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FRONTIER ASYLUM:
THE OREGON INSANE HOSPITAL,
1861-1883

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History 507
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9/27/73

6.86-4862
229-5917
283-7911

I

INTRODUCTION

In the early nineteenth century insanity was generally believed to be the result of a violation of the universal laws governing behavior. Such "exciting causes" as alcoholism, religious frenzy, and masturbation were thought to cause insanity. Civilized life, with all of its mental strain and vices, or its opposite, a dull life of menial labor, poverty, and intemperance could tax the brain to the point that it developed minute sores or lesions, which would distort the intellectual processes of the mind to such a degree that treatment became necessary. This etiology of insanity was accepted, without concrete evidence, throughout the country. In Oregon as late as 1881 it was thought that

the exceedingly intricate apparatus by which mind is manifested is so delicately organized that lesions of a most minute character will frequently prove sufficient to overthrow the balance of a sound mentality, and thus plunge the individual into a dark abyss of madness. When this fact is duly considered, we shall not be surprised or disappointed at finding, upon 'post mortem' examination, in many cases, no perceptible evidence of pathological changes in the brain structure, in gross appearance, as well as upon careful microscopical investigation.¹

According to the ideology of that day, all thinking was the result of direct sense perception as it was processed through the brain by the mind. If the perceptions were

out of harmony with natural law—as they often were believed to be by members of the industrializing society of the early nineteenth century—the brain, straining to organize its impressions, would become diseased. Once diseased the victim had no hope for recovery unless order and harmony were reintroduced into his life. To do this, it was believed, the victim must be isolated from the "exciting causes" of his insanity.

As the care of the insane had generally fallen in the domain of medical men, it was natural for them to utilize their knowledge of Lockean psychology in effecting a treatment in the 1820's. Members of the profession involved in caring for the insane began to develop an artificial environment, in the similitude of nature, where the mind could reestablish its natural relationships and processes, and, thus, the brain tissue could heal. This concept of a therapeutic environment was at the center of the treatment of insanity for almost the entire nineteenth century. It was the intellectual force behind the asylum movement that spread, without deviation, to Oregon in 1861. Thus, Dr. Hawthorne, the medical superintendent of the Oregon Insane Hospital, quoted from an Eastern colleague:

The great reform in the system of treatment steps in between husband and wife and the nearest and dearest of friends and substitutes a guardianship, in all its features as near as possible to that which nature and humanity dictate. Our system assumes the rights and duties that naturally belong to these relations and contemplates the supply of the physical and mental nature with that which other circumstances and surroundings have failed or found impossible to provide.²

Gerald Grob has described this artificial environment as a "total therapeutic milieu". The medical superintendents and the people of its day called it "moral treatment". Its components at first consisted simply of a rural, hygienic setting, where the din of the city would not intrude upon the restorative powers of nature and its convalescing patients. Here the doctor, or medical superintendent, personally supervised the daily, well-ordered routine of a small number of patients by prescribing exercise, diet, and hygiene. In Oregon, as late as 1881, a medical journal reported that "few know how much of the desired result belongs to a thorough and frictionless working of the more ordinary details of life".³

As the movement to institutionalize the insane grew, refined precepts of care were established, based upon what were believed to be scientific principles. In 1847, Dr. Thomas Kirkbride, the medical superintendent of the well-known Pennsylvannia Hospital for the Insane, composed twenty-six standards for the architectural arrangements of insane asylums and fourteen standards for their administration. In 1854, the Association of Medical Superintendents of American Institutions for the Insane (organized in 1844), adopted these codified maxims as the proper system for the care of the insane. By then, most institutions were adhering to these standards in principle, if not in practice. There was a great deal of optimism and faith placed in their efficacy. Dr. Hawthorne, a member of the association, was

sure that the mentally ill patient could not "be so well cared for and made happy in any other homes".⁴ To the medical superintendent and his influential supporters, the insane asylum was a place of "first resort", where cleanliness, nutrition, quiet, and, most importantly, order and routine would restore even the most hopeless cases to their sanity. The custodial function of the asylum was secondary to the therapeutic function. However, moral treatment had become institutionalized, a type of "administrative psychiatry".

Although the faith in moral treatment lived on for half of a century, the optimism in its implementation was short lived. Infact, about the same time the standards were set, they began to crumble. Moreover, all over the country the need for asylums proved greater than the willingness to provide them. Newly arrived immigrants crowded into the institutions straining their personnel and facilities to the limit. The medical superintendent could no longer give personal attention to every patient, and the soothing peace of moral therapy could not be maintained in the overflowing wards. The cure rate dropped dramatically. Legislative investigations ensued. Inevitably, the public asylums, and many private asylums as well, fell under the jurisdiction of their state's general welfare system, which itself had developed out of a reaction to the innumerable immigrant paupers and the social dynamics of an industrializing society. Rationalization and efficiency minded

bureaucrats, working within the simple framework of a dole system, eventually stripped the medical superintendents of their unproven hypothesis of moral therapy, and replaced it with the limited funds and facilities required for the custodial care of the insane.⁵

What had been the "first resort" to the medical superintendents remained to the public largely an extension of an overall public welfare system, which was needed to accommodate a larger more transient and fragmenting society and their new way of perceiving the world.

Undermined by overwhelming socio-economic factors as well as by their own administrative inertia, lack of a theoretical model, and hard data to support their weak etiological base, the medical superintendents accepted their role as custodians of the insane by the 1860's.⁶ However, their belief in the tenets of moral therapy continued to dominate their thinking and dialogues. In fact, the history of the Oregon Insane Hospital indicates that the principles of moral treatment were embraced until at least 1881. This isolated insane asylum, subject to the conditions of a frontier setting, developed into a model institution for the insane.

In the end, an Eastern institution, the Oregon Insane Hospital, with the sustained support of a frontier community, hungry for the civilization they were so rapidly building, flourished in the West, while it went largely unrecognized in the East.

In her book, Empire of the Columbia, Dorothy Johansen asserts that in 1880 "frontier characteristics were still discernible, for it took time to build institutions equal to those of the older states".⁷ Although it is true that the Oregon Insane Hospital appears to be a small exception to the rule, its history promotes speculation about the place of the entrepreneur and his contribution to local Western history and its type and quality of institutions.

II

THE NEED FOR AN INSANE ASYLUM

The process of deterioration into a custodial function that had occurred in the Eastern asylums never took place in Oregon, because the conditions that caused it never existed. There was no sudden flood of immigrants that washed away the frail hypothesis of moral treatment and left in its wake a centralized agency bent on rationalizing different elements of a complex social welfare system. Rather, conditions unique to Oregon and the frontier resulted in the maintenance of a simple policy for the insane and the development of a model institution, the Oregon Insane Hospital.

From the beginning of the provisional government, Oregonians had provided in some way for the care of their insane. In 1843, a law was passed providing for guardians to care for the pauper insane at the expense of the county in which they resided. (On December 24, 1844 this law was changed to provide for a bidding system, the insane person going to the lowest bidder!) Later, in 1849, the territor-

ial government adopted the same law. However, in 1855, this law was changed to place the financial burden of guardianship on the territorial government. One year later this law was reversed again. Apparently, the insane were being neglected by the county due to the cost of their care. The guardianship system remained the primary method of caring for the insane until the building of the Oregon Insane Hospital in 1862. It is interesting to note, however, that as early as January, 1853 citizens of the territory petitioned the federal government for money to build an insane asylum. At this time there were approximately five insane persons and four idiots living in the state, out of a total population of 14,000. It would seem, to some at least, that the accoutrements of civilization were deemed important in Oregon's frontier society.⁸

Most of Oregon's settlers had come from the Mid-Atlantic and upper Mississippi Valley states. By 1850 these states had come to rely on the services of their insane asylums. The settlers were familiar with the custodial and therapeutic function of the asylums and were impressed by the high recovery rates they reported. When they came to Oregon they brought their dependence on the insane asylum with them. As Gordon B. Dodd has pointed out: "In institutions and ideals they were transplanners, not innovators, men and women concerned with preserving a satisfying way of life in a new geographical and political environment."⁹ Thus, when the guardianship system proved unworkable, due

to a large and growing indigent population, demands for an asylum began to grow.

By the 1860's there were many reasons to want a "home" for the insane. First, the public held a mistaken belief that the incidence of insanity in Oregon was unusually high and would continue to grow. At the beginning of 1862, the Morning Oregonian expressed fear that the "gold excitements" would increase the incidence of insanity.¹⁰ Several months later the governor of Oregon claimed that it had, that insanity was caused by "the anxieties and disappointments of those who come to this country to become quickly rich, and their habits of life".¹¹ A more insidious cause of insanity in Oregon, especially amongst the growing class of farmers, laborers, and mechanics and their wives, was thought to be that of hard labor and its accompanying inactivity of the mind.¹² Often linked to these causes, intemperance and masturbation were also considered leading agents of insanity in Oregon.^{*13}

As migration into Oregon continued into the 1860's, the guardianship system proved incapable of absorbing the additional insane. Its foundation lay on kinship and

* In 1868, the visiting physician to the OIH reported that 50% of the patients were insane due to "self-abuse", 20% due to intemperance, and the other 30% due to "domestic afflictions", "pecuniary losses", "religious excitement", and "hereditary". M & D, VFR (1868) pp. 5. One year later the Oregon Medical and Surgical Reporter reported different statistics: 20% intemperance, 25% "hereditary transmission", 20% "family difficulties", 27% "disappointment in love", 2% "onanism", etc. OMSR (1869) p. 49. Upon receiving the asylum's 1868 biennial report, the American Journal of Insanity agreed that, "doubtless the labor of a new country is generally more trying and severe than that of old settled

friendship ties, or legal contractual arrangements, relationships that were weak in a frontier settled by young families and single men, who had neither the time or money (or perhaps the inclination) to care for the insane. By 1860 the Morning Oregonian reported that there were "many terrible and incurable cases" of insanity on the loose, "which all the instincts of our nature require should be put out of sight...."¹⁴ Moreover, under a failing guardianship system the safety of the community was at stake. The counties did not have the facilities to care for the insane and there was fear that they would be "permitted to roam the country the terror of women and children".¹⁵ "In taking care of the insane the primary object of the community (was) to make provision for its own safety."¹⁶ The insane asylum was considered to be the mental patients natural home.

As the settlers had brought their trust of the asylum as a custodial institution with them, so had they transplanted their belief in its curative powers. In 1861, and again in 1862, while aggitating for a state asylum, the Morning Oregonian maintained, in accordance with national norms, that "four out of five (patients would) be cured".¹⁷ This is not to imply that the public or the asylum's supporters were a unique community of progressive thinkers, who held great faith in the "scientific principles" of moral therapy, for which they were willing to sacrifice great

communities". AJI (July 1868) p. 100-101.

amounts of public energy and monies, but only that they possessed a positive image of the insane asylum, its functions and uses. The asylum was not a place of "first resort", it was not a place for proving the ultimate viability of moral treatment, and it was not considered a place where the mistakes of the East would be corrected in the West, as if Portland were "a city on a hill". The fact that "no insane or idiotic person" was to be sent to the asylum who had "friends that can, or desire to provide for their safekeeping and medical treatment" indicates that Oregonians, in supporting an insane asylum, did not feel that they were scrapping the guardianship system for something better.¹⁸ Rather, they were devising a familiar solution to what was perceived as a growing social problem. The public had no intention of creating a model institution.

However, there were some citizens who wanted to create a reliable one. The need for an insane asylum, in a state with twenty-three insane and fifteen idiotic citizens, had become quite appealing.¹⁹ But, it took social and cultural forces other than ideology to make asylum care a reality. One of these forces was a public-spirited elite, and the other was a knowledgable, entrepreneurial doctor.

III

THE INSANE ASYLUM BECOMES A REALITY

On September 13, 1861, a public hearing was held in Portland to look into the possibility of a special contract for the care of the insane and idiotic between Multnomah,

Linn, Washington, and Lane counties and Doctors James C. Hawthorne and A.M. Loryea.²⁰ Since 1859 the two doctors had been under contract with Multnomah county for the care of the indigenous sick.²¹ The attendance at the meeting was small. A Reverend Hall, Addison C. Gibbs, the governor of Oregon, and E. D. Shattuck, a lawyer, addressed those who came about the need for an asylum. Then, Dr. Loryea "explained the objects" of the proposed hospital.²² Those who attended were probably those who prompted Earl Pomeroy to call Portland "the creation of its citizens", individuals largely hailing from the Northeast and MidAtlantic states who possessed a sense of "noblesse oblige", as well as "proper" social order, and who were consciously and unconsciously building Portland as an Eastern city. By their actions and support, along with the votes of the county commissioners, the first public insane asylum in the Northwest became an institution in Oregon.²³

Within a year, and upon the "urgent request and recommendation of many prominent citizens", a contract to care for "all" the pauper insane in the state was made between the state and Doctors Hawthorne and Loryea.²⁴ It was understood in Oregon, as it was throughout the nation, that for reasons of "economy as well as humanity", the indigenous insane should be cured for by the state.²⁵ Additionally, not wishing, even in their infancy, to be regarded as a second rate state, the Morning Oregonian declared that, "when in condition to provide such an institution, a neglect to do so

would be very discreditable to us - would be almost a species of barbarism. All the states of the Union, of the age of this, we believe, have their insane asylums.²⁶

During the summer of 1862 the asylum had moved from a home on Taylor Street in Portland to a new building in East Portland, overlooking the Willamette River. Here there was room for expansion. The larger accommodations and proper facilities, as well as the conviction that every state needed an asylum, had prompted the legislature to contract with the doctors in lieu of building a prohibitively expensive state asylum.

The laws governing the contract were simple ones, designed to meet a then simple problem, that of caring for approximately forty insane people and whatever others might show up with the trickle of pioneers then coming to Oregon. The contract was executed on September 29, 1862 and immediately went into effect. It provided for the "safekeeping, care and medical treatment of all insane and idiotic persons" in the state, who had no recourse to private care. The indigent were to be cared for at public expense, and their treatment was to be equal to that of the private patients. Adjudication of insanity was to be made by a county judge with the assistance of at least one general practitioner. The only methods of supervision over the asylum were to be semi-annual visits by the governor, monthly inspections by two visiting physicians, and a biennial report to the legislature, written by the medical superintendent, Dr. Hawthorne.²⁷ There was no board of trustees or charities

to oversee the philosophy, practices, and growth of the asylum.

The Oregon Insane Hospital was a private enterprise and as such constituted the main element of Oregon's public welfare policy until the early 1880's. Its ad in the Morning Oregonian of October 10, 1862 read:

The proprietors of the above establishment will immediately make additions to their present building, in order to offer accommodations to all who are unfortunate enough to need the care and treatment of an Insane or Idiotic Asylum.

It is specially requested on the part of County Judges, guardians, and friends of this class of patients, to have them immediately conveyed to the Asylum, so that they may be properly cared for before the inclement weather sets in.

THE INDIGENT WILL BE SUPPORTED AT THE EXPENSE OF THE STATE, and no record be made against them.²⁸

IV

HOW THE ASYLUM OPERATED

The state had contracted with an extremely honest and capable doctor in James C. Hawthorne*. He was born in Meadville, Pennsylvania on March 12, 1819. His education was an ordinary one for the day. He first served a medical apprenticeship under his uncle, a doctor, and then completed his education at the medical school of the University of Louisville. After practicing for some time in the East as a general practitioner, he headed for California in 1850.

*Dr. Hawthorne was considered the senior partner. His partner, A. M. Loryea, about which little is known, was also a competent and popular physician. They had been partners in caring for the indigent sick of Multnomah County since 1859. However, in considering Dr. Loryea's many business investments in Portland, his interest in the asylum appears to be as much financial as medical. In 1868 he moved to San Francisco, selling his interest in the asylum to Dr. Hawthorne in

There he made his home in Auburn, a booming gold town.²⁹ His reputation became such that in 1854 he was elected to the state senate.*³⁰ For unknown reasons he moved to Portland in 1857.

After working several years with the indigent sick of that city, some of whom were mentally ill, Dr. Hawthorne acquired an interest in the care and treatment of the insane. In the mid-nineteenth century, it took only a medical degree and an enlightened interest in the insane in order to be considered an expert in their care and treatment. It must be assumed, that Dr. Hawthorne educated himself, through the pages of the American Journal of Insanity, of which he was a subscriber, as to the proper method of their care, and whatever other knowledge of mental illness he had brought with him to the West. As a member of the Association of Medical Superintendents, as well as by touring several leading Eastern institutions in the winter of 1865, and corresponding with colleagues, he kept informed of his profession's activities. Two visits to the asylum by Dorothea Dix in the summer of 1869, after which she praised the institution highly, also vouch for his expertise and his association with the East.

1872. His name does not appear in the biennial reports of the hospital after 1868. Larsell, p. 170.

*Gaston and Larsell claim that Dr. Hawthorne served two terms as state senator; however, The History of Placer County, by Thompson and West (p. 103) indicate only one term was served.

From the beginning Dr. Hawthorne held to the established principles of moral therapy. In his first biennial report he asserted that "the construction of edifices for the insane is now reduced to scientific principles, and we confidently assert that no state would disregard the general principles laid down". Dr. Hawthorne was referring to the various propositions and recommendations for the "erection and interior arrangement" of insane asylums adopted and expounded by the Association of Medical Superintendents.³¹ At first, the asylum in East Portland was a simple, square, two story frame building. But, in accordance with standards, Dr. Hawthorne felt that his insane asylum should meet the needs of the state and that it should have "a progressive character, constantly availing itself of those changes and improvements which are the fruits of an inventive philanthropy, and more accurate and extensive knowledge. Every year should witness some important addition to its means and appliances for ministering..."³² Their open ended contract with the state allowed Doctors Hawthorne and Loryea to develop their hospital as they wished. The capitalistic nature of their enterprise guaranteed that as the population grew the hospital could grow to meet the demands placed upon it, and in a way that met the doctors' professional conscience.

As in the East, form followed function at the Oregon Insane Hospital. Although there is no way of knowing whether the hospital met all the standards recommended, with all their myriad details, by the Association of Medical Superintendents, all evidence indicates that it was designed in its

specifics to promote moral therapy. Hygiene and comfort were two of the basic elements of this therapy. Accordingly, the asylum was located in a rural area, two miles from Portland, away from the eyes of gawkers and the noise of the city. The asylum sat on a hill, overlooking the Willamette River, which provided good natural drainage (making for a dry, warm hospital) as well as a scenic and tranquil view of the countryside. A spring on the property supplied the asylum with what was considered the best water in the area. This water was pumped, nightly, by a steam pump, into a 10,000 gallon tank (later expanded to 12,000 gallons) atop an eighty foot tower, from which the hospital was provided hot and cold running water, through the recommended iron pipes, for the daily necessities of asylum life, including water closets and a laundryroom.³³ From this system steam heat was introduced in the 1870's. These measures resulted in an amazingly low occurrence of disease in comparison to the surrounding areas.³⁴

Classification and segregation of patients was another important aspect of moral therapy that the asylum regarded zealously. It was assumed that by separating certain types of patients a soothing, healing tranquility would be maintained at the hospital. As the asylum expanded, strict attention was given to the erection of wings and the proper classification of patients into wards, based on sex and manifestations of disease. The chronics were separated from the acutes, the feeble from the strong, and the violent from

the non-violent. More importantly, private rooms, one of the marks of a model insane asylum, were almost always provided by the hospital.³⁵

In order to maintain a high level of care amidst a growing patient load, the hospital was required to constantly modify and add to its original physical plant. Upon moving into the new asylum, the doctors immediately added a two story wing to the right side of the building. Using indigenous materials, instead of the standard brick, they made sure the architectural maxims of ventilation and room size were closely followed. In 1880 the visiting physician reported that the hospital provided its patients with 1,569 cubic feet of air per patient, 569 cubic feet more than was recommended by the Association of Medical Superintendents.³⁶ In 1866, after an increase of sixty-one patients living at the hospital, over the original nineteen, a second two story wing of thirty-six rooms was added to the left side of the main building, while a third floor of ten rooms was added to the original structure itself. These additions included "dining rooms, etc, etc..³⁷ The completed facade of the Oregon Insane Hospital measured 180 feet in length and averaged thirty-seven feet in width.³⁸ Its pictures convey

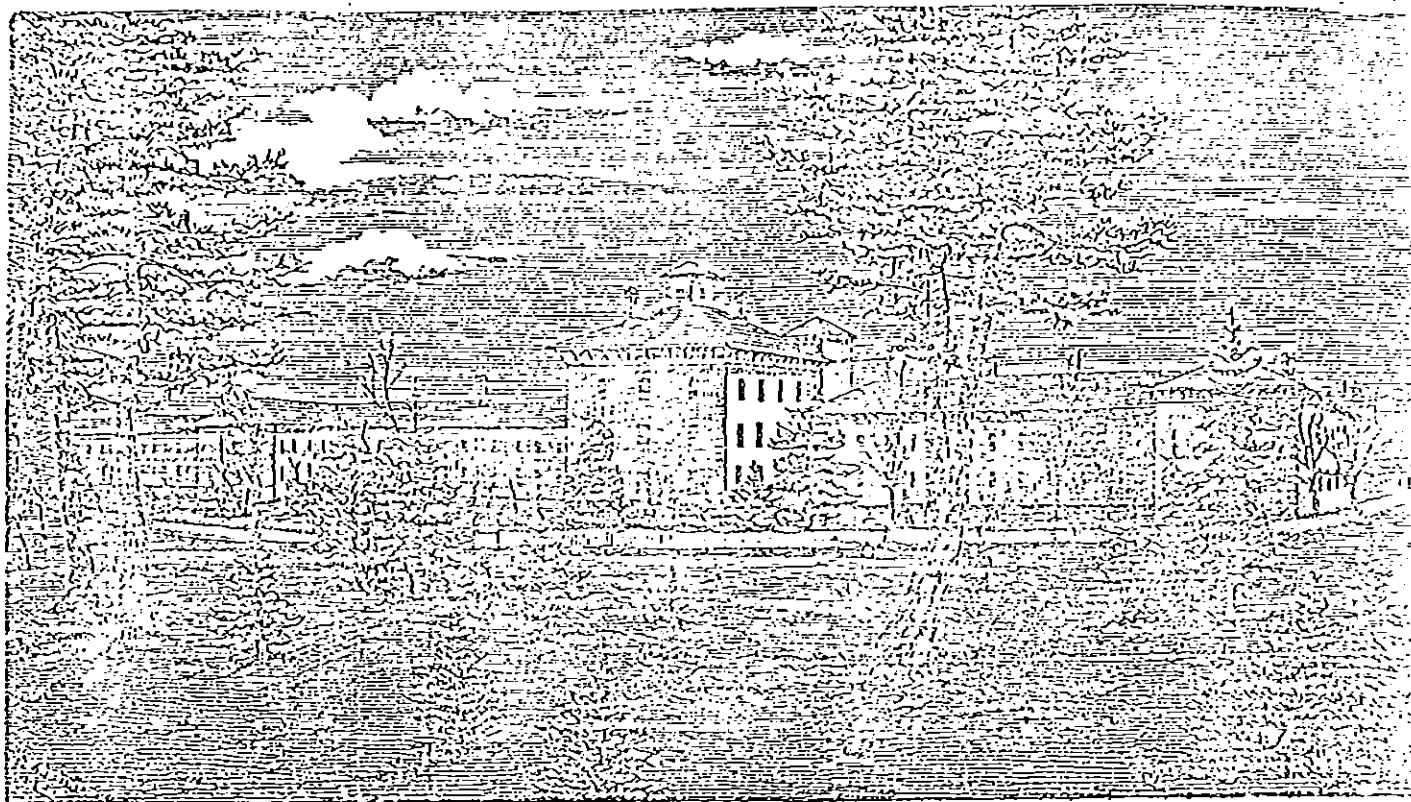
*The Oregon Medical and Surgical Reporter reported 120 - 130 beds in the hospital in 1870. OMSR (1869) p. 46. The patient load at that time stood at roughly 122. However, the visiting physician makes reference to one or two beds to a room in his report of 1870. M & D, VPR (1870) p. 4.

the balanced and orderly look of its Eastern counterparts, although it lacked their stateliness due largely to its wooden exterior.

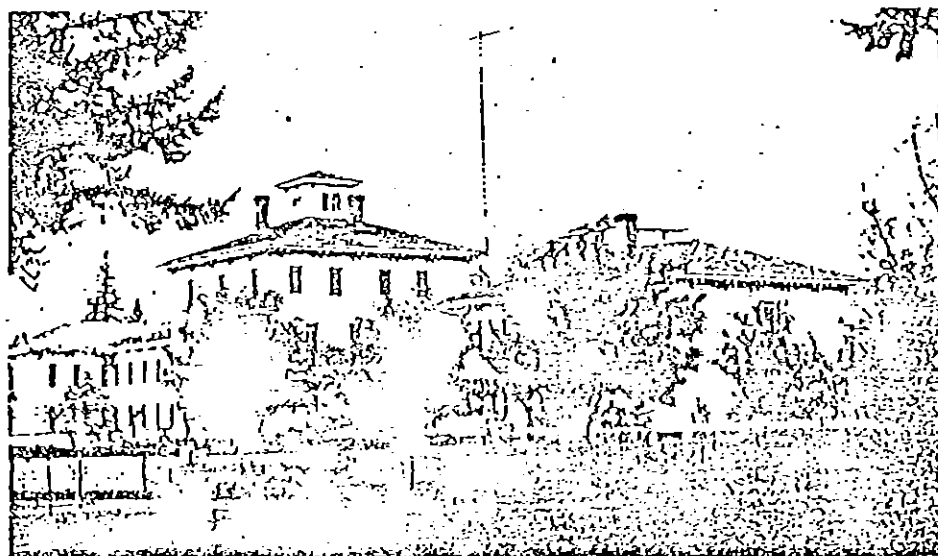
In 1872, with the patient population now standing at 107, of which 79 were considered incurable and 26 doubtful, Dr. Hawthorne added forty-eight feet to the north wing and a seventy-four foot long crosswing.³⁹ Four years later two more wards were added and two old ones enlarged.⁴⁰ There were now 218 patients in the hospital; 118 were expected to be permanent residents.⁴¹ In 1880, the final structure, a rear wing was built to house an additional sixty-eight patients; measuring 150 feet long and two stories high. Approximately fifty more patients were admitted to the hospital before they were transferred to the Oregon State Hospital in Salem in 1883. At the last biennial report, the Oregon Insane Hospital housed 327 patients, 273 less than the limit established by the Association of Medical Superintendents in 1866.^{**42}

*The final cost of the Oregon Insane Hospital was given in the West Shore as \$80,000. It is unknown whether this figure includes the cost of the property upon which the asylum sat. However, the cost of the OIH is out of alignment with the cost, \$250,000, Dr. Hawthorne quoted the state as the probable cost of a well equipped state asylum. Dr. Hawthorne makes no attempts to explain this discrepancy, thus, it remains an important point to explore.

**The AMSAII had by that time, switched to a custodial orientation. The original standard had been 250 patients per asylum. Although, the OIH had more than 250 patients, it had at least two doctors working at the asylum throughout its history. A very small hospital for the indigenous sick was also located on the asylum grounds, behind the asylum.



THE OREGON INSANE ASYLUM—EAST PORTLAND.



OREGON HOSPITAL FOR THE INSANE, PORTLAND, 1862-1883.

The five acres of asylum buildings eventually sat on 184 acres of cultivated land, thirty-four more acres than were recommended by Dr. Kirkbride in his famous article on the construction of asylums.⁴³ This property provided for two other elements of moral therapy, recreation and nutrition. All the food eaten at the asylum was grown in its large gardens and orchards.⁴⁴ A dairy herd was kept, as well as a swine yard.⁴⁵ The asylum's bakery and kitchen made sure the patients were well fed, as it was a popular belief that the mentally afflicted ate more than the normal person.

More importantly, in terms of land usage, Dr. Hawthorne felt that "all kinds of innocent amusements and a proper amount of bodily exercise in the open air form the chief reliance upon which we can place our hopes of restoring the diseased mind to a normal and healthy condition".⁴⁶ For this reason, seventy acres of lawns, paths, and groves, twenty more than called for, were enclosed for the recreational use of the patients. Here they played at lawn games and table games, swung on swings, or enjoyed the scenery.⁴⁷ Dorothea Dix thought that the fir groves were the best she had ever seen. And the grounds were given much of the credit for the hospitals high cure rate.^{**}

*The physicians reports of 1878 and 1882 indicate the asylum sat on 150 acres of land; however, the West Shore gives 184 acres as the correct figure and details the use to which this acreage was put.

**The West Shore called the "exercise park", "an institution in itself", and felt that it was "probable that such

In 1868, the American Journal of Insanity lauded the hospi-
 tal for its facilities, in a brief statement.⁴⁸

Additionally, numerous parlors and a meeting hall allowed for dances and religious services; both activities were considered very therapeutic. A rotating ministry from Portland preached to the patients weekly.

In order to operate the asylum properly, Dr. Hawthorne recruited his attendants from institutions in the older states.⁴⁹ In 1869, fifteen employees worked at the hospital, including the doctor, seven of these were wardens or matrons, approximately the number the standards indicated for one-hundred patients. The other employees were cooks and bakers, gardeners, and an apothecary.⁵⁰ After the departure of Dr. Loryea and due to an increased patient population, an assistant physician Dr. A. M. Ballard was hired by Dr. Hawthorne.⁵¹ Five years later, after Dr. Ballard had left, two assistant physicians were hired, George Nottage and Simeon Josephi. Little is said about their duties or services, but Dr. Josephi had been a clerk at the hospital for eight years prior to receiving his medical degree in San Francisco in 1877.

By 1880, twenty-five people were employed at the asylum.⁵² The institution became known for its efficient and humane operation and "perfect cleanliness". In 1869 the Oregon Medical and Surgical Reporter informed the medical

a Park as this is not possessed by any other Insane Asylum in the United States". WS (1880) p. 1.

community of Oregon that "the treatment of the insane has been upon the principles of gentle but firm restraint, ample supply of nourishment, and endeavors to counteract all forms of insanity".⁵³ The journal was impressed by the "thorough and frictionless working of the more ordinary details of life" found at the hospital.⁵⁴ Their final appraisal of the success of the hospital was based on the "unvarying expression of affection displayed by (the patients) towards the superintendent", Dr. Hawthorne.^{*55}

It was through the personal direction of Dr. Hawthorne that the therapeutic environment of moral treatment was brought to bear on the lives of the patients. "Personal attendance" by the medical superintendent was the heart of moral therapy.⁵⁶ The doctor visited every patient daily, making sure that he was receiving proper amounts of food, clothing, rest, and exercise. If not, he would prescribe them. (The chronic cases were considered to need little

*As popular and accessible as the hospital was (there were conveyance funds paid for by the state), it never appears to have cared for all the insane in Oregon, although it did care for a sizeable number. In 1860 the federal census indicated that thirty-eight mentally ill people resided in the state. By December of 1862 the Oregon Insane Hospital only housed nineteen of them, but had treated many more. By 1870 the insane and idiotic population had increased $4\frac{1}{2}$ times to 177 citizens (while the total population had not even doubled). The hospital was caring for 122 patients, but had treated 183 over a two year period. By 1880 the census reported 559 individuals either insane or idiotic. The hospital was the residence for 286 of them, but had treated 473 over a two year period. Apparently, the guardianship system, or some other means (county jails, penitentiary), were relieving some of the financial burden of the contractual arrangement sponsored by the state. Only a small fraction of the inmates were considered private patients.

treatment except for a good diet and hygiene. Roughly one half of the patients living at the asylum during any year were considered incurable.) The doctor's job was to see that all aspects of the hospital's operation ran smoothly (Gerald Grob has described this part of moral therapy as "administrative psychiatry"). Medical treatment consisted of simple laxatives and depressants, such as valeria, cannabis indica, morphine, opium, and tonics; and stimulants, such as coffee.⁵⁷ All these "efforts (were) directed toward the inducing of rest and repair for the exhausted and excitable brain cells... Sleep, nutrition, resumption of proper secretive and excretive life, diversion of the train of thought away from self, quiet and daily routine of hospital life (were thought to be) great aids toward effecting a restoration of brain tissue and a return to mental strength and vigor."⁵⁸ There were no specific therapies or procedures, because there were no specific mental diseases. Mania, monomania, dementia, and melancholy were symptoms to the same malady, brain disease.

V

A SUCCESSFUL ASYLUM

Moral therapy at the asylum was considered successful. The average cure rate during its history was 40% of those admitted, among the highest in the nation.^{*59} Dr. Hawthorne

*The only figure that could be found on recidivism indicated a return rate of 8% in 1880. M & D, P. R. (1880), p. 3.

attributed this high cure rate to the over all quality of care that could be found at his institution.⁶⁰

From the beginning he asserted that 75% to 90% of his patients could be cured at the hospital if they were committed during the first stages of the disease.⁶¹ Drawing heavily upon the annual reports of other asylums to support his arguments, he regularly appealed to the legislature and the public for the "prompt" and "proper" treatment of the insane in Oregon. In 1878, in a lengthy report, he plead for early treatment to the people of the state, who, themselves, "in the course of nature and in accordance with statistics" may succumb to "brain disease".⁶² However, his educational efforts (and scare tactics) seem to have failed, as his pleas for early treatment continued until his death, and the chronic patient load never decreased.

The Oregon Insane Hospital's initial success as a custodial and curative institution fulfilled the expectations of its elite supporters. In November, 1863 a petition for a contract renewal was presented to the governor by "highly respectable citizens".⁶³ The contract was renewed in 1864.

During most of its history, the hospital stood in high regard throughout the state. The governors of Oregon always supported the institution, even when demanding a state asylum, and one, L. F. Grover, claimed the Oregon Insane Hospital was "the foster child of the state".⁶⁴ Another, W. W. Thayer, proclaimed that "no class of unfortunates, in any state, has been more kindly or skillfully treated than the

insane of Oregon".⁶⁵ When, in 1863, the hospital was attacked as being "inhuman", "unkind", and "brutal", the Morning Oregonian came to its rescue, and, after a careful investigation, indignantly reported that the hospital was guilty of no mismanagement. Rather, the newspaper was impressed with "the perfect silence and well arranged discipline (which seemed) to reign throughout" the hospital.⁶⁶ It was proud of the asylums high recovery rate as well as the "order and convenience" of its physical structure.⁶⁷ The paper pointed out that the doctors, as philanthropists, were attempting to build a model institution and that "Doctors Loryea and Hawthorne deserve great credit for their enterprise in starting this commendable Institution, erected by their own private means, and dedicated to the relief of all poor and unfortunate beings who are or may become afflicted with insanity and kindred calamities."⁶⁸ In 1880, The West Shore, a "boomer" magazine, described the hospital as "perhaps the leading institution in the West".⁶⁹ The joint legislative investigating committees looked on the economic and humanitarian arrangements of the hospital with extreme favor, after four careful biennial investigations, that began in 1872 and ended in 1878. The committee of 1872 considered Dr. Hawthorne an Oregon patriot and felt that he was "keeping the institution in the front rank of sanitariums" throughout the country.⁷⁰ Thus, a series of contract renewals in 1864, 1868, 1870, 1874, and 1878 kept the hospital operating until its closure in 1883.

Since the community recognized the progressive nature of the hospital, they generally considered it to be a nationally renowned institution. After touring seven of the most influential asylums in the country, during a trip for that purpose in 1865, Dr. Hawthorne, himself, reported in the Morning Oregonian that his hospital was considered "one of the most successful institutions of the country".⁷¹ The two visits to the hospital by Dorothea Dix also indicate a high degree of recognition for the hospital, at least within the circles of the profession. However, the American Journal of Insanity, the organ of the Association of Medical Superintendents, paid little attention to the hospital or its superintendent. Eventhough the doctor corresponded with some of the most influential members of the Association, including Thomas Kirkbride and Edward Jarvis, relative inaccessibility made the Oregon Insane Hospital an unknown institution, except on paper, in the form of biennial reports*. Infact, it would appear that the Journal of Insanity and the American Association of Medical Superintendents, had a far greater influence on Dr. Hawthorne than he had on them. They were for

*In its pages, the Oregon Insane Asylum was first mentioned briefly in 1863 as being under the supervision of Dr. Loryea. Dr. Hawthorne's name was not mentioned until 1871, ten years after the asylum had opened, and then only briefly, in a statistical summary of the Oregon asylum. Furthermore, in roughly 1500 pages of the transcripts of the association proceedings, covering a twenty year period, Dr. Hawthorne's or Loryea's names, or the Oregon Insane Hospital, are never mentioned. Other than short summarizations of Dr. Hawthorne's biennial reports followed by equally short editorial comments, there were no articles on the asylum or its high cure rate. Neither did Dr. Hawthorne publish anything himself. Finally,

him, as they were for his entire profession, the "source of authority from which he adopted his medical principles.

The doctor's biennial reports indicate that he read extensively on the subject of insanity. He must have read the American Journal of Insanity as well as the annual reports of the numerous colleagues with which he corresponded. His construction and administration of the Oregon Insane Hospital did not deviate from the principles set forth in the materials he read. The doctor's ideas were not original, but carefully and professionally culled from the writings of his colleagues. Through this procurement of knowledge, he became a competent, pragmatic medical superintendent and entrepreneur, that used his acquired knowledge as precisely as he could in an effort to bring "civilization" to Oregon. However, as has been shown, his deliberate and successful attempt to build a model institution went largely unappreciated by his distant counterparts. Dr. Hawthorne's efforts in Oregon almost met with a similar fate.

VI

THE ASYLUM UNDER PUBLIC SCRUTINY

in comparing Dr. Hawthorne's obituary to that of Dr. Isacc Ray's, a truly prominent medical superintendent, who died the same year as Dr. Hawthorne and whose obituary precedes his, one finds a three and one half page account of Dr. Ray's meritorious life, while Dr. Hawthorne received a half of a page exclaiming that, "as superintendent of the Asylum (he) gave entire satisfaction, and in his death the state loses an exemplary, public-spirited citizen, and a capable and intelligent official, the profession a member of large experience and knowledge". *AJI*, (April, 1881) p. 549.

In Dr. Hawthorne's obituary the Morning Oregonian judiciously eulogized the doctor as being "held in general esteem for probity of conduct, benevolence of disposition and suavity of manners", and was "always credited with having performed his trust well".⁷² Dr. Hawthorne would have had trouble returning the complement to the public. In 1863 the Morning Oregonian complained that the asylum was "deserving of more confidence and sympathy from the people of Oregon than it receives".⁷³ It claimed that only a few citizens had "but a faint conception of the improvements, management, and prospective grandeur and magnificence of the Oregon State Insane Asylum... not withstanding it is almost in sight of the city".⁷⁴ By 1866, Dr. Hawthorne reported that, due to the good work of the hospital, the public's attitude had changed from "erroneous and traditionary" to an enlightened one. But, by 1876, after ten years of agitation over the hospital's alleged stranglehold on the state's budget, the doctor reversed his opinion. In that year, and two years later, the doctor and the visiting physician requested the funds to expand the asylum library with more books about mental illness so the public could dispel their ignorance of insanity and the general medical profession of Oregon could educate themselves. But, their efforts were fruitless, no funds were forthcoming. No matter how often the doctor detailed the need for early and proper treatment in his biennial reports there were those who demanded a more economical method of therapy.

In fact, the cost of operating the hospital on a contractual basis was extremely upsetting to some citizens.

From the beginning of the asylum there had been concern over the financial aspects of institutionalizing the mentally ill. The law stated that only the pauper insane were to be supported by the state, and those who had "able" and "willing" friends were to be cared for by them. However, if there were many willing, there were few who were able. The hospital grew as the indigent insane population increased, and costs soared as the asylum took in all who were adjudged mentally incompetent. The cost of the asylum became, by far, the largest disbursement made by the state. During the years of agitation against the contract system (1866-1880) it received approximately 20% of the states total income.^{*75}

In 1866, the governor had warned that it was "improper that a system should be long continued in which the physician who holds in his hands the liberties of numbers of persons should have a large pecuniary interest in dictating whether they go or stay..."⁷⁶ The governor even indicated that Dr. Hawthorne's employment of patients in the kitchen, laundry, and gardens was a method of enriching himself.^{**} Although

*Larsell reports (p. 554) that in 1877 the hospital received 52% of the state's income. I have no idea where he obtained his information. Also, the contract system included conveyance funds, court costs, etc.

**Dr. Hawthorne claimed that patients, as employees, were more of a hindrance than a help, because they neces-

the governors always requested a new contract from the legislature for Dr. Hawthorne, they often asked for severe reduction in rates, usually based on comparisons with rate schedules of overcrowded Eastern institutions, which, years ago, had converted to a custodial orientation.*⁷⁷ The governors usually requested that the legislature "make such provision for (the insane) as shall be consistent with humanity and justice on the one hand and economy on the other".⁷⁸

The agitators against the asylum held similar, although less eloquently expressed, arguments to those of the governors'. Every legislative session from 1866 to 1880 brought public agitation for reform or rejection of the asylum and the contract system. One citizen claimed that it was

well known that the asylum has been neglected by the proprietors, who have been absent for months on railroad and mining speculations. Some of the time both have been absent at the same time, and neither of them reside at the institution. Dr. Loryea at the beginning of the (legislative) session as he did two years ago came up here, rented a room, had his "kegs" of whiskey rolled in and opened out to "bum" his contract through, and it has been headquarters for that class of men which he said two years ago he could control if they would drink.⁷⁹

In 1878, a bill to amend the commitment law was introduced that, according to one individual

sitated special attention by the attendants. But, he felt the patients needed this early day occupational therapy just the same.

*The Morning Oregonian, which had joined the agitators in the late 1860's, was also guilty of this kind of biased comparison. M.O. (9/21/80). By Dr. Hawthorne's own account, in 1880 the Oregon Insane Hospital was \$56.03 per capita

would reduce an expense that ought to be reduced; it would cut off a portion of the enormous profits made out of the state during the last fifteen years, profits which have sufficed to control legislatures, support politicians, manage conventions, subsidize newspapers, and keep in motion all the machinery necessary for the perpetuation of the system, besides affording large surplus for private investment.⁸⁰

In an editorial, four years previously, the Morning Oregonian had claimed that the state was too "poor, business to stagnant, (the) population is but a handful", to support a privately owned institution.⁸¹

Allegations and complaints such as these spurred legislative investigations, beginning in 1870. Joint committees visited the asylum, as well as investigated the sanity of the patients. These committees, favorably impressed with their findings, inevitably recommended a renewal of the contract, and the legislature accomodated. In many ways it had little recourse; the alternatives to the Oregon Insane Hospital were unsatisfactory.

The proposals to send the insane to a small Catholic asylum in Vancouver, Washington, or to use Willamette University as an asylum, received about as much sustained consideration as did the proposal to ^{cover} the walls of the half completed capitol building and use it as an asylum, which "when once covered...can as well stand two or four winters as one".⁸² There were, however, several alternatives that were seriously considered by the legislature. The first were pop-

below the national average. M.D., PR, (1880), p. 17.

ular proposals made by two doctors, Horace Carpenter and Alfred Kinney, to build their own asylums on state owned property at which they would charge low rates. Dr. Carpenter, a well known surgeon, provided the most sustained effort by submitting his proposal to several legislative sessions. Both Dr. Carpenter and Dr. Kinney were turned down due to a lack of specialized knowledge and facilities.^{*83} Moreover, by accepting these proposals, the state would not have relieved itself of "the ruinous contract system".

Another proposal for alleviating costs was to change the commitment laws to insure that only the insane, and not simple paupers were being committed to the hospital.⁸⁴ The legislature, after a special hearing in 1878 decided that the prevailing law was adequate. A third alternative, that of making the county pay for their own insane, in exchange for a lien on their property, was not accepted either. This refusal was due to the common knowledge that the county, in an effort to save money, would neglect to send their insane to the asylum.⁸⁵

The final and most popular alternative was considered to be the "true policy of the state" - to erect and maintain its own asylum.⁸⁶ Infact, it was required by the state's constitution. In 1866, the site for an asylum was purchased by the state; however, erection of an asylum was slow in coming. Calls by the governor and others for the building of a state hospital came with every legislative session.

*Dr. Carpenter did become the first superintendent to the Oregon State Hospital.

But, at the cost of \$250,000, the expense for the proper buildings was extremely prohibitive. Besides, the state's laws required that the state could not exceed \$50,000 in debts. Not until 1882 could the state afford to build their own hospital. In the meantime, it could not afford to let its insane out on the street by not renewing Dr. Hawthorne's contract.

VIII

THE DOCTOR'S DEFENSE

Although the Oregon Insane Hospital did return a good profit, Dr. Hawthorne did not purposefully take advantage of the state. In his biennial report of 1864 he had declared the proper care of the mentally ill "is the primary object of both the state and physician".⁸⁷ The next eighteen years of his life spoke to this conviction. He spent a great deal of his time defending himself in his biennial reports by explaining in detail the nature and expense of moral therapy. Realizing that "pecuniary considerations" were "the golden key that will often open the mind and cause the person to do an act of justice" the doctor tried to assure the public that "the hospital best built, best arranged, best managed, is always the cheapest in the end; of this be assured, there is no doubt".⁸⁸

By relying on reports from institutions all over the country, Dr. Hawthorne pointed out that the Oregon Insane Hospital served several functions in the community, all of

them economical. Besides protecting the community from a great expense due to theft, suicide, arson, and other social ills, the asylum made provision for the treatment and restoration of mental health and thereby returned producers of wealth to the economy.⁸⁹ Moreover, the hospital kept the state from committing the crime of allowing people to become incurably insane, a "species of inhumanity" that could never be paid for.⁹⁰

As proof of his good faith; the doctor exercised great patience with the state, which, for a period of ten years, was chronically behind in its transference of funds to the hospital. In 1868 the state owed the doctor \$3,000.⁹¹ By 1874 its arrears totaled \$100,000.⁹² In 1870, citing moral obligation, and against the advise of his friends, he had entered into a contract with the state before provision for payment had been established. During this period of the state's insolvency, 1868 through 1880, the doctor merely asked the state to forget their "appearance of economy" and waited to be paid.⁹³

Although the doctor did support a small lobby, he was not ashamed of the fact and openly admitted it in a letter to the Morning Oregonian.⁹⁴ His candor suggests that he honestly considered the renewal of his contracts essential to the welfare of his patients. In a letter to Dortha Dix in 1869, he stated his position:

Personally or for my own pecuniary interest I assure you I care little about it & if the state can make the proper and necessary arrangements I am more than willing to surrender my charge into the hands, I hope, of one more competent to fill the position, but I am not willing to

give these poor people over into the custody of those seeking to speculate out of their misfortunes... I naturally feel interested in the treatment of the patients, many of whom I have had for several years and desire if possible to see that they have at least a comfortable home provided.⁹⁵

In point of fact, Dr. Hawthorne began to make concrete proposals for a state hospital as early as 1870. In his biennial report of that year, he suggested a special property tax be levied for an "Asylum fund", that would circumvent the ceiling placed on the state's debt.⁹⁶ He reintroduced his proposal in every biennial report thereafter.

The doctor always insisted that the hospital be a "complete building" with "all the modern improvements and surroundings that experience has taught are so essential to the well being and care of the insane".⁹⁷ In 1874 and again in 1878, after making eighty personal inquiries to other mental institutions, he wrote lengthy, detailed reports to the legislature on the cost and erection of insane asylums. His biennial reports were used largely to convince those in power that a first rate institution was essential to the total welfare of the state. In recognition of his contributions and knowledge, Dr. Hawthorne was named an examiner of the plans for the Oregon State Hospital when they were finally drawn up in 1881.⁹⁸

However, he never saw the completed hospital, because he died that same year, two years before the transfer of his patients to the new institution on Oct. 23, 1883. Until the transfer, according to his assistant physician, Dr. Simeon

Josephi, the hospital continued to operate as it had during Dr. Hawthorne's life.

IX

CONCLUSION

When Doctor Hawthorne had come to Portland, he had found the way clear to establish an insane asylum. Oregon, with its small population, meager financial assets, and predilection for the "proper" mode of caring for the insane, left the door open for a capable medical entrepreneur to create what had been little more than an aspiration in the older states - a sustained application of moral therapy. And, although, the public was not happy with the financial arrangements that supported the Oregon Insane Hospital, they never seriously questioned its methods or utility. Infact, by putting their trust in Dr. Hawthorne, as the examiner of the plans for the state hospital, the state recognized the sincere interest of the doctor and reaffirmed their long standing belief in the principles he had introduced for the institutionalization of the insane in Oregon.

BIBLIOGRAPHY

Primary Sources

- American Journal of Insanity. July, 1853; July, 1854; July, 1855 - April 1884.
Cambridge, Mass. Harvard University. Dorothea L. Dix Papers.
- Morning Oregonian (Portland). 1860-1883.
- Multnomah County. Commissioner's Journal, Vol. I, sec. 1. 1858-1861.
- Oregon, Biennial Reports of the Contracting and Visiting Physicians, Laws and Journals. 1864-1866; Messages and Documents to the Governor. 1868-1882.
- Oregon, General Laws, Laws and Journals of the Oregon State Legislature. 1862.
- Oregon, Governor's Message, Laws and Journals of the Oregon State Legislature. 1862-1866; Messages and Documents. 1868-1882.
- Oregon, Joint Committee Report on the Insane Asylum, House and Senate Journals. 1870-1878.
- Oregon, Laws and Journals of the Oregon Territory. 1843-1849.
- Oregon, Report of the Board of Insane Asylum Building Commissioners, Messages and Documents to the Governor. 1882.
- Oregon, State Treasurer's Report, Messages and Documents to the Governor. 1866-1878.
- "Oregon Insane Asylum". West Shore, April 1880.
- Oregon Medical and Surgical Reporter, vol. I, no. 21, 1869.
- Oregon State Directory. 1881.
- Oregon State Medical Society. Proceedings of Seventh and Eighth Annual Meetings. 1880, 1881.
- Thompson and West. History of Placer County. Oakland: Pacific Press Publishing House, 1882.
- U.S. Department of Interior. Bureau of the Census. Seventh Census - Tenth Census of the United States, 1850-1880. Population.

Secondary Sources

- Dain, Norman. Concepts of Insanity in the United States, Social Policy to 1875. New Brunswick: Rutgers University Press, 1964.
- Deutsch, Albert. The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times. New York: Columbia University Press, 2nd ed. 1949.
- Dodds, Gordon B. Oregon. New York: W.W. Norton & Co., 1977.
- Gaston, Joseph. Portland: Its History and Builders, Vol. II. Portland: The S.J. Clarke Pub. Co., 1911.
- Grob, Gerald N.. The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts. Chapel Hill, N.C.: University of North Carolina Press, 1966.
- Grob, Gerald N.. Mental Institutions in America: Social Policy to 1875. New York: Free Press, 1972.
- Hurd, Henry M.. The Institutional Care of the Insane in the United States and Canada. Baltimore, 1916.
- Johansen, Dorothy O. and Gates, Charles M.. Empire of the Columbia: A History of the Pacific Northwest. 2nd.. New York: Harper and Row, 1967.
- Larsell, Olaf. The Doctor in Oregon: A Medical History. Portland: Binsford and Mort, 1947. Also, Oregon Historical Quarterly, Vol. XLVI. (Dec., 1945).
- Leiby, James.. Charity and Correction in New Jersey, A History of State Welfare Institutions. New Brunswick, N.J.: Rutgers University Press, 1967.
- MacColl, E. Kimbark. The Shaping of a City: Business and Politics in Portland, Oregon, 1885 - 1915. Portland,: The Georgian Press Co., 1976.
- Nash, Roger J.. "Within These Walls: The Ideology of the Insane in America, 1830 - 1865." doctoral dissertation, Northwestern University, 1973.
- National Cyclopedia of American Biography, vol.7.
- Oregon Native Son and Historical Magazine. Portland: Native Son Publishing C., January, 1900.
- Pomeroy, Earl. The Pacific Slope. Seattle: University of Washington Press, 1965.

Rothman, David. The Discovery of the Asylum: Social Order and Disorder in the New Republic. Boston: Little, Brown, and Co., 1971.

FOOTNOTES

1. Oregon State Medical Society, Proceedings of Eighth Annual Meeting (1881) p. 31.
2. Oregon, Biennial Report of the Contracting Physician, Messages and Documents (1874) pp. 22-23.
3. "The Oregon Insane Asylum, "Oregon Medical and Surgical Reporter I (1860): 43.
4. Oregon, Biennial Report of the Contracting Physician, Laws and Journals (1864) pp. 8.
5. Gerald Grob, Mental Institutions in America: Social Policy to 1875, (Chapel Hill, N.C.: University of North Carolina Press, 1972), pp. 282. Also, David Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic, (Boston: Little, Brown, and Co., 1971), pp. 277.
6. Grob, Mental Institutions in America, pp. 86-88, 219.
7. Dorothy C. Johansen and Paul M. Gates, Empire of the Columbia: A History of the Pacific Northwest 2nd ed. (New York: Harper and Row, 1967), pp. 303.
8. Olaf Larsell, The Doctor in Oregon: A Medical History (Portland. Binsford and Mort, 1947), pp. 545-546.
9. Gordon B. Dodds, Oregon (New York: W.W. Norton & Co., 1977), pp. 103.
10. Morning Oregonian, 17 January 1862.
11. Oregon, Governor's Message, Messages and Documents (1862).
12. Oregon, Biennial Report of the Visiting Physician, Messages and Documents (1868), pp. 314. Also, Oregon, Biennial Report of the Contracting Physician, Messages and Documents (1878), pp. 314.
13. Oregon Medical and Surgical Reporter, p. 48.
14. Morning Oregonian, 4 August 1860.
15. Ibid.
16. Ibid., 5 October 1878.
17. Ibid., 22 March 1861 and 17 January 1862.

18. Oregon, General Laws, Laws and Journals (1862),
pp. 55.
19. U.S., Department of the Interior, Bureau of Census,
Eighth Census of the United States, 1860: Population,
pp. lxxviii.
20. Oregon Medical and Surgical Reporter, pp. 47.
21. Multnomah County, Commissioner's Journal, vol. I,
sec. 1 (1858-1861), pp. 139.
22. Morning Oregonian, 16 September 1861.
23. Ibid.
24. Ibid., 10 October 1862.
25. Ibid., 4 August 1860.
26. Ibid.
27. Oregon, General Laws, Laws and Journals (1862),
pp. 53-55.
28. Morning Oregonian, 10 October 1862.
29. Joseph Gaston, Portland: Its History and Builders,
vol. II (Portland: The S.J. Clarke Pub. Co., 1911),
pp. 118.
30. Thompson and West, History of Placer County
(Oakland: Pacific Press Publishing House, 1882),
pp. 103.
31. Biennial Report of the Contracting Physician (1864),
pp. 29.
32. Ibid., pp. 27.
33. Biennial Report of the Contracting Physician (1866),
pp. 447. Also, The West Shore, April 1880.
34. Oregon Medical and Surgical Reporter, pp. 44.
35. Ibid.
36. Biennial Report of the Visiting Physician (1880),
pp. 5.
37. Biennial Report of the Contracting Physician (1886),
pp. 422-429.
38. Oregon Medical and Surgical Reporter, pp. 42.

39. Biennial Report of the Contracting Physician (1872),
pp. 4 and 7.
40. Ibid., 1876, p. 12.
41. Ibid., pp. 5-10.
42. Grob, Mental Institutions in America, p. 314.
43. West Shore, April, 1880.
44. Ibid.
45. Biennial Report of the Contracting Physician (1882),
p. 12. Also, Oregon Medical and Surgical Reporter,
p. 43.
46. Ibid., 1874, p. 24.
47. Ibid., 1870, p. 14-16.
48. American Journal of Insanity vol. 26, July 1868,
p. 101.
49. Oregon Medical and Surgical Reporter, p. 46.
50. Ibid.
51. Biennial Report of the Contracting Physician (1872),
p. 10.
52. Biennial Report of the Visiting Physician (1880),
p. 5.
53. Oregon Medical and Surgical Reporter, p. 48.
54. Ibid., p. 43.
55. Ibid., p. 46.
56. Biennial Report of the Contracting Physician (1864),
p. 28.
57. Oregon Medical and Surgical Reporter, p. 49.
58. Biennial Report of the Contracting Physician (1882),
p. 13.
59. Ibid., (1874), p. 8.
60. Ibid., (1866), pp. 447-449.
61. Ibid., (1864), p. 31.

62. Ibid., (1878), p. 15.
63. Ibid., (1864), pp. 7-8.
64. Oregon, Governor's Inaugural Address, Messages and Documents (1870), p. 17.
65. Governor's Message (1878), p. 12.
66. Morning Oregonian, 6 April 1863.
67. Ibid., 17 April 1866.
68. Ibid., 14 June 1862.
69. West Shore (1880), p. 1.
70. Oregon, Joint Committee Report on the Insane Asylum, Senate Journal (1872), p. 426.
71. Biennial Report of the Contracting Physician (1866), p. 401.
72. Morning Oregonian, 16 February 1881.
73. Ibid., 25 July 1863.
74. Ibid., 6 April 1863.
75. Oregon, State Treasurer's Report, Messages and Documents (1863-1880)
76. Governor's Message (1866), p. 432.
77. Ibid. (1864), p. 432. Also, Ibid. (1868), p. 5.
78. Ibid. (1878), p. 9.
79. Morning Oregonian, 16 October 1868.
80. Ibid., 5 October 1878.
81. Ibid., 8 October 1874.
82. Ibid., 8 October 1874, 22 March 1878, 21 September 1880. Also, House Journal (1868), p. 95.
83. Ibid., 2 October 1874 and 15 October 1874.
84. Ibid., 1 October 1878. Also, Governor's message (1882), p. 30-31.
85. Ibid., 30 September 1876, 4 October 1878, 11 September 1878.

86. Governor's Message (1864), p. 8.
87. Biennial Report of the Contracting Physician (1864),
p. 25.
88. Ibid. (1874), p. 18. And, Ibid. (1878), p. 25.
89. Ibid. (1870), pp. 10-11.
90. Ibid. (1878), pp. 16-18. And, Ibid. (1880), pp. 8-
14.
91. State Treasurer's Report (1868), p. 50.
92. Ibid. (1874), p. 130.
93. Biennial Report of the Contracting Physician (1872),
p. 10. And, Ibid. (1880), p. 23.
94. Morning Oregonian, 20 July 1877.
95. James C. Hawthorne to Dorothea L. Dix, October 1869,
Dorothea L. Dix Papers, Houghton Library, Harvard Uni-
versity, Cambridge.
96. Biennial Report of the Contracting Physician (1870),
p. 9.
97. Ibid. (1870), p. 9. And, Ibid. (1878), p. 34.
98. Oregon, Report of the Board of Insane Asylum
Building Commissioners, Messages and Documents (1882),
p. 15.

