The Beginning of Mental Health Care Reform in Maryland, 1908–1910

ROBERT W. SCHOEBERLEIN

> *It is impossible to imagine anything worse than the brutal degradation and cruelty to which the insane are subjected in some of the county almshouses, where they are chained in solitary wretchedness. . . . In one of these dens I found a wretched female maniac quite naked and filthy beyond all conception, crouched in a corner of a dark fetid room without ventilation, where she was confined by day and by night with no other bed than the floor. . . . This condition of affairs calls loudly for reform. Charity requires, Mercy demands it!*[1]
>
> — Dr. C. William Chancellor, Secretary
> Maryland State Board of Health, 1877

For more than thirty years, from 1874 to 1908, similar descriptions regularly appeared in official reports to Maryland's political leaders, yet the care of the state's indigent mentally impaired citizens, or as they were then termed the "pauper insane," saw little or no improvement. Hidden away to languish in county almshouses, asylums, and even jails, the pauper insane were little noticed in an era supposedly characterized by religious devotion and charitable generosity.

The camera helped to change all that. Photographs played an important role in bringing bad conditions to light and in persuading politicians and the general public that the state should take responsibility for the care of its indigent insane. Photographs played an indispensable role in the mental health care reform efforts undertaken in Maryland during the early twentieth century, an effort spearheaded by the Maryland State Lunacy Commission. Unfortunately, as originally formed, the state-appointed commission charged with overseeing the care of the mentally impaired possessed little power to effect improvements in the lives of its wards.

The history of mental health care in nineteenth-century Maryland displays an uneven rate of progress and enlightenment. Though the state rarely stood in the forefront of those embracing new ideas in treatment, it generally led its southern sisters in enacting more modern policies toward the care of the insane.[2] Fiscally conservative Maryland, one of the first states in the nation to found a mental institution, saw support for reform wax and wane throughout the nineteenth

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century. Patient overcrowding and chronic understaffing characterized public facilities. In 1798 the Maryland Hospital first opened its doors as a joint private/public venture with private individuals administering the facility.[3] The limited space at the hospital served a mixed paying population of sane and insane patients housed in separate wards. Prompted by reports of inadequate care and intractable administrative issues, the state took control of the institution in 1834 and renamed it the Maryland Hospital for the Insane. The General Assembly in 1839 resolved that at least one-half of the approximately sixty hospital spaces be reserved for the pauper insane from the counties, who would pay the state for their board and upkeep.[4] The national mental health reformer Dorothea Dix in 1850 studied the Maryland Hospital. Her recommendations prompted the legislature to grant the funds to build a new and larger institution. Spring Grove Hospital in Catonsville, its opening much delayed by the Civil War, began admitting patients in 1873.[5] By the end of the decade its 350 spaces were filled. Maryland's insane population increased with each ensuing decade, but a second state hospital would not be authorized and completed until 1898.[6]

A number of private institutions and sanitaria sprang up to accommodate a burgeoning—and paying—constituency. Mount Hope Retreat, founded and administered by the Sisters of Charity, began treating patients with mental disorders, alcoholism, and addictions in the 1840s. Moses Sheppard, a Quaker merchant and philanthropist, set up a foundation to oversee the construction and administration of a state-of-the-art mental institution in 1857. After a long postponement, the Sheppard and Enoch Pratt Hospital opened it doors in 1893 and soon gained a national reputation for its modern facility and methods of treatment. Other, smaller institutions, such as the Gundry Cottage, specialized in the treatment of specific kinds of mental illnesses, giving care to between six and thirty individuals each.[7]

The majority of mentally impaired Marylanders remained either in the homes of relatives, or if poor in the county almshouses and jails. In 1834 the state legislature passed a law that designated the county almshouse or jail as the facility where the pauper insane were to be housed.[8] Throughout the nineteenth century these institutions became the usual destination for the indigent insane. By 1893 approximately one thousand such individuals resided in Maryland county facilities. Almshouses served also as the warehouses for the incapacitated, chronically ill, and elderly populations. Residents included those afflicted with Alzheimer's disease, epilepsy, and mental retardation, or "feeble-mindedness" as it was then known. Not all counties in Maryland ran almshouses. In certain counties, a system of outpensions granted by the county commissioners allowed the poor to remain in their own lodgings.

The county Trustees of the Poor or a grand jury empowered by the county circuit court inspected the conditions of the almshouse on occasion. A review of a

sampling of grand jury findings shows the comments to be generally less than critical. One is struck by the recurring remark that "the conditions are as best as can be expected" or a similar phrase. Comments perceived as criticism of one's own neighbors or one's county commissioners, perhaps, had a chilling effect upon meaningful suggestion.

With the founding of the Maryland State Board of Health in 1874, individuals untrammeled by local influences began inspecting almshouses. By law, a board member could visit all charitable institutions, jails, and reform schools at the request of the governor. Tours of these institutions commenced in 1874, and the findings proved to be less than complimentary.[9] The first comprehensive view into the conditions of Maryland almshouses came in a groundbreaking 1877 report made by Dr. C. William Chancellor, the Secretary of the State Board of Health. Chancellor personally visited each Maryland almshouse and jail and wrote up a scathing report condemning their condition and administration. "It is painful to report the shocking condition in which many of the public institutions were found, and it is difficult to conceive that anything worse ever existed in a civilized country." He described numerous examples of mentally ill patients held in unnecessary restraints, inadequately fed, and improperly housed. In Queen Anne's County, Chancellor discovered a woman chained to the floor in an attic. He characterized the Anne Arundel County almshouse as "an abode of misery" where "not a comfort or convenience, beyond such as are usually afforded to caged wild beasts, was to be found." In regard to all such institutions, Chancellor concluded: "For the insane there is written over the portal of the almshouse as those over the infernal regions, 'Whoever enters here leaves hope behind.'"[10]

The Maryland State Lunacy Commission

The responsibility for the regular inspection of almshouses eventually passed to the Maryland State Lunacy Commission. Founded in 1886, the Lunacy Commission possessed nominal oversight over all of the mentally ill held in institutions throughout the state.[11] As part of its charge, the commission secretary made visits to state hospitals, almshouses, asylums, and jails every six months and reported his findings to the governor. As first organized, this body had little power to effect any change. With only the ability to grant new licenses for privately run facilities, the commission had virtually no influence over county commissioners regarding the care of the insane in their almshouses. Public shaming appeared to be the only tool at hand, and the commission used it in the pages of its annual report. But few people ever saw the contents of these publications. State legislators and possibly members of the medical community appear to have been the recipients. Legislators, who spent a relatively brief time in session, were approached by professional lobbyists with a myriad of proposals competing for their attention. No advocacy

on behalf of the mentally ill, save for the limited efforts of the state medical society, ever materialized.

The Lunacy Commission reports, though, often contained very graphic descriptions.[12] They uniformly decried the use of almshouses for the reception and housing of the insane. Since most almshouses lacked any form of recreation, employment, or therapy, the mentally impaired, even those not held in some form of physical restraint, whiled away the hours seated on benches or aimlessly roamed the halls and grounds. Conditions varied in different county almshouses, but generally speaking the daily administration of most almshouses could be described as loose. Only the most rudimentary records were kept. Superintendents, often local farmers appointed through political influence, sometimes changed yearly. Attendants had no training in the care of the mentally ill, which meant that physical restraints often were used on patients, even though some Maryland medical professionals had disapproved of the practice since the 1870s. In at least one case improperly applied restraints led to the death of a patient from gangrenous hands. That incident occurred when the leather muff that had been used to restrain a male patient at the Bay View Asylum was tied too tight, cutting off the circulation in his hands for several hours. Sometimes attendants used their fists to subdue the demented or unruly.[13] It appears that senile elderly were merely locked in cell-like rooms to keep them from wandering away. Reports speak of the "almshouse diet," a subsistence diet consisting mostly of hominy or oatmeal as the daily fare for residents. Another term, "almshouse odor," can easily be imagined as an oppressive presence in a building that lacked indoor plumbing or bathing facilities, and regular, daily care for the incontinent or chronically ill population. The deceased sometimes lay on their beds for several days before the undertaker made his appearance. Some almshouse structures dated from the eighteenth century; others, reserved for African Americans, appeared to be nothing more than old, drafty slave quarters.[14] A local doctor usually came to call on an "as needed" basis. Therapeutic drugs for patients appear rarely to have been kept on the premises.

Almost every Lunacy Commission annual report calls for the building of a proper state facility for the African American insane. A string of commission secretaries recognized that the almshouse housing reserved for people of color almost always was of poorer condition than that for whites, usually "a dilapidated cabin, more or less clean, and always overcrowded."[15] Writing of the Frederick County facility, one secretary thought, "the beasts of the field are taken better care of than the poor negroes."[16] Segregated facilities existed in many counties, though for want of funding, certain counties broached this unwritten law, and allowed the races to co-habit.

Some counties permitted the sane and insane residents, men and women, to intermingle freely. The sadly predictable result of this living arrangement appalled the commission. Feeble-minded and psychologically ill women frequently became

pregnant, begetting another generation to the Bedlam-like surroundings of the almshouse.

In the early 1890s a movement initiated by the Lunacy Commission and carried forward by the Medical-Chirurgical Faculty, the state medical professional society, promoted improved care for the mentally ill poor. Inspired by New York State's recent passage of an act providing care for the insane, the first in the nation, a few Marylanders recognized their state's responsibility for the proper housing and care of their own indigent insane. In what could be characterized as a quiet campaign engineered by Dr. George J. Preston, Secretary of the Lunacy Commission, and supported by the medical community, legislation was passed in 1904 whereby the state would take over the care of its indigent insane on January 1, 1909. The State Care Act of 1904 faced no open opposition in the House or Senate with both houses unanimously supporting the passage of the bill.[17] The transfer of mentally impaired county almshouse and asylum residents to state hospitals would be made as soon as practical.

The law never was enacted. Maryland simply lacked the adequate number of spaces within its facilities to house all of its insane poor, and formidable competition for new hospital construction funding existed. The building of good state roads in the interest of economic development was a higher priority for state politicians. In his opening message to the General Assembly in January 1908, Governor Edwin Warfield remarked, "I doubt the feasibility of the State assuming the care and maintenance of all her dependent insane [in 1909], because it will not have adequate buildings and facilities for doing so, and the State Treasury will not be in a condition to bear the burden." The State Care Act was repealed that year and immediately reinstated, moving the start date two years forward to January 1, 1911.[18] According to some sources, Governor Warfield opposed any action on the state care issue during his tenure.[19]

Despite the postponement of state care, 1908 was to be a pivotal year for Maryland's indigent mentally impaired. The inauguration of a new, sympathetic governor and the reorganization of the Lunacy Commission heralded a reinvigorated campaign that sought to bring state care before the public eye. Johns Hopkins Hospital's Dr. William E. Welch worked behind the scenes to recruit new members for the commission, replacing four of the five by August.[20] Welch, as president of the State Board of Health and a health care activist, had Governor Austin Crothers tap Dr. Hugh Young for the position of president. Young, a native Marylander and a urologist by training, had assisted in the successful passage of legislation authorizing Maryland's first tuberculosis hospital. Though not trained in psychiatry, Young's humanitarian interest coupled with his influential contacts proved invaluable to the commission. Commission secretary Dr. Arthur P. Herring served as the key administrator over the daily functions of the body. Herring, a West Virginian by birth, earned his medical degree in 1896 from the Baltimore Medical

College, where he then served on the faculty. Herring acted as the visiting neurologist and psychiatrist at the Bay View Asylum, Baltimore City's almshouse. Herring possessed the medical training and intimate knowledge of the almshouse setting to speak with authority before both politicians and the public. The other three appointed members of the commission included Dr. Henry Hurd, former superintendent of the Pontiac State Hospital in Michigan, Dr. R. Markley Black, and Dr. John D. Blake. Governor Crothers and Isaac Lobe Straus, Maryland's attorney-general, also served as ex-officio members.

The reconstituted commission pursued a new, more aggressive strategy that appealed directly to the people of Maryland. The members decided to expose the almshouse conditions and launch a campaign to enlist the support of Maryland's medical community and influential citizens throughout the counties. "Public sympathy, both professional and lay, is necessary to force the Legislature to the realization of the fact that they can no longer 'play politics' with such an important matter, but that they must declare themselves one way or another," observed the *Maryland Medical Journal.* Thirty years of reports describing, sometimes in excruciating detail, the horrific county almshouse and asylum scenes had failed to generate any true political advocacy on behalf of the pauper insane. As the *Journal* noted, "If the Lunacy Commission and the medical profession are not fully prepared to face this issue with determination to win and with the full assurance that they are supported by the intelligent laity, then the probabilities are that there will be another delay or possibly the bill will be repealed."[21] Rather than continuing to rely on the good graces of politicians, the commission would use the camera in its fight for mental health care reform.

During the early twentieth century, a movement arose across America broadly designed to ameliorate long-standing social problems. The product of a more scientific approach to philanthropy engendered by post–Civil War reformers, the Progressive Movement, as it came to be known, enlisted specialized studies and formalized surveys in an attempt to systematically understand the basis of community ills. Areas of particular interest included housing for the poor, conditions in factories, child labor, and mental health care reform. Progressives hoped to draw public attention to their reports, but for the most part they sought to convince state and national politicians to enact legislation as the means to bring about societal change. In essence, they solicited the legal and financial support of government in their crusade for better conditions.[22]

Progressive reformers used documentary photographs in their campaigns for both educational and dramatic effect. The pioneering work of Jacob Riis, a Danish-born columnist for the *New York Tribune* who sought to expose the poor housing conditions in New York City, is often cited as the model. Riis took his camera into the dank basements and cramped alleyways of immigrant communities. With his images made into lantern slides, the journalist revealed his findings through

Photograph of a basement apartment in a Baltimore tenement. (From Janet E. Kemp, Housing Conditions in Baltimore . . ., *1907; Maryland State Archives, MSA SC 3232.)*

illustrated lectures to church groups and organizations. His work brought the needed public exposure and the eventual and necessary political support that ultimately brought about changes in the laws.

Maryland reformers also employed photographs to publicize their campaigns. The camera had been used extensively and successfully to expose substandard housing conditions in 1907 Baltimore. The Charity Organization Society and the Association for the Improvement of the Condition of the Poor published a ninety-six page report that uncovered unsanitary conditions in the rented dwellings of the city's immigrant and poor populations. Janet E. Kemp compiled surveys of the residents in three Baltimore neighborhoods ringing the harbor. Twenty-nine images of dark alleyways and cellar apartments, often incorporating children, provided emotionally charged evidence that change was needed.

Photographs were also important in the community health education campaign designed to combat the spread of tuberculosis. The Maryland Tuberculosis Commission, in cooperation with several private groups, sought to heighten public awareness about a disease that was reaching epidemic proportions within the state. At its January 25, 1904, public health exhibition held in McCoy Hall on the Johns Hopkins University campus, the Tuberculosis Commission used images from

Baltimore's "Lung Block," c. 1904. (From Janet E. Kemp, Housing Conditions in Baltimore . . ., *1907; Maryland State Archives, MSA SC 3232.)*

a northwest Baltimore neighborhood known as the "Lung Block" to illustrate the conditions that led to the transmission of tuberculosis. A series of interiors from local sweatshops and shots of New York tenements were also featured. An allied group in this campaign, the Maryland Association for the Prevention and Relief of Tuberculosis, delivered illustrated lectures using lantern slides.

Photographs and the State Care Campaign

> *Nothing is doing more to improve the cure and treatment of the tuberculosis patients than the interest of the public in taking up the study of the disease and urging proper care . . . just such a condition must exist in Maryland in regard to the care of the insane.*[23]
>
> — Dr. Arthur Herring, 1910

> *It is our duty as medical men to agitate, and agitate, and agitate until State care is secured for all the dependent insane of Maryland.*[24]
>
> — Dr. Henry Hurd, 1909

The Maryland State Lunacy Commission initiated its documentary photo-

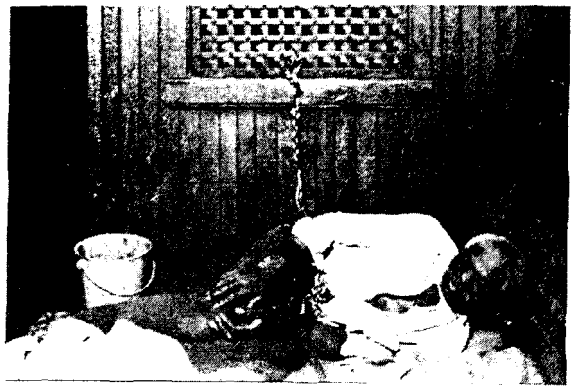
graphic campaign in August 1908. It appears that Secretary Herring first employed a photographer from the Hughes Photographic Company to accompany him on his tour of Baltimore's almshouse, Bay View. This no doubt costly arrangement prompted the commission to find a more economical way to acquire photographic images for its campaign. On September 9, at its regular quarterly meeting, commission president Young "suggested that the Secretary purchase a camera to be used in the work of the Commission, also that lantern slides be prepared for use in public lectures." Dr. Herring acquired a camera soon thereafter and began his tour of county institutions, making an initial photographic record of what he witnessed. A preliminary, incomplete set of photographs existed by the end of September. These images included exterior and some interior views of buildings, several of which featured residents.

Herring captured the general themes the commission had railed against for decades. The topics of focus included the free use of restraints, chronic overcrowding, dilapidated and unsound buildings, unsanitary conditions, lack of recreation, and drawing a visual parallel between an almshouse and a jail. Barred windows and manacled patients implied that mental illness was a punishment rather than an affliction. The available natural light (and use of flash photography, in a later series of photographs) and a longer exposure time permitted the photographing of basement cells or pens that often housed the unruly or patients afflicted with senile dementia. Captions accompanying the photographs reinforced the argument, guiding the viewer in their interpretation of the photograph and providing additional insight into how patients were improperly cared for within the county institutions.

Prior to releasing his official report, Herring passed information and images on to the *Sunpapers*. Under the headline "Asylums Deplorable," Marylanders were greeted with an image of shackled patients and a view of a mentally retarded man held behind bars at the Snow Hill jail. The article went on to detail the horrible conditions that Herring found in many of the almshouses. It also praised the facilities in Allegany, Somerset, Cecil, and Queen Anne's Counties. The *Sunpapers* noted that Herring's findings are "not a revelation to the State" and that the paper had published similar descriptions the previous winter.[25]

This initial series of twenty-six images appeared as the exhibit portion of a preliminary report Herring transmitted to Governor Crothers on October 6, 1908. The typescript report and the images formed a nucleus around which a final comprehensive printed version would appear, with additional photographs, several months later. Fourteen almshouses and asylums, ranging from Alleghany County to the Eastern Shore, appear within the photographs.

Herring allotted the largest number of photographs to the Montevue Asylum in Frederick County, and it is this institution that the commission found the most problematic. It had not always been that way. In 1884 the state health department

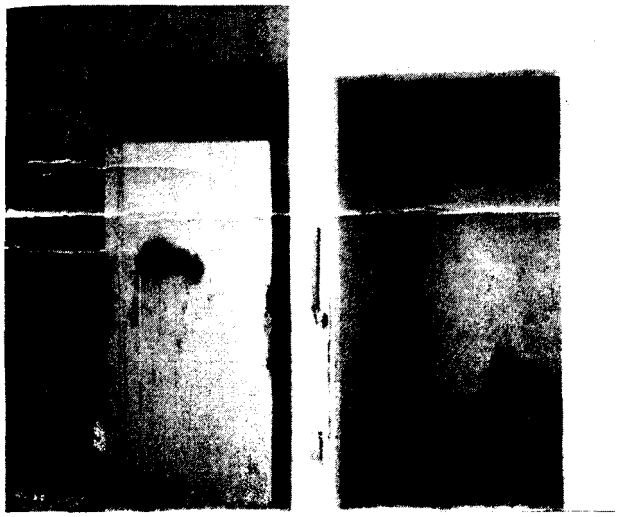


Photographs taken by Arthur Herring revealed deplorable conditions at county almsouses. At left a man is chained to a grate at Montevue Asylum (MSA S-195 69D).

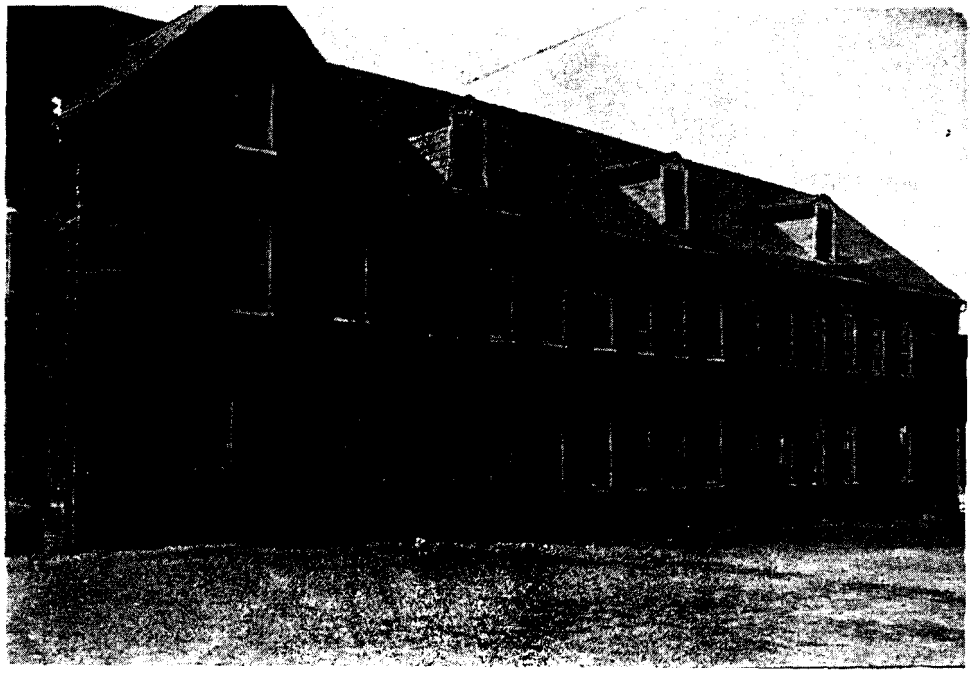
Right: Men find room to sleep in a Montevue hallway, evidence of "chronic overcrowding." (MSA S-195 74C).

Left: The interior of a room at St. Mary's County Almshouse is ample evidence of "dilapidated and unsound buildings." (MSA S-195 82C).

Right: This room in the basement of Bay View Asylum, in which inmates spent time classified as "recreation," was referred to with deserved cynicism as "the Senate Chamber." (S-195 84B).



Photographs of this patient held in the Worcester County Jail (right) and cells for the unruly or patients with senile dementia (Kent county Almshouse above) demonstrated that mental illness was viewed as a punishment rather than an affliction. Below: Kent County Almshouse, African American Building. (All photographs this page: MSA GOVPUB 810916-1).



Arthur Herring's photograph of the Montevue Asylum, African American building, in Frederick County, Maryland, 1908. (Maryland State Archives, MSA GOVPUB 810916-1, Exhibit A.)

lauded the asylum as a model institution that brought credit upon the county. Early Lunacy Commission annual reports also praised the conditions at Montevue as exemplary. Yet by the mid-1890s, even a Frederick County grand jury suggested that conditions could be improved for some of its patients. Reflecting the segregationist thought that often pervaded Progressive thinking it noted: "The enlargement of an adjoining building for the confinement and care of the Colored portion of inmates would in our opinion be of great advantage to the institution."[26] Montevue accepted, along with payment from other counties, insane African Americans from throughout Maryland. Chronic overcrowding of black patients at this institution had been noted within the commission's annual report since 1895. The *Sun* opined that "Frederick is a very rich county, and . . . the abuses there must arise either from incompetence or indifference."[27] It appears that a string of county commissioners viewed Montevue as the means to build up county coffers.

The first photograph of Montevue shows a substantial nineteenth-century building formerly used as the almshouse for the white population. A closer inspection of this back view of the structure reveals that the bricks need repointing, but the roof appears to be in good condition. The caption describes the structure as "overcrowded, unsanitary, reeking with vermin and filth: about 200 Negroes are confined in this building," but the tight framing of the image and the lack of any people within it work against the building's size being inadequate. The structure

A second view of Montevue Asylum, African American building, 1908. (Maryland State Archives, MSA GOVPUB 810916-1, Exhibit A.)

appears typical, even in upkeep, of contemporary rural structures. Though the photograph was not terribly supportive of his assertion, Herring needed this view as an establishing image with which to introduce Montevue.

The second image shows the front of the building and is much more effective in communicating the idea that something is amiss. Shutters are absent from some of the windows, though the glass in each window appears to be intact and, again, the roof is in good repair. The building is in some disrepair but not dilapidated. Though the area surrounding the building is largely compacted dirt, tubs of flowers can be discerned in the foreground. Approximately thirty people, mostly women dressed in clothing of acceptable condition, sit upon benches lining the front façade. The caption, however, reads, "Group of 75 Female Inmates. . . . these patients have practically no recreation or occupation." Though the main point of the caption is the lack of occupation, the image works against evoking sympathy in the viewer. Idleness on a bench, on a sunny day out-of-doors, may have been interpreted as a recreational activity.

It is the interior photographs, though, that are most consistently effective in buttressing the Lunacy Commission's argument for state care. The third and fourth images, interior shots of the men's ward, are vastly more persuasive in communicating the unnecessary use of restraints and overcrowding. The third photograph depicts the interior of a cell with two patients in shackles. A third man is almost

Patients in shackles at Montevue Asylum, African American male ward, 1908. (Maryland State Archives, MSA GOVPUB 810916-1, Exhibit A.)

obscured from view. None of the men appear threatening. The man on the left looks away from the lens, his shoulders relaxed and his hands down at his sides. The man to the right, his side to the camera, looks out the window with his arms drawn up over his chest. Neither appears aggressive. The heavy plank door in the foreground, seemingly impenetrable and jail-like in its formidability, seems almost absurd, which was doubtless the point. The caption points out that the men "sleep on the floor."

The second ward image depicts the central hall in the men's ward. Upon a long bench sit an unknown number of patients, some barefoot, while others stand just outside their cells or rooms. The center of the photograph features a shackled patient, his chains clearly visible against his light colored shirt. His face is turned away from the camera, and his eyes are almost closed. Again, due to his non-threatening pose, one wonders why he is restrained. An elderly patient is to the right. He wears a ragged bandoleer-like article slung across his chest. On his hat, tucked within the hatband, is a card containing some indecipherable writing. With the exception of the eccentric dress of this individual, one might mistake the interior for a county jail. Actually, the architecture speaks more of the antiquated concept relating to the proper housing of the mentally ill.

The last two images address the themes of inadequate or non-professional staffing and the custodial nature of the institution, where patients have little hope

The central hall through the African American men's ward at Montevue, 1908. (Maryland State Archives, MSA GOVPUB 810916-1, Exhibit A.)

for recovery. The way in which the attendants are portrayed is wholly unflattering. The individual on the left, who appears to be the focus of the image, wears an ill-fitting sweater and no collar. The center figure, a man of authority as evidenced by his suit and watch chain, looks away from the lens toward the man in the sweater. The suited man appears disengaged and evokes suspicion in the viewer. This is a strange photograph, one that begs the question: "Who are the patients and who are the authorities?" None of the subjects appear comfortable. The comments note that these men have no training and that each looks after twenty-five "inmates," about one-third the proper staffing level.

The sixth and final image is a view from behind the grated door of a cell. The caption reads in part, "an iron-grated door of a cell . . . in which a patient was found handcuffed." Light hot spots outside the room add to the darkness within. It is an effective image in that it allows the viewer the perspective of the patient. The photograph evokes the hopelessness of being locked down.

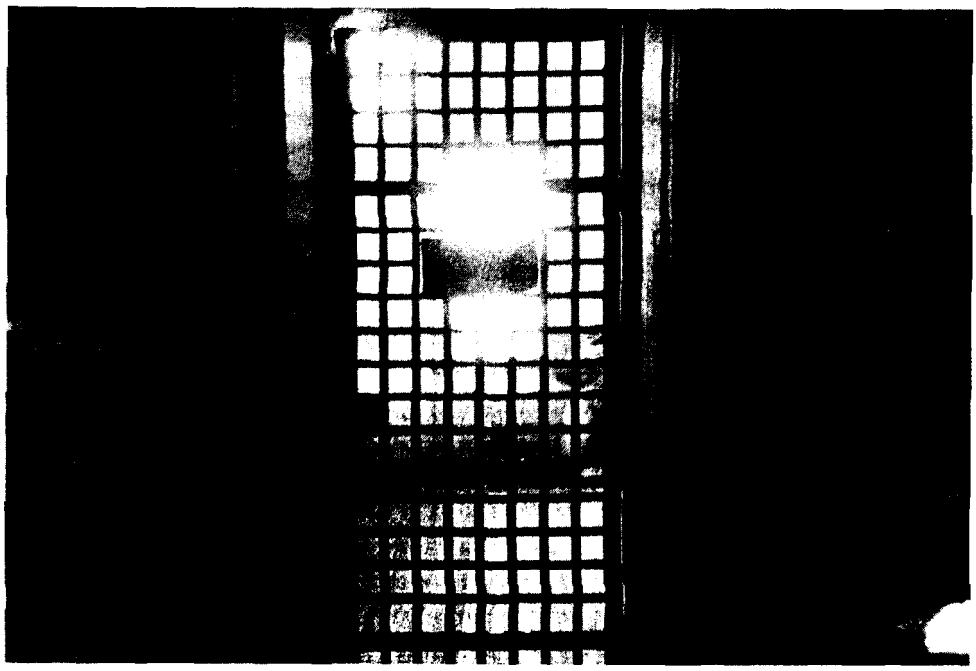
In a subsequent November 1908 letter issued to the Frederick County commissioners, Dr. Herring suggested that the patients be given some form of employment, that the number of attendants be increased, that the sanitary conditions be improved, that the number of patients be limited to the institution's normal capacity, and that restraints be removed as far as possible. Though it is unknown how the county officials responded to Herring's letter, only the Frederick County

Members of the staff at Montevue Asylum, 1908. (Maryland State Archives, MSA GOVPUB 810916-1, Exhibit A.)

commissioners steadfastly refused to endorse the concept of state care.[28] Herring then made the Montevue Asylum the focus of the Lunacy Commission's October 28, 1908, meeting. Though the conditions at almshouses were addressed broadly, the commission postponed making public conditions at Montevue until they could "go tactfully and win the co-operation of the County Commissioners, if possible." The commission decided to "adhere strictly to legal lines" but "to use the public press to expose conditions." They also discussed rescinding the license of the asylum if non-cooperation continued.[29]

Toward the end of November, Herring began presenting an illustrated lecture to groups throughout Maryland, probably without identifying almshouses by location. It appears that the Lunacy Commission arranged to be included on the program of a series of pre-arranged exhibitions organized under the auspices of the Maryland Association for the Prevention and Relief of Tuberculosis. The *Easton Gazette* noted that, in addition to the general public, members of the Talbot County Medical Society planned to attend Herring's December 3 presentation. The *Rockville Sentinel* noted that after Herring lectured on December 4 a resolution was unanimously adopted by those Montgomery County citizens present endorsing the idea of state care. Herring continued his illustrated lectures throughout the state during the entire campaign.

The commission also lobbied the Maryland medical community in the pages



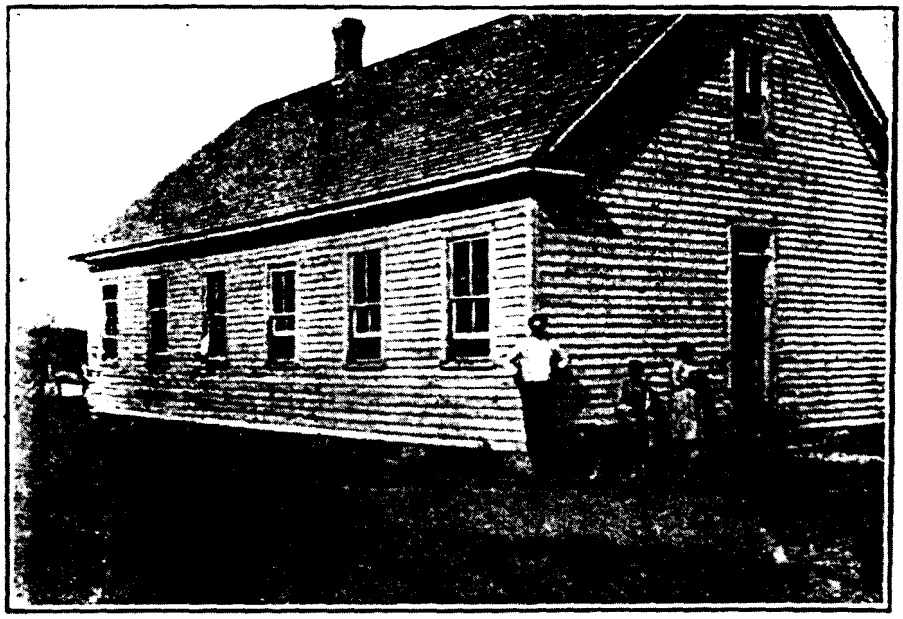
The view from inside a cell at Montevue. (Maryland State Archives, MSA GOVPUB 810916-1, Exhibit A.)

of the *Maryland Medical Journal*, the voice of the Medical-Chirurgical Society, understanding that the medical community had important private and public contacts throughout the state that could influence state politicians. The September 1908 issue announced the *Journal's* intention to publish a series of articles on psychiatry in Maryland.[30] The November issue featured anonymous exterior and interior views of two almshouses. One photograph depicted what appeared to be a former slave quarter, another a room whose distinguishing features happened to be the lack of furnishings and the abundance of peeling paint. The March 1909 issue contained exterior shots of two almshouses on the Eastern Shore.

An event in Baltimore afforded the first large-scale opportunity for great numbers of people and the press to view the images and educate themselves about Maryland's mentally impaired citizens. The commission opened a three-day exhibition of its photographs, along with shackles, other restraint devices, and samples of patient handiwork at state hospitals at Johns Hopkins University's McCoy Hall on January 20, 1909. The *Maryland Medical Journal* commented, "The exhibition is very creditable and is the first affair of its kind ever held in the country, so far as we are able to learn."[31]

Opening night proved to all that this was no ordinary exhibition. A brass concert band, composed of twenty young teenagers from the Home of the Feeble-Minded, serenaded the audience in advance of the speakers. Governor Crothers

TWO SMALL FRAME BUILDINGS FOR SIX PATIENTS. GENERAL CONDITIONS FAIR.



FRAME BUILDING, ONE AND A HALF STORIES HIGH, FOR BOTH RACES AND BOTH SEXES. GENERAL CONDITIONS FAIR.

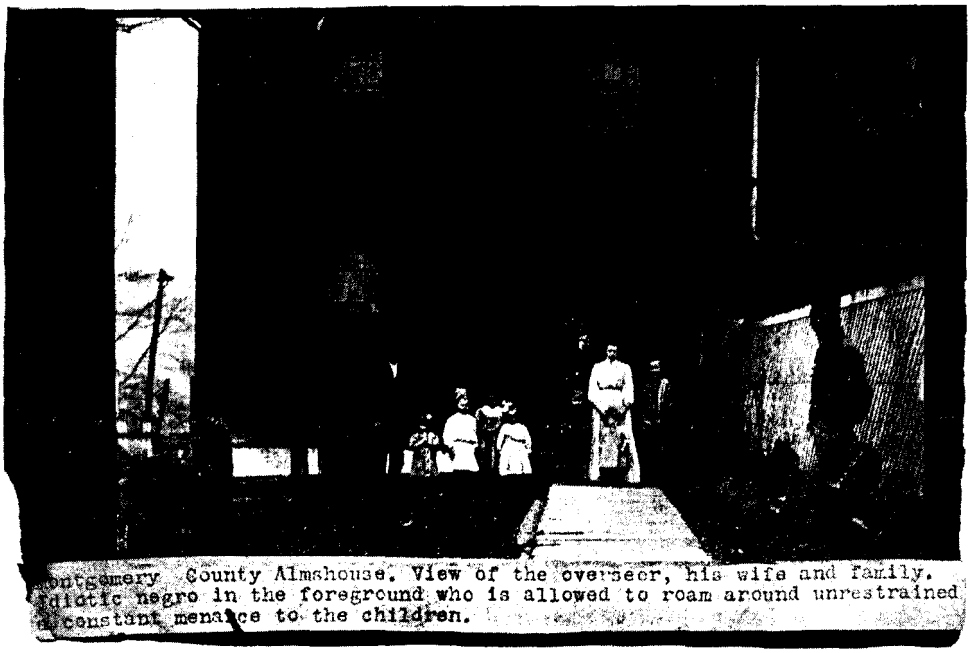
provided a symbolic endorsement speech as the initial remarks. Herring enlisted none other than Dr. Alfred Meyer, a nationally recognized psychiatrist and soon to be head of the Phipps Clinic, to deliver the keynote address. A few months earlier, the commission secretary had minced no words in soliciting Meyer's help: "I trust that you will take a decided stand in favor of State care and put the matter as forcibly as you can before the people of Maryland. We have a hard fight on hand and need your co-operation."[32] Meyer's much anticipated speech focused upon the responsibilities of the State in the state care question. Speaking of county institutions, Meyer concluded that "they probably do as well as they and their constituents consider necessary. As to the actual results, the photographs and concrete records of Dr. Herring will have to speak. . . . The almshouses perpetuate the wrong impressions which are at the bottom of a great part of the public indifference."[33] Unfortunately, Herring thought the content of Meyer's paper went over the heads of most laymen present.[34]

Herring's stereopticon lecture, on the other hand, was dramatically clear and straightforward. The *Baltimore News* assured its readers that photographs "taken in some of the hospitals where conditions were squalidly unspeakable will be shown."[35] Though we do not know precisely which images Herring used, they were "views of the almshouses in the counties of Maryland and the State institutions, showing the marked contrast between the two systems of caring for the insane. The final screens shown were a brief resumé of the advantages to be gained by State care."[36] Meyer later told Secretary Herring that he "was very much impressed with the exhibit you made and especially your demonstration. There can hardly be any doubt in my mind as to the success of the State-care issue."[37]

The commission decided upon one image that would become emblematic of the almshouse care of the insane (page 438), one whose theme was the utter hopelessness of the patients confined in those institutions. The photograph portrays a young to middle-aged white woman, catatonic, her hands cupped over her face in a pose of heavy despair. Light shines through a grated window in the center of a bare room where she has been confined for "nearly eight years." The caption reads: "The photograph presents a true picture of the desolate condition of the room and the utter hopelessness of a patient confined in such a place. . . . The patient was not violent, yet was kept in this small cheerless room . . . only one of many found in the various almshouses and asylums throughout the State."

The portrayal of a white woman in this setting probably evoked the greatest sympathy from Herring's audience of middle- and upper-class whites. She was clothed in the manner of most middle-class women of the period. She might have been a neighbor, friend, or relative. The caption reinforces the idea that confine-

Facing page: The March 1909 issue of the Maryland Medical Journal *contained these photographs of almshouses on the Eastern Shore. (Medical-Chirurgial Faculty.)*



Montgomery County Almshouse, 1909. (Maryland State Archives, S195-85C.)

ment, without recreation or therapy, is actually a form of punishment. It is a confinement bereft of hope. This white patient was an archetype of all the mentally impaired held in almshouses throughout Maryland. Her wants and needs were neglected and she was destined to live a life without comfort, without any opportunity to regain her sensibilities.

Other images in the reform campaign, though more powerful, would have been less effective. Images of African Americans in chains may have but probably did not cause middle-class Maryland viewers great disquiet in 1909, for this period of American history was the nadir of race relations. Besides building good roads, the disenfranchisement of African American males appeared to have been an all-consuming passion during the Maryland legislative sessions of the 1900s. To the Progressive mind, segregation was but another aspect of social reform. William L. Marbury, for example, an attorney who led the disenfranchisement movement, "was especially anxious that a hospital for the care of the colored insane be established. He said that, while he opposed participation of the colored man in government [applause], he was anxious that every provision should be made to look after the health, mental and physical, of the members of the race."[38] Holding the paternalistic notion that "the Southern White man is the Negro's truest friend," Marbury later served as the president of the Crownsville State Hospital, the hospital reserved for African Americans.[39]

In the entire series of photographs, only one implies that a patient may be capable of causing harm. That photograph depicts the almshouse supervisor and his family, including several young children, outside their home. In the foreground stands a grinning, teenage African American male. The caption reads: "Montgomery County Almshouse. View of the overseer, his wife and family. Idiotic negro in the foreground who is allowed to roam around unrestrained a constant menace to the children." Public opinion regarded the almshouse as improper for young children. Children of the poor were routinely removed from almshouses into orphanages or other settings. The photograph raises the possibility of sexual abuse and the generally unwholesome almshouse atmosphere—even the supervisor's children ran the risk of danger by being there. The photograph played upon latent fears, and reformers knew it.

The Lunacy Commission's twenty-third annual report of 1908 revealed all. A notice of the lavishly illustrated publication appeared in the *Baltimore Sun* on April 18, 1909. The article noted that the photographs provided "a quick insight into the conditions of the county institutions . . . showing men chained to cells and others living in unhealthy surroundings. . . . In almost every county little attention is paid to the insane and feeble-minded." The photographs stand in direct contrast to those of state hospitals where "everything is clean and wholesome." The *Sun* reserved its most detailed description for the views taken at Montevue Asylum, "the worst of all visited . . . [where] men are shown with their arms shackled, and one old negro is seen chained and shown lying on the floor in an unclean cell. Patients—men and women—are shown lying huddled up in blankets on the floor in the halls of the building." Photographs did not accompany the *Sun* article.[40]

The Montevue photographs contained in the Lunacy Commission's 1908 report built the strongest case yet for abolishing the system of county care. Commission members had made five visits to Montevue in the space of several months, more than to any other such institution, carefully seeking out the most incriminating images. Another series of photographs taken in January 1909 with flash equipment were the result of what may have been a surprise night inspection by Dr. Herring. The secretary apparently wanted to document the egregious sleeping arrangements provided for the African American population. Young explained: "It is important to do this . . . shocking conditions among sleeping patients [were found] at a place where by daylight everything seemed right."[41]

Three of the five photographs in the report depict interiors.[42] One of the most damning is the portrayal of the sleeping accommodations for African American men. The benches in the central hall that served as a day room had been cleared to one side. Patients lay crowded on the hard wooden floor of the hallway with minimal bedding, save for thin blankets to ward off the night cold. In the upper right foreground, a large wet area on the floor may have been the result of incontinence or the spilling of a "night bucket" provided to the patients to relieve themselves.

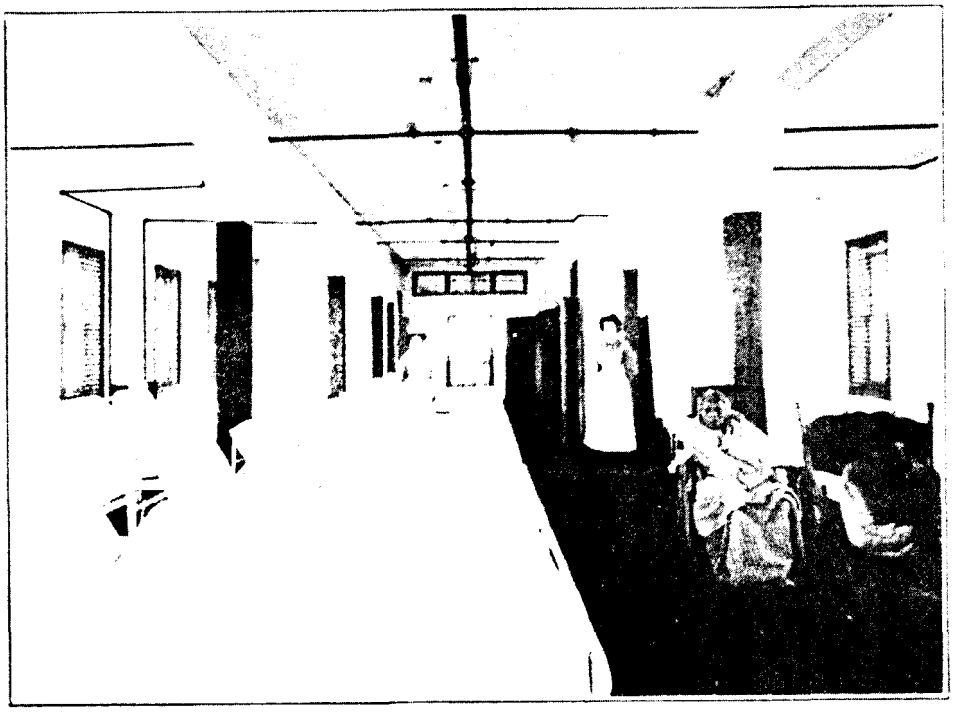
Sleeping conditions at Montevue Asylum as revealed during a night inspection, 1909. Maryland State Archives, MSA S195-113.)

The walls look dirty; a hole in the plaster can be seen to the left. The meagerness of this scene, notwithstanding the lack of physical comfort in this quite possibly unheated room and the altogether unwholesome atmosphere, spoke loudly of the inadequate care meted out by county institutions.

The second image clearly shows three African American men held in restraint. The barefoot man in the left foreground looks puzzled. His right hand thrust in his pocket obscures the fact that he wears shackles. A leather muff encloses the hands of the second patient, who looks squarely at the camera. The muff is at the optical center of the photograph drawing the eye to an object that was probably unfamiliar to most of those viewing the photograph. A third patient raises his hands and allows the visitors an unobstructed view of his chains. Two attendants to the right stare at the camera, one appearing almost hostile. There is nothing to indicate why the patients are held in restraint. The expressions of all three patients are non-threatening, prompting one to question the need for restraints. Are they being punished for their insanity?

The last photograph may answer that question. (See page 448, top left.) This is the image that the *Sun* described but did not publish. Here an elderly man lies upon a thin mattress on the floor of a cell. A chain, attached to the grating of the

African American men held in restraints at Montevue, c. 1909. (Maryland State Archives, MSA S 195-69B.)



Montevue Asylum after renovations that followed the photographic exposition, 1910. (Maryland State Archives, MSA GOVPUB 792531.)

window, leads to his manacled wrists. How could such a fragile, almost sickly man warrant this treatment? Herring evidently hoped that those who saw the photograph would understand the inherent absurdity of these conditions, prompting a visceral reaction of outrage and support for state care.

The photographs had the desired effect. In 1908 the Lunacy Commission characterized the conditions at fifteen county almshouses and asylums as very unsatisfactory; by 1910 that number had dropped to nine.[43] Montevue Asylum officials expressed indignation over the portrayal of their institution in the photographs. The asylum superintendent, stung by the criticism, countered: "Why didn't Dr. Herring show a picture of one of our wards for white patients? If he had done so, it would have shown conditions, at least as regards to cleanliness, as good as Springfield [State Hospital] can be."[44] He went on to explain why the African Americans were kept in such vastly different surroundings.

To its credit, Frederick County acted quickly and decisively. The threat that the commission would revoke Montevue's license due to overcrowding may have quickened their reaction.[45] The county fathers endorsed state care and began to upgrade Montevue during the interim before the introduction of state control. Redesigned wards for African Americans, with indoor toilets and bathing facili-

ties, not to mention beds with mattresses in bedsteads, came as a result. No great efforts materialized at other almshouses or asylums. Several Eastern Shore counties seemed especially reluctant to devote additional funds to improving their facilities.[46] In a token gesture, after being apprised of the substandard conditions at their county's facility, the Civic Betterment Club of Talbot County demanded the removal of the almshouse board of trustees.[47]

In May 1909, Lunacy Commission members with the assistance of state hospital officials and other experts began crafting proposed legislation to come before the General Assembly's 1910 session. Concurrently, consultation work began on the proper design for the additions needed at the various state hospitals. Two bills eventually would be put forward. The first would revise the State Care Act of 1904 that broadened the commission's powers. The second outlined the need for $600,000 to expand the existing state mental hospital facilities and build a new facility for African Americans.

The revised State Care Act actually brought some enforceable regulatory power to the Lunacy Commission. No longer could county commissioners or private hospital operators ignore the commission's recommendations. In the new bill, any patient at any county or private institution could be sent immediately to a state hospital if so directed by the commission's secretary.[48] The county would then be financially responsible for the cost of the patient up to one hundred dollars annually, a sum that covered two-thirds of the actual cost with the state responsible for the remainder. Private sanitarium owners would lose revenue when paying patients were sent away in this manner.

The new bill also detailed the commission's inspection duties. The secretary or appointed members were to be allowed free access throughout the buildings and grounds of all institutions "on such days and such hours of the days and nights, and for such length of time that the visitor may choose."[49] Patients were also allowed the right to converse privately with commission inspectors. Another aspect of the bill designed to assist the secretary in his investigatory role came with the formation of a Board of Visitors in each county. Composed of five county residents of "good repute" chosen by the commission, the board's duty involved the inspection of the entire almshouse and the transmission of its findings, plus its recommendation, in a written report to the commission.[50]

Opposition to the bill soon appeared. Rumblings on a number of grounds came from physicians who ran private asylums. Under the proposed bill, if the commission determined that a state institution could provide better rehabilitative care they would lose their patients, with the result that some doctors at private sanitariums might be injured financially by the program of state care.[51]

General misunderstanding about the wants and needs of the mentally impaired may have prompted a less than sympathetic response to the bill from the public at large. A nineteenth-century notion, though it is hard to know how wide-

Montgomery County Almshouse. Interior of room showing two consumptives, a menance to every other inmate. Scarcely any precaution taken against the transmission of the germs of tuberculosis.

spread it was, held that the insane required less in the way of creature comfort. To many, especially those who could recall humble beginnings in their own families, the lack of heat, a bland, repetitive diet, or a pile of straw upon the floor for a bed, did not constitute significant mistreatment. Almshouses themselves, owing to their indigent and marginalized population, were never intended to provide anything but the most spartan of accommodations.

Herring's photographs themselves may have prompted opposition to the bill. The images shamed Maryland. As one citizen observed, "the last few months has heralded Maryland to the country at large as a State where barbarities and cruelties are practiced upon its indigent insane, multiplying instances and exaggerating conditions." To this letter "Truthful," a former attendant at the Bay View Asylum replied: "The institutions are looked after in this manner: About once in every six months the grand jury takes a stroll through all of the wards and pronounces everything O.K., of course not noticing such trivial and unimportant things as wards that are supposed to accommodate 40 to 50 patients sometimes containing as high as 80 or 90 men."[52]

Sometimes the photographs' captions were suspiciously excessive. An interior view showing two residents at the Montgomery County almshouse indicates that they have tuberculosis. The purpose of the image is to point out that "scarcely any precaution is taken against the germs of tuberculosis," but an additional line on one image informs, "the man on the bed has died, but nothing has been done for the other one." A public aware of the hazards of tuberculosis well knew that not segregating consumptives constituted improper care. Housing the dead with the living, however, further underscored the hellish atmosphere and signaled an absolutely horrific situation. Other reports also noted the dead were left in their beds for several days. Herring was selective in what he chose to photograph. The Carroll County almshouse, for example, an institution that generally won positive comments from the secretary, is represented only by an exterior view.

The opening of the 1910 session of the General Assembly in January marked the culmination of the Lunacy Commission's sixteen-month campaign. Both Herring and Young took up temporary residence in Annapolis to personally lobby for the passage of the State Care bill during the three-month legislative session. To assist them, they once again organized a large exhibition of images and restraining devices for display in the Maryland State House. For the entire session the historic Old Senate Chamber, where George Washington resigned his commission and command of the Continental Army, served as the viewing hall for the photographs. The display of images was strategically placed but a few steps from both the House and Senate chambers. The *Sun* informed its readers that the "photo-

Facing page: Patients in the Montgomery County almshouse with tuberculosis, c. 1909. Note the difference in the captions. (Maryland State Archives, MSA S195-73B and S195-3.)

"STATE CARE."

View of sewing room in Springfield State Hospital. Patients are occupied, happy, contented, and contributing to their support. Contrast this scene with the one below.

"COUNTY CARE."

View of interior of room in a county almshouse. This poor woman has no occupation or recreation. Has been in this room for eight years, a continual expense and burden to the county. Practically nothing is being done for her mental disease.

graphs show the cells and dungeons of the county asylums. The overcrowding and inadequate accommodations afforded these unfortunates are graphically portrayed by these pictures."[53] The commission contrasted the squalid almshouse scenes with complimentary views of state hospitals in Maryland and New York, where patients in the latter were engaged in work such as making shoes and clothing, and even printing and binding.

A February 9, 1910, state house meeting officially opened the exhibition. In advance of the speakers, Herring conducted personal tours of the displays while a brass concert band, comprising twenty children and young teens from the Home of the Feeble-Minded, serenaded the gathering audience. An overflow crowd filled the galleries and halls of the House chamber, forcing some members to relinquish their usual seats and stand against the walls. The governor, the comptroller, and the Speakers of the House and Senate delivered speeches in support of state care. William L. Marbury argued that "we cannot afford to have it said that the people of Maryland are neglectful of one of their highest obligations . . . the care of their own indigent insane—the most helpless of all mortals under the sun—our good State would be put to open shame in the eyes of the civilized world."[54] Less than two weeks later, the House unanimously approved the legislation. The bill passed without amendments by a vote of 98 to 0 on February 17, 1910.[55] It was then sent to the Senate, where its passage proved to be more precarious.

Herring had made enemies along the way. Beginning what the *Sun* described as the "one of the protracted fights of the [legislative] session,"[56] Senator Peter J. Campbell of Baltimore, an ally of the private sanitarium owners, rose and moved that all the words after "A Bill" be struck from the proposal. After three hours of heated discussion Campbell's motion was defeated.[57] Senators then put forth several amendments to limit the secretary's power. Most were thinly veiled personal attacks on Herring. One involved itemizing expenditures by the secretary, suggesting that Herring might be "unwise and extravagant" as he had been in "statements he had made from time to time." Another attempted to put "a ban on this man . . . [who] canvassed openly for his own good and his own advancement." A third limited the hours the secretary might visit institutions, since Herring had appeared at "unseemly hours and demoralized patients by the use of flashlight photography." Another sought to cut the secretary's salary and expense allowance. Lastly, in a vain attempt to scuttle county-level non-partisan assistance for the commission, an amendment permitted the county commissioners to organize the local almshouse board of visitors.[58] After the better part of an afternoon had elapsed, the senators cast their votes, and the bill passed 19 to 7.[59]

Facing page: The Lunacy Commission often paired unflattering almshouse images with complimentary hospital scenes to influence public opinion and gain support for their reforms. (Maryland State Archives, MSA GOVPUB 792532.)

Work on the Hospital for Negro Insane, later renamed Crownsville State Hospital, commenced in late April 1910. Thirty-one African American male patients from Montevue Asylum were put to work clearing the land and building a railroad spur to the hospital site. Arriving first in handcuffs and guarded by a dozen deputy sheriffs, the men "were told that they would be treated entirely differently, and that they would not be confined to cells or wear handcuffs or straight jackets." Each man was then issued an axe. With three orderlies to assist him, Dr. Robert J. Winterode, the appointed superintendent of Crownsville, "worked with these 'dangerous insane' Negroes all summer, cutting hundreds of crossties, and many tall poles for the electric wires, and had not a single accident. Best of all, this active life in the open greatly improved the mental condition of the patients and some of them were actually cured."[60] By 1913 all the mentally ill patients had been taken away from Montevue and the insane department closed.[61]

It is hard to assess to what degree conditions actually improved for those left behind in the almshouses and asylums. Though most of the indigent insane had been transferred elsewhere within a few years, other populations continued to languish in these settings. The 1912 Maryland Department of Charities and Corrections Annual Report estimated that 100 percent of the feeble-minded individuals and 60 percent of the epileptic cases were still housed in these institutions.[62]

The Lunacy Commission Photographs in the Context of Maryland State Reports

> *The first steps toward the correction of any abuse or evil are publicity of the facts and the awakening of public interest; after this the pressure of public opinion is sufficient to bring about a reform.*
>
> — From the preface of the *24th Annual Report of the Maryland State Lunacy Commission*, 1909

Herring's photographs and the Lunacy Commission's campaign to publicize them were important in bringing mental health care reform to Maryland. What had been hidden in the text of reports for decades suddenly appeared as images before politicians and the public. Herring made certain that this time no one could look away. The photographs challenged all Marylanders and, for a brief moment, caused them to pause and reflect on the progress of their society and its priorities.[63]

During the early twentieth century, Maryland politicians, reflecting the citizens they represented, struggled with questions of reform. Governor Crothers, considered a Progressive, gave his support both to the state care and the campaign to disfranchise black voters. Crothers, Marbury, and most of the legislature believed that reform included removing what they termed "the ignorant voter" from the rolls.[64] They often equated progress with building projects. Baltimore, the last

African American patients from the Hospital for the Negro Insane (later Crownsville State Hospital) at work cutting railroad crossties, 1910. (Maryland State Archives, MSA S195-42A.)

major city without a modern sewerage system, embarked upon a comprehensive construction program during this period.[65] A good macadam road was a wise use of state monies, bringing accolades upon the county representative or senator who championed local interests. Better roads brought the means to develop the state's natural resources and inaugurate better economic times for most citizens. The roads themselves, used on a daily basis, provided a constant reminder of their necessity to everyday life. Though road-building proved costly—$5,300 per mile in 1905—it was a shared expense from which everyone derived benefits.[66] The advent of the automobile and its enthusiastic embrace by the populace ensured roads would receive additional monies. By 1908 the sum of one million dollars per year was budgeted in that direction with very little political opposition.

Not all reforms, and not all forms of progress, moved so swiftly. For reasons not yet fully understood, the core of upper- and upper-middle class women who championed causes such as playgrounds for children, pure milk, and smoke abatement during the Progressive Era, did not embrace the cause of the mentally impaired. Hidden away in almshouses, often in the most inaccessible areas in the counties, the pauper insane remained invisible and faceless to the general public

for decades until the Lunacy Commission photographed their mistreatment. The commission understood that the needs of a marginalized population were no match for the general public's desire for good roads, yet in the absence of a broad-based citizens' campaign the commission had to plead its case before that very public. Herring's photographs brought that public face to face with the reality within their state.

In the final analysis, money remained an issue. Hard economics—state road construction and the public's aversion to paying additional taxes—worked against the proper care of all of the state's mentally impaired. A contemporary appraisal of the State Care Act noted that it did not in fact provide for true state care. The counties' providing $100 of the $150 to maintain patients in state hospitals, "leaves the matter in a rather confused and unsatisfactory condition," commented one observer.[67] Maryland's population grew dramatically every decade, and so did its number of insane. In 1916 state hospitals were still being enlarged to accommodate all the patients from the almshouses, but an adequate number of spaces never materialized. By the 1930s state hospitals were themselves overcrowded.

The photographic exposé engineered by the Lunacy Commission, though it was not the first reform movement in Maryland, appears to be unique in the annals of Maryland state publications. The use of illustrations in Maryland government reports began in the first half of the nineteenth century,[68] but save for tipped-in maps or charts, most reports lacked illustrations. Most documents did not require images, and early on, the cost of making a lithograph or engraving for a relatively small press run simply did not make economic sense.[69] Not until the third quarter of the nineteenth century does one notice the increased use of images in state government reports, and then it was usually limited to the frontispiece.[70]

The 1890s ushered in a new era of photographs, not artistic interpretations taken from photographs, as the main source of illustration. Photo-lithography provided a less expensive means to illustrate publications. The 1894 publication, *Governor Frank Brown's Message*, is notable for its approximately thirty views of state institutions and private facilities throughout Maryland, a visual record of almost all the institutions that receive state financial support. By the late 1890s the annual reports of the Maryland Geologic Survey contained landscape views and full-color lithographic specimens of rocks.[71] Not until the first decade of the twentieth century were images used by a wide range of departments and commissions. The department of education, the state roads commission, the conservation commission and individual institutions such as the House of Corrections, the Deaf and Dumb School, and the second Hospital for the Insane (later renamed Springfield State Hospital) all used illustrations. The 1904 *Maryland Manual*, a directory of state agencies and official contacts, sports a three-quarters length portrait of Governor Edwin Warfield.

The Lunacy Commission photographs of the almshouses, however, constitute

a radically different use of images in state reports. Dr. Herring's photographic exposé, uncovering as it did the unsatisfactory conditions at county almshouses and asylums, constituted a well-engineered attempt to mold public opinion in favor of reform legislation through the use of selected images. Publicizing the images to a wide audience, thus garnering the support of an interested public, ultimately forced state legislators to pass the necessary legislation and an appropriations bill that allowed for the transfer of patients from county institutions into modern state mental hospitals. In theory, with the passage of the revised State Care Act of 1910, the scenes that Dr. Chancellor had witnessed in 1877 would occur no more.

NOTES

An abbreviated version of this article was delivered at the symposium, "Maryland in Focus: Interpreting a Photographic Legacy, 1839–2000," organized by the Maryland Historical Society, March 30, 2001. The author wishes to extend special thanks to Johanna Som de Cerff and the staff at the Medical-Chirurgical Faculty, McChesney Medical Archives, Johns Hopkins University School of Medicine, and the Maryland State Law Library.

1. C. W. Chancellor, M.D., *Report on the Public Charities, Reformatories, Prisons and Almshouses . . . July 1877* (Frederick, Md., 1877), 13.
2. No comprehensive comparative study of Maryland and the treatment of its mentally impaired exists. Only generalizations, therefore, can be made at this time.
3. Henry M. Hurd, M.D., ed., *The Institutional Care of The Insane in the United States and Canada* (Baltimore: Johns Hopkins Press, 1916; repr. New York: Arno Press, 1973), 2:518–19.
4. Ibid., 523.
5. Ibid., 526. By the late 1840s the legislature had recognized the need for larger facilities.
6. Ibid., 534–35. The Springfield State Hospital in Sykesville, Md.
7. Frank Brown, *Message of Governor Frank Brown* (Annapolis: State Printing Office, 1894), Governor [Miscellaneous] 1894–1920, GOVPUB 784847-1, Maryland State Archives, passim.
8. Almshouses, or poorhouses, existed in Maryland as early as the eighteenth century. In 1773 the Maryland General Assembly authorized poorhouses in St. Mary's, Harford, and Anne Arundel Counties as well as Baltimore. The poorhouse was to be divided into two departments: one for the poor, the other for the insane. Supported by the individual counties, local officials determined which residents could be housed in the institution. In addition to the resident population, the almshouse offered aid to the transient poor by providing a meal and, on occasion, a place to sleep. In the 1830s a plan was engineered whereby the almshouse farm and its residents might underwrite a portion of the cost of administration by the harvesting of raw silk. Several Eastern Shore Maryland almshouses planted stands of mulberry trees, essential for silkworms to produce the product. The Maryland climate ultimately proved hostile to the enterprise, and it was abandoned. Most almshouses were situated on additional acreage that, when planted, provided supplemental food for the residents.
9. For a full description see the 1874 annual report of the Maryland Department of Health.
10. Chancellor, 1877 *Report*, 10, 85, 87.
11. The reasons behind the founding of the Lunacy Commission remain obscure. The expansion of the Maryland State Department of Heath at this time may have made it necessary

to shift the regular inspection of facilities elsewhere. The passage of the act establishing the commission appears to have been unanimous. The signing of the act into law elicited no commentary in the general press with one exception. A woman from Chicago, who had been present during the entire session, lobbied for the insane to have the right to paper, envelopes, and stamps for purposes of communicating with state officials.

12. Annual reports of the Lunacy Commission, 1887 through 1908, passim.

13. *Maryland Medical Journal* (September 1908), 370. As reported by the Lunacy Commission: "We have witnessed . . . an able-bodied attendant [rain] blows upon the head of an obstreperous insane patient."

14. Chancellor, *Report*, 128; this is true of the Kent County African American facility.

15. *18th Annual Report of the Lunacy Commission*, 11.

16. George J. Preston as quoted from the Lunacy Commission's *15th Annual Report*, 5.

17. See the *House Journal* and *Senate Journal* of 1904. No comments upon the bill's passage appear in either the *Baltimore Sun* or the *Baltimore American*, two of the most widely circulated newspapers in the state.

18. By no means was Maryland the only state in which such conditions were present. The State of New York commissioned its own review of almshouses in 1864. The conditions uncovered prompted a reform movement that culminated in the passage of New York's State Care Act of 1890. New York was the first state in the nation to enact such legislation.

19. See *25th Annual Report of the Lunacy Commission* [1910] (Baltimore: Lucas Bros., 1910), 34.

20. Hugh Young, *A Surgeon's Autobiography* (New York: Harcourt, Brace and Company, 1940), 408.

21. *Maryland Medical Journal* (November 1908), 500.

22. Arthur S. Link and Richard L. McCormick, *Progressivism* (Arlington Heights, Ill.; Harlan Davidson, 1983), passim.

23. *Baltimore Sun*, February 23, 1910.

24. *Maryland Medical Journal* (November 1909), 180.

25. *Baltimore Sun*, October 4 and 5, 1908. The previous Lunacy Commission secretary, Dr. George J. Preston, had convinced a *Sun* reporter to investigate the conditions at the almshouses and report his findings in advance of the previous year's meeting of the General Assembly.

26. Report of the Grand Jury, Circuit Court of Frederick County, 1896, Maryland State Archives.

27. *Baltimore Sun*, October 5, 1908. Frederick County, in 1908, stood second in the state in terms of wealth and population according to the *Sun*.

28. See the Maryland Lunacy Commission, minutes for November 1908, Maryland State Archives, and the *23rd Annual Report of the Lunacy Commission* [1908], chart in appendix portion detailing the counties endorsing state care.

29. Maryland Lunacy Commission, minutes for June 23, 1909, Maryland State Archives.

30. The Lunacy Commission campaign and the photographs did act as a catalyst in professionalizing psychiatry in Maryland. The crusade for better treatment of the pauper insane, prompted largely by Herring's images, brought together public and private practitioners interested in the state care issue. At the founding of the Maryland Psychiatric Society in November 1908, the organizers hoped to discuss "practical questions relating to the care of the insane . . . and foster interest in bringing about state care in 1910." (*Maryland Medical Journal* [November 1908], 494.) To this end, the 1908–1910 member meetings always featured at least one lecture on issues relating to almshouse care. The *Maryland Medical Journal* later published a number of the papers. The 1909 founding of the Phipps Clinic at the Johns

Hopkins Hospital, and the successful recruitment of Dr. Adolf Meyer as its director, fulfilled a *Journal* prophesy that Maryland would be "on the threshold of a new era of psychiatry in our state." [Ibid., 494]

31. *Maryland Medical Journal* (March 1909), 64.
32. Herring to Meyer, December 14, 1908, Adolf Meyer Collection, McChesney Medical Archives, Johns Hopkins University, Baltimore.
33. See "The Problem of the State in the Care of the Insane," *American Journal of Insanity*, 65 (April 1909): 704 (copy contained in the Adolf Meyers Papers).
34. Herring to Meyer, March 19, 1909, McChesney Medical Archives.
35. *Baltimore News*, January 19, 1909.
36. *Maryland Medical Journal* (March 1909), 137.
37. Meyer to Herring, March 4, 1909, Adolf Meyer Collection, McChesney Medical Archives.
38. *Baltimore American*, February 10, 1910.
39. *Baltimore Sun*, February 10, 1910, Marbury as quoted in his speech. Politically conservative, Marbury went on to play key roles in the Anti-Suffragist Campaign and the anti-pacifist "Patriotic" movement of the World War I era.
40. Another unidentified Maryland newspaper did publish a number of Herring's images, according to *The [Frederick County] Daily News*, April 19, 1909.
41. *Baltimore Sun*, March 10, 1910.
42. The remaining two images used are exterior shots, the same ones that appear on pp. 450 and 451.
43. See the fold-out charts in the front of the twenty-third (1908) and twenty-fifth (1910) Lunacy Commission annual reports.
44. *The [Frederick County] Daily News*, April 19, 1909.
45. If this tactic did not prompt change, the attorney general was instructed to determine whether the commission possessed the power to revoke the license of a facility. Attorney General Straus argued that though the right to revoke a license "was not expressly given . . . the statute should be construed liberally . . . to revoke licenses for the conduct of asylums or retreats for the insane." See Lunacy Commission minutes for June 23, 1909.
46. Kent, St. Mary's, Talbot, Dorchester, Wicomico, and Worcester Counties. The only western shore facilities with persistantly poor conditions were Bay View and the Montgomery County almshouse. See Lunacy Commission twenty-fifth annual report, 1910.
47. *Baltimore Sun*, May 23, 1909.
48. *Laws of Maryland*, 1910 (Annapolis: State Printing Office, 1910), Article LIX, chapter 715, Section 38a, page 190
49. Ibid., Section 20, 187.
50. Ibid., Section 38e, 191–92.
51. Young, *Autobiography*, 408.
52. *Baltimore Sun*, March 22, 1910.
53. Ibid., February 9, 1910
54. Ibid., February 10, 1910.
55. *House Journal* 1910, 334.
56. *Baltimore Sun*, April 5, 1910.
57. Young, *Autobiography*, 411.
58. *Baltimore Sun*, April 5, 1910. The *Sun* mistakenly inserted Board of "Trustees" when it meant "Visitors." The Lunacy Commission never possessed the power to appoint the board of trustees at the county institutions.
59. *Senate Journal* 1910, 2,037.

60. Young, *Autobiography*, 411.
61. *First Biennial Report of the Board of Managers, Crownsville State Hospital, October 1, 1911 to September 30, 1913* (n.p.), 27.
62. *Charities and Corrections Annual Report*, 1912 (Annapolis: State Printing Office, 1913), 44. The almshouse, renamed the less offensive "county home," persisted for decades with a few still functioning in the 1960s. Some buildings were torn down, others remain. Montevue's building for white patients was leveled in 1987 with little protest. Queen Anne's County's almshouse, an eighteenth-century structure, underwent a restoration in the 1950s and is now, presumably, a fine private residence worth hundreds of thousands of dollars. Baltimore County's almshouse currently houses the county historical society. Little evidence now exists of the suffering that once took place within the scrubbed facades.
63. Herring, without the aid of his camera, would later perform similar investigations on the care of the insane in South Carolina and Louisiana.
64. The larger Maryland citizenry thought differently. Though an act of disenfranchisement passed the legislature it had to be endorsed by the citizens before enactment could take place. When presented to Marylanders in the form of a referendum the measure was defeated.
65. A curious set of lantern slides documenting the projects initiated during the administration of Mayor Mahool resides at the Maryland Historical Society.
66. Maryland Geological Survey, *First Report on State Highway Construction* (Baltimore: The Johns Hopkins Press, 1906), 326.
67. John Donaldson, *State Administration in Maryland* (Baltimore: The Johns Hopkins Press, 1916), 540.
68. Americans were becoming more and more a visually oriented culture. In the 1820s, lithographs allowed for the wider use of images in publications. Illustrated magazines became a part of mainstream society during the 1850s. These publications used steel engravings and lithographs based on correspondents' sketches or photographs to portray the carnage of Civil War battlefields. The images of war dead taken by Matthew Brady, made into engravings and published, provided Americans with visual evidence of the causalities reported in the text of newspaper articles. As technology advanced in the 1890s, publishers used photogravure to present actual photographic images, not mere artistic interpretations of these images.
69. Some institutions did, in fact, contract large-scale lithographs of their buildings. These were often subscription ventures where individuals paid a specific sum before the actual print had been pulled. Some were done as part of fundraising ventures.
70. C. William Chancellor's 1877 *Report on the Reformatories* contains an engraving of the Reformatory for Colored Children, a bird's-eye view of the new building and its grounds. Enoch Pratt, sympathetic to causes related to African Americans, donated the land for this private institution. It is probable that the managers, or Pratt himself, underwrote the cost of preparing the illustration.
71. The work of the Maryland Geological Survey directly related to the construction of roads.