

# **“A Mild and Appropriate System of Treatment”<sup>1</sup>: Moral Treatment and the Curability of Mental Illness at Friends Asylum**

## **I. Background**

### **Quaker Theology and Mental Illness**

Quakers have been linked to mental illness since Quakerism’s beginnings in seventeenth century England. Early Quakers were accused of insanity because of their radical religious ideas and their ecstatic mode of worship. Quaker theology, especially the idea that everyone had access to that of God within them, and therefore did not need to rely on external authority like priests, was very radical. The Quaker way of worship was also alarming. Early Friends interrupted church services to argue with priests, shook and cried during Meeting for Worship, and even wandered naked through the streets decrying sinfulness.<sup>2</sup> Quakers performed these actions because they felt led to do so by that of God within them, and following their leadings was more important than maintaining public order.<sup>3</sup> However, to outsiders, these actions looked like those of mad people.

By the nineteenth century, Quakers had become much more respectable. As part of this transformation, the more extreme parts of early Friends’ witness disappeared from Quaker worship.<sup>4</sup> Quakers no longer shook and cried during Meeting, and certainly did

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<sup>1</sup> Robert Waln 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), 1.

<sup>2</sup> Charles Cherry, “Quakers and Asylum Reform,” in *The Oxford Handbook of Quaker Studies*, ed. Pink Dandelion (Oxford: Oxford University Press, 2013), 392.

<sup>3</sup> In fact, the term Quaker started as a derogatory term for Friends because of the way that they shook while worshipping.

not walk around naked. Instead, the structure of Quaker Meetings and communities worked to contain and shape Friends' leadings. Especially in the 1810s and 1820s, Quakers struggled to determine the right balance between Inner Light-led worship, which could seem unruly to outsiders, and orderly worship. This struggle was compounded by the fact that Quakers had not completely left behind their radical roots, and outsiders often still believed negative stereotypes about Quakers. For example, the renowned doctor Johann Spurzheim wrote that Quakers were more prone to insanity than the general population because they married within their group.<sup>5</sup> When the Asylum was founded, Quakers were associated in the public mind with insanity.

### **The York Retreat and Other Asylums**

The York Retreat served as a model for the Friends Asylum. British Quakers founded the York Retreat, an asylum in York, England, after they had negative experiences in the existing network of asylums. In 1790, a Quaker woman was placed in a non-Quaker asylum. Her family, who lived far away, asked Quakers near the asylum to visit her, but they were not allowed to do so. Shortly afterwards, she died under mysterious circumstances. This incident galvanized Quakers to form their own asylum. The founders argued that a Quaker asylum would respect the connections between groups of Quakers and therefore allow visits from Quakers who were not family members. An institution founded specifically by and for Quakers would have the added benefit of protecting the Quaker patients from the corrupting influences of the world's people. They

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<sup>4</sup> Quakers use the term "witness" to refer to an action taken in order to demonstrate some truth to the world.

<sup>5</sup> Johann Christoph Spurzheim, *Observations on the Deranged Manifestations of the Mind, or Insanity* (Gainesville, FL: Scholars' Facsimiles and Reprints, 1970), 79.

also reasoned that a familiar, Quaker environment would be conducive to a cure.<sup>6</sup> The staff in the Retreat would work to cherish the Inner Light in patients in order to try to cure them. An early history of the Retreat articulated this model of treatment, noting that they “treat... the patient as much in the manner of a rational being as the state of his mind will possibly allow.”<sup>7</sup> Thus, the York Retreat was founded in 1796 on the principles of kindness and equality, even for those who were insane.

Although the Retreat and the Asylum were founded specifically to treat Quaker patients with Quaker methods, they did not operate in a vacuum. Other mental institutions in Europe and the United States were also experimenting with less violent treatment of the insane at the time. These asylums called their methods moral treatment, and resolved to use as little restraint as possible and help the patients regain control over their minds. The most famous reformer in Europe was Philippe Pinel, who worked in the Salpêtrière and the Bicêtre in France. Pinel coined the term moral treatment.<sup>8</sup>

In the United States, the Friends Asylum was the first private asylum to be founded and run on the system of moral treatment. Several public hospitals, like the New York Hospital and the Pennsylvania Hospital, which served insane patients as well as others, began to try to implement moral treatment for their patients. However, these hospitals struggled to incorporate moral treatment into the systems they already had.

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<sup>6</sup> Charles L. Cherry, *A Quiet Haven: Quakers, Moral Treatment, and Asylum Reform* (Cranbury, NJ: Associated University Presses, 1989), 94-5.

<sup>7</sup> *Account of the Rise and Progress of the Asylum: Proposed to be Established, near Philadelphia, for the Relief of Persons Deprived of the Use of their Reason. With an Account of the Retreat, a Similar Institution near York, in England* (Philadelphia: Kimber and Conrad, 1814), 56.

<sup>8</sup> Andrew Scull, *Madness: A Very Short Introduction* (Oxford: Oxford University Press, 2011), 44-46.

Later, both hospitals opened separate buildings for their insane patients, which allowed them to complete their transitions to moral treatment because the new buildings were designed accordingly.<sup>9</sup> Quakers were involved in the administration of both the Pennsylvania Hospital and the New York Hospital, although neither hospital was affiliated with the Society of Friends. In Connecticut, Dr. Eli Todd founded a private hospital, the Hartford Retreat, based on the example of the York Retreat. The Hartford Retreat was not Quaker at all.<sup>10</sup> As can be seen from these other asylums, moral treatment was not necessarily a Quaker method. However, moral treatment at the York Retreat and the Friends Asylum did take on a distinctly Quaker flavor.

### **The Foundation of Friends Asylum**

The York Retreat became the inspiration for the Friends Asylum when an American Friend, Thomas Scattergood visited it during a trip to England. Thomas Scattergood was a traveling minister, and he spent six years (1794-1800) visiting Quakers in England as a part of his ministry. He suffered from depression, and he was impressed by the Retreat's humane treatment of the mentally ill. When he returned to the United States, he argued that American Quakers should create an institution similar to the York Retreat.<sup>11</sup> In 1812, Philadelphia Yearly Meeting (PYM) started a committee charged with

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<sup>9</sup> Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (New York: University of Cambridge Press, 1984), 71; Albert Deutsch, *The Mentally Ill in America: A History of their Care and Treatment from Colonial Times* (New York: Columbia University Press, 1967), 102.

<sup>10</sup> For more information on the Hartford Retreat, see Lawrence B. Goodheart, *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry* (Boston: University of Massachusetts Press, 2003).

<sup>11</sup> Cherry, *A Quiet Haven*, 135.

founding the asylum. The committee was not directly affiliated with PYM; instead, individuals and Meetings in the Yearly Meeting donated to the concern itself.<sup>12</sup> This committee soon split off into a Managers' Committee and a Building Committee, which each had numerous subcommittees. The Quakers involved in these committees worked to develop a constitution for the Asylum and determine the parameters of its mission over the next four years.

### **Architecture**

By 1814, the Building Committee was in the middle of planning and supervising the construction of the Asylum. They put a lot of thought into their architectural decisions of the Asylum because, according to the tenets of moral treatment, architecture influenced patients' recovery. The Building Committee was so intent on making sure that the Asylum was not dark and gloomy that they had a whole subcommittee "on the Subject of Admitting Light and Air into the Building."<sup>13</sup> As a pamphlet on the Asylum explained, the subcommittee's work was important because, "The free circulation of air, the great supporter of life, is of primary importance [in the treatment of the insane]."<sup>14</sup> The free circulation of air ensured that patients were not exposed to noxious smells, which were thought to cause illness. In its quest to ensure light and air for its patients, the committee improved upon the asylum designs that had been used at the York Retreat.

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<sup>12</sup> Cherry, *A Quiet Haven*, 136; "Concern" is a Quaker term referring to carrying out a spiritual belief.

<sup>13</sup> Minutes of the Building Committee, Third Month, 12<sup>th</sup>, 1814, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania; Third Month is the Quaker name for March—Quakers did not approve of the "pagan" names of months, so they referred to them using numbers, starting with January as First Month, and so on.

<sup>14</sup> Waln, *An Account of the Asylum for the Insane*, 6.

The architect at the York Retreat had put rooms on both sides of the hallway, which left some of the rooms dark and gloomy. So the Asylum's Building Committee made sure to put patient rooms only on one side of the hallway, with windows on the opposite side of the hall, ensuring that all patients had access to the curative fresh air and light provided by the windows opposite their rooms.<sup>15</sup> Giving all patients equal access to fresh air and light fit in with Quaker ideas about equality. The Committee on Light and Air's painstaking decisions about the size and placement of windows were an important part of the Asylum's treatment plan.

The Building Committee also worried about keeping the Asylum safe. They wanted the asylum to hold the patients securely, but did not want it to look or feel like a prison, which they thought would harm the patients' recovery and insult their dignity. Therefore, the Asylum decided to use iron sashes painted to look like wood in the windows, instead of the plain iron bars typical of insane asylums.<sup>16</sup> The windows thus "remove[d] the aspect of a place of confinement, which iron bars would necessarily occasion."<sup>17</sup> The Asylum continued to use these type of windows even after patients arrived and began smashing panes of glass with alarming frequency, showing that the Asylum's appearance of normalcy mattered more than the inconvenience of putting in new panes of glass every few days. The Building Committee's obsession with the

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<sup>15</sup> Charles Evans, *Account of the Asylum for the Relief of Persons Deprived of the Use of their Reason near Frankford, Pennsylvania: With the Statistics of the Institution from its Foundation to the 31st 12th month, 1838* (Philadelphia: T.K. and P.G. Collins, 1839), 7.

<sup>16</sup> Minutes of the Building Committee, Second Month, 12th, 1814.

<sup>17</sup> Waln, *An Account of the Asylum for the Insane*, 6.

appearance of the Asylum continued when it came to locks. The matter of effective but inconspicuous locks for the patient rooms concerned them so much that they wrote to the US Patent Office in order to ask for recommendations.<sup>18</sup> The Patent Office told them that a pendulum lock would work well, but the Committee was not satisfied until they had procured and tested one themselves.<sup>19</sup> The long, thoughtful process that the Building Committee went through to design the Asylum was typical of Quaker business meetings, which are conducted in the understanding that the decisions that come out of them are the will of God. The architecture of the Asylum was thus divinely inspired and a key part of the concern.

Despite the amount of thought that the founders put into the construction of the building, their lack of experience with mentally ill people meant that they failed to consider the problem of noisy patients. Used to their quiet and orderly Quaker home lives, they did not realize that many of the patients at the Asylum would be very loud, and often make noises through the night. For example, one patient, Ruth S. spent weeks at a time knocking at her door all night unless she was fastened to her bed.<sup>20</sup> This kept other patients, as well as the superintendent, Isaac Bonsall, and the caretakers, awake. Sometimes the noise of one patient started a chain reaction, and other patients quickly

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<sup>18</sup> Minutes of the Building Committee, Fourth Month, 1st, 1815.

<sup>19</sup> *Ibid.*, Fourth Month, 28th, 1815.

<sup>20</sup> Isaac Bonsall, *Superintendent's Day Book*, Seventh Month, 6<sup>th</sup>, 1822. Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

joined in the din.<sup>21</sup> Bonsall tried to deal with the noise problems by putting loud patients on the third floor, away from other patients, and begging them to be quiet at night, but these fixes did not prove satisfactory.<sup>22</sup> By 1822, Bonsall wrote grumpily, “detached buildings for the noisy patients [are] very necessary and would contribute greatly to the comfort of the other parts of the family.”<sup>23</sup> However, he knew that the Board of Managers would not agree to fund these new buildings because the Asylum was not full, and they saw no need when the existing building had plenty of room. It was not until 1828, several years after Bonsall had left the Asylum, that the Managers agreed to add little buildings for the noisy patients at the ends of each wing.<sup>24</sup>

### **The Structure and Governance of the Asylum**

The contributors who financed the Asylum, both individual Quakers and Monthly Meetings, were responsible for running the Asylum as well. Each Monthly Meeting that contributed \$200 a year and each individual who contributed \$10 a year or \$50 at once was called a member of the institution. The Monthly Meetings were expected to send an agent to the Yearly Meeting of the Contributors, and were allowed to recommend one poor patient at the lowest terms of admittance.<sup>25</sup> In a more immediate way, the Board of

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<sup>21</sup> See *Ibid.*, Eighth Month, 10<sup>th</sup>, 1817: William P.B. spent the night making noise because he did not want to be outdone by Lydia G.C.’s noise.

<sup>22</sup> See *Ibid.*, Eighth Month, 10<sup>th</sup> and 14<sup>th</sup>, 1817.

<sup>23</sup> *Ibid.*, Seventh Month, 21<sup>st</sup>, 1822.

<sup>24</sup> *Annual Report on the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason* (Philadelphia: Timothy Conrad, 1829), 1.

<sup>25</sup> Minutes of the Contributors, Twelfth Month, 5<sup>th</sup>, 1812, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.



Managers, which was made up of twenty contributors, was responsible for the business of the Asylum.<sup>26</sup> They had to approve the admission and boarding rate of new patients, as well as supervise the Asylum's finances and employees. The Board of Managers rotated through two-month terms as Visiting Managers, who were responsible for visiting and inspecting the Asylum once a week and for inspecting the Superintendent's account book once a month.<sup>27</sup>

The superintendent of the Asylum, and his wife, the matron, answered to the Visiting Managers, and they were responsible for the day-to-day welfare of the patients, as well as running the farm and the household. The superintendent and matron also oversaw the caretakers, or keepers, who supervised, cleaned, and entertained the patients. The Resident Physician directed the patients' medical care and diet (which was often a part of their treatment). Since the physician lived with the family, the overlapping responsibilities of the physician and the superintendent often caused friction between him and the superintendent.<sup>28</sup> Other asylums solved this problem by appointing a doctor as the superintendent, but the Asylum did not think that medical experience was necessary to be a good superintendent.<sup>29</sup> The Asylum's interlocking structure of government helped

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<sup>26</sup> Ibid.

<sup>27</sup> Ibid., Third Month, 19<sup>th</sup>, 1817.

<sup>28</sup> For example, see Bonsall's Day Book, First Month, 11<sup>th</sup>, 1821, when the patients complained to the Bonsalls about their diets, which were controlled by the doctor, not by the Bonsalls. Bonsall thought that their agitation about food was increasing their insanity, but he could not overrule the doctor in order to change the menu.

<sup>29</sup> For examples of doctors as superintendents, see Dr. Thomas Kirkbride of the Pennsylvania Hospital in Nancy Tomes' *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* and Dr. Eli Todd of the Hartford

prevent abuses of power, and was a typically Quaker one. It worked because the people involved were Quakers and were familiar with Quaker processes.<sup>30</sup>

### **Types of Insanity**

The Asylum managers had very specific ideas about what type of patients they wanted the Asylum to serve when it opened. They were not interested in being a holding facility for people with no hope of recovery. Instead, they wanted the Asylum to be a place that cured people and sent them back out into the world. Nevertheless, the Asylum was unable to avoid chronic patients. Isaac Bonsall, the superintendent, articulated the Asylum's feelings about these incurable patients in 1821, when he wrote glumly, "except a few cases... the present family of boarders are the most uninteresting we have had for a long time, nearly all of them considered incurables [*sic.*]... [U]nless new objects should be introduced there will be but little to encourage either the Managers or us in the prosecution of the concern."<sup>31</sup> Without a hope of curing at least some of the patients, the Asylum did not seem like a useful place to its founders. In this vein, they looked to accept patients with a better chance of recovery, which, to them, meant patients who had only recently gone insane.<sup>32</sup> The Board of Managers gave admission preference to recently insane people to ensure that the concern stayed relevant.

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Retreat in Lawrence B. Goodheart's *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry*.

<sup>30</sup> In contrast, the Hartford Retreat tried to replicate the Friends Asylum's organization, but struggled to create a secular version of the Quaker structure. See Goodheart, *Mad Yankees*, 29 for details.

<sup>31</sup> Bonsall, *Superintendent's Day Book*, Twelfth Month, 16, 1821.

<sup>32</sup> *Further Information of the Asylum* (Philadelphia: 1818), 1.

The Asylum's preference for recent, curable patients fit into contemporary medical theories about type of insanity. Johann Spurzheim, a leading expert on insanity whose works were available to the managers of the Asylum,<sup>33</sup> wrote that insanity was, "the incapacity of distinguishing the diseased functions of the mind, and the irresistibility of our actions."<sup>34</sup> Within that definition, Spurzheim argued that the traditional medical distinctions between mania and melancholy as types of insanity were false. He divided insanity into other categories, such as idiotism and fatuity.<sup>35</sup> Spurzheim defined idiotism as "the diseased inactivity of any faculty of the mind since birth," and fatuity as the type of insanity that occurred when patients lost their minds later in life.<sup>36</sup> Bonsall used the terms similarly at the Asylum. People who suffered from idiotism were thought to be very unlikely to recover, and Bonsall employed the word "fatuity" to refer to the state of patients who were not expected to recover.<sup>37</sup> He also distinguished "idiots" as outside of the scope of the Asylum.<sup>38</sup>

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<sup>33</sup> George Jepson, the superintendent of the York Retreat, sent Spurzheim's book on insanity to the Asylum's Visiting Manager Caleb Cresson as part of a correspondence about how to run asylums; see George Jepson to Caleb Cresson, Seventh Month, 25th, 1817, Folder 1, Box 16, Families of Philadelphia Collection, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

<sup>34</sup> Spurzheim, *Observations on the Deranged Manifestations of the Mind*, 53.

<sup>35</sup> *Ibid.*, 60.

<sup>36</sup> *Ibid.*, 72.

<sup>37</sup> See the entry for Twelfth Month 16, 1821 in the *Superintendent's Day Book* for an example of Bonsall's use of the term fatuity.

<sup>38</sup> See Bonsall's *Superintendent's Day Book*, Twelfth Month 17, 1822 for the controversy over the patient Joseph W. Bonsall argued that Joseph W. was an idiot, not an insane person, and therefore not a fit subject for the Asylum. Another patient, Hannah

## **Patients at the Asylum**

Once the Asylum started accepting patients, Bonsall quickly realized that they were not going to get a lot of easy-to-cure patients. Instead, the Asylum gained patients with a wide variety of mental health issues and had to do the best it could to care for them all. Some patients, like Nathan Y. and Mary R., could not control their bodily functions, and Bonsall wrote irritably about the labor involved in keeping them clean. Other patients were violent. Samuel S., for example, announced that he was afraid that he was going to kill Isaac Bonsall's wife Anna, and he set a fire in the Asylum basement. In contrast, Benjamin W. was harmless, but depressed after coming back from delivering traveling ministry in Ireland and England. Still other patients, like Ruth S., were delusional and incoherent, although they insisted that they were sane. The Asylum also dealt with patients like Sarah H. and Benjamin C., who suffered from addiction. Benjamin C. was addicted to alcohol, and Sarah H. was addicted to both alcohol and opium.

## **II. Moral Treatment**

Moral treatment was the main way that the Asylum treated patients, and also what differentiated the Asylum from other American asylums when it was first founded. As an 1825 history of the Asylum explained, "Although the use of drugs and medicaments is allowed, in almost every case, to be indispensable, less weight is attached to it in the Friends' Asylum, than to moral treatment."<sup>39</sup> Moral treatment involved almost every aspect of the patients' lives, including, "the habitation, classification, cleanliness, diet,

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H., petitioned the Board of Managers to discharge Joseph W., arguing that the Asylum was not supposed to care for idiots.

<sup>39</sup> Waln, *An Account of the Asylum for the Insane*, 15.

coercion, punishment, treatment of the feelings, treatment of the intellectual faculties, and occupation of the patients.”<sup>40</sup> The Asylum encompassed all of these areas by treating the patients as much like rational beings as possible, and “inspir[ing] their troubled minds, on every dawn of intellect, and in every moment of calmness... with consoling evidence, that they were indeed regarded *as men and brethren*.”<sup>41</sup> Treating the patients like rational beings meant using restraint only as a last resort, to ensure the safety of the patients and those around them, not as a punishment. Under moral treatment, the superintendent and keepers treated the patients as individuals, and helped them to try to recover their reason. Some important facets of moral treatment at the Asylum were connections with the community, religious oversight, and occupational therapy.

### **Community**

The community was an essential part of moral treatment at the Friends Asylum. The Asylum was meant to replicate the feeling of being at home and in a family, and thus help the patients to behave kindly towards one another and the staff. Bonsall reinforced this community culture by referring to the patients and staff as “the family” throughout his Day Book, and by allowing well-behaved patients to eat at the family dinner table:<sup>42</sup> “This course is highly gratifying to the feelings of the patients: they find themselves, in a degree, placed upon an equality, with those who are labouring [*sic.*] for their restoration.”<sup>43</sup> Being treated as part of a community of equals gave the patients an

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<sup>40</sup> *Ibid.*, 13.

<sup>41</sup> *Ibid.*, 4; emphasis in the original.

<sup>42</sup> Bonsall, *Superintendent's Day Book*, Third Month, 18<sup>th</sup>, 1818.

<sup>43</sup> Waln, *An Account of the Asylum for the Insane*, 21.

incentive to behave well, which would hopefully help them to cure themselves. The patients were also encouraged to socialize with other patients who were at the same stage in their illness as they were.<sup>44</sup> Bonsall noted happily in 1822 that Ruth S., Mary Ann N., and Lucy Ann J., “having been all of them great readers they amuse and entertain each other so that their time passes on apparently pleasantly.”<sup>45</sup> The society of their peers helped the patients to stay engaged and interested in life. According to proponents of moral treatment, attempts to engage in community life and live up to community standards were steps towards increased self-control and, eventually, recovery.

The Asylum’s community did not stop at the Asylum doors. Patients were constantly reminded that they were part of a larger community of Quakers, and that they would return to this community when they had recovered. The Visiting Managers’ weekly visits communicated to the patients that people outside of the Asylum cared about them, and they also served as a form of encouragement for the patients to control themselves. For example, Bonsall wrote approvingly of William H.’s embarrassment at the prospect of seeing the Visiting Managers after he had “evacuated” in his clothing: “We were pleased to find so much shame excited and consider it a favorable Symptom.”<sup>46</sup> The embarrassment meant that William H. might try harder to control his bowels. The effort put into making a good impression upon the dignified Visiting Managers was seen as helping the patients to regain control of themselves.

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<sup>44</sup> Socializing with patients who were more insane than they were was thought to have negative effects on the patients’ recovery.

<sup>45</sup> Bonsall, *Superintendent’s Day Book*, Eighth Month, 5<sup>th</sup>, 1822.

<sup>46</sup> *Ibid.*, First Month, 9<sup>th</sup>, 1818.

Although patients entered a (sometimes) new network of influential Philadelphia Quakers when they were admitted to the Asylum and met the superintendent and Visiting Managers, they did not leave behind their network of F/friends and family from home. Family members and friends often came to visit patients at the Asylum, sometimes from long distances away. Historian Patricia D'Antonio notes, "[Families] thought of the Asylum as their own, albeit extended, family, and... insisted on the right to visit their insane relations."<sup>47</sup> The constant visits from family frustrated Bonsall because he thought they unsettled the patients and made it harder for them to resign themselves to treatment.<sup>48</sup> Nevertheless, Bonsall allowed families and friends to visit and restrained himself to complaining about the harms of the visits in his Day Book. For example, Bonsall recorded crossly that, "[Ruth S's] sister Mary came to see her[.] I consented to the interview with much reluctance and advised her not to come again but return to New York as her visits would in all probability be prejudicial to Ruth and retard her cure."<sup>49</sup> The visits demonstrate that the patients in the Asylum were not dumped there and forgotten about. Instead, they were valued family members who were being placed in the Asylum in order to have their reason restored. The visits also allowed family members to retain some control over the care of their loved one. Mary S. demonstrated her belief that

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<sup>47</sup> Patricia D'Antonio, "The Need for Care: Families, Patients, and Staff at a Nineteenth-Century Insane Asylum," *Transactions & Studies of the College of Physicians of Philadelphia* 12, no. 3 (1990): 361.

<sup>48</sup> Bonsall, *Superintendent's Day Book*, Ninth Month, 30<sup>th</sup>, 1817: "How much better would it be for the Friends of the Patients and particularly near Relatives to stay away."

<sup>49</sup> *Ibid.*, Eleventh Month, 15<sup>th</sup>, 1821.

her visits to Ruth were beneficial by continuing to visit Philadelphia even after Bonsall warned her to stop coming.<sup>50</sup>

### **Religious Life at the Asylum**

Religious life was a crucial part of daily life and moral treatment at the Asylum, just as its founders had envisioned. In 1813, the Contributors to the Asylum had written, the “Asylum... is intended to furnish besides the requisite medical aid, such tender sympathetic attention and religious oversight as may soothe [the patients’] agitated minds and thereby under the Divine blessing facilitate their restoration of this inestimable gift [reason].”<sup>51</sup> The Contributors envisioned that the Asylum’s Quaker structure would be a part of the cure it worked. Quakerism influenced every part of Asylum life, and patients received various amounts of religious support as part of their treatments, depending on what kind of religious support Bonsall thought would help them. Bonsall ensured that every patient had access to some form of religious instruction by reading Scripture in the Women’s and Men’s Day Rooms every First Day.<sup>52</sup> Bonsall often recorded in his Day Book that when the Bible was read, “the Patients [were] very quiet.”<sup>53</sup> The patients’ silence pleased Bonsall because he interpreted their ability to listen quietly as a positive sign of their recovery.

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<sup>50</sup> Ibid., Tenth Month, 18<sup>th</sup>, 1821 and Seventh Month, 28<sup>th</sup>, 1822.

<sup>51</sup> Minutes of the Contributors, Sixth Month, 4<sup>th</sup>, 1813.

<sup>52</sup> First Day is the Quaker term for Sunday because Quakers disapproved of the “pagan” names of the days of the week. Monday is Second Day, and so on.

<sup>53</sup> Bonsall, *Superintendent’s Day Book*, Third Month, 7<sup>th</sup>, 1819.



In addition to Scripture readings, patients received religious visits from traveling ministers who felt led to call on the Asylum.<sup>54</sup> However, Bonsall recognized that the patients were not often in a state to benefit from well-meaning Quakers who stopped by to minister to them. In deference to the traveling ministers' leadings, he let them talk to the patients, but he wrote, "there are I suppose very few suitably qualified to preach to insane persons and not many of the insane capable of being benefitted by Religious Truths being imparted to them in such opportunities."<sup>55</sup> Bonsall's experience with the mentally ill led him to believe that religious fervor alone was not enough to help mentally ill people. Interestingly, Bonsall himself had very little experience with the mentally ill before becoming the superintendent of the Asylum. He was primarily a farmer, although he was also involved in Quaker projects, such as Quaker outreach to Native Americans (the "Indian Concern").<sup>56</sup> He was given the job of superintendent because he was an upstanding Quaker who had been involved in the Asylum concern since the beginning. However, his time at the Asylum caused him to believe that a leading was not enough to allow someone to preach effectively to the insane. Instead, some understanding of the patients and their conditions was necessary.

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<sup>54</sup> A traveling minister is a minister who feels called, with the support of his or her Meeting, to travel to Quakers in other parts of the world to create connections between Friends.

<sup>55</sup> Bonsall, *Superintendent's Day Book*, Second Month, 8<sup>th</sup>, 1819; "leading" is a Quaker term for feeling divinely inspired to take action in some way.

<sup>56</sup> Patricia D'Antonio, *Founding Friends: Families, Staff, and Patients at the Friends Asylum in Early Nineteenth Century Philadelphia* (Bethlehem: Lehigh University Press, 2006), 59; Bonsall, *Superintendent's Day Book*, Eighth Month, 14<sup>th</sup>, 1817.

Bonsall used religion explicitly as a part of his treatment for some patients, like Benjamin W., who entered the Asylum depressed because he was convinced that he had ended his traveling ministry in Ireland and England too early. Although depression was often valued in the Quaker community as a part of the spiritual journey towards virtue, Benjamin W.'s depression was more extreme.<sup>57</sup> As a way of reassuring Benjamin W. about the value of his ministry, Bonsall took him to Quarterly Meeting, and had him read the certificates from Britain and Ireland Yearly Meetings about his time in Britain and Ireland.<sup>58</sup> Bonsall wrote with satisfaction that the certificates “contained much expression of Unity with his Ministry Conduct &c. while with them” and that he felt he had done the right thing in taking Benjamin W. with him.<sup>59</sup> Bonsall thought that hearing weighty Friends<sup>60</sup> praise Benjamin W.'s spiritual gifts and actions would help Benjamin W. to see that his depression was not sensible. However, two months later, Bonsall wrote that Benjamin W. still suffered from “occasional depression which will probably be felt by him very frequently thro' his life as his apprehension that he left England before he had fulfilled all the service required of him has made a deep impression on his mind and

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<sup>57</sup> Thomas Hamm, *The Transformation of American Quakerism: Orthodox Friends, 1800-1907* (Bloomington: Indiana University Press, 1988), 4-5.

<sup>58</sup> Quarterly Meeting is a Meeting for Business of representatives from local Monthly Meetings. It deals with business that is too big for a Monthly Meeting. Quarterly Meeting is the step between Monthly Meetings and the Yearly Meeting, and it meets four times a year, hence its name.

<sup>59</sup> Bonsall, *Superintendent's Day Book*, Eleventh Month, 25<sup>th</sup>, 1819.

<sup>60</sup> Weighty Friends are Quakers who are widely thought to have spiritual wisdom and Quaker expertise.

cannot easily be eradicated.”<sup>61</sup> Bonsall’s attempts to reason Benjamin W. out of his depression through contact with the Quaker world did not succeed, and Bonsall recognized his failure.

The Friends Asylum’s overt emphasis on Quaker spirituality in treatment was unique among early American asylums because the Friends Asylum was the only American asylum made both by and for Quakers. Thomas Eddy, a Quaker who was involved with the New York Hospital, did argue that religious means could be used to help treat patients if “done *with great care and circumspection.*”<sup>62</sup> However, Eddy did not mean only the Quaker faith. The New York Hospital served patients of a variety of religions, and Eddy wrote about the usefulness of helping each patient recreate his or her individual religious rituals as much as possible. Quakers involved in running other asylums, like Thomas Eddy, might have felt led by their Quaker faith to help with asylums, but they could not overtly use that Quaker faith as a part of their treatment method because their patients were not all Quaker.

### **Attending Meeting for Worship**

Bonsall allowed patients who he thought could sit quietly to accompany him and his family to Frankford Meeting each week. Many of the patients valued their time at Meeting. Hannah J. told Bonsall that, “the first time she went from here to Meeting it was very Mortifying. [S]he was very much humbled indeed[,] not doubting but that she would be looked upon as one of the Insane riding in the Crazy Carriage &c. but after getting to

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<sup>61</sup> Bonsall, *Superintendent’s Day Book*, First Month, 5<sup>th</sup>, 1820.

<sup>62</sup> Thomas Eddy, “Hints for Introducing an Improved Mode of Treating the Insane in the Asylum” (1815), 11, emphasis in the original.

Meeting she felt sweet peace.”<sup>63</sup> For Hannah J., Meeting provided a place where she was seen as more than her illness. Shortly after Hannah J.’s conversation with Bonsall, Bonsall noted, without any hint of disapproval, that Hannah J. had spoken in Meeting.<sup>64</sup> No one was upset or embarrassed that a patient from the Asylum had given a message. Although Hannah J. had worried that the Frankford Friends would judge her, she was able to move beyond her fears and gain comfort from attending Meeting, as well as contribute to the worship of others.

Even attending Meeting for Worship occasionally proved too much for the patients that Bonsall thought it would help. Sometimes they behaved badly during Meeting, embarrassing Bonsall, and, he believed, setting back their recovery. Ruth S. begged for weeks to be taken to Meeting before Bonsall agreed to let her go. He felt vindicated in his hesitation, though, when Ruth S. spoke twice at one Meeting, and the Meeting ended early because everyone was afraid Ruth would try to speak again. Bonsall wrote, embarrassed, “What she said was not clear as to the matter and produced trial to Friends [*sic.*] minds generally. We think it will not be safe to let her go very soon again.”<sup>65</sup> Ruth S.’s faux pas was not trivial: people are not supposed to speak more than once during a Meeting, and her message was apparently incoherent.<sup>66</sup> In Bonsall’s mind,

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<sup>63</sup> Bonsall, *Superintendent’s Day Book*, Fourth Month, 12<sup>th</sup>, 1818.

<sup>64</sup> Any person who feels led to do so can stand and speak in a Quaker Meeting. In the nineteenth century, however, it was mostly recorded ministers (people whose Meetings recognized that they had a gift for vocal ministry) who spoke during Meeting. Bonsall did not write whether Hannah J. was a recorded minister or not.

<sup>65</sup> Bonsall, *Superintendent’s Day Book*, Fifth Month, 19<sup>th</sup>, 1822.

<sup>66</sup> Hamm, *The Transformation of American Quakerism*, 8.

indulging Ruth S.'s disjointed wanderings by allowing her to speak about them in Meeting for Worship was dangerous.

Ruth S.'s early missteps at Meeting meant that Bonsall was always slightly wary of her ability to control herself, even after he started letting her attend Meeting again. When the charismatic minister Elias Hicks (whose preaching helped lead to the 1827 Hicksite-Orthodox schism) called a Meeting at Frankford Friends Meeting, Bonsall ignored Ruth S.'s pleas that she be allowed to go hear him.<sup>67</sup> He wrote tersely in his Day Book that she was not "in a suitable state of mind to go."<sup>68</sup> Ruth S. was evidently very eager to hear Elias Hicks, because she escaped from the Asylum and got halfway to Frankford Meeting before she was caught. Bonsall, as a future Orthodox Quaker, thought that Elias Hicks was too provocative to be listened to by an excitable patient whose ideas about religion were already disordered.

### **Occupational Therapy**

Occupational therapy was an important part of all asylums run on moral treatment, but it was especially crucial at the Asylum. Bonsall needed the patients to work on the farm and in the kitchen because the Asylum could not afford to hire enough help to run itself without patient labor. Quite apart from the benefits to the Asylum, work was supposed to help the patients recover. The founders reasoned that work kept the patients busy, and helped them focus on something other than their disordered thoughts. An Asylum pamphlet argued that insanity was often "nourished by want of suitable

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<sup>67</sup> Traveling ministers often called special meetings at local Meetings as they moved around. These meetings were an opportunity to hear from the traveling Friends (if they felt led to speak).

<sup>68</sup> Bonsall, Superintendent's Day Book, Twelfth Month, 25<sup>th</sup>, 1822.

occupation,”<sup>69</sup> and Bonsall wrote in his *Day Book* that work acted as a “stimulant” which helped patients engage with the world again.<sup>70</sup> Historian Patricia D’Antonio argued that the Asylum’s use of work also helped the patients to feel like they were a part of the Asylum family, and gave them adult responsibilities, despite their subordinate role as patients.<sup>71</sup> The male patients helped Bonsall and the gardener run the Asylum’s farm. They planted, plowed, cut wood, and hauled water, among other things. These jobs gave the men exercise and access to fresh air, both of which were seen as essential to recovery. While the men were helping on the farm, female patients sewed, knitted, did laundry, and cooked. Their jobs were equally important, but gave them much less access to exercise and fresh air.

The Asylum also used play as therapy, although its early forays into recreational therapy were modest. The Asylum’s use of recreational therapy as a part of moral treatment is peculiar, given that Quakers, especially Orthodox ones, believed that most games were distractions from living a useful and holy life. Time spent playing was time that could not be spent thinking about God or doing good works.<sup>72</sup> The Friends Asylum’s relative slowness to adopt recreational therapy may be explained by the tension between moral treatment and the Quaker view of games. Bonsall did record instances of the Asylum’s use of recreational therapy in the early years. For example, the Asylum had a

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<sup>69</sup> Waln, *An Account of the Asylum for the Insane*, 27.

<sup>70</sup> Bonsall, *Superintendent’s Day Book*, Seventh Month, 23<sup>rd</sup>, 1817.

<sup>71</sup> D’Antonio, *Founding Friends*, 127.

<sup>72</sup> Hamm, *The Transformation of American Quakerism*, 6.

ball court in which the men played games like Nine Men's Morris,<sup>73</sup> and the Visiting Managers bought a velocipede, or type of early bicycle, for the patients in Sixth Month of 1819.<sup>74</sup> The Managers' promptitude in obtaining a velocipede is impressive, given that the velocipede had only been introduced to Philadelphia that spring.<sup>75</sup> However, the Asylum's ball court and velocipede pale in comparison to the multitude of recreational activities available at other early asylums.

Other early American asylums also thought that giving the patients an occupation was necessary. However, they occupied their patients almost entirely games and leisure activities instead of productive work. For example, the Pennsylvania Hospital provided lectures, magic lantern slideshows, and plays for their patients almost every night.<sup>76</sup> Poorer patients at the Pennsylvania Hospital were given the chance to work in the kitchens or garden for reduced board, while richer patients were encouraged to read, do fancy needlework, and cultivate hobbies.<sup>77</sup> Since only some patients were expected to work, the Pennsylvania Hospital did not encourage the patients to see their work as essential to hospital's existence. The Pennsylvania Hospital's system of social stratification was very different than the atmosphere at the Friends Asylum, where, an 1825 history explained, "Females, delicately reared, accustomed at home to little manual

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<sup>73</sup> Bonsall, *Superintendent's Day Book*, First Month, 28<sup>th</sup>, 1818.

<sup>74</sup> Visiting Managers' Minutes, Sixth Month, 19<sup>th</sup>, 1819, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

<sup>75</sup> David V. Herlihy, *Bicycle: A History* (New Haven: Yale University Press, 2004), 39-40.

<sup>76</sup> Tomes, *A Generous Confidence*, 200.

<sup>77</sup> *Ibid.*, 202.

labor, may be found, willingly and cheerfully, assisting in the kitchen, or in the chambers” as a part of their treatment.<sup>78</sup> Under the Friends Asylum model, patients worked alongside their superintendent to keep the Asylum running smoothly, just like in a family. The Friends Asylum did start moving towards occupying their patients predominantly with leisure activities in the mid-1830s, but it caused a shift away from the early conception of the Asylum as a family.<sup>79</sup>

### **Detractors of Moral Treatment**

Moral treatment was widely believed to be kinder than other types of treatment available to the mentally ill because it limited the use of physical restraint and did not condone corporal punishment. Although moral treatment at the Asylum was non-violent and focused on getting the patients to try to take control of their lives again, some of moral treatment’s manifestations could be cruel. For example, Bonsall made Nathan Y. wear a petticoat made out of a blanket, even though it mortified him, in an effort to make Nathan Y. stop soiling himself.<sup>80</sup> Moral treatment was so well regarded that even though Nathan Y.’s father, a Visiting Manager, was horrified to see his son in a petticoat, he asked Bonsall only that Nathan wear the garment for the shortest amount of time it took to be effective.<sup>81</sup>

The Quaker founders of the Retreat and the Asylum defended and explained their use of moral treatment by arguing for its efficacy: “[Moral treatment] leads many to

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<sup>78</sup> Waln, *An Account of the Asylum for the Insane*, 29.

<sup>79</sup> D’Antonio, *Founding Friends*, 126.

<sup>80</sup> Bonsall, *Superintendent’s Day Book*, Twelfth Month, 2<sup>nd</sup>, 1818.

<sup>81</sup> *Ibid.*, Twelfth Month, 5<sup>th</sup>, 1818. It was effective for a few days, and Nathan got his clothing back, although his incontinence continued throughout his time at the Asylum.



struggle to conceal and overcome their morbid propensities; and, at least, materially assists them in confining their deviations, within such bounds, as do not make them obnoxious to the family.”<sup>82</sup> Moral treatment was not good because it was less violent, they argued, it was good because it made the mentally ill “conform for the good of the community.”<sup>83</sup> Scholar Fiona Godlee maintained that this focus on changing the outward behaviors of the patients to make them less obnoxious to the community contradicts Quaker faith and practice.<sup>84</sup> Quakers are supposed to focus on the importance of inward changes of heart and making one’s behavior match one’s inner life. For Godlee, moral treatment’s focus on the comfort of other people, as opposed to the cure and comfort of the patients, made moral treatment seem deeply un-Quaker. Historian Anne Digby countered, that, “Without an appreciation of the self-disciplined nature of Quaker life we may be in danger of interpreting the moralistic regime of a Quaker asylum as exclusively repressive, and further, of miscalculating the response of its typical Quaker patients to what they may have experienced only as a familiar lifestyle.”<sup>85</sup> Digby observed that Quakers have always placed great importance on self-control, and she argued that moral treatment’s coercive tactics would have seemed like a natural way to help mentally ill

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<sup>82</sup> Samuel Tuke, *Description of the Retreat* (London: Dawsons of Pall Mall, 1813), 157.

<sup>83</sup> Fiona Godlee, “Aspects of Non-Conformity: Quakers and the Lunatic Fringe,” in *The Anatomy of Madness Volume II*, eds. WF Bynum, Roy Porter, and Michael Shepherd (London: Tavistock Publications, 1985), 75.

<sup>84</sup> *Ibid.*

<sup>85</sup> Anne Digby, “Moral Treatment at the Retreat, 1796-1846,” in *The Anatomy of Madness Volume II*, eds. WF Bynum, Roy Porter, and Michael Shepherd (London: Tavistock Publications, 1985), 68.

Quakers regain that self-control. The tension between these two viewpoints mirrors the tensions developing in American Quakerism in the 1820s, which were present at the Asylum as well.

In the early nineteenth century, Quakers were concerned with trying to find a balance between inward authority (the Inner Light) and outward authority (the Bible, elders, etc.). This conflict eventually led to the Hicksite-Orthodox schism of 1827. The Quakers who ran the Asylum became Orthodox Quakers. They believed that inward leadings needed to be tempered by outside authority such as the Bible and Quaker elders. This belief in the importance of outward forms of authority meant that it was not at all unusual for the founders to want to teach their patients to regulate themselves according to the outward authority of the community.<sup>86</sup> In fact, by struggling to conform, the patients were participating in Quaker community life as they recognized it. In contrast to the Orthodox views, Hicksite Quakers placed much more value on the Inner Light and the importance of inward change. The Hicksite Quakers may well have been uncomfortable with the emphasis that moral treatment placed on the comfort of the community instead of the spiritual growth of the patient. However, they had little control over the Asylum, and, after the 1827 schism, they were shut out completely.

### **III. Medical Treatment**

Although medical treatment at the Asylum was not thought to be as essential or as useful as moral treatment, it nevertheless played an important role in the treatment of

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<sup>86</sup> Lawrence B. Goodheart noted, in reference to moral treatment, that nineteenth-century Americans in general “emphasized the value of individual autonomy but one constrained by internalized self-control,” meaning that the Quaker arguments over inner versus outer control were mirrored in the larger culture. Goodheart, *Yankee Madmen*, 46.

many patients. Bonsall and the Asylum's physicians administered a variety of medical treatments to the patients in the hopes that they would help restore them to their reason. These medical treatments do not seem to have been systematic: they often come up once in the *Day Book*, and then disappear. For example, Bonsall noted in 1817 that the doctor had dosed a few patients with salts, but did not mention using salts as a treatment again.<sup>87</sup> Several types of medical treatment, however, did get mentioned throughout the *Day Book*. The Asylum's medical treatment consisted mostly of shower baths, blistering/bleeding, and electrical therapy.

### **Shower Baths**

The Asylum's use of baths as a medical treatment for insanity was widely accepted in contemporary practice.<sup>88</sup> During a shower bath, patients had buckets of cold water dumped on them. Subjecting patients to cold water was supposed to either calm them or enliven them, depending on which the patient needed.<sup>89</sup> Bonsall wrote that the shower bath "is a medical as well as in our view an essential part of the moral system proper to be pursued."<sup>90</sup> He thought the shower bath was a moral treatment as well as medical one because he used the shower bath as a coercive technique. When patients were reluctant to do what Bonsall wanted them to do, or when they did something wrong,

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<sup>87</sup> Bonsall, *Superintendent's Day Book*, Eighth Month, 5<sup>th</sup>, 1817.

<sup>88</sup> See Spurzheim, *Observations on the Deranged Manifestations of the Mind*, 211.

<sup>89</sup> See Bonsall, *Superintendent's Day Book*, Seventh Month, 19<sup>th</sup>, 1817 for an example of both: Bonsall used the shower bath on Hannah S. "with a view to quiet her and stimulate the System."

<sup>90</sup> *Ibid.*, Third Month, 29<sup>th</sup>, 1821.

they might be sent to the shower bath. For example, when Mary L. soiled her bed, her keeper Ruth Pierce scolded her, saying that she deserved a shower bath. The shower bath was such an unpleasant threat that Mary L. ran away, and it took two weeks to track her down and bring her back to the Asylum.<sup>91</sup> The Board of the Asylum evidently began to worry about Bonsall's use of the shower bath as a punishment, and in the Seventh Month of 1821, the Visiting Managers told Bonsall that he would have to ask permission from the Asylum's physician before using the shower bath to discipline patients.<sup>92</sup>

### **Blistering and Bleeding**

Apart from the Shower Bath, the main forms of medical relief given to the patients at the Asylum were blistering and bleeding. Blisters were plasters made from the dried-up bodies of Spanish flies, or *cantharides*, and they produced swelling and pus when put on the skin.<sup>93</sup> At the Asylum, they were most often placed on patients' shaved heads, although sometimes on the back of their necks or their ankles instead. Spurzheim wrote that a blister on the back of the neck would excite and distract a lethargic patient.<sup>94</sup> However, most often at the Asylum, Bonsall and the doctors used blisters to quiet down "noisy" or "excited" patients.<sup>95</sup> Bleeding, although less common than blistering, was also used to quiet rowdy and manic patients. For example, Bonsall wrote that the doctor bled

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<sup>91</sup> *Ibid.*, Tenth Month, 8<sup>th</sup>, 1819 and Twelfth Month, 1<sup>st</sup>, 1819.

<sup>92</sup> Visiting Managers' Minutes, Seventh Month, 20<sup>th</sup>, 1821; Bonsall did not record this incident in his *Day Book*.

<sup>93</sup> John Parker Gough, *An Essay on Cantharides* (Philadelphia: Way and Groff, 1800), 12-17.

<sup>94</sup> Spurzheim, *Observations on the Deranged Manifestations of the Mind*, 224.

<sup>95</sup> See Bonsall, *Superintendent's Day Book*, Eleventh Month, 20<sup>th</sup>, 1822.

Benjamin S. “on account of his excitement.”<sup>96</sup> Bleeding (and blisters) were thought to help because they got rid of the excess blood that was exciting the patients and making them insane.<sup>97</sup>

Although Bonsall believed deeply that moral treatment was much more effective than medical treatment when it came to insanity, he was also a strong proponent of blisters. When Penelope N.’s mother protested that she did not want the Asylum to shave her daughter’s beautiful hair off and apply a blister to her head, Bonsall replied scathingly that, “if [she] wished no means to be used for her recovery [she] had best fit up a Room in their House and secure her there.”<sup>98</sup> This incident illustrated Bonsall’s conviction that trying to cure the patients, even with medical means like blisters and bleeding, was better than just trying to care for them. Medical therapies such as blisters and bleeding were a part of Bonsall’s vision for an asylum that cured patients.

### **Electrical Therapy**

In the Twelfth Month of 1817 Isaac Bonsall wrote that he had received an Electrical Machine, “a valuable present,” from the Visiting Managers.<sup>99</sup> The next month, the Visiting Managers recorded an inventory of the Electrical Machine’s parts in their minutes.<sup>100</sup> By 1817, the use of electricity to treat insanity (and a multitude of other

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<sup>96</sup> Ibid., First Month, First Day, 1820.

<sup>97</sup> Alyn Brodsky, *Benjamin Rush: Patriot and Physician* (New York: Truman Talley Books, 2004), 29.

<sup>98</sup> Bonsall, *Superintendent’s Day Book*, Eleventh Month, 20<sup>th</sup>, 1822.

<sup>99</sup> Ibid., Twelfth Month, 26<sup>th</sup>, 1817.

<sup>100</sup> Minutes of the Visiting Managers’ Committee, First Month, 23<sup>rd</sup>, 1818; The inventory was: “1 large electrical machine, 1 battery, 1 insulating stool, 2 large Leyden

ailments) was an unusual, but known, option, and Bonsall and the Managers thought that the Electrical Machine could be used to treat the patients.<sup>101</sup> However, the Electrical Machine was unusual enough that Bonsall and the resident physician Dr. Lukens did not figure out how to use it on patients until 1820, when an acquaintance from Philadelphia came out to Frankford to teach them how it worked.<sup>102</sup>

As soon as the Electrical Machine was working, Bonsall started to use it on the patients, beginning with Nathan Y. and Benjamin W. Benjamin W. was excited about the possibility of electrical therapy, and asked for the machine to be tried on him.

Afterwards, he insisted that the shocks they gave him were not harsh enough to do him any good, although Bonsall “thought...his countenance looked better.”<sup>103</sup> For the next two months, Bonsall recorded shocking some patients every few days, and noted that his new resident physician, Dr. C.F. Matlack, “is making a full experiment of the efficacy of Electricity on Benjamin [W.] and Nathan [Y.] They both seem the better of it.”<sup>104</sup>

However, the Electrical Machine dropped out of the *Day Book* shortly afterwards, and did not reappear until the Eighth Month of 1821, when Bonsall recorded that it had been

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jars, 2 small d. bottles, 1 spotted bottle, 1 Bottle and Bells, 1 Thunderhouse, 1 Medical Electrometer, 1 Quadrant do., 1 pair electrical forceps, 1 large brass Ball, 1 spiral tube-chairs, 1 electrophorous, 1 stand and plate for figures, 1 universal discharger, 1 director (insulated), 1 jointed discharger (do.), 1 insulating stand and belt, 3 Glass plates (luminous words), 1 Book: essay on electricity, a Box, Table and Drawer for holding cylinder.”

<sup>101</sup> For an example of contemporary thought about the medical use of electricity, see T. Gale, *Electricity, or Ethereal Fire, Considered* (Troy: Moffitt and Lyon, 1802).

<sup>102</sup> Bonsall, *Superintendent's Day Book*, Third Month, 24<sup>th</sup>, 1820.

<sup>103</sup> *Ibid.*

<sup>104</sup> *Ibid.*, Fifth Month, 23<sup>rd</sup>, 1820.

broken for a while. Bonsall got it fixed and used it for a few weeks, but then it disappeared from the *Day Book* again.<sup>105</sup> The Electrical Machine's fragility meant that it never played a systematic role in the treatment of patients at the Asylum. However, Bonsall was evidently enthusiastic about the machine, and he used it frequently during the brief intervals in which it worked. The Electrical Machine fit into the experimental nature of the early Friends Asylum: they tried to figure out what helped the patients, and if something broke, or did not work, they moved on to another method.

#### **IV. Conclusion**

The Friends Asylum's early years were marked by a sense of experimentation. The founders followed their leading to create a Quaker asylum, which would serve to try to restore patients to their reason, not just take care of them. The Asylum treated patients using the principles of moral treatment, with the addition of Quaker religious ministry. Moral treatment involved almost all aspects of patient life, and was highly individual, allowing the founders, Bonsall, and the doctors to try to experiment with various treatments they thought might help the patients. The Asylum's treatment started with its architecture, which improved upon that of the York Retreat, in order to provide a comforting and healthy atmosphere for the patients. The Asylum's use of various types of medical treatment to augment moral treatment fit into its experimental nature. The managers were willing to try medical treatments despite the Asylum's emphasis on moral treatment because they saw its mission as curing people, not just taking care of them. This level of experimentation and individual treatment was possible because the Asylum was smaller and more close-knit than other American asylums. The resulting family

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<sup>105</sup> *Ibid.*, Eighth Month, 28<sup>th</sup>, 1821.

atmosphere also gave the Asylum a different system of occupational therapy than other asylums, which provided extravagant entertainment for their patients, especially the upper-class ones. In contrast, at the Asylum, in harmony with the Quaker testimony of equality, patients worked together on the farm or in the house, regardless of social class. The Friends Asylum's overt affiliation with Quakerism made its conception of moral treatment different than that of other early American asylums.



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