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A PORTRAIT OF THE NEW YORK CITY LUNATIC ASYLUM ON BLACKWELL'S ISLAND

by

Austin C. LaBau

Thesis submitted in partial fulfillment of the requirements for the degree

of

HONORS IN UNIVERSITY STUDIES WITH DEPARTMENTAL HONORS

in

Sociology in the Department of Sociology, Social Work, & Anthropology

Approved:	
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Dedication

I could not have written this without the patience and encouragement of my professors, "Eddy" Berry and Leonard Rosenband. You both knew that I was capable of more than I realized. Without your patience and support, I may never have come to know that for myself. This paper is dedicated to you both. Thank you for everything.

Statement of Purpose

"Insanity is a subject which touches our civil rights at so many different points, that it may be said to have a place in every problem involving human responsibility."

- John Ordronaux, New York State Commissioner in Lunacy, 1878.

Mental illness can reduce even the strongest person to a state of helplessness. The way in which a society treats individuals with mental illness provides a window into what that society most values - what behaviors it approves, what people it sees as most valuable, and how much society is willing to sacrifice to help those who may or may not be able to contribute something in return.

In the history of the United States, numerous attempts have been made to systematically treat mental illness, and each has failed. Each new treatment of mental illness has been a reaction to the failure of previous attempts and the then changed social climate. In post Revolutionary War America, the mentally ill largely stayed in their own communities, kept at home or held in prison (Rothman 2002:43). In the mid-19th century, the role of the government in the everyday lives of Americans was expanding, and community leaders, stunned by the brutality of the living conditions the mentally ill, fought to create a system of asylums to more humanely and successfully treat the mentally ill (Rothman 2002:76). In asylums, patients would be removed from the community that had failed to care for them previously. In the following century, the asylums deteriorated into little more than human-warehouses. Overcrowding, a lack of funding, and desperate and abusive attempts at treatment plagued the system (Erickson and Erickson 2008:27-29). By the 1970s, American confidence in the effectiveness of government had

dwindled considerably, and America's asylums were closed and abandoned (Erickson and Erickson 2008:25-30). The asylums had become authoritarian and oppressive, so treatment again was shifted to the community. But by removing the state's power to control the treatment of the mentally ill - a power that had been so horribly abused - large numbers of mentally ill Americans ended up again in prison or living on the street (Erickson and Erickson 2008:25-26). Today, community leaders are once again proposing new methods of treatment to deal with mental illness.

If we can better understand the strengths and weaknesses of past attempts at treating mental illness, we may be able to achieve more success in the future. The post Civil War period was a time when the modern United States was taking shape. American psychiatry was still relatively new, and the system of insane asylums across the United States were still new and their managers optimistic. The New York City Lunatic Asylum on Blackwell's Island in the second half of the 19th century was the second largest asylum in the country, and the largest to treat both chronic and acute patients (Walker and Seaton 1888:40-42). Like the city around it, the asylum housed patients from across the globe and from every level of society. The asylum was the center of national struggle between two competing branches of the psychiatric thought, and the target of a milestone in investigative journalism.

This paper is a historical and demographic portrait of the New York City Lunatic Asylum during this period.

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Introduction

In 1854 a New York Times reporter observed of New Yorkers, "This doctrine is thoroughly rooted in the popular mind;-that the separate establishment [for] the reception of the insane is necessary for the happiness of families, the security of society, and the welfare of the insane" ("Insane Asylums," 1854). The city was entering a period of experimentation, when the Republican-held state government would supersede the Democrat-held municipal authority in an attempt to govern according to scientific principles. Legislators were eager to apply the ideals of organization and efficiency that were flourishing in the rapidly industrializing city to the public sector. They hoped that by doing so they could battle the city's rampant corruption, lift its poor out of poverty, combat crime, care for its sick, and morally elevate its citizens ((Burrows and Wallace 2000:Part IV). This was the era of Tammany Hall and Boss Tweed, and New York City's political leaders were loath to cede control of anything to the state, including its insane asylums. City officials pushed back. Part of this strategy was the insane asylum.

I. A Historical View of the New York City Lunatic Asylum on Blackwell's Island

Blackwell's Island

The New York City Lunatic Asylum opened in 1839 on the north end of today's Roosevelt Island (then called Blackwell's Island). The a two-mile long piece of land, 800 ft across at its widest, stretches down the Hudson River between Manhattan and Brooklyn. The asylum lay at its northern end, overlooked by mansions and gardens on either shore on the

busiest waterway in the world (Davenport 1866:273). The city had purchased the island eleven years earlier to house the poor, the criminal, and the insane. It was to be a symbol of the city's benevolence. Alexander Jackson Davis, a prominent architect of the era who worked on the Executive Department and the patent offices in Washington DC, several state capitol buildings, and numerous private estates, was commissioned to design the asylum. Foreign dignitaries including Alexis de Tocqueville and Charles Dickens were invited to tour the island (Tocqueville 2004:883; Dickens 2007:95). By 1890, it was home to a prison, a charity hospital, men's and women's almshouses, a workhouse, a smallpox hospital, a chapel, and the second largest insane asylum in the country (Walker and Seaton 1888:40-42).

The increasingly crowded and degraded living condition of the city's poor reached a boiling point in the summer of 1863. Irish and German immigrants were outraged at the prospect of being drafted into a war that the wealthy could evade. The Emancipation Proclamation had been issued six months earlier, and many of the city's poor resented the idea of fighting a war to free southern blacks, who might emigrate north threaten the immigrants place at the bottom of the city's economic ladder. From July 13th to the 16th, an armed mob terrorized the city in what would later be called the New York City Draft Riots (Burrows and Wallace 2000:884-888).

The Association for Improving the Condition of the Poor and the Citizens Association both pointed out that the rioters who briefly held sway in the city had come from its most overcrowded areas. State officials, horrified at the unsanitary conditions in the city repeatedly introduced legislation inspired by public health efforts in England, but were met with powerful resistance from municipal politicians (Burrows and Wallace 2000:921). Even so, efforts by the city to deal with its poor and destitute followed.

As the city swelled, so did the insane asylums that served it. The city was forced to expand the asylum. Blackwell's Island Asylum became an all-women's asylum in the early 1870's, and the men were transferred to a branch asylum on nearby Ward's Island. Overcrowding continued to be such a problem that additional branches had to be established on Randall's Island and Hart's Island. By 1880 the two asylums on Blackwell's and Ward's Islands had grown to be the second and third largest asylums in the country, with nearly 1 in every 13 asylum patients in the country living on four small islands in the Hudson River (Walker and Seaton 1888:40-42). In 1885, 400 patients on Blackwell's Island had to sleep on the floor each night, and 300 had to stand while they ate (Macdonald 1887:88).

Despite the ambitious plans of Blackwell's Island Asylum's designers, in the 55 years of its operation, less than half of the originally planned building was ever completed. While the portion that was built was impressive - Charles Dickens called it "handsome, and its central stair case "elegant" (Dickens 2007:95) - it failed to meet the needs of the facility. In the early years of the asylum, the Resident Physician lived in "the Octagon," the improvised main building of the asylum. The Resident's apartments opened directly into the common thoroughfare. Traveling from one room of the apartments to another required the physician to walk into the main hall of the building, where patients, staff, and visitors streamed past. Companies of soldiers, firemen, sick and violent patients, even dead bodies passed by - sometimes through - the Resident Physician's residence (Parsons 1865:158). The Octagon's shape caused any sound made in the main thoroughfare - an open spiral staircase - to reverberate throughout the building. Resident Physician Dr. R. L. Parsons complained to his superiors in 1865 that, "the [patient] halls themselves are more quiet" (Parsons 1865:158).

Life in the Asylum

"Asylum life," wrote the Blackwell's Island superintendent in the late 1870s, "is not that solitary, monotonous, dreary, or cheerless state it has sometimes been pictured or represented" (Strew 1879:128). There were distractions. Patients on Blackwell's Island were allowed to work on crafts projects, some of which were sold. The money earned was used to buy the asylum a reed organ, a camera, and a stereoscope for the patients' enjoyment (Ranney 1859:8). Early on, patients practiced military drills in the yard for exercise, which eventually gave way to gymnastics taught by a volunteer (Ranney 1859:9).

For years on holidays and special occasions, the staff gave presentations of the "magic lantern"- a candle-powered slide projector, and eventually with a stereopticon - an early 3D projector (Ranney 1859:9; Parsons 1876:141-142). After years of pleading by the medical superintendent for more means to entertain patients, one of the pavilions was outfitted with a 342 square-foot stage. Curtains, scenery, and lighting were provided by the local Wallack's theater (Parsons 1876:121). The impromptu theater hosted weekly dances, plays, concerts, lectures, magicians, and several "negro comicalities and sketches" (Parsons 1876:141-143). Throughout the mid 1870s entertainment was provided by local groups such as the Widsor Dramatic Club, the Choir Boys of Saint Luke's Church, the Knickerbocker Quartette Club, the American Club, the New York Turn Verein, and the English Glee Club (Parsons 1876:141-143; Parsons 1877:153-154). Patients from the nearby Charity Hospital and the Homeopathic Hospital on Ward's Island put on variety shows at the asylum, and the on several occasions the superintendent himself held readings before the patients (Strew 1879:129-130; Parsons: 1876:141-142). Sometimes small groups of patients were taken by steamer to Hart's Island for

picnics, accompanied on occasion by a quartette to sing for them (Parsons 1877:152-153).

Donations of photographs, stereoscope slides, flowers, books, newspapers, and magazines were made to the asylum yearly by local companies and individuals (Parsons 1876:144).

The quality of food in the asylum was always a concern. In 1865 several patients died of scurvy because of their diet (Parsons 1866:151). As part of a major push in 1875 to improve the state of the city asylums, the superintendents of Blackwell's and Ward's Island, with the help of the State Commissioner in Lunacy formulated a new diet for the patients (Parsons 1876:127). The patients' dinner of bread, butter, and tea was supplemented with cake, stewed apples, fish, or cheese. Milk and sugar were provided for their tea and coffee (Parsons 1876:128). The old diet was repetitive and innutritious, entirely lacking fruit and at times even vegetables. The new diet was meant never to repeat itself in any two week period (Parsons 1876:128). While previously patients ate with only a bowl and spoon, they were now to be provided with a plate, cup and saucer, mug, bowl, knife, spoon, and fork in hopes of boosting the patients' self-esteem (Parsons 1876:129).

Neurologists vs. Superintendents

Asylum superintendents, largely in the northeast, formed the Association of Medical Superintendents to study and discuss what measures could be taken to improve and maintain the asylum system. In the mid-19th century, doctors who oversaw insane asylums in the U.S. commonly believed that the mentally ill could not be treated at home. They believed that the influences of daily life, friends and family caused mental illness, and so a respite from daily life in the controlled environment of the asylum would restore patients to sanity (Rothman

2002:137). One of their fundamental principles endorsed by the superintendents was that the acutely ill - those with sudden bouts of illness that may resolve over time - and chronically ill - more severe, long term cases that may never subside - should be housed together. They feared that any establishment constructed solely for patients regarded as incurable, with no pretext of treatment, would quickly degrade into little more than a human warehouse, with no hope of recovery (Rothman 2002:282).

Some medical professionals outside of the asylum system disagreed. They believed that mental illness could not be treated successfully when the entire spectrum of patients, acute and chronic, was lumped together. As time went on their criticism increased and they grew more vocal in their claims that the asylum system was mistreating patients who should have been treated at home with their friends and family (Rothman 2002:268-269). Among the most vocal of these critics was the New York Neurological Society.

By mid-march 1879, the conflict between the medical superintendants and prominent neurologists in private practice came to a head when the New York Neurological Society published a petition in the *New York Herald* accusing the managers of the state's asylums of negligence and incompetence, and urging the legislature to investigate (The Committee on Public Health 1880:1-2). In response, the New York State Senate Committee on Public Health formed a subcommittee to determine whether the petition had any merit.

The two senators heading the committee - a Democrat and a Republican - invited the superintendents of all the state asylums; the superintendent of the New York City-run asylum on Ward's Island - Dr. Alexander E. Macdonald; the superintendent of the private New York City Bloomingdale Asylum; the State Commissioner in Lunacy - charged with visiting and reporting on the conditions of every asylum in the state - John Ordronaux; and the petitioners to appear

before the committee in Albany in early May. Four doctors from the Neurological Society testified, chief among them, Edward Charles Spitzka (The Committee on Public Health 1880:2). Spitzka would become famous the next year as the attending physician for the first execution by electric chair ("Dr. E. C. Spitzka, Alienist, Is Dead," 1914).

In late May the committee released a jumbled, self-contradicting report that both ignored the evidence that was placed before it, and personally attacked the petitioners. The Committee concluded that there was no need to investigate, even though the testimonies given by the superintendents defending the asylums included in the report verified many of the petition's complaints. For example, the petition stated that undergraduates were working as physicians in the asylum without pay - Dr. Macdonald testified that an unpaid undergraduate *was* working for him on Ward's Island (The Committee on Public Health 1880:12). Among the many accusations made in the petition, the Neurological Society pointed out that the State Commissioner in Lunacy was not himself a physician (The Committee on Public Health 1880:29-30). It also alleged that the Commissioner was unqualified and the asylums inadequately inspected. He admitted that he never visited the asylums at night, nor spoke to any of female the patients on Blackwell's island without an attendant or physician watching (The Committee on Public Health 1880:10).

The neurologists brought with them documents containing the testimonies of witnesses supporting their accusations. The committee, however, refused to accept them because it would take too much time to go through them all (The Committee on Public Health 1880:42). Instead, the committee insisted that the doctors only describe what they themselves had seen firsthand, calling anything they had learned from others to be rumor and speculation. Most of the neurologists had knowledge only of the city-run asylums, and repeatedly pointed to them as

examples of corruption and mismanagement. Dr. Spitzka and the other doctors accused Dr. Macdonald specifically of being incompetent (The Committee on Public Health 1880:22, 25, 36). When asked how he knew the asylums were being so poorly managed, one of the petitioners said that mismanagement was inevitable with such bad doctors as the superintendent - "I know if I have a bad cook that I shall have a bad dinner" (The Committee on Public Health 1880:30). One of the neurologists, Dr. James Kiernan, even accused an unnamed superintendent of getting his job as a favor from William "Boss" Tweed (The Committee on Public Health 1880:47). Although the committee reported such testimony, they found it of little or no consequence in reaching their conclusions.

The superintendents and the the doctors who drafted the petition were well known to one another (The Committee on Public Health 1880:12-17). Spitzka once worked with Dr.

Macdonald doing pathological work (Macdonald 1876:176), and Dr. Kiernan worked as the apothecary on Ward's Island before Dr. Macdonald had him fired for being "dangerous" to him professionally (The Committee on Public Health 1880:46). The committee and the superintendents, Dr. Macdonald especially, worked to discredit the petitioners personally by portraying them as petty, bitter men bent on attacking the asylum superintendents for personal gain. Rather than asking about the abuses the neurologists alleged, the committee asked whether the petitioners had ever applied for work at the asylums, and why their applications had been rejected (The Committee on Public Health 1880:44). Dr. Macdonald waited until Dr. Kiernan finished his testimony and left before accusing him of sending him an anonymous, threatening letter, and spreading the petition to try to get another job in the asylum (The Committee on Public Health 1880:33).

A large portion of the report was devoted to listing individuals who had asked to have their signatures removed from the petition, suggesting that they had been tricked by the neurologists into signing, or that their signatures had been forged (The Committee on Public Health 1880:1-6).

The neurologists were furious and soon issued their own report to the legislature denouncing the committee and its report. They railed against Senate committee for trying to gloss over the complaints in the petition and turning the hearing into an "exhibition of evidence to the personal quarrels between the petitioners and the superintendents" (The New York Neurological Society 1880:17). The committee's report was "inaccurate, imperfect, and garbled," the neurologists protested (The New York Neurological Society 1880:7). They accused the committee of slander, and of "asylum power" working against the petition (The New York Neurological Society 1880:4).

According to the neurologists, the committee bullied those who had their names removed from the petition into doing so. The neurologists attached an intimidating letter sent by the committee to all those who signed the petition to their report (The New York Neurological Society 1880:5-6). The letter was less an invitation to appear than a summons, saying, "The committee are ready to examine you on the matter, and request that you appear before them... [to] state the facts on which you have made allegations set forth in the petition" (The New York Neurological Society 1880:26). Many of those who submitted letters of retraction did so because they did not have first-hand knowledge of the asylums - not because they did not want an investigation into the asylums, or because they did not believe the accounts of those who claimed to have witnessed incompetence.

The neurologists asked that the meeting be held in New York City rather than Albany since that was where the petitioners and their witnesses lived, but were refused (The New York Neurological Society 1880:9).

The neurologists claimed that the superintendents' word could not be taken as to the conditions inside the asylums. Even if they had no interest in hiding abuses, they could still be happening beneath their very noses. Dr. Nichols of the Bloomingdale asylum, they claimed, had confined a sane woman for some seven years without realizing it (The New York Neurological Society 1880:8).

The legislature, according to the neurologists, still refused to investigate into conditions in the asylums. Between the time of the Committee's report and the neurologists' answer, the State Board of Charities asked the legislature for power to hold a formal investigation, but were told to "refrain from any criticisms on the medical management of the asylums," especially the city asylums (The New York Neurological Society 1880:14).

Eventually, the neurologists were able to claim a small victory. Only a few months after their petition appeared in the paper with all their criticisms of the city asylums' medical superintendents and the committee's report was published, the Board of Consulting Physicians and Surgeons investigated Dr. Strew of Blackwell's Island asylum. Dr. Strew was found incompetent and consequently fired by the State Board of Charities. The accusations against the other city asylum superintendent, Dr. Macdonald, were ignored, and he was asked to step in as Dr. Strew's temporary replacement ("Insane Asylum Abuses," 1879).

The conflict between the neurologists and superintendents did not end with the neurologist's reply. Two years later, Spitzka and Macdonald would again battle in public, this time over the life of Charles Guiteau, President Garfield's assassin. Kiernan and Spitzka both

appeared as expert witnesses for the defense, declaring Guiteau insane, while Dr. Macdonald testified for the prosecution (Rosenberg 1995:143, 155, 158).

In the end Spitzka and the neurologists failed to oust the superintendants from their positions of prominence. Macdonald went on to become the medical superintendant of all the asylums and branches in the New York City area (The New York Academy of Medicine 2014). While the superintendents maintained control over the asylums, the medical profession eventually came to adopt many of the neurologists ideas on the nature and treatment of mental illness.

An Investigation

In June, 1887, New York City Mayor - Abram Hewitt - requested an investigation into the management of the Lunatic's Asylum on Ward's Island (Graig, Milhau, and Foster 1887:1). Besides finding the food inedible, the finances terribly handled, the investigation's most damning findings were the horribly crowded condition of the patients in all the city's asylums, and the state of the attendants who watched them (Graig, Milhau, and Foster 1887:12).

Overcrowding had been a problem for the city asylums almost from the moment they opened. By the superintendents' own admissions, it not only caused the patients constant anguish, sometimes resulting in violence and "innumerable injuries" (Graig, Milhau, and Foster 1887:12), but made epidemics inevitable (Parsons 1877:147). During the winter of 1864-1865 a typhus epidemic stuck the asylum on Blackwell's Island, killing thirty-seven patients, two attendants, the Resident Physician, and one of his medical assistants (Parsons 1866:142). The succeeding Resident Physician, R. L. Parsons, blamed the overcrowded conditions of the asylum

for spreading the disease (Parsons 1866:144). At the time, up to one-hundred patients were being crammed into halls built to hold forty-two (Parsons 1866:143). Ten years later the crowded condition of the asylum had not improved. The asylum, at the time meant to hold 926 patients held 1,340, with more than 286 sleeping on the floor (Parsons 1877:147). The same conditions existed on Ward's Island where in 1875 a building built for 434 patients housed 686 (Macdonald 1876:185).

Despite repeated attempts to expand the asylums to house the constantly growing patient populations, overcrowding continued. In 1875 and 1876 Blackwell's Island asylum adopted a pavilion design, constructing six dormitories, each separate from the asylum and each other (Parsons 1876:117-118). Even when construction began on the new expansion, the asylum managers knew they would be left with 300 more patients than the expansion was meant to hold (Parsons 1876:139). The investigators described the patients as being "huddled together, many of them without sufficient air space... and confined to long wards as cheerless and comfortless as are these miserable masses of humanity which crowd them" (Graig, Milhau, and Foster 1887:12).

After years of asserting that chronic and acute patients be housed together, some of the superintendents began to relent, if only a little. Although the patients should be housed together, wrote one superintendent, the acute needed to be given special care. Unfortunately, with the terrible situation of overcrowding, underfunding, and abuse that had developed in the asylums by 1887, no such special care could be hoped for (Graig, Milhau, and Foster 1887:19-20). "The experiments in the mixed asylums of New York City," wrote the investigators, "have resulted, not in raising the care of the chronic insane, but in degrading the treatment of the acute insane far below the normal standard for the chronic insane" (Graig, Milhau, and Foster 1887:20).

Overcrowding hindered the attendants' ability to properly care for the patients. Investigators blamed the horrible environment of the asylum for the "inevitable degradation of the character and service of attendants on the wards" (Graig, Milhau, and Foster 1887:12). Faced with these conditions the asylums were chronically understaffed. In the Lodge - the building meant for the most violent and disruptive patients - a single attendant supervised wards housing 40 to 50 patients. Sometimes there was no attendant at all (Parsons 1876:130). The adoption of the pavilion system to relive the overcrowding only exacerbated the problem of having too few attendants by spreading the patients out (Parsons 1876:120). In desperation, the Department of Charities authorized transferring convicts from the nearby workhouse to act as night attendants in the pavilions (Parsons 1876:120). Day attendants worked 15 hours days and were forced to sleep in the asylum crammed seven to a room (Graig, Milhau, and Foster 1887:12).

While the asylum Superintendents had repeatedly praised attendants as being "honest," "faithful," "trustworthy," and deserving "special commendation" (Strew 1879:120) and "esteem" (Parsons 1876:144). The state investigators depicted them differently. "While the salaries of these officers are not relatively low, the general situation [in the asylum] repels not only the best, but even ordinarily good men" (Graig, Milhau, and Foster 1887:12). More than once the State Board of Charities petitioned the legislature to raise the attendants' salaries to compensate them for their working conditions and attract better candidates, but to no avail (Graig, Milhau, and Foster 1887:24, 27). Attendants were meant to be nurses, carefully trained to treat and care for the mentally ill, but the chronic overcrowding of the asylums and the desperate need for attendants forced the city to hire ever less qualified officers to function as little better than guards (Graig, Milhau, and Foster 1887:22).

Turnover among the attendant staff was notoriously high, removing any hope of maintaining an experienced staff (Graig, Milhau, and Foster 1887:22). In 1875, thirty-eight attendants were fired and twenty-one quit. Of those fired, sixteen had gone to work drunk or drank on the job. Five struck patients (Graig, Milhau, and Foster 1887:22-23). The next year twenty-two quit and thirty-six were fired - thirteen for intoxication and six for attacking patients (Graig, Milhau, and Foster 1887:23). In 1879, twenty-five more were fired for similar offenses (Graig, Milhau, and Foster 1887:25). In 1886, the year before the state's investigation, eighty attendants - one-half of the Ward's Island Asylum attendant staff - were fired. Twenty-three for intoxication, and five for striking patients (Graig, Milhau, and Foster 1887:13).

Often times applicants for attendant positions at the asylums had nowhere else to go, working in and living at the asylum as a measure of last resort (Graig, Milhau, and Foster 1887:14). The most common job held by attendants on Ward's island before they came to work in the asylums, recounted the committee, was bartender (Graig, Milhau, and Foster 1887:12-13). "Now it is unjust as well as uncharitable to say that every bartender is a thoroughly depraved or untrustworthy man," the investigators wrote, "but it is safe to say that a fair presumption is against the moral or personal fitness of bartenders to fill the responsible office of Attendants of the Insane... The majority who fill this responsible office... are decidedly rough and course or untrustworthy, if not positively bad" (Graig, Milhau, and Foster 1887:13).

Ten Days in a Madhouse

A month after the State published its report on its investigation into the asylum, a very different investigation began when Nellie Brown, a young woman seemingly without family or

friends, was admitted to the Blackwell's Island Insane Asylum. There she spent ten days, and when she was discharged, her account of the experience was published in *The New York World* as *Ten Days in a Madhouse* under her penname, Nellie Bly. It made nationwide headlines.

Nellie was really Elizabeth Jane Cochran, a journalist who began her career in Pittsburgh, Pennsylvania writing about the plight of poor, working class women. In 1887, she moved to New York City and went to the offices of the newspaper *The New York World* looking for work (American Experience 1999-2000). The editor offered her an assignment - feign insanity and be admitted to the insane asylum to uncover what life in the asylum was really like (Bly 2010:Kindle Location 15). Without a plan of how to get out of the asylum besides the assurances of her publisher, Cochran faked insanity. She fooled a boarding house full of women, several doctors, and a judge before finally finding herself on Blackwell's Island where she remained for more than a week. Her account, later published as *Ten Days in a Madhouse*, made nationwide headlines.

Cochran's report recounted nearly every abuse and deficit found by the state committee earlier that year in graphic detail. The food that had been so greatly improved ten years earlier had again deteriorated to the point of being barely edible (Bly 2010:Kindle Locations 792-793). The beautiful grounds often boasted of by asylum officials proved little comfort. "What enjoyment is it to them? They are not allowed on the grass--it is only to look at" (Bly 2010:Kindle Locations 961-962). The women were not permitted to bathe themselves, instead being scrubbed mercilessly by other patients, one after another in the same cold water (Bly 2010:Kindle Location 821). The attendants were lazy, cruel, and vindictive, and all the work was done by the patients (Bly 2010:Kindle Locations 768-769). Attendants enjoyed beating and tormenting patients (Bly 2010:Kindle Locations 1078-1079).

Cochran was struck by the cruel ironies of the asylum. Written on the wall of one of the pavilions was the motto, "While I live I hope" (Bly 2010:Kindle Location 965). She found no hope in the asylum. Instead, she leant her own phrase to the asylum that would haunt the American asylum system long after it collapsed in the mid-20th century. "The insane asylum on Blackwell's Island," wrote Cochran, "is a human rat-trap" (Bly 2010:Kindle Location 1307).

Mental Illness and Poverty

Scientifically minded reformers balked at unrestrained charity. A popular newspaper, *The World*, declared, "charity rages like an epidemic" (Burrows and Wallace 2000:1031). One reformer, Josephine Shaw Lowell - the sister of Civil War hero Robert Gould Shaw (who led the first African-American regiment) - preached that the poor were largely violent, dirty, and morally contagious, responsible for their own poverty and liable to spread moral decay. According to Lowell, the poor needed to "learn to enjoy work" (Lowell 1911:99). Lowell and her fellow reformers believed that many people in the city's poorhouses or living off public welfare programs did so to avoid having to work, and that attitude of laziness could spread to those who came in contact with it. The best way to lower the poverty, wrote Lowell, would be by "rendering pauperism unattractive" (Lowell 1884:75). Pauperism was a disease to sure - not a social problem to be solved. Because her views were so popular in 1876 she was made the first female commissioner on the State Board of Charities, the governing board overseeing the state's insane asylums (Burrows and Wallace 2000:1032).

Equating poverty and crime to disease had serious implications for the treatment of the mentally ill. Insane asylums already fell under the authority of the same governing body of the

state as poorhouses and charity hospitals - the State Board of Charities. The City Commissioners of Public Charities and Corrections oversaw the city's asylums, poorhouses, charity hospitals, and prisons.

Lowell's theory that immorality was the cause of poverty and crime quickly expanded incorporate insanity as a symptom. In her 1884 essay, *Public Relief and Private Charity*, she portrayed mental illness, poverty, and crime as having the same cause, needing of the same solutions, and being dangerously contagious.

"I do not think that we sufficiently recognize the fact," Lowell wrote, "that, in public asylums at any rate, insanity in the majority of cases is due to excessive indulgence in one form or other of vice." She continued, "I am sure, however, that this is so, and I believe that there is as much room for reformatory treatment in an insane asylum as in any other institution" (Lowell 1884:76-77). Rampant moral illness, more than mental illness, was the problem in Lowell's view. Those living in any public institution had in large part ended up there "through their own folly and sin," and it was her duty to "prevent their contaminating others less degraded than themselves" (Lowell 1884:76-77).

It is easy to attribute this philosophy in part to the isolation of wealthy elites like Lowell from the poor of the city. However, Lowell and her fellow commissioners visited the city's public institutions on a semi-regular basis. Lowell herself visited the island insane asylums more than once. She lauded the efforts of those who worked directly with the poor, writing that, "the distasteful ministry to ungrateful and degraded pauper insane and sick, can scarcely be imagined" (Lowell 1884:85).

On the other hand, medical superintendents all over the county declared insanity a disease liable to hit anyone, regardless of social class. "Insanity is peculiar to no grade in life. There are

none so elevated as to be beyond its reach...It has dethroned the monarch, and deepened the gloom of the hovel" (Rothman 2002:124).

Superintendents over the city asylums, however, were somewhat divided over the relation of poverty or immorality to insanity. Dr. Parsons, longtime superintendent of Blackwell's Insane asylum was adamant - "no classes of our citizens are secure from [insanity's] attacks" (Parsons 1877:148). Parsons wrote in direct contradiction to Lowell. "The causes of their insanity were not the ordinary causes of pauperism, as vice or intemperance" (Parsons 1876:132). He was even more adamant that the patients in his asylum were themselves, not paupers. 88%, said Parsons over and over, were hard working individuals who had never been under public charge before their entry to the asylum (Parsons 1876:134; Parsons 1877:148). They were not beggars wandering into the asylum for a warm place to sleep, as Lowell and other city officials portrayed (Parsons 1876:132). In his eleventh annual report to the Board of Commissioners of Charities and Correction Dr. Parsons wrote:

"It may truthfully be said that the object of the New York City Asylums for the Insane, and their relations to the great mass of our citizens, have never been thoroughly understood and appreciated by the citizens, nor even by those representatives of the citizens who have been invested with the governing power of these institutions. The Asylum has been spoken of as a pauper asylum, and the inmates as paupers. The impression seems to have been gained, and, somehow, to have been transmitted from one set of governing officers to another, that the Insane Asylum was only a variety of poorhouse; a poor-house, it is true, in which the inmates were peculiarly unfortunate, and hence, deserving of especial sympathy, who were difficult of control, and hence required

some special provision for their care and treatment, but yet as paupers, for whose care it was a virtue to expend as little of the people's money as possible" (Parsons 1876:131).

Parson's successor, Dr. Strew, took a very different view of his patients, one more in line with Commissioner Lowell. The poor were the most likely to become insane, in Strew's eyes, though he claimed not to have an answer as to why that might be; "We inquire not into the cause, but must accept the fact, and look it fairly in the face" (Strew 1879:118). He saw the prospect of curing the majority of his patients "in any number... to be an impossibility." They instead needed to be kept locked away not only for their protection "and for the protection of society as well as themselves" (Strew 1879:118).

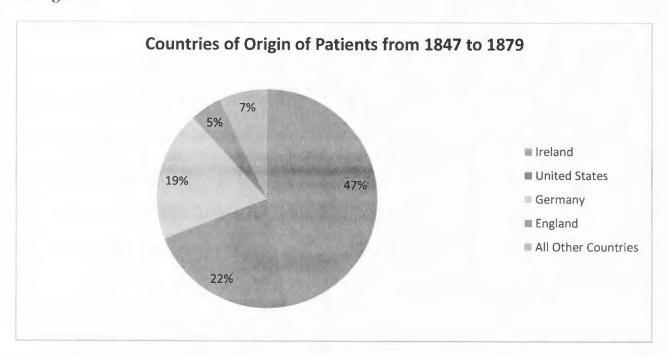
Dr. Macdonald of Ward's Island asylum agreed with Lowell's condemnation of alcohol and vice as the prime causes of insanity in his asylum. His experience as the medical superintendent of the asylum had "left *no* doubt in the mind of the writer [Dr. Macdonald], that more than any one other active cause--more than all other active causes put together--intemperance [was] responsible for the mental aberration of the patients" (Macdonald 1876:173).

No matter their belief in the causes of insanity, all agreed that the asylums were in desperate need of improvement. "The question had [become] too much one of *keeping* the *patients* and too little one of *curing* them" (Macdonald 1876:183).

II. A Demographic View of the New York City Lunatic Asylum on Blackwell's Island

The following is a demographic profile of patients in the New York City Lunatic Asylum on Blackwell's Island. The data was taken from the annual reports of the asylum's medical superintendent to the President of the Board of Commissioners of Public Charities and Correction.

Immigration



(Macdonald 1879:100)

The asylums overflowed for the same reason the city was becoming overcrowded: immigration. In 1901, the New York State Commissioner in Lunacy testified before the United States House of Representatives Commission on Immigration that while only 25% of the State's residents were foreign-born, more than 50% of the patients in its hospitals for the insane were foreign-born (The Industrial Commission on Immigration 1901:204). This number was even higher on Blackwell's Island, where nearly 75% of its patients admitted in 1886 were foreign-

born (Dent 1887:110). When asked which country most of these foreign-born patients were coming from, the commissioner replied that while he did not have the figures on hand, that, "of course," most had come from Ireland" (The Industrial Commission on Immigration 1901:205).

The Irish phenomenon was not new. Of patients admitted to Blackwell's Island Lunatic Asylum in 1865 - just as it would be 21 years later when the commissioner spoke - nearly 75% were foreign-born, and 44% were Irish (Parsons 1866:170).

Relations between Irish Immigrants and rest of New York City's population had been rough. Anti-Irish stereotypes had followed English settlers to America, and the steadily growing number of impoverished immigrants fleeing famine and political turmoil in Ireland made the native-born, Anglo-Protestant residents of New York City nervous. Anti-Irish sentiment was only exacerbated by the political situation of the time. The notoriously corrupt Tammany Hall - despised by the protestant, native-born upper classes - catered to poor Irish voters to maintain its hold of the city, and more than once armed Irish mobs had marched through the city (Burrows and Wallace 2000:Part IV).

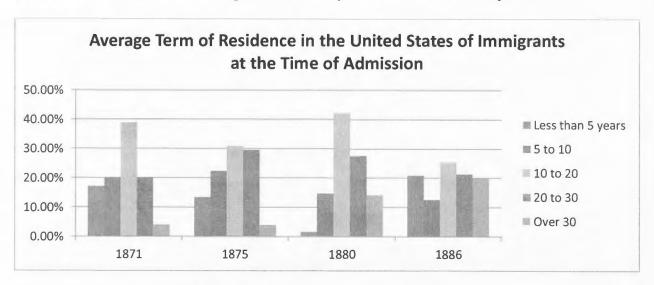
Even before the Draft Riots, general feelings towards the Irish were cold. In 1862 a 4th of July party was held in several of New York City's charitable institutions, including the insane asylum and the Colored Orphan Asylum. Fireworks were set off, and special food was dispensed for the occasion, but in the *Five Points House of Industry*, where young Irish boys were kept, "not a voice of merriment nor a sign of recognition of the day was to be met within its walls" ("The Lunatic Asylum," 1862).

Despite the anti-Irish sentiment, the Commissioner was quick to point out that he believed, despite the predominance of Irish immigrants in the state's asylums, that there was

nothing about being Irish *per se* that would push a person towards mental illness. Poverty, according to the Commissioner, was the cause of insanity.

The link between insanity and immigration was, in the commissioner's mind, a plot. He shared his suspicions with the board that foreign countries were deliberately exporting "defective persons" to the United States. Immigrants typically ended up coming through New York City, and become wards of the city (The Industrial Commission on Immigration 1901:204). According to the commissioner, the Irish were not only overrepresented in asylum populations, but also in prisons and almshouses. As of 1891, immigration law provided that any immigrant who became "dependent" within one year of arrival in the US due to causes prior to arrival could be deported back to their home country. In New York State, the same applied to immigrants from other states in the US. In practice, however, deportation rarely happened, with only 168 being deported from New York State in a given year (The Industrial Commission on Immigration 1901:207).

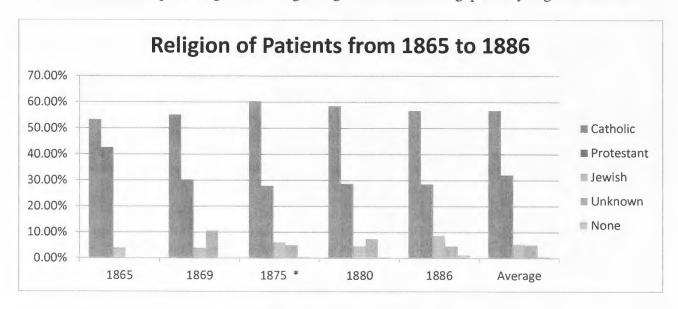
As the chart below suggests, the length of time that an immigrant had been in the U.S. seems to have had little relationship to whether they were admitted to the asylum.



(Parsons 1871:107; Parsons1876:152; Franklin 1881:90; Dent 1887:112)

Religion

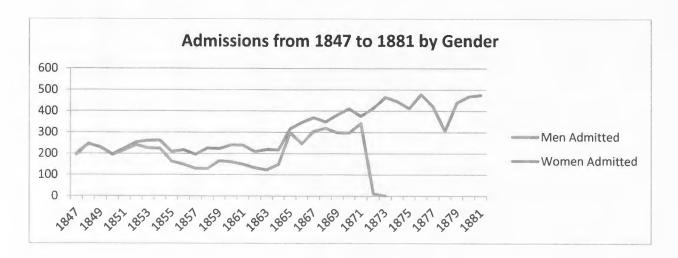
The most of the patients, especially the Irish, were Catholic. After the Civil War the ratio of Catholic to Protestant patients grew, but beginning in the 1880s that gap slowly began to shrink.



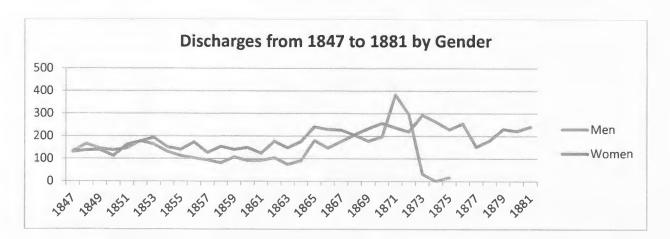
(Parsons 1866:171; Parsons 1870:255; Parsons 1871:108; Parsons 1876:152; Franklin 1881:90; Dent 1887:112)

Gender

The asylum on Blackwell's Island had long held more women than men. In the early 1870s, it was converted into a women-only asylum in an attempt to ease overcrowding. The male patients were transferred to the branches on Ward's and Hart's Islands. The charts below show the ratio of men to women in admissions to and discharged from Blackwell's Island.

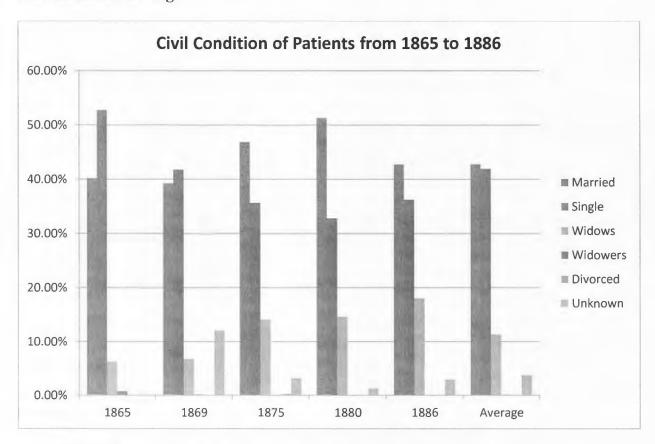


(Franklin 1884:105)

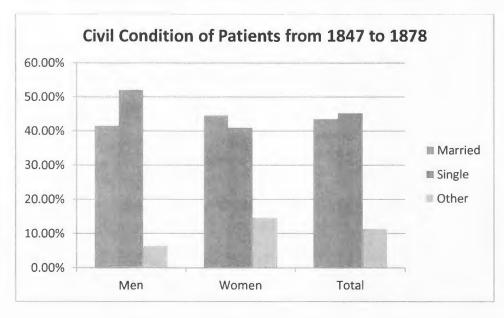


(Franklin 1884:105)

Civil Condition and Age

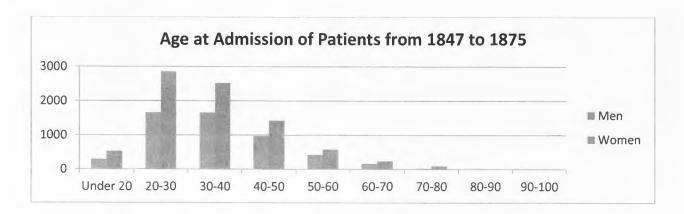


(Parsons 1866:171; Parsons 1870:254; Parsons 1871:103; Parsons 1876:149; Franklin 1881:89; Dent 1887:110)



(Strew 1879:136)

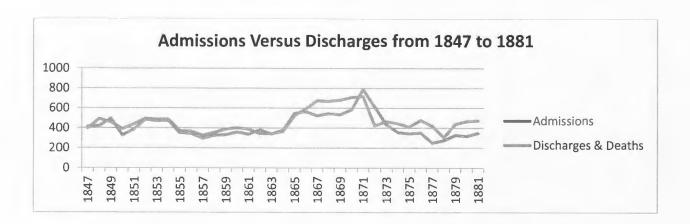
Women on Blackwell's Island were more likely to be married than their male counterparts. Gender does not seem to have made a difference as to the age of those admitted. Most of the patients on Blackwell's Island were young, between twenty and forty years old, as shown below.



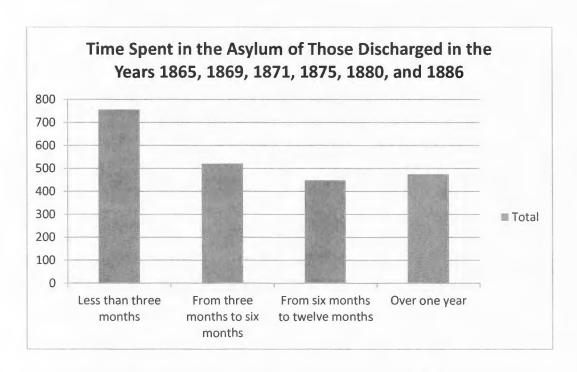
(Parsons 1876:146)

Discharges

Despite allegations to the contrary, admittance to the asylum was rarely a life sentence. mostly patients stayed only a short time on Blackwell's Island. Admissions only outnumbered discharged by a small amount, and of those discharged, most had lived in the asylum for less than six months.



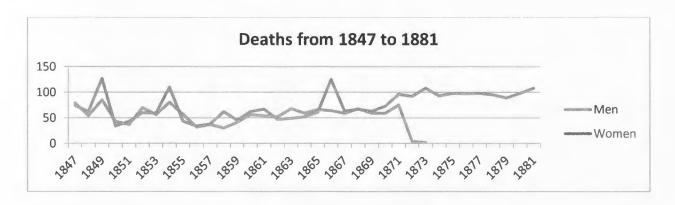
(Franklin 1884:105)



(Parsons 1866:172; Parsons 1870:257; Parsons 1871:115; Parsons 1876:158; Franklin 1881:92; Dent 1887:114)

Deaths

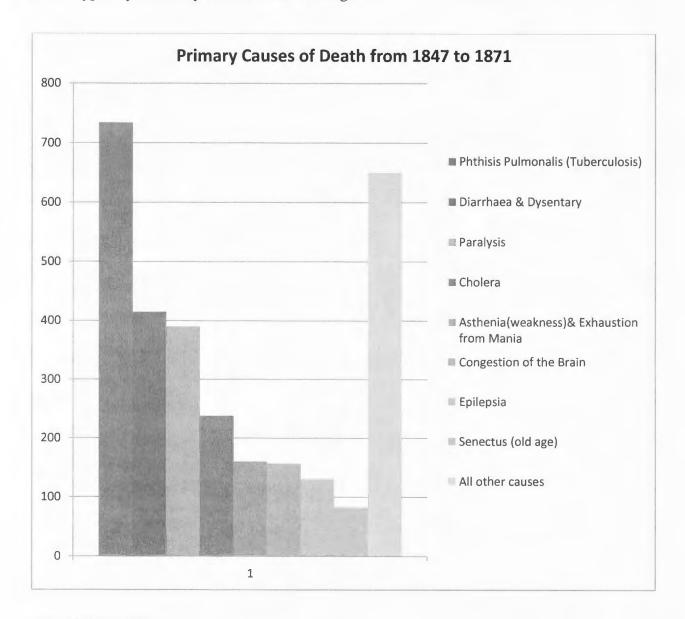
Being isolated on an island did not protect the asylum from disease. The cholera outbreaks suffered by New York City in 1849, 1854, and 1866 struck the asylum with equal force causing spikes in the death rate.



(Franklin 1884:105)

Recorded causes of death in the 19th century were still vague and unreliable. The available data points to epidemics and poor nutrition as the leading causes of death in the

asylum. From 1847 to 1871 most patients who died, died of tuberculosis or dysentery. A large number died from diseases that caused severe weakness, called asthenia, or "congestion of the brain," typically caused by infections like meningitis.



(Parsons 1871:115-116)

The cause could well have been both the location and the facilities: For many years the asylum was bordered to the north by swampland, and the sewage system sat in disarray. In 1865 the floors beneath the lavatories were pulled up to reveal cesspools (Parsons 1866:145). The

conditions likely contributed to the spread of disease and the rise in deaths during the warm summer months.



(Macdonald 1876:155)

Patients came from all walks of life. Most could read and write English. In 1871 alone there was a coal miner, a carpet maker, broker, music professor's wife, a butcher, a baker, a cabinet maker, a priest's wife and a minister's daughter. In 1879 the asylum received a cigar maker, a cigar maker's daughter, and a cigar box maker's wife. The asylum housed everyone from a prostitute to a "gentlemen's daughter," from a fortune teller to a rabbi's wife. Even one of the attendants, charged with caring for the mentally ill, ended up a patient in the asylum.

Conclusion

Despite repeated efforts to improve the asylum and resolve its many deficits, it ultimately devolved into little more than a human warehouse. Many of the principles it was founded on are still supported by medical professionals today - that the mentally ill need relaxation, exercise, decent food, and a relief from the stresses of the world to recuperate. But the ideals behind the asylum were never fully realized. The association of the asylum to poverty and immorality, once established in the public mind, was not easily broken. Rather than being viewed as helpless citizens in need of aid, asylum patients were forever stigmatized as lazy, poor, dangerous, and undeserving. On the occasions when that stigma was broken, such as Elizabeth Cochran's portrait of a sane woman locked in an insane place, the asylum itself was demonized instead.

Without strong public support the asylum simply could not afford to provide the treatment it was designed for. Even today, a lack of public confidence and financial support compromise new efforts to treat mental illness.

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Author's Bio

Austin LaBau was born and grew up in Phoenix, Arizona and attended Northern Arizona University for one year from 2008 to 2009 before spending a year abroad in Paraguay. He enrolled at Utah State University in the fall of 2011 majoring in Sociology and History. He is the recipient of the Lillywhite Presidential Scholarship, the S. George Ellsworth American History Scholarship, and four competitive research and travel grants.

He served as the Vice President of the USU chapter of the National History Honors Society, and received an internship at the Hyrum City Museum. He worked as a Writing Fellow, an Undergraduate Teaching Fellow, and a sociology tutor. While at USU, Austin became enthralled with the history of 19th century America and the topic of mental illness.

After receiving his Bachelor's degree, he intends to pursue a graduate degree.