On a spring day in 1865, Dr. William Parker Johnson returned home to Athens, Ohio, from the Civil War. He had been mustered out from Camp Dennison in Columbus, Ohio. Three weeks earlier, General Robert E. Lee had surrendered the Confederate Army of Northern Virginia to Lieutenant General Ulysses S. Grant. Dr. Johnson, known to friends and family as Park, was a country doctor. He had enlisted in the Eighteenth Ohio Volunteer Infantry as a physician and finished his war career as head of two post hospitals in Tennessee, where he found a calling as an organizer and administrator. He returned to Athens transformed from country doctor to experienced hospital administrator by his work caring for the ill and wounded of the Kentucky and Tennessee battlefields.

Politics

Men who survived the Civil War returned home to resume their lives; some were shattered in body or mind and others had gained new leadership skills and recognition for heroic achievements. The political careers of Ohio-born presidents Ulysses S. Grant, Rutherford B. Hayes, James Garfield, Benjamin Harrison, and William McKinley were launched by their service as Civil War officers. Dr. Johnson used his war experience and newly developed administrative skills to advance the care of those with mental illness in Ohio by orchestrating the founding of Ohio’s fifth state mental hospital, the Athens Lunatic Asylum.
Post–Civil War Ohio was of national significance in the nineteenth-century public mental health care movement sweeping the nation. The Ohio Lunatic Asylum, opened in the state’s capital of Columbus in 1838, was the first public asylum west of the Allegheny Mountains. Between 1838 and 1898, Ohio opened seven public asylums to provide mental health care for the state’s large and rapidly urbanizing population. All seven were devoted to care based on the newest humanitarian models of mental health care. Some of Ohio’s asylum physicians during this period attained national stature, publishing and providing leadership in the newly forming field of American psychiatry. And Ohio in the last quarter of the nineteenth century was an American political and economic powerhouse. Ohio sent five presidents to the White House between 1877 and 1901. Entrepreneurs such as Dr. B. F. Goodrich, Edward Libbey, and John D. Rockefeller established small businesses in Ohio that grew into giant industries. Ohio’s natural resources fueled the nation’s steel, natural gas, oil, and clay pipe industries, while the state’s railways and water transport on Lake Erie and the Ohio River provided a dense network of transportation between the East and the rapidly expanding markets of the West.

In contrast to the urban centers of Cincinnati, Columbus, Toledo, Dayton, and Cleveland, Athens remains even today a small village in a remote rural corner of Ohio. Established in 1804 by the General Assembly of Ohio as the home for Ohio University, Athens was surveyed in 1795 by the Ohio Company, whose associates were among those who settled the midwestern wilderness under the Ordinance of the Northwest Territory, 1787. The village’s 1870 population of seventeen hundred persons and its isolated location in the steep, forested foothills at the edge of the Appalachian Mountains made it an extraordinary choice for the location of Ohio’s fifth state asylum.

Dr. Johnson’s first year as a war doctor was difficult. He was often depressed and in despair about alleviating the human misery created by war, as he wrote to his wife, Julia, in Athens from Camp Jefferson at Bacon Creek, Kentucky, in June 1861:

My shoulders are pretty broad and I guess I can go on awhile although I hope our regiment will not continue long in its distressed condition. I thought yesterday we were about through with measles but found seven new cases today. The chances for making the sick men comfortable
Dr. William Parker (“Parks”) Johnson, brigade surgeon in the Eighteenth Ohio Infantry. He was elected to the Ohio legislature in 1864 while serving in the Union Army. Courtesy of the Mahn Center for Archives and Special Collections, Ohio University Libraries.

Julia Blackstone Johnson, wife of Dr. William Parker Johnson. Courtesy of the Mahn Center for Archives and Special Collections, Ohio University Libraries.
are miserable and I dread the consequences very much—we have lost but one case yet. We have on hand now a number very sick and several will have to die I fear. People have little idea of the horrors of war—it is not easy to be on a battlefield however I do not think it best to distress your tender feelings with any particulars and I presume it is not best for you to mention anything about the facts I have stated as so many of the Athens people have friends here. . . . [W]hen will this accursed war be at an end?

But Dr. Johnson persisted and later wrote Julia of his success in organizing his work. His letters suggest that his interest in mental health care may have been a result of his observations of soldiers in distress for no apparent physical reason and his puzzlement as to how to treat them in his hospitals.

It is a matter of astonishment how much one man can do when he goes at it with a will. I would not have believed a month since that it were possible for one (me) to do what I have done for the past two or three months. . . . It will have at least one good effect in learning me to be ready to do the right thing at the right time. I have my labors so systematized that I have a time for each only and aim to discharge it just at the proper time. I have got the men learned so that there is a time set apart for each particular entry. For instance all who are on the complaining order in camp must make their complaints known between the hours of light and ten in the morning. . . . One of my great perplexities is what to do with men who claim to be sick and yet present no outward symptoms of disease.

Despite a massive workload, diarrhea, and occasional bouts of depression, Dr. Johnson came to appreciate his work. From Tullahoma, Tennessee, he wrote that while he worried constantly about his family and missed the comforts of home, he preferred the regularity of life as an army physician to working in the hills of Appalachian Ohio as a country doctor:

Doctor Mills got sad news from home last night. One of his children died and his wife and his three other children were all very sick with scarlet fever. Poor fellow he is almost distracted. He applied today for leave of absence but could not obtain it. I have urged him to go anyhow. . . .
Figure 1.3 Letter to his wife, Julia, from Dr. William Parker Johnson, Athens physician and head of two Union post hospitals in Tennessee. An Ohio legislator, Dr. Johnson orchestrated the founding of the new asylum in 1867 and its location in Athens. While away at war, he wrote often to Julia. In this letter, he discusses the 1864 presidential election.

Courtesy of the Mahn Center for Archives and Special Collections, Ohio University Libraries.
It is the one real drawback to being a soldier the constant anxiety about the loved ones at home. So far as the mere labor is concerned, I would rather occupy my present position than return to my old practice over the Athens County hills. I can be more regular in my meals (if they are sometimes very poor) and lose less sleep than in my old practice at home but nothing can compensate for the loss of the endearments at home and its precious treasures.7

Late in 1863, Johnson was given greater administrative responsibility. Writing to Julia from Murfreesboro, Tennessee, he described his new work and reflected again on the horrors of war:

I mentioned in my letter to your father that I had been put in charge of a Post Hospital here. I have got it fitted up very comfortably and all men (except some who were slightly wounded sent to Nashville) in it. Today I received orders to take another Hospital under my charge. I protested against both for the reason that I already had enough to do and also for the reason that it was in such a miserable condition. I was informed that that was the reason that it was put in my charge so that its condition might be improved. . . . War has its Glories but it has also its thousand horrors and human tortures that would sicken any feeling heart. I have often wished to see a big battle but I pray to God that I may never witness again such scenes as I have had to for the last two weeks. I have no desire to horrify you with any attempt at a description and could not give the subject justice should I attempt it.8

Just before he returned to Athens from the war, Dr. Johnson was elected to the Ohio legislature, where in 1867 he orchestrated the founding of the Athens Lunatic Asylum. Having learned well his organizational lessons from his war work, Johnson did “the right things at the right time” to secure state approval for a new asylum and ensure its location at Athens. First he helped a legislator from a nearby county craft a resolution in the General Assembly directing Ohio’s Committee on Benevolent Institutions to look into the needs of those with mental illness in Ohio. The resolution passed in 1866. Second, as chair of the Committee on Benevolent Institutions, Johnson solicited from the state medical society, of which he was a member, reports to the legislature supporting the
need for more institutions to serve those judged insane. Finally, Johnson prepared a bill authorizing the construction of the fifth state asylum. This bill, entitled “An act to provide for the erection of an additional lunatic asylum,” passed in 1866 and became a law in 1867. Finally, in a deft political move, Johnson saw to it that Athens businessman E. H. Moore was appointed by the governor as one of three trustees of the new asylum charged with choosing its location. Moore organized the Athens community to collect money for the purchase of the site and offer it free to the state. After considering more than thirty locations, it came as no surprise to anyone that the trustees settled upon Athens.

The village of Athens celebrated the laying of the cornerstone of its asylum with a parade of nearly ten thousand persons. The new institution coming to town was of great economic and political importance to its residents, who staged an enormous celebration. On Thursday, November 5, 1868, at two o’clock in the afternoon, one thousand Masons from all over Ohio, a brass band, two church choirs, judges, the mayor of Athens, the village council, hundreds of townspeople, and thousands of supporters from other areas marched down a long hill across the old South Bridge spanning the Hockhocking River and up the great hill to the asylum grounds. Ohio’s fifth state-supported asylum to treat persons with mental illness was to be a Kirkbride hospital, the gold standard for Victorian-era mental hospitals. Kirkbride hospitals were built to the most rigorous specifications of moral treatment, the prevailing psychiatric treatment of the time.

*The Kirkbride Plan*

Dr. Thomas Kirkbride’s interpretation of moral treatment, developed at the Pennsylvania Hospital for the Insane, was the crown jewel of nineteenth-century American psychiatry. He proposed that mental illness was curable, that physical punishment and restraints should be abolished, that treatment of those with mental illness as though they were capable of rational behavior was curative, and that a system of routines and diversions in a restful and supportive setting was therapeutic. Dr. Philippe Pinel, physician for two asylums in Paris, touched off the moral treatment movement in 1795 when he allegedly removed chains from his patients and undertook humane, compassionate, and supportive care. He dubbed his method *traitement moral*, meaning ethical, honorable treatment. This approach was a radical alternative to well-established
aggressive, punitive tactics of curing mental illness with punishment and restraints. A year later, in 1796, William Tuke, a Quaker tea merchant, opened the York Retreat for persons with mental illness, using kindness, reason, and a family atmosphere rather than the medical treatments of the time.\textsuperscript{12}

Nineteenth-century asylum physicians dedicated to moral treatment believed that mental illness was curable through proper habits and a regular, healthy life. Dr. William H. Holden, superintendent of the Athens Lunatic Asylum, described moral treatment in his 1879 annual report to the Board of Trustees:

\begin{quote}
Under the head of moral treatment must be considered all those means that tend to lead the mind into a normal and healthy channel, and direct the thoughts, as much as possible, in another course, remote from their delusions. See your patients frequently; talk to them, give them kind words and pleasant looks; encourage them as much as possible. Give them moderate exercise. Walking, riding, and driving in the open air have a tendency to break the monotony of asylum life and add to the comfort and happiness of the patient. Voluntary exercise is indicative of improvement and should be encouraged. Occupation engrosses the mind and withdraws it from empty longings and illusions of the imagination.\textsuperscript{13}
\end{quote}

Psychiatry placed great faith in the curative possibilities offered by the physical setting and social influences of the asylum; indeed, a Kirkbride hospital is a visual and architectural record of nineteenth-century psychiatry’s tenets. Kirkbride’s guidelines for the construction and operation of hospitals for the insane were adopted in 1851 by the Association of Medical Superintendents of American Institutions for the Insane.\textsuperscript{14} The guidelines, almost unimaginable by today’s standards of inpatient care for persons with mental illness, were devoted to the landscape and the design and construction of the building. Nearly eighty asylums were built in America to the specifications of the Kirkbride plan, most of them between 1848 and 1890. From Taunton State Hospital (completed in 1854) in Massachusetts, Jackson State Hospital (1855) in Mississippi, Mendota State Hospital (1860) in Wisconsin, Dixmont State Hospital (1852) in Pennsylvania, Worcester State Hospital (1877) in Massachusetts, Napa State Hospital (1875) in California, and Terrell State Hospital (1885) in Texas to Traverse City State
Hospital (1885) in Michigan, states embarked on construction of Kirkbride asylums on a massive scale.¹⁵

Dr. Kirkbride suggested that hospitals should be located in the country and have at least fifty acres devoted to gardens and pleasure grounds for patients with at least another fifty acres for farming and other uses. “The building should be in a healthful, pleasant, and fertile district of the country; the land chosen should be of good quality and easily tilled; the surrounding scenery should be varied and attractive, and the neighborhood should possess numerous objects of an agreeable and interesting character.”¹⁶

To bring light and cheer to each wing of the hospital, each floor should have an atrium with plants, birds and fountains:

Leaving on each side (of each wing) an open space of ten or twelve feet, with movable glazed sash extending from near the floor to the ceiling, and which may either be accessible to the patients, or be protected by ornamental open wire work on a line with the corridor; this arrangement gives nearly every advantage of light, air, and scenery. Behind such a screen, even in the most excited wards, may be placed with entire security, the most beautiful evergreen and flowering plants, singing birds, jets of water, and various other objects, the contemplation of which can not fail to have a pleasant and soothing effect upon every class of patients.¹⁷

The Kirkbride plan called for twelve-foot ceilings in all the patient wards with sixteen-foot ceilings in the central administrative section. Hospital residential corridors should be at least twelve feet wide, with those of the central building sixteen feet wide. Spacious corridors and high ceilings facilitated good ventilation; indeed, the Athens asylum was situated so as to take advantage of the prevailing breeze through the large and plentiful windows.¹⁸ The parlors and other large rooms on each floor of a Kirkbride hospital were each twenty feet square. Patient bedrooms were kept small enough (about a hundred square feet) so that their dimensions would not encourage placement of two patients in the same room:

The single chambers for patients should be made as large as can be well brought about, provided their dimensions are not so great as to lead to two patients being placed in the same room, which ought not to be allowed. Nine feet front
by eleven feet deep will probably be adopted as the best size, although eight by ten is admissible, and has the advantage that when not larger than this, two patients are not likely to be put into one room. If the rooms are larger, this is almost certain to be done whenever a hospital becomes crowded, and it is really never either proper or safe, to have two insane patients sleep in the same room without an attendant in it, or in an adjoining one. Great convenience will be found in having in each ward at least one chamber of the size of two single rooms, for the use of a patient with a special attendant, or in cases of severe illness.\(^\text{19}\)

Compassionate, supportive treatment of those with mental illness was a sea change, a manifestation of the great Victorian impulse to provide systematic, decent public care for vulnerable individuals—those with mental illness, orphans, the poor, and persons in need of medical care.\(^\text{20}\) The nineteenth century in America ushered in a national outpouring of support for social institutions: medical hospitals, mental hospitals, universities, public schools, penitentiaries, YMCA and YWCAs, the Red Cross, orphanages, settlement houses, schools for blind persons, and schools for deaf persons. This groundswell of support rose in response to the needs of family, community, and industry. With postwar industrialization, the decline of an agrarian economy, and the rise of cities, asylums and other institutions were expected to serve a humanitarian function and also to provide a measure of social stability. By today’s standards, this charity movement led by social reformers, many of them women, was paternalistic, selective, and moralistic. Many of the major community institutions in America today were invented in the nineteenth century to bring order to or meet social needs created by industrialization and urbanization of American life.\(^\text{21}\) Orphanages, libraries, public schools, colleges and universities, health clinics, penitentiaries, parks, hospitals, and asylums for those with mental illness were among the institutions developed by states working with networks of community organizations and social reformers to alleviate poor living conditions in nineteenth-century American towns and cities.

Discussion among asylum scholars, former asylum patients, historians, and sociologists about the role and function of asylums has historically been dominated by debates about whether asylums were built to serve a humanitarian purpose or to act as an instrument of social control. Andrew Scull has recentered the hundred-year debate by describing asylums as a means for reinforcing social
conformity while acknowledging the very real needs experienced by families attempting to cope with mental illness.22

The movement for humanitarian care and public services blossomed in Ohio in the mid-nineteenth century, a response to the humanitarian impulse and the needs of a rapidly industrializing state. Across Ohio, public schools were established, libraries were begun, institutions were founded to serve orphans and persons with physical disabilities, and state hospitals were established for those with mental illness. Ohio built five Kirkbride hospitals in the nineteenth century, more than any other state except Massachusetts, which also had five. Ohio was the second state (after Massachusetts) to establish a Board of State Charities to provide oversight over Ohio’s state...
benevolent and correctional institutions. Charged with investigating and reporting on the condition of state benevolent and correctional institutions, the board, whose members served without compensation, was an advocate for persons with mental illness. The board routinely investigated complaints about asylums and documented conditions for the mentally ill who resided in jails or county infirmaries or, in some tragic cases, were kept naked in barnyards or locked in family basements. Governor Rutherford B. Hayes praised the board’s efforts, noting that “they have faithfully performed the thankless task of investigating and reporting the defects in the system . . . of our charitable and penal laws.”23

The Athens Lunatic Asylum was the last built of Ohio’s Kirkbride hospitals. Its architecture reflected its dedication to the national moral treatment experiment. Featuring a central section with a two long stepped-back wings, the asylum had three levels with a

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**Figure 1.5** Map of Athens, Ohio (1875), showing the location of the asylum southwest of the Hockhocking River. The asylum is labeled “S.E. Ohio Hospital for the Insane.” The South Bridge, northeast of the hospital, connected the village and the asylum. Originally published in D. J. Lake, Atlas of Athens County, Ohio. Courtesy of the Mahn Center for Archives and Special Collections, Ohio University Libraries.
central administrative core of four levels, an attic, and a cellar. Male patients were housed in the east wing, women in the west wing. The central section housed offices and living quarters for professional staff, storerooms, visiting rooms for patients to receive visitors, a parlor, and a ballroom. The original structure (completed in 1874) contained 544 rooms. Patients were housed in 450 rooms; the asylum was designed to accommodate 252 patients in single bedrooms and an additional 290 in dormitory-style rooms. Food was transported from the kitchens along a small basement railroad and lifted upstairs by dumbwaiters to individual wards. The facility was heated by six coal-fired steam boilers in a separate rear building.24

The site, which eventually encompassed over a thousand acres, began in 1867 with 150 acres on a bluff across the Hocking River from Athens. Eighteen and a half million bricks used for construction of the huge building were made by hand on the site.

![Figure 1.6 Map of Ohio University (1911) showing the South Bridge, northeast of the hospital, connecting the village of Athens and the asylum. In 1889, the asylum and the village collaborated to build Hospital Street (upper left) to provide paved access to the train depot. The road was built entirely by asylum employees and patients on right-of-way acquired by the village. Fred Lee Tom, topographic map of Ohio University and vicinity (hand-drawn map, 1911), used with permission courtesy of Fred C. Tom. Courtesy of the Mahn Center for Archives and Special Collections, Ohio University Libraries.](image)
using clay from the asylum’s grounds. Its hundreds of windows featured protective bars disguised as ornate wrought iron circles. The asylum was “situated upon a high plateau of land about a mile distant from the town of Athens, the river Hockhocking winding in its circuitous course through the valley between the asylum and town. The farm belonging to it comprises about one hundred and fifty acres, broken in its surface, somewhat wooded.”

**Humanitarian Need and Social Control**

On New Year’s Day in 1874, the asylum opened its doors to patients, six months later than had been planned. Built to care for 542 patients, within six years it housed 633 patients from twenty-nine counties in southeastern Ohio, as well as “overflow” patients from Columbus State Hospital, which was destroyed by fire in 1868. Rebuilt along the Kirkbride plan, the Columbus asylum reopened in 1877, relieving some of the crowding at Athens. From its beginning, though, the asylum at Athens was built to accommodate twice the number of patients recommended by Kirkbride: “Two hundred and fifty will be found about as many as the medical superintendent can visit properly every day, or nearly every day, in addition to the performance of his other duties.”

Patients came from all walks of life. Most of the men were farmers from southeastern Ohio. There were also miners, machinists, railroad hands, school superintendents, schoolteachers, physicians, lawyers, engineers, students, clerks, merchants, saloonkeepers, hotelkeepers, glassblowers, carpenters, shoemakers, brewers, bakers, tailors, bookbinders, and printers. The occupations of female patients were not documented in the asylum’s annual reports—only women’s status as to whether they were married, widowed, or single. Each admission to the asylum was assigned a number; persons admitted more than once were given a new number each time they were admitted. The asylum used this numbering system until at least the 1950s.

Commitment documents and the asylum’s only surviving casebooks, large leather-bound volumes recording the admission and progress of patients admitted in 1874, reveal detailed stories. For some, the Athens Lunatic Asylum served a humanitarian function, providing respite for families desperate for help in caring for their mentally ill relatives and a safe haven for many patients. For others, the asylum was an agent of control, acting to preserve dominant economic interests and the moral sensibilities of a late Victorian-era community.
The asylum case records contain many examples of men and women in critical need of care. For example, Female Patient 454 was first hospitalized at age forty-eight, pregnant with her seventh child. “Whipped” by her husband and having just lost her sisters to consumption, she had her first “attack” of insanity. Four years later, at age fifty-two with seven children to care for, an abusive spouse to contend with, and in ill health, the asylum again provided respite care for her as Female Patient 1175.27

Figure 1.7 Medical certificate presented to probate court for the purpose of committing Female Patient 1175. Courtesy of the Mahn Center for Archives and Special Collections, Ohio University Libraries.
Female Patient 1296, burdened with worries and delusions, was admitted in the summer of 1883 when she was thirty-four years old. She and her young daughter lived with her mother in a farming community. The committing physician wrote of her:

She has Insomnia and is unreasonable in conversation. [She has] ill feeling toward her mother and daughter whom she has always loved and cared for. She has constant fear of coming to poverty and dying in the poorhouse. She has had a great deal of trouble with business and domestic relations. Has paroxysms of scolding and using profane language. Very nervous, wakeful and anxious about business. General health is not good. . . . She has threatened to put her child out of the way and imagines her physician wants to marry her, if she was only rid of her little girl.28

Male Patient 35, a saddler from Columbus, Ohio, was despondent over having lost money through a business transaction and tried to hang himself several times. His wife, worried about his well-being and safety, took him before the county probate judge for commitment, and he was admitted to the Athens asylum. Fifteen months later, deemed recovered, he was taken home by his wife.29

Asylums have always served community needs for social stability, and the Athens asylum was no different. Patients’ rights were nonexistent in the nineteenth century. An Ohio citizen could be involuntarily committed upon the recommendation of the county probate judge and the written word of a physician that the patient was insane. The judge forwarded his recommendation for commitment along with the medical certificate to the superintendent of the state asylum, who made the decision whether or not to hospitalize. Occasionally a probate judge attached with his legal forms a handwritten note asking for special consideration on behalf of family or community.

A judge from the Ohio River town of Belpre took the unusual step of including with commitment papers a two-page letter asking for help from the asylum superintendent dealing with a patient recently released from the asylum. Upon his release, this former patient did something to generate a warrant for his arrest, but the sheriff failed to arrest him before the warrant expired, and for this reason he could not be confined in jail, much to the annoyance of the community. “The Sheriff failed to arrest ______ within the life of the writ but then did so after which the Probate Judge was
Some patients were hospitalized because they exhibited behavior considered bizarre or improper. An Athens family committed one of its daughters after fetching her home from a brothel in Cincinnati. Male Patient 318, a fifty-one-year-old tailor admitted in 1874, was committed for painting morbid pictures. The medical witness to the probate court noted, “The history of his case is as follows: A tailor by trade, he indulges in painting all kinds of objects representing his morbid imagination which are in contradiction with his intelligent countenance. Duration not known. Has never made attempts of violence upon himself nor upon others. He is peaceable.”

Public officials in the coalfields of the Hocking River valley used the asylum at Athens on at least one occasion to try to prevent the spread of labor unions. In 1887, a coal miner became Male Patient 1945 in the Athens asylum because he was trying to organize a labor union. Wrote the committing physician, “His talk is constantly in regard to the Knights of Labor. He imagines it is his especial business to organize said society. Over-study about labor organizations is the cause of his insanity.” The man’s efforts to form a labor union were quickly extinguished by the local judge and a physician willing to attest to his insanity.

Hospitalization was also a solution for the community problem of what to do with homeless men, or “tramps.” Nineteenth-century homeless men were viewed as a threat to the social order because they did not work for a living. Robert Frost’s turn-of-the-century poem The Death of the Hired Man offers a gentle interpretation of homeless men who wander when the weather is fine and return to employers in the winter in need of shelter, who cannot be depended on to complete jobs and talk in jumbles. But the general opinion of tramps in the late nineteenth century was much harsher; they were considered a challenge to the Victorian social order propped up by ideals of work and family, of which the tramp had a commitment to neither. Governor Thomas Young referred in his annual message to the “formidable and dangerous element of society known as tramps.” The Athens Messenger reported in 1880 that Cincinnati police shot and killed a tramp when he resisted arrest for verbally insulting several ladies.

The Athens asylum took in tramps. Male Patient 1675 was hospitalized in 1885. His age was unknown, though he was known
to be a native of France. His occupation was listed as “tramp,” and the medical witness, Athens physician Dr. J. A. Frame, noted that he slept well, his bowels were regular and his appetite good, he was quiet, and he was neither violent nor destructive. Dr. Frame wrote that he “imagines he is very rich. And that he is thousands of years old.”

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**Figure 1.8** Medical certificate presented to probate court for the purpose of committing Male Patient 1675. Courtesy of the Mahn Center for Archives and Special Collections, Ohio University Libraries.
Another tramp, born in Germany, was one of the asylum’s earliest patients. Dr. B. Raymond wrote of the wretched condition in which Male Patient 319 was found: “The history of his case is as follows: He was found some years ago walking the road back and forward. People in the neighborhood became affright of him. He was taken up, found in a starving condition. He refuses to speak. He writes in German. The duration is unknown. The patient is free from infectious disease and vermin. He wallers in his excrements.”

Although the Civil War produced presidents and community leaders, the massive trauma endured by the nation inevitably exhibited itself in the lives of the war’s survivors. The weaponry used in the Civil War introduced a new and higher level of lethality, with the rifled musket and minie ball expanding the killing range of the infantry soldier from fifty to a hundred yards to five hundred yards. Disease claimed twice as many as those who died in combat. The result was a war with massive casualties: 620,000 soldiers and 50,000 civilians. Post-traumatic stress disorder, known from World War I forward as combat fatigue, battle shock, or combat stress reaction, was not diagnosed or defined during the Civil War, but its soldiers could not avoid the effects of war. Civil War physicians referred to stragglers, soldiers afflicted with nostalgia, and soldier’s heart. Stragglers were soldiers who sat trembling and clutching their weapons, staring into the distance, exhibiting a startle response at any loud sound, and incapable of engaging in battle. At Antietam, for instance, a third of the Confederates were labeled “stragglers.” Nostalgia, a term devised by a seventeenth-century Swiss physician, was characterized by homesickness and defiant aggression, which generally disappeared as soldiers began to prepare for battle, thus triggering the production of adrenaline and other stress hormones in their bodies. Soldier’s heart was a cardiac disorder featuring very high heart rates, palpitations, and inability to perform physical work. The asylum at Athens admitted Civil War veterans who suffered from the war’s emotional and physical trauma. Some mothers and fathers of men killed in the war were committed because of the trauma of their loss.

Finally, Ohioans suffered during the six-year Long Depression. Triggered by the Panic of 1873, this period of economic decline wreaked havoc across the United States, bankrupting railroads, destroying businesses, and raising unemployment to 14 percent. In Ohio, Governor Edward Noyes devoted his inaugural address in 1873 to the economic disaster, outlining its effects on Ohioans:
A few months ago, that undefinable but tremendous power, called a money panic, imparted a violent shock to the whole industrial and property system of the country. The well-considered plans and calculations of all men engaged in active business, or in the exertion of active labor, were suddenly and thoroughly deranged. In the universal business anarchy that ensued, the minds of men became more or less bewildered, so that few among them were able distinctly to see their way, or know what to do or what to omit, even through the brief futurity of a single week. All values and all incomes were instantly and deeply depressed. There was not a farmer, a manufacturer, a merchant, a mechanic, or a laborer, who did not feel that he was less able to meet his engagements or pay his taxes than he had been before. The distressful effect of this state of things was felt by all, but it was more grievously felt by the great body of the laboring people, because it touched them at the vital point of subsistence.42

As a result of this economic disaster, when the asylum at Athens opened in 1874 many of its first patients were men and women depressed and suicidal about business failure and highly anxious with fears of poverty and want.

The work to create the Athens Lunatic Asylum began three years after the end of the Civil War, and hopes were high for this new institution. Its relatively small size, compared to its contemporary asylums in America and Europe, was considered a favorable point. “Large as it really is,” wrote Dr. Richard Gundry (superintendent of the Southern Asylum at Cincinnati) of its room for 570 patients, “it is eclipsed by several in extent and capacity. In New York, the asylum at Utica, with its 800 patients; the New York city asylum, with its 1400 patients; in France La Salpetriere, with its 1400 patients. . . . [I]n England, Colney Hatch or Hanwell, each having more than 1000 inmates.”43 The services of Dr. Gundry had been secured by the Athens asylum trustees for advice and assistance in completing the construction of the Athens facility. He continued in his 1872 report to the newly formed Board of Trustees of the Athens Lunatic Asylum to stress the Kirkbride model’s design preference for smaller asylums and the superiority of the asylum at Athens in this regard: “And indeed, while the enormous size of such institutions may be defended on the ground
of economy in administration . . . it must be always borne in mind
that the true interests of the insane would be better served by
smaller institutions and more of them . . . I repeat that few if any
institutions, within my knowledge, will surpass this in the essential
and fundamental requirements of all such buildings—the propor-
tion of space, light and air to each patient.”

Superintendents of the asylum at Athens were national leaders
in limiting patient restraints, a departure from standard nineteenth-
century American asylum practice. Ohio asylum superintendents
debated their use, and at Athens superintendents consistently pro-
vided leadership for a national movement limiting patient restraint. Mechanical restraints such as straps and mittens, chemical restraints
to control behavior, manual restraint provided by attendants, locked
doors, and seclusion were used infrequently at Athens during the
moral treatment years. In his 1872 report to the board, Dr. Gundry
advised against constructing strong rooms where “excited” patients
would be held when uncontrollable, advocating instead a small ward
of individual rooms for such patients, to be “made as cheerful as for
any other patients but so constructed as to resist the violence and
mischief of the most excited.” Dr. Rutter, superintendent in 1877,
commented in 1880 on the open-door practice:

Upon reassuming the duties of Superintendent, I was
highly gratified to find that the open-doors system in some
of the wards had been continued during my absence. It
was, as some of you will doubtless remember, with many
fears and some misgivings that I took the pioneer step in
Ohio by removing the locks from some of the wards, and
permitting full liberty to the patients they contained. That
it was not ill-considered or reckless has been proved by
the complete success of the experiment and it is a pleasure
to add that in my opinion the system can be extended
until comparatively few of our six hundred patients will be
behind locks and bars.

While other Ohio asylum physicians argued for the use of restraints
as a benevolent practice, Athens superintendents during the moral
treatment years believed that restraints were at odds with moral
treatment and provided transparency to the public on their limited
use through the annual reports of the Board of Trustees.

The architecture of the Athens asylum was central to the moral
treatment curative schema. Its light-filled rooms, wide corridors,
Victorian reception parlors, windows situated to provide patients with beautiful and peaceful views of the landscape, ventilation powered by two enormous state-of-the-art brass basement fans manufactured in Pittsburgh, iron protective window grilles disguised as decorative mandalas, wards designed to segregate patients by their levels of disruptive behavior, and elimination of “strong rooms” were all thought vital to the treatment and cure of patients there. Daylight itself was considered curative, as described in near-reverent language by Ohio’s Board of State Charities in the 1880 annual report to the governor: “Light is not only cheap, it is a civilizer. Light is healthful, light is good in every way.”

Flowers, raised in a glass conservatory, were abundant year-round. Superintendent W. H. Holden noted with satisfaction the floral supply: “The florist’s department, during the past year, has been exceedingly satisfactory, giving us a full supply of flowers for the general household, besides having abundance for the grounds where sufficiently completed to receive them. We have repaired our conservatory by a complete relaying of the glass. . . . [I]t is now in a better condition than ever before for the recuperation and preservation, through the winter, of the exotics and indigenous plants, in which the patients and visitors so much delight.”

Superintendents and trustees during the asylum’s moral treatment years were eager to transform the asylum’s steep hills and wet bottomlands into beautiful, curative scenery. The grounds were considered to offer great natural beauties needing only grading and filling. This work, requiring blasting and shoveling massive amounts of rock and dirt into pans pulled by teams of horses and mules, was accomplished over twenty years with labor provided by male patients and paid townsmen. Superintendent Clarke requested eight thousand dollars in 1878 from the state for grading and lake improvements; the trustees wrote to the governor that “we have no hesitancy in asserting that the grounds surrounding this Asylum [when completed] will be second to none in the State for beauty of design or magnificence in scenery.” Dr. Clarke described the benefits of a beautiful landscape in terms of its curative function:

The slope in front of the eastern division of the building, in which are the female wards, remains untouched and presents a forbidding appearance. It should be brought to harmonize with the gracefully finished lawn lying in front of the western division as early as practicable not only for
the purpose of pleasing the public eye, which it is always well to do, but for stronger reasons, to present to the view of those who look out for relief a landscape marked by no violation of the laws of harmony. For surely no agency contributes more potently to the relief of a mind disturbed than strictly harmonious sensorial impressions.53

The asylum staff, the state of Ohio, and the village of Athens embarked upon the experiment in moral treatment with confidence and hope placed in the curative nature of their methods. Superintendent Holden contrasted the dawning of this new treatment with the methods of the early nineteenth century: “We no longer meet the insane as we would a wild, ferocious animal, with horror and fear, with handcuffs, chains and weapons for defense, but we meet them as we meet other patients[,] with kind words; words of sympathy and comfort, try to gain their confidence, teach them you are their friend, and will do them no injury, and rarely indeed will it be necessary to employ any means of restraint.”54

The experiment was pursued vigorously for nearly twenty years. Superintendents and staff worked hard to acquire clean water, prevent suicides, cope with political reorganization and the resultant constant changing of staff, keep the building and furnishings in good repair, balance the budget, and treat a staggering array of disorders and conditions with, in comparison to today’s array of medications and treatment modalities, what were very limited means. The asylum brought telephone and railroad service to Athens and served as a huge market for its goods and services. Superintendent Richardson hired the first female asylum assistant physician in America, Dr. Agnes Johnson of Zanesville, Ohio,55 to improve the care provided for women, and he also persuaded Ohio’s legislature to fund the first patient dining rooms at any American asylum, so that rather than eating in their wards patients might be served family-style in dining rooms with white tablecloths. Ultimately the experiment ended, a casualty of both overcrowding and medical progress. Richardson, who weathered Ohio’s political spoils system to serve at Athens with national distinction from 1881 to 1890, wrote of his discouragement about politics, overcrowding, and the difficulty of caring for those with chronic severe mental illness as well as the infirm elderly. At the end of the century, new models of psychiatric care rendered asylums essentially custodial rather than curative. Psychiatry was transforming itself from an administrative,
moral, and institution-based discipline to a medical specialty based on laboratory research and a new “cottage plan” design for residential treatment.

But the moral treatment pursued at Athens between 1874 and 1893 was the result of the blossoming of an American impulse to provide humane, expert care for those with mental illness. It yielded treatment modalities that flourish today as adjuncts to mental health treatment, now reconceived with new names such as restorative gardening, milieu therapy, art therapy, horticulture therapy, and humanistic psychology. The experiment at Athens, dedicated to moral treatment and founded on hope for curing mental illness, flourished for twenty years as a lively community of thousands of patients, dozens of attendants and workers, a small cadre of physicians, the people of the village of Athens, the families of patients, politicians in Columbus and Washington, social reformers, and a shared landscape of parkland and farms. Superintendent Richardson’s closing words in one of his reports to the trustees reflect his thoughts on the twenty-year experiment in psychiatry:

We have pursued the same general plan of treatment followed during previous years and outlined in former reports. I am well satisfied with the results. I believe, however, that there is still room for improvement in our treatment of insanity, and in the present methods of caring for the insane, and it is our aim to show in some direction every year a growth, and to make constantly honest efforts to improve upon the past, basing our actions always upon the broad grounds of common humanity and genuine sympathy for those in misfortune and helpless dependence. We are in no way circumscribed, but are ready to use any means that may enable us to better care for our responsible charge.

We have done what we could to make the Athens Asylum an institution of which you as well as the people of the State of Ohio need not be ashamed, and the mistakes which we have made have been mistakes in judgment alone.56
Thank you for your interest in this Ohio University Press title.

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