RETURN: A HISTORY OF THE ST. LAWRENCE STATE ASYLUM

OGDENSBURG, NEW YORK

Francisco Goya: *A Prison Scene*, 1810–14, oil on zinc, Bowes Museum, Barnard Castle.

by Andrea Ray

In the serene world of mental illness, modern man no longer communicates with the madman....
—**Michel Foucault**, *Madness and Civilization*

During the nineteenth century in the United States, a great schism developed between an extremely wealthy leisure class and a huge population of poor. Emerging urban centers experienced considerable population growth along with the number of factories filled with men, women, and child workers that were underpaid, overworked, ill-housed, and left hungry. Often, the only opportunity workers had to breathe fresh air and feel the sun on their bodies came on Sundays. Because of poor and overcrowded conditions, many institutions were reordered, such as factories, schools, and hospitals. They were reordered much in part by philanthropic initiatives; the same people that were profiting from the Industrial Revolution. There was a sense of moral obligation on the part of the wealthy to aid their counterparts for the greater good of society. Romanticism, socialism, and humanitarianism were intrinsically linked, saturating many corners of society.

Armed with awareness and new therapeutic methods from Europe, philanthropists and activists for the improved treatment of the mentally ill demanded new possibilities for resolving the growing mental health crisis. It is unclear whether the increase in stress levels of American society created an intensifying frequency of mental illness or whether the escalation was more about shifting definitions and diagnosis of the mentally ill. There

is direct causality between these sociopolitical pressures and the implementation of state-sponsored treatment of the mentally ill—its greatest feat being the rise of the asylum. The prison and the poorhouse were no longer the accepted destinations for those with mental illness. The asylum brought with it the hope of refuge.

"A Healthy, fertile location that admits of perfect sewerage, secures pure air, and boasts attractive scenery"—an 1887 description of the Point Airy location near Ogdensburg, New York, proposed for the construction of an asylum. This psychiatric facility would in fact be built and go on to pioneer advances in the care and treatment of the state's mentally ill and be noted for the architecturally edifying significance of its structures. It would provide for its patients and surrounding residents a self-sustained communal life in close relation to nature. Situated on the scenic banks of the St. Lawrence River, the asylum's architectural grandeur and retreat-like landscape inspired notions of health and well-being. On Sundays, nearby residents of the city of Ogdensburg would arrive by trolley to stroll the grounds, relax, and take in the beauty of the 1,300 bucolic and agricultural acres, thereby enhancing their own sense of well-being. At the time, it was thought that a clean, well-lit place in connection with nature would foster and nurture a cure for the mentally ill. This community, as it was originally conceived, is extraordinary to study in light of today's obsession with health, clean air, spa culture, and such. Like many utopian communities, eventually it found its facility obsolete. The site's decline to its current condition and function reveals severe problems regarding the care and responsibility of the mentally ill today. This decline took the site on a journey of return.

• • •

Humane Treatment

Philippe Pinel is often regarded as the father of modern psychiatry. Appointed chief physician of the Asylum de Bicêtre, Paris in 1793, he is often credited as being the first to introduce humane methods of treatment to the mentally ill. Pinel is noteworthy for having said, "Citizen, I am convinced that these madmen are so intractable only because they have been deprived of air and liberty." One of Pinel's employees of the Asylum de Bicêtre, Jean-Baptiste Pussin, was the first to remove patient restraints, replacing them with straightjackets. Pussin influenced Pinel, and together they served to spread humane reforms, observe and talk to patients as methods of cure, and to develop Pinel's seminal *Treatise on Insanity* that included the classification of major mental illnesses. At much the same time, the Quaker physician William Tuke was developing a more enlightened approach to the treatment of the mentally ill in England with a new facility named the Retreat. Doctors at the Retreat pioneered effective new therapies including forms of labor and the use of human-animal bonding. Both institutions were highly praised for their progress and humanitarian approach.

In *Madness and Civilization* (1965), Michel Foucault took a unique view of Tuke's asylum; one that saw this praised liberation as repression. Foucault writes:

> *We must therefore re-evaluate the meanings assigned to Tuke's work: liberation of the insane, abolition of constraint, constitution of a human milieu—these are only justifications. The real operations were different. In fact Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility; fear no longer reigned on the other side of the prison gates, it now raged under the seals of conscience. ... The asylum no longer punished the madman's guilt, it is true; but it did more, it organized that guilt; it organized it for the madman as an awareness of the Other, a therapeutic invention in the madman's existence. In other words, by this guilt, the madman became an object of punishment always vulnerable to himself and to the Other; and, from the acknowledgment of his status as object, from the awareness of his guilt, the madman was to return to his awareness of himself as a free and responsible subject, and consequently to reason. This movement by which, objectifying himself for the Other, the madman thus returned to his liberty, was to be found as much in Work as in Observation. (...) Work comes first in 'moral treatment' as practiced at the Retreat. In itself, work possesses a constraining power superior to all forms of physical coercion, in that the regularity of the hours, the requirements of attention, the obligation to produce a result detach the sufferer from a liberty of mind that would be fatal and engage him in a system of responsibilities.*[1]

What is overlooked in Foucault's argument is the Retreat's provisions for patients' curative rhythm with nature that their labor of the land provided. This would be a principal formulation for the asylum's organization. The silent operations that Foucault describes within labor and observation as it organizes guilt and fear would eventually apply in some manner to the future working community asylum on the St. Lawrence River. Perhaps this was a less burdensome regime than he describes, though, and could be looked at through the term distraction. The asylum's form and function can be seen as an early orchestration of distraction as the architecture and tended grounds of the asylum commanded order and control in a formidable way, effectively distracting one from the disruptions found within. The desired modified behavior of the patient within the structure of the asylum can also be seen as a distraction—a distraction from his or her said illness where a patient may masquerade, perhaps through guilt and labor, disguising himself in the costume of the sane—not being cured per say, but distracting the Other and oneself from madness.

The ideas of Pinel and Tuke gradually took hold in different countries, and in the United States attitudes toward the treatment of the mentally ill began to drastically improve by the mid-nineteenth century. Reformers such as Dorothea Dix began to

advocate a more humane and progressive attitude toward the mentally ill in the United States. Dix was born in Maine in 1802. An early career as a teacher of the underprivileged indirectly led to her role as an influential social reformer. Visiting a Massachusetts jail in 1841 to teach Sunday school, she witnessed the appalling treatment suffered by the mentally ill in the company of common criminals. Outraged, Dix felt morally compelled to promote humane care for those suffering from mental illness. A woman of privilege, she traveled to Europe in 1854 to rest from an illness and subsequently found such deplorable conditions in the public facilities for the poor insane that she continued her travels from 1854–56 around Europe to further witness conditions and instigate change.

Despite lacking a formal education in psychiatry, Dorothea Dix is largely responsible for changing the predominant attitude that insane patients are incurable. While psychiatry approached a cure from the mind, Dix's ideas of environment and daily activity within an institution spoke to the physicality of the patient in an environment and architecture, availing the patient's ability to actively participate and take responsibility. Essentially, she believed that a pleasing environment where daily life is in balance with nature and organized by routine could lead to a "return of their senses"—a commonsense statement that should be restated today for the benefit of all—mentally fit or not. At a time when the mentally ill were often incarcerated in prisons, relegated to poorhouses, or crowded into small wards at private hospitals, Dix persuaded the legislatures of many states to construct public asylums where they could live in reasonable comfort, receive therapy, and live more enriched lives. Dix's tireless work to this end publicized atrocities endured by the mentally ill and provided a catalyst for the advancement of humane treatment. Her efforts were directly responsible for the founding of numerous asylums throughout the United States, as well as in Canada and Europe.

• • •

Guidelines for the construction of a cure

An asylum was intended as a place to seclude one from suspected causes of illness, to structure and improve activity, and to supply a certain amount of medical therapy. Dr. Thomas Kirkbride, a Quaker from Philadelphia, was an influential advocate of an asylum system based on moral treatment. Known as the Kirkbride Plan, On the Construction, Organization and General Arrangements of Hospitals for the Insane was his treatise detailing guidelines for designing, constructing, and administering asylum buildings and their surroundings for a curative effect on the patient. It was originally published in 1854. Curing citizens' mental disorders was considered by Kirkbride and his contemporaries to be valuable for improving the quality of society in general. At the heyday of the Kirkbride buildings, Kirkbride claimed an 80 percent cure rate, where cured meant a successful re-establishment of social skills. The Kirkbride facilities incorporated what might be termed today as a holistic approach—caring for and treating the psychological, physical, and emotional components of a patient. Dorothea Dix and Thomas Kirkbride formed a friendship through their common interests and goals, and Dix's work for the humane treatment of the mentally ill undoubtedly created circumstances favorable to the proliferation of the Kirkbride Plan.

Dr. Kirkbride envisioned an asylum with a central administration building flanked by two wings comprising tiered wards. An important aspect of Kirkbride's linear design was that "each ward was enough out of line so that fresh air could reach it from all four sides and it was not under observation from other wards." This linear, mirrored plan facilitated a hierarchical segregation of residents according to gender and symptoms of illness. Male patients were housed in one wing, female patients in the other. Each wing was then subdivided by ward with the more "excited" patients placed on the lower floors, farthest from the central administrative structure, and those patients whom they deemed better-behaved were situated in the upper floors and closer to the administrative center. Ideally, this arrangement would make patients' asylum experiences more comfortable and productive by isolating them from other patients with illnesses antagonistic to their own while allowing all sides of each ward access to fresh air, natural light, and views of the asylum grounds.

Kirkbride believed it crucial to place patients in a more natural environment away from the pollutants and hectic energy of urban centers to affect a cure. Abundant fresh air and natural light not only contributed to a healthy environment, but also served to promote a more cheerful atmosphere. Extensive grounds with cultivated parks and farmland were also beneficial to the success of an asylum. Farmland served to make an asylum more self-sufficient by providing readily available food and other farm products at a minimal cost to the state. Landscaped parks served to both stimulate and calm patients' minds with natural beauty enhanced by rational order while improving the overall feeling of the asylum.

• • •

Moral(e) Treatment

A man usually values that most for which he has labored.
—Dorothea Dix

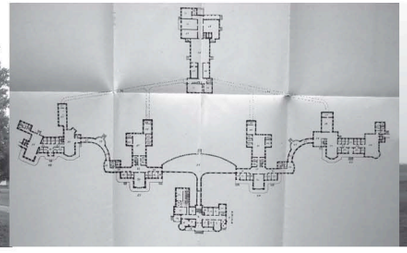
The notion of esteem was primary to the asylum organization that included farmland, textile production, and other functions of labor. Patients were encouraged to help work the farms and keep the grounds, as well as participate in other chores. Such structured occupation was meant to provide a sense of purpose and responsibility that, it was believed, would help regulate the mind as well as improve physical fitness. Patients were also encouraged to take part in recreations, games, and entertainments that would further engage their minds, make their stay more pleasant, and perhaps help foster and maintain social skills.

• • •

Architecture

Buildings are to have abundant air and sunlight, also grouped and massed so that the outlines produce the main feature representing their leading purpose, and harmonizing with their surroundings, ornamentation having been almost entirely avoided. The intention has been to produce a sense of solidity and a style of architecture requisite and proper for asylum purposes, and the buildings are characterized by discreteness, moderation, and propriety.

–Isaac Perry



Point Airy was chosen the site of the St. Lawrence State Asylum for its abundant fertile land, fresh air, endless water supply from the St. Lawrence River, and proximity yet anonymity to the city of Ogdensburg. Isaac Perry, a prolific architect-builder, was chosen to design the asylum in 1887. He was responsible for the design of many municipal buildings in New York State using the Richardson Romanesque architectural style—a style of massive rough-faced stone facades, broad round arches, deeply set windows, a great weight imposing on the landscape representing security, grandeur, order, and impermeability. This style was combined with tenets of the Kirkbride Plan to complete The St. Lawrence State Asylum in 1897.

• • •

Leisure Class Influences

During the nineteenth century, wilderness tourism and armchair naturalism were very popular with the leisure class. National parks were created, including the Adirondack Park in upstate New York in 1892. The Kirkbride Plan that broke up the architecture program of the asylum into smaller units that were capable of greater responsiveness to natural site features was a characteristic shared in the contemporaneous developments of the Great Adirondack Camps. The Great Camps were built for the super-rich of the American Gilded Age as remote and luxurious rustic summer retreats. Architect Isaac Perry's psychiatric hospital designs referenced the leisure and retreat of the concurrent Great Camps to elicit health and wellness. Perhaps it also consoled the families for any guilt in committing their dependent relative who was perhaps merely a menace. The grand high clerestory ceilings of immense day rooms and the abundance of wrapping verandas are visual duplicities between Perry's hospitals and the Great Camps. Serving as an additional advantage to the design's high ceilings of the day rooms was their convenient fulfillment of the desired 600 cubic feet of air per patient requirement of Kirkbride's Plan while economizing on square-foot floor space per patient beds.

• • •

The St. Lawrence State Asylum: Daily Life

Upon the completion of the facility and before the arrival of the first patients, the asylum experienced a name change from the St. Lawrence State Asylum to the St. Lawrence State Hospital whereby the state officially assumed full responsibility for its mentally ill, according to the New York State Care Act. Within the New York State Care Act, distinctions between acute and chronically mentally ill were eliminated. State physicians believed that hospitals could provide care that was more economical and individualized and facilitate more accurate classifications of patients.

In December 1890, traveling by horse-drawn sleigh from approximately 140 miles away in Rome, New York, the first 140 patients were received, and 20 more were admitted each month during the following year while facilities were being completed. The majority of state hospital patients were of lower socio-economic classes, as the mentally ill from families of privilege often had enough private care to avoid such undesirable labels. For its first sixty years at least, the St. Lawrence State Hospital was a self-sustained community. It had its own pumping station by the river, its own electric plant, fire station, and police station. It had its own hospital on the premises to care for patients, a nursing school with dormitories, and a patient library. On the five hundred acres of farmland, patients grew enough vegetables and fruit in the garden to feed the entire population of the hospital and the animals, too. Nutrition was studied to produce menus of solid nutritional value as well as aesthetically pleasing. Hardly any food was ordered from outside sources. Also instituted to supply hospital needs were sewing shops; the production of tin ware; and brush, broom, and shoe shops. Some industries, most notably the canning plant, a logging department, fluid milk sales, livestock sales, and field crops such as hay and potatoes produced considerable income for the hospital.

About thirty-five farmer patients lived in an impressive freestanding building called the Farmer's Cottage. This residence was far superior to the average farmhouse one would find outside the community. Men enjoyed the choice of agricultural work, landscaping, and shop work of various kinds.

> *Many were keenly interested in the work on the farm, dairy and garden. On one small plot of ground set aside for him, one patient in 1905 raised enough tobacco to supply the Farm Cottage patients for a year. Others drove teams,*

cared for horses, and assisted with the care of cows and other farm animals. One patient looked after a flock of sheep which grazed on the lawns of the central buildings and assisted with the shearing in proper season, furnishing wool which women patients would eventually spin and then knit into warm socks for outdoor workers."[2]

Farm and garden products included milk, oats, beef and pork, potatoes, cabbage, lettuce, mangel wurtzel (beets for cattle fodder), radishes, celery, carrots, silage corn, fruit, and squash. The farmer patient's life at the St. Lawrence State Hospital was exemplary of Kirkbride's goals.

Looms were supplied, and soon patients had woven rugs to cover many floors throughout the buildings. Examples of sewing-room articles were aprons, dresses, napkins, rag rugs, pillowcases, sheets, shirts, roller towels, underwear, and blankets. Beginning in 1897, women patients were encouraged to partake in outdoor responsibilities to ensure fresh air and sunlight on their bodies in addition to their indoor occupations, which always contributed to the hospital industries.

In 1910 the first free dispensary was opened for outpatient care at the St. Lawrence State Hospital, marking a significant change for this and similar institutions regarding philosophy and responsibility. At that time, the St. Lawrence State Hospital owned 1,219 acres, cultivated 966 acres, valued its real estate at $3,015,900, employed 400 people, and cared for 2,158 patients. While most patients were involuntarily committed by the courts, some would voluntarily admit themselves. From 1916 to 1918, popular patient recreational activities such as boat rides and teas were stopped in favor of the war effort—replacing them with patients' wartime contributions such as knitting socks and rolling bandages. Post-war in 1922, the occupational therapy department was reorganized. Some prewar activities were restored, such as the teas, while new ones were implemented according to doctors' prescriptions. One positive example of new treatments was the first beauty salon in any state hospital, opened here in 1928. The resulting self-esteem for women patients was immediately recognized as having therapeutic value. Women patients were also encouraged to sew for themselves from offered patterns and materials. Social activities such as the teas and dances that included both patients and students were common and provided an air of normalcy as well as a test of the patient's ability to behave and retain the privilege of participation. Visitors were impressed, as one wrote, with "the homey atmosphere—the palms, ferns, birds, pianos and radios,"[3] and still more with the cheerful demeanor of attendants and contentment of patients.

• • •

From the Greater Good to Rights of the Individual: the Beginning of the End of This Community

As the state population increased in the twentieth century, so did the number of mentally ill, and the cost of housing them in centralized institutions. State hospitals began to overflow. Overcrowding again became a problem. During wartime, they became even more overburdened, often serving as hospitals for returning servicemen in addition to caring for their regular patients. The incentive by the state to reduce the number of patients was high, yet there were still no adequate treatments or therapies for the mentally ill to warrant their discharge. As a result, priorities were reordered, subsequently allowing the state to move away from its singular responsibility for the mentally ill and engage in a reclassification of the patient's best interest.

Concurrent to overcrowding were changing theories about the causes for mental and emotional disorders, therefore requiring different methods of treatment. Frightening treatments like shock therapy, restraints, and seclusion rooms were being used, as were restraints—again. The St. Lawrence State Hospital began to purchase more of its own supplies rather than remain self-sufficient. New labor laws of the late 1950s furthered the demise of the subsistence operations. Most destructive was the law that prohibited a patient from working if he or she was not paid—this closed the farm and the gardens in 1959. The looms were removed as well as other occupational assignments that economically made possible the subsistence viability of the institution. Most importantly, the outdoor activities that kept a patient attuned to nature's daily and seasonal rhythms, known to be curative, were dropped and in place of that time was an interiority—again. This was the greatest tragedy of all the changes since the inception of the institution's mission. Previous theories about dignity and esteem relative to a cure must have been redefined in the process.

By now, exposés of poor hospital conditions and patient abuses statewide produced widespread public and professional demand first for reform, then for the dismantling of all state hospitals in favor of a decentralized approach to mental health care. Psychotropic drugs were introduced in the mid-1950s, increasing outpatient treatment and reinforcing psychiatric confidence in their ability to cure mental illness, thereby discharging institutions of their burden. Subsequently, and not without correlation, in 1957 the St. Lawrence State Hospital became known as the first completely "open" (meaning unlocked) facility in New York State. Patients could be admitted and discharged at their will, and care became increasingly community based. This shift continued the self-obsolescence of this large institution as the population of admitted residents and patient staff sharply declined. Televisions were donated and dispersed throughout the facility, providing an immobilized interior distraction. Immobilization—again. Privacy laws were

among many that, when enacted, forced the hospital to reinvent its existing architecture to conform. In one instance those expansive sunlit dayrooms with their high ceilings and patient beds, communing with plants, rugs, and other homey touches, were cut up with partition walls—protecting a patient's privacy but increasing a patient's isolation. Some of the required renovations were declared not feasible for architectural and economic reasons. Not only had the architecture itself become fragmented, but so, too, had the notion of responsibility and accountability for these less-fortunate citizens.

By 1968, community-based care continued to expand as part of a major reorganization and reduction of residents and staff at the State Hospital. In 1972, the St. Lawrence State Hospital was renamed the St. Lawrence Psychiatric Center following state legislation changes—a semantic, yet symbolic change that further defined a shift in responsibility. The nursing school was closed in 1981, resulting in a lack of technically skilled nurses to work in the hospital. In 1982, since the city of Ogdensburg had lost financial stimulus of the nursing school, it voted unanimously to construct a correctional facility on the property. The Psychiatric Center built the Trinity Building in 1981 to economically comply with legislated codes and new medical requirements, and only 60 mentally ill adults reside there today. A children's residence was added to the property in 1989, as was Northwood Manor, a substance abuse residence. Until July 2006, a small fraction of the original buildings were still being utilized, but for administrative purposes only. No patients have lived in the original asylum buildings since the early 1980s.

• • •

The end

Today's uses of the site are quite revealing of public opinion regarding the mentally ill. Presently, the view to the St. Lawrence River is interrupted by the erection of razor wire fences, and within them will operate a treatment facility for sexual offenders. The proximity of the children's psychiatric facility to the surrounding adult correctional facilities on these formally glorious grounds is alone a shameful reminder of societal neglect. On Point Airy, where a utopian community had thrived, we are now left with a collection of undesirables. What is the notion of promoting a cure in this instance?

There is a class and societal split—again. The objectionables are removed from sight, relegated to internment, less valued, and unable to participate, while the privileged treat themselves in an outpatient manner without the need of a health care system. Are we invested in rehabilitation, or has the profit motive overshadowed ideas of societal good in this country?

Today there is great interest in many of the elements on which this state hospital was founded. One need not look further than the very profitable spa culture industry to find parallels. While spa culture is based on principles similar to the asylum's tenets of health and well-being, there is no relation to the communal greater good philosophy of social service on which the asylum was built. We now live in an age of individuation. Self-medication and direct-to-consumer drug advertising are two examples of how we have become a culture of symptoms and treatments. As this age of individuation progresses to offer seemingly endless treatments and coping strategies, I think it beneficial to examine these, too. Are they effective therapies, or merely organized distractions? But still I wonder whether there is a possibility for such a socially generous community to thrive today, or are we just too digitized and fragmented and the capitalist system too pervasive to allow for it? Perhaps, under the organization of return, we can begin to re-evaluate the future of community and society and look again at ideas of the greater good.

The St. Lawrence State Hospital was a fine example of a utopian subsistence community. The original elaborate organization of architecture, therapy, medicine, and grounds in a natural setting on the banks of the St. Lawrence River truly and effectively did liberate, provide esteem and dignity, and in many cases performed cures. Alternatively, these elements may have provided a stage for a performance of cure. In some instances, this may have been a highly elaborate organized distraction from madness both for the benefit of public opinion and the madman, too. Perhaps today's organization on the same grounds is a more honest, yet frightful, exhibition of the ruling opinion of the mentally ill.

Long ago, people stopped visiting these bucolic grounds for pleasure walks. While I can still see elements of beauty in this landscape, today there is a distinct air of abandonment, fear, and discard that disrupts the possibility of pleasure. The heat was turned off in the historic building clusters years ago; wood floors buckle, paint peels, and mold grows. The elements will continue to be harsh and unforgiving foes to the roofs and interiors. The original buildings of the St. Lawrence Asylum stand as crumbling monuments to the abandonment of notions of health and well-being for the mentally ill.

Committed with a "mental blight" to the St. Lawrence State Hospital on her fortieth birthday, the formerly famous artists' model Audrey Munson had moved through at least three building clusters in her 65 years of residence there—between the years of her arrival in 1931 and until her death in 1996. It is unclear whether she was in fact mentally ill or a tragically misunderstood artist and feminist. What is clear is that she was witness and captive to great changes in attitude of how the mentally ill would be better treated and cared for correlative to lobbyist influence and economic validation. Unfortunately, she was a silent witness—one we don't have the opportunity to learn from. Audrey Munson participated in a return—into a solitary room, interiority, internment.

Visible from her windows of Trinity is one of her previous residences, The Flower Building. Since 1980, this historic architecture has been enclosed with heavy fencing and razor wire, operating as the Ogdensburg Correctional Facility. Restraint and fortification reformed the landscape. Fear must return, too, with this view from the window. As one visualizes physical confinement, the confinement of the mind is assured.

• • •

In the serene world of mental illness, modern man no longer communicates with the madman: on one hand, the man of reason delegates the physician to madness, thereby authorizing a relation only through the abstract universality of disease; on the other, the man of madness communicates with society only by the intermediary of an equally

abstract reason which is order, physical and moral constraint, the anonymous pressure of the group, the requirements of conformity. As for a common language, there is no such thing; or rather, there is no such thing any longer; the constitution of madness as a mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue, posits the separation as already effected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence.

– Michel Foucault, *Madness and Civilization*

behind razor wire fences as the Ogdesburg Correctional Facility.

Bibliography

Foucault, Michel. *Madness and Civilization* (New York: Vintage, 1965)

LeMay, Marcia. *The History of the St. Lawrence Psychiatric Center, Ogdensburg, NY.* May 1992.

History of St. Lawrence State Hospital. (New York: St. Lawrence County Historical Association, December 1965)

St. Lawrence Psychiatric State Asylum Second Annual Report for the Year 1888. New York: St. Lawrence Psychiatric State Asylum, 1889.

St. Lawrence State Hospital. (New York: The State of New York Department of Mental Hygiene, 1954)

"The Quarterly" (July 1983), St. Lawrence County Historical Association, New York

http://en.wikipedia.org/wiki/Kirkbride_Plan, accessed on November 2006-January 2007

www.kirkbridebuildings.com, accessed on November 2006-January 2007

http://www.webster.edu/~woolflm/dorotheadix.html, accessed on November 2006-January 2007

Footnotes

1. Michel Foucault, *Madness and Civilization*, New York: Vintage, 1965, p. 247

2. *St. Lawrence State Hospital*, New York: State of New York, Department of Mental Hygiene, 1954

3. St. Lawrence County Historical Association, "History of St. Lawrence State Hospital", pg. 7, December 1965.