

“AN EXODUS OF ENTHUSIASM”: G. ALDER BLUMER, EUGENICS, AND US PSYCHIATRY, 1890–1920

by

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One of the most distinctive trends in Progressive Era America was the use of hereditarian explanations of mental disease to justify eugenic approaches to the treatment of insanity. Politicians, physicians, biologists, citizens' groups, and mental health care reformers urged the application of either “positive” eugenics which emphasized the reproduction of favourable traits, or “negative” eugenics which stressed the need to eliminate unfavourable characteristics such as criminality, alcoholism, and feeble-mindedness. When it came to public policy, however, negative eugenic measures had more far-reaching effects. For example, between 1907 and 1940 18,552 mentally ill persons were sterilized surgically in US State hospitals. Some States, beginning with Connecticut in 1896, passed legislation that restricted marriage between nervous and mentally ill individuals. Federal legislation was also passed in the 1920s which limited immigration from eastern and southern Europe.¹

In recent years the history of eugenics around the globe has received increasing attention from scholars, nearly all of whom cite the disproportionately high number of physicians in general, and psychiatrists in particular, within the ranks of the eugenics movement.² But so far we have no detailed studies which seek to

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The author would like to thank Mark Adams, Edward M. Brown, Phil Brown, Gerald N. Grob, William McLoughlin, James T. Patterson, Joan Richards, and the members of the Triangle Workshop in the History of Science, Medicine, and Technology at Duke University/University of North Carolina for their comments on successive drafts of this paper.

¹ The main sources for the history of US eugenics are Mark H. Haller, *Eugenics: hereditarian attitudes in American thought*, New Brunswick, Rutgers University Press, 1963; Donald K. Pickens, *Eugenics and the progressives*, Nashville, Vanderbilt University Press, 1968; Kenneth M. Ludmerer, *Genetics and American society: a historical appraisal*, Baltimore and London, Johns Hopkins University Press, 1972; Daniel J. Kevles, *In the name of eugenics: genetics and the uses of human heredity*, New York, Knopf, 1985; Philip R. Reilly, *The surgical solution: a history of involuntary sterilization in the United States*, Baltimore and London, Johns Hopkins University Press, 1991. For an exhaustive bibliography of the considerable primary and secondary literature on Anglo-American eugenics, see Kevles, ‘Essay on Sources’, *In the name of eugenics*, pp. 383–405. For other references to the history of US eugenics see Charles E. Rosenberg, *No other gods: on science and American social thought*, Baltimore and London, Johns Hopkins University Press, 1976, pp. 12–13, 19–20, 47–8, 89–97, 202–3.

² For example, see Richard A. Soloway, *Demography and degeneration: eugenics and the declining birthrate in twentieth-century Britain*, Chapel Hill and London, University of North Carolina Press, 1990; Pauline M. H. Mazumdar, *Eugenics, human genetics and human failings: The Eugenics Society, its sources and its*

answer the question why these professionals supported eugenics so eagerly and vociferously.³

One of the best ways for the historian to do this is to examine in depth the careers of specific physicians. A good case in point was the career of the psychiatrist G. Alder Blumer (1857–1940). Blumer was editor of the *American Journal of Insanity* from 1886 to 1894, the medical superintendent of the Utica (NY) State Asylum from 1886 to 1899 and the Butler mental hospital at Providence, Rhode Island, from 1899 to 1921, President in 1903 of the American Medico-Psychological Association (whose name was changed in 1921 to the American Psychiatric Association), and an early member of both the National and Rhode Island Mental Hygiene Associations. But Blumer's stature within American psychiatry was greater than these credentials would suggest for, as the rich collection of his correspondence and personal papers at the Butler Hospital indicates, there were few other asylum physicians in the US around the turn of the century who were held in higher esteem. Thus, if only for this reason, Blumer's views on eugenics warrant historical attention. Yet they also illustrate how psychiatric acceptance of eugenics was shaped to a great degree by the conditions that characterized occupational practice. Blumer gradually adopted hereditarian and eugenic ideas in the 1890s when the circumstances surrounding asylum medicine made it difficult to reconcile his faith in the rehabilitative moral influence of the asylum with his declining ability to cure a patient population that was becoming increasingly indigent, aged, and chronically ill. By acknowledging the need for eugenic measures, Blumer could explain away his frustration over the difficulties of recreating the mixed-class and morally palliative asylum of antebellum America, shifting blame from himself to society and its failure to prevent the inheritance of pathological mental characteristics. However, Blumer began to express his scepticism about the virtues of eugenics after he assumed the medical superintendency of the Butler Hospital, a mental hospital that served a far more affluent clientele than Utica. This shift in his attitude—coming at a time when US nativism was on the rise⁴ and other American psychiatrists were becoming increasingly sympathetic towards eugenics—underscores the conclusion that professional considerations and the “politics of patronage” had a dramatic impact on psychiatric opinions about eugenic policies and theories. Still, Blumer did not change his mind as much as he tailored his comments about eugenics to suit his audience. If he was careful about toning down

critics in Britain, London and New York, Routledge, 1991; William H. Schneider, *Quality and quantity: the quest for biological regeneration in twentieth-century France*, Cambridge University Press, 1990; Angus McLaren, *Our own master race: eugenics in Canada, 1885–1945*, Toronto, McClelland and Stewart, 1990; Mark B. Adams (ed.), *The wellborn science: eugenics in Germany, France, Brazil, and Russia*, New York and Oxford, Oxford University Press, 1990.

³ For references to psychiatric interest in eugenics, see Barbara Sicherman, ‘The quest for mental health in America, 1880–1917’, Columbia University, unpublished doctoral dissertation, 1967, pp. 347–53; Nathan G. Hale, Jr., *Freud and the Americans: the beginnings of psychoanalysis in the United States, 1876–1917*, New York, Basic, 1971, pp. 79–83; Richard W. Fox, *So far disordered in mind: insanity in California, 1870–1930*, Berkeley and London, University of California Press, 1978, pp. 27–36; David J. Rothman, *Conscience and convenience: the asylum and its alternatives in progressive America*, Boston and Toronto, Little, Brown, 1980, pp. 58–9; Gerald N. Grob, *Mental illness and American society, 1875–1940*, Princeton University Press, 1983, pp. 168–78.

⁴ John Higham, *Strangers in the land: patterns of American nativism, 1860–1925*, New Brunswick, Rutgers University Press, 1955, pp. 158–93.

his pro-eugenic statements after his move to Butler, it was less a reflection of his personal convictions than the nature of the constituency he was addressing.

This conclusion is significant for a variety of reasons; first, because there have been few studies of early twentieth-century, Anglo-American psychiatrists;⁵ second, because Blumer was one of the first psychiatrists to embrace eugenics during what Mark Haller has called “the first stage of the American eugenics movement” (1870–1905);⁶ and third, because it suggests that medical thinking about the pathology and treatment of psychological disease is far more sensitive to shifting professional interests than to the changing health care needs of the dependent insane. No less importantly, an analysis of Blumer’s career constitutes a contribution to the research agenda recently outlined by Mark Adams: namely, the comparative study from the professional and institutional standpoints of those figures who influenced the growth of the eugenics movement in various nations around the world.⁷

I

George Alder Blumer was born in Sunderland, England in 1857. Following a Blumer family tradition, he studied medicine, first at the University of Edinburgh and later at the University of Pennsylvania. He developed an interest in mental illness as a medical student and ultimately obtained a post in 1880 as assistant physician at the nationally renowned Utica asylum, where he was to remain until 1899.⁸

Blumer quickly rose through the ranks at Utica to become assistant physician in 1884 and medical superintendent in 1886. He succeeded John Gray, Utica’s autocratic and influential medical superintendent from 1854 to his death in 1886.⁹ Unlike Gray, who stressed physicalist remedies to cure mental disease, Blumer was in many ways a throwback to the original generation of US medical superintendents who had assumed leadership of the new institutions for the insane built during the era of asylum reform in the 1820s and 1830s. More interested in treatment and administrative matters than in either experimentation or speculation about the nature of insanity, Blumer believed wholeheartedly that the asylum should feature the communal order and deference to authority that many critics claimed were missing from society. He tended to agree with the earlier generation’s emphasis on “moral therapy”, an institutional approach to treatment that included workshops, lectures, and formal schooling for patients. The adoption of moral therapies within a hospital setting was designed to teach patients how to control their own behaviour and obsessional thinking. Blumer put these ideas into practice during his early years as

⁵ See Andrew Scull, *Social order/mental disorder: Anglo-American psychiatry in historical perspective*, Berkeley and London, University of California Press, 1989, p. 28. For a recent exception, see Lawrence J. Friedman, *Menninger: the family and the clinic*, New York, Knopf, 1990.

⁶ Haller, op. cit., note 1 above, p. 6.

⁷ Mark B. Adams, ‘Toward a comparative history of eugenics’, in Adams (ed.), op. cit., note 2 above, p. 223. The present paper is an attempt, in Adams’s words, “to see the history of eugenics in light of the history of the professions”. Ibid.

⁸ For biographical information on Blumer, see ‘Notes and comment: George Alder Blumer’, *Am. J. Psychiatry*, 1932, 12: 374–88. For more on Blumer’s career, see Ian Dowbiggin, “‘Midnight clerks and daily drudges’: hospital psychiatry in New York State, 1890–1905”, *J. Hist. Med. Allied Sci.*, 1992, 47: 130–52.

⁹ For Gray’s superintendency at Utica, see Ellen Dwyer, *Homes for the mad: life inside two nineteenth-century asylums*, New Brunswick, Rutgers University Press, 1987, pp. 68–70, 98–104, 120–5, 158–9.

Utica's superintendent by eliminating censorship of patients' letters, introducing outdoor games, setting up craft workshops and a patient school, and abolishing restraint, especially the notorious "Utica Crib", a covered-bed device for holding violent patients.¹⁰

Blumer rapidly gained a reputation as one of the brightest young asylum physicians in the country. His reforms proved to be popular among his patients and his wit and urbane manners opened doors for him in Utica society. He also took over from Gray the editorship of the *American Journal of Insanity*, the most influential psychiatric journal outside Europe, and held that post until 1894.

Yet Blumer's personal success contrasted sharply with the professional fortunes of American psychiatrists as the century came to a close. Since the end of the Civil War they had been attacked by a host of critics, including ex-patients, neurologists, and State boards of charity. Critics and reformers readily publicized the unsatisfactory therapeutic and living conditions within mental hospitals and accused psychiatrists of being mere custodians of the insane. Many neurologists charged that psychiatrists possessed no reliable therapies, little precise knowledge of insanity, and an interest only in asylum design, construction, and management. Perhaps the most striking thing about these allegations was that psychiatrists themselves acknowledged their validity. Many US psychiatrists agreed with physicians like S. Weir Mitchell that reform of the profession was overdue and that the growing gap between mainstream medicine and psychiatry had to be bridged.¹¹

One notable example of US psychiatry's low fortunes at the end of the century was the course of New York State mental health care policy. Events in New York inevitably drew national attention for, as one psychiatrist wrote to Blumer, "You know that many states look to New York for guidance in [lunacy] matters, and that 'as goes New York, so goes the Union,' is true in more than politics."¹² Legislation passed in Albany in 1890 had far-reaching effects on the careers of Blumer and other New York State hospital psychiatrists.

Things actually began to go sour for New York psychiatrists in 1889 when the State Commissioner in Lunacy was replaced by a three-man commission authorized to set and impose standards of patient care, financial accountability, and attendants' staffing and training on all of the State's mental hospitals. One year later the State Care Act was passed, centralizing the entire mental health care bureaucracy in Albany and ending almost all county care of the poor and the chronically insane. This legislation was the

¹⁰ For the transition from Gray to Blumer at Utica, see *ibid.*, especially pp. 20, 56–7, 74–5.

¹¹ For the psychiatric "crisis of legitimacy" at the end of the nineteenth century, see John A. Pitts, 'The Association of Medical Superintendents of American Institutions for the Insane, 1844–1892', University of Pennsylvania, unpublished doctoral dissertation, 1979, especially ch. 7: 'The crisis of psychiatric legitimacy, 1881–1885'. See also Nancy Tomes, *A generous confidence: Thomas Story Kirkbride and the art of asylum-keeping, 1840–1883*, Cambridge University Press, 1984, especially ch. 6: 'The perils of asylum practice'; Charles E. Rosenberg, 'The crisis of psychiatric legitimacy: reflections on psychiatry, medicine, and public policy', in G. Kriegman et al. (eds), *American psychiatry: past, present, and future*, Charlottesville, University Press of Virginia, 1975, pp. 135–48.

¹² William Russell to G. Alder Blumer, 13 August 1899, G. Alder Blumer Papers, Isaac Ray Historical Library, Butler Hospital, Providence, RI, Box 41, hereafter cited as *BP*. See also H. A. Tobey to Blumer, 1 March 1894, *ibid.*, Box 28: "We have always looked to the asylums of New York State as ideal asylums, and the State as an ideal State in the management of its institutions . . .".

culmination of years of campaigning by lunacy reformers, neurologists, and psychiatrists who, though divided on other issues, agreed that State-level medical care of the insane in public hospitals was more therapeutic and humane than county care in almshouses and local asylums. The Act also officially changed the name of all State lunatic institutions from “asylum” to “hospital”, but the irony, as Ellen Dwyer has noted, was that just when psychiatrists succeeded in improving the medical image of institutions for the mad, their roles became more custodial than ever.¹³

The first distressing consequence of the State Care Act for Blumer and his New York State colleagues was the transfer of some 1,500 mentally ill persons from county institutions to State hospitals. This had the predictable effect of swelling Utica’s patient ranks, reducing the possibilities for curing and discharging inmates, and eroding the distinction between Utica—a supposedly “acute-care” facility—and the official State Asylum for Incurables at Willard. Between 1886 and 1899 the patient population at Utica grew from 574 to 1,119 while the percentage of announced recoveries among all patients fell from 20.06 per cent in 1889 to between 7 and 9 per cent throughout the 1890s. The percentage of recoveries on admissions also showed a more or less steady decline from 28.1 per cent in 1889 to 19.6 per cent in 1894. In addition, the proportion of chronically ill patients among those admitted reached a high of 56.35 per cent in 1891, a figure unmatched in the preceding twenty years. Finally, as the number of chronic patients rose, the period of residence for the hospital’s inmates also lengthened: the percentage of those who stayed longer than one year at the hospital went from 73 per cent in 1895 (the first year these particular data were published) to 88 per cent two years later. All in all then, the Utica asylum in the 1890s became an increasingly custodial and non-therapeutic institution.¹⁴

The socioeconomic status of Utica hospital patients also changed in the 1890s. Many pauper cases were admitted in the early 1890s because of the transfer to State hospitals of the chronic patients who had been living on county charity before the State Care Act. For example, of the 421 patients admitted to Utica in 1891, 91 were received as transfers from poorhouses in the nine counties included in Utica’s catchment area; in 1893 110 out of 379 patients admitted were also from county poorhouses. While it is true that some of these charity patients were respectable men and women whose families could not afford the costs of private care, the testimony of New York State psychiatrists indicates that most had little in common with their predominantly white, male, middle-class, Anglo-Saxon, Protestant, and comparatively well-educated asylum doctors.¹⁵

Reinforcing psychiatric dissatisfaction with the shifting characteristics of their patients was the regulation adopted by the State Commission in Lunacy that severely

¹³ Dowbiggin, *op. cit.*, note 8 above; Dwyer, *op. cit.*, note 9 above, pp. 208–12; Grob, *op. cit.*, note 3 above, pp. 89–90, 92, 185, 211. See also Henry M. Hurd (ed.), *The institutional care of the insane in the United States and Canada*, vol. 3, Baltimore, Johns Hopkins Press, 1916, pp. 121–7.

¹⁴ New York State Lunatic Asylum, *Fifty-fifth annual report of the managers of the State Lunatic Asylum at Utica*, Albany, James B. Lyon, State Printer, 1898, pp. 54–9, hereafter cited as *NYSLA*. *Ibid.*, 1895, p. 52; *ibid.*, 1896, p. 46; *ibid.*, 1897, p. 64; *ibid.*, 1898, p. 41; *ibid.*, 1899, p. 50; *ibid.*, 1900, p. 50.

¹⁵ *NYSLA*, 1892, p. 7; *ibid.*, 1894, p. 7. See also P. M. Wise to Blumer, 13 January 1894, *BP*, Box 29; Wise to Blumer, 13 May 1892, *ibid.*, Box 27. For comments on the socio-economic origins of Utica’s patient population at the end of the century, see Dwyer, *op. cit.*, note 9 above, p. 105.

limited both the rate charged for private patients at State hospitals and the institutional space a medical superintendent could assign to privately-paying invalids. Besides reducing the revenues of each hospital, this measure threatened to exacerbate the trend in New York State mental hospitals toward custodial care of the indigent poor. For most superintendents and managers of State hospitals, the admission of private patients was synonymous with the admission of curable, respectable, and socially agreeable persons.¹⁶ Although the State Commission in Lunacy believed that this regulation would make more room available for less fortunate and more seriously ill patients, hospital physicians and their managers thought it would hasten the process which saw “hospitals . . . fast becoming detention houses instead of places for best treatment of their patients”.¹⁷

If Blumer encountered a growing patient population of paupers and incurables in the 1890s, he also had to deal with mounting political interference from the State Commission in Lunacy, a trend that offended his deep belief that medical superintendents and their managers should exercise complete control over all asylum matters.¹⁸ New York State medical superintendents may have shared the Commission’s conviction that all care of the dependent insane should be at the State level, but they were not prepared to endorse the steps the Commission took in the next five years to centralize the State mental health care bureaucracy. Beyond its powers to visit, inspect, and recommend changes in the management of both private and public asylums, the Commission proceeded to lobby the State Legislature for a reduction in the autonomy of each State institution for the insane. This meant breaking down the distinctions among the various State hospitals and establishing uniform standards of record-keeping, especially in financial matters. To the State medical superintendents and their managers, the most galling legislation was the statute passed in 1893 that reduced the per capita cost of maintenance for the six State hospitals from \$208 to \$184, a reduction that many superintendents claimed led to a fall in the quality of care for the insane.¹⁹

Blumer was one of the most vocal critics of these trends in the early 1890s. He deplored both the Commission’s meddling in his hospital’s affairs and the way its policies seemed to accelerate Utica’s transition from a hospital modelled along the lines of moral treatment to an institution dedicated largely to the incarceration of indigent, incurable, and violent men and women. Blumer was determined to resist any steps that would lead to Utica becoming known as a site for custody rather than effective treatment. “Under modern methods of management”, he wrote in 1889,

our constant endeavour is to emphasize the *hospital* feature of State asylums and to remove from them all that savours of prisons and prison discipline. We strive to impress upon the public the fact that in the majority of cases in the acute stage insanity is a curable disease and to so organize and conduct our institutions as to make them

¹⁶ *NYSLA*, 1891, pp. 15–16.

¹⁷ John Chapin to Blumer, 11 November 1892, *BP*, Box 27. For similar changes in Pennsylvania in the 1870s and 1880s, see Tomes, *op. cit.*, note 11 above, pp. 294–301.

¹⁸ For an expression of Blumer’s belief in the need for medical superintendents to have complete control over all dimensions of asylum treatment, see Blumer to L. Vernon Briggs, 8 April 1911, *BP*, Box 31.

¹⁹ Hurd, *op. cit.*, note 13 above, vol. 3, pp. 121–7.

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attractive places of treatment. In other words, we aim to allure rather than repel those who are in search of relief for brain-sick friends. The presence in an ordinary hospital for the insane like this of a few persons who, whether as the immediate consequence of insanity or not, have committed grave offenses against society cannot but prejudice the health-seeking patient or his friends against our hospital.

According to Blumer, transferring potentially violent patients to a hospital like Utica could only lower the social prestige of mental hospitals, to say nothing of the status of psychiatrists.²⁰

In the final analysis, most of the initiatives taken by the Commission in the early 1890s ran counter to Blumer's definition of the mental hospital as a pleasant home for a family of deferential patients and staff under the paternalistic supervision of an independent medical superintendent. To him, events in New York State lunacy affairs as early as 1891 constituted "revolutionary upheaval" of the worst kind, threatening to turn him into the powerless "warden of a custodial institution". "I feel sick over the whole business", he confided to a friend.²¹

Responding to the urgings of authorities and friends like Franklin B. Sanborn, a national expert on lunacy matters, Blumer tried to mobilize opposition to the State Commission inside New York State. But Blumer paid a price for his efforts. First the Commission tried unsuccessfully to wrest control of the *American Journal of Insanity* from him and the Utica hospital.²² Then, in early 1894, in a move widely acknowledged to be instigated by Commission ill-will, Blumer was forced on a technicality to undergo a State civil service examination in order to keep his job at Utica. Blumer passed the test, but his experience taught him that the future would be bleak for any New York State medical superintendent who refused "to be regarded as a cog in what bids fair to become a monster political machine".²³

Blumer's relations with the Commission improved somewhat after 1894. But, in the meantime, the changes that Utica had undergone in the early 1890s proved to be irreversible. As Utica's resident population reached 1,000, his frustration and discouragement mounted, reflecting his growing inability to reconcile his commitment to maintain an atmosphere conducive to moral treatment with the fact of an increasingly invalid and chronically ill patient class. As he wrote in 1892,

It needs but a visit to any of the large State hospitals for the insane to convince an intelligent observer that while the noblest purpose of an institution of this kind is to cure, its principal occupation is the promotion of the welfare of the mass; in other words, its main function is to minister to the relief and comfort of the chronic insane.²⁴

²⁰ Blumer to Henry J. Coggeshall, 13 March 1889, *BP*, Box 27. His emphasis.

²¹ Blumer to P. M. Wise, 30 January 1891, *BP*, Box 27; Blumer to F. B. Sanborn, 30 March 1891, *BP*, Box 27.

²² F. B. Sanborn to Blumer, 28 March 1891, *BP*, Box 27. For Blumer's battle with the Commission in Lunacy over the *American Journal of Insanity*, see *NYSLA*, 1894, pp. 8–10.

²³ *Albany Evening Journal*, 31 January 1894, Blumer Scrapbook, *BP*. See also Blumer to Harry Campbell, 25 January 1894, *BP*, Box 28; Blumer to Clarence B. Angle, 1 January 1894, *BP*, Box 28; Blumer to John B. Riley, 24 January 1894, *BP*, Box 28.

²⁴ *NYSLA*, 1893, pp. 24–5.

The problem was that this mission conflicted with the role of an up-to-date asylum physician. "Where the insane are massed together by the thousand", Blumer wrote one year later, "the danger is that routinism, the deadly foe of scientific medicine, may subjugate individualization, without which the highest aims of psychiatry cannot be realized . . . Modern ideas of insanity prescribe more than [merely housing, feeding, nursing, and clothing the insane]."²⁵ By 1897 Blumer could cite small improvements in Utica's resources for treating patients, but he and his staff still had to rely on methods that were more suitable to managing the institutional lives of chronic patients than to curing the acutely ill; namely, work-therapy in industrial shops, on the hospital grounds, or on the farmland leased by State officials. Whereas Blumer had earlier used occupational therapy to improve the chances of cure, he now saw it as valuable primarily because it made his many chronic patients "contented" and "peaceful".²⁶ The growing attention he paid to the virtues of work-therapy in the 1890s derived from his discouragement with the difficulties of managing patients at a time when the standards of treatment, diagnosis, and scientific inquiry embraced by other US physicians were getting higher and higher. It was little wonder, he concluded, that "demoraliz[ation]" was rampant among New York State psychiatrists,²⁷

II

This decade-long litany of parsimonious funding, therapeutic frustration, and declining professional independence seems to have had an effect on Blumer's attitude toward mental illness and the mentally ill. As he faced more and more obstacles to the successful implementation of a programme of moral treatment at Utica, he became increasingly convinced that mental disease was a chronic ailment whose incidence could be reduced only through drastic eugenic measures. Blumer's views were consistent with the changing cultural climate of late nineteenth-century America. Since the end of the Civil War concerned Americans had blamed either heredity or the social system for the apparent rise in rates of insanity, feeble-mindedness, alcoholism, poverty, and delinquency across the country. As the century drew to a close, however, explanations based on the Neo-Lamarckian notion of the inheritance of acquired characteristics proved to be more persuasive. Nativist fears of the effects recent waves of immigration had on public health and reproductive fitness, as well as anxiety over violent crime, economic depression, and labour unrest engendered support for hereditarianism and the eugenic remedies it authorized. By the 1890s many Americans were urging the asexualization of deviant and dependent persons, the

²⁵ *NYSLA*, 1894, p. 23.

²⁶ *NYSLA*, 1898, pp. 17–18. For Blumer's increasing preoccupation with work therapy as a means of keeping his chronic patients docile, see his 'The medical and material aspects of industrial employment for the insane', *American Journal of Insanity*, 1897, **54**: 157–66, hereafter cited as *AJI*; *idem*, 'The care of the insane in farm dwellings', *AJI*, 1899, **56**: 31–40. For recognition that patients employed in the types of industrial and agricultural labour that Blumer recommended "are more easily handled", see George E. Dodge to Blumer, 11 January 1898, *BP*, Box 29.

²⁷ Blumer to the editor of the *New York Evening Post*, 10 January 1902, *BP*, Box 30. See also the editorial in the *Utica Daily Press*, 13 January 1902 for commentary on Blumer's letter to the editor of the *Evening Post*.

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prevention of marriage between supposedly unfit men and women, and the exclusion of immigrants who did not meet certain standards of health and intelligence.²⁸

Asylum psychiatrists in particular found these eugenic solutions tempting. As one admitted in 1908: “The fact that in its very nature insanity is an almost fatalistic outgrowth of conditions over which the physician has no control is itself discouraging”, were it not that “this most depressing conviction” pointed to the more promising field of prevention.²⁹ Because their therapeutic shortcomings compared unfavourably with the optimism of general medicine and surgery, psychiatrists were afraid that unless they discovered new methods for dealing with insanity they would “become the backward specialty in an otherwise evolving profession”.³⁰

Blumer himself did not convert to eugenics without a struggle, however. In the early 1890s he tended to attribute the statistical rise in US cases of insanity to “an environmental stress [on the brain] which is disproportionate to our present stage of evolution”. Rather than blame the spread of madness on marriages between people with family histories of insanity, as many physicians were doing, he insisted that the hereditary effects of such marriages were little more than “a drop in the bucket”. By emphasizing environmental factors—such as the demands made on physical and mental health by the feverish struggle for money and success—Blumer endorsed a theory of mental illness that was consistent with his strong belief in the potentially positive effects of hospital confinement on the depleted nervous systems of civilized men and women.³¹

Yet, as the 1890s wore on, there were indications that his views were changing. With the number of paupers among the Utica patient population growing, Blumer gradually became receptive to the late-nineteenth-century Social Darwinist literature in the United States and Great Britain that warned that charity institutions like public hospitals worked against the forces of natural selection by making it easier for the poor to out-reproduce the “fitter”, elite social classes.³² One example of his mounting sympathy for eugenics came in 1896 when he praised the Connecticut law that decreed that a couple should not marry or have extramarital relations when the woman was under forty-five years of age, if either the man or woman was epileptic or feeble-minded. But while he conceded that this law was “a step in the right direction”, he also cautioned that it raised more questions about the nature of mental disability than it answered.³³ In 1897 he was still unsure about the impact of parental insanity on psychological health, but confessed that “I am the last man in the world . . . to

²⁸ Haller, *op. cit.*, note 1 above, chs. 3 and 4. For the growth of nativist feeling in late nineteenth-century America, see Higham, *op. cit.*, note 4 above.

²⁹ Charles P. Bancroft, ‘Hopeful and discouraging aspects of the psychiatric outlook’, *AJI*, 1908, 65: 1–16.

³⁰ S. E. D. Shortt, *Victorian lunacy: Richard M. Bucke and the practice of late nineteenth-century psychiatry*, Cambridge University Press, 1986, p. 159.

³¹ G. Alder Blumer, Editorial on ‘The increase of insanity’, *AJI*, 1893, 50: 310–13. See also G. Alder Blumer and A. B. Richardson (eds), *Commitment, detention, care, and treatment of the insane. Being a report of the fourth section of the International Congress of Charities, Correction and Philanthropy, Chicago, June, 1893*, Utica State Hospital Press, 1894, pp. 178–9; G. Alder Blumer, ‘Progress in mental medicine’, unpublished paper read to the Oneida County Medical Society, 7 July 1891, *BP*, Box 40. For criticism of Blumer’s de-emphasis on heredity, see John M. Semple to Blumer, 18 November 1893, *BP*, Box 27.

³² Soloway, *op. cit.*, note 2 above, pp. 52–9; Haller, *op. cit.*, note 1 above, pp. 21–39.

³³ G. Alder Blumer, ‘Marriage of epileptics’, *AJI*, 1896, 53: 163–4.

belittle the effects of heredity”, and suggested that the advantages of mental hospitals were often outweighed by the way they “permitt[ed] unstable persons to leave institutions and mate themselves with their kind, instead of allowing an affinity of contrast to prevail in selecting their wives”.³⁴

By the turn of the century Blumer’s ambivalence about heredity had vanished. He now argued that “all diseases are hereditary” and “the department of preventive medicine” most relevant to physicians was the eugenic prohibition of marriages between “the unfit, instances of which are occurring all around us in the families of our patients”. He hinted that his interest in eugenics stemmed from his work with the insane at Utica when he added “that accident has forced it upon my consideration by reason of a special calling, and quite recent experiences have aroused an indignation sufficiently righteous to give me at least temporary hardihood in attacking a giant evil”. While applauding futuristic accounts of societies built on the principles of eugenics and euthanasia, he also cited similar practices among the ancient Scots, including the “rough and ready method” of burying alive babies and their epileptic or mentally ill mothers. Blumer conceded that the tactics of the ancient Scots were drastic, but added that “from the point of view of science the cruel and remorseless Scot was more advanced than his descendants of our own day”. He believed it was “a hopeful sign of the times” that the Michigan Legislature “had before it a bill providing for the emasculation and spaying of all chronically insane dependent men and women and confirmed criminals”. He went so far as to urge surgeons to aid “the survival of the fit” by removing both ovaries from women in whom only one was affected, thus “render[ing]” all their patients “as regards child-bearing, *hors concours*”. Blumer’s enthusiasm for a surgical procedure that by the 1890s had “largely ceased” as a curative technique showed that his advocacy of eugenics at the turn of the century was anything but half-hearted.³⁵

In 1901 Blumer re-affirmed his support for eugenics in an address to the Rhode Island Medical Society. He praised the “recognition by physicians of the laws of heredity and an attempt on their part—for they have peculiar advantages as confidential advisors—to prevent the marriage of the unfit”. While sharing the opinion of Isaac Ray, the nineteenth-century medical superintendent of the Butler asylum, that insanity’s incidence could be traced to its “hereditary character”, Blumer, unlike Ray, believed that the state was obliged to take legal action to monitor

³⁴ Blumer to Goodwin Brown, 19 November 1897, *BP*, Box 29.

³⁵ G. Alder Blumer, ‘Marriage in its relation to morbid heredity’, unpublished lecture to the Providence Friday Night Club, 20 September 1900, *BP*, Box 40. The Friday Night Club was an association of Providence physicians who met at the prestigious Hope Club. For more on the importance of social clubs in turn-of-the-century Providence, see John S. Gilkeson, Jr, *Middle-class Providence, 1820–1940*, Princeton University Press, 1986, pp. 138–51. This lecture expressed the same ideas as those found in Blumer’s ‘The marriage of the unfit’, *AJL*, 1900, 57: 375–7. For references to the surgical removal of ovaries and its decline as a curative operation by the end of the century, see Haller, *op. cit.*, note 1 above, p. 30. However, it, like the removal of testes from male patients, continued to be used as a way of reducing sexual desire, preventing reproduction, and deterring antisocial behaviour. For exceptions to its decline as a curative procedure, see Wendy Mitchinson, ‘Gynecological operations on insane women: London, Ontario, 1895–1901’, *J. soc. Hist.*, 1982, 15: 467–84; Shortt, *op. cit.*, note 30 above, pp. 143–59; Cheryl Krasnick Warsh, *Moments of unreason: the practice of Canadian psychiatry and the Homewood retreat, 1883–1923*, Montreal and Kingston, McGill-Queen’s University Press, 1989, pp. 55–6.

reproduction. It was time, he declared, to convince everyone “of the solemn truth that the responsibility of making a human life is scarcely less serious than that of taking one”.³⁶

Blumer’s strongest endorsement of eugenics was his 1903 presidential address to the American Medico-Psychological Association. Speaking to a predominantly psychiatric audience, Blumer claimed that the mentally ill and feeble-minded were “notoriously addicted to matrimony and by no means satisfied with one brood of defectives”. He then called for legislation outlawing the marriage of people with family histories of insanity and alcoholism, authorizing the indefinite detention of individuals after a third admission to an asylum, and permitting divorce on the grounds of incurable insanity or chronic alcoholism. He also commended the recent American interest in legislation to exclude mentally defective immigrants, a step with particular relevance to New York State, “for while her foreign-born population is only twenty-five per cent of the whole, fifty per cent of the inmates of State hospitals are of foreign birth”. As long as the “myth that marriages are made in heaven” persists, Blumer concluded, “nothing short of legal prevention will accomplish the end we have in view”.³⁷

III

Blumer’s fondness for negative eugenics would soon decline after 1903, however, chiefly because of an important change in his professional life. Disenchanted with employment in the New York State mental health care system, he had accepted an invitation in 1899 to become the medical superintendent of the Butler Hospital for the Insane in Providence, Rhode Island. Although reluctant to leave his friends in Utica, Blumer realized that the appointment to Butler, a private mental hospital, meant that he would be likely to deal with a better social class of patients and treat more curable disorders.³⁸

The congratulations Blumer received from other psychiatrists on his appointment shed light on his reasons for leaving Utica. As one New York psychiatrist told him,

I always thought that Providence would come your way after a while. In a short time you may be able to say farewell to printing-presses, and stocking machines, and brush and mat making toils, and glue factories, and coffee roasters, and other enterprises which perfume the air with odors that range from bouquet to borborygmal. In two more moons you may be able to say farewell to a system which has converted medical men into midnight clerks and daily drudges. Soon you will be able to rise from a system of complicated estimates to a higher estimation of yourself. In a few short

³⁶ G. Alder Blumer, ‘The yesterday and to-day of mental medicine’, Address to the Rhode Island Medical Society, 6 June 1901, *The Providence med. J.*, 1901, 2: 101–11.

³⁷ G. Alder Blumer, ‘Presidential Address’, *AJL*, 1903, 60: 1–18.

³⁸ For Blumer’s recognition of the social differences between the patients at Utica and those at Butler, see Blumer to William Goddard, 9 June 1899, *BP*, Box 29. See also his comments in The Trustees and Superintendent of the Butler Hospital for the Insane, *Annual report*, Providence, Snow and Farnham, 1901, p. 24; *ibid.*, 1902, p. 13, hereafter cited as *BAR*. Blumer’s familiarity with Butler predated his negotiations with its Board of Trustees in 1899. Blumer succeeded William Gorton, Butler’s medical superintendent from 1889 to 1899. Gorton’s brother was a long-term patient at Utica during the Blumer years and Blumer and Gorton were regular correspondents in the 1890s, discussing matters from New York State mental health care to the condition of Gorton’s brother.

weeks you will be able, I trust, to give up the manufacture of goods and figures, to doff the garb of a clerical and manufacturing expert, and to don the garb of a gentleman. Then you will be able to resume the practice of medicine! Then you will have an opportunity to study psychology, and to imitate, if not excel, the delightful and classical writings of Dr. [Isaac] Ray, one of your predecessors at Providence.

Other physicians echoed these sentiments, expressing the widely-shared psychiatric belief that service in a State system of mental health care robbed doctors of their dignity and freedom to practise medicine as they saw fit.³⁹

The contrast between Utica and Butler was glaring, according to US psychiatrists. To one asylum physician, Butler was “the most progressive hospital for the insane in America”. Others argued that in contrast to the problems of superintending Utica, the head physician’s job at Butler was easy. Because Butler had been founded officially as a philanthropic enterprise by wealthy men with a desire to relieve the misery of insanity, Blumer was entitled to expect fewer financial pressures than he had experienced at Utica. Indeed, as he admitted in 1904, Butler for the most part enjoyed a “comfortable solvency”.⁴⁰

Butler’s reputation in psychiatric circles as a relatively attractive place to work was grounded in reality. By the turn of the century it “resemble[d] an exclusive rest home for the well-to-do”, an institution that featured a large and well-trained staff who cared for patients suffering from a wide range of mental and nervous disorders. Opened in 1847, Butler was originally intended to house all the insane of Rhode Island, but with the rising admissions of poor Irish men and women in the 1850s, interest grew in a plan to build a public hospital to ease Butler’s over-crowding. The solution adopted by the State was to erect an asylum for incurables, and when it opened in 1870 eighty-three of the eighty-eight paupers residing at Butler were transferred to the new facility. This proved to be only a temporary expedient for, as increasing numbers of dependent persons were admitted to the State hospital, the Rhode Island Board of Charities and Corrections decided to place some pauper lunatics at Butler. In 1884 Rhode Island legislation decreed that all State-supported lunatics would in future be treated at the State facility and not boarded at Butler, thus paving the way for a “system of dual care” for the curable and incurably insane that was in fact largely defined by ethnicity, wealth, and social standing.

The effect of this legislation on Butler was that between 1884 and 1887 the number of State-supported paupers there dropped from thirty-one to eight. In deference to the hospital’s original pledge to provide charity care, its Board of Trustees set up a beneficiary fund in 1884 to help defray the costs of treatment there for “the worthy poor”, but it turned out that the fund was used most often to help middle-class

³⁹ Selden H. Talcott to Blumer, 8 July 1899, *BP*, Box 29; see also Edward N. Brush to Blumer, 22 July 1899, *BP*, Box 29.

⁴⁰ P. W. A. Fitzsimmons to Blumer, 17 November 1899, *BP*, Box 29; John Chapin to Blumer, 16 August, 19 August, and 7 September 1899, *BP*, Box 29; Edward N. Brush to Blumer, 22 July 1899, *BP*, Box 29. For Blumer’s impressions of Butler’s financial stability, see Blumer to Edward N. Brush, 24 February 1904, *BP*, Box 30. In his resignation speech to Utica’s Board of Managers, Blumer referred to his “Feeling . . . that the atmosphere of a well-endowed private hospital, with a self-perpetuating board of trust, offers, in its greater security, asylum to physician as well as to patient . . .” *Utica Daily Press*, 13 July 1899, Blumer Scrapbook, *BP*.

families bear the burden of hospitalizing relatives. Although Butler's Trustees continued to insist that it was "an institution of charity",⁴¹ the growing rhetoric about its "curative" mission and the conventional conflation of poverty, ethnicity, incurability, and criminality by nineteenth-century elites justified the transfer of almost all of Butler's pauper cases to the State hospital, leaving only those whose "previous tastes and habits of life" corresponded with Butler's provisions of care.⁴²

Blumer arrived at Butler in 1899 at an important time in the hospital's history, for it was in the midst of a fund-raising campaign to pay for a major re-building programme. The success of the campaign hinged on the hospital's ability to persuade the public, Rhode Island philanthropists, and wealthy patients and their families that, while it still assumed responsibility for charity patients from the State, it was now more devoted to *curing* mental and nervous disorders. A symbolic step in this new direction was taken in 1901 when the hospital's Trustees wholeheartedly approved Blumer's suggestion that Butler Hospital drop the words "for the insane" from its title. The State General Assembly legalized this change in 1906, signifying that Butler was now "a hospital and not a place of confinement", and underscoring its commitment to the treatment of "patients suffering from neurasthenia and not technically insane". "Neurasthenia", a term coined in 1869 by the American neurologist George Beard, was an ailment characterized by depression, exhaustion, insomnia, dyspepsia, and other complaints that could be relieved through the rest, exercise, diet, and amusements available during an extended stay at a hospital like Butler. Neurasthenia was "an umbrella diagnosis" that psychiatrists and neurologists "applied to a host of non-specific nervous and emotional disorders" in late nineteenth-century America. It was a far more flattering disease label for a paying patient than was insanity, for it defined nervous illness as the unintended yet remedial outcome of the struggle of respectable individuals to excel in civilized society.⁴³

⁴¹ *BAR*, 1901, p. 11.

⁴² For Butler's place within the nineteenth-century Rhode Island mental health care system, see Fred Jacobs, 'Private care and public custody: institutions for the insane in Rhode Island, 1840–1900', Brown University, unpublished honours thesis, 1978, especially ch. 5: 'Care and custody: the dual system', pp. 113–40. See also Sarah M. Saklad, 'Psychiatry in Rhode Island, 1725–1980', *Rhode Island med. J.*, 1980, **68**: 207–16; David A. Rochefort, 'Three centuries of care of the mentally disabled in Rhode Island and the nation, 1650–1950', *Rhode Island Hist.*, 1981, **40**: 111–32; Janet Golden and Eric C. Schneider, 'Custody and control: the Rhode Island State Hospital for Mental Diseases, 1870–1970', *ibid.*, 1982, **41**: 113–25. For the customary perception that the non-native poor were predisposed to incurable mental illness and were more likely than native lunatics to be dangerous to the community when deranged, see Gerald N. Grob, *The state and the mentally ill: a history of the Worcester State Hospital in Massachusetts, 1830–1920*, Chapel Hill, University of North Carolina Press, 1966, pp. 38–9, 164–8, 246. The relations between Butler and the State Hospital for the Insane in Rhode Island were similar to those between the McLean Hospital and the Worcester State Hospital in Massachusetts, *ibid.*, especially pp. 91–2. Confirmation that Butler's commitment to "charity" by the twentieth century was mainly restricted to middle-class families who found it hard to afford private hospital care for their troubled relatives yet who were also too proud to send family members to State hospitals can be seen in a 5 March 1903 letter to Blumer from the mother of W. B. Goldsmith, Butler's superintendent from 1886 to 1888, *BP*, Box 30.

⁴³ F. G. Gosling and Joyce M. Ray, 'The right to be sick: American physicians and nervous patients, 1885–1910', *J. soc. Hist.*, 1986, **20**: 251–67, p. 252. See also F. G. Gosling, *Before Freud: neurasthenia and the American medical community, 1870–1910*, Urbana and Chicago, University of Illinois Press, 1987. For other thoughtful accounts of the diagnostic use of neurasthenia, see Charles E. Rosenberg, 'The place of George M. Beard in nineteenth-century psychiatry', *Bull. Hist. Med.*, 1962, **36**: 245–59; Barbara Sicherman, 'The paradox of prudence: mental health in the gilded age', *J. Am. Hist.*, 1976, **62**: 890–912; *idem*, 'The uses of a diagnosis: doctors, patients, and neurasthenia', *J. Hist. Med. Allied Sci.*, 1977, **32**:

This interpretation of neurasthenia was not lost on Blumer. He endorsed Butler's commitment to the treatment of persons whose symptoms differed from those of the chronically and violently insane. As more and more men and women were realizing that one could be mentally sick without being "a menace to himself or the community", hospitals like Butler admitted increasing numbers of voluntary patients. In 1903, for example, 42 per cent of Butler's admissions were voluntary, while in 1908 this figure had risen to 46 per cent. Blumer believed in fact that Butler's success in attracting voluntary patients was due in large measure to "the use of the term neurasthenia and its euphemistic variants" by hospital officials. Neurasthenia was a term, he wrote, that was agreeable to "the patient and his friends [who] prefer that the mental defect [in insanity] shall be minimized while emphasis is given to the 'nerve' element in the case".⁴⁴ To Blumer, the positive feature of voluntary admissions was that these patients were usually of sound enough mind to admit themselves, and hence stood a good chance of being cured. A substantial percentage of voluntary patients indicated that Butler would resemble a rest home rather than a madhouse, a medical facility providing close, interpersonal treatment for "appreciative" patients who shared his manners and cultural tastes.⁴⁵

But it was not only the social aspects of psychiatry at Butler that appealed to Blumer. He was also enthusiastic about the possibilities of practising there a type of medicine that was more congruent with the trends in US psychiatry than the medicine he had practised at Utica. American psychiatrists around the turn of the century were increasingly devoting themselves to the study of physiology, pharmacology, and pathological anatomy, as well as exploring new forms of surgical and endocrinological treatment. At the same time many psychiatrists were expressing their dissatisfaction with the clinical practices of nineteenth-century asylum medicine. They hoped to destroy their customary image as mere custodians of the insane. Psychiatrists like Adolf Meyer believed that asylum physicians had spent too much time trying to organize mental symptoms into neatly defined diagnostic categories and too little time trying to discover the causes of psychological disease. The consequence, Meyer and others argued, was that psychiatrists had ignored the fact the each patient's illness was the unique result of a failed attempt to adapt to specific

33–54. Gosling and Ray agree that, in contrast to disease categories like degeneracy and hysteria, neurasthenia was a diagnosis that tended to exonerate the patient from blame for his or her illness. They also argue that neurasthenia was not necessarily restricted to the affluent classes, and although it was rarely applied to lower-class men, it was often applied to working-class women for whom US physicians showed "considerable sympathy", 'The right to be sick', p. 258.

⁴⁴ *BAR*, 1902, p. 17. Blumer was one of the first US physicians to adopt the disease concept "psychasthenia", a term coined by the French psychologist Pierre Janet. To Blumer it, like neurasthenia, showed "the importance of giving morbid states pleasing appellations"; see G. Alder Blumer, 'The coming of psychasthenia', *J. Nervous and ment. Dis.*, 1906, 33: 1–18. Blumer's awareness of the need to emphasize "the nerve element" in psychological disorders is also evident in his 23 February 1907 letter to Dr C. Bertram Gay, a former assistant physician at Butler. In response to Gay's apologies for failing "to land a patient for Butler Hospital" who chose instead to enter a sanatorium, Blumer wrote, "I have no doubt that in the ears of a great many the words 'Adams Nervine' ring more pleasantly than Butler Hospital", Case 4446, Patient Records, Butler Hospital, hereafter cited as *BPR*.

⁴⁵ *BAR*, 1904, pp. 21–2; *ibid.*, 1907, p. 22. For similar developments at a Canadian private mental hospital, see Warsh, *op. cit.*, note 35 above, p. 12.

environmental conditions, the rigorous study of which enabled physicians to identify the lesions responsible and make an accurate prognosis. This rising concern about the individual patient showed that psychiatrists were no longer content simply to classify their hospitalized clients for the purpose of more efficient supervision and management. It also contributed to the growing support for Freudian psychoanalysis in the United States during the first two decades of the twentieth century. As physicians paid more and more attention to the range of social, psychological, and biological influences on the mental patient, they gradually became interested in mental symptoms as phenomena that were important in themselves.⁴⁶

Butler proved to be a good place to practise “the newer psychiatry”, as Blumer called it. Upon admission, he wrote, every patient was subjected to a thorough mental and physical examination, including frequent use of lumbar punctures and analysis of cerebro-spinal fluid. Data were recorded scrupulously in order to make differential diagnosis easier. “Where formerly observation was more or less passive”, Blumer contended, “the watchword today is *investigate*. Search is made to discover the hidden symptoms . . . With less care for the application of a name to the condition, the mere *nomen et flatus vocis*, we are now more eager to understand the patient himself.”⁴⁷

If Blumer talked a lot about discovering the causes of psychological disease, actual treatment at Butler represented less of an abrupt departure from the past. Blumer and his staff used violet rays, subcutaneous injections of saline solutions, and “an entirely new and elaborate system of electrotherapeutics”.⁴⁸ Some surgery was also performed on a small minority of male and female patients in the hopes of relieving their mental symptoms.⁴⁹ Yet treatment at Butler in the early twentieth century was based mainly on the nineteenth-century notion that early diagnosis and prolonged exposure to the hospital’s “moral” environment improved the patient’s chances for recovery. Blumer and his assistants spent most of their time attempting to enlist the patient’s co-operation in a morally rehabilitative process designed to restore nervous energy.⁵⁰

Another tie to nineteenth-century American psychiatry was Blumer’s use of occupational therapy. The type of work therapy he organized for Butler’s patients—

⁴⁶ The best overview of these changes in early twentieth-century American psychiatry is in Grob, *op. cit.*, note 3 above, pp. 46–71. For the early history of psychoanalysis in the United States, see John C. Burnham, *Psychoanalysis and American medicine, 1894–1918*, New York, International Universities Press, 1967; *idem*, ‘From avant-garde to specialism: psychoanalysis in America’, *J. Hist. Behav. Sci.*, 1976, 12: 128–34; Hale, *op. cit.*, note 2 above; *idem*, ‘From Bergasse XIX to Central Park West’, *J. Hist. Behav. Sci.*, 1978, 14: 299–315; George E. Gifford, Jr (ed.), *Psychoanalysis, psychotherapy, and the New England medical scene, 1894–1944*, New York, Science History Publications, 1978; John C. Burnham, *Jelliffe: American psychoanalyst and physician and his correspondence with Sigmund Freud and C. G. Jung*, ed. William McGuire, University of Chicago Press, 1983.

⁴⁷ *BAR*, 1904, p. 18. His emphasis.

⁴⁸ *BAR*, 1904, pp. 18–19.

⁴⁹ This observation is based on research into Butler’s patient records and will be explored more fully in a future paper. Patient clinical records for the Blumer years at Butler are mysteriously missing. What is available is the correspondence between Blumer on the one hand and his patients and their families or guardians on the other.

⁵⁰ For an account of therapeutic techniques and styles in late nineteenth-century US mental hospitals, see Constance M. McGovern, ‘The myths of social control and custodial oppression: patterns of psychiatric medicine in late nineteenth-century institutions’, *J. soc. Hist.*, 1986, 20: 3–23.

especially women patients who were frequently depicted in photographs from the Butler annual reports doing needle-work and making baskets—was consistent with his fondness for genteel amusements and distractions as therapeutic techniques. During his superintendency Butler offered tennis and squash courts, picnics, dances, lectures, concerts, a launch to take patients along the Seekonk River and into Narragansett Bay, and teas at Blumer's own home on the hospital grounds for the better mannered patients. In spite of the many official tributes he paid to "the newer psychiatry", Butler's treatment programme had not changed much since the days of Isaac Ray.

In Blumer's view, then, hospital psychiatry at Butler in the years leading up to the First World War was more progressive, scientific, respectable, and remedial than the asylum medicine he had practised at Utica. At the same time, it retained what he felt were the best features of nineteenth-century psychiatry's moral therapeutics. Relatively free from the kinds of political and bureaucratic restrictions he had endured in the New York State service, he enjoyed the reputation associated with the practice of curative psychiatry at a private mental hospital that tended to be patronized by people whose sensibilities and tastes he shared.

IV

If his experience at Utica had helped to cultivate a sympathy for eugenics, Blumer's work at Butler gradually undermined this attitude. In the years following his 1903 presidential address to the American Medico-Psychological Association—and ironically as eugenics was entering its "second stage" and "period of greatest influence" in the United States⁵¹—Blumer grew disenchanted with its policy implications. He became increasingly dissatisfied with the hereditarian model of mental illness that conveyed the impression that, beyond radical prophylactic measures, the best institutional physicians could do was provide patients with the basic necessities of life and segregate them from the rest of society. For a time Blumer tolerated this model because it absolved psychiatrists of the responsibility for curing their patients. Yet, there was ultimately no way to ignore the incompatibility between Blumer's emphasis on hereditary weakness as the principal factor in mental and nervous illnesses and the expectations of Butler's patients, their relatives and friends. As Blumer and his Trustees recognized, their ability to admit any State charity cases at all rested on the hospital's capacity to convince wealthy families to send their relatives to Butler for treatment. In the hotly competitive marketplace for private, institutional mental health care services in the northeast United States, this was by no means an easy task. Potential clients had to be wooed by publicizing Butler's luxury and class-segregated accommodations for prosperous patients,⁵² the high moral and behavioural quality of other patients, and the message that mental disease implied no reproach to a patient's family. Put simply, it would not do for Blumer to be constantly

⁵¹ Haller, *op. cit.*, note 1 above, p. 6.

⁵² A good example of the way Butler's officials publicized the "luxury" and comfortable surroundings for "wealthy patients" can be found in *BAR*, 1911, pp. 12–13. For Blumer's own justification for admitting prosperous patients from out-of-state to help pay for the hospital's "charitable work", see Blumer to Edward N. Brush, 11 February 1910, *BP*, Box 41.

invoking the need for eugenic interference to erase the hereditary taint in the families of Butler's patients. It was only natural that the families and friends of his patients would resent hearing that their maladies were due to the vices, delusions, and congenital inferiorities of their ancestors.⁵³ At a time when many New England patricians were campaigning for immigration restriction on the basis of their hereditary superiority over southern and eastern Europeans, they did not want to hear their own physicians casting aspersions on their breeding and lineage.⁵⁴ Due to all these reasons, Blumer was placed in a position in the early years of his superintendency at Butler of having to disavow publicly the eugenic views he had adopted since the late 1890s.

The first sign that Blumer's public belief in negative eugenics was fading came in 1904. In an attempt to erase the stigma surrounding mental illness, he now argued in his annual report that "in these New England communities of ours, where brains are more apt to be highly organized than in less favoured parts of the country, it may even be a mark of distinction to possess a mind of sufficient delicacy to invite damage under the stresses of life . . .".⁵⁵ If intermarriage among the prosperous families of the northwest had produced sensitive nervous systems, Blumer seemed to be saying, it was less a cause for alarm than for congratulations, for it implied that nervous illness was the price the social elite paid for being so civilized. As he argued eight years later, some of the greatest minds of Western culture were also the most highly strung. "I am for prevention as earnestly as any man", he declared in 1912, but he advised against "reduc[ing] mankind to the least common multiple in the effort to breed out the nervous temperament" since "there cannot be complexity of the nervous system without what the world calls nervousness".⁵⁶ He hinted at the reason why he chose to de-stigmatize psychological disorders in a 1902 letter: "People who are in a sanatorium for 'nerves' [like Butler], and whose friends flatter themselves that they

⁵³ Most correspondence from the Butler patient records shows little overt friction between Blumer and his patients' relatives, even in those few cases when Blumer recommended pelvic operations that would have ended the patient's reproductive powers. Still, there was a handful of instances in which some relatives did object to the hereditarian and eugenic implications of these operations. For example, see Case 4453, *BPR*. In response to Blumer's remarks about a patient's family history showing "a neurasthenic background" and a "predisposition" to mental illness, the patient's sister wrote indignantly in 1905 that "the records of the family for two hundred years show not a single of our ancestors either nervously or mentally afflicted. In fact any member of this generation [of the family] having a chronic disease cannot blame the past, for our ancestors died at good ages of acute troubles or old age." For other examples of this type of reaction, see Cases 4256 and 4498. The link between Blumer's public anti-eugenicism and the attitudes of his clientele is further strengthened by the fact that Blumer ceased to recommend these kinds of operations after 1903, even when patients' relatives suggested them! See Cases 4595 and 4597.

In this regard Blumer's approach was similar to that of the nineteenth-century psychiatrist Thomas Kirkbride, the medical superintendent of the Pennsylvania Hospital for the Insane. See Nancy Tomes, "'A Generous Confidence': Thomas Story Kirkbride's philosophy of asylum construction and management", in Andrew T. Scull (ed.), *Madhouses, mad-doctors, and madmen: the social history of psychiatry in the Victorian era*, Philadelphia, University of Pennsylvania Press, 1981, pp. 121–43; *idem*, op. cit., note 11 above, especially pp. 129–64.

⁵⁴ For the hereditarian and eugenic views of New England Brahmins, see Barbara Miller Solomon, *Ancestors and immigrants: a changing New England tradition*, Cambridge, Harvard University Press, 1956, pp. 93–4, 133–4, 145–51, 168–9, 172–3.

⁵⁵ *BAR*, 1904, pp. 15–16.

⁵⁶ *BAR*, 1912, pp. 41–5.

are there for that purpose, do not like to intimate that their mental integrity is impaired".⁵⁷

More evidence of his shifting ideas surfaced in 1906 when he changed his mind about the hereditary dangers of alcoholism. Five years earlier he had barely been able to disguise his contempt for the inebriate patients he treated at Butler and his displeasure with the time he wasted trying "to sober [them] into a partial reformation of body and mind".⁵⁸ His new attitude towards the use and abuse of alcohol, he admitted, was due to his experience treating "men suffering from the liquor habit" at Butler. Not surprisingly, "habit cases" tended to be wealthy individuals who paid steep rates for their room and board during lengthy stays at Butler.⁵⁹ They also tended to be on closer terms with Blumer than with other patients. Faced with these patients for whom something remedial was expected, and to whom remarks about ancestral taint were bound to be offensive, Blumer refused publicly to condone their indefinite detention or rule out their marriage plans. "I am not one of those", he insisted,

who in the despair of fatalism, would excuse everything on the principle, so dear to many victims of habit, that it is impossible to escape the tyranny of a defective organization. We are all too ready to throw responsibility for our shortcomings upon preceding generations and complacently to reflect, in language that comes unctuously through the Bible, that the sins of the fathers having dieted on sour grapes, the children's teeth are set on edge, etc.

In contrast, Blumer argued optimistically that, "The constitution that, under injudicious training and environment, tends in the direction of inebriety or insanity, may be extraordinarily capable, under the rightful associations, of making a John Howard or a Martin Luther". The task of the physician, he concluded, was to exploit through hospitalization the positive tendencies in everyone's inheritance. In other words, the hospital psychiatrist was not powerless when it came to treating a disorder like alcoholism that many thought to be hereditary in nature. Nor were alcoholics doomed by their family histories to chronic drunkenness or eventual madness.⁶⁰ What Blumer failed to mention was that his optimism was not due to the introduction of new therapeutic tools at his disposal, for the only thing he could offer his "habit cases" was the allegedly beneficial effects of prolonged hospitalization at Butler. Instead, his optimism derived from the dawning realization that therapeutic pessimism did not suit the medical superintendent of a "curative" mental hospital like Butler.

⁵⁷ Blumer to Charles B. Rogers, 17 May 1902, *BP*, Box 30.

⁵⁸ *BAR*, 1901, pp. 20–1.

⁵⁹ By 1908 "habit cases" paid a weekly rate of no less than \$50, while most patients were paying from \$15 to \$20 per week. Habit cases roomed in the Weld House, which included the most luxurious wards at Butler. These cases suggest a further reason why Blumer had to be very discreet in his relations with wealthy patients suffering from various forms of addiction: they seem to have been far more reluctant than less affluent patients to accept institutionalization. While the former patently disliked being treated in an "asylum", with all its associations with charity assistance, the latter and their families often considered it an honour to be treated at a facility like Butler with its provisions for private patients.

⁶⁰ G. Alder Blumer, 'Recent experiences with habit cases', unpublished paper, 1906, *BP*, Box 40. See also Edward M. Brown, "'What shall we do with the inebriate?'" Asylum treatment and the disease concept of alcoholism in the late nineteenth century', *J. Hist. Behav. Sci.*, 1985, 21: 48–59.

G. Alder Blumer, eugenics, and US psychiatry

By 1907 it seems that Blumer had even reversed his 1903 position on immigration restriction. In an unpublished paper he wrote that it was doubtful “that immigrants to a new country are composed very largely of the defective classes”. After all, he added—obviously mindful of the fact that he himself was an immigrant—“mongrel men have doubtless been finding their way into the United States for centuries, but producing by cross breeding not bad results”.⁶¹

None the less, appearances were deceptive. Blumer had not exactly changed his mind about eugenics, for when he spoke to other physicians or expressed his opinions about health matters that had nothing to do with his elite clientele at Butler he sounded suspiciously hereditarian and pro-eugenic. For example, in 1907 he testified at a Providence hearing into the need for a school for the feeble-minded. Blumer urged that the school be erected to provide custodial control for this class of the mentally handicapped. “Feeble-minded women who are loose in the community are often notoriously loose in another sense”, he warned, and every step should be taken to keep them from roaming the streets freely and reproducing their own kind.⁶²

Indeed, at almost the same time he was flattering the delicate nervous systems of his New England patients, patrons, and benefactors, Blumer was saying very different things to his psychiatric *confrères*. At the annual meeting of the American Medico-Psychological Association in 1908, for instance, he stated that

I happen to come from a State in New England which was settled by a crank, Roger Williams, who brought with him to Rhode Island a great many men of his type. Those old families have been breeding and interbreeding ever since, insomuch that there are few of the old families in Rhode Island to-day which do not reveal the unhappy consequence in neuroses of some sort, and the evil work is still going on.

While he hesitated to endorse coercive legal steps to prevent the reproduction of these disorders, he did express his opinion that psychiatrists “ought not to weary in well-doing, or tire from preaching from the housetops the dangers that follow in the wake of the marriage of the unfit”.⁶³

Similarly, he wrote to a friend in 1916 that mental illnesses were not nearly as curable as some people thought. “[I]nsanity is to a large extent a degeneracy”, he asserted in reference to the popular theory that blamed mental and nervous disease on heredity.⁶⁴ Four years later he told a colleague that there was little truth to the

comforting view that there is less in heredity than most of us believe. The awkward facts cannot be blinked and the “damned spot” will not out. There is no getting away

⁶¹ G. Alder Blumer, ‘Are we degenerating?’ unpublished paper, *BP*, Box 40.

⁶² *Providence Journal*, 22 February 1907. Cited in Rochefort, ‘Three centuries of care’, p. 124. See also Blumer to Goodwin Brown, 15 April 1909, *BP*, Box 41, for Blumer’s interest in deporting “a defective English child, aged eight, who was brought to this country by a relative and who now shows a propensity to lie and steal and who is evidently without moral sense”.

⁶³ ‘Discussion’, *AJI*, 1908, 65: 35.

⁶⁴ Blumer to William Foster, 8 August 1916, *BP*, Box 34. The most recent monographs on the theory of degeneracy are Robert A. Nye, *Crime, madness, and politics in modern France: the medical concept of national decline*, Princeton University Press, 1984; Daniel Pick, *Faces of degeneration: a European disorder, c. 1848–c. 1918*, Cambridge University Press, 1990; Ian Dowbiggin, *Inheriting madness: professionalization*

from the simple scriptural doctrine that “the fathers have eaten sour grapes and the children’s teeth are set on edge.” The tyranny of inherited organization is something that neither you nor I can escape . . .⁶⁵

Was Blumer aware that earlier he had *denied* the scientific validity of precisely the same Biblical passage? The likely answer is yes, which means that he must have known that he was saying vastly different things to different people about the same subject.

Blumer’s most emphatic and candid anti-eugenic statement was a lecture he delivered in Providence in 1914.⁶⁶ Drawing attention to his pro-eugenic presidential address to the American Medico-Psychological Association in 1903, he distributed the accompanying cartoon (Fig. 1) and told his audience that “It is a comforting saying that a wise man changes his mind, a fool never”. If Blumer’s views about eugenics had softened over the years, he traced the process to his “deSumnerization”, a reference to his growing intolerance of Social Darwinists who warned that eugenic measures would be necessary if society continued to interfere with the laws of natural selection by building charitable institutions that prolonged the lives and reproductive potential of the “unfit” classes. Blumer did cite Mendel’s new laws of heredity as a reason for rejecting sterilization, but if he thought that eugenics and Mendelian genetics did not mix, many prominent biologists thought they did.⁶⁷ Some American geneticists may have decided in the years after the First World War that eugenic claims about racial purity were based on pseudoscience,⁶⁸ but many others saw no conflict between the human science of genetics and the ultimate goals of eugenics.

Blumer’s opposition to eugenics stemmed from other, less scientific considerations. He disliked the anti-libertarian implications of eugenic reforms, such as the demand for a clean bill of health from a physician before marriage, which to him threatened to penalize “individuals who are themselves admittedly fit, though tainted to their ancestry”. He was equally alarmed about the potential for professional embarrassment arising from the possible failure of doctors to detect a predisposition to disease while examining men and women engaged to be married.

Blumer’s address ended with a quote from Alfred Wallace, the co-founder of the theory of evolution through natural selection, who objected “strenuously against any direct interference with the freedom of marriage, which . . . is not only totally unnecessary but would be a much greater source of danger to morals and to the well-being of humanity than the mere temporary evils it seeks to cure”. Thus, to

and psychiatric knowledge in nineteenth-century France, Berkeley and London, University of California Press, 1991.

⁶⁵ Blumer to L. Vernon Briggs, 4 March 1920, *BP*, Box 34. Further evidence that Blumer never totally relinquished his pro-eugenic views was that at the 1924 meeting of the American Psychiatric Association he joined most of the APA members in calling for rigorous immigration restriction in order, as one member said, “to see to it that the blood stream of our country is preserved from pollution from the admixture with that of diseased and defective aliens and that the burden of taxation is made as small as is reasonably possible”. See Spencer L. Dawes, ‘Immigration and the problem of the alien insane’ and ‘Discussion’, *Am. J. Psychiatry*, 1925, **81**: 449–70. Blumer’s comments are on p. 467.

⁶⁶ G. Alder Blumer, untitled, unpublished paper, 1914, *BP*, Box 40.

⁶⁷ For the marriage between eugenics and Mendelian biology, see Kevles, *op. cit.*, note 1 above, p. 69.

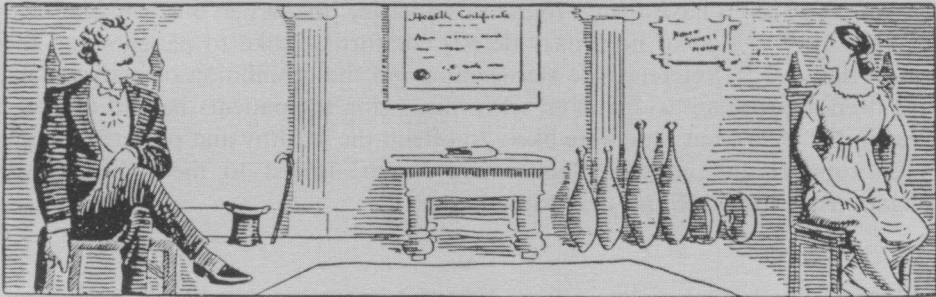
⁶⁸ Ludmerer, *op. cit.*, note 1 above, especially pp. 121–34.

When the Eugenic Marriage Supplants the Old Fashioned Love Marriage

By John T. McCutcheon

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Scene—A Drawing Room. Time—The Loveless Age of the Future.
 Characters—Gentleman, with Matrimonial Intent and Lady.



THE WOOING.

He—"This is a very pleasant evening."
 She—"It is indeed."
 He—"Will you be my wife?"
 She—"Is your temperature normal?"

He—"Always the same—winter and summer."

She—"And your pulse?"

He—"Absolutely normal."

She—"Blood pressure?"

He—"Approved by the best physicians."

She—"Have you ever been sick?"

He—"Never in my life."

She—"Have your ancestors ever been sick?"

He—"Never to the best of my knowledge."

She—"Are they still living?"

He—"Yes; all living and in excellent health."

She—"Very well. If you will please go before a notary and make an affidavit to the truth of your statements, I will marry you."

"I'll have my best man attend to it this afternoon."

She—"By the way, I didn't catch your name."

He—"My name is Eugene—Gene for short. And yours?"

She—"Eugenia."

He—"A very pretty name."

She—"Here! Cut out that sentimental stuff. Have you ever been married before?"

He—"Yes; five times, but have secured divorces."

She—"Upon what grounds?"

He—"Ill health. My doctor signed the decrees."

She—"Very well. If you wish to study my health certificate, which hangs on the wall over there, you may do so, and if you find it satisfactory, we will call in a notary and sign the marriage contract."

He (rising)—"Thank you very much. I will do as you say. Have you any preference as to where we shall spend our honeymoon?"

She—"Venice, I think, will do."



THE NEW CUPID



IN THE DISCARD

THE HONEYMOON

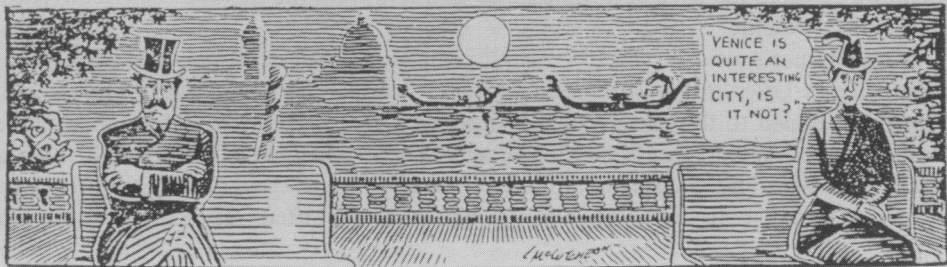


Figure 1: Cartoon distributed by Blumer at the lecture he delivered in Providence in 1914. It is taken from Blumer's personal papers (BP, Box 40) and there is no indication of where it was published.

Blumer the issue at stake was not that there was no hereditary component to mental illness, but that eugenic measures constituted undue interference in the lives of people whose mental troubles might simply be the neurasthenic consequence of the stress of civilized existence. Rather than “risk the displeasure of lovers who seldom brook interference where the affections are engaged”,⁶⁹ or that of their families who had no patience with talk of “ancestral taint” as an obstacle to reproduction, Blumer muted the pathological significance of heredity and challenged the wisdom of eugenics. As he wrote in 1912, “I have always found this doctrine [that a nervous temperament is not necessarily a sign of hereditary defect] comforting alike to patients and their blood relatives”.⁷⁰ References to sterilization and the prohibition of marriage may have been appropriate to his mind when discussing the patients he had treated at Utica in the 1890s, but they were likely to offend the wealthy and powerful families whose support and consent Blumer and Butler needed to meet their charity obligations to the State and the hospital’s past.

V

Blumer’s intellectual evolution from 1890 to his retirement in 1921 did not escape the notice of his colleagues. One wrote to him in 1917, observing that a review of Blumer’s annual hospital reports

is not without its interest. The earlier reports furnished considerable food for reflection and I enjoyed them immensely. If I were to place a title upon the report for 1897 I should call it “The New Broom”, and then there was quite a change in attitude, for there seemed to be an exodus of enthusiasm . . . All of this pristine vigor however is revealed again upon your transfer to more congenial surroundings.⁷¹

It was this “exodus of enthusiasm” during his years at Utica and the recovery of his “pristine vigor” after his move to Butler’s “more congenial surroundings” that shaped his public opinion of eugenics. As his zest for work returned during his tenure in Providence, his belief in the need for negative eugenics evaporated—at least for the prosperous classes of the northeast. Butler’s patients and provisions for care meant that a psychiatrist like Blumer, emotionally and intellectually wedded to the nineteenth-century theory that the moral atmosphere of a hospital was good for the mentally ill, would see little imperative for legislation that curtailed individual freedom, affected the lives of families, and cast doubt on the therapeutic effectiveness of asylum medicine.

Thus, Blumer’s attitude toward eugenics cannot be understood separately from his experience at Utica in the 1890s and at Butler between 1900 and 1921. The issue of eugenics was tied to the pattern of his career and his constant struggle to maintain a reputable professional identity or self-image. When he began to think that the charge of therapeutic failure was due to circumstances beyond his control, he found eugenics attractive because it absolved him of blame and shifted responsibility for the

⁶⁹ *BAR*, 1901, p. 23.

⁷⁰ *BAR*, 1912, p. 43.

⁷¹ J. Mosher to Blumer, 2 February 1917, *BP*, Box 34.

G. Alder Blumer, eugenics, and US psychiatry

incidence of insanity onto the shoulders of politicians and State officials, without seriously invalidating the charitable purpose of public hospitals for the mentally ill. And when his public utterances of approval for eugenics threatened to undermine his self-image as a medically skilful steward of the insane, Blumer discontinued them, preferring instead to praise the finely-tuned—if somewhat erratic—New England nervous system for its cultural contributions. Privately—and to other psychiatrists who he knew shared his feelings—he still supported the aims of the eugenicists, but in addressing groups who might pay handsomely to use Butler’s facilities he was careful to deny any personal faith in eugenics. All the while he was conscious that his career and Butler’s solvency rested on the willingness of patients’ families to pay treatment rates and of benefactors to donate to the ongoing improvements at the hospital.

Several questions remain: for one, why did it take almost five years to change his public attitude toward eugenics if the move to Butler was so crucial? The most likely answer is that Blumer was unable to disengage himself emotionally for several years from the political battles characterizing the New York State mental health care system. As his correspondence and other personal papers indicate, he continued to take a deep interest in these matters long after he transferred to Butler. Consequently, the thinking that had rationalized his experience at Butler proved hard to shake. What precisely woke Blumer from his pro-eugenic “dogmatic slumber” in the early 1900s and triggered his delayed reaction to the move to Providence remains a mystery. While there is some evidence that his relations with the families and friends of patients compelled him to repudiate his earlier support for eugenics, the most that can be said is that some time between 1899 and 1904 his attention was drawn to the incongruence between his eugenic views and the ongoing redefinition of Butler as an up-to-date hospital that sought to cure—and not just confine—its primarily affluent patients.

A more difficult question is: what does Blumer’s example say about the relationship between the history of medical ideas and the larger professional, political, economic, social, and cultural context? Can Blumer’s views be reduced to little more than rationalizations of shifting professional circumstances? How calculated were his remarks about eugenics? These questions are ultimately unanswerable because there is probably no definitive explanation for the complex integration of both context and cognition in the personal lives of historical figures. Rather than tell us how this integration took place exactly, examples like Blumer are handy because they enable the historian to move from the particular to the general, “to use an individual’s experience as a sampling device for gaining an understanding of the structural and normative”.⁷² In fact, Blumer may be valuable as a subject for historians precisely because he was no intellectual giant, but instead typified the professional ambitions and attitudes of early twentieth-century American psychiatrists. His attraction to eugenics helps to explain why “the majority of [US] institutional psychiatrists favoured eugenic concepts and at the very least were silent on sterilization”.⁷³ His career suggests that it was psychiatrists with State hospital experience in services like

⁷² Charles E. Rosenberg, ‘Woods or trees? Ideas and actors in the history of science’, *Isis*, 1988, 79: 565–70. For a similar argument, see Shortt, *op. cit.*, note 30 above, especially pp. 2–3.

⁷³ Grob, *op. cit.*, note 3 above, p. 175.

New York's—services which undermined medical optimism, power, self-esteem, and social status—who tended to embrace eugenics to one degree or another. Professional considerations, in other words, when mixed with racial, gender, and class prejudices, made psychiatrists particularly susceptible to the eugenic message.

Blumer's career also helps to answer the question "to whom was it advantageous that eugenics ideas gain ground among the American populace" from 1900 to 1930?⁷⁴ As a profession thirsting for respectability and medical credibility during a transitional period in national history, hospital psychiatry stood to gain a great deal if the American public could be convinced that mental illness was a growing but ultimately preventable social problem physicians alone were trained to diagnose. Similarly, psychiatrists could argue that eugenics helped to undo some of the damage their hospital practice did to biological evolution through natural selection, thus making it possible to maintain public asylums and sustain the notion that psychiatrists and society were still fulfilling their charitable responsibilities to the dependent insane.

Blumer's example, then, draws attention to what might be called the psychiatric "process of identity-formation" or "self-fashioning" that was linked concretely to the politics of patronage.⁷⁵ At Utica Blumer probably believed that his relations with the US community of hospital psychiatrists primarily determined his professional status and identity. Because he practised medicine at a State hospital where funding was public and where there was never a shortage of patients, and because his relations were so poor with many State lunacy officials, there was reason for him to think that his reputation was based on the estimation of his competence in the eyes of his fellow psychiatrists. This would explain why he voiced his approval of eugenics most often before medical audiences. In Providence his professional identity depended more on his standing in the community and throughout the elite social circles of New England. There he learned that the success of psychiatry's endeavour to improve its low status as a medical discipline hinged on far more than its ability to rationalize its therapeutic shortcomings. Blumer had to satisfy constituencies whose influence had been marginal at Utica: patients, their families and friends, and the public-spirited men and women of the wealthy classes. As a doctor, moral expert, intimate confidant, and community leader he had to develop a socio-professional style that addressed "the attitude of the outside world to those things that concern the inside of Butler Hospital", as he put it.⁷⁶ That he was successful in this project testifies to his talent for recognizing the ties between patronage and professional image, and his sensitivity to the differences between public and private hospital psychiatry.

⁷⁴ Garland Allen, 'Genetics, eugenics, and society: internalists and externalists in contemporary history of science', *Soc. Stud. Sci.*, 1976, 6: 105–22; p. 118.

⁷⁵ For a provocative analysis of these factors in the history of early modern science, see Mario Biagioli, 'Galileo's System of Patronage', *Hist. Sci.*, 1990, 28: 1–62.

⁷⁶ *BAR*, 1904, p. 15.