

The Probable Good: Changes in Mental Health Care at Friends Asylum, 1870-1900

Introduction

Friends' Asylum for the Relief of Persons Deprived of the Use of Their Reason was an early pioneer in the treatment of mental illness. Founded in 1813 and beginning its operations in 1817, Friends Asylum – now named Friends Hospital¹ – remains open today. The Asylum, the first private psychiatric hospital in the United States, was founded by members of the Religious Society of Friends – Quakers – and was one of the first American attempts to bring humane measures and kind treatment to the care of the mentally ill. Until the last quarter of the 18th century, the majority of asylums operated not as places where doctors would attempt to treat the mentally ill or even to provide their “patients” with a sense of normalcy, but as penal institutions where people faced a life of inhumane treatment and neglect after being abandoned by family or sentenced by the state.² The Asylum was not the first American institution that approached madness as a disorder that could be treated rather than as a spiritual or moral failing³, but it distinguished itself from these contemporaries due to its founding on Quaker principles and its emulation of the York Retreat, an asylum built by the York Monthly Meeting of the Religious Society of Friends in York, England in 1796.⁴ Other such hospitals pursued their curative mission from the perspective of medical practice, not as a religious project of charity. Originally open for Quakers whose friends or family determined they had “lost their reason,” the Asylum hoped to cure these individuals through nurturing and appealing to the “Inner Light,” the

¹ By the time it was officially incorporated in 1888, the name Friends Asylum for the Insane was used instead of the longer original name, and the asylum was also sometimes called the Frankford Asylum for the Insane, after its location. It was officially renamed Friends Hospital in 1915.

² Foerschner, A. M. "The History of Mental Illness: From Skull Drills to Happy Pills." *Inquiries Journal/Student Pulse* 2.09 (2010). <<http://www.inquiriesjournal.com/a?id=1673>>

³ Friends Asylum was preceded in attempts to treat mental illness through medical means by the Pennsylvania Hospital, opened in 1751, and the Eastern State Hospital in Virginia, which opened in 1773.

⁴ Charland, Louis C. "Benevolent Theory: Moral Treatment at the York Retreat." *History of Psychiatry*, vol. 18, no. 1, Mar. 2007, pp. 61–80, doi:10.1177/0957154X07070320.

part of God they believed present in each person. As a result of this notion, the Asylum's staff regarded their patients as human despite their condition, and this meant they attempted to treat them as much like fellow rational beings as possible.

The system of therapies and patient supervision at the Asylum was known as "moral treatment."⁵ While it was neither invented by nor limited to the York Retreat or Friends Asylum, the former was particularly influential, and did much to mold how moral treatment took shape at institutions founded afterwards.⁶ In addition, Friends Asylum can be credited with being the first to bring moral treatment to the new nation: the only psychiatric hospital in the United States that was founded earlier and which also practiced moral treatment in the 19th century was McLean Asylum in Boston, established in 1811 – and opened for patients in 1818.⁷ Moral treatment became the standard of care at the majority of mental health institutions in the United States, at first taking its cues from reformers in Europe before American psychologists and asylum superintendents began developing their own practices and theories. Yet, by the turn of the century, moral treatment had mostly disappeared from psychiatric medicine in America and many of the most prominent asylum doctors who had thrown their weight behind the concept had faded from significance – though not entirely. At a time when asylums in America experienced a storm of criticism and suspicion, and when the entire model of moral treatment was being assailed from different fronts⁸, Friends Asylum weathered this storm and continued to operate as a profitable institution. At the same time, it would be mistaken to assume that it did

⁵ Moral treatment is medically defined "as a therapeutic and preventive philosophy for managing mental disorders, consisting of removing the afflicted from their homes and placing them in a surrogate "family" of 250 members or less, often under the guidance of a physician. It emphasised religious morals, benevolence and "clean living", in contrast to the somatic therapies of the day (such as bloodletting or purging). Physical restraints were removed from the patients, they were accorded humane and kindly care, and were required to perform useful tasks in the hospital." ("moral treatment." Sege's Medical Dictionary. 2011. Farlex, Inc.)

⁶ Porter, Roy. *Madness: a Brief History*. Oxford University Press, 2002. Pg 110.

⁷*History & Progress*. www.mcleanhospital.org/about/history-and-progress.

⁸ Foerschner, A. M. "The History of Mental Illness: From Skull Drills to Happy Pills." *Inquiries Journal/Student Pulse* 2.09 (2010). <<http://www.inquiriesjournal.com/a?id=1673>>

not have to adapt – from its medical care to its business practices, the Asylum had become a very different institution by the end of the 19th century. This paper will attempt to examine how care at the Asylum changed in the final decades of the century from when it was founded, and how those changes kept the first institution to practice moral treatment in the United States from being blemished by the popular and professional disgrace of that same treatment. First, this paper will offer an overview of the broader context and history of moral treatment and its influence on psychiatric care in America during the 19th century, and then a discussion of how the theories and methods of moral treatment were established and used at Friends Asylum at the time of its founding. Second, this paper will then offer a discussion of the changes to moral and medical treatment that occurred at the Asylum from the 1870s to the 1890s, comparing these changes to the social, medical, and managerial transformations occurring at its contemporaries. Lastly, this paper will examine how Friends Asylum had changed by the end of the 19th century, specifically with regards to its identity as a Quaker institution and as a trailblazer in the field of mental health care in America. Did its Quaker values mean that the Asylum adapted to changes in the medical consensus around insanity differently from other institutions? Or did the Asylum move forward by compromising on its original intent and identity?

The History of Moral Treatment

In the United States, moral treatment was largely popularized by the influential physician Benjamin Rush, who sought to treat madness as a physical disease and thus made great strides in advancing the treatment of mental health patients.⁹ As Rush was most focused on understanding and healing a “common underlying pathologic process” of all disease, his increased standards for how the hospital staff would conduct themselves towards and handle

⁹ Levin, Aaron. “The Life of Benjamin Rush Reflects Troubled Age in U.S. Medical History.” *Psychiatric News*, 29 Jan. 2019, psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2019.2a23.

patients were aimed at making those patients amenable to his prescribed methods and treating them as people who might one day regain their reason through those methods. Accordingly, he concerned himself mostly with medicine and his innovations in humane care drew on those that had been recently pioneered by European efforts, like Jean-Baptiste Pussin and Philippe Pinel's work to ban physical restraint¹⁰ and implement therapeutic treatments at the Bicêtre Hospital and l'Hôpital de la Salpêtrière in Paris,¹¹ and Vincenzo Chiarugi's humanitarian regulations at several hospitals in Florence.¹²

Rush's medical approach, which focused on bloodletting and other techniques intended to control the flow of blood to the brain, provides an example of an important divide that arose around this time in medical theories of mental illness – whether these afflictions were physical, organic diseases, or rather if they existed solely in the mind, as the breakdown of internal, rational discipline and understanding of the world. Moral reformers, such as Pinel or William Tuke, founder of the York Retreat, tended to view mental illness more in the latter category. This way of thinking considered the aim of psychological treatment to be the rekindling of the moral and psychological faculties, which could be achieved by confining patients in the controlled environment of an asylum. The use of techniques to coerce acceptable and disciplined behavior was key. As the patients experienced kind treatment from and gained trust in the hospital staff, they would learn to control themselves, eventually allowing them to behave reasonably outside the regimented life of an asylum¹³. The emphasis on leading the patient back to reason through

¹⁰ Pinel termed his restraint reduction and psychological interventions *traitement moral*, translated as “moral treatment.” As he provided the name of the practice, Pinel often overshadows Vincenzo Chiarugi and Jean-Baptiste Pussin's important contributions to asylum reform in many discussions of moral treatment.

¹¹ Pape, Robin, and Burkhart Brückner. “Jean-Baptiste Pussin.” *Biographical Archive of Psychiatry*, biapsy.de/index.php/en/9-biographien-a-z/237-pussin-jean-baptiste-e. Accessed 3 June 2019.

¹² George, Mora. “Vincenzo Chiarugi (1759–1820) and His Psychiatric Reform in Florence in the Late 18th Century: (On the Occasion of the Bi-Centenary of His Birth).” *Journal of the History of Medicine and Allied Sciences*, XIV, no. 10, 1 Oct. 1959, pp. 424–433. Oxford Academic Journals, Oxford University Press, doi:<https://doi.org/10.1093/jhmas/XIV.10.424>.

¹³Porter, 105.

supervision and affective therapies rather than looking to find and address functional, organic causes was strong in the early decades of Friends Asylum.

Moral treatment was not just a term for reducing restraint and using kinder behavior; it was an articulated theory of how mental illness and its accompanying symptoms of irrationality, excitement, or melancholy could be addressed in the patient. It was a combination of the humanitarian reforms of Chiarugi, Pinel, and Tuke; and the therapy proposed by the 18th century English physician William Battie and his supporters. While Battie was one of the physicians who believed mental illness to be a physical disease of the brain, he also theorized that “consequential insanity¹⁴” could be treated through early diagnosis and confinement, wherein the patient would be treated with an individual regimen of person-to-person contact designed to combat their delusions or problems. Battie’s advice that “management is better than medicine” caught on when Dr. Francis Willis was called to treat the mental illness of King George III in 1788, and improved the king’s condition after employing many of Battie’s methods. As Battie gained supporters, who refined or modified his theories in their own ways, this methodology became known as “moral management.” It consisted of a mixture of psychological bullying, morale boosting, securing dominance in the eyes of patients, and personalized talk therapies¹⁵, all supplemented with routine medication such as blistering or bloodletting as the doctor deemed necessary¹⁶. Later implementation of moral treatment would differ, and generally be less harsh, but many elements of moral management persevered – notably, the thought that

¹⁴ “Consequential insanity” is a term that was used to describe mental illness that develops during a person’s life and ostensibly in response to their experiences or to their mental faculties being thrown out of order. It was defined in opposition to “original insanity”- having been born with an intellectual disability- and cases of dementia or other intellectual decline that might begin in old age.

¹⁵ Talk therapy in the 18th and early 19th centuries was very different from the idea of a “talking cure” that has existed since Freud first introduced the techniques of psychoanalysis. The talk therapies of the time were usually more instructive or disciplinary, directed at convincing the patient of errors in their thoughts or behavior and arguing against them. Speaking one-on-one was also one of the ways that doctors tried to gauge the state of their patients and understand their mental illness. (Porter, ch. 5)

¹⁶ Porter, 102.

it was crucial to remove the patient to a controlled environment as soon as possible after development of mental illness to better the chances of a cure, along with the need for the patient to see asylum staff as an authority, and the belief that affective therapies could be used to instill proper behavior back into patients.

The York Retreat developed its practices not only in isolation from the reforms occurring simultaneously in France and Italy, but in opposition to contemporary medical convention as well. While moral management's influence was felt there, the Retreat's first visiting doctor found that in the case of the bloodletting, purgatives, and blistering advised as medicines for the mentally ill, "the probable good would not be equal to the certain injury."¹⁷ Along with all of his work to ensure that patients would be well fed and sheltered, treated with kindness, and only restrained when necessary, William Tuke acted on his belief that the desire of the mentally ill for esteem in the eyes of their caretakers and peers would lead them to try to police themselves and learn to resist their irrational leanings. Two of the Retreat's structural features – the arrangement of the patients as a "family," and the religious framework provided by Quakerism – could both act through that desire for esteem. The family structure positioned the Retreat as a surrogate home for patients, one that corrected their thoughts and behaviors with the same proven educational methods that were used to inculcate Quaker values in children¹⁸. The Quaker belief in the Inner Light inspired the Retreat to try and reach through to that Light within each of their patients, and to remain confident that to experience "benevolence, charity, discipline, self-restraint, and temperance" would inspire those same qualities to return from the divine spark within the mentally ill¹⁹. It is notable that while Friends Asylum would adopt both the family structure and the religious framework of the York Retreat, neither of these two features

¹⁷ Cherry, 99.

¹⁸ Cherry, 104.

¹⁹ Charland, 67.

entered the mainstream of asylum care once other institutions began copying many of the York Retreat's ideas in their adoption of moral treatment regimens.

In early 19th century America, the movement for the reform of mental health institutions became enmeshed with the concept of moral treatment. Those who desired to improve the treatment of patients in these institutions had Tuke and Pinel as their models, and so along with such humane propositions as reducing restraint, stopping corporal punishment, or preventing the neglect of patients came the idea of the 19th century asylum as a moral environment that would be used to induce rationality in its patients. The early institutions to adopt moral treatment had demonstrably better results than either the punitive asylums, which in truth existed as an alternative to prisons and almshouses, or those hospitals that tried to cure mental illness through administering medicines²⁰. These pioneering institutions were not all Quaker-founded, but some of the first and most successful psychiatric hospitals in America were tied to and directly influenced by the York Retreat much as Friends Asylum was. Such institutions include Bloomingdale Asylum in New York, McLean Asylum in Boston, the Hartford Retreat in Hartford, Connecticut, and the Worcester Asylum in Massachusetts; all of which were established or first run by individuals who studied the methods of the York Retreat or Friends Asylum or who corresponded with their founders²¹.

Ultimately, doctors and reformers copied the benevolent treatment and humane methods of the Quaker institutions and Philippe Pinel, and married them to the theories of moral management. This medicalized version of moral treatment developed gradually, but by the 1840s, "asylum medicine" had become relatively codified, and it would remain influential and widely employed until the mid-1880s. A professional organization, the Association of Medical

²⁰ Porter, pg 104

²¹ Cherry, pg 169.

Superintendents of American Institutions for the Insane (AMSAll)²², was formed to advance the field, and there existed a working community of doctors and superintendents who for several decades represented the established consensus on how best to treat people with mental illnesses. The most influential among them was Dr. Thomas Story Kirkbride, the superintendent of the Institute of the Pennsylvania Hospital. Kirkbride completed his medical residency at Friends Asylum, and while prior to his residency he had expressed his intention to become a surgeon rather than a doctor to the mentally ill, he began to work primarily in the field of “asylum medicine” after his years there. Kirkbride helped found the AMSAll, and left a notable personal mark on asylum medicine by proposing and advancing the Kirkbride Plan, a set of standards for how hospital buildings should be constructed along with accompanying “propositions” for how such an institution should be managed and provide treatment to the patients²³.

Some elements of the moral treatment at Friends Asylum are visible in the Kirkbride Plan. It was considered vital that patients be taken quickly to a mental hospital in order to increase their chances of a cure. Once there, they would experience a personally tailored regimen of talk therapies and other techniques aimed at the re-emergence of morality and self control. Kirkbride held that the “new kind of existence” patients found in these institutions would counteract the irregular behavior associated with mental diseases. Patients would sleep regular hours, they would be prevented from acting out their bad habits, they would take part in varied activities for regulated periods of time and would neither be too stimulated nor allowed to remain idle. Even when free to choose what to do with stretches of their time, patients were always monitored, and were checked on multiple times a day by attendants and doctors to administer

²² Founded in 1844, the Association, was the professional organization for those in charge of mental health institutions. It worked to advance the Kirkbride Plan model of moral treatment and the concept of curative “asylum medicine.” The AMSAll would become the American Medico-Psychological Association in 1892, and then again change its name in 1921 to what it is now, the modern American Psychiatric Association.

²³ Tomes, Nancy. *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. University of Pennsylvania Press, 1994. JSTOR, www.jstor.org/stable/j.ctv4s7g0h. Pg 7.

treatments and to encourage them to socialize or engage in the activities offered daily. At the Institute of the Pennsylvania Hospital, Kirkbride and the senior medical officers personally visited each patient every day to judge their mental and physical health, and in the evenings they made a second round of visits to the most encouraging cases, talking with them to try and exert personal influence over their recovery²⁴. However, two significant elements of moral treatment practiced by Quakers were not widely present within the AMSAI's professional consensus: the unified family structure and religious intentions in the hospital's work.

In place of the single family structure of Quaker moral treatment, where all patients at the asylum were part of one "family" presided over by the superintendent, most asylums of this era divided patients by ward, with their placement informed by a combination of the patient's social class as well as their mental condition. Patients were moved between wards as their treatment progressed, but also as a form of reward or punishment²⁵. A patient who did not cooperate with staff or who interacted unpleasantly with their fellow patients on the ward might be removed to the floor where noisy and disruptive individuals were housed and deprived of some of the comforts they had previously enjoyed. Wards for the well-behaved and prestigious patients often had better furnishings, a wider variety of entertainment and games available, or more freedom for patients to outfit and decorate their own rooms²⁶. The name and appearance of the family structure remained -- within a ward, social bonding was encouraged and many activities were shared, and at some hospitals, including the Institute of the Pennsylvania Hospital, patients in one ward were referred to as a family. Still, the desire of moral management and treatment to properly classify patients according to condition and curability reached its apex during the era of large mental hospitals.

²⁴ Tomes, pg 200.

²⁵ Tomes, pg 137.

²⁶ Tomes, pg 139.

However, the family structure of Quaker care still had some influence over the medical standards of the AMSAI. According to the Kirkbride Plan and the medical theories of the Association, the asylum superintendent needed to be a paternal figure – one in whose benevolence the patients could be certain, but who would also appear as a knowledgeable authority capable of leading them back to reason. As part of this authority, asylum superintendents should be the sole individual in control of every aspect of their respective institutions. An alternative arrangement might lead to lapses in discipline or failures in communication between different departments, which could compromise the mental hospital's coherence as a moral environment that directed its patients back towards reason²⁷. Additionally, as moral treatment was now considered a medical practice, the superintendent would be the head physician as well. Doctors who had been trained to treat illnesses were now also responsible for managing such diverse duties as admissions policies, record-keeping, staffing, and balancing expenditures.

While most American asylums -- especially the state hospitals that proliferated in the 1840s -- were not religious institutions, they essentially had only religiously-inspired precedents to take their cues from. Professional asylum doctors were generally skeptical of religious enthusiasm, due to the frequency of patients whose symptoms included some kind of religious fixation or delusion, but they also had almost no alternative models of moral and personality change to those that emerged from Christian ideas about conversion and salvation. As a result, the recovery process that many moral treatment asylums sought to guide their patients through had definite religious overtones. Patients had to first agree and recognize that they were incorrect in their actions, and then had to express a willingness to reform and to accept their doctors' pronouncements. At each step, doctors expected their patients to assert they were

²⁷ Tomes, pg. 147

choosing to be sane and their efforts would be rewarded with freedom from the improper workings of their own minds²⁸. Despite the lack of rigorous scientific support for these ideas, superintendents and doctors continued to present moral treatment as a medical practice, rather than as a therapy whose creators had been inspired by religion and the belief that psychiatric illnesses were more an internal disordering of the mind than a medical condition.

The fact that this crop of psychiatric hospitals were not religious in their practices or their missions actually ended up being detrimental for them. Despite having so much of their structure modeled after more religiously-centered institutions, these moral treatment asylums positioned themselves as medical authorities. Doctors remained mostly convinced that mental illness had an organic cause, and they simply adopted moral treatment measures as the most expedient and apparently effective course of therapy. Apart from the positive results of moral institutions when compared to the alternatives that had come before them, there was very little scientific basis for the theories behind moral treatment. Asylums were the only clinical environment for the study of psychiatric and neurological disorders in America. As such, the diagnoses and prognoses that physicians could deliver for their patients were based on their experience in the hospital setting, where most individuals who were admitted were typically already at a late stage of mental illness, with only the testimony of friends and family to indicate the causes and progression of a condition²⁹. All of this meant that the psychiatric hospital industry in America was extremely vulnerable to new medical developments, particularly in the second half of the 19th century.

Aside from disruptions to the psychiatric hospital industry from the medical field, the other major challenge that Friends Asylum and its contemporaries faced in the second half of the 19th century was the change in public opinion towards asylums. There were many factors

²⁸ Tomes, pg 221.

²⁹ Tomes, pg 16.

that soured the image of moral treatment asylums, some of them directly due to the decisions of superintendents and managers. One of the easiest ways to gain the attention of the public was the appearance of hospitals mistreating those in their care or wrongfully imprisoning those who were not insane. Whether it was a patient escape from the asylum, a lawsuit brought against an institution by a former inmate, or a newspaper exposé on poor conditions at a hospital, such occurrences became increasingly frequent as the number and size of psychiatric institutions in America increased. Some of the first legal protections for patients in asylums were enacted in the 1860s and 1870s and called “Packard laws³⁰” after an Illinois woman named Elizabeth Packard. Packard won an 1863 court case against her husband for having her committed to a psychiatric hospital against her will, because she argued with him about religion and how their children would be raised.

The AMSAII astutely saw the rising incidence of controversies around asylums as a threat to their occupational hegemony and their careers. In 1872, Dr. Kirkbride wrote in his yearly report to managers and supporters of the Institute of the Pennsylvania Hospital that “the best interests of the insane are so largely dependent upon a sound public sentiment in regards to the disease and its treatment, that so long as popular errors on these subjects exist, it seems a duty on the part of those who are specially interested in the welfare of this unfortunate class, to do what they can to remove these obstacles to progress³¹.” Kirkbride and other members of the AMSAII appealed to journalists, public figures, and even state legislators to combat these “false theories and unsupported assertions.” Kirkbride also protested new commitment legislation that was meant to prevent sane people from being held against their will in asylums,

³⁰ The Packard law in Illinois guaranteed all people a public hearing if they were accused of insanity. Packard laws in three other states either provided for public hearings or required legal criteria to be met for someone to be institutionalized without their consent. Packard’s testimony to the Illinois and Massachusetts legislatures also led to laws in those states allowing married women equal rights to property and custody of their children.

³¹ Annual Report of the Pennsylvania Hospital for the Insane, 1872. Administrative Records, Pennsylvania Hospital Historic Library.

writing that “during convalescence, there is often a critical period, when too early a removal always involves great risk of relapse, and, possibly, of confirming the disease. It is just here that patients frequently become impatient of restraint, and a resort to writs of habeas corpus is one of the means taken to secure a discharge³².” Kirkbride wrote to the legislature that passing such laws would make people needlessly suspicious of asylums and that they would delay having their relatives committed until the early period with the best prospects for curing them had passed. Regardless, asylum scrutiny and legislation had become so common by the 1880s that a lack of newspaper or public attention became a goal for superintendents and an indication of success -- Dr. T.M. Franklin, head of the New York City Lunatic Asylum, wrote in 1881 that staying out of the news had earned him congratulations from his board of managers, “it being a new experience for this institution for some few years³³.”

Friends Asylum also had an experience with public scandal. Morgan Hinchman, a farmer and a member of the North Meeting of Friends in Philadelphia, was committed to the Asylum in January of 1847. Hinchman’s family and acquaintances found he held strange beliefs and was prone to paranoia and violent outbursts, though he was not affected by any intellectual impairments, persistent delusions, or hallucinations. When committed, doctors classified his case as one of “moral insanity,” the corruption of a person’s feelings, impulses, or moral disposition without any defect in the ability to reason. However, when Hinchman was released in July he immediately issued a lawsuit against his immediate family members, the physicians who had been involved in his commitment, those who helped bring him to the asylum, and the superintendent and medical staff of Friends Asylum, claiming that he had been committed due to a conspiracy to seize his property and sell his land. Though all the staff members of the Asylum accused by Hinchman were acquitted, the jury still ruled in his favor, with the case

³² Ibid.

³³ Tomes, pg 278.

attracting news coverage and significant controversy due to debate over the concept of moral insanity³⁴. Editorials and articles questioned the use of a diagnosis that was so difficult to define as a means to depriving someone of their personal liberty, and Hinchman's attorney played on public sympathies to attack Friends Asylum and to demonize its Quaker character³⁵. In 1850, the Asylum officially stopped using "moral insanity" as a diagnosis, and in 1857 superintendent Dr. Joshua Worthington, who had been resident physician during the Hinchman case, officially disavowed the term 'moral insanity' in his annual report to the Contributors, saying it had "been so greatly misunderstood and perverted, that it perhaps would have been better had it never been invented³⁶." The Hinchman case was one of the first high-profile cases of a patient suing an asylum for being wrongly committed, before such controversies became a common occurrence for high-profile institutions. By the time that the public became most critical of the psychiatric hospital industry and eager to read more shocking exposés, the Asylum's public profile had declined to something of a respectable inconspicuousness.

The public image of asylums, primarily the state hospitals, also faltered as some of them declined in their practice of moral treatment. As state hospitals were unable to be as selective in their patients as private hospitals like Friends Asylum or the Institute of the Pennsylvania Hospital, they received a greater number of individuals with chronic, lifelong mental illnesses who had little hope for recovery and who could not afford to pay board rates. Consequently, state hospitals ran into financial struggles, saw their cure rates decline precipitously, and began to suffer from overcrowding as early as the 1860s³⁷. The fact that the medical orthodoxy represented by the AMSAII and asylum doctors had so popularized the idea that insanity was

³⁴ Cherry, pg 185.

³⁵ Cherry, pg 197.

³⁶ Friends Asylum Annual Report, 1857. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

³⁷ Jones, Kathleen. *Asylums and After- A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s*. The Athlone Press, 1993. Pg 114.

most often curable through moral treatment methods ironically helped bring down the good reputation of moral treatment in the long term, as many state legislatures and hospital boards of managers believed that institutions should extend potentially curable treatment to as many people as possible. Public institutions were kept from prioritizing patients that could pay for their own treatment, which contributed to budget issues, and were forced to accept much larger numbers of patients than were feasible to treat with the individually-tailored therapy called for by moral treatment, further lowering their cure rates³⁸.

With several obstacles to successful moral treatment, public institutions began to stop emphasizing treatment altogether. Greater scale saw less careful supervision and instead the use of techniques meant to manage and control inmates, such as putting them to work in routine manual labor for the purpose of maintaining the asylum and preventing them from acting disruptively rather than with the intent to use engaging work as a therapy for suitable patients. Instead of receiving a routine individually tailored to them, patients were shepherded around the asylum in groups, “counted in and counted out” of their wards³⁹. With this managerial approach to operating hospitals and a shortage of nurses and attendants to care for large numbers of patients, state hospitals became known less as places where there might be hope for a cure and instead as warehouses for individuals who could not afford to be treated at a private institution and were too disruptive for their families and the public to tolerate⁴⁰. Seeking to avoid the same failures, private hospitals raised their board rates, reduced their number of free beds, or increasingly sought out charitable donations.

As the practice of moral treatment began to suffer publicly, people who worked in government and philanthropy grew concerned over the sole authority held by superintendents

³⁸ Cherry, pg 180.

³⁹ Jones, pg 118.

⁴⁰ Porter, pg 119.

over their institutions. When asylums were first established in America, they were generally independent institutions, even those that were state-supported, with oversight only in the form of their own boards of managers. Public controversies, scientific disputes, poor statistical results, and financial problems provided an impetus to bring state-funded hospitals into accountability to the state. In 1869, Pennsylvania became one of many states to found its own State Board of Charities, which inspected the various institutions for public assistance and determined their allocated budget each year⁴¹. In the same year, Pennsylvania passed its own 'Packard law' mandating a standard set of legal forms that had to be completed in order to have a person committed to any psychiatric hospital, public or private. The AMSAII was mostly opposed to state oversight, and published official findings claiming that greater efficiency and cure rates were associated with administrative independence and liberal budgeting⁴². Kirkbride wrote that the new law would only make it more difficult for the insane to be helped, and that sane people being deprived of freedom had never been a risk for any reputable institution⁴³. Regardless, the drive to increase state oversight only continued. In 1882, the State Board of Charities expanded with the establishment of the State Committee on Lunacy, appointed to investigate charges of patient abuse and mismanagement at public psychiatric hospitals. The fact that public sentiment had settled against moral treatment hospitals could be seen in the composition of the committee itself. The State Committee on Lunacy contained neurologists, a field that had criticized the asylum system for its lack of a scientific basis and theoretical rigor, a prominent writer and newspaper editor who had become known for his investigations into mental health institutions, and longtime members of the State Board of Charities who had made it a goal to bring mental

⁴¹ Tomes, pg 299.

⁴² Annual Report of the Pennsylvania Hospital for the Insane, 1870. Administrative Records, Pennsylvania Hospital Historic Library.

⁴³ Annual Report of the Pennsylvania Hospital for the Insane, 1873. Administrative Records, Pennsylvania Hospital Historic Library.

health care under greater state regulation. One of the committee's first acts was to recommend a bill that gave the state the power to inspect and license private mental institutions as well as public ones, and to guarantee that all patients in mental institutions had a right to legal counsel and to send their own mail. This bill was signed into Pennsylvania law that same year, and in 1883 the committee was replaced with an official regulatory body called the State Lunacy Commission⁴⁴.

Friends Asylum and Moral Treatment

Friends Asylum was early in the wave of moral treatment as it arrived in the United States, spurred by European reforms that occurred in the second half of the 18th century. Founded as a Quaker concern,⁴⁵ the Asylum was deliberately and explicitly modeled after the York Retreat and its particular practices. The American Friend Thomas Scattergood, during his six years of traveling ministry in England, visited the Retreat and found the humane treatment he saw there impressive. It was his speaking in favor of a similar institution for the benefit of Friends in America that led the Philadelphia Yearly Meeting in 1812 to establish a committee responsible for founding such an asylum.⁴⁶ This committee divided into a Building Committee and Manager's Committee – both of which developed numerous subcommittees to fulfill various tasks. A body called the Contributors to the Asylum, formed of individual donors and representatives from monthly meetings that supplied funds to the institution, was empowered to make management decisions and was responsible for appointing the twenty members of the Board of Managers.⁴⁷ At the time of its founding, Friends Asylum was open only to members of

⁴⁴ Tomes, pg 306.

⁴⁵A "concern" is a divinely inspired interest in an issue, Quakers might feel led to work individually or as a group on such issues. From *Glossary: Quakers and Mental Health*. qmh.haverford.edu/glossary/.

⁴⁶Cherry, Charles L. *A Quiet Haven: Quakers, Moral Treatment, and Asylum Reform*. Fairleigh Dickinson Univ. Pr. U.a., 1989.

⁴⁷ Minutes of the Contributors to the Asylum, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

the Religious Society of Friends or their families. The Asylum was also explicit in that it intended to cure these Friends and return them to their lives out in the world, not to indefinitely hold and care for people who had no likelihood of recovery. While it was discussed as a humanitarian project, the Asylum was initially an exclusive enterprise, existing so that American Quakers would not have to trust the treatment of their own members to an outside group. This reflected a tendency of Quakers in the late 18th and early 19th century to be inward-facing and mutually reliant, while the goal of returning patients to their life in the community also displays the tendency of Quakers in this era to place value on doctrinal order and maintaining one's propriety.⁴⁸

Moral treatment at Friends Asylum sought to restore reason by treating patients as much like rational beings as possible, while creating an environment that let them experience positive, reasonable behaviors and thoughts. The belief was that good treatment, paired with an environment that evoked these positive qualities, would help patients relearn how to think and behave more rationally.⁴⁹ To this end, restraint was only used as a last resort, and the Asylum placed an emphasis on family structure, occupational therapy, and religious inspiration.

The structure of the Asylum when it opened was meant to imitate the traditional ideal of a Quaker family, with authority found in the superintendent and his wife, the matron, who lived in the center of the original building and whose living spaces were also the spaces in which patients ate and socialized. The patients were referred to as a "family" and managed in the fashion of an extended household. Unruly patients were often treated in the same way that an unruly child might be, with the expectation of conforming to the community of the Asylum and sanctions laid on those who misbehaved. Patients ate all their meals together with the

⁴⁸ Cherry, 93.

⁴⁹ Charland, Louis C. "Benevolent Theory: Moral Treatment at the York Retreat." *History of Psychiatry*, vol. 18, no. 1, Mar. 2007, pp. 61–80, doi:10.1177/0957154X07070320. Pg 14-15.

superintendent and the matron -- those who refused to behave or wouldn't eat communally simply wouldn't eat.⁵⁰

Occupational therapy at Friends Asylum took a variety of forms, and was used to engage patients and strengthen their minds and bodies. When it was opened, the Asylum included a farm where patients could work, and over the course of the 19th century, patient activities expanded to include horticulture, workshop labor to manufacture baskets and brooms, exercise and gymnastics, and outdoor games, not to mention frequent lectures on various topics and the availability of a large library with its own collection of shells and minerals.⁵¹ The Board of Managers was frequently concerned with expanding the options for employment and recreation at the Asylum, considering it necessary to "break up as far as possible, the monotony of institution life, and to get the patients out of doors, or into other surroundings indoors" as part of each patient's regimen of treatment.⁵²

Patients had options as to how they spent their time, but the superintendent would also determine what experiences would be suitable for them, providing patients with specific activities to dispel their hallucinations or "to arouse the slumbering desire in others, and awaken in them new hopes, desires and affections."⁵³ For example, as additional options beyond working on the farm became available, such harder agricultural labor was considered more suitable for those who wanted to work or for lethargic patients with severe symptoms of depression. Horticulture increased in popularity, and became more commonly recommended for both male and female patients, so the gardens expanded accordingly, with a greenhouse built

⁵⁰ Waln, Robert Jr. *An Account of the Asylum for the Insane, Established by the Society of Friends, Near Frankford, in the Vicinity of Philadelphia*. Philadelphia: Benjamin and Thomas Kite, 1825.

⁵¹ Cherry, pg 179.

⁵² Friends Asylum Annual Report, 1888. Minutes of the Contributors to the Asylum, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁵³ Friends Asylum Annual Report, 1838. Ibid.

on the asylum grounds in 1880.⁵⁴ Produce of the farm and the gardens were used in the kitchens. The Asylum also built a gymnasium in 1891, which the Board of Managers expected would not only provide for the “increased physical health of our patients, but for their mental improvement.” Use of the gymnasium was only allowed after patients received a physical exam, but it was valued due to its ability to provide varied physical exercise under the supervision of medical staff. The gymnasium building additionally included a number of rooms used as workshops and classrooms for art and craftsmanship, such as classes on painting, woodcarving, and basket-weaving.⁵⁵

Being the first psychiatric hospital in the United States to use the moral treatment method, Friends Asylum was influential in shaping how moral treatment would be utilized to cure patients. In its early decades, the Asylum was unreceptive to the medical and scientific discourses of the day, but the opposite was true for physicians interested in treating mental illness. Due to their increased cure rates, many of the Quaker-influenced therapeutic methods appearing first at the York Retreat and then at the Asylum were adopted by medical professionals and became part of the mainstream conception of moral treatment, the impact of which has already been discussed. However, by the 1870s, the Asylum had become more open to the influence of the practices of asylum medicine elsewhere in the country. Beyond the desire of the Corporation and the Board of Managers to expand and improve their options for moral treatment, the greatest force for change in the care of patients at Friends Asylum would become the new medical and social developments emerging in other mental health institutions during the second half of the 19th century.

⁵⁴ Friends Asylum for the Insane, 1813-1913: A Descriptive Account from Its Foundation, List of Managers and Officers from the Beginning, Facts and Events in Its History with Appendix. Press of the John C. Winston Company, 1913. Pgs 32-35.

⁵⁵ Minutes of the Corporation of Friends Asylum, 1890. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

Changes in Care at Friends Asylum

The psychiatric field's practice of dividing patients into specific wards instead of unifying the entire hospital with a family structure was increasingly employed at Friends Asylum as the size of the institution and its patient population swelled. From the beginning of its operation, noisier and more disruptive patients had been kept farther from the center of Friends Asylum's original building, and patients had been divided further by their behavior as the building was expanded with annexes and new floors. By 1828, larger dayrooms on the second floor had been set apart for the use of "the least noisy and convalescent patients,"⁵⁶ and increasingly, the different floors were used for patients of varying conditions and cooperativeness, with less interaction between the different classes. Many recreational and occupational therapies still saw patients mingling, as well as at meals and events, but it was increasingly believed that contact between people in different stages of recovery could disrupt the curing of patients. By 1886, the Board of Managers of Friends Asylum had begun to officially plan for the construction of separate ward buildings, built "specially adapted to the needs" of patients with different kinds of mental illness, as the asylum felt the pressure to further increase its size. It wasn't until 1893 that separate wards began to be built away from the main facility for the purpose of removing the excitable and incurable patients from their peers. Until that time, all of Friends Asylum's patients ate meals together in the same dining room, except for when they were being punished by exclusion from communal meals. After 1893, different wards ate separately and had decreased contact with each other.

Another practice of mainstream moral treatment that caught on at Friends Asylum was the superintendent occupying the role of head physician as well as head administrator, in order

⁵⁶ Friends Asylum Annual Report, 1828. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania. Pg 7.

to have a single, paternal authority over all aspects of care. The second superintendent of Friends Asylum, Edward Taylor, was a doctor, but he was not specifically appointed as both head physician and superintendent⁵⁷. He was also succeeded by two lay superintendents, John C. Redmond and Philip Garrett, who were both Pennsylvania Quakers appointed for their involvement with the Asylum and with Quaker philanthropic work. However, beginning in 1850, the position of superintendent was extended to absorb the post of physician-in-chief, due to the belief of the Managers that it would be preferable for the person charged with the care of the patients to also have a proper medical understanding of their treatment⁵⁸. The Quaker institution had originally influenced medical practice, and medicine was now influencing it. However, at Friends Asylum, many executive decisions were still in the hands of the Managers, while many other asylums vested greater power in the superintendent than in their trustees or managers.

Some new medical developments in the 19th century expanded the tools available to medical practitioners. The discovery of drugs accelerated as the industrial revolution increased the capabilities of chemists, and many new medications found use in the asylum. Originally, Friends Asylum had placed lower value on medical methods than on the religiously inspired moral treatment it practiced. A variety of medical treatments were used on a case-by-case basis even in the very first years of its operation, such as shower baths, blistering patients, or electricity, if it was thought they would be useful, but early superintendents, particularly Isaac Bonsall, first superintendent of the Asylum, were generally skeptical of the use of medicines.⁵⁹ However, the Asylum began to adapt and make use of many of the same medical developments

⁵⁷ Friends Asylum Annual Report, 1823. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁵⁸ *Friends Asylum for the Insane, 1813-1913: A Descriptive Account from Its Foundation, List of Managers and Officers from the Beginning, Facts and Events in Its History with Appendix*. Press of the John C. Winston Company, 1913.

⁵⁹ Corcoran, Abigail. "A Mild and Appropriate System of Treatment' : Moral Treatment and the Curability of Mental Illness at Friends Asylum." Quakers & Mental Health, Haverford College, Haverford College Libraries Quaker & Special Collections. Pgs 26-30.

that were put into use at other psychiatric hospitals. By the 1880s, doctors at Friends Asylum were using a number of drugs to treat their patients. Patients who were prone to unsettled behavior and who displayed spasms or symptoms of epilepsy would be given chloral hydrate and “bromide of potash”, or potassium bromide during an epileptic episode or when they acted extremely disruptively⁶⁰. Chloral hydrate, often just referred to as ‘chloral’ in the casebooks of Friends Asylum’s physicians, was a sedative and hypnotic drug invented in 1832⁶¹, while potassium bromide, introduced in 1857, was an anticonvulsant that could stop seizures, but was also appreciated for its sedative qualities and the fact that it quelled sexual arousal⁶². Patients who displayed persistent hallucinations and delusions that seriously harmed their ability to function in everyday life might also receive periodic injections of morphine to calm them. Patients who were unable to sleep regularly would be given nighttime injections of morphine as well, if chloral hydrate had been tried but failed to allow them to sleep. Other drugs like hyoscyamine, useful for alleviating neurological conditions that caused chronic pain or affected the digestive system, also found use in specific cases at the Asylum⁶³.

Another new medical invention that found purchase and began to be added to the Asylum’s repertoire of treatments was the new specialty field of neurology. As neurology caught on as a serious medical profession in America, thanks to advancements in research in Europe during the mid-19th century,⁶⁴ it began to pose a competitive and appealing alternative to treatment in a psychiatric hospital. Neurologists offered new treatments for many mild or emerging cases of mental illness that could be offered in the office or the home -- dietary

⁶⁰ Medical Casebook, 1881-1884. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania

⁶¹ “Chloral Hydrate.” Chemical Book, 2017, www.chemicalbook.com/ProductChemicalPropertiesCB0198709_EN.htm.

⁶² Teng Peng, Sumire Sato. “Potassium Bromide: The First Successful Treatment of Epilepsy” (P4.9-043), *Neurology* Apr 2019, 92 (15 Supplement) P4.9-043;

⁶³ Medical Casebooks, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford Pennsylvania.

⁶⁴ Porter, pg 122.

changes, new drug formulations, electricity, or simple bed rest. By the 1880s, thanks to the growing reputation of neurology, many paying patients only entered asylum care after they had already consulted specialists in nervous diseases.⁶⁵ As nervous conditions were commonly less severe and easier to address than psychiatric illnesses, the Corporation and Board of Managers considered the benefits of providing the services of the Asylum to people with these conditions for whom the possibility of a cure was favorable, and determined that it would be a rewarding business move. The first significant step to incorporate neurology into the Asylum was the operation of Gurney Cottage from 1885-1889, a residential care home for people with mild nervous conditions who wouldn't be suited to treatment in the asylum environment. Even after Gurney Cottage closed, the Asylum continued advertising its services to people with nervous diseases.⁶⁶

Friends Asylum was affected by the atmosphere of increased skepticism about moral treatment, just as it was affected by the arrival of new medical technologies and pharmaceutical products. In 1884, the State Lunacy Commission requested that Friends Asylum begin the process of being regularly inspected and licensed. The Board of Managers readily agreed, but this had an unexpected consequence -- the license granted to Friends Asylum in 1884 set the maximum capacity of the institution at 100 patients. This number of patients had frequently been under care or even exceeded in years prior, meaning that Friends suddenly found itself at maximum capacity⁶⁷. Along with this new limitation, the Board of Managers was apprehensive of the increasing number of chronic and impoverished patients being housed in public institutions.

“Within the last few years it has become apparent to those connected with Hospitals for the Insane that in the near future, the Public or State Institutions will be filled with indigent patients, to the exclusion almost entirely of those who

⁶⁵ Tomes, pg 107.

⁶⁶ Minutes of the Contributors to Friends Asylum, 1890. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

⁶⁷ Ibid, 1885.

are able to pay for their board and treatment. The friends of the latter class therefore will be compelled to apply to Asylums of the character under our care; the pressure of such application is already being felt, and the Managers apprehend it may become their duty to endeavor to enlarge the capacity of the Asylum in order to meet it⁶⁸.”

In subsequent years, a continued focus on expanding the size of the asylum to prevent the disastrous effects of overcrowding and the belief that patients in different steps of recovery could negatively impact each other spurred the construction of new and separate ward buildings for different classes of patients, beginning in 1893. The State Commission on Lunacy would continue to be involved in approving the improvements and additions to Friends Asylum's patient buildings, as well as periodically inspecting it to renew its license.

As part of their drive to both expand its patient capacity and to avoid the greatest pitfalls of medicalized moral treatment, the Corporation and Board of Managers were very concerned about ensuring that their staff were the best available to them. In 1894, Friends Asylum established its own nursing school, requiring all of its attendants to take part as well as allowing external applicants. The school provided lectures by the doctors on staff, as well as instruction by specialists at the Asylum on such topics as massage or proper bandaging. Upon completion of the two year course of study, its students would be specially trained in nursing mentally ill individuals⁶⁹. In addition, a comfortable residence was built on the grounds for female nurses to use while off duty, as the Board of Managers was aware of the great strain of nurses' duties and wished to ensure that “young women of education and refinement” would be drawn to the position⁷⁰.

⁶⁸ Ibid 1886. Pg 21.

⁶⁹ Minutes of the Corporation of Friends Asylum, 1894. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford Pennsylvania.

⁷⁰ Ibid, 1897.

These were not the only changes made to improve the quality of staff. New specializations were added to the medical department, such as a dentist, a gynecologist, an ophthalmologist, a pathologist, and a female doctor who would head the women's department. Perhaps the most dramatic addition was the position of Steward, who would "take charge of all the business, farm, and domestic affairs" of the Asylum and supervise all non-medical employees. This position was created by the Board of Managers in 1897, with Henry Hall being the first appointed to fill the role. The presence of a steward ended the practice begun in 1850 when the position of superintendent was merged with chief physician, as the Board of Managers had grown to believe that the greater efficiency of this arrangement and the ability it would give the superintendent to focus on his medical duties was more valuable than the paternalistic presence of a sole authority as an influence on the care environment of the Asylum⁷¹.

One major challenge to the psychiatric industry was the increase in patient populations, and particularly the increase in the numbers of poor, chronically insane patients who were institutionalized at state hospitals. Seeking to avoid overcrowding, most private psychiatric institutions raised their board rates and reduced the number of free beds that they offered for needy patients. Friends Asylum never reduced the small quantity of free beds it had available for those unable to pay, and in fact bequests were made to establish another free bed in 1888⁷² and again in 1898⁷³. In addition, at the 1885 yearly meeting of contributors, the Board of Managers and the Contributors began looking into how supplementary funds might be furnished to help defray the cost of the institution for less wealthy patients and to support those who might unexpectedly lose the ability to pay their weekly rate. Like much of the other funding for Friends

⁷¹ Ibid.

⁷² Minutes of the Contributors to the Asylum, 1886. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford Pennsylvania.

⁷³ Minutes of the Corporation for Friends Asylum, 1898. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford Pennsylvania.

Asylum, money for this goal was mostly acquired through requests for donations. The asylum continued to advertise itself to Quakers, and increasingly to non-Quaker public figures, with the aim of convincing them that donating to support the resources and expansion of the asylum was a worthwhile cause. At the yearly meetings of the Contributors to the Asylum, which was officially incorporated as the Corporation of Friends Asylum in 1888, the Managers made requests on a yearly basis to their donors for further grants toward specific projects and resources, and also presented written material that was intended for distribution to public figures who might be convinced to donate to the work of Friends Asylum. "We would therefore suggest the claims of hospitals for the insane to those who are seeking objects for their benevolence. To restore these afflicted ones to home and society in mental health, even to provide a safe retreat for those, is as surely a benefaction as to heal the body of disease and injury," reads one such written piece from the 1892 annual report, effectively an advertisement to potential donors. Attempting to put out positive representations of Friends Asylum to the medical community and the general public was one method by which the institution sought to adapt to the increasingly hostile climate of mental health practice in the latter half of the 19th century. Examples of this kind of public messaging can also be seen in the Corporation's publishing of *Friends' Asylum for the Insane, 1813-1913 : A Descriptive Account from its Foundation*, a book that was both an in-depth account of the Asylum's staff, facilities, and procedures over its history and a positive overview of its innovations, the good it had done over the past century, and its value to society and the medical community.

Conclusions

The private status of Friends Asylum was likely its greatest asset in enduring the downfall of moral treatment's status as the foremost method of care for mentally ill individuals.

As an institution, it displayed an adaptiveness in response to some of the negative currents in psychiatry that many other hospitals' superintendents did not -- reviewing and revising its diagnostic practices after the Hinchman case; rapidly acquiescing to the movement towards state oversight rather than protesting; observing the likelihood of future size constraints due to the decline of public institutions; and acting to increase its capacity before it too felt the pressure of a large patient population. The Asylum pursued new resources for its patients regularly in attempts to remain abreast of current knowledge and best practices in psychiatry. Its private status also allowed the Asylum's managers and superintendents to remain focused on curable patients, as the institution never ceased considering their aim to be on curing individuals, with the "filling up of Asylums with incurable cases⁷⁴" considered a detrimental outcome. With the ability to determine their own admission procedures and requirements, they could take on more recently afflicted patients with better prognosis for recovery. As a result, the Asylum was able to avoid significant failures and benefit from a fairly low public profile -- after the resolution of Morgan Hinchman's lawsuit, there were no other major controversies that struck the Asylum in the 19th century. Compared to Kirkbride and many other members of the AMSAII, doctors at the Asylum were not as outspoken on major issues of the day in the field of psychiatry. This balance of respectability and adaptiveness kept Friends Asylum competitive as a business in the line of institutional psychiatry.

Ultimately, Friends Asylum, by the end of the 19th century, was a very different institution than the exclusively Quaker project of charity it had been at the time of its founding. The Asylum had long since ceased being solely available to Quakers, nor was it limited to working along the lines of moral treatment first practiced by the York Retreat. Insanity had ceased being considered an internal disorder of moral faculties, curable in every case -- doctors

⁷⁴ Annual Report of the Board of Managers of Friends Asylum, 1887. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford Pennsylvania.

at the Asylum now closely examined issues of heredity, senility, and physical disease when admitting new patients. In 1886, the Board of Managers opened admission to some patients with nervous disorders instead of solely accepting the insane, believing that the medical measures used for its current patients could also benefit these cases⁷⁵. Just as its doctors now took the organic causes of mental illness and their appropriate medical remedies into account, its managers also kept their eyes on the measures being taken by their competitors and planned the Asylum's position in the future.

Whether these changes represented a compromise of Friends Asylum's founding vision -- that there is part of God in every person, and that mental illness does not change that fact, but represents a constraint upon a person's expression of Inner Light which should be healed compassionately -- is ultimately a subjective question. It is undeniable that by the close of the 19th century the Asylum had moved past its original mission to be a hospital for the benefit of Pennsylvania Quakers, but it could still claim to be dedicated to the humane treatment of the mentally ill. The rekindling of reason through a controlled environment and tailored regimens of coercive therapy, those founding precepts of moral treatment, also remained part of the Asylum, though the specifics of treatment had changed, and other forms of medicine had joined them. In the writings of the Board of Managers and the Corporation of Friends Asylum by the end of the century can be seen both considerations of competitive business practices and discussion of the Asylum as a project of "enlightened philanthropy," a "determined effort... to rescue [the mentally ill] from the misery that surrounded them."⁷⁶ Amidst the hostile environment that psychiatric hospitals faced in this time, it is plausible that for the Corporation to turn towards a

⁷⁵ Minutes of the Contributors to the Asylum, 1886. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford Pennsylvania

⁷⁶ *Friends Asylum for the Insane, 1813-1913: A Descriptive Account from Its Foundation, List of Managers and Officers from the Beginning, Facts and Events in Its History with Appendix*. Press of the John C. Winston Company, 1913.

more competitive outlook was the only way for the Asylum to remain open and continue carrying out its mission. It is also unconvincing to argue that for Friends Asylum to change the treatment it offered in attempts to follow contemporary understanding of mental illness and best practices for its care is in some way a betrayal of its original commitment to moral treatment, for its patients would hardly have been better served by adhering to century-old medical methods. Ultimately, the Asylum showed remarkable continuity in its philosophy of treatment and its institutional character over the 1800s, and it is perhaps easiest not to explain its history as one of shifting practices and priorities, but one of adaptation to a century that saw dramatic transformations of almost every aspect of American society.

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