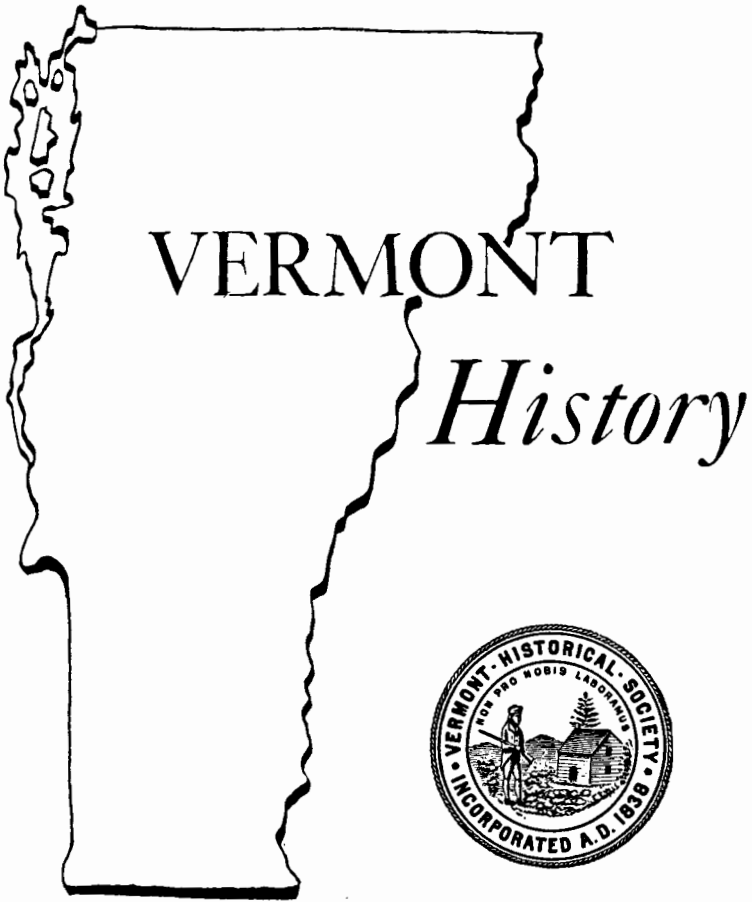


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The Vermont Asylum for the Insane at Brattleboro "emerged . . . as an hybrid institution, privately endowed, but publicly supported."

The Insane, the Asylum, and the State in Nineteenth-Century Vermont

By CONSTANCE M. MCGOVERN

In 1886 the trustees of the Vermont Asylum for the Insane at Brattleboro organized a religious service to commemorate the fiftieth anniversary of the hospital. They rejoiced that the celebrants included a patient "who had been an almost continuous resident" since the doors had opened in 1836. Such boasting would have astonished William Rockwell, the first superintendent of the asylum. Rockwell, in 1836, had advertised the asylum as "a cheerful country residence" where he welcomed patients "into [his] immediate family" and where his "kind, assiduous and skillful treatment" promised to bring about a "restoration of reason." A few decades later, however, Joseph Draper, Rockwell's successor as superintendent, dismissed the "family" idea as "long out-grown" and agreed with the trustees that the institution had become a place of "growing embarrassments."¹

During those intervening years, the hospital had moved from routinely curing the insane to merely incarcerating them. And like other institutions for the insane in late nineteenth-century America, the hospital's critics upbraided the institution for its custodial character, accused the doctors of dismissing the patients as a mere "bad lot" or "miserable fellow[s]," and worried that since "as many patients have died as have recovered," soon "none will recover." The criticism contained real merit. While in the early years William Rockwell claimed recovery for ninety percent of his patients, Draper managed cure for less than ten percent of his, and Draper's mortality rate surpassed his cure rate.²

It would be easy to make Joseph Draper the scapegoat for the condition of the asylum in the 1870s and 1880s. But both Draper and his patients were the victims of changed attitudes toward the asylum. The early manage-

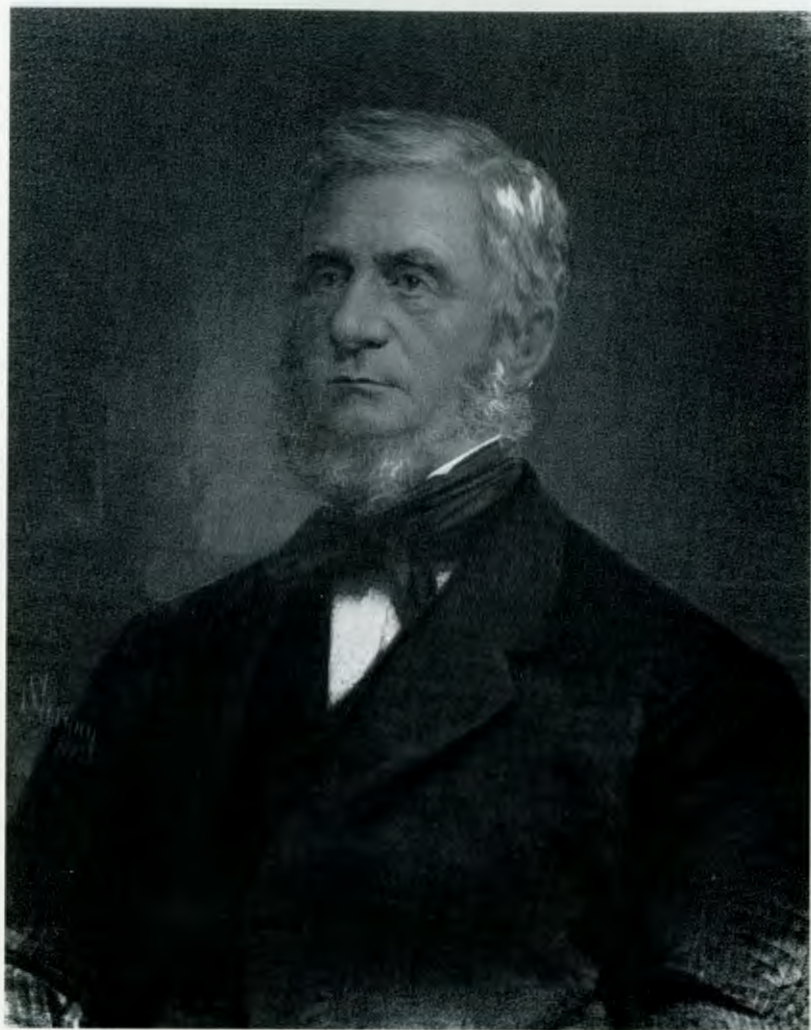
ment of the asylum, the state of Vermont, the public, and the families of patients all participated in the reshaping of the asylum into a custodial institution.

It had not always been that way. In 1834 when Anna Marsh, the widow of a Hinsdale, New Hampshire, doctor, left an endowment for building in Windham County, Vermont, a "hospital for the relief of insane persons," she had responded to contemporary optimistic attitudes about the treatment of the insane. In her lifetime she had witnessed major changes in those attitudes. Well into the eighteenth century, the maniac, if relatively harmless, had been considered a fool at best; if violent, possessed by the devil. Some insane people remained at home, frequently chained in attics or sheds. If paupers, they were bid off to families willing to take responsibility for them at the lowest charge, placed on poor farms, in workhouses, or in jails. Either way, no one held out hope for amelioration of the condition, and no one conceived of the insane person as sick.³

By mid-eighteenth century, however, at least three American hospitals (in Pennsylvania, New York, and Virginia) took in "lunatics" and hoped that through treatment they might be "restored to reason and become useful members of the community." The insane patients in these hospitals received largely medical treatment in keeping with contemporary medical thought and practice. In the eighteenth and early nineteenth century physicians had no theory of specific disease entities, nor did they distinguish between physical and mental illness. Benjamin Rush, the most prominent physician in late eighteenth-century America, in treating insane patients, for instance, believed that insanity was the result of a chronic inflammation of the blood vessels of the brain and used depletion and shock therapy to transfer the pathological condition from the brain to a less vital organ and thus restore sanity.⁴

Through the years Anna Marsh had watched her husband, Dr. Perley Marsh, administer such aggressive therapy to some of his mentally ill patients. She was struck particularly by its ineffectiveness in the case of Richard Whitney, a lawyer who practiced in both Brattleboro and Hinsdale. Dr. Marsh had tried to counteract Whitney's mental derangement by completely immersing him in water until he became unconscious, expecting to resuscitate Whitney and then break the "chain of unhappy circumstances" of his former life. The water cure brought no change, and Marsh administered large doses of opium to attain the same temporary "stupefaction of the life forces;" this treatment proved equally futile.⁵

Dr. Marsh's treatment and optimism about cure, however, encapsulated the emerging ideas about mental illness and its treatment in the early nineteenth century. The fact that Marsh administered medical treatment indicated his acceptance that Whitney was sick, not merely a fool or suffering



William Hayden Rockwell
First Superintendent of the Vermont Asylum
Courtesy of Retreat Collection
Brattleboro, Vermont

from demonic possession. Marsh accepted physical disease and mental illness as separate phenomena, acknowledged the effects of Whitney's social (or moral) environment on his mental health, and hoped to divert Whitney's mind and help him to create a new, healthy lifestyle to prevent the recurrence of depression. Above all the doctor believed that his patient could be treated and mental health restored. In 1806 when Marsh treated Whitney, these ideas were new; by the time Anna Marsh died in 1834, they had become widely accepted. A number of American doctors had adopted these attitudes and had participated in founding hospitals for the treatment of the insane. By the mid-1830s ten asylums existed in eight different states. The medical superintendents of these asylums, largely out of practical experience, had rejected harsh medical treatments and had begun to embrace the English and French techniques which became known as "moral treatment."⁶

The backbone of moral treatment was hospitalization, as these doctors believed that the mentally ill person had to be removed from the environment which was a contributing cause of insanity. Once hospitalized, the doctors' individual attention, firm but kind treatment, and reluctance to use physical or mechanical restraint gained the confidence of the patient. While doctors administered to the bodily illnesses of their patients, they emphasized a moral treatment program that interjected stability into the patient's life by its very regularity. Each asylum had a daily schedule of rising, eating, exercising, and socializing which varied only according to summer or winter hours. They also tried to break up the delusions of the patients and help them to form correct habits of thinking and behavior through a series of activities including manual labor, religious services, and recreational and intellectual pursuits. Participation in these activities diverted the mind, exercised the body, and, especially, instilled a sense of discipline and accomplishment. Most important to the effectiveness of this carefully planned program, though, was a positive, optimistic attitude. These doctors believed that the insane could be cured and that they and their plan of moral treatment could cure them. Year after year asylum doctors spread their optimism by announcing that they had cured well over eighty percent of their patients.⁷

In the midst of this atmosphere of optimism Anna Marsh bequeathed \$10,000 to establish an asylum for the treatment of the insane in Vermont. The four trustees named in her will sought immediate incorporation from the General Assembly which quickly granted them the authority to establish the "Vermont Asylum for the Insane." The trustees bought fifty-one acres in Brattleboro, built an addition to a house on the property, and, because the Marsh endowment was inadequate, appealed to the state for funds to make additional property improvements. Well before the asylum opened in December of 1836, the trustees had appointed William Rockwell as



*The first home of the Vermont Asylum ca. 1836,
Swift and Beach, Brattleboro Retreat, p. 12*

medical superintendent to manage the treatment of the twenty patients they could accommodate.⁸

William Rockwell hailed from Durham, Connecticut, and while studying medicine at Yale in the late 1820s, gained some clinical experience with these new methods of treating the insane by serving as assistant physician to Eli Todd at the Connecticut Retreat in Hartford. After he finished medical school in 1831 Rockwell tried to set up a general medical practice in his home town, but Durham proved too small for the four doctors practicing there. After two years of struggle and few patients Rockwell returned to the Connecticut asylum as an assistant to Todd. When the Vermont trustees approached him in 1836, he was eager to put into practice what he had learned about moral treatment.⁹

Rockwell's vision of the ideal asylum was in keeping with the most advanced thought of the day about the treatment of the mentally ill. Like other asylum superintendents, he reassured the families of prospective patients that the hospital bore no "resemblance to a place of confinement" and that "no harsh treatment will ever be for a moment allowed." Some patients shared the "enjoyments of [the] social life" of the doctor and his family, others reaped the benefits of his "constant care and watchfulness." All profited from the "truly parental" atmosphere and from Rockwell's daily visits. When the asylum first opened, Rockwell's program of activities had the male patients cooperating in the farm and garden work and the women riding out in car-

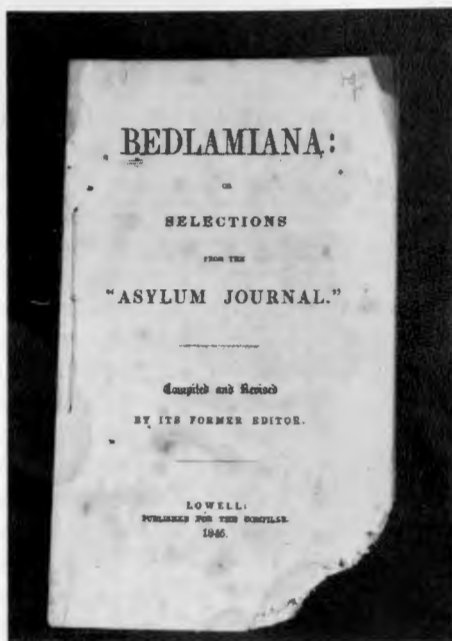
riages "every fair day," walking "abroad," or busy in sewing circles. "Every evening after tea" the patients joined in "family worship;" at other times they gathered in the library to read or on the lawn to play battledore, chess, or draughts.¹⁰

For the next decade Rockwell energetically expanded the facilities of the asylum. The men added to their activities work in a carpenter or shoemaker shop, recreation at the bowling alley and billiard room, or simply fishing on the river. Drawing, painting, piano lessons, and reading circles occupied many of the women. The library grew to four hundred volumes and provided stationery for the patients' letters or musings and a cabinet of minerals for their edification. Rockwell and his patients were especially proud of the *Asylum Journal*: a newspaper written, edited, printed, and distributed by the Brattleboro patients.¹¹

★ Using his annual reports to promote the attractions of the asylum, Rockwell insisted that asylum care was the best treatment. The local newspaper supported his campaign by publishing several of these reports in their entirety. He cited cases in which families had learned "by sad experience" that an insane person harbored nothing but "dislike and complete enmity" for his or her family and "suspected and misconstrued" everything the family tried to do to help. In the asylum, however, these same patients "cheerfully" submitted to the regulations of "their little community," participated in the recreation and work programs, and seemed "even [to] rejoice in the opportunity to assist in relieving their fellow men." Rockwell promised these benefits even for those patients who were apparently incurable because they had been insane for years. He could "awaken self-respect" in each of them, convince the patient "to call into exercise his powers of self-control," and help "him to observe the decencies and civilities of life." One woman, he told his readers, ill for twenty-three years, had been "filthy," and had torn her clothes and violently attacked all about her. After just six months in the asylum "her habits had so far improved that she was neat, orderly, and inoffensive, and engaged daily in some useful labor."¹²

Rockwell's enthusiasm about his patients and their chances for recovery are evident in the records he kept for each patient. The asylum had no written by-laws until 1845, and Rockwell's daily visits to patients and his meticulous recording of judgments about patients' physical health, psychological symptoms, behavioral manifestations, and therapeutic activities were his own doing and a reflection of his deep commitment to moral treatment. Details about tonics and medicines, as well as bowel, sleep, appetite, and menstruation habits fill the pages of the case books. Rockwell noted changing degrees of depression, recorded some patients' poetry, and made distinctions between reactions of jealousy, suspicion, or mere self-complacency. He regularly connected the results of moral treatment with

*The patients wrote, edited, printed,
and distributed the Asylum
Journal.*



changed behavior in patients; one man who had merely sat "in one place and position most of the time," for instance, finally assisted others in haying. Rockwell saw in this change a sure sign of recuperation because, as a result, the patient became "more social." When patients' behavior improved, Rockwell rewarded them with privileges. When one woman, delivered to the asylum by the overseers of the poor and violently insane for three years, spent a number of days "quietly" and "sewed some," Rockwell invited her to take her meals "with the family." He even managed to appreciate the frustrations of some of his patients. One woman had been particularly intractable; she had broken crockery, had spent many a day "in singing psalms and hymns," and then had refused food for a number of days. Rockwell ordered forced feeding and understood the woman's angry reaction: "says we are 'a damned murderous crew, so there.'"¹³

Rockwell especially delighted in his success with those patients who had recently become ill, and he regularly boasted "that so many suffering from this afflictive calamity have been restored to reason and usefulness." Warning that "the prospect of the [patients'] recovery is in an inverse ratio of the duration of their insanity," Rockwell urged Vermonters to commit their friends and relatives within six months of the first symptoms. In these patients, especially, the asylum superintendents placed their hopes and their

reputations for curing insanity, and William Rockwell was no different. He believed that sanity was most "easily restored" if patients came to the asylum quickly enough for the nature of insanity to be "duly investigated and the proper remedies discovered."¹⁴ Each year, from 1837 to 1845, he separated these "recent" cases from the chronic ones in the statistics he reported to the legislature. The message was clear; less than one-third of the chronic patients recovered, while nearly ninety percent of those ill for six months or less left the hospital ready to resume their place in society. Rockwell had made an impressive record, but harmful signs of state intervention had loomed from the beginning.

On October 13, 1834, the day before Anna Marsh died, the General Assembly had created a committee "to inquire into the expediency of making some provision by law for the relief of the Insane." Three weeks later, on November 3, the state incorporated the Vermont Asylum for the Insane in Brattleboro at the urging of the trustees named in the will of Anna Marsh. The next day the legislative committee reported in favor of "legislative interference" on behalf of the insane, and ordered a survey of the insane in the state. In the next session the survey estimated that more than 300 Vermonters suffered from insanity.¹⁵

At first glance the happenstance of Anna Marsh's death and interest in Montpelier over the plight of the insane seems merely coincidental. But the main characters in the Anna Marsh story formed a closely knit group and wielded considerable political sway at the state capital. Richard Whitney, the unfortunate young man whom Dr. Perley Marsh had tried to rescue from insanity had moved to Brattleboro and had served as secretary of state just before his illness. His brother, Judge Lemuel Whitney, represented Brattleboro in the legislature early in the century and returned in 1827, 1831, 1832, and 1834. Additionally, Asa Keyes, the main lobbyist for the asylum trustees, served in the legislature in 1826 and 1827 and drew up Anna Marsh's will when she suffered from a clearly fatal illness (she died of a renal "affection" within four months).¹⁶ Keyes's knowledge of the imminent endowment for the asylum, his political contacts at Montpelier, and his connections with the Whitneys had set the stage for state action.

The story of the state and the asylum might have ended with the legislation granting incorporation, because it clearly made the asylum a private institution. But so small was Anna Marsh's legacy and so quickly had the trustees consumed it in buying property that they turned to the state in 1835 for help even before the asylum opened. They asked the state for \$20,000 to build a "superstructure" sufficient to meet the "public wants" and to be "an honor to the state and an inestimable blessing to her citizens." The fact that the asylum trustees committed nearly the full sum of the Marsh legacy to the first stages of building the asylum suggests they had reasonable

confidence in securing a state appropriation. Asa Keyes (elected to the General Assembly again in 1835) sat on the legislative committee that considered the petition of the trustees, as did two other representatives from Windham County. The General Assembly granted the asylum \$2000 annually for five successive years for construction, and as the trustees returned almost annually for more money, the state responded with additional funds, but always less than the trustees requested.¹⁷

The trustees tried every means of persuasion at hand to increase state funding. They cited cure rates from the Worcester Asylum in Massachusetts, the first state supported institution for the insane, and wrote of the deplorable condition in which the insane in Vermont lived. Even a father could be "ignorant" and "inhuman," they told the legislators in their petitions, when he kept his insane son in a room so small that the boy could not change position or even stand erect. As they moved from general statements about meeting the "wants of the public" to exhortations that the benefits of an asylum should be "within reach of all classes of society," they played upon the sympathies of the legislators while at the same time praising them for their "enlightened liberality."¹⁸

The representatives responded, but not without exacting a price. From 1836 through 1838 the asylum had voluntarily offered lowered rates for the indigent patients "in consideration of the assistance" rendered by the state. Rockwell insisted that he would take only those state assisted patients whose illness was of "no more than three months standing." With a second successive special funding (above the annual appropriation) in 1838, the state mandated a "preference" for the admission of "resident citizens of Vermont," without qualifications.¹⁹

Additionally, in their eagerness to extract funds from the state, the trustees so successfully argued the right of all insane persons to treatment at the asylum that they inadvertently intensified state interest in asylum treatment. Consequently the state changed its policy toward relieving its insane in 1841. Besides the regular appropriations for construction, the legislature decided to pay \$2000 a year for the treatment of indigent state patients at the asylum. Under the legislation each town had to designate persons as "proper objects of the charity of the state" and town selectmen then had to appear at the county seat to argue their case for state aid. Furthermore, William Rockwell carefully selected the number of patients he accepted under this legislation; he admitted thirty-eight state paupers in 1842 and only twenty-seven in 1843.²⁰

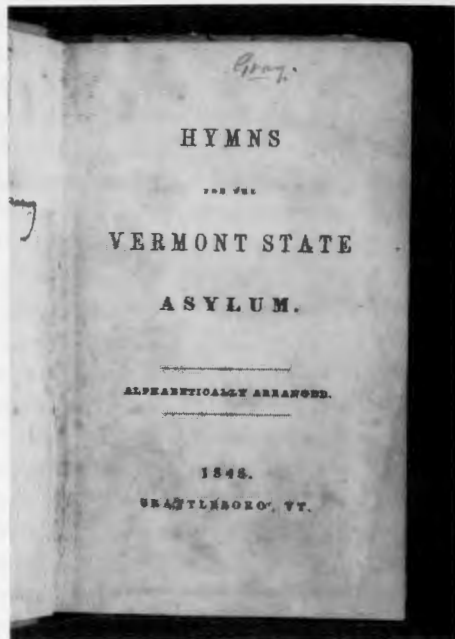
In 1844 a new law offered an easier incentive for towns to send their indigent insane to the asylum. Each town became eligible to draw upon the state funds (raised to \$3000) in proportion to the number of patients it *already* supported at the asylum. The following year the state offered further en-

couragement by raising the annual patient appropriation to \$5000. William Rockwell clearly understood that the new legislation would increase the number of pauper insane at the asylum. His keeping the number of state patients at a minimum in 1842 and 1843 had been a ploy to increase the state appropriation. The asylum trustees had argued that an increased number of state patients would require no increase in staff or any major drain on state monies since the paupers were likely to be chronically ill and need only care rather than active treatment. Moreover, Rockwell implored the state treasurer about the asylum's "great want of money," pleaded with Governor Slade in 1844 for a quota system, and worked closely with Asa Keyes to make the case for the increased funding in 1845. Rockwell so much desired to secure the pauper patients that he suggested the appointment of a state commissioner of the insane to oversee the asylum's care of the state patients. In 1846 the state paid for over forty percent of the patients who "benefited" from the asylum during the course of the year, and William Rockwell rejoiced that the "experiment of lessening the expenses [of the asylum] by increasing the number of patients" had worked.²¹

Rockwell and the trustees faced a precarious financial situation from the beginning. Even the trustees in 1834 had thought Anna Marsh's legacy of \$10,000 too small to carry out her objective. In turning to the state for help the asylum created a cycle of financial and moral indebtedness for itself. Accommodations for twenty patients had appeared ridiculous in the face of the legislature's estimate of 300 insane Vermonters. The income from the patients barely covered the expense of their treatment, and it did not provide any surplus for enlarging the facilities. To convince the legislators to appropriate funds for their private institution, the trustees appealed to the benevolence of the representatives, arguing the right of treatment for "every social class" of the insane. The legislators were not unsympathetic to these humanitarian appeals, nor were they reluctant to take some social responsibility. The state already spent considerable sums on social welfare, including at least \$5000 annually in the early 1840s for the support of Vermonters at the American Asylum for the Deaf and Dumb in Hartford, Connecticut, and at the Massachusetts Asylum for the Blind in Boston. Additionally, the governor promoted increased funds for public education, suggesting the extension of "free institutions" of learning and the creation of commissioners and supervisory personnel paid out of the state coffers.²² When in pursuit of state funding for their institution the trustees of the asylum began arguing both the humanitarian aspects of rescuing all the insane from cruel treatment and the economic savings involved in a centralized asylum, they fundamentally altered the original objectives of the asylum.

The trustees behaved as if they were unaware that large numbers of chronic

Dr. Rockwell's vision of the asylum included a plan of moral treatment.



patients could create a public perception of the custodial benefits of the asylum. Their petitions to the state boasted about the “comfort” they could offer these patients, holding out the probability that even the violent would become “peaceful members of our family.” Annually they reiterated that the “improvement of our incurable cases is an object of little less importance than the restoration of those who are curable.” The publicity campaign about the dual purpose of the asylum worked so well that Rockwell later pleaded with people to distinguish between insanity and simple “delirium accompanying fever” before they brought a patient to the asylum, and he exhibited little tolerance for those who committed patients “merely for the purpose of having them taken care of in their last sickness.” The public, however, increasingly viewed the asylum as a “convenient place for inconvenient people.” The trustees’ belated attempt to stem the rising tide of custodialism by raising the rates for patients suffering from insanity “connected with epilepsy or paralysis” and refusing to accept out-of-state patients over sixty years old and Vermonters over seventy failed.²³

The multiple uses of the asylum by the public and the asylum’s own seeking out of state pauper patients crowded the asylum. While in the first decade the average number of patients in the asylum grew by about twenty per year, following the 1844 and 1845 legislation nearly seventy new patients

arrived each year. By 1855 the asylum housed nearly four hundred, and the continual growth had slowed only enough to give the trustees time to borrow funds to erect more buildings. By 1872, his last year as director of the asylum, Rockwell cared for a daily average population of over five hundred patients.²⁴ The "truly parental atmosphere" disappeared with the sheer number of patients, and the "constant and careful watchfulness" of the doctor gave way to a bureaucratization of moral treatment.

This growing objectification emerged in the changed tenor of Rockwell's annual reports. In the early years he filled pages describing the "salubrious" climate, offering minute details about employment and recreation, and reciting triumphant tales about patients cured. With the increase of state and chronic patients his reports grew so terse that the Association of Medical Superintendents of American Institutions for the Insane publicly upbraided him in 1857. He had slipped into repeating "very little of novelty to report" concerning treatment and referring to the patients as "inmates." He complained about the "injudicious visits" of friends, "premature removals," and the "hard feelings" that some former patients "entertained" toward the asylum. Rockwell no longer stressed the number of patients cured in his reports to the legislature, and he stopped recording behavioral descriptions or treatment activities in the patient records as well. Occasionally he even lapsed into impatience with the moral values of some of his patients; the only diagnostic remark Rockwell made about one young man, for instance, was that he suffered from the side effects of "his introduction into a questionable circle of female acquaintances." And, in an attempt to justify the rising mortality rate of the asylum, Rockwell blamed the "many hopeless and incurable cases" permitted "to remain as long" as they "desired." The Commissioner of the Insane in the 1860s, no doubt unaware of the more halcyon days of moral treatment at the asylum twenty years before, best captured the changed perceptions about the institution. He (wrongly) explained to the legislators that the asylum had been "*designed* to furnish a safe and quiet home for the hopelessly insane."²⁵

William Rockwell managed to fend off serious public discontent with the asylum during his lifetime. Asa Keyes, Samuel Clark, Nathan Williston, and Frederick Holbrook, his trustees for decades, maintained powerful political contacts both in Brattleboro and at the capital. The board itself was virtually self-perpetuating; generally at the death or resignation of a trustee (only four changes took place in thirty-six years.), "the son [inherited] the honored father's place." And Vermonters, like the rest of the nation in the 1850s and 1860s, were both distracted by national issues and complacent about the liberality they already had exhibited toward their less fortunate neighbors. Periodically, the legislature did turn its attention to the asylum to clarify commitment and discharge procedures, to facilitate the

use of the asylum by town supported patients, and to raise the rates for state patients. But despite some clamor about abusive treatment of patients at the hands of attendants in the early 1850s, the various commissioners of the insane generally exalted over the "joyousness stamped upon the countenances" of patients, the high quality of the food, and the "properly heated, and ventilated" rooms. One commissioner came away "fully impressed" with the benefits of the asylum "for the poor unfortunate class of patients gathered within its walls," although he had carried out surprise visits to give "no opportunity for whitewashing or dressing up."²⁶

With William Rockwell's death in 1873 this all changed. Trouble had been brewing as Rockwell lay on his deathbed. The legislature of 1872, under the impression that the state owned the asylum, launched an investigation as a result of two patients' claims of illegal commitment. Raising issues which would mark the battle between the state and the asylum for the next decade, the legislative committee asked questions about asylum ownership and control, crowded conditions, abusive treatment, and wrongful confinement. The committee members found it "a matter of surprise" that the asylum was not the property of the state, but condemned it nevertheless for crowding some of its 485 patients into "underground apartments." The committee found the rooms too small, inadequately ventilated, and putrid from nearby urinals. Comparing the Brattleboro facility with the New Hampshire State Hospital at Concord and the Northampton (Massachusetts) State Hospital, they remarked about the lack of adornments on the walls, the unpleasant and too few exercise yards, and the limited recreational activities. They had little to say about the other issues except to insinuate that "punishments are sometimes inflicted" and that some people had been admitted "who were not insane." Except to publish its report widely in newspapers throughout the state, the committee did little else and seemingly placed its trust in the new superintendent, Joseph Draper.²⁷

But Draper enjoyed little respite. He could not easily reverse the trend toward custodialism that had begun in the mid-1840s. Despite a labored defense of the asylum planted in the *Boston Daily Advertiser* in which an "anonymous writer" denied or explained away all accusations, the tone had been set. In 1876 H. H. Atwater, Commissioner of the Insane, fired another volley at the asylum. Perhaps motivated by his own experiences at the asylum, where he had been a patient two years before, Atwater played off the growing climate of criticism. Vituperative in his condemnation, he emphasized the "mismanagement and disastrous policies" of the superintendent and trustees who had "constantly crowded patients of this State into quarters and circumstances that prevented cures." Accusing the management of deserting "well-established truths and principles," Atwater recommended that the legislature "dissolve the unnatural relation" of the state to

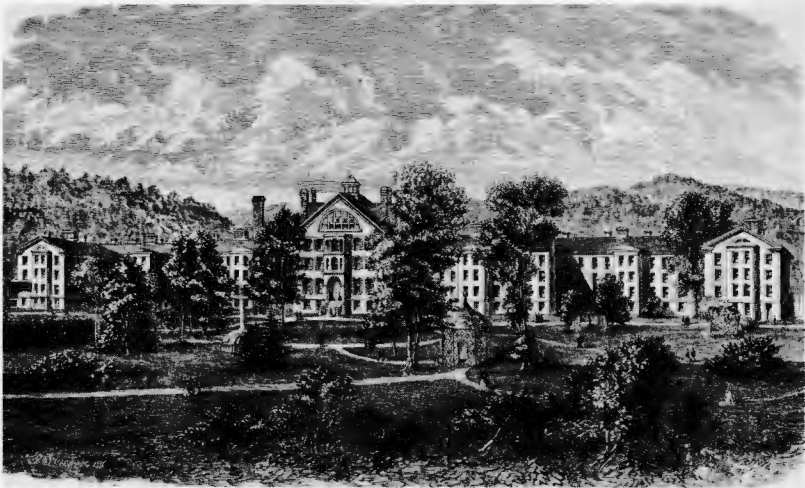


Dr. Joseph Draper
Courtesy of Retreat Collection
Brattleboro, Vermont

the asylum. Although Draper dismissed Atwater's attack as one that "might have been anticipated" from an "inmate" who had left the asylum "before convalescence had been established," the General Assembly initiated another investigation in 1876.²⁸

This time the inquiry dragged on for two years under the direction of three specially appointed commissioners. Newspapers in Brattleboro, Rutland and Burlington joined the debate, but individual commissioner's reports and the questions they asked of the superintendent, the trustees, the assistant physicians, the cook, and the farmer make it clear that they were most concerned with the care offered those patients likely to spend the rest of their lives in the asylum. When they asked Joseph Draper, "What treatment do the incurable insane require who are kept here for more than one year?" they accepted his reply of "Mainly, care" with no measures taken to cure them, and moved on to other lines of questioning. One commissioner took far more interest in the velocity and volume of fresh air available to patients who shared the 10' by 12' rooms and in the number of hogs and bushels of corn produced on the asylum farm than with treatment. The others concerned themselves largely with the legalities of commitment and discharge.²⁹

In the end the commissioners exonerated the asylum. Although they took it to task for inadequate sewerage and ventilation, recommended increased facilities for "diversion and employment," suggested that an increase in the number of attendants would "render mechanical restraint and seclusion less necessary," and called for a supervisory board "to protect the rights of the



Brattleboro Retreat, 1874

Swift and Beach, *Brattleboro Retreat*, p. 30.

insane," they praised the "present managers" for "striving to render the Asylum as useful and comfortable as possible for its inmates." Recognizing that the asylum fell short of "its greatest usefulness" because of its "lack of means," the commissioners urged the state either to raise the rates for public beneficiaries or provide funds in some other manner.³⁰

Most important, however, the investigation had revealed to the commissioners the desperate need for another asylum. Arguing that every state had the duty to provide for its indigent insane, they advocated the immediate erection of a centrally-located asylum housing 500 patients and built with "no unnecessary ornamental work." One of the commissioners, Dr. O. F. Fassett, especially, reasoned that building such an institution would relieve the Brattleboro hospital of its state and town patients. That asylum could then "speedily be filled with private patients." Fassett understood that if the Brattleboro asylum could return to the days when it was small and attracted larger numbers of recently ill patients, it could retrieve its reputation as a therapeutic hospital. The proposed state asylum would serve the long-term patients. The commissioners took essentially the same line of reasoning Atwater had pursued in his attack on Brattleboro which had precipitated their investigation. For Atwater the "excess of chronic patients" had been the problem, although he had insisted that the blame for the deplorable conditions lay with the management and "its failure to cure as large numbers

and as speedily as it ought." Atwater also urged the building of a state asylum so that Brattleboro might once again meet the "requirements of a well-regulated institution for the *cure* of the insane," a standard it had not met, according to him, "since the first ten years."³¹

Atwater, much like Fassett, however, was out of step with the times. Even the newly-appointed Supervisors of the Insane in 1879 (one of them a special commissioner from the 1878 investigation) ignored the deficiencies of the asylum, praising the ventilation system, for instance, "as near perfect as can be made." Most crucially, they conveyed the prevailing attitudes about the purposes of the asylum; they thought there was "no place in Vermont so safe from risks" or "so comfortable" for the insane poor. A few years later they argued that the state had a "right" to "compel" the patients to work so that they "might be made self-supporting." In 1886 the legislature passed the "Poland pauper law" which made the state responsible for the support of all indigent insane, and, with the state footing the bill, town selectmen sent far more of their insane to the asylum at Brattleboro. And in 1888 when the legislature finally approved the building of a large state asylum at Waterbury, few exhibited concern about this extension of custodial care for the insane. The *Burlington Free Press*, after weeks of reporting the activities at Montpelier and long editorials about the education, women's suffrage, and temperance bills, devoted only one sentence to the passage of the asylum bill.³² Throughout the 1870s and 1880s, decent custodial care, economically attained, was all the commissioners and supervisors of the insane had sought and all the public had expected.

It was not that patients never left the asylum ready to resume active lives. The *number* of patients discharged as recovered or improved during the Draper years remained the same as in the early Rockwell years when curability had been the hallmark of the asylum. But as chronic patients flooded the asylum, the *proportion* of cured patients declined and the process had altered the public's perceptions about the nature of the asylum.

This long process had begun with the founding of the institution. Had Anna Marsh's legacy been larger, had William Rockwell and the trustees found alternate means of funding, had the early legislators not been so sensitive to humanitarian appeals, and had the public not been so anxious to rid itself of inconvenient people, the Brattleboro asylum might have flourished as a "country residence" devoted to the "grand system of moral treatment." It emerged, instead, as an hybrid institution, privately endowed but publicly supported. And at the hands of the state and the public, the asylum suffered the same crowding, bureaucratization, and pessimism which marked other public institutions for the insane in late nineteenth-century America.³³



Brattleboro Retreat from Stereopticon
Courtesy of Retreat Collection
Brattleboro, Vermont

NOTES

¹ For the comment of the trustees about the patient who had been hospitalized for nearly fifty years, see Trustees' Minutes, 12 December, 1886, Brattleboro Retreat, Brattleboro, Vermont. Joseph Draper, superintendent of the asylum when the celebration took place, was equally taken with the patient's institutional longevity and identified him as Abijah W. Betterly of Newfane. See [Joseph Draper], *The Vermont Asylum for the Insane: Its Annals for Fifty Years* (Brattleboro: Hildreth & Fales, 1887), p. 267. For all intents and purposes, Betterly had been the responsibility of the asylum for the entire time; he had been admitted in 1837 and eloped on a seasonal basis for the first years of his commitment, usually returning on his own accord when the weather turned cold. For the story of Betterly's use of the asylum, see Elisabeth Dan Lasch, "Inducting the Insane into the Social Order," MA Thesis, University of Vermont, 1984, pp. 37-39.

For Rockwell's ideas about the nature of the asylum, see *First Annual Report of the Trustees of the Vermont Asylum for the Insane* (Montpelier: E. P. Walton and Son, 1837), pp. 19-20. For Draper's disillusionment, see *Biennial Report of the Officers of the Vermont Asylum for the Insane, August, 1874* (Montpelier: Freeman Steam

Printing House and Bindery, 1874), p. 23, and *Biennial Report . . . July 31st, 1888* (Rutland: The Tuttle Company, 1888), p. 4.

² *Report of the Special Commissioners appointed under the provisions of Joint Resolution No. 137* (Rutland: Tuttle & Co., 1878), p. 39 of the section of Joseph Draper's testimony and *Biennial Report of the Commissioner of the Insane, for the State of Vermont, 1875-1876* in *Vermont Legislative Documents, and Official Reports, made to the General Assembly, Fourth Biennial Session, 1876* (Rutland: Published by Authority, 1876), pp. 14-15. Comparative curability rates are derived from the tables in the annual reports of William Rockwell (1836-1872) and Joseph Draper (1873-1890).

³ For standard works on attitudes toward the insane in the colonial period, see Henry M. Hurd, ed., *The Institutional Care of the Insane in the United States and Canada*, 4 vols. (Baltimore: The Johns Hopkins Press, 1916); Albert Deutsch, *The Mentally Ill in America* (New York: Doubleday, Doran & Company, Inc., 1938); Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Brunswick: Rutgers University Press, 1964); Gerald Grob, *The State and the Mentally Ill* (Chapel Hill: The University of North Carolina Press, 1966) and *Mental Institutions in America: Social Policy to 1865* (New York: The Free Press, 1973); and David Rothman, *The Discovery of the Asylum* (Boston: Little, Brown and Company, 1971).

⁴ For the earliest hospitals to recognize the insane as patients, see Hurd, *Institutional Care*, vol. 3, pp. 110-114, 381-385, and 703-704; Thomas Morton, *The History of the Pennsylvania Hospital, 1751-1895* (Philadelphia: Times Printing House, 1895); William Russell, *The New York Hospital* (New York: Columbia University Press, 1945); and Norman Dain, *Disordered Minds* (Williamsburg: The Colonial Williamsburg Foundation, 1971).

One of the most perceptive analyses of late eighteenth and nineteenth century medical thought is Charles Rosenberg's "The Therapeutic Revolution" in the book of the same title, Morris Vogel and Charles Rosenberg, eds. (Philadelphia: University of Pennsylvania Press, 1979), and Rush's ideas about insanity and its treatment are evident in Dain, *Concepts of Insanity* and Eric T. Carlson, et al., eds., *Benjamin Rush's Lectures on the Mind* (Philadelphia: American Philosophical Society, 1981).

⁵ The story of the legacy of Anna Marsh and her motivations in establishing an asylum for the insane in Vermont are repeated (with some conflicting details) in Draper, *Annals*, pp. 1-9; Hurd, *Institutional Care*, vol. 3, pp. 672-676; Henry Burnham (ed. by Abby Hemenway), *Brattleboro, Windham County, Vermont: Its Early History with Biographical Sketches of Some of its Citizens* (Brattleboro: D. Leonard, 1880); and Mary R. Cabot, ed., *Annals of Brattleboro, 1681-1895*, 2 vols. (Brattleboro: E. L. Hildreth & Co., 1921).

⁶ For the establishment of insane asylums and the emergence of moral treatment from the work of Samuel Tuke in Britain and Philippe Pinel in France, see Dain, *Concepts of Insanity*; Grob, *Mental Institutions*; and Leonard Eaton, *New England Hospitals, 1790-1833* (Ann Arbor: The University of Michigan Press, 1957).

⁷ The best sources for the understanding of moral treatment are the annual reports of the asylum doctors, William Rockwell's early reports among them. Year after year they explained the nature of the treatment, published the schedule of activities, and cited cases of people cured by their treatment. Standard secondary works which deal with moral treatment include Hurd, *Institutional Care*; Deutsch, *The Mentally Ill*; Grob, *The State and the Mentally Ill and Mental Institutions*; Dain, *Concepts of Insanity*; Eaton, *New England Hospitals*; Norman Dain and Eric T. Carlson, "The Psychotherapy that was Moral Treatment," *American Journal of Psychiatry*, vol. 117 (December, 1960), 519-524, and "Milieu Therapy in the Nineteenth Century," *Journal of Nervous and Mental Disease*, vol. 131 (October, 1960), 277-290; and Nancy Tomes, *A Generous Confidence* (New York: Cambridge University Press, 1984).

⁸ The original trustees were Samuel Clark, Epaphro' Seymour, John Holbrook, and John C. Holbrook. While the story of the trustees' early actions are recorded in Draper, *Annals*, the best sources are in the Vermont State Papers manuscript collection, Secretary of State's Office, Montpelier. See "Petition of the Trustees of the Asylum for the Insane, praying for aid from the state for the accomplishment of its objects," 13 October, 1835, and "Report to the Honorable General Assembly of the State of Vermont," 7 October, 1836. See also *Vermont Laws, 1834*, No. 46, "An Act to Incorporate the Vermont Asylum for the Insane."

⁹ For background on William Rockwell, see Hurd, *Institutional Care*, vol. 4, pp. 485-486; Draper, *Annals*, pp. 21-23 and 288-291; and W. Chauncey Fowler, *History of Durham, Connecticut, 1622-1866* (Hartford: Wiley, Waterman and Eaton, 1866).

¹⁰ See *First and Second Annual Reports*, pp. 19-21 and 17-18, respectively.

¹¹ For the continued expansion of the activities of the moral treatment program, see Rockwell's comments in the *Third, Fifth, Sixth, and Eighth Annual Reports*.

¹² *Eighth Annual Report*, pp. 8-9 and *Third Annual Report*, p. 18. The *Vermont Phoenix*, 29 November, 1839 and 23 December, 1842, published Rockwell's entire annual report.

¹³ These conclusions are based on a computer analysis of a sample of 210 cases from the Rockwell years and the perusal of hundreds of other patients' records. For the specific illustrations, see Cases #17, 18, and 15, Case Records, Brattleboro Retreat.

¹⁴ *Third Annual Report*, p. 17; *Eighth Annual Report*, p. 9; and *Second Annual Report*, p. 21.

¹⁵ See Vermont State Papers, Resolutions, vol. 69, for the "Resolution of the Council of the Governor" that the "General Committee be instructed to inquire into the expediency of making some provision by law for the relief of the Insane," and *Journal of the General Assembly of the State of Vermont, 1834*, "Report to the General Assembly by A. Wardner for the committee," Vermont State Papers, for the quotation on

the need for "legislative interference" and the recommendation for a survey of the insane in the state. For the reports on the results of the survey, see Vermont State Papers, Committee Reports, vol. 75, "Report of the Committee upon the returns of the Insane in the several towns of the state." Only 59 towns reported a total of 144 insane (the manuscript copies of the individual surveys are housed at Vermont State Papers), but based on similar surveys taken in other New England states and New York the committee projected the number of insane in Vermont at 300. The *Vermont Phoenix*, 11 October, 1835, also reported the results of the survey and the "propriety of measures" to be taken by the state for the "relief" of the insane.

¹⁶For the social and political networks of the Brattleboro men, see the various biographical sketches in Cabot, *Annals of Brattleboro*, and for the details of drafting Anna Marsh's will, see Draper, *Annals*, pp. 1-9.

¹⁷The trustees had used \$9921.03 of the \$10,000 for their initial property purchase, improvements, furnishings, and water supply. For the trustees' requests, see "Petition of the Trustees of the Asylum for the Insane, praying for aid from the state for the accomplishments of its objects," 13 October, 1835, and "Report of the Committee," 2 November 1835, Vermont State Papers, and *Laws of Vermont, 1835*, No. 1. To support the trustees' appeal for additional funds, the *Vermont Phoenix*, 2 October, 1835, already had given prominent play to the message of the governor of New York in his appeal to the legislature of that state for more aid for the insane. Additionally, the asylum received one-time appropriations: in 1836, \$2000; in 1837, \$4000; in 1840, \$4000; and in 1843, \$3000, all for construction purposes. In 1836 the trustees had suggested that to accommodate the 300 insane Vermonters, the asylum would need \$15,000 - \$20,000; they asked only that the state increase its annual commitment to \$5000, however. The state granted \$2000. See, "Officers Reports," vol. 67, and "Committee Report," 11 November, 1836, Vermont State Papers. The other members of the committee were Carlos Coolidge of Windsor, Nathan Brown of Whitingham, Elisha Brewster of Middlebury, and Thomas Hammond of Orwell.

¹⁸"Petition of the Trustees of the Asylum for the Insane, praying for aid from the state for the accomplishment of its objects," 13 October, 1835, and "Officers Reports," vol. 67, Vermont State Papers.

¹⁹See *First and Second Annual Reports*, pp. 21 and 18, respectively, and *Laws of Vermont, 1837*, No. 28.

²⁰See *Laws of Vermont, 1841*, No. 22; William Rockwell to John Mattocks, 2 November, 1843, and William Rockwell to John Spalding, 3 May, 1844, vol. 86, Vermont State Papers.

²¹See *Laws of Vermont, 1844*, No. 14 and 1845, No. 14; *Eleventh Annual Report*, p. 4; William Rockwell to John Mattocks, 2 November, 1843, vol. 86, and William Rockwell to William Slade, 21 February, 1845, vol. 87, Vermont State Papers; Draper, *Annals*, p. 81; and *Tenth Annual Report*, pp. 1 and 7, respectively.

²²For the state expenditures on a mere handful of deaf and blind Vermonters, see the receipts for the American Asylum and Perkins Institute in vol. 87, Vermont State Papers, and *Journal of the House, 1844*, p. 194. For the governor's recommendations on education, see *Journal of the House, 1844*, pp. 11-15; and for Rockwell's plea for mention of the asylum in the governor's annual message, see William Rockwell to William Slade, 19 September, 1844, vol. 87, Vermont State Papers.

²³Reassurances that the chronic insane would be more comfortable and experience a greater improvement in their behavior in the asylum than under any other type of circumstances appear in every trustees' report and superintendent's report starting in 1837; for the quotation, see *Third Annual Report*, p. 18. For examples of warnings about the multiple uses of the asylum, see *Tenth Annual Report*, pp. 2, 4, and 5 and *Twentieth Annual Report*, p. 13. The restrictions began in the *Sixteenth Annual Report*, p. 9; those on elderly out-of-staters in the *Twenty-Fourth Annual Report*, p. 14; and those on elderly Vermonters in the *Twenty-Sixth Annual Report*, p. 12. For the quotation about "inconvenient people," see Gerald Grob, "Rediscovering Asylums," in Vogel and Rosenberg, *The Therapeutic Revolution*, p. 151.

²⁴The influx of state pauper patients as well as the presence of town-supported ones, both of whom were more likely to be chronic cases, aggravated the situation at the asylum. In the case of state patients, by the time it was determined that the person had no town settlement, personal resources, or any relatives responsible for his or her support, the patient's illness frequently had passed the treatable stage. Town patients suffered a similar fate; they usually had spent some time on the public dole or the poor farm before becoming so intractable that selectmen agreed to send them to the asylum. See, for instance, *Report of the Selectmen and Other Officers of the Town of Rutland, 1868* (Rutland: Tuttle & Company, 1868), p. 6. Indeed, even in its opening year, the asylum received a disproportionate number of "old" cases; thirty of Rockwell's first forty-eight patients had been ill for well over a year, eleven of those for over five years, and a few for as many as fifteen to twenty-three years. See *First Annual Report*, pp. 10-11.

²⁵The Association of Medical Superintendents (now the American Psychiatric Association) published its "misgivings" about Rockwell's reports in the *American Journal of Insanity* (as cited in Draper, *Annals*, p. 117). Beginning in 1847, Rockwell cut back on his descriptions of moral treatment; in that report he repeated phrases such as the "same" treatment had been followed, the "same care and attention" had been taken, and the "same endeavors to employ" the patients had been made. See *Eleventh Annual Report*, pp. 6 and 7; for the quotation about "novelty," see *Sixteenth Annual Report*, p. 5; and for Rockwell's reference to "inmates," see *Twenty-Sixth Annual Report*, p. 9. For the other complaints, see *Tenth Annual Report*, p. 5; *Twenty-Third Annual Report*, p. 11; *Sixteenth Annual Report*, p. 6; and *Twentieth Annual Report*, p. 11. In 1856 Rockwell stopped pointing out the percentage of patients cured, although he still recorded the numbers, and his abrupt assessment of the young man admitted in 1857 (Case #2475) is typical of the shorter and more perfunctory nature of his later record keeping. See Case Records, Brattleboro Retreat. For the remarks

of George Hinman, Commissioner of the Insane in 1862, see "Commissioner's Report," *Twenty-Sixth Annual Report*, p. 6, italics added.

²⁶ Samuel Clark served on the board from 1834 to 1852; his son was in the legislature as a spokesman for the asylum in the 1840s. Clark was replaced by Frederick Holbrook (1852-1909), who continued as a trustee even when he was governor; Williston remained on the board from 1839 to 1875 and Keys from 1838 to 1874. Keys also served in the legislature again in the 1850s. The quotation about sons (a slight exaggeration in reality) is the remark of one of the 1878 investigating commissioners; see *Report of the Special Commissioners*, p. 6. Joseph Draper included a review of all the state legislation in his first report. See *Biennial Report*, 1873-1874, pp. 39-42. There was one state investigation during the Rockwell years, but the committee virtually dismissed the complainants as deluded malcontents and praised the asylum as "highly honorable and useful to the State and well entitled to the patronage of the public." See *Sixteenth Annual Report*, pp. 10-11. For the commissioners' remarks, see "Commissioner's Report," *Twenty-Ninth Annual Report*, pp. 3-5, among others.

²⁷ The details of the various investigations of the 1870s are related in Draper, *Annals*, (Draper used this fifty-year history of the asylum as a vindication of his own administration). See also, Hurd, *Institutional Care*, vol. 3, pp. 686-690, and the lengthy comments of the 1878 investigating committee in *Report of the Special Commissioners*. For the quotations, see Draper, *Annals*, pp. 169 and 173. The comparison with the state asylums in New Hampshire and Massachusetts is particularly revealing about Vermonters' attitudes that the Brattleboro asylum was far more a public institution than a private one.

²⁸ Draper cited the entire text of the Boston newspaper article in *Annals*, pp. 173-176; for Draper's depiction of Atwater in 1876, see p. 187. For Atwater's remarks, see *Biennial Report of the Commissioner of the Insane in Vermont Legislative Documents, and Official Reports made to the General Assembly, Fourth Biennial Session, 1876*, pp. 21-26 especially and *Burlington Free Press*, 7 October, 1876, when the editor joined Atwater in condemning the asylum. He spoke of the "rottenness" of the institution and said "the managers care little for a small biennial fuss" as long as the state sent "a large share" of patients and "a large portion of the annual income, on which the corporation has grown great and wealthy."

²⁹ The editor of *The Vermont Phoenix* (Brattleboro), 22 November, 1878, even before the investigation was complete, tried to garner support for the asylum (and refute the position of *The Burlington Free Press*) by citing the "high and deserved compliments" that *The Rutland Herald* (18 October 1878) had printed about Draper. The Brattleboro editor labeled the charges against the asylum as a ploy of "certain newspapers whose editors want a new asylum built in the central or northwestern part of the state." He thought "all that can be done in the way of investigation" of the asylum "has now been fully (and repeatedly)" carried out and a new institution could be built "without any further attempt to blacken or break down the Brattleboro Institution." See *Report of the Special Commissioners*; for the doctor's reply about incurable patients, see p. 25 of the section on Draper's testimony.

³⁰ See pp. 55-56 of "Dr. Fassett's Report" in *Report of the Special Commissioners*. In the end Draper and the trustees wrote new by-laws and did a good deal of remodeling. Draper in the 1880s became more active in the local community and especially tried to distinguish himself at the state and national professional levels by delivering a number of papers before the Vermont Medical Society (He was president in 1884.) and the Association of Medical Superintendents; see especially his papers in the *Vermont Medical Society Transactions* for 1875, 1877, 1882, and 1885 and his articles in the *American Journal of Insanity* in 1879, 1883, and 1890.

³¹ For the recommendation of a large, efficient, and economical state asylum, see p. 70 of "Mr. Walker's Report," *Report of the Special Commissioners*; for Fassett's more wide-ranging suggestions, see pp. 55-56 of the report. Atwater's entire condemnation of the asylum in 1876 had been the institution's apparent betrayal of its original purpose as a hospital to cure the insane; see *Biennial Report of the Commissioner of the Insane*, 1876, pp. 17, 21, and 25.

³² *Biennial Report of the Supervisors of the Insane in Vermont State Officers' Reports for 1877-8* (Montpelier: Freeman Steam Printing House and Bindery, 1880); and *Biennial Report of the Supervisors of the Insane*, 1881-2. For the "Poland pauper law," see *Vermont Laws, 1886*, No. 42; and for the trustees' complaints about the flooding of the asylum, see *Biennial Report*, 1888, pp. 3-7. For the press's nonchalance about the new state asylum, see *Burlington Free Press*, October and November, 1888, especially 27 November, 1888.

³³ A number of private institutions like McLean's in Boston and the Institute of the Pennsylvania Hospital in Philadelphia managed to escape this fate by keeping the number of chronic and poor patients at a minimum. Even an asylum like the Connecticut Retreat in Hartford, which had a relationship to the state of Connecticut much like the Brattleboro asylum's to Vermont, avoided overcrowding and the pile up of chronic patients by maintaining a much smaller patient population (never over 250) and by offering a preference to paying patients.

With the opening of the state asylum at Waterbury in 1891 the Vermont Asylum for the Insane (changing its name to the Brattleboro Retreat) was relieved of most of its state patients. By 1900, however, the Retreat was on the verge of financial collapse from the withdrawal of state funds and once again contracted to care for 200 state patients. When deinstitutionalization began in 1959, the Brattleboro Retreat was still receiving over \$500,000 annually for its care of state patients.