowed to work on the farm and others “such as are inoffensive and manifest no disposition to escape... exercise in a small yard.”¹²⁵ It is unknown how often mentally ill residents may have improved enough to be released as cured. Many appear to have been routinely sent back into the community or else wandered away from the almshouse grounds when given the opportunity.

¹²²Stephen Collins, *Report on Pauper Insanity; Presented to the City Council of Baltimore* (Baltimore: J. Lucas, 1845), 3.

¹²³Alexander C. Robinson, *Report of the Lunatic Department of the Baltimore Alms-House. Presented to the Board of Trustees, December 1840* (Baltimore: J. Robinson, 1841), 6.

¹²⁴Robinson, *Delirium Tremens*, 21.

¹²⁵*Ibid.*, 39.

The intolerable conditions at Baltimore's almshouse, however, persisted. An early, unsuccessful attempt at reform was met with blind indifference by the members of the Baltimore City Council. In a scathing 1845 report to that body, Dr. Alexander Robinson challenged any lawmaker to "visit the institution, and walk... through the cells, which are the receptacles for this living death, and his heart, while indulging in thankfulness at his own exemption, will melt in tenderness and bow down in sorrow."¹²⁶

An unknown number of mentally ill individuals continued to live on the streets. Mary Keyser, a forty-year old German immigrant, was one such person. Mary emigrated with her husband in 1845, and settled in Baltimore. As the war clouds with Mexico appeared upon the horizon, Lewis Keyser enlisted in the U.S. Army and Mary accompanied him and his regiment to the battlefield, working as a laundress. The sickness and subsequent death of Lewis in Mexico City in 1847, left Mary essentially alone. She returned to Baltimore in 1848, and, possibly because of a developing mental condition and with few friends and no relatives for support, became destitute. Society regarded her as a lunatic and she was confined in the Baltimore Almshouse, "her madness... brought on by her afflictions and her extreme want." A widow's pension of six dollars and fifty cents per month, which she was eligible to collect, had been denied on a technicality. Upon her release from the almshouse, presumably still impaired but non-violent, Mary Keyser wandered "the streets of the city [as] as Maniac," for months, living off of the occasional charity of an individual who would later become her trustee.¹²⁷

¹²⁶Collins, *Report*, 4.

¹²⁷BALTIMORE COUNTY COURT (Chancery Papers) Dates: 1851/09/08, C153: Charles Defender. Appointment of trustee for Mary Keyser, Accession No.: 40,200-4333, MSA No.: C 295-4377, MSA.

Violent individuals, however, were less likely to be countenanced by the community. The case of Julia A. Keyser, unrelated to the person above, warrants particular notice. This woman became notorious in certain precincts for her outbursts of violence. Baltimore City authorities would routinely arrest her and take her to jail or to the almshouse. The Baltimore City Criminal docket records her arrest four times during a five month period of 1846.¹²⁸ Upon her release, only a few days would elapse before her actions would cause her re-arrest. At a city well in east Baltimore, she attacked some children with brickbats. The woman and her pattern became so well known that the *Sun* newspaper implored city officials to do something about her situation and “confine [her] as a lunatic at the almshouse because [s]he ought to be taken care of.”¹²⁹ Keyser’s subsequent confinement, likely in a cell at the almshouse, may account for her name disappearing from any later arrest dockets.

There is evidence that the almshouse stood as an intermediary institution before the jail as a means of social control. A review of criminal dockets and court records of the mid-1830s indicates numerous cases of individuals, many apparently vagrants, being charged with disturbing the peace or “riotous” behavior and being subsequently sent to the almshouse. Anna Maria Waters, charged with rioting and fighting, was sentenced to the almshouse for six months.¹³⁰ Matilda Johnson and Charlotte Gambills were arrested in Baltimore for “being a runaway from the Almshouse” and taken back.¹³¹ Moses

¹²⁸BALTIMORE CITY JAIL (City Criminal Docket), 1846-1848, MSA C 2057, MSA. See entry numbers 56, 221, 385, and 602: arrested June 19, released June 27; arrested July 22. released August 22; arrested August 23, released October 2; arrested October 2, sent to Baltimore Almshouse on October 16, 1846.

¹²⁹*Sun*, October 3, 1846. The paper stated that she had been arrested at least twenty times and subsequently released “because nobody feels disposed to prosecute her.”

¹³⁰BALTIMORE CITY JAIL (City Criminal Docket), 1834-1836, MSA C 2057, entry number 2197, MSA.

Cornish and another almshouse runaway, received an additional three months confinement on its grounds.¹³² On July 12 and 13, 1836, a sweep of the streets appears to have occurred as fifteen men and women were arrested and charged with being “[i]dle[,] disorderly vagabonds.”¹³³ Some were jailed and paid a fine while others were dispatched to the almshouse.

It is known that the mentally ill were also often kept in jails. The intersection of mental illness and the law, however, is far from clear cut and the actual number of mentally ill arrested and confined will ever remain unknown. A review of the arrest dockets of Baltimore City from the 1830s and 1840s generally raises more questions than answers. Reasons for arrests range from disturbing the peace and larceny to assault and murder. It is rare to come across an individual labeled insane as perpetrating a crime, yet some entries suggest that mentally ill or disturbed inmates resided within the jail for months at a time. William Uhler was arrested in April of 1835 for striking his mother and disturbing the peace. Two months later the City Council released Uhler and sent him to the almshouse. Did the Council’s action indicate that it wanted to keep Uhler away from his mother? Or did the decision to send him to the almshouse stem more from his mental condition?

Some cases of the mentally ill being housed in jail are much less ambiguous. On August 17, 1836, Margaret Fisher was arrested and charged with stealing. A city watchman, the precursor to a police officer, caught her with the following goods on her person: “1 coat, 1 woman’s coat, 2 vests, 1 towel and 1 tea cup.” Fisher, confined in jail

¹³¹Ibid., 1986 and 1987.

¹³²Ibid., 1933.

¹³³Ibid., 2028 through 2042.

for seven weeks, was tried and found not guilty with the annotation “Prisoner being insane and ordered to Alms House.”¹³⁴

The case of John McCarty is also demonstrative of societal attitudes toward a criminal deemed mentally ill. A shabbily dressed McCarty sidled up to sidewalk display of fabric and walked off with \$3 worth of red flannel. Subsequent to his arrest and confinement, his jailers notice his overall demeanor being one of derangement of dress and of mind. In this instance, McCarty was found guilty of the crime but also insane due to deprivation. Rather than confining the man in the Penitentiary, the judge sent him to the almshouse. Those in the court that day even took up a collection on the man’s behalf.¹³⁵

In a singular instance, the bounds of society’s understanding and compassion seemingly had no end. George Reintzell possessed little money and had no relatives when he developed a chronic mental condition, possibly depression, during the early 1830s. The fifty-three year old man, however, had a past known to Baltimoreans. In 1814, as a private in the 27th Maryland Militia, he had distinguished himself and was wounded at the Battle of North Point in the defense of Baltimore against the British Army. Reintzell had thus earned the label of “Old Defender.” The city lauded praise upon this whole class of individuals, even granting municipal pensions to their widows.

The grateful public rallied to the cause of George Reintzell in the aftermath of his 1833 arrest. In May of that year, he had assaulted a congregation member during the Sunday services at Baltimore’s First Presbyterian Church. Reintzell was carried off to the city jail where he remained until November of 1836. It appears that he was fined—but the

¹³⁴Ibid., 2183.

¹³⁵*Sun*, February 17, 1843.

actual circumstances of his detention remain a mystery. Confinement may not have been of a punitive nature. Reintzell's might have lived within the warden's own residence.¹³⁶ David Hudson, the warden, was not unaccustomed to the care taking of the mentally ill. He had served as the steward at the Maryland Hospital during the mid to late 1820s, before being named head of the Baltimore Jail in 1830. In November of 1836, Hudson applied to the Chancery Court and was granted the role of trustee over the affairs of Reintzell. Reintzell was immediately transferred to the Maryland Hospital for treatment where he remained for just under five months. He would be hospitalized again twice during the late 1830s, for an additional thirteen months. In 1840, he was deemed cured and made gatekeeper at the hospital on December 1st of that same year. Reintzell, as most other staff, probably lived at the hospital. In 1844, his connection with the hospital became even more formalized when Dr. Richard Sprigg Steuart, the President of the Board, assumed the trusteeship over Reintzell. He remained at the institution until his death in July 1851.¹³⁷

Unlike Reintzell, some citizens lacked community support or access to care. This category of individual, and one can only venture to guess the actual number, are those undiagnosed persons whose existence is marked only by newspaper reports, telling of their aberrant behavior or their suicide. The case of the Rebecca Cole is profound in its suddenness and is typical of this class. After setting breakfast before her husband and seven children, the middle-aged Cole departed into an adjoining room where she fatally

¹³⁶BALTIMORE CITY JAIL (City Criminal Docket), 1833-1834, entry number 8831 (arrested May 21, 1833; delivered at City Hospital, November 24, 1836); CHANCERY COURT (Chancery Papers) David W. Hudson vs. George Reintzell. Appointment of trustee for Reintzell, 1836, Accession No.: 17,898-8798, MSA S512-11-8743.

¹³⁷Maryland Hospital Patient Register, 1834-1871, 88.

cut her throat. Her death was classified as a suicide “while in a state of mental alienation.”¹³⁸ The paper provided no further explanation. Incidents of suicide, seemingly without any pre-meditation, appear frequently in the Baltimore dailies.

The mentally ill constituted a visible presence in Maryland during the first half of the nineteenth century. With the rise of specialized institutions for the temporary care and maintenance of the mentally ill, the primitive treatment of the eighteenth century began to give way to a new, enlightened patient care philosophy that perceived their humanity. In an era of limited resources, however, the level of care found in hospitals could only be afforded by the well to do or else provided to the very few supported by the public coffers. A vacillating interest in the mentally ill by lawmakers, combined with tepid financial support of both State and county governments, prevented access to higher quality care for the majority of mentally ill Marylanders. In the hierarchy of public priorities, providing some citizens with access to curative treatment and housing them in a wholesome environment seemed to be enough.

¹³⁸*Sun*, June 25, 1846.

Chapter 3: A Need for Oversight: Mid to Late Nineteenth Century

In a country that prided itself on the protection of individual rights, the rights of the mentally ill citizens in America were severely diminished. This chapter, through an examination of patient exposés and court cases, explores the early movement to secure more effective oversight and an enhanced protection for this class of citizens as well as those alleged to be mentally ill.

In the early nineteenth century, persons suspected of being mentally ill were categorized with other groups such as children, women, and slaves as undeserving of full protection under the law. Individuals could be classified as insane either upon the testimony or sometimes the mere opinion of community members or their own families. As time progressed, the professional opinion or signed statement of a single doctor, a general practitioner at that, was sufficient to declare someone a “lunatic.”¹³⁹ Codified law only dealt with those mentally ill individuals holding property. Commitment laws for the general mentally ill population, however, would not come about until relatively late in the century.

The public was not ignorant to the potential deprivation of rights and possible abuses that might befall an individual labeled as mentally ill. Narratives from former patients recounting the reasons for their confinement within an institution or a private “mad-house” appear in English literature starting in the seventeenth century. The pecuniary financial interests of family members factored largely in these publications. In

¹³⁹Comments made at the time of the 1886 founding of the Lunacy Commission suggest that statements from two doctors had been the practice at the Maryland Hospital since the 1840s; see *Sun*, February 18, 1886.

these accounts, scheming relatives, supported by the opinion of the physician, or “mad-doctor,” conspired to deprive an individual of his or her fortune. Doctors themselves did not stand beyond suspicion. A popular public opinion held that medical men actually hastened the death of the sick. Sickness of the mind and the method to affect its cure, moreover, was even less understood. An authority figure practicing in a yet undifferentiated field of medicine, only dimly comprehended by doctors themselves, much less the general public, no doubt enhanced a feeling of mistrust.¹⁴⁰

Public suspicion of and prurient curiosity about institutions housing the mentally ill continued to be present. A wall had been a fixture around such hospitals since their earliest days. The wall served a dual purpose: to safeguard the patients from leaving but also as the means to keep the curious at a distance. Hospitals in once rural settings found their solitude encroached upon with the growth of urban centers during the antebellum period.

Although the largely wooden fence had grown decrepit with time, in the 1850s, curiosity about the inhabitants of the Maryland Hospital became overt, making the need for a substantial and high wall even more pressing. Baltimore City had been rapidly growing and neighborhoods were beginning to rise around the institution. With the paving of the roads and the placement of sidewalks, the public could easily frequent the section of the city where the hospital stood. The practice of citizens strolling the pavements around the hospital to view the patients upon the front lawn became a form of diversion. Apparently this activity became so popular that it prompted the Hospital Board

¹⁴⁰Roy Porter, *A Social History of Madness: Stories of The Insane* (London: Weidenfeld and Nicolson, 1987), passim.

of Directors to write Maryland's Governor to release funds to build a substantial brick wall to dissuade peering eyes.¹⁴¹

For many years the Maryland Hospital had had a regular Monday viewing day, where the public was invited to tour the building in an attempt to dispel negative perceptions about mental institutions. Something occurred in the 1850s that required a change in how the public could visit. Evidently, by the late 1850s, the number of “many young and thoughtless persons began to enlarge the Monday company” to the point where their numbers could not be accommodated.¹⁴² Ironically, the movement of these institutions in the post Civil War era into the surrounding suburbs to provide an enhanced curative setting for patients may have exacerbated the suspicions. Outside the public eye on a daily basis, no longer intermingling with the greater population, hospital residents became less visible as individuals.

A rare characterization of the inner workings Maryland Hospital in 1856, comes from the pen of a former patient. Patient narratives of hospital and asylum experiences first appeared in the United States during the 19th century. These mostly small press publications, printed in limited quantities, often described the “false” confinement of the perfectly sane author through the ulterior motives of relatives. The Maryland Hospital quasi-exposé came in the form of a five-act play framed as a drama. The overall tone, however, borders on biting satire that criticizes the psychiatric profession, the hospital and its administrators, as well as the then commitment process.

¹⁴¹GOVERNOR (Miscellaneous Papers) Dr. John Fonerdon to Governor Enoch Lowe. December 27, 1853, S1274-6636-26-30-2, MSA.

¹⁴²Maryland Hospital (Minutes) 1859-1872, S372, meeting entry for January 9, 1860.

Coleman Yellott, a lawyer and former member of Maryland's House of Delegates, spent three weeks in 1856 confined within the institution.¹⁴³ After exhibiting some atypical behaviors, such as impulsive, extravagant spending, threatening a man, and brandishing firearms in public, Yellott's brothers brought him to the institution under what he alleged as false pretenses. Whatever his actual mental state, the Hospital's patient register attests to Yellott's discharge as "improved" in May of 1856.¹⁴⁴ Soon after returning to his home, Yellott wrote and published "'The Professor of Insanity' or a New Way to Make a Fortune," describing the events leading up to his confinement, during his term of residency, and climaxing in his release.¹⁴⁵ The play compresses the whole story line into only several days. Yellott unmercifully ridicules the superintendent and portrays the matron as a perpetrator of malfeasance and the attendants as foreign brutes.

Yet, in spite of embellishment within the story or any bias on the part of Yellott, one sentiment he voices appears true. An overarching theme in the play is how an American citizen can be whisked away and deprived of his or her freedom without due process before any governmental entity. He recounted how even without the prior notice or the approval of his spouse he was confined and how his release might only be permitted by the consent of the superintendent, a private citizen. As a measure of Yellott's disdain for the chief administrator, he gives this character, a person with a decided propensity to use obscure words and medical terms, the name Dr. Umbuggus, a

¹⁴³Yellott (1821-1870), born in Baltimore County, practiced law in Harford County. He was elected to the Maryland House of Delegates in 1844 as a Whig. Later, when the Whig party changed its name to the American party (commonly known as the Know-Nothing Party), he ran for State senator and was elected in 1857. Yellott penned "prose and drama." See David C. Holly "Baltimore in American Literature" by David C. Holly, unpublished paper (Johns Hopkins University, 1933) Maryland Room, Enoch Pratt Free Library.

¹⁴⁴MARYLAND HOSPITAL (Patient Register) 1834-1872, 122, MSA.

¹⁴⁵Coleman Yellott, *The Professor of Insanity: A New Way To Make A Fortune* (A Drama, in Five Acts) (Baltimore: Henry Taylor, 1856), Maryland Historical Society.

play on the word humbug. Basing the character upon Dr. John Fonerdon, the superintendent of the Maryland Hospital, Yellott paints a wholly unflattering portrait by mixing snippets of Fonerdon's background with fanciful, slanderous assertions. Fonerdon, known to be a religious man by his colleagues, had been a practicing obstetrician before becoming superintendent. It was not uncommon for physicians of different original medical specialties to become administrators in the early mental hospitals. Yellott's character Dr. Umbuggus had previously been a practitioner in midwifery, serving twenty years in relative obscurity in that field. Yellott implies that Umbuggus routinely has sexual relations with female patients at the Maryland Hospital during his private consultations, surreptitiously witnessed through the keyhole by staff. When Yellott threatens to sue Umbuggus for false imprisonment, the doctor schemes to have him sent away on a long sea voyage, supposedly to improve his mental state but in actuality, to affect an early death through the contact of malarial fever as in the case of a former patient.

Dr. Umbuggus is a literal "professor" of insanity possessing a largely unregulated power. Umbuggus can "profess" that someone is insane; his word alone is all that is required to retain a citizen within the hospital. A professor, not unlike a judge, pronounces insanity and confinement or sanity and release. Yellott's recognition of an unregulated power is not far from the truth at that time. Patients might even be barred by the superintendent from writing letters to plead for their release. While hospitals had boards of trustees, the role of these bodies focused largely upon the maintenance of the facilities and non-medical issues. No state oversight mandated by law existed. The hospital's board might have allowed a legislative committee to visit and inspect a facility,

but no legal obligation existed.¹⁴⁶ Yellott mentioned that he knew of at least a dozen sane men confined unjustly within the hospital during his own residency.¹⁴⁷ The subtitle of the play “A New Way to Make a Fortune” underscored Yellott’s skepticism about the usefulness of such an institution since Yellott, of course, believed himself to be perfectly sane.

Yellott’s play, however, must be scrutinized through his own position and political beliefs. Speculation as to his true purposes in writing the play may always remain unrecoverable. It was in his self-interest to portray himself as being falsely confined. As a practicing attorney, he could have lost current and potential clients if suspected of mental infirmity. Yellott’s political beliefs appear to have colored his opinion of the general hospital staff. As a member of the American Party, more popularly known as the “Know-Nothings,” Yellott incorporated into the play anti-immigrant and, to a lesser degree, anti-Catholic bias. Yellott’s beliefs are plainly expressed in the dialogue of Matron Jones, who also happens to be part Native American, to Peter O’Connor, an Irish attendant:

Now don’t we owe a big grudge to these [A]’mericans? They mostly came from English stock. Now didn’t the English [op]’press the Irish, and didn’t they [op]’press the Injuns too? They killed nearly all my tribe... We both owe these [A]’mericans a grudge....we can rule America, and make a fortune by it! We will get the Doctor to pronounce all the Congressmen and Senators guilty of impulsive insanity; and then we’ll catch them up and lock them up here and make them pay us ten to fifteen dollars per week.

No evidence can be found that Yellott’s would-be exposé gained the notice of state officials or the general public. He did, however, soon after have a position to

¹⁴⁶A number of legislative committees, starting in the 1830s, did visit the Maryland Hospital to tour the facility and assess its needs. Reports of findings can be found in GENERAL ASSEMBLY, HOUSE OF DELEGATES, SELECT COMMITTEE ON MARYLAND HOSPITAL (Report) Maryland Public Documents, MSA.

¹⁴⁷Yellott, *Professor of Insanity*, 33.

promote change. Whatever Yellott's mental state prior to or after his release, Baltimore voters elected him to serve in the State Senate in 1860. Evidently any stigma connected to his hospital stay did not imperil his political career. Yet, for his impassioned satire and his concern for individuals being unjustly confined, Yellott never crafted any legislation to reform the commitment laws or formed a committee to formally investigate the Maryland Hospital. Yellott, instead, abandoned his state office for a commission in the Confederate Army.¹⁴⁸ The gathering storm of the American Civil War, and the ensuing crisis soon to grip the state whose populace harbored mixed-loyalties, perhaps made all other considerations secondary.¹⁴⁹ Maryland's mentally ill, whether alleged or medically-proven, remained marginalized and without advocates. They would have to look elsewhere for protection.

General histories laud the work of Dorothea Dix as America's pioneering reformer relating to the care of the mentally ill. Dix, in the 1840s and 1850s, conducted a state by state campaign that led to the founding or expansion of state hospitals and the subsequent raising of care standards. During the Civil War, however, she shifted her focus to the organization and oversight to the nursing staff at U.S. military hospitals. Another woman, thereafter, assumed the mantle as the best advocate for the mentally ill. Though wholly overshadowed by the work of Dix, Elizabeth Packard is largely responsible for advances in patient rights and the formalization of commitment laws

¹⁴⁸Yellott, appointed as a Major, served on the military court of the Army of Southwest Virginia.

¹⁴⁹In 1861, President Lincoln would use his power to revoke the Writ of Habeas Corpus, thereby allowing the U.S. Government the ability to hold anyone, without charges, for an indefinite period. Several members of Baltimore's own delegation to Maryland's House of Delegates, after voicing intemperate expressions of Southern sympathy, were arrested without being charged and confined at Federal fortresses for years. See Mark E. Neely, *The Fate of Liberty: Abraham Lincoln and Civil Liberties* (New York: Oxford University Press, 1991).

throughout America in the post-Civil War era. For over twenty years she waged a now largely forgotten campaign for state oversight of mental institution, traveling around the country and even spending time in Maryland.¹⁵⁰

Packard had been a patient in a mental institution. As a young woman she spent six weeks in a Massachusetts hospital for “brain fever,” likely a nervous condition. Her 1839 marriage to a clergyman some nineteen years her senior proved unhappy as philosophical and religious differences caused a division between the couple. In 1861, while living in the mid-west, “when Packard refused to play the role of obedient wife and expressed religious ideas bordering on mysticism, her husband had her committed to the Illinois State Hospital.”¹⁵¹ Illinois law allowed a husband to commit his wife on his signature alone without the benefit of a medical examination or an inquisition to determine sanity. Mrs. Packard remained confined for three years. Upon her release, she engineered a nation-wide patient rights campaign that used publications and speeches. Her series of narratives of her experiences enjoyed great public interest.

Packard’s case, and its subsequent notoriety, may have prompted an 1866 Maryland legal action that is likely the first to challenge both commitment and confinement practices within the state. Several former patients of Mount Hope Asylum brought charges against that institution alleging their unjust confinement. Their suit also charged that the institution did not deliver what it promised and that the description it presented of itself in its annual report and other publications wholly deviated from the reality experienced by patients. In the Spring of 1865, a Baltimore County Grand Jury heard testimony as to alleged “false imprisonment” and “abuse” of patients occurring at

¹⁵⁰Grob, *Mad Among Us*, 46-47.

¹⁵¹*Ibid.*, 84; Grob, *Mental Illness*, 47-48.

Mount Hope Asylum. The accusations had been leveled by four current or former female patients of the institution. At least twenty indictments followed, naming Dr. William Stokes, the Superintendent, and other administrators at various levels.¹⁵²

The original indictment alleged that the content of the hospital annual reports did not correspond with the realities that existed within the hospital. The suit hoped to prove that a conspiracy existed among the top administrators to mislead the public as to the purpose and intentions of the facility. While the reports stated that trained attendants, nuns from the Sisters of Charity, provided patient care from an enlightened “Moral Treatment” perspective, the suit alleged that the opposite was true. The indictment charges that the nuns continued to use older, coercive methods, meting out punishments or seclusion for those who did not obey their commands. In addition, the suit alleged that several perfectly sane individuals had been kept confined for years. Confining sane people supposedly revealed the true intent of the institution as an elaborate money-making scheme to defraud.

Contention marked the entire case from its beginning in February of 1866. The Mt. Hope defense team insisted upon a detailed report listing the individual circumstances where fraud or patient abuse had occurred and had been perpetrated by the top administrators. The prosecution never supplied the information but, instead, called upon former and current patients to give testimony. An inherent weakness in the prosecution’s case was that testimony of someone declared mentally ill [*Non compos Mentis*] was not legally admissible. Several current patients were brought to court but could not testify. Three attempts by the prosecution to question a former patient, Mary

¹⁵²Eugene L. Didier, *Report of the Trial of Dr. Wm. H. Stokes and Mary Blenkinsop... of Mt. Hope Asylum, Before the Circuit Court for Baltimore Co., Md.* (Baltimore: Kelly & Piet, 1866), 16-20.

Fleming, however, were allowed. It was a non-jury trial. The judge let Fleming testify and would later rule on her competency after hearing her responses. Yet, no useful, supportive testimony resulted since the defense kept raising objections about the woman's present state of mind. They threatened to enter into evidence a doctor's certificate that Fleming was still insane. How could someone of still questionable sanity testify on past events at a time when she had been certified as *Non compos Mentis*? In the end, Fleming was also disqualified since it was revealed that a writ of *Non compos Mentis* brought against her had never been rescinded.

After a seven day trial, which drew a large amount of interest in the Baltimore press, the judge handed down a critical ruling. The inability of the prosecution to definitively link the Superintendent with the actions of the Matron meant that the conspiracy charge could not be supported since a combination of at least two individuals was required for conviction. Without first establishing a conspiracy, any testimony relating specific acts could not go forward. The prosecution, in consequence, asked for a ruling of *nolle prosequi, i.e.*, that it could not sustain its charges presently. It left open the option of future prosecution. The defense strongly objected since this ruling, rather than "not guilty," might color public's impression that Dr. Stokes and the hospital had been perfectly innocent. A "not guilty" ruling prevailed.

The major Baltimore daily newspapers all weighed in with their opinions. While valuing the principle of justice and due process above all, each sympathized with the institution and not the former patients. The *Sun* denounced the trumped up charges which it characterized as mostly veiled personal attacks against Mt. Hope's administrators. *The Gazette* decried the slander perpetrated upon the hospital staff and reminded its readers of

the selflessness of the Sisters of Charity throughout its history and recent past as it ministered to Baltimore's sick. Apparently no paper could conceive that patient abuse or wrongdoing could have existed at Mount Hope. One paper, *The Evening Transcript*, further undercut the credibility of the charges by detailing how the patients subpoenaed for Grand Jury testimony or else removed from the hospital had all fared worse for the effort. One had been reduced to "unmitigated madness for seven months," another, after a few hours of freedom, had been taken directly to the Maryland Hospital. Lastly, the *Baltimore American* approved the action of the judge in not allowing patients to testify and for respect of the existing laws since "[w]e profess to live under a Government of laws and properly regard the written law as our safeguard and the protection of our liberties."¹⁵³

The immediate effect of the trial appeared minimal as no new legislation or state-organized inspection of institutions in Maryland came as a result. The controversy, however, affected a change at Mount Hope. The institution appears to have formalized its policy for admission in a very material way. Starting in 1866, in the aftermath of the trial, the last page of the Mount Hope annual report contained a model for a form intended for a family physician to complete prior to patient admittance. This physician's certificate attesting to the mental state of the potential admittee, would later incorporate an additional page of questions to be posed to the individual and the person's family to determine the psychiatric history prompting the need for hospitalization.¹⁵⁴

¹⁵³Commentaries from various newspapers appear as excerpts in Didier, *Report of the Trial*, 193-202.

¹⁵⁴ See *The Twenty-Fourth Annual Report of the Mount Hope Institution* (Baltimore: John Murphy, 1866). Starting with the 1872 annual report a series of seventeen pre-screening questions were added.

A single physician's certificate, however, could not prevent a subsequent lawsuit from being brought against the Mount Hope Asylum. Julia Workman, a resident at the institution from February of 1871 to November of 1872, believed herself to sane and accused her family of committing her as a punitive action prompted by her conversion to Protestantism. Upon her release, Workman contacted state and legal authorities and appeared before a Grand Jury and made a statement of facts. She published *The Cornets: or The Hypocrisy of the Sisters of Charity Unveiled* and may have possibly lectured about her asylum experiences.¹⁵⁵ The work is both a diatribe against family members and an exposé on patient treatment by the Sisters of Charity, with anti-Catholic rhetoric marking the tone. Woodcut illustrations, quite unusual for a work of this type, portray the nuns as modern-day Inquisitors laying heavy-hands upon the author. The use of therapeutic head-baths to calm patients is made to look like a form of water torture [Figure 6]. This treatment, a form of hydrotherapy, had been used in other institutions for decades.

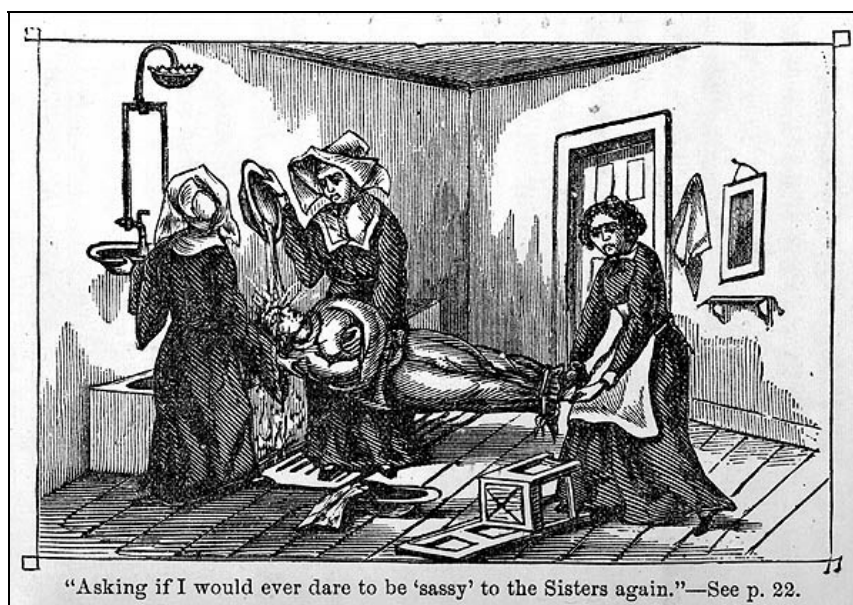


Figure 6. Illustration from “The Cornets” by Julia Workman, 1877 (Maryland State Archives).

¹⁵⁵Julia Workman, *The Cornets: or The Hypocrisy of the Sisters of Charity Unveiled* (Baltimore: John W. Woods, 1877).

The author once refused to eat, and in another illustration a set of sisters are depicted force-feeding their straitjacketed charge. Workman, for her part, had been a difficult patient, destroying a straitjacket and making an escape attempt.

Upon her release, Workman appealed to Maryland's Governor for assistance in correcting the supposed abuses she endured. Governor William Pinkney Whyte is alleged to have replied that she should "prosecute the managers of Mount Hope, in a criminal court, for false imprisonment and mal-treatment."¹⁵⁶ Workman consulted sought legal guidance and all advised against bringing forward a suit since "so strong a party as the Roman Catholic element could not be touched, and as it was not a State Institution, there was no means of redress."¹⁵⁷ It appears that Workman was dissuaded from pursuing legal redress against the hospital.

The commitment issue, however, did appear as a matter of concern to Governor Whyte, as evidenced in his 1872 message to the Legislature. In several paragraphs upon the subject of the state's mentally ill, the lengthiest public statements made by any Maryland governor up until this time, Whyte asked for "earnest consideration" of the legislators meeting in session for the mentally ill confined in almshouses and those in private asylums and other institutions "supposed to be under State control." He remarked that "[T]here are provisions relating to writs de lunatico inquirendo, but many persons are incarcerated in the Institutions without any such formal proceeding... [t]his should not be permitted, but some strict and formal mode of procedure should be required by law before any person should be deprived of his liberty, and sent to any of these asylums." He

¹⁵⁶Workman, *The Cornets*, v.

¹⁵⁷*Ibid.*, vi.

bemoaned the fact that even as Governor he presently had no power to visit or inspect any “Lunatic” asylum within the state and “[n]o matter how grievous might be the complaint of ill treatment or unjust detention, he would be powerless to aid one of your fellow-citizens confined in one of these places.”¹⁵⁸

Despite the Governor’s plea for action, the Legislature passed no laws that year that affected directly the status of the mentally ill. Not until the Legislature met in 1874, two years later during its regular bi-annual session, would the General Assembly take some action to investigate the Mount Hope Retreat. As part of a larger inspection of charities receiving some state financing, a committee of members from the House of Delegates planned to visit the hospital. Such inspections of other types of private entities, notably those receiving some state funding, had been carried forth for some time.

Editorials in *The Baltimore American* took special interest in the subject of the upcoming inspection of mental institutions, possibly prompted by Julia Workman’s allegations or those of an unknown former patient.¹⁵⁹ Declaring that “[w]e have... a letter written by a lady... asserting she was confined for two years... and alleging her sanity during the whole time,” the paper commented:

It is hoped that, this [inspection] will not be a mere visit of courtesy. If legislative committees go to a public institution for the purpose of accepting the hospitality of officers in charge, they had better remain in Annapolis. The members of a committee charged with the duty of inquiring into the condition of an asylum for the insane should have their eyes and ears open. They should be expert accountants, resolute interrogators, discreet observers, and patient listeners. No institutions in the world afford such opportunities for abuses as these, and when the State sends a committee to look after the interests of the helpless persons there

¹⁵⁸GOVERNOR (Annual Message to General Assembly) House and Senate Documents, 1872, Accession Number: MdHR 812648, MSA.

¹⁵⁹A search of other Baltimore newspapers, as well as the Annapolis offerings for this same time period, revealed no mention of the subject of hospital inspections.

confined, the investigation should be more than a matter of mere forms. The truth is, that every insane asylum in the State, whether a public institution or a private madhouse established for pecuniary gain, ought to be subjected by law and to the quarterly inspection of the grand jury.¹⁶⁰

Though the opinion of the general public cannot be ascertained, a letter in response to the editorial detailed the observations of an unidentified asylum board member as to his experience of the inspection scenario. Holding the belief that “from the superintendent to the scullion, all are interested in their own welfare, and not the patients entrusted in their charge,” the individual commented:

Who can say a word derogatory of an asylum, where we were entertained by doctor, wife and children, a glorious dinner partaken of, washed down by the choicest wines, and after smoking delicious Havanas, stroll quietly through the lower halls of the institution, perfectly satisfied... I myself have... been in the same asylum in the interim, found a sad and pitiful change.¹⁶¹

The legislative committee inspection of Mount Hope occurred in March of 1874.

Though it is unknown if the members were feted in advance of their tour, the committee in a seven-sentence paragraph, a length similar to that of the paragraphs describing each of the other institutions, remarked that the patients are made “as comfortable as possible as the nature of their affliction will possibly admit.” They found one patient bound and three others with their hands restrained to prevent injury to themselves. The hospital at this time housed over three hundred patients, more than Spring Grove, the sole-state facility. In an evidently thorough inspection, the committee visited every ward and room and “did not discover a single indication of other than the most gentle and humane treatment.” The committee ended its report with these words: “In the opinion of your

¹⁶⁰*Baltimore American*, January 21, 1874.

¹⁶¹Anonymous letter, *Baltimore American*, January 26, 1874.

Committee, the Institution is a credit to the State and merits its protection and favor.¹⁶² A report following another inspection three years later proffered the glowing opinion that “It is unquestionably one of the best managed establishments of the kind in this country; order, system, tidiness and positive kindness are its prevailing characteristics, and no one can visit the place without being impressed by this fact.”¹⁶³

The *Baltimore American* in an 1874 editorial called for laws to protect patients, noting that prisons and other institutions had some accountability to the State for their actions:

Our penitentiary and jails have their visitors to look after the proper and kind treatment of their inmates... while the insane... are incarcerated within the walls of an institution whose officers are amenable to no laws, subjected to no tests of character of capacity, and have the power, without let or hindrance, to exercise a tyranny...¹⁶⁴

The founding of the State Board of Health in 1874, stands as the first small step in the State’s assessment of the care and well-being of the mentally ill. Though the Board was founded for the purpose of promoting good health in the state’s citizenry by advancing public education to minimize epidemics and spearheading projects for the abatement of nuisances, its members had the authority to visit all the charitable institutions, jails, and reformatory schools at the request of the Governor. Empowered to make “special inspections,” the Board was to share its findings with the Executive and transmit a written report to the Legislature.¹⁶⁵ These inspections, however, had more to do with assessing the sanitary conditions and recordkeeping of the institutions rather than

¹⁶²*Journal...Proceedings and Acts...General Assembly* (Annapolis: S.S. Nell & L.F. Colton, 1874), 748.

¹⁶³Dr. C. W. Chancellor, M.D., *Report on the Public Charities, Reformatories, Prisons and Almshouses... July 1877* (Frederick: Baughman Brothers, 1877), 40.

¹⁶⁴*Baltimore American*, January 22, 1874.

¹⁶⁵GENERAL ASSEMBLY (Laws), 1886, Chapter 486, Section 12, 800.

advocacy for the mentally ill. Nonetheless, they provided census figures relating to the State's institutionalized mentally ill and mentally retarded populations and their overall level of care. Importantly, the founding of the State Board of Health, in theory, allowed for the inspections by impartial individuals unhampered by local influences.

The first formal tour by Dr. E. Lloyd Howard, the Secretary of the State Board of Health, occurred in 1874, and his findings proved to be less than complimentary. Though comparatively few mentally ill individuals were found in county jails, the plight of several insane African American women being held in these institutions was noted in his report. The Chestertown jail housed one such individual for "safe-keeping" after she had threatened to set fire to the almshouse. "She lay on a blanket on the floor, the room being filthy, with the most disgusting and sickening odor... the condition of the woman was deplorable." The jail in Cambridge housed two African American women, one having resided there for four years. Dr. Howard further railed:

That the insane should be confined in county jails and almshouses, where it is utterly impossible that they should receive the proper medical attention, as well as the moral treatment, is greatly to be regretted... There is no doubt of the fact that it will always be cheaper to maintain a lunatic caged as a wild beast in a cell, fed upon corn bread and bacon (and when he won't eat let him starve!) and without medical attention, than it will be to support him in a comfortable hospital.¹⁶⁶

Despite the impassioned narrative of the report, publicity of the substandard conditions under which many of the pauper insane survived in the jails and almshouses failed to capture the interest of the press or the sustained notice of state officials.¹⁶⁷

¹⁶⁶*First Biennial Report...State Board of Health of Maryland* (Annapolis: John Wiley, 1876), 48-49.

¹⁶⁷Governor John Lee Carroll wrote the Board in December of 1876 to request a re-inspection of the almshouses and a report to him on the condition of the pauper insane. Other states had previously conducted such surveys. Dr. Sylvester Willard's 1865 report of New York State almshouses is notable.

The first comprehensive examination of the conditions of Maryland institutions housing mentally ill persons appears in a groundbreaking 1877 report made by Dr. C. W. Chancellor. His findings were subsequently printed and distributed as a public document. While he applauded Mount Hope Asylum and the Spring Grove State Hospital, Chancellor's review of the almshouses and jails in the state prompted a scathing condemnation of the setting and administration of these latter institutions. "It is painful to report the shocking condition in which many of the public institutions were found, and it is difficult to conceive that anything worse ever existed in a civilized country."¹⁶⁸ He described numerous examples of the mentally ill being held in unnecessary restraints, inadequately fed, and improperly housed. In Queen Anne's County, Chancellor discovered a woman chained to the floor in an attic. He characterized the Anne Arundel County Almshouse as "an abode of misery" where "not a comfort or convenience, beyond such as are usually afforded to caged wild beasts, was to be found."¹⁶⁹ In regard to all such institutions, Chancellor opined that "For the insane there is written over the portal of the almshouse as those over the infernal regions, 'Whoever enters here leaves hope behind'."¹⁷⁰

Save for periodic inspections by the State Board of Health or a local grand jury, all institutions caring for the mentally ill continued without direct state oversight. A Board of Visitors in the case of hospitals, or the County Commissioners for almshouses, continued as an overall governing committee. The superintendent of the institution set

¹⁶⁸Chancellor, *Report on the Public Charities*, 13.

¹⁶⁹*Ibid.*, 85; 87.

¹⁷⁰*Ibid.*, 10.

policy and generally wielded great power to determine admittance or retention. Though for over ten years, from 1866 to 1877, the issue of individuals being improperly confined was sporadically publicized in the press and discussed in the halls of Maryland government, no new laws were passed nor a state entity created to provide guidance or patient advocacy. Hospitals and almshouses continued largely unregulated.

The 1880 Board of Manager minutes of Spring Grove Hospital, the only state-run facility caring for the mentally ill, provides a glimpse into its self-governance. In the winter of 1880, an attendant named Tucker corresponded with several Maryland government officials charging “cruel treatment of patients by attendants” at the hospital. In reply, a state senator instructed him to bring the matter before the hospital board. Tucker, an employee for almost three years, appeared before a special meeting of the Board to explain his charges and describe his observations of the wards. In response to the initial questioning, he stated that he had “seen attendants treat patients very badly, especially on Back and Middle Wards.”¹⁷¹ The Back Ward housed those considered to be chronic cases and least capable of caring for their own hygiene. Middle Ward patients, though higher functioning than those of the Back Ward, still required a high degree of daily attendant intervention. Both populations could be considered vulnerable to abuse and unlikely to report such incidents. When probed as to the nature of the abuses he witnessed, Tucker revealed that patients were sometimes struck when they refused to take their medicine and that “not more than a week ago, [he] saw a man named Barnet[?] kick Richard Jones a patient in the side until he was black in the face .” The Board next questioned Barnet to answer to Tucker’s allegations against him. He told the board that

¹⁷¹MARYLAND HOSPITAL FOR THE INSANE (Minutes), Spring Grove Board of Manager Minutes, February 21, 1880, MSA S 371, MSA.

“he knew of no ill treatment of patients by Attendants, never knew one to be knocked down or struck... [but] admitted that he struck a patient named Jones once, but said it was done in self-defense.” Dr. Broome, the resident physician, also came before the Board. “The Dr. was then interrogated generally and specifically as to all matters testified to by Tucker and his testimony failed to confirm Tucker in his testimony in a single case.”¹⁷² As a result of Dr. Broome’s answers, the Board “was entirely [unanimously] satisfied that the statements made in Tucker’s communication to parties in Annapolis and in his testimony today were without foundation.” The Board formed a committee to write a set of rules governing the behavior of attendants and later printed up placards bearing the rules and set them up throughout the hospital. Interestingly, no mention was made of a physical examination of the supposedly abused patient. Neither, it seems was attendant Tucker fired in retribution. None of the alleged abuses caught the attention of the Press.

The State Board of Health, due to its limited staff and relatively low budget, was no longer able to perform the dual responsibilities of surveying state-wide health conditions and focusing its attention on the care of its mentally ill. The number of insane in Maryland doubled in the decade from 1870 to 1880, as overall, the number of insane enumerated in the U.S. census rose dramatically.¹⁷³ The founding of the Maryland State Lunacy Commission, in 1886, followed similar nationwide trends to formalize and centralize state oversight of the mentally ill population.¹⁷⁴

¹⁷²Ibid.

¹⁷³Different methods of counting and an influx of immigrants probably influenced the numbers; see Hurd, v. 1, appendix containing statistics.

¹⁷⁴Grob, *Mentally Ill in America*, 287.

The origin of the legislation to found the Commission remains obscured. It is known that in 1886, Elizabeth Packard took up temporary residence in Annapolis to lobby the State Legislature. She allegedly possessed 130 letters “from prominent men in the city of Baltimore, who, with one united voice desire, that their legislature do extend to themselves and their families better protection against ‘false imprisonment’ in the Insane Asylums of Maryland.”¹⁷⁵ One such letter of support came from Alexander A. Rogers, an Assistant District Attorney and the State’s lead prosecutor during the Mount Hope Asylum case of 1866. Rogers wrote that he had dealings with “five sane persons discharged therefrom, either by legal proceedings—or by threats of the same—I can testify and furnish documentary evidence, to the necessity of some proper legislation towards the securing the protection of persons alleged to be proper subjects for Asylum confinement.”¹⁷⁶

Initially known as the Postal Rights Bill, Packard’s proposed legislation provided that mental hospital patients have the same post office rights as any other citizens, with access to writing paper, pens, and postage being paramount. This access would mean that those allegedly unjustly confined could communicate with state officials to plead their cases. Packard had not been allowed to mail letters during her confinement within a mental institution. She won her eventual release only after a passer-by found her note outside a hospital window and brought it to the notice of outside authorities.

Packard’s bill was later enfolded within a larger bill under consideration that was enacted, ultimately founding the state lunacy commission. A committee from Medical-Chirurgical Society, the private professional association of Maryland’s physicians that

¹⁷⁵*Sun*, January 23, 1886.

¹⁷⁶*Ibid.*

included Dr. John S. Conrad, former Superintendent of Spring Grove, had put forth a bill to establish a lunacy commission.¹⁷⁷ Such entities had existed in other states for a number of years.¹⁷⁸ Their primary focus centered upon the oversight of all the facilities where the mentally ill were confined. The language of the bill for the establishment of Maryland's Lunacy Commission provided for the first personal liberty safeguards for these citizens. The most important provision stipulated that “[n]o person shall be committed or confined as a patient in any institution, public, corporate or private, or almshouse or other place for the care and custody of the insane or idiotic except upon the written certificates of two qualified physician.”¹⁷⁹

Yet the import of the legislation went unrecognized by many. The bill, which had originated in the Senate, passed the House of Delegates in the very last hours of the final day of the legislative session, a less than subtle indication that it elicited no great general passion within the breast of lawmakers. The Governor promptly signed it into law, along with numerous sundry other bills, in the wee hours of March 6, 1886. Most newspapers gave scant coverage and no editorial commentary on the passage of what formed the nucleus of the state laws protecting the mentally ill. The *Baltimore Sun* reported that “Mrs. E.P.W. Packard... a lady who was a frequent visitor to the legislative chambers during the session, addressed a letter to the Legislature returning her thanks to the

¹⁷⁷*Sun*, February 18, 1886. “They are here to have charge of the commitment of the insane, and to hear complaints that may be had in their behalf. Dr. Conrad said that for forty years insane patients have been committed on the certificates of two physicians, but there has never been any law for that procedure.”

¹⁷⁸New York and Massachusetts had founded commissions years earlier.

¹⁷⁹*Laws of Maryland*, Art. 59, Sec. 31, 1886.

members of both houses for their cheerful support of her bill to ‘place the inmates of insane asylums under the protection of the laws by securing them their postal rights.’”¹⁸⁰

The Lunacy Commission, whose five members were appointed by the Governor, met for the first time in June of 1886. By October, Dr. William Lee, the newly-chosen secretary, had toured the almshouses and other institutions housing the mentally ill. After a presentation of Lee’s findings, the Commission resolved that the county commissioners be notified that “unless they are possessed of the requisite facilities to properly care for and treat insane patients, they are not authorized... and are prohibited from receiving such patients.” The Commission further declared that it is the “opinion of this commission no almshouse is a proper receptacle for insane persons, unless it is provided with rooms so constructed as to safely detain such insane without the use of chains or rope...[since] such treatment is well calculated to magnify the mental excitement of the unfortunates and almost preclude the possibility of recovery.”¹⁸¹ From the beginning, however, compromises had to be engineered. In spite of the spirited words of the Commission, the simple lack of proper housing for patients hindered the progress in ameliorating conditions. The Board, in its minutes, also recorded that Spring Grove Hospital was then overcrowded and instructed the Secretary to notify the counties to transfer only those patients “suffering from such form of mania as requires control and retaining for treatment in the Almshouses... those who are idiotic or imbecile.”

Tours by the Commission, however, brought to light other conditions that had long been tolerated or else overlooked. In early 1887, Secretary Lee viewed the

¹⁸⁰*Sun*, April 8, 1886.

¹⁸¹STATE LUNACY COMMISSION (Minutes) October 13, 1886, Accession No.: 15, 531, MSA No.: S180-1, MSA.

incarceration of the mentally ill in the Maryland House of Corrections and encouraged his fellow Board members to take some steps to prevent the mentally ill from being housed in prisons and reformatory institutions. The Board subsequently wrote the Governor of the situation. While the reaction of the Executive is not noted, thereafter a Commission member would visit and interview the mentally ill incarcerated person and arrange his or her transfer out of the facility. In a few cases, the Commission examined the mental state of an individual slated for incarceration or execution. A court in Wicomico County had convicted Nancy Britton, a young African American woman, of the crime of infanticide and sentenced her to the Maryland Penitentiary. Dr. Morris, of the commission, subsequently visited Britton and pronounced her insane. The Governor and the court were notified. By the late 1890s, inmates deemed insane were regularly transferred to the state hospitals.

The presence of a state entity empowered with oversight had an immediate effect on the investigation of deaths or alleged abuse at hospitals. Such probes would now commence immediately, with the discernment of facts being compiled with an impartial and critical eye. The death of a patient at Spring Grove proved to be an early test for the Commission. Michael Rosenfeld had committed suicide by hanging. "He had been for more than a week previously been [sic] allowed the liberty of coming out of the ward and walking about the grounds immediately in front. He and several others were so engaged on Monday morning... About 9 [o' clock] he slipped away from the rest, went to the swing close by and forming a noose with the rope hung himself."¹⁸² The Lunacy Commission, by law the Coroner on such occasions, was notified and Secretary Lee came

¹⁸² MARYLAND HOSPITAL FOR THE INSANE (Minutes), Spring Grove Board of Manager Minutes, Richard Gundry, Superintendent, "Report of the Superintendent," July 11, 1888, MSA S 371, MSA.

out and investigated the circumstances of the death himself. Lee subsequently admonished the hospital, stating that “more care should be exercised by Guards in the supervision of the patients who are permitted freedom of the grounds of said institution.”¹⁸³ Regarding another Spring Grove incident, one involving sexual misconduct between patients enabled by the lax oversight of attendants, hospital staff testified before members of the Lunacy Commission. The Commission “found that in the graven particulars the charges are not sustained and that the managers of this institution have come to a similar conclusion, and taken such steps as seem to be best adopted to correct those evils complained of which were on investigation sustained.”¹⁸⁴

State oversight, in practical application, meant very little since the Commission possessed neither the power to enforce its orders nor to mete out punitive measures for those who disobeyed. Further, without an adequate and available number of state hospital beds, county almshouses continued by practical necessity to house the mentally ill. Commission members could only rail at the sub-standard conditions at county institutions since they lacked the power to bring about reforms. A year and a half after the Lunacy Commission’s organization, the Worcester County Almshouse still “require[d] severe measure of reform” with “Insane inmates being still made to wear chains and sleep on hard boards in a dirty & filthy condition.”¹⁸⁵ A year after that, in 1888, it was noted that the officers of Washington County Almshouse “have consistently refused to comply with

¹⁸³STATE LUNACY COMMISSION (Minutes) July 20, 1888, MSA.

¹⁸⁴STATE LUNACY COMMISSION (Minutes) July 2, 1889, MSA.

¹⁸⁵STATE LUNACY COMMISSION (Minutes) December 5, 1887, MSA.

the Lunacy Laws—in regard to reports, etc.”¹⁸⁶ Ultimately, the Lunacy Commission, as first founded, proved ineffective.

¹⁸⁶ STATE LUNACY COMMISSION (Minutes) December 21, 1888, MSA.

Chapter 4:

Attention and Reform: The Progressive Era to the 1920s

During the late nineteenth century “the pauper insane,” as they were the termed, remained hidden away to languish in county almshouses and jails, garnering little public or private notice in an era of supposed religious devotion and charitable generosity. This chapter examines the reform campaign that ultimately brought improvements and heralded the dawning of large-scale state mental institutions. Photographs played an indispensable role in bringing the conditions at the county facilities to light and in garnering the support of politicians and the general public for the State’s taking responsibility of the care of its indigent mentally ill citizens

At the close of the nineteenth century, the majority of mentally ill Marylanders remained either in the homes of relatives, or if poor, in the county almshouses and jails. Throughout the previous decades, these latter institutions served as the usual destination for the “indigent insane.” By 1893, approximately one thousand mentally ill individuals resided in Maryland county facilities. Almshouses also gave shelter to incapacitated, chronically ill, and elderly infirm persons. Residents included those afflicted with senile dementia, epilepsy, and mental retardation, or “feeble-mindedness” as it was then known. Not all counties in Maryland, however, ran almshouses. In certain counties, a system of out-pensions, granted by the county commissioners allowed the poor to remain in their own lodgings.

The county Trustees of the Poor or a Grand Jury empowered by the county circuit court inspected the conditions of the almshouse on occasion. A review of a sampling of

Grand Jury findings generally shows the comments to be mostly less than critical. One is struck by the recurring comment that “the conditions are as best as can be expected” or a similar phrase.

The responsibility for the regularly scheduled inspection of almshouses eventually passed on to the Maryland State Lunacy Commission at its 1886 formation. The Commission possessed nominal oversight over all of the mentally challenged held in institutions throughout the state. As first organized, this body had little power to affect any change. With only the ability to grant new licenses for privately-run facilities, the Commission had virtually no influence over county commissioners regarding the care of the insane in their almshouses. Public shaming appeared to be the only tool, and the Commission took this route through the pages of its annual report. Yet only a minority portion of the population viewed the contents of these publications. State legislators and possibly members of the medical community appear to have been the main recipients. Legislators, who only spent a relatively brief time in session, were approached by professional lobbyists with a myriad of proposals competing for their attention. No overt activist advocacy on behalf of the mentally ill, save for the limited efforts of the state medical society, ever materialized.

The Lunacy Commission reports often contained very graphic textual descriptions.¹⁸⁷ The reports uniformly decry the use of almshouses for the reception and housing of the insane. Since most almshouses lacked any form of recreation, employment, or therapy, the mentally ill, at least those not held in some form of physical restraint, whiled away the hours seated on benches or else roamed the halls and the grounds. Conditions varied in different county almshouses. Generally speaking, the daily

¹⁸⁷*Report of the Lunacy Commission, 1887 through 1908, passim.*

administration of most almshouses could be described as loose. Only the most rudimentary of records were kept. Superintendents, often local farmers appointed through political influence, sometimes changed yearly. Attendants had no training in the care of the mentally ill. This lack of training meant that physical restraints often were used on patients, even though this practice had been held in general disapproval by mental healthcare professionals since the 1870s. In at least one case at the Bay View Asylum improperly applied restraints led to the death of a resident from gangrenous hands. The leather muff that had been used to restrain the male patient had been tied too tight, cutting off the circulation in the man's hands for several hours. Sometimes attendants used their fists to subdue the demented or unruly.¹⁸⁸ Senile elderly were merely locked in cell-like rooms to keep them from wandering away. Reports speak of the "almshouse diet," a subsistence diet consisting mostly of hominy or oatmeal as the daily fare for residents. Another term, "almshouse odor" can easily be imagined as being an oppressive presence in a building that lacked indoor plumbing or bathing facilities, and regular, daily care for the incontinent or chronically ill population. The deceased sometimes lay within their beds for several days before the undertaker made his appearance. Some almshouse structures dated from the eighteenth century; others, reserved for African Americans, appeared to be nothing more than old, drafty slave quarters.¹⁸⁹ A local doctor usually came to call on an "as needed" basis only. Therapeutic drugs for patients appear rarely to have been kept upon the premises.

¹⁸⁸*Maryland Medical Journal* (September 1908), 370. As reported by the Lunacy Commission: "We have witnessed...an able-bodied attendant [rain] blows upon the head of an obstreperous insane patient."

¹⁸⁹Chancellor, *Report*, 128; this is true of the Kent County African American facility.

Almost every Lunacy Commission annual report calls for the building of a proper state facility for the African American insane. A string of Commission secretaries recognized that the almshouse housing reserved for people of color almost always was of poorer condition than that for whites, usually “a dilapidated cabin, more or less clean, and always overcrowded.”¹⁹⁰ Speaking of the Frederick County facility, one secretary opined that “the beasts of the field are taken better care of than the poor negroes.”¹⁹¹ Race segregated facilities existed in many counties. For want of funding, certain counties broached this unwritten law, allowing the races to co-habitate.

Some counties allowed the sane and insane residents, men and women, to intermingle freely. The sadly predictable result of this living arrangement appalled the Commission. Feeble-minded women frequently became pregnant, producing another generation to the Bedlam-like surroundings of the almshouse.

By the early 1890s, a movement initiated by the Medical-Chirurgical Faculty, the state medical professional society, promoted improved care for the mentally-challenged poor. Inspired by New York State’s recent passage of a state care act for the insane, the first in the nation, certain Marylanders recognized their state’s responsibility for the proper housing and care of the indigent insane. In what could be characterized as a quiet campaign engineered by the medical community, legislation was passed in 1904 whereby the state would take over the care of its indigent insane on January 1, 1909. The State Care Act of 1904 faced no open opposition in the House or Senate with both houses

¹⁹⁰*Eighteenth Report of the Lunacy Commission* (Baltimore: James Young, 1904), 11.

¹⁹¹Dr. Preston as quoted in *Fifteenth Report... Commission* (Sun Book & Job Printing Office, 1901), 5.

unanimously supporting the passage of the bill.¹⁹² The transfer of mentally ill county almshouse and asylum residents to state hospitals would be made as soon as practical.

The law, however, never was implemented. Maryland simply lacked the adequate number of spaces within its facilities to house all of its insane poor, and very formidable competition for new hospital construction funding existed. The building of good state roads in the interest of economic development probably garnered the greater attention of state politicians. In his opening message to the General Assembly in January 1908, Governor Edwin Warfield opined that “I doubt the feasibility of the State assuming the care and maintenance of all her dependent insane [in 1909], because it will not have adequate buildings and facilities for doing so, and the State Treasury will not be in a condition to bear the burden.” The State Care Act was repealed in that year and immediately reinstated, moving the start date two years forward to January 1, 1911.¹⁹³ It is alleged that Governor Warfield himself opposed any action on the state care issue during his tenure.¹⁹⁴

Despite the postponement of state care, 1908 still proved to be a pivotal year for Maryland’s indigent mentally ill. The inauguration of a new, sympathetic governor and the reorganization of the Lunacy Commission heralded a re-invigorated campaign that sought to bring state care before the public eye. It is alleged the Dr. William E. Welch worked behind the scenes to recruit new members for the Commission, with four of the

¹⁹²See the *House Journal* and *Senate Journal* of 1904. No comments upon the bill’s passage appear in either the *Sun* or the *Baltimore American*, two of the most widely circulated newspapers in the state.

¹⁹³By no means was Maryland the only state where such conditions were present. The State of New York commissioned its own review of its almshouses in 1864. The conditions uncovered prompted reform movement that culminated in the passage of the State Care Act of 1890. New York was the first state in the nation to enact such legislation.

¹⁹⁴See *Twenty-Fifth Annual Report of the Lunacy Commission* (Baltimore: Lucas Bros, 1910), 34.

five appointed members being replaced by August.¹⁹⁵ Welch, as president of the State Board of Health and an activist in healthcare concerns, had Governor Austin T. Crothers tap Dr. Hugh Young for the position of president. Young, an urologist by training, had assisted in the successful passage of legislation authorizing Maryland's first tuberculosis hospital. Though not trained in psychiatry, Young's humanitarian interest coupled with his influential contacts proved invaluable to the Commission. The Commission secretary, Dr. Arthur P. Herring, served as the key administrator over the daily operations. Herring had earned his medical degree in 1896 from the Baltimore Medical College, where he later served as a faculty member and had also acted as the visiting neurologist and psychiatrist at the Bay View Asylum, Baltimore City's almshouse. Herring possessed the medical training and intimate knowledge of the almshouse setting to speak with authority before both politicians and the public. The other three appointed members of the Commission included Drs. Henry Hurd, the former superintendent of the Pontiac State Hospital in Michigan, R. Markley Black, and John D. Blake. Governor Austin Crothers and Isaac Lobe Straus, Maryland's Attorney General, also served as ex officio members.

The reconstituted Commission pursued a new activist strategy that appealed directly to the people of Maryland. The members decided to expose aggressively the almshouse conditions and to pursue a campaign to enlist the support of Maryland's medical community and influential citizens from throughout the counties. "Public sympathy, both professional and lay, is necessary to force the Legislature to the realization of the fact that they can no longer 'play politics' with such an important matter, but that they must declare themselves one way or another." Over thirty years of reports describing, sometimes in excruciating detail, the horrific county almshouse and

¹⁹⁵Hugh Young, *A Surgeon's Autobiography* (New York: Harcourt, Brace and Company, 1940), 408.

asylum scenes had failed to generate any true political advocacy for the pauper insane. As the *Maryland Medical Journal* noted: “if the Lunacy Commission and the medical profession are not fully prepared to face this issue with determination to win and with the full assurance that they are supported by the intelligent laity, then the probabilities are that there will be another delay or possibly the bill will be repealed.”¹⁹⁶ Rather than continuing to rely on the good graces of politicians, the Commission would use the camera in its fight for mental healthcare reform.

During the early twentieth century, a movement arose across America designed to broadly ameliorate long-standing social problems. A product of a more scientific approach to philanthropy engendered by post-Civil war reformers, the Progressive Movement, as it came to be known, enlisted specialized studies and formalized surveys to systematically understand the basis of community ills. Areas of particular interest included the housing of the poor, conditions in factories, and child labor. Mental healthcare reform also can be counted among the areas of concern. Through their reports, the Progressives hoped to garner the attention of the public; but mostly they sought to convince state and national politicians to enact legislation as the means to bring about social change. In essence, they solicited the legal and financial support of government in their crusade for better conditions.¹⁹⁷

Progressive Movement reformers enlisted the use of documentary photographs in their campaigns for both their educational and dramatic effects. The pioneering work of Jacob Riis, a Danish-born columnist for the *New York Tribune* who sought to expose the

¹⁹⁶*Maryland Medical Journal* (November 1908).

¹⁹⁷Arthur S. Link and Richard L. McCormick, *Progressivism* (Arlington Heights, [Ill]: Harlan Davidson, 1983), passim.

poor housing conditions in New York City, is often cited as the model. Riis took his camera into the dank basements and cramped alleyways that characterized the homes of immigrants. With his images made into lantern slides, the journalist gave illustrated lectures revealing his findings to church groups and organizations. His work brought the needed public exposure and the eventual and necessary political support that ultimately brought about changes in the laws.

Maryland reformers, similarly, sought the assistance of photographs in publicizing their campaigns. The camera had been used extensively and successfully in exposing the sub-standard housing conditions in 1907 Baltimore. The Charity Organizing Society and the Association for the Improvement of the Condition of the Poor published a ninety-six page report that uncovered the unsanitary conditions present in the rented dwellings of the city's immigrant and poor populations. Janet E. Kemp compiled surveys of the residents in three Baltimore neighborhoods that ringed the Inner Harbor. Twenty-nine images of dark alleyways and cellar apartments, often incorporating children, provided emotionally-charged evidence that change was needed [Figure 7].

Photographs also played an important role in the community health education campaign designed to combat the spread of tuberculosis [Figure 8]. The Maryland Tuberculosis Commission, in cooperation with several private groups, sought to heighten public awareness about a disease that was reaching epidemic proportions within the state. At its January 25, 1904 public health exhibition held in McCoy Hall on the Johns Hopkins University campus, the Tuberculosis Commission used images from a northwest Baltimore neighborhood known as the "Lung Block" to illustrate the conditions that led



Figure 7. Basement apartment in tenement, *Housing Conditions in Baltimore*, 1907 (Maryland State Archives).



Figure 8. "The Lung Block," from *Housing Conditions in Baltimore*, 1907 (Maryland State Archives).

to the transmission of tuberculosis. A series of interiors from local sweatshops and shots of New York tenements were also featured. An allied group in this campaign, the Maryland Association for the Prevention and Relief of Tuberculosis delivered illustrated lectures using lantern slides.

The State Lunacy Commission initiated its documentary photographic campaign in August of 1908. It appears that Dr. Herring, the Commission secretary, first employed a photographer from the Hughes Photographic Company to accompany him on his tour of Bay View, Baltimore City's almshouse. This, no doubt, quite costly arrangement prompted the Commission to find a more economical manner to acquire the desired images for its campaign. On September 9, at its regularly quarterly meeting, Dr. Young, Commission president, "suggested that the Secretary purchase a camera to be used in the work of the Commission, also that lantern slides be prepared for use in public lectures." Dr. Herring acquired a camera soon thereafter and began his tour of county institutions, making an initial photographic record of what he witnessed. A preliminary, incomplete set of photographs existed by the end of September. These images included exterior and some interior views of buildings, several of which featured residents.

Herring's first series captured the general themes that the Commission had railed against for decades. The topics of focus included the free use of restraints, chronic overcrowded conditions, dilapidated and unsound buildings, unsanitary surroundings, the lack of recreation, and the drawing of a visual parallel that equated an almshouse to a jail. Barred windows and manacled patients implied that mental illness was a punishment rather than an affliction. The available natural light (and use of flash photography, in a later series of photographs) and a longer exposure time allowed for the capture of the

basement cells or pens which often housed unruly or patients afflicted with senile dementia [Figures 9 and 10].

The use of captions helped to further reinforce the key themes targeted for reform. Captions guided the viewer in their interpretation of the photograph. In addition, the commentary provided additional insight into how patients were improperly cared for within the county institutions. The housing of consumptive patients with the general non-infected population is but one example. The audience of the period would have recognized that such a living arrangement was improper.

This initial series of twenty-six images appeared as the exhibit portion of a preliminary report Dr. Herring transmitted to Governor Crothers on October 6, 1908. The typescript report and the images formed a nucleus around which a final comprehensive printed version would appear, with additional photographs, several months later. Fourteen almshouses and asylums, ranging from Alleghany County to the Eastern Shore, appear within the photographs.

The Montevue Asylum in Frederick County garnered the highest number of images and it is this institution that the Commission found the most problematic. It had not always been this way. In 1884, the State Health Department lauded the asylum as a model institution that brought credit to the reputation of the county. Early Lunacy Commission annual reports also praised the conditions at Montevue as being exemplary. By the mid-1890s, however, even a Grand Jury of Frederick County intimated how conditions could be improved for certain numbers of its patients: “The enlargement of an adjoining building for the confinement and care of the Colored portion of inmates would in our opinion be of great advantage to the institution.”¹⁹⁸ Montevue accepted, for

¹⁹⁸FREDERICK COUNTY CIRCUIT COURT (Grand Jury Papers), 1854-1896, C793, 1894, MSA.



Figure 9. Basement cell, Kent County Almshouse, African American building, 1908 (Maryland State Archives).



Figure 10. Kent County Almshouse, African American building, 1908 (Maryland State Archives).

payment from other counties, insane African Americans from throughout Maryland. Chronic overcrowded conditions for the black patients at this institution had been noted within the Commission annual report since 1895. It appears that a string of county commissioners viewed Montevue as the means to build up county coffers.

The first image in the series [Figure 11] depicts a substantial nineteenth century era building formerly used as the almshouse for the white population. A closer inspection of this back view of the structure shows that the bricks need repointing, but the roof appears to be in good condition. The caption characterizes the structure as being “overcrowded, unsanitary, reeking with vermin and filth: about 200 Negroes are confined in this building.” Yet, the tight framing of the image, and the lack of any people within the image, works against the building’s size as being termed inadequate. The structure appears somewhat typical, even in upkeep, as any rural structure at this time period. Though not very effective in proving his assertion, Herring needed this view as an establishing image with which to introduce Montevue.



Figure 11. Montevue Asylum, African American building, 1908 (Maryland State Archives).



Figure 12. Second view of Montevue, African American building, 1908 (Maryland State Archives).

The second image [Figure 12] captures the front of the building and is much more effective in communicating that something may be amiss. Several shutters are absent from some of the windows. Yet the glass in each window appears to be intact and, again, the roof is in good repair. The building is in disrepair but not dilapidated. Though the area surrounding the building is largely compacted dirt, tubs of flowers can be discerned in the foreground. Approximately thirty people, mostly women dressed in clothing of acceptable condition, can be found sitting upon benches lining the front façade. The caption, however, reads “Group of 75 Female Inmates...these patients have practically no recreation or occupation.” Though the main point of the caption is the lack of occupation, the image works against evoking sympathy in the viewer for the patients. Idleness on a bench, on a sunny day out-of-doors, may have been interpreted as a recreational activity.



Figure 13. Patients shackled at Montevue, African American male ward, 1908 (Maryland State Archives).

It is the interior photographs, however, that prove most consistently effective in buttressing the Lunacy Commission's argument for state care. The third and fourth images in the series, interior shots of the men's ward, are vastly more persuasive in communicating the themes of the unnecessary use of restraints and overcrowding. The third image [Figure 13] depicts the interior of a cell featuring two patients in shackles. A third man is almost obscured completely from view. None of the men, due to their average build, facial demeanor, or even general posture, appears threatening. The man on the left, though frontally facing the camera, looks away from the lens, with his shoulders relaxed and his hands down at his sides. The man to the right, his side facing the camera, looks out the window with his arms drawn up over his chest. Neither man appears aggressive and this calls to mind the true necessity of being restrained. The heavy plank



Figure 14. Central hall of the African American men's ward at Montevue, 1908 (Maryland State Archives).

door in the foreground, seemingly impenetrable and jail-like in its formidability, seems almost absurd. The caption points out that the men “sleep on the floor.”

The second ward image [Figure 14] depicts the central hall in the men's ward. Upon a long bench sit an unknown number of patients, some barefooted, while others stand just outside their cells or rooms. The center of the photograph features a shackled patient, his chains clearly visible against his light colored shirt. His face is turned away from the camera and his eyes are almost closed. Again, due to his non-threatening pose, one wonders why he is restrained. An elderly patient is featured to the right. He wears a ragged bandoleer-like article slung across his chest. Upon his hat, tucked within the hatband, he dons a card which contains some indecipherable writing. With the exception of the eccentric dress of this individual, one might mistake the interior of that of a county

jail. Actually, the architecture speaks more of the antiquated concept relating to the proper housing of the mentally ill.

The last two images address the themes of inadequate or non-professional staffing and the custodial nature of the institution, where patients have little hope for recovery. The view of the attendants is wholly unflattering [Figure 15]. The individual on the left, that appears to be the focus of the image, wears an ill-fitting sweater and is collarless. The center figure, the natural focus and the authority figure as evidenced by his suit and watch chain, looks away from the lens toward the man in the sweater. The suited man appears disengaged and evokes suspicion in the viewer. This is a strange photograph that begs the question: “Who are the patients and who are the authorities?” None of the appear comfortable. The comments note that these men have no training and each looks after twenty-five “inmates.” A proper staffing level would have been about three attendants for every twenty-five patients.

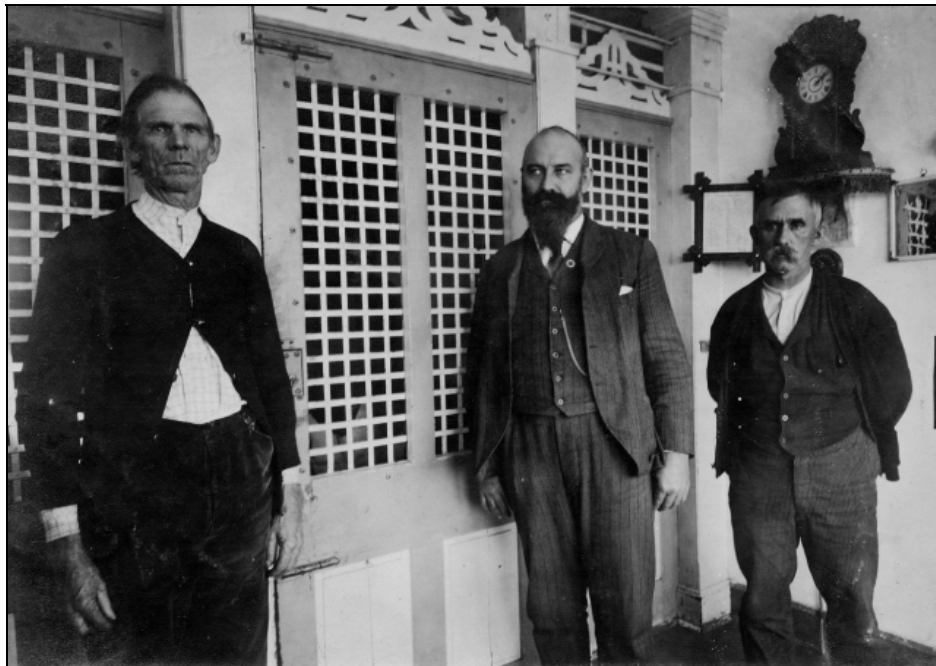


Figure 15. Staff at Montevue Asylum (Maryland State Archives).



Figure 16. The view from inside a cell at Montevue (Maryland State Archives).

The final and sixth image in the series [Figure 16] depicts a view from behind a grated door of a cell. A portion of the caption reads “an iron-grated door of a cell...in which a patient was found handcuffed.” Light hot spots outside the room add to the darkness within the cell itself. It is an effective image in that it allows the viewer the perspective of the patient. The photograph evokes the hopelessness of being locked down.

In a subsequent letter issued to the Frederick County Commissioners, Dr. Herring suggested that the patients be given some form of employment, that the number of attendants be increased, that the sanitary conditions be improved, that the number of patients be limited to its normal capacity, and that the restraints be removed as far as possible.¹⁹⁹ The Montevue Asylum served as the focus of the October 28, 1908 meeting

¹⁹⁹See LUNACY COMMISSION (Minutes) for November 1908 and the chart detailing the counties endorsing state care in the *Twenty-Third Report of the Lunacy Commission*, 1908, MSA.

of the Lunacy Commission. Though the conditions at almshouses were spoken of broadly, the Commission postponed revealing anything to the public about Montevue but would do so “with the other counties to go tactfully and win the co-operation of the County Commissioners, if possible. It was decided to adhere strictly to legal lines and to use the public press to expose conditions.” The Commission, however, also explored the option of rescinding the license of the asylum if non-cooperation continued.²⁰⁰

The Commission wasted little time in presenting its images to the general public. By the end of November 1908, Dr. Herring was presenting an illustrated lecture, most likely without identifying almshouses by location, before groups throughout the Maryland. It appears that the Lunacy Commission arranged to be included on the program of a series of pre-arranged exhibitions organized under the auspices of the Maryland Association for the Prevention and Relief of Tuberculosis. The November 28th *Easton Gazette* noted that, in addition to the general public, members of the Talbot County Medical Society planned to attend Herring’s December 3rd presentation. The *Montgomery County Sentinel* reported on December 4th that after Herring delivered his talk a resolution was unanimously adopted by the over one hundred Montgomery County citizens present to endorse the idea of state care. Illustrated lectures continued to be delivered throughout the state during the entire campaign.

In combination with public lectures, the Commission lobbied the members of the Maryland medical community through the pages of the *Maryland Medical Journal*, the voice of the Medical-Chirurgical Society. The Commission understood that the medical community had key private and public contacts throughout the state and that this group could provide the needed influence with state politicians. An announcement in the

²⁰⁰STATE LUNACY COMMISSION (Minutes), June 23, 1909, MSA.

September 1908 issue announced the publication of a series of articles on psychiatry in Maryland. The November issue featured anonymous exterior and interior views of two almshouses. The first image depicted what appeared to a former slave quarter; the second featured a sparsely furnished room whose most distinguishing features happened to be the lack of furnishings and the abundance of peeling paint. The March 1909 issue contained two exterior shots of almshouses on the Eastern Shore [Figure 17].

The Lunacy Commission campaign and the photographs did act as a catalyst in the professionalization of psychiatry in Maryland. The crusade for better treatment of the pauper insane, prompted largely by the content of Dr. Herring's images, brought together both public and private practitioners interested in the state care issue. At the founding of

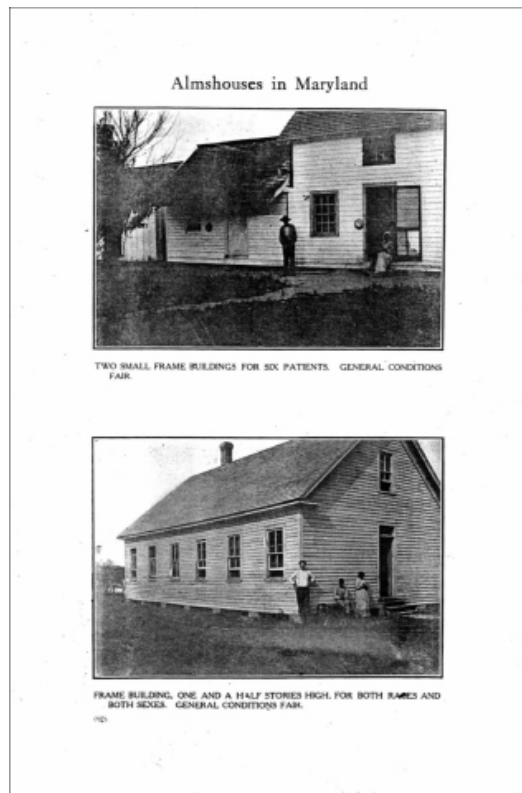


Figure 17. The March 1909 issue of the *Maryland Medical Journal* contained these photographs of almshouses on the Eastern Shore (MedChi Archives).

the Maryland Psychiatric Society in November of 1908, the organizers hoped to discuss “practical questions relating to the care of the insane... and foster interest in bringing about state care in 1910.”²⁰¹ To this end, the 1908 through 1910 member meetings always featured at least one lecture on issues relating to almshouse care. The *Maryland Medical Journal* later disseminated a number of the papers within its pages. The 1909 founding of the Phipps Clinic at the Johns Hopkins Hospital, and the successful recruitment of Dr. Adolf Meyer as its director, fulfilled a prophesy in the *Journal* that held Maryland to be “on the threshold of a new era of psychiatry in our state.”²⁰²

An event in Baltimore, the state’s most populous city, afforded the first large-scale opportunity for great numbers of the public and the press to view the images and educate themselves about Maryland’s mentally ill citizens. Originally envisioned to take place on January 2, 1909, the Commission held a three-day exhibition of its photographs, along with shackles and restraint devices, at McCoy Hall on the Johns Hopkins University campus starting on January 20th. The main corridor of the hall featured exhibits of handiwork done by the patients in the state mental hospitals. The *Maryland Medical Journal* opined that “the exhibition is very creditable and is the first affair of its kind ever held in the country, so far as we are able to learn.”²⁰³ The postponement of the exhibition opening to later in January actually proved quite fortuitous for the Commission. Not only did it allow precious extra time for one of the main presenters to prepare, but more importantly, it enabled Dr. Herring to compile additional images that proved to be his most persuasive.

²⁰¹*Maryland Medical Journal*, November 1908, 494, MedChi Archives.

²⁰²*Ibid.*

²⁰³*Maryland Medical Journal*, March 1909, 64, MedChi Archives.

The opening night proved to all that this was no ordinary exhibition. A brass concert band, composed of twenty young teens from the Home of the Feeble-Minded, serenaded the audience in advance of the speakers. Governor Crothers provided a symbolic endorsement speech as the initial remarks. Dr. Herring enlisted none other than Dr. Alfred Meyer, a nationally recognized psychiatrist and soon to be head of the Phipps Clinic of Johns Hopkins Hospital to deliver the keynote address. A few months previously, the Commission Secretary had solicited Meyer's help with these words: "I trust that you will take a decided stand in favor of State care and put the matter as forcibly as you can before the people of Maryland. We have a hard fight on hand and need your co-operation."²⁰⁴ Meyer's much awaited speech focused upon the responsibilities of the State in the state care question. Speaking of the county institutions, Meyer opined that "they probably do as well as they and their constituents consider necessary. As to the actual results, the photographs and concrete records of Dr. Herring will have to speak...the almshouses perpetuate the wrong impressions which are at the bottom of a great part of the public indifference."²⁰⁵ Unfortunately, the Secretary believed that the content of Meyer's paper was more appropriate for an audience of medical professionals, going over the heads of most laymen present.²⁰⁶

Dr. Herring's stereopticon lecture, on the other hand, brought a straightforward and dramatic clarity to its viewers for the immediate need for mental healthcare reform. His talk had been announced previously in the *Baltimore Sun*, assuring its readers that

²⁰⁴Herring to Meyer, December 14, 1908, Adolf Meyer Collection, Machesney Medical Archives, Johns Hopkins University.

²⁰⁵See "The Problem of State in the Care of the Insane", *American Journal of Insanity*, Vol. LXV, No. 4, April 1909, 704 (copy contained in the Adolf Meyers Papers).

²⁰⁶Herring to Meyer, March 19, 1909, Machesney Medical Archives.

certain photographs “taken in some of the hospitals were most squalidly unspeakable.”²⁰⁷ Though we do not know which images Dr. Herring featured, he presented “views of the almshouses in the counties of Maryland and the State institutions, showing the marked contrast between the two systems of caring for the insane. The final screens shown were a brief resume of the advantages to be gained by State care.”²⁰⁸ Dr. Meyer opined to Secretary Herring that he “was very much impressed with the exhibit you made and especially your demonstration [the slide show]. There can hardly be any doubt in my mind as to the success of the State-care issue.”²⁰⁹

It is not possible with absolute certainty to determine which photographs formed the display of images or illustrated lecture. It is probable, however, that the identity of the institutions may have been withheld from the public at this point in the campaign. An existent series of mounted photographs, though captioned, does not reveal the location of the county almshouse or asylum portrayed. Herring did not want to alienate county officials or interested county citizens through public chastisement.

There is one image that the Commission seized upon to be emblematic of the almshouse care of the insane [Figure 18]. The major theme is the utter hopelessness of such patients being confined in these institutions. The photograph portrays a portrait of a young to middle-aged white catatonic woman, her hands cupped over her face in a pose

²⁰⁷*Sun*, January 19, 1909.

²⁰⁸*Maryland Medical Journal* (March 1909), 137, MedChi Archives.

²⁰⁹Meyer to Herring, March 4, 1909, Adolf Meyer Collection, Machesney Medical Archives, Johns Hopkins University.

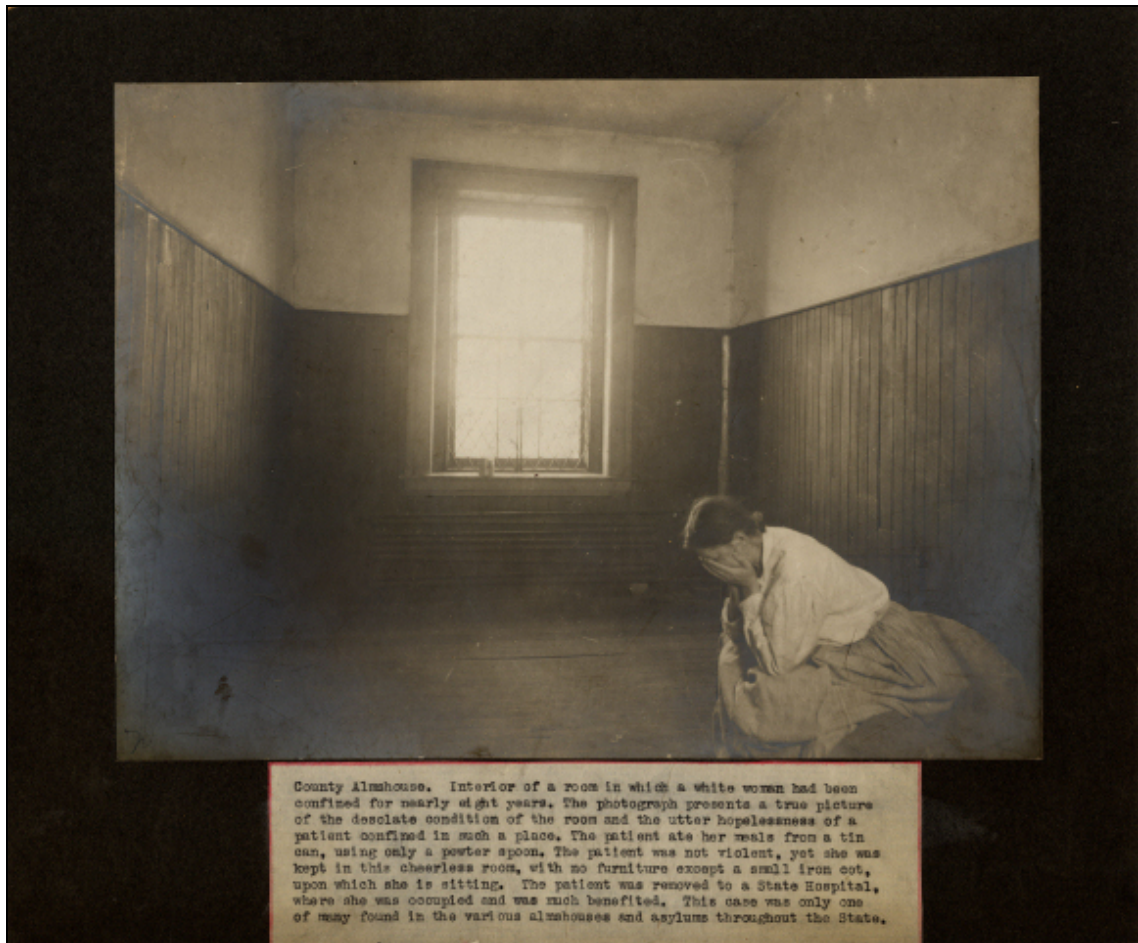


Figure 18. Catatonic woman at Baltimore County Almshouse. 1908 (Maryland State Archives).

of heavy despair. Light shines through a grated window in the center of a bare room where she has been confined for nearly eight years. According to the caption “The photograph presents a true picture of the desolate condition of the room and the utter hopelessness of a patient confined in such a place...the patient was not violent, yet was kept in this small cheerless room...only one of many found in the various almshouses and asylums throughout the State.”

The portrayal of a white woman in this setting probably evoked the greatest sympathy in the targeted audience of middle to upper class whites. First, she is clothed in the manner of most middle-class women of the period and is somewhat indistinguishable

from any member of the general population. The woman could be a neighbor, even a friend or family member. Second, the caption reinforces that concept that confinement, without recreation or therapy, is actually a form of punishment. It is a confinement bereft of hope. Thirdly, this white patient is archetypical of all the mentally challenged held in almshouses throughout Maryland. Her wants and needs are neglected and she is destined to live a life without comfort, without any opportunity to regain her sensibilities.

Other images in the reform campaign, though more powerful, would have been less effective. Photographs of African Americans in chains might have caused middle-class Maryland viewers great disquiet in 1909, but probably not for this period in American history was the nadir in race relations. Besides the building of good roads, the disenfranchisement of African American males appears to have been the main topic for consideration during the Maryland legislative sessions of the 1900s. For certain whites, segregation was but another aspect of social reform. William L. Marbury, for example, an attorney who led the disenfranchisement movement “was especially anxious that a hospital for the care of the colored insane be established. He said that, while he opposed participation of the colored man in government, he was anxious that every provision should be made to look after the health, mental and physical, of the members of the race”²¹⁰ Holding the paternalistic notion that “the Southern White man is the Negro’s truest friend,” Marbury later served as the president of the Crownsville State Hospital, the hospital reserved for African Americans.²¹¹

²¹⁰*Baltimore American*, February 10, 1910, 4.

²¹¹*Sun*, Feb. 10, 1910; Politically conservative, Marbury went on to play key roles in the Anti-Suffragist Campaign and the anti-pacifist, reactionary “Patriotic” movement of the World War I era.



Figure 19. Montgomery County Almshouse, 1909 (Maryland State Archives).

In the entire series, only one image implies that a patient may be capable of causing harm [Figure 19]. The photograph depicts the almshouse supervisor and his family, including several young children, outside their home. In the foreground stands a grinning, teenage African American male. The caption chosen for this image is “Montgomery County Almshouse. View of the overseer, his wife and family. Idiotic negro in the foreground who is allowed to roam around unrestrained a constant menace to the children.” General public opinion held the almshouse setting as improper for young children. Thus, the children of the poor were routinely removed from almshouses into orphanages or other settings. The inclusion of this image in the campaign appears to evoke the child-saving sympathies in viewers of the period. Whether from the possibility of sexual abuse or the generally unwholesome almshouse atmosphere, even the

supervisor's children ran the risk of danger by being in proximity to the almshouse and its residents.

The Lunacy Commission's twenty-third annual report in 1908 revealed all. Lavishly illustrated with images, a notice of the report's publication appeared in the *Baltimore Sun* of April 1909. The article noted that the photographs provide "a quick insight into the conditions of the county institutions...showing men chained to cells and others living in unhealthy surroundings...in almost every county little attention is paid to the insane and feeble-minded." The photographs stand in direct contrast with those presented of state hospitals where "everything is clean and wholesome." The *Sun* writer reserved his most detailed description for the views taken at Montevue Asylum, "the worst of all visited... [where] men are shown with their arms shackled, and one old negro is seen chained and shown lying on the floor in an unclean cell. Patients—men and women—are shown lying huddled up in blankets on the floor in the halls of the building." Images did not accompany the *Sun* article; their inclusion may have simply been too sensational for the generally conservative newspaper.

The Montevue photographs contained in the 1908 report built the strongest case for abolishing the system of county care. The Commission members had made five visits to Montevue in the space of several months, the most of any such institution, carefully seeking out the most incriminating images. A series of photographs taken in January of 1909, taken with flash equipment, came as a result of what may have been a surprise night time inspection by Dr. Herring. The main purpose of this visit appears to have been the documentation of the egregious sleeping arrangements provided for the African American population. Speaking of night visits, Dr. Young related: "It is important to do



Figure 20. Sleeping conditions for African American males at Montevue Asylum as revealed during a surprise night inspection by Dr. Herring, 1909 (Maryland State Archives).

this...shocking conditions among sleeping patients [were found] at a place where by daylight everything seemed right.”²¹²

Three of the five images appearing in the report depict interiors.²¹³ One of the most damning is the portrayal of the sleeping accommodations for African American males [Figure 20]. The benches in the central hall that serves as a day room have been cleared to one side. Patients lie crowded directly upon the hard wooden hall floor, with minimal bedding, save for the presence of thin blankets to ward off the night cold. In the upper right foreground, a large wet area on the floor may have been the result of a case of incontinence or the spilling of a “night bucket” provided to the patients to relieve

²¹²*Sun*, March 10, 1910.

²¹³The remaining two images used are exterior shots, the same ones that appear in Figures 10 and 11.

themselves. The walls appear dirty; a hole in the plaster can be seen to the left. The meagerness of this scene, notwithstanding the intangible factors of the lack of physical comfort, possible cold room temperature, and the altogether unwholesome atmosphere, speaks volumes about the inadequate care meted out by county institutions.

The second image presented supplies a clear view of three African American males held in restraint [Figure 21]. The barefoot man in the left foreground wears a puzzled, almost questioning, look upon his face, his right hand thrust in his pocket obscuring the fact that he wears shackles. A leather muff encloses the hands of the second patient, who looks squarely at the camera. The muff is at the optical center of the photograph and the positioning of the individuals reinforces the centrality of this object, probably unfamiliar to the majority of laypersons viewing the image. A third patient, in the center, raises his hands and allows a unobstructed view of his chains. The two attendants to the right stare at the camera, one wears an expression that is almost hostile. There is no indication why the patients are held in restraint. The countenance of all three is non-threatening, prompting one to question the need for the men to be held in such a manner.

The last image may answer the question [Figure 22]. This is the image that the *Sun* described above. Here an elderly man lies upon a thin mattress on the floor of a cell. A chain, attached to the grating of the window, leads to his manacled wrists. How could such a fragile, almost sickly appearing man warrant this treatment? Herring hoped that the viewers of this photograph would understand the inadequacy of county care, prompting a visceral reaction of outrage and support for state care.

The unwanted notoriety brought the desired effect for which the Lunacy



Figure 21. African American men in restraints at Montevue, 1909 (Maryland State Archives).



Figure 22. Elderly African American male chained to grate of his cell, Montevue Asylum, 1909 (Maryland State Archives).

Commission hoped. In 1908, the Commission characterized the conditions at fifteen county almshouses and asylums as being very unsatisfactory; by 1910 the number had dropped to nine.²¹⁴ To its credit, Frederick County acted quickly and decisively. The threat of the revocation of Montevue's license due to overcrowding, however, may have also been a persuading factor.²¹⁵ The county fathers endorsed state care and began to upgrade the conditions at Montevue during the interim. Redesigned wards for African American, featuring indoor toilets and bathing facilities, not to mention beds with mattresses in bedsteads, came as a result [Figure 23]. Yet, no other great efforts materialized at any other almshouse or asylum. Several Eastern Shore counties seemed especially reluctant to devote any additional funds to improve their facilities.²¹⁶ In a token gesture, after being apprised of the sub-standard conditions at their county's facility, The Civic Betterment Club of Talbot County demanded the removal of the almshouse board of trustees.²¹⁷

By the end of Spring of 1909, the Lunacy Commission began to formulate legislation. In May, Commission members with the assistance of state hospital officials and other experts starting crafting the bills to be presented before the 1910 Maryland General Assembly. Concurrently, consultation work began on the proper design for the additions needed at the various state hospitals. Two bills would eventually be put

²¹⁴See the fold-out charts within the *Report of the Lunacy Commission* for the years 1908 and 1910.

²¹⁵If this tactic did not prompt change, the Attorney General was instructed to determine whether the Commission possessed the power to revoke the license of a facility. Attorney General Straus opined that though the right to revoke a license "was not expressly given... the statute should be construed liberally...to revoke licenses for the conduct of asylums or retreats for the insane"; see Lunacy Commission minutes, June 23, 1909, MSA.

²¹⁶Kent, St. Mary's, Talbot, Dorchester, Wicomico, Somerset, and Worcester counties. The only western shore facilities with persisting poor conditions were Bay View and the Montgomery County almshouse; see *Twenty-Fifth Report of the Lunacy Commission*, 1910, MSA.

²¹⁷*Sun*, May 23, 1909.



Figure 23. African American female ward at Montevue after renovations, 1910 (Maryland State Archives)

forward. The first would be a revision of the State Care Act of 1904 that broadened the powers of the Commission. The second bill outlined the need for a \$600,000 expenditure to expand the existing state mental hospital facilities, and to build a new facility for African Americans.

The envisioned revised State Care Act brought some actually enforceable regulatory power to the Lunacy Commission. No longer could county commissioners or private hospital operators ignore the recommendations of the Commission. In the new bill, any patient at any county or private institution could be sent immediately to a state hospital if directed so by the Secretary.²¹⁸ The county would then be financially responsible for the upkeep of the patient up to the amount of one-hundred dollars. This sum covered two-thirds of the actual cost with the State responsible for the additional fifty dollars. Private sanitarium owners would simply lose revenue by paying customers being sent away in this manner.

²¹⁸*Laws of Maryland*, 1910 (Annapolis: State Printing Office, 1910), Article LIX, Chapter 715, Section 38a, 190.

The new bill detailed the inspection duties of the Commission. The Secretary or appointed members would be allowed free access throughout the buildings and the grounds of all institutions “on such days and such hours of the days and nights, and for such length of time that the visitor may choose.”²¹⁹ It also allowed patients the right to converse privately with Commission members. Another aspect of the bill designed to assist the Secretary in his investigatory role was the formation of a Board of Visitors in each county. Composed of five county residents of “good repute” chosen by the Commission, the Board’s duty involved the inspection of the entire almshouse and the transmission of its findings, plus recommendations, in a written report to the Commission.²²⁰

Opposition against the passage of the bill on a number of grounds soon presented itself. Rumblings could be discerned among several physicians who ran private asylums. Their patients, if the Commission determined that a state institution might provide better rehabilitative care, could be removed. As a result, some doctors of private sanitariums might be injured financially by the program of state care.²²¹

General misunderstanding about the wants and needs of the mentally ill may have prompted a less than sympathetic response to the bill from the general population. A nineteenth century notion, though hard to comprehend how widespread, held that the insane needed less creature comfort. A lack of heat, a repetitive, bland diet, or a heap of straw upon the floor for a bed, therefore, did not necessarily constitute mistreatment.

²¹⁹Ibid., Section 20, 187.

²²⁰Ibid., Section 38e, 191-2.

²²¹Young, *Autobiography*, 408.

Almshouses themselves, owing to their indigent and marginalized population, were never intended to provide anything but the most Spartan of accommodation.

Dr. Herring's photographs themselves may have prompted opposition to the bill. The images brought shame upon Maryland. As one citizen believed, "the last few month has heralded Maryland to the country at large as a State where barbarities and cruelties are practiced upon its indigent insane, multiplying instances and exaggerating conditions." To this letter "Truthful," a former attendant at the Bay View Asylum replied: "The institutions are looked after in this manner: About once in every six months the grand jury takes a stroll through all of the wards and pronounces everything O.K., of course not noticing such trivial and unimportant things as wards that are supposed to accommodate 40 to 50 patients sometimes containing as high as 80 or 90 men."²²²

Sometimes the photograph captions do appear to have been embellished for visceral effect. A comparison of two identical photographs shows the labeling to be at variance [Figures 24 & 25]. An interior view of two residents at the Montgomery County almshouse indicates that they have tuberculosis. Though the main purpose of the image is to point out that "scarcely any precaution is taken against the germs of tuberculosis," an additional line featured upon one photograph is "the man on the bed has died, but nothing has been done for the other one." Public awareness of the health hazards of tuberculosis transmission recognized that not segregating consumptives constituted improper care. Housing the dead with the living, however, underscores the hellish atmosphere and signals a horrific situation.

Herring chose not to photograph the interiors of certain almshouses. The Carroll County almshouse, an institution that generally garnered positive comments from the

²²²*Sun*, March 22, 1910.

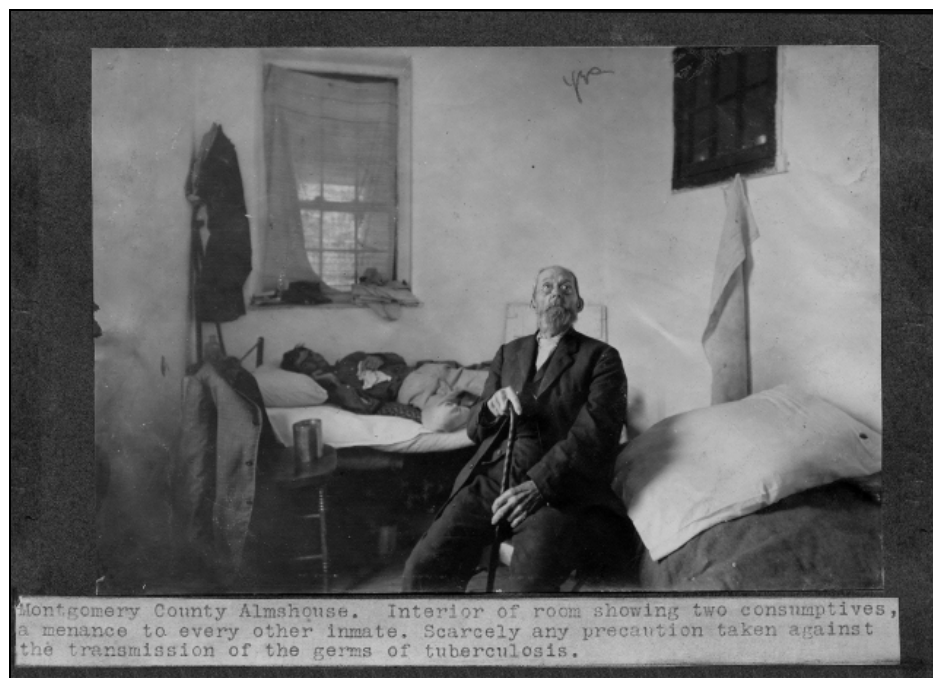


Figure 24. Patients in the Montgomery County Almshouse with tuberculosis, c. 1909 (Maryland State Archives). Though identical to Figure 25 the captions differ in content.



Figure 25. Patients in the Montgomery County almshouse with tuberculosis, c. 1909 (Maryland State Archives).

Secretary, is only represented by an exterior view. This is also true of several other almshouses. The portrayal of satisfactory condition worked against the Commission's assertion that almshouses did not care properly for their residents.

The opening of the 1910 General Assembly in January marked the culmination of the Lunacy Commission's sixteen month campaign. Both Drs. Herring and Young took up temporary residence in Annapolis to lobby personally for the passage of the State Care bill during the three month legislative session. To assist them in their effort, the men once again organized a large exhibition of images and restraint devices. The Maryland State House provided the setting. For the entire session the historic Old Senate Chamber, where George Washington resigned his commission and command of the Continental Army, served as the viewing hall for the photographs. The display of images was strategically placed but a few steps from both the House and Senate chambers. The *Sun* informed its readers that the "photographs show the cells and dungeons of the county asylums. The overcrowding and inadequate accommodations afforded these unfortunates are graphically portrayed by these pictures."²²³ The Commission contrasted the squalid almshouse scenes with complimentary views of Maryland [Figure 26] and New York state hospitals, where patients at the latter institution, were engaged in work such as making shoes, clothing, even printing and binding.

A February 9, 1910, State House meeting officially opened the exhibition. In advance of the speakers, Dr. Herring conducted personal tours of the displays while a brass concert band, composed of twenty children and young teens from the Home of the Feeble-Minded, serenaded the gathering audience. An overflow crowd filled the galleries and halls of the House chamber, forcing some members to relinquish their usual seats for

²²³*Sun*, February 9, 1910.



"STATE CARE"

View of sewing-room in Springfield State Hospital. Patients are occupied, happy, contented, and contributing to their support. Contrast this scene with the one below.



"COUNTY CARE"

View of interior of room in a county almshouse. This poor woman has no occupation or recreation. Has been in this room for eight years, a continual expense and burden to the county. Practically nothing is being done for her mental disease.

Figure 26. The Lunacy Commission often paired unflattering almshouse images with complimentary hospital scenes to influence public opinion and gain public support for their reforms (Maryland State Archives).

standing positions around the walls. The Governor, the Comptroller, and both the Speaker of the House and Senate delivered speeches in support of state care. William L. Marbury remarked that “we cannot afford to have it said that the people of Maryland are neglectful of one of their highest obligations...the care of their own indigent insane—the most helpless of all mortals under the *Sun*—our good State would be put to open shame in the eyes of the civilized world.”²²⁴

Members of the House, less than two weeks later, unanimously approved the legislation. The bill passed the House, without amendments, by a vote of 98 to 0 on February 17, 1910.²²⁵ The bill was then sent to the Senate for consideration.

Passage through the Senate proved to be a bit more precarious. Herring had made enemies along the way. In, as what the *Sun* described as the “one of the most protracted fights of the [legislative] session, Senator Peter Campbell of Baltimore first rose and moved that all the words after “A Bill” be deleted in an effort to wipe out the bill.”²²⁶ After three hours of heated discussion Campbell’s motion was defeated.²²⁷ Several amendments were then next put forth that attempted to limit the power of the secretary. Mostly the amendments were thinly veiled personal attacks on Herring. The first involved the itemization of expenditures by the Secretary believing that Herring might be “unwise and extravagant in expenditure” as he had been in “his statements he had made from time to time.” Another amendment hoped to rein in Secretary Herring, to put “a ban on this man [who] canvassed openly for his own good and his own advancement.” A

²²⁴*Sun*, February 10, 1910.

²²⁵*Journal of Proceedings...House of Delegates of Maryland* (Annapolis: King Printing Co., 1910), 334.

²²⁶*Sun*, April 5, 1910.

²²⁷Young, *Autobiography*, 411.

third amendment was put forth to limit the hours that the Secretary might visit institutions since Herring had appeared at “unseemly hours and demoralized patients by the use of flashlight photography.” Lastly, in a vain attempt to scuttle county-level non-partisan assistance for the Commission, an amendment was proffered that would allow the county commissioners to organize a local almshouse board of visitors for each county.²²⁸ Finally, after the better part of an afternoon elapsed, the Senators cast their votes. The bill passed 19 to 7.²²⁹

Work on the Hospital for Negro Insane, later renamed Crownsville State Hospital, commenced in late April of 1910. Thirty-one African American male patients from Montevue Asylum were put to work with clearing the land and building a railroad spur to the hospital site [Figure 27]. Arriving first in handcuffs and guarded by a dozen deputy sheriffs, the men “were told that they would be treated entirely differently, and that they would not be confined to cells or wear handcuffs or straight jackets.” Each man was then issued an ax. With three orderlies to assist him, Dr. Winterode, the appointed Superintendent of Crownsville, “worked with these ‘dangerous insane’ Negroes all summer, cutting hundreds of crossties, and many tall poles for the electric wires, and had not a single accident. Best of all, this active life in the open greatly improved the mental condition of the patients and some of them were actually cured.”²³⁰ By 1912, all the mentally ill patients had been taken away from Montevue and the insane department closed.²³¹

²²⁸*Sun*, April 5, 1910.

²²⁹*Journal of Proceedings...Senate of Maryland* (Annapolis: King Printing Co., 1910), 2037.

²³⁰Young, *Autobiography*, 411.

²³¹*The Charities and Corrections Annual Report of 1912* (Annapolis: State Printing Office, 1913), 44.



Figure 27. African American patients, many transferees from the Montevue Asylum, at work cutting railroad ties for the Hospital for the Negro Insane (later renamed the Crownsville State Hospital), 1910 (Maryland State Archives).

It is hard to assess to what degree the conditions actually improved for those left behind in the almshouses and asylums. Though most of the indigent mentally ill had been transferred elsewhere within a few years, other populations continued to languish in these settings. The 1912 Maryland Department of Charities and Corrections Annual Report estimated that one hundred percent of the feeble-minded individuals and sixty percent of the epileptic cases still continued to be housed in these institutions.²³²

²³²Almshouses, renamed the less offensive “county home”, continued to persist for decades, a few functioning into the 1960s. Some buildings were torn down; others still remain. Montevue’s building for white patients is now a senior-citizens retirement facility. Queen Anne’s county’s almshouse, an eighteenth century structure, underwent a restoration. The Maryland almshouse, renamed the less offensive “county home”, continued to persist for decades, a few functioning into the 1960s. Some buildings were torn down; others still remain. Montevue’s building for white patients is now a senior-citizens retirement facility. Queen Anne’s county’s almshouse, an eighteenth century structure, underwent a restoration in the 1950s and is now, presumably, a fine private residence worth hundreds of thousands of dollars. Baltimore

Dr. Herring's photographs and the Lunacy Commission's campaign to publicize them played a prominent role in bringing mental healthcare reform to Maryland. What had been hidden in the text of reports for decades suddenly appeared as images before politicians and the public. This time no one could look away. The photographs challenged all Marylanders and, for a brief moment, caused them to pause and reflect on the progress of their society and its priorities.²³³

During the early twentieth century, Maryland politicians, if not many of the general population, equated progress with building projects. The advent of the automobile and its subsequent enthusiastic embrace by the populace ensured that additional monies would be continue to be devoted to the roads. By 1908, one million dollars per year was budgeted to the effort with very little, if any, political dissent being expressed upon its expenditure.

Advancement of the public good, however, is always an uneven process. Intangible matters simply do not always garner the general support. Subjects considered taboo for their time or else mired in misunderstanding are kept obscured from the public gaze. And so for these reasons alone, the Lunacy Commission was compelled to snap images of the mistreated mentally ill. Hidden away in almshouses, often in the most inaccessible areas in the counties, the pauper insane had been faceless, invisible to the general public for decades.

A society's character can be discerned by how it allocates its resources. The Lunacy Commission understood that the wants and needs of a marginalized population

County's almshouse presently houses the county historical society. Little evidence now exists of the sufferings once witnessed within the fresh scrubbed facades.

²³³Dr. Herring, without the aid of his camera, would later perform similar investigations on the care of the insane in South Carolina and Louisiana.

were no match for the desire of the general public for good roads. Yet, the Commission pleaded its case before that very same public. It had no alternative. A broad-based citizens campaign never materialized.²³⁴ The members presented its case and made personal pleas on behalf of those who could not speak for themselves. Herring's photographs brought Marylanders face to face with the reality within their state. The same photographs, paired with positive views of state hospitals, forced the public to choose the setting they envisioned for their community members, friends, relatives, or even, one day, themselves.

The Lunacy Commission's campaign for State care marks the first time in Maryland's history that photographs were used as tools in the aid for mental healthcare reform. Dr. Herring's photo exposé, uncovering the unsatisfactory conditions at county almshouses and asylums, constituted a well-engineered attempt to mold favorable public opinion for the passage of legislation through the use of consciously selected images. The Commission's series of illustrated public lectures is also notable for being an initial attempt to educate Maryland's public about the proper care of those afflicted with mental illness and the general topic of mental diseases.

Publicizing the images to a wide audience, thus garnering the support of an interested public, ultimately forced state legislators to pass the necessary legislation and an appropriations bill that allowed for the transfer of patients from county institutions into modern state mental hospitals. In theory, with the passage of the revised State Care Act of 1910, the scenes that Dr. Chancellor had witnessed in 1877 would occur no more.

²³⁴For unknown reasons, the same core of upper to upper middle-class women who championed the causes such as playgrounds for children, pure milk, and smoke abatement during the Progressive Era did not embrace the cause of the mentally ill.

In the final conclusion, however, money remained an issue. Hard-hearted economics, building state roads, and the public's aversion to paying additional taxes worked against the proper care of all of the state's mentally ill. A 1916 appraisal of the State Care Act noted that it did not in fact provide for true state care. With the counties still providing \$100 of the \$150 to maintain patients in state hospitals "this leaves the matter [of State care] in a rather confused and unsatisfactory condition."²³⁵ Maryland's general population, as well as its insane component, continued to grow dramatically with each passing year. In 1916, state hospitals were still being enlarged to accommodate all the patients from the almshouses. An adequate number of spaces never truly materialized and by the mid-1930s state hospitals were themselves becoming overcrowded.

²³⁵John Donaldson, *State Administration in Maryland* (Baltimore: The Johns Hopkins Press, 1916), 540.

Chapter 5: Forgotten Citizens: Great Depression to Post World War II

The first years of the twentieth century had heralded a seemingly new era for the mentally ill in Maryland. New hospital construction, largely driven by activist physicians and sympathetic politicians during the Progressive Era, gave a large number of citizens greater access to therapy in a humane and modern environment. Within twenty years, however, the entire State system began to experience a rapid decline. What occurred to interfere with the continuing advancement of the state system? How did publicity and photographs of the conditions affect the patients and the institutions? This chapter, based upon diverse primary sources ranging from unpublished confidential reports and press photographs to the letters of patients, explores the roles played by State hospital administrators and the media in the growth of the first sustained public advocacy for Maryland's mentally ill.²³⁶

The Maryland State mental hospital system consisted of five institutions. Spring Grove Hospital, whose roots date back to the eighteenth century with the founding of the Public Hospital of Baltimore, was the first and only facility for almost one hundred years.²³⁷ By the 1890s, a burgeoning patient population caused certain patients, mainly African American males, to be housed in tents during the summer months.²³⁸ This overcrowding prompted the Maryland General Assembly to authorize funds for a second

²³⁶Governor's Papers, Commissioner of Mental Hygiene files, board meeting records, photograph collections, and government publications form the bulk of the material reviewed for this chapter.

²³⁷Dr. Henry M. Hurd, *The Institutional Care of the Insane in the United States and Canada*, V. III (Baltimore: Johns Hopkins University Press, 1916); Reprint: (New York: Arno Press, 1973), 526.

²³⁸"Spring Grove, 175 Years Old...accreditation," *The Baltimore Sun*, April 3, 1973, Maryland Room, vertical file, Enoch Pratt Free Library. Hereinafter the abbreviated citation: v.f., EPFL.

State facility, Springfield Hospital, which opened in 1896. Even with this new hospital more than a thousand mentally ill individuals still languished in county almshouses until a subsequent reform movement resulted in the building of additional institutions.

Crownsville Hospital came into being in 1911. The last state mental hospital to be built, the Eastern Shore Hospital, opened in 1915, alleviating the need of local families to make the arduous trip to see their relatives in western shore hospitals. The fifth institution, technically not a mental hospital, was Rosewood Training School, which opened in 1889. Rosewood served as a special education and skills training center for white “feeble-minded,” as they were then labeled, or mentally retarded, children.

Maryland State mental hospitals, when reflecting the general national standards, used the most currently available curative techniques. The major modes of therapy remained, in essence, unchanged from the late nineteenth century. Occupational therapy, in the form of sewing, basketry, and other activities, continued to be major rehabilitative tools. Hydrotherapy was also used widely. Continuous bath treatments, whereupon the patient remained in a soaking bath for several hours, was thought to be beneficial to depressed, hysterical or neurotic individuals [Figures 28]. Showers, equipped with multiple nozzles that could be adjusted to produce a range of sprays, might produce helpful outcomes [Figures 29]. Wrapping the patient in either cold or warm damp sheets could also produce favorable results in certain cases.



Figure 28: Continuous tub treatment, Crownsville State Hospital, 1932 (Maryland State Archives).



Figure 29. Shower room at Crownsville State Hospital, 1932 (Maryland State Archives).

The fortunes of the state mental facilities and their inhabitants always have been intimately connected to the economy. From the end of World War I to the onset of the Great Depression, the national average of per capita patient-care expenditures in mental institutions had increased modestly, rising from \$282 in 1922 to \$312 in 1929. Between 1929 and 1930, however, per capita expenditures declined from \$312 to \$302, and continued downward until 1934 when it bottomed out at \$246. Thereafter, per capita expenditures increased reaching pre-Depression levels by 1940.²³⁹ The period of the Great Depression was a difficult time for state institutions. Generally, debt levels were high, revenues were falling and the demand for services was overwhelming. Yet, according to Gerald Grob, American mental hospitals may have suffered less than other types of state institutions during this same period.²⁴⁰

In Maryland, however, per capita expenditures were well below the national averages. Conditions at state mental hospitals began to degrade after the onset of the Great Depression. Increased patient populations combined with decreased operational funding affected the quality and frequency of both daily care and therapeutic activities. The amounts spent to maintain a patient in a Maryland State mental hospital declined from \$261 in 1931 to \$233 by 1940.²⁴¹ In the words of George H. Preston, the State Commissioner of Mental Hygiene from 1928 to 1949: “From 1928 to 1932 there were no serious cuts in appropriations—a period of fairly rapid development—all waiting lists... [for admittance into the hospitals] eliminated. In 1933, a 25% cut was requested—In

²³⁹Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1983), 219.

²⁴⁰*Ibid.*, 289.

²⁴¹*Ibid.*, 289-90.

1934, a salary cut was made—Since 1933 serious cuts were made that crippled the hospitals and prevented development.”²⁴² In 1934, the ratio of patients on the books first outnumbered the available beds in Maryland mental hospitals, a statistical trend that persisted through the next two decades. By 1936, overcrowding in the system reached a critical level, prompting a freeze on admissions until a slot opened when a current patient either recovered or died. Though several buildings were completed and equipped, they went unoccupied for want of furnishings and staff. The state legislature had cut the operating funds for the facilities from the annual state budget.

Raw numbers, however, have the unique ability to either enlighten or obscure. Per capita expenditure is a poor yardstick to measure the level of care provided at the mental hospitals. Many intangible factors present within the institutions simply cannot be boiled down to dollars and cents. The general treatment of patients, access to and the availability of therapy, the discomfort experienced in overcrowded facilities, the quality and quantity of food, even the skill of the staff cannot be reduced to mere numbers.

Brutality perpetrated upon patients at the Springfield State Hospital prompted a major investigation in 1935. The incidents were witnessed and documented by a physician connected with Johns Hopkins Hospital.²⁴³ A State organized investigating committee spent two months talking to staff and gathering evidence from witnesses that included both hospital personnel and patients. A number of abuse incidents surrounded the care of the old and enfeebled. Charges leveled at attendants included elderly patients

²⁴²George Preston to Dr. Esther L. Richards, December 30, 1935 (Richards, Dr. Esther T, re: Survey of White and Colored Insane), Commissioner of Mental Hygiene Correspondence, 1928-1949, MSA. Hereinafter the following abbreviated citation will be used for items from this record group: Comm. Corr. (name of file), MSA.

²⁴³*Sun*, December 6, 1935. Dr. Adelaide Johnson witnessed the aftermath of a choking incident. The same patient would later die under mysterious circumstances.

being knocked down, choked, slapped, being cursed at and being locked in chains and left alone to soil themselves. One attendant who had been fired for earlier cruelty had been re-hired and again faced charges of choking a patient. Another employee who had been feeding a difficult patient, lost his patience and threw the plate at her, cutting her nose. A pair of attendants enjoyed “tantalizing two patients causing them to fight so that the [attendants] could break it up by kicking the Sam Hill out of them.”²⁴⁴

The revelations at Springfield prompted a general review of all the state mental hospitals. The Medical-Chirurgical Society, the Maryland private professional medical association, played a role in uncovering the conditions and suggesting improvements. Commissioned by Governor Harry Nice in February 1936, the study committee conducted surveys of the four State mental hospitals and made its final report in December. Prefacing their remarks by noting that their work had not been exhaustive, being the result of only ten weeks of investigation, the committee noted a general overcrowding of the facilities, “inadequately developed” outlets for occupational therapy, and unfavorable living conditions and low salaries for medical personnel. The study concluded that the medical and nursing care of patients, though better than that provided in “backward states,” was “in general below” that found in the institutions in other states.²⁴⁵

The committee’s recommendations for immediate action included the provision of operational funding in the upcoming state budget for opening previously completed new

²⁴⁴Report of State Survey Commission on Springfield State Hospital, October 2nd, 1935, passim, Governors Papers (Subject File) 1920-1938, MSA 1046, MSA. Hereinafter the following abbreviated citation will be used for items from this record group: Gov. Corr. (name of file), MSA

²⁴⁵Report of the Committee of the Medical and Chirurgical Faculty of the State of Maryland...Survey...Feebleminded, December 1936, p.11, Executive Commissions...Boards (Reports), Govpub 805991.

wards and buildings. The committee also implored the Governor to authorize a commission of “competent citizens” and experts to perform a more thorough examination of the needs and existing facilities for the care of the mentally ill. Remarkably, the doctors recommended that the funding for such an exercise come from the Rockefeller Foundation, so that “the State is to bear no part of the expense.”²⁴⁶ In response, the members of the legislature, in principle, supported a more thorough review of the facilities.²⁴⁷ They also wholeheartedly distanced themselves from any obligation to provide funding. The committee estimated that the cost of the study, envisioned taking two or three years to complete, to be approximately \$15,000 per year.²⁴⁸ The Rockefeller Foundation turned down Maryland’s request for funding. The Foundation had already undertaken a research project to assess the condition of mental hospitals in a sampling of states across the nation. Nothing attests to the gathering of funds from other sources to initiate or enact a full-scale baseline study of Maryland’s hospitals. No thorough study ever materialized.

At the close of 1939, the status of the State’s mental hospitals appears to have caused little concern to the majority of Marylanders. Fiscal conservatism, mandated by the State, made maintaining standards of care, providing regular therapy, and attracting and retaining quality attendants increasingly difficult. Unfortunately, information about the conditions remained suppressed or obscured. Despite occasional press revelations that all might not be well within the system, both citizens and their legislators chose to close

²⁴⁶Ibid., 13.

²⁴⁷General Assembly Resolution, May 18, 1937, Laws of Maryland, 1937, MSA.

²⁴⁸Manfred Guttmacher to George Preston, January 12, 1938, with draft of letter to Dr. Allan Gregg, Rockefeller Foundation, Comm. Corr. (Commission to Survey Facilities), MSA.

their eyes. Few, if any, outside the medical community, knew that the hospitals stood at the edge of a precipice.

America's entry into World War II in 1941 set into motion a series of circumstances that ultimately spelled disaster for the Maryland mental hospitals. The staff pay cuts mandated in 1934, as a cost-cutting measure during the Depression, began to seriously affect the quality of care and overall conditions within the facilities. Attendants, the primary care-givers for patients, had the distinction of becoming the longest working, lowest paid State employees. Working seventy hour weeks, living at the end of the hall or upstairs from their patients, and knowing that the novice prison guards garnered higher wages did not induce devotion to one's employment situation. The onset of World War II brought an abundance of well-paying defense industry jobs to the region and prompted an exodus of attendants from the hospitals. By 1942, some institutions only had half of their normal staffing complement. Few new applicants materialized despite recruitment campaigns. A handful of conscientious objectors [C.O.'s] eventually joined the staffs of several of the hospitals.²⁴⁹

The quality of the remaining attendants brought, in some cases, dire consequences. In 1942, Dr. Preston, the State Commissioner of Mental Hygiene wrote: "Two small, helpless defective children at Rosewood choked on their food... because no responsible individuals were available to see that their food was cut in small enough pieces." Further, a Springfield attendant "was found to be actively insane, sicker than many of the patients he was supposed to care for."²⁵⁰ The commissioner was not alone in

²⁴⁹*Evening Sun*, August 27, 1942. For the meager salary of \$2.50 per month, plus room and board, these young men provided some relief to the overburdened hospital staffs.

²⁵⁰George Preston to Governor O' Conor, February 9, 1942, Gov. Corr. (gen. file), 1940-42, MSA.

recognizing the degree to which the professionalism of the attendant staff had declined. Joseph Clark, a member of the Springfield board of managers, also wrote the governor: “Not only do we have a serious shortage in attendants, a large portion of those we do have...would hardly get a passing mark on an intelligence quiz. Drunkenness amongst the attendant is, apparently, on the increase and this disturbs me quite a bit.”²⁵¹ At Springfield, two drunken attendants unlocked the door of the women’s ward, solicited and performed sex with a patient who had a prior history of promiscuity. To the relief of administrators, no “lingering effects” from the incident occurred.²⁵² None of the above incidents were ever voiced at a public forum or revealed by the press.

For the psychiatrists on staff, several factors combined to prompt the best and the brightest to flee from the Maryland system. First, in keeping with a general national trend, psychiatrists eschewed hospital careers for the more lucrative private practice. The prestige previously connected with lifelong hospital work had diminished greatly.²⁵³ Second, the most talented Maryland mental health professionals could garner higher salaries, in one case double the amount, by accepting work in another state’s system.

Dr. Preston outlined the general hospital conditions to both the Board of Mental Hygiene and the Governor in a confidential, unpublished November 1944 report, opining that the conditions “are worse than any time since my appointment as Commissioner.”²⁵⁴ Overcrowding at Crownsville had reached 30%; that at Spring Grove and Springfield

²⁵¹Joseph Clark to Governor O’Conor, July 18, 1942, Gov. Corr. (gen. file), 1940-42. MSA.

²⁵²George Preston to Governor O’Conor, September 20, 1942, Gov. Corr. (gen. file), 1940-42, MSA.

²⁵³Gerald N. Grob, *The Mad Among Us*, 196-7; 233.

²⁵⁴Confidential Report...Present Conditions in State Hospital, November 14, 1944, 1, Gov. Corr. (subject file) Legis—proposed, 1945.

stood at 11.6 and 11.0%, respectively.²⁵⁵ The staffing ratio ranged from 15:1 at Eastern Shore to 27:1 at Crownsville. The national staffing average, based upon 1941 figures, was 11:1.²⁵⁶

It is in Preston's narrative description of conditions at each institution, however, that one detects the gravity of the situation. Spring Grove was singled out as the institution as most "fallen behind its pre-war standard."²⁵⁷ Of the eight doctors on staff, three were characterized as competent, three suffered from personal problems or psychological limitations that minimized their effectiveness, and the remaining two were characterized, respectively: "as a disinterested individual who avoids work whenever possible" and "not a competent laboratory person...employed on a emergency basis."²⁵⁸

Conditions at Spring Grove continued to decline. Preston had been somewhat hasty in characterizing the conditions at the hospital in 1944 as being at their nadir. Almost one year later, he toured the women's ward in the old Main Building and drew up a letter to the hospital board of managers urging them to see the conditions for themselves. He had found women living in almost dark rooms, the presence of rotted floors, dishes being washed in the sinks of lavatories, and "many patients in restraint and isolation, some of them surrounded by large puddles of urine."²⁵⁹ Portions of Ward 11

²⁵⁵Ibid. In contrast, overcrowding in the 1930s appeared to be range in the 1 to 2% range.

²⁵⁶Grob, *The Mad Among Us*, 232. Grob assigned the ratio during World War II as 6.8:1.

²⁵⁷Confidential Report...Hospitals, November 14, 1944, Gov. Corr. (subject file), 1945. Much of the information on Spring Grove conditions may have been funneled to Dr. Preston in the form of unofficial reports forwarded to him by a member of the Board of Managers starting as early as Winter of 1943. A female psychiatrist, suffering from what had become chronic paranoia, was eventually dismissed from the staff

²⁵⁸Ibid., 6-7.

²⁵⁹George Preston to Spring Grove Board of Managers, October 23, 1945, Comm. Corr. (Spring Grove Correspondence), MSA.

elicited the following comments: “In their dining room the floors were dirty and chairs encrusted with dried food...the condition of the serving room...in spite of constant and strenuous efforts...[was] literally crawling with roaches...[and] the whole place smells outrageously.”²⁶⁰

Deplorable conditions existed for patients everywhere. Preston believed that sanitary conditions on the wards “are worse than I have ever seen them...[with] bed bugs and bed bug eggs on two-third of the mattresses.”²⁶¹ By November of 1944, the Eastern Shore and Springfield hospitals witnessed shortages of bed linens, with the latter institution reporting “[we] are experiencing some difficulty at times of even being able to supply our beds, particularly in the wards where we have sick and untidy patients.”²⁶² Proper material for the manufacture of patient clothing did not exist in great quantities anywhere. The blue cheviot material fashioned into women’s clothing at Spring Grove was unsatisfactory for dresses and only suitable for wearing indoors due to its thinness.²⁶³

Hospital conditions continued to worsen even after the end of the Second World War. Visitors viewed overcrowded and sparsely furnished wardrooms within buildings whose paint-flaking walls had suffered from deferred wartime maintenance. By 1946, a shortage of certain staple foods caused the daily caloric intake of patients to fall below minimum standards. Though each hospital ran a dairy, none could supply its entire patient population with an adequate supply of milk; the majority went without.

Successive campaigns to attract and hire attendants accomplished little. Spring Grove

²⁶⁰Ibid.

²⁶¹Ibid.

²⁶²Robert May, Eastern Shore State Hospital to George Preston, Nov 14; 1944; Kenneth Jones, Springfield State Hospital to George Preston, Nov. 22, 1944, Comm. Corr. (Bed Linens), MSA.

²⁶³Spring Grove to Preston, Nov 24, 1944, Comm. Corr. (Bed Linens), MSA.

possessed only one-half of the normal number of individuals needed to care for its three thousand patients; the other institutions possessed similar statistics. Lack of staffing meant that more patients had to be kept in restraint devices. Only a minuscule number of patients had access to therapy. Even a one-time infusion of additional state funds in 1947 did little to improve conditions. Several members of the Medical-Chirurgical Faculty of Maryland chastised their own organization for “in no official way [taking] cognizance of the fact that there was a mentally ill patient in the State of Maryland... despite the fact that there are more beds occupied by mentally ill people than are occupied by all other types of illnesses combined.”²⁶⁴ A report submitted by Dr. Kenneth Jones, chairman of the Med-Chi Mental Hygiene Committee and superintendent of Springfield Hospital, outlined the major problems:

All Maryland hospitals are overcrowded beyond any reasonable standard of comfort or safety...[with] practically no new buildings constructed during the period of the war. The pay, working hours, and living conditions for employees are the worst for any group of state employees, and, in consequence, Maryland has never made its state hospital service attractive enough to obtain and keep enough competent personnel.²⁶⁵

Dr. Jones summed up his feelings:

The care of the hospitalized mentally ill is largely a public responsibility and the manner in which this service is rendered by governments may be one way of measuring the type of civilization in which one lives. We could do as Hitler did,—liquidate them; we could do as was done up to quite recent times,—chain them; we can do as is still done to a large extent,—lock them up securely and restrain them in a more or less humane manner; we can do a good job as is done by many public hospitals, or we can do a little more than a fair job as is done in Maryland, and be satisfied.²⁶⁶

²⁶⁴Report of the Committee on Mental Hygiene, Medical-Chirurgical Faculty of Maryland, April 24, 1946, Comm. Corr. (Med-Chi Faculty Committee Report), MSA.

²⁶⁵Ibid.

²⁶⁶Ibid.

From the Depression to the end of the Second World War, the plight of the mental patients remained hidden from public view. Hospital administrators generally discouraged volunteers or citizens unrelated to patients from visiting their facilities. Official memoranda and scathing private reports lay buried on bureaucrats' desks in Annapolis. Occasional newspaper articles detailed only the hiring woes of the hospitals. Even the majority of the state's medical community, who earlier had been the steadfast ally of state mental institutions, failed to acknowledge or turn its gaze to the needs of the mentally ill. The very few Marylanders who desired information on the conditions of the mental hospitals during the 1930s to the early 1940s had no choice but to wade through numbers presented in an official state publication.

The biennial report of the Board of Mental Hygiene served as the singular major source of information regarding the hospitals. The format of the report changed dramatically in 1932. Before that year, the annual report consisted of a lengthy narrative by the commissioner of his findings and actions performed, and a brief overview of each hospital written by its resident superintendent, followed by a few simple statistical tables. Sometimes a superintendent's plea for a special need appeared within the narrative. In a cost-cutting measure prompted by the Depression, the post-1932 reports dispensed with any narratives, merely listing the arrival and departure of professional staff and incorporating large fold-out statistical tables. No longer were administrative pleas for more buildings or additional program support presented in plain language. Scrutiny of the charts served for both the layman and the legislators as the sole vehicle for ascertaining the health of the hospital system.

Few other sources of information were available for an enhanced public awareness of the conditions at hospitals. Dr. Preston, through a curious mix of compassion and regard for the feelings of hospital administrators, shied away from any adverse publicity regarding the institutional conditions. Regarding ongoing administrative problems at Springfield in the late 1920s, Dr. Preston expressed that “I am very anxious that this matter be given no publicity because of the effect it would have on the relatives of the patients in the hospital. Such publicity would do the hospital damage which it might take years to overcome.”²⁶⁷

The press, at this time, was not viewed by hospital administrators as a potential ally in the cause of mental healthcare. Newspaper accounts of improper care at the hospital were seen as causing only heartache for patient families, not the mechanism to lobby for general support by the Governor, General Assembly and Maryland’s population.

Over time, the role of the public press became more important in informing Marylanders about hospital conditions. Still, articles appeared rather infrequently and often came about only after a perfunctory, staff-directed tour of the facility. P. Stewart Macaulay’s 1933 *Sunday Sun Magazine* article focused on Springfield Hospital. He characterizing the institution as “the best example of what is being done in Maryland” regarding the care of the insane, penning a positive view of the facility. His article featured two photographs: one of the neo-classical facade of the nurses’ residence and another of a spacious patient dining room, sunlight streaming through the banks of windows. No bars or grilles appear upon the windows; some windows are even open.

²⁶⁷Preston to Hon. Albert C. Ritchie, December 14, 1929, Gov. Corr. (gen. file), MSA.

Macaulay wrote that Springfield “violates every popular idea of what an ‘insane asylum’ should be. There are no vast gray walls and no damp, dark cells.”²⁶⁸

A staff-directed tour of a hospital, whether by its brevity or by its intent, often missed much. In 1935, just two years after Macaulay’s article, shocking revelations about the mistreatment of Springfield’s patients surfaced. The allegations generated much interest by the local press. The *Sun* described incidents of brutality against patients, bug-ridden facilities and cases of misfeasance perpetrated by the hospital board under sensational headlines. One headline announced: “Says She Saw Mistreatment of Patient.”²⁶⁹ An article entitled “Tells of Finding Bugs in Hospital,” stated that “[h]uge roaches, foul odors and empty beer bottles” were found by an investigator at Springfield.²⁷⁰ An editorial encouraged Governor Nice to investigate the matter thoroughly and, if necessary, dismiss the entire board because “[t]he non-political public will not long be tolerant of a brawl in which those 2,500 unfortunates are forgot.”²⁷¹ An editorial cartoon appearing the very next day depicted a male Springfield patient (labeled “Springfield inmate”), with his head bowed and his face obscured, sitting in despair within his jail-like room. The caption read: “Ultimate Consideration Belongs To HIM.”²⁷²

Earlier, Governor Nice had appointed a State Survey Committee to review the performance of various state departments and institutions. The Committee quickly re-

²⁶⁸Dielman-Hayward File, Maryland Historical Society (undated clippings from *Sunday Sun Magazine*).

²⁶⁹*Morning Sun*, December 6, 1935.

²⁷⁰*Ibid.*, December 7, 1935.

²⁷¹*Ibid.*, December 5, 1935.

²⁷²*Ibid.*, December 6, 1935.

directed their investigative energies toward Springfield. Thick volumes of testimony transcripts attest to the questioning of a wide range of individuals, from hospital ward attendant up to Dr. Preston himself. The Committee found that the board of managers had been derelict in their duty of oversight. The board had not performed a thorough inspection of the hospital since 1928. The Committee recommended that the entire board be replaced. The Commissioner of Mental Hygiene also was singled out. It was learned that for the previous ten years, no Commissioner, neither Preston nor his predecessor, had conducted a hospital-wide inspection. Ultimately, Governor Nice asked the board members to resign.²⁷³

Despite the sensational facts revealed in the *Sun*, not a single letter to the editor appeared in response. Neither did an outpouring of letters reach the desk of the Governor. If the revelations caused anguish to the relatives of patients, no outcry for reform at Springfield or elsewhere materialized. Widespread and noticeable public advocacy for the mentally disturbed simply did not exist. However, by the mid-1930s two small, private groups interested in Maryland's mentally ill were in operation. The history of both groups is sketchy and archival records are lacking for each. The Maryland Mental Hygiene Society, founded in 1915, at first performed public educational outreach and disseminated literature on the maintenance of mental well-being. During the 1920s, it founded a Baltimore clinic that served as a mental health screening facility for the general population. The Board of Mental Hygiene viewed this group as legitimate and engaged in cooperative projects with its administrators.

The second group, the Society for the Prevention of Cruelty to Patients, arose in 1932. Founded by Dr. George Wegefarth, a former mental patient, the Society

²⁷³Ibid., January 5, 1936.

occasionally produced literature and handouts that publicized incidents of mistreatment at hospitals in Maryland and elsewhere. Wegefath penned an exposé, “Escape From A Madhouse” that described his personal experiences in Maryland’s private Sheppard-Pratt hospital, as well as Springfield. Unfortunately, the group’s literature often contained diatribes written by Wegefath against his own relatives, former acquaintances, and business associates. There is no evidence to suggest that the Board of Mental Hygiene or state officials took the group seriously.

World War II may have acted as a catalyst for greater public curiosity and awareness about disorders of the mind.²⁷⁴ The U.S. armed forces classified close to two million draftees as being mentally unfit for service and rejected them.²⁷⁵ Articles appeared in popular culture magazines dealing with the psychological problems experienced by U.S. servicemen perhaps awakened a nascent interest for the general public. Stories describing the symptoms of battle fatigue provided a base-level understanding of nervous disorders to the layperson.

It was not until 1946, that the issue of mental illness and the state of America’s mental hospitals was brought into public focus. The cessation of wartime hostilities initiated an attempt to return to normality in society. Issues swept aside by the urgencies of the war bubbled up in the public consciousness, reinforced by the nation’s media. In May of that year, LIFE magazine published an illustrated article by Albert O. Maisel

²⁷⁴Grob, *The Mad Among Us*, 202-203; 220-221.

²⁷⁵*Ibid.*, 193.



Figure 30. "Idleness" from the LIFE magazine article "Bedlam 1946"

entitled "Bedlam 1946."²⁷⁶ Maisel accused America of neglecting its mentally ill and traced the pioneering work of the *Cleveland Press* in exposing the intolerable conditions at Ohio's institutions. Millions of LIFE readers viewed a series of high-contrast, dramatic images, which starkly depicted sparsely furnished rooms and naked patients [Figure 30]. The larger, more important photographs each featured a descriptive label within the upper left-hand corner. These labels included "Overcrowding," "Forced Labor," "Nakedness," and "Idleness." The words "Neglect" and "Restraint" accompanied views of solitary female patients, the latter depicting a straight-jacketed woman with her head downcast. It would have been hard for the audience not to draw a visual parallel to the concentration camp images that had appeared in the public press just the previous year. The writer labeled the hospitals as such. Maisel's article would be later republished

²⁷⁶It is possible that the name of the piece may have been inspired by the 1946 horror movie "Bedlam," starring Boris Karloff, which provided a glimpse into eighteenth century London's Bethlehem Hospital.

as a public awareness handout; the images would be used again and again in other publications.²⁷⁷

Mary Jane Ward's 1946 semi-autobiographical novel, *The Snake Pit*, provided readers with a literary description of conditions at a New York state hospital as it recounted the daily routine through the eyes of a patient.²⁷⁸ The work appeared in hardback and was named as a Book of The Month Club selection. The novel also appeared in condensed form in the May 1946 *Reader's Digest* magazine, reaching an even larger audience. While the LIFE magazine exposé provided emotionally-laden textual descriptions, Ward presented readers with the visceral reactions of an individual to the de-humanizing details of hospital practices, painting an unflattering portrait of these institutions. Elements included no provision for daily personal hygiene or attention to appearance, bathroom stalls without doors (visually monitored by staff) with only a few sheets of toilet paper being rationed out for use, decrepit and carpetless wardrooms, indifferent staff, and unappealing food served on hastily rinsed plates. Descriptions of sensory aspects also formed part of the story. The wardroom reminded the main character of the smell of the elephant cage at the zoo.

The year 1946 also would prove to be a turning point in the attitude of Maryland's own Commissioner of Mental Hygiene. For reasons unclear at present, Preston, previously reticent about the role of the public press, began to view the media as an ally in the fight to improve hospital conditions. The March issue of *The Modern Hospital*, a professional magazine for hospital administrators, quoted Preston as saying: "State

²⁷⁷LIFE reprinted the article and the Mental Hygiene Foundation provided the publication to interested parties. The image of nude male patients sitting grouped upon the floor ("Idleness") served as the cover image of the 1948 *Reader's Digest* reprint of Mike Gorman's "Oklahoma Attacks Its Snakepits."

²⁷⁸Mary Jane Ward, *The Snake Pit* (New York: Random House, 1946).

hospitals are touchy and frequently defensive. Many are afraid of newspapers...they should be undressed and served raw...the hospitals themselves must publish before conditions can be improved.’’²⁷⁹ Preston invited members, though not press representatives, from the United States Employees Service to conduct a survey of the hospitals, primarily to review hiring practices and general employee satisfaction. This study, funded by the United States government, would also note the general conditions at the facilities.²⁸⁰ Ten years had elapsed since such a survey had been undertaken by any outside group.

Preston’s new spirit of activism presaged a similar philosophical change of stance by the American Psychiatric Association (APA). In its May 1946 annual meeting, the “organization broke with its long-standing tradition of timidity and institutional isolationism and went on record urging every state mental hospital superintendent to take the lead in exposing to public view any bad conditions that prevail.’’²⁸¹ The APA urged that the facilities open their doors to public scrutiny in an effort to induce state legislatures to grant more money and build public awareness and support for sweeping changes.²⁸²

Preston encouraged Maryland groups to adopt a more activist stance. In July, he wrote the president of the Maryland Mental Hygiene Society to suggest a plan. Believing that progress might only result from recruiting a “a large group of well-informed

²⁷⁹Quotes appeared excerpted in *The Starry Cross Newsletter*, March 15, 1946. Comm. Corr. (Mental Hygiene-Popular Mental Hygiene Movement), MSA.

²⁸⁰“Survey of Employment Practices...5 State Mental Hospitals of Maryland,” Govpub 811624, MSA.

²⁸¹Albert Deutsch, *The Shame of The States* (New York: Harcourt, Brace and Company, 1948) Reprint: (New York: Arno Press, 1973), 170-171.

²⁸²Ibid.

laymen,” Preston suggested a public meeting relating to “what a lay group might be able to do to promote better psychiatry.” Although the commissioner distanced himself from any connection to the proposed meeting, he did offer his assistance behind the scenes.²⁸³

For a speaker, Preston suggested Edith Mendel Stern, a psychiatric social worker and writer, who had penned a popular general guide to psychological disorders. At the 150th anniversary ceremonies for Spring Grove hospital (in the summer of 1946), she lambasted Maryland state government for the recent decline of the institution.²⁸⁴

At approximately this same time, a private Maryland organization focused its interests on the hospitals.²⁸⁵ During the summer of 1946, Marie Bauerschmidt, a local reformer, brought to the attention of the officers of the Maryland Junior Association of Commerce, or “Jaycees,” that the state hospitals were deplorable and commented that something needed to be done.²⁸⁶ The group hoped to inspect the state facilities and compile a report of its findings. Preston did arrange for the members of the group to tour the facilities. The Jaycees would issue a final scathing report in January of 1947.

Local press revelations may also have played a part in the arousal of public attention in Maryland. The *Sunpapers*, over a series of days, alerted its readers to a food shortage at the hospitals.²⁸⁷ A lack of staple provisions, worse than anything experienced

²⁸³Preston to Rev. Edward Bunn, July 2, 1946. Comm. Corr. (Maryland Mental Hygiene Society), MSA.

²⁸⁴*Sun*, July 17, 1946.

²⁸⁵The earliest discernible public probe into a Maryland mental hospital by a private group occurred in 1942. Members from the Maryland NAACP investigated allegations of patient abuse and other irregularities at Crownsville. Evidence exists of press coverage in the Baltimore *Afro-American* upon this issue. Official hospital correspondence indicates that the allegations were investigated and refuted.

²⁸⁶Though we cannot say with certainty what prompted the Jaycees to embark in this direction, Sam Hopkins, a former president of this organization recalls an important 1946 dinner meeting at the home of a Maryland reformer. Oral notes, May 21, 2001 Hopkins served as President in 1949.

²⁸⁷*Sun*, May 30-31; June 1, 1946.

during wartime, plagued the hospitals.²⁸⁸ As early as May 1946, official reports note that the per patient caloric intake at certain hospitals fell below 1700 per day.²⁸⁹ Alvin Anderson, a Springfield patient implored state's highest executive, "Patients in this Mental Hospital must be treated Better by the Doctors and the Attendants. You Governor H. O' Conor ordered that all Patients must be fed better... And if the money runs out you will call the Md. General Assembly for... more cash."²⁹⁰ Angry letters to the editor appeared in the *Sunpapers*. Governor O'Conor quickly authorized an emergency infusion of cash to re-supply the institutions.

The death of a patient, and the ensuing press coverage of the details, brought additional public notice to the hospital conditions. J. Frank Miller, an eighty-six year old resident of Springfield, had been grasping a safety pin at bedtime on the night of August 15, 1946. The ward attendant, James Weicht, fearing that Miller might harm himself, attempted to take the pin away, initiating a scuffle. The elderly man suffered a fractured jaw and leg and numerous bruises around the face. Weicht was unscathed. Miller later died of a cerebral hemorrhage directly attributed to his injuries. The actions of the attendant, labeled as vicious and entirely unnecessary, led to his arrest on the charge of manslaughter.²⁹¹ Weicht, in court testimony, admitted that he slapped the patient, causing him to fall, and then kicked him [because] "I was afraid he would scratch me" with the

²⁸⁸George Preston to Walter Kirkman, May 26, 1946, Comm. Corr. (Food in State Hospitals), MSA.

²⁸⁹Ibid.

²⁹⁰Alvin Anderson, Ward E, Springfield to Governor O'Conor, Sept. 9, 1946, Springfield...for Insane, Gov. Corr. (gen. file), 1945-46, MSA.

²⁹¹Kenneth Jones to Gov, September 4, 1946, see other attachments; Springfield ... for Insane, Gov. Corr. (gen. file), 1945-46, MSA.

pin.²⁹² The former attendant, discharged from the U.S. Army in 1943 due to a nervous condition, was found guilty and sent to prison.

In the fall of 1946, another group interested in Maryland hospitals appeared. Mrs. Marjorie Simpson, a local socialite, founded the Volunteer Citizens' Committee and hosted its first meeting at her Baltimore home in November.²⁹³ The committee, initially consisting of eight women and one man, sought to "stimulate interest in and improve the State's mental hospitals" by conducting its own tour of the various facilities and issuing its findings. By December, it boasted over seventy members, including many influential individuals from the civic, religious, and medical communities.²⁹⁴

Under the title "State Hospital Visit Causes Nightmares, Woman Declares," Mrs. Simpson recounted to *Baltimore Sun* readers her visit to Springfield, which she labeled "to be the best of Maryland's State mental institutions."²⁹⁵ She did not blame the hospital administrators for the overcrowded or "depressing" conditions, but indicted the "the individual citizens of Maryland, the taxpayers whose money maintains the state" since "No tax support has ever gone ahead of public desires."²⁹⁶ Dr. Preston answered Mrs. Simpson's charges in the *Sun* by commenting that conditions were crowded, but "certainly not shocking" in all areas of the hospitals. He went on to reiterate the acute shortage of attendants and solicited the support of the Committee to identify and recruit

²⁹²*Sun*, September 4, 1946, v.f., EPFL.

²⁹³*Morning Sun*, November 14, 1946.

²⁹⁴Committee to Governor-elect Preston Lane, December 19, 1946, Gov. Corr. (gen. file) Mental disease hospitals, Legislative-salary increases 1947-48, MSA.

²⁹⁵*Evening Sun*, November 2, 1946.

²⁹⁶*Ibid.*

suitable hirees.²⁹⁷ Simpson reaffirmed her opinion of shocking conditions in the *Sun* the very next day, adding “I do not think that belittling the of the situation will help things at all.... Something must be done, and it should be done now.”²⁹⁸

Preston privately had encouraged Simpson to found the organization. In his official correspondence he admitted, “I started [her] on this job with the deliberate intention of arousing public opinion. The only thing that has troubled me is Mrs. Simpson’s publication of her nightmares. As you will have seen by this time another group has gotten a little out of hand. However, I believe it can all be used as capital.”²⁹⁹

By mid-November 1946, Dr. Preston issued a call for all interested Marylanders to assist in improving the conditions within the hospitals. His public appeal, printed in the *Sun*, was prompted by radio broadcast comments made by members of the Jaycees citing “shocking, filthy, and dangerous” conditions.³⁰⁰ Preston stated that what the hospitals needed most was a state-wide group of organized people informed to stimulate public interest. He admitted to failures and believed that “the public should know” and “all the facts, both good and bad, should be presented.”³⁰¹

Preston’s call for assistance seems to have struck a chord among certain circles. Several additional organizations, mostly women’s groups, came forth to express an interest in studying or discussing aspects of Maryland’s mental hospitals. The Maryland

²⁹⁷*Morning Sun*, November 3, 1946.

²⁹⁸*Evening Sun*, November 4, 1946.

²⁹⁹George Preston to Vinnie Crandall Hicks, Nov. 14, 1946, Comm. Corr. (Maryland-Popular Mental Hygiene Movement), MSA.

³⁰⁰“Help For State Hospitals Asked,” *Morning Sun*, November 14, 1946.

³⁰¹Almost concurrently, both Preston’s and Edith Stern’s comments on the entire country’s hospital conditions appeared in *Time Magazine*. The former held that “[The mental hospitals] are nearing a crisis; the latter characterized the care of the mentally ill as a “national disgrace.” See “*This Shame*,” *Time Magazine*, November 11, 1946, 76.

Federation of Women's Clubs, the Junior Women's Club, the Women's Civic League of Baltimore, League of Women Voters of Maryland, all expressed a desire to learn more about the current situation. Of these, the Maryland Federation of Women's Clubs took the leadership role in what may be described as the first organized and regularly sustained private volunteer program. Besides supplying ward with amenities such as radios and phonographs, the Federation would eventually undertake its own survey of mental hospitals in the fall of 1947.³⁰² Sometimes unaffiliated individuals came forward to offer assistance. Mrs. Stanley Lowener initially made a neighborhood door to door appeal on behalf of the patients that resulted in little interest. She next had a small notice printed in the *Sunday Sun* that elicited an overwhelming response from throughout the state. When an article in the *Sun* appeared about Loweners' efforts, her cellar soon filled up with items ranging from corsets to used phonographs.

The adverse and controversial publicity brought a proposed budget that included an additional six million dollars for the hospitals. Libby Brown, of the Volunteer Citizens Committee, expressed to Preston that she had "heard Rumors that we were getting in your hair" to which he replied "You and the people who are helping you have certainly not been bothering me...in large it was the agitation you stirred up that put the State Government in the frame to give us very large increases in money."³⁰³

By 1948, in order to sustain public and legislators' interest, hospital administrators began to enlist the use of mass media in a more deliberate manner. Doctors from Spring Grove delivered scripted interviews over a Baltimore radio station.

³⁰²See *Evening Sun*, February 3, 1948.

³⁰³George Preston to Miss Elizabeth Brown, January 14, 1947, Comm. Corr. (Maryland-popular mental hygiene movement).

Topics included treatment procedures in the hospitals, a case study of fictitious patient, and a description of various mental illnesses for the layman.³⁰⁴ The approximately fifteen minute descriptions seem to have been geared to dispelling myths, such as the then popular notion of electro-shock therapy as being a panacea. The content of the scripts encouraged frank public discussion on the general issue of mental health maintenance. No broadcast, however, touched upon the current hospital conditions.

The newspaper would prove ultimately to be the most effective vehicle for building public awareness. Preston fed information and ideas to the press. He urged the editor of a Towson newspaper to come visit the hospitals so that he might “know what is actually going on.”³⁰⁵ Some administrators followed the commissioner’s lead. The superintendent at the Eastern Shore Hospital, Dr. Robert May, personally visited the offices of the *Cambridge Times* to discuss newsworthy items about his facility.³⁰⁶

Not all Maryland hospital administrators, however, were enthusiastic about publicizing the conditions. Dr. Silas Weltmer, Superintendent of Spring Grove, appears to have been the most reticent. That hospital, the oldest of all such state institutions, exhibited some of the worse conditions. Louis Azreal, a columnist for *The News-Post*, the *Sun*’s rival and the second largest Baltimore daily, began to feature regular opinion pieces that touched upon controversial subjects such as the suspicious deaths of patients.³⁰⁷ Azreal visited Spring Grove and directed some tough questions toward Dr. Weltmer. The Superintendent had read *The Snake Pit* and reviews of the soon to be released movie

³⁰⁴See Comm. Corr. (Radio Talks-Spring Grove Hospital), MSA.

³⁰⁵George Preston to Logie Bennett, Editor (Jeffersonian), June 9, 1948, Comm. Corr. (Newspapers), MSA.

³⁰⁶Robert B. May to George Preston, November 16, 1948, Comm. Corr. (Eastern Shore Hospital), MSA.

³⁰⁷*Baltimore News-Post*, November 7, 1948, v.f., EPFL.

version. He opined that “It...serve[s] no useful purpose since it presents a far from true picture of the nationwide care of mental sickness...I have no faith in this type of exploitation presented under the guise of public education to accomplish anything constructive.”³⁰⁸ Nonetheless, Weltmer did agree that press publicity on the overcrowded and understaffing of the hospitals might be helpful in garnering additional monies for the new budget request.³⁰⁹

During the summer of 1948, in advance of the completion of the new state biennial budget, the movement to intensify the public awareness campaign relating to hospital conditions entered a new phase. For the first time, Maryland press officials were welcomed into all the facilities to gain first-hand impressions, gather facts, and, most importantly, take photographs.

The prospect of allowing press photographers into the institutions was broached with certain of the patients. Notes taken by a psychiatric social worker from an August group therapy session at Springfield attest to the reactions of patients regarding the possibility of having their photographs publicized. The social worker opened the session by mentioning all the good and bad that the recent articles and photographs had done. Some group members quickly criticized, “how unfair it was to publish pictures of naked women, as from their own experience in disturbed wards they were well aware of the impossibility of keeping clothes on some patients.” One patient said that she would rather be dead than have her picture taken when she was disturbed...another said that she could not see why anybody would want to take pictures. The social worker went on to describe

³⁰⁸Silas Weltmer to Mrs. Helen Tingley, January 4, 1949, Comm. Corr. (Spring Grove—Corres, 1938-May 30, 1949), MSA.

³⁰⁹Ibid.

how a series of images documenting a patient's journey to wellness might benefit by lessening the public's fear of state hospitals and mental illness. The group reacted positively to this type of series, even suggesting approximately twenty scenes to this photo narrative.³¹⁰

By mid-August of 1948, in spite of the wishes of certain patients for hopeful pictorial narratives, photojournalists and reporters began roaming the hospital wards to document some of the current, unflattering conditions. William Manchester of the *Evening Sun*, assisted by staff photographer Ralph Dohme, produced a series of illustrated articles that ran from August through November 1948 which emphasized the overcrowded conditions at the hospitals. Manchester had come to the *Sun* from the *Daily Oklahoman*. The latter paper's maverick reporter, Mike Gorman, had masterminded an exposé of that state's mental hospitals, his articles appearing in the *Daily Oklahoman* during the summer of 1946. *Reader's Digest* published a synopsis of Gorman's findings and the strategy to win additional funding for hospitals in its September 1948 issue.

Manchester started with Crownsville, the most crowded, and visited all five state facilities. In Weltmer's absence, Preston escorted the reporter through Spring Grove, "showing him particularly the crowded portions but giving him a chance to see the less crowded and more favorable things."³¹¹ The Commissioner told Weltmer "I think this is sound procedure, because it is emphasizing overcrowding, is being done in a relatively conservative way, and will help ultimately with money. There will be disagreeable times,

³¹⁰Group meeting notes by Nancy K. Wright, West II - women, August 6, 1948, Comm. Corr. (Springfield-social service), MSA.

³¹¹George Preston to Dr. Silas Weltmer, September 2, 1948 Comm. file (Springfield Corr. 1938-May 30, 1949), MSA.

and some of the relatives will be made very uncomfortable, but I think we cannot help that.”³¹²

Unfortunately, Manchester’s series was done in such a conservative manner, it failed to promote greater sympathy in the legislature or widespread public outcries for immediate change. Several factors may have contributed to its failure. First, the articles of the series ran several weeks apart, minimizing the effectiveness of the overall campaign. Second, the titles minimized the magnitude of the situation. The heading of the piece on Springfield states: “Springfield State Hospital Is Pleasant, But Crowded.” Third, the descriptions, while sometimes spelling out unwholesome conditions, were done in a clinical manner through the viewpoint of the hospital administrator. No effort was made to connect the reader with the plight of an individual patient. Lastly, though the photographs clearly demonstrate overcrowded conditions, none could be considered sensational or very disturbing to the viewer, especially when compared to the ones in LIFE’s “Bedlam 1946” article.

If the vivid “Bedlam 1946” images made a lasting impression on some Marylanders, the work of photographer Ralph Dohme, in comparison, is quite understated. While his series taken at Crownsville, both published and unpublished, illustrates the concept of overcrowding, they do little to build the case of intolerable or unwholesome conditions. Empty beds crowded together imply a problem but do not communicate a sense of urgency. The wards chosen to be photographed appear to have housed individuals with less serious mental illnesses. Properly clothed patients, not exhibiting stereotypical forms of madness, probably did little to evoke distress or sympathy within the viewer. The end result is that few took notice.

³¹²Ibid.

Some citizens did write the Governor in reaction to Manchester's series. One person likened the state hospitals and other facilities as "no better than the Concentration Camps of Hitler and Stalin" and asked "Are not people more important than roads and bridges[?]."³¹³ A couple "found it surprising that such primitive conditions are allowed to continue," adding that "if the present staffs...are not capable of doing these jobs then let us get people who are."³¹⁴ In his reply, Governor Lane mentioned that in 1947, he had appropriated twice the normal appropriations for the hospitals and was at a "loss myself to understand why conditions have not improved."³¹⁵

The improvement of conditions, of course, could not come about through a singular infusion of money. A general disinterest in the hospitals by state politicians, exhibited by a succession of governors and state legislators, ensured the persisting conditions. A mid-September request by Preston urging the members of the legislature to appoint committees to tour the hospitals, spending one full day at each, elicited no forward action on behalf of the lawmakers.³¹⁶ In an ironic move, the Mental Hygiene Society of Maryland planned to stage a private showing of the movie "*The Snake Pit*" to the state legislators and other key officials, presumably so that they might view an approximation (albeit a fictionalized version) of what conditions may actually reside within Maryland's hospitals.³¹⁷

³¹³(Mrs.) Dorothy Dyer to Governor Lane, September 21, 1948, Gov. Corr. (gen. file), 1948.

³¹⁴Mr. and Mrs. Richard Thompson, December 9, 1948 to Governor Lane, Gov. Corr. (gen. file), Mental Disease Hospitals, 1948.

³¹⁵Gov. Lane to Thompson, December 20, 1948; see above.

³¹⁶*Evening Sun*, September 3, 1948.

³¹⁷Lynn Adams to George Preston, December 9, 1948, Comm. Corr. (Mental Hygiene Society-Hospital Study Maryland), MSA.

For two months in the fall of 1948, Preston allowed another *Sun* reporter, Howard M. Norton, accompanied by Robert Kniesche, the head of the newspaper's photography department, to tour the hospitals. This time the scope of the study was far wider and it exposed the more unseemly details of the institutions. Norton and Kniesche gathered the information and the images that would attract the notice of both public officials and the general public. Norton, a no-nonsense investigative reporter, had a reputation. Dropped behind the German lines during the hard-won Italian campaign, he had delivered to the world the very first report of Mussolini's death, standing nearby as partisans desecrated Il Duce's corpse. He recently had won a Pulitzer Prize for his series of articles on the scandalous administration of workmen's compensation in Maryland. Neil Swanson, the *Sunpapers* Executive Editor, looked to Mike Gorman's investigative work in the Oklahoma hospitals for his model and attributed his "inherent curiosity which is an indispensable part of the equipment of a newspaper editor" with prompting the second look.³¹⁸ One of the Springfield Board members, Helen Tingley, wrote Governor Lane to warn him: "Knowing Mr. Norton to be a Hatchet Man, I feel you should be prepared for his articles." She went on to note that a number of pictures were taken with the intention of contrasting them with more idyllic conditions present in 1914."³¹⁹

Robert Kniesche's photographs, for which he would later win an award, contain both straightforward documentation of conditions and disturbing scenes of patients.

³¹⁸Neil Swanson to George H. Preston, April 1, 1949. Comm. Corr. (Newspapers- Letters, List of County Papers), MSA James Bready, Sr., a *Sun* cub reporter at the time, attributed the new series to be a manifestation of the inter-paper rivalry that existed between the staff of the *Morning* and the *Evening Sun*. Swanson, forever looking for the big story, merely allowed an aggressive reporter from the *Morning Sun* to follow his instincts.

³¹⁹Helen Tingley to Governor Lane, Friday [December 13, 1948] Kniesche, or possibly his assistant, earned his "battle" pay during the visit when "one of the [female] patients immediately fell enamored of him, hugged and kissed him violently and he rushed out of the cottage, white and scared as a ghost."

While the images lack the dramatic foreboding and artistic qualities of those featured in the LIFE “Bedlam 1946” series, Kniesche’s work effectively communicates the intolerable conditions to the viewer. His series consists of a mix of spontaneous photographs and photographer-orchestrated scenes.³²⁰ Much like the Brady Studio photographers during the Civil War, Kniesche arranged the subject matter to provide the best photograph to suit the narrative of the series. At the Rosewood Training School for Mentally Retarded Children, Kniesche sat certain patients alongside others to present viewers with contrasts in the age of the mentally retarded residents [Figure 31].



Figure 31. Robert Kniesche purposefully posed these Rosewood residents to illustrate their age range, 1948 (Maryland State Archives).

³²⁰Jensen to Governor Lane, February 15, 1949 regarding the staging of Rosewood images, Govpub 793060 (Rosewood State Training School and Hospital), MSA.

While feasible at Rosewood, it is very doubtful that Kniesche could have successfully accomplished such staging at the four mental hospitals. The ward scenes at those latter institutions are more likely the result of the photographer's eye scanning selectively for potential subject matter within a constantly changing setting.

By mid-December of 1948, Howard Norton finished work on his series. Dr. Preston personally reviewed the drafts of the Norton's articles, checking the facts for accuracy and occasionally suggesting revisions.³²¹ Preston, expecting the articles to be very critical, notified the Board of Mental Hygiene members in a confidential memorandum of the impending publication of Norton's illustrated series, alerting them that the articles "will undoubtedly produce a volume of adverse public opinion."³²² Norton and Kniesche documented and illustrated little that could be considered positive in the hospitals which had recently been labeled "pleasant, but crowded." "Maryland's Shame" revealed to the public all the sordid details, shortages, and systemic problems that had characterized the Maryland state mental hospitals for the past twenty years. Much of this same information had been passed on to a string of governors and other state officials in letters and reports over the years to be summarily buried within thick administrative files. Kniesche's photographs left little to the imagination. Norton chose the title "*Maryland's Shame*" perhaps as a tribute to Albert Deutsch's recently published exposé "*Shame of The States*," a book featuring a series of grim reports accompanied by grainy interior photographs that depicted conditions at mental hospitals throughout the

³²¹George Preston to Lynn Adams, December 13, 1948, Comm. Corr. (Mental Hygiene Society-Hospital Study Maryland), MSA. In reply to some other newsworthy items forwarded to him from the Maryland Mental Hygiene Society, Preston politely declined and remarked that "the series of articles which Mr. Norton is writing... may give us much more publicity than we can stand at the moment."

³²²Preston to Board, December 16, 1948, Edith Stern Papers, American Psychiatric Association Archives.

United States. Norton's series joined a growing number of media-driven exposés on American mental hospitals. The December 1948 release of the movie "The Snake Pit" delivered similar scenes in Technicolor, replete with the wardroom chaos, chilling screams, and the routine degradation of patients. *TIME* magazine, which featured the film's star Olivia DeHavilland upon its cover, informed its readers that the "[e]ven the hospital conditions in the movie, bad as they are, are actually far better than those in most state institutions."³²³

Norton's initial article arrived upon the doorsteps of Marylanders on January 9, 1949. The public outcry came swiftly and appears to have been largely directed at Governor Lane.³²⁴ After reading just the first article in the series, dozens of individuals sat down to pen or type notes of outrage at conditions that many termed "Un-American." Given the political climate of the times, pervaded by both national and state efforts to ferret out Communists from public service, the use of the term Un-American was extremely condemning. Soviet Communists had supplanted Nazis as the end point in the continuum of evil-doers. To allow mentally ill American citizens to live under such conditions was the antithesis to the democratic principles this nation espoused. The hospitals reminded some Marylanders of Stalin's gulags. Many asked that funds from public projects be immediately re-directed to alleviate the sufferings of the patients. Lane, in his January 5th opening speech to the newly convened Maryland General Assembly, had minimized the seriousness of Maryland's hospital conditions by commenting that

³²³Marylanders may have also had another point of reference in mind when viewing the series. See *Time Magazine*, December 20, 1948, 52.

³²⁴In contrast, only a handful placed blame on the hospital administrators.

“precisely the same situation exists in every state of the Union, without exception.”³²⁵

Many citizens demanded immediate action of the chief executive, asking: What are you going to do about it?

Norton’s straight forward report to Marylanders, supported by photographic evidence, conveyed the urgent message that the improvement and reform of the mental hospitals could wait no longer. Daily placement of the series on the front page continuing on to page three gave the series further prominence. Unlike Manchester’s flowing paragraphs, Norton’s used a staccato style of writing, presenting short sentences filled with vivid descriptions designed to provoke a visceral reaction. “Attendants have been known to steal patients’ money... get drunk on duty and even rape female patients” appeared under the sub-heading “Patients Grow Worse Instead Of Better.”³²⁶ The recapitulation states plainly: “Thousands of State-supported patients live like animals. Some roll in their own excrement on the floor at night. Others sleep on thin, reeking mattresses on equally reeking mattresses because there aren’t enough beds.”

Prominent images, often three or more columns wide, appeared alongside the text. Robert Kniesche supplied graphic photographs that are notable in two important aspects. First, they provide strong evidence for the assertions within the articles. The legs of a young boy restrained in a straight jacket exhibit smudges that the caption describes as being “smeared with his own and other children’s filth” [Figure 32].³²⁷ A photograph of the men’s ward dormitory at Spring Grove features nude men lying upon bare mattresses without blankets because such articles are simply not available.

³²⁵Message to State Legislature, January 5, 1949, Governor (Miscellaneous), 1938-1958, Govpub, MSA.

³²⁶“Maryland’s Shame” [booklet edition], 62.

³²⁷Ibid., 8.



Figure 32. Norton and Kniesche used this emotionally charged image of a boy at the Rosewood Training School to illustrate the absurdity of the current hospital practices, 1948 (Maryland State Archives).

The second important aspect of the images was their ability to evoke empathy in the viewer for the plight of a particular patient. The picture of the young boy described above prompted one viewer to write the governor with these words: “Imagine Him who took little children in His arms and blessed them beholding such a sight. Can you imagine a smile of approbation?”³²⁸ The strongest example of this use involves the situation of a young woman at Spring Grove, admitted for an acute nervous disorder. The article related that due to the lack of access to curative therapy, the woman’s condition had been degrading. Growing more bitter and sullen, she soon became a chronic case. A photograph portrays the woman, with her head downward, as she sits upon a thin mattress

³²⁸C.W. Sullivan to Governor Lane, Jan. 9, 1949, Gov. Corr. (gen. file), MSA.

placed on the bare floor in the corner of a dirty room in solitary confinement. A caption, just below the image, reads: “Picture of a Girl Going Insane.” The same woman is revisited later in the series. In this instance she is partially nude and crouching upon the floor, her besmeared face, though partially obscured to protect her anonymity, exhibits an expression that could be described as one of desperation [Figure 33]. Here, a partial caption informs the viewer that this is indeed a woman though “[s]he eats on the floor like an animal [and] will probably spend her life this way.”³²⁹



Figure 33. Caption of this photograph as written by Howard Norton and printed in the *Sun*: *THIS IS A WOMAN—Naked, she huddles in a coarse sheet on the odorous, filth-stained floor of a battered, run-down seclusion room in Spring Grove Hospital’s “main building.” The room is dark. She eats on the floor, like an animal. She will probably spend her life this way, 1948* (Maryland State Archives).

³²⁹“Maryland’s Shame” [booklet edition], 44.

Norton's articles removed a dark veil from the eyes of some Marylanders. A sampling of letters to the governor exhibit a range of emotions that indicated much soul searching. One couple reflected that "We were horror stricken to read of Germany issuing orders to destroy useless and demented people. Yet right here in own state, these same mentally ill cases are...condemned to a slow, tormented death by, seemingly, a system of gross neglect."³³⁰ An Eastern Shore man proffered his solution to the problems of the hospitals with this suggestion:

Can't you prevail on the State legislature...to enact an [sic] Euthanasia or easy death law[?]....I realize that when one is confronted by this idea he is shocked and horrified...But when one stops to consider the endless torture and suffering of the mental incurables...doesn't his heart go out to them...and pray for their speedy death[?]³³¹

A college age woman, training to be a teacher, wrote the following: "As I think about the conditions I have so recently learned of, I am filled with many different emotions. One minute it is pity for the suffering. Then—a feeling of anger and indignation at those who are responsible. And finally, a feeling of complete helplessness because my hands appear to be tied."³³² Yet, another citizen assured the governor that the public would no longer sit back passively: "The People of Maryland will not easily forget the horror of the pictures and the articles as carried recently by the Sun Papers and they do not want this issue to be shoved aside."³³³

Marylanders whose families had been touched by mental illness, or who had relatives in state facilities, hoped that Norton's exposé would finally open the eyes of

³³⁰Mr. & Mrs. William J. Love to Gov. Lane, Jan. 11, 1949, Gov. Corr. (gen. file), 1949, MSA.

³³¹A. C. Kenly to Governor Lane, February 2, 1949, Gov. Corr. (gen. file), 1949, MSA.

³³²(Miss) Jeannine Moler to Hon. W. Preston Lane, Jan. 11, 1949, Gov. Corr. (gen. file), 1949, MSA.

³³³J. R. Foxwell to Governor Lane, January 24, 1949, Gov. Corr. (gen. file), 1949, MSA.

state administrators. One citizen, “filled...with horror” after reading just the first article, shared the history of his own son’s mental illness. The son, while a junior at a local elite high school, had experienced a “breakdown” that ultimately progressed into schizophrenia. At age thirty-four, he resided at Springfield. The father, wracked by guilt, wrote to Governor Lane, “You can imagine, I believe, how I must feel at having condemned my son to possibly a long life (he may live 50 years) sitting on a chair with nothing to do, as pictured in the “*Sun*” photograph.” He finished the letter with these words: “For his sake and for the sake of hundreds like him, I beg that you will see your way clear to do something really constructive about the intolerable condition of the State hospitals.”³³⁴

Yet, despite the photographs, some individuals still found it hard to believe Norton’s assertions were entirely truthful. One citizen expressed doubts that one-half of what Norton reported had substance and that “[c]ertain portions... may or may not be over-stated.”³³⁵ The individual, nonetheless, hoped something would be done to improve the conditions, no matter the actuality of the situation.

How can the veracity of Norton’s series be assessed? Dr. Preston reviewed all the text before publication. Yet, as a man hoping to arouse public opinion, Preston might have allowed some exaggerations to remain within Norton’s commentary. The impressions of the hospital system’s most publicity reticent superintendent prove illuminating. As stated above, Weltmer stood opposed to sensationalism relating to exposing hospital conditions and continued to hold this position. In a point by point

³³⁴T. M. [abbreviated from original] to Governor Lane, January 10, 1949, Gov. Corr. (gen. file), 1949, MSA.

³³⁵T. E. Carson to The Hon. William P. Lane, January 10, 1949, Gov. Corr. (gen. file), 1949, MSA.

review, he critiqued the text and images used regarding Spring Grove. Yet, the Doctor took umbrage with only three statements that he labeled “gross exaggerations.” The first involved the improbability of an unassisted attendant being able to place straight-jackets on dozens of disturbed women and place them in locked chairs in advance of taking lunch. The second involved Norton’s opinion that the morale of the hospital staff was near absolute zero. Lastly, Weltmer took exception with the assertion the Spring Grove’s buildings literally were falling apart. However, it is more telling what the Superintendent did not refute. Weltmer summarized that “It is regrettable that there is much basic truth in Mr. Norton’s criticism as I am forced to admit.”³³⁶ In a similar fashion, the Board of Visitors from Rosewood State Training School examined and critiqued Norton’s findings. The overall tone of their response is a measured defensiveness. Norton’s criticism regarding the school and the educational program elicited several pages of text discussing the teaching philosophy, even the qualifications of the teachers. To Norton’s blunt assertions, however, much less is proffered. In response to the statement, “In a single basement room at Hill Cottage, 150 low grade ‘romper’ boys spend all their days chattering, fighting, gesturing and soiling themselves,” the Board could but only counter “that is a relatively satisfactory answer to a relatively unsolved problem.”³³⁷

The Maryland Legislature removed the blinders from its eyes to see for itself whether intolerable conditions existed within the state mental hospitals. A commission led by Senator P.G. Stromberg visited the facilities on a fact-finding mission. Some were

³³⁶George Preston to Sen. P.G. Stromberg, Feb. 7, 1949, Gov. Corr. (Mental Hospitals) 1949, MSA.

³³⁷Philip Jensen to Hon. Wm. Preston Lane, Feb. 15, 1949, Govpub 783060, Rosewood State Training School, 1914-1985, MSA.

sickened by the sights and smells.³³⁸ Although the state hospital system as a whole traditionally garnered the third largest budget appropriation behind roads and education, few, if any, legislators had ever stepped inside a mental hospital. Of course, the committee blamed the Department of Mental Hygiene and its administrators for the deplorable conditions. It proposed a total overhaul of the Department and reclassified the positions of commissioner and all the superintendents to an “acting” status. It further recommended that all the hospital boards of managers be summarily dismissed.³³⁹ The recommendations were approved and speedily enacted.

On January 24, 1949, just five days after the last of Norton’s series appeared in the *Sun*, Governor Lane recommended an emergency twenty-three million dollar appropriation for the hospitals. In an address to the House of Delegates, he outlined a preliminary plan that released funds to immediately improve conditions within the hospitals, provide salaries for additional attendants, and allow for building construction and physical plant maintenance. By the end of 1949, a relative of a patient at Spring Grove could thank the state’s chief executive for the much improved conditions that included “better ventilation, lack of objectionable odor, cleaner bed coverings, and [the] better groomed appearance of the patients.”³⁴⁰

Dr. Preston retired from his position as Commissioner in May of 1949.³⁴¹ Before Preston left office, he related his views on how to attract and keep the attention of

³³⁸Report of the State Senate and House Committee to Study State Mental Hospitals, March 1949, Appendix B, Spring Grove State Hospital, Document #80SDO21, Maryland State Law Library.

³³⁹*Ibid.*, 1-4.

³⁴⁰Carol J. Schaeffer, December 5, 1949, Gov. Corr. (gen. file), 1949-1950 (Spring Grove Hospital), MSA.

³⁴¹The General Assembly made a special provision for him to take retirement one year earlier than state regulations normally allowed.

individuals focused on mental hospitals at a meeting of the American Psychiatric Association Mental Health Institute. Preston recounted his experience over the past three years. He had found that superintendents often refuted startling headlines relating to bad conditions and “as soon as someone tried to show the public that the horror wasn’t total—the public lost interest.” Regarding Manchester’s exposé, with its balance of good and bad perspectives, Preston remarked, “There were pictures and many people did not even know they had been published.” Speaking of Norton’s effort, he declared, “He did a beautiful job...there was no mention of anything good about the State hospitals in the stories.” Preston credited “Maryland’s Shame” with finally arousing the interest and support of Marylanders.

The exposé images, indeed, did much more than just document the hospital conditions or educate the public. They may have helped to open the Public’s mind regarding the mentally ill. Photographs can be viewed in two metaphorical ways—as mirrors or windows. Essentially, as a reflection of the society producing the image or a glimpse into a community at a particular moment in time. James Guimond, however, suggests a third metaphor: that an image can enable one to step out of old ideas about ordinary realities and express them in a fresher, more vivid way—thereby extending our sense of community with other persons and include them in our own consciousness and concerns. Guimond views photographs as bridging the chasm of human experience and providing a connection to what we may have perceived previously to be foreign. Marylanders began to view mentally ill citizens as fellow humans worthy of their attention and support.

Howard Norton's articles brought both short- and long-term ramifications for the state mental hospitals. Most importantly, regular public scrutiny by members of the press and private individuals ensured that conditions would no longer degrade to those levels just prior to 1949. In December of 1949, Norton toured the hospitals once more with a photographer. In his "Report To The People" he compared and contrasted these new images with the earlier ones, demonstrating that progress had indeed been made. The *Sunpapers* would continue to act in a watchdog capacity, reporting and publishing additional exposés on hospital conditions three, six, and ten years afterward.

Full-fledged volunteer efforts began at all the institutions. The eyes of private citizens would now be monitoring the conditions on a daily basis. By 1951, two hundred and twenty-three organizations began to "make friendly visits to the hospitals bringing gifts and providing entertainment to the mental patients." Sixty television sets, provided by volunteers, now graced the wardrooms where patients could "keep in contact with the world about them as it grows and changes." The dayrooms themselves sometimes sported "cushiony easy chairs" and colorful drapery [Figure 34]. Beauty shops for female patients began operating. Spaces for religious devotion were either built or set aside. "The wants of our patients go beyond the material needs of food and medicine which the State can and does supply. It is the area of person-to-person giving, the friendly outstretched hand, that the volunteer performs his miracles and makes the difference between a life of soul-sickness and a life of hope"³⁴²

³⁴²Helen Tingley to Albert Quinn, August 6, 1951, Gov Corr. (gen. file), 1951-52 (Mental Disease Advisory Board), MSA.



Figure 34. The Department of Mental Hygiene promoted a positive and idealistic view of the state institutions in the 1950s through publications. Note the more homelike setting of the hospital ward at the upper left, 1957 (Maryland State Archives).

The effectiveness of Howard Norton’s series is best summed up in the assessment of a career Maryland mental hospital administrator. Dr. Kenneth Jones witnessed the conditions firsthand at three of the institutions, having held the position of superintendent at each. A proactive, dedicated, and effective administrator, Jones’ talent was recognized by his being named chairman of the Mental Hygiene Board of Review. He credited Norton’s series with unleashing the public’s indignation upon state executives that finally brought about the improvement in hospital conditions. In Jones’ opinion, the “public officials of Maryland, who controlled the purse strings”, did not wish to acknowledge the gravity of the situation “despite repeated and urgent warning by...the Commissioner of Mental Hygiene and others...that Maryland’s hospitals were in a precarious state.” “Without the impetus supplied by the *Sunpapers* and Mr. Norton as an unprecedented

public service to the State hospitals, the enormous amounts of money made available for improvement and expansion of these hospitals most surely would not have come to pass.”³⁴³

In 1952, out of frustration, Jones stepped down from the Board of Review. He cited philosophical differences regarding the general reorganization of the Department of Mental Hygiene and the relative ineffectiveness of his own position as the major reasons for his departure. In a supplemental report to the governor, Jones noted that though members from both the Maryland House of Delegates and Senate had been appointed to the Board in 1949, they had never been present at a single meeting.

Still, the patients at Maryland’s mental hospitals would no longer be hidden or forgotten. The *Sunpapers* continued to report on the hospitals and take photographs, acting as the vehicle for Maryland’s collective consciousness. The ongoing publicity helped sustain interest in the patients and their well-being within a core of citizens. By the mid-1950s, the Department of Mental Hygiene began publishing its own illustrated public information magazine. At least for next decade, news about the hospitals flowed freely. Now, only those who chose to be willfully blind to the conditions remained uninformed.

³⁴³Dr. Kenneth B. Jones to Honorable Theodore McKeldin, June 23, 1952, Department of Mental Hygiene Board of Review (General file) 1951-1961, Correspondence, Second Annual Report.

Chapter 6: The Origins of Deinstitutionalization: 1950 to 1964

The decade of the 1950s marked an abrupt change for mentally ill Marylanders. A sustained public interest in their welfare combined with the advent of revolutionary medical discoveries inaugurated a seemingly new epoch for many. This chapter examines the circumstances surrounding these changes and, through an examination of publications and innovative programs, details the fledging movement for deinstitutionalization.

In the fall of 1953, the thirty-one year old Alice Cusick left the grounds of the Rosewood State Hospital forever [Figure 35]. She had been admitted as a patient in 1929 when just seven, the youngest age permitted by the rules of the institution at that time.³⁴⁴ In those days the facility bore the name the Rosewood State Facility for the Feeble-Minded. Some medical authority had classified Cusick as being mentally retarded under now long-forgotten circumstances. Her patient file no longer exists, most likely sold for scrap paper in the early 1960s.³⁴⁵ Given up by her parents who no longer played any role in her life, she passed through childhood without knowing her birth date, never marking its occasion with cake and candles.³⁴⁶ Adolescence soon came and then the blossoming of young womanhood, yet Cusick remained segregated with females at Rosewood, a tall

³⁴⁴See U.S. Census of 1930, Series: T626 Roll: 846 Page: 117.

³⁴⁵DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION (Disposal Certificates) MSA T3434, 1950-1973, Accession No.: 2001/12/03, MSA No.: T 3434-1. All the historical patient files were disposed of during the late fifties to early sixties.

³⁴⁶Alice Edith Cusick Collection, MSA SC 5553, MSA. See seven-page autobiography.



Figure 35. Alice Cusick (L.) and friend at the Rosewood State Hospital, c. 1952 (Maryland State Archives).

fence at the institution preventing interaction between the sexes. She lived within a formidable stone “cottage” with other young adult women who served as surrogate siblings. Photographs from the early 1950s depict her and her friends mugging and clowning for the camera on the vast green lawns, with columned buildings as a backdrop. It is only the iron grates bolted over each window that strikes a discordant note. To the untrained eye, the scene appears not unlike the campus of a woman’s college. Cusick, however, could not leave Rosewood of her own free will. Few other options existed anyway. She and her cottage mates simply had nowhere else to go.

In the aftermath of the “Maryland’s Shame” series, a public interest in the hospitals and their inhabitants had been born. Cusick could be counted as a direct beneficiary. Ordinary citizens, unrelated to patients or residents, regularly visited the institutions to provide comfort and entertainment. Sometimes these interactions had far reaching ramifications. A psychiatric nurse at Rosewood arranged the introduction of Cusick to one such visitor. Elizabeth Curtis, the matriarch of a Howard County farm family, developed a fondness for Cusick, meeting and socializing with her on successive visits. Through the relatively new foster care program administered by Rosewood’s three-year old Social Service Department, Elizabeth Curtis (or as Alice always called her, “Mother Curtis”) brought Alice back to the farm on temporary institutional “parole” to meet and interact with the rest of the family. Unknown, and perhaps unimaginable to Alice, the short visit marked the beginning of a new life for her outside the confines of the hospital grounds. She was welcomed permanently into the Curtis home as an unofficially “adopted” family member, serving as a companion to Mother Curtis. Though her integration into the greater society would not be seamless—she still needed to be

taught higher reading and simple life skills such as how to ride a bus, Cusick proved capable of learning these skills and remained forever grateful to Mother Curtis for her redemption.³⁴⁷

Public discourse profoundly affected the lives of those termed mentally ill in the post- “Maryland’s Shame” era. Howard Norton’s articles brought both short- and long-term ramifications for the state mental hospitals. Most importantly, regular public scrutiny by members of the press and private individuals ensured that conditions would no longer degrade to those levels just prior to 1949.

Newspaper coverage played an important role in keeping the patients and hospitals in the public consciousness. On these later occasions, however, reporters did not enjoy the same access nor the collusion of the higher administration of the mental health department. Clifton T. Perkins, the new Commissioner of Mental Hygiene, sent memoranda to the hospital superintendents encouraging full cooperation with *Sun* reporters but advising not to allow access to areas that, when exposed by the press, might be detrimental to the morale of the hospital employees.³⁴⁸ Both the photographs and the voice of these later articles is much less alarmist. On a positive note, they recounted the massive building campaign that sought to lessen the overcrowding that marked the institutions. On the whole, however, these journalistic efforts continued to underscore the inadequacies that still plagued the state hospital system. Despite a fledgling, but slowly

³⁴⁷Ibid. Also notes taken from various members of the Curtis Family and, Susan Johnson, estate executor. The author knew Alice for several years without any idea as to her past. She always referred to herself simply as an “orphan.”

³⁴⁸DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH (Reports), 1930-1964, Clifton T. Perkins to Hospital Superintendents, 1951, and 1953, T254, Dates: 1952-1959, Box No.: 4, Description: Hospitals, MSA No.: T254-49, MSA.

growing, legislative interest and a subsequent infusion of capital spending, the same old problems persisted. The ability to attract and retain attendants and professional staff still dogged the institutions. Salaries of psychiatrists continued to lag behind the national average for similar positions. Most disturbing, however, was the phenomenon of an increase in patient overcrowding to levels higher than those witnessed in 1949. Even with an infusion of money and greater public scrutiny, a patient wrote the newly elected Governor Theodore McKeldin in January 1951, “there is room for improvement here at Spring Grove. Spring Grove is crowded. More doctors are needed....[t]here are many fine attendants here that deserve more than just a bare living.” He implored the Governor not to lose sight of the mentally ill because “our values become terribly warped and twisted when we place appropriations for ‘things’ above and beyond the care of sick persons.”³⁴⁹

A number of local and regional newspapers, in addition to the *Baltimore Sunpapers*, focused their attention on the Maryland mental hospitals. The coverage ranged from largely statistical features to sensational pieces. Some papers appeared to present a more objective view of the current situation while others engineered exposés for the likely purpose of increasing newspaper circulation. The *Afro-American* newspaper of Baltimore produced a series that fell into the former category, primarily featuring numbers of patients and the percentages of overcrowding along with a sentence or two from each superintendent. Surprisingly, Crownsville State Hospital, a facility solely for African American patients, that experienced the highest historical percentages of overcrowding in combination with the lowest staff to patient ratio in the entire state

³⁴⁹James R. Henderson, Jr. to Governor-Elect McKeldin, January 2, 1951. Gov Corr. (General File) 1951-1952, MSA.

system, received no special reporting emphasis or overt criticism. The scant images illustrating the series are largely unmemorable.

On the other hand, a 1958 *Washington Post* series, prepared in the aftermath of Spring Grove and Springfield losing their accreditation, harkened back to the “Maryland Shame” formula to portray all such Maryland institutions as “snakepits” once more.³⁵⁰ The editorial viewpoint of the *Post* generally tended toward sensationalism when reporting on the hospitals, as evidenced by a 1951 article that detailed the wholly unsubstantiated rumor of “gas chambers” in place at Crownsville to “liquidate” certain patients in the aftermath of a nuclear attack in the region.³⁵¹ For the hospital exposé, the *Post* chose graphics that might equally strike a visceral chord with the public. Uniquely, the stories featured quick pen sketches of ward scenes and not photographs. It is unknown whether Mental Hygiene officials refused permission to photograph at the facilities or if the *Post*’s use of drawings had come from an editorial decision. In any case, the drawings were horrific in feel with patients portrayed as ghoulish, sometimes screaming, figures [Figure 36].

Certain new realities, however, did prove problematic and without immediate remedy. Factors beyond the control of the hospitals caused patient populations to further skyrocket. “In 1949, 1912 [patients] were placed in the care of the department. In 1954

³⁵⁰The accreditation loss was due to patient overcrowding. As we shall see later in this chapter, many changes had occurred within the hospitals that cast doubt upon the *Post*’s portrayal.

³⁵¹*The Washington Post*, May 20, 1951 “Probe Asked Of Hospital ‘Gas’ Rumor” by Wm .H. Smith. These chambers were said to accommodate 1000 people in total.

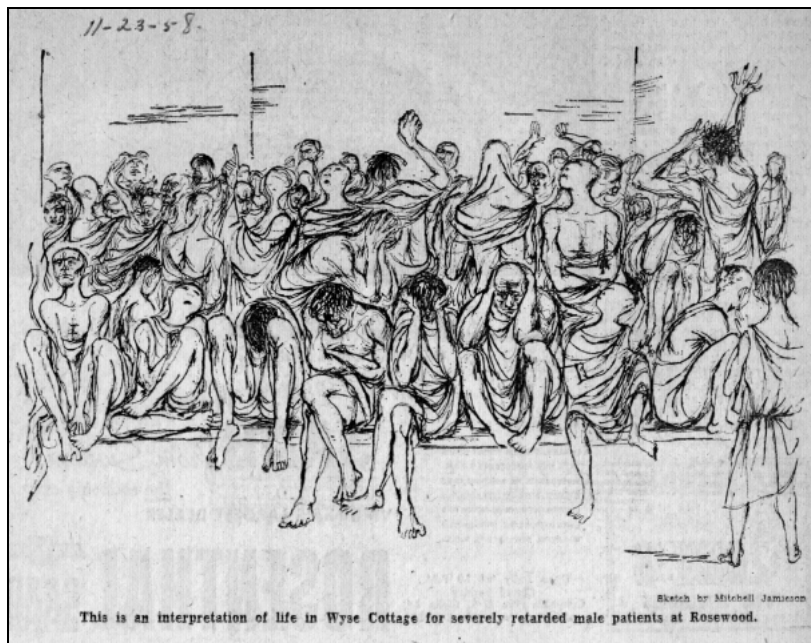


Figure 36. Drawing of patients at Rosewood State Hospital, *Washington Post*, 1958

this number had increased by 86% to 3,555.”³⁵² This enormous influx of patient admissions came as a result of extraordinary circumstances. The hospitalization of individuals had been delayed due to the Second World War and the subsequent waiting lists for beds grew longer. Hospital populations swelled in 1951, when these lists were abolished and all restrictions on those needing care were removed. A second reason involved the apparent growth of confidence of the general public in the state hospital environment. “As the level of care has improved, and as the public has become more alert to the problems of the mentally ill, the hospitals have attracted sick persons who in previous years, might not have received treatment.”³⁵³

To counteract critical press and shape public discourse for its own purposes, the Department of Mental Health established a Public Relations office in the early 1950s.

³⁵² DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH (Reports), 1930-1964, Clifton T. Perkins to Senate Finance Comm. and House Ways & Means Comm., February 24, 1955, MSA.

³⁵³ Ibid.

Helen Tingley, formerly of the Springfield Hospital Board of Managers, served as its first director. Tingley wrote press releases and crafted articles for inclusion in other publications that highlighted the positive or innovative aspects of the state hospitals. In addition to these duties, she produced informational guides and pamphlets geared to educating the general public. The overarching theme in these materials was the hospital as a progressive curative environment.

One prime example of this effort comes in a 1952 orientation guide for prospective patients and their families that sought to de-mystify institutionalization by providing an overview of hospital life. Photographs used extensively throughout the piece feature modern looking offices and comfortable patient areas, nothing remotely resembling the images found in the “Maryland’s Shame” exposé. The thirty-two page guide entitled “A New Life” documents the stay of a supposedly typical young woman at a state mental hospital. A Springfield Hospital social worker played the role of the patient since state policy did not permit showing the unobscured faces of patients in photographs. The clinical directors of two hospitals and their staff “made it possible to take authentic photographs of the admission, therapy and discharge services of the hospital... [by assisting the social worker to] assume the attitudes of a patient.”³⁵⁴ One of the opening images depicts a well-dressed twenty-something female, with face downcast, being escorted up the exterior front stairs of an institution [Figure 37]. The new patient appears to be suffering from a depression or an acute illness though the viewer is never informed of the diagnosis. Though striking a despondent attitude in several images, her well-groomed, stylish hair and better everyday dresses little differentiate her from members

³⁵⁴DEPARTMENT OF MENTAL HYGIENE (New Life), Progress through Understanding, 1951, Accession Number: MdHR 792687, preface, MSA.

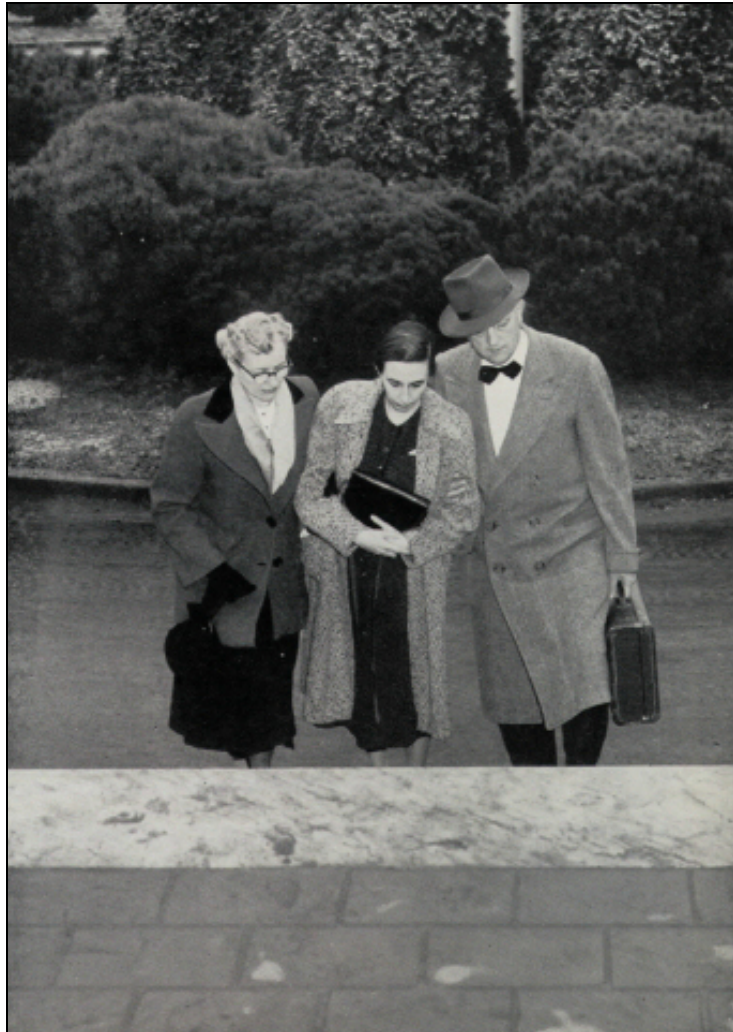


Figure 37. Mental Hygiene staff member role playing as a patient being assisted up the front steps of a state hospital, 1952 (Maryland State Archives).



Figure 38. Mental Hygiene staff member role playing as patient performing a test before a member of the hospital staff, 1952. Note that she wears street clothes (Maryland State Archives).

of the hospital professional staff [Figure 38]. Apparently, by the early fifties, the hospitals dispensed with the plain looking prison-made garments for certain classes of patients. Tight-angle shots of wardrooms and patient activity areas, populated with only one or two others (more staff posing as patients), disguise the fact that overcrowding still plagued the institutions. A series of images depicts the new patient being tested and

interviewed by various members of the “treatment team,” united in making her well again.

The therapy section is of particular interest since the photographs depict scenes in a straightforward manner that some viewers might find quite disturbing. Image text is much less honest. Two shots depict a large hypodermic needle being applied to the bare arm of the young woman. A section on electroshock therapy shows the patient reclining on a gurney surrounded by six white-capped nurses as a kind looking young male doctor (in actuality Dr. Robert Gardner, the Superintendent of Springfield Hospital) makes the final preparations. The text below the images informs the reader that this therapy may speedily return certain patients back to the community and reassures them that its effects are “quite harmless.” The text simply skirts the issue of certain immediate risks from fractures due to violent convulsions or the loss of memory associated with patients undergoing multiple sessions. The two-page spread on psychosurgery merits special notice [Figure 39]. A large photograph depicts an operating theater during an actual, not staged, lobotomy on a male patient. The physician is shown in side profile passing a cutting tool into the top of the patient’s head. By 1952, when this guide was published, certain elements in the popular press had cast doubt as to the usefulness of such an operation. In that same year, a *Time* magazine informed its readers of the abysmally low improvement rate and occasional deaths stemming from lobotomies.³⁵⁵

In the guide, the mental health of the patient does improve and she is eventually placed in a foster home setting. An exterior view of the home reveals that it is in a rural location. Interior shots show the broadly smiling former patient in the company of two older women [Figure 40]. This is a somewhat realistic view of what a typical

³⁵⁵*Time* Magazine, July 29, 1952.

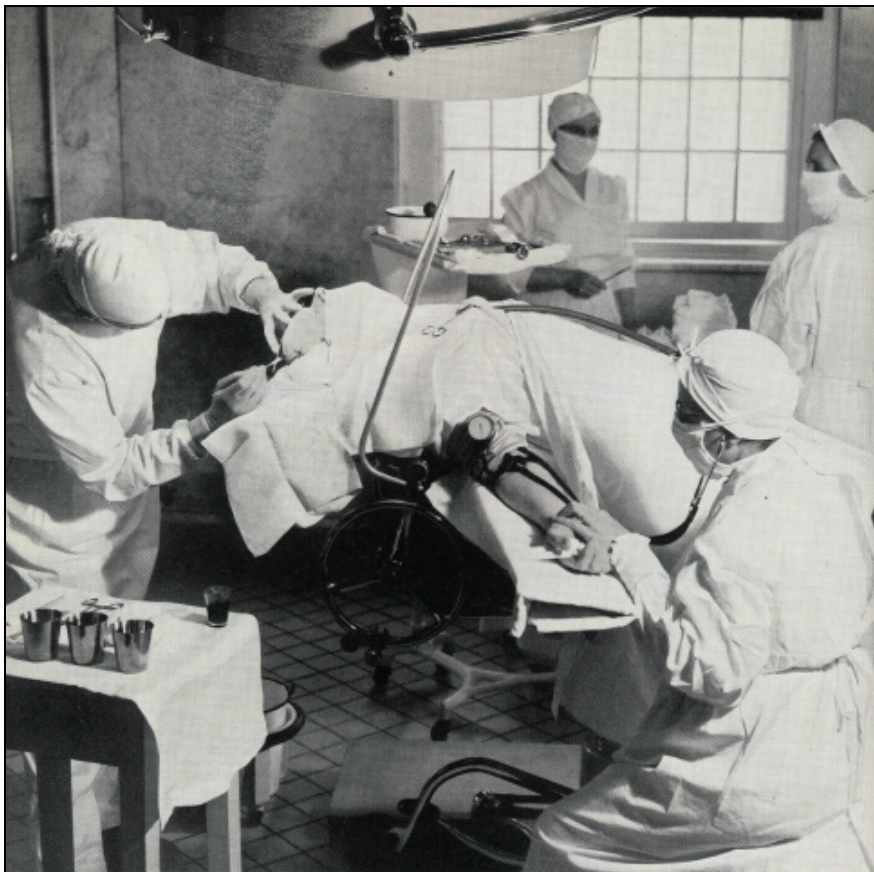


Figure 39. Lobotomy (thalamotomy) being performed, 1952 (Maryland State Archives)



Figure 40. Mental Hygiene staff member role playing as former patient in foster care, 1952 (Maryland State Archives)

patient might expect when placed back into the community. Foster care homes were often boarding houses run by older, what has been described as a “motherly” type of individual.³⁵⁶ Up to two former patients were allowed to reside in each home. One wonders what the reader might think about the prospects of a young person living in such a setting for an extended period of time. The final page in the book depicts the smartly dressed young woman as she steps through the front door of a mental health clinic. The caption below assures the reader that continued follow-up in the community clinic will prevent further, stays at a state hospital.

The full flowering of the Public Relations department’s effort to influence public discourse came in the pages of its quarterly newsletter. Entitled *Release*, the ten to twelve page booklet edited by Tingley featured short, insightful articles relating new hospital initiatives and the activities of its departments. Each issue examined either a particular subject or showcased a certain theme. Sample subjects included the use of music therapy, the role of religion and outlets for patient faith observance within the institutions, and the functions of the social service department at each hospital. Tingley had the individual primarily connected with the treatment or department write the main article while she paired the text with appropriate graphics. The photographs often featured hospital residents—although all were portrayed from behind or at an angle that protected their anonymity. These photographs of patients, with their normal street clothes and well-groomed appearance, visually demonstrated the statements within the text that drastic changes had been occurring in the State hospital system. Images of individuals engaged in various activities within well-maintained buildings and wardrooms also

³⁵⁶Notes from Paul Lurz interview, August 13, 2005. Lurz, trained as a social worker, worked in the Maryland State Mental Hospital system from 1962-2004.

helped to further distance the system from those images featured in the “Maryland’s Shame” exposé.³⁵⁷

The Mental Hygiene Society also played a major role in sustaining community interest in the hospitals and their inhabitants. The Public Education Committee, formed in 1949, focused on general organizational publicity, outreach events, and lectures to groups as it disseminated public information about mental illness. The organization used publications, film and radio in a mass-media appeal. Through the pages of its newsletter, *The Spotlight*, the Society informed Marylanders of developments within the State system, recounted the activities of the volunteers, and solicited new patient advocates. It also continued to exploit the public outrage and focus the energies unleashed by the Maryland’s Shame photographs. The cover art of its newsletter, from 1949 to 1951, featured the impressionistic sketches of artist Aaron Sopher [Figure 41]. Sopher had been allowed to visit the state hospitals where he made a series of drawings depicting the inhabitants, often capturing solitary, pensive individuals. These drawings subsequently appeared in the front display windows in the main branch of Baltimore’s Enoch Pratt Library and later in an exhibit at the Baltimore Museum of Art. The quickly executed works, typical of Sopher’s style, possess the ability to evoke a sympathetic response in some viewers. The Society paired each cover image with an introductory quote as the springboard into an article inside that underscored the continued need for public intervention to assist the hospital patients.

³⁵⁷“Maryland’s Shame” still resonates with Maryland hospital administrators today. One anonymous official refers to that period in the system as “The Bad Old Days.” Stories are still related regarding some of the individuals featured within the series photographs.

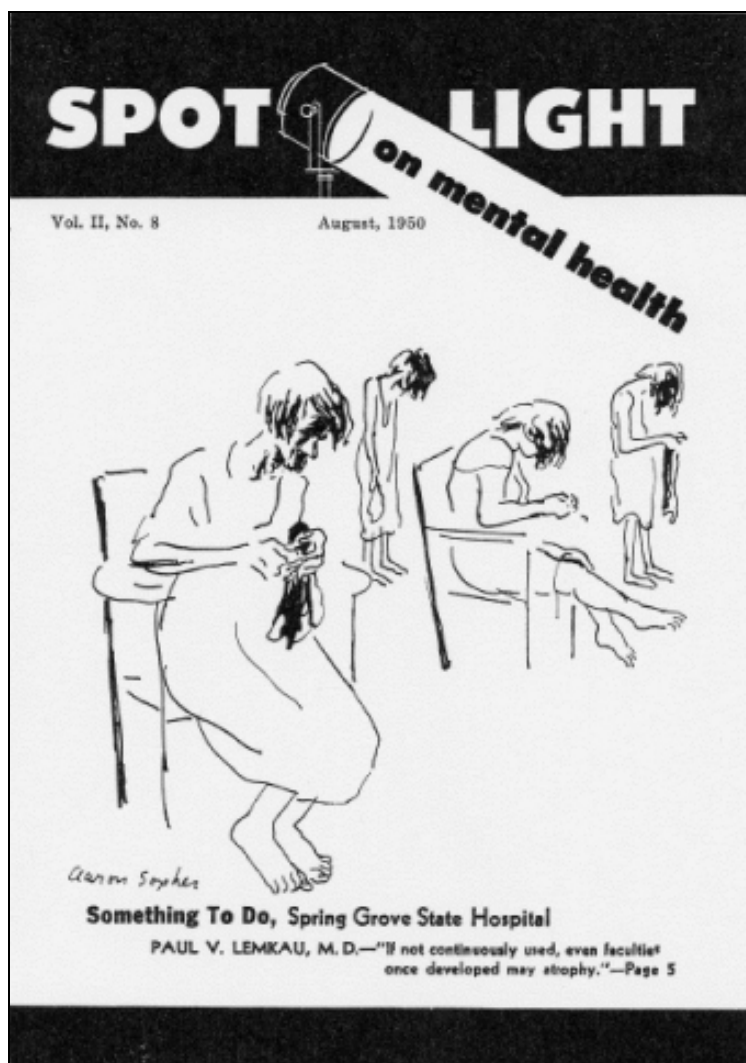


Figure 41. Aaron Sopher, the nationally renowned Maryland artist, visited the Maryland state mental hospitals during 1949 and produced a series of sketches depicting the interiors. Sopher's work was featured frequently on the cover of *Spotlight*, the newsletter of the Maryland Mental Health Association. (Maryland State Archives).

The Public Education Committee supplied two types of formal information. The first concerned general mental health information, using professionals drawn from the fields of psychology, psychiatry and social work. The second variety focused upon the Society's own programs and goals, with the hopeful intent of recruiting participants, volunteer or financial support. During March 1953, which was considered by the committee to be a typical month, the Society supplied speakers to thirteen different groups with attendance "ranging from fifteen to several hundred." A meeting with the key officers of the affiliate members of the Maryland Federation of Women's Clubs hoped to "make known to [its] 9,000 members... some understanding of the problem of the troubled child and the lack of the facilities in our state to meet this problem." With another group, an African American sorority, the Society hoped to recruit its members into the program of leadership training so that their effort might be extended into that community.³⁵⁸ In 1952-1953, the Society estimated that approximately 16,000 persons, mostly from the greater Baltimore area, attended its programs.³⁵⁹

The Society also worked directly with hospital patients. The Volunteer Committee served the unique role of being the initial coordinator of volunteer services to the hospitals. With the exception of the Rosewood facility, no such volunteer offices existed before 1949.³⁶⁰ The committee acted as the vehicle to both mobilize and direct the popular will to "do something" in the aftermath of "Maryland's Shame." In doing so, the Society played a key role in improving conditions within the hospitals and enhancing the quality of patient life. "Later through its Volunteer Training Committee, professionals... set up training programs that were prerequisite to volunteer service in hospitals."³⁶¹ The

³⁵⁸SPECIAL COLLECTIONS (Mental Health Association of Maryland Collection) Board of Directors Meeting Minutes Book, April 21, 1953, MSA SC 5530, MSA.

³⁵⁹*Spotlight*, May 1953, p. 3.

³⁶⁰Women volunteers had been visiting the children at Rosewood since approximately 1900.

³⁶¹Mental Hygiene Society Board minutes, Oct. 6, 1952.

twelve-hour program, spread over six two-hour sessions, provided an overview of psychology and attempted to dispel popular myths about hospitals and mental illness. Volunteer activities ranged from friendly ward visits to coordinating arts and crafts activities with patients. These efforts, in turn, were supported by interested citizens who “collected salvage materials for hospital Occupational Therapy shops, recreational materials for the wards... or brought gifts.” Harriet Powell, the Society’s Director of Service to the Mental Hospitals, opined that volunteers served a three-fold purpose:

First, they bring aid and comfort to patients [and] may... influence their recovery. Second.... the volunteers’ own attitudes and ideas are modified in ways useful to them personally and to the community... Third, the presence in a hospital of well-informed, useful citizens—interested in patient-care...—can be a valuable reminder to the hospital and to the workers in it that they are doing a socially important job.

In summary, the various outlets for information built public awareness of the mentally ill and engendered a deeper understanding of psychological diseases in the general population. Though the purposes for this focus varied from journalistic exploitation to the seemingly altruistic motive of patient advocacy, the flow of information helped to humanize and keep the mentally ill within the public eye and consciousness. Whatever the editorial intent of the publications, all brought visibility to a formerly overlooked segment of society.

The year 1953 witnessed the dawning of a revolution in the treatment of mental illness in America. The discovery and use of psychotropic drugs would eventually bring sweeping changes into the wards of Maryland’s state hospitals in the years to follow. Reserpine, known in the Indian pharmacopeia for centuries, when taken over a period of months, quelled a patient’s anxiety and restored ordered thinking. Chlorpromazine, more commonly known by its brand name Thorazine, had even more immediate and profound effects. Sometimes just hours after administration, a patient might dispense with violent

or obsessive behaviors. Both drugs induced a tranquilizing effect without acting as a sedative and offered tangible hope to those patients once considered chronic.

Rockland State Hospital in New York pioneered the use of Reserpine in the United States early in 1953. During the initial trial of the drug, 411 patients were given small dosages with amounts being subsequently adjusted upwards. The higher dosage, in certain cases, brought a dramatic change. “A woman who screamed incessantly—she thought she was burning in hell—was taken out of her retraining sheets 45 minutes after a treatment and in another half hour was calmly combing her hair and smiling pleasantly.”³⁶²

Articles in *Time* magazine, *The Woman’s Home Companion*, and local newspapers heralded the arrival of the psychotropic drugs to American hospitals. Under the heading “Wonder Drug of 1954,” *Time* introduced the drug Thorazine to its vast readership as useful “for Operations and Mental Cases.” Describing the prior research and surgical uses in its founding country of France, the article went on to claim that the drug was a “star performer... for several types of mental patients, especially senile psychotics.” Stressing that Thorazine was no cure for mental illness, “it can be of great value if it relaxes patients and makes them accessible to treatment.” The magazine went on to say that 400 research programs had been initiated on the drug, and, though available by prescription, much has yet to be learned about it.³⁶³

The first use of psychotropic drugs in Maryland State mental hospitals likely occurred at Spring Grove in May of 1954. In a routine monthly report to the

³⁶²“New Hope for the Mentally Ill,” John Gunther, *The Washington Post and Times Herald*, Oct. 23, 1955, W11.

³⁶³*Time* Magazine, June 14, 1954, “Wonder Drug of 1954?”, 79-80, 82.

Commissioner of Mental Hygiene, Dr. Isadore Teurke, the Superintendent simply recorded “Thorazine, the new sedative, was administered to several agitated patients with very gratifying results.” By August, a study of Serpasil had also been undertaken.³⁶⁴ For the Thorazine drug trial, 75 patients were selected with emphasis being placed upon the most diverse and difficult cases. As Dr. Charles Ward, the Clinical Director, recalled, “we wanted to give this new drug, and we used patients who had not responded to other treatments.” Those treatments had included both electro-shock and psychosurgery. One trial participant, Mary C., a schizophrenic with violent tendencies, had undergone over 80 shock treatments and brain surgery with no long-term remission of her condition. She had been deemed as one destined to live out the rest of her life within the institution. Within a week after taking Thorazine, however, she experienced “gradual but dramatic improvement.” First, she began speaking in orderly sentences. She soon stopped attacking fellow patients and staff and “was released from her locked room” to participate in occupational therapy sessions. Within a year, Mary C. was released from the hospital and found employment. In all, forty percent of the participants in Spring Grove’s Thorazine pilot program responded well enough to the drug therapy to be released. By January 1956, Spring Grove reported that the overall use of sedatives had been reduced by 50 percent. “In a period of just six months, the destruction of sheets and clothes has been reduced by 75%.”³⁶⁵

³⁶⁴GOVERNOR (General File), 1953-54, MSA S1041, Dr. George Sutherland to Dr. Michael A. Abrams, August 12, 1954.

³⁶⁵ DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH (Reports), Report for Spring Grove Hospital, January 1956, Box No.: 1, Description: Hospitals, MSA No.: T254- 46, MSA.

Other Maryland State hospitals soon acquired the drugs. “By 1956 the Department of Mental Hygiene reported that over 300 patients in the system were being treated with the ‘new drugs’ with generally positive results. This number constitutes almost thirty percent of the entire population of all of the hospitals, an extraordinarily large number for such a new and experimental therapy.”³⁶⁶

The new drugs had far-reaching implications on many levels. They immediately decreased the need for electroshock and psychosurgery. For hospitals, they helped to change the wardroom environment as well as to shift institutional priorities from custodial care to engaging patients in various therapies. “The stench of paraldehyde and the miasma of psychic pain is lifting from the closed wards... the door of the locked rooms are standing open, and the use of restraining devices has been virtually abolished” commented one Baltimore newspaper. “In one of the most disturbed wards [at Spring Grove], patients had spent 428 days in seclusion in 1952. In 1955 this had dropped to 12 1/3 days.”³⁶⁷

The general public was neither ignorant to the sweeping changes nor the challenges presented by the new drugs. An article condensing Paul de Kruif’s book, *A Man Against Insanity*, appeared in the April 1957 issue of the *Reader’s Digest*. The subject of the work, the psychiatrist Dr. John T. Ferguson, had himself been institutionalized with a nervous breakdown. After triumphing over his own illness, he was hired by a Midwest hospital to oversee a thousand patient population comprising mostly women, many of whom had been considered beyond rehabilitation. Readers

³⁶⁶Jonathan Engel. *Deinstitutionalization in Maryland: A State’s Response to Federal Legislation*. Ph.D. dissertation, Yale University, 1994, 84.

³⁶⁷*Morning Sun*, Jan. 19, 1956; Dr. Kurland quoted.

learned that in just two years, through the use of the new drugs “the number of patients made sane enough to be paroled, and able to stay at home, was 300 out of 1003. And 500 more were wonderfully improved and waiting for trail visits to their homes... or with no place to go because their families don’t want them or have disappeared.”³⁶⁸ Seemingly miraculous recoveries were recounted, such as one psychotic woman, on the disturbed ward since 1903, became suddenly calm and clear-minded enough to be allowed the simple freedom of walking to the patient canteen to purchase sundry items.

Readers also learned that the new drugs were neither a panacea nor foolproof. Seprasil and Thorazine did nothing for depressed individuals. In fact, Seprasil’s tranquilizing effect might prove too effective, bringing certain patients into a full-blown depression with the consequent higher risk of suicide. Patients administered Seprasil, therefore, needed to be monitored closely and, if necessary, be administered a second drug in combination. The newly discovered Ritalin could elevate the patient’s mood satisfactorily, but it had to be administered both in the appropriate dosage and at the critical time. This calibration of drug dosages, moreover, needed to be done upon an individual basis. This factor, along with a number of undesirable side effects of psychotropic drugs, had often been overlooked in the daily press. Clearly the new “miracle drugs” promised great hope, but had their own inherent complications.

Few in the Maryland hospital system foresaw the long-term repercussions of the new drugs. State and Hospital administrators remained preoccupied with the building program as the means to alleviate the burgeoning patient population. A paradigm shift, however, had occurred right before their eyes. The role of the hospital was being transformed from that of largely supplying custodial care to one of providing therapy.

³⁶⁸*Reader’s Digest*, April 1957, 64.

Patients, once considered chronic cases deemed to live out their days on back wards, could with drug therapy be released back into the community. The many pieces needed to make the scenario successful however, were simply not in place or currently inadequate.

As one historian asked:

What would pose an enormous problem was all of those discharged patients walking around the towns and cities... stabilized only by the Grace of God and Thorazine?"³⁶⁹ "What to do with those discharged patients? They needed care of some sort, be it monitoring of foster homes or halfway houses, or simply the attentive elixirs of their own families if they had them. They were not well men or women, despite the cessation of their violent moods or destructive actions. Rather they were very sick men and women that would require constant attention for the rest of their lives. Many would spend the years after their release reentering the hospitals at various points in raving delusional states."³⁷⁰

Who would ensure that former patients continued to receive the drugs that

allowed them to function in society? The community apparatus was skeletal at best. By the mid-1950s, an incomplete system of community clinics operated in Maryland, far from formalized or available in every one of the state's twenty-three counties. The clinics, administered by the Mental Health Division of the Maryland Department Health, had been established with federal funds allocated under the 1948 National Mental Health Act. The majority of counties, however, possessed no clinics and only Baltimore, Montgomery, and Prince George's counties offered regular services, the others being much more limited to one day per week. Some hospitals opened their own clinics to administer the drugs and offer psychotherapy. Springfield set up a location in Baltimore while Spring Grove established one on its grounds.³⁷¹

³⁶⁹Engel. *Deinstitutionalization in Maryland*, 91.

³⁷⁰*Ibid.*, 92.

³⁷¹*Ibid.*, 96-97.

Reintegration of former patients back into the community, even before the discovery of drugs, had always proven to be a great challenge. The whole issue of what had been described as “after care” was not a new subject. The Maryland Psychiatric Society, as far back as 1915, had studied the issue but no programs had been developed. State hospitals had no social service departments to coordinate these activities and no therapies had been discovered that would allow chronic patients to leave the hospital grounds on a permanent basis. The first social service program in Maryland for state mental patients was initiated by Dr. Henrietta DeWitt at Springfield Hospital in 1935. The founding of the department, during the Depression, as hospital admissions had increased and releases declined, stemmed from the practical need to open beds for new patients. As Dr. DeWitt reflected:

When I first came [to Springfield] as the only social worker, this hospital truly felt like a private world to me. We had few visitors other than the relatives of patients and few connections with the community. Many patients who had recovered sufficiently to leave but who had no interested relatives were forced to live at the hospital because of lack of community acceptance. Once committed to the state hospital, they not only carried the stigma that set them apart, but the communities seemed to feel that they belonged to us forever.³⁷²

DeWitt engineered a bold program whereby certain non-violent patients could be boarded out with area families in a foster-care type of arrangement. Foster care worked somewhat like its name implies. Patients were placed back into the community within the structure of a private home. Pre-screened and hospital-approved private individuals might house one or several people in a forerunner to the group home scenario. Patients might live with one of the farm families near the Springfield Hospital and share in the chores. “Charlie,” one such patient, was a quiet man who worked for the Pfefferkorn family

³⁷²*Release*, Winter 1962, 4-5 (comments from an address given at Mental Health Open House).

doing minor repair work and other light labor for which he received nominal pay.³⁷³

Rosewood Training School, on occasion, placed young adult woman into the homes of families where they would perform housekeeping duties. Foster care programs, however, did not materialize at all the state hospitals until the 1950s.³⁷⁴

A program of “industrial therapy”, the acquisition of new job skills in sheltered workshops, for those patients in transition from hospital to a vocation in the community commenced in the state facilities in October of 1952. The Board of Mental Hygiene Minutes describe this program. “This is helpful in preparing patients to fill jobs when they are ready to be discharged from the hospital. A patient’s doctor gives his approval before a patient is given any type of work therapy, and the doctor, the occupational therapist and the industrial therapist all work together in this program.”³⁷⁵ The Industrial Therapy Department served as an employment office for hospital patients. Once given approval by one’s doctor, a patient applied and interviewed for a position at the hospital. Crownsville Hospital had fifty-five placement areas, largely farm and maintenance jobs but “including the more challenging situations such as dentist assistant, receptionist, patient librarian and hospital police aide.”³⁷⁶ A possible further step for convalescing patients was the placement within a job in the outside community. The minutes go on to state, “[b]ecause some patients need an intermediate step between the hospital and the community either to restore their self-confidence or to earn a little money against the day

³⁷³Notes from Patricia Pfefferkorn Griffin interview, August 21, 2005.

³⁷⁴Spring Grove and Eastern Shore in 1941, Rosewood and Crownsville in 1950; see *Release*, Winter 1962, 6.

³⁷⁵DEPARTMENT OF MENTAL HYGIENE BOARD OF REVIEW (General File) Minutes of July 15, 1954 meeting, Accession No.: 15,530-2, MSA No.: S215-2, MSA.

³⁷⁶*Release*, Spring, 1958, 14.

of discharge, a day placement service has been organized. Patients are employed in controlled working situations in the community. All prospective employers have been interviewed by the industrial therapist, the nature of the job is clearly outlined and the day's work is fixed at eight hours."³⁷⁷

The Mental Hygiene Society, in cooperation with the State hospital system, initiated its own work program in 1960. The Work Experience Program, as it was named, could accommodate no more than ten individuals at a time. Its stated purpose was "to help selected convalescent mental patients to re-learn office skills, to regain confidence, and to get along with supervisors and co-workers in a work setting so that they may eventually locate and maintain employment."³⁷⁸ Though mainly clerical work in nature, patients could be asked to "write publicity, do art work, handle a Dictaphone, telephone or assist in bookkeeping." The working environment, away from the hospital and in a real office, working for a business manager and surrounded by non-patients, was held by some as the most effective since it reassured the patients that they were at a stage of recovery where they were able and expected to work. Though the number of patients participating in the program remained limited—about 75 by April 1961—Dr. Bartemeier, a consultant to the program, believed the work to be of utmost importance. Bartemeier, a psychiatrist with the privately run Seton Institute, expressed the following sentiments:

[it is] a most courageous program acting as a human bridge to help people find themselves. Patients come here and are with people who are not professionally trained. Consequently, sick people tend to believe they are not sick, since no attention is especially drawn to their illness. It is an opportunity to find themselves among people. The tasks they perform are unimportant—what is important is being accepted by others.³⁷⁹

³⁷⁷Ibid, 15-16.

³⁷⁸Mental Health Association, Board Minutes, April 18, 1961.

While foster care might work for certain categories of patients, others, such as the long-institutionalized individuals, required further intervention to make a successful transition. Successful reintegration into the community often involved a period of resocialization, especially in these cases. The process of “social crippling” took place within hospital patients over a period of time. Social crippling, a by-product of institutionalization, resulted from many factors. Reasons cited included the regimented, formalized relationships with staff, the lack of daily responsibilities for patients, and the general hopelessness that pervaded certain wards.³⁸⁰ As an initial step of resocialization, staff was instructed to adopt a friendlier demeanor and spend more time in informal, social conversation with patients. Spring Grove set up two “social rehabilitation wards” in 1957, whose organization and purpose needs further research.³⁸¹

Socialization also took place outside the hospital grounds. In early 1956, the state hospital system devised a plan to promote the socialization of patients upon their release. Henrietta De Witt, Chief of Psychiatric Social Work Services, proposed a plan to the Mental Hygiene Society that they offer a program similar to one found at the Fountain House in New York. Fountain House, established in 1954 by some former Rockland State Hospital patients, served as a halfway house to assist in the transition of former patients back into the community.³⁸² At Fountain House, former patients, generally about

³⁷⁹Ibid.

³⁸⁰Conference on Social Crippling: A By-Product of Institutional Living, Sept. 16-19, 1958, *passim*.

³⁸¹DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH (Reports), Report for Spring Grove Hospital, April/May 1957, Box No.: 1, Description: Hospitals, MSA No.: T254-46.

³⁸²Grob, *The Mad Among Us*, 267.

25 at maximum, would meet three times a week or on a Sunday afternoon for social and recreational activities.

The main objective of Maryland's program as implemented by the Mental Hygiene Society would be to offer "protected experiences in socialization for many ex-patients... integrating the individual as quickly as possible with the community, using the services and facilities of other social and recreational agencies, wherever possible."³⁸³ By October 1956, the social rehabilitation program had progressed to the "late blueprint stage," its purpose to "provide protected learning experiences for discharged patients who have difficulty in establishing interpersonal relationships."³⁸⁴

Perhaps the most compelling reason for this project was the growing importance of drugs in the treatment of patients within the state mental hospitals. By April/May of 1957, the number of Spring Grove patients on Thorazine alone had grown to 837, or thirty-one percent, of the entire patient population.³⁸⁵ The need for such a program had grown seemingly overnight. "As a result of [psychotropic drug therapy], many patients who had been hospitalized for years were now returning to their home community. The use of the word "home" often had more historical than real significance, because many patients, after years of hospitalization, were returning to a community where there was no welcoming family, there were no friends and in a very real sense, there was no home."³⁸⁶

³⁸³Mental Health Association, Board Minutes, March 20, 1956.

³⁸⁴Ibid., October 16, 1956.

³⁸⁵DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEPARTMENT OF HEALTH (Reports), Report for Spring Grove Hospital, April/May 1957, MSA.

³⁸⁶Mental Health Association, Board Minutes, February 26, 1959, "Rockwell Center: How It Began...."

The resocialization project was launched in April of 1957 when the Rockwell Center first opened its doors. Self-application or a referral from hospital staff initiated the admission process into the Baltimore-based program. The Center accepted only individuals released on drug therapy, mostly single people without any family, “those that the hospital and out-patient clinics regard as less likely to succeed on their own.” It especially sought out those deemed lonely, friendless and withdrawn.³⁸⁷ As first organized, the Center was opened only one night a week. A maximum of ten ex-patients would gather for two and one-half hours of recreation. With a television, record player and games at her disposal, a social worker would sit down with the group and facilitate interactive activities. The first hour consisted of social conversation. The second hour witnessed the playing of various games with the final half-hour devoted to refreshments. Throughout 1958, not more than five or six persons used the facility on a weekly basis.³⁸⁸

A reappraisal of the program occurred during 1958. The Center, located in a city building behind a gated courtyard, was thought to further “insulate an isolated group.” It was moved to a portion of unused offices of the Mental Health Association. Ex-patient feedback on the purpose of the Center, combined with the sparse attendance as evidence, caused the organizers to modify the evening activities to embrace more meaningful, useful activities. In 1959, the attendees engaged in gift-wrapping empty boxes for sale, with proceeds going toward their future activities as well as a discretionary fund for Springfield Hospital patients. The enthusiasm for such work abounded; boxes filled, and then overflowed all available storage spaces at the Center. Another project, the production of mosaic tile tabletops, soon engaged the Center’s visitors.

³⁸⁷Ibid.; also *Release*, Spring 1959, 14.

³⁸⁸Ibid.

Another category of patient existed that required intervention. Some persons, though well enough to leave the hospital, harbored anxieties about life outside the gates. The Homecoming Program, started in January 1962, focused upon long-institutionalized individuals with the purpose of dispelling the fears about being reintegrated into the greater community. The program was an outgrowth of the volunteer friendly visits initiated immediately after the Maryland's Shame exposé in 1949. However, these earlier regular visits, "using occupational therapy as a tool" were designed only to "establish meaningful relationships with the patients"³⁸⁹ The Homecoming Program differed in a large measure by removing the patient from the hospital setting entirely in advance of their official discharge "in order to test community living in small protected doses." Six volunteers met with six patients for twelve consecutive weeks. During the first two weeks the volunteer visited the hospital where both sides established a rapport in a familiar setting. The remaining weeks, however, witnessed socially oriented meetings outside the hospital where both volunteers and patients planned lunches and other group pursuits. Activities included shopping trips, visits to the Basilica in Baltimore or to merely watch airplanes at Friendship airport.³⁹⁰ "Everything that is planned ... is designed to encourage the patient to leave the hospital and to help her adjust to community living once she is released." Volunteers also encouraged the use of the Rockwell Center and other free recreational facilities. According to a report in the Mental Hygiene Society minutes, "Of the first 18 patients who have taken part in the program, the average period of

³⁸⁹Ibid., May 15, 1962.

³⁹⁰Ibid., December 18, 1962.

hospitalization has been 14 1/2 years. 13 of the 18 patients have now left the hospital.”³⁹¹
 By December of 1962, over sixty-six patients had left the hospitals.³⁹²

These programs represent the first attempts to reintegrate patients back into the greater community. For many the transition would be far from seamless as both the former patients and community members negotiated a new life in each others presence. While the numbers participating in these early reintegration programs remained comparatively small, a willingness of both state and private entities and individuals embark upon these projects on behalf of the patients attests to a new, remarkable interest in the mentally ill as individuals. What had once been a faceless population shut away for decades, within a relatively few years was transformed into discernable individuals, fellow citizens who could now reclaim useful places within our communities.³⁹³

In 1964, a symbolic act took place on the grounds of the Spring Grove State Hospital. Under a blue sky of a winter day, a bevy of high-level state officials, including Governor Tawes himself, gathered to initiate the destruction of an historic building. The Main Administration building once had been heralded as the optimal curative environment when opened almost one hundred years before [Figure 42]. The structure stood for decades as mute testimony to Maryland’s progressive-minded commitment to its mentally ill citizens. Its design, when built in the nineteenth century, reflected the state-of-the-art for hospitals of its kind. More recently, “Old Main,” as it was more

³⁹¹Ibid., October 16, 1962.

³⁹²Ibid.

³⁹³Alice Cusick, whose earlier life had been discussed at the beginning of this chapter, later became a much beloved member of a church community, the Trinity Episcopal Church of Waterloo, Maryland. She, in the course of her life, worked on several church committees that included the operation of a thrift shop for the needy. Alice attained the rank of a church elder, sitting upon the Vestry (parish governing board), the body responsible for the administration of its operation. Her straightforwardness and sense of humor enriched the lives of that congregation (of which this author is a member).

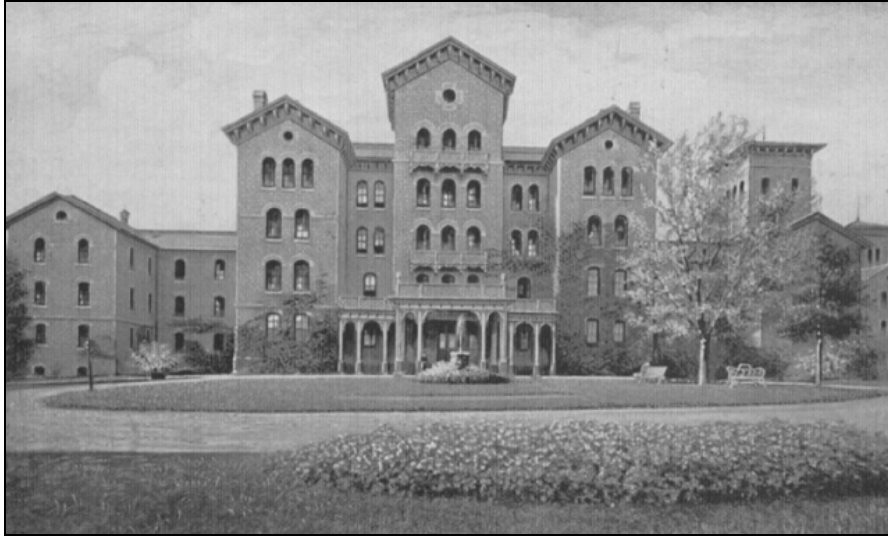


Figure 42. “Old Main” building (1894 image) at Spring Grove Hospital came to be identified with chronic hospitalization and inadequate care (Maryland State Archives).

commonly known to staff, had hosted pioneering electro-shock and tranquilizing drug studies. The past twenty years, however, had also witnessed the building being vilified by Mental Hygiene administrators and the Press as constituting everything wrong with the state mental health system.³⁹⁴ Old Main stood for chronic hospitalization, a symbol of the perception of all state hospitals. It represented an era that Governor Tawes and the assembled esteemed guests believed to be passing into history. As the Governor succinctly stated, “[t]he event we are celebrating here today has deep meaning and true significance. We have not met here just to destroy. We are here to tear down the old so that we may be able to make way for the new.”³⁹⁵

Great optimism marked the occasion that day. A bold prediction that the movement for community based care might see the closure of the large hospitals in twenty-five years brought cheers from the audience. The impetus behind the exuberance

³⁹⁴The actual planning for the destruction had begun in the late 1950s; see State of Maryland Mental Hygiene Board of Review, Ninth Annual Report, 1959, 3, MSA.

³⁹⁵Conley H. Dillon, Ed., Messages, Addresses, and Public Papers of J. Millard Tawes, Governor of Maryland, 1963-1967, Volume II (Annapolis: State of Maryland, 1967), 524. (GOVPUB 785102), MSA.

lay largely in the convergence of a number of factors. First, came the apparent efficacy of the psychotropic drugs to allow certain patients to be discharged from the facilities; such numbers had been steadily increasing. The Governor hoped that from the ruins of Old Main might spring forth, Phoenix-like, a new research facility that might assist in finding an eventual cure for mental illness. Second, the recent passage of national legislation and the expectation of federal funds to be bestowed upon Maryland and the other states meant that the construction of mental health centers might go forward at a faster pace. Lastly, it had been proven, through various workshops and halfway houses that patients might be re-introduced back into the greater society, with even some, more or less, functioning upon their own devices. The great unknown lay in the receptiveness of the greater community in accepting these individuals.

The importance of the hospitals in the treatment of mental illnesses would diminish over time. Psychotropic drugs like Thorazine and numerous others soon to be discovered, allowed many patients to be integrated into the greater community.

However, a recent appraisal of Maryland's community mental health centers during the 1960s through the mid-1970s characterizes that period thusly: "the state had never been committed to spending the funds necessary for the project. A brief hope for Maryland's the mentally ill had ended, with little auguring of future reform."³⁹⁶ The General Assembly's recent self-published and highly complimentary history of its twentieth century efforts makes no mention of mental health care—although sports stadiums garner an entire chapter.³⁹⁷

³⁹⁶Jonathan Engel, "The Lost Way: Community Mental Health in Maryland, 1960-75," *Maryland Historical Magazine*, V. 95, No. 4 (Winter 2000), 475.

State mental hospitals continue to exist today. In 2002, they provided almost half of all the psychiatric beds in Maryland.³⁹⁸ While the quantity of beds needed has dropped precipitously since 1964, the system continues to require physical plant improvements and the construction of new and more modern buildings. The number of volunteers coming forward also has dramatically declined.

Today's Marylanders would have difficulty feigning ignorance of the presence of the mentally ill, for this segment of the population is no longer out of view and locked away. Citizens may share their commutes, their offices, and other aspects of their lives with mentally ill individuals. Members of this group may include a close friend, a partner or family member.³⁹⁹ Numbers of homeless people, many suffering from psychiatric disorders, again inhabit the streets and alleys of our cities—not unlike what was witnessed in the early nineteenth century.

³⁹⁷Department of Legislative Services, *Under the Dome: The Maryland Assembly in the Twentieth Century*. (Sparks, Md: E. John Schmitz & Sons, Inc., 2001)

³⁹⁸An Overview of Psychiatric Bed History And Trends in Maryland Over The Last 20 Years As Developed By The Maryland Health Care Commission, August 14, 2002 (as presented to the Department of Budget Management, Spring Grove Hospital Center Site Visit), Spring Grove Hospital Center.

³⁹⁹“Tragic and devastating disorders such as schizophrenia, depression and bipolar disorder, Alzheimer’s disease, the mental and behavioral disorders suffered by children, and a range of other mental disorders affect nearly one in five Americans in any year, yet continue too frequently to be spoken of in whispers and shame.” U.S. Department of Health and Human Services. Preface from *Mental Health: A Report of the Surgeon General Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

Chapter 7:

Summary

The historical perception, discourse, and treatment of Maryland's mentally ill during the period of 1634 to 1964 are best described as being cyclical. From a perception standpoint, the visibility of mentally ill persons in the public imagination waxed and waned over the centuries due to multiple reasons. Similarly, the discourse surrounding them was sporadic with only public controversy and scandal advancing their cause. Like in most other states in America, the mentally ill in Maryland simply had few advocates. Treatment and level of care followed a pattern of hopeful periods being too soon eclipsed by decline with economic times often driving the change.

Most Marylanders perceived the mentally ill simply as an afterthought, outside the realm of their everyday consciousness. Whether due to public fear, ignorance, or just plain apathy, the wants and needs of the mentally ill remained of secondary importance to the state's citizens and their political leaders. The mentally ill remained figuratively invisible with their humanity largely unperceived and unacknowledged.

Visibility can take a number of forms. Visibility to the eye, as in the form of the recognition of a physical presence, is the base level of perception. A community's awareness of an individual walking its streets or living among them does not necessarily constitute an acceptance of the person or an active interest in his or her well-being. On a deeper level, it is only when the community, motivated by some emotion or interest, focuses upon the individual and internalizes their presence can a sustained, mindful visibility materialize. For many it is enough for this differentiation to take place, another

level, however, remains. Advocacy on behalf of the individual comes when perception and empathy conjoin for the purpose of what current society ascribes as benefiting the individual.

Cycles of visibility mark the history of the mentally ill in Maryland. During the early Colonial period, since boarded out with community members, these individuals had, at least in theory, daily contact with neighbors and constituted a visible entity in local society. The late Colonial to early Federal era witnessed a paradox as the mentally ill with means became more visible and those without wealth became less so. Governmental entities recognized two distinct classes of the mentally ill: the poor, whom it consigned to the almshouses as a more efficient and economical means for caretaking, and the propertied, whose interests were protected by the passage of laws to protect their estates. The early nineteenth century brought a general community notice of the mentally ill in the form of the founding of institutions for their care. Yet, as we have seen in the case of the Maryland Hospital, public interest soon waned. Most of the mentally ill continued to be housed with family members or wandered the streets until snatched up and taken to the almshouse. The second half of the nineteenth century witnessed a tepid interest of the state of Maryland in the rights and well-being of its mentally ill citizens. Ironically, at the same time this group developed rudimentary legal notice, their concentrated physical presence largely disappeared from the community as hospitals moved away from urban settings. They became less visible. Little sustained public advocacy existed outside the medical community.

The passing of the nineteenth century and the dawning of the Progressive Era marked a dramatic and enhanced visibility of the mentally ill in Maryland. Though still

largely removed from public sight, the camera wrought a revolution as photographs of patients being held under substandard conditions brought reforms and a modicum of sympathy and support from some lawmakers and the community. Interest in the group, however, soon waned again as economic circumstances and other factors preoccupied the Public mind.

The crisis of economic depression and subsequent war blotted out the image of the mental patient during the 1930s to mid-1940s. The negative financial effects of the Depression, further compounded by the scarcities and hardships brought on by World War II, saw standards of care decline to almost eighteenth century levels during the 1940s. Only through the post-war publication of photographic exposes and other works did Marylanders and the rest of America re-awaken to the presence of the mentally ill.

The 1950s witnessed the first sustained public interest in the residents of mental hospitals as well as a greater commitment on behalf of the state to underwrite the operation of these facilities. Advocacy groups for the mentally ill were founded and set forth to assist the group and to educate the general public on mental health issues. The advent and widespread use of psychotropic drugs in the mid-1950s, however, allowed the possibility to reintegrate patients back into the community. This paradigm shift would henceforth place the locus of care away from the hospitals to local clinics with the 1960s ushering in a new era of full visibility for the mentally ill.

Discourse on the mentally ill always initiated change. Attention to the mentally ill in the press sometimes brought reform. Publicity relating to them be it positive or negative, built awareness in the minds of the citizens and politicians. True, back and forth discourse, however, rarely occurred since the cause of mentally ill never engaged and

preoccupied the public mind for long periods of time. It is difficult to gauge the level of discourse regarding this group from the Colonial period until the nineteenth century, since the reporting largely focused upon incidents involving mentally ill persons and contained little commentary. The editorial columns of the newspapers, in fact, rarely mentioned these citizens and the papers could not be considered advocates for them. Not until the third quarter of the nineteenth century when former and current patients brought attention to themselves through and court actions and publications is press coverage noticed, largely due to the sensationalism engendered.

The twentieth century witnessed the first multi-dimensional discourse as the press took an active interest in these citizens. The Progressive Era campaign to remove patients from almshouses marks the first time that newspapers, along with citizens, assumed the posture of advocates. Yet, this attention and support was illusory. Not until the mid-1930s, when conditions at the state hospitals begin to decline, did news about the institutions and patients appear with any regularity. Still there is little dialogue as evidenced by rare editorials or letters to the editor. Citizens were simply not attuned and no state officials came forward as advocates.

Sustained public advocacy for the mentally ill is a relatively recent phenomenon. The media undoubtedly played a major role in fostering both support for and an understanding of this group and its needs. The print media of the 1940s and 1950s kept the public informed and help to humanize this long marginalized population. Working hand in hand with advocacy groups, newspapers promoted discourse on the mentally ill, a dialogue that has remained constant since the 1960s.

Practicality describes the philosophical force behind the historical treatment of Maryland's mentally ill. Economics, not the need for humane care, often drove the level of attention given to patients. In the seventeenth century, community care in the homes of neighbors proved to be fiscally viable. The eighteenth century almshouse movement, however, was really a cost-cutting solution for housing and caring for a growing population of the mentally ill and the poor. The concentration of such groups in one location allowed for certain economies of scale. The nineteenth century history of the Maryland Hospital, as well as those of the twentieth century state hospitals, is reflective of the financial exigencies of those times. Patients had to compete with other public priorities in terms of funding. More often than not, the other priorities won out. In the nineteenth century, it took twenty-five years for a new state hospital to be built to alleviate overcrowding, largely due to the money being diverted elsewhere. Similarly, the movement of the mentally ill out of the almshouses in the early twentieth century was delayed due to the state's preference for road building. The "Maryland Shame" period of post World War II was just another example of economics holding the mentally ill hostage.

In conclusion, regardless of the era, the mentally ill born into well-to-do economic circumstances have historically always had the greatest number of care options. A competent guardian could hand-pick care-givers and pay them very well. The quality of care has been, and still is, always dependent upon the quality of the individual or individuals providing that care. A preferred venue of care might have been within the family residence. Some family members, however, might not either have had the patience, resolve, or physical stamina to continue on with this task long term. An

institution seemed to be the solution. Yet, public hospitals were generally under funded and private facilities exorbitantly expensive. Dependent upon the diagnosis, a hospital, and later on, a group home, might have been more beneficial to the individual.

References

Primary Sources

American Psychiatric Association Archives, Washington, D.C.
Edith Mendel Stern Papers

Maryland Historical Society, Baltimore, Maryland
Alexander Randall Diaries
Almshouse Medical Records Collection
Richard Dorsey Paper
Richard Gundry Papers

Maryland State Archives, Annapolis, Maryland
Special Collections
Alice Edith Cusick Collection
Chestnut Lodge Archives Collection
Crownsville Hospital Center Photograph Collection
John Frazer, Jr. Collection
Mental Health Association of Maryland Collection
Spring Grove Hospital Center Collection
Tull Collection

State and Local Records
Baltimore City Jail
Baltimore County Circuit Court
Board of Mental Hygiene Photographs
Chancery Court Papers
Coroner's Inquests
Department of Health
Department of Mental Hygiene
Governor's Papers
Lunacy Commission
Superior Court Records
Trustees of the Poor

Newspapers

Afro-American
Annapolis Capitol
Baltimore American
Baltimore Sun
Easton Gazette
Maryland Gazette
Maryland Journal
Montgomery County Sentinel

Washington Post

Magazines

Life Magazine
Reader's Digest
Time Magazine

Published Primary Sources

Anonymous. *Behind the Door of Delusion: Inmate Ward 8*. New York: The Macmillan Company, 1932.

Beers, Clifford. *A Mind That Found Itself*. New York: Longmans, Green & Company, 1908.

Buckler, Thomas H. *A History of Epidemic Cholera, as it Appeared at the Baltimore City and County Alms-House, in the Summer of 1849, with Some Remarks on the Medical Topography and Diseases of this Region*. Baltimore: J. Lucas, 1851.

Coleman, Emily. *Shutter of Snow*. New York: Viking Press, 1930.

Didier, Eugene L. *Report of the Trial of Dr. Wm. H. Stokes and Mary Blenkinsop... of Mt. Hope Asylum, Before the Circuit Court for Baltimore Co., Md....* Baltimore: Kelly & Piet, 1866.

Hillyer, Jane. *Reluctantly Told*. New York: The Macmillan Company, 1926.

King, Marian. *The Recovery of Myself*. New Haven: Yale University Press, 1931.

Krauch, Elsa. *A Mind Restored; The Story of Jim Curran*. New York: G.P. Putnam's Sons, 1937.

Robinson, Alexander C. *Report of the Lunatic Department of the Baltimore Alms-House... December 1840*. Baltimore: J. Robinson, 1841.

Seabrook, William. *Asylum*. New York: Harcourt, Brace & Company, 1936.

Starr, Margaret. *Sane or Insane? or, How I Regained Liberty*. Baltimore: Press of Fosnot, Williams & Co., 1904.

Wegefarth, Dr. George. "Escape from a Mad House" [unpublished typescript, c. 1935].

Workman, Juliet. *The Cornets: or, The Hypocrisy of the Sisters of Charity Unveiled*. Baltimore: J.W.Woods, 1877.

Yellott, Coleman. *The Professor of Insanity: A New Way To Make A Fortune* (A Drama, in Five Acts). Baltimore: Henry Taylor, 1856.

Published Secondary Sources

Alvarez, Walter C. *Minds that Came Back*. Philadelphia: Lippincott, 1961.

Bartlett, Peter and David Wright. *Outside the Walls of the Asylum: The History of Care in the Community, 1750-2000*. London; New Brunswick, NJ: Athlone Press; Somerset, N.J.: Distributed in the United States by Transaction Publishers, 1999.

Beam, Alexander. *Gracefully Insane: The Rise and Fall of America's Premier Mental Hospital*. New York: Public Affairs, 2001.

Burrow, James Gordon. *Organized Medicine in the Progressive Era: The Move Toward Monopoly*. Baltimore: Johns Hopkins University Press, 1977.

Carroll, Jr., Douglass G. and Blanche D. Coll, "The Baltimore Almshouse: An Early History," *Maryland Historical Magazine*, 1971, 66:1.

Cherry, Charles L. *A Quiet Haven: Quakers, Moral Treatment, and Asylum Reform*. Rutherford: Fairleigh Dickinson University Press, 1989.

Conley H. Dillon, ed. *Messages, Addresses, and Public Papers of J. Millard Tawes, Governor of Maryland, 1963-1967, Volume II*. Annapolis: State of Maryland, 1967.

Dain, Norman. *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia, 1766-1866*. Charlottesville: University of Virginia Press, 1971.

De Kruif, Paul. *A Man Against Insanity*. New York, Harcourt, Brace, 1957.

Deutsch, Albert. *The Shame of The States*. New York: Harcourt, Brace and Company: New York, 1948; Reprint: New York: Arno Press, 1973.

————— *Mentally Ill in America: A History of their Care and Treatment from Colonial Times*. New York: Columbia University Press, 1939.

Donaldson, John. *State Administration in Maryland*. Baltimore: The Johns Hopkins Press, 1916.

Engel, Jonathan William. "Preface to Deinstitutionalization: Crisis in Maryland's Psychiatric Hospitals, 1945-1955," *Maryland Historian*, 1995, 26:1.

————— "The Lost Way: Community Mental Health in Maryland, 1960-75," *Maryland Historical Magazine*, 2000, 95:4.

Forbush, Bliss. *Gatehouse: The Evolution of the Sheppard and Enoch Pratt Hospital, 1853-1986*. Baltimore: The Sheppard and Enoch Pratt Hospital, 1986.

Foucault, Michel. *Madness and Civilization; A History of Insanity in The Age of Reason*. New York, Vintage Books, 1973.

Fox, Richard Wightman. *So Far Disordered in Mind: Insanity in California, 1870-1930*. Berkeley: University of California Press, 1978.

Gamwell, Lynn. *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914*. Ithaca, N.Y.: Cornell University Press; Binghamton, N.Y.: Binghamton University Art Museum, 1995

Geller, Jeffrey L., and Maxine Harris, eds. *Women of The Asylum: Voices From Behind the Walls, 1840-1945*. New York: Anchor Books, 1994.

Glenn, Michael L., ed., *Voices from The Asylum*. New York, Harper & Row, 1974.

Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Chicago, Aldine Publishing Co., 1962.

Goldberg, Jacob. *Social Aspects of The Treatment of The Insane (Based on a Study of New York Experience)*. New York: Columbia University Press, 1921.

Gollaher, David. *Voice for The Mad: The Life of Dorothea Dix*. New York: Free Press, 1995.

Gilman, Sander L. *Disease and Representation: Images of Illness from Madness to AIDS*. Ithaca: Cornell University Press, 1988.

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

————— *Mental Illness and American Society, 1875-1940*. Princeton: Princeton University Press, 1983.

————— *Mental Institutions in America; Social Policy to 1875*. New York: The Free Press, 1972.

————— *The Inner World of American Psychiatry, 1890-1940: Selected Correspondence*. New Brunswick, N.J.: Rutgers University Press, 1985.

————— *The State and the Mentally Ill; A History of Worcester State Hospital in Massachusetts, 1830-1920*. Chapel Hill: University of North Carolina Press, 1966.

Hurd, Dr. Henry M. *The Institutional Care of the Insane in the United States and Canada*, Volumes I-IV. Baltimore: Johns Hopkins University Press, 1916; Reprint: New York: Arno Press, 1973.

Hyman, Howard and Stuart Bruchey, Eds. *American Legal and Constitutional History*, V. 1, New York: Garland Publishing, Inc. 1987.

Ingram, Allan, ed. *Patterns of Madness in the Eighteenth Century: A Reader*. Senate House, United Kingdom: Liverpool University Press, 1998.

Kaplan, Bert. *The Inner World of Mental Illness: A Series of First-Person Accounts of What It Was Like*. New York: Harper and Row, 1964.

Link, Arthur S. and McCormick, Richard L. *Progressivism*. Arlington Heights [Ill]: Harlan Davidson, 1983.

Lowell, James Russell. "A Virginian in New England Thirty-five Years Ago," *Atlantic Monthly*, October 1870.

MacDonald, Michael. *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England*. Cambridge; New York: Cambridge University Press, 1981.

Main, Jackson Turner. *The Social Structure of Revolutionary America*, Princeton, N.J.: Princeton University Press, 1965.

McCandless, Peter. *Moonlight, Magnolias & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*. Chapel Hill: University of North Carolina Press, 1996.

McGovern, Constance. *Masters of Madness: Social Origins of the American Psychiatric Profession*. Lebanon, NH: University Press of New England, 1985.

Moran, James E. *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario*. Montreal: McGill-Queen's University Press, 2000.

Newman, Simon P. *Embodied History: The Lives of the Poor in Early Philadelphia*. Philadelphia: University of Pennsylvania Press, 2003.

Porter, Roy. *Mind-forg'd Manacles: A History of Madness in England from the Restoration to the Regency*. London: Athlone Press, 1987.

Porter, Roy. *A Social History of Madness: Stories of The Insane*. London: Weidenfeld and Nicolson, 1987.

Royal, Anne. *Sketches of History, Life and Manners, in the United States, By A Traveller*. New Haven: Privately Published, 1826.

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

Semmes, Raphael. *Baltimore as Seen by Visitors, 1783-1860*. Baltimore: Maryland Historical Society, 1953.

Sewell, Jane Eliot. *Medicine in Maryland: The Practice and Profession, 1799-1999*. Baltimore: Johns Hopkins University Press, 1999.

Skultans, Vieda. *English Madness: Ideas on Insanity, 1580-1890*. London; Boston: Routledge & K. Paul, 1979.

Stanton, Alfred H. and Morris S. Schwartz. *The Mental Hospital; A Study of Institutional Participation in Psychiatric Illness and Treatment*. New York, Basic Books, 1954.

Still, Arthur and Irving Velody, eds. *Rewriting the History of Madness: Studies in Foucault's Histoire de la Folie*. London; New York: Routledge, 1992.

Young, Hugh. *A Surgeon's Autobiography*. New York: Harcourt, Brace and Company, 1940.

Dissertations

Engel, Jonathan William. *Deinstitutionalization in Maryland: A State's Response to Federal Legislation*. Ph.D. dissertation, Yale University, 1994.

Internet

<http://www.aomol.net>, Archives of Maryland Online, January 2006.

<http://dictionary.oed.com>, Oxford English Dictionary Online, February 2006.

<http://friendshospitalonline.org/eventsaccount.htm>, Friends Hospital, April 2006.