

David Dill, Jr., "Pliny Earle's (1809-1892) State Hospital at Northampton: Moral Treatment or Peonage?" *Historical Journal of Massachusetts* Volume 20, No 2 (Summer 1992).

Published by: Institute for Massachusetts Studies and Westfield State University

You may use content in this archive for your personal, non-commercial use. Please contact the *Historical Journal of Massachusetts* regarding any further use of this work:

[masshistoryjournal@wsc.ma.edu](mailto:masshistoryjournal@wsc.ma.edu)

Funding for digitization of issues was provided through a generous grant from MassHumanities.



Some digitized versions of the articles have been reformatted from their original, published appearance. When citing, please give the original print source (volume/ number/ date) but add "retrieved from HJM's online archive at <http://www.wsc.ma.edu/mhj>.



## Pliny Earle and the Northampton Lunatic Hospital

David B. Dill, Jr.

Two civil rights decisions of the 1960s and 1970s shook the underpinnings of a patient labor system which had been founded in the early years of the nation. A hundred years after ratification of the Thirteenth Amendment to the United States Constitution, and after Congress, on March 2, 1867, outlawed peonage (involuntary servitude based on debt), thousands of mental patients still worked without pay or for token amounts. Almost one hundred years later, on January 5, 1966, a federal court of appeals ruled in the case of *Jobson v. Henne* that the anti-peonage act applied to working mental patients. Less than a decade later, on December 7, 1973, a federal judge ordered, in the case of *Souder v. Brennan*, that minimum wage and overtime provisions of the Fair Labor Standards Act must also protect patient workers in non-federal mental institutions. In that case, Judge Aubrey Robinson, Jr., decided that those patients were "employees," notwithstanding claims that their labor was therapeutic.<sup>1</sup>

Reacting to the economic implications of the Souder decision, mental health professionals reluctantly dropped the practice of reducing costs through the use of patient labor, but scrambled for ways to salvage their well-regarded work therapy programs. It is remarkable that the dual and sometimes contradictory objectives of employing patients — cost containment and therapy — had survived intact for over a century, while everything else in the treatment of mental disease had changed.<sup>2</sup>

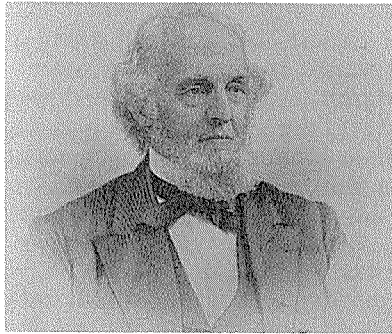
Dr. Pliny Earle (1809-1892), medical superintendent at the Northampton Lunatic Hospital from 1864 to 1885, was one of the late nineteenth century psychiatrists who collectively were responsible for the continuation of work therapy, at a time when

-----

1. 42 U.S.C. sec. 1994 (1867); *Jobson v. Henne*, 355 F. 2d sec 129 (1966); *Souder v. Brennan*, 367 F. Supp. sec. 808 (1973).

2. *Behavior Today* V (1973): 331-332, 337-339, and 334-346; *Ibid.*, VI: 351-353, 364-367, and 372.

mental institutions were deteriorating into facilities where the insane were kept hidden from society. Earle and his hospital offer an outstanding example of how determined effort and marvelous organization could successfully prolong the practice of patient labor, particularly outdoors on the farm and in the garden, yet at the same time raise unsettling questions of voluntarism or coercion, beneficial therapy or institutional profitability, humaneness or exploitation — issues of the Civil War era which are unresolved today.



**Dr. Pliny Earle. Frontispiece, Franklin B. Sanborn, ed., Memoirs of Pliny Earle, M.D. (Boston, 1898).**

"Humaneness" and "kindness" were the key words for all reformers who were dedicated to rational improvements in the treatment of insanity. In the 1790s, Philippe Pinel of Paris, France, and William Tuke of York, England, had pioneered in the use of humane therapy without using the traditional chains and shackles to subdue the insane individual; for inspiration and an example of what good could be done with the insane, American reformers like Benjamin Rush and Horace Mann extolled the benefits provided by Pinel and Tuke. A good model was the York Retreat, which was operated by the Quaker Tuke family; at York, patients lived in a warm, family environment and passed the time in normal human activities. Here was one birthplace of what was to become known as the "moral treatment," represented by the removal of the insane person from distressful surroundings to a calm setting characterized

by compassion and exposure to manual labor, worship, cultural events, and recreation.<sup>3</sup>

Reformers of the first half of the nineteenth century asked architects and planners to design new mental hospitals to fit the scheme of moral treatment; the "new" institution, it was believed, should be located in a pleasantly scenic and elevated setting near a town, yet far enough away to discourage distracting visitors. The hospital should have ample grounds to accommodate a large farm, and it should have a rigidly symmetrical interior designed so as to promote discipline and to allow the superintendent, from his quarters at the central hall, to keep a watchful and fatherly eye on all his patients. A few of the institutions meant to conform to this mold included the Hartford Retreat, the New York State Lunatic Asylum at Utica, a new asylum at Philadelphia, and the first state lunatic hospital in Massachusetts, at Worcester.<sup>4</sup>

Not many of these institutions measured up to expectations. As an illustration, the Northampton Lunatic Hospital, chartered in 1851 but not opened until 1858, was the third and last of the Massachusetts hospitals intended to conform to moral treatment standards; apparently because of political patronage, however, there were grave deficiencies. The Board of State Charities professed shock that an "immense expenditure" of \$350,000 had produced an "imposing edifice," but one with unseasoned wood floors, poorly fitted windows, and an inadequate heating plant that consumed huge amounts of fuel. On top of this, Edward H. Prince, the first superintendent and a political appointee, proved to have no management skills whatever, let discipline slide, and by April of 1864 discord with the trustees led to his resignation.<sup>5</sup>

-----

3. Gerald N. Grob, The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920 (Chapel Hill, N.C., 1966), pp. 10-11; David J. Rothman, The Discovery of the Asylum (Boston, 1971), pp. 109-110; J. Sanbourne Bockoven, Moral Treatment in American Psychiatry (New York, 1963), pp. 12-13 and 69-70.

4. Grob, The State and the Mentally Ill, pp. 30-33; Rothman, Discovery of the Asylum, pp. 137-144.

5. Northampton Lunatic Hospital, Annual Report (1885), p. 67; Massachusetts Board of State Charities, Annual Report (1864), p. 146; Franklin B. Sanborn, ed., Memoirs of Pliny Earle, M.D. (Boston, 1898), p. 261.

Moral therapy generally worked well, however, as long as the founders of moral therapy in America, men like Samuel B. Woodward, Amariah Brigham, and Isaac Ray, held their positions. Superintendents could even effect cures, especially when treating moderate numbers of homogeneous Anglo-Saxons. Charles Dickens, visiting the South Boston municipal hospital for the insane in 1842, saw for himself how moral treatment worked in America. Dickens reported that the director and his family lived and socialized with the patients, treated them with respect, as if they were normal, and provided them with a busy round of activities.<sup>6</sup>

But by the 1850s there were indications that moral treatment as an effective therapy was in jeopardy. Historian David Rothman, perhaps without taking Pliny Earle into account, has pronounced the "demise" of work therapy by the 1850s, as superintendents increasingly called on the use of mechanical restraints and punishment to counter the breakdown of order. Rothman and others have suggested various reasons for the decline of moral therapy. Certainly rapid population growth, extensive increases in immigration, unemployment and economic problems leading to pauperism, were instrumental in the apparent increase in the frequency of insanity that led to such overcrowding of asylums that the superintendents could no longer give personal attention to their patients. And Franklin B. Sanborn, secretary of the Massachusetts Board of State Charities, personally observed that a new class of young and politically ambitious superintendents lacked the "high moral purpose" of the pioneers.<sup>7</sup>

Whatever the causes, medical superintendents had to face a real crisis in the care of the insane. Disagreements arose over the relative merits of medical and psychological treatment, and it was debated as to whether work therapy was beneficial. Indeed, there even as debate on whether insanity was a curable disease. Perhaps gone forever, because of congested facilities, was the serene, family atmosphere of the ideal moral treatment center. Yet even in the 1860s some psychiatrists still believed in the old-fashioned

-----  
6. Charles Dickens, American Notes for General Circulation (London, 1892), pp. 64-68.

7. Rothman, Discovery of the Asylum, p. 265; Sanborn, Memoirs of Pliny Earle, p. xii.

therapeutic benefits of religious, cultural, and recreational activities, and above all, of physical labor.<sup>8</sup>

In 1862, physical labor came up as the subject of a discussion at the annual meeting of medical superintendents, which was held in Utica, New York. The participants first listened to Edward Jarvis of Dorchester, a respected medical statistician, who read a paper on his survey of patient labor in public English hospitals. For over twenty years, he told his audience, their English colleagues had been experimenting with the intensive use of patient labor at pauper asylums and they now pronounced their experiments to be successful. Everywhere Jarvis had observed great numbers of men and women quietly involved in work of some sort. He learned that this had come about through tact and persuasion, including a great deal of teaching and guidance for months at a time. As a result, even incurable patients at work were more satisfied with themselves and they were at peace with the world.<sup>9</sup>

But most of the superintendents reacted coldly to Jarvis's suggestion that they adopt the English system. Of the eleven who responded, only three were positive; the other eight respondents were negative, skeptical, or indifferent. Merrick Bemis, of Worcester, was the most outspoken. He said that he doubted the remedial value of work, regarded patient employment as economically worthless, feared the danger of fire and accidents, foresaw that social reformers would begin to demand that inmate laborers be paid for their work, and he bemoaned the futility of training good workers only to see overseers or commissioners transfer them to other institutions. John B. Gray, of the New York State Lunatic Asylum at Utica, spoke of his concern that patients be allowed outside, trusted with dangerous tools, and given the chance to escape. Isaac Ray, of Providence, speculated that one problem with the use of work therapy in the United States was that American patients were different from the English patients. In England, the patients were paupers who would naturally be deferential to superiors and grateful for rewards of beer and tobacco. On the other hand, native-born Americans had a different attitude — "Somebody pays for my living, and I am not going to work for it." J. B. Bancroft of the New Hampshire Asylum for the Insane insisted

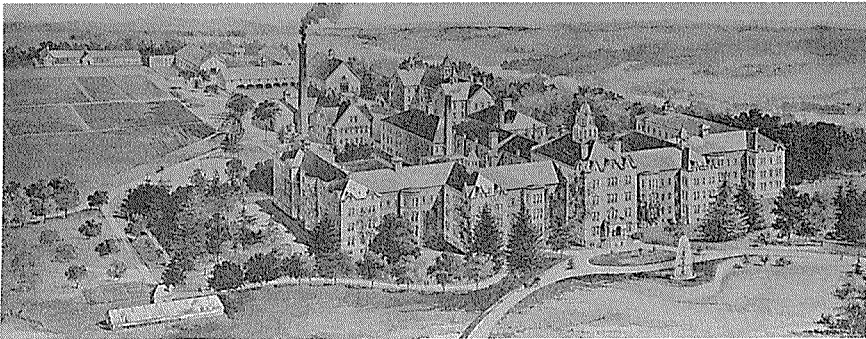
-----

8. Bockoven, Moral Treatment in America, pp. 42-48.

9. American Journal of Insanity, XIX (1862): 129-135 and 143-146.

that labor must be voluntary. Few of his patients would work, he said, and whenever he had trained an incurable patient to be useful, the patient would be transferred to the poor farm. Bancroft went on to note that good mechanics could be troublesome when they were not paid for their services.<sup>10</sup>

Pliny Earle failed to attend that meeting, but there could be no question where he stood on the issue of patient labor. First, he was comfortable with manual labor itself and with the tools used by laborers and the artisans, having worked as a youth on both his father's farm and in the family's cotton card factory at Leicester, five miles west of Worcester. Secondly, for five years, from 1844 to 1849, Earle served as medical superintendent of the New York Asylum for the Insane at Bloomingdale, a private hospital, and during that time he kept his patients at work, at least to the extent their social status permitted. It should be pointed out, however, that his biographer hinted that Earle's tenure at Bloomingdale may have been shortened by a controversy over using labor as a means of disciplining wealthy patients.<sup>11</sup>



**This view of the Northampton Lunatic Hospital illustrates the hospital gardens and farm in back of the main building. Frontispiece, Northampton Lunatic Hospital, Annual Report, 1898.**

In an eye-opening tour of European asylums during the summer and fall of 1849, Earle had been tremendously impressed

-----  
10. *Ibid.*, pp. 57-71.

11. Sanborn, Memoirs of Pliny Earle, pp. 7-9, 151-152, 159-160.

with the extent to which German doctors employed male patients on the hospital farms and women in the kitchens and sewing rooms. At one asylum in the Rhine valley, the director told Earle that upon admission his patients were informed that they would be expected to work. At another hospital, near Strasburg, Earle wrote that the use of manual labor surpassed "anything of the kind known. Besides the numerous workshops . . . the farm has been extended by bringing a hundred acres under cultivation. The asylum bears the aspect of a farm colony rather than a hospital, the women even being at work weeding the fields." Payments to working patients amounted to \$1,600 in one year, some of it set aside until their discharge. The German system, notably except for the practice of paying for patient labor, would serve as a model in Earle's management of the Northampton hospital.<sup>12</sup>

In 1864, when he was about to take over the direction of the Northampton hospital, Earle lashed out at what he called the prevalent practice of over-medication, and at the rejection of enforced manual labor. Some opponents had labeled that practice as "an outrage upon humanity."<sup>13</sup> Earle lost little time applying organized discipline at Northampton, putting into place a system of economic management that found no place for such niceties and had no parallel in any other American mental institution. As Franklin B. Sanborn, Inspector for the Board of State Charities who frequently visited the hospital, later wrote admiringly,

Dr. Earle saw what his patients could do, computed in his calculating head how much that meant in nerves quieted, muscles strengthened, discipline gradually infused into wayward natures; and so, out of a most unpromising collection of patients, the refuse and debris of treatment in other hospitals ... he produced . . . productive workers.<sup>14</sup>

Thus in 1864 Earle established a patient labor policy at Northampton that continued essentially unchanged until well into the

-----

12. *Ibid.*, pp. 163-180.

13. *Ibid.*, p. 160.

14. *Ibid.*, p. 284.



twentieth century. As late as 1921, Superintendent John A. Houston wrote in Earle's own language, by now standard boiler-plate in the reports of many superintendents, that "all patients who are physically and mentally capable are required to do some sort of work suited to their capabilities, and in so far as is advisable, in accordance with their inclinations." Pliny Earle's success in producing patient laborers, according to Sanborn, "was viewed by other superintendents at first with amused skepticism, then with aroused interest, then with some jealousy; but, finally they gave to his methods the sincere compliment of imitation."<sup>15</sup>

Sociologist Katherine E. McCarthy has rather harshly accused Earle of instituting "virtually forced labor. . . . to him work was the cure for everything. . . . Northampton . . . must have been his fondest dream come true — a whole hospital full of experienced potato-peelers and diggers. . . . Few hospital superintendents or prison wardens since have duplicated Earle's feat of making slave labor profitable."<sup>16</sup>

Yet, as McCarthy acknowledged, the record is remarkably free of inferences that Earle or his attendants used physical force to drive resisting patients to the workplace. However, there were other ways to accomplish the same goal, through persuasion and the offer of rewards. By all accounts Earle was a persuader, not a slave master; he was a principled and humane Quaker, and a compassionate human being whose "very presence had a quieting effect" on the insane — while at the same time he was a strict disciplinarian; in other words, he was a kindly leader and manager, a respected father figure meriting deference. Other superintendents found that recruiting "voluntary" patient workers taxed their abilities. In 1865, Isaac Ray and his staff at the Butler Hospital for the Insane at Providence enlisted only a fifth of his male patients and then only by what Ray said was "all our powers of persuasion."

-----

15. *Ibid.*, p.14; Northampton State Hospital, Annual Report (1921), p. 14.

16. Katherine E. McCarthy, "Psychiatry in the Nineteenth Century: The Early Years of Northampton State Hospital," Ph.D. dissertation, University of Pennsylvania, 1974, pp. 63-65.

Meanwhile three-fourths of Earle's patients were at work, surely at the expense of much hard work by attendants and staff.<sup>17</sup>

Edward Jarvis had spoken in veiled terms of English asylum directors resorting to "many and various influences" which led the patients to work, and to stay at work. Among the "influences" were the "authority of the governing power, the law and the officer, [and] the tact and persuasion of the attendants.... It certainly required much teaching and guidance, much coaxing and even urgency to awake the dull and torpid."<sup>18</sup>

Judging from Edward Jarvis's account, the patient labor system at the English pauper asylums must have been anything but voluntary. It is unlikely that Earle's patients were more willing to work than were their English counterparts. Earle's otherwise wordy annual reports provide few clues to the patients' attitudes toward work, except for singling out a handful of especially talented and dedicated individuals. Visitors occasionally commented on the workers' physical appearance. For example, Sanborn noted their "odd-looking but cheerful" aspect, and the Board of State Charities in 1878 agreed that "no stranger can visit this hospital without being struck with the orderly, pleasant, and healthy aspect of its patients." But D. Hack Tuke, of the York moral treatment family, who spent several days at the Northampton hospital in 1884, wrote only of the prodigious feats performed by its laboring inmates, and nothing of their demeanor or vigor. If healthiness was a measure of contentment among his workers, Earle had more reason to note proudly that in the unusually hot summer of 1876, not one of his fifty outdoor laborers needed medication.<sup>19</sup>

The patients at Northampton left no known record of their own which might have told something of their attitude toward work, at least to the extent that their mental condition allowed. The local press was silent. James R. Trumbull, editor of the *Hampshire*

-----

17. Sanborn, Memoirs of Pliny Earle, pp. 274 and 281; American Journal of Insanity XXII (1865-1866): 440-442; Northampton Lunatic Hospital, Annual Report (1866), p. 13; Daily Hampshire Gazette, May 18, 1892.

18. American Journal of Insanity, XIX (1862): 130-131.

19. Sanborn, Memoirs of Pliny Earle, p. 284; Massachusetts Board of State Charities, Annual Report, (1878), p. xl; D. Hack Tuke, The Insane in the United States and Canada, pp. 62-63 and 107-112; Northampton Lunatic Hospital, Annual Report (1876), p. 23.

*Gazette*, wrote a long article extolling the farm and the head farmer, Asa Wright, but Trumbull never focussed on the patient workmen. Inmates themselves had one avenue open to register complaints of any abuse. By an 1874 law, patients at state institutions could write confidential messages to the Board of State Charities, but the inspector found few letters in the locked letter boxes. It is possible, however, that illiterates who needed attention the most could not take advantage of this opportunity to complain about their treatment.<sup>20</sup>

There were only two effective ways by which "physically and mentally capable" patients could be sure to avoid manual labor — escape and suicide. The record is in favor of the hospital; neither escape nor suicide was common at Northampton during the nineteenth century. Escapes reported by the superintendent to the trustees in 1872, 1873, and 1874, for example, totaled only fifteen out of an average population of about 400. Remarkably, there were no suicides at all from January 27, 1872 to January 5, 1880, and few throughout Earle's tenure as superintendent.<sup>21</sup>

In the 1872 annual report, Earle described his means of enlisting workers. "Labor here, by patients, is not compulsory," he explained. "We not infrequently recommend it; and very often offer inducements to it by appeals to the palate, and other perquisites or extra privileges." It may well be that the promised rewards — perhaps choice food, a quieter ward on a lower floor, grounds privileges, or just the promise of pleasant work outdoors — may have been among the key inducements. There is no evidence that workers, or non-workers, received beer and tobacco rations in straight-laced Northampton, in contrast to the situation at the Longview Asylum, located in the lager beer country of Ohio, where every day Superintendent O. M. Langdon gave his patients three glasses of beer and a plug of tobacco.<sup>22</sup>

To train the patients and keep them occupied required a staff of talented, painstaking, and conscientious attendants, and doubtless

-----

20. Tuke, *Insane in the United States*, p. 124; McCarthy, "Psychiatry in the Nineteenth Century," pp. 74-75.

21. *Ibid.*, pp. 72-73; Northampton Lunatic Hospital, *Annual Report* (1880), p. 15.

22. Northampton Lunatic Hospital, *Annual Report* (1872), p. 25; *American Journal of Insanity*, XIX (1862): 69.

the business-orientated superintendent maintained such a group of employees. Asa Wright, who for over twenty-four years supervised countless patients who worked on the farm or in the garden, was such a man. As Pliny Early gratefully acknowledged at the time of Wright's retirement, "he was fortunately endowed by nature with the peculiar faculty by which, in his relations with patients, he was enabled to get along smoothly, and at the same time exercise upon them a favorable influence."<sup>23</sup>

A weekday at the Northampton Lunatic Hospital was highly structured and centered on work assignments. Earle described a typical summer day schedule in the year 1866.

At five o'clock . . . the watchman rings the bell. . . . The attendants see that the patients get ready for breakfast, and with the assistance of patients, engage in the morning works of the halls. The heads of the several departments of labor, the centre, the kitchen, the bakery, the laundry, the boiler-room, the stable, and the farm, go to the halls for the patients who work in those departments. . . . At half past six o'clock . . . the steam-whistle is sounded for breakfast. The patients at work in the several departments return to the halls where they take their meals. . . . The farmers also breakfast at this hour. Immediately after breakfast the heads of departments take out such patients as work regularly. . . . At half past eleven o'clock the steam-whistle is sounded as a preparatory signal for dinner, and the patients who are at work out-of-doors return. . . . At twelve o'clock the whistle is sounded for dinner. . . . At about one o'clock, P.M., the patients who work are taken, as before, to their regular departments. . . . Half an hour before the time for supper, the steam-whistle is sounded for the return of out-of-door patients to their halls. . . . At . . . six [o'clock] the patients and the farmers have their suppers.<sup>24</sup>

-----  
23. Northampton Lunatic Hospital, Annual Report (1882): 57.

24. *Ibid.* (1866), pp. 35-39.

The day of July 10, 1872, offers an illustration of how work-oriented, rather than custodial, the institution had become. On that weekday Earle took out his notebook and compiled a meticulous survey of what his working patients were doing. Not counting housekeepers in the halls, he itemized fifty-five men and forty-one women working full-time, out of a total of 448 inmates. Out-doors, forty-six men worked at sixteen tasks; of those on the farm and in the garden, some were haying, others weeded carrots or hoed cabbages, potatoes, onions, and broom corn, while others picked peas and currants. Indoors, nine men and forty-one women labored in the kitchen, bakery, boiler-room, laundry, and sewing room.<sup>24</sup>

In one of his beloved statistical tables, Earle divided his patients into categories of relative efficiency and degree of activity, as they were in November of 1874: constant and efficient workers outside the halls; mostly constant workers in the halls; women sewing much in the halls; men and women working a little in the halls; women doing little more than keeping their rooms in order; other women making only their beds; and occasional workers in the sewing room and the farm. Fifty-six women who were merely keeping their beds and rooms tidy may have been paying patients of the more genteel class, but 113 of both sexes made up the group of constant (or mostly constant) and efficient workers.<sup>25</sup>

These "constant and efficient workers" must have been assets to the operation of the hospital, and logically the ones to be kept on the rolls at all cost. There is reason to believe that they were, despite a natural reluctance for Earle to admit holding on to patients for other than psychiatric reasons. Katherine McCarthy has concluded from indirect evidence that Earle discharged elderly and paying (largely non-working) patients before he released "constant and efficient workers." And many years later, in 1909 Ernest V. Scribner, superintendent of the Worcester State Asylum, exposed in print what apparently had become a game among administrators: Earle's "hospital suffers from not having enough good working patients because its inmates are all transferred from other

-----  
24. *Ibid.* (1872), pp. 25-27.

25. *Ibid.* (1875), appendix, table 21.

institutions, and of course the best workers are retained where first admitted."<sup>26</sup>

The classification and ethnic makeup of Earle's patients help explain why he kept his grip on good workers. In his day Massachusetts hospitals held three classes of inmates: state patients (those without legal residence anywhere, in other words, paupers supported by state charity); town patients, usually supported by local cities and towns; and self-supporting private patients. Generally, most of the State patients were foreign-born and were considered to be incurable; in 1854, Edward Jarvis had made the correlation between immigrants and lunacy.<sup>27</sup>

In the census year of 1870, when Earle's patient labor system was in full flower, exactly 200, or almost half of his inmates, had been born in Ireland; and 133, or about a third, were women who had been born in Ireland. By classification, 209 were state patients, 73 town, and 121 private. The typical patient was an Irish-born woman who probably was indigent.<sup>28</sup>

Assuming that these distributions hold reasonable validity through 1874, a correlation with Earle's labor survey of 1874 (cited above) allows the inference that among the doctor's 113 constant (or mostly constant) and efficient workers out of 467 inmates, there were many of the sixty-seven Irish males and 133 Irish females, especially after discounting perhaps a great majority of the 122 private patients, a group unlikely to work on a constant basis. It is riskier to estimate what proportion of the 200 Irish patients were among the 209 state indigents. Certainly at least some must have been among the town patients.<sup>29</sup>

If the Irish natives were well represented in the group of Earle's most prized workers, they were either atypical of the Irish immigrant stereotype, or the image was false. As an example of extreme racial bias in mid-century Massachusetts, Katharine McCarthy has singled out the Board of Alien Commissioners, who in

-----  
26. McCarthy, "Psychiatry in the Nineteenth Century," pp. 181-183; Worcester State Asylum, Annual Report (1909): 14.

27. McCarthy, "Psychiatry in the Nineteenth Century," pp. 148-150.

28. Northampton Lunatic Hospital, Annual Report (1870): 11; Federal Census, 1870, Hampshire County; Sanborn, Memoirs of Pliny Earle, p. 265.

29. Northampton Lunatic Hospital, Annual Report (1872): 25-27.

one annual report after another described the Irish as intemperate, dissolute, of vicious habits, who filled state hospitals which had been intended for native-born Americans. Insensitivity even appeared among the alienists. George Chandler, superintendent at the Worcester Asylum, admitted his lack of success in treating Irish patients. "It is difficult to obtain their confidence, for they seem to be jealous of our motives; and . . . not clearly understanding our language is another obstacle in the way of their recovery."<sup>30</sup>

Pliny Earle, on the other hand, never publicly criticized the immigrants. Rather, in some ways the record suggests that the Northampton hospital favored them. In an analysis of some 300 patient records, Katharine McCarthy has demonstrated that Irish-born men and women remained hospitalized at Northampton for an average of over seven years, three times longer than the native Americans; the hospitalization of Irish women was even longer. Although other factors undoubtedly contributed to the relative longevity of Irish natives as asylum patients, McCarthy inferred that their lengths of stay related to their desirability as workers — because of such Irish peasant behavior as obedience and deference, and a resignation to long hours of hard labor (characteristics shared by English pauper inmates, as noticed by Isaac Ray in 1862). It should be noted that Irish women would have been regarded as even more welcome than Irish men, because of the greater year-round utilization of female labor in the hospital.<sup>31</sup>

The picture that emerges is of a full-time core of efficient patient workers, assigned to multiple tasks in farm, garden, grounds, kitchen, bakery, laundry, and sewing room. Many, if not most, of the most valued workers were first generation Irish who were retained longer than their American-born counterparts. Another view, close-up, focuses on the farm and garden of the institution. Although women did much of the year-round service tasks, it was the outdoor work performed by male patients that made the difference between profit and loss. There was a question of priority at the Northampton hospital farm — which mattered most, therapeutic benefit of outdoor work, or the usefulness of patients in

-----

30. McCarthy, "Psychiatry in the Nineteenth Century," p. 158; Grob, The State and the Mentally Ill, pp. 140-141.

31. McCarthy, "Psychiatry in the Nineteenth Century," pp. 14, 183, 188-189, and 194; Journal of Insanity, XIX (1862): 59.

balancing the budget. This question provided one more aspect to the issue of moral treatment or peonage in the institution.

William H. Prince, the hospital's first superintendent, may have lost his job because of his casual attitude toward finances: his farm consistently operated at a loss. In 1863 he explained that "the profit of a hospital farm should not be too anxiously sought for in the columns of a ledger; for the returns made in health regained . . . which cannot be reduced to figures, more truly represent the real value of the farm and garden to the patients than any schedule of vegetable products."<sup>32</sup>

His successor had no such prejudice. Within a year Pliny Earle's frugal management turned things around. Inheriting a poorly cultivated farm with sandy soil much overgrown with trailing blackberries, he vastly improved its fertility by having patients haul in many thousand cartloads of peat. The dramatic transformation of the farm during Earle's tenure (1864-1885) included a doubling of its acreage and of its patient workforce, and nearly doubling the value of produce per patient. By 1885 it had become the largest hospital farm in the state, in terms of acreage and use of patient labor.<sup>33</sup>

After twenty years, Earle could boast that his profit-making institution had received no state subsidy since the spring of 1867; that was unheard of in Massachusetts. The hospital relied solely on its farm produce, board bills, and meager funeral allowances. But curiously, throughout those two decades Earle consistently made the farm and therapy sections of his annual reports mutually exclusive, and he gave no credit to his patient workers for any part of the farm's profit. Instead, perhaps buoyed by financial success, he commonly devoted less space to reporting medical and therapeutic cures than to featuring such barnyard livestock as a prodigious

-----

32. Northampton Lunatic Hospital, Annual Report (1863), p. 19.

33. Sanborn, Memoirs of Pliny Earle, p. 262; Daily Hampshire Gazette, May 1, 1906; Northampton Lunatic Hospital, Annual Report (1879), p. 19; Massachusetts Board of State Charities, Annual Report (1881): bxi; statistical tables in Northampton Lunatic Hospital, Annual Reports, 1864 to 1885.



Durham cow, a high-grade bull calf named "Jonathan Edwards," or his famed "hospital" breed of swine.<sup>34</sup>

Earle may have revealed himself as one who valued farm profitability above the therapeutic benefits of outdoor work. Only a year after Earle's retirement, his successor, Edward B. Nims, expressed an apparent change in priorities. The farm, he wrote, allows many patients to get healthful labor, provides fresh fruit and vegetables, and *finally*, is a source of considerable profit. The absence of such a direct statement by Earle himself leads to the tentative conclusion that he may have valued farm profitability above the therapeutic benefit to the patient workers, and in that respect he was exploitative.<sup>35</sup>

Probably Earle's underlying concern at Northampton was for the welfare of all his patients, which could best be provided by frugal management and top-to-bottom organization. Shunning physical force, he nevertheless used other potent means of enlisting initially involuntary patients into an unpaid workforce. Methods that had some aspects of exploitation were, in his view, humane. Work therapy coexisted with religious, educational, and recreational therapies, all integral parts of his moral treatment program. But in his mind, patient labor as therapy may have been less important than patient labor for profit.

On the whole, Pliny Earle's philosophy was benign and unobjectionable in late nineteenth-century New England. He set the stage for a prolongation of moral treatment and the use of patient labor that survived well into the twentieth century. A 1917 statement by John B. Macdonald, superintendent of the Danvers (Massachusetts) State Hospital, illustrates how administrators continued to justify Earle's time-worn methods:

Employment is enjoined on all who are capable of rendering it. . . . [Male patients in the farm and garden] were made to feel that anything they did was voluntary on their part, and intended for their good. Healthy physical exercises of this nature, promoting

-----

34. Massachusetts Board of State Charities, Annual Report (1885), p. 36; Northampton Lunatic Hospital, Annual Report (1868), p. 29; Annual Report (1874), p. 39; Annual Report (1885), p. 33.

35. Northampton Lunatic Hospital, Annual Report (1886), p. 24.

the improvement of patients, is a proper and legitimate part of hospital work. Beside the physical and mental advantages of such occupation, the moral effect is equally important, especially with the indigent cases, who are prone to feel that the State owes them a living. As a means of retaining self-respect and manly independence, there is nothing that can compare with the consciousness of accomplishing something useful for one's self and others.<sup>36</sup>

-----  
36. Massachusetts Commission on Mental Diseases, Annual Report (1917), pp. 91-92.