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A HISTORY OF THE EASTERN STATE HOSPITAL
OF VIRGINIA
UNDER THE GALT FAMILY
(1773 1862)

JAMES HARDING SISKE

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS
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The pictures of the Hospital were reproduced from old prints by Douglas Green of the Williamsburg Photo Service.

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INTRODUCTIONA SUMMARY OF THE CARE AND TREATMENT OF THE
INSANE FROM COLONIAL TIMES TO THE CIVIL WAR

The treatment of the mentally ill in America during the years from Colonial times to the Civil War may be divided into three stages. In the first, the insane did not receive medical attention. They were social and family disgraces, considered to be incapable of improvement, they were chained, imprisoned; or, if they seemed peaceful, they were left to roam at large as described by Shakespeare in King Lear. He tells about the wandering "Toms O' Bedlam" "That eat the swimming frog, the toad, the tadpole, the wall newt, and water that is the fury of his heart, when the foul fiend rages, eats cow dung for sallets, swallows the old rat and ditch dog, drinks the green mantle of the slimy pool; who is whipt from tything to tything and stocked, punished and imprisoned".¹ These same "Toms of Bedlam" roamed the country side of America too. The treatment that the insane received in Colonial America was not peculiar to the colonies but reflected conditions in the old world. Since the insane generally received the same treatment in each colony, no colony has any priority over another in the mistreatment of their insane.

America shared the same witchcraft delusions that prevailed in Europe. The mentally ill were accused of witchcraft, and the demonological view was significant for two reasons. During the post Reformation era when the American colonies were being settled, tens of

¹William Shakespeare, King Lear, Act III, scene IV.

thousands of mentally ill throughout the world were tortured and executed. In the second place the theological view stressed the wickedness of witches and thus contributed to the feeling that the mentally ill were dangerous or inferior individuals set apart from the rest of mankind and, therefore, were not entitled to the mercies otherwise associated with the Christian religion. This led to brutal treatment causing animal-like reactions, which in turn, further confirmed the original belief in the innate inferiority of insane individuals. The sane were strengthened by a smug consciousness of their own distinct and absolute superiority. This feeling still prevailed among the majority of the people long after the belief in witchcraft had been abandoned.² The belief in demonological possession was practically universal in seventeenth century America. It reached its climax in the famous witchcraft mania in Salem, Massachusetts in 1691 and 1692.

One record of a witchcraft trial in Virginia was that of Grace Sherwood in 1706, in Princess Anne County. She was thrown into a lake on John Harper's plantation, and after she swam out her body was searched for marks that were unusual. Nothing of any importance came out of the trial, but evidently there were several people in the colony who had been accused of witchcraft, because the Assembly finally had to threaten to fine anyone accusing another person of witchcraft unjustly, one thousand pounds of tobacco.³

²J. K. Hall, Gregory Zilboorg, Henry Bunker, One Hundred Years of American Psychiatry (New York, 1944), 1-2

³The Lower Norfolk County Virginia Antiquary, Edward W. James, Ed. III (1899), 152.

In some instances the mentally ill were more likely to be taken to the clergyman for cure and treatment than to the doctor for medical care. The belief in magic drugs and spells was so widespread that few people associated cure of the insane and medical science. Yet the medical treatment for insanity was in such a low state that it is doubtful whether the doctor could have given more effective treatment than the clergy.⁴ Medical practice in the colonies was at an even lower ebb than in Europe, because most good European doctors had no desire to come to the thinly scattered settlements of America to practice their profession where the poor population could not pay their fees. The Colonial physician rarely earned the academic title, and his knowledge was usually gained through medical books. The almanacs of the day recorded phases of the moon most favorable for the bleeding of patients. The average Colonial doctor, handicapped by isolation and lack of communication, fell behind the most backward country doctors in England in medical skill and knowledge.⁵

The following poem by Samuel Thomson gives a good description of the prevailing medication for the insane in this period:

Recipe To Cure A Crazy Man

Soon as the man is growing mad,
Send for a doctor, have him bled:
Take from his arm two quarts at least,
Nearly as much as kills a beast.

But if bad symptoms yet remain,
He must tap another vein;
Soon as the doctor has him bled;
Then draw a blister on his head.

⁴Albert Deutsch, The Mentally Ill in America (New York, 1946), 24.

⁵Ibid., 27.

Next he comes, as it is said,
The blistered skin takes from his head;
The laud'num gives to ease his pain,
Till he can visit him again.

The doctor says he's so insane,
It must be dropsy of the brain,
To lay the heat while yet in bed,
A cap of ice lays on his head.

And lest the fever should take hold,
The nitre gives to keep him cold;
And if distraction should remain,
He surely must be bled again.

The bowels now have silent grown,
The choledocus lost its tone;
He then, bad humours to expel,
The jalap gives with calomel.

The physic works, you well must know,
Till he can neither stand nor go;
If any heat should still remain,
The lancet must be used again.

The man begins to pant for breath,
The doctor says he's struct with death;
All healing medicine is denied,
I fear the man is mortified.

What sickedness, sorrow, pain, and woe,
The human race do undergo,
By learned quacks, who sickness make,
I fear, for filthy lucre's sake.⁶

The early records of the insane in Virginia are meagre. It is likely that they were chained, caged or allowed to roam at large and that they were drugged with camphor, opium, or purged, vomited, and bled. Virginia has the dubious distinction of having the first idiot in the colonies. In 1637, we find that Ambrose Harmer petitioned the

⁶Henry B. Shafer, The American Medical Profession, 1783-1850 (New York, 1936), 122-123. Quoted from Samuel Thomson, Learned Quackery Exposed (Boston, 1836), 8-9.

King for the custody of Bennoni Buck, son of the deceased minister of Jamestown. Perhaps Maria Buck, Bennoni's sister was also of weak mind since there were several attempts to marry her off, marriage being regarded as a good treatment for insanity.⁷

The old belief that insanity was due to yellow and black bile and that the heat of dog days was responsible for the faith in restraint and medication in hope that the trouble would eventually subside. An example of the use of restraint and medication in Virginia is found in a York County court in 1689. John Stock, a madman, had been running around the neighborhood day and night, in a sad distracted condition, to the great disturbance of the people. The court ordered that he should be laid hold of and be safely kept in some close room where he was to remain until he was in better condition to govern himself. The sheriff was to provide him with such help as was convenient and look after him.⁸

The "boarding out" plan was practiced in all the colonies. It consisted of auctioning off the feeble minded and helpless persons to those who were prepared to assume charge of them at the lowest figure. Many were placed in homes where the family was so poor it had to eke out a small income through caring for an insane person. John Deane, an idiot, of Surry County, Virginia, was an example of the "boarding out" plan. In 1661 the Commissioners of Surry County contracted with Robert House for his room, giving him his food, clothes, and paying his levies.⁹

⁷Wyndham B. Blanton, Medicine in Virginia in the Seventeenth Century (Richmond, 1931), 129-130.

⁸Deutsch, Mentally Ill, 43.

⁹Blanton, Medicine in Virginia in the Seventeenth Century, 129.

Mental disease was a constant factor in the colonies, and the care of the insane varied according to whether they were provided for by the church or state, in poor-houses, or jails, boarded out, given family care, or placed in a hospital. American villages were usually too small to provide almshouses or even jails, but local authorities were usually responsible for poor relief and the insane. In the South the Established Church built its own almshouses for the sick and poor. When a Colonial town attained a population of several thousand it usually built an almshouse or jail, but no especial provisions were ever made for the insane.

In Virginia, where towns were not as common as in New England, the Established Church built almshouses such as the one described in the Stratton Major Parish vestry book in 1767, built on fifty acres of land given by a member of the church. It was ordered that the house be "thirty six feet long, sixteen feet wide, nine feet pitch, with a brick chimney in the middle with two good fireplaces, to be framed of good oak timber, underpinned with stone or brick and covered with cypress or chestnut shingles eighteen inches long." It was ordered that Amy Adams was to look after the house, and on her due performance she should receive eight hundred pounds of tobacco at the next laying of the parish levy.¹⁰ The sending of an insane relative to the poor house was strongly disliked by many, but there seemed to be no other place for them to go.

In New England where the township system existed, town councils of the different villages cared for the insane. Insane people came to the notice of the public only when they needed charitable assistance. All the town charges received aid directly from the general treasury of the

¹⁰C. G. Chamberlayne, editor, The Vestry Book of Stratton Major Parish (Richmond, 1931), 159.

colony which dispersed funds grudgingly. Most laws passed during the Colonial Period were directed to the protection of the property of the insane instead of to their personal safety and comfort.

In summary of the care and treatment of the insane during the early Colonial Period we find nothing but confusion everywhere. Though often treated kindly, the insane frequently were hanged as witches, imprisoned, tortured, and persecuted as agents of the devil. Since they were regarded as subhuman beings, they were chained in kennels and cages like wild beasts and thrown in jail or prison like criminals. They were put in work houses and slaved as able bodied paupers or left to wander about sometimes stark naked, driven from place to place like mad dogs and were subjected to whippings by town vagrants. Before 1751, they were taken care of in the cheapest manner possible and neglected until they became incurable.

In the second stage, they were committed to hospitals where various efforts were made to cure them. Forty-one years prior to the work undertaken by Tuke and Pinel, in the year 1751, the petition was presented to the Provincial legislature of Pennsylvania representing that with the increase in the number of people "the lunatics or persons distempered in mind" had increased, and stating the great need for the proper care of the insane so that many of this class might be cured and restored to society. The law that created the Pennsylvania Hospital was the pioneer attempt in America to create a hospital for the care and treatment of the insane and it is interesting to note that its founders recognized that insanity is a disease and established a hospital where they could be treated by physicians. The Hospital represented a tremendous step

forward in that it was the first medical approach to insanity; but it was not until Benjamin Rush became a member of the staff in 1783 that much was accomplished in the way of medical treatment.¹¹

When the mentally ill were admitted to the Pennsylvania Hospital they were assigned to the cellar and subjected to the best medical care the time afforded. This treatment consisted of shaving and blistering their scalps, bleeding until there was a partial or complete stoppage of respiration; and purging until the alimentary canal failed to yield anything but mucas. In the intervals they were chained by the ankle to the cell wall. Their status differed very little from that of prisoners; and the duties of the cell keeper resembled those of a prison guard rather than an attendant of the sick, since his chief duty was to keep the patients from escaping. In earlier years it was not considered improper for the keeper to carry a whip and to use it frequently. These methods only increased violence and disorder and certainly did not aid in a cure. "The 'waistcoat', or 'mad shirt', was frequently used when the patient became violent. It was a close fitting cylindrical garment of ticking, canvas, or other strong material without sleeves, which when drawn over the head reached below the knees and left the patient an impotent bundle of wrath deprived of effective motion."¹² John Cresson, a blacksmith in Philadelphia, charged the Hospital in 1752 for one pair of handcuffs, two leg locks, two large staples, five links, two large rings, and two swivels for leg chains.¹³

¹¹ Thomas Morton, The Pennsylvania Hospital (Philadelphia, 1895), 143.

¹² Ibid., 147.

¹³ Ibid., 126.

A most shocking custom, which originated in the insane hospital in Vienna, of exhibiting the insane in their cells for a small fee, was also practiced at the Pennsylvania Hospital. Sightseers would take turns at teasing the crazy people into raving fury. Gradually the insane department became the showplace of the day and out of town guests traveled many miles to observe them. In 1791 physicians complained that the patients were being harmed by the indiscriminate admittance of visitors. Their advice seemed to have little effect because in 1822 the admission fee was raised from twelve to twenty five pence.¹⁴ The treatment of the insane at the Pennsylvania Hospital is of especial interest to Virginia since in 1769 she received permission from the governor of Pennsylvania to send four of her insane in the jail in Williamsburg to that hospital for treatment.

A hospital was founded in this period for the exclusive use of the insane at Williamsburg, Virginia. It was incorporated in 1769 and the first patients were admitted in 1773. This hospital, like the Pennsylvania Hospital, emphasized the need of medical treatment; however, records of early treatment are very meager, since both the Pennsylvania Hospital and the "Publick Hospital" at Williamsburg were occupied by troops during the Revolutionary War.¹⁵

In the third stage in the treatment of the insane in America, many new hospitals for the insane were established, and these hospitals adopted the "moral" treatment which consisted of kindness and sympathy in order to arouse the patients' mind. Some of these asylums were conducted by experienced physicians, while others were run on old fashioned

¹⁴Ibid., 64-65.

¹⁵Ibid., 145.

principles where the inmates suffered medical treatment hardly less terrorizing than those in chains. The conditions in the early asylums aroused public fear and distrust, and even as late as 1843 the Eastern Asylum at Williamsburg attempted to dispel false impressions by stating that "The old gratings with their prison like appearance and partial insecurity have been replaced by the neatness and security of modern castings."¹⁶

The era of awakening came slowly. It was through the Quakers that reform was begun both here and in England, and gradually new methods of caring for the insane developed in France, England, and America. Modern reform in the care of the insane in England began at the York Retreat founded in 1792, under the leadership of William Tuke; and in France under Philippe Pinel in the year 1795. It does not appear, however, that either of the two was acquainted with the work of the other. Their great reforms were based upon the recognition of insanity as a disease to be treated and managed by physicians; the prominent changes being the abolishing of abuses and of all harsh measures of restraint, the employment of attendants, and the erection of improved accommodation. They began the movement for the study of mental disease in England and France.¹⁷

When Philippe Pinel was appointed head of the hospital for the insane in France, he found the chronic insane treated like animals, confined in small, dark, ill-ventilated cells. They were allowed few visitors, little clothing, no furniture, and only coarse food. The violent were chained and shackled to the wall of their cells with iron collars which permitted little movement. Pinel selected a group of patients for whom he felt

¹⁶ Eastern State Hospital, Annual Report, 1843 (Richmond, Virginia, 1843) 42.

¹⁷ Thomas Morton, The Pennsylvania Hospital, 160.

there was a possibility of cure and struck off their chains, cleaned and fed them properly, and gradually cured them. When in the United States the newly awakened social conscience undertook to improve the status of the insane, the new republic was but copying the movement initiated abroad. Benjamin Rush aroused public opinion in America to the needs of the mentally afflicted.¹⁸

After Rush became a member of the staff of the Pennsylvania Hospital in 1783, he worked and improved the treatment of the insane for the next thirty years. In 1812 Dr. Rush published his work entitled Medical Inquiries and Observations Upon the Mind. Many of the principles and suggestions it contained for the moral management of the insane were far in advance of medical practice of his day. He announced the belief that "diseases of the mind can be brought under the dominion of medicine by just theories of their seats and proximate causes." Although the principles of general medical practice then prevalent were applied to the treatment of the insane, and have been since much modified, he is justly and properly regarded as the father of psychological medicine in America.¹⁹ Rush began practice of moral treatment whereby kindness and occupational therapy were combined to restore sanity. He argued for clean, sanitary buildings and removal from crowded cities to the peace and quiet of the country. He favored segregation of patients, but also urged such treatment of the violent insane as blood letting, a low diet, purges, emetics, and cold shower baths. In criticizing the treatment of the insane used by Rush in some instances, it must be remembered that

¹⁸Alice F. Tyler, Freedom's Ferment (Minneapolis, Minnesota, 1944) 300-301.

¹⁹Thomas Morton, The Pennsylvania Hospital, 161.

he received his instruction at Edinburgh and followed the principles that physicians of that day followed in their treatment of the insane.

New methods of caring for the insane gradually developed. The leading authorities of the day attempted to arouse the patient's interest, avoided the use of cold baths and bleeding, and provided about one attendant to every ten patients instead of to every thirty or sixty. "Moral treatment" became the common practice. Buildings were set in pleasant surroundings, attendants were required to show the patients respect and good will, to oversee their cleanliness, and to supervise them in their bed-making and similar activities. Most asylums abolished or limited restraining apparatus and substituted moral treatment including the use of kindness and sympathy and the attempt to restore the patient by pleasant work which would keep him happy. His life in the asylum was designed to awaken his consciousness and to restore him to sanity by a regimen which would build him up physically.²⁰ As early as 1834 the "Publick Hospital" in Williamsburg was letting the men work on the keeper's farm as a feature of their "moral treatment". The purpose behind moral treatment was to give the patients occupations they liked. They were not forced to work in the fields or, in the case of women, to sew and to do household tasks, but usually, as in the Hospital at Williamsburg, they begged the keeper to allow them to work, even though some were not able to do the work.

Beginning with the "Publick Hospital" in Williamsburg which opened in 1773, other states began, at the turn of the century, to follow Virginia's example. McLean, a branch of the Massachusetts General Hospital,

²⁰Henry B. Shafer, The American Medical Profession, 1783 to 1850 (New York, 1936), 124.

was founded in 1818, and the Bloomingdale Hospital was established as a branch of the New York Hospital. South Carolina built an asylum in 1822; Connecticut founded the Hartford Retreat in 1823; Kentucky established the second state hospital at Lexington in 1824; while Virginia was again a leader in the humanitarian field when she established her second state hospital at Staunton in 1828. During the next ten years Massachusetts founded a state institution at Worcester in 1833; the Pennsylvania Hospital made special provision for the insane when it erected a building at Mantua in 1839; Maryland established an asylum in Baltimore in 1834; Vermont began construction on the Brattleboro Hospital in 1837. New York built retreats in 1840, 1842, and 1843. Most states were very generous with funds. For example, New York in 1839, had spent \$431,636 on its state hospital at Utica.²¹ These institutions were organized under trustees or managers, like the original hospital for the insane at Williamsburg, who appointed the treasurer and the superintendent, who in later years was required to be a physician. The superintendent usually selected the matron, who was often his wife, and the rest of the hospital staff. These asylums were always crowded so that a large number remained in jails or in the care of relatives. In 1848 Dorothea Dix reported that there were 3000 insane who could not find room in existing institutions.

The insane were among the numerous unfortunates who profited from the general humanitarianism growing out of the practical development of democracy and the philosophy of human perfectability so deeply cherished by the champions of the rights of man. Chief among those interested in

²¹Ibid., 119.

improving conditions for the insane in America may be Benjamin Rush. He was followed by Dorothea Dix, the result of whose efforts can be traced in the building of mental hospitals during these years in the states where she worked for the better care and treatment of the insane. In 1844, thirteen pioneers in the field of psychiatry met at the Jones Hotel in Philadelphia and founded The Association of Mental Superintendents of American Institutions for the Insane (later the American Medico-Psychological Association, and now the American Psychiatric Association). These men who supervised the leading asylums of that time were: Dr. John M. Galt, II, of the Williamsburg Asylum, Dr. Amariah Brigham of the Utica Asylum, Thomas Kirkbride of the Pennsylvania Hospital, Dr. Pliny Earle of the Bloomingdale Asylum, Dr. Samuel Woodward of the Worcester Asylum, Isaac Butler of Butler Asylum of Rhode Island, William Aul of the Ohio Asylum, Samuel White of the Hudson Lunatic Asylum, Luther V. Bell of the McLean Asylum, Nehemiah Cutter of the Pepperell Private Asylum, Francis T. Stribling of the Staunton Asylum, Isaac Ray of the Augusta (Maine) Asylum and Charles H. Stedman of the Boston Asylum.²² The work of these men in the field of psychiatry will long be remembered by the American medical profession.

²² Hall, One Hundred Years of American Psychiatry, 45-72.

Chapter I

THE FOUNDING OF EASTERN STATE HOSPITAL

Virginia can claim to be first in many things, but one of the most outstanding is in the humanitarian field when in 1769, she founded the first state hospital exclusively for the care of the insane.

At that time Virginia was the richest, most populous, and most important of the British colonies. She had 504,264 inhabitants¹ and a large export and import trade in agricultural products brought to her markets from the rich farming country.

Francis Fauquier, governor of Virginia, from 1758 to 1768, was the leader in getting the Assembly to pass an act establishing a "Publick Hospital for Persons of Insane and Disordered Minds." He was the eldest son of Dr. John Francis Fauquier, one of the directors of the Bank of England, and was distinguished for his learning, especially in the field of natural sciences and he was also a member of the Royal Society in England. Soon after his arrival in Virginia the French and Indian War ended, but it was not until after the treaty of peace in 1763 that he turned his attention to improving conditions in Virginia.² Since he seemed to be familiar with the hospitals in England, such as Bethlehem, which was publicly supported, he recommended in his annual speech to the General Assembly November 6, 1766:

¹Stella H. Sutherland, Population Distribution in Colonial America (New York, 1936), 176.

²Iyon G. Tyler, Encyclopedia of Virginia Biography (New York 1915), 67.

It is expedient that I should also recommend to your consideration and humanity a poor unhappy set of people who are deprived of their senses and wander about the country terrifying the rest of their fellow creatures. A legal confinement and proper provision ought to be appointed for these miserable objects who cannot help themselves. Every civilized country has a hospital for these people where they are confined, maintained and attended by able physicians to endeavor to restore them to their lost reason. I shall only add to what I have said recommending to you a cool and considerate reflection on the circumstances of the colony and of what is expected of you. You never had an occasion and possibly may never have another in which the deliberate use of your judgment was more necessary. To that I trust and doubt not but your resolutions will convince me and all mankind I have not trusted in vain.³

The General Assembly, then in session in the capitol at the end of Duke of Gloucester Street in Williamsburg, received this humane appeal with humble thanks, and passed a resolution, November 20, 1766, that a hospital be erected for the reception of persons who are so unhappy as to be deprived of their reason. It ordered the Committee of Propositions and Grievances to prepare a bill pursuant to the above resolution. No action, however, was taken, and the treatment of the insane was pushed aside due to the trouble with the Mother Country that had begun in 1763.

Governor Fauquier was determined on action and on April 11, 1767 again brought up the case for the insane. He quoted the resolution of the previous session in regard to the hospital and stated:

Gentlemen of the House of Burgesses-There is a subject that gives me much concern, on which I shall particularly address myself to you, as it is your peculiar province to provide means for the subsistence of the poor of any kind. The subject I mean is the care

³Journals of the House of Burgesses, 1766-1769, 12.

of the poor lunatics. I find in your journals it was resolved, that a hospital be erected for the reception of those who are so unhappy as to be deprived of their reason and that a Committee was ordered to prepare a bill pursuant to the above resolution, but I do not find that anymore was done about it. It was a measure which I think could offend no party and which I was in hopes humanity would have dictated to every man, as soon as he was made acquainted with the call for it. It also concerns me much on another account; for as the case now stands, I am as it were compelled to the daily commission of an illegal act, by confining, without any authority, a poor lunatic, who, if set at liberty, would be mischievous to society; and I would choose to be bound by, and observant of the laws of the country. As I think this a point of some importance to the ease and comfort of the whole community as well as a point of charity to the unhappy objects, I shall again recommend it to you at your next meeting; when I hope after mature reflection, it will be found to be more worthy your attention than it has been in this.⁴

Unhappily Governor Fauquier did not live to see his wise counsel prevail, for in 1768 the Virginia Gazette reported that he had "submitted to the relentless Hand of Death" and that his mortal remains had been solemnly interred in a vault beneath the north transept of Bruton Parish Church. His life, the Gazette asserted, "was a pattern worthy of imitation" and that:

"If ever virtue lost a friend sincere,
 If ever sorrow claimed Virginia's tear,
 If ever Death a noble conquest made,
 'Twas when Fauquier the debt of nature paid."⁵

It may be truly asserted that this kind and honorable man was the founder of the present Eastern State Hospital. An obituary sums up his character in saying that "the many good qualities which united in this gentleman render the Tribute to Reverence justly due his memory."

⁴Journals of the House of Burgesses, 1766-1869, 131.

⁵Virginia Gazette, Rind, Editor (Williamsburg, Virginia) March 10, 1768.

Lord Botetourt, Governor Fauquier's successor, was also interested in the plight of the insane. On November 30, 1769, he asked Colonel William Byrd, III to write to the Pennsylvania Hospital to ask if that institution would receive four unhappy people who were so disordered in their senses that they had to be confined in the "public gaol" in the Colony. The Philadelphia authorities readily agreed to accept them; whereupon the Virginia Assembly appropriated money to pay their passage to Philadelphia and maintenance while there. The Assembly then thanked Governor Botetourt for his interest in those unfortunate persons confined in the public gaol until Virginia could make proper provisions for them.⁶

Virginia did not remain dependent upon Pennsylvania for the care of her insane. On November 15, 1769 the House of Burgess created a committee and instructed them to draw up a bill "to make provision for the support and maintenance of Idiots, Lunatics, and other persons of unsound minds." That same month, the House of Burgesses approved the bill for the establishment of the Hospital, an event which can be celebrated as a turning point in the history of the care of the insane in Virginia. In June 1770⁶⁹ the Assembly enacted the following law which is quoted in full because of its importance in the history of the treatment of the insane in Virginia.

I. Whereas several persons of insane and disordered minds have been frequently found wandering in different parts of the colony and no certain provision having been yet made either towards effecting a cure of those whose cases has not yet become desperate nor for restraining others who may be dangerous to society: Be it therefore enacted, by the authority of the same that the honorable John Blair, William Nelson, Thomas Nelson, Robert Carter Nicholas, John Randolph, Benjamin Waller, John Blair, Jr., George Thomas Everard and John Taxewll, esquire be, and they are hereby constituted trustees for founding

⁶ Journals of the House of Burgess, 1766-1769, 305

and establishing a public hospital, for the reception of such persons as shall, from time to time, according to rules and orders establish by this act, be sent thereto. And the said trustees shall be called and known by the name and style of the Court of Directors of the Public Hospital for Persons of Insane and Disordered minds.

II. and for the better and more regular ordering the business of the said hospital, the said directors shall at their first meeting proceed to the choice of a president who, with any six of the directors, shall hold a court for the dispatch of business and in case of absence, sickness or death the said president, the other members of the said court may choose another president, either perpetual or temporary as the exigency of affairs may require; and in case of the death, resignation, or absence out of the colony for two years of one or more of the said directors, the president, for the time being, and the rest of the directors continuing in office, shall and may proceed to the choice of other fit and able persons, to supply all such vacancies and be it further enacted by the authority fore said, that the said Court of Directors be, and they are hereby empowered to purchase a piece of parcel of land, not exceeding four acres, the most healthy in situation that can be procured and as convenient as may be to the city of Williamsburg, and to contract for the building thereon a commodious house or houses, fit for the reception and accommodation of such disordered persons as are described by this act, and to provide a proper keeper and matron of the said hospital, with necessary nurses and guards and, as occasion may require, to call in any physicians or surgeons for the assistance and relief of such poor patients, and to provide all necessaries for their comfortable support and maintenance, and in general, from time to time, to make and ordain all such rules, orders and regulations for the better establishing and governing such hospital, as to them shall seem fit and necessary. And for the better and more regular determining who are the proper objects of this act.

III. Be it further enacted by the authority aforesaid, that any magistrate of the quorum, in any country within this colony, or any chief magistrate of any city or borough, either upon his knowledge, or on proper information, that any such disordered person is going at large in his county, city or borough, commanding him, to bring such persons before himself, or any other person in the quorum, and any other two magistrates, which three magistrates, being assembled, may examine the said person supposed to be disordered in his or her senses, and take such evidence in writing, touching his or her insanity, and the causes of it, as they can procure. And if it shall appear expedient and necessary to such magistrates, or a majority of them, they shall forthwith, by warrant under their hands and seals transmit such disordered persons, together with the dispositions taken before them, either with or without a guard as may seem neces-

- sary to such magistrate or to the public hospital to be delivered to the keeper of the said hospital, who shall give a receipt for such persons and immediately give notice to the president of the directors who shall, in convenient time summon his court to consider what is further necessary to be done; and it shall appear to such, court that such a person is a proper object of this act, they shall enter his name in a book to be kept for this purpose, and pursue such measures as his or her case may require.
- IV. Provides always, if any friend of such person will appear before such magistrates, or such court of directors and give sufficient security that proper care shall be taken of such person, and that he or she shall be restrained, or secured from going at large till he or she is restored to his or her senses, it shall and may be lawful for such justices, or such court, to deliver such insane person to his or her friend.
- V. And be it further enacted, by the authority aforesaid, that the sheriff or other officer conveying such disordered person to the public hospital, shall receive such compensation for his trouble and expenses as to the court of directors shall seem reasonable, having regard to the quality, of such person.
- VI. And be it further enacted by the authorities aforesaid, that the treasurer of this colony for the time being is hereby empowered and required to pay, upon the governors warrant to the court of directors, for the purchasing the land, building the hospital and other incidental charges, any sums of money, not exceeding the sum of twelve hundred pounds, and for such person removed, to be maintained and supported in the said hospital any sum not exceeding twenty-five pounds per annum.
- VII. And whereas it may happen, that some persons may fall into the unhappy circumstances described by the act, whose estates may be sufficient to defray the expense of their support and maintenance in the said hospital, where they may be more securely kept and managed, and with much less anxiety to friends. Be it further enacted by authority aforesaid, that it shall and may be lawful for the court of any county, city or borough, within this colony, upon application to them made by the friend or guardian of any such insane or disordered person, to appoint three or more of their members to enquire upon oath to be taken before such court, into the state and condition of such person should be placed in the said hospital, the said court is hereby empowered and required to order and direct such person to be forthwith removed thereto, and at the same time to settle the allowance to be made to the said hospital for such person's support and maintenance out of his or her estate having regard to net profits thereof.
- VIII. And be it further enacted, by the authority aforesaid, that the said court of directors are hereby empowered and required to receive such person into said hospital, according to his or her quality and allowance made out of his or her estate, as to them shall seem necessary or expedient and the said court

of directors are hereby directed and required to keep distinct and proper accounts of the expenditure of all such moneys which shall be paid into their hands, to be laid before the General Assembly, when the same shall be called for.

- IX. And any person who shall be taken into the said hospital shall recover, his or her perfect senses, so that, he or she is in the opinion of the Court of Directors may be safely released, it shall and may be lawful for the said court to discharge such person giving him or her a proper certificate thereof.
- X. And be it further enacted, by the authority aforesaid, that this act shall continue and be in force for and during the term of five years, and from thence to the end of the next session of the assembly.⁷

It is interesting to note that, among the members of the Board of trustees appointed by the House of Burgesses, there were several distinguished men. Thomas Nelson, Jr., was a signer of the Declaration of Independence and in 1781 was elected governor of Virginia; Peyton Randolph, was the first President of the Continental Congress in 1774; and George Wythe, professor of law at the College of William and Mary, law teacher of both John Marshall and Thomas Jefferson and a signer of the Declaration of Independence. John Blair and John Blair, Jr. were both well known men in Virginia history.

The "Publick Hospital" represented a tremendous step forward in that it was the first American public institution exclusively for the mentally ill, where they were received for the purpose of treatment and cure. The Hospital was maintained by the colony until the Revolutionary and by the state afterward. Until the Eastern Lunatic Asylum at Lexington, Kentucky was opened in 1824, the "Publick Hospital" of Virginia remained for a period of fifty years the only state hospital of its kind in the country.⁸ There is quoted in Appendix F. a list of insane asylums in the United States and the order of time in which they were established.

⁷ Hening, Statutes at Large, 1769. (Richmond, Virginia, 1821), 378.

⁸ Albert Deutch, The Mentally Ill in America (New York, 1938), 71.

THE ORIGINAL BUILDING COMPLETED 1775

Chapter II

THE HOSPITAL IN ITS FIRST YEARS

After receiving the necessary money and the legal right to establish the Hospital, the Court of Directors began to look for a suitable location upon which to build it. They were authorized to purchase land, not exceeding four acres, in the most healthful situation that could be procured, erect buildings, employ a keeper and other employees, and arrange for a visiting physician. These men took their work seriously and began at once to make Governor Fauquier's dream a reality.

Using £ 200 that had been appropriated by the House of Burgesses they purchased eight lots, on the south side of Francis Street near the College, from Mr. Thomas Walker, the distinguished explorer of Albermarle County. Upon these lots Ben Powell was contracted to erect a large brick building within two years, for £ 1,070. On April 9, 1770, Robert Smith, a Philadelphia architect, completed the plans and specifications for the Hospital.

The plans provided for a hall with a staircase and behind them a keeper's apartment and twelve other rooms chiefly for the reception of "mad people". There was a second story also with twelve rooms and a room over the Keeper's Apartment for the sessions of the Court of Directors. If necessary, this room could be divided to make two other rooms for patients. The building was one hundred by thirty two feet, two inches wide with a front projection of three feet, six inches and was two stories high, the walls were fourteen inches thick. When it was necessary to warm the building, there were stoves fixed in the partitions of two rooms with the mouth open to the passage in which the

fires were made so the "mad people" could not get to them. The chimneys came out in the roof at equal distances "to procure a good effect". The "well burnt" bricks were made near the spot, but the stone steps and window grates for the building were imported from England. The floors were of good pine plank "free from sap", the doors were pannelled, and a modillion cornice went around the roof that was covered with cypress shingles.¹

On January 21, 1771, William Nelson, a member of the Court of Directors and the first person to bequest money to the Hospital, wrote the following letter:

Virginia - 1771

Robert Cary, Esq.

"The legislature of this colony has voted money to erect a Hospital for the reception and maintenance of idiots and lunatics. I have promised the gentlemen, who are to direct the building to procure such material as will be wanted from England; I therefore desire that you will send the several articles mentioned in the enclosed invoice, by the first ship, observing to insure them and place them to the account of

Your most humble seryant,
William Nelson²

The premises and appurtenances were deeded to the Court of Directors of the "Publick Hospital" and their successors forever by Mr. Walker in his will, signed by him and proved by the oaths of Henry Tazewell, John Jamison, and John Brown, witnesses at a court held for James City County, December 10, 1770.³

The £ 1,200 originally appropriated by the House of Burgesses was not sufficient to purchase the land and complete the buildings.

¹Minutes of the Court of Directors, Manuscript at Eastern State Hospital, April 9, 1770.

²Nelson Letter Book, Virginia State Library, William Nelson to Robert Cary, January 21, 1771

³Eastern State Hospital, Annual Report, 1926. (Richmond, Virginia, 1927), 5.

In the Journal of the House of Burgesses for February 24, 1772, the Court of Directors reported that they had purchased the lots, obtained a contractor to build the Hospital and completed the plans and specifications. Since the land and building when finished would cost about £ 1600, they asked the House to make further provisions to enable them to enclose a garden and yards for patients to walk and take air in, and to employ a keeper and matron so that the good intention of the Assembly could be carried into complete execution.

On September 13, 1773, the Court of Directors announced in the Virginia Gazette that the Hospital would be completed by the twelfth of next month. According to agreement the Hospital was completed and the Court of Directors examined it and received it from the contractor.

The Hospital was opened for the reception of idiots, lunatics, and persons of unsound mind, October 12, 1773. It was on this day that the Court of Directors held its first meeting for the reception of patients. Two cases were taken into consideration. The first was Zachariah Mallory from Hanover County, and the other was Catherine Harvey from New Kent County. The Court of Directors decided they were insane, so they were admitted to the hospital.⁴

The charge for maintenance of the first patients was £ 15 a year, for those who could afford to do so paid an allowance to the hospital for their support. During the first year thirty six patients were admitted and the Assembly made an allowance of £ 25 a year for the support of each patient. Twenty shillings were allowed the sheriff for summoning the justices and witnesses for the examination of each patient; he also received five pounds of tobacco per mile for bringing the patient to the hospital, as did each guard employed for the purpose.⁵

⁴Ibid., 5.

⁵Eastern State Hospital, Annual Report, 1913 (Richmond, Virginia), 6.

The Court of Directors, in September 1773, appointed James Galt keeper of the hospital and Dr. John De Sequeyra visiting physician. Dr. De Sequeyra was probably one of the educated Italians who came to this country with Phillip Mazzei. James Galt was referred to the General Assembly for such a salary as his services should be thought to merit.⁶

James Galt served the hospital as keeper for twenty seven years until his death in December, 1800. He had the opportunities of education and travel and was highly regarded for his integrity, and later for his patriotism. During the Revolutionary War he was a lieutenant in the Williamsburg militia, while the hospital was suspended for lack of funds. When it was reopened in 1783 he continued to serve as keeper and superintendent.⁷

William T. Galt, son of James, became keeper and served the hospital until his death in July, 1826. He was mayor of Williamsburg when Lafayette made his second visit to America and received him officially when he visited the ancient city.⁸ William was succeeded by his son Dukie Galt who served as keeper for ten years.

Dr. Alexander Galt, son of Dr. John M. Galt, I, was born in 1771. He received his education at the College of William and Mary and upon his fathers death succeeded him as physician at the Hospital. Patrick Galt, younger brother of Dr. John M. Galt, Sr., a surgeon to the ninth Virginia Regiment was stationed at Morristown, New Jersey where he died in February, 1777. He was well liked in Williamsburg and probably would have aided the hospital had he lived.⁹

⁶Eastern State Hospital, Annual Report, 1926 (Richmond, Virginia, 1927), 6.

⁷William and Mary Quarterly, First Series, VIII (1900), 260.

⁸Ibid., 260.

⁹Ibid., 261.

It is interesting to note that in the beginning the hospital was officially known as the "Publick Hospital for Persons of Insane and Disordered Minds." Among the people of Williamsburg it was known as the "Mad-House" or "Bedlam"; and in the library at the College of William and Mary, there is a map dated 1800, drawn by Benjamin Bucktrout, which designates the Hospital as the "Mad-House." The act of incorporation of 1769 emphasized the role of the institution as a hospital for the cure of the sick. Except in the title, it made no use of the word lunatic, and referred frequently to the care and treatment of the patients. It authorized the appointment of physicians and nurses and specifically designates the institution as a hospital rather than as an asylum. The legislature made the mistake in 1841 of changing its name to the Eastern Lunatic Asylum and it was not until 1894 that it was again correctly named a hospital.¹⁰

The first bequest the hospital received was from a trustee, the Hon. William Nelson, Esq. for the sum of £ 100 in current money, to be applied towards the relief of such patients as might be sent to the hospital, but not to be used for the enlargement of the buildings.¹¹

The Eastern State Hospital was the first in the country to care for the colored insane. In 1774, Charity, a free mulatto woman, was admitted and for seventy two years thereafter only free Negroes were admitted; but in 1846 in accordance with an act of the legislature, slaves were also received.¹²

¹⁰James V. May Mental Diseases (Boston, 1922), 36.

¹¹Eastern State Hospital, Annual Report, 1926 (Richmond, Virginia, 1927), 6.

¹²Henry Hurd, Institutional Care of the Insane in the United States and Canada. (Baltimore, 1916), 703.

The General Assembly enacted a law that when lunatics had estates they were liable for their support and maintenance of such lunatics, exclusive of any extra expenses. The first patient admitted under this provision was Nathan Phillips of Hanover County on April 29, 1774 at a General Court held at the Capitol. In 1780, the General Assembly raised the appropriation for the maintenance of each patient from £ 25 to £ 50.¹³

Unfortunately, no record of the early methods of treatment has come down to us; but Wyndham B. Blanton, the historian of medicine in Virginia, is probably reasonable in his opinion that the old reliance on chains and confinement in cells prevailed here as elsewhere. Prior to 1905, clinical records kept on the patients were very scanty and little is known about the treatment used. The only statistical information available was that contained in the commitment papers of the patients and on the register.

¹³ Eastern State Hospital, Annual Report, 1926. (Richmond, Virginia 1927), 6.

¹⁴ American Journal of Psychiatry, 122.

Chapter III

EASTERN STATE HOSPITAL AFTER THE REVOLUTION

Details concerning the "Publick Hospital" during the Revolution are very meager due to the moving of the capitol from Williamsburg to Richmond and the invasion of Virginia by British troops. There was, however, a petition from the Hospital to the House of Delegates in June 1779, in which the Court of Directors said that soon after the last session of the late General Assembly, Mr. and Mrs. James Galt proposed their resignations as Keeper and Matron of the Hospital because of the low salary paid them for their services. The Directors were of the opinion that Mr. Galt's resignation might impede in some degree, the charitable purpose of that institution not only by the loss of an officer who had given them every reason to be satisfied with his conduct, but also because of the great difficulty in finding a successor at such a low salary.¹ Because of the proposed resignations of the Keeper and the Matron it was resolved by the General Assembly, "due to the great increase of lunatics and the advanced price of every article of life", to increase the inadequate salary of James Galt by £ 50 per year and that of the matron by £ 12.²

In that same year Dr. John de Sequeyra petitioned the House of Delegates to take his case into consideration and to grant him a salary they thought proper, since he had been physician at the Hospital for one year and had received no compensation for his services.³

¹ Lyon G. Tyler, Tyler's Quarterly Magazine, II (1930), 177.

² Journal of the House of Delegates, 1777-1780, (Richmond, Virginia 1881), 62.

³ Tyler's Quarterly Magazine, II, 185.

The House pronounced the petition reasonable and allowed him the sum of £ 250 for visiting and attending the patients in the Hospital once a week for a year. In November 1780 the General Assembly raised his salary to £ 600.⁴

In June 1781, John Blair, Nathaniel Burwell, John de Sequeyra, James Madison, and James Prentis wrote to Governor Nelson:

Sir, we think it a duty incumbent upon us to lay before you the present state of the Hospital for Lunatics. It is destitute of every necessity for its support. The unhappy objects which are now here, have been without clothes for some time past and are now without provisions. The Keeper previous to the arrival of the British army at this place obtained provisions from the Commissaries by the means of an order from Governor Jefferson for that purpose, but at present there is no such officer here, and that resource is at an end. We submit this report on the state of the Hospital to your Excellency because we know if it is possible that you will make provision for the unhappy people as it is absolutely necessary, by supplying them with proper clothing and enabling the Keeper to draw provisions from such commissaries as may be appointed at this place or any place convenient to it. We have enclosed a list of persons now in the hospital and the counties from which they come in hopes that your Excellency will order the means of returning them to their respective counties, provided no method can be adopted for their support.⁵

No further information about the Hospital can be found until December 20, 1783 when in the Journal of the House of Delegates it was stated that the treasurer had not been able to pay the annual appropriations to the hospital "erected for persons of unsound mind" because of the lack of funds. It was then resolved that a sum not exceeding £ 500 be appropriated out of the Civil List Fund. It thus appears that no aid had been given the hospital during the years from 1781 to 1783 and, it is probable that the governor took the advice of the Court of Directors and returned the patients to their respective counties.

⁴Journal of the House of Delegates 1779-1780. (Richmond, Virginia, 1781), 17.

⁵Virginia State Papers, 1781. (Richmond, Virginia, 1883), II, 279.

The Hospital building was used as a barracks for troops during the war.⁶

In 1784 Dudley Diggs, president of the Court of Directors wrote Governor Harrison for £ 50 for the immediate relief of the lunatics that were then in town. At a meeting of the Court of Directors in April 1786 Joseph Hornsby was appointed treasurer of the Hospital. In May he wrote Governor Henry that the £ 400 was needed to finish repairing the Hospital so that patients who were suffering from the want of its humane treatment could be received.⁷ In spite of the fact that the Hospital lacked funds, the Court of Directors ordered in September 1787, the following menu:

"Daily allowances of provision for each lunatic: They shall have for breakfast water, gruel, mush and molasses, or rice bread, butter, salt and milk. Four days of the week they shall be allowed one pound of fresh meat, or half a pound of bacon occasionally and a sufficient quantity of broth for dinner besides vegetables, and one quart of beer each day. The remaining three days they shall have rice, milk, pottage with molasses or butter, or bread or chese. For supper they shall be allowed any of the articles which are given for breakfast."⁸

The assembly voted £ 600 for the support of the Hospital in that year but it seems that it was still lacking funds, for Dudley Diggs wrote Governor Randolph that the Court of Directors had just met and that John Blair, James Madison, John De Sequeyra, Robert Andrews, Henry Tazewell and Joseph Hornsby were present. They took the case of John Torner of Princess Anne County into consideration. He was judged insane and a fit case to be received by the Hospital, but due to the present low state of finances of the Hospital the Keeper could not take any patients. It was ordered that Torner be returned to his home until the public would give money to the

⁶Prison Discipline Society, Annual Report, 1841. (Boston, 1841), 8

⁷Virginia State Papers, 1786, IV, 178.

⁸Eastern State Hospital, Annual Report, 1845. (Richmond, Virginia, 1846), 36.

Hospital enabling the Keeper to receive the "unhappy objects". The Court agreed, however, that they would accept him provided his parents or friends would provide for his support and maintenance until they were able to reimburse them for the sums of money advanced. No further grant of money was given the Hospital until 1788, when £ 800 was authorized because of its condition.⁹

On November 22, 1790 a Mr. Andrews reported to the House of Delegates from a committee appointed to examine the Williamsburg Lunatic Hospital:

Your committee finds that from November 1786 to October 1790, there have been thirty six patients received in the Hospital. There have been three taken out by their friends, eight discharged, nine died and last October fifteen remained. From September 1789 to September 1790 the Hospital has been paid the sum of £ 684 pounds. It appears that a few additional cells and some outhouses are necessary for the reception of the unhappy objects and for the accommodation of servants. Your committee believes that the charges for carrying patients to the Hospital are often enormous, and that the courts of the counties from which they are sent, can seldom be prevailed upon to give any information the President and the Court of Directors respecting the estates of patients, so the whole expense of maintaining and keeping the patients falls on the public and in many cases is an unreasonable burden on the community. It should be resolved that the Court of Directors be empowered to have three cells constructed under the first floor of the Hospital for the reception of patients who may be in a state of raving phrensy, and to have such out-houses erected as may appear to be necessary, and that a sum be appropriated to defray the expense of construction. It is also recommended that where patients have no estate the money ought to be defrayed by the public out of money appropriated to the use of the Hospital; and also the number of guards and their allowance be regulated. When a patient is sent to the Hospital a

⁹Ibid., 224.

certificate ought to accompany him from the court of his county, to the President and the Court of Directors, setting forth whether the patient has any estate, and if he has any net profits the county should have power to take as much as might be requisite and be paid yearly to the Hospital for the patients support.¹⁰

Virginia in 1790 repaid, in part, her gratitude to the State of Pennsylvania for taking care of four of her insane in the Pennsylvania Hospital in 1769, by admitting Harmon Snow, a lunatic from Philadelphia. He was a mariner and was found in the vicinity of Norfolk, and since he could not be allowed to go at large with safety he was admitted. It was doubted by the Court of Directors whether he was entitled to be admitted because the object of the Hospital was limited by the legislature to citizens of this state. His case was submitted to the Governor in case he thought it necessary to make application to the State of Pennsylvania for his support.¹¹

The case of John Brown is also interesting because it shows a more tolerant attitude toward the insane than in earlier days. In December 1791 he was confined in the jail at Norfolk awaiting execution, but the governor got the General Assembly to suspend the execution because he had twice been a patient at the Hospital in Williamsburg and was sane at intervals of one or two years.¹²

Treatment received at the Hospital definitely seemed to have helped one patient. Joseph Watson, a student at William and Mary, wrote in February 1798:

¹⁰Journal of the House of Delegates, 1786-1790. (Richmond, Virginia 1790), 79.

¹¹Virginia State Papers 1790, V, 190.

¹²Ibid., 411.

Poor Mr. ----- is not mended. It is the opinion of all who are acquainted with his situation and circumstances that his friends had better take him away. If they send for him at the Madhouse it will be necessary for the person who comes to get him to have security against him doing any mischief.

It is very interesting to note that in August 1800 there is another letter written about the same patient stating:

My personal acquaintance with Mr. ----- is slight, but the one time I was at his house I found good hospitality, He is now situated in the most commodious and agreeable part of that very uncommodious and disagreeable place, the Hospital. Mr. James Galt, the Keeper, is a man of much humanity. From the circumstances we may expect Mr. ----- will pass his time with as little inconvenience as the nature of his disorder will permit. From the general opinion of the physician and others who may have seen him we may hope that the cause removed, the effects will be removed and he will shortly be restored to his family.¹³

These cases seem to prove that the Hospital carried on through financial difficulties and that it continued to give the best medical attention possible to the patients.

In 1795 a Frenchman visited Williamsburg and wrote the following description of the Hospital in his account of the town.

There is also at Williamsburg a hospital for lunatics, it is sustained by the public treasury. It is a fine building where the lunatics are rather abandoned to their unhappy existence and treated for cure. Observations that I made in Virginia as to the chief causes for this illness are to be blamed on their narrow religious devotion and drinking of strong liquor, the latter being the lease incurable. There are only fifteen lunatics of both sexes, at present in the Hospital which is capable of holding thirty.¹⁴

George Tucker, author of the American Universal Geography wrote the following account of the Hospital in his description of Williamsburg in 1795.

¹³Virginia Historical Magazine, XXIX 138, 271.

¹⁴William and Mary Quarterly, Second Series, X, (1930), 82.

The hospital for lunatics does not appear to have been constructed with any view to architectural fame. It accommodates between twenty and thirty patients in separate rooms or cells and has never been filled at the same time. The house is neatly kept and the patients well attended; but convalescents have not sufficient room for free air and exercise without danger of making their escape.¹⁵

Both of these accounts of the Hospital are interesting because they portray the opinions of the writers and are probably correct. It is, however, doubtful that the narrow religious devotion was a leading cause of insanity in Virginia. In sanity, the laws of association remain unaltered, and when a person becomes deranged the ideas most likely to be suggested are those which are most prominent from his situation in life, and the nature of the disease causes him to speak in a wild manner about any idea entering his mind. Religion in Virginia occupied a prominent position, and when a person became deranged ideas in relation to it were suggested to him and he would speak incoherently; and thus religion was often falsely assigned as a cause of insanity.¹⁶ The Puritan ideas about religion, however, were never carried to the extreme in Virginia as they were in New England.

Financial problems continued to worry the Hospital as well as the state. In July 1794 Robert Andrews wrote Governor Lee that Mr. Galt had asked him to use his influence to obtain a grant of money for the necessities of that institution. Mr. Galt had been obliged to borrow money from his friends for the Hospital's support.¹⁷

The following October, James Ambler wrote the Lieutenant Governor that there was only £ 6,882,92 in the public chest. Heavy demands had been made on account of the state's subscriptions to several canals,

¹⁵William and Mary Quarterly, First Series, II (1893), 180-198.

¹⁶Eastern State Hospital, Annual Report, 1842-43, (Richmond, Virginia 1844, 8

¹⁷Virginia State Papers, 1794. VIII, 214.

the Federal Building in Washington, the public arsenal, and for the support of the "Lunatic Hospital." Several individuals had pressed payment in the most urgent manner. If they were paid the treasury would be exhausted in a few days and the claims of the more important causes such as the Hospital would be unprovided for. The advice and direction of the Governor was asked, who was authorized to determine which claims were to be given preference to.¹⁸

In 1799 the Virginia Gazette of Williamsburg stated that the Hospital was filled. In 1800 the physicians salary was raised £ 100 per year with \$1600 given to the Hospital for expenses. With the turn of the century, Eastern State Hospital was to advance in the field of medical treatment for the insane under the direction of Dr. Alexander Galt and his son Dr. John Minson Galt II, and was to remain, under their guidance, a leading example for other state hospitals in America.

¹⁸Ibid., 349.

THE HISTORY OF THE AMERICAN PEOPLE

Chapter IV

EASTERN STATE HOSPITAL UNDER THE ADMINISTRATION OF DR. ALEXANDER GALT
(1800 - 1841)

The new century brought several changes to the "Publick Hospital". In January, 1800 Dr. Alexander Galt, son of the late Dr. John Minson Galt, replaced his father as visiting physician at the Hospital. He continued to hold this position until his death in 1841, and then his son, Dr. John Minson Galt, II, became superintendent. In December 1800, James Galt, the first keeper, died after serving the Hospital for twenty seven years. That same month William Galt succeeded his father as keeper and continued until his death in July 1826. Dukie Galt, replaced his father as keeper in 1826, and held this position until his resignation on December 24, 1836.¹ There is a list of the keepers, superintendents, physicians and Court of Directors from the founding of the Hospital to the year 1862 included in Appendix A.

On February 25, 1822, the House of Delegates resolved that hereafter it would be the duty of the Directors of the Hospital to report annually, at the beginning of each session of the General Assembly, the condition of the Hospital. They were also to report all money they received from the public treasury and from the estates of the lunatics, together with a list of names of the patients, the time received, their place of residence, and the expense of removal. A standing committee was appointed to go to Williamsburg, examine the condition and management of the Hospital, and make a report of their findings to the General Assembly.² It is from these detailed reports that valuable information

¹ Eastern State Hospital, Annual Report, 1913. (Richmond, Virginia, 1913), 7 Eastern

² Journal of the House of Delegates, 1821-1822. (Richmond, Virginia, 1828), 198.

has been gathered concerning the Hospital. It is unfortunate that they were not made from its beginning in 1773.

After 1800 the Hospital began a period of expansion and growth. The committee investigating the institution in 1824 found the patients crowded together and reported that: "both policy and humanity forbid that persons laboring under this most awful of human calamities, should be crowded together, or in any manner be denied the comforts that their meloncholy condition requires."³ Since fourteen applicants from eastern Virginia had been refused admittance for the lack of room, and fourteen patients in the Hospital were from west of the Blue Ridge, they suggested a new hospital be built in that section in a more central position to relieve the pressure on the Williamsburg Asylum. They also recommended that an addition be made to the Williamsburg Hospital for the better accommodation of the females.⁴

In 1825 the physical plant of the Hospital began to grow when a large brick kitchen and smoke house were erected. A Convalescent House was built in 1829 because of the need of segregating the patients. By 1835 conditions had again become crowded, making it necessary to purchase additional land for a garden, burying ground, and a new building used for servants lodgings and a dining hall for the patients. In 1838 the Hospital reported that a wall was needed to separate the curables from the incurables in order to give the convalescents the advantage of light

³Journal of the House of Delegates, 1824. (Richmond, Virginia, 1825), 177-178.

⁴The Western State Hospital was established in 1828 at Stanton. The original plans had many suggestions of French origin and influence. At first it had a pleasant outlook and good facilities for the segregation of patients, but due to the necessity of securing accommodation for the insane and lacking money during the period following the Civil War, large barrack-like additions were constructed in connection with the original building which revolutionized the plan and marred its effect badly.--Henry Hurd, Institutional Care of the Insane in the United States and Canada. (Baltimore, 1916), IV, 205.

air, shade, exercise, and amusement. Without the wall this could not be accomplished except at the expense of guards to accompany them and the hazard of alarming and annoying the inhabitants of the town. Since the present walls were in constant need of repair the Hospital recommended that the new walls be built out of bricks that the patients could make on the Hospital grounds.⁵

In 1840 the Court of Directors decided to dispense with the walls, for the present, and concentrate on the buildings. They had obtained information concerning the plan and structure of the hospital at Worcester, Massachusetts, and decided to connect the existing buildings by wings. A contract was made to add a story to the original building of 1773, and build two wings of the same size to be connected with the main building on the east and the west of it to round out the proportions of the Hospital.⁶ These buildings and the third story on the original building were completed in 1841 at a cost of \$16,400. The committee investigating the hospital in 1824 suggested using stoves for heat in the cells instead of fireplaces, to lessen the possibility of fire and furnish better heat at the same time. Their suggestion, however, was not carried out until after the Civil War. The Hospital was made more secure from fire in 1829 by slating it, and making fire walls in the interior.

All supplies were purchased by contract from the lowest bidder. In 1833, wood cost \$1.99 a cord, meat 5¢ a pound, corn meal 65¢ a bushel. Pork was purchased in Richmond and driven to Williamsburg. For the year the total expenses amounted to \$10,081.49 - food costing \$3,243.70, fuel \$899.23, clothing \$695.80, and \$699.16 for miscellaneous articles.⁷

⁵Journal of the House of Delegates, 1838. (Richmond, Virginia, 1839) Document No. 35

⁶Journal of the House of Delegates, 1833. (Richmond, Virginia, 1839) Document No. 43

⁷Ibid., Document No. 43

The Penitentiary had been requested to furnish the Hospital with clothing, bedding, and shoes. The Hospital, however, complained in 1833 that the clothes were not durable and that they were so thin that additional clothing was necessary to keep the patients warm, and the mixture of cotton in the cloth kept it from being warm enough and made it more liable to accidents by fire. The investigating committee in 1824 also questioned the right of Mrs. Galt to charge for making clothes for the patients while she was employed by the institution as the matron.

The Hospital, in 1841, requested better furniture for the patients' rooms. The furniture that was being used was like that found in the poor house or asylums for paupers, and there was not a feather bed or mattress in the Hospital.⁸ Two years later the Hospital was glad to report that the patient's rooms had been provided with beds and other furniture. The beds were made of iron "because of its lasting nature and absence of vermin." They were obtained from the firm of Busnell and Meeker in Utica, New York. The Hospital authorities thanked Dr. Brigham, the able superintendent at the Utica State Asylum, for inspecting their construction and stated they could find no fault with them on any point.⁹

The Hospital employed eight male and six female slaves as servants, of which eight belonged to the keeper. Slaves cost the institution \$2,483 in 1833. By 1841 there were twenty one Negroes employed to help care for the patients and to do menial labor.

Appropriations made to the Hospital between 1798 and 1810 amounted to \$64,333.33. The average annual expense was \$5,361. From 1810 to 1824

⁸Journals of the House of Delegates, 1841 (Richmond, Virginia, 1842) Document No. 37

⁹Eastern State Hospital, Annual Report, 1843. (Richmond, Virginia, 1844), 43.

appropriations amounted to \$101,806.80. In 1824 the salary of the keeper was raised from \$600 to \$700 a year, the matron's from \$333 to \$400 and the physician from \$333 to \$500. The Court of Directors in 1837 passed a resolution requiring the keeper to spend his whole time on the duties of his office, and accordingly raising his salary from \$800 to \$1000 per year.¹⁰ Due to the "high cost of living," the expenses for the Hospital for the years 1835 and 1837 amounted to \$11,819.77 and \$12,680.90 respectively. In the Appendix B there is included a list of the annual appropriations from the legislature between the years of 1798 and 1860.

The average number of patients in the Hospital between 1798 and 1810 was twenty three and the average cost per patient amounted per year to \$233. Edmund C. Burnett, a soldier in the War of 1812, wrote in his diary in December, 1814 from Williamsburg:

We all remained at our barracks and most of us hired stables to put our horses in. Eight or ten of us went to the Lunatic Hospital where there are between twenty and thirty poor unhappy creatures confined with madness. I walked the greater part of the city which is a mile in length. There are several good houses, but this place has an ancient appearance.¹¹

Since 1810 the Hospital had received 184 patients, of which eighty four had died and sixty seven had been discharged as cured by 1824. The Hospital had paid the Richmond Enquirer \$60 in 1823 for printing a notice 120 times that all the Hospital cells were full. In 1824, however, it printed the notice that some male and female cells were vacant.¹² In 1833, the Hospital reported that it could then accommodate forty males and twenty females. Both hospitals needed to be enlarged as twelve applications were

¹⁰Journal of the House of Delegates, 1837, (Richmond, Virginia, 1837) Document No. 40.

¹¹William and Mary Quarterly, Second Series, (1923), 234.

¹²Journal of the House of Delegates, 1825 (Richmond, Virginia, 1826)

on file, and the last patient received had come from Russell County, where she had been in jail two years because she could not be accommodated in the Hospital at Staunton.

An erroneous idea had been developed by the public in regard to manual labor of the patients. It had been claimed that they were compelled to work at the profit of the Hospital. The Court of Directors denied this charge and said that patients were allowed to work because the health of some was bad, due to the lack of exercise. The harmless patients were permitted to work outside the wall on the keeper's farm. Dr. Galt, the Hospital physician, claimed that this work was the best device for contributing to their health and peace of mind. He had noted a good effect on the minds and bodies of those able to work. Those that were not able to work constantly asked the keeper for his permission to join the laborers. All workers remained indoors during bad weather. To have stopped those that could work from working would have been cruel. Mr. Dukie Galt, the keeper, was not making any money from the small amount of work that the patients did. The Directors reported that he had already furnished numerous small articles to the Hospital, for which he had made no charge. They reported the Hospital was under the best possible management, and that the fifty six patients were receiving good treatment.¹³

From 1798 to 1824, 135 of the 355 patients received in the Hospital were discharged cured, after benefiting from Dr. Galt's moral and medical treatment. This amounted to 38 per cent cured in contrast with the 37 per cent cured at Montrose, Aberdeen, St. Lukes, Bethlehem, York Retreat, Edinburgh, Vienna, and Berlin. Many of the patients admitted to the

¹³ Journal of the House of Delegates, 1834. (Richmond, Virginia, 1835) Document No. 37

Hospital had already undergone long confinement in jails for lack of room and could not get treatment sooner.¹⁴ The two discharges made during the year of 1835 seemed to be small out of a total of seventy seven patients, but the Hospital claimed that it was due to the fact that twenty three were new patients and had not had time to benefit from treatment. By the end of the year, however, most of the new patients were expected to be discharged. A large majority of the patients seemed old and incurable. Since many had been there for over twenty years, they were expected to die in the Hospital. In order to give a better idea of the number of patients in the Hospital, also the number that died and the number discharged there is a list containing this information for the years 1798 through 1860 in the Appendix C.

The House of Delegates resolved in 1840 that the committee on institutions for the insane be instructed to inquire and report whether the ducking stool or any other corporal punishment was still continued in either of the hospitals, and if so, to suggest that some mode of discipline and punishment less severe in character be adopted.¹⁵

The Hospital, however, reported that during the last six months it had used no restraint. The removal of the roof on the original building while the third story was added deprived them of one third of their room and rendered it impossible to classify patients in such a way to afford full moral treatment. Yet during this time, no mitten or waistcoat had been required. A gentle rebuke or a few hours of confinement to a room was reported to have been sufficient to recall power of self

¹⁴Journal of the House of Delegates, 1837. (Richmond, Virginia, 1838) Document No. 40

¹⁵Journal of the House of Delegates, 1840. (Richmond, Virginia, 1841)

control.¹⁶

Whiskey and rum were given to the patients in small portions and only when administered by the directions of the physicians. A small quantity was given to the servants while they were engaged in cleaning a privies and sewers. Its chief purpose was for cleansing and purifying the patients, and the Hospital reported that patients were often bathed in whiskey.¹⁷

The spirit of investigation and experiment that characterized the age was also at work on the problems of insanity. The idea, held at Williamsburg from the beginning, that an insane asylum should be a hospital devoted chiefly to the curing of the mentally ill, was now being generally accepted. This general change of attitude toward the insane resulted chiefly from the success in the use of moral treatment for the mentally ill. Instead of identifying insanity with crime, the moral plan was a course of treatment carefully moulded to the intellectual and moral aptitudes of the patient. In order for the patients to receive treatment and hope for a cure, the Hospital reported in 1840 that experience had been established that the sooner treatment was begun the more likely cure would result. In cases of less than three months, 80 per cent to 90 per cent recovered whereas those of twelve months only 25 per cent recovered. The cause for the small number of recoveries at the Hospital was the fact that accommodations at the state hospitals had not kept up with the number of the insane in the state. Most of the patients that had been received had remained in jail for over a year, and

¹⁶Ibid., Document No. 35

¹⁷Journal of the House of Delegates, 1834. (Richmond, Virginia, 1835) Document No. 37

as the Director reported, "when confined to a jail a lunatic is exasperated and filled with fury by the treatment received there."¹⁸ The legislature in 1806 had to pass a law providing compensation to the sheriff and guard in case the Court of Directors found a person to be of sound mind after being taken to the hospital.¹⁹ Better cooperation was urged between the sheriffs and the Hospital as early as 1833 when the Court of Directors got the legislature to pass a stricter law requiring the sheriffs to inform the hospital when they placed an insane person in jail. Since many sheriffs were slow to inform the hospital and deliver the patient, a fine was suggested if the sheriff did not notify the hospital and place the name of the patient on the waiting list.²⁰

In December, 1841 Mr. Barrett reported to the Boston Prison Discipline Society from Richmond:

During the past year, more than fifty poor lunatics have been confined in the County jails of Virginia at an expense to the state of more than \$9,000, because the asylums at Williamsburg and Staunton had no room to receive them. Virginia is liberal in her provisions for this class of sufferers. North Carolina as a state stands at present almost alone in not making provision for the insane.²¹

It required more skill to improve a hopeless case of insanity than a recent one. The moral plan, to be successfully pursued, required professional skill and intellectual ability of a high order.

It was for this reason that in 1841, the Hospital asked for considerable appropriations to finish enlarging the buildings, and to employ someone with skill and ability to develop the moral treatment on a larger scale.

¹⁸Journal of the House of Delegates, 1840. (Richmond, Virginia, 1841) Document No. 35

¹⁹Journal of the House of Delegates, 1806. (Richmond, Virginia, 1807) 29-31.

²⁰Journal of the House of Delegates, 1833 (Richmond, Virginia, 1834) Document No. 43

²¹Prison Discipline Society, Annual Report, 1841 (Boston, 1841), 63.

It is interesting to note that in 1833 the total expenses of the Hospital were \$10,081,49, of which only \$500 was spent for medical services.²² This was the least expense of all articles listed for the year. In 1837 the Hospital spent \$800 for medical service out of a total expense of \$12,680,90.²³

The Court of Directors were interested in giving the patients at the Hospital the best possible treatment that then could be obtained. In order to give the patients the best medical care at all times, the legislature passed an act, March 6, 1841, changing the title of the keeper's office to superintendent and requiring the officer to be a physician. It was also in this year that the legislature changed the name of the Public Hospital to the Eastern Lunatic Asylum which, to the disgust of the patients and members of the staff, remained unchanged until 1894, when it was again more appropriately named a hospital, "The Eastern State Hospital."²⁴

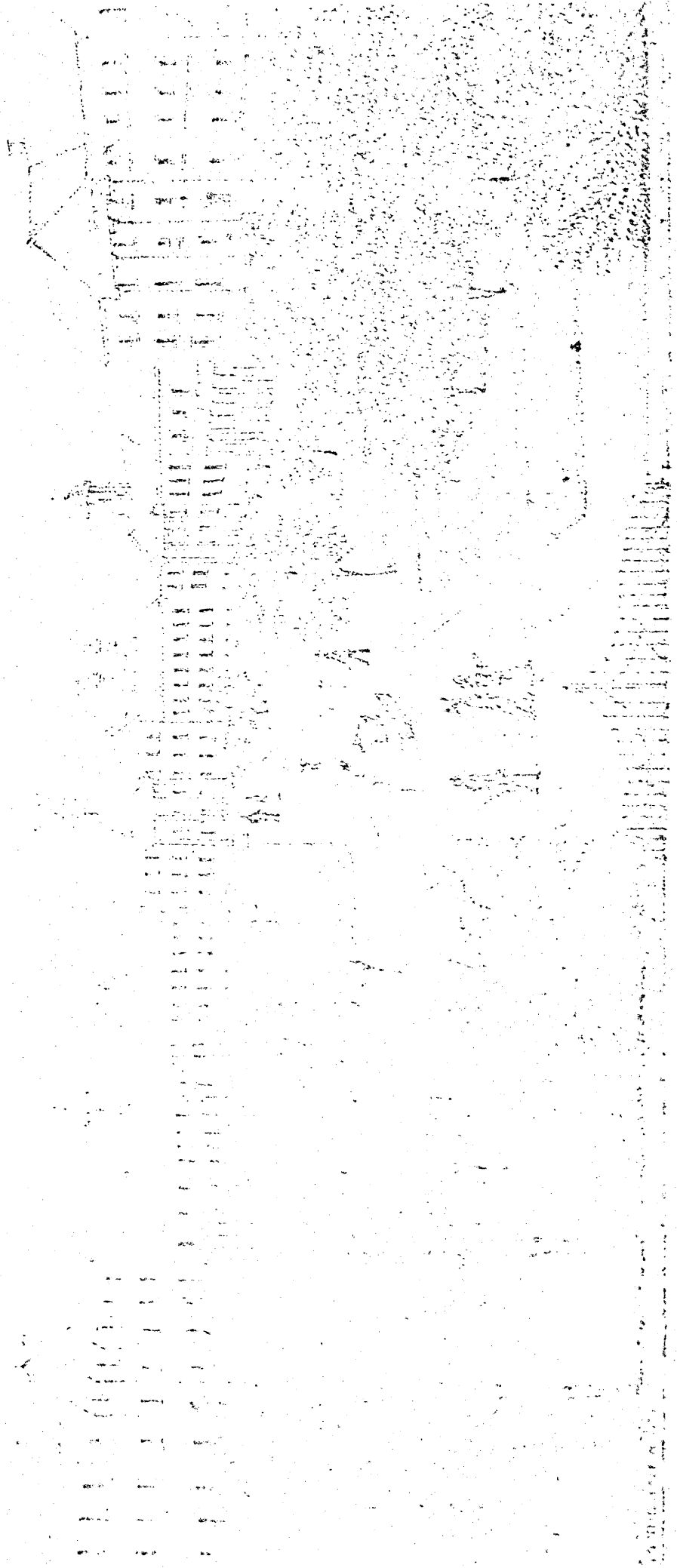
In order to give a better description of the care and treatment received by the insane in this period, case studies and methods of treatment at the Hospital are quoted in the Appendix D from Dr. John M. Galt's book The Treatment of Insanity, New York, (1846).

The years 1840 to 1841 saw a tremendous advance in the care and treatment of the insane at Eastern State Hospital. The years after 1841, however, brought even greater advances under the able administration of Dr. John Minson Galt, II.

²²Journal of the House of Delegates, 1833. (Richmond, Virginia, 1834) Document No. 43

²³Journal of the House of Delegates, 1837. (Richmond, Virginia, 1838) Document No. 40

²⁴James V. May, Mental Diseases. (Boston, 1922), 36.



North View

1710-1715

Chapter V

EASTERN STATE HOSPITAL UNDER THE ADMINISTRATION OF

Dr. John Minson Galt II (1841-1862)

The year 1841 was outstanding in the history of Eastern State Hospital. In that year the state abolished the office of keeper and replaced it by the office of superintendent, which was required to be filled by a physician. In order to secure the best man possible for superintendent, the Court of Directors waited a number of months until Dr. John Minson Galt, II graduated from the University of Pennsylvania, to offer him the position. Although he was only twenty-two when he became superintendent, his ability was well recognized and appreciated. He had a youthful expression on his very full face, a medium forehead, large head, and a pleasant countenance. He was of medium height, stoutly built, with a pleasant manner, easy expression, and a full flow of words.¹ Dr. Galt was born in 1819, and at an early age not only excelled as an athlete, but also showed an ardent love of literature, reading widely in English, French, Latin, and Greek. He spoke and understood twenty languages.² Like his grandfather, Dr. John Minson Galt, and his father, Dr. Alexander Galt, he attended the College of William and Mary, receiving his A. B. degree in 1838. He, like they, was also a philanthropist and refused to have his salary raised and fed patients from his own table. He searched literature for anything bearing on the insane, and began his literary output in earnest in 1843, when he began contri-

¹Virginia Medical Monthly, LXVIII (September, 1941), 503.

²William and Mary Quarterly, First Series, VIII (1899), 260.

buting to the American Journal of Insanity, and published a book, Treatment of Insanity, in 1846. Not only for his patients at Williamsburg, but with his pen, he labored for the mentally ill everywhere.³

When Dr. Galt took charge as Medical Superintendent, the Hospital contained 125 patients, and his reports show an immediate interest and enthusiasm in his work. Parts of his annual report for the year 1843 are quoted in the Appendix E in order to give a better description of the modes of treatment, amusements, and his ideas regarding the supposed causes of insanity.

Many believe occupational therapy, recreational therapy and musicotherapy are of recent origin, but this is not so, for Dr. Galt was one of the first to recognize the value of the employment of the insane and the effect of music in quieting mania. In 1843 he had a carpenter-shop, a shoemaker's shop, a leather goods shop, a broom-making department, and a serving room for the employment of his patients. For recreational games he had cards, drafts, and dominoes. He purchased two handsome book cases in 1843 for a library, as books were a good agent for moral treatment. Books he suggested for a mental hospital included travel, biography, and history. He believed every hospital for the insane should have a library, and he claimed that newspapers were excellent reading material for the patients since the short articles of a great variety attracted their attention, and offered them news of the day. Dr. Galt thought a school with regular classes for instruction of the patients was essential to a well regulated asylum.⁴

³Virginia Medical Monthly, (September, 1941), 503.

⁴Eastern State Hospital, Annual Report, 1843, (Richmond, Virginia 1844), 31.

In 1846 Dr. Galt's book was the acknowledged authority on the treatment of the insane in this country and in Europe, and is still of interest to students of psychiatric history. He considered his hospital as a place of research into the nature and causes of mental illness. He accumulated tables of data on the patients in his annual reports, and recognized the inevitability and desirability of change; hostility to new ideas he thought to be only a defensive reaction. His ideas were close to the revolutionary eighteenth century theories and practices of Pinel, the Tukes, Conally, and others who practiced recreation and occupation instead of punishment, repression and other revulsives.

He was aware of the dangers of political appointees in public hospitals, and said any attempt in any part of the country to select such officers through political bias should be deprecated by the Medical Association as a dangerous departure from sound rule. In 1853 he advocated that a female guard should accompany one of the three guards whenever a female patient was brought to the Hospital. He recognized the value of careful classification for the proper grouping in a hospital, separating the acute from the chronic, the noisy from the quiet, and the vicious from the amiable. Dr. Galt investigated the current chemical theories and tried chloroform and ether on patients with mania, but with no particular good results.⁵

Of the age old question as to the effect of the moon upon the insane he said:

⁵Virginia Medical Monthly, LXCIII (September, 1941), 504-505.

Maniacs are light sleepers, therefore, like the dog which bays the moon when it is at the full, are distracted by the flitting shadows of clouds which are reflected on the earth and the surrounding objects. Thus the lunatic converts shadows into images of terror and is filled with alarm and becomes distressed and noisy. I believe the moon in no other way effects the insane.⁶

In 1844, Dr. Galt reported that with the completion of the new wings the Hospital had assumed the Worcester, Massachusetts plan, and that Eastern Asylum was now looked upon as a model for the Union. The new building contained a sitting and a work room furnished with a sofa, ottoman, piano, and mirrors; the basement story was used as a dining room. In using the basement as a dining room the Hospital had progressed a long way from the time when the raving maniacs were kept in basement cells and treated as sub-human creatures.

It was recommended in 1847 that the buildings be enlarged in order to accommodate 300 patients. The Hospital's capacity in that year was 140. A law had been passed by the legislature sending non-residents home, but only one patient could be returned.

The new buildings were completed in 1848, and the Hospital now had one building for incurables and another for convalescents. The two buildings were connected with the main buildings by colonnades. Tudor-Gothic architecture was used, as most English asylums had adopted it, because of its cheapness and its adaptability to structures for the insane. The grating on the old windows was abolished since the new windows were made of cast iron. Steam or warm water, stoves and fireplaces were used to heat the new buildings; however, in 1858 Dr. Galt reported that the patients were kept warm and comfortable in the other buildings

⁶Eastern State Hospital, Annual Report, 1851. (Richmond, Virginia 1851), 17.

heated by open fire places during the cold winters of 1855-6 and 1856-7. The two new buildings were protected from fire by a fire proof roof and isolation from the other buildings. The new Gothic building was considered one of the finest structures in the state.⁷ Four acres of land were purchased in 1852 at an auction for \$611. This enabled the hospital to expand its gardens and gave room for additional buildings. In 1856 the Hospital was very proud of the new gas works that had been installed. The Hospital used the English style landscape gardening with clumps of trees and winding walks. Refreshing shade was necessary because of the torrid heat of the summer sun. The water fountain formed a pleasant sight which all of the patients enjoyed.⁸

In order to bring the patients in contact with each other Dr. Galt provided games, and a carriage, which were reported to have contributed much to the health and pleasure of the female patients. The library contained many books and newspapers for reading in their leisure time. Some patients had studied and improved their mental acquirements considerably. Most of them could be trusted outside and enjoyed outside amusement provided by the Hospital.

Dr. Galt quoted from Shelley's poem on the effect of music in the Venetian Madhouse. He furnished violins, flutes, and a piano for those with musical talent, as he considered music a good medicine for quieting mania. The "Williamsburg Guards" were thanked in 1844, for their fine musical entertainments.⁹ Some of the Williamsburg ladies, the Grey Ladies of one hundred years ago, had visited the Hospital many times during the

⁷Eastern State Hospital, Annual Report, 1848. (Richmond, Virginia, 1849), 15.

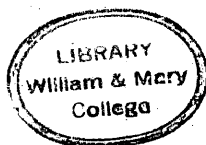
⁸Eastern State Hospital, Annual Report, 1859. (Richmond, Virginia, 1859), 34.

⁹Eastern State Hospital, Annual Report, 1844. (Richmond, Virginia, 1844), 27.

year 1845. It was reported that their visits benefited the patients who always looked forward to having visitors. All of them enjoyed getting boxes from home containing food, books, clothes, and newspapers. Dr. Galt liked to compare the mode of life of his hospital with that of a hotel and have it follow it as much as possible.¹⁰ The idea of running a mental hospital on the order of a hotel resort, may well be called radical even today. When he heard that an asylum in England used boating for the patients, Dr. Galt immediately suggested that the neighboring creeks around Williamsburg would allow a similar enjoyment here. He said that although it was difficult to interest the insane, it was not hard to amuse them, and that a deer park and other animals would prove very successful in entertaining the patients.

In 1842 there were 73 male and 52 female patients, including 14 Negroes. Eleven out of the 125 were foreigners or natives of other states found wandering in a state of lunacy, of whom two were Germans, one Irish, one English and one was from Georgia. One reason that the males outnumbered the females was that women were more easily managed at home and were less trouble to the community. One strongly marked characteristic of the insane is the want of sympathy with things around them and their absorption in the contemplations of their own delusions. A patient brought to the Hospital in 1842, according to Dr. Galt, stood a better prospect of recovery, than those committed to other hospitals in the Union. No other institution had had the success of the Eastern Lunatic Asylum, on the continent of Europe, in England, or in America.

¹⁰ Eastern State Hospital, Annual Report, 1845. (Richmond, Virginia, 1846), 41.



Some recoveries had occurred when the patient had been insane for ten years.¹¹ In the year 1841 the Eastern Asylum discharged five out of a total of 118 patients, and in 1842, 16 were discharged out of a total of 125 patients.

I have figured the following percentages from the annual reports of the Eastern State Hospital for the years listed:

Years	Percentages Discharged	Died
1831	8.33	24.
1832	1.75	15.79
1834	5.14	15.11
1835	2.59	0.
1836	14.88	21.64
1838	8.33	11.90
1839	3.84	3.84
1841	4.23	0.

The average percentage of discharged patients is 6.13; the average percentage of deaths for patients is 11.53. Dr. Galt was probably prejudiced when comparing his Hospital to others in the Union; however, the percentages did improve some after he took over as superintendent in 1841. The following table of recoveries and deaths in other Hospitals for the insane is taken from the Boston Prison Discipline Society report for the year 1841. It is interesting to note that the Eastern Asylum was not mentioned when listing the recoveries and deaths in "celebrated" Hospitals. There is quoted in the Appendix F. a list of states and provision made by them for their insane in the year 1841. The "cult of curability" which developed in the 1840's caused some asylums to claim cures running as high as ninety percent. Other hospitals also made the same claims as to recoveries of their patients, but the apparent effectiveness of these recoveries,

¹¹Eastern State Hospital, Annual Report, 1842. (Richmond, Virginia, 1843), 13.

no doubt, lay in the practice of taking only recent cases and ignoring the patients who returned subsequently to undergo further treatment.

Proportion of Recoveries in well-conducted Asylums.

The following table, from Dr. Brigham's last Report, shows the proportion of recoveries from old and recent cases, inclusive, in the most celebrated Hospitals for the Insane, both in Europe and United States.

Hospitals	Time	No. of Patients	Recoveries	Per Cent
Bethlehem, England	14 years	2445	1124	45.56
St. Luke, England	50 "	6458	2811	43.52
Retreat, York, Eng.	39 "	508	236	46.43
Cork, Ireland	20 "	1431	751	52.48
Salpetriere, France	12 "	3007	1625	54.04
Aversa, Italy	20 "	3897	1514	38.85
Penn. Hospital, U. S.	84 "	4116	1349	32.77
Frankford, Penn.	21 "	507	214	42.21
Bloomington, N. Y.	20 "	2496	1154	45.88
McLean, Charlestown, Mass.	22 "	1749	761	43.51
Mass. State, Worcester	7 "	1196	506	42.30
Vermont, Brattleboro'	2 "	239	89	37.23
Ohio, Columbus	1 "	258	80	31.00
Retreat, Hartford, Ct.	17 "	1068	600	56.17

Mortality of Lunatic Asylums

The following table is found in Dr. Earle's book on Insanity and Insane Asylums:

Asylum	Time	No. of Patients	Deaths	Per Cent
York Retreat, England	1796 to 1836	508	113	22.22
Salpetriere, France	1805 to 1813	2804	709	28.17
Bicetre, France	1784 to 1794	1405	685	48.75
Aversa, Italy	in 20 years	3897	1222	31.35
Amsterdam, Holland	1832 to 1837	255	55	21.56
Pennsylvania Hospital U. S.	1752 to 1836	4116	548	13.31
Bellevue, New York	" 1791 to 1821	1553	154	9.91
Frankford, Penn.	" 1817 to 1838	643	90	14.19
Bloomington, N. Y.	" 1821 to 1835	1915	146	7.62
Maryland State	" 1835 to 1839	393	34	8.65
Connecticut Retreat	" 1834 to 1839	1001	60	5.99
Massachusetts State	" 1833 to 1840	1196	90	7.50
Ohio State	" 1839 to 1840	258	22	8.52
Kentucky State	" 1824 to 1838	627	238	37.35

The Hospital claimed that the practice of keeping it filled with old and incurable cases that impaired its efficiency had injured its reputation. It was for this reason that the legislature passed a law granting the superintendent the right to send harmless incurables back home if their relatives would accept them.¹²

Dr. Galt reported in 1845 that many people did their insane relatives great harm by keeping them at home, because they hated to part with them. At the Hospital many of these would have had a chance to be cured and to benefit from its treatment. A case study was given as an example. A daughter of a Revolutionary War soldier was insane for two years. The widow had a small pension enabling her to keep her daughter at home since she was prejudiced against asylums in general. The girl was violently maniacal, breaking everything she got her hands on and was talking constantly in harsh tones. She had to be confined in a closet and, when taken outside, chained to a tree. At the time she entered the asylum, her head was bald because she had plucked out her hair. For a few days after her reception at the Hospital she was retained in a room which was comfortable in all respects. Under treatment she became an industrious patient within a few months, attended church, and enjoyed the privileges of other patients.¹³

The treatment of the patients who were violent maniacs consisted of restraint and they were placed in separate buildings in most asylums, but here they were placed under the same roof with the officers and attendants, insuring the proper attention with the least inconvenience.

¹² Eastern State Hospital, Annual Report, 1844. (Richmond, Virginia, 1845), 4.

¹³ Eastern State Hospital, Annual Report, 1845. (Richmond, Virginia, 1846), 10.

Non-restraint was favored, and the Hospital reported that since last July no male patients had been under restraint. When a patient was confined to a room he was moved every few hours to break the monotony.¹⁴

Other well known hospitals also favored non-restraint:

Dr. Butler of the Boston Asylum reported in 1841:

We seek to avoid personal restraint as far as practicable, and apply it, when necessary, with as much gentleness and as little irritation as possible. The means of restraint that we use are, confinement to rooms in the hall with guarded windows, or the application of straps, (leather wristbands, fastened by rings to a belt, passing around the body and secured behind,) with, or, more generally, without, the mittend. These produce no pain, and effectually prevent violence to themselves, to others, or to the building. We have one strong chain, which is rarely used.¹⁵

Dr. Woodward of the Worcester Asylum wrote at that time:

The British institutions are at present making an effort to surpass each other in the success of managing the insane without restraints. Some of them have abolished them almost entirely, while others have noted the hours, in the course of the year, that they have applied them. The restraints here considered are the strait waistcoat, muffs, mittens, and confining chains; solitary rooms are not included.

In this Hospital, strait waistcoats and muffs are never used, and confining chains but rarely. Mittens and wristbands are all the restraints which are here applied, and those only when absolutely necessary to the comfort of the individual, or the safety of the patients who occupy the same apartment. These restraints are made use of for two purposes for the individuals themselves, viz., to keep clothes upon them when they are disposed to take them off, and as a safeguard in case of suicidal propensity. For the more violent, such as strike, tear clothes and bedding, break furniture, &c., they are sometimes applied for a short period, but never continued for a great length of time.¹⁶

The Hospital reported in 1846 that during the past five years four patients that had been discharged had a relapse and had to be returned.

Dr. Galt gave a case study of a patient, received in 1840, who would remain in a depressed condition for hours. His skin was sallow, and

¹⁴Ibid., 25.

¹⁵Prison Discipline Society, Annual Report, 1841. (Boston, 1841), 24.

¹⁶Ibid., 27.

his eyes dull and glazy. He refused to eat unless fed by someone, and was silent all the time. For five years he remained in this condition until one day Dr. Galt sent him to the carpenter shop. He had been a farmer, but was interested in carpentering. At first he did nothing, but as time went on he got better and better, became a useful workman, and conversed freely. During the summer he took walks, went fishing and gained weight. Six months later he was discharged, and after being at home three days the mental disease reappeared. He became violent toward his family and soon was in the same condition as that of 1840. After being returned to the hospital he was given liberal doses of brandy and quinine three times a day, until he was able to return to the shop. The worse symptoms soon disappeared and he again became quite rational.¹⁷ In moral treatment Dr. Galt reported that all repairs on the buildings were done through the carpenters shop and all clothing and shoes were made by the patients, also those for the servants.

The colored insane were divided into two classes, free and slave. The free Negroes had been received since 1774, and slaves since 1841. Virginia in 1848 had the second largest free colored population in the Union. There were about 52,000 free Negroes in the state of which only 17 were known to be insane. Dr. Galt believed fewer slaves went insane because they had security and were free from responsibility. Dr. Galt suggested that it was better to provide for the Negroes in white institutions by erecting special buildings for them or by placing them in white wards. The Eastern Asylum had no strict policy in isolating the white

¹⁷Eastern State Hospital, Annual Report, 1845. (Richmond, Virginia, 1846), 10.

and colored except for colored females, who were placed in a former convalescent building and never came in contact with the whites. Since all of the servants in the Hospital were slaves the white men looked upon the Negro patients on their wards in the same light as they did the servants.¹⁸

The Hospital made a practice of admitting without pay as many unfortunate and friendless insane as possible. This was the main reason that in 1849, the Hospital rejected the offer of the Bureau of Surgery and Medicine in Washington to accept \$4 per week for the insane of the Naval and Marine Corps.¹⁹ This offer along with those of other states would have meant a big pecuniary aid to the Hospital. Since many poor people had withheld their insane relatives from an asylum to keep them from being admitted as pauper patients and since pay patients demanded more, the Hospital in 1849 advocated that no pay patients be admitted.²⁰ The Hospital at that time charged \$4 per week for those able to pay for their room, board, and clothes. Slaves were charged \$1.50 per week. Funeral expenses and transportation back home were paid by the Hospital if the patient died while there. A large correspondence was carried on by the Hospital in regard to the patients. Every letter was carefully answered and relatives were always notified when any important change occurred. The following is a list of prices charged at other Hospitals for room, board, and clothes. A comparison will show that the Eastern Asylum rates, on the average, were higher than those charged elsewhere.

¹⁸Eastern State Hospital, Annual Report, 1848. (Richmond, Virginia, 1849), 27.

¹⁹Eastern State Hospital, Annual Report, 1849. (Richmond, Virginia, 1850), 31.

²⁰Ibid., 32.

Expense of supporting the Insane in Asylums:

The price, at Augusta, Me., for board, medicine, and attendance, is \$2.00 a week, in ordinary cases; and in no case can more than \$3.00 be charged.

The price of board, at Brattleboro', Vt., is, for the poor of Vermont, \$2.00 per week; some patients pay \$3.00; and those with private rooms, pay more.

At Worcester, Mass., the price of board, for several years, had been \$2.50.

At South Boston, the price is fixed at \$2.50

At the McLean Asylum, at Charlestown, the lowest price is \$3.00 per week, and for those belonging out of the state, \$4.50 per week; and private patients, with abundant means, pay according to their ability and accommodations.

At the Connecticut Retreat, in Hartford, for patients belonging to the state, to be accommodated in the wings, without a separate attendant, \$3.50 per week; for those with similar accommodations belonging to other states, \$4.00 per week. For patients in the centre building, with separate rooms, and attendant devoted to each, from \$10.00 to \$12.00 per week. For indigent lunatics, belonging to the state, not exceeding ten in number, \$2.00 per week.

At Nashville, Tenn., the expense is about \$1.25 per week. ²¹

Dr. Galt claimed that Southern hospitals allowed their patients more freedom of motion than those of the North, due to their large porches, warm climate, airy sleeping compartments, and comfortable parlors. He also believed that his Hospital had better attendants than those in the Free States. The system of having slaves perform the menial duties and an officer merely to supervise the patients made a great difference in the South.²² These two statements indicate the growing jealousy and tension between the North and South in this period.

The Hospital was glad to report in 1850 that 181 patients were enjoying the benefits of its medical and moral treatment. The new buildings had made the total capacity of the Hospital 250, so that

²¹Prison Discipline Society, Annual Report, 1841. (Boston, 1841), 14.

²²Eastern State Hospital, Annual Report, 1850. (Richmond, Virginia, 1851), 21.

now it would be possible to rescue many mentally ill from the jails.

According to the Prison Discipline Society of Boston "of the hundreds and thousands which have been confined to Prison, nobody ever knew or heard of more than three instances of recovery from insanity during the confinement of a person to a Jail or House of Correction."²³ In 1856 the Hospital was able to receive 75 patients, six of them criminal, from the over crowded hospital at Staunton.

Medical treatment consisted mostly of baths, tonics, and sedatives. "Throughword Plant" seemed to be the most effective tonic given them. Both medical and moral treatment were used on the patients and was varied to suit each particular case. The Hospital reported in 1847 that some physicians in Virginia still employed bleeding as treatment for insanity. "Irrigation" was a new method of treatment developed by French physicians. When practiced, the patient was put in a warm bath with cold water sprinkled on his head for several hours. Dr. Galt said it had a soothing influence, especially during violent excitement. Large doses of narcotics were not given to the patients, because it took away their appetite and had a bad effect on their stomach and bowels.²⁴ They had been allowed the use of tobacco until the last few years. Dr. Galt reported in 1858 that its cessation did not seem to have the slightest effect on the patients, and that he believed that nervine was harmful and could be compared to alcoholic spirits.²⁵

The mortality among the insane was unusually high as they fell prey to diseases easily. During the diarrhoea epidemic of 1849, 25 deaths occurred. The epidemic lasted through the summer heat and treatment con-

²³Prison Discipline Society, Annual Report, 1841. (Boston, 1841), 14.

²⁴Eastern State Hospital, Annual Report, 1859. (Richmond, Virginia, 1861), ²⁴Eastern

²⁵Eastern State Hospital, Annual Report, 1858-59. (Richmond, Virginia, 1861), 24.

sisted of warm baths at night, while their diet was limited to butter-milk, chicken, bacon and port wine.²⁶ The patients had a full meat diet every day, and most of them were able to use silverware, and sleep in separate rooms containing a bed, table, and chair. The Hospital gave great consideration to warm clothing, good ventilation, substantial food, exercise in the open air and to pure drinking water. The improvement in the health of the inmates is shown by the fact that there were twenty discharges out of a total of 247 patients.²⁷

Dr. Galt suggested in 1857 that the comparatively well patients be boarded-out in Williamsburg, near the Asylum. He thought the home influence and children would do more to restore a patient than the daily routine of the Asylum. Love of children, he wrote, had done much in helping some to recover from the terrors of insanity.²⁸ This plan, however, was not carried out. Since idiots were a class of mentally affected that did not improve with well directed efforts, Dr. Galt recommended that Virginia make special provision for them. The Hospital had not accepted them since 1830.

In his last annual report in 1861, Dr. Galt wrote that insanity was no longer a mysterious affliction as was once thought, but a disease upon which knowledge of its nature and treatment bore heavily. Insanity was a disease of the brain just as mumps are of the parotid gland, and gastritis, of the stomach. He said cleanliness was very important in the moral and medical treatment of the insane, and that unsanitary conditions was one of the most deplorable things in insane asylums.

²⁶ Eastern State Hospital, Annual Report, 1849. (Richmond, Virginia, 1850), 37.

²⁷ Eastern State Hospital, Annual Report, 1852. (Richmond, Virginia, 1853), 13.

²⁸ Eastern State Hospital, Annual Report, 1855-7. (Richmond, Virginia, 1858), 8.

Dr. Galt was a product of the Golden Age of American psychiatry, and he was a friend of Dorothea Dix, and of Pliny Earle, and Thomas Kirkbride, who were schooled at the Friends Asylum at Frankford, Pennsylvania, where they learned of the gentle Quaker attitude toward the insane. Although he never married, he was quite content with his books, friends, and the brotherly companionship of Dr. John Galt Williamson, his assistant at the Hospital.²⁹

On May 6, 1862, Federal troops occupied Williamsburg, and an army doctor was put in Dr. Galt's place. A soldier with a fixed bayonet denied him entrance to his own Hospital grounds, and his anxiety for his patients knew no bounds. On May 18, 1862 he died from heart disease aggravated by distress. On that day Virginia lost one of her most noble, generous, and distinguished doctors. At the annual convention of the American Medico-Psychological Association, the forerunner of the American Psychiatric Association, which met in Baltimore in 1897, Dr. T. O. Powell said of Dr. John M. Galt: "Such a calamity was his death that we yet feel his loss."³⁰ In Bruton Parish churchyard there lie three doctors in a burial plot, near the tower entrance, father, son, and grandson. All three were pioneers in the field of insanity, for nearly a century, and were among the first to provide proper care and treatment for the insane.

In the record of the Galts, lasting nearly one hundred years, we find the only parallel in America to the justly famous Tukes of the York Retreat in England.³¹

²⁹Virginia Medical Monthly. (Richmond, Virginia, 1941) 506.

³⁰American Journal of Psychiatry, IHC (March, 1941), 1221.

³¹The York Retreat was founded by William Tuke in England, in 1792. Tuke was not a physician but a prominent member of the Society of Friends, who were responsible for the building and upkeep of the hospital. The fundamental policy introduced by Tuke was the use of moral treatment, as

contrasted with restraint and punishment on the one hand and the all too liberal use of drugs on the other. The Hospitals that were being established in this country at that time--Frankford, McLean, Bloomingdale, and the Hartford Retreat--were all patterned along the lines of the Retreat at York. William Tuke was succeeded by his son, Henry Tuke, in 1822, and Henry in turn was succeeded by his son, Daniel Tuke, in 1841. Daniel resigned his position as superintendent in 1859, thus the Tukes were in control of the York Retreat for 77 years and the Galts were in control of the Eastern State Hospital for 89 years.

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APPENDIX

Appendix A

DIRECTORS OF THE EASTERN STATE HOSPITAL

NAME OF DIRECTOR	FROM	TO
Wm. Nelson, Esq.	Nov., 1769	1772
Hon. Jno. Blair, Esq.	Nov., 1769	1772
Thomas Nelson, Esq.	Nov., 1769	Dec., 1789
Robert Carter, Esq.	Nov., 1769	
Peyton Randolph, Esq.	Nov., 1769	Oct. 22, 1775
Robert Carter Nichols	Nov., 1769	April, 1786
John Randolph, Esq.	Nov., 1769	April, 1786
Benj. Waller, Esq.	Nov., 1769	Jan., 1774
John Blair, Jr.	Nov., 1769	March, 1790
George Wythe, Esq.	Nov., 1769	May 7, 1773
Dudley Digg, Jr.	Nov., 1769	June, 1790
Burwell Lewis, Esq.	Nov., 1769	April, 1786
Thomas Nelson, Jr.	Nov., 1769	
Thomas Everard, Esq.	Nov., 1769	April, 1779
John Tazewell, Esq.	Nov., 1769	April, 1786
Rev. and Hon. John <u>Camm</u>	May, 1773	April, 1786
Benj. Harrison, Esq.	May 7, 1773	July, 1793
Nathaniel Burwell, Esq.	May 7, 1773	
Dr. John Desigurya	Jan. 24, 1774	Nov., 1796
John Dixon, Esq.	Dec., 1775	Dec., 1789
James Cocke, Esq.	Dec., 1775	April 15, 1779
Rev. James Madison	Aug., 1778	March 6, 1812
Edward Randolph	April, 1779	June, 1790
Joseph Prentis	April 15, 1779	Nov., 1791
Joseph Hornsby, Esq.	April 3, 1786	Nov. 1, 1794
Rev. John Brachen	April 3, 1786	
Robert Andrews, Esq.	April 3, 1786	
James Innes, Esq.	April 3, 1786	March, 1790
Henry Tazewell, Esq.	April 3, 1786	Dec. 30, 1794
John Carter Byrd	Dec., 1789	Dec., 1794
James Southall	Dec., 1789	
Benj. Carter Waller	Dec., 1789	Dec., 1796
Robert Greenhow	March 8, 1790	
Champion Travis	March 8, 1790	
Dr. Wm. Pasteur	June 7, 1790	July 3, 1790
Robert Hall Waller	June 7, 1790	Dec. 1, 1796
Judge Cyrus Griffin	Nov. 2, 1791	
Robert Saunders	Dec. 14, 1793	
Charles Hunt	Dec. 14, 1793	
George Carter	March 31, 1795	
James Ruffin	March 31, 1795	Dec. 1, 1796
Rev. James Henderson	Dec. 1, 1796	

NAME OF DIRECTOR	FROM	TO
<u>Littleton Tazewell</u>	Dec. 1, 1796	
Richard Randolph	Dec. 1, 1796	
James Semple	Dec. 1, 1796	
William Finney	Dec. 1, 1796	
Dr. John M. Galt	June 25, 1799	1808
Dr. Philip Barraud	June 25, 1799	July 21, 1800
Mathew Anderson	June 25, 1799	July 21, 1800
Dr. William Tazewell	June 17, 1801	
James Semple (attorney)	June 17, 1801	
James Burwell	June 17, 1801	
John Smith	Oct. 1, 1810	
William Browne	Oct. 1, 1810	March, 1825
Ferdinand Campbell	Before 1813	
Wm. McCandish	Feb. 6, 1815	March, 1824
John C. Pryor	1815	1821
E. L. Briggs	Before 1816	
Henry Skipwith	Before 1816	
Dr. Jesse Cole	Jan. 1, 1816	August 5, 1826
William T. Banks	Jan. 1, 1816	April, 1825
Dr. Robert Page Waller	Jan. 1, 1816	
Robert Anderson	Jan. 1, 1816	April, 1825
Richard Coke, Jr.	Jan. 1, 1816	June 1, 1837
Littleton Tazewell	1816	
Robert G. Scott	1816	
Dr. Thomas G. Peachy	Dec. 4, 1817	July 8, 1841
William Hankins	Dec. 24, 1818	
John Goodal	Before 1819	
Lewis C. Tyler	1819	
James Lee	April 12, 1819	Jan. 10, 1831
George Morrison	June 6, 1820	Feb., 1834
Robert Anderson	1821	March, 1828
Dr. Alexander D. Galt	Before 1822	Nov., 1844
Roscoe Cole	Before 1822	March, 1825
John Coke	Before 1822	1841
Col. Robert McCandish	Before 1822	1851
Col. William Waller	Jan., 1823	Dec., 1834
Thomas Coleman	March, 1824	June, 1834
James Semple	March, 1824	Jan., 1833
Dr. Dabney Brown	April, 1825	1842
Dr. Jesse Cole	Oct. 11, 1826	Nov. 1, 1826
Walter W. Webb	April, 1825	May, 1832
Dr. Samuel S. Griffin	Nov. 7, 1826	March 9, 1829
Charles L. Wingfield	April 5, 1828	Dec., 1830
Henry Edloe	May 2, 1829	Jan. 14, 1837
Littleton T. Waller	Dec. 21, 1830	1841 ~
Robert Saunders, Jr.	Jan. 25, 1831	1851 -

NAME OF DIRECTOR	FROM	TO
✓ Jacob C. Sheldon	June 8, 1832	1848 -
✓ W. W. West	Jan., 1833	1841
✓ Thos. O. Cogbill	Feb., 1834	1851 -
✓ George W. Southall	July 10, 1834	1851 -
✓ Samuel E. Bright	Dec. 22, 1834	1847 -
John A. Mackinder	April 1, 1835	Dec. 18, 1838
✓ Prof. Beverly Tucker	1837	1851 -
Henry Edloe	July, 1835	1839
✓ Richard Randolph	May, 1838	1841
John M. Gregory	Feb. 4, 1839	March, 1841
John M. Maupin	March 31, 1841	July 1841
Dr. John G. Williamson	1844	1850
John Coke	1844	1851
Albert G. Southall	1844	1845
Moreau Bowers	1844	1845
John M. Maupin	1845	1847
J. Augustine Denceufville	1845	1851
Col. G. Durfey	1847	1851
Dr. John C. Mercer	1847	1851
William Walter	1848	1851
John H. Barlow	1850	1851
Samuel S. Griffin	1851	1851
Robert H. Armistead	1851	Dec., 1855
Alexander C. Garrett	1851	1854
Charles C. P. Waller	1851	1852
Lemuel J. Bowden	1851	1857
William H. Yerby	1851	1857
Robert Morris, Esq.	1851	1855
Robert Saunders	Jan., 1852	1857
Peter T. Powell, Esq.	Jan., 1852	1855
Dr. John C. Mercer	Jan., 1852	1855
Richard M. Bucktrout, Esq.	Jan., 1852	Nov., 1854
Henry M. Bowden, Esq.	Jan., 1852	1853
James M. Majone, Esq.	Jan., 1852	1857
Edward B. Lindsey	Jan., 1854	1855
Talbot Sweeney	July, 1857	Feb., 1857
Johnson Sands	Nov., 1854	1857
William J. Morrisett	March, 1855	Dec., 1856
Richard M. Bucktrout	June, 1855	Dec., 1860
Robert P. Waller	Dec., 1855	Dec., 1856
Jos. B. Cosnahan	Dec., 1855	Dec., 1856
William P. Peachy	Dec., 1855	Dec., 1860
P. M. Thompson	Dec., 1855	March, 1860
Wm. R. C. Douglas	Dec., 1855	Dec., 1857
Parkes Slater	Dec., 1856	Dec., 1860
Moses R. Harrell	Feb., 1857	Dec., 1860
Col. John D. <u>Munford</u>	June, 1857	1858
Edward <u>Camm</u>	Dec., 1857	Dec., 1860

NAME OF DIRECTOR	FROM	TO
Chas. W. Coleman	Dec., 1857	Dec., 1860
Dr. John C. Mercer	Dec., 1857	Dec., 1860
James W. Curtis	Dec., 1857	Dec., 1860
Leonard Henly	Oct. 15, 1858	Dec., 1860
P. M. Thompson	Oct. 18, 1858	Dec., 1860
W. M. Pettitt	Oct. 15, 1858	Dec., 1860

KEEPERS

James Galt	Sept. 14, 1773	Dec. 8, 1800
William T. Galt	Dec. 16, 1800	July, 1826
Jesse Cole	Aug. 5, 1826	Nov. 1, 1826
Dukie Galt	Nov. 1, 1826	Dec. 4, 1836
Henry Eldoe	Jan. 14, 1837	June 20, 1837
Philip I. Barziza	June 20, 1837	April 4, 1840

VISITING PHYSICIANS

Dr. John Desiguyra	Oct. 12, 1773	Feb., 1795
Dr. John M. Galt	March 31, 1795	1808
Dr. Philip Barraud	March 31, 1795	Dec., 1799
Dr. A. D. Galt	Jan. 7, 1800	April 24, 1841

SUPERINTENDENTS

Dr. John M. Galt	July 1, 1841	May, 1862
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ACTING SUPERINTENDENTS

Dr. A. D. Galt	April 24, 1841	July 1, 1841
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FIRST ASSISTANT PHYSICIANS

Dr. John G. Williamson	1850	1862
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Appendix B

ANNUAL APPROPRIATIONS TO EASTERN STATE HOSPITAL

1790-1850

1790	Lbs. 400	1821	\$10,000.00
1791	Lbs. 400	1822	10,000.00
1792	Lbs. 500	1823	10,000.00
1793	Lbs. 4,200	1824	10,000.00
1794	Lbs. 300	1825	10,000.00
1795	Lbs. 400	1826	13,000.00
1796	Lbs. 1,000	1827	13,000.00
1797	Lbs. 900	1828	14,000.00
1798	\$3,666.67	1829	12,000.00
1799	5,333.32	1830	10,000.00
1800	3,333.34	1831	9,000.00
1801	4,500.00	1832	9,000.00
1802	4,700.00	1833	10,000.00
1803	5,800.00	1834	10,000.00
1804	7,500.00	1835	19,000.00
1805	5,500.00	1836	13,522.00
1806	5,000.00	1837	14,268.00
1807	6,500.00	1838	16,000.00
1808	6,500.00	1839	16,151.00
1809	6,000.00	1840	23,110.00
1810	7,500.00	1841	21,296.00
1811	8,000.00	1842	21,000.00
1812	8,000.00	1843	22,400.00
1813	3,000.00	1844	22,000.00
1814	8,000.00	1845	27,700.00
1815	6,500.00	1846	19,000.00
1816	6,000.00	1847	14,100.00
1817	6,000.00	1848	18,000.00
1818	Nothing drawn	1849	19,000.00
1819	7,000.00	1850	20,000.00
1820	8,000.00		

THE TREATMENT OF INSANITY

John M. Galt, M. D.

APPENDIX C

"The treatment of insanity in Virginia has generally been according to the antiphlogistic plan. The physician being governed more or less by the indications; according to the degree of his education, acuteness of intellect and experience. This plan has certainly been carried in many instances, to too great an extent; and too little discrimination has been made with respect to the peculiarities of each case. Lately we find mention occasionally in the papers accompanying patients brought to the Eastern Asylum of opiates having been employed. A dear friend of mine, since deceased, a practitioner in Gloucester County, mentioned to me the following case which had occurred in his practice: The patient was a colored man, who had been insane 3 or 4 days; raving when he saw him; had not slept for several days. Dr. Coke had his head shaved, a blister applied to it and gave him 70 drops of laudanum. He slept for two days and awoke recovered. My father, Dr. Alexander Galt, who was a surgeon to the Eastern Asylum, employed in most cases of insanity, a moderately depletory course. This we believe was the course of usual practice in the institution from the beginning in 1770. The antiphlogistic system, together with baths, forming the constituent parts of the medical treatment. Salivation was also resorted to in certain cases; and various medicines were used according to the particular indications. In melancholia, he occasionally used tonics. He usually took from eight to 16 ounces of blood from the arm; this he generally did only once. The purge employed by him was - RX Calomel, gr. X, Jalap, gr. XV (m). The puke RX Ipecac, gr. XX; Antimony and Potassium Tartrate, gr. 1, (m). In a paper left by him, after speaking of the great modern improvement in the moral treatment, he goes on to observe - "Mania may be a continued or periodical disease. The patients recover very unexpectedly sometimes, without any obvious cause, and uninfluenced by medicine, or the supervision of other diseases. Those recoveries are generally not to be relied upon. There may be long intervals, but there is generally a lurking predisposition, and it comes on without any very apparent exciting cause. Indeed, there is no disease so very mysterious." "It is only by removing the predisposition that the disease can be cured. We must find out the condition of the system, on which the exciting causes are likely to produce their effects, and remove or counteract them." "The patients now in this institution are generally incurable. They have been under medical treatment, in many instances, either at home or in jails, before they were sent here. It is seldom that a patient is received in the incipient stage of insanity when the treatment is a very simple process, and when alone a cure can be calculated on with any degree of certainty, unless there be hereditary predisposition." The following is a case which is an example of his mode of treatment, which occurred in his private practice:

Case Mrs. _____ July 17. Timid since the tornado of the 12th; commencing melancholia; pulling her teeth constantly, saying they were loose etc.; pulse natural, or very little disturbed; fears; anguish; tongue white and dry; good appetite, no uneasiness of the head; catarrh; roaring in the head last night; refused bleeding, Calomel, gr. IX, Statim, more Jalap, Cream of Tartar, aa. 18th. Medicine continued to operate; passed a worm, passed them before lately; less roaring, but has heard singing and talking; catarrh better; a neighbor thinks timor paupertatis the cause (being a widow); would eat bread and meat last night, though forbidden; has some uneasiness of the head. 19th. Slept well last night. Catamenia appeared this evening, after an absence of some months; but swimming in the head and fullness still; her brother arrived from R _____ cheered her; mind more distinct; bowels open; has to wear a shade over her eyes. 20th. Eyes better, shade off. Tried ineffectually to bleed her. 21st. Mind wholly correct; head not easy; went to R _____ 31st. Returned recovered. A patient similarly affected (though in a greater degree) by the arrival of a connexion, came to my notice during year 1842. Mrs. _____ having been deranged but a short time, application was made from _____ County for her reception at Eastern Asylum. It was found that her derangement, though not suspected to be so at first, was owing to her husband's having stayed away on a journey several months longer than he had contemplated. On his arrival she recovered. From the information I received on the subject, I found she had been difficult to manage. To a letter asking my father's advice in a case of puerperal insanity (1815), what follows is the substance of his reply: Only one case of mania lactea in the hospital up to this time continual reliance on the use of Calomel recommended; two grains every night; if refused, to be given her in her food; to be continued until mania disappears, or until salivation. Doubts the use of cold bath. Diet not be abstemious; bread and tea, soups and boiled meats, milk, fruits and vegetables, rich food to be avoided. If she attempts to injure her person, moderate coercion with strait jacket necessary. Your deportment to be tender, but at the same time, resolute and firm; proper authority should be exercised over her, and she should be kept in awe of you. Not proper to check the action of the calomel on the bowels; if there be evident improvement in the mind. Prognosis generally favourable. On other occasion remarks, that the patients having been accustomed to them at home "under the labors of the farm, or garden, or yard, are contented and happy. The hospital is then like a domestic establishment. Their employments are in fact recreations, furnished, indeed in compliance with their daily entreaties. The hospital is a home, connected with the peculiar advantages of judicious restraint. By invigorating their bodies must, of course, render them more able to resist the causes of many formidable and fatal diseases - more especially malignant fevers, scurvy and dropsy. Elsewhere he conveys the same idea, of an asylum being a home, with the benefits of restraint. Perhaps in this idea extended is included the object of which all our endeavors in the management of institutions for the insane should be directed. The Eastern Asylum took idiots until 1830. When a patient is brought here labouring under mania, however, violent may be his manifestations, no prescription is ever made until, by a thorough investigation, we have satisfied ourselves as to whether the indications result from inflammatory action of the brain, or

the excitement be merely nervous in its origin. If the former, of course, depletion is resorted to; but if, as is the case with 9/10, it be the latter, and the system is in such a state as to justify it, we place him in a favorable situation, and at once administer in some form, an opiate. As a general rule we prescribe what would be equivalent to 100 drops of laudanum to be repeated at intervals of 6 hours, and the dose to be cautiously increased until a decided effect for good or harm is produced. Under such circumstances we have frequently given $2\frac{1}{2}$ oz. of laudanum (or its equivalent in some other preparation of opium) every eight hours, with the most decided benefit - when a quantity not much less had proved either inefficient or injurious. This dose was attained by degrees and with the utmost caution; and should never be attempted unless someone skilled in the effects of such medicines upon the human examine the patient carefully before each repetition of the dose. The greatest difficulty encountered in the administration of such large proportions of opiates, particularly when preserved in for a length of time, results from the excessive disorder which is frequently caused to the stomach and bowels. It often happens, that when we began to perceive their good effects in calming the patients or in a partial return to reason we are suddenly compelled to stop. Sometimes when laudanum disagrees, opium in its crude form, may be substituted. Frequently we are compelled to stop entirely from all such remedies when, by a little longer perseverance success had seemed almost certain. In such cases, however, the violence of the disease is almost invariably mitigated; and by resuming the use of opiates the individual is restored in a short time. As a general rule, after narcotics shall have been used for a season, we combine with these some mineral tonic, and have often found the most beneficial effects to result from their combination. Iron in some one of its preparations is usually preferred for this purpose. In chronic cases of insanity, although, we do not usually calculate upon removing the disease, by the use of medicines, they are nevertheless often found decidedly beneficial laxatives, tonics, the cold and tepid bath and such remedies as tend to remove local disease where it exists, are those most called for by this class of cases." Extracts from my annual Report for 1842, as Physician and Superintendent of the Eastern Asylum, "We shall go on to mention the medical means most generally employed in this institution. They are narcotics, tonics, purgatives, counter-irritants and baths. The narcotic which we have used most frequently and from which we have derived most benefit is opium; or what is similar the acetate, muriate, sulphate of morphia. Of the former, we have used in general from 6-12 grains and of the latter from 1 to 2 grains 3 times daily for a small dose. Of tonics we have used most frequently the sulphate of quinine. This we have employed in cases with symptoms of debility. In cases where there was much excitement we have usually employed the natural salts mercurial preparations, castor oil, croton oil, aloes and the tincture of hellebore. When using mercurials, we have rarely given them more than twice a week, except at commencement of treatment. Of the other purgatives above mentioned, we have usually employed a moderate dose every other day. We have by no means thought it necessary to make use of them in all cases, but we believe there are a few cases of insanity in which they may not be usefully employed. As a counter irritant we have employed simply the common blistering plaster. It has

been found most applicable, where there appeared to be symptoms of torpor, and in those cases which appeared to be just passing from the acute to the chronic state. Wherever there was considerable excitement it has not been employed. The plaster we have applied to the back of the neck, and either used a succession of them, or kept the blistered part open by saving ointment. From baths we have derived much benefit, in general we have used merely the shower and warm baths. The warm bath we have been in the habit of employing at night, shortly before they went to bed, and the shower bath early in the morning. The indications which we have had in view in most cases, are to depress the excessive nervous excitement, to procure sleep, to keep open the secretions, to support the strength, and to withdraw the patients mind from his delusions. The moral management of the hospital includes the various means employed in American asylums generally so modified as to be suitable to the character of the patients, residing here. As in other institutions the purpose in view has been mental and bodily occupation of some kind; and almost as a matter of course, amusements and labor form the staple of these measures. A Chaplain is also attached to the asylum who officiates on the Sabbath. A piano and other musical instruments, a library etc. A carriage and horses belongs to the institution in which the females ride out daily. The modes of restraint mentioned in the reports of 1842-43 are mittens and wristbands. But in this and in all other points of treatment in each case, not from our own limited experience alone, but taking as elements, in such a deduction our own judgment and experience, and also the experience of all writing on the subject of insanity. In other words, we endeavor to follow a practice strictly eclectic.

NUMBER OF PATIENTS CURED AT EASTERN STATE HOSPITAL

(1798-1857)

Appendix D

1798	Patients remaining in hospital	25	1799	Received	11
	Discharged	3		Discharged	6
	Died	5		Died	5
	Total	17		Total	16
1800	Received	16	1801	Received	22
	Discharged	6		Discharged	11
	Died	7		Died	10
	Total	20		Total	21
1802	Received	15	1803	Received	10
	Discharged	6		Discharged	3
	Died	6		Died	9
	Total	24		Total	22
1804	Received	10	1805	Received	17
	Discharged	4		Discharged	8
	Died	8		Died	8
	Total	20		Total	21
1806	Received	14	1807	Received	15
	Discharged	5		Discharged	8
	Died	4		Died	3
	Total	26		Total	30

1808	Received	13	1809	Received	7
	Discharged	4		Discharged	3
	Died	9		Died	4
	Total	30		Total	30
1810	Received	12	1811	Received	12
	Discharged	1		Discharged	7
	Died	6		Died	3
	Total	35		Total	35
1812	Received	8	1813	Received	10
	Discharged	4		Discharged	2
	Died	10		Died	7
	Total	28		Total	34
1814	Received	15	1815	Received	6
	Discharged	2		Discharged	3
	Died	7		Died	9
	Total	34		Total	28
1816	Received	6	1817	Received	16
	Discharged	3		Discharged	10
	Died	9		Died	8
	Total	29		Total	27
1818	Received	17	1819	Received	17
	Discharged	4		Discharged	6
	Died	2		Died	2
	Total	38		Total	41
1820	Received	9	1821	Received	17
	Discharged	3		Discharged	9
	Died	4		Died	2
	Total	43		Total	49
1822	Received	21	1823	Received	14
	Discharged	5		Discharged	6
	Died	9		Died	6
	Total	56		Total	58
1825	Discharged	5	1828	Discharged	7
	Died	11		Died	8
	Escaped	1		Withdrawn	1
	Total	70		Total	62
1829	Discharged	3	1830	Discharged	1
	Died	9		Died	4
	Total	60		Total	57
1831	Discharged	4	1832	Discharged	1
	Died	13		Died	9
	Total	48		Escaped	1
				Total	57
1834	Discharged	3	1835	Discharged	2
	Died	9		Total	77
	Total	56			

1836	Discharged	11	1838	Discharged	7
	Died	16		Died	10
	Total	74		Total	84
1839	Discharged	3	1841	Discharged	5
	Died	3		Total	118
	Eloped	1			
	Total	78			
1842	Discharged	16	1843	Discharged	12
	Total	125		Died	14
				Total	135
1844	Discharged	12	1845	Discharged	17
	Died	6		Died	12
	Total	150		Total	157
1846	Discharged	13	1847	Discharged	12
	Died	7		Died	7
	Total	160		Total	140
1848	Discharged	16	1849	Discharged	9
	Died	17		Died	25
	Total	198		Total	215
1850	Discharged	18	1851	Discharged	22
	Died	22		Died	23
	Total	181		Total	144
1852	Discharged	20	1855	Discharged	65
	Died	16	to	Died	36
	Total	247	1856	Total	228
1856	Discharged	60			
to	Died	33			
1857	Total	257			

ANNUAL REPORT OF EASTERN ASYLUM 1843

Appendix E

We are happy in having to report so large a proportion of cures thus far, as the curative capacity of the institution is thus clearly exhibited and confirmed. For the action of a law, passed during the last session of the legislature, is such, that so far as mere figures are concerned, its capacity on this point will certainly appear for some time to come, far less than it really is. We refer to the law concerning lunatics in the jails of this commonwealth, which compels the jailors to apply to the asylums every six months for their reception: There had been previously, owing to one or two circumstances, a constant neglect of any measure of the kind. Owing to the crowded condition of the Western asylum, application has been made to the Eastern, not only from the jails in that section of country nearer to this institution, but from those throughout the state. The consequence of this has been, that a large number of cases who had been confined in the jails for years; cases of course of long standing and nearly all of them utterly incurable, have been received into our asylum during the past year. This, it is manifest, will tend to depress the percentage of cures, but is evidently a circumstance wholly adventitious, and bearing in no degree essentially upon the curative powers of the institution. The action of the law is reality, has a very beneficial tendency in all respects. The expense to the state, attending the yearly support of each patient, who has been yet admitted in the institution, is by this measure very much decreased; the cost being much less to support a lunatic in an asylum than in jail, and it follows that the same rule will apply to those who may be received from the same direction hereafter. But an ulterior consequence of this law is attended with greater benefits even than its present effects: for henceforth, no recent case can remain in jail until it becomes incurable, and the jailors having to apply to the asylums every six months, patients will be sent in the early stage of the disease. In the first place, then, on account of their comparative recency, a large number will be cured; and this will happen, too, generally, to the most destitute class of patients, those who could not easily procure medical means, who had few friends, and who would for these reasons be otherwise kept in jail until they had become hopelessly incurable: great good therefore ensues to them. Moreover, instead of being retained in jail until they are incurable, and proving to be a burthen to the state for years, by being sent to an asylum, and there restored to reason, all that it would cost for their support through a long life perhaps, spent either in jail or in an asylum, will be thus entirely saved. Already many patients have been brought from the confinement, occasionally severe treatment, (an almost necessary consequence of so unsuitable a position,) and the discomforts of jails; situations wholly unfit for their proper management, to the comforts and comparative freedom of an asylum, a situation especially adapted to their condition in all respects.

LENGTH OF TIME IN THE ASYLUM

<u>YEARS</u>	<u>PATIENTS</u>
Above 30	1
From 20 to 30	10
From 15 to 20	5
From 10 to 15	9
From 5 to 10	30
From 3 to 5	11
From 2 to 3	12
From 1 to 2	9
Less than one year	<u>47</u>
	134

CIVIL CONDITION OF THE PATIENTS IN THE ASYLUM DURING THE YEAR 1843

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
Single	56	21	77
Married	18	29	47
Widows	0	5	5
Widowers	<u>5</u>	<u>0</u>	<u>5</u>
	79	55	134

SUPPOSED CAUSES OF INSANITY

Domestic troubles	9
Domestic afflictions	8
Jealousy	2
Disappointed affection	9
Religious feelings	8
Fright	2
Anxiety of mind	10
Loss of fortune	1
Excessive attention to business	1
Intemperance	11
Use of opium	1
Ill health	16
Exposure to the sun	1
Many uncertain or unknown	1

Causes may be divided into moral and physical, as is evident from the above table. But many of the physical causes can be traced as owing their activity to the indulgence in some propensity, and therefore may be considered in many cases, as in part, moral causes. Thus, drunkenness is classes as a physical cause, but it is also evidently of the double character just spoken of. Under this mode of consideration, the number of cases attributable to moral causes, is increased greatly.

Most causes of insanity arise from some infraction either of the moral or the physical laws of our being.

The origin of some of those of a moral nature, we may trace to the moral evil inherent in the world. But the largest number of those in our table, are causes of a domestic character, comprising collectively domestic troubles and afflictions. And this is what we might anticipate from the mode of life in Virginia. For we have here a scattered population, amongst which, in general, there is the occurrence of few circumstances to break in upon the monotony of daily life. The principal strong feelings which are habitually exercised, are those referable to the family circle; and any misfortune or dissention is less broken in upon and lessened by the action of surrounding events, than would be in the case in a crowded population. The proper safeguard against the action of such cases, is a resignation to the will of Providence, with the calm conviction that all that happens to us in this world, springs from the one great cause, and is to answer some good purpose. The belief which the religion of the bible is calculated to implant in the human heart, tends far more to prove a preventive to insanity, than any perversion of scriptural tenets tends to act in a causative manner.

The cases from drunkenness are fewer proportionately, than those laid down in the tables of some other American asylums. There is a tendency here, we think, to confound a predisposing circumstance with a direct cause. For some of our patients, insane from other causes, have also been accustomed to drink freely; and this circumstance may, in a measure, account for a difference of statistics on this point. The action of intemperance, with reference to the insane, presents several aspects. In the first place, it acts as a direct cause, as in the cases in the table. Secondly, it acts as a predisposing circumstance, as in many patients entering our asylums. Thirdly, an intense craving for intoxicating drinks, is an attendant, not unusually, upon insanity, and according to some writers, in itself sometimes constitutes a particular variety of the disease. This inclination is, we believe, often existent in patients brought to our own and other American asylums. The tendency to drink too, is very apt to occur, we think, in many cases, when the restlessness of the early stage comes upon the patient, apart from any particular propensity in this direction; rather, as it were, springing from the very restlessness of the individual. The existence of the propensity in an early stage of the disease, was well exemplified in a patient brought to the Eastern asylum during the past year: he now experienced the second attack of insanity, both the present and former one, evidently brought on by the same cause; and one of the first symptoms attending the total change of disposition, which constituted the characteristic features of the case, was a sudden excessive desire and use of stimulants; this was a very marked and conclusive instance. It frequently happens, we imagine, that cases of this kind are attributed to drunkenness, a symptom of the early stage of insanity being taken for its cause. But though at first a mere symptom, yet the indulgence of this propensity has a tendency to keep up, and increase the disease; which is evident from the fact, that such cases may often be cured by little else, than merely placing them where they cannot procure intoxicating liquors.

In the case of a patient, evidently from intemperance, who was discharged nearly seven months ago, in order to guard him against the future action of this habit, when discharged, we induced him to sign a pledge, before leaving the asylum, to abstain thereafter from intoxicating drinks; we have since continued its use with other patients, although they might not have been deranged from this cause; for still they were guarded against the action of a strong cause; on a weakened brain. The very fact of their taking this pledge at the time of their discharge, tends to impress strongly upon them, the advisableness of such a step; because connected with the idea that those having a practical acquaintance with insanity have recommended it to them.

OCCUPATIONS

Farmers	24	35
Labourers	11	
Shoemakers	4	
Tailors	4	
Blacksmiths	3	
Teachers	3	
Clerks	2	
Seamen	2	
Physicians	2	
Merchants	2	
Carpenters	2	
Watchmaker	1	
Wheelwright	1	
Cabinetmaker	1	
Soldier	1	
Shipcarpenter	1	
Tobacconist	1	
Pedlar	1	
Sadler	1	
Lawyer	1	
Cooper	1	
Printer	1	
Millwright	1	
Currier	1	38
Of no occupation	1	
Unascertained	6	
	79	

MORAL MANAGEMENT

That which is the essential source of the major part of the great good to be derived from asylums, is moral management. To describe this in full, we should have to detail most of the particulars that make up the constituent portions of an institution; for every part and portion of an asylum is constructed with the intention of acting in a manner favourable to the amelioration of mental derangement. We may divide the agents of moral treatment into two heads. First. Those influences

which belong to the general conduct towards the insane, of those who have the care of them. And secondly. The action which is exerted upon them by the direction given to the exercise of their own bodily and mental powers.

I. The chief general principle here aimed at in asylums, is kindness. We endeavour to be as kind as possible, to those under our charge, both in words and actions; and to make their situation as happy, as the nature of each individual case, and the circumstances of the asylum, will allow. It is true, that practice invariably falls short of theory, and that this endeavour cannot be always and invariably carried out, so far, and so fully, as the superintendent of an asylum might wish. But no truth is better established and confirmed, by the experience of all modern asylums, than that an invariably kind treatment, is the best foundation in the successful management of the insane; and that the more thorough manner in which this principle is borne out in asylums, than elsewhere, is the chief cause of the superior success met with in those institutions. Not only then from the impulses of benevolence, but from the very force of experience itself, this is found to be the ruling and innate principle in the action of insane institutions. As simple as may appear to be this general endeavour, it is perhaps, based upon the nature of the deepest feelings of the human heart; it may perhaps be traced as a proper course of action, not only in the character of our conduct towards the insane, but also as respects the duties which sane individuals owe to each other. The careless observer is apt to look upon the insane, as possessing few traits in common with the sane; he is likely to regard them as belonging to an almost different species of beings, from that of those who are in possession of a healthy intellect. They who have been led, from an acquaintance with the phenomena, to detect the faint lines which mark the passage of the morbid into the healthy intellect, cannot fail to remark, that many of the moral laws which have reference to the one class, possess an analogous character with respect to the other. When then, we take up, as the guide of our conduct towards the insane, the general rule of endeavouring to act as kindly as possible towards them, we but adopt, and carry into practice, that benevolence and spirit of love and good will, which is inculcated in the Holy Scriptures, and the proper feelings with which we should be imbued towards each other. And when to the false reproaches and misconduct of the insane, we act in a manner of an opposite character, we but carry out the scriptural tenet, or returning good for evil. Here then, in the very spirit of the Bible, have we a basis for the proper management of most cases of insanity. The direct influence of such a line of conduct, may be considered as simply this--that however disordered the feelings and intellectual powers of an individual may be, it is rarely that he can misinterpret, for any length of time, a uniform course of kind conduct towards him. This, and this alone, tends fully to dispel the vague ideas, often present in the insane, that those around them are their enemies; and it indeed has a tendency, to foster the exactly opposite idea. Thus, then, is confidence inspired, and their natural irritability lessened and subdued; and whilst a different line of conduct would tend to increase the intensity of their morbid feelings, this is of a nature to foster the very opposite emotions. And in the hearts of those

thus treated, spring up not unfrequently, in the place of the dark feelings, which their disease had engendered, good will and attachment, and other emotions of a similar character. With this principle as a basis, the various measures of asylums, are sufficiently efficient, to keep the generality of their inmates calm and tranquil, and resembling in their deportment, those in possession of sanity, rather than persons of disordered minds. And even in paroxysms of excitement, their ill feelings, instead of being vented on those around them, find a suitable recipient in the phantasms of their diseased fancy. When we have once created this unsuspecting confidence in the minds of the insane, we can with less liability to irritate, impose those restraints which are in some cases considered necessary, in all American asylums. In the first stage of maniacal cases, there is usually a tendency to rave, and to general violence of behavior. In this condition, the patient is little fit for the action of moral measures; he is placed in an unfurnished room, and perhaps kept under the influence of medical means. This state, in most cases, does not usually last long, its natural termination being in the chronic stage, or in convalescence. A few cases of this variety, after the early stage of the disease has passed, with all its strictly physical symptoms, and some instances of partial insanity from the commencement of the disease, continue to have a propensity to break or tear things, or to injure others or themselves. If some propensity amongst these, is pretty constant and active, and the patient appears incapable of controlling himself, even with the assistance of any other moral means, we think it necessary, in a few instances, to place him under bodily restraint; instead of merely having him watched, when the morbid feeling is somewhat less active. This, in our asylum, is so rarely necessary, and then in general, for so short a time, that it scarcely deserves mention, forming but a very slight matter in the management of the patients. We employ for this purpose, simply the mittens and wristbands, which as their names denote, serve merely as a restraint to the hands. In all asylums, it occasionally happens from anomalous circumstances, that modes of restraint will be plainly indicated, which were perhaps never before employed, or are now entirely disused in a particular institution. It would here be unwise to shrink from the use of such means, only to bear out the general principle of using but one or two of a particular form. In such few rare cases, therefore, superintendents are accustomed to deviate from rules of this nature; but by no means considering such new measures when thus assumed, as constituting a feature in the management of the asylum, over which they preside: precisely as a physician considers himself as possessing the liberty to select any remedy in the whole catalogue of the *materia medica*, for an anomalous symptom in any disease, when perhaps he may have never used the remedy before, and will never find occasion to employ it afterwards. Temporary defects in an asylum, as to organization or other points, may also call for the use of measures, which would otherwise be by no means required. Those circumstances have, in one or two instances, compelled us to resort to means of restraint, which we would otherwise not have thought of employing. We repeat then, that we do not consider any other mode of restraint as existing in our institution, except the simple mittens and wristbands. These are now used very seldom; and their employment will

be called for still less frequently, when the new wing has been finished, and the institution attains such a form, as to admit of a lasting and permanent arrangement of the patients.

We have detailed the action of the law of kindness, as it is the substratum of all other measures, in the great majority of insane cases. We have touched upon the use of restraints, not because of the comparative importance which they possess, but by reason of the liability of the public to misunderstand them. We would by no means convey the idea that stand these are the sole measures of moral treatment, apart from the second series of agents to which allusion has been made. For as in the medical treatment of insanity the physician has a certain set of remedies upon which he imposes the greatest reliance, yet makes use of others as auxiliaries; so in the moral management of this mental disease, we find it necessary to make appeals to various emotions and intellectual faculties--at least in curable cases. Each case, in this respect, requires a somewhat peculiar treatment, and we must be governed in each, by the particular psychological indications. Under this head, we include appeals to the patient's sense of honour, granting him certain privileges, upon condition that he will adhere to certain rules of conduct; this peculiarity of management is spoken of in reports, under the title of pledges. Another instance is found, in the use made of reasoning with a patient concerning his delusions; which sometimes, in a certain stage of the disease, exerts a good effect. Many such measures apply to a variety of cases; others require a peculiar treatment in this respect. It is impossible and would be useless to enter into details here; suffice it to state, that as the physician deems the whole catalogue of medicines open to his selection of remediate means, so we make the whole range of mental faculties, and appeal to any one which we think likely to exert a beneficial influence on the patient when thus acted upon. And even if it be necessary to employ any measures somewhat disagreeable to the patient, as the application of the wristbands or the use of the shower bath, morally, we do not hesitate to employ them, if we are convinced that they are required, and will do him good; precisely as a physician does not hesitate to employ a nauseous medicine or a disagreeable remedy, when it is plainly indicated. It should be stated, however, on the other hand, that there is an entire analogy between our medical and moral practice, in the fact that in almost all cases, the most simple, and the mildest means, are found to be the most efficient; and anything like severity must be scrupulously avoided, if successful management is to be expected. It is hardly necessary to state, that nothing like blows or stripes, is at all admissible, in any case whatever, or on any ground or pretence.

Under the first division which we have made of moral management, may be also included classification. We place those in one class, whose minds are morbidly affected to the same extent; or at least whose conduct is similar. From this measure several aims are answered, and it is found to be very important. The chief consideration here is evident--that to a quiet and mild patient, one perhaps, deranged on but one or two topics, to be placed with a turbulent and noisy one as a constant regulation, would be necessarily painful. At present we have several divisions of both males and females. When the additional building shall be finished, the

institution will admit of the most advantageous arrangement in this respect; as much so perhaps, as could be desired, and a most important end will be thus fully attained. We shall also be able fully to accommodate in a wholly suitable manner, patients who pay their board; and we have made the consequently requisite arrangements for the ensuing year, in the domestic department of the institution. There will then be a full capacity to receive patients of all kinds, and provide for them fit apartments, furniture and other things needful. A portion of the new wing is intended for those females who pay their expenses; and the rooms here laid off are admirably adapted for the purpose in all respects.

OCCUPATION

II. The agents under the second division which we made of moral management, consist of all the different modes of engaging the mental and bodily faculties, and may be referred to the one general purpose and title, of occupation. They may be suitably treated of, under the heads of labour and employment, amusements, literary occupation, and religious observances. The endeavour is made, so to occupy the patient's mind by some sort of employment, that it will be silently withdrawn from its delusions; and they will thus become weakened and subdued. We have shewn that the chief agent under the first division of moral means, or the law of kindness, may be traced as having reference also to the sane. We may recognize, in a similar manner, an analogy with regard to the second series of moral means. The effect of lessening certain affections of the sane mind, by withdrawing it from the action of the objects causing or connected with such feelings, is well known, and constantly apparent in every day human life. We have an instance, in the manner in which time acts, to heal all earthly troubles, by bringing the mind under the influence of new objects and associations.

Separation from home and acquaintances, and the involuntary occupation of the mind by new scenes, comes also under the present head. All medical writers who have had charge of the insane, speak favourably of a total change of place and circumstances; and one of some eminence, goes so far as to state that this alone in the early stage of insanity, is calculated to cure most cases of the disease. Asylums have manifestly, as to this point, a decided advantage. The influence of the change of scene, upon both the sane and insane mind, is very evident, even to writers not medical; and we find this action, and indeed the whole theory of moral revulsion, finely described in the extract which we cull from "Shakespeare's ever blooming garden." In his "Hamlet," when the hero is supposed to be deranged, the king, his father, is made to observe,

"There's something in his soul,
O'er which his melancholy sits on brood;
And, I do doubt, the hatch and the disclose
Will be some danger: Which for to prevent,
I have, in quick determination,
Thus set it down; He shall with speed to England,
For the demand of our neglected tribute;
Haply the seas, and countries different,
With variable objects, shall expel
This something settled matter in his heart."

LABOUR AND EMPLOYMENT

Writers may differ in opinion, as to many points of the treatment and so also in a measure may those even, who have the direct management of the insane; but if there be any one point in which there is no difference of opinion, in which all may be considered to agree fully and entirely, it is with respect to the immense value of labour and employment. Whatever be the character of the institution, for whatever class of persons intended, still, great value is placed on this mode of revulsion. It is by almost every one who has had any experience with the insane, placed above all other means, both in their management, and in their recovery. We quote in exemplification, passages from the reports of three asylums, possessing each the highest repute. Dr. Bell, superintendent of the M'Lean asylum, observes--"There is one appliance of moral treatment, which has been proved immeasurably superior to all others, as regards a large class of male patients. It is systematic, regular employment in useful labour." Dr. Woodward of the Massachusetts state hospital, says--"No class of our patients are so contented and happy as the labourers; no other convalescent recovers so rapidly or favourably." Dr. Awl, of the Ohio asylum, observes--"Above all and any thing else in the world, for the mental welfare and improvement of both mind and body, is regular and profitable labour."

Employment has a strong tendency to withdraw the minds of the insane from their delusions; it tends to improve the general health; the patient is not so apt to be annoyed by ennui, when furnished with employment, and he therefore becomes less irritable and more contented with his situation. When, also, a patient is kept employed, he is, as the saying goes, "kept out of the mischief;" he has no opportunity of giving way to his delusive thoughts and morbid feelings, and the consequent actions. Their frequent tendency to wakefulness is much counteracted by labour; and instead of passing the night in raving and incoherence, sleep descends upon them as softly, as upon earth's more favoured children, and they pass the night in refreshing slumbers. Most of our patients have been accustomed to manual labour, before their insanity came on, and it is usually therefore, easy to engage them in some employment, having that character; they are indeed more disposed to enter into this, than any other mode of occupation.

In the female department, we have, as modes of employment, sewing, spinning, knitting, weaving, etc. All the cotton for the socks was carded, spun, and twisted by the females. The thirty yards of carpeting, was made out of the fragments of the clothing, and was then cut in pieces of suitable length, adding, in the shape of rugs, to the air of comfort about the sleeping apartments, of the best class of females. They have done, too, the mending and darning of the institution; and other assistance has been also rendered by them engaged in sewing; the remainder have been employed in washing, and other out-door duties. The value of the services thus performed in various ways, would probably amount on calculation,

to nearly the same sum total, as that of the table. One of the colored females presents a pleasant instance of the good effects of employment. She had been chained continuously for eight years, certainly, perhaps, for ten, or more, and was brought to the institution with a chain on, which was taken off on her arrival. During the first month of her stay, she was rather excited, which she would chiefly evince by vehement gesticulation, and pulling up the fragmentary bricks of the court, arranging them in circles; she soon left off the latter habit, being generally calm and quiet, and has become one of the most useful patients in the asylum.

In the male department, we have the carpenter's shop, shoemaker's shop, garden and wood-yard; and the patients also assist in various jobs about the premises, and in some other matters. In the shoe shop, the shoes required by all the patients and servants, are made; and also other articles when occasionally needed, in which leather is employed: the officer attending to the shoe shop, has also the management of one class of patients, contiguous to the room in which he, and the patients with him, work. Within the wards they also make brooms.

During the past year, in the throwing down of walls, consequent on the location of the new building, putting up others in connection with new arrangements, and various occupations of a similar kind, the patients have given much assistance. Amongst other things, they have aided in digging the foundations, and building the walls of a root-house, for our stock of winter vegetables: this is twenty-two feet wide, fifty-five feet long, and six feet in depth; it is composed of old materials, furnished by the occupation of a court yard, by the new building; and they are thus put to a very advantageous use. The garden has also been much improved, and some clearing has been done. All these occupations, together with the labour of two or three patients in the carpenter's shop, would amount probably on calculation to from five hundred to a thousand dollars, additional to the sum attributable to the products of the garden, and to that for work done in the shoe shop.

AMUSEMENTS

As is the case in other asylums, we pay due attention towards furnishing amusements. Our patients play at cards, drafts, dominoes, and other games. They serve, with many patients, to occupy the mind beneficially, and in occasional instances, where ill health or disinclination prevents the employment of more potent moral revulsives, they are found to be very useful curative measures, or pleasant and much enjoyed recreations. The order, which the board passed some months ago, giving the superintendent the direct power of purchasing articles of this kind, I have not yet made use of, towards extending our present means; they require however little more than renewal, and to this I propose attending. Institutions like our own, designed directly for the insane poor, do not perhaps require so great a variety of amusements, as those intended for the rich: for it is always requisite in asylums, to pay regard to the previous habits of patients. Our climate also is such, that outdoor exercise, is almost constantly admissible; and our patients are not confined within doors to

near so great an extent, as happens to be the case in nearly all the asylums at present established in this country.

When we have a patient capable of playing on any musical instrument, we take care that he shall be provided with it.

LITERARY OCCUPATION

Our patients have all along been furnished by the officers of the institution, to a certain extent, with books and newspapers; and some have been given them by persons in Williamsburg, unconnected with the asylum. We also purchased a few books for the institution, some time ago; and for the last two years, a newspaper and periodical have been subscribed to in the city of Richmond, for the same purpose. These have been used, however, in general, rather to meet the constant requests of patients, than any strictly curative purpose. And we have felt the want of a regular library. A few months back, Purchased two handsome bookcases; and in compliance with an order of the board, vesting in me the power, shall shortly procure the requisite number of volumes to form a library; other arrangements will also be made, so as to render this a valuable and regular additional agent in the moral treatment. A large number of patients desire to write letters to their friends; and this wish has also been always gratified, by giving them the means. We exchange the fragmentary cotton clothing, of which there must be necessarily a large quantity in an asylum, for writing paper, with a firm in the city of Richmond; so that a supply of stationary is thus furnished, as it were gratuitously, to the patients,

The reports of the American state asylums, almost without exception, yearly knowledge the donation of books and newspapers; in some instances amounting to a great variety and number. Similar donations would be very useful to the patients of our asylum, and such charity is worthy of the consideration of editors, and others, who take an interest in the welfare of the insane.

This point of moral treatment is as fully attended to in American asylums, as amusements, labour, or any other form of employment. Reading serves to fill up time, and furnishes an agreeable employment; it tends by this very engagement of the mind, to act revulsively; and is thus found to be of the same nature as any other mode of occupation. Books also offer a mode of exhibiting our good feelings to a patient, by the mere act of lending them to him; and thus bear along with their present in an asylum, a great additional means of management, by increasing our power of carrying out the law of kindness—which we have shewn to operate so successfully and so beneficially; and I verily believe, that in some cases which have recovered in this asylum, a portion of the successful treatment has consisted in giving them newspapers. Reading is perhaps, a form of occupation, which is more generally applicable than most of the other varieties: for those who have cultivated this pursuit, will frequently retain a relish for it, after their insanity has become settled and fixed; and those who are unable to read or write, may be employed by having them taught these arts. This latter variation of revulsion, is one of the few points, in

which European asylums appear to have preceded those of our own country. We find occasionally, however, instances in the latter, in which it has occurred, as it were fortuitously. Thus Dr. Kirkbride, physician to the Pennsylvania hospital, observes in his last report, "Several gentlemen have been usefully engaged in imparting instruction to others in the same ward, and two have been improved by giving regular lessons for a short time in one of the modern languages." At the Hanwell asylum near London, those patients who are unable to read, are taught to do so. And in the Bicetre near Paris, there are schools, which between two and three hundred of the patients attend. In the exertion of the various mental faculties, which is thus attained, doubtlessly, a moral means of great power is furnished.

It must not be supposed that all patients are capable of enjoying and understanding what they read, precisely as individuals in a state of sanity: they differ much in this respect; and no doubt some of them do not comprehend fully, much of that which they read: nevertheless, a good effect is still produced, for the patient's attention is, to say the least, occupied, and he is in a measure drawn away temporarily from his delusive ideas. With some, too, here, as with respect to other matters, there is perhaps a strange conjunction of the real and the ideal; in others, there appears no difference at all, between their comprehension and interpretation of what they read, and that of the sane.

RELIGIOUS OBSERVANCES

Religious worship is one of the points of revulsion, in the adoption of which, those who have the direct control of the asylums in the United States, all concur, and agree fully and entirely. No good asylum could well do without some provision on this subject, and in nearly all the institutions for the insane, in our country, it is given due attention. We entered, in our last report, fully into the reasons, upon which such opinions and practices were based, and we therefore need not here detail them. The Rev. Joseph R. S. Clarke is now chaplain to the asylum; and I hope that this hereafter will be a permanent office in the institution; and that as we go upon the principle of providing the insane, with all the mental influences and bodily occupations, which are possessed by the sane, they will never again be without some regular and permanent provision with regard to religious services--the influence of which, is so important to those whose minds are sane. The great principle of revulsion is here fully borne out: we occupy the minds of the insane during six days in the week, with amusements and labour; these being incompatible with the sabbath, this day would therefore be one in which the patient would dwell on his delusions, and be kept in an irritable state, were he not to have something to call his attention from such thoughts and feelings; this is admirably furnished in the sedative influence of religious services. With respect to the law of kindness, its influence is here sensibly felt. A patient may misinterpret almost any other particular of treatment; he may think, for instance, that when we wish him to be occupied, it is only for the fruits of his labour. But when we invite him to attend our religious exercises, he can scarcely find any selfish motive to impute to us. He

sees therein, a provision made for the deepest emotions of his spirit-- that which can possibly have reference to, and benefit, no one, but himself. The very existence of religious observances in an asylum, tends to disarm all the apprehensions of the most morbidly suspicious patients, and to shed the calming faith within his heart, that those around him are not his enemies, but are they who take the deepest interest in his welfare, and that all that they do towards him, is for his good: with religious worship, all our early associations necessarily connect that which is good and holy, and the influence of these still acting upon a patient, will tend to drive away all erroneous impressions as the benevolent character of the institution in which he finds himself placed.

SUMMARY OF TREATMENT

Considering the principles of treatment involved in the various measures connected with an asylum, we find that they appeal fully, in their nature, to reason and philosophy. It is true, that we cannot, in many cases, prevent that pallor of countenance, which is the result of a diseased physical organ, the brain; and it is equally true that we cannot prevent a morbid inattention to dress, in some cases; and that these circumstances cause the appearance of the insane to be different from, and inferior to that of the sane; and it happens from the prostrating effects of disease, on the intellectual faculties, that many patients are insusceptible of being affected otherwise; than by appeals to their appetites; and we can only attend to their physical health, and see that their physical wants are gratified. However this be, and however feebly its indications be carried out in any one asylum, based upon the present plan of management, the patients in such institutions are under the influence of a system which embodies in itself the noblest and best philosophy; one which is recognized as such, by the true test of all systems--their fruits.

We have in this life two classes of duties towards ourselves. First, the endeavor to preserve our physical health, by attention to all the precautions requisite for this purpose. And secondly, we have the duty of improving our intellectual powers, and to moderate and govern our affections. It is our duty especially as to the latter, to diminish as such as possible the power of those of an evil, and increase the strength of those of a better character. Now it is a fixed law of our nature, that any human faculty is increased in power by action; and therefore our chief duty with regard to our evil affections, is to strive against their influence: and on every occasion that we yield to a sinful affection or inclination, we decrease so far our power of resisting it thereafter; increase it in intensity, and thus become, to such an extent, a worse being than we were before. So that whenever we do any thing, which embodies an evil intention towards our neighbor, we injure ourselves to as great, or a greater extent, than we can injure him: and whenever we successfully resist the promptings of an evil passion, we so far increase our power of resistance, with respect to the future action of the affection, and become so far a superior being to what we previously were. However unconnected with the treatment of insanity,

this system may at first view appear, we are inclined to believe, that in a modified form it is the innate principle embodied in the mode of management at present existing in asylums. If, then, the above mentioned principles are the laws to guide us, it is of course evident that the insane are incapable of fulfilling them, from their own unassisted efforts. In them, we have additional resistance to that with which the sane have to contend, in carrying out these laws; for we find, in the first place, in all cases, disease of a physical organ, the brain; secondly, there is generally a diminished intensity of the intellectual faculties, and also a morbid state, producing delusions, and other diseased intellectual manifestations; and thirdly, we have in numerous cases, a morbid exaltation of the evil propensities of our nature.

The insane, then, being wholly incapable of acting out the indications of these laws, and being placed under our care and protection, the arrangements and system of management existing in asylums is such, that they are unconsciously influenced, and have a tendency given them to act in a proper manner. In regard, in the first place, to the proper care of their physical health, the general character of buildings for the insane is such as to attend as much as possible to this point—proper attention being given in their construction to ventilation, warmth, cleanliness, and other measures resulting from the principles of hygiene. A diet is also selected which is of the most wholesome nature; and every thing of the kind is the result of previous study and thought, and the experience of various asylums. The use of baths, and other means promoting the general health, is also made convenient. All things of a nature to injure the health of the patients, are scrupulously avoided. To meet the physical indications in the early stage of many cases, and sometimes in a later period, medical aid is always at hand. The building is also of a character to guard against the accidents attendant on insanity.

In the second place, with respect to the mental faculties, similar care is taken that they shall be fully acted on. By the various means of occupation, the patient's mind is withdrawn from its delusions, and it is at the same time exercised, and led into a train of correct thoughts. So that he is thus kept calm, and his mind is prevented, as much as possible, from sinking, from inaction, into a state of torpor and feebleness, such as is the tendency of insanity to eventually produce. If evil passions exist in a state of exaltation, the very fact of employment prevents their development into action: and thus, from not being exercised, they diminish in intensity, and lose their hold on the mind of the patient. There is also an attempt made by kindness and other moral measures, to lull and soothe all his ill feelings and suspicions, leading to violence of words or conduct. The wayward tendencies of insanity, and its impulsive emotions, are to be met by a calm firmness, and require in general, but slight measures to restrain them; for if once the patient is convinced by general kind treatment, that the officers are well disposed towards him, he will look upon all such mild restraining measures as just, and for his ultimate good, and, indeed, he is in our asylum told this on the occasion of their employment. Their self-respect, and all the good feelings, the germs of which we know to exist, however latent they may be, within the human heart, we endeavour to call forth by proper means.

From the conjoined effect of all these measures, medical, those relating to hygiene, preventive and moral, it is, that the insane in asylums are kept generally calm and quiet, and approach in their conduct to that of the sane. It is from this very conjunction that the superiority of an asylum results. Take a patient in any other situation, and you may sometimes find perhaps one or two indications fulfilled; but the absence of other means used in asylums, or a state of things the very contrary to what it should be, may, and do so act, that cases which would recover with the greatest ease in an institution, and would be calm and peaceable, are elsewhere found constantly engaged in raving and violence, and to sink eventually into a confirmed condition of mental disease.

It is not from this or that measure that the superiority of an asylum results, but it is from the constant presence and conjunctive influence of all the various means fulfilling curative indications. It is therefore a false view of the subject, to attempt to attribute the superiority of asylums to the existence of this or that particular measure, or to look for many very decided instances of good from one measure alone; we rarely expect to cure a patient by any particular one, by itself. We know, however, from the experience of all the asylums of the present day, that all the measures detailed above, or to which allusion has been made, are highly beneficial, and that not one of them could be taken away without injuring an institution. It behooves indeed those connected with the administration of an asylum, to provide for it as great a variety of occupations, and similar means of cure, as possible, in order that each patient may find something which is calculated to employ him. Even when compelled, from the force of circumstances, to use particular means of which we do not approve, still, by the wise application of the other measures of a beneficial nature, with which an asylum is so abundantly furnished, we can counteract the bad tendency which an irritating measure would produce, and which elsewhere would be wholly devoid of such a counteraction.

During the ensuing year, the institution, as we have observed, will assume a complete form, and may be regarded as finished. It seems then, best on many accounts, that all necessary repairs and arrangements should be added simultaneously, so that we may know precisely what classification of patients, and other points of management, can be most economically and suitably established, as a permanent provision. In the first place, the basement stories of the north wings are out of repair, and too damp, and evidently need a thorough change, and to have areas cut around them; this the board mentioned in their last report. Secondly, the institution requires painting externally—the different portions of it having been erected at different periods, through a long series of years, it has now consequently assumed rather a motley appearance. It is supposed also, that this would have an advantageous effect in guarding against dampness of the walls. Thirdly, the improvements in the south yard, to which allusion has been made, and which were partly mentioned in the last report of the directory. Fourthly, the porticoes of the centre building, require renewal; and it would prove highly ornamental, I think, to have the new ones constructed by an extension of the north and south pediments; and to have two similar porticoes, by an extension of the opposite pediments of the north wings.

Most of the measures thus proposed, may be considered as absolutely called for, as soon as possible: the areas and the repairs of the basement stories, are positively required within the next six months, or otherwise we shall have to give them up entirely, besides being put to great inconvenience.

So far as the porticoes are concerned, I would remark, that although I do not consider the important principles of treatment as much concerned in the appearance of the edifice in which the patients reside; yet, there is some influence exerted here, that requires consideration. There are other reasons also, why we should now seek to ornament the building in some measure. If, as in former times, insane asylums were looked upon merely as places of safe-keeping, there would not be so much necessity in due attention to the ornamental. But as we now consider them, and truly, as institutions tending not only to the safe-keeping, but also in a greater degree, to the comfort and cure of the insane, than their position in any other condition of things whatever, we should therefore, in every thing connected with an asylum, bear in mind these two important ends. It is a fact, that the impressions of the insane mind on entering an asylum, are sometimes of the utmost consequence; on their nature, may depend the event of the case, whether the patient shall henceforth be lost in the darkness of insanity, or shall regain the light of a rational mind. It is therefore, that we should here seek to excite emotions of a pleasing nature, rather than fear, and other painful emotions, akin to the morbid feelings, to which the insane are prone. Every thing should be here, of a character to excite confidence in the mind of the patient, rather than gloom and distrust. As Sir William Ellis observes, in his treatise on insanity—"The first entering into the confines of such establishments, often produces a salutary effect upon the mind of the patient, if the aspect is agreeable, and the contrary, if otherwise." But moreover, we should consider, how little the board of directors have ever asked the legislature, with respect to the ornamental, during the long existence of this asylum. If they ask for funds to be devoted to this purpose, at any time, it should be now, when the institution is about to assume a complete and finished form.

There are several other particulars, in with the institution in its present enlarged state, requires some new arrangements and architectural improvements; which though plainly necessary, would not much increase the appropriation required for the other purposes, mentioned above. One of these is an increase in the supply of water, which is now insufficient for the size of the asylum. The plan adopted to this end, in the New York State asylum at Utica, or something similar, is what we suggest as suitable.

CONCLUSION

Owing to the variety of particulars concerning patients in the asylum, which the law now requires the board of directors to report to the legislature, the superintendent, upon whom this duty eventually devolves, is almost necessarily, led into details, which would otherwise be not exactly the case. The queries also, propounded by the law, supply information relative to the insane, which it is his duty to make public. In entering

upon these matters, other ideas are suggested, which tend very much to increase the size of the report. It thus happens, that the chief events of the foregoing year, the subjects in fact of the most consequence, are scattered in different portions of the report, or may be, some of them, even omitted. We think it therefore proper, to give a summary here, of the chief measures of importance, which have been instituted during the past year.

1. The board have commenced publishing the reports of the institution: this will tend greatly to dissipate false and erroneous impressions relative to it.
2. The facts respecting patients confined in jails, and which I presented to the directory in my last report, and of which they informed the legislature, led to the passage of an excellent law on the subject; this will, as I have previously stated, tend to diminish directly the expenses of the state for the support of lunatics, to a great extent; besides a still greater indirect action towards the same end; it will also do great good in the very fact, of leading to a larger number of cures amongst the insane, and in making them from unfit places for their management and comfort, and placing them in a directly opposite situation.
3. The law of the legislature, passed several years ago, granting to those patients whose minds were in a more rational state, clothing of a better character than that allowed to the generality, has been carried into effect. We have also altered the uniformity of dress, to which the patients previously adhered. This change has been attended with little or no additional expense, and presents many advantages.
4. A proper system of organization has been adopted. Its collateral advantages have been almost as great as those of a direct nature.
5. Religious services have been added as a permanent provision, to the moral means of the asylum, previously existing.
6. The old gratings, with their prison-like appearance and partial insecurity, have been replaced by the neatness and security of the modern castings.
7. The rooms have been provided with bedsteads, and other furniture; which were previously needed. The bedsteads are made of iron, on account of its lasting nature and the absence of vermin. We obtained them from the Firm of Busnell & Meeker, in Utica, New York; and we are indebted to Dr. Brigham, the able superintendent of the State asylum in that place, for having kindly overlooked their construction. They have proved suitable, in every respect whatever, and we have no fault to find with them on any point.
8. Attention has been paid to the subject of debts due from pay patients; and permanent arrangements have been made with respect to this class, so that no difficulty is likely to exist hereafter.

9. The arrangement made respecting the servants of the asylum, will, I am confident, enable us to obtain a very good set.

10. The board have presented a memorail to the legislature, calculated if successful, to be in the consequent legal enactments, of great service to the interests of the asylum.

For the generous confidence, which the board of directors have placed in me during the past year, I must here return my grateful acknowledgments: I trust that they will be fully repaid, in the consequent beneficial results to the institution, over whose interests, they constitute the presiding power.

For the assistance which my fellow-officers have given me, in their several departments, my thanks are also due.

Respectfully submitted.

JOHN M. GALT,
Superintendent and Physician.

December 30th, 1843.

Appendix F.

Annual Report of the Boston Prison

Discipline Society

(1841)

Proportion of Insane To The Whole Population

The following table, prepared by Dr. Brigham, superintendent of the Connecticut Retreat at Hartford, from the last census of the United States, gives the number of insane and idiotic at public and private charge, white and colored, in each of the states and territories. It furnishes the most dense and complete view on the subject which has been published.

	White		Colored		Total	Population	Proportion of Insane to Pop.
	Public	Private	Private	Public			
Maine	207	330	56	38	631	501,793	1 to 795
New Hampshire	180	306	8	11	505	284,574	1 to 563
Massachusetts	471	600	27	173	1271	737,699	1 to 580
Rhode Island	117	86	8	5	261	108,830	1 to 503
Connecticut	114	384	20	24	542	310,015	1 to 572
Vermont	135	252	5	2	394	291,948	1 to 740
New York	683	1463	138	56	2340	2,428,921	1 to 1038
New Jersey	144	225	46	27	422	373,306	1 to 844
Pennsylvania	469	1477	132	55	2133	1,724,022	1 to 808
Delaware	22	21	21	7	80	78,085	1 to 976
Maryland	134	255	97	42	528	469,232	1 to 888
Virginia	317	731	326	58	1432	1,239,797	1 to 865
North Carolina	153	408	191	28	780	753,110	1 to 965

Farms and Gardens of Insane Asylums

The quantity of land connected with the Maine Asylum is about 78 acres.

The trustees of the McLean Asylum, within a few years, have added several acres to their farm, at \$1000 per acre, increasing their garden and grounds to 25 acres. During the present year, several acres more have been added at \$500 per acre.

The Boston Asylum has a garden of one or two acres only, at present, under its control.

The Worcester Asylum has about 70 acres.

The Connecticut Retreat has about 14 acres.

The Blackwell's Island Asylum for the city of New York has several acres on the north end of the island.

The Bloomingdale Asylum had a beautiful garden and grounds, but has been encroached upon by the streets and lanes of the city.

Dr. White's Private Asylum has a beautiful piece of ground in the rear, of dimensions too limited.

The State Asylum at Utica has about 120 acres.

The Frankford Asylum, near Philadelphia, has 61 acres, of which 20 acres is a grove, etc.; part of this is a park for deer.

The Pennsylvania Hospital, two miles west of Philadelphia, intended particularly for the insane of the city, has a large farm, of which 42 acres are enclosed.

The State Asylum of Pennsylvania, for which provision was made last year by act of the legislature, proposes to commence with a large farm.

The Maryland Asylum, in Baltimore, has 10 acres of land. It was proposed to enclose this land with a high wall, at an expense of \$10,000. We hope this part of the plan has been abandoned, as it would be money worse than thrown away; giving the place a Prison-like appearance, without the least utility.

The Western Lunatic Asylum, at Staunton, Virginia, has a farm containing 65 acres of fine land, on an eminence.

The Asylum at Williamsburg, Virginia, has a narrow space, or small square, in the village.

The Ohio Asylum has 30 acres of land, beautifully situated.

We do not know how much land is connected with the Asylums in Kentucky, Tennessee, North Carolina, and Georgia.

We make a few remarks only with regard to the gardens and farms connected with Lunatic Asylums. They should be extensive: An acre to a patient would be a good general rule. They should be well watered with living springs of pure water, and running streams, if possible. They should be of varied surface and fertile soil. They should have in prospect beautiful scenery of nature and art.

Everything calculated to promote the happiness of the rational mind should be secured, to restore the insane.

Order of Time in which Insane Asylums were Established in the United States.

The first hospital for the insane was built at Williamsburg, Virginia, before the Revolution. One department of the Pennsylvania Hospital, in Philadelphia, was used for the insane as early as 1752.

Asylum for the Insane at Frankford, Pennsylvania, May, 1817.

McLean Asylum at Charlestown, Massachusetts, 1818.

Asylum for the Insane at Bloomingdale, New York, 1821.

Asylum for the Insane Poor at Lexington, Kentucky, 1824.

Connecticut Retreat for the Insane, opened April, 1824.

Dr. White's Private Asylum, Hudson, New York, 1830.

State Lunatic Hospital at Worcester, Massachusetts opened December 12, 1836.

Asylum for the Insane Poor at Brattleboro', Vermont opened January 1833.

Asylum for the Insane at Nashville, Tennessee, built in 1838.

Ohio Lunatic Asylum at Columbus, Ohio opened December, 1838.

Asylum for the Insane Poor of the City of New York on Blackwell's Island, opened 1838.

Boston Lunatic Hospital at South Boston, opened December, 1839.

Asylum for the Insane in Baltimore, Maryland, having been used as a hospital, was improved, enlarged, and devoted to the insane, 1839.

Maine Insane Hospital at Augusta, opened October 14, 1840.

Georgia Asylum for the Insane at Milledgeville, 1840.

New Hampshire Asylum for the Insane, being built in 1841.

Asylum for the Insane Poor, two miles west of Philadelphia, opened 1841.

State Asylum for the Insane Poor in Pennsylvania, provided for by law, 1841.

State Asylum for the Insane Poor at Utica, New York, located in 1837, building, 1840 and 1841.

Asylum for the Insane at Columbia, South Carolina, unknown.

Asylum for the Insane Poor in Connecticut, no decisive action.

Asylum for the Insane Poor in New Jersey, no decisive action.

Asylum for the Insane Poor in District of Columbia, no decisive action.

From the above statement, it appears that one institution was established, and another used for the insane in the 18th century: two were established in the first twenty years of the 19th century; three from 1820 to 1830; eight from 1830 to 1840; six are opened, provided for, or being built, in 1840 and 1841; besides much preparation for three others: by which it appears that about four times as much has been done, and is being done, in two last years, for the insane, as was done in the whole of the 18th century, and about four times as much as was done in the first twenty years of the 19th century, and about four times as much now, in two years, as was done in ten years from 1820 to 1830, and about as much now, in two years, as in ten years from 1830 to 1840.