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THE ESTABLISHMENT AND EARLY YEARS OF THE GOVERNMENT HOSPITAL FOR THE INSANE

Sarah Novicoff (Brown University)

In his first State of the Union message to Congress in 1853, President Franklin Pierce highlighted the accomplishments of his first year in office. Among them, Pierce described the ongoing construction of an asylum for the mentally ill—the “most helpless and affected class of sufferers”—that would “stand as a noble monument of wisdom and mercy.”¹

Asylums in the 1840s and 1850s had traditionally been state projects. The institution Pierce lauded, the Government Hospital for the Insane, was different. Its presence in the State of the Union alone offered a hint at its distinguishing quality: GHI was a federal mental institution, the first of its kind, funded by Congress in 1852 and opened to its first patients in 1855. In this speech, Pierce—a Democrat, a supporter of popular sovereignty, a man who appointed the future President of the Confederate States of America to his cabinet—touted its construction, even though it constituted an expansion of federal power. Why? What about GHI allowed it to pass a deeply divided Congress in 1852, garnering the votes of future secessionists, and to open to fanfare a few years later? How did those political considerations affect the hospital’s early years?

An analysis of this seeming anomaly may help historians better understand the Civil War itself and the states’ rights debate in America’s most destructive war. States’ rights politicians supported GHI because they imagined the hospital as a local issue; they supported it despite its federal nature, not because of it, and thus the bill managed to appeal to them and to supporters of federal expansion simultaneously. Mental health

care, conceptualized as a distinct sphere from physical health, offered the perfect staging ground for this rare coalition.

The establishment of GHI built on a decade of advocacy for the mentally ill at the federal level and locally within the District of Columbia. Despite that trend, GHI's creation was not a given. GHI represented the convergence of three distinct strands: an increase in government institutionalization for the mentally ill nationwide, an assumption of responsibility for convalescent care for the members of the armed forces by the federal government, and an acute need for care for residents of the District of Columbia. In order to expand the national government into this realm during a decade of increasing tensions around federalism, advocates had to construct a mental health facility for populations who were already protected by the national government in other ways—District of Columbia residents and members of the armed forces. In the early years of the institution, however, daily management and localism mostly obscured the federal political battles that could have doomed the cause. Optimism about treatment ran high at the landmark institution.

Mental Health Care in the Nineteenth Century

European approaches to care informed the debate around new mental health institutions and their construction. The late eighteenth century in France saw a dramatic change in the treatment of the mentally ill under Philippe Pinel, the new superintendent of the infamously cruel Bicêtre in Paris. Informed by Enlightenment idealism about human progress, Pinel freed the mentally ill from their chains and treated them humanely as reasonable people who could be led to sanity through logic. He aimed to “inaugurate a regimen based on kindness and sympathy.”² At roughly the same time, William Tuke in England began a similar Enlightenment-inspired movement that sought “to hold up to the [mentally ill] a mirror that reflected an image

not of a wild beast but of a worthy person capable of self-governance.”³ This new European philosophy, which Pinel called moral treatment, envisioned the asylum as a stress-free, carefully regulated environment where patients could recover their reason away from the stressors of daily life. It emphasized work as a way to rebuild a sense of usefulness, removed almost all confinement except in violent circumstances, and prioritized a beautiful environment to create a sense of peace.

In the first decades of the newly created United States, the mentally ill remained largely cared for by their family and communities in rural environments, just as they had been in Europe for centuries. In 1790, only 3.35 percent of the population in the United States resided in cities with more than 8,000 people, thus restricting the visibility of the mentally ill to those outside their immediate social circle.⁴ Broader trends of urbanization, industrialization, and immigration in the nineteenth century upset that social order and fundamentally changed the treatment of the mentally ill. Urbanization concentrated the mentally ill and separated them from the traditional family mechanisms of support, while industrialization redistributed and created new wealth in rapidly expanding cities. Large-scale immigration meant a growing population in the United States overall and thus expanded the population of the mentally ill as well. As traditional institutions of church and family lost power to companies and cities, the role of the state expanded in all areas. Mental health care was no different.

By the early nineteenth century, most of the mentally ill in cities resided in facilities that were “cold, filthy, and cruel” or in jails, alongside those convicted of crimes and with no specialized treatment for their illnesses.⁵ Private hospitals sprung up to treat the wealthy, and philanthropic groups founded institutions to treat the mentally ill regardless of ability to pay, but those initiatives were small. Government remained largely absent in a reflection of the “prevailing localism of American society.” Prior to 1830, only four states had state-sponsored mental hospitals,

and they existed mostly as custodial institutions with little relation to mainstream, European psychiatric thought.⁶

The next three decades brought dramatic change in the landscape of mental health care, thanks to the efforts of former schoolteacher Dorothea Dix and the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL). Exposed to the harsh conditions of mental health care for the poor in a visit to a correctional facility outside of Boston, Dix vowed to change the system. After touring jails and hospitals across the state, Dix submitted a pamphlet to the Massachusetts state legislature. Dix argued that the current state of care for the mentally ill was abysmal and yet legal, supported by the very legislative body to which she wrote. She authored an emphatic call to action for state government to involve itself in mental health care in order to prevent the horrors she saw and documented on her statewide tour of existing facilities. According to Dix's biographer David Gollaher, the pamphlet "smoldered with a searing moral outrage" designed to indict the representatives for their inaction with disturbing facts about the suffering inflicted upon the mentally ill with cages, pens, rods, and chains.⁷ Dix's tactics worked, with Massachusetts establishing a new asylum shortly thereafter. With success under her belt, Dix then advanced to other states, eventually playing a sizeable role in the establishment or expansion of almost thirty state institutions.⁸ In 1844, as Dix lobbied legislatures, psychiatrists at these newly emerging state hospitals formed the AMSAIL. This association assisted state legislatures in calculating the costs of new facilities, in sorting out practical details of construction, and in creating a general operational philosophy.⁹ Thanks to the efforts of Dix and AMSAIL, state legislatures funded twenty-five new institutions in three decades, bringing the total to twenty-nine by 1860.¹⁰

Sectional Debates over the Role of National Government

As a national mental institution, GHI needed funding and approval from the deeply divided Congress of the 1850s. Though the Civil War represented the breaking point in American debates over the appropriate role of the federal government, these disputes were nothing new. They were as old as the country itself.

Revolution began in the United States in 1776 over a heavy-handed government ruling from afar. Logically, then, the first government founded by the victorious colonies emphasized the power of states in an imagined zero-sum game of political authority. Under the Articles of Confederation, a single state could block congressional action on a topic. Congress could not even collect taxes and therefore could not pay off national war debts. Amidst growing turmoil, the founding fathers wrote a new governing document in 1787 and submitted it to the states for ratification. In support of the document, Alexander Hamilton wrote, “The proposed Constitution, so far from implying an abolition of the State governments, makes them constituent parts of the national sovereignty.”¹¹ The new constitution, ratified in 1789, balanced the role of the states and the national government, granting some powers to states while establishing federal supremacy in others.

In the early years of the Republic, the nation repeatedly struggled to achieve a consensus on the nature of this division of powers. As future president James Madison predicted in 1787 at the Constitutional Convention, fault lines developed between states with slaves and those without.¹² The Missouri Compromise of 1820 codified the divide between the two political constituencies with a physical line, splitting the nation in two along the latitude of Missouri’s southern border. The law banned slavery north of that latitude in the first successful federal attempt to legislate the legality of slavery on behalf of the states. The compromise “reignited generation-old fears among some slaveholders that the entire project of a strong national

government posed a deadly threat to slavery.”¹³ As a result, for the next few decades, congressional delegations from slave-holding states almost uniformly opposed expansions of federal power. Southern representatives even held up the passage of tariffs, a power clearly delegated to Congress in the Constitution itself.¹⁴ Former Speaker of the House and passionate defender of slavery Nathaniel Macon once summarized this position by stating, “Tell me whether if Congress can establish banks, make roads and canals, whether they cannot free all the Slaves in the U.S.”¹⁵ Macon and his fellow southerners viewed an incredible diversity of bills as part of the struggle to protect slavery and thus voted against almost all federal expansions. GHI offers the rare exception to Macon’s position, an important example of agreement between the North and the South in the mid-nineteenth century to grow the role of the national government.

“The Bill for the Indigent Insane”

Dorothea Dix proved to be instrumental in the federalization of mental health care, just as she had been in the successful drive for state asylums. Inspired by Great Britain, where a national web of government-financed mental hospitals was formed by Parliament in the 1840s, Dix began to conceptualize mental health as a national issue rather than a state-by-state fight.¹⁶ Her Bill for the Benefit of the Indigent Insane, first proposed in 1848, began the conversation around the role of the federal government in mental health.

In the first version of the bill, Dix requested five million acres of public land for the construction of state public institutions, much like the land grant college system that would be created by Congress a decade later. She submitted the petition to Congress in 1848 on “behalf of a numerous and increasing class of sufferers.”¹⁷ Her use of the word “increasing” reflected the mainstream view that insanity was becoming more prevalent in the United States as industrialization, urbanization, and the

associated social mobility created more choices about where to live and what to do and therefore more anxieties.¹⁸ The well-off and urbanized were more likely to seek psychiatric care, but they could also better access and afford the care in the first place, biasing the data to make them appear more likely to be mentally ill. Regardless of the causes of the symptoms or the position of the patient, Dix advocated institutionalization: “Well-organized hospitals are the only fit places of residence for the insane of all classes.”¹⁹ After her comprehensive tour of the country advocating for state institutions, Dix assembled a narrative of the horrendous alternatives to institutionalization. For pages in her petition to Congress, she detailed a state-by-state list of the heinous crimes committed against the mentally ill: “There have been hundreds, nay, rather thousands, bound with galling chains, bowed beneath fetters and heavy iron balls, attached to drag chains, lacerated



A Portrait of Dorothea Dix

with ropes, scourged with rods, and terrified beneath storms of profane execrations and cruel blows.”²⁰ Dix’s memorial built with every word, each crime worse than the next and applied to even more people than she and members of Congress initially thought. Her words brought the plight of the mentally ill to life, forcing her readers to visualize the conditions in painful accuracy.

Dix paired her heartstrings approach with a political strategy to counter the resistance she knew she would face from those who felt the issue belonged at the state level. Pointing to two federal land grant schools for the deaf and those with intellectual disabilities in Hartford, Connecticut, and Danville, Kentucky, Dix demonstrated precedent for federal support for health care beyond the traditional definition of the physical. Furthermore, Dix tried to transcend sectionalism and appealed to the responsibilities of members of Congress as “the representatives of a whole nation [working towards] the whole public good” rather than representatives of a particular district, state, or interest.²¹ The methods translated into an early success, with the bill soaring out of committee in a single day in 1848.²² The measure, however, could not pass on the Senate floor without the support of either party’s leadership. Dix’s approach of lobbying individual members, which had carried her to success in committee, could not effectively target the dozens more votes needed to pass the larger body without a political party apparatus behind the legislation. The bill died and remained on the backburner of Congress for the next six years.

In 1854, a different version of the bill—requesting the distribution of ten million acres of public land to the states, instead of the original five—passed both houses of Congress, reflecting Dix’s persistence and appeals to morality. Dix was exceedingly popular and had personally lobbied members of Congress over the six intervening years since the bill’s first submission. According to the view of most members, “she and her cause were pure, untainted” by ambition or power.²³ Dix’s bill passed the Senate with a more than two-thirds majority but

passed the House—a larger legislative body where individual lobbying held less power—with a slimmer margin.

Despite congressional backing, President Pierce quickly vetoed the bill, categorizing it as an overreach of federal power into states' jurisdictions. His veto displayed the growing political fault lines of 1854 and shocked Dix, who had expected him to sign it. According to an 1853 letter Dix wrote to former president Millard Fillmore, with whom she had had an excellent relationship, the newly sworn-in President Pierce had told her a year before that the bill “had his warmest sympathy” but that he “had not well considered the question” of federal land appropriations.²⁴ Dix quoted Pierce as saying, “I sincerely regretted that it had not passed the last session. I shall be glad if it passes now; but I really have not gone into the subject. I wish you success.”²⁵ A year after that exchange, on May 3, 1854, Pierce vetoed the bill. Dix hoped for an override from sympathetic members of Congress, but she still lacked support from a major political party, and her hopes were not borne out. The political calculus had changed.

It was no coincidence that Pierce's veto came three weeks before the congressional passage and presidential signature of the Kansas-Nebraska Act, which allowed settlers in the two titular territories to vote on the legality of slavery within their borders according to the principle of popular sovereignty, advocated by the Democratic Party. Pierce supported popular sovereignty and used his remarks on the Dix veto to make a broader argument about the role of the federal government. The president suggested that the law would have begun a slippery slope toward national care for the poor more generally, regardless of illness.²⁶

Even so, Pierce devoted most of the veto message to a meditation on the Constitution and the powers it grants to the states. He quoted former presidents Thomas Jefferson, James Madison, and Andrew Jackson to buttress his veto with historical evidence and reminded his readers—members of Congress who would soon vote on the Kansas-Nebraska Act—of the history of the country: “Are we not too prone to forget that the federal

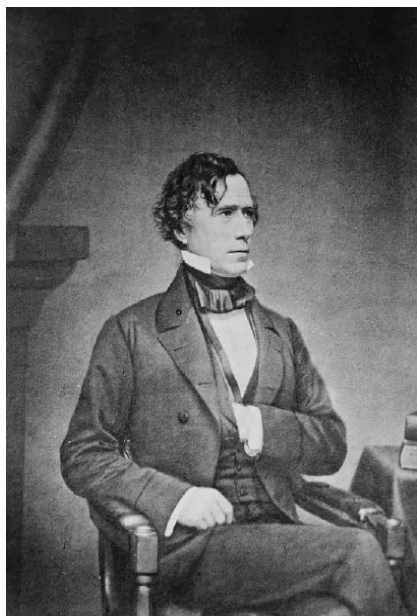
Union is the creature of the States, not they of the federal Union?”²⁷ Dix believed this reasoning to be hogwash and blamed Jefferson Davis, Pierce’s secretary of war and the future president of the Confederate States of America, for the veto. In a letter to former president Fillmore, Dix wrote, “[Pierce’s] ‘conscience’ would not suffer to make that bill a law! So he said—but all here know it was Jefferson Davis who would not suffer it.”²⁸ The emphasis there is original, showing Dix’s disdain for Pierce and the sectionalism that doomed her efforts.

Though the bill did not survive Pierce’s veto, it set the stage for a federal conversation about mental health care. Dix would later remark that GHI was “more likely to succeed through the failure of my Land Bill.”²⁹ Her advocacy for the mentally ill raised awareness of the issue to federal representatives and encouraged them to think of it as a national duty, rather than a state benefit. Having passed both the Senate and the House, Dix’s bill demonstrated the support that federal mental health care had garnered in Congress. As the proposed land appropriation sat on the backburner, its supporters looked for other similar causes to support, and its detractors sought to avert Dix’s fury by passing another (but less controversial) measure she advocated.

The Campaign for a District Asylum

Dix’s crusade for federal involvement in mental health care coincided with a campaign for better care for the residents of the District of Columbia. That campaign formed a coalition between Dix’s supporters and states’ rights politicians who envisioned GHI as a local institution. By 1852, mental health care advocates in D.C. had successfully lobbied Congress for an asylum of their own that would be federally administered and funded because the District was under federal control. It was therefore able to skirt many of the states’ rights considerations that Dix’s bill had provoked.

D.C. occupied a distinct place in government, separate



Portrait of Franklin Pierce, 14th
President of the United States

from any state and therefore from any established state-based mental health care regime. The Constitution itself established the sanctity of a federal district for the Capitol, outside the control of any one state that could potentially exert disproportionate influence over national matters. In Federalist No. 43, James Madison explained his dual reasoning for the necessity of a separate federal district: “The public money expended on such places, and the public property deposited in them, requires that they should be exempt from the authority of the particular State. Nor would it be proper for the places on which the security of the entire Union may depend, to be in any degree dependent on a particular member of it.”³⁰ Madison’s reasoning won the day, and Congress authorized the creation of the District in 1790.

From the District's creation to the mid-nineteenth century, mentally ill residents lived predominantly in D.C. jails, supported by local taxpayers. During the mid-nineteenth century, as Dix traveled to state legislatures advocating for an expansion of mental health care resources, D.C. began to grow precipitously. By 1840, the District's population exceeded twenty thousand, making Washington the nation's thirteenth-most populous city.³¹ In response to this population growth, logically followed by a growth in the number of mentally ill residents, Congress allocated funds for their care in 1841. The 1841 law authorized the District marshal to transfer the mentally ill from jails to the Maryland Hospital for the Insane in Baltimore, where they would be supported by the federal government, thanks to D.C.'s status as a federal district.³² Congress reasoned that this change would better align with contemporary thinking on the treatment of the mentally ill—that they should be in hospitals, treated as patients, rather than in jails, treated like criminals. However, notorious overcrowding in the Baltimore asylum and the expense of the transportation to Maryland and specialized care led officials to be increasingly displeased with this agreement.³³

Local doctors also felt the arrangement was unjust. Dr. Thomas Miller, president of the D.C. Board of Health and a founder of D.C.'s first public hospital, continued to lobby for a separate District asylum. In 1852, Miller wrote to the commissioner of public buildings, "No one who has resided in our City one year, and who has paid the least attention to this subject, can entertain a doubt, of the necessity for such an establishment in the District of Columbia."³⁴ Miller's emphatic stance on the need for a D.C. asylum, from the perspective of a local doctor engaging with the mentally ill on a regular basis, can be seen in other letters to public officials and in newspapers throughout the District.

Miller's successful campaign capitalized on Dix's previous appeals to members of Congress. In 1852, during a debate on the annual appropriations for "civil and diplomatic expenses,"

Senator Robert Hunter introduced an amendment to fund a District asylum. Hunter proposed an appropriation of \$100,000 to the secretary of the interior for the purchase of ten to fifteen acres of land for the construction of “an asylum for the insane of the District of Columbia, and of the Army and Navy of the United States.”³⁵ Though Hunter’s amendment included the army and navy, his speech in favor of the amendment did not mention them. Instead, he argued that, though Congress had already appropriated funds for District patients’ care in Maryland, the Baltimore asylum had since become overcrowded. He further reminded congressmen that attempts to find space in Virginia and Pennsylvania asylums had failed. He appealed to the representatives’ morality, paralleling Dix’s claim in her pamphlet a few years earlier: “The only chance, then, for them, is to build a hospital here.”³⁶ Congress agreed to the amendment without debate on the House floor on the same day as Hunter’s speech, but debate resumed a few days later on the Senate floor over the necessity of the acreage restriction.³⁷ The Senate decided to preserve it, and the Government Hospital for the Insane had been officially funded, likely benefitting from Dix’s advocacy for the four years prior.

The identity and ideology of Hunter, the senator who first proposed the GHI bill, reflect the bill’s unique coalition of support. Senator Hunter was a powerful Democrat from Virginia and a former Speaker of the House of Representatives. Hunter would later be expelled from the Senate in 1861 for his support of secession and become the secretary of state of the Confederate States of America.³⁸ It is particularly noteworthy that a leading secessionist and a strong believer in states’ rights would support a bill expanding federal power. His support demonstrates how the bill was conceptualized by many of its proponents as a D.C.-specific issue.

Other supporters of the hospital, though, imagined the institution as a federal one by design, not necessity. President Fillmore, a lame duck who had not even gained his party’s

nomination for the presidential election, issued an executive order in November 1852 naming Dr. Charles H. Nichols as Superintendent of the new facility at Dix's urging.³⁹ With a medical degree from the University of Pennsylvania, Nichols arrived at GHI after resigning from his post as physician at the Bloomingdale Asylum in New York. Dix and Nichols had cooperated to lobby the board of Bloomingdale to allow Nichols more freedom to implement moral treatment. The scheme backfired, leading to the bachelor Nichols' resignation under the guise of compliance with hospital rules requiring a married superintendent.⁴⁰ He and Dix maintained a working relationship afterwards, punctuated with a flirtatious tone. He used pet names for her and once teased, "[I] fancy you like me a shade better than the other Doctors."⁴¹ Miller, angry about the appointment and his less-favored status, ranted about the plot to disempower him. In his eyes, "it was entirely through my instrumentality the appropriation was made by Congress for the establishment of the Asylum," and now Dix had discarded him.⁴² Though an overstatement to attribute all responsibility to himself, Miller and the local campaign had been crucial in securing support for the asylum. Appointing Miller, a D.C. favorite, would have cemented the asylum's status as local. Once it had been funded, though, Dix utilized the appointment of Nichols—who, despite his resignation from Bloomingdale, maintained an excellent national reputation—to make the institution more clearly federal in stature.

Shortly after Nichols' appointment, he and Dix toured potential sites for the asylum, eventually convincing a reluctant farmer to sell the desired plot on the strength of their conviction. They decided they wanted to purchase Thomas Blagden's 185-acre farm on the east bank of the Anacostia River with a view of the city below.⁴³ The plot of land was not for sale, but Dix lobbied Blagden personally. He relented, explaining why in a letter to her: "I must not stand between you and the beloved farm, regarding you, as I do, as the instrument in the hands of

God to secure this very spot for the unfortunates.”⁴⁴ Blagden thus demonstrated the public support Dix had cultivated during her decades-long fight for mental health care. Though her advocacy had not succeeded in establishing a federal network of mental hospitals, Blagden’s quote illustrates how crucial Dix had been in galvanizing support for GHI. Dix viewed his support as essential, since his farm could act as the idyllic setting essential to recovery itself. Moral treatment preached the establishment of a homey, peaceful environment for the mentally ill. Moral treatment advocates believed that patients could regain their reason with the establishment of regular habits like farming alongside separation from the stresses of daily life and the shackles of a jail cell.

Secretary of the Interior Robert McClelland summarized the lofty aspirations for GHI in his annual report in 1854, as construction of the hospital began. He imagined GHI as a “model institution, embracing all the improvements which science, skill, and experience have introduced into the modern establishment,” centered around moral therapy.⁴⁵ McClelland occupied a unique place in President Pierce’s cabinet, on the opposite side of Pierce on two major issues of the day. He was a Democrat from Michigan who had voted for the Wilmot Proviso, which proposed to ban slavery in territories acquired in the Mexican-American War, and against the Kansas-Nebraska Act, allowing residents of those states to decide whether or not to allow slavery. His support for GHI thus demonstrates the broad coalition supportive of its construction.

Shortly after the institution first began accepting patients in January 1855, questions arose about GHI’s legality under federal law. Appropriations had been made in 1852, but congressional aides called attention to the fact that Congress had appropriated funds to an entity that did not formally exist. Thus, Representative John Davis of Indiana introduced a bill to formally create GHI on the House floor on February 19, 1855. The bill had recently passed the Committee on the District of Columbia, again revealing the way members of Congress conceptualized

the hospital as a local matter for District residents rather than a federal matter. At the end of a long day, many members moved to adjourn before passing the bill, but Davis asked them to stay to vote on the measure, calling it “a matter of public necessity.” Representative Thomas Florence of Pennsylvania chimed in: “We can pass this bill in ten minutes.”⁴⁶ Though the bill did not pass then, on the last day of the 33rd Congress, Representative John Dawson of Pennsylvania reintroduced the bill from the Committee on the District of Columbia for its third reading. He pleaded with them to pass it before the months-long adjournment and a new election, asserting, “The institution is needed immediately.”⁴⁷ Davis, Florence, and Dawson were all Democrats and not traditional supporters of expanded federal power, and thus their pleas point again to the unique place occupied by GHI in the congressional imagination.

As discussed in the introduction of this paper, President Pierce touted GHI in his first State of the Union letter to Congress. In the same speech, he emphasized states’ rights, calling states “themselves well-constituted Republics” while not addressing slavery directly.⁴⁸ Pierce, and the many other Democrats discussed in this essay, believed that a states’ rights view comfortably coexisted with support for GHI thanks to the potent combination of Dix’s congressional advocacy and Miller’s D.C.-specific lobbying.

The Inclusion of Veterans

Based on the analysis presented thus far, the inclusion of veterans in the GHI mandate may seem ill-fitting. Congress sent the 1855 bill to formally establish the hospital to the Committee on the District of Columbia, rather than the Committee on Military Affairs, indicating that its sponsors felt its focus was on District residents, not veterans. Frank Millikan, whose three hundred-page dissertation “Wards of the Nation: The Making of St. Elizabeth’s Hospital” constitutes one of the only historical

accounts of GHI's creation, does not present inclusion of veterans as a significant source of support or dissent. A comprehensive history of the hospital, commissioned by the U.S. General Services Administration to fulfill the National Historic Preservation Act before constructing new buildings on the GHI land, does not discuss this question either. Despite the sparse historiography on the matter, there can be little doubt that the accommodation of veterans reflects the distinctly federal nature of the institution. The next time Congress would create a mental institution would be for another excluded and federally protected population with the 1903 establishment of the Canton Asylum for Indians in South Dakota.

The involvement of veterans also reflected a growing difference in the way mental health care was categorized as distinct from physical health. Veteran mental health care therefore warranted new institutions apart from the existing hospitals for the army and the navy. The navy had created an institution for the care of its veterans in 1811 with congressional approval, and the army created one in 1851. The army's institution offers a particularly relevant case study on this divide between mental and physical health. On March 3, 1851, Congress passed "An Act to found a Military Asylum for the Relief and Support of invalid and disabled Soldiers of the Army of the United States." The use of the word "asylum" may initially lead readers to conclude it was a psychiatric institution, but research suggests otherwise. Eligibility for its care was based on twenty years of service and "disease or wounds" that made one "incapable of further military service."⁴⁹ This language is markedly different from GHI's mandate to serve the "insane" and focuses on eligibility for military service, rather than on the inability to subsist in daily civilian life. The Military Asylum's annual reports categorized departing patients as "discharged, dismissed, dropped, transferred, deserted, suspended, and died," rather than the recovery-oriented categories used in GHI reports at the same time.⁵⁰ Instead, the Military Asylum's primary purpose seemed to be as a retirement home

for soldiers who would have otherwise been discharged without the ability to support themselves financially. Soldiers could leave the institution freely to join family or rejoin the armed forces if they were deemed physically fit for service again.⁵¹ The secretary of war, who oversaw the Military Asylum, described it in 1857 as largely “answering the purposes for which it was established. It furnishes a quiet and abundant home for tile invalid soldiers who are admitted to it.”⁵² The secretary imagined the Military Asylum as little more than a custodial institution and did not see state recovery as a goal.

With the Military Asylum providing for only physical care and housing, mentally ill veterans continued to suffer. As mental health care became increasingly prominent in the nineteenth century, advocates successfully incorporated it into bills funding and establishing the GHI. The inclusion of veterans in the GHI bill defied the characterization of the bill as a local matter and underscored its federal nature.

The Early Years of GHI

Three years after receiving congressional funding, GHI admitted its first of many patients on January 15, 1855. Between January and March, Nichols personally transferred fifty-one D.C. residents from two overcrowded Baltimore institutions, where they had resided for an average of five years, to GHI.⁵³ By 1861, GHI had admitted 362 patients, approximately 65 percent of whom were District residents.⁵⁴ 36 percent (131 patients) were female, while 9 percent (33 patients) were black, making GHI only the third asylum in the country to hold black patients.⁵⁵ Correspondence among Nichols and Dix, Kirkbride, and relatives of patients provides insights into how the hospital functioned and whether it lived up to its aspirations. The letters demonstrate that during the hospital’s early years, daily management often overshadowed the philosophical ambitions for care. The political considerations that had doomed Dix and threatened Nichols’

confirmation as superintendent mostly faded, as Congress shifted its attention to slavery and the hospital operated on its own. Political divides do appear in a few select moments.

Most of the letters address daily management, indicating that Nichols spent a majority of his time on basic logistical tasks. In these letters, GHI does not appear any differently than the state institutions. Nichols wrote to Kirkbride about shipments of livestock, his stationery, and the costs of the new buildings. Many letters focused specifically on hiring, requesting referrals for staff from both Kirkbride and Dix. Following the hospital's opening in January 1855, Nichols wrote Kirkbride regarding female attendants, stating that GHI was currently unable to serve female patients without the requisite staff. His language conveys how urgently Nichols viewed these vacancies but also his concern for quality and willingness to pay for it: "I want two female attendants very much—will pay \$10 per month, and if they were very superior, half their passage over here and, if they stayed a year, the other half."⁵⁶ Nichols' desperation for high-quality staff shines through that letter. Dix also participated in the hiring, referring a potential cook to Nichols for hire and forwarding an application for employment from a prospective matron. The matron's letter is particularly interesting, as the applicant's decision to send her cover letter to Dix reflects a broad perception of the hospital as under Dix's care rather than Nichols'. Dix, though, left the hiring decision to Nichols, merely remarking from her impressions of the letter that the woman was "kind-hearted and excellent" but "not very well-educated."⁵⁷

In a letter to Kirkbride, Nichols expressed the toll that hospital management took on his personal life and his ability to think more broadly about the hospital's philosophy. In response to an invitation from Kirkbride to visit Pennsylvania and tour other psychiatric institutions, Nichols wrote in 1857, when the hospital had barely more than one hundred patients, "I cannot foresee when I shall be able to leave home."⁵⁸ The problem could only have gotten worse, as the population ballooned to 230 by

1860.⁵⁹ In both a friendly and professional capacity, Dix noted the excessive strain the hospital had placed on Nichols, writing, “I think you have too much on your hands anyway for your own good. I don’t know another Superintendent in the United States could do that which you are doing and managing. Don’t be too economical of providing good attendants and enough of them.”⁶⁰ Dix expressed concern for Nichols, basing her assessment of a superintendent’s capacity and appropriate responsibilities on her experience with the dozens of other hospital superintendents with whom she had corresponded or whom she had helped appoint. She also gently scolded Nichols for his parsimonious use of the Hospital funds she had helped him secure, urging him to hire more help and better delegate his responsibilities. Nichols’s overworked nature and the lack of staff may have also affected the quality of care in the asylum, adding another angle to Dix’s concerns.

Nichols’s correspondence with family members of patients and attendants demonstrates another angle of hospital management. In an almost comical letter in 1857, the mother of a hospital attendant asked Nichols to refuse pay to her son, who had run off with a “woman of doubtful reputation” and left her a “lone widow without any support.”⁶¹ The letter displays the youthful composition of the staff and Nichols’s role as their caregiver, as well as that of the mentally ill patients. In 1859, someone wrote to Nichols on behalf of a patient’s mother desiring to “know in what condition her son still remains in, if there is any change either for the better or worse.”⁶² Though patients remained in the hospital alone, this letter indicates that they were not forgotten in their families and communities, with even unrelated strangers willing to author a note to assist.

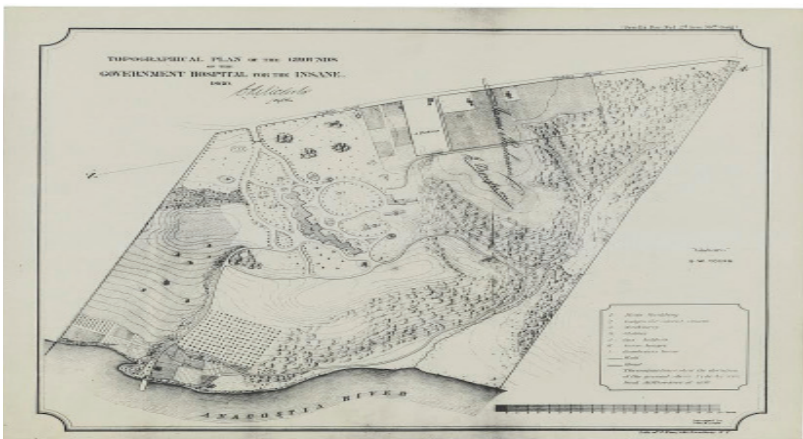
Beyond the daily upkeep of GHI, Nichols also managed the political considerations of a distinctly federal institution. In 1857, Dix and Nichols met with newly inaugurated President James Buchanan, who “treated [Nichols] very politely,” and Jacob Thompson, the new secretary of the interior who would

oversee GHI.⁶³ Two years later, though, Dix ranted to Nichols about government corruption and the way it affected Nichols's ability to run a competent institution: "I sincerely hope your appropriation will not fail, though what is to save you from disappointment under this prodigal administration where corruption swallows up the revenues which should sustain the Institutions of the Republic I cannot see."⁶⁴ In accusing the administration of being reckless and extravagant, Dix revealed her belief that administrative priorities were misplaced and should be more focused on institutions of care like GHI. While Buchanan refused to assist the many unemployed by the Panic of 1857 and started a war in Utah against Mormon polygamists, he also vetoed two bills that would have expanded federal power. A Democrat who believed in states' rights but did not join the Confederacy during the Civil War, Buchanan vetoed a bill that would have established land grant colleges (the future Morrill Act) and the future Homestead Act, giving acreage to settlers who lived on land in the western territories.⁶⁵ Dix, an advocate for increased federal power, therefore viewed the administration as criminally corrupt. In 1858, she wrote to Nichols, afraid of government officials intervening to replace him as Superintendent: "I have very little confidence in [Government] officials and trust very little to their desire of right, or acting upon any right principle."⁶⁶ Nichols, himself a federal employee, used less condemnatory language in reference to the administration. In 1860, Nichols wrote to Kirkbride about the depleted state of the hospital treasury.⁶⁷ Though not a diatribe about the government, Nichols's complaint shows that his management of the hospital was constrained by large-scale political factors.

During the early years of the institution, Nichols authored annual reports with great enthusiasm for the future of the hospital. In the first year, he wrote: "Refreshing and sound sleep has taken the place of the most vicious indulgences; pallor and listlessness have given way to ruddiness and strength; and, above all, increased interest in life and its objects and affairs has

added light to the eye and animation to the step.”⁶⁸ Nichols’s stated objectives reflect the predominant treatment philosophy within psychiatry during this period. He strove for and believed in the possibility of total improvement and a return to daily life before the onset of mental illness.

Without patient perspectives, which psychiatrists in the period largely did not allow patients to write, historians must take Nichols’s account with some skepticism. Four years later, Nichols himself stated a more realistic goal of treatment: “While the most humane and efficiently restorative treatment of those who may be expected to recover will always be considered as the first and highest function of an institution of this character, that it furnishes a safe, comfortable, and honorable retreat for the hopelessly afflicted, is scarcely less gladdening to the heart of the philanthropist.”⁶⁹ Facing a patient population now comprised of 138 chronic patients (60 percent of the total



Topographical plan of the grounds of the Government Hospital for the Insane

patient population), Nichols's objectives had changed.⁷⁰ In his own words, restoration to the previous state of life should remain the primary purpose of the hospital, but the safety and comfort of patients were equally important. Annual reports present a dichotomous characterization of patients as either chronic or capable of recovery and indicate that Nichols considered himself successful with both populations. For the chronic, "hospital life seems as normal" as their prior lives. As for those capable of recovery, Nichols reported three years in a row that "no patient died in the course of the year who was at all likely to be restored to reason."⁷¹ Outside perspectives likely validated his perception of success. In an 1861 letter to Nichols about a visitor to the hospital, Dix described the occasion for the visit: "She wishes to see an Institution professed to be the model for the United States."⁷²

Despite the debates about federalism that threatened to doom GHI's establishment, the early years of the institution were consumed with practical matters of construction, staff management, and hiring. Political considerations shone through in select moments, most notably under the Buchanan administration, but largely faded to the background.

Conclusion

The establishment of GHI represented a surprising expansion of the federal government into a new sphere at a time when every expansion could be contentious. Mental health care was no exception, with Dix's Bill for the Indigent Insane struggling to pass Congress for six years, finally passing only to be met with a veto citing states' rights concerns. Local backing contributed to increased awareness for the issue, ultimately combining with Dix's advocacy to convince stakeholders of the philosophical and economic reasons for GHI's creation. A lack of adequate mental health care options for members of the army and the navy led to their inclusion as well. The early years

buoyed Nichols as superintendent and bred optimism about the possibility of treatment, or at least safe comfort, for mentally ill residents of D.C. and veterans.

Despite the divisive politics of the 1850s, health was a unique rallying point for opposing sides, and politicians and advocates worked together to establish a new breed of institution. The state-federal question debated by states' rights politicians against Dix's proposals and explored here was not theoretical, and the decision to open a federal psychiatric hospital bore on the experience of the treated during the Civil War a few years later. Though Dix always envisioned GHI as national, its establishment had required a local emphasis, and its early years largely reflected that concession; however, by introducing a patient base of soldiers from across the country, the Civil War would transform GHI into a truly national institution.

Notes

¹ Franklin Pierce, "First Annual Message," *The American Presidency Project*, December 5, 1853, <http://www.presidency.ucsb.edu/ws/?pid=29494>.

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³ Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* (New York: Basic Books, 2002), 24.

⁴ Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Free Press, 1973), 37.

⁵ Ciorstan Smark, "Remembering Dorothea 'Dragon' Dix," *Business Renaissance Quarterly* 3, no. 4 (2008): 162.

⁶ Grob, *Mental Institutions in America*, 35, 96.

⁷ David Gollaher, *Voice for the Mad: The Life of Dorothea Dix* (New York: The Free Press, 1995), 3.

⁸ Manon S. Parry, "Dorothea Dix (1802–1887)," *American Journal of Public Health* 96, no. 4 (2006): 624–25.

⁹ Frank Millikan, "Wards of the Nation: The Making of St. Elizabeth's Hospital, 1852–1920," (dissertation, George Washington University, 1989), 17.

¹⁰ *Ibid.*, 13.

¹¹ Alexander Hamilton, "The Federalist Papers: No. 9," *The Avalon Project*, November 21, 1787, http://avalon.law.yale.edu/18th_century/fed43.asp.

¹² Jan Lewis, "The Three-Fifths Clause and the Origins of Sectionalism," in Paul Finkelman and Donald R. Kennon, eds., *Congress and the Emergence of Sectionalism* (Athens, OH: Ohio University Press, 2008), 19.

¹³ Robert Pierce Forbes, *The Missouri Compromise and Its Aftermath: Slavery and the Meaning of America* (Chapel Hill, NC: The University of North Carolina Press, 2007), 6.

¹⁴ Though the Constitution does not mention tariffs by name, the power to create tariffs derives from U.S. Const. art. I, § 8., which reads: "Congress shall have the power... to regulate commerce with foreign nations."

¹⁵ Quoted in Forbes, *The Missouri Compromise and Its Aftermath*, 165.

¹⁶ Gollaher, *Voice for the Mad*, 279.

¹⁷ Dorothea Dix, "Memorial of D. L. Dix, Praying a Grant of Land for the Relief and Support of the Indigent Curable and Incurable Insane in the United States" (30th Congress, 1st Session, June 27, 1848), 1.

¹⁸ *Ibid.*, 2.

¹⁹ *Ibid.*, 6.

²⁰ *Ibid.*, 7.

²¹ *Ibid.*, 31.

²² Gollaher, *Voice for the Mad*, 288.

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²³ Gollaher, *Voice for the Mad*, 324.

²⁴ Quoted in Charles M. Snyder, *The Lady and the President: The Letters of Dorothea Dix and Millard Fillmore* (Lexington, KY: University Press of Kentucky, 1975), 162.

²⁵ *Ibid.*, 162.

²⁶ Franklin Pierce, "Special Message of President Pierce to the Senate of the United States" (Washington, D.C., May 3, 1854), 5.

²⁷ *Ibid.*, 6.

²⁸ Quoted in Snyder, *The Lady and the President*, 196.

²⁹ Quoted in Snyder, *The Lady and the President*, 198.

³⁰ James Madison, "The Federalist Papers: No. 43," The Avalon Project, January 23, 1788, http://avalon.law.yale.edu/18th_century/fed43.asp.

³¹ "Population of the 100 Largest Urban Places: 1840" (U.S. Bureau of the Census, June 15, 1998), <https://www.census.gov/population/www/documentation/twps0027/tab07.txt>.

³² Millikan, "Wards of the Nation," 21.

³³ *Ibid.*, 22.

³⁴ Quoted in Millikan, "Wards of the Nation," 23.

³⁵ "Congressional Globe: 32nd Congress" (Washington, D.C., August 25, 1852), Library of Congress, 2341.

³⁶ *Ibid.*, 2341.

³⁷ *Ibid.*, 2419.

³⁸ "Hunter, Robert Mercer Taliaferro," US House of Representatives: History, Art & Archives, accessed November 30, 2017, <http://history.house.gov/People/Detail/15500>.

³⁹ Gollaher, *Voice for the Mad*, 314–15.

⁴⁰ Thomas Otto, "St. Elizabeths Hospital: A History" (United States General Services Administration, May 2013), 9.

⁴¹ Quoted in David Gollaher, *Voice for the Mad*, 316.

⁴² Quoted in Millikan, "Wards of the Nation," 36.

⁴³ Otto, "St. Elizabeths Hospital," 11.

⁴⁴ Quoted in Otto, "St. Elizabeth's Hospital," 11.

⁴⁵ "Report of the Secretary of the Interior" (Washington D.C.: U.S. Department of Interior, February 21, 1854), ProQuest, 17.

⁴⁶ "Congressional Globe: 33rd Congress" (Washington, D.C., 1855), 824.

⁴⁷ *Ibid.*, 1138.

⁴⁸ Pierce, "First Annual Message."

⁴⁹ *An Act to Found a Military Asylum for the Relief and Support of Invalid and Disabled Soldiers of the Army of the United States, Public Law 25, U.S. Statutes at Large 9 (1851): 596.*

⁵⁰ John P. Deeben, "Caring for Veterans in the Nation's Capital," National Ar-

chives, Spring 2015, <https://www.archives.gov/publications/prologue/2015/spring/soldiers-home.html>.

⁵¹ Matthew Pinsker, "The Soldiers' Home: A Long Road to Sanctuary," *Washington History* 18, no. 1/2 (2006): 8.

⁵² John B. Floyd, "Annual Report of Secretary of War" (Washington, D.C.: U.S. Department of War, 1857), 15, *ProQuest Congressional*.

⁵³ Charles H. Nichols, "Annual Reports of the Board of Visitors of the Hospital for the Insane" (Washington, D.C.: U.S. Department of Interior, 1855), *ProQuest Congressional*.

⁵⁴ *Ibid.*, 1855–60.

⁵⁵ Kathleen Brian, "'Special Provisions for Patients of Colour': Race, Shared Space, and Differential Diagnosis at the Government Hospital for the Insane, 1855-1870," Paper presented at the Annual Meeting of the American Association for the History of Medicine, Rochester, Minnesota, 1 May 2010, 1.

⁵⁶ "Records of Superintendent Charles H. Nichols" (Records of St. Elizabeths Hospital, January 31, 1855), Record Group 418.3.1, National Archives.

⁵⁷ *Ibid.*, January 19, 1859.

⁵⁸ *Ibid.*, June 27, 1857.

⁵⁹ Nichols, "Annual Reports," 1860.

⁶⁰ "Records of Superintendent Charles H. Nichols," July 28, 1859.

⁶¹ *Ibid.*, April 30, 1857.

⁶² *Ibid.*, December 7, 1859.

⁶³ *Ibid.*, June 27, 1857.

⁶⁴ *Ibid.*, March 8, 1859.

⁶⁵ James Buchanan, "Veto Message," February 24, 1859, *The American Presidency Project*, <http://www.presidency.ucsb.edu/ws/?pid=68368>; Michael Morrison, "President James Buchanan: Executive Leadership and the Crisis of the Democracy" in John W. Quist and Michael J. Birkner, eds., *James Buchanan and the Coming of the Civil War* (Gainesville, FL: University Press of Florida, 2014), 152.

⁶⁶ "Records of Superintendent Charles H. Nichols," May 25, 1858.

⁶⁷ *Ibid.*, December 8, 1860.

⁶⁸ Nichols, "Annual Reports," 1856, 890.

⁶⁹ *Ibid.*, 1860, 536.

⁷⁰ For the purposes of this paper, a chronic patient is defined as one who was admitted prior to the current year's annual report.

⁷¹ Nichols, "Annual Reports," 1859, 886.

⁷² "Records of Superintendent Charles H. Nichols," July 6, 1861.

Images

Page 122: “Dix-Dorothea,” provided by the Library of Congress’s Prints and Photographs Division, accessed on May 6, 2018 via Wikimedia Commons, <https://commons.wikimedia.org/wiki/File:Dix-Dorothea-LOC.jpg>.

Page 126: “Portrait of Franklin Pierce (1804-1869),” provided by the Library of Congress’s Prints and Photographs Division, accessed on May 6, 2018 via Wikimedia Commons, https://commons.wikimedia.org/wiki/File:Franklin_Pierce.jpg.

Page 137: “Government Hospital for the Insane (Saint Elizabeths Hospital), Washington, D.C. Topographical plan of the grounds,” (1860), provided by the Library of Congress’s Prints and Photographs Division, accessed on May 6, 2018 via Wikimedia Commons, [https://commons.wikimedia.org/wiki/File:Government_Hospital_for_the_Insane_\(Saint_Elizabeths_Hospital\),_Washington,_D.C._Topographical_plan_of_the_grounds_LCCN2016652052.jpg](https://commons.wikimedia.org/wiki/File:Government_Hospital_for_the_Insane_(Saint_Elizabeths_Hospital),_Washington,_D.C._Topographical_plan_of_the_grounds_LCCN2016652052.jpg).