Reforming Expectations: The Institutionalization of Deviancy in Nineteenth-Century Middletown

by

Caroline Kravitz
Class of 2019

A thesis submitted to the faculty of Wesleyan University in partial fulfillment of the requirements for the Degree of Bachelor of Arts with Departmental Honors in History

Middletown, Connecticut April, 2019
# Table of Contents

Acknowledgments..................................................................................................................3

Introduction: The Middletown Junction

- 170 Long Lane: A Window into Middletown’s Past.........................................................5
- Review of Existing Literature............................................................................................9
- America’s Antecedent: Early Institutionalization in Western Europe.........................11
- Why Middletown?..........................................................................................................17
- Conclusion: Outline of Subsequent Chapters.................................................................20

Chapter One: Imagining Institutions and Inmates in Middletown

- Intellectual Origins of the Hospital for the Insane.....................................................23
- ...................of the Industrial School for Girls.........................................................29
- Meet Me in Middletown: Place, Space, and Institutional Ideology.............................34
- Conclusion: Presuppositions to Institution-Building....................................................39

Chapter Two: The Duality of Improvement

- Definitions of Deviancy in the Yankee States.................................................................41
- The Institutionalization of Impoverishment....................................................................43
- “Other” Religions, Races, and Ethnicities.................................................................46
- The Nineteenth-Century Woman in a Man’s World.....................................................50
- Conclusion: The Duality of Improvement....................................................................52

Chapter Three: Reformatories Rising

- Written in Stone: The Opening of the Hospital for the Insane, 1867....................54
- “Our Noble Charity”: The Hospital for the Insane, 1868-1870...............................59
Institutions Within Sight: The Opening of the Industrial School, 1870........65

The Hospital for the Insane and the Industrial School, 1870-1880...........68

Connecticut’s Not-So-Noble Charities..............................................73

Conclusion: The Institutionalization of........Institutionalization?.............78

Conclusion: Institutional Legacies in Middletown.....................................80

Bibliography..........................................................................................87
Acknowledgements

Thank you to my advisor, Professor Demetrius Eudell, who sparked my interest in exploring the history of confinement in the United States and committed to this project with me. Throughout this process you have challenged me to think more deeply, opened me up to new perspectives, and provided unwavering support.

Thank you to the following Wesleyan staff and faculty for your encouragement and guidance: Gary Kriksciun, Suzy Tarabara, Jennifer Hadley, Amanda Nelson, Jesse Nasta, Lori Flannigan, Jeff Sweet, Alan Rabacha, and all of the research librarians at Olin Memorial Library. Also, many thanks to the history department for funding my research excursions around Connecticut.

Thank you to the wonderful and accommodating staff at the Connecticut State Library, in addition to the masters of Middletown history: Deborah Shapiro, Leith Johnson, Tracy Starbird, and Maria Weinberger. Your commitment to preserving local history inspired me to pursue this project and continues to deepen my love of this field.

Thank you to Libby Salzman-Fiske, Marcus Kener, Livia Ryan, Ally Gomberoff, Issy Steckel, Selene Canter, Izzy Friesner, Abby Miller, Cameron Burger, Dan Thaler, and Kathe McCormick-Evans. I am beyond grateful for your thoughtful feedback, insight, and the time you devoted to thinking through this project with me.

Finally, thank you to Benjamin, Noah, and my wonderful parents. Your love and support means everything to me, always.
institutionalization | ,instəˌt(y)oʊSH(ə)n(ə)ˈzəSHən, ,instəˌt(y)oʊSH(ə)n(ə)lɪˈzəSHən |

noun

1 the action of establishing something as a convention or norm in an organization or culture: they remain committed to the institutionalization of democracy.
2 the state of being placed or kept in a residential institution: people with a history of long-term institutionalization.

2.1 harmful effects such as apathy and loss of independence arising from spending a long time in an institution: a perceptive report worried that J was at risk of institutionalization.¹

Introduction

The Middletown Junction

Its heyday long past, the halls that resounded with the din of hundreds of troubled souls now silent, the former Long Lane reform school will edge a bit more into history when its contents are sold at a public auction Saturday.²

- Josh Kovener, Staff Writer at the Hartford Courant

170 Long Lane: A Window into Middletown’s Past

Tucked away from the rest of Wesleyan’s campus at 170 Long Lane is the headquarters of Physical Plant — the University’s facilities and grounds team.³ The building is obscured by bushes and trees, but a white clock tower sitting atop the grand brick edifice is prominent to passersby. Conjuring up images of a nineteenth-century chapel, the building does not resemble an industrial operation. But about 100 feet up the driveway and through the front door is a room divided into several cubicles and rows of filing cabinets. The work environment is particularly animated as employees rush between administrative meetings and phone calls requesting custodial and maintenance services. Posters on the wall remind staff about pay days, upcoming holiday parties, and office etiquette. The interior reflects that of an ordinary office, with the exception of an aisle that, outlined by a wall of succeeding arched doorways, leads up to a window.


³ The descriptive, narrative style of this introduction is inspired by the following work: Beth Davies, How to Get to Long Lane School: An Ethnography of a Place. Honors Thesis, Wesleyan University, 2009.
Hidden behind a metal blind and stacks of storage boxes, the window obstructs the view of the kitchen that once served three meals each day to hundreds of young girls. But its fixedness reminds visitors that the office space was once a refectory and hints at other remnants of a full-time school that can be found throughout the building. Downstairs, for example, is an abandoned gymnasium in which Physical Plant stores metal poles and slabs of wood between tattered basketball hoops and faded foul lines. The court is separated from rows of bleachers by barbed wire fences and a thick glass windowpane; it neighbors a large auditorium and a wood shop.

Upstairs is a long hallway that branches off into abandoned classrooms. The rooms are littered with dust, paint chips, and shards of glass — relics of their past use and evidence of their long-term abandonment. But the classrooms still house chalkboards displaying writing from almost two decades ago that remain untouched to this day. One particularly striking board has the following Tony Robbins quote written neatly across it:

It is not what is happening to you no, or what has happened in your past, that determines who you become. Rather it’s your decisions about what you focus on, what things mean to you, and what you are going to do about them, that will determine your ultimate destiny.

Beneath the quote, a distraught scribble reads, “I NEVER HALP ME!” A dozen classrooms contain chalkboards showcasing a similarly unusual combination of inspirational quotes, drawings of flowers, math equations, daily schedules, and pleas for help.
Today 170 Long Lane is only occupied by Physical Plant staff, but the scenes above are reminiscent of its days as the Long Lane School for Girls, established in 1870 as the Connecticut Industrial School for Girls, which functioned as a corrective school for wayward female youth until 2000. Upon its closing, Wesleyan University bought the property, auctioned off most of its furnishings, and demolished all but few of its buildings. These activities represented a process of erasure, seemingly obscuring the history of the School. But the main building has retained the same title it had during the early years of the School’s operation; featured in thick letters at its front entrance, the “Cady Building” sign beckons a rich history to be explored.

I originally came across the Cady Building when I set out to explore the history of confinement among Connecticut’s female population. In an attempt to narrow my subject, I was referred to Long Lane School by the former head archivist at Special Collections and Archives at Wesleyan, Leith Johnson. I assumed the subject would be too specific as I wanted to study the entire State of Connecticut — not just Middletown. But it quickly became clear to me that the School’s impact extended far beyond 170 Long Lane. Rather, it belonged to a community of state-sponsored institutions that served “deviant” individuals from all over the Northeast.4

This community included a prison in Wethersfield, eleven county jails, a school for

---

4 In an attempt to define deviancy, Lawrence Goodheart writes, “In the nineteenth century, deviant behavior was understood in terms of cultural norms,” (see: Lawrence B. Goodheart, Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-century Psychiatry, (Amherst: University of Massachusetts Press, 2003), p. 87). As such, perceptions of insanity, delinquency, and other “deviancies” under which the staff of the Hospital for the Insane and the Industrial School for Girls operated, were premised on might look unfamiliar to the contemporary eye. For example, a woman might be committed to the Hospital for the Insane for talking back to her husband as it deviated from the behavior expected by women in the nineteenth century. Goodheart’s definition of deviancy, how it was shaped by factors like race, ethnicity, and gender, and the implications it had on institution-building in Middletown will be discussed throughout the remainder of this thesis.
the “deaf and dumb” in West Hartford, a reformatory school for boys in Meriden, and a Hospital for the Insane in Middletown.⁵

In his oration at the opening ceremony of the School, Professor Daniel C. Gilman of Wesleyan distinguished the latter from the rest and said,

Within sight of this spot stands the building recently erected by the State as a General Hospital for the relief of the insane, — not only the latest and perhaps the most important of our public charities, but one of the wisest and best managed; that astronomical turret which we see rising above the hill nearer by.⁶

Eager to learn more about the “astronomical turret” that had opened within sight of Long Lane School just two years prior, I visited the Hospital which is still in operation today.⁷ During my visit, I encountered several high-functioning main buildings; unlike the two buildings at Long Lane that have endured since the nineteenth century, they are still in use by the Hospital. But I also encountered several similar sights to those I had witnessed in the Cady Building: many abandoned rooms — including a skating rink, now mostly submerged in water — and a vast theater covered with shards of glass that contrast the painted backdrop and velvety red curtains behind them, still in tact from the last performance many decades ago.

---

⁵ Daniel C. Gilman, The Charities and Reformatories of Connecticut, An Address Delivered at the Opening of the Connecticut Industrial School for Girls, Middletown, June 30, 1870. 2d ed. (New Haven: Printed by Tuttle, Morehouse & Taylor, 1870), p. 6-7, Wesleyan University Special Collections and Archives, Middletown, CT, USA.
⁶ Ibid, p. 4.
⁷ The tour of what is now titled Connecticut Valley Hospital was led by acting archivist Tracy Starbird.
Review of Existing Literature

Though these analogous sights and Professor Gilman’s oration suggest that the histories of the Connecticut Valley Hospital and Long Lane School were intertwined, historians have not studied the two institutions in conjunction. Such has been the case since the first historical account of the School was published in 1929 and the Hospital in 1956. During the early and mid-1900s, historians writing on institutionalization in Middletown focused on the reformatory climate and the development of specific institutions within it. As a result, the historiographies of both the Hospital and the School remained distinct.

Surprisingly, their historiographies did not crossover in the 1980s when historians writing more broadly on institutionalization in America applied the newly coined intersectional theory to their work. Before this time, historians had not neglected factors like race, ethnicity, and gender that intersectional theory emphasized; but they tended to focus on such factors as disconnected. Intersectionality theory, on the other hand, sought to address the multidimensionality of experience as opposed to viewing factors like race and gender as mutually

---

exclusive. Other factors like mental health and criminality were also considered as connected in literature about institutionalization; such linkages suggested a connection between the Hospital for the Insane and the Industrial School. These ideas, however, did not set in among historians writing about Middletown’s reformatories; rather, they continued to write about both institutions — and the deviancies they sought to address — separately.

Sarah Leavitt’s 1992 Wesleyan Honors Thesis took an intersectional approach to research about the Industrial School by studying it alongside a reformatory school for boys in Meriden as means of understanding the role of gender in institutional treatment. Although her focus and approach remains close to my own, as she also explores the School through an intersectional comparative lens, she does not underscore the unique relationship between the School and the Hospital which is the focus undertaken here. Such is also the case with Karen Robbin’s 2015 Boston University dissertation which identifies several connections between insane asylums and corrective schools, but does not link the School to the Hospital beyond stating that they were neighbors.

---

Such were missed opportunities by Leavitt and Robbins. In 1870, Professor Gilman recognized there was a relationship between the Connecticut Industrial School for Girls and the Hospital for the Insane in Middletown. Yet the historiography has not privileged how these were interconnected. This thesis argues that although existing historiography has taken a case-study approach to these institutions, it is crucial to place them in conversation as they developed spatially and temporally together. Moreover, studied in conjunction, they provide new insights into how reformatories reified each other and subsequently became conventionalized in America. They also provide insights into nineteenth-century definitions of deviancy and presuppositions underlying institutionalization that were rooted in prejudice ideologies and continue to endure today.

*America’s Antecedent: Early Institutionalization in Western Europe*

Given their historical relations, Western European ideas found their way into institutions in the United States. It is therefore important to understand institutionalization in Europe in order to better contextualize institutionalization in Connecticut. This section will give a brief overview of the history of institutionalization in Europe, focusing on attitudes and practices surrounding insanity and juvenile delinquency. Subsequent chapters will consider the institutionalization of those particular forms of deviancy.
In the late Middle Ages, social, economic, and political conditions in Europe were changing as urbanization, population, and poverty intensified.\textsuperscript{15} Previously family and community-centered control of youth had been the dominant method of handling delinquency, but the increasing visibility of the “pauper class” was considered threatening by workers, artisans, and politicians; as a result, they deemed many of these paupers criminal and called for their containment.\textsuperscript{16} Institutions specifically devoted to containing poor juvenile delinquents emerged as a new method of control as early as 1555.\textsuperscript{17} Yet by the end of the century, criminality was considered curable; several of these institutions were therefore transformed into correctional facilities that would teach delinquent youth to become industrious, working members of society.\textsuperscript{18} By the eighteenth century, however, overcrowding was severe and cases of abuse were rampant in houses of correction; this threatened their effectiveness in terms of curing inmates. As a result, reformers called for more humane approaches to correction for institutionalized youth; they also pushed the state to sponsor more reformatories as means of subjecting administrators to more accountability, mediating these inimical conditions, and improving rates of correction.\textsuperscript{19}

Thinkers and actors involved in the institutionalization of insanity in Europe reflected similar patterns of development as those spearheading the

\textsuperscript{16} Ibid, p. 20.
\textsuperscript{17} Ibid, p. 20.
\textsuperscript{18} Ibid, p. 20-21.
institutionalization of juvenile delinquency. In the Middle Ages, the mentally ill — perhaps ironically — were oftentimes perceived as “incurable criminals,” and subsequently as threatening.\textsuperscript{20} As a result, “patients were often beaten, chained, starved, or bled,” as means of exerting control over them.\textsuperscript{21} Such practices were, however, deemed inhumane by reformers who, by the eighteenth century, regarded the insane as curable. As a result, they called for “hierarchical observing, normalizing judgement, and…examination” as means of correction as opposed to control.\textsuperscript{22} The institution was imagined as the place in which these processes could be carried out and began to spread across the continent.

Within asylums, however, the use of chains, dungeons, and beating by wardens that had been prevalent — and criticized — in preceding centuries persisted, jeopardizing the cure of inmates.\textsuperscript{23} As such, in the late 1700s reformers in France and England implemented what they defined as humane methods of treatment within institutions.\textsuperscript{24} In England, for example, William Tuke founded a retreat for the Insane where patients were regarded with the same care and closeness as family members.\textsuperscript{25} In France, Philippe Pinel removed chains and dungeons from treatment.\textsuperscript{26} In doing so, they laid the groundwork for moral treatment that would proliferate around the globe. It is important to note that in their attempts to humanize asylums, neither Tuke nor

\begin{flushright}
\footnotesize
\textsuperscript{21} Ibid, p. 77.
\textsuperscript{23} Roberts and Kurtz, p. 77-78.
\textsuperscript{24} Ibid, p. 78.
\textsuperscript{25} Ibid, p. 79.
\textsuperscript{26} Ibid, p. 78.
\end{flushright}
Pinel considered abolishing institutions as a means of eliminating the many issues they induced; rather, they remained loyal to the idea that institutionalization was the most effective way to address social issues. Improving institutions therefore became their purpose.

At the same time the moral treatment movement and institutions were spreading around Europe, they were also spreading throughout America. This was perhaps surprising as cure and correction had not been central in the colonies during European occupation. Rather, the family model of control had been sufficient as Americans had “no expectations of eradicating crime or systematically isolating the deviant or the dependent,” since both deviants and dependents were considered a part of a permanent order that bolstered the hierarchical colonial image of society. As deviants were a fortification rather than a threat to the social order, there was no drive to ameliorate their conditions. Instead, community action surrounding aid and punishment existed as a means of controlling violence and insanity. Joint action was particularly prevalent in New England as its small communities cultivated intimate and intense relationships among neighbors. As such, “at the close of the colonial period, there was no reason to think that the prison would soon become central to

---

27 Roberts and Kurtz, p. 78. Reasons as to why this was the case will become clear in later chapters though these will focus on the endurance of institutions in America as the scope of this thesis does not include an in-depth analysis of the specific endurance of institutionalization in Europe.  
28 Krisberg, p. 23.  
31 Ibid, p. 53.  
criminal punishment,” and there was no reason to think the asylum would become central to the treatment of the insane in America.33

In the aftermath of the Revolution, however, reformers’ expectations regarding the treatment of deviancy shifted from control to cure. In light of an increasingly dense population, expanded industrial development, and a growing attachment to state government, an uprooting of traditional social hierarchies occurred; as a result, “movement to cities, in and out of territories, and up and down the social ladder,” could no longer controlled by local mechanisms.34 Moreover,

Severe economic downturns in the first two decades of the 19th century forced many Americans out of work…[while] increasing numbers of Irish immigrants arrived in the United States. These changes in the social structure, combined with the growth of the factory system, contributed to the founding of special institutions for the control and prevention of juvenile delinquency in the United States.35

These changes in social structure also contributed to the founding of asylums for the insane. Additionally, a general reformatory urge in America was taking shape at this time, as evidenced by intellectual and evangelical social movements that were underway.36 These movements reinforced desires for a revision of social control, defined what was socially unacceptable, and supported the shift towards “deviants” being viewed as a larger social problem with which the government, instead of insulated communities, was expected to deal.

33 Rothman, p. 56.
34 Ibid, p. 57-8.
36 Rothman, p. 57.
Insanity and criminality were both attributed to environmental and familial causes at this time. As such, reformers hoped that by removing “deviants” from their homes, they could be better controlled; they could also be transformed into contributing members of an increasingly industrious, individualistic, and enlightened America.\(^{37}\) Institutionalization would be the vehicle through which this goal could be achieved all over the nation, just as it was being used in Europe. Yet these efforts were generally limited to private spheres as they were spearheaded by conservative reformers from wealthy families who were concerned about deviancy leading to pauperism and lunacy among their own social groups.\(^{38}\) The institutionalization movement therefore proved to be unequal and inaccessible to the lower classes.

As poverty, industrialization, and immigration continued to rise as the nineteenth century progressed, however, “a growing fear of class strife, coupled with increasing delinquency, demanded a more centralized administration,” with a focus on formal schooling and reformation for poor juvenile delinquents too.\(^{39}\) Demand also grew for implementing formal treatment for the insane across classes.\(^{40}\) Institutionalization in America therefore became increasingly state-funded, reproducing Europe’s devotion to public institutions. As a result, by the end of the eighteenth century, public institutions had, just like in Europe, transitioned from a

\(^{37}\) Rothman, p. 78.


\(^{39}\) Ibid, p. 33.

minor theme in the colonial story to a major theme in the new republic — including in Connecticut.41

Why Middletown?

Though public institutions eventually became a major theme in Connecticut, the state stood out as “an exceptional laggard in the construction of a public mental hospital during the age of the asylum in the new republic.”42 An appeal in 1866 for a Hospital for the Insane was the first attempt to deal with the insane poor in the State.43 Such can be contrasted with 26 of 33 states in America that had already constructed public institutions for the insane by 1860.44 Before 1870, however, it was not economically feasible to erect many public institutions in Connecticut. In the case of a public insane asylum, Historian Lawrence Goodheart explains,

The state was small, frugal, mostly rural, and politically decentralized. A tradition of family and community responsibility for the afflicted was long established. Moreover, the Hartford Retreat for the Insane, a private institution opened in 1824 by the state medical society, first responded to a humanitarian imperative that mental illness could be successfully treated through early intervention in a benevolent setting.45

The onset of the Civil War further undermined efforts for a public asylum as politicians were preoccupied with the costs and conduct of the conflict.46 At the same time, the war acted "as a catalyst for change” in Connecticut’s institutional

41 Rothman, p. 25.
44 Rothman, p. 130.
Some politicians viewed the war as creating anxiety and distress among the population, in turn escalating the number of insane in the state and furthering the need for a public insane asylum. The war also reconfigured the State’s economy such that, “taxes were raised to meet the war debt, the cost of labor and materials were now low,” and government officials could more easily fund construction. As a result, efforts to institutionalize the insane in the public sphere became plausible for the first time.

A similar phenomenon occurred in 1860 when an appeal for an industrial school for girls materialized in Connecticut; dozens of other states had already erected public reformatories for youth earlier in the century. Yet limited finances, the onset of the Civil War, and existing privatized correctional facilities for young girls undermined the immediate need to establish a new institution. Just as the changes in the economy following the Civil War set the stage for a public insane asylum, they also made an industrial school conceivable. Middletown was chosen as a site for both institutions due to its centrality and river access which would ease transportation processes for admitted inmates and construction materials. Thus, by 1870 the Middletown Junction had formed. Anticipating individuals from all over

---

48 Ibid, p.135.
50 Krisberg, p. 33. Most existing reformatories were intended for male populations; the erection of the Industrial School in 1870 was therefore not distinguished as lagging behind to the same extent as the Hospital.
51 The Hartford Female Seminary founded by Catherine Beecher in 1823 was one of the institutions undermining the need for a public reformatory; however, it was a cultural reformatory as opposed to a social reformatory for criminalized youth. Though it was therefore linked to the Industrial School for Girls, the relationship is less pronounced than that of the Retreat and the Hospital.
52 Leavitt, p. 1.
the state and beyond, the Junction would not only serve Connecticut’s insane and
delinquent — it would serve the entire Northeastern region.

The rise of both the Hospital for the Insane and the Industrial School for Girls
was met with an overwhelmingly enthusiastic response from laymen and officials
alike; at the same time, however, there had been increasing controversies raised
around the country about comparable institutions with missions to cure and correct
various deviant populations as they failed to fulfill their initial goals.53 In
Massachusetts, for example, an investigatory board in 1867 commented on patients
looking like “living corpses” in hospitals throughout the State; in the New York
Bloomingdale Asylum, there was no doubt that, “some instances of the improper
treatment of patients by attendants” were occurring.54 Other asylums throughout the
Northeast faced scrutiny for overcrowding and the overly harsh use of restraints.55
Similar issues were also occurring in corrective schools around the region.56

The Middletown Junction therefore not only marked the physical spot where
the Hospital and the School converged, but also signaled a turning point in America’s
institutional narrative where Connecticut had the potential to diverge from the rest of
the Nation. Instead, local reformers could imagine alternative, less controversial

53 Rothman, p. 266.
54 Ibid, p. 265-266.
55 Ibid, p. 266.
56 Barbara M. Brenzel, *Daughters of the State: A Social Portrait of the First Reform School for Girls in
methods for dealing with deviancy.\textsuperscript{57} Moreover, as an increasingly industrial port city that was heavily intertwined with the national economy, Middletown had the ability to single-handedly diffuse reformatory changes in Connecticut throughout the country.\textsuperscript{58} Would Middletown trigger a shift in the Nation’s goals and performances of public institutions, or would it perpetuate established — and controversial — patterns of institutionalization? This thesis will use Middletown’s history of institutionalization — focusing specifically on the Hospital for the Insane and the Industrial School for Girls — as a point of departure to explore the rise, decline, and paradoxical persistence of institutionalization throughout Connecticut and the rest of the Northeast.

Outline of Subsequent Chapters

The remainder of this thesis is divided into three chapters. In the first chapter I discuss the intellectual origins of the Hospital for the Insane and the Industrial School. First, I introduce the organizers of both institutions. Second, I determine the aims, goals, and motivations for institutionalization in Middletown by tracing appeals that were proposed to Congress and the general public. I argue that the efforts of the

\textsuperscript{57} Alternative methods for handling deviancy in the nineteenth-century might have included a return to family-center, community-oriented methods of treatment as many contemporary scholars and activists suggest as an alternative to confinement today. Such would have just needed to be adjusted to account for larger numbers of people as the population had increased by then. Other alternatives might have included new initiatives through it is hard to speculate as to what these would specifically entail in the nineteenth-century without imposing my own knowledge of present-day alternatives to confinement.

organizers were rooted in a genuine concern for deviants and a belief in their right to quality care. I also argue that their projects were, in many ways, radical ventures.

In the second chapter, I discuss the unstated aims, goals, and motivations behind institutionalization which were shaped by the organizers — prejudice — perceptions of religions, races, ethnicities, and genders that differed from their own. Drawing again from the appeals and planning documents for both institutions, I assert that institutionalization was neither a wholly charitable nor progressive initiative; rather, it was also geared towards correcting the behavior of those deemed deviant such that they reflected the attitudes and practices of the organizers. Read in conjunction, chapters one and two reveal the paradoxical premise (“duality of improvement”) underlying the erection and evolution of institutions in Middletown.

In chapter three, I depict this “duality of improvement” in action and discuss its impact on internal happenings at the Hospital and the School. Relying on administrators’ reports and local newspaper accounts, I detail the experiences of inmates and administrators at the Hospital and the School during their first decades of operation. In doing so, I illustrate how Middletown reproduced its predecessors’ established — and ineffective — methods of handling deviancy. I argue that in doing so, both institutions failed to fulfill institutional expectations of the organizers and the public.

To conclude, I discuss how, in spite of their shortcomings, the Hospital and the School continued to develop — and worsen — throughout the twentieth-century. I explain why both institutions initially endured beyond the first contentious decade of
operation and later survived the nationwide deinstitutionalization movement of the 1970s, focusing on the social realities of the nineteenth-century that countered efforts of reform. My analysis is also rooted in the old adage, “There is strength in numbers,” and asserts that Middletown’s institutions legitimized each other as effective solutions to deviancy, even when they proved to be inadequate. Finally, I elucidate why Middletown remains relevant to discussions surrounding corrective institutions in America today.

Throughout these chapters, I place the Hospital for the Insane and the Industrial School for Girls in conversation to reflect the close spatial and temporal proximity within which they existed throughout history. In doing so, I provide insight into the many ways in which together they shaped institutionalization in Middletown and throughout America.
Chapter One

Imagining Institutions and Inmates in Middletown

Canst thou not minister to a mind diseased
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart?59

- William Shakespeare, *Macbeth*

*Intellectual Origins of the Hospital for the Insane*

In 1866, a group of local men authored an appeal for a Hospital for the Insane in Connecticut; it called for thirty-five thousand dollars from the State Treasury to provide “suitable care and medical attention” for the impoverished insane.60 When the appeal and appropriations for the Hospital — unanimously — passed through the Senate, the governor of Connecticut and a board of trustees appointed by the Legislature immediately set to work.61 The first board was made up of affluent, white, Christian men noted for their “enlightened concerns” who hailed from various townships — one man each from Windsor, Somers, Williamantic, Norwich, New Haven, Norwalk, South Norwalk, respectively, and three men from Middletown.62 Less than a month after they were nominated they,

---

59 Quote from *Macbeth*, Act V, Scene III. The first two lines were quoted in a speech by Dr. Joseph Cummings, President of Wesleyan University, at the opening of the Hospital for the Insane. See: “The State Insane Hospital: The Excursion to Middletown,” *Hartford Daily Courant*, 21 June 1867: 4, [https://search.proquest.com/docview/553546059/14E9FDF0DC0547EAPQ/1?accountid=14963](https://search.proquest.com/docview/553546059/14E9FDF0DC0547EAPQ/1?accountid=14963).
60 *Connecticut Hospital for the Insane, 1868-1893*, (Hartford, Conn: Press of the Case, Lockwood & Brainard Company, 1895), p. 9-11, accessed at [https://babel.hathitrust.org/cgi/pt?id=uiuo.ark:/13960t1zd2r430;view=2up;seq=2](https://babel.hathitrust.org/cgi/pt?id=uiuo.ark:/13960t1zd2r430;view=2up;seq=2).
61 Ibid., p. 12.
62 Johnson, p. 12.
appointed a committee to report on a Superintendent, a committee to report on a site and plans in general, and set themselves the task of learning their jobs by visiting in pairs, or singly, mental institutions in North Hampton, Massachusetts; Providence, Rhode Island; Taunton and Worcester in Massachusetts; Concord, New Hampshire; Trenton, New Jersey; Philadelphia, Pennsylvania; and Utica, New York.”

The practice of visiting nearby asylums was rooted in feelings of anxiety and urgency as Connecticut was behind its Northeastern sister states in providing care for the poor insane. As such, the Trustees drew on equivalent institutions as means of studying effective approaches to treatment and quickly mastering their new line of work. Their hospital visits highlighted the fervor with which they approached institution-building.

The visits also highlighted the paradoxical loyalty of the Board of Trustees to institutionalization as the thinkers and administrators from whom the Trustees were drawing from in the Northeast were, as mentioned in the introduction, already struggling to find success within their own asylums on account of overcrowding and abuse. Such problems were even prevalent in Connecticut at this time in the Hartford Retreat for the Insane (est. 1821). Though administrators at the Retreat sought to avoid bringing even “one chain…into the Institution,” and steer clear of other harsh restraints, overcrowding became a glaring issue as the Retreat was the only asylum for the insane in the entire state. But overcrowding is never a single-issue and extended far beyond too few beds for too many people; rather it set the stage for several other problems that were evident in asylums across the region including a scarcity of resources, lack of accountability among staff, and decline in quality of care

---

63 Johnson, p. 10.
64 Connecticut Hospital for the Insane, 1868-1893, p. 7.
for self-paying patients.\textsuperscript{66} Thus, although chains stayed out of the Retreat, other equally detrimental challenges to humane treatment became prevalent as a result of overcrowding.

In light of these issues — and in spite of the fact that the Retreat was distinguished as a private institution and primarily funded by payment from inmates — administrators also agreed to house impoverished insane individuals (and members of the Middle-class who could not afford to pay $3.50 per week for residency); in exchange, they received increased state funding.\textsuperscript{67} Outside of securing financial support from the state, the decision to house both upper and lower classes at the Retreat was in part necessary as there was not a designated asylum for the impoverished insane. The result was a major shift in the function of the Retreat; instead of curing the affluent insane as originally intended, the asylum took on an overwhelmingly custodial function.\textsuperscript{68}

Yet custodial operations even proved inadequate as the demand for beds in the Retreat surpassed its supply capabilities; this reality was underscored by the number of "chronic cases" preventing the accommodation of patients with more “curable” conditions.\textsuperscript{69} Administrators were primarily concerned about the impact this had on prospective private patients, but masses of the indigent insane also remained unassisted as a result of overcrowding.\textsuperscript{70} Many of the insane poor who could not be kept at the Retreat were subsequently kept in prisons, jails, and almshouses and

\textsuperscript{66} Goodheart, 2003, p. 134-5.
\textsuperscript{67} Ibid, p. 134.
\textsuperscript{68} Ibid, p. 134.
\textsuperscript{69} Ibid, p. 134.
\textsuperscript{70} Ibid, p. 115.
oftentimes subject to abuse. In 1844, for example, six impoverished insane individuals were housed in the local almshouse in Norwich where “two women were chained to a wall…[and] another was confined in an upper prison.” By 1866, an estimated 200 of the state’s 700 insane individuals were in almshouses. The founders of the Hospital for the Insane claimed that of the 705 people who were insane and not hospitalized at all,

> It is impossible to secure suitable care and medical attention for this large and deeply afflicted class, either in the Retreat or in the almshouses, or in private houses: and whereas, considerations of humanity and of true economy as well as of the public welfare and of our holy religion, all alike demand that these persons should be liberally provided for the state.

The organizers of both the Hospital and the Retreat hoped that with the establishment of a public asylum the insane would no longer need to inhabit almshouses or the Retreat; rather, they would have an institution accessible to and designed specifically for them. The Hartford Retreat therefore served a — contradictory — two-fold purpose: though it delayed the construction of a public asylum in Connecticut, it also justified the creation of one.

It must be explicitly stated that neither affiliates of the Retreat nor organizers of the General Hospital in Middletown considered alternatives, such as family-oriented or community-based initiatives, to institutionalization in their efforts to resolve overcrowding at the Retreat. Such, for example, could have taken the form of small group homes which would still separate individuals from their home

---

72 Ibid, p. 127
73 Ibid, p. 135
74 Johnson, p. 8.
environments while simultaneously allowing for individualized treatment and increased accountability among staff. Nonetheless — and in spite of the fact that the founders of the Hospital were aware of issues at the Retreat and asylums in sister states — they, like their European counterparts, were committed to the institutional imagination. In this way, their efforts exemplified a cyclic process of reification that was taking root throughout the region. In spite of the shortcomings of so many asylums, there was power in numbers, and the proliferation of institutions in itself substantiated the idea that they were an effective solution to insanity and drove the establishment of more around the region.\textsuperscript{76} In the case of Connecticut, the Hartford Retreat and the proposed General Hospital for the Insane were heavily intertwined in this process. The implications of this reality, both in Connecticut and around the Northeast, will be discussed in subsequent chapters.

In addition to turning their attention to the Retreat and other asylums for both inspiration and justification for their own institutional project, the Trustees also sought advice from Dorothea Dix — a reformer who had championed the movement for humane treatment of the mentally ill in Britain and throughout Europe, extending her efforts overseas to America throughout the mid-nineteenth century. Dix was credited for “some thirty mental hospitals [being] built or enlarged because of her crusading genius, the plight of the insane known to everyone, and the foundations laid

\textsuperscript{76} Such a phenomenon was not the only reason institutions persisted. A lack of diversity among the organizers certainly contributed to the perpetuation of institutions as their narrow viewpoint fostered an inability to think outside of the institutional imagination and consider alternative solutions. Moreover, qualities like isolation that were inherent to institutions were necessary to satisfy certain presuppositions of the founders (i.e., keeping deviants out of sight). These presuppositions and their impact on institution-building in Middletown will be discussed in depth in chapter two.
for the continuing humane treatment of these unfortunates.”

She was particularly acclaimed for her successful efforts in a “man’s world” in which she was able to capture the attention of public leaders and other advocates, including those in Connecticut. As the Trustees sought to draw from her expertise and accolade, Dix was present at the first two meetings of the Board of Trustees on July 20 and September 4 of 1866.

During these early months of preparations, the Trustees also called on local women throughout the State for guidance and, perhaps more significantly, financial support. Such women — including Dix — were characterized as givers, visitors, and advisers to the Hospital for the Insane. They were not, however, at the helm of decision-making or administrating and in turn were not central to the vision or construction of the Hospital. Rather, those roles were limited to the all-male board and the superintendent whom they selected for the opening year of operation: Abraham Marvin Shew. At 25 years, his young age was unusual and appointment contentious, but his experience as a former surgeon in the United States Army and caretaker at various insane asylums in New Jersey made the Trustees confident in his office.

---

77 Johnson, p. 5-6.
78 Ibid, p. 6.
79 Ibid, p. 10. Note that access to the minutes from these meetings are restricted and subsequently so are Dix’s specific comments.
81 Gilman, p. 34-35.
82 Klinger, p. 9.
83 Johnson, p. 11,
The Trustees described Shew as a “competent, energetic, Christian man devoted to the duties of his position.”\textsuperscript{84} He certainly proved to be the latter when he reiterated his, “earnest desire to promote the interests of the institution, and…firm resolution to insure its success and usefulness in the future by executing…[the public’s] philanthropic designs.”\textsuperscript{85} His ideology, enthusiasm, and expectations for the successful correction of patients aligned with those of the Trustees; in addition, he exhibited akin racial, ethnic, and class characteristics to them. Such semblances emphasized the narrow nature of the institutional imagination as the founders came from similar backgrounds; it also implied that the Trustees could extend their reach beyond decision-making as it related to ideology and construction and directly into the day-to-day administration of the Hospital.

\textit{Intellectual Origins of the Industrial School for Girls}

Soon after the Connecticut State Congress passed an appeal for a Hospital for the Insane, it received a proposal for an Industrial School for Girls. Though the appeal surfaced in 1868, the School's founding can be traced back to the early attempts of a coalition of women to establish an all-female prison in 1860.\textsuperscript{86} This coalition was unable to convince state officials of the need to separate females from males in jails and establish an institution specific for women by women.\textsuperscript{87} A few years later, however, a group of men secured success in mobilizing the public and persuading the

\begin{flushright}
\textsuperscript{85} \textit{Connecticut Hospital for the Insane, 1868-1893}, p. 50.
\textsuperscript{86} Leavitt, p. 29.
\textsuperscript{87} Ibid, p. 29.
\end{flushright}
State Congress to approve and fund their efforts for an Industrial School to “extend kindness and rescue to [a] large and deeply injured class [of vagrant and neglected girls.]”

That Congress was only convinced of the need for an all-female institution by a group of men perhaps reflected traditional views of gender that valued the voices of men over women. In other ways, however, the Industrial School project was a particularly radical initiative as it sought to reform existing perceptions of waywardness and create an environment that was catered to the unique needs of youth. Leavitt explains,

The Connecticut Industrial School for Girls was never intended for the incarceration of hardened criminals. Instead, reformers wanted to rescue young girls from the corruption of criminal influences. The school aimed to train girls to honor the moral code by sheltering them from debasing environments.”

Pre-Revolutionary attitudes and practices criminalized vagrant youth and left them vulnerable to imprisonment. Viewing them as “incurables” institutionalization was merely a way to control and contain them — not correct or reform their behavior. The institutional imagination underlying the Industrial School, however, recognized juvenile delinquents as human beings who could excel in alternative settings to the “debasing environments” in which they were previously housed, such as impoverished homes and prisons. This ideology reflected shifting expectations of

88 “An Appeal for the Connecticut Industrial School for Girls.” School Boxes 2012.082.001, Box 9, Series 10, Folder 1. Middlesex County Historical Society, Middletown, CT, USA.
89 Leavitt, p. 29.
90 Ibid, p. 49.
91 Gilman, p. 15.
deviants and particularly progressive values in nineteenth-century thought. Such values had also been evident during the process of convincing the State of a need for a reformatory for girls when the organizers of the Industrial School questioned broader inequalities in the institutionalization movement. In the appeal for the School, for example, they wrote,

The State has nobly provided a Reform School to which vicious boys can be sent rather than to the jail or State Prison. Are these hundreds of homeless girls alone beyond the pale of human sympathy and help? Are they along to be consigned to a life of crime, and shame, and inconceivable wretchedness? ”

The directors were confident that their project would both dissipate these inequalities and provide young girls with necessary support.

The demographic of leadership at the School, however, revealed the contradictions prevalent in nineteenth-century reformatories. Upon its passage, the appeal — like that for the Hospital — called for the immediate establishment of a Board of Directors that would select a location and director for the School, in addition to formulating an operational plan. The original board of directors was made up of men who hailed from Meriden, Plantsville, New Haven, Hartford, and Middletown. Their first motion was selecting as superintendent Reverend James H. Bradford who “had previously served as assistant superintendent of the Massachusetts Reform [Public] School for Boys.” With a lack of experience working with girls among the

---


93 Ibid, p. 9.

94 “An Appeal for the Connecticut Industrial School for Girls.” Note that ex-governor Hawley — a board member of the Hospital for the Insane — was also a benefactor of the Industrial School for Girls.

95 Leavitt, p. 30.
School's leadership, the directors also appointed a committee of women to visit and report on the School monthly to give Bradford feedback and guidance. Although they were involved peripherally, these women did not appear on the frontline of organizing efforts; the front-line was entirely male.

The dominant voices of men in the construction of the newly proposed Industrial School, however, did not reflect the entire story of institutional organizing among educators in Connecticut. In years prior, women had spearheaded the founding of other educational facilities throughout the state that had sparked an interest in erecting female-specific institutions. Catherine Beecher, for example, founded the Hartford Female Seminary; Prudence Crandall founded a Quaker school for black girls also in Hartford. Yet these women were only entrusted in leadership roles in which they would be administering institutions that perpetuated established views of women as domestic and docile; this was evidenced in the focus on teaching students home-based skills. These women were not, however, offered leadership positions in cases of correction where existing views of women were perceived to be threatened — in such cases, the responsibility to correct remained men’s work. The internal organizational structure of the School therefore reflected a devotion to existing perceptions of women. It served as a reminder that Connecticut officials and reformers were “always operating in the context of its times,” and suggested that the

---

96 Connecticut Hospital for the Insane, 1868-1893, p. 12.
97 It must be explicitly stated that these women also came from affluent, white, American backgrounds and therefore had narrow experiences and imaginations too.
99 Ibid, p. 97. Entrusted is perhaps an exaggeration -- these women faced extensive backlash and, in the case of Crandall, even prosecution for their efforts. There is an extensive history about Beecher, Crandall, and other women who led charities in Connecticut at this time that, though not in the scope of this project, would be an interesting topic for future research (Goodheart, 2003, p. 113).
School was, though perhaps progressive within its own times, not a particularly radical venture from today’s perspective.100

This reality was underscored by the fact that the Industrial School for Girls was far from the earliest attempt to reform the expectations and handling of delinquents in the Northeast. The first report of the directors cited the success of 800 reform schools around the nation.101 One of the most prominent they cited was the Massachusetts Lancaster School for Girls — the first state reformatory school for girls in North America which, like the Industrial School, advertised itself as a Christian “family style” rehabilitative institution with a “homelike milieu.”102 But as early as 1857 the Lancaster School, like the Hartford Retreat, experienced overcrowding. Moreover, administrators were having doubts about the “family style” grouping of the children as inmates were coming into conflict with each other.”103 They even started to call on insane hospitals, family, and houses of correction to take on the inmates they could not “fix.”104 In these ways, the Lancaster School was facing both custodial and correctional crises, and alongside the other two industrial schools for girls that existed throughout the nation, its effectiveness as a solution for reforming juvenile delinquents was being pulled into question at the same time as insane asylums. In spite of these shortcomings and the potential for them to take hold in Connecticut, however, the organizers of the Industrial School remained confident

100 Leavitt, 30.
101 “First Report of the Directors of the Connecticut Industrial School for Girls,” p. 56. Of the 800 existing reformatories, only three housed female inmates. As a result, the Connecticut organizers stood out as an innovative venture since only three reformatories designed specifically for girls preceded it.
102 Brenzel, p. 1.
104 Ibid, p. 150.
in the effectiveness of institutionalization as means of handling deviancy.\textsuperscript{105} As such, they proceeded with their institutional project and eagerly entered into the next phase of planning: choosing a location for the School.

\textit{Meet Me in Middletown: Place, Space, and Institutional Ideology}

In 1868, the directors of the Industrial School for Girls published the following in an issue of the \textit{Hartford Daily Courant}:

The directors invite proposals for the location of this institution by gift or purchase until November 1. They desire a farm of one hundred acres of dry, rich, well watered land, sixty of which are capable of easy and high culture. A south exposure is preferred. The situation should be pleasant, healthful, somewhat isolated, and retired, but not too remote and inaccessible — in an intelligent and moral, but not too populated neighborhood.\textsuperscript{106}

Middletown was ultimately chosen as the site for its ample outdoor space, relatively remote setting, “easy access by steamer down the Connecticut River, and...position halfway between the major cities of Hartford and New Haven,” which allowed for the School to serve the entire state.\textsuperscript{107} In these ways, the city was unique compared to others throughout the state that already housed reformatories like Hartford and Meriden. It seemed like an innovative location at which to house the School.

In other ways, however, Middletown was not a particularly unique selection. Before the Industrial School had even considered moving into the city, the founders of the Connecticut Hospital for the Insane had already been settled in Middletown for

\textsuperscript{105} Feelings of confidence at this time were reinforced and legitimized by the successful reports of the Hospital for the Insane. This phenomenon will be discussed in-depth in chapter three.


\textsuperscript{107} Leavitt, p. 1.
two years. They had done so for similar reasons as the School: the city, despite its small size, was located in the center of the State right next to the Connecticut River which allowed for the delivery of supplies to construct and sustain the Hospital, easy access to its facilities for individuals throughout the state, and an ample water supply.\textsuperscript{108} Moreover, there was plenty of outdoor space for recreational and therapeutical activities, and the city would offer a $5,000 subsidy for the project.\textsuperscript{109} It was therefore deemed the most practical and economical location for the Hospital which would house the insane poor from all over Connecticut and even the Northeast.\textsuperscript{110}

Evidently, the location the organizers selected for the Hospital and the School reflected their ideologies. Middletown had all of the features to support environment-oriented methods of treatment and provide inmates with a home-like setting — aspects of ideology at both the Hospital and the School. In many ways, Middletown therefore represented areas in which the Hospital and the School theoretically merged. It is important to note, however, that the Hospital and the School did not only merge at this spot. Rather, they also diverged in many ways as the institutions were distinct and dealt with different populations.

Architectural blueprints drawn up by the organizers emphasize how intersections of place, space, and ideology materialized differently at the Hospital and the School. In creating the architectural plans for the Hospital, for example, Shew

\begin{footnotesize}
\begin{itemize}
\item\textsuperscript{108} \textit{Connecticut Hospital for the Insane, 1868-1893}, p 13.
\item\textsuperscript{109} Goodheart, 2003, p. 118.
\item\textsuperscript{110} Klinger, p. 110.
\end{itemize}
\end{footnotesize}
collaborated with Addison Hutton and Samuel Sloan of Philadelphia, consulting them and explaining the wants of the Trustees.\textsuperscript{111} They created a design catered to the unique needs of the inmates that was particularly telling about ideology (see Figures 1-2). Writer Maseda explains,

\begin{quote}
Built in the Second Empire style, the physical grandeur of the hospital’s external form sought to counter the cultural association between mental illness and filth (both literal and moral). Inside, certain spaces imitated those of a culturally refined home, complete with such accessories as photographs, artwork, and books. Such design choices reflected an effort to reduce the stigma surrounding mental illness as well as a belief that an emphasis on normalcy benefited patients. Providing structure also played an important role in treatment, as reflected in the hospital floor plan. Patients able to comply with hospital regimens occupied the wards closest to the central building, while the hospital reserved the rooms at the ends of the wings farthest from the center—for those prone to violence. Patients who showed improved behavior might be rewarded with visits, or even a transfer, to the wards of those who exhibited greater mental stability. This spatial organization, which recognized varying degrees and types of mental disturbance, stood in contrast to earlier approaches which did not always make such distinctions.\textsuperscript{112}
\end{quote}

As Maseda demonstrates, plans for construction reflected the care patients would be given at the Hospital and conventional views of mental illness they hoped to reform. As such, these blueprints symbolized the radical goals of the institutionalization movement in Connecticut and demonstrated a sophisticated understanding of mental illness that accounted for intersections of environment and mental health, in addition to accounting for various symptoms and conditions.

\textsuperscript{111} Connecticut Hospital for the Insane, 1868-1893, p. 19.

Figure 1. Principle plan for the main building of the Hospital.\(^\text{113}\)

Figure 2. Cellar plan for the main building of the Hospital.\(^\text{114}\)

---

\(^{114}\) Ibid, p. 11-12.
Similar considerations and care went into the creation of blueprints for the Industrial School (see Figure 3). Initially accounting for 60 girls, the appeal stated the following:

Upon a pleasantly situated, but retired farm, sufficiently large to give isolation and vegetables and milk, are to be erected plain and substantial, but convenient and tasteful buildings for the accommodation of an Industrial School. There are to be “Homes” for families of 30 girls in each, with a matron, housekeeper, and teacher. In the midst of these is to be a building for the three-fold purpose of a common school, chapel, and work house. Near by are to be houses for the Superintendent and farmer.¹¹⁵

Architectural plans were geared towards decriminalizing inmates and introducing them to civilized activities with which they could engage. Located in relative isolation in the community, inmates would be treated in a comfortable, low-pressure, home-like setting. In doing so, plans for construction of the School — like the Hospital — reflected a commitment to care, and a holistic understanding of delinquency and the unique needs of youth. Yet dealing with a much smaller population, the School was made up of intimate cottage homes for small groups of girls as opposed to housing all inmates in wards throughout the main building like the Hospital. Moreover, designated rooms for domestic activities like sewing and ironing in the School contrasted with designated rooms for activities like carpentry at the Hospital (which initially opened as an all-male institutions). Such went beyond distinguishing blueprints of the School and the Hospital from each other — it also reinforced gender roles and alluded to ways in which factors like gender influenced

¹¹⁵ “An Appeal for the Connecticut Industrial School for Girls.”
ideology and in turn shaped the Hospital and the School. These will be traced in the next chapter.

Figure 3. Plans for the first and second floor of the main building of the School.\textsuperscript{116}

\textit{Conclusion: Presuppositions to Institution-Building}

In many ways, the organizers of both the Hospital for the Insane and the Industrial School for Girls certainly demonstrated a progressive effort to better

institutional treatment of deviants by challenging abuses at preexisting reformatories, recognizing the impact of environment on behavior, choosing a location with plentiful resources for their own project, carefully creating physical blueprints, and catering all plans as specific to the needs of the populations which they would serve. Such aims and actions, which organizers of both institutions openly shared with the public whose support they depended on, depicted their efforts as being rooted in a genuine concern for poor deviants, a newfound (and widespread) belief in their right to quality care, and an obligation to cure them with a holistic, moral approach to treatment. The organizers therefore approached institution-building with intentionality, care, and a humanizing gaze.

But the organizers did not seek to change the dominant voices of those who would think up and carry out these new plans. At both institutions the organizers were affluent, white, Protestant men — and as all identities, these came with a certain set of assumptions in part defined by the spatial and temporal conditions in which their lives were contextualized. These assumptions permeated life at both the Hospital and the School as alluded to above by the gender-specific activities each institution was designed to accommodate. They were covert, complicated, and even contradictory at times. Exploring them in detail, however, it becomes clear that values of empathy and equality were not the only factors informing the construction of the Hospital for the Insane and the Industrial School for Girls. Rather, there were plenty of uncharitable motivations that, though they were never explicitly put forward by the organizers, cultivated enthusiasm for both institutions and guided their physical establishment.
Chapter Two

The Duality of Improvement

Poor men sin, they are sinners; rich men sin and eat good dinners.\textsuperscript{117}

Definitions of Deviancy in the Yankee States

As demonstrated in the previous chapter, the Hospital for the Insane and the Industrial School for Girls were, for the most part, presented to the public as efforts to rescue and reform impoverished individuals throughout Connecticut and the greater region.\textsuperscript{118} As such, the organizers’ endeavors appeared to be rooted in genuine feelings of empathy, equity, and benevolence. This rationale was reiterated by Daniel C. Gilman in his 1868 speech \textit{The Charities and Reformatory of Connecticut} at the opening ceremony of the Connecticut Industrial School for Girls in which he declared that “the fundamental idea [for public institutionalization] has been a recognition of the worth of individuals, the value of a sound body, a sane mind and an upright life — a determination to save, train, recover, and prevent from fall as many men and women as possible.”\textsuperscript{119}

Inklings of other incentives for institution-building, however, were prevalent in founding documents related to both the Hospital and the School. The “Act to Create a Hospital for the Insane in the State of Connecticut,” for example, attested

\textsuperscript{117} \textit{Penny Press}, 4 October 1884: 4, Russell Library Microfilm Collection, Middletown, CT, USA.
\textsuperscript{118} Gilman, p. 32.
\textsuperscript{119} Ibid, p. 32.
that in addition to “considerations of humanity…[considerations] of true economy, as well as public welfare and of our holy religion, all alike demand that [impoverished insane] persons should liberally be provided for by the State.”¹²⁰ Organizers at the School cited their commitment to preventing youth from becoming “life-long burdens and pests to society.”¹²¹ Such statements evinced a “duality of improvement” in which the organizers of both institutions aimed not only to save deviants from a life of crime and disease, but to shelter the rest of society from their vice. They expressed both of these goals outwardly and excitedly to the public.

But vice was neither the principle concern of the organizers nor the only reason an individual might find themselves committed to the Hospital or the School and separated from the community. As aforementioned, definitions of deviancy in the nineteenth century, including insanity and criminality, were shaped by cultural norms.¹²² Since those spearheading institution-building in Middletown were chiefly affluent, white, Protestant males, individuals who did not come from this background or reflect their attitudes were perceived as deviant and in turn susceptible to confinement in both the Hospital and the School. Such a phenomenon went unstated by the organizers of both institutions, as it was the presupposition under which they were operating. It was however, fundamental to the institutional imagination and is therefore essential to explicitly illuminate — alongside the stated aims of the

¹²⁰ *Connecticut Hospital for the Insane, 1868-1893*, p. 189.  
¹²¹ “An Appeal for the Connecticut Industrial School for Girls.”  
¹²² Goodheart, 2003, p. 87.
organizers as traced in chapter one — as means of understanding institution-building in Connecticut.

*The Institutionalization of Impoverishment*

On the eve of conception of the Hospital for the Insane and the Industrial School for Girls, America was growing both geographically and in population. In 1815, for example, the Nation was made up of 1.7 million square miles and by 1860 it had incorporated an additional 1.2 million square miles; relatedly, in 1814 there were 8,400,000 inhabitants and by 1860 31,443,321.123 Connecticut was no exception to this growth. The Connecticut census charted 261,942 inhabitants in 1810, and 460,147 by 1860.124 Immigration — primarily from Germany, Ireland, and England — drove the majority of this development.125

Not coincidently, the plight of immigrants corresponded with the proliferation of institutions throughout the Northeast — including in Connecticut.126 This was in part due to their impoverishment. Though competition for jobs and overcrowding resulted from population growth that impacted natives and non-natives alike, opportunities that were available to middle-class Americans were certainly not available to urban immigrants.127 Moreover, many immigrants were already fleeing their nations as a result of economic difficulties; their destitution in combination with

---

125 Walters, p. 4.
competition for employment and a lack of economic opportunity placed them at a high risk for poverty and subsequent institutionalization.\textsuperscript{128}

As mentioned in the introduction, a lack of alternatives to almshouses during the first half of the eighteenth century underscored a reliance on them for housing impoverished individuals — even those who had run-ins with the law or expressed symptoms of mental illness. But as corrective institutions spread, many of them began to fill up asylums and reformatory schools too. Historian Ronald Walters explains,

\begin{quote}
Very early on, immigrants and poor people were overrepresented [in corrective institutions] — partly because of genuine criminality and insanity, the result of poverty and life in a foreign land. But the disparity also reflected the ability of middle-class Protestants to afford private care and good lawyers, each of which helped, and continue to help, keep privileged people out of public institutions.\textsuperscript{129}
\end{quote}

Such was the reality throughout America and certainly the case in Connecticut at both the Hospital and the School where immigrants made up increasing proportions of the inmates.\textsuperscript{130} But destitution — and subsequently institutionalization — was not limited to immigrants, though, as evidenced above, many elements made them its ready subjects. Impoverishment also ran rampant among other groups of Americans. As impoverishment proved to be a cyclic process, individuals born into poverty largely remained in it on account of having access to few opportunities and resources. Another particularly vulnerable population was widowed women following the Civil War.\textsuperscript{131} The norm had always been that “a woman’s economic dependency was

\textsuperscript{128} Walters, p. 212.
\textsuperscript{129} Ibid, p. 212.
\textsuperscript{130} Connecticut Hospital for the Insane, 1868-1893, p. 413 and 451; Leavitt, p. 119.
\textsuperscript{131} Stansell, p. 16; Goodheart, 2003, p. 123.
expected in a man’s world” but after the war this became particularly concerning as
without their husbands to depend on, even more faced impoverishment.\textsuperscript{132}

Rather than describe such individuals’ impoverishment as inherent and
inescapable as had been done in previous years, the founders of the Hospital for the
Insane and the Industrial School for Girls understood it to be both temporary and
redeemable. In doing so, they demonstrated a cohesive, complex understanding of
poverty, the environmental and circumstantial factors that contributed to it, and its
relationship with criminality and insanity. This sentiment was underscored by their
movement away from relief-oriented almshouses towards corrective institutions that
would address specific issues related to insanity and criminality. Such a practice, as
mentioned in chapter one, also proved a genuine concern for the well-being of the
impoverished insane and delinquent.

Yet several of the “symptoms” that distinguished impoverished individuals as
insane or criminal suggested that their institutionalization in reformatories was
motivated by more than a genuine concern for their welfare. At the Industrial School,
for example, reasons for commitment included begging, stealing, and petty theft.\textsuperscript{133}

Signs of “ill health” might land an individual in the Hospital for the Insane.\textsuperscript{134} There
were, as Walters explained, certainly symptoms of insanity and criminality that were
“a result of poverty and life in a foreign land” and would likely be considered as

\textsuperscript{132} Goodheart, 2003, p. 117.
\textsuperscript{133} Robbins, p. 353-356.
\textsuperscript{134} Connecticut Hospital for the Insane, 1868-1893, p. 307. According to Sociologist William Sims
Bainsbridge (see William Sims Bainsbridge, “Religious Insanity in America: The Official Nineteenth
referred to “purely physiological causes,” (p. 230).
requiring some sort of medical or behavioral intervention today. But to the contemporary eye, symptoms such as begging or ill health would likely be attributed to a lack of access to financial and hygiene-related resources in impoverished environments — not emotional or behavioral issues.

Nonetheless, such symptoms qualified an individual as insane or criminal and in turn in need of correction in the eyes of the organizers of the Hospital and the School. This reality could be traced back to presuppositions the organizers entered institution-building with as members of the middle and upper classes. By admitting impoverished individuals to their reformatories, the founders could condition inmates to display middle and upper class qualities, values, and skills that they viewed as antithetical to deviancy. The organizers and their community would also benefit from this process by ensuring that deviants would not be financial burdens or take up public spaces; rather they would learn to become clean, contributing members of society. By concealing and correcting impoverishment, institutionalization therefore served as a mechanism through which the organizers’ sociocultural attitudes and practices could become — perhaps ironically — institutionalized.

“Other” Religions, Races, and Ethnicities

A similar drive for institution-building in Connecticut — and its disproportionate impact on immigrants — can be attributed to the founders perceptions of religions, races, and ethnicities unlike their own as needing to be

135 Walters, p. 212.
contained and corrected. Walters explains, “It was…easier to label an immigrant or pauper as deviant than a person of standing…if an Irish laborer muttered to himself and appeared 'superstitious’ or quarrelsome, he was a candidate for incarceration.\(^{136}\) Such can be attributed to the fact that American reformers perceived newcomers as societal others rather than reconcile their unique social, cultural, and religious attitudes and practices with traditional American ones. Reformers tended to perceive immigrants as, “hordes of poor, religiously suspect aliens” and contrasted them with the “decent men and women [who] had to act quickly to keep [America] on a morally true course.”\(^{137}\) In doing so, these newcomers were distinguished as deviants and in turn made susceptible to institutionalization. Non-Protestants were particularly vulnerable to this process in the nineteenth-century. This is because “unlike earlier waves of immigration during the seventeenth and eighteenth centuries, the individuals who flocked to American shores between 1840 and 1860 were far less likely to be of Protestant descent,” such as Irish Catholics who fled their homes on account of famine.\(^ {138}\) The non-Protestant identities of the majority of immigrants was regarded as threatening. As a result, they became immediately and increasingly intertwined in America’s institutional narrative.

This was certainly the case for the organizers of Middletown institutions and evidenced by the value the organizers placed on religion in founding documents of

\(^{136}\) Walters, p. 212.

\(^{137}\) Ibid, p. 5.

the Hospital and the School. In an appeal to women for donations, for example, the founders of the Connecticut Industrial School for Girls wrote,

> To what nobler and more Christ-like use can a Christian woman give of her abundance than to build a “Home,” a “House of Mercy,” in which long after she is dead these children of poverty and sorrow shall be gathered and trained for virtue and heaven?\(^\text{139}\)

In addition to citing religion as a reason to support the School, they also made it clear “Christian instruction” would be central to teaching.\(^\text{140}\) Instruction would be directly prevalent in the classroom, but even outside of such settings the school environment in general would replicate “the nearest possible approach to a Christian Home.”\(^\text{141}\) Similarly, at the first meeting of the Board of Trustees of the Hospital, treatment was deemed to include “those excellent methods which modern science and Christian faithfulness,” which would include, for example, offering inmates religious services and maintaining an alcohol-free facility.\(^\text{142}\)

Motivations to uphold Protestantism was also evident in the organizers’ definitions of deviancy and justifications for committing individuals to the Hospital and School. One might be committed to the Hospital, for example, for expressing

---

\(^{139}\) “An Appeal for the Connecticut Industrial School for Girls.”

\(^{140}\) Ibid.

\(^{141}\) Ibid.

\(^{142}\) *Connecticut Hospital for the Insane, 1868-1893*, p. 12.
“religious excitement” or intemperance. At the school, prostitution and other sexual acts was considered reason for commitment. As these “symptoms” challenged practices of Protestantism, their need for correction was not explicitly stated but was certainly presupposed as means of upholding Protestant beliefs and values.

Just as those who were non-Protestant were presumed to be deviant based on the organizers’ social views and in turn more likely to be deemed suspicious and institutionalized, those who were racial and ethnic minorities could expect a similar fate. Often the same immigrants who were targeted for being non-Protestant and impoverished were also targeted for their races and ethnicities as impoverishment and non-Protestant religions oftentimes correlated with minority races and ethnicities. Though it was not explicitly stated that minorities would be targeted as deviants stated by the founders, it was once again a presupposition to institutionalization.

It is difficult to trace this phenomenon at the Hospital and the Industrial School which delivered care through nurses and matrons instead of psychiatrists. Such is the reality because case studies are restricted and tracing individuals’ identities and subsequent treatments is difficult to do without access to them. But seeing how the organizers’ views of classes, races, ethnicities, and religions other than

---

143 In the nineteenth century, “religious excitement” was viewed as a cause of mental breakdowns. Brainbridge offers some explanations as to why this was the case and writes, “some patients respond to their illnesses as religious problems, thereby manifesting symptoms of religious insanity, even though religion was a response rather than the cause of the problem,” (p. 236). He also explains, “Psychiatric theories may serve four functions, quite apart from their capacity to explain the cold facts about insanity known at the time of their popularity…first, they may assist professionals in asserting special claims to power and status…second, they may be used as rhetorical tools to discredit political opponents and members of disvalued classes or subcultures…third, they may be used as media through which the culture consensually expresses and modifies its basic conceptions of human nature and social value…and fourth, they may provide legitimation for humane treatment and hope for patients and their families,” (p. 224-225). In these ways, Brainbridge's remarks adhere to the definition of insanity as being based in cultural norms.
their own was considered different and subordinate in the founding documents, and later tracing the minority-heavy makeup of institutional populations in Middletown, one can assume that these unequal practices were prevalent in the admission of inmates as well.

Such a phenomenon, though difficult to trace, showed that values of equality and charity put forward by the founders in statements promoting the establishment of both institutions would not necessarily align with other presuppositions — like minority races, ethnicities, and religions being subordinate to others — that shaped their definitions of deviancy and determined who was institutionalized in Middletown. This side of the duality of improvement was rooted in racist, xenophobic, and religiously intolerant ideologies, and they conflicted with the stated aims of the organizers. Yet these presuppositions, alongside stated goals, became heavily integrated into cycles of the institutional imagination and construction of the Hospital and the School.

*Perceptions of a Nineteenth Century Woman in a Man’s World*

Shifting views of women also played a significant role in the erection and evolution of both the Hospital for the Insane and the Industrial School for Girls. The idea of what females should be and what they could be when provided adequate resources and instructions bolstered the use of institutionalization to “correct” wayward women. This reality developed out of an overwhelming belief that women were dependent on men — a theme of early republican culture that persisted into the
reform era. In the early nineteenth century, discussions surrounding the poor did not account for women; rather, they placed independent men at zenith. But by the 1840s womanhood took on a new shape and prominence; it emphasized domesticity and docility alongside dependency.

The role of women in society was changing; as they entered discussions about class and respectable appearances, those who did not adhere to the convention of a nineteenth-century woman in a male-dominated world also entered conversations about class and criminality. They therefore became intertwined in the institutional narrative — and confined. Prostitution, for example, was seen as a social problem as it challenged the patriarchal regime. Women also faced arrests for maintaining disorderly households and living in homelessness.

In the mid-1800s, Connecticut echoed views of women that were circulating on a national level. An issue of Middletown’s local paper, Penny Press, for example, claimed the following:

For the girls: you can just be as nice looking as apricots and winning in your ways as taffy is to the taste, but if you don’t know how to cook and do house work, your show for matrimonial satisfaction is getting about as small as that of a known shyster getting his note cashed on site.”

This article emphasized domesticity and docility in mid-nineteenth century America and helps illustrate definitions of womanhood. These sentiments were prevalent prior
to the establishment of the Hospital and the School, used to justify their development, and also clearly evident throughout their evolution — particularly at the Industrial School. An article in the *Hartford Daily Courant*, seeking support for the School, for example, referred to a successful woman as “respectful, industrious, and useful,” and proclaimed the establishment a means of perpetuating such characteristics.¹⁵⁰ Men throughout the Connecticut community wanted women to conform to their definitions of womanhood, and increases in prostitution, homelessness, theft, and other “deviant” activities taking place in the streets created fear and challenged these visions.¹⁵¹ Though, as mentioned above, many of these individuals were likely taking part in activities like prostitution or begging due to a lack of available opportunities and persisting economic inequalities, they were deemed insane or criminal as means of justifying their placement in the Hospital and the Industrial School, and as means of justifying the erection of such institutions in the first place.

### Conclusion: The Duality of Improvement

In many ways, the presupposed motivations behind institutionalization in Middletown are difficult to chart. With limited access to case histories of inmates and minutes from the meetings between the board and administrators at both the Hospital for the Insane and the Industrial School for Girls, it is necessary to draw from broader historical trends, attitudes, and assumptions from the nineteenth century to fill in gaps

¹⁵¹ Stansell, p. 173.
in Middletown’s institutional story. By doing so, however, it becomes clear that the story of inauguration that was outwardly put forward by the founders was not complete; empathy and kindness were not the only drivers of institutionalization, and institution-building would not be separated from political agendas.

Rather, institution-building in Middletown was also viewed under the pretense that, “In late 19th-century thought…a sick society can poison the individual, and conversely…a sick or degenerate individual can infect the body social.” As Middletown’s institutions rose in the same temporal and spatial junction, the assumptions underlying the Hospital and the School — and subsequently definitions of deviancy — were very similar. Based on the understandings of the organizers, what made someone sick or able to infect was deeply entrenched in negative perceptions of minority populations, a desire to control and contain them, and intentions to keep them away from the rest of the community. Moreover, though both institutions claimed to be apolitical, in declaring who was deviant versus non-deviant and would maintain a voice in the community, they reflected deeply political agendas.

The next chapter will demonstrate how this “duality of improvement” impacted not just the erection but also the evolution of both the Hospital and the School during their early years of operation.

Chapter Three

Reformatories Rising

The quality of mercy is not strained;
It droppeth as the gentle rain from heaven
Upon the place beneath: it is twice blessed;
It blesseth him that gives and him that takes.
— It is an attribute to God himself,
And earthly power doth then show likest God’s
When mercy seasons justice.

- William Shakespeare, The Merchant of Venice

Figure 4. Photo of the Main Hospital Building at the Hospital for the Insane.

153 Gilman, p. 8. He cited this quote from The Merchant of Venice, Act IV, Scene I by William Shakespeare at the opening ceremony for the Industrial School for Girls.
154 Middletown Print Collection, Middlesex County Historical Society, Middletown, CT, USA.
Written in Stone: The Opening of the Connecticut Hospital for the Insane

The original cornerstone laid at the grand opening of the Connecticut Hospital for the Insane in 1867 is still prominent on the Shew Hall building. Even today, it is reminiscent of the following ceremony:

Early on the morning of the 20th, there were signs of unusual life and activity in [Middle]town — committee-men and express wagons were seen hurrying to and fro vehicles, of every description, filled with happy faces came pouring into the town from every direction, wending their way to the Hospital grounds — soldiers gathering — marshals, flitting back and forth from headquarters at about 12 M, the boat [from Hartford] appeared in sight….the ground upon the landing and the wharves and the hill waved their handkerchiefs and cheered in greeting.155

In addition to soldiers and marshals, the “happy faces…pouring into the town” included those of a marching band, the trustees of the Hospital, the governor, Lieutenant Governor, members of the legislature, city officials from Hartford, New Haven, and Middletown, visitors from other towns, and masses of Middletown residents.156 The diversity of townships present at the event demonstrated the widespread enthusiasm surrounding the opening of the Hospital for the Insane; it also reflected the range of townships from where individuals — both anticipated as patients and eventually admitted into the Hospital — would hail.157

After this procession excitedly gathered at the cornerstone, Dr. Joseph Cummings, the President of Wesleyan University, set the ceremony into motion.

155 Johnson, p. 13. Note that Johnson quotes minutes of trustee meetings that are now restricted for public viewing at the Connecticut State Library.
Emphasizing his “privilege as a citizen of Middletown” and reiterating the mission of the institution and its purported apolitical, virtuous character, he said,

> It is the high office of government to protect the weak; the strong can care for themselves. The manner in which this duty is performed is the highest test of civilization. It is a noble work, indicative of highest civilization — this enterprise in which you have engaged. No mere local enterprise, no partizan seal, no sectional movement, brings you here today. Above the work of ordinary political strife, in the clear air of those noble principles that animate the founders of this cause, in a work of humanity that may be regarded as eminently Christ-like, you are assembled...I ask you, honored gentlemen, to give your attention to the evidences of the wisdom of the trustees in honoring Middletown with this institution.\(^{158}\)

Yet Dr. Cummings did not depict the project’s premise in full; as demonstrated in chapter two, the erection of the Hospital was not rooted entirely in benevolence and was far from being separate from “ordinary political strife” as it was embedded in the highly political agenda of the organizers.\(^{159}\) Such was, however, the premise Dr. Cummings shared with the public, and by introducing himself as a citizen of Middletown, his remarks appeared particularly credible in the eyes of his fellow townspeople. As a result, the drivers for institutionalization neglected in his oration and the Hospital’s particularly political agenda faded to the background.

This is not to say that Dr. Cummings did not allude to these other motivations in his speech; he did so by revealing that he was, “One connected with the board of trustees.”\(^{160}\) Yet he did not explicitly state the many implications of such a connection — those remained presuppositions to institutionalization as opposed to stated truths. Dr. Cummings’ speech therefore transitioned the duality of improvement that was

\(^{158}\) Johnson, p. 13.

\(^{159}\) Ibid, p. 13.

identified as a part of the building phases of institutionalization in chapter two into processes of development.

Dr. Cummings’ remarks were echoed in the second speech of the day in which ex-Governor Joseph Roswell Hawley, the keynote orator, said,

Acknowledging gratefully the hospitable terms in which, for the people of Middletown, you have welcome us to this beautiful spot for this noble purpose, let me gladly seize this most favorable opportunity for spreading widely through the State a knowledge of their generosity and public spirit. The trustees looked anxiously and for a considerable time for a suitable location for this institution. The leading citizens of this city, apparently and doubtless truly, speaking the unanimous voice of the people, said to us, “look at these hills and valleys, and all these fertile and picturesque farms, and select the site that pleases you best.”

In addition to restating the general public’s enthusiasm and support for the asylum project, Hawley praised the hard work of the administrators, the Trustees’ considerations of the citizens’ needs, and the support of Dorothea Dix. Regarding the latter, he said,

With a sagacity, perseverance, and unconquerable energy that men too often have the vanity to claim for themselves alone, and a pure refinement, gentleness, and great-hearted love that only woman has shown, she has devoted a life to the inauguration of such enterprises, and tens of thousands of the afflicted will forever bless her motherly and sisterly care and wisdom. Her wise suggestions have been of inestimable value.

By recognizing pervasive gender norms, questioning them, and attempting to raise the voices of women, Hawley reflected the progressive, humanizing, and critical thinking the organizers in many ways ascribed to institution-building. In other ways, however, he also reinforced pre-existing gender norms of expecting nurture and care from

---

women as opposed to men. Conflicting sentiments continued throughout his oration with which he concluded,

And a greater authority has declared of the general duties of brotherly love and kindness, “Insomuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.” We are then confident in the belief that in discharging this day’s duties, we are helping to make our beloved commonwealth more truly a Christian state, more honored among men and more acceptable to the Great Ruler and Father.\(^{164}\)

Terms like “brotherly love and kindness…[and] helping” emphasized the altruistic nature of the Hospital and the organizers. Yet juxtaposed with other terms, such as “Christian state…commonwealth…[and] acceptable,” Hawley’s oration was, like that of Dr. Cummings, synecdochic of the duality of improvement underlying the establishment and evolution of the Hospital. Such was significant as it suggested that conflicting ideologies would be reinforced throughout the evolution of the Hospital.

It is of interest to note that in their orations neither Hawley nor Cummings mentioned the actual patients who would inhabit the Hospital upon its opening. This fact suggested that patients would be secondary to the actual institution and its significance in the community, in spite of it supposedly being erected for their welfare. They were not at the forefront of the project presented to the public and likely would not be in practice either. In the final remarks of the day, however, Superintendent Fliny Earle of the State Hospital for the Insane at North Hampton critiqued “the time…when insane persons were treated almost entirely by bleeding” and declared that,

\(^{164}\)“The State Insane Hospital: The Excursion to Middletown,” 4:3.
The hospital [in Connecticut] should have its established curriculum, should comprehend a course of exercises, hygiene, laborious, disciplinary, nursing, creative, instructive, and devotional. The patients should go from exercise to exercise and students from lecture to lecture.\textsuperscript{165}

In addition to shedding light on treatment plans, his oration challenged the idea that patients would be secondary to the iconicity of the Hospital. Yet his remarks stood out among his fellow orators who failed to mention patients at all. Overall the opening ceremony therefore foreshadowed the neglect patients would, as will soon become evident, face during their time at the Hospital for the Insane

“Our Noble Charity”: The Connecticut Hospital for the Insane, 1868-1870

The\textit{ Hartford Daily Courant}, which had published all of the orations quoted above, concluded its report on the opening ceremony of the Hospital by asserting its own view of the institutional project. The account read,

The excursion [of individuals from Hartford to Middletown] was very pleasant throughout, and the visit to the site of the new institution with the addresses made in reference to its plans and its prospects, gave to many a new idea of the value of this noble charity.\textsuperscript{166}

In doing so, the\textit{ Hartford Daily Courant} set off the opening of “this noble charity” on a particularly enthusiastic note. Such was certainly the sentiment on April 30, 1868 when the Hospital opened admission for male patients.\textsuperscript{167} There was a floor in the south swing for particularly “excited” patients; the other floors were “adapted to one hundred patients divided into four classes” based on the severity of their cases.\textsuperscript{168}

\begin{flushright}
\footnotesize
\begin{itemize}
  \item \textsuperscript{165} “The State Insane Hospital: The Excursion to Middletown,” 4:3.
  \item \textsuperscript{166} Ibid, 4:4.
  \item \textsuperscript{167} \textit{Connecticut Hospital for the Insane}, 1868-1893, p. 57.
  \item \textsuperscript{168} Ibid, p. 43-44.
\end{itemize}
\end{flushright}
the spring of 1869, a north wing was also designated for female inmates who made up 103 of the 268 total patients in the Hospital.169 The population of inmates at the Hospital was growing — fast.

Dealing with such a large population, Superintendent Shew and the board had to approach treatment systematically. They decided that they would treat patients who had recently shown symptoms of insanity first, claiming that it had been proven that,

Of all recent cases of insanity brought under treatment during the first three months, eight-tenths are restored to health and reason before the expiration of the year, while not more than two-tenths recover when several months are allowed to pass before the patient is placed under systematic hospital treatment.170

Hygiene-oriented treatment and facilities would be used to achieve this, and theoretically both were of equal access and quality for all inmates. During the summer months, patients participated in farming and garden labor.171 Fieldwork was limited as most inmates were not capable of doing continuous labor; as such, the farm mostly acted as a “healthful employment for convalescents” that served therapeutic purposes, though it was initially also advertised as a source of revenue and supply.172

Manual labor was certainly not the only activity offered by administrators -- there were also religious services on Sabbath, a library, athletic fields, and other occupational and recreational spaces.173 Large-scale “social enjoyments” — oftentimes attended by members of the broader Middletown community — such as

---

169 Connecticut Hospital for the Insane, 1868-1893, p. 57.
171 Ibid, p. 84.
172 Ibid, p. 84.
173 Ibid, p. 81-83.
concerts and plays were even hosted one evening a week.\textsuperscript{174} The organizers noted that entertainment opportunities were minimal in the early years of the Hospital’s operation due to unfinished grounds; but overall, they were content with their progress and eager to advance programming even further to maintain high levels of recovery.\textsuperscript{175}

But recoveries were not as smooth, homogenous, or fast-paced as the organizers predicted; admittance was in turn beckoned faster than discharges allowed for. Of the 268 total patients (both male and female), 47 were discharged during the first year of operation; 25 were discharged as recovered, 11 as much improved, 6 as not improved, 2 as not insane, and 15 passed away.\textsuperscript{176} By the publication of the next annual report in May of 1870, “the first entire year of systematic classification and treatment of both sexes in the two wings of the institutions,” numbers of admitted and recovered patients had risen.\textsuperscript{177} In addition to the 209 patients who had remained in the Hospital, 78 males and 56 females were also admitted, 43 of whom were discharged as recovered, 18 as improved, 27 as not improved, 21 as declared dead, and 2 as not actually insane.\textsuperscript{178}

By 1870, only 45 out of 108 patients who had expressed symptoms for three months or under since the Hospital’s opening were recovered; this was a recovery rate of approximately 42\% as opposed to the anticipated 80\% of the three-months-and-

\begin{footnotesize}
\textsuperscript{174} \textit{Connecticut Hospital for the Insane, 1868-1893}, p. 82.
\textsuperscript{175} Ibid, p. 82.
\textsuperscript{176} Ibid, p. 58.
\textsuperscript{177} Ibid, p. 76.
\textsuperscript{178} Ibid, p. 78.
\end{footnotesize}
Moreover, of the total population of admitted patients since the opening in April 1868, only 24% had been discharged as either recovered or improved. Though recovery rates at the Hospital improved after the first operative year, they did not satisfy Superintendent Shew’s expectations. Instead, “cure proved elusive; obdurate cases filled the hospital…[and over the next several years] an inevitable cycle of expanded facilities and increased budgets ensued.”

A major, and perhaps the most glaring, reason for these unsatisfactory numbers and cyclic consequences can be attributed to the fact that insanity as it was defined in the nineteenth century was not necessarily a medical condition. Under cultural definitions, “recovery” would be defined as an assimilation to the lifestyle of Protestant, white, affluent, Americans. But altering religion, changing appearance, and expecting individuals to take part in activities and labor they had not necessarily encountered before was neither an easy nor a linear process. As such, expecting such speedy recoveries in the first place was unrealistic. In fact, in many cases it was impossible.

Yet there were some cases that, even to the contemporary eye, required some form of medicalized treatment. The failure of the Hospital’s attempt to fulfill Shew’s goal in regard to these individuals can in part be attributed to the fact that many inmates had shown symptoms for far longer than three months. It can also be attributed to the increasingly diverse population at the hospital and the broad range of

---

179 Connecticut Hospital for the Insane, 1868-1893, p. 77.
conditions for which patients were admitted. As the latter called for several different forms of treatment, accommodating all of their conditions proved difficult. Regarding the former, as discussed in chapter two, immigrants, paupers, and other minorities were more likely to be admitted than a “person of standing” as they were more readily labeled “deviant” by overseers of admittance procedures.\textsuperscript{182} Their racial, ethnic, and economic status also influenced the treatment they received. Walters explains,

> Once in the asylum, [an immigrant or pauper] was in the custody of people who did not like his religion, did not understand or sympathize with him, and considered him unacceptably “different” even when he was behaving himself.\textsuperscript{183}

Moreover, Grob writes,

> [insane asylums in America] were…predicated on the assumption that all persons, irrespective of class, ethnicity, and color, should have equal access to public facilities…In theory hospital officials never discriminated against patients on any basis whatsoever; within the hospital all persons received identical care and treatment. In practice, however, patients were not treated equally. Some psychiatrists manifested unconscious hostility to ward patients coming from backgrounds different from their own; some structured hospitals in ways that inadvertently promoted discriminatory treatment; and some shared many of the racial, ethnic, and class stereo types of the larger society. Much the same was true of state legislators and public officials [who established public institutions].\textsuperscript{184}

Tracing unequal treatment like this specifically at the Hospital is, again as aforementioned, difficult to do with limited access to case histories. It is, however, certainly a likely reality and important to explicitly state as the historical accounts that are accessible (i.e., reports of the Trustees) fail to.

\textsuperscript{182} Walters, p. 212.
\textsuperscript{183} Ibid, p. 212.
\textsuperscript{184} Grob, 2009, p. 222.
As a result of a disconnect between administrators and inmates, and their misguided efforts to “cure” cultural differences, recoveries did not happen in the ways the organizers anticipated. Moreover, theories of equity and equality they had put forward plans for the Hospital were breaking down in practice. In spite of these realities, however, the organizers commended the activities and amusements that made up treatment in the early years of operation; they also praised the organizers, facilities, lack of active disease, abundant supply of resources (ranging from the Hospital’s water supply to books, pictures, and paper to entertain patients), and the effectiveness of the superintendent in “promoting welfare on a budget.”\footnote{185} They boasted of the Hospital’s “usefulness in the community” as it both kept deviants off the streets and shaped them into contributing members of society.\footnote{186}

Reports from the trustees were not the only sources that reflected such positive reviews. Newspaper accounts in the \textit{Hartford Daily Courant} depicted an overwhelming excitement surrounding the first few years of operation and continued to refer to the Hospital as “our noble charity.”\footnote{187} Yet these accounts cannot be considered outside of the fact that ex-governor Hawley was both the editor of the \textit{Hartford Daily Courant} and on the board of the Hospital. As such, the accounts he published — that portrayed a wholly positive picture of institutionalization — presented a clear bias and possible covertness. He wanted the institutions to succeed, and publishing positive accounts of the Hospital would easily help draw up support

from the public. In addition to Hawley’s conflicting roles as both an editor and trustee, limited access to other local papers at this time (particularly Middletown-based publications) serves as a reminder of the narrow reporting on institutionalization and reception of it in Middletown.¹⁸⁸

These facts do not discount the information published by the *Hartford Daily Courant*. They do, however, serve as a reminder to be weary of reporting and consider the biases prevalent in accounts of the Hospital. At the same time, however, the newspaper articles Hawley published and the annual reports by the trustees and superintendent also provide detailed, descriptive accounts of the internal operations of the reformatory. The remainder of this chapter will therefore continue to draw from them to trace the development of the Connecticut Hospital for the Insane.

*The Opening Ceremony of the Connecticut Industrial School for Girls*

Just as contemporary researchers only have access to newspaper accounts and reports from the Trustees, the same was true for members of the Connecticut community in the nineteenth century. Accounts of the Hospital were chiefly positive in its early years of operation and, as a result, enthusiasm for institutionalization remained high. It was therefore unsurprising that just a couple years later, the Industrial School for Girls was welcomed down the road as another corrective

¹⁸⁸ In *Neglected, Vagrant, and Viciously Inclined: The Girls of the Connecticut Industrial School, 1867-1917*, Sarah Leavitt quotes what she believes to be an 1874 issue of the *Penny Press* that reads, “it was a pleasure that the citizens of Connecticut could stand up in praise of [the new school], and among other of her liberal benefactions, they could point to this as one of the most noble,” (p. 4). Though this statement supports the argument of this chapter, I remain skeptical of this report as the *Penny Press* was not first published until 1878.
institution geared towards bettering deviants and the State of Connecticut. Its cornerstone was laid on June 30, 1870.

Unlike the stone still embedded in the Shew Building at Connecticut Valley Hospital, the original cornerstone laid at the opening ceremony for the Industrial School for Girls did not survive Physical Plant’s redevelopment of the property. But the energy and enthusiasm surrounding the official opening ceremony of the School can still be felt walking around Long Lane. The excitement had been building for years; in fact, the School was filled to capacity far in advance of the laying of the cornerstone and inmates were even present at the opening ceremony.189 Girls in “the cleanest of dresses…assembled in the sewing room” to greet attendees with songs.190 A broad combination of community members and officials from governmental, religious, and academic institutions throughout the state came for the occasion.191 The attendees also came from all over the region, including a group that,

Came up from New Haven, over the Air Line, bringing quite a large party, including Governor English, Professor Gilman, the orator of the day, and the legislative committee on humane institutions…exercises were opened by His Excellency Governor James E. English. Rev. Mr. Mitchell of the Episcopal church of this city offered an appropriate prayer. The chairman then introduced Professor D.C. Gilman of the Yale Scientific School, who delivered an…address on “The Relations of the State of Connecticut to the Forlorn and Unfortunate.”192

---

191 Gilman, p. 30
In his address, the main oration of the day, Professor Gilman reiterated the goals of the School and emphasized the major role the governor played in its establishment, the spirit of Christianity underlying it, and the non-denunciatory philosophy of the organizers; he also described the existing charities in Connecticut such as the Asylum for the Deaf and Dumb, the Hartford Orphan Asylum, and several churches. Most notable, however, were his opening remarks, also referenced in the introduction, in which he said,

Within sight of this spot stands the building recently erected by the State as a General Hospital for the relief of the insane, — not only the latest and perhaps the most important of our public charities, but one of the wisest and best managed; that astronomical turret which we see rising above the hill nearer by, is a token that secular learning is here cherished in the spirit which leads from earth to heaven; while the beautiful chapel, and it adjacent residence, which the traveler sees as he enters the town, may remind both citizen and stranger that religious learning, as well as classical culture and philanthropic effort, is here nurtured with a willing hand. Happy the town in which the institutions of religion, education and charity thus constitute the public monuments which adorn the streets and engage the sympathy of all the inhabitants.

Similarly to the orations at opening ceremony for the Hospital for the Insane, Professor Gilman cited the conflicting motivations underlying the erection of the School for Girls: secularism versus Christian learning; and classical culture versus openness and willingness. Also notable was the fact that although Professor Gilman touched on several state charities throughout his speech, he intentionally opened it by naming the Connecticut Hospital for the Insane, regarding it particularly highly and immediately placing it in conversation with the Connecticut Industrial School for...
Girls. This, perhaps unknowingly, illustrated the ways in which they would continue to be linked throughout their concurrent development.

Figure 5. One of the Homes of the Connecticut Industrial School for Girls.195

_The Industrial School for Girls and the Hospital for the Insane, 1870-1880_

Although the organizers of the Industrial School for Girls were all men, internal operations were run almost entirely by female staff; this was unlike operations at the Hospital for the Insane in which organizers, administrators, and physicians alike were male.196 At the school, inmates were instructed by a matron, assistant matron, and a housekeeper; a visiting committee made up of women also

---

196 “An Appeal for the Connecticut Industrial School for Girls.”
regularly came to evaluate the functionality of the School.\textsuperscript{197} These full-time female workers endured “close quarters, very poor accommodations for such work, and many trials of patience and faith” which made for high rates of staff turnover.\textsuperscript{198}

Within the first year, for example, a matron was already moving to Massachusetts to accept a position at the Industrial School in Lancaster.\textsuperscript{199} Yet the trustees assured the public that, regardless of staff turnover, “these twenty-two girls have received a great deal of instruction and kindness that they will always be grateful for,” and prided the “ladies [who] stood at their posts and bravely labored on.”\textsuperscript{200}

The first twenty-two inmates were — like almost every girl housed at Long Lane within the decade — committed to the School through a regimented process by a probate judge.\textsuperscript{201} They were approximately 13 years old on average, but the youngest girl was only nine.\textsuperscript{202} The girls had ended up in court for various reasons including breaking domestic relations, disobedying guardians, wandering public places, and failing to participate in lawful business.\textsuperscript{203} Most had not been in formal schooling before coming to the School, but they were described as having an overwhelming “thirst for learning.”\textsuperscript{204} Their intellectual drive complimented “the daily life of the School…made up of exercises designed and fitted to promote the

\textsuperscript{198} Ibid, p. 19.
\textsuperscript{199} Ibid, p. 19.
\textsuperscript{200} Ibid, p. 18.
\textsuperscript{201} Ibid, p. 65.
\textsuperscript{202} Ibid, p. 21.
\textsuperscript{203} Leavitt, p. 37.
\textsuperscript{204} “First Report to the Directors of the Connecticut Industrial School for Girls,” p. 19.
physical, industrial, intellectual, and moral education of the girls.”

Their days, however, were not confined to the classroom — on a given day at the school, the girls’ schedule consisted of “a specified time is given for refreshment, religious exercises, work, study, and amusement.” They moved between the school building, farm, and cottages they lived in. Like the hospital, many of their work consisted in specific trades like using labor for box-making, sewing, and farming (see Figure 6). Such were, as discussed in chapter two, heavily intertwined with perceptions of gender and definitions of womanhood.

The first group of inmates hailed almost entirely from the Northeast with the exception of two who came directly from Ireland; their parents, however, came from a range of locations including Ireland, Scotland, and Germany. Throughout the rest of the decade, similar demographics of inmates and their parents prevailed though an increase in European immigrants and black women in the Northeast was reflected in the School’s census. Although the School worked with a much smaller population than the Hospital, it also housed a diverse population with girls who identified with backgrounds that differed from the organizers. This reality, as aforementioned in discussions about the Hospital, had implications for patient-staff relationships and inconsistencies in treatment. Yet, also like the Hospital, a lack of available case

205 “Fourteenth Report to the Directors of the Connecticut Industrial School for Girls,” p. 7. Schools Boxes 2012.x.082.001, Box 9, Series 10, Folder 2, Middlesex County Historical Society, Middletown, CT, USA. It is important to note in light of these comments that there was variation among the inmates in terms of enthusiasm for learning; as such, the girls were separated by skill within the classrooms.
histories make these phenomenons difficult to track. Nonetheless, it is important to explicitly note this as the administrative reports do not.

This was reinforced by the fact that administrative reports issued during the early years of operation did not discuss potential disparities in treatment or other shortcomings of the School. Rather, enthusiasm was maintained throughout the decade. By 1874, the directors boasted about the successes at the School. They wrote,

The school has a full and efficient corps of officers. It has a very valuable farm, well-supplied with stock and implements, and under excellent culture. It has two large and well arranged Homes, capable of providing for 80 inmates as well as their teachers.210

The only issues touched on by the directors matched those of the Hospital: overcrowding and recidivism.211 These issues, however, remained subsidiary in their reports about the School. Such is unsurprising based on the biases inherent in their authorship. It is also unsurprising that issues of overcrowding and recidivism were glossed over by the media — particularly in the Hartford Daily Courant — as well.212 Overcrowding was only framed as a consequence of the School’s popularity; issues inherent in overcrowding, such as inadequate treatment and facilities, went unaddressed. Instead, the Hartford Daily Courant principally reported on the “excellent condition” of the School as the newspaper’s leadership was deeply invested in institutionalization in Middletown.213 Evident in an article entitled “Our

State Charities: The Hospital for the Insane and the Industrial School,” the Hartford Daily Courant read,

The people of the state, as far as the Middletown institutions are concerned, have occasion to be satisfied that the objects signed are being carried out with fidelity to every trust on the part of the gentlemen who have the immediate direction of affairs.”214

This account is particularly interesting as it placed the Hospital and School directly in conversation. This motion lended legitimacy to both institutions. Instead of exploring the individualized issues traced above, it highlighted the shared strengths of both the Hospital and the School. In doing so, it normalized them and reinforced positive reviews of their work in the process, shortcomings and all.

Figure 6. Inmates participating in activities at the Industrial School.215


215 “Connecticut — the State Industrial School for Girls, At Middletown,” from Sketches by a Staff Artist, Frank Leslie’s Illustrated Newspaper, No. 1,364 - Vol. LIII (New York, 19 November, 1881), p. 198, Middlesex County Historical Society, Middletown, CT, USA.
Connecticut’s Not-So-Noble Charities

Such was certainly necessary as separate accounts critiquing the Hospital and the School emerged within the first year of operation — particularly outside of the Hartford Daily Courant. Taxpayers, for example, complained about escalating costs of the Hospital; moreover, “The New Haven Journal and Courier accused the trustees of erecting a “palatial structure” for the mad.”216 In a similar vain, in an account in the Penny Press an individual emphasized his lack of concern about the welfare of inmates at the School and rather scorned administrators for providing them with too many luxuries and extravagant resources.217 On the other hand, another individual writing on the Industrial School claimed in 1873 that, the “committee [to report as a representation of the citizens on administrative issues] is entirely one-sided, it is nothing more or less than a whitewashing affair in favor of the trustees.”218

On one hand, some critiques of the Hospital and the School demonstrated that administrators were not fulfilling presupposed expectations of easing the social, economic and political well-being of people; taxpayers thought that inmates did not deserve the funding or energy the Hospital was giving them. The latter account, however, condoned the trustees at the School for failing to fulfill the stated aims and expectations of improving the welfare of young vagrant girls. These critiques conflicted, emphasizing the controversial nature of institutionalization. As a result of these conflicting critiques, it was difficult to decide which side of the duality to

217 Penny Press, 2 April 1887, 3.
tackle. Should the Hospital and the School be protecting the public or inmates? These were tricky questions for which the organizers of Middletown’s institutions had neither an answer nor a solution. Moreover, invested in institutionalization, they did not make any major changes to either institution; rather, they continued to push their respective projects along as they were.

Moving into the next decade, public opinion subsequently continued to plummet.\(^{219}\) In 1887, for example, a young girl named Mary wrote the following letter to the editor of the *Penny Press*:

> Editor — A little space in your valuable paper will oblige a poor girl, formerly an inmate of the Industrial School for Girls. If your correspondent, who thinks that the girls are too well kept and too well treated, could only be compelled to spend a year or two in that haven of rest, he might think that it was not such a paradise as him (or her) suppose. All good things purchased for that institution do not find their way to the tables of the unfortunate, who have been forced, some of them, from the right path by adverse circumstances or harsh treatment or neglect in their youth, and at a time when perhaps a kind work or gentle teaching might have made them grow up honest and honorable women. If your correspondent could prevail on the management of the school to publish two bills of fare, one to show the food of the girls, the other the tables spread for the officers, teachers, etc. he might think all is not the sunshine which he wants to make the public believe is the lot of the very *fortunate* girls who find a home within its portals.\(^{220}\)

Mary’s account of life at Long Lane was one of the earliest published pieces written by an inmate at the School. Her account highlighted the sharp disconnect between inmates, administrators, and the outside community, as well as the hierarchical social order that pervaded institutional treatment. It also suggested that hardships would be

\(^{219}\) Note that the only issues of the *Penny Press* accessible for researchers were published in 1884 and beyond. Local reports might have expressed controversies earlier. Nonetheless, this argument assumes that this was not the case as controversies would likely have only emerged after a certain number of years had passed and the Hospital and School were well underway.

\(^{220}\) *Penny Press.* 2 April 1887, 4:2, Russell Library Microfilm Collection, Middletown, CT, USA.
justified because inmates were "fortunate" to be there in the first place. Entitled “a
girl speaks out” this article showed that what was stated and presented to the public
was not honest. Yet honesty was not important many members of the broader
community. Some residents placed great value on the welfare of inmates at the
Hospital and the School, and the transparency of administrators. But it was clear from
other accounts that many citizens thought deviants should not be treated equally and
care should be directed towards the citizens’ taxes and comfort. As a result,
Mary’s account further emphasized the inherent contradictions of the duality of
improvement — and the continuation of the School in its existing form in spite of
them.

A similar pattern occurred in response to other accounts about the School. In a
letter to the editor of the Penny Press, one individual wrote,

Editor — It is a State law that children shall not work under 13 years of age. Is
it, or is it not a fact, that the State wards, girls under 13 years of age, are
worked in the Box shop at the Industrial school?221

Another claimed,

Lizzie McHugh, an inmate of the New Haven almshouses, says that when she
was in the Girls’ Industrial school at Middletown, the under teachers whipped
her with cowhides, unknown to Superintendent Bond, who had prohibited
it.222

A third wrote, “A large percentage of the inmates of the school are orphan children,
destitute of home, and put there for no misdemeanor.”223 An awareness that minorities

221 Penny Press, 10 December 1886, p. 4:2, Russell Library Microfilm Collection, Middletown, CT, USA.
222 Ibid, p. 4:2.
223 Penny Press, 1 April 1887, p. 4:2, Russell Library Microfilm Collection, Middletown, CT, USA.
suffered indiscriminately from the institutionalization of deviancy was finally being vocalized. A similar sentiment was raised about the Hospital in 1893 when one reporter wrote, “the State of Connecticut has become a Mecca for individuals who desire to conduct establishments of that kind [to address mental illness] for gain, and who naturally prefer the least possible supervision.\textsuperscript{224}

In all of the accounts mentioned above, accusations of illegal methods of treatment, unequal hierarchies, and unethical motivations for institutionalization were raised. Yet these reports did not discourage the use of institutions or pull them into question as a concept; rather, they just emphasized the reality that unequal, abusive, and controversial treatment would be inherent in them. Such a phenomenon continued into next century. A particularly interesting debate about the ethicality of the Hospital, for example, was inspired by an article in the \textit{Hartford Times} which criticized the manner in which patients were being treated.\textsuperscript{225} In it, the author argued that attendants were “altogether different when in the presence of the doctors than they are in their (the doctor’s absence),” suggesting the lack of accountability in day-to-day operations.\textsuperscript{226} He also asked for explanation as to why staff turnover was so high.\textsuperscript{227} In response to these remarks, a nurse defended the hospital, claiming his assertions were, “uncalled-for and unjust.”\textsuperscript{228} She also stated that it was “cruel to the patients, their friends and the rate-players…[to] make such wholesale charges of want of

\textsuperscript{225} \textit{Penny Press}, 7 August 1900, 8:4, Russell Library Microfilm Collection, Middletown, CT, USA.
\textsuperscript{226} \textit{Penny Press}, 8 August 1900, 2:1, Olin Memorial Library Microfilm Collection, Middletown, CT, USA.
\textsuperscript{227} Ibid, 2:1.
\textsuperscript{228} Ibid, 2:1.
humanity,” and defended the “trained, kind, humane, and educated class of attendants and nurses,” at the Hospital.\textsuperscript{229} The nurse proved that in light of critiques, the Hospital — and the School — had their staunch defenders, even in light of major critiques.

It can of course be expected that a nurse would defend her place of employment. Less expected, however, were positive reviews coming from elsewhere. The \textit{Hartford Daily Courant}, for example, reported that both the Hospital and the School remained “in good condition,” in 1900.\textsuperscript{230} Such reviews were perhaps surprising in contrast to the accounts aforementioned that criticized the Hospital and the School separately from each other. This juxtaposition had theoretical implications — whereas individual institutions substantiated each other when they were placed together in conversation, the shortcomings of each institution was revealed when they were written about separately. This phenomenon helped normalize them such that, in light of the individual critiques mentioned above, both institutions were still accepted and praised as a part of Middletown.

Eventually, however, the fundamental issues of institutionalization were evident at the Middletown Junction even when the Hospital and the School were written about together. A notable 1900 headline in the \textit{Penny Press} read, “Do they benefit the town? — Home merchants complain of the way they are used — the

\textsuperscript{229} \textit{Penny Press}, 11 August 1900, 8:1, Olin Memorial Library Microfilm Collection, Middletown, CT, USA.

industrial school and insane asylum buy their eatables out of town.”

A battle ensued between Superintendent Shew and the merchants using the paper as a medium to conduct a debate about the Hospital and the Industrial school outsourcing for supplies instead of supporting local businesses. This critique, proving that Middletown’s institutions were not fulfilling their promises to improve the community, once again showed that institutionalization was a complicated and controversial venture. Yet intellectually and financially invested in their projects, the organizers did not seek to make major changes or attempt to solve existing issues — rather, they continued to promote the Hospital and the School. In doing so, they merely normalized the controversial nature of institutionalization.

Conclusion: The Institutionalization of...

Institutionalization?

The newspaper accounts cited above demonstrate the fact that, by the end of the nineteenth century, both the Hospital and the School were failing to fulfill a wide range of expectations of the organizers and broader Connecticut community. The critiques ranged all across the board; both institutions were not curing or correcting inmates quickly enough; they were also overcrowded and therefore not even succeeding as custodial institutions. Treatment was unequal and oftentimes abusive; moreover, the community was suffering financially. Yet a portion of the Connecticut community cared more about the declining commitment to individuals’ welfare at

---

231 Penny Press. 9 October 1886, 4:2, Russell Library Microfilm Collection, Middletown, CT, USA.
both institutions; others cared more about the negative impact both the School and the Hospital were having on the economy.

It seemed impossible to reconcile all of these issues and wide-ranging critiques while also maintaining support for these institutions. Yet underlying all of this was an unwavering loyalty to institutionalization and both the School and the Hospital. As a result, they persisted into the following century and even beyond. Institutions in Middletown had, it seemed, become institutionalized themselves. Some of the reasons as to why this occurred were alluded to above: the organizers did not know how to satisfy all of their critics, the positive accounts of both institutions provided enough evidence to justify their sticking around, and the organizers were financially and intellectually invested in their projects. Further explanations as to why the Hospital and the School persisted will be explored in the conclusion.
Conclusion

Institutional Legacies in Middletown

As a community we have to come to grips with the fact that Long Lane has been here for years and it is undoubtedly staying.232

- Domenique Thornton, Former Mayor of Middletown, CT

Throughout the twentieth century, the Hospital and School changed in many ways such as, for example, with the expansion of their facilities in order to improve accommodation rates.233 Moreover, physicians at the Hospital experimented with new medicines like hydrotherapy, shock therapy, and lobotomies alongside their environment-oriented methods of treatment.234 In 1970, Long Lane School merged with the Connecticut School for Boys and became co-ed.235 But in other ways, the Hospital and the School did not change at all — they remained overpopulated and unable to meet expected rates of recovery; abuses and inadequate treatment of

---


234 Elizabeth Hamilton, “CVH Builds a New Era on the Ruins of a Benighted Past,” Hartford Daily Courant, 01 January 2000: B1, https://search-proquest-com.ezproxy.wesleyan.edu/hartfordcourant/docview/256201600/CAC59862BB34384PQ/1?accountid=14963. Also see: School of Nursing Connecticut State Hospital, "Quest for a Happy Ending: The Story of a Community," p. 1, Medical Collection, 2012.x.081, Box 1, Folder 16, Middlesex County Historical Society, Middletown, CT, USA. The treatments implemented in the Hospital correlated with those that were being used around the nation throughout the twentieth century.

235 Leavitt, p. 6.
inmates became standard; and the media continued to question the ethicality of both reformatories.

Just as these issues had not prompted the dissolution of either institution in the nineteenth century, they did not during the twentieth century either. In fact, a flyer entitled “Quest for a Happy Ending: The Story of a Community” geared towards recruiting nurses for the Hospital in 1946 read the following:

This is the story of a community. It is a story that may have a happy ending, — someday. How soon, depends to some extent on what you choose to do.”

This flyer epitomized the role the Hospital for the Insane played in Middletown in both the nineteenth and twentieth centuries: it had not yet fulfilled expectations of quickly correcting the impoverished insane, but administrators maintained hope. They still believed it would prosper in spite of its shortcomings and continued to recruit staff and inmates under the premise that, “someday” their project would be a success. Thus rather than speculate as to why the Hospital had not achieved a “happy ending” yet, the flyer continued to invest in and boast about its facilities, programs, and staff. A 1950 flyer for Long Lane similarly prided these qualities at the School. As was evident to the public, these flyers embellished both the Hospital and the School, but many residents of Connecticut upheld their loyalty to institutionalization in general. Even to those for whom institutionalization had proven unfavorable for reasons like increased taxes or a belief that institutions were too lavish for those deemed deviant, it remained the norm. This was even the case during the deinstitutionalization

237 “Long Lane School, Middletown, Connecticut,” School Boxes 2012.x.082.001, Box 9, Series 10, Folder 5, Middlesex County Historical Society, Middletown, CT, USA, p. 3-14.
movement of the 1970s, when asylums throughout the region started shutting down for comparable deficiencies to those of the Connecticut Hospital for the Insane. A drive to shut down reformatory schools also occurred around this time, yet the Connecticut Industrial School for Girls endured. How can this be explained?

Much of the endurance of the Hospital and the School can be attributed to social realities of the nineteenth-century that were traced in chapters one and two. Historian Morton Keller explains,

> The Civil War schooled a generation in the uses of government power to effect social change in the ideal of civil equality. A powerful set of beliefs thus fueled social reform in postwar America. But the urge to transform society was tempered by comparably potent social values: racism, localism, hostility to active government, a growing fear of social change itself.”

Postwar rhetoric emphasized equality and social reform as opposed to fear and containment that had been prevalent when institutions initially arose as a means of handling social deviancies. The postwar moment therefore seemed to give reformers specifically in Connecticut an opportunity not only to adapt society to become more equal and accessible, but to even look beyond institutionalization, unlike many of their predecessors who were already deeply invested in the movement prior to the onset of the Civil War. Alternatives to institutional models may have included reincorporating values of family and community-centered models of care that that preceded institutional thought, and adapting those models to accommodate the growing population in America.

---

Such initiatives, however, were not even considered as nineteenth-century social values not only tempered true social change and the possibility of alternatives to institutions — they triumphed. Definitions of deviancy continued to be shaped by prejudice perceptions of race, ethnicity, religion, and gender, and encouraged the correction and concealment of those deemed subordinate which institution alone would satisfy; these definitions became institutionalized and as a result, so did discriminatory treatment. Moreover, change in the nineteenth-century was limited by “political corruption, popular indifference, uncertainty as to cause and cure, and a pervasive fear of social deviance stifled innovation or improvement.” As a result, the city of Middletown was unable to think outside of the institutional imagination and reproduced it in the twentieth and even twenty-first centuries.

The fact that multiple distinct institutions existed in Middletown — and the greater state of Connecticut — also reinforced an inability to look outside of institutions as it normalized their usage. Such was alluded to in the former mayor’s statement above asserting that Long Lane was “undoubtedly staying” in the community. There was power in numbers, and increased number of institutions in itself lended legitimacy to them as a means of handling deviancy and normalized their existence, even independent of the social realities of the nineteenth and twentieth centuries. As such, even when aspects of each respective institution were critiqued or pulled into question, such always occurred with the assumption in mind that they were a permanent fixture in society. Under this reality, critiques and questions could

---

239 Keller, p. 503. Such was certainly the case in Middletown as evidenced by the newspaper accounts cited in chapter three.
only go so far and never reached as radical a territory as considering alternatives to institutionalization such as family and community-oriented methods of treatment, or more individual-oriented models. Moreover, since controversies had become a normal aspect of institutions, they became less concerning and in turn diminished a need for radical change. Such phenomenons were not unique to Middletown, but existing in close spatial and temporal proximity, the Hospital and the School were particularly emblematic of them and can paint a clear picture of institutionalization in America.

Painting this picture is absolutely critical. Reasons outside of genuine symptoms of mental illness or “criminal” behavior continue to make individuals — and minorities in particular — susceptible to suspicion and confinement today. Once confined, these populations are oftentimes subject to injustices or ineffective methods of care and correction. Such is inherent in all institutions; as Rothman explains, “when custody meets care, custody always wins.” In order to prioritize care and minimize risk of abuse, American society therefore must look fully outside of

---

240 To learn more about institutional abuses happening as close to home as Middletown, see: Whiting Hospital. On the contrary, it also must be explicitly stated that many staff members at Connecticut Valley Hospital are devoted to their work and dedicate their lives to supporting many who benefit from utilizing their services. Though this thesis certainly elucidates historical issues at the Hospital and interrogates institutionalization in general, it is not intended to serve as a critique of the Hospital today and the many caring employees there.

institution custody, though it is still chiefly unable to do this.\textsuperscript{242} Even when it is, results are oftentimes limited as,

Indeed, where bed reduction is done responsibly, it has been shown that the overall costs of community-based care are similar to those of hospital-based services for long-term patients, while the quality of life and satisfaction among individuals receiving residential care in the community are higher compared to those in hospital. On the other hand, where hospital closures are intended to be primarily cost-cutting exercises, without proper replacement by services in the community, then it is clear that the quantity and quality of care will suffer and may well lead to adverse outcomes for the people concerned, including the risk for “transinstitutionalization.”\textsuperscript{243}

The latter is more often the reality.\textsuperscript{244} Americans must therefore find a way to not only look beyond institutions and imagine new possibilities, but also commit to implementing them. This process begins with unpacking the history of institutionalization and altering the particular steps that contributed to its actualization. Middletown — specifically the Hospital and the School — is an excellent case study under which this task can be taken on.

But we can only really begin to unpack Middletown’s institutional history looking at the Hospital and the School in conversation. The same way their dual existence of Hospital and School obscured realities of them in the nineteenth century


\textsuperscript{243} Thornicroft, et. al., p. 282. “Transinstitutionalization” means moving from one institution to others (perhaps ones that are not specific to an individual’s condition).

\textsuperscript{244} Ibid, p. 282.
and limited what was revealed to the public, it limited what historians could see and explore too. Today, however, though 170 Long Lane is still visible from the Connecticut Valley Hospital, the view of the Hospital from Long Lane is obstructed by trees and buildings. Such reflects the rupture in their dialogue, as does the fact that almost all of what once existed of the School has since been demolished. This is not the case at the Hospital, but even having just one of the two shut down creates a rupture that — perhaps ironically — allows us to intervene more effectively in the overlapping histories of both institutions. As is the case with every rupture, such a break leaves new holes for us to fill by asking new and different questions, like how the institutions were connected, what the implications of their relationship were, and why institutionalization persists today. Wesleyan, physically between 170 Long Lane and the Connecticut Valley Hospital, is the perfect place to begin this investigation.
Bibliography

Primary Sources

An Appeal for the Connecticut Industrial School for Girls in 1867. School Boxes 2012.082.001, Box 9, Series 10, Folder 1. Middlesex County Historical Society, Middletown, CT, USA.


“Connecticut — the State Industrial School for Girls, At Middletown,” from Sketches by a Staff Artist. Frank Leslie’s Illustrated Newspaper, No. 1,364 - Vol. LIII, (New York, 19 November, 1881). Middlesex County Historical Society, Middletown, CT, USA.


“Fifth Annual Report of the Board of Trustees of the General Hospital for the Insane, of the State of Connecticut with the Superintendent’s and Treasurer’s Reports.” Hartford: Case Lockwood & Brainard, 1871. Wesleyan University, Special Collections & Archives, Middletown, CT, USA.


*The Hartford Daily Courant.*

Johnson, Alvin. *A Brief History of the Connecticut State Hospital at Middletown, Connecticut.* Medical Collection Box 1, Folder 19. Middletown, Connecticut, 1956, Middlesex County Historical Society, Middletown, CT, USA

Long Lane Photographs Collection, Box 1. Wesleyan University, Special Collections & Archives, Middletown, CT, USA.

“Long Lane School, Middletown, Connecticut.” School Boxes 2012.x.082.001, Box 9, Series 10, Folder 5, Middlesex County Historical Society, Middletown, CT, USA.


*The Penny Press.*

*Scenes in Middlesex County.* Chicago (Illinois): W. H. Parish, 1892. Wesleyan University, Special Collections & Archives, Middletown, CT, USA.

School of Nursing Connecticut State Hospital. “Quest for a Happy Ending: The Story of a Community.” Medical Collection, Box 1, Folder 16 . Middlesex County Historical Society, Middletown, CT, USA.

*Secondary Sources*


Brooks, Emma R. *The Connecticut Hospital for the Insane from 1868-1914*. Honors Thesis, Wesleyan University, 2000. Wesleyan University, Special Collections & Archives, Middletown, CT, USA.


