

5-2015

On the Periphery: A Survey of Nineteenth-Century Asylums in the United States

Lauren Hoopes
Clemson University

Follow this and additional works at: https://tigerprints.clemson.edu/all_theses



Part of the [Historic Preservation and Conservation Commons](#)

Recommended Citation

Hoopes, Lauren, "On the Periphery: A Survey of Nineteenth-Century Asylums in the United States" (2015). *All Theses*. 2123.
https://tigerprints.clemson.edu/all_theses/2123

This Thesis is brought to you for free and open access by the Theses at TigerPrints. It has been accepted for inclusion in All Theses by an authorized administrator of TigerPrints. For more information, please contact kokeefe@clemson.edu.

ON THE PERIPHERY: A SURVEY OF NINETEENTH-CENTURY ASYLUMS IN
THE UNITED STATES

A Thesis
Presented to
the Graduate Schools of
Clemson University and College of Charleston

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
Historic Preservation

---

by
Lauren Hoopes
May 2015

Accepted by:
Amalia Leifeste, Committee Chair
Carter Hudgins
Barry Stiefel

ABSTRACT

State and federal government purpose-built asylums constructed in the “moral treatment” era of mental healthcare, here defined as 1835 to 1900, mark a period of great change in the nation. Establishment of moral treatment asylums occurred between two very different eras. The eighteenth century, in which mental illness was seen as a punishment from God, precedes the moral treatment asylums. Twentieth-century thinking favored a medical view in which mental illness can be treated or controlled with medical drugs. Asylums built in the nineteenth century relied on “moral” treatments—treatments that utilized no restraints unless absolutely necessary and used the environment and architecture to influence the human mind. Changes in both the roles of the government in American society as well as the advancement of medical knowledge and humane treatment mark this era. Because asylums emerged in a period of significant change in the nation, they represent an important era in American history and many appear on the National Register of Historic Places and several on the National Historical Landmark listing in recognition of their significance. Complications surrounding the reuse of these buildings, however, continue to threaten both designated and non-designated structures alike. Affected by a negative image, asylums have found themselves on the periphery of preservation efforts. In an effort to bring awareness to the significance of asylums, this thesis examines the differences between designated and non-designated mental-health facilities to illustrate patterns within the asylum type as well as the way in which asylums fit into the larger narrative of American history.

DEDICATION

I dedicate this thesis to my family and friends.

ACKNOWLEDGMENTS

I want to acknowledge the help my committee provided during this process. Amalia Leifeste, thank you for all your help, especially on those days when you were exhausted and had to read ten other student papers. You kept me on track and feeling confident. Carter Hudgins, thank you for all the times you stopped what you were doing to help answer my never ending questions. Thank you Barry Stiefel for all of your suggestions which helped sharpen my argument and for always making time to meet with me.

Thank you to the State Archives of North Carolina for meeting with me on very short notice and allowing me to look through the unpublished photographs in your archive.

To the various State Historic Preservation Offices that happily obliged my request for several National Register of Historic Places nomination forms, I thank you for your help.

To my family, Jessica Ekberg, and my fellow class of 2015 members and friends, you all kept me sane and entertained and for that I give immense thanks. It was a long process but you all helped me get through it.

TABLE OF CONTENTS

	Page
TITLE PAGE	i
ABSTRACT.....	ii
DEDICATION	iii
ACKNOWLEDGMENTS	iv
LIST OF FIGURES	vi
A WORD ON LANGUAGE	1
CHAPTER	
I. INTRODUCTION	3
Outline.....	11
II. LITERATURE REVIEW	14
III. HISTORICAL BACKGROUND	25
IV. ANALYSIS.....	45
Patterns.....	47
Significance and Protection	72
V. ADAPTIVE REUSE.....	77
VI. CONCLUSION.....	98
Recommendations.....	110
APPENDICES	117
A: Glossary of Terms.....	118
B: Asylum Survey.....	125
C: Index of Asylums.....	130
BIBLIOGRAPHY.....	170

LIST OF FIGURES

Figure	Page
1 Cherry Hospital in Raleigh, North Carolina	2
2 Patient William Norris in Chains, 1815	26
3 Diagram of Hallaran’s Chair	27
4 Painting of Pinel freeing the insane, 1876	28
5 Portrait of Dorothea Dix	30
6 “The Madman,” 1806.....	31
7 Portrait of Dr. Thomas Kirkbride.....	32
8 Kirkbride model floor plan	35
9 Interior hallway, Kalamazoo State Hospital, 1892	37
10 Interior patient’s room, Kalamazoo State Hospital, 1892.....	37
11 Comparative sizes of asylums	39
12 Overcrowded sleeping area.....	40
13 Man in insulin coma.....	43
14 Migration patterns in the Northeast	48
15 Population density map, 1840.....	50
16 Asylums overlaid on population density map, 1840.....	50
17 Population density map, 1860.....	51
18 Asylums overlaid on population density map, 1860.....	51
19 Population density map, 1880.....	52
20 Asylums overlaid on population density map, 1880.....	52

List of Figures (Continued)

Figure	Page
21 Population density map, 1900.....	53
22 Asylums overlaid on population density map, 1900.....	53
23 Registered and non-registered asylum map	55
24 Central Lunatic Asylum, Petersburg, Virginia	58
25 Couple enjoying grounds of Texas State Lunatic Asylum	59
26 Visitors on grounds of Texas State Lunatic Asylum	60
27 Postcard of Kankakee State Hospital.....	60
28 Chart of asylum architectural designs.....	63
29 Second Hospital for the Insane, Spencer, West Virginia.....	74
30 State Lunatic Asylum, Milledgeville, Georgia, 1937	76
31 Abandoned interior of State Lunatic Asylum, Milledgeville, Georgia.....	76
32 Kirkbride model floor plan	79
33 Postcard of Bowen Building	84
34 Bowen Building, 2011	84
35 Map of East and West Campus of St. Elizabeths Hospital	86
36 Danvers State Hospital, 1893.....	91
37 Danvers Luxury Apartments, 2003.....	91
38 University of Alabama campus.....	92
39 Modified Kirkbride model floor plan	94
40 Postcard of Traverse City State Hospital	95

List of Figures (Continued)

Figure	Page
41 New Jersey State Lunatic Asylum at Morristown	96
42 Demolition at New Jersey State Lunatic Asylum at Morristown	97
43 Dr. Walter Freeman in surgery	101
44 Greystone Park (2012) movie poster	102
45 Interior Hallway at Kalamazoo State Hospital	105
46 State Lunatic Asylum at Taunton, Massachusetts, 1987	108

A WORD ON LANGUAGE

The subject of this paper examines the ideals of the moral treatment movement as the basis for the significance of asylums today. In respect to the historical nature of this thesis, the decision was made to express the argument using language that may have no place in the world today but was perfectly acceptable and even preferred by professionals throughout the nineteenth century. Just as the thoughts and methods of treatment surrounding those deemed insane have evolved over time, so too has the language changed. Cultural events affect the way in which language is used, supplying words and phrases with meanings that may be drastically different from their original connotation. In the nineteenth century “asylum” meant a place of shelter and protection. “Lunatics” is a legal term of the day ascribed to institutionalized patients. Physicians’ facilities contain phrases like “lunatic hospital” or “insane asylum.” These words describe the place in a way that signifies the medical help provided by the institution but also the humane protection and care offered to those who suffered.

As an example of the evolution of the American-medical language the names of the facilities themselves changed over time according to the preferred rhetoric. The Asylum for Colored Insane in North Carolina, which opened in 1880, went through several name changes over the decades. The Asylum for the Colored Insane became the Eastern North Carolina Insane Asylum, then the Eastern Hospital, the State Hospital at Goldsboro, and finally Cherry Hospital. Several words within those names have fallen out of use in contemporary society in response to the negative connotations that have evolved with the words over time. But in order to maintain the historical-mindedness of

this paper, taboo phrases or words are used to describe the sites and their patients. This is in no way a justification of the use of these words rather a way in which to provide historical context for the reader and a way to better articulate the themes of this paper which may seem foreign in modern society.

In the interest of maintaining a strong vocabulary throughout this thesis words such as “asylum”, “state hospital”, “lunatic”, “madman”, and “insane” are used throughout the paper. There is a certain chronological order in which these words came in to favor and then fell out of use but given the scope of this thesis as examining facilities across multiple decades these words will be used somewhat interchangeably.

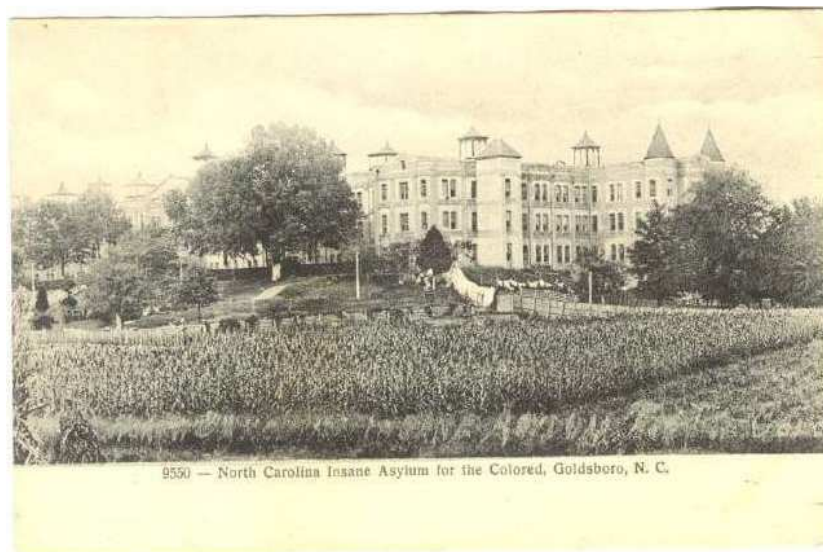


Figure 1. Photograph of the Asylum for Colored Insane in North Carolina. Date unknown. Courtesy State Archives of North Carolina, Raleigh, North Carolina.

CHAPTER ONE

INTRODUCTION

“A poor unhappy set of People who are deprived of their Senses...wander about the Country, terrifying the Rest of their Fellow Creatures. A legal Confinement, and proper Provision, ought to be appointed for these miserable Objects, who cannot help themselves.”

Virginia’s Royal Governor, Francis Fauquier, 1776.¹

Medical knowledge and social perceptions concerning insanity shifted drastically at the start of the American Enlightenment, occurring roughly between 1750 and 1820.² State and federally-operated insane asylums, the Enlightenment’s answer to the age old question of how to deal with patients afflicted by any number of mental disorders, emerged as a resource for those driven insane unable to afford private care. Established at the cusp of social change, insane asylum buildings serve as a physical record of the transition between the ways in which medical professionals defined insanity and in the actions taken against the insane during the nineteenth century. Over one hundred years have passed since the establishment of the last nineteenth-century asylums and the

---

¹ Lawrence A. Osborn, “From Beauty to Despair: The Rise and Fall of the American State Mental Hospital,” *Psychiatric Quarterly* 220 (2009), doi: 10.1007/s11126-009-9109-3.

² Robert A. Ferguson, *The American Enlightenment: 1750-1820* (Harvard University Press, 1997).

historical significance and high-style architectural design of these buildings continue to be recognized and celebrated today.

Insane asylums appear on two national-level programs that recognize the historic state hospitals for their contributions to American history. The National Register of Historic Places (NRHP) is a government-run program that recognizes historically significant buildings, landscapes, and archaeological sites across the nation. Of the 109 asylums surveyed, the NRHP distinguishes forty-one institutions built between 1835 and 1900 as being significant.

Nomination to the NRHP involves testing the significance of the subject against four criteria. If a case can be made for the significance of a given building or site based on one or more of the four criteria, it is eligible for nomination to the NRHP. The four criteria that the NRHP uses to establish significance are as follows: Criterion A requires an association with significant events that have added to broad patterns in American History, Criterion B considers buildings that are connected with significant people in history, Criterion C applies to the importance of a buildings architectural design and significance, and Criterion D examines structures that have or are likely to yield information important in history or prehistory.³ Programs concerned with the historic preservation of the United States recognize a temporal cut-off for establishing historical

---

³ U.S. Department of the Interior. "National Register Bulletin: How to Apply the National Register Criteria for Evaluation ." U.S. Department of the Interior, 1995, <http://www.nps.gov/nr/publications/bulletins/pdfs/nrb15.pdf>.

significance as occurring at least fifty years from the current day, though exceptions do occur.

Sites with broader, nation-wide significance appear on the National Historic Landmark (NHL) program. Governed by the Secretary of the Interior, the program highlights “places that ‘possess exceptional value or quality in illustrating and interpreting the heritage of the United States.’” Only 3 percent of registered properties become National Historical Landmarks based upon six criteria.⁴ Similar to the criteria of significance utilized by the NRHP, the NHL criteria considers properties associated with events that highlight broad patterns in American history (Criterion 1), are connected to historically significant persons (Criterion 2), act as examples of American ideals (Criterion 3), are exceptional architectural types (Criterion 4), occur in collective associations such as neighborhoods with nationally significant events or patterns associated with them (Criterion 5), and those properties that will likely yield important information pertaining to the past (Criterion 6).⁵ Six state hospitals from the sample set for this thesis bear the distinction of being designated to the NHL program.

In order to gauge how the NRHP and NHL programs determine the significance of nominated nineteenth-century asylums, this thesis examines the inherent differences between the forty-one NRHP designated asylums and the six NHL properties as compared to those that have yet to receive designation. Patterns concerning the

---

⁴ U.S. Department of the Interior, “National Historic Landmarks: Illustrating the Heritage of the United States,” Pamphlet, pg 1.

⁵ U.S. Department of the Interior. “National Register Bulletin: How to Prepare National Historic Landmark Nominations. IV. How to Evaluate and Document National Significance for Potential National Historic Landmarks,” accessed January 19, 2015, <http://www.nps.gov/NR/publications/bulletins/nhl/nhlpt4.htm>.

geographical establishment of asylums, the influence of momentous events in American history on insanity, the varying architectural styles, usage of different floor plans, date of construction, and associated architects yields information pertaining to the significance of the asylum type. These patterns also provide insight into what the NRHP and NHL programs deem significant within the larger population of state hospitals.

To establish a well-defined survey population of American asylums, restrictive parameters were applied to the entire type of nineteenth-century lunatic hospitals. The parameters restrict the study to state and federally contracted purpose-built asylums with a construction start date between 1835 and 1900. The parameters consider only those asylums located in the continental United States. Asylums of this time frame emerged from the moral treatment era of medicine. The moral treatment era began around 1845 and began to decline in the late 1880s and was a drastic shift in the way medical professionals approached the idea of insanity, as discussed at length in Chapter Two: Historical Background. By expanding the temporal parameters to include asylums that date from a decade before and after the era of moral treatment, the population of asylums becomes diverse enough to chronicle and contextualize the rise and fall of the moral treatment era.

Applying these parameters to the asylums throughout the continental United States, several states contained no applicable asylums and so were not included in the dataset. The South Carolina State Hospital opened in 1828, pre-dates the parameters of the study by seven years. Construction of a Kirkbride-style building did occur on the hospital's campus at a later date, but the original establishment of an asylum at this South

Carolina campus opened before 1835. Florida's State Hospital, which was established in 1876, utilized pre-existing buildings from the United States Arsenal and therefore does not qualify for the dataset because the patient housing was not purpose-built. Another hospital relying on pre-existing buildings is the Fort Supply State Hospital located in Oklahoma. The hospital at Warm Springs, Montana operated first as a private facility and was not purchased by the state of Montana until 1912. As the facility was not a government-operated facility originally it is not included in the investigation. A similar situation occurred in New Hampshire with the Concord State Hospital, built in 1841. The facility, though opened with the help of state funding, required patients to pay for the services provided by the hospital.

Moral treatment in the nineteenth century propagated the belief that an unhealthy environment was responsible for a sufferer's afflictions and a sound environment provided the best cure. Chapter 2: Historical Background discusses the establishment of the asylum institution as resulting from a belief that man was a product of his environment. Institutions developed architecture to coincide with this belief in the understanding that the correct environment could offer a solution for insanity.⁶ Asylums removed patients from the overwhelming strain of their daily lives and placed them in the relaxing setting of nature and the structure and discipline of asylum architecture and asylum life. Physicians utilized the benefits of different styles of asylum architecture, varying floor plans, and specially chosen locations, optimistically searching for a cure for

---

⁶ Richard Lowry, *The Evolution of Psychological Theory: A Critical History of Concepts and Presuppositions* (Hawthorne: Aldine de Gruyter, 1982), 54.

insanity. Because of this the asylum type is diverse. In order to assess the characteristics of the insane asylums surveyed, a basis for comparing and contrasting is necessary. Data compiled in Appendix B: Asylum Survey of this thesis examines a range of subjects including date opened, building plan, architectural style, and current use at the site. This information forms the basis for comparison among all state hospitals surveyed.

The research of this thesis utilized resources available through the state archives, NRHP nomination forms provided by the State Historic Preservation Offices (SHPOs) when available, information researched online through the hospital's website or the state's historical societies web page, research done by other professionals, and primary sources such as Dr. Thomas Kirkbride's *On the Construction, Organization and General Arrangements of Hospitals for the Insane* and architectural plans. Original architectural drawings and architectural plans pertaining to additions or redevelopments to the campus highlight the use of a particular floor plan as well as a particular architectural style. Documents written by those directly connected with this movement such as Dr. Kirkbride's asylum manifestos establish the mindset of the physicians at the time, thus explaining further the important role architecture played in curing insanity. Although this research acts primarily as supplemental information in the establishment of the history of the moral treatment movement in America, the information provides the basis for much of the asylum's significance today.

Maps created to visually display the data collected in Appendix B: Asylum Survey reveal nation-wide patterns that are not easily discernable in the spreadsheet. Population density maps from different decades show the pre-existing and newly

established asylums within that decade against the backdrop of population density throughout the country. Patterns within these maps illustrate a higher rate of the establishment of asylums appearing in areas with greater population densities. Regions with higher population densities, such as the urban centers in the Northeast, have a proportionately higher rate of insanity because as populations increase so too rises the ratio of people with medical needs. Areas with the highest population densities during the nineteenth century include the Northeast and Midwest regions of the nation, an area with a higher count of asylums as a result. Another map marks the locations of NRHP asylums and non-designated asylums. This map reveals the designation patterns of asylums as occurring much more frequently in the Northeast and Midwest regions, in proportion to the greater amount of asylums in those areas.

Information presented in the locator map for the designated and non-designated asylums brings attention to another question that will help flesh out this thesis. Are asylums an underrepresented type on the national listings? Forty-one designated asylums of the total 109 equates to 38 percent of the total surveyed asylums. Removal of two NRHP designees occurred after their demolition, which affects the percentage only two points. At 36-38 percent, as discussed in Chapter 4: Analysis, this is considered to be a substantial portion of the surveyed population. Of the asylums with accessible NRHP nomination forms, all list architecture or Criterion C as a reasoning for significance. Architectural styles vary greatly within the survey; an example of the eclectic tastes of the Victorian era. These styles, discussed at greater length in Chapter 4: Analysis, fall in and out of use with the popular design trends of the time. State hospitals fall into several

different architectural categories and floor plan designs, a theme successfully represented on the NRHP which documents a diverse listing of asylums. In doing so, the NRHP not only establishes the significance of lunatic hospitals, but shows the wide range of stylistic features present in the type.

Significance of the asylum type and the proportionate amount of asylums present on the NRHP does little to protect these institutions. Under the NRHP and NHL programs the owner of the site retains the rights to use the property as they see fit unless the owner accepted federal funding to use toward that site. Given the many expenses accompanying asylum campuses ranging from security, maintenance, and removal of harmful building materials such as asbestos many owners may see fit to abandon the structures in favor of newer buildings. If federal funding was not used on the campus the owner is within their rights to abandon the building. Complexity of design make adapting the monolithic asylums difficult, thereby making these structures a target for demolition or neglect. No matter the designation status of the asylum, the rate of neglect increases as the funding and possible uses decrease.⁷ Fifty-five asylums are known to have experienced a significant loss of historic material since 1900.⁸ Due to access restrictions concerning mental health sites and the protection of patient information, the

---

⁷ National Park Service, "National Historic Landmarks: Illustrating the Heritage of the United States," Pamphlet, pg 8.

⁸ Demolitions before 1900 are noted in Appendix B: Asylum Survey. These asylums do not contribute to the statistic concerning loss of historic material if the campus was rebuilt between the years 1835 and 1900. This is because the new asylum falls under the criteria of the survey and so takes the place, so to speak, of the previous asylum. Peoria State Hospital, for example, was opened in 1897 but demolished shortly thereafter due to the discovery that the building was located over a forgotten mine. The campus was rebuilt in a different building design in 1899 in a different location on the same campus and so it is the later form of the campus considered in the survey.

status of some asylums remains unknown. The total loss of historic fabric on asylum campuses is therefore likely higher than fifty-five asylums of the 109 asylums surveyed.

Historic material loss will continue into the future given the difficulties surrounding asylum buildings. Preservationists must be aware of this fact and change their efforts accordingly. Not every structure can be saved, and given the large population of the asylum type, it cannot be expected that they will all be saved. Too many variables and differing circumstances make the fate of asylums unknown. The following chapters offer a starting point on crafting arguments reiterating the importance of these structures and why they deserve preservation.

OUTLINE

Chapter Two: Literature Review, the subsequent chapter, considers the scholarly work written on the themes of mental health and the asylum type. Reviewing the areas of study explored in the scholarly literature reveals areas in which there was a lack of comparative literature that explores larger, national themes within the type. This thesis covers themes not explored in these scholarly texts by examining the asylum type in a nationwide survey. The scholarly literature speaks about the moral treatment era without applying that notion to national patterns such as the growth of the population and the expansion of the nation. This thesis ties the asylum type into the larger national themes and highlights the more localized themes occurring within the type itself such as the use of specific floor plans and the different architectural designs.

Chapter Three: Historical Background provides a succinct history of the mental health movement in America. The chapter chronicles the rise and fall of asylums through the mid to late-nineteenth century. Advances in medical thinking and changes in human ideals affected the growth of the asylum type. Once seen as a curse, treatment of the insane was deplorable in the time leading up to the development of the moral treatment era asylum. State hospitals developed at an important crossroads in American history; a time in which people began to view the insane as human beings afflicted by something beyond their control deserving of humane treatment. The information discussed in this chapter support Chapter Four: Analysis and provide insight into the many changes taking place during the emergence of the state hospital.

Chapter Four: Analysis reviews the data collected throughout the survey. Presented in an order to show the broader patterns of history in relation to the establishment of asylums, moving to the more specific patterns within the type, this chapter argues the significance of the insane asylum type in terms of the patterns discovered. One of the patterns, the general underutilization or demolition of asylum buildings, is considered in Chapter Five: Adaptive Reuse.

New Jersey State Lunatic Asylum at Morristown provides the case study framework of the fifth chapter. Chapter Five: Adaptive Reuse looks at the difficulties surrounding the larger, more complex buildings and argues for the preservation of state hospital buildings. The argument to save state hospital buildings rather than destroy them is examined through an economic lens in which the demolition of New Jersey State Lunatic Asylum at Morristown is detailed in terms of financial commitment.

Successfully adapted buildings and their current uses provide insight into the options available to state hospitals without a current use.

The last chapter, Chapter Six: Conclusions, assembles all the information presented in the analysis chapter and the adaptive reuse chapter and discusses it in terms of the broadest patterns associated with asylums. These meta-patterns act as a large scale summary for the significance of asylums by looking at the social changes occurring during the nineteenth century and the way in which they affected the creation and use of asylums. This chapter draws on information presented in chapter five to begin a discussion on the preservation efforts surrounding the type and the necessary actions that must be taken in order to preserve their legacy.

CHAPTER TWO

LITERATURE REVIEW

Interest in the history of asylums has increased over the years within the preservation community. The connection between architectural design and treatment as a curative method in these asylums resulted in large structures that were often exemplary forms of their architecture styles. Most of the literature surrounding the moral treatment-specific asylums provides a closer look at this deep connection between treatment and the design of the institutions. Slightly less prevalent is the literature focused on chronicling the history of mental illness throughout Europe and the United States. Beyond those two themes a large hole appears in the literature surrounding nineteenth-century asylums. The literature that does exist establishes the beginnings of moral treatment and the notorious decline of the institutions. Some of the writings provide more intimate histories of asylums like patient, doctor, and campus staff personal accounts that flesh out the examination of one asylum and the overall experience of patients within the larger system of asylums. The dark connotations associated with state hospitals and the social stigma that began to emerge around the 1970s may be to blame for the lack of information outside of these two themes.⁹

The literature around state hospitals has steadily increased over the last twenty years. Before 1990, there is little in the way of general discussion on the topic. The

---

⁹ Trevor J. Blank, "Contesting the Contested: Preservation Politics, Collective Memory, and the First Institution for the Criminally Insane in America," *Material Culture* (2009): 49.

contemporary conversations on asylums all stem from what is considered the beginning of the scholarly literature on the mentally ill: Michel Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason* (1965). The French philosopher drew from his experience in a mental health facility and his own struggles with mental illness to write a landmark book about the mentally ill. Foucault traced the perception of mental illness through the ages, identifying a date at which moral treatment became popular in Europe.¹⁰ A review of the book written by G. S. Rousseau claims Foucault constructed the work as a way of understanding his own place in the world of sanity and insanity.¹¹ As such, it asks broader questions of the subject matter and does not concern itself much with presenting an abundance of facts to support the argument. In that way it is a more emotionally-geared piece rather than a factual transcription, as pointed out by several other reviews of the work. Factual errors couple with a writing style that can be somewhat complex. Foucault's book presents the timeline of the mentally ill in Europe through a personal lens. Critics of the book argue that this alone gives the book little interpretive value.¹² Although the information presented in the book should be taken as a more personal view of history, it presents mental illness in the Enlightenment Era as a subject worthy of discussion. *Madness and Civilization's* contributions to the literature about asylums act as a stepping stone for further research.

---

¹⁰ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, (New York: Random House, 1965).

¹¹ G. S. Rousseau, review of *Madness and Civilization: A History of Insanity in the Age of Reason* by Michel Foucault, *Eighteenth-Century Studies* (1970): 92.

¹² See the book: Jose Guilherme Merquior, *Foucault*, (Berkeley: University of California Press, 1985).

Gerald Grob took up the mantle of mental health histories in the 1970s and 80s, his peers proclaiming him “the foremost in mental illness history.”¹³ Unlike Foucault’s work which used supporting material unevenly to create a historical timeline of asylums and mental illness, Grob wrote several books on the subject that have been praised for their approach to the subject matter. A professor of the history of medicine at Rutgers University, Grob focuses on the rise of the mental health movement in America. Building off of Foucault’s European Histories, Grob expanded on the histories of the movement in America. His works have provided the foundation for examination of mental illness in America in a long career spanning from 1966 with his book *The State of the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920* to his 2010 book titled *Diagnosis, Therapy and Evidence: Conundrums in Modern American Medicine*. Grob examines the history of mental asylums in many of his works, and the writing presents the unfortunate histories associated with asylums in a matter-of-fact way. Grob presents the horrible treatment of the early to mid-twentieth century as an unforeseen side effect of the initially good intentions. Information presented in these works often times refer only to the histories of asylums without connecting the institutions to the greater events happening throughout America. Devoid of this context, asylums appear as closed off to their cultural surroundings as they were their physical surroundings.¹⁴

---

¹³ Michael B. Katz, “Reviews,” *American Journal of Sociology*, Vol. 90, No. 5, (March 1985), pg 1133-1136.

¹⁴ See book for history of the state mental hospital: Gerald Grob, *The Origins of the State Mental Hospital in America: Six Documentary Studies, 1837-1856*, (New York: Arno Press, 1973).

Grob's work on mental illness spans several decades and provides several different views of the subject matter. Aside from his works no published literature appears from the mid-1970s to the early 1990s. Discussions on the topic of asylums during this time did not occur in published research. Exposés uncovering the scandalous treatment and conditions in asylums became a common occurrence during this twenty-year period, turning interest away from the topic of asylum history and architecture. Pressures from the public and internal financial difficulties forced states to deinstitutionalize the mental health facilities. After deinstitutionalization some mental health institutions reassembled and opened their doors again. Others repurposed the buildings for a different program. And still others sit in fields abandoned, taken over by encroaching nature. After the 1990s the literature surrounding asylums began to increase. Prior to the quiet two decades in mental health literature through the 1970s and 1980s, conversations revolved primarily around the establishment of a timeline of mental illness that looked at the differing cultural perceptions and the evolution of treatments. The literature that began surfacing in the 1990s possesses a much more varied subject matter.

After the fall of the mental health institutions, discussions on the preservation applications of asylums began to take place. In 1992, the book *Changing Places: ReMaking Institutional Buildings*, edited by Lynda Schneekloth, Marcia F. Feuerstein, and Barbara A. Campagna, examined the issues surrounding abandoned institutions no longer desirable as places intended for the mentally ill. This shift in examination from history to preservation illustrates the start of the changing perceptions society has of state hospitals. Coming about after the fall of asylums, Lynda Schneekloth and company

present the hardships faced in attempting to adapt buildings such as these to new uses. Information in the book resulted from lectures given on the adaptive reuse of institutional buildings combined with essays on the subject. Many of the talking points familiar in certain preservation circles such as adaptive reuse and problems underlying preservation and came together in this book. Distillation of these themes and their application to asylum buildings as a preservation plan presented in *Changing Places* made the information readily available for the public interested in historic preservation. *Changing Places* does not tie together the individual chapters and essays and so does not present one strong, cohesive argument towards the conservation of public buildings.¹⁵ Despite the weaknesses of the book, this is the largest work focused on the reuse and preservation of institutional buildings to date. The book enables a larger discussion of underappreciated buildings in the United States and facilitates discussions on the importance asylums.

Literature on the history of the asylums from the 1990s era body of work recounts the importance of certain therapies and treatments in the mental health realm of patient care, but disclosed them briefly as quick bullet points within the larger historical examination. *The Well-Ordered Body: The Quest for Sanity Through Nineteenth-Century Architecture* by Barry Edginton (1994) is one of the first works to look primarily at the connection between architecture and treatment in nineteenth-century asylums. The work, as an article, is brief in scope and best used as an introduction to the subject of

---

¹⁵ Michael A. Tomlan, review of *Changing Places: ReMaking Institutional Buildings*, edited by Lynda Schneekloth, Marcia F. Feuerstein, and Barbara Campagna, *Journal of the Society of Architectural Historians*, (1994) 249.

architecture as a treatment method. This article argues that the significance of asylums lies in their architectural design. Edginton's article signals the beginning of what can be determined is an argument of aesthetic importance.¹⁶ Works promoting the aesthetic value of asylums constitute a large portion of the literature. The New York Times article *A Fight to Preserve Abandoned Asylums; Sales Seen as Threat to Landmarks of Architecture and Idealism* by Traci Rozhon (1998) mentions the significance of asylums as based in their architecture and idealism. Little is mentioned about the curative role architecture was believed to contribute to asylums in the nineteenth century, and so the implied argument for value is more of an aesthetic one.¹⁷

Increased literature surrounding the architecture-dominant view continued into the 2000s. Carla Yanni's *Architecture of Madness: Insane Asylums in the United States* written in 2007, takes an in-depth look at the use of architecture in asylums through the nineteenth century. Yanni effectively summarizes the bulk of the history of the mental health movement and contextualizes the different patterns of curative architecture that emerged through the nineteenth century. A professor specializing in nineteenth-century contemporary European and American architecture, Yanni expands on the well-established presence of Dr. Thomas Kirkbride's architectural designs and specifications and devotes a chapter to the discussion of other forms of curative architecture not

---

¹⁶ Barry Edginton, "The Well-Ordered Body: The Quest for Sanity Through Nineteenth-Century Architecture," *Canadian Bulletin of Medical History*, (1994).

¹⁷ Tracie Rozhon, "A Fight to Preserve Abandoned Asylums; Sales Seen as Threat to Landmarks of Architecture and Idealism," *New York Times*, November 18, 1998.

discussed in other works.¹⁸ *Architecture of Madness* is largely devoted to the architecture and design of asylums. Yanni briefly discusses the significance of asylums and the importance of their preservation. Justin R. Gallagher, an architecture student at MIT, looked at the historical use of architecture as a curative response to mental illness in his thesis titled *An Asylum: Design Specificity for the Spectrum of Cognitive Conditions* written in 2013. Gallagher argues that the effect architecture has on patients is no longer considered during the design process of a new building. Gallagher claims modern architecture no longer works with patients in the way that nineteenth-century asylums used to and supports the idea that design does hold a level of importance when working with curative environments.¹⁹

Another example of architecture-focused literature is Katherine Ziff's 2012 book *Asylum on the Hill: History of a Healing Landscape*. This book focuses largely on the most well-known plan in nineteenth-century asylum design, the Kirkbride plan, and a case study on the Athens Lunatic Asylum in Athens, Ohio. Providing site-specific details in connection with the larger umbrella of nineteenth-century mental health, the book focuses on one particular asylum and is an excellent way to illustrate the establishment and disuse of one asylum. The in-depth look allows for a closer examination of the issues that caused the failure of the asylum. This micro-view of events, however, does leave out the larger contextual analysis of asylums designed according to the Kirkbride

---

¹⁸ Carla Yanni, *Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007).

¹⁹ Justin R. Gallagher, "An Asylum: Design Specificity for the Spectrum of Cognitive Conditions" (Master's Thesis, Massachusetts Institute of Technology, 2013) <http://dspace.mit.edu/handle/1721.1/81654>.

plan throughout the United States, leaving some question as to whether many related asylums followed a similar timeline of events.²⁰

An anomaly in the literature is Benjamin Reiss' book *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture* (2008). The only one of its kind discovered during research, *Theaters of Madness* focuses on the daily lives of the patients in asylums, revealing the social and cultural therapies that occurred within the institutions. Discussing the patterns of social interaction and opportunities for the patients such as the promoted yet controlled opportunity to write for in-house journals, stage performances by patients, and jobs in support of the campus, like farming, the book looks at the world of the patient and not at the design and significance of the building itself. In this way it is a revealing look at how the patients directly interacted with their world, rather than an off-hand discussion about how nineteenth-century physicians felt they should interact with their environment. By focusing on the patients social conditions within the asylum, Reiss takes on a unique view. Reiss' unique examination of life in asylums, though important as a work considering different facets of the asylum system, does not provide much in the way of background information to better orient the reader. The lack of substantial background information means this book is a very valuable piece when paired with other works that examine the history of asylums as well as their

---

²⁰ Katherine Ziff, *Asylum on the Hill: History of a Healing Landscape*, (Athens: Ohio University Press, 2012).

architectural designs, thus contextualizing the information presented within *Theaters of Madness*.²¹

Coinciding with the literary focus on architecture as a means to present asylum history and signify the importance of mental illness asylums, works exploring the government's assessment of significance also developed in the early 2000s. The literature does not necessarily refer specifically to asylums, rather to the overall idea of significance. One article in this group of literature does use asylums as a way of illustrating a point about the preservation of "unsavory buildings." This is Trevor J. Blank's *Contesting the Contested: Preservation Politics, Collective Memory, and the First Institution for the Criminally Insane in America* (2009). Blank asks "[w]hat makes a building worthy of preservation? More importantly, who gets to decide?"²² Blank's book focuses on the effects cultural perceptions can have on a buildings preservation. Buildings with a controversial history are often viewed as unsavory, complicating arguments made for their significance. These places often receive little recognition because they are physical reminders of an embarrassing or dark past. The idea that people pick and choose their history to erase embarrassing periods in time is the concept behind this article, and it concisely and thoughtfully illustrates the plight of buildings with a controversial association.

---

²¹ Benjamin Reiss, *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture*, (Chicago: The University of Chicago Press, 2008).

²² Trevor J. Blank, "Contesting the Contested: Preservation Politics, Collective Memory, and the First Institution for the Criminally Insane in America," *Material Culture* (2009) 39.

Literature focusing on the broader subject of the designation and application of significance remains underrepresented. John H. Sprinkle's recent book, *Crafting Preservation Criteria: The National Register of Historic Places and American Historic Preservation* (2014), is solitary in its discussion of the evolution of historic preservation criteria at the federal and state levels.²³ Certain works do discuss the history of the National Register and National Landmark programs and the important criteria that evolved out of discussions concerning historic preservation over the years, but few, if any, focus solely on the government's response to historic preservation. Sprinkle, the Bureau Historian at the National Park Service, looks closely at the evolution of American Preservation. Sprinkle also examines the shift in focus of preservation in the United States over the years in terms of the laws relevant to the preservation movement. This book draws attention to different periods in time in which preservation goals evolved. Although not asylum or health-care specific, the ideas presented in this book reveal the changes that the preservation community has undergone. These changes give hope that the stigma surrounding asylums will not deter future preservation efforts.

It is most likely the stigma surrounding mental health institutions in America that has resulted in the limited discussion on the asylum type and mental health. Pronounced focus is given to the history of mental illness and the evolution of the moral treatment movement. An almost equal amount of literature focuses on the connection between the moral treatment and its curative-view and use of architecture. These larger literary

---

²³ John H. Sprinkle, *Crafting Preservation Criteria: The National Register of Historic Places and American Historic Preservation*, (New York: Routledge, 2014).

themes discuss areas that do not provoke argument because they discuss information accepted as fact sufficiently explored by scholars such as the history of the mental health movement in America. Little discussion in regards to the preservation of asylums has occurred outside of the newsletters and blogs written by preservation groups fighting to save specific buildings. Literature on mental health and asylums is growing in popularity as a subject worth discussion, and at this time there are still many conversations to be had on the subject.

Negative histories associated with asylums have affected the way society views the type. While these negative connotations continue to surround asylums, little discussion on the preservation of these asylums will occur on more than a scholarly level. Few speak to the significance of these buildings in the available literature; more attention having been focused onto the overall theme of significance in the United States, although even that is underrepresented in the literature. Avoidance of the subject of the significance of asylums is a way of looking at history with blinders on; refusing to view the periphery for what it may say about society and our history. Asylums offer an incredible opportunity for investigations that further enrich American history and allow for the chance to better understand and learn from the past.

CHAPTER THREE

HISTORICAL BACKGROUND

The definition of mental illness has changed with the evolution of human society, and is still evolving to this day. Questions as to the origins of mental illness, which symptoms indicate “madness”, and how to approach the treatment of the insane has gone through several revisions over the centuries. To contemporary society the efforts of the moral treatment era toward curing insanity through methods emphasizing fresh air and mental preoccupation may seem strange, perhaps even laughable. During the moral treatment era, however, these methods were at the forefront of treatments for insanity. Asylums allowed patients an outlet for their thoughts of lunacy; a distraction for both mind and body. And just as we scoff today at the idea of fresh air treatments, the superintendent psychiatrists of state asylums looked back to the previous generations’ treatment of the insane and derided their perceived ineptitude.

In the United States during the eighteenth century common treatment practices included bloodletting, purging, warm and cold baths, blistering, and other elaborate cures meant to rid the body of the affliction.²⁴ In many early cases the affliction was thought to arise from demonic possession or suspected witchcraft. A belief commonly held was that lack of faith resulted in some insane persons suffering as a divine punishment. Because

---

²⁴ Jean J. Ross and William J. Filstead, “Therapeutic Milieu, Therapeutic Community and Milieu Therapy: Some Conceptual and Definitional Distinctions,” in *Therapeutic Community: A Sourcebook of Readings* (New York, NY: Behavioral Publications, 1973), 30.

of these hellish associations, many insane persons spent their lives locked away in prisons chained to the walls. Their lives consisted of nakedness and filth.²⁵ Vermont Asylum for the Insane, a private facility in Brattleboro, Vermont, described the insane in these warehouses as “consigned to a living tomb, from which it was difficult to escape, until death, like a welcome messenger, removed them from their wretched existence.”²⁶ Near the end of the eighteenth century attitudes toward the insane began to shift as medical knowledge grew. The Enlightenment spread from Europe to America and peaked in the nineteenth century in the United States. The Enlightenment brought with it a desire to gain knowledge through science and reasoning, and so American physicians set out to discover the causes of and solutions to insanity.²⁷



Figure 2. Patient William Norris chained by the neck and the ankles, 1815. (“William Norris restrained by chains at the neck and ankles,” Wikimedia Commons, http://commons.wikimedia.org/wiki/File:William_Norris_restrained_by_chains_at_the_neck_and_ankles_i_Wellcome_L0006344.jpg).

²⁵ Trans-Allegheny Lunatic Asylum. “Trans-Allegheny Lunatic Asylum: The Pre-Asylum Era,” accessed January 28, 2015, <http://trans-alleghenylunaticasylum.com/main/history2.html>; Carla Yanni, “The Linear Plan for Insane Asylums in the United States Before 1866,” *Journal of the Society of Architectural Historians*: 25, doi: 10.230713655082.

²⁶ “Vermont Phoenix. (Brattleboro, Vt.) 1834-1955, December 23, 1842, Image 4,” December 23, 1842. <http://chroniclingamerica.loc.gov/lccn/sn98060050/1842-12-23/ed-1/seq-4/#date1=1842&index=0&rows=20&words=ANNUAL+annual+SIXTH+sixth&searchType=basic&sequence=0&state=Vermont&date2=1842&proxtext=Sixth+annual&y=0&x=0&dateFilterType=yearRange&page=1>.

²⁷ Lawrence A. Osborn, “From Beauty to Despair: The Rise and Fall of the American State Mental Hospital,” *Psychiatric Quarterly*, 221 (2009), doi: 10.1007/s11126-009-9109-3.

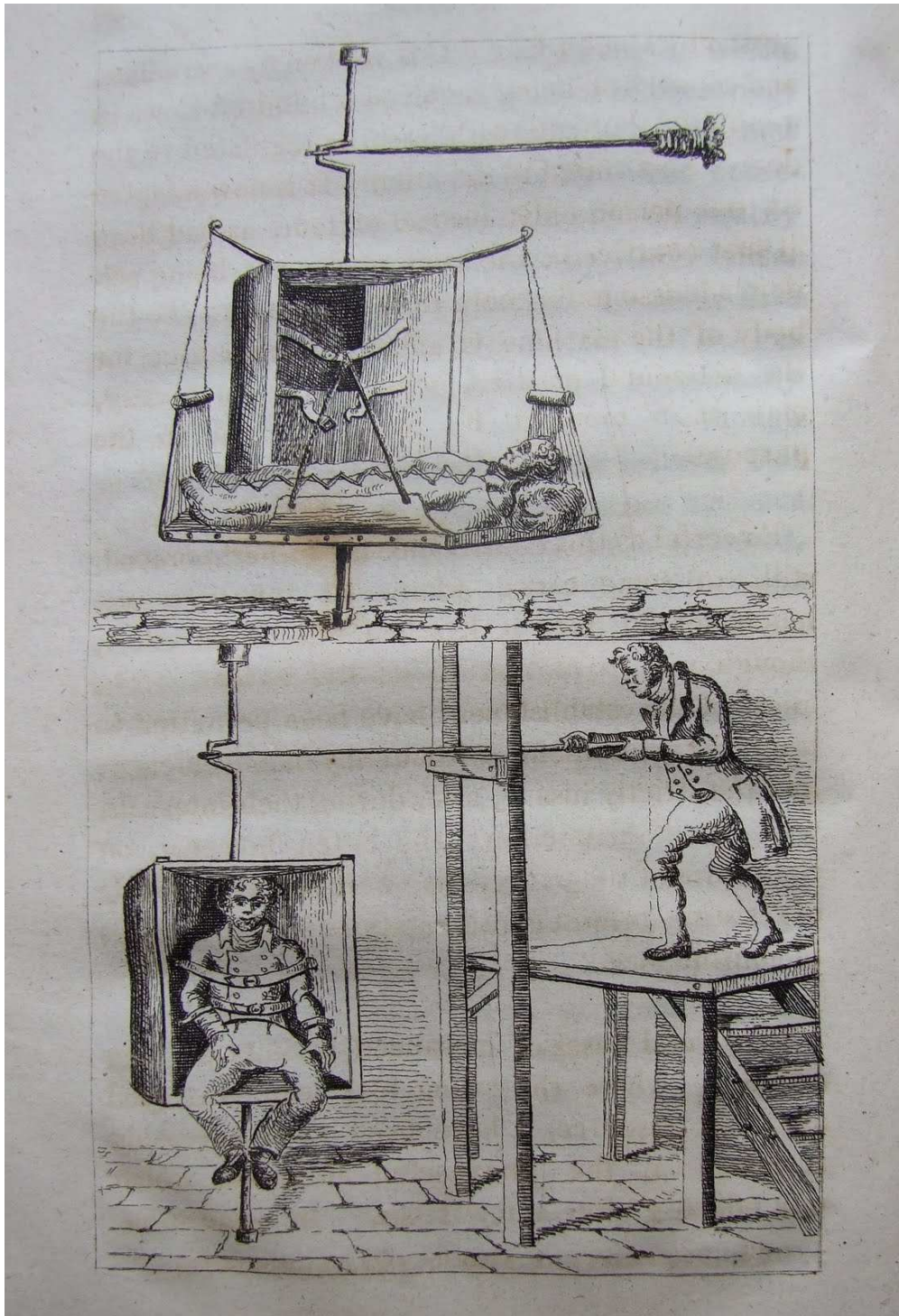


Figure 3. Diagram of Hallaran's Chair, a device designed in the early nineteenth century by William S. Hallaran. Insane patients were strapped into the device and rotated up to one hundred times a minute causing the patient to become physically ill. (Harriet Wheelock, "William Saunders Hallaran - Practical Observations on Insanity," September 9, 2011, <http://rcpilibrary.blogspot.com/2011/09/william-saunders-hallaran-practical.html>).

The idea of the insane asylum in United States grew out of the models set forth by the English Quaker William Tuke and the Frenchman Philippe Pinel. Modern historians have traditionally credited Tuke and Pinel with the freeing of the insane from bondage; both men created and promoted institutions that dissuaded the use of restraints on the mad. William Tuke organized the York Retreat in England, established in 1796, where Quaker beliefs in humane treatment provided the patients with relief. The rejection of straightjackets and chains was a new position at a facility such as this. Philippe Pinel, superintendent at two hospitals for the insane, unchained many patients at Salpêtrière



Figure 4. "Pinel Freeing the Insane," by Tony Robert-Fleury, 1876. Pinel is removing a young woman from chains at the hospital of Salpêtrière in 1779. ("Madness and Civilization, Cosmos and History: An Anthology," accessed December 6, 2014, <http://ahistoryofthepresentanthology.blogspot.com/2013/04/placeholdername.html>).

Hospital in 1800.

Immortalized in *Pinel*

Freeing the Insane, a

painting by Tony Robert-

Fleury completed in 1876,

Pinel appears as a heroic

figure among the forsaken.

Pinel did prohibit the use of

chains but he allowed the

continued use of

straightjackets and leather muffs as a means of constraint.²⁸ The humanitarian actions of

these men traveled with the Enlightenment across the ocean to America where ideas of

²⁸ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 24-27.

moral treatment of the insane manifested as the relatively new concept of the insane asylum.

Moral treatment in America resulted from the translations of Pinel's writings on the "traitement moral". Pinel's works spoke not of an ethical humanitarian approach to curing the insane, as the American translation for moral suggests; rather he spoke of the psychological and physiological causes of insanity. Madness, he wrote, was not beyond help.²⁹ The asylum as an institution was the answer: he promoted a place where the patients' confidence in treatment could grow and their minds, set to other tasks, would stray from their degrading thoughts. For the treatment to take hold the insane required institutional care in facilities designed to cure them. Almshouses and prisons provided no relief from the madness and made no effort to aid the unfortunate sufferers.³⁰ The revolutionary ideas brought to the United States through Pinel's works inspired American physicians to create asylums that focused solely on curing insanity.

The concept of the asylum as holding the key to curing insanity emerged at a time of immense growth in the nation. The population was increasing and the onset of industrialization saw the shift of populations toward urban centers. Families splintered as the search for work pulled members across the nation. Urban centers filled with people and filth. The air of the cities contained human and mechanical toxins, encouraging a less than healthy environment. Physicians believed man to be "the product of his own

---

²⁹ "Pinel, Philippe." *Complete Dictionary of Scientific Biography*, 2008. *Encyclopedia.com*, accessed March 22, 2015, <http://www.encyclopedia.com/doc/1G2-2830903418.html>.

³⁰ Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatric Quarterly*, 221 (2009), doi: 10.1007/s11126-009-9109-3.

works, his living environment, that he may be overwhelmed by his very conquests, broken by the changes and chances of history.”³¹ Although the idea of the asylum emerged early in the nineteenth century amongst a growing need for the institutions, only a few asylums were built. Many of the earliest asylums operated privately. The insane too poor to afford such care found themselves in almshouses and prisons as in previous, pre-Enlightenment generations. The system of care for the mentally ill remained largely unchanged until Dorothea Dix, a social reformer from Maine, took up the mantle against the mistreatment of insane individuals.

Insane inmates at a local jail in Cambridge, Massachusetts shivered in their stone cells, naked and manacled to the wall. This was the scene that greeted Dorothea Dix in 1841 when she visited the prison. Horrorstricken, Dix became inspired to fight for the better treatment of the insane.³² Dix traveled across the United States reporting on the atrocities of the almshouses and prisons in which the insane existed in cells covered in human waste, unable to move due to the



Figure 5. Portrait of Dorothea Dix. Artist and date unknown. Courtesy North Carolina Historical Society, Raleigh, North Carolina.

---

³¹ Benjamin Reiss, *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture* (Chicago: University of Chicago Press, 2008), 3.

³² Trans-Allegheny Lunatic Asylum, “Trans-Allegheny Lunatic Asylum: Dorothea Dix,” accessed February 1, 2015, <http://trans-alleghenylunaticasylum.com/main/history4.html>.

restraints. Her reports set the foundation for her emotional appeals to the state legislators that change needed to occur. Sympathetic male legislators presented her argument to the state's legislative body, very often inspiring immediate plans to establish state institutions. In some cases, such as with the New Jersey legislator, talk of asylums had occurred for years before Dix's appeals but failed to result in the creation of a state-run facility. Dorothea Dix acted as the catalyst of change in the creation of public centers for the insane, pushing states like New Jersey to establish facilities to free the insane from their prison cells.³³

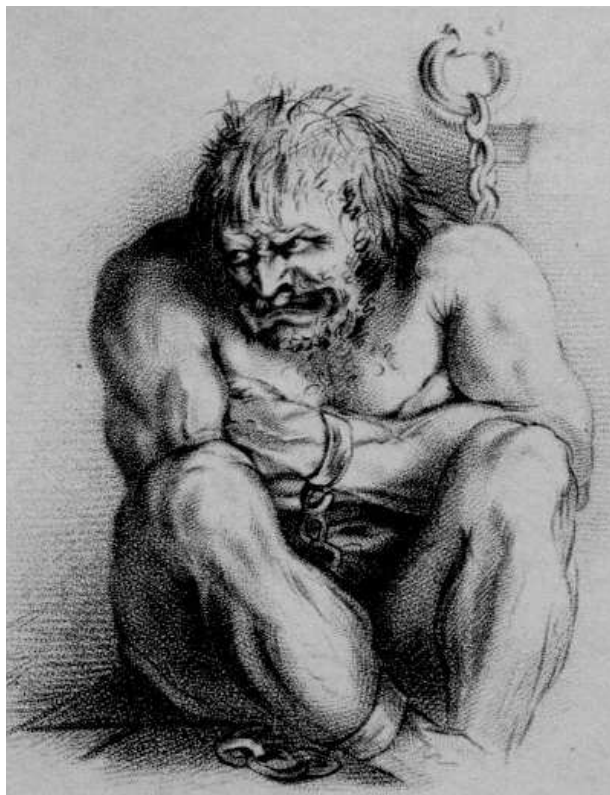


Figure 6. "The Madman," by Sir Charles Bell, 1806. (Carla Joinson, "Whose Responsibility?" *Insanity and American History*, August 15, 2013, http://cantonasylumforinsaneindians.com/history_blog/tag/treatment-of-the-poor/).

---

³³ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 52.

Dix's efforts spurring the legislature into action set in motion legal acts that established state asylums for the insane. While Dix campaigned, physicians across the country adopted Pinel's "traitement moral". As the two efforts collided, a well-defined system emerged as the answer to insanity. Dr. Thomas Kirkbride, a physician at the Pennsylvania Hospital for the Insane, wrote a series of manifestos on the "laws" of asylums. These works described every minute detail of the asylum system and his works



Figure 7. Portrait of Dr. Thomas Kirkbride. Date unknown. ("Diseases of the Mind: Highlights of American Psychiatry through 1900," U.S. National Library of Medicine, <http://www.nlm.nih.gov/hmd/diseases/note.html>).

became the model by which a majority of the asylums built over the next several decades followed. Dr. Kirkbride's works recognized the plight of the insane as being the responsibility of the State. He promoted the idea that the misfortune of the individuals who became insane did not entitle the state to deprive these individuals of basic comforts.³⁴ The idea of the social causes of insanity, otherwise defined as curable cases, was the belief that society tangled the minds of men and so they could be untangled given the right

environment. The Boston Lunatic Asylum's Superintendent Report from October 22, 1842 to June 30, 1843 defined several causes of insanity as epilepsy, disappointed affection, loss of property, vanity, religious excitement, and domestic trouble.³⁵ Other

³⁴ Thomas S. Kirkbride, M.D., *On the Construction, Organization and General Arrangements of Hospitals for the Insane* (Philadelphia: 1854), 1-5.

³⁵ Kansas Historical Society, "Kansas Memory," *Historic Psychiatry Original Miscellaneous Documents – 4*, " Accessed December 20, 2014, <http://www.kansasmemory.org/item/223248/page/510>.

sources note post-partum depression, mental and physical abuse, and insomnia among many other causes of insanity.³⁶ Dr. Kirkbride believed that strict adherence to a daily routine forced patients' minds to focus on other ideas rather than dwell on the madness. He also believed that the organizational structure of the asylum building itself had the ability to cure patients of their temporary madness.

On the Construction, Organization and General Arrangements of Hospitals for the Insane, written by Dr. Kirkbride in 1854, informed the construction of asylums to the smallest detail. Kirkbride writes that choosing the site for the new institution should be done with the utmost care because the site “may depend to no small extent, the future character and usefulness of the institution; for the best style of building and the most liberal organization can never fully compensate for the loss sustained by a location that deprives the patients of many [sic] valuable privileges, or subjects them to varied annoyances.”³⁷ The desired sites should have close access to the railroad or roads in the proximity of a moderately sized town to allow for the easy transportation of patients and goods to the facility. The land itself must offer good opportunities for landscaping as a means of creating a beautiful place in which the patients could exercise while also possessing soils capable of supporting farming as a way of promoting a more self-sustained way of life at the asylum. This land was to total no less than one hundred

---

³⁶ Anthony P. Cavender, “A Vision Lost: Dr. Robert J. Preston and the Southwestern Lunatic Asylum, 1887-1901,” *Virginia Magazine of History and Biography*, (2014): 220.

³⁷ Thomas S. Kirkbride, M.D., *On the Construction, Organization and General Arrangements of Hospitals for the Insane* (Philadelphia: 1854), 7.

acres.³⁸ The tasteful architectural character of the building was required so that it impressed both the patients and any visitors. The asylum building was not to house more than 250 individuals. A population any larger than 250 would sacrifice the comfort of the patients and the abilities of the staff to cure them.³⁹ To prevent the noxious human exhalations from infecting other patients, physicians believed ventilation and access to fresh air was of great importance in the asylum, and this played a large part in the signature floor plan Dr. Kirkbride promoted.⁴⁰

Dr. Thomas Kirkbride's writings concerning moral treatment asylums resulted in the description of an entire typology known at the time as the Kirkbride plan or model. Everything from ventilation needs, water access, roof material and construction, the floor plan of the infirmaries and water closets, and descriptions of the roles of the staff were laid out in the Kirkbride model. The most well-known portion to come out of his works was the floor plan, commonly referred to today as the Kirkbride plan. Contemporary usage of the term describes the particular layout of an asylum which consists of a main administration building with wards that fall back in an echelon formation, creating an obtuse V-Shape, or "batwing". This layout allowed for optimal access to the landscaped views and fresh air and created a practical system for sorting the patients: the sexes were segregated to separate wings on either side of the administration building and the most

---

³⁸ Thomas S. Kirkbride, M.D., *On the Construction, Organization and General Arrangements of Hospitals for the Insane* (Philadelphia: 1854), 6-7.

³⁹ Ibid, 10-11.

⁴⁰ Benjamin Reiss, *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture* (Chicago: University of Chicago Press, 2008), 2.

disruptive patients could be placed at the far ends of the building, so as not to disturb the calmer patients toward the center (see Figure 8).⁴¹

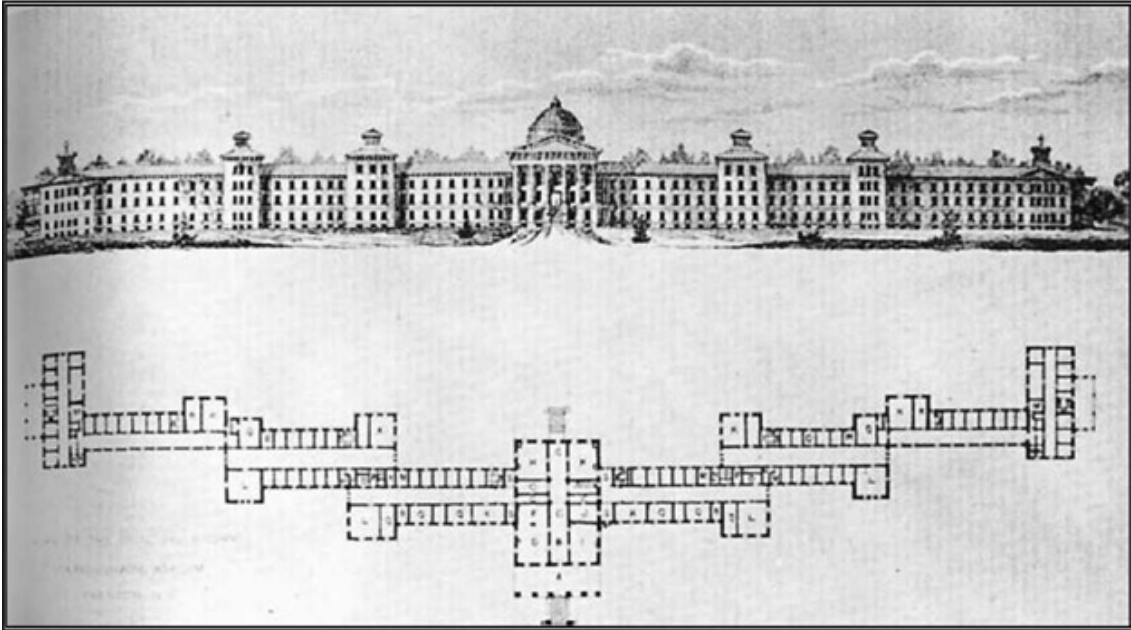


Figure 8. Kirkbride model asylum at Trenton, New Jersey, considered to be the first Kirkbride model asylum in the United States. Date unknown. ("What-When-How: In depth Tutorials and Information," accessed February 11, 2015, <http://what-when-how.com/new-jersey/medwick-joseph-michael-ducky-to-merck-new-jersey/>).

Dr. Kirkbride was a man of great ambition with a strong sense of purpose. Coupled with his experience at the Friends Asylum for the Insane at Frankford outside of Philadelphia, Pennsylvania and his position as superintendent of the Pennsylvania Hospital in Philadelphia, Kirkbride quickly rose in prominence in the second half of the nineteenth century as one of the top authorities on mental health care.⁴² In 1844, Kirkbride and a few other physicians created the Association of Medical Superintendents of American Institutions for the Insane (AMSAI). Dr. Thomas Kirkbride acted as

---

⁴¹ Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatric Quarterly*, 222-223 (2009), doi: 10.1007/s11126-009-9109-3.

⁴² Trans-Allegheny Lunatic Asylum, "The Kirkbride Plan," accessed April 13, 2015, <http://trans-allegHENYLunaticasylum.com/main/history3a.html>.

secretary and treasurer of the association before acting as president of the organization from 1862 to 1870. The AMSAI adopted Kirkbride's ideas on the construction of asylums and the treatment of the insane as the ideal asylum model shortly after publication of Kirkbride's 1854 manifesto.⁴³

Moral treatment asylums claimed that curing the insane could only occur away from the individual's home in a specialized institution. Kirkbride model asylums accommodated every class of society and their comfortable, cheerful interiors were a luxury to the poorer admitted.⁴⁴ Intended to be a home away from home, the asylums had to fulfill the roles of a home environment and a surrogate family to each patient. The tending physician and his wife resided in the administration building, met individually with the patients of their respective sex, and even took their dinners with some of the calmer patients. Furnished sitting rooms allowed a place for the patients to read, theaters offered opportunities to watch shows and allowed the patients to act out plays, and music rooms provided a space where the patients could come together and dance and play music.⁴⁵ Patient cultural and social activities acted as a pathway toward improvement, and so were monitored closely. The envisioned utopia for the cure of lunacy that the physicians sought to create did not last long, however and again the shifting ideals of the medical culture began to change the face of the asylum.

---

⁴³ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 14, 51.

⁴⁴ Thomas S. Kirkbride, M.D., *On the Construction, Organization and General Arrangements of Hospitals for the Insane* (Philadelphia: 1854), 30-31; Leonard P. Pullman, *Institution and Outcome: A Complete Study of Psychiatric Hospitals* (Long Island: Pergamon Press Inc, 1967), 22.

⁴⁵ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 55.



Figure 9. Interior of Female Department at Kalamazoo State Hospital, Kalamazoo, Michigan. Photograph dated 1892. Courtesy the Kalamazoo Public Library, Kalamazoo, Michigan.



Figure 10. Interior of patient's room in Male Department, Kalamazoo State Hospital, Kalamazoo, Michigan. Photograph dated 1892. Courtesy the Kalamazoo Public Library, Kalamazoo, Michigan.

Several problems came to afflict these large monolithic asylums during the domination of the Kirkbride model from approximately 1840-1880. Increases in the poor population of the asylums dissuaded higher classed members of society from admitting their family members to the state asylums. General increases in the patient population occurred almost immediately after opening at many asylums. Buildings originally designed to hold a maximum of 250 patients incurred patient populations doubling and tripling that number, requiring the expansion of the campus. Large patient populations applied pressure on the staff who could no longer keep up with maintaining the regimented schedule of so many patients. Physicians could no longer meet with all of the admitted individuals to ensure they received proper treatment. Asylums established in an effort to cure the curable insane found themselves forced by the state legislators to accept more and more incurable or elderly patients. The patient population was no longer kept in check by the miraculously high cure rates among the asylums; the numbers coming in far outnumbering those patients released. Incurable and curable patients took up the same amount of room, but the incurable patients remained in that space for much longer.⁴⁶

Monetary contributions from state legislatures slowed after the opening of many asylums as a result of poor financial planning. Allocation of funding and support also

---

⁴⁶ In order to provide proof the system to cure the insane worked, asylums inflated many of their numbers to absurd rates. These inflated statistics were meant to impress the public with the rate at which the facility could cure their loved ones, encouraging the image that they were not captors rather healers trying to ensure the freedom of the patients; Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatric Quarterly*, 225-227 (2009), doi: 10.1007/s11126-009-9109-3.

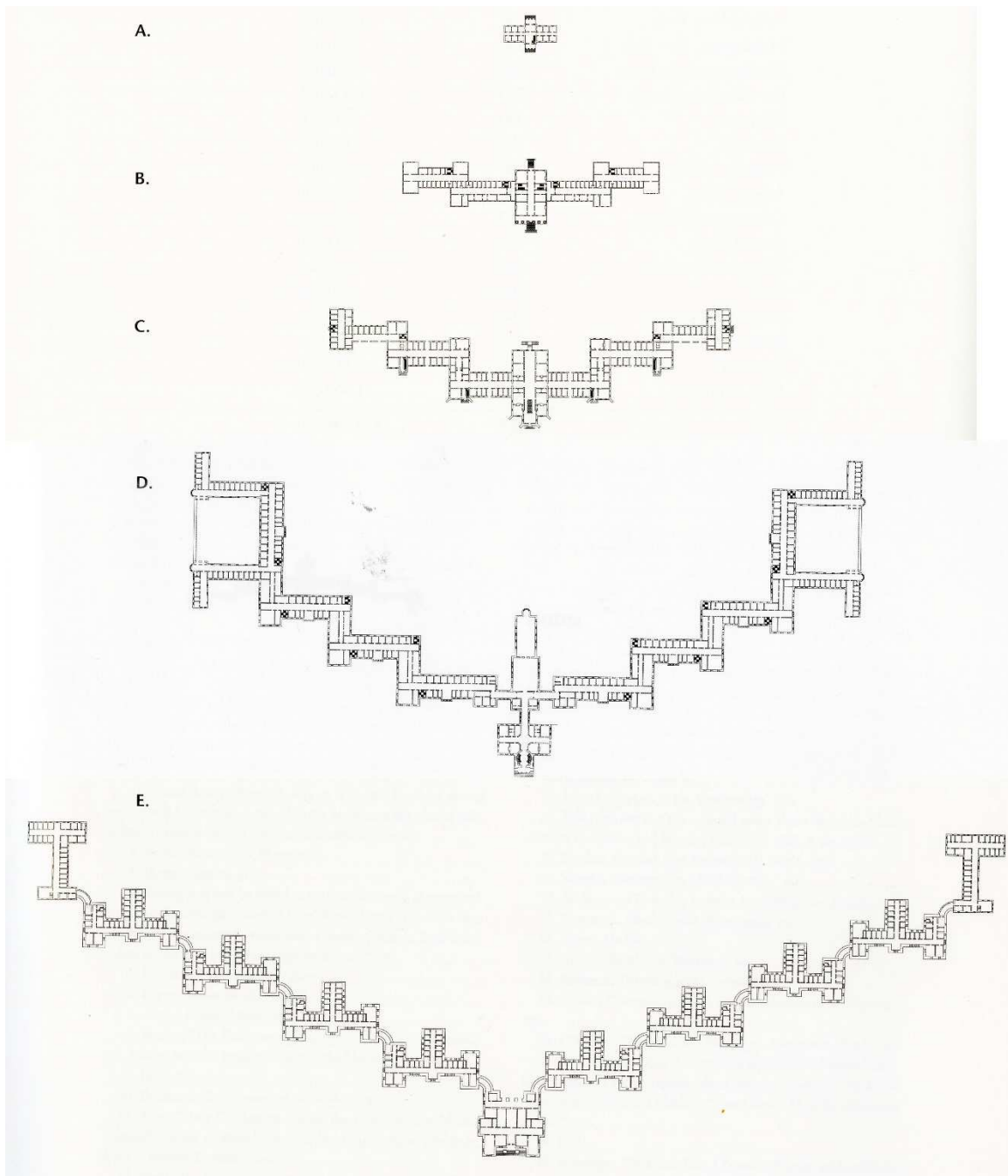


Figure 11. *Comparative Sizes of Asylums, 1770-1872, Appendix D of The Architecture of Madness. The asylums redrawn to one common scale to compare the overall size of the asylums. A. Public Hospital, Williamsburg, Virginia, 1770. 100 feet. B. New Jersey State Lunatic Asylum, Trenton, 1847. 480 feet. C. St. Elizabeth Hospital, Washington, D.C., 1852. 750 feet. D. Greystone, Morristown, New Jersey, 1872. 1,243 feet. E. Buffalo State Hospital for the Insane, Buffalo, New York, 1871. 2,200 feet.*

suffered a large blow given the costs of the American Civil War. States simply could no longer afford to keep creating asylums with such a restricted patient population size. As the states forced pre-existing asylums to take in more and more patients the asylum population rose while the staff size remained constant. Overworked, the staff's treatment of the patients began to worsen. Many saw this as a failure of the Kirkbride model. The model's very large buildings lent themselves too easily to overcrowding and deteriorating conditions, especially for the disruptive patients kept at the back wings of the hospital.⁴⁷ Medical knowledge concerning insanity continued to grow during this time and physicians began to view the Kirkbride model as failing to help the insane. The domination of the monolithic structures was in decline, and physicians sought out new designs for their asylums.



Figure 12. Overcrowded sleeping areas for patients, Fergus Falls State Hospital, Fergus Falls, Minnesota. Date of photograph unknown. Courtesy the Minnesota Historical Society, St. Paul, Minnesota.

---

⁴⁷ Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatric Quarterly*, 225-227 (2009), doi: 10.1007/s11126-009-9109-3.

Hospitals for the insane followed a few basic plans throughout the entirety of the moral treatment movement. Dr. Kirkbride's plan experienced a great level of popularity, due in large part to the AMSAI's adoption of the plan in the mid-1800s. Earlier asylums followed a basic **corridor plan**. In this plan, wards flank a central administration on either side with a central corridor that runs through the length of the building.⁴⁸ Several asylums in the survey, varying in date from the 1830s up to the 1900s, use the corridor plan. **Pavilion plan** asylums existed since the mid-nineteenth century and involved a cross-ventilated single ward connected to one another by perpendicular-running corridors. A few of the 109 asylums surveyed follow the pavilion plan. The survey also includes one **radial-pavilion plan**, a plan laid out in a spoke-and-wheel pattern. Around the 1870s, asylum design began to toy with the idea of breaking up the larger echelon structure. In what is known as the **transition plan**, the asylum incorporated wards setback from the others like Kirkbride-type buildings but they connected to each other via underground passageways making it appear as if the wards were separate entities. This plan quite literally acts as the transition between the popularity of large structures and the appeal of the smaller buildings of the cottage plan (see Appendix A: Glossary of Terms).⁴⁹

---

⁴⁸ "Corridor Plan Institutions," accessed January 14, 2015, http://www.asylumprojects.org/index.php?title=Corridor_Plan_Institutions.

⁴⁹ "Pavilion Plan Institutions," accessed January 14, 2015, http://www.asylumprojects.org/index.php?title=Pavilion_Plan_Institutions; "Radial Plan Institutions," accessed January 14, 2015, http://www.asylumprojects.org/index.php?title=Radial_Plan_Institutions; "Transition Plan," accessed January 14, 2015, http://www.asylumprojects.org/index.php?title=Transition_Plan.

During the Civil War, construction of **cottage plan** asylums began on several of the Kirkbride campuses. This shift in building plan design entailed the erection of smaller cottage buildings intended to hold less than 100 people. These campuses turned into a hybrid system, relying on the Kirkbride structure and the cottages to house patients. Campuses created entirely on the cottage plan also arose during this time. The cottage plan broke up the single large building into smaller cottage units that in theory would correct the suffering system (see [Appendix A: Glossary of Terms](#)). Although described as being revolutionary, these cottages segregated patients in the same way as the large linear plan buildings. Just as in the linear plan, patients housed in the cottages were segregated by sex, race, and by degree of insanity. This set up, it was believed, would allow for greater social interaction among the patients and promote a more community-curative environment. Despite the efforts of physicians, the medical care remained more institutional than communal. Patients in the cottage system were considered to be more accessible by the presiding doctor, but in reality this meant that all the patients had the same chances of receiving no physician care.⁵⁰

---

⁵⁰ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 79-83.

Failing budgets and the increasing incurable population warehoused in the asylums meant that the state hospitals began to shift their roles from curative institutions to custodial facilities. Elderly patients with dementia and individuals born mentally ill resided in asylums for large portions of their lives. Longer periods of institutionalization frayed the ties between the patients and their families with each passing year and the patients grew more and more isolated from the outside world. The conditions within asylums continued to degrade eventually suffering a severe blow to their image during



Figure 13. Man in insulin coma. Insulin shock therapy included supplying the patient with large doses of insulin until the patient fell into a coma as an attempt to control mental illness. ("Insulin Coma Therapy," Type 1 Diabetes, accessed January 27, 2015, http://www.typ1diabetes.com/insulin_shock_therapy.htm).

the late-nineteenth century. New therapies developed in the mid-twentieth century included electroconvulsive shock therapy, insulin therapy, lobotomies, heavy medication, and forced sterilization. As the system continued to fail to provide relief for the insane and the budget required to house patients long-term remained high, state

legislators eventually began to deinstitutionalize the mental health centers, believing community treatment would better serve the mentally ill population. Given little preparation, community treatment centers were not equipped to receive such a large

number of patients. With nowhere to take them in, the patients were pulled back into a system of imprisonment, hospitalization, or homelessness.⁵¹

Today, many of the nineteenth-century asylum buildings have found alternative methods of operation. Some remain abandoned and crumbling. The history of the nineteenth-century asylums marks an incredible advancement in the medical field. In order to cure the insane of their affliction physicians turned to architecture and curative environments, a first in the treatment of the insane in America. The system was noble in intent but poor budgeting and concessions as to the definitions of the admitted corrupted it. Despite the taboo history that follows these buildings, their impressive architectural designs instill a sense of beauty and ambition to this day, just as Kirkbride wished. From connections to famous figures such as Dorothea Dix and Dr. Thomas Kirkbride, to the architectural significance of the magnificent buildings left standing, asylums have earned their important place in history.

---

⁵¹ Lawrence A. Osborn, "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital," *Psychiatric Quarterly*, 226-229 (2009), doi: 10.1007/s11126-009-9109-3.

CHAPTER FOUR

ANALYSIS

The National Register of Historic Places recognized forty-one government-operated asylums constructed between 1835 and 1900 for their national significance to date. Since the 1970s, the demolition of two asylums prompted their removal from the NRHP program, leaving thirty-nine designated asylums on the Register. For the purposes of this analysis the total number of asylums considered designated properties is forty-one. Sixteen state hospitals listed on the NRHP have experienced either partial or total demolition, of which nine, including the two removed from the NRHP, have been completely demolished. The other seven demolished structures remain on the Register to this day. In light of this, the two sites removed from the Register are considered among the designated asylums because demolition did not prompt the immediate removal of the other seven asylums.⁵²

The forty-one asylums on the NRHP comprise 38 percent of the total asylums surveyed. Without a means of comparison 38 percent could indicate a significant proportion or an insignificant proportion of representation of the type on the NRHP. Comparing the number of designations of asylums to a well-documented city with a high

---

⁵² Forty-one, or 38 percent of the total asylums, have at one time appeared on the National Register of Historic Places. This number includes the Illinois State Asylum and Hospital for the Insane (opened 1850) and the Northern Ohio Lunatic Asylum (opened 1855), two properties de-designated in the late 1970s and 1980s after their demolition.

level of National Register designations provides a basis to determine whether the level of representation the asylum type has on the Register is significant or lacking.

Time constraints on research restricts the possibility of a national comparison of the asylum and other institutional typologies. Utilizing a historic area with a significant proportion of designated properties does provide a microcosm to examine typological representation and allow for comparisons. The historic city of Charleston, SC is a city well represented on the NRHP and can provide such a basis for comparison. The “Holy City” has an immense history beginning in the late 1600s, and a reputation as a religious safe haven during the first century after settlement, resulting in its nickname. Thirty-four religious centers are located south of Huger Street on the Charleston peninsula. Of the thirty-four religious structures, twelve buildings, including those located within historic districts, appear on the NRHP. This equates to about 35 percent of the buildings in the religious type within the “Holy City”. Considering the significant level of representation the city enjoys on the NRHP, 35 percent of religious structures designated is thought of as a significant proportion of the overall religious type on the Charleston peninsula. The NRHP designation rate of the nineteenth-century asylum type equates to 38 percent of the 109 asylums. Even when considering only those asylums still designated, 36 percent representation for the type still has a strong showing.

Charleston’s churches south of Huger Street on the NRHP come from different time periods, different architectural designs, and different historical backgrounds and areas of significance. This wide range ensures that the exploration and the representation of the religious history of the city speaks in depth of the religious histories of the

peninsula and avoids homogenization of the type on the Register. In a similar fashion designated state asylums represent several different eras of creation, many forms of architectural design, and different architects. Patterns drawn from these different areas of study contextualize the forty-one registered asylums. Examination of designated and non-designated asylums reveals the differences between the two groups of asylums and the overall diversification of the asylum type on the NRHP. Looking at the patterns in a macro to micro manner considers the micro patterns within the broader narrative of the macro patterns.

PATTERNS

Private facilities for the insane remained the forerunner in mental health up until the 1840s when state-sponsored institutionalization began to gain momentum in America as discussed in Chapter Three: Historical Background. State-run asylums did slowly begin to emerge in the 1830s. Between 1835 and 1839 construction on three state-run asylums began. The Lunatic Asylum of Ohio in Columbus (1835 marks the beginning of construction on the asylum which opened in 1838), the Maine Insane Hospital in Augusta (1835, 1840), and Georgia's State Lunatic Asylum (1837, 1842) mark the beginning of state stewardship of the insane. Forerunners to the moral treatment insane asylum, these asylums acknowledged the need for state intervention. These state hospitals reformed ideas about patient care, though the Maine Insane Hospital would not forgo the use of physical restraints until the institution of asylums as a whole adopted a last-resort-

restraint policy in the 1840s. Following the three forerunners of moral treatment, twenty-one state-operated facilities opened their doors between 1840 and 1859. The next twenty years saw twenty-eight more asylums constructed. The moral treatment era began to decline in the 1880s but it was during this time that the greatest amount of asylums were established. Sixty facilities opened between 1880 and 1902.⁵³ Together these 109 state hospitals comprise the era of moral treatment and chronicle its rise and fall.

The nation-wide trend of asylum creation followed the expansion of the country westward, for where populations swelled the number of insane in the immediate area swelled proportionately. Major population shifts occurred in the Northeast as Americans moved northward and westward. This trend is illustrated by the geographical patterns of



Figure 14. Map of the migratory paths taken by east coast populations. ("Yankee Migration FAQ: What – and Where – is Greater Yankeeland?" accessed February 15, 2014, <http://www.rootsandroutes.net/body.htm?http&&www.rootsandroutes.net/migmaps.htm>).

---

⁵³ Four asylums built between 1880 and 1900 did not open in or before 1900 though their establishment occurred in or before 1900.

asylum construction in the northeast region. Migration from New England followed the banks of the Great Lakes, setting up settlements in Ohio, Illinois, Michigan, and spreading out in Minnesota. Northern populations far outnumbered the southern population at the time and as such the migration patterns of populations in the south westward are less noticeable.⁵⁴ Despite the smaller population, creation of asylums in the south reflected the same pattern of population migration into the interior of the country (see Figures 15-22).

New urban centers developed as populations began to settle in regions during the greater migration westward. These urban centers had larger population densities than surrounding regions and as the numbers of people in urban areas rose, so too did the insane population. Nineteenth-century physicians believed the pressures of daily life in these urban centers created the perfect environmental conditions for insanity. This may have led physicians to believe that the increase of insanity was a direct result of the city environment. This pattern of insanity-by-urbanization loomed over all of the developing cities, but none more so than those in the Northeast and Midwestern part of the country. Of the 109 asylums identified, 62 percent are located between New England and West Virginia and around the Great Lakes up to Minnesota.

---

⁵⁴ “Yankee Migration FAQ: What – and Where – is Greater Yankeeland?” accessed February 15, 2014, <http://www.rootsandroutes.net/body.htm?http&&www.rootsandroutes.net/migmaps.htm>.

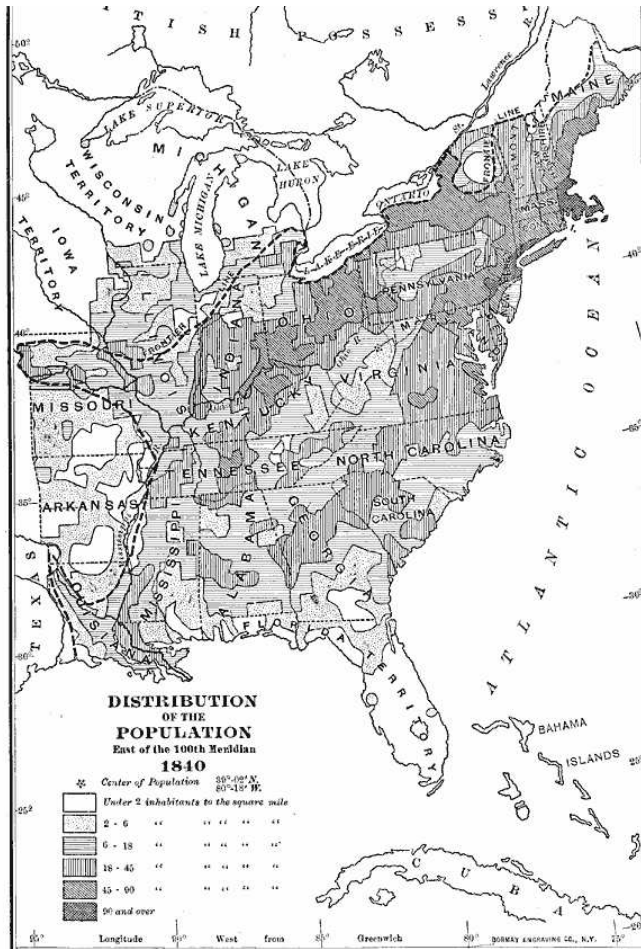


Figure 15. Population density map of the United States, dated 1840. ("Distribution of Population, 1840," Maps ETC, accessed March 7, 2015, http://etc.usf.edu/maps/galleries/us/demographics/index.php?pageNum_Recordset1=1).

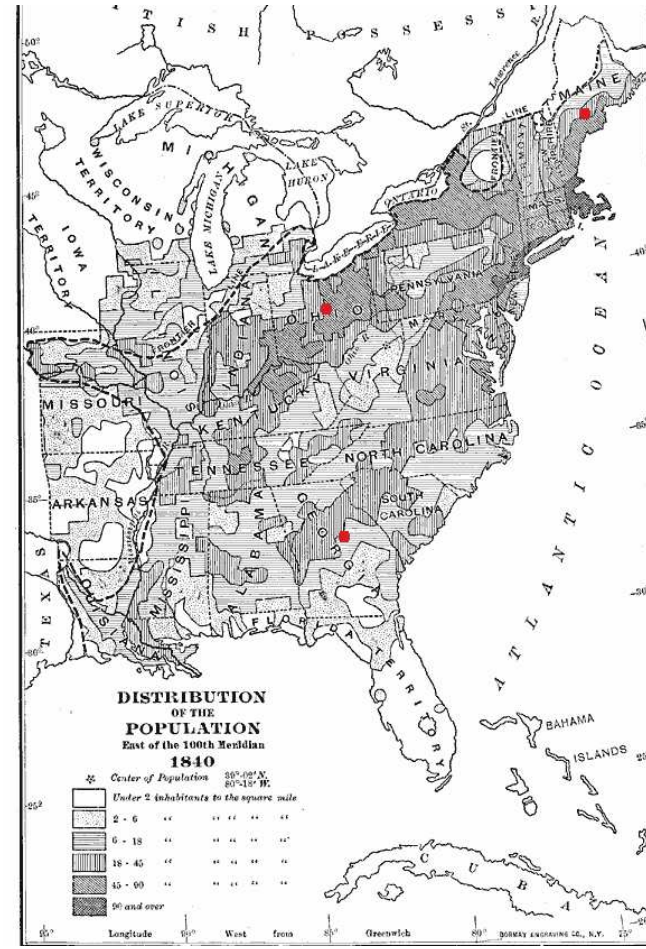


Figure 16. Asylums constructed between 1835 and 1840 overlaid on the population density map of the United States, dated 1840. New asylums are indicated by circles. Each marker indicates one asylum. Created by author.

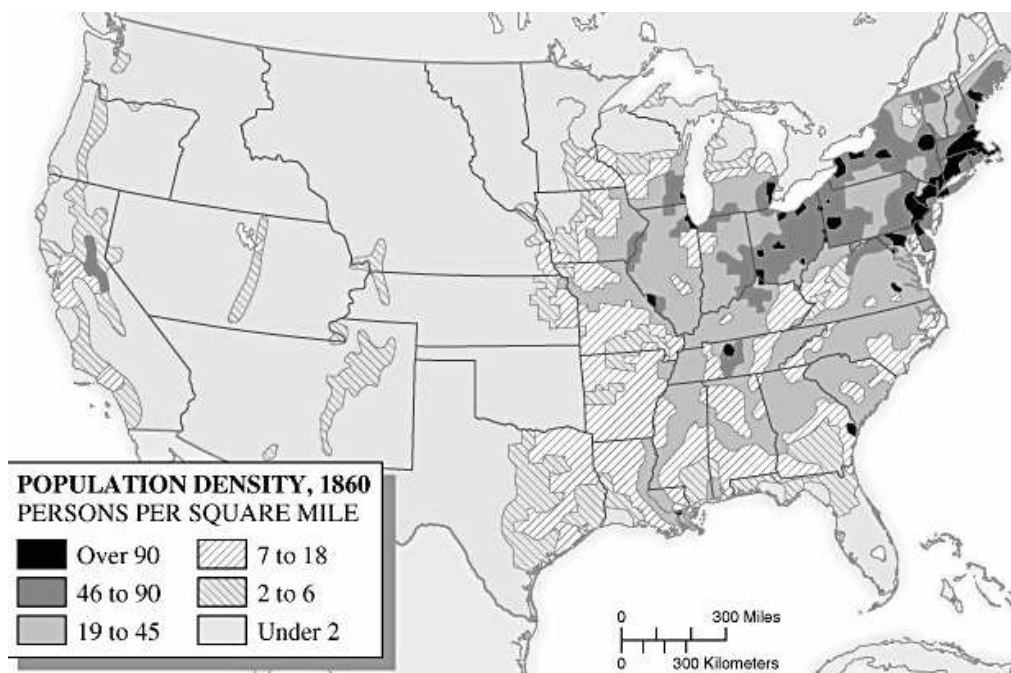


Figure 17. Population density map of the United States, dated 1860. ("Population Density, 1860," *The Essential America*, accessed March 7, 2015, http://www.wwnorton.com/college/history/eamerica/site_maps.htm#).

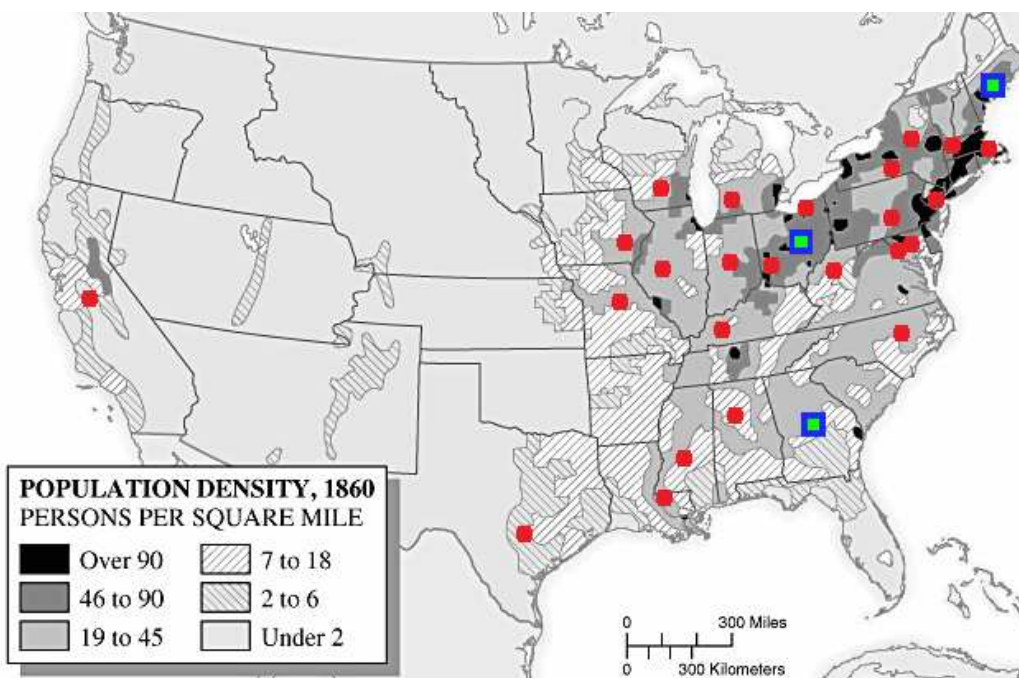


Figure 18. Asylums constructed between 1835 and 1860 overlaid on the population density map of the United States, dated 1860. Asylums constructed between 1835 and 1840 are indicated by squares and asylums constructed between 1841 and 1860 are indicated by circles. Each marker indicates one asylum. Created by author.

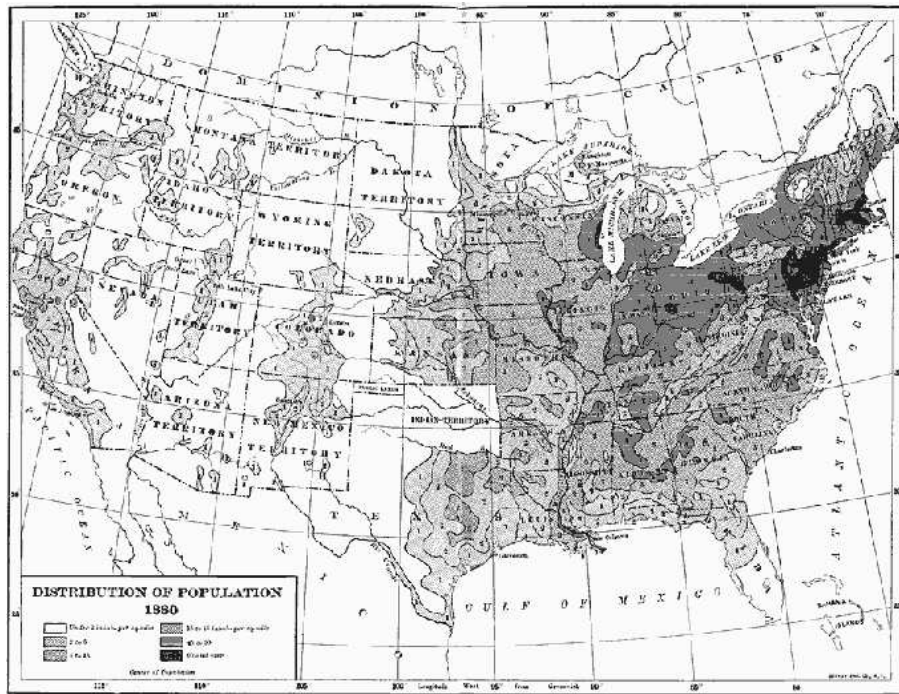


Figure 19. Population density map of the United States, dated 1880. ("Population Density, 1880," Maps ETC, accessed March 7, 2015, http://etc.usf.edu/maps/galleries/us/demographics/index.php?pageNum_Recordset1=.)

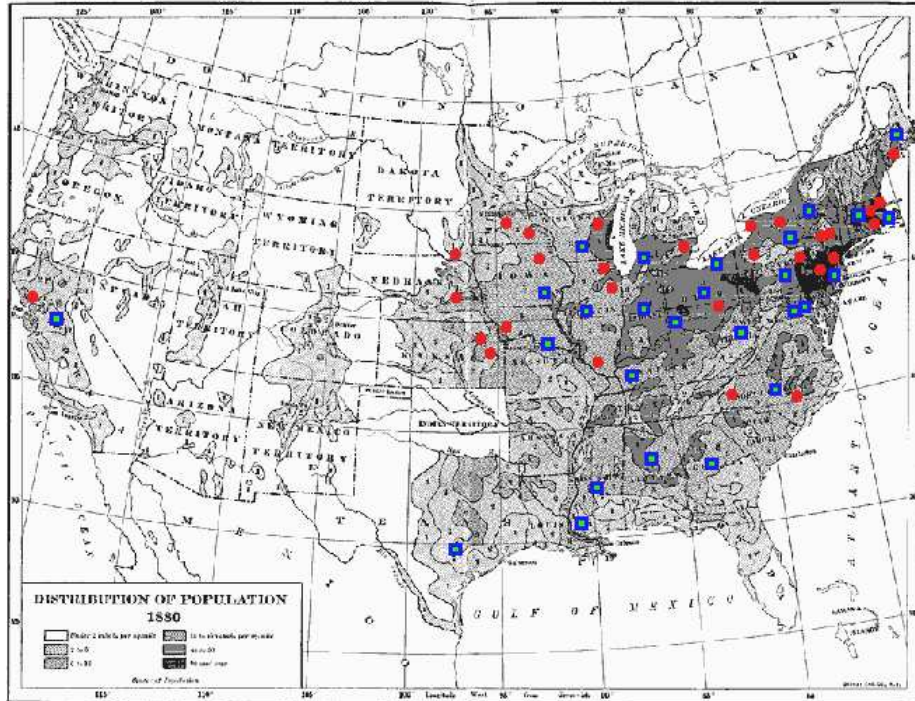


Figure 20. Asylums constructed between 1835 and 1880 overlaid on population density map of the United States, dated 1880. Asylums constructed between 1835 and 1860 are indicated by squares and the asylums constructed between 1861 and 1880 are indicated by circles. Each marker indicates one asylum. Created by author.

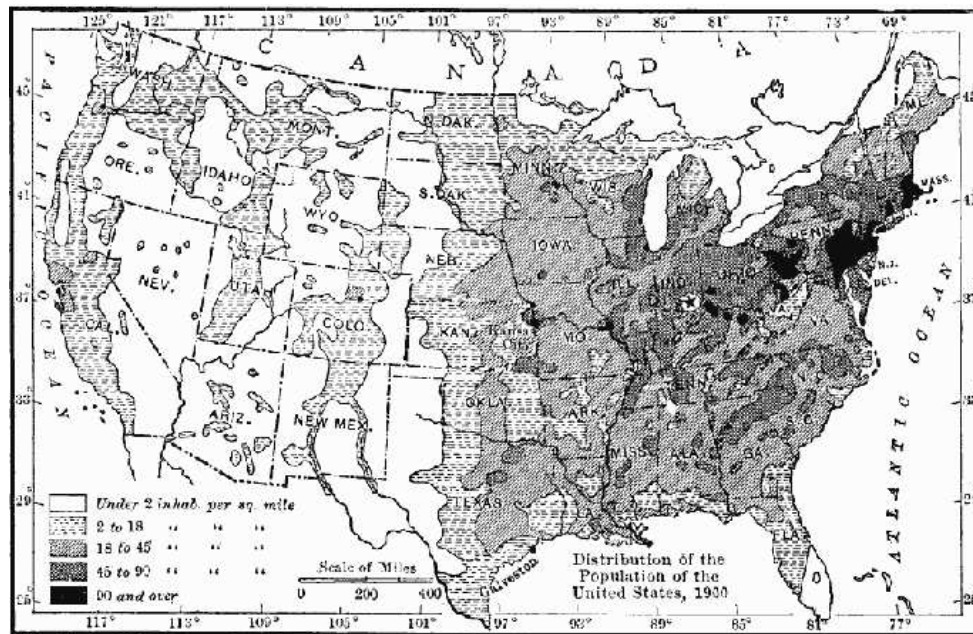


Figure 21. Population density map of the United States, dated 1900. ("Population Density, 1900," Maps ETC, accessed March 7, 2015, http://etc.usf.edu/maps/galleries/us/demographics/index.php?pageNum_Recordset1=1).

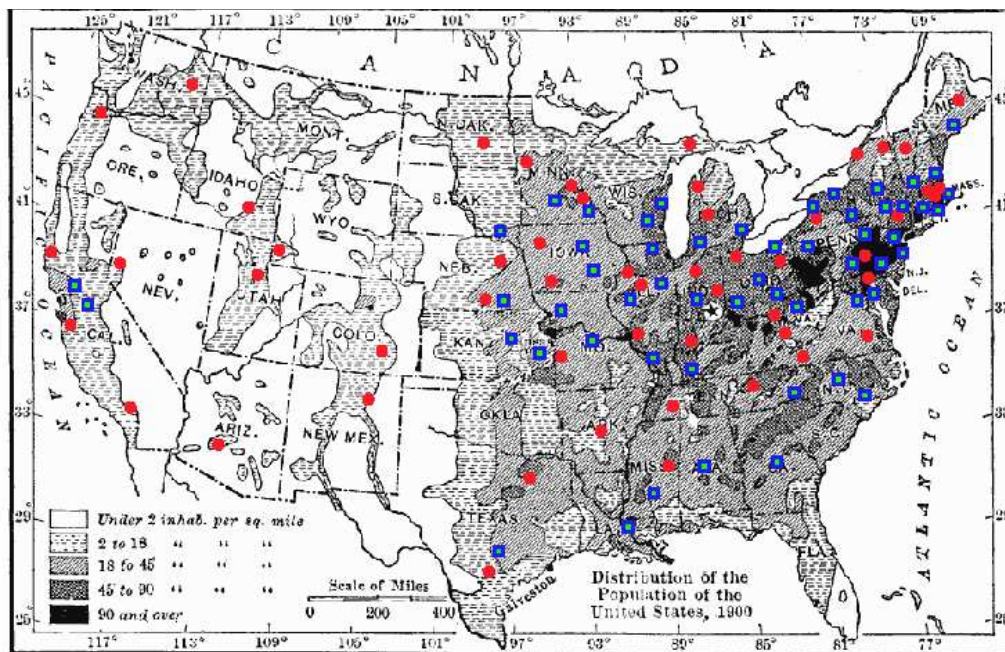


Figure 22. Asylums constructed between 1835 and 1900 overlaid on population density map of the United States, dated 1900. Asylums constructed between 1835 and 1880 are indicated by squares and asylums constructed between 1881 and 1900 are indicated by circles. Each colored marker indicates one asylum. Created by author.

The Northeast and Midwest region of the nation has a population density considerably greater than that of the southern states. According to the map dated 1840 (Figure 15) the northeast region boasts an average population density between forty-five and ninety persons per square mile. The region also appears to have the only areas with a density greater than ninety persons per square mile which occurs near the cities of Boston, Massachusetts, Philadelphia, Pennsylvania, and New York, New York. Southern regions of the nation appear to support an average population density between six to eighteen persons per square mile and eighteen to forty-five persons per square mile. By 1880, a majority of the Northeast and Midwestern regions had population densities of forty-five to ninety inhabitants per square mile. Large urban centers also emerged near Pittsburgh, Pennsylvania, Dayton, Ohio, and Milwaukee, Wisconsin in addition to the growth of Boston, Philadelphia, and New York City. The southern regions at this time grew to an average of eighteen to forty-five inhabitants per square mile.

Of all the states, New York boasts the greatest number of asylums at ten facilities, Massachusetts contains eight insane asylums, Illinois has seven, Ohio claims six, and California, Pennsylvania, and Michigan each have five. Of the states listed, all but California had emerging or growing industrial centers at the time. In areas of pronounced population density there appears a higher presence of asylums. It is not surprising to find that the National Register of Historic Places reflects this in their designations. The states with the largest presence on the National Register include Massachusetts with seven out of seven facilities designated, New York with five out of ten, Ohio with four of six listed, Illinois with three out of seven, and Michigan with three of its five. Georgia, Alabama,

and Louisiana claim only one insane asylum each, but all three of these facilities have been included on the National Register of Historic Places. Several other states in the southern half of the United States have two to three asylums with one facility listed on the register. West of the Mississippi River, however, a vast land opens up and asylums are far and few between. Only five designated facilities reside west of the Mississippi River.

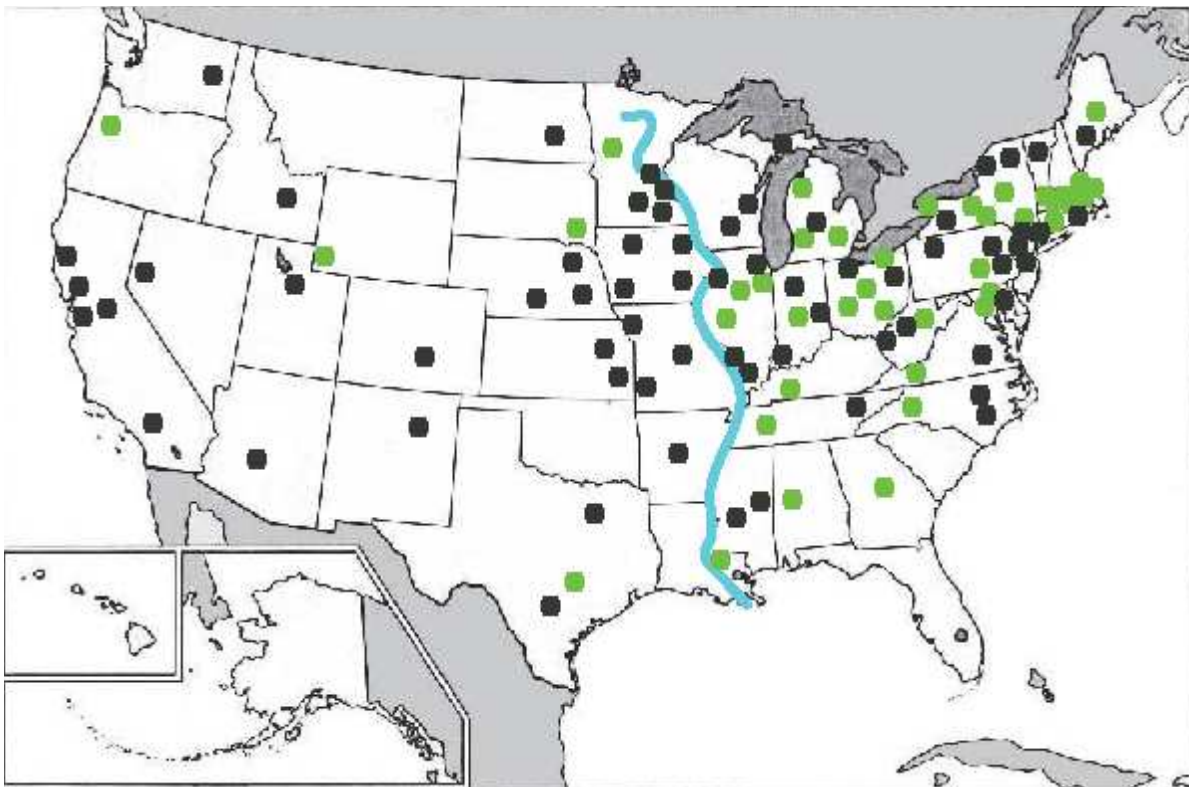


Figure 23. Map of the United States showing the location of designated asylums in green and non-designated asylums in black. The Mississippi River is highlighted in blue. Created by author.

For the men drawn westward by the promise of gold, a hard life was ahead of them. A portion of the treasure-seekers found themselves institutionalized after having sold all their belongings, moving across the country, searching the rivers and mountains

for gold, and ending up empty handed causing them to fall into fits.⁵⁵ Within a two hundred mile radius of Coloma, California, an area which would draw much attention after the January 1848 discovery of gold, five asylums were established. The next closest asylum lies nearly four hundred miles south of Coloma near Los Angeles. Among the far western territories California is the only state that boasts multiple lunatic asylums. Washington, Oregon, Nevada, Idaho, Utah, Arizona, Wyoming, Colorado, New Mexico, North Dakota, and South Dakota all have one nineteenth-century territorial asylum to care for their respective populations.

The limited number of insane asylums found west of the Mississippi River results from a smaller, but growing, population during a good majority of the nineteenth century. Private institutions provided mental health care for the settlers in the area, as it was in the states to the east as well, usually in smaller clinics run by a small staff. These private asylums required patients to pay for the services offered and so poor settlers did not receive mental health care. Several years after the settlement the territories and the establishment of a local government, the territories set out to create public insane asylums to provide for those devoid of private care. Most of the territorial-government-run asylums opened in the 1870s, 1880s, and 1890s and served very large regions. The reason for the creation of many of the institutions across the North and East was in response to the almost immediate overcrowding that occurred in the newly established

---

⁵⁵ Angela Hawk, "Going 'Mad' in Gold Country: Migrant Populations and the Problem of Containment in Pacific Mining Boom Regions," in *Pacific Historical Review*, Vol. 80, No. 1 (February 2011): 64-96, 66.

asylums. Western asylums served a smaller population and so could expand at a much more manageable rate than the lunatic hospitals east of the Mississippi River.

Another event that led to the increase of insanity among the greater populations of the United States occurred in the 1860s. The American Civil War caused an increase in the patient population at many lunatic hospitals, both from Union and Confederate regions. Known today as Post Traumatic Stress Disorder, the panic, depression, sleeplessness, rage, and suicidal tendencies that afflict a number of soldiers and veterans were historically considered symptoms of lunacy in the nineteenth century.⁵⁶ During the war, formal discharge by reason of insanity resulted in the dismissal of 853 soldiers. To treat those discharged men would require more than four asylums built to accommodate 250 persons per the maximum standard in early state-asylums. The 853 soldiers dismissed by reason of insanity, however, do not include the numbers dismissed for other symptoms indicative of nineteenth-century insanity. *The Medical and Surgical History of the War of the Rebellion (1861-1865)* written under the direction of the Surgeon General breaks down the causes of discharge for neurological systems as apoplexy, epilepsy, insanity, and sun-stroke. By nineteenth-century standards insanity includes all of these symptoms yet their separation here means that dismissal by reason of insanity represents only a portion of those released from war after mental hardship. Consideration of the

---

⁵⁶ Sarah A. M. Ford, "Suffering in Silence: Psychological Disorders and Soldiers in the American Civil War," *Armstrong Undergraduate Journal of History* 3, No. 2 (April 2013).

number of soldiers institutionalized as a result of PTSD in the years after the war increases the numbers still.⁵⁷

After the American Civil War the freeing of enslaved African Americans created an influx of people eligible to receive state-funded mental health care. Prior to emancipation the slaves in need of mental health care received private care sponsored by the estate to which they belonged. Freed families after the war came into a world in

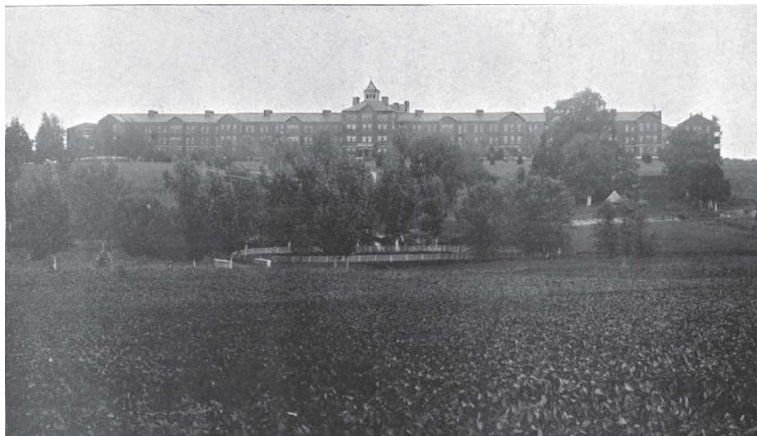


Figure 24. Central Lunatic Asylum, Petersburg, Virginia. Date unknown. ("Central State Hospital (Virginia)," accessed December 18, 2014, http://en.wikipedia.org/wiki/Central_State_Hospital_%28Virginia%29).

which the white population deemed them ill-equipped to exist without the care of their former masters. No longer sponsored by slave-owners, African Americans joined the lower-income class, in effect becoming dependent on the state for their mental health care.⁵⁸ The Central Lunatic Asylum in Petersburg, Virginia opened its doors in 1885 as

---

⁵⁷ Sarah Handley-Cousins, "PTSD and the Civil War," *New York Times*, August 13, 2014, accessed February 11, 2015, http://opinionator.blogs.nytimes.com/2014/08/13/ptsd-and-the-civil-war/?_r=0; Surgeon General Joseph K. Barnes, *The Medical and Surgical History of the War of Rebellion (1861-1865)* (Washington: Government Printing Office, 1870) 706.

⁵⁸ Vanessa Jackson, "In Our Own Voices: African American Stories of "Oppression, Survival and Recovery in the Mental Health System," excerpt pg 1-36, <http://academic.udayton.edu/health/01status/mental01.htm>.

the country's first asylum for the sole use of newly-freed slaves.⁵⁹ Segregated wards became a common feature in the asylums that catered to both black and white patients. And so, the consequences of the Civil War on insanity affected masters and former slaves alike.

After a court-issued declaration of lunacy, officially recognized mentally ill patients made their way to their destination: the monumental insane asylum set apart from the nearby town. The territory or state in which the patient resided made no difference; upon arrival the patient was greeted by professionally designed architectural wonders that served its purpose in equal measure to inspire confidence in the curing ability of the facility as well as provided visitors a picturesque setting to lounge in the sun and enjoy the park-like setting. The printing of postcards featuring romanticized images of asylum buildings and their grounds continued well into the twentieth century. Often set upon at least 100 acres of manicured landscaping, asylums became a place for visitors to picnic by the water features and stroll through the gardens. Many of



Figure 25. Couple on carriage ride through the grounds of Texas State Lunatic Asylum. Date unknown. Courtesy the Austin Library, Austin, Texas.

---

⁵⁹ Three years after the passage of the Civil Rights Act of 1964, the hospital desegregates and allows the admittance of all races.



Figure 26. Postcard of Kankakee State Hospital, Kankakee, Illinois. Date unknown. ("Penny Postcards from Illinois," accessed December 10, 2014, <http://www.usgwarchives.net/il/kankakee/postcards/ppcs-kank.html>.)



Figure 27. Visitors on the grounds of the Texas State Lunatic Asylum. Date unknown. Courtesy the Austin Library, Austin, Texas.

the buildings, owing to the Victorian sense of ornamentation, did not follow Dr. Kirkbride's insistence that the buildings should be tasteful and subdued. Instead several architects designed extravagant-looking institutions. Physicians at the end of the nineteenth century deemed these buildings too frivolous and overly focused on the exterior of the state hospital.⁶⁰ These oftentimes highly ornate structures, for better or worse, represent the era of moral treatment.

Several styles of architecture appeared between the 1830s and the 1900s in asylum architecture (see Appendix A: Glossary of Terms). Gothic Revival buildings enjoyed a level of popularity in the 1830s through the 1860s. The hallmarks of this style includes crenellations, pointed arches, and roof ridge details. The discovery of Pompeii and Herculaneum in the late-eighteenth century reignited a style known as the Neoclassical Revival style (Roman and Greek Revival styles). The Roman and Greek Revival styles are a take on the earlier American architecture that idealized Greek and Roman temple forms.⁶¹ Romanesque Revival, Richardsonian Romanesque, Italianate, and Italian Villa styles emerged around the 1840s and became considerably popular in the design of insane asylums. The rounded arch was signature in these styles. The quintessential Victorian-looking architecture occurred mid-century with the Second Empire, High Victorian Gothic, and Queen Anne styles. Foreign influences abound

---

⁶⁰ Carla Yanni, *Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007), 146.

⁶¹ "The New England Magazine," Volume 16 (New England Magazine Company, 1897), pg. 519, Accessed January 26, 2015, <https://books.google.com/books?id=TOI5AQAAMAAJ&pg=PA519&lpg=PA519&dq=classical+revival+architecture+discovery+of+pompeii&source=bl&ots=OvH6GzuiyG&sig=6oMrXeRaQINt-FickaPzA0tF19M&hl=en&sa=X&ei=0P3GVPLKNcingwSTooPwAg&ved=0CEkQ6AEwBg#v=onepage&q=classical%20revival%20architecture%20discovery%20of%20pompeii&f=false>.

during this age with designs drawing from Elizabethan style, Jacobean style, Chateau style, Baroque, Tudor, and German Rhenish architecture. Surprisingly, among the extravagant and experimental architecture that defined most of the Victorian era, the Colonial style, though not widely used, remained an inspiration throughout the nineteenth century.

With such an eclectic range of styles employed during the moral treatment era it is often difficult to categorize the style of a given asylum. Many asylums exhibit a hybridized-style of architecture and so sorting the asylums into one architectural design category seems to be a matter of deciding which elements relay the character of the building to the greatest extent. The National Register of Historic Places nomination forms provide insight into how the applicants viewed their respective buildings. When categorizing the set of asylums by their architecture when no source provided an architectural label, the strongest features of the buildings decided the overall architectural description within the survey. Institutions that followed a cottage plan sometimes designed each cottage in a style different from the others. In these cases the Administration building, as the most prominent building, provides the architectural description.

An architectural comparison of asylums on the NRHP against the non-designated asylums reveals that the most popularly used styles are the most represented on the Register. Within the survey sixteen different styles of architecture occur (see Figure 28). The Romanesque style features round arches, a massive appearance, round towers, and squat columns. Seventeen asylums exhibit designs that are mostly Romanesque in nature

of which four appear on the Register. Richardsonian Romanesque, named from Henry Hobson Richardson, relied on the heavy massing of the building and rough masonry. Four asylums follow this style of architecture, of which two appear on the NHRP.⁶²

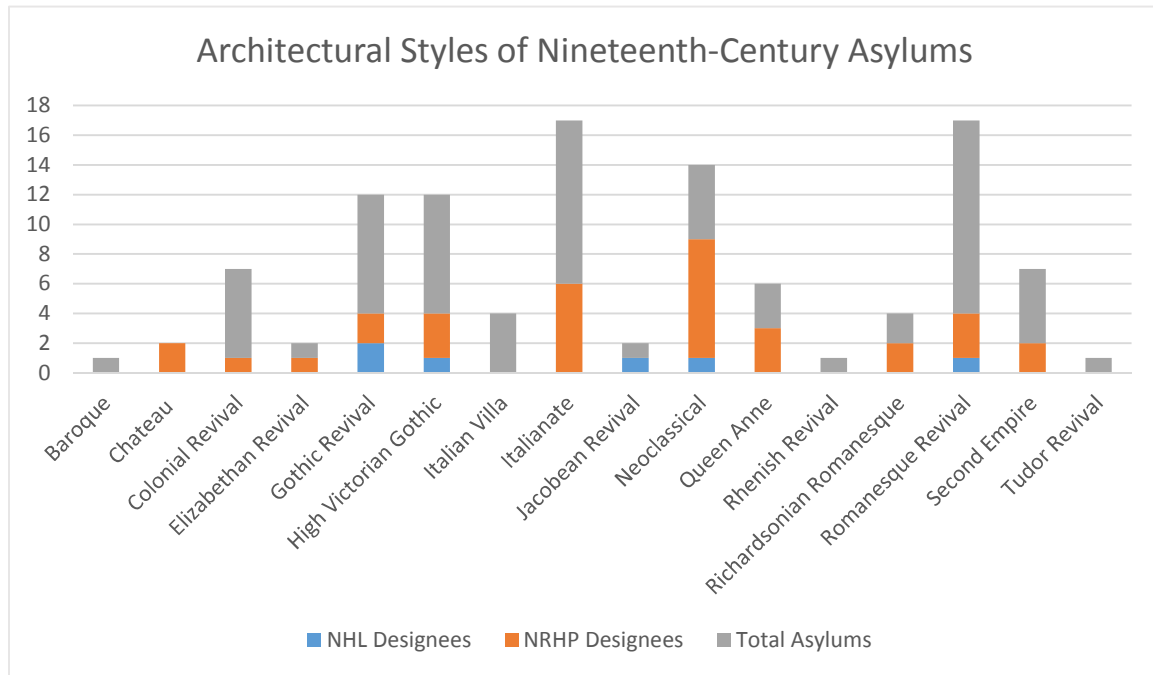


Figure 28. Chart of the different architectural styles encountered in the asylum dataset detailing how many asylums adhere to any particular design style. Created by author.

Italianate is another architectural style popular in asylum design. Seventeen structures appear throughout the survey, with six structures receiving designation. These structures bear details that include cornices with decorative brackets, tall and narrow windows, segmental arches over openings, cupolas or square towers, and quoins. A sub-type of the Italianate style is the Italian Villa. There are four examples of Italian Villa although none of these are designated properties. The third place holder is the Neoclassical Revival style, more specifically the sub-set Greek Revival style, which

⁶² Ernest Burden, "Romanesque Revival Style," *Illustrated Dictionary of Architectural Preservation* (McGraw-Hill Companies, Inc. 2004) 216, 219.

emulates the ancient temples of Greece and Rome. Fourteen buildings adhere to the Neoclassical Revival style. Nine of those structures are included on the Register.⁶³

The Gothic Revival style and the High Victorian Gothic are two architectural styles very popular in the nineteenth century. The Gothic Revival style, of which there are twelve asylums represented in the survey, is expressed through pointed arches, steeply pitched roofs, and medieval motifs.⁶⁴ Four asylums following the Gothic Revival style design appear on the NRHP. High Victorian Gothic shares an equal representation with the Gothic Revival style at twelve asylums. High Victorian Gothic structures are the epitome of eclectic Victorian design. These buildings are bold, using heavy ornamentation, polychromatic brick work, and design elements borrowed from several styles.⁶⁵ This style also boasts four designations to the NRHP.

Interestingly enough, the Second Empire style and Colonial Revival style each have seven asylums appearing in the survey. In a time of emphatic interest in foreign motifs, to see Colonial Revival design continue throughout the nineteenth century speaks, perhaps, to the timelessness of the Colonial style. Colonial Revival design draws

---

⁶³ Pennsylvania Historical & Museum Commission, "Romanesque Revival Style 1940-1900," Accessed January 23, 2015, http://www.portal.state.pa.us/portal/server.pt/community/late_victorian_period/2389/romanesque_revival_style/294764;

Pennsylvania Historical & Museum Commission, "Italianate Villa/Italianate Style 1840-1885," Accessed January 23, 2015, http://www.portal.state.pa.us/portal/server.pt/community/mid-19th_century_period/2386/italianate_ville_italianate_style/293448;

Pennsylvania Historical & Museum Commission, "Early Classical Revival Style: Roman Classical Revival 1790-1830, Greek Revival 1820-1860," Accessed January 23, 2015, http://www.portal.state.pa.us/portal/server.pt/community/early_republic_period/2385/early_classical_revival_greek_revival_style/292513.

⁶⁴ Ernest Burden, "Gothic Revival style," *Illustrated Dictionary of Architectural Preservation* (McGraw-Hill Companies, Inc. 2004), 123.

⁶⁵ Ibid, "High Victorian Gothic," 135.

inspiration from the early Georgian and Federal styles, creating a simpler façade. The design of Second Empire asylums receive much of their designation as a Second Empire by the use of a mansard roof.⁶⁶ A small level of representation for the Second Empire and Colonial Revival styles does occur on the NRHP, with two and one asylums appearing on the list, respectively.

Exuberant style and eclecticism describe the architectural style of Queen Anne. This style combines elements of bold contrast like asymmetrical design, towers, different roof types, with smaller and more detailed elements. Three of the six asylums studied in this thesis appear on the NRHP. Designs of the remaining asylum architectural styles are quite varied and draw on many architectural themes, mostly of European influence. Elizabethan and Jacobean styles both boast two asylums each. Of these, each architectural design has one designated asylum on the National Register of Historic Places. These styles incorporate English-style design expressed in large windows and different parapet styles. Chateau style, like the name suggests, incorporate elements such as towers and steeply pitched roofs into the design of the building resulting in a form resembling a French chateau. The two asylums that appear in this style have both been designated to the Register program. The remaining styles present in this thesis are the Tudor style, Flemish Baroque style, and Rhenish. Each particular design includes only one example in the nineteenth-century asylum type. None of them appear on the NRHP. The Tudor and Rhenish styles draw on medieval architectural types found in England and

---

⁶⁶ Ernest Burden, "Second Empire Style," *Illustrated Dictionary of Architectural Preservation* (McGraw-Hill Companies, Inc. 2004), 484.

Germany, and the Flemish Baroque style combines dramatic elements like contrasting materials and sculpture to create a bold look.⁶⁷

Asylum architectural styles vary from simple in form and design to bold and highly decorative. The National Register of Historic Places provides a good mix of these architectural styles, drawing from well-used styles like Romanesque as well as lesser-used styles like Jacobean. The six National Historic Landmark facilities, all of which are east of the Mississippi River, also represent a varied level of architectural design. Four of the NHLs occur in New York State. The NHL site at Utica State Hospital is a Neoclassical style building designed by William Clarke. The Gothic Revival style New York State Inebriate Asylum at Binghamton in New York has prominent crenulations along the roof line and a large pointed-arch window centered in the Administration building, giving the asylum the look of a fortress. Similar in design, St. Elizabeth Hospital, constructed in Washington D.C. in 1852, has elements of the Gothic Revival resulting in a medieval-looking building. The Buffalo State Hospital, New York, also relies upon its imposing features to articulate its design, but in this asylum the effect comes less from decoration and more from the massing of the structure. Buffalo State Hospital is Romanesque in style, which expresses itself through heavy massing and the solid look of stone walls.

Design elements in the last two NHL properties of Hudson River State Hospital in Poughkeepsie, New York and Weston Hospital of Weston, West Virginia favor the more

---

⁶⁷ Ernest Burden, *Illustrated Dictionary of Architectural Preservation* (McGraw-Hill Companies, Inc. 2004), 204.

decorative aspects of architectural design. Hudson River State Hospital (opened 1871) is a High Victorian Gothic style building. This asylum has horizontal polychrome elements, steeply pitched roofs with decorative elements along the roof ridge, and pointed arches. A more subtle nod to decoration occurs in the Weston Hospital building. Opened in 1859, this asylum draws on the Jacobean elements.⁶⁸ The building is done in a plainer style with the decorative elements occurring in the undulating gable-forms. Of the architectural styles of the asylums present on the NHL program, many draw from the most popular designs of the era but still show the terrific span of influences that contributed to asylum architecture.

Patterns also occur amongst the architects behind the designs of the state hospitals. Architectural firms received their commission based upon their submitted designs and in most cases designed only one asylum for their respective state. Several occasions did occur in which an architect was hired multiple times by the state in which the architectural firm was located, oftentimes resulting from previous commissions on public buildings. John G. Haskell of Kansas won the commission to design the only two asylums within the scope of this project in Kansas: the Queen Anne styled second administration building for the Topeka Insane Asylum opened 1879 and the 1881 Romanesque Revival structure at the Osawatomie facility, the Kansas Insane Asylum. New York State's Isaac G. Perry designed the registered New York State Inebriate

---

⁶⁸ Only two asylums in the dataset are characterized by having Jacobean influences: the Weston Hospital of Weston, West Virginia and the East Indiana Asylum for the Insane in Richmond, Indiana. Four more structures are characteristic of Elizabethan architecture which is similar to Jacobean. These structures are the Peoria State Hospital in Illinois, the Northampton State Hospital in Massachusetts, Anoka's First State Asylum for the Insane in Minnesota, and the Dannemora State Hospital for Insane Convicts in New York.

Asylum, completed in 1858 in the style of the Gothic Revival. His other buildings, the St. Lawrence State Hospital and the Matteawan State Hospital for the Criminally Insane, differ greatly from his work at the inebriate asylum, opting for a simpler Queen Anne style and Romanesque Revival style for their design. Only three architectural firms designed multiple works in multiple states: Stephen Vaughn Shipman located in Chicago, Addison Hutton of Philadelphia, and Samuel Sloan, also of Philadelphia.

Shipman, Hutton, and Sloan are well-known architects in the world of asylums as well as other state landmarks. The NRHP as of now lacks the works of Stephen Vaughn Shipman's asylums but with five institutions included in this thesis' dataset of moral treatment era facilities he has far greater representation than many other architects. Shipman's works at the Wisconsin Hospital for the Insane (1860), Wisconsin's Northern Asylum for the Insane (1873), Iowa Hospital for the Insane (1873), Northern Illinois Hospital for the Insane (1872), and the Southern Illinois Hospital for the Insane (1875) vary slightly but all follow the Kirkbride-style of planning. Three structures adhere to the designs of the Italianate style and two of the asylums are Second Empire in design.

The Pennsylvania State Lunatic Hospital which first opened its doors in 1851 in Harrisburg, Pennsylvania, is a National Register Kirkbride Plan in the Greek Revival style and later Cottage Plan campus in the Colonial Revival style. John Haviland designed the first building-campaign's Kirkbride-style building. By the late nineteenth century the Kirkbride plan building became inadequate and so the hospital asked Addison Hutton to design a cottage plan on the campus. Addison Hutton's Nationally Registered campus at Harrisburg began in 1893 and continued to grow until 1903. Pennsylvania's State

Lunatic Hospital marks the transition from the large, imposing structures toward a smaller cottage plan campus.⁶⁹ Hutton also designed the Nationally Registered Connecticut Valley Hospital (historically named the Connecticut Hospital for the Insane) near Middletown, Connecticut. Opened in 1868, the Second Empire campus was dual designed by Sloan and Hutton, who was a junior architect under Sloan at the time.

At the establishment of the Western Insane Asylum in North Carolina, the building committee sought recommendations for an architect from superintendents of other asylums. Dr. Thomas Kirkbride personally suggested Samuel Sloan. “I have no hesitation in recommending to you...Mr. Samuel Sloan... He is more practically familiar with all the details of hospital architecture than any one else I know of.”⁷⁰ A friend of Dr. Kirkbride, Sloan would go on to design several asylum buildings, all examples of the doctor’s recommended Kirkbride model, including a ward at the doctor’s own hospital, The Pennsylvania Hospital for the Insane.⁷¹ Ten structures commissioned by state governments hired Sloan to design the whole of the institution or a part, although this number could be larger given the lack of information for some of the institutions. His first commission to design a state asylum came in 1852 for the Western Lunatic Asylum in Kentucky for which he choose the Greek Revival Style. His work would take him to

---

⁶⁹ Susan M. Zacher, National Register of Historic Places Inventory—Nomination Form for *Pennsylvania State Lunatic Hospital 1851-1937*, 1985, Continuation Sheet Item Number 8, Page 2-3.

⁷⁰ Jim Sumner, National Register of Historic Places Inventory – Nomination Form for *Broughton Hospital: Main Building*, 1977, Continuation Sheet Item Number 8, Page 1.

⁷¹ The Pennsylvania Hospital for the Insane was commissioned by the Pennsylvania Hospital in Philadelphia. Dr. Thomas Kirkbride became the superintendent of the new hospital, choosing a rural area on one hundred and one acres of land for the new complex. Isaac Holden designed the original structure. Samuel Sloan designed the 1850s Male Department for the overcrowding facility.

North Carolina, Indiana, Ohio, Alabama, Minnesota, Michigan, Connecticut, and New Jersey. Seven of his institutions are included on the National Register of Historic Places.

Visual impact of asylums, though reliant to a certain extent on the exterior design of the building, results from the buildings plan. A Romanesque echelon building incites a great reaction given the heavy massing and the tremendous scale of the building, as compared to a Romanesque cottage style building. And while there are many architectural designs that occur between 1835 and 1900, there are only five state hospital building floorplans. Early renditions of the asylum type kept to the simpler forms afforded by the corridor plan. This plan remained in use through the nineteenth century, amassing a total of ten asylums that followed this plan. Three of these asylums, all of which make up the earlier era of this design plan, appear on the NRHP.

Emerging after the simpler forms of the 1830s and 1840s asylums, the large and complex designs of the Kirkbride plan came to rule. This plan appears sixty-one times throughout the survey, comprising 56 percent of the total building designs. The echelon plan has a large showing on the NRHP and NHL programs as well, equating to 73 percent of the building designs represented on the NRHP and 67 percent of the NHLs. The circumstances surrounding the creation of the Kirkbride plan, the building style almost immediately adopted by the AMSAII as the model for state hospitals, ensured that many state hospitals followed this building design. As such, the echelon plan became the representative style of the moral treatment asylum in the mid-nineteenth century. This high level of representation on the NRHP appropriately suggests the importance of this plan in respect to asylums.

As the decline of the echelon-style building began, the pavilion and transition plans began to appear in asylum design. Though both of these plans offered interesting alternatives to the traditional echelon structure, both designs failed to pick up any significant following. There are four transition plan asylums and three pavilion plan institutions in the dataset. Neither of these styles appear on the National Register of Historic Places. Echelon buildings continued to enjoy a certain level of prominence into the end of the nineteenth century, but it is the cottage style building plan that began to threaten the larger structures. Thirty-one cottage plan institutions are present in the population of 109 asylums. Eight of these plans appear on the National Register of Historic Places.

With sixty-one asylums established over a period of approximately fifty years, the Kirkbride plan seems as if its dominance as the most popular plan was continuous through those years. Wide-scale adoption of the cottage plan began in the late 1800s but its popularity was immediate and continues as the preference in today's mental health institutions. Within the twenty years from 1880 to 1900, thirty-one asylums developed on the cottage plan. Echelon-style asylums clearly began to struggle towards the end of 1870s. Many physicians frustrated with the Kirkbride-style buildings turned to newer campus designs. In the 1880s it was the cottage plan that finally dethroned the popularity of the echelon asylum.

SIGNIFICANCE AND PROTECTION

On a national scale, the registered asylums do appear considerably varied, although representation in the central and western part of the country is certainly lacking. Significance, though, does not always translate into protection. The National Register program helps the preservation of places via tax incentives and an increased level of exposure through search engines, books, preservation reports, and so forth. The program intends to reward preservation not to punish neglect and so there is no system in place to prevent owners from treating their property in any way they wish. The complexity of the echelon structures, discussed at greater length in the preceding chapter, and their massive scale is often a detriment to the survival of asylums. Maintenance requirements for these facilities is costly and the amount of work and money needed to rehabilitate these structures often dissuades the state from putting money into the buildings and makes developers hesitant to adapt them. The hardships faced during the rehabilitation of these institutions force the hand toward demolition.

Appearing on the NRHP does not stand in the way of demolition. National Historic Landmark properties can also be affected, although the process of gaining permission for demolition is far more difficult than that facing the registered structures. Of the 109 facilities throughout America, fifty-five have lost a significant amount of historic fabric by means of natural or human demolition since the turn of the twentieth century. This represents 50.5 percent of the total number of asylums from this era sustaining a significant loss of historic fabric. Of the fifty-five institutions partially or

completely demolished, nineteen are on the National Register of Historic Preservation. One of the nineteen, the Hudson River State Hospital, is a National Historic Landmark.

Difficulties surrounding the acquisition of data for mental health facilities limit the understanding of how many structures are actually demolished or deteriorating. State facilities have restrictions on the access to much of their information to protect patient rights. Some of the institutions have since become correctional facilities and the state also restricts access to records for these facilities, thus affecting the actual number of partial or complete demolitions. Information concerning the interiors does not really exist because documentation was not a priority at these locations during their operation. Changing needs of the site over the years would require the updating of interior fixtures. These factors indicate that the estimate of fifty-five structures being heavily altered is likely very conservative. Another group not taken into account in the calculation for the loss of historic fabric is the number of asylums that are standing but empty and neglected.

The scale of state hospital campuses has evolved over the years, adapting to the needs of the institution. Growing patient populations and changes in medical knowledge and methods altered the face of the campuses over the years. The decline in image of the state hospital system and the gradual deinstitutionalization changed the campuses again. Asylum construction, especially those asylums that built according to Dr. Kirkbride's model, followed a specific set of rules that required the specialization of the spaces within the structures. Large echelon buildings, like St. Elizabeths Hospital in Washington D.C. which originally measured 750 feet in length and the Second Hospital for the Insane in Spencer, West Virginia originally measuring a quarter of a mile in

length, are comprised of many smaller rooms intended to be patient dorms, dayrooms, and medical rooms for procedures like surgeries. These specialized spaces, created to increase the level of comfort for the patients, make the spaces incredibly difficult to adapt to new uses. If not adaptable, what are these buildings?



Figure 29. Second Hospital for the Insane in Spencer, West Virginia. Said to be the longest continuous brick building in America at a quarter of a mile in length. Date unknown. ("Spencer State Hospital," *The West Virginia Encyclopedia*, <http://www.wvencyclopedia.org/articles/531>).

After the states closed the doors of the mental health facilities, many campuses were fenced and the windows and doors shuttered, awaiting the state's

decision to reopen the structure or sell the plot to outside parties. Today, some of these buildings remain shuttered; closed for decades and deprived of basic maintenance. The level of research needed to determine the use of every building on every campus is an amount of time not available given the scope of this thesis. News articles, demolition reports, and state budgets give a general understanding of the number of buildings currently empty. These buildings, of which sixteen are known, still exist but the level of deterioration cannot be known without completing a conditions report. The historic structures of Mendocino State Asylum for the Insane in California closed in 1974 and to this day remain empty. Limited information is available for the building since its closure and so estimates as to the condition of the building cannot be reported. The State Lunatic Asylum in Milledgeville, Georgia, the Illinois Asylum for the Incurable Insane in Peoria,

Illinois, Westborough Insane Hospital in Westborough, Massachusetts, Medfield Insane Asylum in Medfield, Massachusetts, Eastern Michigan Asylum for the Insane in Pontiac, Michigan, Willard Asylum for the Chronic Insane in Willard, New York, and Hudson River State Hospital for the Insane located in Poughkeepsie, New York (an NHL property) are all shuttered National Register designees.

The difficulties encountered in rehabilitation of these buildings often means that the sites which continue to operate move into adjacent new facilities while some or most of the historic structures remain unattended. Conversions of the sites toward new uses and even the ongoing use of the campus for mental health services often requires the construction of new buildings. Historic asylums in the survey currently operating often utilize only part of the monolithic buildings or the campuses. The wards are often emptied and only the administration building is actively part of the hospital. Campuses that utilize only a small portion of the asylum structures make the number of abandoned structures nearly impossible to determine. An internet image search for insane asylums returns images of crumbling structures with broken windows, peeling paint in a crematorium, and images of apparent specters; this has become the face of the entire asylum institution. A difficult image to overcome perhaps, though many of the sites have taken on the challenge and have adapted the sites to some degree as the next chapter will discuss.



Figure 30. Photograph of the front elevation of the State Hospital in Milledgeville, Georgia. Photograph dated 1937. (Library of Congress. Prints and Photographs Division HABS GA, 5-MILG,9-1).



Figure 31. Interior of State Hospital in Milledgeville, Georgia. Date unknown. ("Central State Hospital, Milledgeville, Georgia," *The Weather Channel*, accessed April 21, 2015, <http://www.weather.com/travel/news/abandoned-hospitals-asylums-20130416#1>).

CHAPTER FIVE

ADAPTIVE REUSE

The shift away from large structures to cottage plan asylum campuses brought to light the problems encountered with the echelon-style buildings. By the last few decades of the 1800s, the overcrowded, under-funded, and overly large institutions struggled. In the eyes of many physicians these buildings were failing to provide their promised cure. It would be another century before many of the buildings would begin to close their doors, but it was a century hard fought. Overcrowding, rampant maltreatment, and the rise of medical drugs changed the face of the institutions over the years. Adapting to emerging pressures meant demolitions, new construction, and abandonment of buildings believed to no longer be serving their purpose. If the large buildings survived into the twenty-first century, their existence presented a large problem to the state: what do you do with these colossal and highly specialized buildings?

Successful reports of the reuse of large buildings are numerous. The Tate Modern art gallery in London, England, originally a 1900 oil-fired power station, and the Cork Factory Lofts in Pittsburgh, Pennsylvania, adapted from a masonry cork factory, are just a few examples. The scale of asylums and factory buildings does seem comparable, but factories present a far lesser challenge to reuse than asylums. The large mechanical components used in the manufacture of goods and the amount of people needed to work those machines operated best in large open spaces, and thus the interior design of

factories affords great flexibility for adaption. The design of industrial buildings often places a great amount of load on the thick exterior walls to carry the weight of the building. Inside, a series of columns act to support the interior weight. When the time comes to reuse industrial buildings, partition walls can be added to divide the space, an easy adaptation for an open floor plan.

Geometry is another benefit to factory buildings. Factory buildings' designs followed the intention of making money not necessarily delighting passersby with its impressive architecture. Simple in form, these geometric spaces have the benefit of being easiest to adapt. Rectangular shapes allow for the most subdivisions and efficient use of the interior. Although the space may not be as exciting as more complex floor plans, they offer the most opportunity for growth. Factory spaces may be large, but their open floor plans within a geometric shape are relatively easy to adapt to new purposes, allowing the factory space to be converted to restaurants, shops, offices, and more.⁷²

Nineteenth-century asylums present a challenge beyond the adaptive reuse solutions available to other large spaces. Institutions for the insane intended to communicate to the public the power and ability of the asylums through physical means. Their architecture intends to impress and provide comfort in the knowledge that insane persons receive the best care available. Comfort of the patients meant breaking the spaces into many smaller rooms intended as dormitories and gathering spaces. The center buildings are comprised of the superintendent's and the matron's offices, meeting

---

⁷² Stewart Brand, *How Buildings Learn: What Happens After They're Built* (New York: Penguin Books, 1994), 192.

rooms for patients and guests, and often the chapel. Operating rooms, morgues, cafeterias, dayrooms, theaters, libraries, and laundries break the space up further. In many of the earlier examples of the echelon building type, corridors the width of a closet connected the wards, intending to restrict the movement of patients between the wards. As doctors grew tired of navigating through tight, ninety-degree turns the plans were adapted to provide a more generous operable corridor space which often utilized curved passageways.⁷³

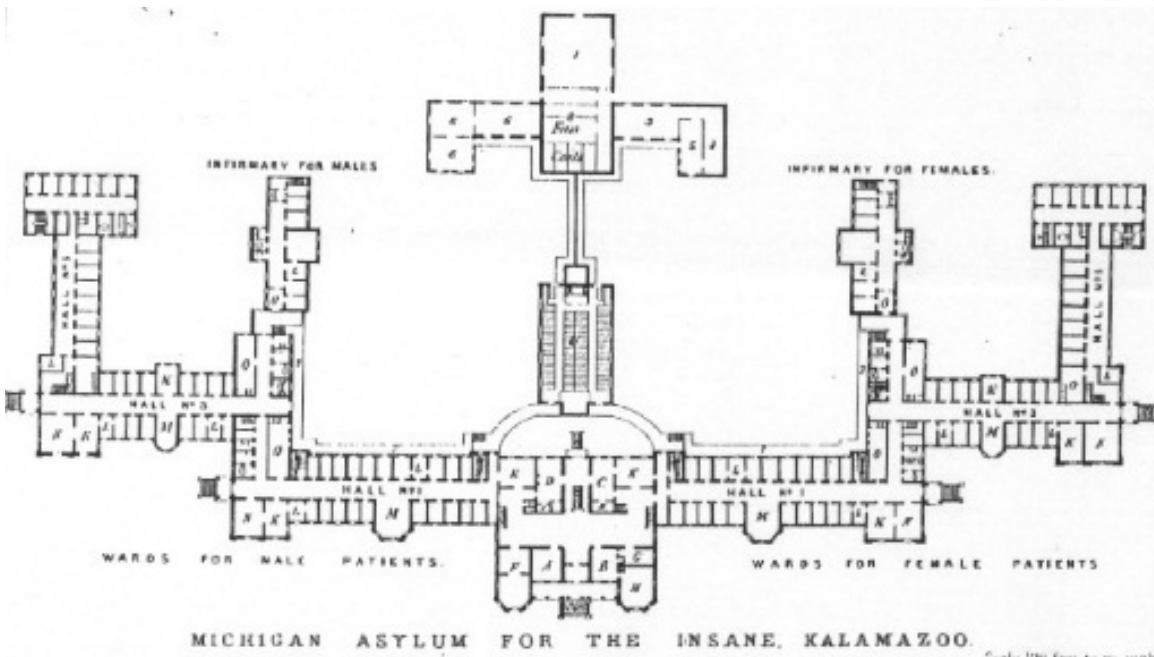


Figure 32. Floor plan of the Michigan Asylum for the Insane, Kalamazoo, Michigan. Date unknown. ("Kalamazoo State Hospital," Rootsweb, accessed December 15, 2014, http://rootsweb.ancestry.com/~asylums/kalamazoo_mi/kalplan.jpg).

The subdivision of the larger building creates several issues for the building as it exists in the twenty-first century as a candidate for reuse. Unlike factories that have thicker outer walls to carry the weight of the building, the distribution of the weight of

⁷³ Carla Yanni, *Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007), 136.

asylums transfers throughout the interior brick walls as well as the exterior walls. Given their supportive role to the overall structure, demolition of the interior walls proves difficult.⁷⁴ It would require a great amount of time, money, and effort to restructure the bearing support to allow for the demolition of the interior walls. The issues of construction limit the viable uses of the building given the fact that owners cannot compartmentalize the space according to their own program requirements. Modern reuses of asylum buildings often take advantage of the larger spaces in the administration building at the center of the structure. The wards with their long corridors and small dormitories present the greatest challenge to reuse and often remain unused.

Expansive wings of the Kirkbride-type asylums definitely offer a sense of monumentality to the institutions. Built to resist the ravages of time with durable construction and materials like masonry, these buildings also resist change. The power and capability represented by the architecture also represented the buildings' failures. Concerns for patient safety meant that the asylum buildings needed to either be small enough for egress in the event of a fire, or built of solid masonry to prevent the spread of fires through the wards. Purpose-built to the point of unyielding specificity, and often favoring the massive construction of masonry, even the doctors began to request design changes for new institutions because of the problems caused by the echelon building design. Increasing patient populations well beyond the original maximum limit filled

---

⁷⁴ Asylums built in this time period focused heavily on the use of bricks as a building material. Fire safety concerns as well as the incredible size of the structures almost required the use of masonry as a construction method. In the period of slavery, bricks were most often made by slave-labor or prison-labor; Carla Yanni, *Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007), 150.

every available space of the Kirkbride asylums. First, the auditoriums and dayrooms converted to dormitories for patients, and then the hallways filled and rooms intended for two people become stuffed with eight or more. As the need for space increased campuses expanded with new construction intended to relieve the pressure. For those buildings dedicated to staff purposes, timber buildings were not uncommon because of their easier and timelier construction. Many campuses expanded, not by adding wards to the existing echelon structure, but by building cottage-style accommodations. From the very establishment of the Kirkbride-type asylum the building plan had already begun to show its inadaptability.⁷⁵

The evolution of campuses over time saw the rise and fall of buildings, the expansion and contraction of acreage, and the use and disuse of the structures on the property. Of the 109 asylums investigated, all but seventeen known sites operate as mental health facilities or have been adapted to a new use. Some of the seventeen sites are listed as preserved while others have empty buildings awaiting an unknown future. Twenty-seven state hospitals have completely demolished their historic sites. This number considers demolitions completed as the result of the needs of the campus and not demolition as a result of disasters such as hurricanes and fires. Of all the state-owned nineteenth-century institutions, twenty-one sites have seen the partial demolition of their historic structures and twenty-seven have lost the original historic structures that once stood on the property. This demolition appears to occur regardless of designation status.

---

⁷⁵ Stewart Brand, *How Buildings Learn: What Happens After They're Built* (New York: Penguin Books, 1994), 44.

New York's Willard State Hospital, Ohio's Columbus State Hospital, and the NHL property of the Hudson River State Hospital, among several others, have experienced a considerable loss of historic material. It was the demolition of the two NRHP designated-asylums at Cleveland, Ohio and Jacksonville, Illinois that promoted their removal from the program. Contemporary use on these sites called for the creation of newer buildings, and in several cases, the demolition or the abandonment of the old. Engineers often found these antiquated Victorian structures to be unsound and left them or razed them.

Although the Kirkbride-plan came to symbolize the moral treatment movement, physicians quickly grew frustrated with the overly-designed structures. Moving back and forth within the wards required sharp right turns through narrow spaces and long walks to see the patients at the very ends. Difficulties in the redesign of larger asylum buildings may be at the heart of the reason for abandonment of historic buildings. Government estimates suggest that as many as 77,000 government-owned buildings across the country could be empty or underutilized. In total these buildings cost taxpayers about \$1.7 billion a year according to data collected by the Office of Management and Budget.⁷⁶ The Bowen building at the Illinois Asylum for the Incurable Insane, opened in 1895, has been empty since 2008. Possibility for renovation halted when, faced with a cost estimate of about \$200,000 for asbestos removal, the owner decided to abandon the

---

⁷⁶ Laura Sullivan, "Government's Empty Buildings are Costing Taxpayers Billions," March 12, 2014, accessed February 14, 2015, <http://www.npr.org/2014/03/12/287349831/governments-empty-buildings-are-costing-taxpayers-billions>.

project and mothballed the building.⁷⁷ After patients in the Buffalo State Asylum for the Insane moved to new buildings in the 1970s most of the Kirkbride treatment-style. In 2008 the Preservation Coalition of Erie County (renamed Preservation Buffalo Niagara in 2008) won a lawsuit against New York State forcing the state government to appropriate \$100 million to the asylum's renovation.⁷⁸

Complications to the rehabilitation of abandoned sites arise because of the natural degradation of the building over time, a fact which is often exacerbated when the building has been abandoned. Buildings shuttered for a few years fare much better than those left for decades in terms of deferred maintenance costs. But length of abandonment does not save these buildings against human degradation. Asylum campuses often span vast amounts of acreage, with various buildings spread across the area. Though fences displaying signs warning of the prosecution of trespassers can ward off possible intruders, they are not always adequate deterrents. Destructive groups often target the empty institutions as a place where they are at liberty to spray paint, break windows, and set fires.⁷⁹ Illicit groups such as drug users also make use of these properties. One of the more benign groups of people who enter the site are abandoned-site tourists. These groups of people explore these sites out of curiosity and appreciation for the historic structures but their benign nature does not mean that they do not negatively impact the

---

⁷⁷ Tim Povtak, "High Cost of Asbestos Abatement Derailing Another Historic Renovation," December 6, 2011, accessed February 14, 2015, <http://www.asbestos.com/news/2011/12/06/high-cost-of-asbestos-abatement-derailing-another-historic-renovation/>.

⁷⁸ "Buffalo State Asylum," World Public Library, accessed February 14, 2015, http://netlibrary.net/articles/Buffalo_State_Asylum.

⁷⁹ Jon M. Shane, "Abandoned Buildings and Lots: Guide No. 64," http://www.popcenter.org/problems/abandoned_buildings_and_lots/.

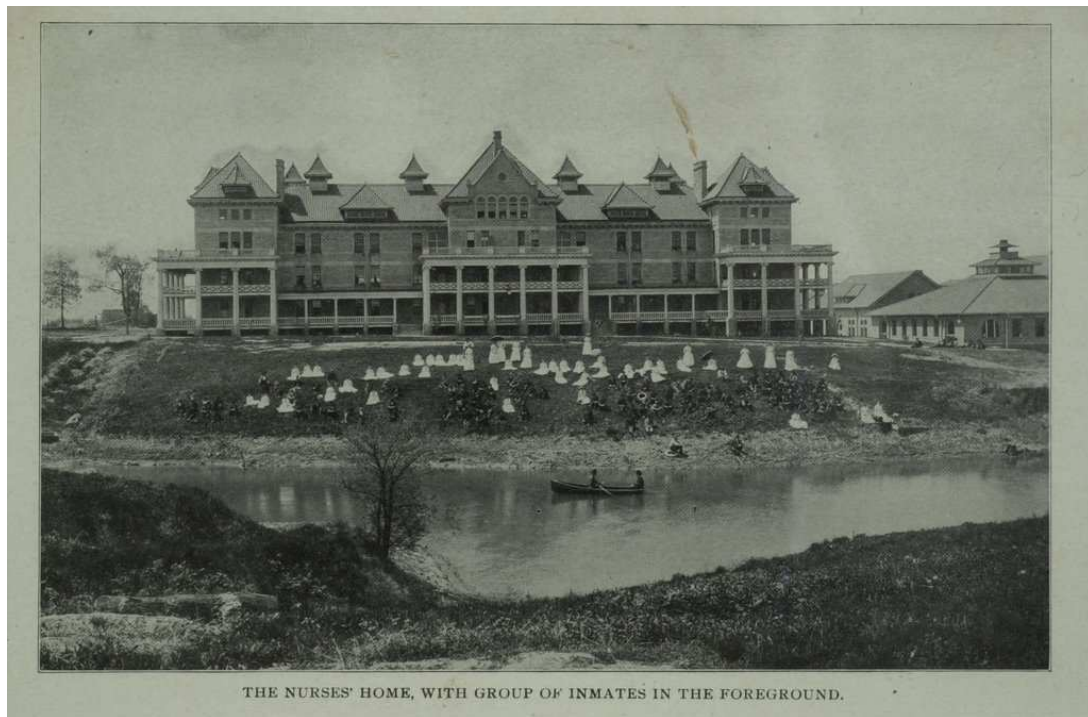


Figure 333. Postcard of the Bowen Building at Peoria State Hospital, Peoria, Illinois. Date unknown. ("Forgotten Peoria: History for my generation," <http://forgottenpeoria.blogspot.com/>).



Figure 34. Bowen Building of the Illinois Asylum for the Incurable insane in 2011. Significant damage to the roof is evident and the windows above those shuttered on the first floor appear to be missing. Courtesy Kelley Conkling, <https://www.flickr.com/photos/kneff-photography/7806617400/>.

building. Although the human destruction of these buildings is a large concern for the owners of the properties, the degradation of these buildings is a threat to the health of any human that trespasses.

Contemporary property owners face a difficult decision concerning asylums that have remained empty for some time. The money required to rehabilitate the structure may be cost prohibitive. Another option leaves the building vacant, degrading by neglect and illegal human interaction. Sale of the property is a viable option, as well as the demolition of the existing structure. Rehabilitation efforts work with the existing fabric of the building, and thus have an element of the unknown. New construction entails unknowns and risks that are more familiar to the construction industry and so demolition and rebuilding could present a much more enticing option financially. Older buildings may require updated services, by law, such as fire egress and fire suppression systems. This may require significant reengineering of the space; details that are designed for early on in new construction.⁸⁰ The stigma attached to the historic structures could also play a role in the decision making process, as it may be easier to advertise a new building as opposed to one with a history deemed negative such as an asylum. Community support for these buildings is growing and examples of the asylums' successful reuse are numerous. Demolition does not need to be the only answer to redevelopment.

---

⁸⁰ National Trust for Historic Preservation: Preservation Green Lab and Urban Land Institute, "Retrofitting Philadelphia: The Partnership for Building Reuse," September 2014, 22, <http://www.preservationnation.org/information-center/sustainable-communities/green-lab/partnership-building-reuse/04614-NTHP-Philadelphia-WEB-FINAL.pdf>.

Today a majority of the asylums continue their original mission of fostering aid in the mental health field, at least on the property associated with the nineteenth-century asylums. St. Elizabeth Hospital, as a case study, illustrates some of the difficulties surrounding the adaptive reuse of asylum campuses and their historic structures. News



Figure 34. Map of St. Elizabeths Hospital east and west campus. The historic echelon building can be seen just above the wordage “West Campus”. Courtesy Wallace Roberts & Todd.

on the asylum in Washington D.C. details the reuse of the campus. These details, however, do not address the fact that the site has many empty structures. St. Elizabeth Hospital, the national government-operated asylum designated to the NRHP and the NHL program, still operates today. The Gothic structure opened in 1855 and is one of the largest asylums in the country. In 1906 the hospitals patient population was around 3,600

and had an impressively-sized work force.⁸¹ The site has been divided between two campuses, a west and an east property. The east campus operates under the control of the District of Columbia's city government as an in-patient hospital in a newer building. The United States General Service Administration (GSA) owns the west campus and has stabilized the historic structures although they are not currently in use. The west campus, home to sixty-one structures on 176 acres, was listed on the National Trust for Historic Preservation's list of eleven most endangered historic places in 2002. With a price tag of \$50-\$100 million just to bring the main historic structure up to code, no private developers took interest in the site and so the building remained empty. After five years of work on the building and \$330 million invested, the Coast Guard has since moved offices onto the site. Local preservationists displeased with this arrangement argued that the highly secure office would contribute little to the surrounding economy and was not the best use of the campus.⁸²

Unlike St. Elizabeths Hospital, many asylums do not get the help they need in time. Late in the year of 2014 the gavel fell on the fate of the New Jersey State Lunatic Asylum at Morristown. A contract for \$34.5 million for the demolition of the 678,000 square foot echelon building scheduled for April 2015 was awarded to a New York-based environmental remediation company.⁸³ The asylum opened in 1876 to 292 patients, but

---

⁸¹ Gilson Gardener, "Mother and Daughter Railroaded to U.S. Asylum and Kept 2 Years Though Sane," *Spokane Press*, November 26, 1906, 4, <http://chroniclingamerica.loc.gov/lccn/sn88085947/1906-11-26/ed-1/seq-4/>.

⁸² Joe Holley, "Tussle Over St. Elizabeths," *The Washington Post*, June 17, 2007, 1-3, accessed February 14, 2015, <http://www.washingtonpost.com/wp-dyn/content/article/2007/06/16/AR2007061601192.html>.

⁸³ William Westhoven, "Greystone demolition bid awarded: \$34.4M," *Daily Record*, August 14, 2014, accessed March 15, 2015, <http://www.dailyrecord.com/story/news/local/2014/08/14/greystone-demolition-bid-awarded-m/14071177/>.

experienced overcrowding almost immediately. In 1881, conversion of the attic space into patient dormitories began and in 1887 the exercise rooms were similarly converted. The hospital would reach its peak population in 1953 at 7,674. The asylum is widely believed to be the largest building in the United States predating 1943. Over the years the institution systematically shut down the use of the historic building by transferring the patients to a new hospital building on the campus. The old building closed completely in 2003. As a last push to save the structure, the preservationist group Preserve Greystone filed an appeal against the issuance of a demolition permit stating that the state failed to engage developers that planned to rehabilitate and reuse the structure.⁸⁴

The projects of St. Elizabeths and the lunatic asylum at Morristown differ in their construction needs and proposed uses. A first glance comparison seemingly highlights the main advantage to demolition. Rehabilitation of the buildings on St. Elizabeths Hospital's campus required over \$300 million whereas demolition of the New Jersey asylum, once considered the largest building in the United States, was accepted with a bid of about \$35 million. With such a cost differential between rehabilitation and a clean slate it may be hard to argue the benefits of reuse to private developers. But this solution is too near-sighted and does not consider the intrinsic values of a preexisting structures.

Without speaking of the intangible worth of historic structures, the physical losses of a building can be determined using an embodied energy calculator, such as the one at

---

⁸⁴ Dan Bloom, "Haunting pictures show the decay of an abandoned asylum which once held 7,000 of America's most disturbed patients," *Daily Mail*, April 11, 2014, <http://www.dailymail.co.uk/news/article-2601383/Haunting-pictures-decay-abandoned-asylum-held-7-000-Americas-disturbed-patients.html>.

greenestbuilding.org.⁸⁵ Embodied energy of a pre-existing structure entails the total amount of energy expended on the fabrication of construction materials, the construction labor required, and the labor required by demolition. Information attained from this calculator are considered estimates as the circumstances surrounding the material fabrication, construction, and demolition of each project may result in a higher or lower energy cost depending on different and unknowable circumstances surrounding each endeavor.

Greenest Building online energy calculator determined the energy needed for the construction of the New Jersey State Lunatic Asylum at Morristown, demolition of the historic structure, and subsequent new construction. The historic structure of the New Jersey State Lunatic Asylum cost 1,166,160,000 MBTU (One Million British Thermal Units) of embodied energy to create. The amount of energy to tear down such a building expends 7,119,000,000 BTU of energy. Add those numbers together with the energy costs of new construction of a hypothetical medium-sized office space of 100,000 square feet and the total energy invested in the site equates to 1,173,379,000 MBTU or a loss equivalent to 10,203,296 gallons of gas. A car capable of twenty-five miles per gallon traveling on that much gas can circle the earth 410.4 times.

The financial burden of such energy loss is calculated when you look at the price of gas per gallon. Calculated at a gas price set in the city of Parsippany, New Jersey at \$2.29 for unleaded fuel in April 2015, the energy cost of demolition and new construction

---

⁸⁵ “The Greenest Building,” accessed February 15, 2015, <http://thegreenestbuilding.org/>.

equals \$23,365,547.84. Add on to that the \$34.5 million demolition bid, the money needed to construct the new building, the time required to demolish the building and construct a new one, and the wages paid to employees, and what seemed like a smaller investment has suddenly become a large financial undertaking and a massive loss of embodied energy.⁸⁶

Though the majority of sites continue to operate as state asylums, many of the buildings researched are underutilized or abandoned. There are a few examples of ways in which these buildings have been adapted. One example, the Halstead Danvers apartment complex, took ownership of the site of the former State Lunatic Hospital at Danvers after the hospital's closure in 1992. The wards remained empty for about two decades before the apartment developers opened the residential space in 2013. Most of the structures on the property were demolished. The conditions of the buildings prior to their demolition is unknown; condition of the buildings could have influenced the decision for demolition. The exterior walls of the former asylum are all that remains of the historic structure.

As asylums closed in the late 1980s and 1990s reuse became an issue for concern at several for the sites. Numerous sites became correctional facilities with new buildings to house the inmates. Gowanda State Homeopathic Hospital's site is home to two correctional facilities, the Gowanda Correctional Facility and the Collins Correctional Facility. In 1982, 40 percent of the original Gowanda State Hospital site became the

---

⁸⁶ "The Greenest Building," accessed February 15, 2015, <http://thegreenestbuilding.org/>.



Figure 36. Danvers State Hospital, Danvers, Massachusetts. Photograph dated 1893. (Shadow, January 27, 2008, "Danvers State Hospital," <http://danverskirkbride.blogspot.com/>).



Figure 37. Luxury Apartments in the exterior shell of the Danvers State Hospital. Photograph dated 2003. (Rebecca Beatrice Brooks, September 19, 2012, "History of Danvers State Hospital," History of Massachusetts, <http://historyofmassachusetts.org/history-of-danvers-state-hospital/>).

Collins Correctional Facility on which the original structures of the hospital sat. Given the security measures in place surrounding information on the prisons, it is not known in what way the original structures are used or how much of the historic material still exists.⁸⁷ Four other sites currently operate as correctional facilities although the historic structures have for the most part been lost or remain empty.

Educational institutions have also taken an interest in some of the historic structures. The University of Alabama and Ohio University utilize former asylum

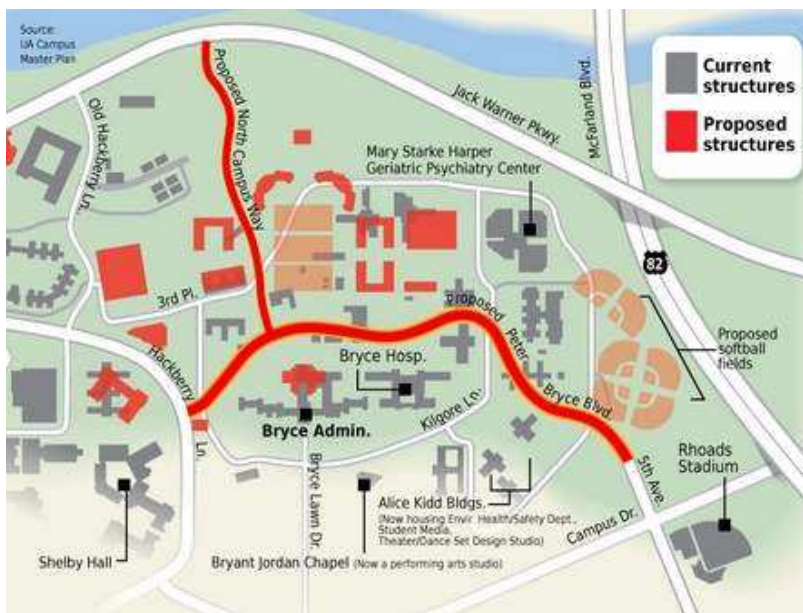


Figure 35. Proposed construction for Bryce Hospital campus. The historic echelon structure appears in the middle of the image entitled "Bryce Admin." (Ed Enoch, "State expects to turn over Bryce Hospital grounds to University of Alabama by June," Tuscaloosa News, February 23, 2014, <http://www.tuscaloosanews.com/article/20140223/news/140229836>).

buildings and sites. The University of Vermont operates on the site of the Vermont State Asylum for the Insane, today. Bryce Hospital, a NRHP designee, became part of the University of Alabama in 2010. As part of the agreement, the university was

required to maintain many of the original hospital structures. Another NRHP designee, the Athens State Hospital, is part of the Ohio University campus. Vacated by the hospital

⁸⁷ "Gowanda Correctional Facility," accessed February 16, 2015, <https://www.facebook.com/pages/Gowanda-Correctional-Facility/104142092955050#>.

in the 1990s, the University now uses several of the structures for purposes related to the students. The Kirkbride-type building currently houses an art museum and studio space for art students.⁸⁸

Museum spaces like the one on the Central Indiana State Hospital campus comprise a somewhat popular way of reusing space on the institutions campus. Museums operate on seven of the campuses, and an additional two sites offer historic tours of the historic structures. The Indiana Medical History Museum occupies the Old Pathology building on the Central Indiana State Hospital in Indianapolis. The museum educates patrons about the beginnings of scientific psychiatry and its evolution over the past decades. The Old Pathology building is also home to the Indiana State Archives and the Indiana State Library. The Clarinda Asylum for the Insane, which now operates as the Clarinda Treatment Center, has a museum dedicated to the history of the hospital in one of the wards. Of all the campuses across America, there is currently one that fully engages the public: The Village at Grand Traverse Commons in Traverse City, Michigan.

---

⁸⁸ Ed Enoch, "State expects to turn over Bryce Hospital grounds to University of Alabama by June," February 23, 2014, <http://www.tuscaloosanews.com/article/20140223/news/140229836?tc=ar>; "Athens State Hospital," accessed December 12, 2014, <http://www.kirkbridebuildings.com/buildings/athens/>.

The Northern Michigan Asylum opened in 1885 as a solution to the overcrowding that plagued the other state institutions at Pontiac and Kalamazoo. The self-sustaining campus operated until 1989 and sat unattended for five years. Traverse City commissioned a redevelopment plan for the area and hired the Grand Traverse

Northern Michigan Asylum for the Insane
"Building 50"
Architect: Gordon W. Lloyd
1885
Traverse City, Michigan

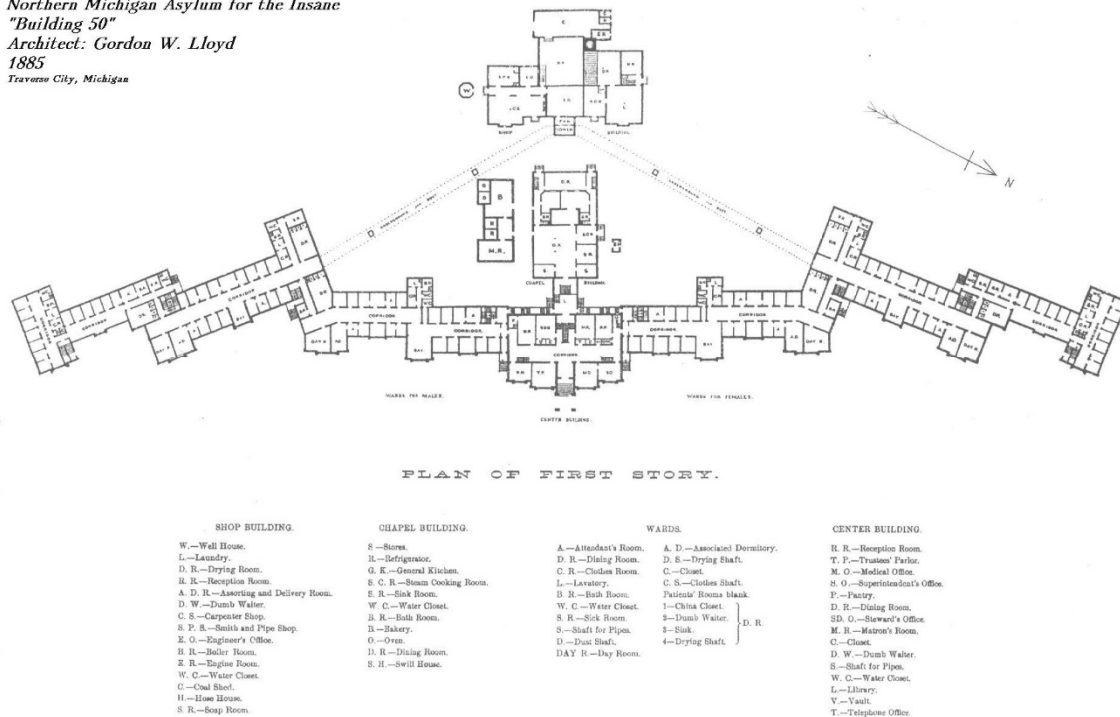


Figure 36. Modified echelon plan of Traverse City State Hospital, Traverse City, Michigan. Dated 1885. ("Traverse City State Hospital," Rootsweb, http://www.rootsweb.ancestry.com/~asylums/northern_mi/).

Redevelopment Corporation. The developer targeted the historic structure known as Building 50 for demolition as part of the redevelopment plan for the campus. The threatened echelon building quickly caught the attention of grassroots programs that argued for the structure's preservation. After successfully petitioning for the preservation of the building, the community sought a developer that would reuse the historic structure. In 2000, the Minervini Group applied for and won the commission. The group worked closely with the community and established The Village at Grand Traverse Commons.

The campus is now a multi-functioning site with condos, restaurants, shops, offices, park spaces complete with trails, and historic tours of the site.⁸⁹ This grand structure, which

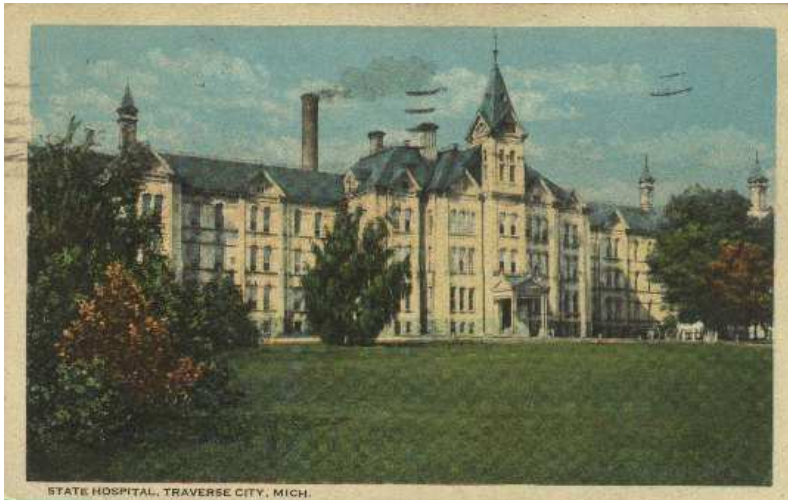


Figure 37. Postcard of Traverse City State Hospital. Date unknown. (“Traverse City State Hospital,” *Asylum Projects*, http://www.asylumprojects.org/index.php?title=Traverse_City_State_Hospital).

once served the community, has been saved and now serves it again.

Developers may argue several points in support of the demolition of these historic asylums. The solid construction of

these buildings—the Territorial Insane Asylum in Utah originally had twenty-five inch thick masonry walls—with smaller interior spaces that provide structural support, makes the redesign of the interior spaces difficult and costly. Marketing for the spaces may experience difficulty given the stigma that haunts these buildings; will buyers be comfortable with the idea of living or working in a place that once housed mentally ill patients? The sites are very often monstrous in size and in varying degrees of disrepair, requiring more attention and more money. Although the task is certainly daunting, there

---

⁸⁹ Andrea Messinger, “Traverse City’s The Village at Grand Traverse Commons Is a Neighborhood Within a Vibrant City,” accessed February 16, 2015, <http://www.mml.org/resources/publications/mmr/issue/march-april2010/traverse-city.html>; “The Village at Grand Traverse Commons,” accessed February 16, 2015, <http://www.thevillageetc.com/>.

exist groups within the preservation community that are willing to consider these monoliths and attempt to breathe life into them again.

Historic asylums like the New Jersey State Lunatic Asylum at Morristown teeter on the point of inexistence. The demolitions that have already occurred on the campus at



Figure 38. Administration building of New Jersey State Lunatic Asylum at Morristown, New Jersey. Date Unknown. Courtesy of the Morristown & Morris Township Library, North Jersey History & Genealogy Center.

Morristown have made way for a county park complete with roller skating rinks and trails.⁹⁰ The remaining historic structures of the original institution—the administration building and remaining wards along with an unknown number of remaining smaller buildings—face

complete demolition in the spring of 2015. Although the community has shown support for the structure and the viable options for reuse in the remaining buildings as previously

⁹⁰ Holly Stewart, “Tearing down the walls of Greystone Park Psychiatric Hospital,” April 2, 2014, <http://www.northjersey.com/community-news/tearing-down-the-walls-of-greystone-park-psychiatric-hospital-1.840200>.

exemplified are numerous, America may see the loss of the historic asylum at Morristown and its potential as a community center.



Figure 39. Demolition of employee's residence on the New Jersey State Lunatic Asylum at Morristown campus. Date unknown. (Dan Goldberg, "Gov. Christie announces \$27M plan to clean up former Greystone Psychiatric Hospital property," NJ.com, November 3, 2011, http://www.nj.com/news/index.ssf/2011/11/gov_christie_announces_27m_pla.html).

CONCLUSION

Across the landscape of the continental United States giants from a bygone era await an unknown future. Some are merely skeletons, wasted away from neglect and slowly disappearing behind the ceaseless creeping of vines. Other asylums have continued to serve the mental health industries or have adapted to new uses such as correctional facilities, museums, apartments, and mixed-use complexes. The history of the institution of asylums tells an interesting story of national population growth and changing social perceptions. Today, they also tell of the struggle to adapt during times of change. In charting the history of the mental health institution in the continental United States, the larger patterns that emerge speak to the national significance of asylums as a type. Although a few individual asylums do stand as historically significant in their own right, either as the first of the Kirkbride-style plans or their connections with historically important figures, for the most part asylums derive significance as a collection of state hospitals. This collective importance means that recognition of significance and future preservation efforts must consider the overarching narrative told by asylum sites.

The collective significance of asylums changes how to go about understanding their importance. Theme studies provide an analysis of many properties through a broader narrative such as the places associated with gold mining along the west coast or health services throughout the United States. Theme studies work toward establishing the significance of a group of buildings or sites by linking them together. Independently

they cannot represent the larger narrative at work.⁹¹ Viewed only as single state hospital facilities, the context in which the lunatic hospitals emerged is lost. Before this thesis a thematic-type study had not been undertaken in consideration of the nineteenth-century asylum type.

The entire population of nineteenth-century purpose-built state and federal government hospitals contains a few large scale patterns important to understanding the type and its place in history. By considering the patterns discussed in Chapter 5: Analysis, a richer significance is afforded the asylums type. Chapter 5: Analysis examined the patterns of asylums in a top-down manner, looking first at nation-wide patterns down to individual persons. On the broad end of the spectrum, state and federal asylums continued increasing in number through the nineteenth century, following patterns in population movement as well as large historical events. Population growth in the country continued steadily through the 1800s and the need for space saw a push against the western frontier boundary. This expansion of the country and the increase of its citizens was marked periodically by the establishment of asylums in response to the growth occurring. Time also marked occasions in which dramatic events and environments affected the mental stability of Americans and contributed to the expansion of individual asylum campuses as well as the national system of asylums.

On the other end of the spectrum of range of importance, the architectural styles of state hospitals and the architects associated with them offer intriguing details into the

---

⁹¹ National Park Service, "NHL Theme Studies," accessed March 11, 2015, <http://www.nps.gov/nhl/learn/themestudiesintro.htm>.

type of asylums. Specific patterns of asylum institutions detail trends that occurred within the type itself and not necessarily the overall national narrative. Trends in architectural style found in the designing of asylum facilities include the most popular architectural trends in the type as Romanesque, Italianate, Neoclassical Revival, and Gothic. It is interesting to note that geography had little, if any, effect on the design of asylums buildings. Rather, it was the era of popularity for each architectural style that exerted the most influence. The men known to have designed these grand buildings ranged from architects that contributed only one design to well-represented architects personally promoted by Dr. Kirkbride. Some, like Samuel Sloan, had a considerable influence and their designs can be found in multiple states. The broader patterns previously discussed form the basis of significance for the type on a national level, but asylums derive importance from these smaller details as well.

The type-specific patterns of asylums, specifically the “every detail controlled” aspect of Kirkbride-style asylums, act as the greatest detriment to this type in modern society. Historical construction differs greatly from the construction of today, and asylum building included materials considered by contemporary audiences to be unsafe and construction methods that make adaption of the spaces difficult. Asylums require considerable maintenance and money in order to bring them up to modern buildings codes. This financial stress leads to an increased threat of demolition or neglect. Their location on a grounds totaling hundreds of acres gives another reason for the state to sell the land to private owners like developers, a situation which increases the likelihood of demolition further based upon the perceived costs of rehabilitation versus new

construction. The construction of asylums may present the most difficult challenges to arguments for preservation, but the dark history that follows asylums may also prove a hindrance.



*Figure 40. Dr. Walter Freeman performing a transorbital lobotomy at the Cherokee State Hospital facility, date unknown. In 1924, Dr. Freeman pioneered his transorbital lobotomy at St. Elizabeths Hospital. In 1945, in response to the shell-shocked GIs returning to the United States, Dr. Freeman developed the “icepick” lobotomy, a more portable method. (Carla Joinson, “Cherokee State Hospital for the Insane,” *Indians, Insanity, and American History: Asylums and Insanity Treatments 1800-1935*, February 24, 2011, http://cantonasylumforinsaneindians.com/history_blog/tag/walter-freeman/).*

The sordid history of asylums, especially the era of experimentation in the twentieth century, left a black mark on the institution that has given rise to images of medical torture and paranormal hauntings. Medical developments in the mid-twentieth century explored different methods of patient-controlling “curative” procedures like the transorbital lobotomy which changed the personalities of patients sometimes to the point of leaving the patient in a persistent vegetative state. Medications used to make patients more compliant also give rise to controversy. Reinforcements of this dark history appear

in movies such as *One Flew Over the Cuckoo's Nest*, a 1975 fictional depiction of patients inside a mental health facility filmed on the Oregon State Insane Asylum campus. Paranormal-evidence shows such as *Ghost Asylum* on the Destination America TV network, have grown in popularity, promoting the darker image of asylums for higher television ratings. The Weston State Hospital operates as Trans-Allegheny Lunatic Asylum, a place for heritage tours but marketed heavily for its ghost tours and unnerving overnight experiences. There may not exist a direct correlation with this public image and the number of buildings rehabilitated, but this problem certainly provides talking points for developers. Too large, too specialized, too expensive, and haunted by a reputation that unsettles the public, moral treatment asylums of the nineteenth century face numerous threats that make preservation efforts geared toward protecting state hospitals all the more necessary.



Figure 41. Greystone Park movie poster. The film is a found-footage horror movie released in 2012 by director Sean Stone based on his experiences exploring Greystone Park State Hospital in 2009. ("Greystone Park (2012),"IMDB.com, <http://www.imdb.com/title/tt1588886/>).

The sordid history of asylums may have consigned the overall system of mental health facilities to ghost stories and horror movie settings, but the NRHP and NHL programs have recognized the importance of these structures. Offensive histories of the institutions seem to override the once positive images these institutions had, thus

complicating the argument for their preservation. Increased discussion on the type's contributions to the broad patterns of American history will more effectively substantiate the argument by revealing the type's groundbreaking past. Of the twenty-four designated asylums with known criteria of significance as listed on their NRHP nomination forms, twenty list broad patterns of American history as a reason for significance.⁹²

Highlighting the importance of the asylum type requires an examination of the larger themes of asylums. Discussing asylum's metapatterns of population and national growth, changes in the obligations the government has to its constituents, and groundbreaking concepts of humane treatment offers insight into the broader significance of the state hospital type.

The major scale of national population growth and national expansion explains the geographical patterns presented in Chapter 5: Analysis. Close ties between the idea of national expansion and the insane developed out of population movement and growth. Plotting the creation of asylums on a map of the United States and examining the outcome, the colonization of the American west and areas of the densest population settlement are charted. Figures 15 through 22 in Chapter 5: Analysis draw attention to both the growth of the population throughout the nation as well as the migratory movements that occurred toward the western frontier of the country. Early on in the moral treatment movement the states' responsibilities came to include asylums as a

---

⁹² A portion of the National Register nomination forms do not provide a checklist for criteria A-D, instead providing multiple checklists to describe specific areas of significance like architecture, engineering, and medical history. On these nomination forms the asylums listed Social/Humanitarian as a level of significance and one checked Social/Humanitarian and Health: mental.

necessary component of the infrastructure as an obligation governments had for their people. As development on the western frontier expanded, it brought with it this necessary infrastructure.

Mid-nineteenth century advancements included the changing roles of the state and federal governments in regards to the lives of its constituents. Insane persons at the settling of the country on through the early nineteenth century were burdens upon their families. Those too poor to be stowed away in a private facility could end up in prison. The age of Enlightenment spurred philosophical questions about the nature of man and what role the government should play in society. In nineteenth-century America, these ideas manifested themselves in the belief that the government had an obligation to consider and care for all its citizens. The time came for the state to prove its commitments after the Civil War when former slaves became dependent upon the state for mental health care. At one time considered property of an estate, former slaves became citizens of the larger society and were therefore owed the same treatment afforded others. The states agreed and provided accommodations at existing state hospitals or established new facilities for their use. A revolutionary idea in its day, the concept of state-care for the insane marked a change in the way the government viewed its responsibilities and the perception society had toward the insane.

Humans huddled on the floor of a prison cell chained to the wall shocked humanitarians like Dorothea Dix into action. Insanity being a mark of evil up until the early to mid-nineteenth century, questioning the treatment of the insane patients did not usually occur. This was simply how society dealt with insanity. Enlightenment-era thinking proposed new ideas on what it meant to be human and defined society's obligations to its fellow man. Humans deserved humane treatment, not punishment, in the face of an illness that was beyond their control. Asylums spoke to this need by



Figure 42. Interior hallway of Kalamazoo State Hospital made comfortable by wall hangings, plentiful seating, and generous space to move about. Date unknown. Courtesy the Kalamazoo Public Library, Kalamazoo, Michigan.

creating facilities that encouraged patients to exercise and interact with other people in home-like environments meant to make them feel safe. Restraints remained—an unfortunate necessity in cases where patients threatened harm against themselves or others—but as a last resort. What may seem like basic human consideration today was a

groundbreaking concept in the mid-1800s. An individual asylum can warrant significance as a single entity, but significance of the larger type derives from the growth of the nation. Asylums illustrate the geospatial movement and population growth, the idea that a state's obligation was to serve its people, and that those people, no matter their affliction, deserved respectful treatment.

The larger historical narratives in which asylums play a role comprise the significance of the type. There are difficulties in preserving 109 structures and although the nation has deemed some of them significant enough to represent the type on the NRHP and NHL programs, evidence from previous chapters reveals that recognition does not ensure preservation. "In the end, it is just a list. The National Register of Historic Places is simply a list of properties in the United States that have been nominated for historical recognition..."⁹³ Designated NRHP and NHL properties that have received Federal funding, licensing, or other aid, by law, are required to send notice of any proposed changes to the site and structures. After such notification the government will advise on how to proceed with the proposal. This process does not hinder properties that do not use federal funding, licensing, and so forth. For the most part, asylums both designate and non-designated obtain funding through state or private means, allowing for the susceptibility of these properties to the property owners. To protect these sites, preservation efforts must acknowledge and plan for these particular difficulties.

---

⁹³ John H. Sprinkle, Jr, *Crafting Preservation Criteria: The National Register of Historic Places and American Historic Preservation* (New York: Routledge, 2014), 1.

At an earlier point in history there existed a great number of asylums and too many uncontrollable factors to ensure that every asylum stood today. As the number of asylums stands now, after decades of demolitions and rebuilding campaigns, they compete with the other historic structures within the state for funding. With a limited budget allotted by the state and federal governments toward preservation efforts, saving each and every asylum is simply not a feasible goal. Continued loss of historic fabric necessitates a mitigation focus to preservation efforts aimed at saving state hospitals. As asylums continue to disappear from the American landscape the best answer is to ensure that these buildings do not fade away absent a record for future access.

Depending on personal view, the accessibility of information on the internet can be good or bad. Historic structures and sites like asylums continue to be lost, but records of these structures may exist online. State asylums “can be ‘visited’ in old photos, in the pages of a book, or by pointing and clicking on the Web. Perhaps it is an abstract proposition to ask people to mourn the loss of a place they’ll never see.”⁹⁴ The future of preservation relies in the recording of data, especially those made widely accessible through digitization. Preservationists may find it hard to admit that time will destroy some sites—not all buildings are promised salvation—but architectural records such as those collected by the Historic American Buildings Survey (HABS), museum records, and scholarly literature can preserve the knowledge of the building in the absence of a physical structure. The environment of American preservation today struggles under the

---

⁹⁴ Ray Suarez, introduction to *Saving America's Treasures*, by National Trust for Historic Preservation (Washington D.C.: National Geographic Society, 2001) 19.

weight of decreasing funds and declining numbers of personnel and so battles are chosen with care. For asylums this means ensuring that mitigation efforts focus on the documentation of individual sites to provide a record for the future.

Mitigation is an opportunity to document and preserve buildings in danger of being lost. Come the loss of an historic structure, a record of the building will still exist for future generations. HABS surveys include building histories, contemporary photos taken during the survey period, original floor plans, and updated floor plans. Demolished



Figure 43. Photo of the State Lunatic Asylum at Taunton, Massachusetts taken during a HABS survey in 1987. (Library of Congress. Prints and Photographs Division HABS MASS,3-Taut,2-1).

in 2009, the modified echelon structure of the NRHP designated State Lunatic Asylum at Taunton in Massachusetts, opened 1854, still lives on in images taken during the survey on the Library of Congress' HABS/HAER/HALS website.

The images provided by the database show the exterior of the building as it stood in 1987 at the time of the HABS survey. Interior photographs do not appear in the survey record. The record also contains a two page Architectural Data Form, of which one page contains the title of the survey, dedicated to a brief description of the asylum. Described as an E-plan, the modified echelon building as seen from contemporary aerial views appears more complicated than just an E-shape but aerial views and floor plans do not constitute

part of the record. As with any other asylum site, the campus at Taunton consisted of several buildings intended to provide services for the facility. These campus buildings do not receive attention in the HABS survey.

Holes certainly appear in the record for the State Lunatic Asylum at Taunton, but at the very least a record of the asylum does exist. Independent research uncovers information that strengthens the HABS record. Sanborn maps, historical images, and the contemporary aerial views of the site found through different websites supplements the 1987 survey. Between HABS, State Historic Preservation Offices, historical societies, scholarly literature, and museums, there hopefully exists a vast store of information that can stand in the place of a lost physical structure if need be. While efforts continue to document these facilities, energy toward the sufficient collection of research should also be assured.

Buildings deemed excessive property with no real income act almost as dead weight in which money goes into the structures but nothing is gained. In a financially strained environment deadweight asylums become a perfect target when cuts occur. A historic building that has lost its function becomes a statue. A piece of art to some, yes, but a non-functioning entity all the same. A building's purpose is to interact with the human world in some way, thereby making it a contributing structure to society. Does it make sense to funnel money into buildings that do not function or cannot function while active sites operate on shoestring budgets to survive? Can preservation-mindedness include the destruction of buildings toward the benefit of other historic structures? By acknowledging the continued loss of historic asylums and the knowledge that

preservation efforts cannot save every single building, preservation efforts will better serve the type in the future.

RECOMMENDATIONS

Demolitions, abandonments, and building redesigns of nineteenth-century asylums make the preservation of the state hospitals difficult. With the continued loss of historic fabric certain steps must be taken in order to ensure that the asylum type remains a feature of the American landscape into the future. Recommendations for the preservation of the 109 asylums examined in this thesis are based off of the information collected in Appendix B: Asylum Survey. Upon review of the regional and national patterns associated with asylums and the difficulties these facilities face, it was determined that the best course of action is to conduct the proper documentation of asylum campuses, act to mitigate the seven most threatened asylums, and ensure there is a sufficient regional representation on the National Register.

The continued loss of historic fabric means that documenting those asylums considered at danger of deterioration or loss is of the utmost importance. Considering the level of historic fabric remaining on site, the current uses of the buildings and campuses, and whether the facility is the last remaining insane asylum in the state, a list of the top seven most threatened asylums, according to this thesis, was compiled. Faced with a fast approaching demolition, if not already underway, the New Jersey State Lunatic Asylum at Morristown is considered to be in the greatest need of mitigation efforts. As one of two nineteenth-century institutions in the state of New Jersey, the other being the New

Jersey State Lunatic Asylum at Trenton which lost the administration portion of the historic Kirkbride plan in the 1960s. The Kirkbride structure at Morristown is the most intact in the state of New Jersey. Given that the demolition of this state hospital is due to begin in April 2015, the date of publication for this thesis, this option may already be unobtainable.

The State Lunatic Asylum in Milledgeville, Georgia, as the only nineteenth-century asylum in the state and having remained in a sustained state of closure since 2010, takes the second most asylum deemed in critical need of documentation. Although the level of maintenance on the closed building is unknown, Figure 31 in Chapter Four: Analysis reveals a building open to the elements. As seen with the New Jersey State Lunatic Asylum at Morristown, interior deterioration may be deemed too severe or too costly to rehabilitate and is prone to demolition.⁹⁵ The southern region of the nation, though not the most underpopulated in terms of nineteenth-century asylums, certainly has far fewer asylums than the northern states and so the asylum at Milledgeville is important to the regional history of asylums in the southern states.

Smaller numbers of asylums west of the Mississippi River mean that those asylums are of great importance to the story of national expansion and insanity in the west. Topeka Insane Asylum in Topeka, Kansas is the only remaining asylum in Kansas. The other nineteenth-century asylum in Osawatomie was systematically demolished between 1971 and 2002. Closed in 1997, the Topeka Insane Asylum underwent

---

⁹⁵ Ben Horowitz, "Greystone question follows Christie to New Hampshire," NJ.com, April 16, 2015, http://www.nj.com/morris/index.ssf/2015/04/greystone_question_follows_christie_to_new_hampshi.html.

demolition in 2010 that removed the administration section of the building and some of the other campus buildings. What is left of the campus is the only remnants of the asylum system left in Kansas and as such is in need of immediate documentation efforts.

Fifth on the list of asylums in need is the Hudson River State Hospital for the Insane in Poughkeepsie, New York. An NHL designee, the facility has remained closed since 2003. In 2007, demolition of the Male Wing of the hospital was completed. As the building continues to deteriorate, the likelihood of further demolitions increases. And as one of the six asylums designated as a National Historic Landmark, assurances of the buildings continuance must be made. At the highest level of historic significance the nation recognizes, the issue surrounding the continued deterioration of the Hudson River State Hospital for the Insane reveals the weaknesses of the system against property rights.

The next designee to this list is not an asylum in immediate danger, but is the last asylum in the state to retain most of its historic material. East Indiana Asylum for the Insane was the last asylum constructed in Indiana in the nineteenth century and currently operates as Richmond State Hospital. The original administration cottage and some campus cottages operate on site amongst the newer construction. The loss of historic fabric at the other three campuses in Indiana means that the site at Richmond plays an important role in the history of asylums in the state.

St. Lawrence State Hospital, a cottage plan facility in Ogdensburg, New York takes seventh. That facility operated from 1890 to 1981. Since the time of its closure the buildings remained abandoned and the condition of the buildings on campus is expected

to be poor. As a cottage campus, this site presents far fewer problems to reuse than the larger Kirkbride structures. Given the length of abandonment, however, its reuse is unlikely and its demolition is probable. As one of nine existing sites in New York its loss is not detrimental to the state, but it is the most likely to be lost amongst those.

Peoria, Illinois' site takes the seventh and final spot in this list of asylums in critical need of preservation efforts. Illinois has only two cottage plan hospitals. Illinois Asylum for the Incurable insane, originally designed as a Kirkbride plan facility which was demolished immediately after construction after cracks in the foundation attributed to an abandoned mine below the structure were noted, was built as a cottage plan.⁹⁶ Currently owned by Save the Bowen, a non-profit interested in the preservation of the site, the campus has been abandoned since 1973. As ownership of the site belongs to a non-profit interested in the site's preservation, the campus does not appear higher up on the list. As with St. Lawrence State Hospital, the amount of time the site has remained abandoned and open to the elements and trespassers speaks to the expected loss of historic fabric sustained by the buildings on campus.

A lesser issue still of considerable importance exists west of the Mississippi River. Here, the NRHP and NHL programs recognize too few asylums. Previous discussion on the topic has highlighted the boundaries of the programs and their inability

---

⁹⁶ Officially, the building at Peoria was demolished after cracks in the foundation were found shortly after construction and it was found that the building was constructed over an abandoned coal mine. However, it is believed Governor Tanner ordered the structure razed because the castle-like façade and large building were grossly out of harmony with the modern ideas of mental health treatment that favored the cottage plan. "Insane Asylum: Peoria State Hospital," Ghostly World, November 1, 2012, <https://ghostlyworld.wordpress.com/2012/11/01/peoria-state-hospital/>.

to prevent a landowner from carrying out their will if they have not utilized federal funds on the property. While the NHRP and NHL programs cannot force owners to maintain properties, the programs do offer the advantage of increased searchability. As federally recognized historic sites, those asylums designated to the Register or NHL appear in more scholarly works and are often nearer the top of the search results of an online search engine. The more exposure a campus gets as a result of these online searches means reaching a wider audience with a greater chance of attracting preservationists in support of the campus. Admittance to the NRHP and NHL indirectly provides asylums with access to a greater level of preservation-minded populations.

The asylum type benefits the most when considered at a national level. Histories of each asylum contribute to the overall history of the institution in America and broaden the type's significance. To do that national history justice would require a greater level of representation west of the Mississippi River. Within those areas are stories of the frontier and a growing nation. Five asylums, spread between Minnesota and Oregon, are not sufficient to represent the western asylums on the NRHP. The NRHP designees stand as representatives for the larger asylum narrative. The NRHP should ensure that the asylum narrative is receiving proportionately similar levels of designation across the United States, as determined by the amount of asylums in a particular region. With only five of twenty-seven historic asylums designated west of the Mississippi River, the NRHP does not significantly highlight the importance of the western asylums and the

role they played in the evolution of the country and government.⁹⁷ To increase the proportional spread of NRHP designees across the continental United States, the number of registered asylums should be brought up to a representation of ten asylums or higher. With fewer asylums, and a loss of ten asylums since 1900 and many more campuses having undergone partial demolitions varying in degree, the asylum history in the west is decreasing. By recognizing more buildings for their importance to American history there is a greater guarantee that a record of these designated buildings will, at least, exist even if future demolitions physically removed them.

Asylums represent several milestones in American history. State hospitals are more than just buildings in which doctors sought to cure patients. They provide insight into an important time in the country that saw the growth of the nation and the changing ideals of Americans. Symbols of the advances society has made, today asylums represent an old world system that does not always have a place in the modern world. The continued underuse, neglect, and demolition of state hospital buildings threatens the quantifiable representation of the asylum type across the United States. As the numbers of asylums decrease so too does the population, the basis for their significance. If no complete record of these places exist those state hospitals that are lost become susceptible to fading out of the public conscious unnoticed or even forgotten. As Suarez asked, is there a capacity to mourn lost architecture and places that many will never see in person?

---

⁹⁷ Historically, there are thirty-seven asylums west of the Mississippi River. Ten asylums have been lost since 1900 due to natural disasters and demolition. This number does not include partial demolitions which can mean anything from the loss of a few small buildings, to the demolition of the wings or administration section of a Kirkbride structure, to losing most of the campus.

Buildings develop their importance from their interactions with people, be it a recognition of design attributed to an architect, or the ability to provide insight into historic cultures. Asylum buildings represent the good intentions of mankind as well as a period, which in hindsight, brings feelings of shame. The contributions of asylums to the American historical narrative must never fade away for good and bad, these facilities signify the changing human experience.

APPENDICES

Appendix A

Glossary of Terms

Architectural Styles

Definitions provided by:

Burden, Ernest, *Illustrated Dictionary of Architectural Preservation* (McGraw-Hill Companies, Inc. 2004) as indicated after entry by Burden then the page number.

Peck, H. T., ed, *The International Cyclopaedia: A Compendium of Human Knowledge, Vol 8* (New York: Dodd, Mead & Company, 1895) as indicated after entry by Peck and the page number.

“Tudor Revival Style 1890-1920,” Pennsylvania Historical & Museum Commission, http://www.portal.state.pa.us/portal/server.pt/community/late_19th__early_20th_century_revival_period/2390/tudor_revival_style/294788 as indicated after entry by PHMC.

Baroque architecture A style named for the French word meaning bizarre, fantastic, or irregular. It was the most lavish of all styles, both in its use of materials and the effects that it achieved. Mannerist styles were often adopted and carried to the extreme as bold, opulent, and intentionally distorted. Pediments are broken and facades designed with undulating forms, while interiors were more theatrical exhibiting a dramatic combination of architecture sculpture, painting, and the decorative arts. (Burden 23)

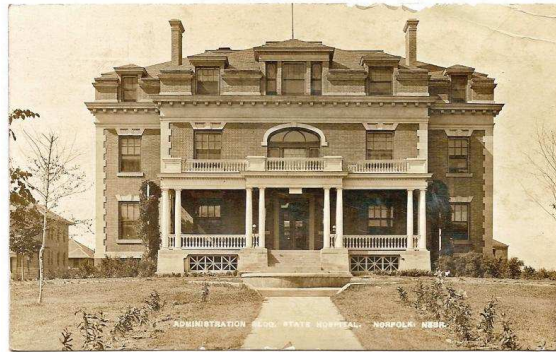


State Hospital, Toledo

Chateau style (1860-1898) A style characterized by massive and irregular forms, steeply pitched hipped or gable roofs with dormers, towers, and tall elaborately decorated chimneys featuring corbeled caps. Windows are paired and divided by a mullion and transom bar. Renaissance elements such as semicircular arches or pilasters are mixed with Tudor arches, stone window tracery, and Gothic finials. (Burden 49)



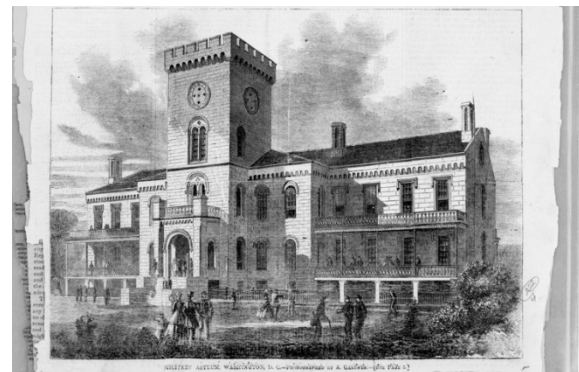
Colonial Revival The reuse of Georgian and Colonial design in the United States toward the end of the nineteenth and twentieth centuries, typically in bank buildings, churches, and suburban homes. (Burden 58)



Elizabethan style A transitional style between Gothic and Renaissance in England named after the queen, consisting mostly of designs for country houses, characterized by large windows and by strap iron ornamentation. (Burden 91)



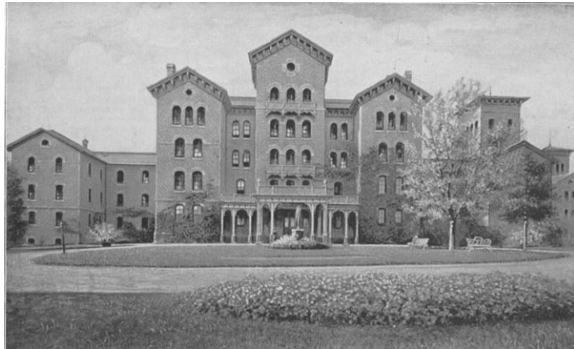
Gothic Revival style (1830-1860) A romantic style distinguished by vertically pointed arches, steeply pitched complex gable roofs, finials, and medieval decorative motifs. Country houses featured wide verandas and octagonal towers or turrets. Windows in dormers had hood molds with gingerbread trim running along the eaves and gable ends. Variety was the standard of the style. (Burden 123)



High Victorian Gothic (1865-1880) The epitome of the Victorian style, with eclectic forms, and colors achieved by contrasting bands of brickwork with varying stone facings, and variations in window arches or friezes. (Burden 135)



Italian Villa (1845-1875) A popular residential and public-building style that used asymmetrical massing coupled with a low gable or hipped roof and wide eaves supported by decorative brackets, based on Italian farmhouses. Features also included square or octagonal towers, cupolas, or glass belvederes, bay windows, and ornamental brick. (Burden 147)



Italianate (1870-1890) Used predominately in commercial buildings, featuring exaggerated brackets and cornices, with the symmetrical window treatments of the Renaissance. (Burden 147)



Jacobean style An English architectural and decorative style adapting an Elizabethan style to continental Renaissance influence, named after James I. (Burden 148)



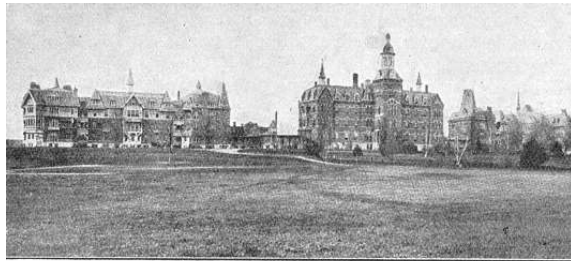
Neoclassical Refers to a rebirth of classism in the architecture of Europe and America during the late eighteenth and nineteenth centuries. Characterized by the widespread use of Greek and Roman architectural orders and decorative motifs, strong geometric compositions, and shallow relief in ornamental detail. (Burden 178)



Queen Anne style (1875-1890) Similar to High Victorian, an exuberant and eclectic style in texture, form, and massing. Based on Elizabethan and Jacobean precedents, brick and stone were combined in bold contrast with tall thin chimneys, multiple gables, complex roof shapes and turrets, towers, and bay windows, all with small-scale detailing. (Burden 204)



Rhenish – Architectural style native to the region surrounding the Rhine. (Peck 604)



HOMOEOPATHIC ASYLUM, MIDDLETOWN, NEW YORK.

Richardsonian style (1870-1900) Named for Henry Hobson Richardson. This style featured a straightforward treatment of stone, broad roof planes, and a select grouping of door and window openings. It also featured a heavy, massive appearance with a simplicity of form and rough masonry. The effect was based on mass, volume, and scale rather than decorative detailing, except on the capitals of columns. The entry included a large arched opening without columns or piers for support. (216)



Romanesque Revival Style (1840-1900)

A style characterized by monochromatic brick or stone buildings, highlighted by semicircular arches over window and door openings. The arch was also used decoratively to enrich corbel tables along the eaves and courses marking horizontal divisions. The arches and capitals of columns were carved with geometrical medieval moldings. Facades were flanked by polygonal towers and covered with various roof shapes. (pg. 219)



Second Empire A stylistic designation named after the French Second Empire of Napoleon III (1852-1870), but referring to grand eclectic architecture in the U.S.A., not only in the 1860s, but also the 1870s, primarily public buildings. Its characteristic feature is the high mansard roof, for which it is also called Mansard style. (484)



Tudor Revival An eclectic mixture of Medieval and early English styles. (PHMC)



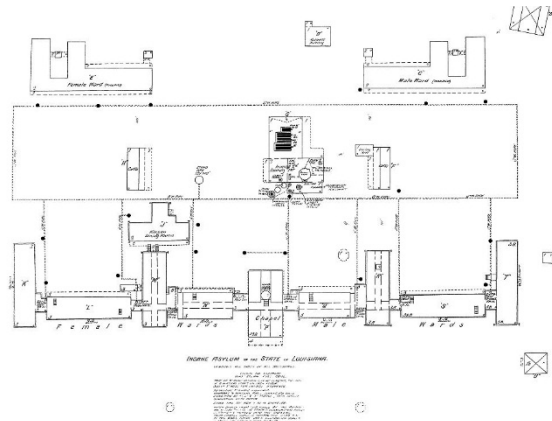
Floor Plans

Definitions provided by:

Yanni, Carla, *Architecture of Madness: Insane Asylums in the United States*, (Minneapolis: University of Minnesota Press, 2007) as indicated after entry by Yanni and the page number.

“Building Plans,” Asylum Projects, http://www.asylumprojects.org/index.php?title=Building_Plans as indicated after the entry by Asylum

Corridor A central administration building with patient wards to either side with long corridors running through the structure. (Asylum)



Cottage (Segregate System) Broke monolithic hospitals into smaller units. This plan sought to eliminate the institutional aspects of the institution by giving the illusion of community care. (Yanni, 79)



Kirkbride (Echelon “Batwing”) Comprised of short but connected pavilions, arrayed in a shallow V, the plan was named for Dr. Thomas Kirkbride, Superintendent of Pennsylvania Hospital, who created the plan. (Yanni, 51)

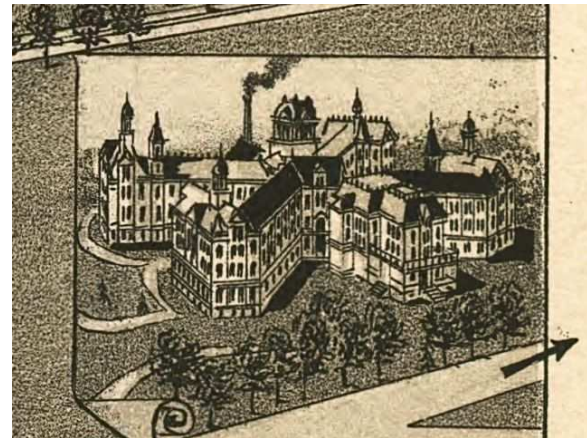


Pavilion

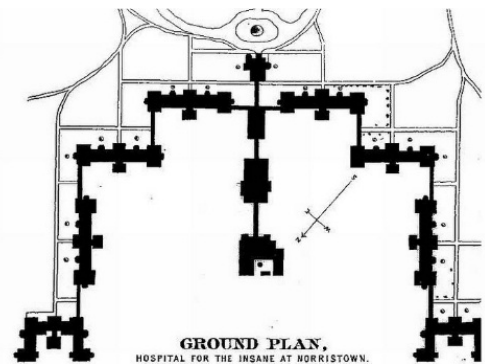
A floor plan that made up of separate block wards, or pavilions, connected by a central corridor. This design allows light and air to penetrate and allowed for garden views. (History of Healthcare Architecture, by Heather Burpee, Integrated Design Lab Puget Sound (2008), 1) Foxborough State Hospital, Foxborough, Massachusetts. (Asylum)



Radial Described simply as a wheel with spokes. In this arrangement, one could not separate the most deranged patients from the quieter ones, every room had a limited view, and the rooms could never be serviced equally by light and air. Evansville State Hospital, Evansville, Indiana. (Asylum)



Transitional A building plan occurring at the end of the Kirkbride-plan era and the cottage plan. The wards were staggered like the Kirkbride plan, but were most often connected below ground by passageways. (asylumprojects.org) Norristown State Hospital, Norristown, Pennsylvania. (Asylum)



Appendix B

Asylum Survey

State, City	Institutions Historical Name [Common Name/NRHP Name]	Date of Construction	Date opened	Architect	Plan/Style (Source)	NRHP (Y/N) and Significance	NHL (Y/N) and Significance	Property Owner	Demolition (Historical Fabric)
Alabama, Tuscaloosa	Alabama Insane Hospital [NR: Bryce Hospital]	1853	1861	Samuel Sloan	Kirkbride; Italianate (NR Nom)	Y (Architecture; Social/Humanitarian)	N	University of Alabama; Operational	2014-2015 Demolition of Some Structures to Construct Campus Buildings
Alaska	/	/	/	/	/	/	/	/	/
Arizona, Phoenix	Insane Asylum of Arizona [Arizona State Hospital]	1886	1887		Cottage; Romanesque (PHMC)	N	N	Arizona State Hospital; Operational	1911 Fire Partial Demolition (Admin Building)
Arkansas, Little Rock	Arkansas Lunatic Asylum [Arkansas State Hospital]	1881	1883		Kirkbride; Italianate (PHMC)	N	N	Arkansas State Hospital; Operational	1960s Complete Demolition
California, Stockton	Insane Asylum of California at Stockton [Stockton State Hospital]		1853		Corridor; Gothic Revival (PHMC)	N	N	California State University; Operational	1949/1964 Partial Demolition (Female Facility/Male Facility)
California, Napa	Napa Insane Asylum [Napa State Hospital]	1872	1875	Wright & Saunders	Kirkbride; Gothic Revival (CA Dept of State Hospitals) [High Victorian Gothic (Burden)]	N	N	Napa State Hospital; Operational	1949 Complete Demolition
California, Santa Clara	California Hospital for the Chronic Insane [Agnew's State Mental Hospital]	1885	1885	Jacob Lenzen & Son	Kirkbride; Romanesque (PHMC)	N	N	Agnew's State Hospital; Operational	1906 Earthquake Complete Demolition
California, Talmage	Mendocino State Asylum for the Insane [Mendocino State Hospital]	1889	1893		Cottage; Richardsonian Romanesque (PHMC)	N	N	State; Closed 1974	1952 Partial Demolition (Administration Building)
California, San Bernardino	Southern California State Asylum for the Insane and Inebriates [Patton State Hospital]	1893	1893		Kirkbride; Gothic Revival (PHMC)	N	N	Patton State Hospital; Operational	1923 Earthquake Complete Demolition
Colorado, Pueblo	Colorado State Insane Asylum [Colorado State Hospital]		1883		Cottage; High Victorian Gothic (Glossary of Terms Burden)	N	N	Colorado Mental Health Institute at Pueblo; Operational	
Connecticut, Middletown	Connecticut Hospital for the Insane [NR: Connecticut Valley Hospital]	1867	1868	Addison Hutton & Samuel Sloan	Kirkbride; Second Empire (NR Nom)	Y (Criterion A, B, C)	N	Connecticut Valley Hospital; Operational	1960-2000 Systematic Closure and Complete Demolition
District of Columbia	Government Hospital for the Insane [NR: St. Elizabeth Hospital]	1852	1855	Thomas U. Walter; Shepley, Ruten, & Coolidge	Kirkbride; Gothic Revival (NR Nom)	Y (Criterion A, B, C)	Y	West Campus: GSA; Non-operational East Campus: St. Elizabeth Hospital; Operational	
Florida	/	/	/	/	/	/	/	/	/
Georgia, Milledgeville	State Lunatic Asylum [NR: Central Building, State Lunatic Asylum]	1837	1842	Charles Sholl & Calvin Fay	Corridor; Neoclassical Revival - Greek Revival (capitokshots)	Y (Architecture; Social/Humanitarian; Health, mental)	N	State; Closed 2010	
Idaho, Blackfoot	Idaho Insane Asylum [Idaho State Hospital South]	1885	1886		Corridor; Second Empire (Professor Ralph Muldrow)	N	N	Idaho State Hospital South; Operational	1889 Fire Complete Demolition. Rebuilt Date Unknown
Illinois, Jacksonville	Illinois State Asylum and Hospital for the Insane [Jacksonville State Hospital]		1850		Kirkbride; Neoclassical (PHMC)	Y - Removed 1984 (Unknown - no access)	N	State; Closed 2012	Most Original Buildings have been Demolished
Illinois, Elgin	Northern Illinois Hospital for the Insane [Elgin State Hospital]		1872	Stephen Vaughn Shipman	Kirkbride; Italianate (HABS)	N	N	Elgin Mental Health Center; Operational	1993 Complete Demolition
Illinois, Anna	Southern Illinois Hospital for the Insane [Anna State Hospital]	1869	1875	Stephen Vaughn Shipman	Kirkbride; Gothic Revival (PHMC)	N	N	Choate Mental Health and Development Center; Operational	1881/1895 Fire Partial Demolition (Wing/Administration Building)
Illinois, Kankakee	Eastern Illinois Hospital for the Insane [Kankakee State Hospital]		1879		Modified Kirkbride; Richardsonian Romanesque (Historycolorado)	Y (Unknown - no access)	N	Shapiro Developmental Center; Operational	
Illinois, Chester	Illinois Asylum for Insane Criminals [Chester State Hospital]	1889	1891		Cottage; Richardsonian Romanesque (PHMC)	N	N	Chester Mental Health Center; Operational	
Illinois, Peoria	Illinois Asylum for the Incurable Insane [Peoria State Hospital]	1895/1899	1897 / 1902	Reeves and Baillie	Cottage; Modified Italianate (http://preservationresearch.com/2004/06/hartonsville-state-hospital/)	Y (Architecture; Social/Humanitarian)	N	Save the Bowen Non-profit; Closed 1973	1897 Complete Demolition due to Underground Mineshafts
Illinois, East Moline	Western Illinois Hospital for the Insane [East Moline State Hospital]	1895	1898		Modified Kirkbride; Gothic Revival (PHMC)	N	N	Illinois Department of Corrections; Operational	

State, City	Institutions Historical Name [Common Name/NRHP Name]	Date of Construction	Date opened	Architect	Plan/Style (Source)	NRHP (Y/N) and Significance	NHL (Y/N) and Significance	Property Owner	Demolition (Historical Fabric)
Indiana, Indianapolis	Indiana Hospital for the Insane [Central Indiana State Hospital]	1846	1848	Samuel Sloan	Kirkbride; Romanesque (PHMC)	Y (Unknown - no access)	N	Indiana Medical History Museum; Partially Operational (Largely Vacant)	1941/1970 Partial Demolition (Men's Ward/Most of Historic Structures)
Indiana, Logansport	Northern Indiana Hospital for the Insane [Logansport State Hospital]	1884	1888		Cottage; Romanesque (PHMC)	N	N	Logansport State Hospital; Operational	2000 Partial Demolition
Indiana, Evansville	Southern Indiana Hospital for the Insane [Evansville State Hospital]	1888	1890		Pavilion Radial; Gothic Revival (asylump)	N	N	Evansville State Hospital; Operational	1943/2008 Complete Demolition (Fire/Demolition)
Indiana, Richmond	East Indiana Asylum for the Insane [Richmond State Hospital]	1884	1890	E. H. Ketcham	Cottage; Jacobean (encyclopedia.com)	N	N	Richmond State Hospital; Operational	
Iowa, Mount Pleasant	Iowa Lunatic Asylum [Mount Pleasant State Hospital]		1861	Jonathon Preston	Kirkbride; Italianate (PHMC)	N	N	Mount Pleasant Mental Health Institute; Operational	1936 Fire Complete Demolition
Iowa, Independence	Iowa Hospital for the Insane [Independence State Hospital]		1873	Stephen Vaughn Shipman	Kirkbride; Second Empire (PHMC)	N	N	Independence Mental Health Institute/Museum; Operational	
Iowa, Clarinda	Clarinda Asylum for the Insane [Clarinda State Hospital]	1885	1888	Joselyn & Taylor; William Foster & Henry F. Liebbe	Transition; Italianate (PHMC)	N	N	Clarinda Treatment Complex/Clarinda Correctional Facility/Museum; Operational	
Iowa, Cherokee	Cherokee State Hospital for the Insane [Cherokee State Hospital]	1894	1902	Henry F. Liebbe	Kirkbride; Queen Anne (HABS)	N	N	Cherokee Mental Health Institute; Operational	
Kansas, Topeka	Topeka Insane Asylum [Topeka State Hospital]	1877	1879	John G. Haskell	Kirkbride; Romanesque/Queen Anne (PHMC)	N	N	State; Closed 1997	2010 Partial Demolition
Kansas, Osawatimie	Kansas Insane Asylum [Osawatimie State Hospital]	1868	1881	John G. Haskell	Kirkbride; High Victorian Gothic (Burden)	N	N	Osawatimie State Hospital; Operational	1971/2002 Complete Demolition (Wings/Demolition)
Kentucky, Hopkinsville	Western Lunatic Asylum [Western State Hospital]	1848	1850	Samuel Sloan	Kirkbride; Neoclassical Revival - Greek Revival (NRHP Nom)	Y (Agriculture; Architecture; Commerce; Community Planning; Education; Exploration/Settlement; Industry; Philosophy; Politics/Government; Religion; Social/Humanitarian; Theater; Transportation)	N	Western State Hospital; Operational	
Louisiana, Jackson	The Insane Asylum of the State of Louisiana [East Louisiana State Hospital]	1848	1848	C.N. Gibbens	Corridor; Neoclassical - Greek Revival (PHMC)	Y (Unknown - no access)	N	East Louisiana State Hospital; Operational	
Maine, Augusta	Maine Insane Hospital [Augusta State Hospital]	1835	1840		Corridor; Colonial Revival (PHMC)	N	N	Augusta Mental Health Institute; Operational	1850 Fire Partial Demolition (Guts Building)
Maine, Bangor	Eastern Maine Insane Hospital [Bangor State Hospital]	1895	1901	John Calvin Stevens	Modified Kirkbride; Romanesque (PHMC)	Y (Unknown - no access)	N	Bangor Mental Health Institute; Operational	
Maryland, Spring Grove	Spring Grove Hospital Center [Spring Grove State Hospital]	1853	1872	J. Crawford Neilson	Kirkbride; Italian Villa (Burden)	N	N	Spring Grove Hospital Center; Operational	1964 Complete Demolition
Maryland, Sykesville	Second Hospital for the Insane of Maryland [NR: Springfield State Hospital]	1896	1896		Cottage; Colonial Revival (NRHP Nom)	Y (Criterion A, C)	N	Springfield Hospital Center; Operational	
Massachusetts, Taunton	State Lunatic Hospital at Taunton [Taunton State Hospital]		1854	Elbridge Boyden	Kirkbride; Neoclassical Revival (NRHP Nom)	Y (Criterion A, B, C)	N	Taunton State Hospital; Operational	2006/2009 (Fire/Demolition)
Massachusetts, Northampton	State Lunatic Hospital at Northampton [Northampton State Hospital]		1856	Jonathan Preston; Gordon Robb	Kirkbride; Elizabethan (NRHP Nom)	Y (Criterion A, B, C)	N	State; Closed 1986/1993	2006 Complete Demolition
Massachusetts, Worcester	Worcester Insane Asylum [Worcester State Hospital]	1873	1832/1876	Weston & Rand	Kirkbride; Romanesque (PHMC)	Y (Criterion A, C)	N	Worcester Recovery Center & Hospital; Operational	1991/2008 Complete Demolition (Clocktower Survives)
Massachusetts, Danvers	State Lunatic Hospital at Danvers [Danvers State Hospital]	1874	1878	Nathaniel Jeremiah Bradlee	Kirkbride; High Victorian Gothic (NRHP Nom)	Y (Criterion A, C)	N	Avalon Bay Development Apartments; Operational	2006 Partial Demolition (1/3 of Gutted Building Remains)
Massachusetts, Westborough	Westborough Insane Hospital [NR: Westborough State Hospital]		1884	Kendall, Taylor, & Stevens	Cottage; Queen Anne (Admin) (NRHP Nom)	Y (Criterion A, C)	N	Westborough City; Closed 2010	
Massachusetts, Foxborough	Massachusetts Hospital for Dipsonanics and Inebriates [Foxborough State Hospital]		1889	Brigham & Soffard; Landscape: Joseph H. Curtis	Cottage; Queen Anne (MacRostie Historic Advisors LLC)	Y (Criterion A, C)	N	Chestnut Green Apartments; Operational	
Massachusetts, Medfield	Medfield Insane Asylum [Medfield State Hospital]		1892	William Pitt Wentworth	Cottage; Queen Anne (NRHP Nom)	Y (Criterion A, C)	N	State; Shuttered 2003	2013 Partial Demolition

State, City	Institutions Historical Name [Common Name/NRHP Name]	Date of Construction	Date opened	Architect	Plan/Style (Source)	NRHP (Y/N) and Significance	NHL (Y/N) and Significance	Property Owner	Demolition (Historical Fabric)
Michigan, Kalamazoo	Michigan Asylum for the Insane [Kalamazoo State Hospital]	1854	1859	Samuel Skan	Kirkbride; Italianate (PHMC)	Y (Unknown - no access)	N	Kalamazoo Psychiatric Hospital; Operational	1939/1967 Partial Demolition (Male Ward/Female Ward)
Michigan, Pontiac	Eastern Michigan Asylum for the Insane [Clinton Valley Center]	1874	1878	Elijah E. Myers	Kirkbride; High Victorian Gothic (Kirkbride Buildings)	Y (Unknown - no access)	N	State; Closed 1990s	2000 Complete Demolition
Michigan, Traverse City	Northern Michigan Asylum [Traverse City State Hospital]		1885	Gordon W. Lloyd	Kirkbride; Chateau style (PHMC)	Y (Unknown - no access)	N	The Village at Grand Traverse Commons (Parkland, Shops, Restaurants); Operational	1970s-2000 Partial Demolition
Michigan, Ionia	Michigan Asylum for Insane Criminals [Ionia State Hospital]	1883	1885		Cottage; Neoclassical Revival (Admin Building) (PHMC)	N	N	Riverside Correctional Facility; Operational	1970s Complete Demolition
Michigan, Newberry	Upper Peninsula Asylum for the Insane [Newberry State Hospital]	1893	1895		Pavilion; Italian Villa (PHMC)	N	N	Newberry Correctional Facility; Operational	
Minnesota, Saint Peter	Minnesota State Hospital for the Insane [St. Peter State Hospital]	1866	1866	Samuel Skan	Kirkbride; Neoclassical Revival (MA Taunton)	N	N	St. Peter State Hospital Museum/Minnesota Security Hospital; Operational	Most Original Buildings have been Demolished
Minnesota, Rochester	Second Minnesota Hospital for the Insane [Rochester State Hospital]	1877	1879	Clarence H. Johnson, SR	Kirkbride; Italian Villa (PHMC)	N	N	Federal Medical Center; Operational	1964 Complete Demolition
Minnesota, Fergus Falls	Third Minnesota State Hospital for the Insane [Fergus Falls State Hospital]		1888	Warren Dummel, et al.	Kirkbride; Chateau style (PHMC)	Y (Architecture)	N	Wiley's Historic Properties Inc.; Awaiting Funding	
Minnesota, Anoka	Anoka First State Asylum for the Insane [Anoka State Hospital]	1898	1900	Clarence H. Johnson, SR	Cottage; Elizabethan (Similar look to Northampton NRHP Nom)	N	N	Anoka-Metro Regional Treatment Center; Operational	
Minnesota, Hastings	Second Asylum for the Insane [Hastings State Hospital]	1900	1901		Cottage; Tudor Revival (Asylum projects)	N	N	Minnesota Veterans Home	
Mississippi, Jackson	Mississippi State Lunatic Asylum	1850	1855	Joseph Willis	Kirkbride; Neoclassical Revival (PHMC)	N	N	1935 Mississippi State Hospital Relocated. Original Site Usage Unknown	Complete Demolition
Mississippi, Meridian	East Mississippi State Insane Asylum [East Mississippi State Hospital]	1882	1885		Kirkbride; Romanesque (PHMC)	N	N	East Mississippi State Hospital; Operational	
Missouri, Fulton	Missouri Asylum for the Insane [Fulton State Hospital]	1851	1851	Solomon Jenkins	Kirkbride; Gothic Revival Style (PHMC)	N	N	Fulton State Hospital; Operational	
Missouri, Saint Joseph	State Hospital for the Insane No. 2 [St. Joseph State Hospital]	1874	1874		Kirkbride; Gothic Revival (PHMC)	N	N	State Prison/Glore Psychiatric Museum; Operational	1879/1994 Partial Demolition (Fire/Partial Demolition)
Missouri, Nevada	State Hospital for the Insane No. 3 [Nevada State Hospital]	1885	1887	Morris Frederick Bell	Kirkbride; High Victorian Gothic (PHMC)	N	N	Southwest Missouri Psychiatric Rehabilitation Center; Operational	1999 Complete Demolition
Montana	/	/	/	/	/	/	/	/	/
Nebraska, Lincoln	Nebraska Hospital for the Insane [Lincoln State Hospital]	1870	1870/1872		Cottage; Second Empire (PHMC)	N	N	Lincoln Regional Center; Operational	1871 Fire complete demolition; Rebuilt 1872
Nebraska, Norfolk	Norfolk Hospital for the Incurable Insane [Norfolk State Hospital]	1885	1888		Cottage; Colonial Revival (PHMC)	N	N	Norfolk Regional Center; Operational	1901 Fire Destroyed all but One Building. Now a Cottage Plan
Nebraska, Hastings	Hastings Hospital for the Incurable Insane [Hastings State Hospital]		1889	Charles C. Rittenhouse	Cottage; Italianate (MS East State)	N	N	Psychiatric and Alcoholic Hospitals/Minimum Security Prison; Operational	
Nevada, Reno	Nevada Insane Asylum [Nevada State Hospital]		1882	Morrill J. Curtis	Cottage; Second Empire (PHMC)	N	N	Northern Nevada Adult Mental Health; Operational	
New Hampshire	/	/	/	/	/	/	/	/	/
New Jersey, Trenton	New Jersey State Lunatic Asylum at Trenton [Trenton State Hospital]	1845	1848	John Notman & Charles F. Anderson	Kirkbride; Neoclassical Revival (PHMC)	N	N	Trenton Psychiatric Hospital; Operational	1960s Partial Demolition (Administration Section)
New Jersey, Parsippany	New Jersey State Lunatic Asylum at Morristown [Greystone Park State Hospital]		1876	Samuel Skan	Kirkbride; Second Empire (PHMC)	N	N	Greystone Park Psychiatric Hospital/New Jersey Department of the Treasury; Partially Operational	Slated For Demolition

State, City	Institutions Historical Name [Common Name/NRHP Name]	Date of Construction	Date opened	Architect	Plan/Style (Source)	NRHP (Y/N) and Significance	NHL (Y/N) and Significance	Property Owner	Demolition (Historical Fabric)
New Mexico, Las Vegas	Insane Asylum of New Mexico [New Mexico State Hospital]	1889	1893		Cottage; Romanesque (PHMC)	N	N	New Mexico Behavioral Health Institute; Operational	
New York, Utica	New York State Lunatic Asylum [Utica State]	1842	1843	William Clarke	Corridor; Neoclassical Revival - Greek Revival (NRHP Nom)	Y (Criterion C)	Y	Utica Psychiatric Center	
New York, Binghamton	New York State Inebriate Asylum [Binghamton State Hospital]		1858	Isaac G. Perry	Cottage; Gothic Revival (PHMC)	Y (Criterion A, C)	Y (Criterion 1)	Records Archive and Repository for the New York State Office of Mental Health; Partially Operational	
New York, Willard	Willard Asylum for the Chronic Insane [Willard State Hospital]	1866	1869	William H. Wilcox	Kirkbride; Second Empire (PHMC)	Y (Unknown - no access)	N	State; Closed 1995	1980 Complete Demolition of Kirkbride
New York, Poughkeepsie	Hudson River State Hospital for the Insane [Hudson River State Hospital]	1868	1871	Frederick Clarke Withers; Landscape: Frederick Law Olmsted & Calvert Vaux	Kirkbride; High Victorian Gothic (NRHP Nom)	Y (Criterion C)	Y (Criterion 4)	Private Owner; Closed 2003	2007 Partial Demolition (Male Wing)
New York, Middletown	State Homeopathic Asylum for the Insane [Middletown State Hospital]	1870	1874	Carl Pfeiffer	Cottage; German Rhenish (inmatesofwillard)	N	N	State; Closed 2006	
New York, Buffalo	Buffalo State Asylum for the Insane [Buffalo State Hospital]	1870	1880	Henry Hobson Richardson; Landscape: Frederick Law Olmsted	Kirkbride; Richardsonian Romanesque (NRHP Nom)	Y (Architecture)	Y	Mansion Group (Hotel Henry Urban Resort and Conference Center); In Development	
New York, Ogdensburg	St. Lawrence State Hospital	1888	1890	Isaac G. Perry	Cottage; Romanesque (PHMC)	N	N	State; Closed 1981	
New York, Beacon	Matteawan State Hospital for the Criminally Insane [Matteawan State Hospital]	1886	1892	Isaac G. Perry	Corridor; Romanesque (PHMC)	N	N	Fishkill Correctional Facility; Operational	
New York, Collins	Gowanda State Homeopathic Hospital [Gowanda State Hospital]	1896	1898	Esenwein & Johnson	Transition; Romanesque (PHMC)	N	N	Collins Correctional Institution/Gowanda Correctional Facility; Operational	
New York, Dannemora	Dannemora State Hospital for Insane Convicts [Dannemora State Hospital]	1899	1900		Cottage; Romanesque (PHMC)	N	N	Clinton Correctional Facility; Operational	
North Carolina, Raleigh	Dix Hill Asylum [Dorothea Dix Hospital]	1850	1856	Alexander T. Davis; Samuel Sloan	Corridor; Neoclassical Revival - Greek Revival (PHMC)	N	N	State; Closed 2012	1926 Fire Partial Demolition
North Carolina, Goldsboro	Asylum for Colored Insane [Cherry Hospital]	1878	1880		Corridor; Neoclassical Revival - Greek Revival/Chateau (PHMC)	N	N	Cherry Hospital; Operational	
North Carolina, Morganton	Western North Carolina Insane Asylum [NR: Broughton Hospital]	1875	1883	Samuel Sloan	Kirkbride; Italianate (PHMC)	Y (Architecture; Social/Humanitarian)	N	Broughton Hospital; Operational	
North Dakota, Jamestown	North Dakota Hospital for the Insane [Jamestown State Hospital]		1885		Cottage; Queen Anne (PHMC)	N	N	North Dakota State Hospital/Medium-Security Prison; Operational	
Ohio, Columbus	Central Ohio Lunatic Asylum [Columbus State Hospital]	1835	1838/1877	Levi T. Scofield	Kirkbride; High Victorian Gothic (Burden)	Y (Unknown - no access)	N	Ohio Department of Public Safety/Department of Transportation; Operational	1868/1991 Complete Demolition (Fire/Demolition)
Ohio, Cleveland	Northern Ohio Lunatic Asylum [Cleveland State Hospital]	1852	1855		Kirkbride; Gothic Revival (PHMC)	Y - Removed 1978 (Unknown - no access)	N	Mill Creek Development; Operational	1872/1977 Complete Demolition (Fire/Demolition)
Ohio, Dayton	Southern Ohio Lunatic Asylum [Dayton State Hospital]		1855	Samuel Sloan	Kirkbride; Italianate (MI Asylum)	Y (Unknown - no access)	N	Senior Citizen's Residential Community; Operational	
Ohio, Athens	Athens Lunatic Asylum [Athens State Hospital]	1868	1874	Levi T. Scofield; Landscape: Herman Haerlin (student of F. L. Olmsted)	Kirkbride; Italianate (IA Clarinda)	Y (Unknown - no access)	N	Ohio University; Operational	
Ohio, Toledo	Toledo Insane Asylum [Toledo State Hospital]	1888	1888	Edward O. Fallis	Cottage; Flemish/Baroque (Rootsweb)	N	N	Northwest Ohio Psychiatric Hospital; Operational	1990s Complete Demolition
Ohio, Massillon	Massillon State Hospital for the Insane [Massillon State Hospital]	1893	1898	Yost & Packard	Cottage; Romanesque (PHMC)	N	N	Massillon City/Heartland Behavioral Center; Operational	
Oklahoma	/	/	/	/	/	/	/	/	/
Oregon, Salem	Oregon State Insane Asylum [NR: Oregon State Hospital Historic District]	1881	1883	Wilbur F. Boothby	Kirkbride; Modified Italian (NR Nom)	Y (Criterion A, C)	N	Museum of Mental Health/Oregon State Hospital; Operational	2000s Partial Demolition

State, City	Institutions Historical Name [Common Name/NRHP Name]	Date of Construction	Date opened	Architect	Plan/Style (Source)	NRHP (Y/N) and Significance	NHL (Y/N) and Significance	Property Owner	Demolition (Historical Fabric)
Pennsylvania, Harrisburg	NR: Pennsylvania State Lunatic Hospital [Harrisburg State Hospital]	1849	1851/1893	Addison Hutton; John Haviland	Kirkbride; Neoclassical Greek Revival (NR Nom)	Y (Architecture; Social/Humanitarian)	N	Various State Agency Offices; Operational	
Pennsylvania, Danville	State Hospital for the Insane at Danville [Danville State Hospital]	1869	1872	Donald G. Mitchell	Kirkbride; Italianate (PHMC)	N	N	Danville State Hospital; Operational	1881 Fire Partial Demolition (Most of the Building Destroyed)
Pennsylvania, Norristown	State Lunatic Asylum at Norristown [Norristown State Hospital]	1878	1880	Wilson Brothers & Company	Transition; High Victorian Gothic (asylumprojects)	N	N	Norristown State Hospital; Operational	
Pennsylvania, Warren	State Hospital for the Insane at Warren [Warren State Hospital]	1874	1880	John Sunderland; Landscape: Donald G. Mitchell	Kirkbride; Italianate (PHMC)	N	N	Warren State Hospital; Operational	
Pennsylvania, Wernersville	State Asylum for the Chronic Insane [Wernersville State Hospital]	1891	1893	Rankin & Kellogg	Transition; Colonial Revival (PHMC)	N	N	Wernersville State Hospital; Operational	
Rhode Island, Cranston	Asylum for the Pauper Insane [Rhode Island State Hospital]		1870	Stone, Carpenter, and Wilson	Cottage; Georgian Revival (asylumprojects)	N	N	Institution of Mental Health; Operational	
South Carolina	/	/	/	/	/	/	/	/	/
South Dakota, Yankton	Dakota Hospital for the Insane [Yankton State Hospital]	1879/1881	1880/1882	Dr. Leonard C. Mead	Kirkbride; Italianate (Preservation Trust)	Y (Unknown - no access)	N	George S. Mickelson Center for the Neurosciences/Museum; Operational	
Tennessee, Bolivar	Western State Hospital for the Insane [Bolivar State Hospital]	1885	1886		Kirkbride; Gothic Revival (PHMC)	Y (Unknown - no access)	N	Bolivar State Hospital; Operational	
Tennessee, Knoxville	East Tennessee Hospital for the Insane		1889		Kirkbride; Gothic Revival (PHMC)	N	N	State; Closed 2012	2014 Beginning of Demolition
Texas, Austin	Texas State Lunatic Asylum	1857	1861	Charles Payne	Kirkbride; Neoclassical Revival (Asylumprojects)	Y (Unknown - no access)	N	Austin State Hospital; Operational	
Texas, Terrell	North Texas Lunatic Asylum [Terrell State Hospital]	1883	1885	J. N. Preston & Sons	Kirkbride; Romanesque (PHMC)	N	N	Correct Care Solutions (Private); Operational	Complete Demolition
Texas, San Antonio	Southwestern Insane Asylum [San Antonio State Hospital]	1890	1892	Jacob L. Larmour	Cottage; Italian Villa (Burden)	N	N	San Antonio State Hospital; Operational	
Utah, Provo	Territorial Insane Asylum [Utah State Hospital]		1885/1899?	John H. Burton	Corridor; High Victorian Gothic (Burden)	N	N	Utah State Hospital; Operational	1981 Complete Demolition
Vermont, Waterbury	Vermont State Asylum for the Insane [Vermont State Asylum]		1891?		Pavilion; Colonial Revival (PHMC)	N	N	University of Vermont/Fletcher Allen Health Care Department of Psychiatry; Operational	2014 Hurricane Complete Demolition
Virginia, Petersburg	Central Lunatic Asylum for Colored Insane	1885	1885		Kirkbride; Colonial Revival (Looks like RI State)	N	N	Central State Hospital; Operational	
Virginia, Marion	Southwestern Lunatic Asylum [Southwestern State Hospital]	1885	1887	Harry and Kenneth McDonald	Cottage; Late Victorian, Classical Revival (NRHP.com)	Y (Unknown - no access)	N	Southwestern Virginia Mental Health Institute; Operational	1980s Partial Demolition (Patient Wards)
Washington, Medical Lake	Eastern Washington State Hospital for the Insane [Eastern Washington State Hospital]	1890	1891		Kirkbride; Romanesque (PHMC)	N	N	Eastern State Hospital; Operational	Complete Demolition
West Virginia, Weston	NR: Weston Hospital [Weston State Hospital]	1858	1859	Richard Snowden Andrews	Kirkbride; Jacobean Revival (NRHP Nom)	Y (Criterion A, C)	Y (Criterion 4)	Joe Jordan (Asbestos Demolition Contractor) Historic/Haunted Tours; Operational	
West Virginia, Spencer	Second Hospital for the Insane [Spencer State Hospital]	1893	1893		Kirkbride; High Victorian Gothic (wvwoane.org)	N	N	Wal-Mart Store; Operational	Complete Demolition
West Virginia, Huntington	Home for Incurables [Huntington State Hospital]	1897	1901		Cottage; Romanesque (Burden)	N	N	Acute Care Mental Health Facility; Operational	
Wisconsin, Madison	Wisconsin Hospital for the Insane [Mendota State Hospital]		1860	Stephen Vaughn Shipman	Kirkbride; Italianate (Elgin State Hospital HABS)	N	N	Mendota Mental Health Institute; Operational	1964 Complete Demolition
Wisconsin, Oshkosh	Northern Asylum for the Insane [Winnebago State Hospital]	1871	1873	Stephen Vaughn Shipman	Kirkbride; Italianate (Elgin State Hospital HABS)	N	N	Winnebago Mental Health Institute; Operational	1966 Complete Demolition
Wyoming, Evanston	Wyoming State Insane Asylum [Wyoming State Hospital]		1887	William Dubois	Cottage; Late Victorian, Romanesque (NR Nom)	Y (Criterion A, C)	N	Wyoming State Hospital; Operational	1917 Complete Demolition of Admin Building

Appendix C

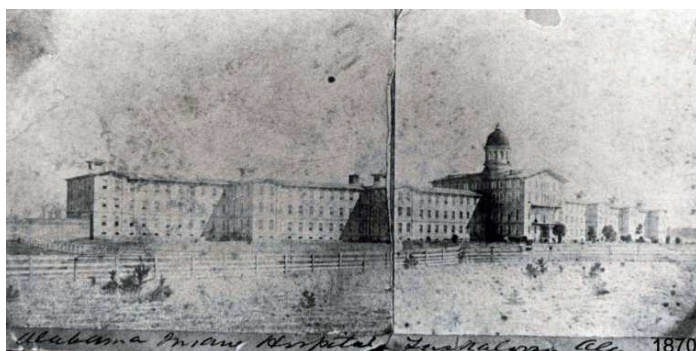
Inventory of Asylums

*Indicates asylums designated to the National Register of Historic Places.

**Indicates asylums designated as a National Historic Landmark.

Alabama

*Bryce Hospital, Tuscaloosa**



Architect: Samuel Sloan
Start of Construction: 1853
Opened: 1861
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: Architecture,
Social/Humanitarian
NHL Significance: N/A
Photograph Date: 1870

Photo Source:
"150th Anniversary of Bryce Hospital
Commemorated," accessed December 10, 2014,
http://www.courierjournal.net/news/article_45545edd-91e2-5af1-af67-0b1ca1d37143.html?TNNNoMobile.

Alaska

Not included in the survey as Alaska is not part of the continental United States.

Arizona

Insane Asylum of Arizona, Phoenix



Architect: Unknown
Start of Construction: 1886
Opened: 1887
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

Photo Source:
Arizona Department of Health Services, "1890
Territorial Insane Asylum,"
<https://www.flickr.com/photos/azdhs/8673720516/in/set-72157633303559319/>.

Arkansas

Arkansas Lunatic Asylum, Little Rock



Architect: Unknown
Start of Construction: 1881
Opened: 1883
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1890

Photo Source:
“Arkansas State Hospital,” *EncyclopediaofArkansas.net*,
The <http://www.encyclopediaofarkansas.net/encyclopedia/media-detail.aspx?mediaID=3831>.

California

Insane Asylum of California at Stockton, Stockton



Architect: Unknown
Start of Construction: Unknown
Opened: 1853
Floor Plan: Corridor
Architectural Style: Gothic Revival
NRHP Significance: N/A
NHL Significance: N/A
Engraving Date: 1855

Photo Source:
“State Insane Asylum, Stockton, California,”
Courtesy UC Berkeley, Bancroft Library.

Napa Insane Asylum, Napa



Architect: Wright & Saunders
Start of Construction: 1872
Opened: 1875
Floor Plan: Kirkbride
Architectural Style: Gothic Revival [High Victorian Gothic]
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

Photo Source: Kevin Courtney, “Napa State Hospital to get a history of its very own,” May 6, 2013,
http://napavalleyregister.com/news/local/napa-state-hospital-to-get-a-history-of-its-very/article_734b74fc-b694-11e2-bda4-001a4bcf887a.html.

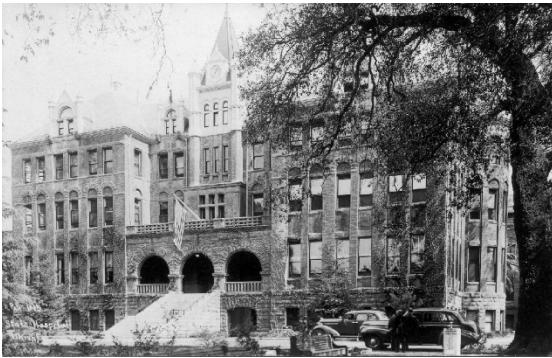
California Hospital for the Chronic Insane, Santa Clara



Architect: Jacob Lenzen & Son
Start of Construction: 1885
Opened: 1885
Floor Plan: Kirkbride
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1888

Photo Source:
"Agnews State Asylum for the Insane,"
Courtesy UC Berkeley, Bancroft Library.

Mendocino State Asylum for the Insane, Talmage



Architect: Unknown
Start of Construction: 1889
Opened: 1893
Floor Plan: Cottage
Architectural Style: Richardsonian Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

Photo Source:
"Mendocino State Hospital Lost Stories," accessed December
21, 2014, <http://mendonews.wordpress.com/2010/01/10/922/>.

Southern California State Asylum for the Insane and Inebriates, San Bernadino



Architect: Unknown
Start of Construction: 1893
Opened: 1893
Floor Plan: Kirkbride
Architectural Style: Gothic Revival
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: 1910

Photo Source:
Alex Wellerstein, "Postcards and Artifacts,"
accessed December 3, 2014,
<http://alexwellerstein.com/collection/>.

Colorado

Colorado State Insane Asylum, Pueblo

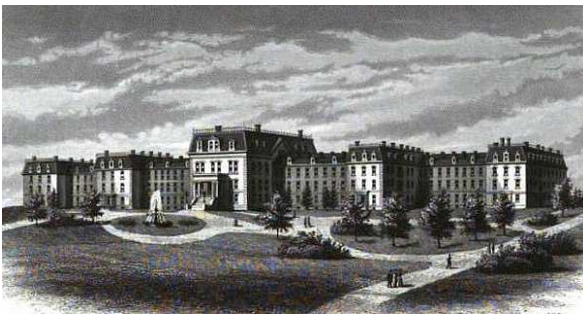


Architect: Unknown
Start of Construction: Unknown
Opened: 1883
Floor Plan: Cottage
Architectural Style: High Victorian Gothic
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1890-1910

Photo Source:
Courtesy the Denver Public Library, Western Historic Collection, [X-10816].

Connecticut

*Connecticut Valley Hospital, Middletown**



Architect: Addison Hutton & Samuel Sloan
Start of Construction: 1867
Opened: 1868
Floor Plan: Kirkbride
Architectural Style: Second Empire
NRHP Significance: Criterion A, B, C
NHL Significance: N/A
Engraving Date: 1878

Photo Source:
"Connecticut State Hospital," AsylumProjects.org,
http://www.asylumprojects.org/index.php?title=Connecticut_State_Hospital.

District of Columbia

*St. Elizabeth Hospital, Washington D.C.***



Architect: Thomas U. Walter
Start of Construction: 1852
Floor Plan: Kirkbride
Architectural Style: Gothic Revival
NRHP Significance: Criterion A, B, C
NHL Significance: Unknown
Image Date: Unknown

Photo Source:
TahoeBlue, July 25, 2013, comment on "US Homeland Security HQ is the old MK Ultra Nazi Mind Control Psychiatric [sic] Ward,"
<http://forum.prisonplanet.com/index.php?topic=94167.0>.

Florida

None – Florida State Hospital, the only state hospital built in the nineteenth century, was incorporated into the preexisting buildings of the United States Arsenal, and therefore does not qualify for the study.

Georgia

*State Lunatic Asylum, Milledgeville**



Architect: Charles Sholl & Calvin Fay
Start of Construction: 1837
Opened: 1842
Floor Plan: Corridor
Architectural Style: Neoclassical Revival - Greek Revival
NRHP Significance: Architecture, Social/Humanitarian, Health: mental
NHL Significance: N/A
Postcard Date: 1915

Photo Source:
“Georgia State Sanitarium,” *HD Genealogy*,
<http://www.hdgenealogy.org/trees/showmedia.php?mediaID=53>.

Hawaii

Not included in the survey as Alaska is not part of the continental United States.

Idaho

Idaho Insane Asylum, Blackfoot



Architect: Unknown
Start of Construction: 1885
Opened: 1886
Floor Plan: Corridor
Architectural Style: Second Empire
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

Photo Source:
“Idaho State Hospital South,”
AsylumProjects.org,
http://www.asylumprojects.org/index.php?title=Idaho_State_Hospital_South

Illinois

*Illinois State Asylum and Hospital for the Insane, Jacksonville**



Architect: Unknown
Start of Construction: Unknown
Opened 1850
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival
NRHP Significance: Unknown
NHL Significance: N/A
Image Date: 1873

Photo Source:
"Insane Asylum, Jacksonville, Illinois," *Disability History Museum*,
<http://www.disabilitymuseum.org/dhm/lib/detail.html?id=1664>.

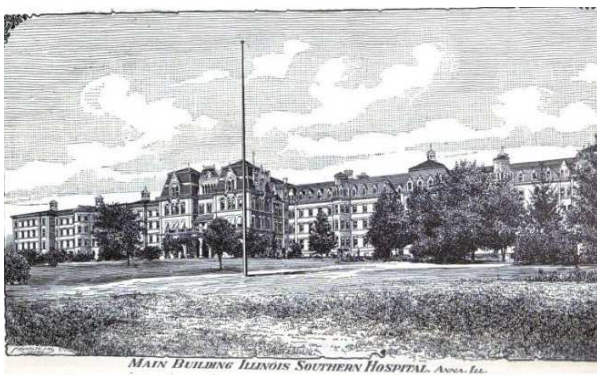
Northern Illinois Hospital for the Insane



Architect: Stephen Vaughn Shipman
Start of Construction: Unknown
Opened 1872
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: 1938

http://www.asylumprojects.org/index.php?title=File:PC-Elgin,_IL_1938_Elgin_State_Hospital.jpg

Southern Illinois Hospital for the Insane, Anna



Architect: Stephen Vaughn Shipman
Start of Construction: 1869
Floor Plan: Kirkbride
Architectural Style: Gothic Revival
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

<http://www.kirkbridebuildings.com/blog/anna-state-hospital>

Eastern Illinois Hospital for the Insane, Kankakee*



Architect: Unknown
Start of Construction: Unknown
Opened 1879
Floor Plan: Kirkbride
Architectural Style: Richardsonian
Romanesque
NRHP Significance: Unknown
NHL Significance: N/A
Postcard Date: Unknown

<http://www.usgwarchives.net/il/kankak>

Illinois Asylum for Insane Criminals, Chester



Architect: Unknown
Start of Construction: 1889
Floor Plan: Cottage
Architectural Style: Richardsonian Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

<http://www.flickr.com/photos/47791616@N06/7320647716>

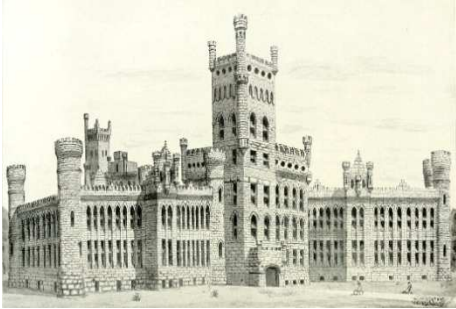
Illinois Asylum for the Incurable Insane, Peoria*



Architect: Reeves & Baillie
Start of Construction: 1895/1897
Floor Plan: Cottage
Architectural Style: Modified Italianate
NRHP Significance: Architecture,
Social/Humanitarian
NHL Significance: N/A
Photograph Date: Unknown

<http://forgottenpeoria.blogspot.com/>

Western Illinois Hospital for the Insane, East Moline



Architect: Unknown
Start of Construction: 1895
Floor Plan: Modified Kirkbride
Architectural Style: Gothic Revival
NRHP Significance: N/A
NHL Significance: N/A
Image Date: Unknown

<http://www.archive.org/stream/historicalencycloill01bate#page/n483/mode/2up>

Indiana

Indiana Hospital for the Insane, Indianapolis*



Architect: Samuel Sloan
Start of Construction: 1846
Floor Plan: Kirkbride
Architectural Style: Romanesque
NRHP Significance: Unknown
NHL Significance: N/A
Photograph Date: 1926

<http://images.indianahistory.org/cdm/singleitem/collection/dc012/id/635/rec/7>

Northern Indiana Hospital for the Insane, Logansport



Architect: Unknown
Start of Construction: 1884
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

<http://incass-inmiami.org/cass/photos/longcliff.html>

Southern Indiana Hospital for the Insane, Evansville



Architect: Unknown
Start of Construction: 1888
Floor Plan: Pavilion - Radial
Architectural Style: Gothic Revival
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1895

<http://www.historicevansville.com/tag.php?id=woodmere>

East Indiana Asylum for the Insane, Richmond



Architect: E. H. Ketcham
Start of Construction: 1884
Floor Plan: Cottage
Architectural Style: Jacobean
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

<http://www.in.gov/fssa/dmha/2614.htm>

Iowa

Iowa Lunatic Asylum, Mount Pleasant



Architect: Jonathon Preston
Start of Construction: Unknown
Opened: 1861
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1930

<http://www.loc.gov/pictures/search/?q=Photograph:%20ia0091&fi=number&op=PHRASE&va=exact&co%20=hh&st=gallery&sg%20=%20true>

Iowa Hospital for the Insane, Independence



Architect: Stephen Vaughn Shipman

Start of Construction: Unknown

Opened: 1873

Floor Plan: Kirkbride

Architectural Style: Second Empire

NRHP Significance: N/A

NHL Significance: N/A

Photograph Date: Unknown

<http://www.buchanancountyhistory.com/mhi.php>

Clarinda Asylum for the Insane, Clarinda



Architect: Josselyn & Taylor

Start of Construction: 1885

Floor Plan: Transition

Architectural Style: Italianate

NRHP Significance: N/A

NHL Significance: N/A

Photograph Date: Unknown

<http://www.asylumprojects.org/index.php?title=File:Clarinda11a.jpg>

Cherokee State Hospital for the Insane, Cherokee



Architect: Henry F. Liebke

Start of Construction: 1894

Floor Plan: Kirkbride

Architectural Style: Queen Anne

NRHP Significance: N/A

NHL Significance: N/A

Postcard Date: 1911

<http://freepages.genealogy.rootsweb.ancestry.com/~kneen/Cherokee/mentalhealth1910.jpg>

Kansas

Topeka Insane Asylum, Topeka



Architect: John G. Haskell
Start of Construction: 1877
Floor Plan: Kirkbride
Architectural Style: Romanesque / Queen Anne (Second Administration Building)
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1890s
Photograph Date: 1950s

<http://www.kansasmemory.org/item/224712>

<http://www.kansasmemory.org/locate.php?query=osawatomie+state+hospital&restrict=all>



Kansas Insane Asylum, Osawatomie



Architect: John G. Haskell
Start of Construction: 1868
Floor Plan: Kirkbride
Architectural Style: High Victorian Gothic
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Early 1900s

<http://www.legendsofkansas.com/osawatomie.html>

Kentucky

*Western Lunatic Asylum, Hopkinsville**

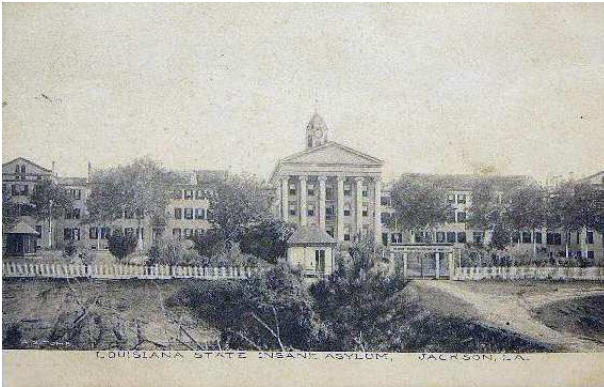


Architect: Samuel Sloan
Start of Construction: 1848
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival - Greek Revival
NRHP Significance: Multiple (See Appendix B)
NHL Significance: N/A
Photograph Date: 1870

<http://www.westernkyhistory.org/christian/wsh/>

Louisiana

*The Insane Asylum of the State of Louisiana, Jackson**



Architect: C. N. Gibbens
Start of Construction: 1848
Floor Plan: Corridor
Architectural Style: Neoclassical Revival - Greek Revival
NRHP Significance: Unknown
NHL Significance: N/A
Postcard Date: 1907

http://www.asylumprojects.org/index.php?title=East_Louisiana_State_Hospital

Maine

*Maine Insane Hospital, Augusta**



Architect: Unknown
Start of Construction: 1835
Floor Plan: Corridor
Architectural Style: Colonial Revival
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://www.rootsweb.ancestry.com/~asylums/augusta_me/

Eastern Maine Insane Hospital, Bangor



Architect: John Calvin Stevens
Start of Construction: 1895
Floor Plan: Modified Kirkbride
Architectural Style: Romanesque
NRHP Significance: Unknown
NHL Significance: N/A
Postcard Date: Unknown

<http://www.usgwarchives.net/me/pen/obscot/postcards/ppcs-pen.html>

Maryland

Spring Grove Hospital Center, Spring Grove



Architect: J. Crawford Neilson
Start of Construction: 1853
Floor Plan: Kirkbride
Architectural Style: Italian Villa
NRHP Significance: N/A
NHL Significance: N/A
Image Date: 1870s

http://www.asylumprojects.org/index.php?title=Spring_Grove_State_Hospital

Springfield State Hospital, Sykesville*



Architect: Unknown
Start of Construction: 1896
Floor Plan: Cottage
Architectural Style: Colonial Revival
NRHP Significance: Criterion A, C
NHL Significance: N/A
Photograph Date: Unknown

<http://civilianpublicservice.org/camps/47/1>

Massachusetts

*State Lunatic Hospital at Taunton, Taunton**



Architect: Elbridge Boyden
Start of Construction: Unknown
Opened: 1854
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival
NRHP Significance: Criterion A, B, C
NHL Significance: N/A
Photograph Date: Unknown

<http://www.kirkbridebuildings.com/blog/demolition-at-taunton-state-hospital>

*State Lunatic Hospital at Northampton, Northampton**



Architect: Jonathan Preston
Start of Construction: Unknown
Opened: 1856
Floor Plan: Kirkbride
Architectural Style: Elizabethan
NRHP Significance: Criterion A, B, C
NHL Significance: N/A
Illustration Date: 1880s

<http://scua.library.umass.edu/umarmot/northampton-state-hospital/>

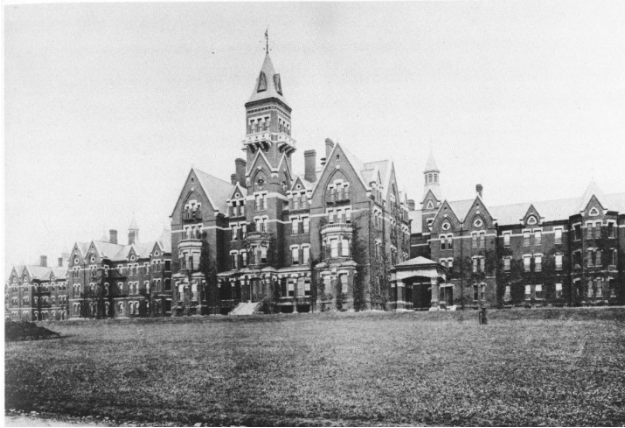
*Worcester Insane Asylum, Worcester**



Architect: Weston & Rand
Start of Construction: 1873
Floor Plan: Kirkbride
Architectural Style: Romanesque
NRHP Significance: Criterion A, C
NHL Significance: N/A
Postcard Date: Unknown

http://www.rootsweb.ancestry.com/~asylums/worcester_ma/

State Lunatic Hospital at Danvers, Danvers*



Architect: Nathaniel Jeremiah Bradlee
Start of Construction: 1874
Floor Plan: Kirkbride
Architectural Style: High Victorian Gothic
NRHP Significance: Criterion A, C
NHL Significance: N/A
Photograph Date: 1893

<http://danverskirkbride.blogspot.com/>

Westborough State Hospital, Westborough*



Architect: Kendall, Taylor, & Stevens
Start of Construction: Unknown
Opened: 1884
Floor Plan: Cottage
Architectural Style: Queen Anne
NRHP Significance: Criterion A, C
NHL Significance: N/A
Photograph Date: 1893

<http://danverskirkbride.blogspot.com/>

Massachusetts Hospital for Dipsomaniacs and Inebriates, Foxborough*



Architect: Brigham & Soffard
Landscape: Joseph H. Curtis
Start of Construction: Unknown
Opened: 1889
Floor Plan: Cottage
Architectural Style: Queen Anne
NRHP Significance: Criterion A, C
NHL Significance: N/A
Postcard Date: Unknown

<http://danverskirkbride.blogspot.com/>

Medfield Insane Asylum, Medfield*



Architect: William Pitt Wentworth
Start of Construction: Unknown
Opened: 1892
Floor Plan: Cottage Plan
Architectural Style: Queen Anne
NRHP Significance: Criterion A, C
NHL Significance: N/A
Postcard Date: Unknown

<http://hometownweekly.net/the-state-hospital-shutter-island-p3972.htm>

Michigan

Kalamazoo State Hospital, Kalamazoo*



Architect: Samuel Sloan
Start of Construction: 1854
Opened: 1859
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: Unknown
NHL Significance: N/A
Photograph Date: 1863

Courtesy Kalamazoo Public Library.

Clinton Valley Center, Pontiac*



Architect: Elijah E. Myers
Start of Construction: 1874
Opened: 1878
Floor Plan: Kirkbride
Architectural Style: High Victorian Gothic
NRHP Significance: Unknown
NHL Significance: N/A
Postcard Date: 1863

<http://historiccvc.8m.com/menu.html>

Traverse City State Hospital, Traverse City*



Architect: Gordon W. Lloyd
Start of Construction: Unknown
Opened: 1885
Floor Plan: Kirkbride
Architectural Style: Chateau style
NRHP Significance: Unknown
NHL Significance: N/A
Photograph Date: Unknown

<http://www.thevillagetc.com/about-the-village/photo-galleries/historical-photos/>

Michigan Asylum for Insane Criminals, Ionia



Architect: Unknown
Start of Construction: 1883
Opened: 1885
Floor Plan: Cottage
Architectural Style: Neoclassical Revival
(Admin Building)
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://ionia.migenweb.net/history/early_photos.htm

Upper Peninsula Asylum for the Insane, Newberry



Architect: Unknown
Start of Construction: 1893
Opened: 1895
Floor Plan: Pavilion
Architectural Style: Italian Villa
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: 1910

<http://genealogytrails.com/mich/luce/historynewberry.html>

Minnesota

Minnesota State Hospital for the Insane, Saint Peter



Architect: Samuel Sloan
Start of Construction: 1866
Opened: 1866
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://www.asylumprojects.org/index.php?title=File:141111530_o.jpg

Second Minnesota Hospital for the Insane, Rochester



Architect: Clarence H. Johnson, Sr
Start of Construction: 1877
Opened: 1879
Floor Plan: Kirkbride
Architectural Style: Italian Villa
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: 1910

<http://forgottenminnesota.com/2014/08/architecture-of-the-state-the-rochester-state-hospital/>

*Fergus Falls State Hospital, Fergus Falls**



Architect: Warren Dannel, et al.
Start of Construction: Unknown
Opened: 1888
Floor Plan: Kirkbride
Architectural Style: Chateau style
NRHP Significance: Architecture
NHL Significance: N/A
Photograph Date: 1915

Courtesy Minnesota Historical Society

Anoka First State Asylum for the Insane, Anoka



Architect: Clarence H. Johnson, Sr
Start of Construction: 1898
Opened: 1900
Floor Plan: Cottage
Architectural Style: Elizabethan
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

<http://www.startribune.com/local/north/264439901.html>

Second Asylum for the Insane, Hastings



Architect: Unknown
Start of Construction: 1900
Opened: 1901
Floor Plan: Cottage
Architectural Style: Tudor Revival
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1906

http://www.placeography.org/index.php/Hastings_State_Hospital,_Hastings,_Minnesota

Mississippi

Mississippi State Lunatic Asylum, Jackson



Architect: Joseph Willis
Start of Construction: 1882
Opened: 1885
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival
NRHP Significance: N/A
NHL Significance: N/A
Illustration Date: Unknown

<http://msacp.cobb.msstate.edu/history.html>

East Mississippi State Insane Asylum, Meridian



Architect: Unknown
 Start of Construction: 1882
 Opened: 1885
 Floor Plan: Kirkbride
 Architectural Style: Romanesque
 NRHP Significance: N/A
 NHL Significance: N/A
 Postcard Date: 1908

http://en.wikipedia.org/wiki/File:East_Mississippi_State

Missouri

Missouri Asylum for the Insane, Fulton



Architect: Solomon Jenkins
 Start of Construction: 1851
 Opened: 1851
 Floor Plan: Kirkbride
 Architectural Style: Gothic Revival
 Style
 NRHP Significance: N/A
 NHL Significance: N/A
 Postcard Date: Unknown

http://www.rootsweb.ancestry.com/~asylums/fulton_mo/

State Hospital for the Insane No. 2, Saint Joseph



Architect: Unknown
 Start of Construction: 1874
 Opened: 1874
 Floor Plan: Kirkbride
 Architectural Style: Gothic Revival
 NRHP Significance: N/A
 NHL Significance: N/A
 Postcard Date: Unknown

http://www.rootsweb.ancestry.com/~asylums/stjoseph_mo/

State Hospital for the Insane No. 3, Nevada



Architect: Morris Frederick Bell
Start of Construction: 1885
Opened: 1887
Floor Plan: Kirkbride
Architectural Style: High Victorian Gothic
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

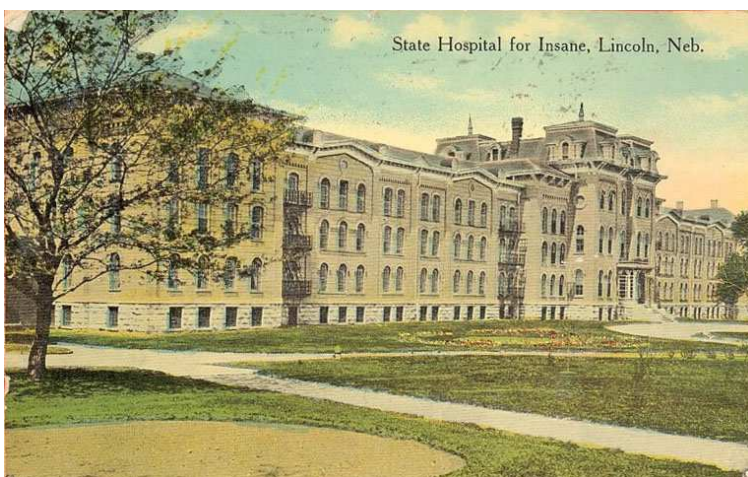
<http://www.lyndonirwin.com/asylum.htm>

Montana

None – The Montana State Hospital originally operated as a private facility under the name “Warm Springs, Montana” and was purchased by Montana in 1912.

Nebraska

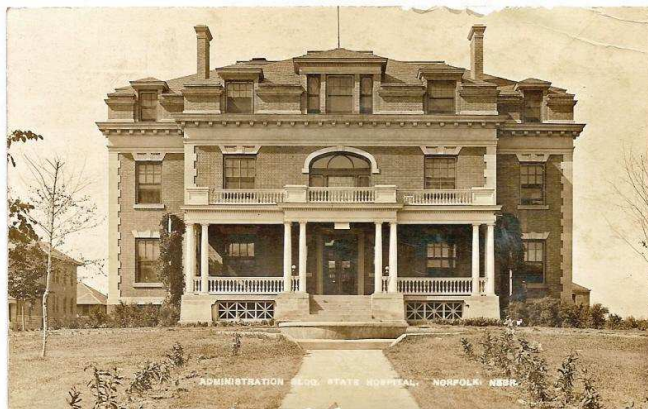
Nebraska Hospital for the Insane, Lincoln



Architect: Unknown
Start of Construction: 1870
Opened: 1870
Floor Plan: Cottage
Architectural Style: Second Empire
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://www.asylumprojects.org/index.php?title=Lincoln_State_Hospital

Norfolk Hospital for the Incurable Insane, Norfolk



Architect: Unknown
 Start of Construction: 1885
 Opened: 1888
 Floor Plan: Cottage
 Architectural Style: Colonial Revival
 NRHP Significance: N/A
 NHL Significance: N/A
 Postcard Date: Unknown

http://www.asylumprojects.org/index.php?title=Norfolk_State_Hospital

Hastings Hospital for the Incurably Insane, Hastings

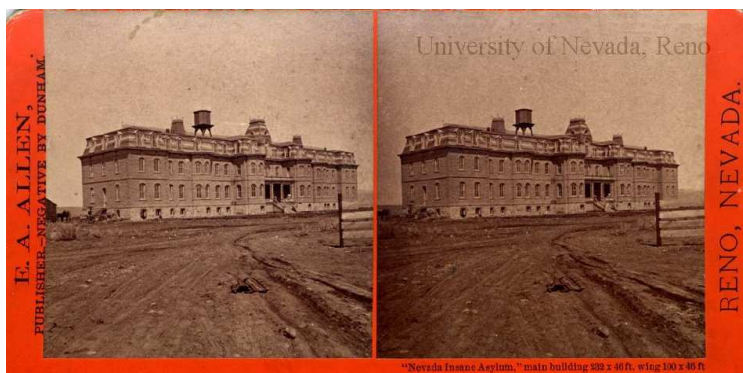


Architect: Charles C. Rittenhouse
 Start of Construction: Unknown
 Opened: 1889
 Floor Plan: Cottage
 Architectural Style: Italianate
 NRHP Significance: N/A
 NHL Significance: N/A
 Photograph Date: Unknown

http://www.rootsweb.ancestry.com/~asylums/hastings_nb/

Nevada

Nevada Insane Asylum, Reno



Architect: Morrill J. Curtis
 Start of Construction: Unknown
 Opened: 1882
 Floor Plan: Cottage
 Architectural Style: Second Empire
 NRHP Significance: N/A
 NHL Significance: N/A
 Stereoscope Date: Unknown

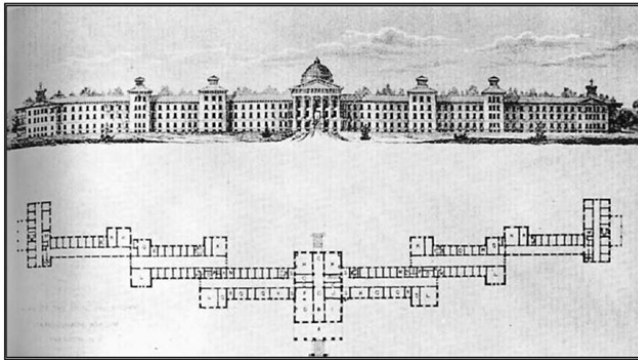
Courtesy the University of Nevada,
 Reno Special Collections and
 University Archives

New Hampshire

None – Concord State Hospital, built in 1841, was not a State facility when it opened. Although the state contributed money to its establishment, patients were charged \$2.25 a week.

New Jersey

New Jersey State Lunatic Asylum at Trenton, Trenton



Architect: John Notman & Charles F. Anderson
Start of Construction: 1845
Opened: 1848
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival
NRHP Significance: N/A
NHL Significance: N/A
Illustration Date: Unknown

<http://what-when-how.com/new-jersey/medwick-joseph-michael-ducky-to-merck-new-jersey/>

New Jersey State Lunatic Asylum at Morristown, Parsippany

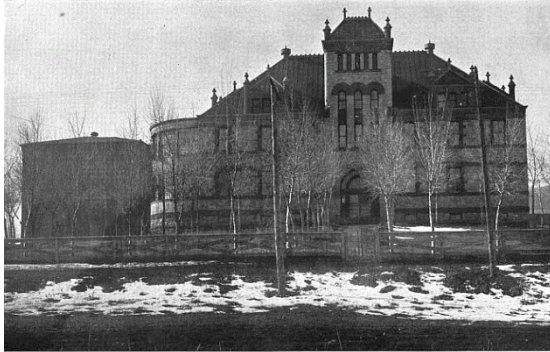


Architect: Samuel Sloan
Start of Construction: Unknown
Opened: 1876
Floor Plan: Kirkbride
Architectural Style: Second Empire
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1899

Courtesy of the Morristown & Morris Township Library, North Jersey History & Genealogy Center

New Mexico

Insane Asylum of New Mexico, Las Vegas



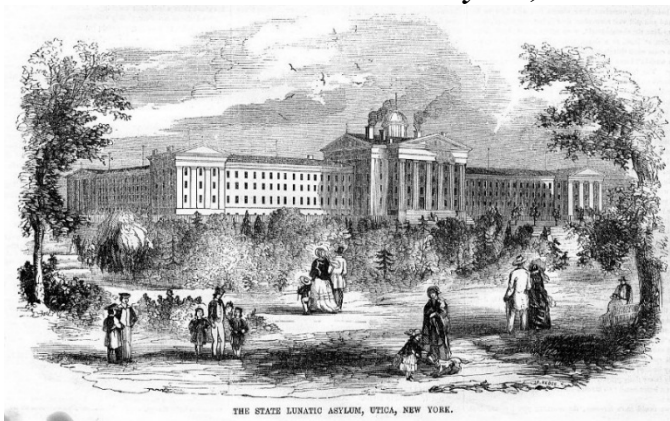
FRONT VIEW OF ADMINISTRATION BUILDING.

Architect: Unknown
Start of Construction: 1889
Opened: 1893
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

http://www.asylumprojects.org/index.php?title=New_Mexico_State_Hospital

New York

*New York State Lunatic Asylum, Utica***

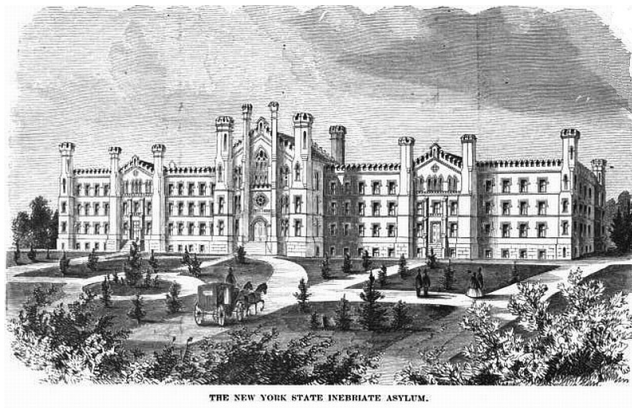


THE STATE LUNATIC ASYLUM, UTICA, NEW YORK.

Architect: William Clarke
Start of Construction: 1842
Opened: 1843
Floor Plan: Corridor
Architectural Style: Neoclassical Revival
– Greek Revival
NRHP Criterion: C
NHL Significance: Unknown
Illustration Date: Unknown

http://cantonasylumforinsaneindians.com/history_blog/the-canton-asylum-for-insane-indians/psychiatry-in-1903

*New York State Inebriate Asylum, Binghamton***



THE NEW YORK STATE INEBRIATE ASYLUM.

Architect: Isaac G. Perry
Start of Construction: Unknown
Opened: 1858
Floor Plan: Cottage
Architectural Style: Gothic Revival
NRHP Criteria: A, C
NHL Criterion: 1
Illustration Date: Unknown

<http://www.preservegreystone.org/aboutus/ca sestudies.html>

Willard Asylum for the Chronic Insane, Willard*



Architect: William H. Willcox
Start of Construction: 1866
Opened: 1869
Floor Plan: Kirkbride
Architectural Style: Second Empire
NRHP Significance: Unknown
NHL Significance: N/A
Photograph Date: 1860s

<http://inmatesofwillard.com/2013/01/10/wayne-e-morrison-sr-pictorial-album-of-the-willard-asylum-1869-1886/>

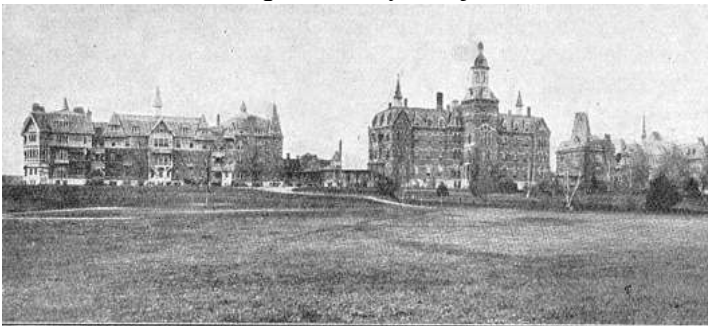
Hudson River State Hospital for the Insane, Poughkeepsie**



Architect: Frederick Clarke Withers
Landscape: Frederick Law Olmsted & Clavert Vaux
Start of Construction: 1868
Opened: 1871
Floor Plan: Kirkbride
Architectural Style: High Victorian Gothic
NRHP Criterion: C
NHL Criterion: 4
Postcard Date: Unknown

<http://www.forbidden-places.net/urban-exploration-hudson-river-state-hospital>

State Homeopathic Asylum for the Insane, Middletown

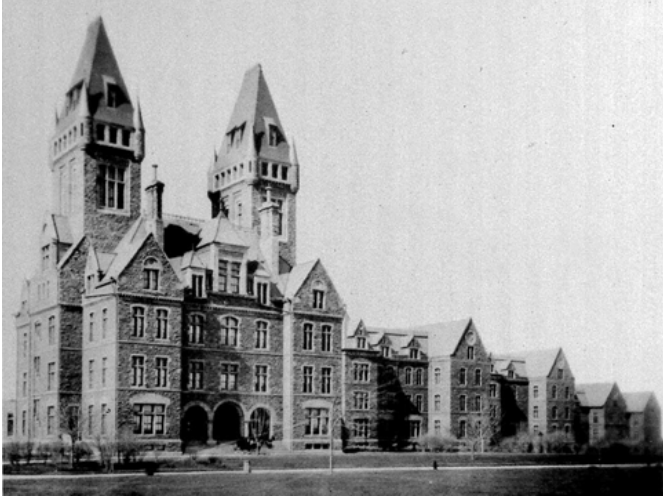


HOMOEOPATHIC ASYLUM, MIDDLETOWN, NEW YORK.

Architect: Carl Pfeiffer
Start of Construction: 1870
Opened: 1874
Floor Plan: Cottage
Architectural Style: Rhinish
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

http://history.tomrue.net/mpc/middletown_homeopathic_hospital.htm

Buffalo State Asylum for the Insane, Buffalo**



Architect: Henry Hobson Richardson
Landscape: Frederick Law Olmsted
Start of Construction: 1870
Opened: 1880
Floor Plan: Kirkbride
Architectural Style: Richardsonian
Romanesque
NRHP Significance: Architecture
NHL Significance: Unknown
Photograph Date: Unknown

<http://www.kirkbridebuildings.com/blog/tag/Buffalo-State-Hospital>

St. Lawrence State Hospital, Ogdensburg



Architect: Isaac G. Perry
Start of Construction: 1888
Opened: 1890
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1905

http://rootsweb.ancestry.com/~asylums/stlawrence_ny/index.html

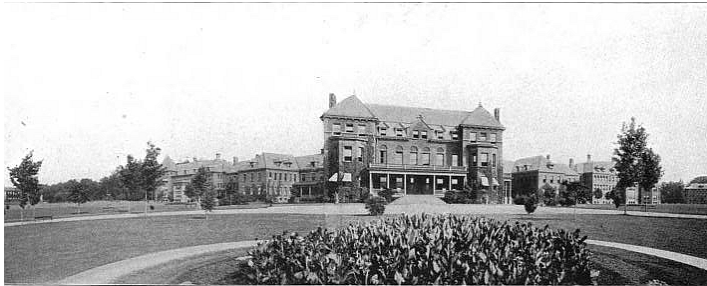
Matteawan State Hospital for the Criminally Insane, Beacon



Architect: Isaac G. Perry
Start of Construction: 1886
Opened: 1892
Floor Plan: Corridor
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

<http://ihm.nlm.nih.gov/luna/servlet/detail/NLMNLM~1~1~101403988~137636:Matteawan-State-Hospital,-Beacon,-N#>

Gowanda State Homeopathic Hospital, Collins



GOWANDA STATE HOSPITAL — ADMINISTRATION BUILDING AND WINGS.

Architect: Esenwein & Johnson
Start of Construction: 1896
Opened: 1898
Floor Plan: Transition
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

[http://www.asylumprojects.org/index.php?title=Gowanda State Hospital](http://www.asylumprojects.org/index.php?title=Gowanda+State+Hospital)

Dannemora State Hospital for Insane Convicts, Dannemora



Entrance to Grounds of Dannemora State Hospital. DANDEMORA, N. Y.

Architect: Unknown
Start of Construction: 1899
Opened: 1900
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

[http://www.asylumprojects.org/index.php?title=Dannemora State Hospital](http://www.asylumprojects.org/index.php?title=Dannemora+State+Hospital)

North Carolina

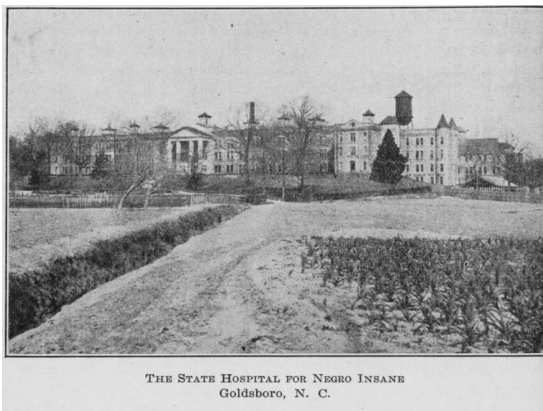
Dix Hill Asylum, Raleigh



Architect: Alexander T. Davis
Start of Construction: 1850
Opened: 1856
Floor Plan: Corridor
Architectural Style: Neoclassical Revival – Greek Revival
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

Courtesy State Archives of North Carolina, Raleigh, North Carolina.

Asylum for Colored Insane, Goldsboro



Architect: Unknown
Start of Construction: 1878
Opened: 1880
Floor Plan: Corridor
Architectural Style: Neoclassical Revival – Greek Revival/Chateau
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

<http://ifp.nyu.edu/2012/history/the-state-hospital-for-negro->

*Broughton Hospital, Morganton**



Architect: Samuel Sloan
Start of Construction: 1875
Opened: 1883
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: Architecture, Social/Humanitarian
NHL Significance: N/A
Postcard Date: 1920s

<http://ashevillejunction.com/ella-asbury-and-the-state-hospital-at-morganton-from-institutional-to-personal-history/>

North Dakota

North Dakota Hospital for the Insane, Jamestown



Architect: Unknown
Start of Construction: Unknown
Opened: 1885
Floor Plan: Cottage
Architectural Style: Queen Anne
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://www.rootsweb.ancestry.com/~asylums/jamestown_nd/index.html

Ohio

*Columbus State Hospital, Columbus**



Architect: Levi T. Scofield
Start of Construction: Unknown
Opened: 1877
Floor Plan: Kirkbride
Architectural Style: High Victorian Gothic
NRHP Criteria: Unknown
NHL Significance: N/A
Postcard Date: Early 1900s

<http://digital-collections.columbuslibrary.org/cdm/compoundobject/collection/ohio/id/3977/rec/24>

*Cleveland State Hospital, Cleveland**



Architect: Unknown
Start of Construction: 1852
Opened: 1855
Floor Plan: Kirkbride
Architectural Style: Gothic Revival
NRHP Criteria: Unknown – Removed 1978
NHL Significance: N/A
Photograph Date: Unknown

<http://www3.gendisasters.com/ohio/10962/newburg-oh-northern-ohio-lunatic-asylum-fire-sep-1872>

*Dayton State Hospital, Dayton**



Architect: Samuel Sloan
Start of Construction: Unknown
Opened: 1855
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Criteria: Unknown
NHL Significance: N/A
Photograph Date: Unknown

http://www.libraries.wright.edu/special/ddn_archive/2013/10/22/dayton-state-hospital/

*Athens State Hospital, Athens**



Architect: Levi T. Scofield
Landscape: Herman Haerlin
Start of Construction: 1868
Opened: 1874
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Criteria: Unknown
NHL Significance: N/A
Photograph Date: Unknown

<http://media.library.ohiou.edu/cdm/singleitem/collection/archives/id/836/rec/17>

Toledo Insane Asylum, Toledo



Architect: Edward O. Fallis
Start of Construction: 1888
Opened: 1888
Floor Plan: Cottage
Architectural Style: Flemish/Baroque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

http://rootsweb.ancestry.com/~asylums/toledo_oh/index.html

Massillon State Hospital for the Insane, Massillon



Architect: Yost & Packard
Start of Construction: 1893
Opened: 1898
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://www.rootsweb.ancestry.com/~asylums/massillon_oh/index.html

Oklahoma

None – Fort Supply State Hospital utilized the pre-existing buildings on the post for the facility, and therefore does not follow the requirements of being purpose-built.

Oregon

*Oregon State Hospital Historic District, Salem **

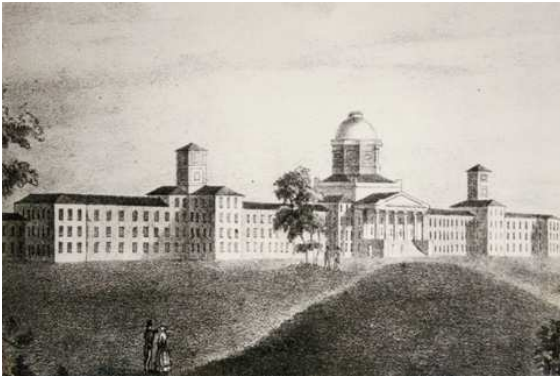


Architect: Wilbur F. Boothby
Start of Construction: 1881
Opened: 1883
Floor Plan: Kirkbride
Architectural Style: Modified Italianate
NRHP Criteria: A, C
NHL Significance: N/A
Photograph Date: 1942

<http://offbeatoregon.com/1211c-asylum-kitchen-mixup-killed-hundreds-with-scrambled-eggs.html>

Pennsylvania

*Pennsylvania State Lunatic Hospital, Harrisburg **



Architect: Addison Hutton
Start of Construction: 1849
Opened: 1851
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival
NRHP Significance: Architecture,
Social/Humanitarian
NHL Significance: N/A
Illustration Date: Unknown

<http://www.kirkbridebuildings.com/blog/tag/Harrisburg-State-Hospital>

State Hospital for the Insane at Danville, Danville



Architect: John McArthur, Jr
Landscape: Donald G. Mitchell
Start of Construction: 1869
Opened: 1872
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://rootsweb.ancestry.com/~asylums/danville_pa/index.html

State Lunatic Asylum at Norristown, Norristown



Architect: Wilson Brothers & Company
Start of Construction: 1878
Opened: 1880
Floor Plan: Transitional
Architectural Style: High Victorian Gothic
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://en.wikipedia.org/wiki/Norristown_State_Hospital

State Hospital for the Insane at Warren, Warren



Architect: John Sunderland
Landscape: Donald G. Mitchell
Start of Construction: 1874
Opened: 1880
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

<http://www.pagenweb.org/~warren/misc/warren-state-hospital.html>

State Asylum for the Chronic Insane, Wernersville



Architect: Rankin & Kellogg
Start of Construction: 1891
Opened: 1893
Floor Plan: Transition
Architectural Style: Colonial Revival
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

http://www.asylumprojects.org/index.php?title=Wernersville_State_Hospital

Rhode Island

Asylum for the Pauper Insane, Cranston



Architect: Stone, Carpenter, and Wilson
Start of Construction: Unknown
Opened: 1870
Floor Plan: Cottage
Architectural Style: Colonial Revival
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

http://www.asylumprojects.org/index.php?title=Rhode_Island_State_Hospital

South Carolina

None – The South Carolina State Hospital opened in 1828, 7 years prior 1835, the earliest date in the survey.

South Dakota

*Yankton State Hospital, Yankton**



Architect: Dr. Leonard C. Mead
Start of Construction: 1879
Opened: 1880
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Criteria: Unknown
NHL Significance: N/A
Photograph Date: Unknown

http://asylumprojects.org/index.php?title=Yankton_State_Hospital

Tennessee

*Bolivar State Hospital, Bolivar**



Architect: Unknown
Start of Construction: 1885
Opened: 1886
Floor Plan: Kirkbride
Architectural Style: Gothic Revival
NRHP Criteria: Unknown
NHL Significance: N/A
Photograph Date: Unknown

http://asylumprojects.org/index.php?title=Bolivar_State_Hospital

East Tennessee Hospital for the Insane, Knoxville



Architect: Unknown
Start of Construction: Unknown
Opened: 1889
Floor Plan: Kirkbride
Architectural Style: Gothic Revival
NRHP Significance: N/A
NHL Significance: N/A
Illustration Date: Unknown

<http://tngenweb.org/poor/>

Texas

*Texas State Lunatic Asylum, Austin**



Architect: Charles Payne
Start of Construction: 1857
Opened: 1861
Floor Plan: Kirkbride
Architectural Style: Neoclassical Revival
NRHP Criterion: Unknown
NHL Significance: N/A
Photograph Date: Unknown

<http://www.austinlibrary.com/ahc/hydepark/recreation.htm>

North Texas Lunatic Asylum, Terrell



Architect: J. N. Preston & Sons
Start of Construction: 1883
Opened: 1885
Floor Plan: Kirkbride
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

<http://www.kirkbridebuildings.com/blog/tag/Terrell-State-Hospital>

Southwestern Insane Asylum, San Antonio



Architect: Jacob L. Larmour
Start of Construction: 1890
Opened: 1892
Floor Plan: Cottage
Architectural Style: Italian Villa
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

<http://www.thomas-industriesinc.com/postcards.html>

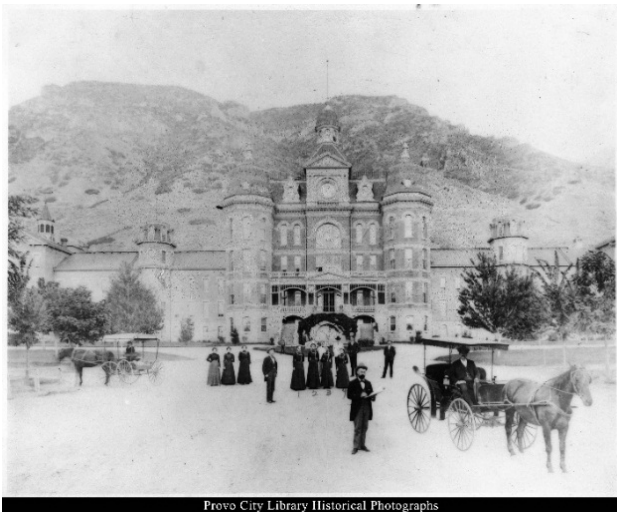
Utah

Territorial Insane Asylum, Provo



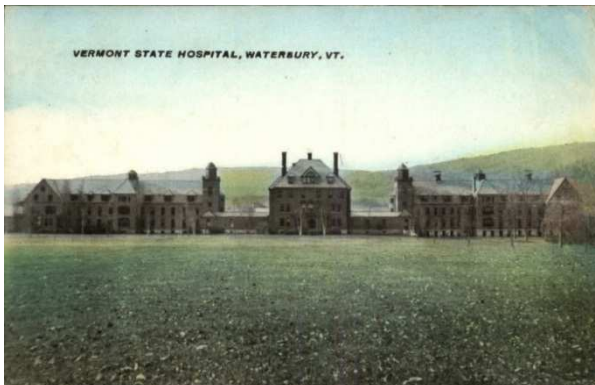
Architect: John H. Burton
Start of Construction: Unknown
Opened: 1885
Floor Plan: Linear, Corridor
Architectural Style: High Victorian Gothic
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown
Photograph Date: 1900

Both images courtesy Provo City Library, Provo, Utah.



Vermont

Vermont State Asylum for the Insane, Waterbury

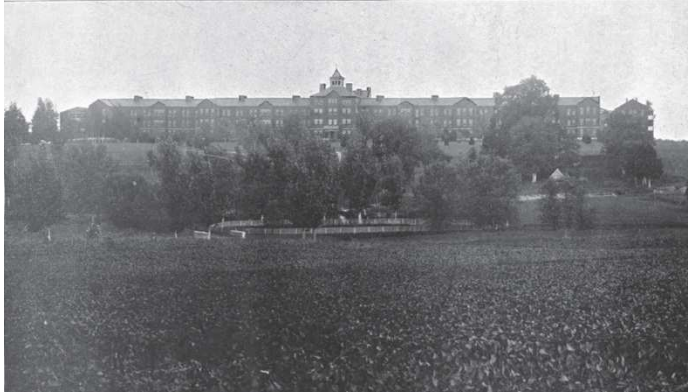


Architect: Unknown
Start of Construction: Unknown
Opened: 1891?
Floor Plan: Pavilion
Architectural Style: Colonial Revival
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

http://www.asylumprojects.org/index.php?title=File:Waterbury_Vermont_PC1.JPG

Virginia

Central Lunatic Asylum for Colored Insane, Petersburg



Architect: Unknown
Start of Construction: 1885
Opened: 1885
Floor Plan: Kirkbride
Architectural Style: Colonial Revival
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: Unknown

http://en.wikipedia.org/wiki/Central_State_Hospital_%28Virginia%29#mediaviewer/File:Old-main-csh.jpg

*Southwestern Lunatic Asylum, Marion**



Architect: Harry and Kenneth McDonald
Start of Construction: 1885
Opened: 1887
Floor Plan: Cottage
Architectural Style: Late Victorian (Author opinion: High Victorian Gothic)
NRHP Criteria: Unknown
NHL Significance: N/A
Postcard Date: 1912

<http://www.newriversnotes.com/photos/displayimage.php?pid=4563>

Washington

Eastern Washington State Hospital for the Insane, Medical Lake



Architect: Unknown
Start of Construction: 1885
Opened: 1887
Floor Plan: Kirkbride
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Photograph Date: 1912

<http://www.newriversnotes.com/photos/displayimage.php?pid=4563>

West Virginia

*Weston Hospital, Weston***



Architect: Richard Snowden Andrews
Start of Construction: 1858
Opened: 1859
Floor Plan: Kirkbride
Architectural Style: Jacobean Revival
NRHP Criteria: A, C
NHL Criterion: 4
Illustration Date: 1890s

http://arch.thomas-industriesinc.com/Hist_Gallery_WestonStateHospital.htm

Second Hospital for the Insane, Spencer



Architect: Unknown
Start of Construction: 1893
Opened: 1893
Floor Plan: Kirkbride
Architectural Style: High Victorian Gothic
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

<http://www.wvencyclopedia.org/articles/531>

Home for Incurables, Huntington



Architect: Unknown
Start of Construction: 1897
Opened: 1901
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Significance: N/A
NHL Significance: N/A
Postcard Date: Unknown

<http://www.asylumprojects.org/index.php?title=File:Huntingtonmale.jpg>

Wisconsin

Wisconsin Hospital for the Insane, Madison



Architect: Stephen Vaughn Shipman
Start of Construction: Unknown
Opened: 1860
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: N/A
NHL Significance: N/A
Illustration Date: 1885

http://en.wikipedia.org/wiki/Mendota_Mental_Health_Institute

Northern Asylum for the Insane, Oshkosh



Architect: Stephen Vaughn Shipman
Start of Construction: 1871
Opened: 1873
Floor Plan: Kirkbride
Architectural Style: Italianate
NRHP Significance: N/A
NHL Significance: N/A
Illustration Date: Unknown

[http://www.asylumprojects.org/index.php?title=File:Winnebago State HospitalPC \(3\).JPG](http://www.asylumprojects.org/index.php?title=File:Winnebago_State_HospitalPC_(3).JPG)

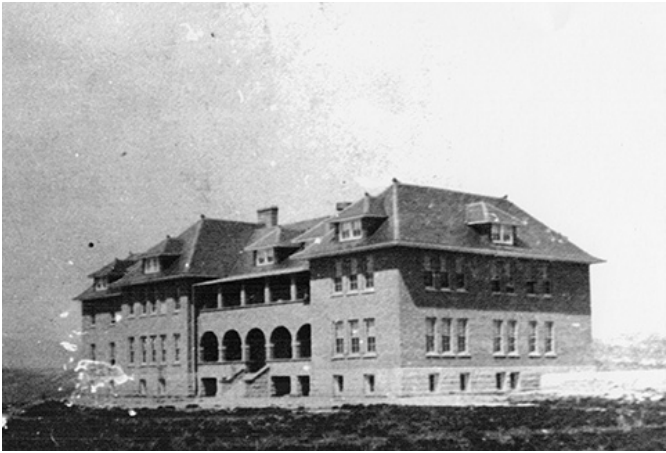
Wyoming

*Wyoming State Hospital, Evanston**



Architect: William Dubois
Start of Construction: Unknown
Opened: 1887
Floor Plan: Cottage
Architectural Style: Romanesque
NRHP Criteria: A, C
NHL Significance: N/A
Illustration Date: Unknown
Photograph: 1910s

<http://www.wyohistory.org/encyclopedia/wyoming-state-hospital>



<http://www.wyohistory.org/encyclopedia/wyoming-state-hospital>

BIBLIOGRAPHY

- “Abandoned Asylum.” *Abandoned Asylum*, 2014.
<http://www.abandonedasylum.com/home>.
- Asylum Projects. “Radial Plan Institutions,” December 11, 2013.
http://www.asylumprojects.org/index.php?title=Radial_Plan_Institutions.
- “Athens State Hospital.” *Kirkbride Buildings*, n.d.
<http://www.kirkbridebuildings.com/buildings/athens/>.
- Baxter, William E., and David W. Hatchcox. *America’s Care of the Mentally Ill: A Photographic History*. Washington, DC: American Psychiatric Press, 1994.
- Bazar, PhD, Jennifer L., and Jeremy T. Burman, MA. “Asylum Tourism.” *American Psychological Association*, February 2014.
<http://www.apa.org/monitor/2014/02/asylum-tourism.aspx>.
- Blank, Trevor J. “Contesting the Contested: Preservation Politics, Collective Memory, and the First Institution for the Criminally Insane in America.” *Material Culture* 41, no. 1 (Spring 2009): 39–60. <http://www.jstor.org/stable/29764497>.
- Bloom, Dan. “Decay of Asylum Which Was Once 7,000 Disturbed U.S. Patients.” *Daily Record*. Accessed March 22, 2015. <http://www.dailymail.co.uk/news/article-2601383/Haunting-pictures-decay-abandoned-asylum-held-7-000-Americas-disturbed-patients.html>.
- Brand, Stewart. *How Buildings Learn: What Happens After They’re Built*. Reprint edition. New York: Penguin Books, 1995.
- Bryan, John M. *Robert Mills: America’s First Architect*. New York, NY: Princeton Architectural Press, 2001.
- “Buffalo State Asylum.” *World Public Library*, n.d.
http://netlibrary.net/articles/Buffalo_State_Asylum.
- Burden, Ernest. *Illustrated Dictionary of Architectural Preservation*. McGraw-Hill Companies, Inc., 2004.
- Burpee, Heather. “History of Healthcare Architecture.” Integrated Design Lab Puget Sound, 2008. <http://www.mahlum.com/pdf/HistoryofHealthcareArchBurpee.pdf>.

- Cavender, Anthony P. "A Vision Lost: Dr. Robert J. Preston and the Southwestern Lunatic Asylum, 1887-1906." *Virginia Magazine of History and Biography*, 2014.
- Chambers, Jr, Allen S. *National Landmarks, America's Treasures: The National Park Foundation's Complete Guide to National Historic Landmarks*. New York, NY: John Wiley & Sons, Inc, 2000.
- Coolidge, Jr, Harold N. *Samuel Sloan: Architect of Philadelphia 1815-1884*. Philadelphia, PA: University of Pennsylvania Press, 1986.
- "Corridor Plan Institutions." *Asylum Projects*, June 25, 2010.
http://www.asylumprojects.org/index.php?title=Corridor_Plan_Institutions.
- Craft, Susan. "History of the South Carolina Department of Mental Health." *South Carolina Department of Mental Health*, 2006.
<http://www.state.sc.us/dmh/history.htm>.
- Dwyer, Ellen. *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*. New Brunswick, NJ: Rutgers University Press, 1987.
- D'Antonio, PhD, RN, FAAN, Patricia. "History of Psychiatric Hospitals," n.d.
<http://www.nursing.upenn.edu/nhhc/Welcome%20Page%20Content/History%20of%20Psychiatric%20Hospitals.pdf>.
- Edginton, Barry. "The Well-Ordered Body: The Quest for Sanity Through Nineteenth-Century Architecture." *Canadian Bulletin of Medical History*, no. 11 (1994): 375–86. <http://www.cbmh.ca/index.php/cbmh/article/view/309>.
- Enoch, Ed. "State Expects to Turn over Bryce Hospital Grounds to University of Alabama by June." *TuscaloosaNews.com*. Accessed March 22, 2015.
<http://www.tuscaloosanews.com/article/20140223/news/140229836>.
- Ford, Sarah, A. M. "Suffering in Silence: Psychological Disorders and Soldiers in the American Civil War." *Armstrong Undergraduate Journal of History* 3, no. 2 (April 2013).
http://www.armstrong.edu/Initiatives/history_journal/history_journal_suffering_in_silence_psychological_disorders_and_soldiers_i.
- Foucault, Michel, ed. *Madness and Civilization: A History of Insanity in the Age of Reason*. New York, NY: Vintage Books, 1965.
- Fox, Richard. *So Far Disordered in Mind: Insanity in California, 1870-1930*. Berkeley and Los Angeles, CA: University of California Press, 1978.

- Gallagher, H. M. Pierce. *Robert Mills: Architect of the Washington Monument, 1781-1855*. New York, NY: Columbia University Press, 1998.
- Gallagher, Justin (Justin R.). "An Asylum : Design Specificity for the Spectrum of Cognitive Conditions." Thesis, Massachusetts Institute of Technology, 2013. <http://dspace.mit.edu/handle/1721.1/81654>.
- Gamwell, Lynn, and Nancy Tomes. *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914*. Ithaca, NY: Cornell University Press and Binghamton University Art Museum, 1995.
- Goodheart, Lawrence B. *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry*. Amherst, MA: University of Massachusetts Press, 2003.
- Greiff, Constance. *John Notman, Architect, 1810-1865*. Philadelphia, PA: The Athenaeum of Philadelphia, 1979.
- Grimes, John Maurice. *Institutional Care of Mental Patients in the United States*. Chicago, IL: The Author, 1934.
- "Gowanda Correctional Facility." *Facebook*. Accessed March 22, 2015. <https://www.facebook.com/pages/Gowanda-Correctional-Facility/104142092955050>.
- Grob, Gerald. *From Asylum to Community: Mental Health Policy in Modern America*. Princeton, NJ: Princeton University Press, 1991.
- . *Mental Illness and American Society, 1875-1940*. Princeton, NJ: Princeton University Press, 1983.
- . *Mental Institutions in America: Social Policy to 1875*. New York, NY: Free Press, 1973.
- . *The Mad Among Us: A History of the Care of America's Mentally Ill*. New York, NY: Free Press, 1994.
- . , ed. *The Origins of the State Mental Hospital in America: Six Documentary Studies, 1837-1856*. New York, NY: Arno Press, 1973.
- Handley-Cousins, Sarah. "PTSD and the Civil War." *The New York Times: Opinionator*, August 13, 2014. <http://opinionator.blogs.nytimes.com/2014/08/13/ptsd-and-the-civil-war/>.

- Hawk, Angela. "Going 'Mad' in Gold Country: Migrant Populations and the Problem of Containment in Pacific Mining Boom Regions." *Pacific Historical Review* 80, no. 1 (February 1, 2011): 64–96. <http://www.jstor.org/stable/10.1525/phr.2011.80.1.64>.
- . "Going 'Mad' in Gold Country: Migrant Populations and the Problem of Containment in Pacific Mining Boom Regions." *Pacific Historical Review* 80, no. 1 (February 2011): 64–96. doi:[10.1525/phr.2011.80.1.64](https://doi.org/10.1525/phr.2011.80.1.64).
- Hermesen, Lisa. *Manic Minds: Mania's Mad History and Its Neuro-Future*. Rutgers University Press, 2011.
- "Historic Asylums." *Historic Asylums*, June 1, 1999. <http://www.rootsweb.ancestry.com/~asylums/>.
- Holley, Joe. "Tussle Over St. Elizabeths." *The Washington Post*, June 17, 2007, sec. Metro. <http://www.washingtonpost.com/wp-dyn/content/article/2007/06/16/AR2007061601192.html>.
- Holtzman, Dr., Ellen. "A Home Away from Home." *Monitor On Psychology* 43, no. 3 (March 2012): 24. <http://www.apa.org/monitor/2012/03/asylums.aspx>.
- Horwitz, Allan V. *Creating Mental Illness*. Chicago, IL: University of Chicago Press, 2002.
- Joinson, Carla. "The Perception and Treatment of Insanity in Southern Appalachia." Electronic Theses and Dissertations, East Tennessee State University, 2012. <http://dc.etsu.edu/etd/1212/>.
- Kansas Historical Society. "Kansas Memory: Historic Psychiatry Original Miscellaneous Documents - 4," n.d. <http://www.kansasmemory.org/item/223248/page/510>.
- Katz, Michael B., "Reviews," *American Journal of Sociology*, Vol. 90, No. 5, (March 1985).
- Kirkbride, Thomas. *On The Construction, Organization, and General Arrangements of Hospitals for the Insane*. New York, NY: Arno Press, 1854. <https://archive.org/details/onconstructiono01kirkgoog>.
- Lewis, Laura. "Historic Asylums at Rest." *National Trust for Historic Preservation*, September 12, 2001. www.preservationnation.org/magazine/story-of-the-week/2001/historic-asylums-at-rest.html#.U-xDB2OblbU.
- Lowry, Richard. *The Evolution of Psychological Theory: A Critical History of Concepts and Presuppositions*. Hawthorne: Aldine de Gruyter, 1982.

- McCandless, Peter. *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*. Chapel Hill, NC: University of North Carolina Press, 1996.
- McElroy, Ethan. "About Kirkbride Buildings." *Kirkbride Buildings*, 2001–2014. <http://www.kirkbridebuildings.com/about/>.
- Messinger, Andrea. "Traverse City's The Village at Grand Traverse Commons Is a Neighborhood Within a Vibrant City." *Michigan Municipal League*, n.d. <http://www.mml.org/resources/publications/mmr/issue/march-april2010/traverse-city.html>.
- National Park Service. "Battle Mountain Sanitarium, Hot Springs, South Dakota." *NPS.gov*, n.d. http://www.nps.gov/nr/travel/veterans_affairs/Battle_Mountain_Sanitarium.html.
- National Trust for Historic Preservation. "11 Most Endangered Historic Places: Battle Mountain Sanitarium." *National Trust for Historic Preservation*, 2014. <http://www.preservationnation.org/issues/11-most-endangered/locations/battle-mountain-sanitarium.html#.U-0nfGObn08>.
- National Trust for Historic Preservation: Preservation Green Lab, and Urban Land Institute. "Retrofitting Philadelphia: The Partnership for Building Reuse," September 2014. <http://www.preservationnation.org/information-center/sustainable-communities/green-lab/partnership-building-reuse/04614-NTHP-Philadelphia-WEB-FINAL.pdf>.
- The New England Magazine*. New England Magazine Company, 1897.
- Nightingale, Florence. *Notes on Hospitals*. London, England: Longman, Green, Longman, Roberts, and Green, 1863. <https://archive.org/details/notesonhospital01nighgoog>.
- Ochsner, Jeffrey Karl. *H. H. Richardson: Complete Architectural Works*. Cambridge, MA: MIT Press, 1982.
- Osborn, Lawrence A. "From Beauty to Despair: The Rise and Fall of the American State Mental Hospital." *Psychiatric Quarterly*, 2009, 220. doi:[10.1007/s11126-009-9109-3](https://doi.org/10.1007/s11126-009-9109-3).
- Ozarin, Lucy D. "Moral Treatment and the Mental Hospital." In *The Therapeutic Community: A Sourcebook of Readings*, 30–34. New York, NY: Behavioral Publications, 1973.

- Parry-Jones, William L. L. *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries*. University of Toronto Press, 1972.
- “Pavilion Plan Institutions.” *Asylum Projects*, July 22, 2013.
http://www.asylumprojects.org/index.php?title=Pavilion_Plan_Institutions.
- Perkins, Glenn. “Mind Over Matter: How Historic Asylums Are Faring.” *National Trust for Historic Preservation*, December 13, 2010.
<http://www.preservationnation.org/magazine/story-of-the-week/2010/mind-over-matter.html#.U-0lkGObn08>.
- “Pinel, Philippe.” *Complete Dictionary of Scientific Biography*. Encyclopedia.com, n.d.
http://www.encyclopedia.com/topic/Philippe_Pinel.aspx.
- Povtak, Tim. “High Cost of Asbestos Abatement Delays Another Historic Renovation.” *Mesothelioma News Center | Latest in Asbestos & Mesothelioma News*, December 6, 2011. <http://www.asbestos.com/news/2011/12/06/high-cost-of-asbestos-abatement-derailing-another-historic-renovation/>.
- Pullman, Leonard P. *Institution and Outcome: A Complete Study of Psychiatric Hospitals*. First Edition. Long Island City, New York: Pergamon Press Inc., 1967.
- Psychiatry: An Industry of Death (Full Version)*, 2011.
<https://www.youtube.com/watch?v=gvdBSSUviys>.
- Quaide, Rustin A. “Section II: How to Apply the National Register Criteria for Evaluation, National Register of Historic Places Bulletin (NRB 15),” November 28, 2001. http://www.nps.gov/NR/PUBLICATIONS/bulletins/nrb15/nrb15_2.htm.
- Randall, Vernellia, R. “An Early History - African American Mental Health,” n.d.
<http://academic.udayton.edu/health/01status/mental01.htm>.
- Reiss, Benjamin . *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture*. Chicago, IL: The University of Chicago Press, 2008.
- Rosenberg, Charles E. *The Care of Strangers: The Rise of America's Hospital System*. Baltimore, MD: John Hopkins University Press, 1995.
- Ross, PhD, Jean J., and William J. Filstead, PhD. “Therapeutic Milieu, Therapeutic Community and Milieu Therapy: Some Conceptual and Definitional Distinctions .” In *The Therapeutic Community: A Sourcebook of Readings*, 5–? New York, NY: Behavioral Publications , 1973.

- Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Revised Edition. New York, NY: Aldine De Gruyter, 2002.
- Rozhon, Tracie. "A Fight to Preserve Abandoned Asylums; Sales Seen as Threat to Landmarks Of Architecture and Idealism." *The New York Times*, November 18, 1998, sec. N.Y. / Region. <http://www.nytimes.com/1998/11/18/nyregion/fight-preserve-abandoned-asylums-sales-seen-threat-landmarks-architecture.html>.
- Schneekloth, Lynda, Marcia Feuerstein, and Barbara Campagna, eds. *Changing Places: Remaking Institutional Buildings*. Fredonia, NY: White Pine Press, 1992.
- Science Museum. "Mental Institutions." *Brought to Life: Exploring the History of Medicine*, n.d. <http://www.sciencemuseum.org.uk/broughttolife/themes/mentalhealthandillness/mental-institutions.aspx>.
- Scull, Andrew. *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*. Berkeley and Los Angeles, CA: University of California Press, 1989.
- Scull, Andrew T. *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade*. Princeton, N.J: Princeton University Press, 1996.
- Sheridan, Janet L. "The Almshouse and Insane: Salem County's Legacy of Poor Relief." Center for Historic Architecture and Design, University of Delaware, 2007. <http://dspace.udel.edu/handle/19716/5269>.
- Skrdla, Harry. *Ghostly Ruins: America's Forgotten Architecture*. New York, NY: Princeton Architectural Press, 2006. <http://site.ebrary.com/nuncio.cofc.edu/lib/collegeofcharleston/reader.action?docID=10469421>.
- Sprinkle, Jr, John H. *Crafting Preservation Criteria: The National Register of Historic Places and American Historic Preservation*. New York, NY: Routledge, 2014.
- Stewart, Holly. "Tearing down the Walls of Greystone Park Psychiatric Hospital." *NorthJersey.com*. Accessed March 22, 2015. <http://www.northjersey.com/cm/2.1593/community-news/tearing-down-the-walls-of-greystone-park-psychiatric-hospital-1.840200>.
- Suarez, Ray. "Introduction." In *Saving America's Treasures*. Washington D.C.: National Geographic Society, 2001.
- Sullivan, Laura. "Government's Empty Buildings Are Costing Taxpayers Billions." *NPR.org*, March 12, 2014. <http://www.npr.org/2014/03/12/287349831/governments-empty-buildings-are-costing-taxpayers-billions>.

- Sumner, Jim. "National Register of Historic Places Inventory - Nomination Form for Broughton Hospital: Main Building," 1977.
- Surgeon General Barnes, Joseph K. *The Medical and Surgical History of the War of Rebellion (1861-1865)*. Washington: Government Printing Office, 1870.
- Tatum, George B., and Elisabeth McDougall, eds. *Prophet with Honor: The Career of Andrew Jackson Downing, 1815-1852*. Washington, DC: Dumbarton Oaks, 1989.
- The 19th Century Asylum and Moral Treatment*, 2013.
<https://www.youtube.com/watch?v=4DjQ-V2YELQ>.
- "The Greenest Building Is the One Already Built." *TheGreenestBuilding.org*, n.d.
<http://thegreenestbuilding.org/>.
- "The Spokane Press. (Spokane, Wash.) 1902-1939, November 26, 1906, Image 4," November 26, 1906. <http://chroniclingamerica.loc.gov/lccn/sn88085947/1906-11-26/ed-1/seq-4/>.
- "The Village at Grand Traverse Commons," n.d. <http://www.thevillagetc.com/>.
- "Transition Plan." *Asylum Projects*, January 29, 2014.
http://www.asylumprojects.org/index.php?title=Transition_Plan.
- Thomas Industries. "Architecture of the State." *Architecture of the State*, April 12, 2010.
<http://arch.thomas-industriesinc.com/>.
- Tomes, Nancy. *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*. Cambridge [Cambridgeshire]; New York: Cambridge University Press, 1984.
- Torrey, E. Fuller. *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present*. New Brunswick, NJ: Rutgers University Press, 2001.
- Trans-Allegheny Lunatic Asylum. "Trans-Allegheny Lunatic Asylum: Dorothea Dix," n.d. <http://trans-alleghenylunaticasylum.com/main/history4.html>.
- . "Trans-Allegheny Lunatic Asylum: The Pre-Asylum Era," n.d. <http://trans-alleghenylunaticasylum.com/main/history2.html>.
- U.S. Department of the Interior. "National Historic Landmarks Program: NHL Theme Studies." *National Park Service*, n.d.
<http://www.nps.gov/nhl/learn/themestudiesintro.htm>.

- . “National Historic Landmarks: Illustrating the Heritage of the United States.” National Park Service, n.d.
- . “National Register Bulletin: How to Apply the National Register Criteria for Evaluation .” U.S. Department of the Interior, 1995.
<http://www.nps.gov/nr/publications/bulletins/pdfs/nrb15.pdf>.
- . “National Register Bulletin: How to Prepare National Historic Landmark Nominations. IV. How to Evaluate and Document National Significance for Potential National Historic Landmarks,” n.d.
<http://www.nps.gov/NR/publications/bulletins/nhl/nhlpt4.htm>.
- “Vermont Phoenix. (Brattleboro, Vt.) 1834-1955, December 23, 1842, Image 4,” December 23, 1842. <http://chroniclingamerica.loc.gov/lccn/sn98060050/1842-12-23/ed-1/seq-4/#date1=1842&index=0&rows=20&words=ANNUAL+annual+SIXTH+sixth&searchType=basic&sequence=0&state=Vermont&date2=1842&proxtext=Sixth+annual&y=0&x=0&dateFilterType=yearRange&page=1>.
- Wellcome Institute for the History of Medicine. *The Anatomy of Madness: Essays in the History of Psychiatry*. Edited by W. F. Bynum, Roy Porter, and Michael Shepherd. London ; New York: Tavistock Publications, 1985.
- Westhoven, William. “Greystone Demolition Bid Awarded: \$34.4M.” *Daily Record*. Accessed March 22, 2015.
<http://www.dailyrecord.com/story/news/local/2014/08/14/greystone-demolition-bid-awarded-m/14071177/>.
- Wright, David. “Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century.” The Society for the Social History of Medicine, 1997.
http://www.academia.edu/894595/Getting_Out_of_the_Asylum_Understanding_the_Confinement_of_the_Insane_in_the_Nineteenth_Century.
- “Yankee Migration FAQ: What - and Where - Is Greater Yankeeland? .” *Roots and Routes*, February 14, 2015.
<http://www.rootsandroutes.net/body.htm?http&&www.rootsandroutes.net/migmaps.htm>.
- Yanni, Carla. *The Architecture of Madness: Insane Asylums in the United States*. Minneapolis, MN: University of Minnesota Press, 2007.

———. “The Linear Plan for Insane Asylums in the United States Before 1866.” *Journal of the Society of Architectural Historians*, n.d., 25. doi:[doi: 10.2307/13655082](https://doi.org/10.2307/13655082).

Zacher, Susan M. “National Register of Historic Places Inventory - Nomination Form for Pennsylvania State Lunatic Hospital 1851-1937,” 1985.

Ziff, Katherine. *Asylum on the Hill: History of a Healing Landscape*. Athens, OH: Ohio University Press, 2012.
<http://site.ebrary.com/nuncio/cofc.edu/lib/collegeofcharleston/reader.action?docID=10539260>.