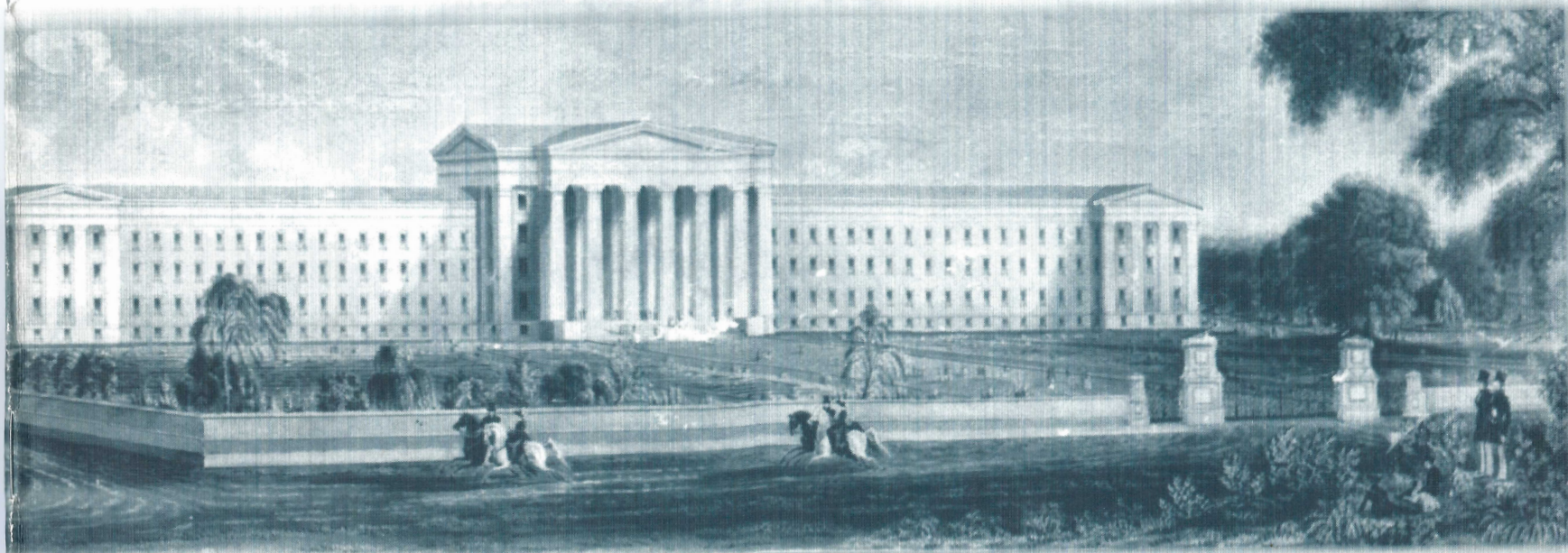


“OLD MAIN”

A LANDMARK REBORN



PUBLISHED BY THE LANDMARKS SOCIETY OF GREATER UTICA



“OLD MAIN” — A R E B I R T H

This booklet is published in conjunction with the reopening of the structure that for 135 years was the main building on the campus of the Utica State Hospital, later the Mohawk Valley Psychiatric Center.

In 2004, 26 years after its closing, “Old Main” will be given new life as the Records Archive and Repository for the New York State Office of Mental Health.

COVER: The original design for the campus of the New York State Lunatic Asylum at Utica called for a quadrangle of four identical buildings enclosing a center court. “Old Main” was the only one actually built, but what a structure it became! It was one of the most powerful architectural statements of Greek Revival style built in the mid-19th century, as well as a model facility for care of the mentally ill. Said one author of the period, “the impressive building was intended to inspire confidence in the patients, attract eminent medical professionals as well as benefactors, and impress the thousands of travelers who passed through Utica on the Erie Canal each year.” Designed by Andrew Jackson Downing, the grounds were equally magnificent.

Not only one of the most architecturally significant buildings of its type and a National Historic Landmark, the structure is also notable as the site where innovative, compassionate and progressive approaches to treating the mentally ill were developed and applied. Portions of this text have been excerpted from Mohawk Valley Psychiatric Center 1843-1993: 150 Years of Care, published in 1993 by the Center under Sarah F. Rudes, Executive Director, and Richard C. Surles, Commissioner of the New York State Office of Mental Health. We are also indebted to Karen Nicholson, Agency Preservation Officer for the New York State Office of Mental Health for supplying updated information; the New York State Archives, the New York State Museum and Curator Craig Williams for supplying the photographs that appear throughout.

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A GIANT STEP FORWARD

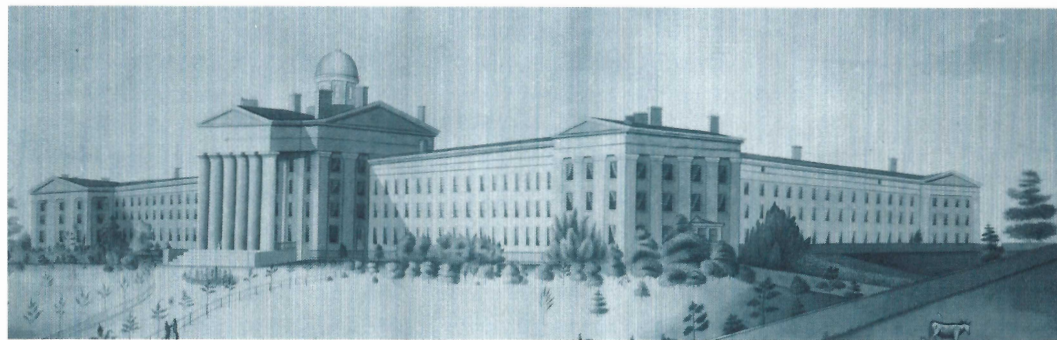
Care of the mentally ill in New York State took a giant step forward on January 16, 1843 when the first patient was admitted to what was then named the New York State Lunatic Asylum at Utica. As early as 1830 Governor Enos Throop had called attention to the “condition of the insane poor of the State” and noted that while there were hospitals for private patients, the poor had no access to treatment. Six years and three select committees later, the Legislature passed an “Act to Establish the New York State Lunatic Asylum.” The original proposed site was farmland located in Watervliet, but when the owner of the property was “unwilling to comply with the terms first agreed upon,” the committee looked elsewhere. Utica, then a small but growing city, suggested that the asylum be built on land on the western boundary of the city. Ten thousand dollars had been appropriated by the Legislature for land purchase, but it was not

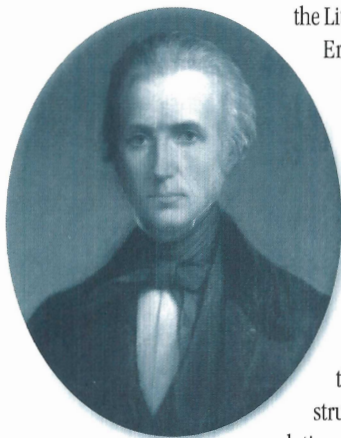
enough to purchase the 130 acres which were under consideration. Citizens of Utica then contributed \$6,300 and the land was deeded over to New York State in 1837.

Three men were appointed to design the asylum: William Clarke, a prominent Utica businessman; Francis E. Spinner, a Herkimer County merchant and politician; and Elam Lynds, a prison official who had supervised construction

of New York State prisons. None were trained architects. As a result, the planning followed a process of imitation and adaptation of existing models. The team submitted a plan for a quadrangle (four identical buildings at right angles to each other enclosing a center court or garden). The buildings were to be constructed of hammered limestone brought in from the Stittville Quarry by horse and wagon and from

Another early rendition indicated the quadrangle, but only one pillared building. It did, however, show the cupola, which was constructed but later destroyed by fire.





Dr. Amariah Brigham, the facility's first Superintendent.

the Little Falls Quarry via barges on the Erie Canal. The central entry of each building would be graced by six stone pillars, 48 ft. high and 8 ft. in diameter. The four buildings would enclose 13 acres. The Legislature approved \$50,000 for the construction of the quadrangle and the work began. Curiously, no contracts were ever signed either prior to or during the construction and by the time the foundations for the four buildings had been laid, only \$3,118 remained in the building fund. Governor Seward, however, was undaunted. In January, 1839 he stated, "You will perceive the foundation has been laid of a charitable institution, commensurate with the exigencies of the State, not unworthy of its growing wealth and justly designed to endure as a monument of this age." It was decided to complete one building

only and \$75,000 was allocated for this purpose. (The remaining stone foundations were subsequently removed to build the carriage house and horse stable — the building is still in use as the vehicle garage.) Before the building could be completed, furnished and ready for occupancy, another \$276,000 was required.

Dr. Brigham Appointed

While the building was still under construction another act was passed on April 7, 1842 to "organize the State Lunatic Asylum and more effectually, to provide for the care, maintenance and recovery of the insane. By this act, a Board of Managers was appointed to govern the institution; their first duty was to appoint a Superintendent who was to be a "well-educated physician." Dr. Samuel B. Woodward of Worcester, Massachusetts, was first approached but he declined the offer. Dr. Amariah Brigham of Hartford, Connecticut accepted the position at a salary of \$2000 per year plus \$500 for moving ex-

penses. The wages of the Assistant Physicians (who also served as apothecaries or pharmacists, kept track of patients' personal clothing and supervised the bathing areas) were set at \$500 per year as was the salary for the Steward (the Steward acted as a purchasing agent; hired, supervised and fired attendants as necessary; escorted visitors and performed other functions designated by the Superintendent). The Matron was paid \$200 per year to supervise female staff and oversee ward cleanliness, kitchen and laundry rooms.

By November, 1842 the Board of Managers had begun to develop detailed job descriptions for each level of staff to be hired. These job descriptions are recorded in the handwritten minutes of the Board of Managers; they are indicative that these early pioneers in the field of mental health were concerned with insuring comprehensive and compassionate care.

Although there was a general feeling that everything was progressing on schedule, major

problem areas kept developing. The water supply was inadequate, the heating system provided insufficient heat, no one had planned rooms for noisy patients and the basement was too damp for use. Another \$16,000 permitted the resolution of these problems. Although the entire building was not completely finished, it was officially opened on January 16, 1843.

Daily routines were established and depending upon the season, staff were expected to be out of bed at either 5:00AM, 5:30AM, or 6:00AM. The asylum “closed” at 9:30PM, at which time everyone — staff and patients — retired to their rooms. Staff who worked directly with patients lived in a room on their assigned ward because, according to their hiring agreement, “the whole time of the attendant belongs to the asylum.”

When it was completed the building was the largest of its kind and was believed to be better suited to its purpose than any other asylum. In fact, later asylums adopted its style of small living quarters adjoining wide hallways to encourage patients to

venture outside their rooms and socialize.

Wings Added

By the end of 1844 the asylum beds were full. Patients could not admit themselves voluntarily because financial responsibility for the patients’ care could not be arranged. Destitute patients were not turned away for lack of money, because the town or county of residence had to insure payment of \$2.00 per week for their care. Private patients were charged \$2.50-\$4.00 per week. It did not seem unreasonable at the time to charge private patients a higher rate because “the more wealthy among us should be willing to pay more so the poor among us could receive better treatment.”

A law passed in May, 1844 had given preference to the admission of “recent cases of not more than one year’s duration.” In reality, this meant that some patients who did not respond to treatment could be discharged “unimproved,” and sent back to the county poor

house, the jail or the family home. Dr. Brigham was distressed by this situation and pleaded for “the provision of suitable accommodations and treatment for all of the insane poor of this State.” (It was not until 1869 that Willard State Hospital was constructed to care for the chronically ill patients.)

It was apparent the planners had underestimated the number of persons needing treatment. An additional appropriation of \$114,800 permitted the construction of two back wings, one on either end of the main building; by 1846 these wings were ready for occupancy.

A Model Institution

More important than the building, however, were the programs developed by Dr. Brigham. His goal was to create a model institution; one in which patients would be treated and helped toward recovery. He viewed mental disorders as diseases and saw value in both moral and medical treatment. He was an ardent believer in work

During the 19th century the institution's print shop produced many printed materials, including the American Journal of Insanity, which became the American Journal of Psychiatry.



AMERICAN JOURNAL OF INSANITY

Dr. Amariah Brigham first published the *American Journal of Insanity* at his own expense at the Utica Asylum in 1844. During earlier travels he had become familiar with European literature on mental illness and he set out to develop a similar American publication. It was the first such journal published in the English language and the “reputation of Utica as a center of psychiatry was acknowledged world wide.”

The journal started as a quarterly publication and Dr. Brigham wrote the entire first issue. In the third issue he noted that he authored all articles except those attributed to other authors.

In 1890 the State Care Act was passed, which among other things created the State Commission in Lunacy, which in turn relieved the Board of Managers of much of their authority in administration of the hospital. The Commission in Lunacy disapproved of Utica State Hospital being the sole publisher of a medical journal and subsequently assumed jurisdiction over the *American Journal of Insanity*.

Dr. G. Alder Blumer, then director of the hospital, was advised to request operational money for the publication of the journal; when he did so, the request was disallowed. With a loss of independence in determining journal content and an absence of funding, Utica State Hospital decided to sell the journal. In 1894, the American MedicoPsychological Association (later to be known as the American Psychiatric Association) bought the journal for \$994.50. In 1921 the *American Journal of Insanity* was renamed the *American Journal of Psychiatry*; it continues to be published under that name today.

as therapy and, therefore, he recruited all able bodied patients into asylum work projects. Because of this the asylum developed into a self-sufficient community, providing itself with almost all requirements of day-to-day life. In later years it was reported that the apprenticeships of patients in farming, tailoring, dressmaking, gardening, shoe making and many other occupations enabled them to seek gainful employment after discharge.

By 1847 some patients who were already printers by trade, began to teach other patients. They produced many printed items, including hospital forms and the *American Journal of Insanity*, now published as the *American Journal of Psychiatry* (see side bar page 6).

The Utica Crib

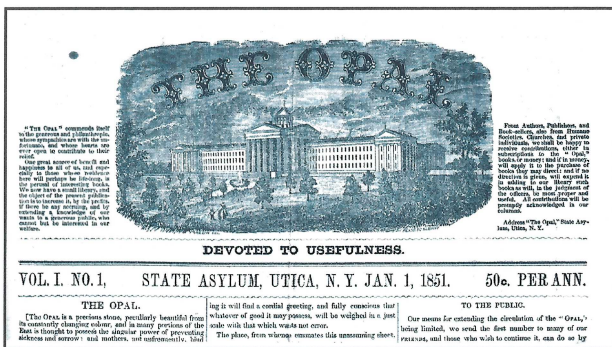
On the darker side, all patients admitted were not amenable to the positive effects of moral therapy (i.e. education, culture, religion, exer-

cise, work) and with no effective medications to modify behavior, staff were faced with extremely disruptive and dangerous behavior on a daily basis. Dr. Brigham, on his many visits to Europe, had witnessed the use of various restraint beds for highly disturbed patients. He found them unacceptable and subsequently developed a plan and specifications which, when constructed, would become known as the Utica Crib. This adult-sized bed was totally enclosed on four sides with spindles arranged to permit free flow of air and had a lid, also with open spindles which could be locked in place. The crib would continue to be used, with decreasing frequency, until 1887 when Superintendent Dr. G. Alder Blumer ordered the last one removed from the wards.

Despite its ominous connotations, the crib provided the benefits of preventing patients from hurting themselves and others, and allowing those who otherwise would not have been able to do so, to go outside for fresh air.

Dr. Brigham was reluctant to identify such things as religious anxiety, excessive study, disappointment in love, or bad conduct of children as “causes” of insanity since these reflected only the statements of friends or family and “they are often wrong.” He was more inclined to view insanity as an “inherited constitutional tendency.” While phrenology was an up-and-coming diagnostic tool, Dr. Brigham reported that he had carefully measured more than 1163 heads and had found the size of the head did not differ materially between the sick and the well. Another popular treatment of that era was bleeding the patient; Dr. Brigham said that “even though bleeding is strongly recommended by Dr. (Benjamin) Rush and some others, I believe it to be generally improper and frequently very injurious.”

On September 8, 1849, Dr. Brigham died at age 51, following a brief illness with cholera. In his six years as Superintendent he had



Originally published between 1851 and 1860. The Opal was the asylum's own periodical, produced for and by patients. Content, which included articles and poetry, reflected the diversity of the patient population. The periodical was resurrected between 1957 and 1976.

“converted an empty shell of a building into a flourishing home for the insane and a seat of scientific research which was already attracting the attention of the medical world.”

On December 8, 1849 Dr. Nathan D. Benedict of Philadelphia was named as Dr. Brigham's successor. During his five years as Superintendent Dr. Benedict continued to implement the moral treatment started by Dr. Brigham; patients continued to be very much involved in work therapy and those who were unable were

encouraged to perform more sedentary occupations on the wards.

The Opal

Although Dr. Brigham had been instrumental in guiding patients toward the creation of an asylum periodical which ultimately became known as *The Opal*, he died before the first issue went to press. The publication made its debut on January 1, 1851; its articles were reflective of the diversity of the patient group who wrote the stories and created the poetry. The publication flourished until 1860 when, with the developing Civil War, the patients' attention was diverted toward supporting the war effort. The production of blankets, stockings, gloves, hats and sweaters to ward off the chilling cold took precedence over *The Opal* and the November, 1860 issue was the last. (From 1957-1976, *The Opal* made a comeback, but never did reach the literary levels achieved by the early editions.)

During this period steam heat was introduced,

replacing 30 individual wood burning stoves which had required two cords of wood per day. The grounds, which had been neglected, finally received attention. Mr. Charles Downing, Andrew's brother and also an eminent landscape artist, provided the direction which subsequently made the hospital grounds one of the “beauty spots of the City of Utica.” Dr. John P. Gray, an Assistant Physician, encouraged Dr. Benedict to abandon the basement strong rooms which had housed some of the more disturbed patients and gradually those patients were placed back into the general asylum population.

In 1854 Dr. Gray was promoted to Superintendent, a position which he held for 32 years. During his tenure as Superintendent Dr. Gray became widely known and recognized as an expert in forensic psychiatry. He was frequently called away from the asylum to testify in major criminal trials, when the mental status of a defendant was in question. Dr. Gray was known as an independent thinker, not easily swayed

by others, and with a penchant for saying exactly what he thought.

Fire Causes Death and Destruction

On July 14, 1852 smoke was seen coming from the cupola (the uppermost portion of the ventilation system). Fire spread rapidly throughout the center of the building and into the attic section of the front south wing. Patients and staff were safely evacuated; the local militia was called in to maintain order while fire departments from throughout Central New York battled the fire. There were two casualties however: a local fireman, William Cessford, was struck by falling timbers and died at the scene; and Dr. Lauren F. Rose, who had been trying to salvage items from the fire, was also struck by falling timbers and died several days later. The entire central portion of the building from attic to basement was destroyed. Four days later, a fire was discovered in a barn and William Spiers, who had previously

spent time in prison on an arson conviction and in the asylum as a patient, was arrested. He had worked sporadically at the asylum, had access to keys, was angry at his supervisor and admitted setting both fires. Despite its interior wood structure, this was the only major fire in 160 years in the Main Building. Nearly \$69,000 later the central part of the building was once again ready for occupancy.

A rather mundane event occurred in 1863 when the hall ceilings on the third floor wards were increased from a height of 10 ft. to 15 ft. and skylights were installed to improve air flow and lighting in those areas. When this was done, side rooms in the attic were then approximately 5 ft. lower than the central walkway. Despite rumors through the

years that these rooms were used as “pits” to seclude patients, the true facts are that these rooms continued to be used according to their original use, i.e., as employees rooms and the medical library.

Also in 1863 Reverend Chauncey E. Goodrich, who had been hospital chaplain between 1843-1863, died. Not only had he helped

The cupola, which served as the uppermost portion of Old Main's ventilation system, was destroyed by fire on July 14, 1852.



to establish religion as an essential part of therapy, but in his spare time he did agricultural research. While others in the Utica area suffered huge losses from potato rot, Mr. Goodrich had developed seedlings — and 3,700 bushels of disease-free potatoes were harvested.

Guarding the Patient's Welfare

Early in 1864 Dr. Gray once again protested the need to discharge patients into the county homes or county asylums. He “respectfully requested” a law to require that “no one be returned to those areas without a court order founded upon satisfaction that the discharge would be safe and proper in terms of the individual and the patient.” In late 1864 the legislators passed an act to investigate conditions in the county homes and asylums. A report transmitted to the legislators in 1865 led to passage of a bill which contemplated relief of those in

poor houses. No mention was made of providing for the acute class and the State Asylum was unable to accept more than 50 percent of all those needing treatment. Again, Dr. Gray advocated, “any system which fails to receive and treat promptly any recent case, neglects the true interests of the public and the highest welfare of the individual. . . . There can be no doubt that the lack of early treatment is the main cause of the great number of insane among the present population of the State.” He pushed for the construction of more asylums.

The water supply for the asylum was always a matter of concern. Earlier, the wooden water tanks in the attic had begun to leak and in an effort to reduce water damage to the wards below, they had been lined with lead. (The link between the use of lead in water supplies and the development of changes in brain function had not yet been established.) In 1867 the water supply was so inadequate that snow had to

be melted for house use.

In 1868 Dr. Gray noted that “the nearer a hospital can be made to approach ordinary life the more useful and satisfactory will be its ministrations.” He expressed opinions that the “superstitious mystery which fills communities about asylums can be dispensed by providing thorough medical care to patients by having physicians, clergymen, public officials and other intelligent citizens visit the asylum, see for themselves the operation of the hospital and then impress this on the public mind.”

While Dr. Gray emphasized a need for more asylums, he felt they should be local so patients could stay near their families and families could visit frequently. Asylums that are too far away, he said, tend to be used as a last resort. The old and feeble could not travel long distances without exhaustion, and family members were reluctant to trust a loved one to strangers far away. Managers of private hospitals lobbied for the

construction of cheaper buildings with low maintenance costs and fewer services. Dr. Gray forcefully responded that of course private hospitals would flourish if no state hospitals were built in their area, but the state should have a uniform policy to provide equally and liberally for its citizens, rich or poor, whether casually or chronically insane.

On March 16, 1882, Dr. Gray had just returned to Utica from Washington, D.C. where he had testified as an expert witness in the Charles Guiteau case (Charles Guiteau was on trial for the assassination of President Garfield). As Dr. Gray sat in his office, a would-be assassin named Henry Remshaw entered the office and fired one shot from a revolver. The bullet entered through Dr. Gray's nose, just below his eye; it did not enter his brain tissue but the facial and underlying tissues were severely damaged. Mr. Remshaw was reportedly upset over Dr. Gray's involvement in the Guiteau trial. Fol-

lowing an evaluation of his mental condition, he was sent to the State Asylum for Insane Criminals at Auburn.

Dr. Gray did recover from the injury, but had concurrently been suffering from Bright's Disease. In February, 1886 he went abroad for treatments, then returned to Utica, suffered a relapse and died November 27, 1886. He had been an outspoken advocate for improved treatment of the mentally ill for 32 years.

First Aid for Old Main

For over 41 years everyone had believed the main building to be structurally sound, but in 1884 large cracks began to appear in the outer walls on the north end of the building. These cracks ran from the basement to the attic and the building appeared to be tilting. Doors would not close and had to be planed. An emergency situation was declared and engineers soon located the problem — 160 feet of the north end

of the building had been built on quicksand. As excavation of the foundation began, quicksand, gravel, floe sand and water were found 4.5-6 ft. below the surface. Engineers were amazed that the building had survived 43 years, and estimated that each linear foot of the foundation was supporting 9 tons of building weight. (Many years later in 1905 when the plans were being developed for construction of the staff house — currently the Court Street Clinic — quicksand was also discovered in that area.)

Dr. G. Alder Blumer became the next director; his first major accomplishment was to remove all restraint cribs on January 18, 1887. This was followed by the creation of four open (unlocked) wards, the removal of window guards in select areas and a message to all staff to avoid the needless display of keys. He also was a proponent of work as therapy and based upon his personal feeling that "Satan finds mischief for idle hands to do," he introduced new



During the administration of Dr. G. Alder Blumer a photographer was hired to preserve images of the hospital's facilities and activities for future generations. From left to right on pages 12 and 13, these show: a sewing room, where female patients produced various items of clothing, including table and bed linens; a dayroom area, where patients could read or play table games (note the shiny floors which were polished by rubbing paraffin wax chips into the hardwood), a vocational workshop, where crafts such as shoemaking and carpentry were practiced; and the recreational hall, decorated here for the holidays.



work projects so that even more persons could be involved. The school program was re-activated but his program was to “emphasize mental discipline, memory improvement and mental occupa-

tion” — the three R's were no longer the primary focus in education.

During his administration, Dr. Blumer began a project to make the wards more homelike. Electricity was brought to the facility making the wards brighter and reducing the fire hazard.

He began a campaign to change the name of the Lunatic Asylum to State Hospital. He argued that asylum had taken on an unpleasant and not wholly accurate picture and that the name should be changed to State Hospital. (“Lunatic,” he said, “is based on an erroneous conception of the origin and nature of insanity and is being

used too often in reproachful slang. . . . asylum is excellent in describing a place of refuge but it conveys a conception of mere custody.”) The legislators did not respond to his pleas.

A photographer was hired; pictures of the hospital and its activities were preserved for future generations. For the first time, circulars were distributed and Uticans responded with more than 1000 Christmas gifts for the patients. A small steamboat, The General Herkimer, was purchased and patients were able to take small trips on the Erie Canal; the Oriskany Battlefield was a favorite site.

For the first time, staff and patients were “colonized” on a farm located near the main building.

A New Name

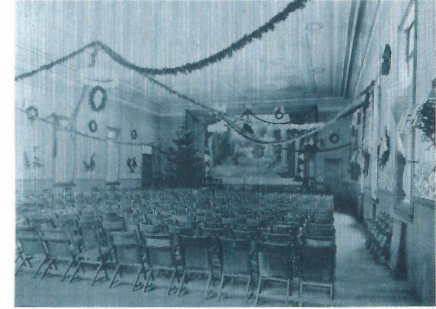
In 1889 Dr. Blumer again recommended a change of name and finally in 1890, the official name became Utica State Hospital and the “in-mates” became “patients.” Dr. Blumer continued to introduce innovative ideas. In 1891 he

hired Dr. Clara Smith, the first female physician at Utica. In 1891 he established two working shifts (day and night) and permitted male and female patients to share dining rooms. He requested \$25,000 to construct a superintendent's residence and began to assign staff rooms off the wards. In 1892 Walcott House opened as a combined acute hospital and staff residence. By 1893 Dr. Blumer had a telephone exchange installed, linking all parts of the hospital.

As the population increased there was an additional requirement for more farm land to sustain the patients and staff. In 1897, 160 acres of land with home and farm buildings were rented for \$1200 per year; it became known as Graycroft. The following year, Craigsides, with 17.5 acres and buildings, and Dixhurst, with 19 acres, were rented for \$450 per year and \$180 per year, respectively. These three farms became known as farm colonies. Patients and staff lived together in the farm homes, and these farms provided the hospital with vegetables, fruit, milk, eggs and meat.

20th Century Improvements

The hospital moved into the 20th century under the direction of Dr. Harold A. Palmer and important changes affecting both staff and patients began to take place. Dr. Palmer recognized that staff needed respite from the difficult work they had undertaken; he saw that patients could also benefit from occasional staff changes and thus began the first systematic rotation of staff between quiet and active wards. Rather than continue the policy of transporting patients into the City of Utica for dental and ocular services, he arranged for those services to be brought in, thus forming an early linkage between the hospital and the community. He was faced with increasing admissions of patients with general paresis



(syphilis) and of geriatric patients, and while he felt the geriatric admissions constituted an inappropriate use of the hospital beds, he also demonstrated compassion by stating that the elderly had no other place to go. As wards continued to grow more crowded he advocated for the construction of a new residence for the director and his family; and a staff house so that more staff could vacate their living quarters on the wards and free up these rooms for patient use.

Concerned about increasing outbreaks of infectious diseases, Dr. Palmer received approval

for the construction of an “isolation hospital” which subsequently opened in 1905 for the care of patients with diphtheria, tuberculosis and other infectious diseases. (In later years the building was used as an occupational therapy center, a community store, an education and training center, and the offices of the Work Control Center.)

When continuing complaints were received about the grouping of patients on the wards, a Reception building (Dunham Hall) was constructed, so that the acutely ill could be treated in a more therapeutic environment. By 1909 Dunham Hall was ready for occupancy; it had a fully equipped surgical area located on the second floor (rear, central wing) but unfortunately no elevator, so surgical cases had to be transported via stretchers up and down the stairs. (On the third floor there were accommodations for staff apartments.)

During this period patients were permitted to apply for voluntary admission; they were received

onto quiet wards where hydrotherapy, diversional and occupational therapy were provided.

Expanding to Marcy

As the hospital expanded there were growing concerns from the City of Utica that West Utica was being isolated from the rest of the city. For years the city had tried to extend Hickory Street (now Noyes Street) through the land just to the south of Dunham Hall; they were finally successful in 1911, when legislation was passed permitting the street extension. The hospital was effectively locked in on an all four sides. Unable to expand and unhappy with the city street now bisecting the state land, Governor John A. Dix recommended to the State Lunacy Committee that a new site be found for the Utica Hospital. In 1911 authorization was given to purchase a site comprised of approximately 1000 acres. Utica was then 350 patients beyond its established capacity. A search committee had located land in Marcy,

seven miles west of the Utica hospital, which was described as “ideal.” The original purchase was comprised of 14 adjacent parcels and the total purchase price was \$111,983.02.

In 1912 two small farmhouses on the Marcy property were remodeled, each to accommodate 30 patients; they were known as Woodside and Overlea.

In 1919 Dr. Richard H. Hutchings was appointed Director. Two years later the George Alder Blumer Research Laboratory was dedicated.

Overcrowding had reached critical levels and attention thus turned toward prevention. As early as 1917 a clinic staffed by Utica State Hospital opened in Schenectady in an effort to divert admissions. Other clinics followed in Amsterdam, Gloversville, Saratoga Springs, Schenectady and Utica. More intensive social services were developed and educational programs were presented to the community in an effort to increase awareness of the problem.

In 1921 it was noted that the two farm colonies at the Marcy site (Woodside and Ovelea) had been functioning very well. While World War I had temporarily suspended any major construction on the new location, when the war ended, construction on the Marcy site progressed rapidly.

Although the two farm colonies had been in use for several years, the Marcy Division of the Utica State Hospital officially opened on January 3, 1923 with the transfer of 200 patients from Utica into Marcy's newly completed patient building (D Building). Later that same year C Building and A Building were opened. Construction of a farm colony building also took place which enabled expansion of Marcy's farm program.

It was assumed that once the Marcy extension opened, the census at Utica would decrease; instead it continued to rise, even with expansion of the Marcy site. In 1925 the Dixhurst nurse's home at Utica was ready for occupancy; this freed up more rooms in patient buildings.

In 1927 Westover was opened at Marcy, permitting staff to move from the third floor of D Building into an employee residence. Edgewood opened at Marcy shortly thereafter, providing quarters for married staff.

Three more patient buildings (E, F and G Buildings) opened at Marcy in 1930 and Morningside (a building for tuberculosis patients) opened in January 1931. After eight years of operation the Marcy Division's patient census had outgrown that of Utica, its parent institution, and on July 1, 1931 the New York State Legislature made Marcy a separate facility. Dr. William Wright was named Superintendent of the new Marcy State Hospital.

Dr. Willis Merriman, who in 1939 succeeded Dr. Hutchings as Utica's Superintendent, worked toward the community goals which had been temporarily suspended by World War II. The term "parole" was replaced by "convalescent care status" and plans for a new Medical/Sur-

gical Building at Utica (Brigham Building) were being discussed.

Farming Operations Phased Out

Although reports indicate that all horse-drawn farm equipment had been replaced by automotive equipment by 1948, Utica State Hospital still continued to "farm the land" and patients and staff were frequently called upon to harvest fresh vegetables. The horse barn, no longer necessary, was converted into a four-lane bowling alley in 1949.

In 1953 Utica's dairy herd and horses were transferred to other state hospitals which were still maintaining farms. (By 1901 Dixhurst Farm Colony had been discontinued when the owner increased the rental fee. In 1903 Craigsides Farm Colony was merged with Graycroft Farm Colony.) In 1954 these lands were all transferred to Zion Lutheran Church,



This aerial photo taken during the first half of the 20th century shows the extensive farmlands that were part of the institution's operations.

Utica College, St. Luke's Hospital and to the City of Utica. In addition, land previously rented on French Road was sold to General Electric for construction of a new plant. These moves eliminated "dairy farming" from the Utica hospital's program, although gardens continued to provide fresh vegetables for several more years.

New Treatments and Programs

By 1955 new medications had become available to treat mental disorders and the use of the new tranquilizing drugs ushered in a new and promising era. These drugs made a significant difference to a great number of chronically disturbed patients and, for the first time, treatment was available to assist in the modification of dysfunctional symptoms.

Administrators at both hospitals encouraged the expansion of an open-door policy and gradually patients became more responsible for themselves. Although all wards were not appropriate for an open-door policy, many patients who were given personal freedom to leave the wards during predetermined hours rediscovered within themselves some of the self-esteem which had been repressed for many years. The normalization of the hospital environment was progressing.

Construction of Brigham Building at Utica State Hospital was completed in 1955, although two

wards had been occupied during the previous year. It was hoped that Brigham Building could reduce the severe bed shortage; Utica's census was then 42 percent beyond recommended capacity.

Construction of a new Medical/Surgical Reception Building (B Building) began at Marcy in 1955. The building, which was structurally identical to Utica's new Brigham Building, was completed in 1959. Marcy's Morningside was completely renovated in 1959 to accommodate children and adolescents.

Marcy's patient census peaked in fiscal year 1959-1960, when there were over 3,700 patients "on the books," although only 2,876 were actually residing at the hospital. There were 1,186 employees to care for the patients.

During this same period the Utica hospital census reached its peak of 2,534 patients; aggressive action was needed to decrease admissions and increase discharges.

In 1961 a Psychiatric Training Program at Marcy Psychiatric Center expanded considerably.

By 1965 the Residency Training Program in promoting psychiatric training was fully established.

In 1963 Dr. George Volow became Director of Utica State Hospital; shortly thereafter, an Intensive Retreatment Unit was established in Dunham Hall for the purpose of providing active intervention and rehabilitation of a selected group of chronic patients. Staff were encouraged by the response of patients to intensive treatment programs.

An Alcoholism Treatment Service opened at Marcy in March 1968 and, in October 1968, a Geriatric Screening Team consisting of a psychiatrist, social worker and nurse was established. They screened all patients over age 65 from Onondaga County who were to be admitted to Marcy State Hospital.

New programs aimed at preparing patients for a return to a less restrictive environment began to appear on all units at both hospitals; with increasing frequency patients were participating in community activities, token economy pro-

grams, psychodrama, remotivation and other programs aimed at reducing the regressive features of mental illness. A small sheltered workshop was established at Utica early in 1972. Located on the second floor of the main building opposite the Jewish Chapel, this workshop secured subcontracts and a small group of patients began, for the first time, to earn money for work completed.

Hospitals Become Psychiatric Centers

On May 23, 1974 the names Utica State Hospital and Marcy State Hospital were officially changed to Utica Psychiatric Center and Marcy Psychiatric Center. For approximately one year prior to this, there had been numerous discussions concerning the phaseout of either the Utica or the Marcy Psychiatric Center.

On May 28, 1976 Dr. Nelson Sanchez, Director of Marcy Psychiatric Center, was named Director of both the Utica and Marcy centers; on

June 1, 1976 the administrations of the two centers were merged, but the Utica and Marcy centers remained distinct and separate entities.

The next major change occurred in 1977 when responsibility for the mental health treatment of convicted persons was transferred from the Department of Corrections to the Office of Mental Health. Over considerable community objection, Central New York Psychiatric Center, with the mission of caring for convicted individuals with mental illness, opened in the west side of Marcy's B Building on August 22, 1977. This forced the closure of the Surgical Department and the Medical/Surgical Unit at Marcy; patients who required those services were transferred to Utica Psychiatric Center, where surgery continued for another two years. By 1980 arrangements were made to send patients needing such care to local general hospitals.

Dr. Nelson Sanchez was succeeded by Richard M. Heath in 1977. He was the first non-medical Director appointed at either the Utica

or Marcy facility.

On September 28, 1978 Utica's main building — "Old Main" — which was then 135 years old and unable to meet safety codes, was closed. All patients were transferred to other buildings at the Utica facility.

Consolidation and Change

Practically since the establishment of the Marcy Division of the Utica State Hospital there was an ongoing debate over which of the two psychiatric facilities would be abolished and which would remain. Predictions and media reports seesawed between consolidation at the Utica hospital and consolidation at the Marcy site.

During this period the Utica facility, with "Old Main" as its centerpiece, was also briefly discussed as a potential site for the new SUNY Institute of Technology which was eventually built in Marcy.

In his budget message of 1983 Governor Mario

Cuomo told of his proposal to use parts of the Marcy Psychiatric Center campus for a medium-security prison. Phase I of this colocation, a 300-bed prison in four then-occupied buildings (Crane Hill, Inwood, Edgewood and D Building) was scheduled for completion by December 1983; Phase II called for expansion to make room for 900 additional prisoners and was scheduled for completion by April 1986. Phase II planned for the prison to use C, E, F and G Buildings, Northwood, Bywood and the Administration Building.

Original plans were to relocate many of the displaced Marcy patients out of the area, which would have had a negative impact on employees. The community rallied to retain the patients and jobs, and commitments were made to keep them in the Utica area. Patients would remain in A and B Buildings, and Westover would serve as an Administration Building.

Officials looked to the Utica hospital for an area to accommodate the other patients to be displaced

from the Marcy campus. Initial thoughts were to renovate Utica's "Old Main" building, but a study showed that it would cost approximately \$11 million more than new construction and renovation would take one year longer than new construction. Energies then went into planning a new 250-bed adult building and a 48-bed children's building for the Utica hospital.

The new buildings were completed and patients were moved in late 1985. To the credit of all staff who had been loyal to their individual hospital, the merger of patients and staff occurred without any major problems, once again demonstrating that the staff of both hospitals placed the interests of their patients first. The new adult building was named the Wright Building in honor of William W. Wright, the first Superintendent of Marcy State Hospital. The new building for children and adolescents was named Pinefield.

On December 13, 1985 Governor Cuomo

signed a bill which consolidated Utica and Marcy Psychiatric Centers to create Mohawk Valley Psychiatric Center.

Mohawk Valley maintained two separate campuses for several years, but a dwindling patient census fostered plans to vacate the Marcy campus and operate solely on the Utica campus. Fiscal conditions during 1991 accelerated these plans and Mohawk Valley Psychiatric Center vacated the Marcy campus before the end of 1991.

Other changes include the establishment of a Multiply Disabled Unit in October 1986, a unique program designed to provide treatment for patients with a dual diagnosis of mental illness and mental retardation. By November, 1986 the McPike Alcoholism Treatment Center had relocated from Marcy to the Walcott House building at Utica. In July, 1987 the first state-operated community residence developed by Mohawk Valley opened in Yorkville, New York.

The architectural and historic significance

of "Old Main" was formally recognized on October 26, 1971 when it was listed on the National Register of Historic Places. With the support of the Preservation League of New York State and others its status was elevated to National Historic Landmark on July 30, 1989.

In 1993 Mohawk Valley Psychiatric Center celebrated 150 years of caring for the mentally ill in New York State and welcomed a new Director, Mrs. Sarah Rudes. It had grown from an asylum, or place of refuge, to a "Center of Excellence" as described by the New York State Commission of Quality Care for the Mentally Disabled in June of 1986. It is important to remember, however, that buildings, old and new, do not create "excellence," people create excellence; therefore, the 150th anniversary honored all the staff who have shown compassion and concern for patients throughout the years.

Schools of Nursing

Both the Utica and Marcy hospitals had schools of nursing. Special instruction of attendants began at the Utica asylum in 1883, was discontinued for a time and resumed in 1888. In 1892 the School of Nursing awarded diplomas to those who had attended two full years of lectures and passed the prescribed written and oral examinations. This first graduating class did not participate in a graduation exercise because "we fear that in the fanfaronade of so-called 'graduation exercises' our nurses might be rendered self-conscious and posing, and attach undue importance to their achievements."

In 1922 the Utica State Hospital School of Nursing joined Faxton, Memorial, St. Luke's and St. Elizabeth hospitals to create a Central School of Nursing, located at Faxton Hospital. The Central School provided fundamental nursing education to beginning nursing students.

The Marcy State Hospital School of Nursing

began in 1947 and its first class graduated in 1950. Also in 1950 both the Utica and Marcy schools began to enroll their student nurses in programs at Utica College.

The Department of Mental Hygiene began to phase out all schools of nursing in the mental hygiene system and the Utica State Hospital school held its last graduation exercise in May, 1975

The Marcy State Hospital School of Nursing held its last graduation exercise on May 28, 1978. A total of 1,472 nurses graduated from both schools and this culminated 86 years of nursing education at the two schools of nursing.

Continuing to Serve

The theme of this publication being the re-opening of “Old Main,” space does not allow for a detailed update on all of the other buildings, but since 1993 the Mohawk Valley Psychiatric Center campus has been the scene of both continuity and change, continuing to serve

the mentally ill while evolving to provide new community services in the existing buildings. Two of the oldest structures are, in fact, still in use. The Mechanical Stores building, erected in 1850, houses work control and maintenance functions. The Safety Department Building, put up in 1857 as a safety and firehouse center, is used by the New York State Police.

The Walcott House, constructed in 1892, continues to house the McPike Alcoholism Treatment Center. Hutchings Hall, built in 1937, today is the West Utica home of the Boys and Girls Club, complete with a gymnasium and stage area for sports and recreational events. Other groups now occupying buildings on the campus include the York Street Clinic, Evergreen Industries, the Pinefield Children and Youth Unit and several Adult Crisis Residence operations. The campus power plant and vehicles garage also remain in use. Noticeably vacant is the Brigham building, at the corner of York and

Noyes streets, which served as an acute-care facility for patients until the early 1990s.

New Life for “Old Main”

“Old Main” (Building #31) remains by far the most significant structure on campus. Even after its closing — and time and the elements had taken their toll — this magnificent example of Greek Revival design continued to be appreciated by many for both its architectural and historic importance. In 1991 the farsightedness of then State Senator James H. Donovan, with the active encouragement of the Landmarks Society, resulted in the funding of some renovation projects, including the installation of a new roof, which stabilized the structure and prevented further deterioration. The work included removal of the metal roof and deteriorated wooden deck and eaves. A new rubber roof and Yankee gutters were installed and the wooden eaves were rebuilt. In addition, the

limestone steps in front of the building were rebuilt. Totalling \$1.2 million, these improvements were completed in 1993.

In 1999 “Old Main” received national attention when it was featured on a History Channel special on America’s 11 most endangered historic places as identified by the National Trust for Historic Preservation.

It wasn’t until three years later, however, that hopes for the building’s reuse moved past the discussion stage with the announcement by the New York State Office of Mental Health (OMH) that “Old Main” would become its Records Archive and Repository. Work toward that end had been gaining momentum, spurred on by strong efforts of the Landmarks Society of Greater Utica and its adjunct group, the Old Main Redevelopment Advisory Committee. Developed and chaired by Landmarks President Michael Bosak, the committee brought together key individuals from a variety of backgrounds

in an effort to find a reuse for the building, adjacent structures and grounds.

The plan saw light in 2002 as then OMH Commissioner James L. Stone agreed in principle to reuse the first public mental health facility built in New York State as the repository for the State’s OMH records. The first floor will be used as a record archive center and exhibit space documenting over 170 years of public mental health care in New York State. Completion of the project will bring these records together for the first time, where they can be properly maintained and made available for scholarly research. Plans also call for a small museum that will document the fascinating history of mental health care that began and evolved dramatically at “Old Main.”

The concept received a major boost in the fall of 2002 when the *Save America’s Treasures* program announced that “Old Main” had been awarded a grant of \$200,000. The funding was

obtained largely through the efforts of OMH Agency Preservation Officer Karen Nicholson, a member of the Advisory Committee. The grant will ensure that an elevator can be installed to access the upper floors and aid in future occupancy. This was a matching grant and OMH, through Commissioner Stone, had already earmarked \$200,000 for the project. A series of capital projects were slated to begin in 2003 — to clean the interior, install utilities and begin restoration and renovation. The first project will remove asbestos and clean lead paint from the first floor. That will be followed by installation of new utility services to the building and a new heating system for the first floor. This phase was projected to cost a total of just under \$700,000. Scheduled to open by mid-2004, the Records Archive and Repository and associated museum will occupy the majority of the first floor, leaving approximately two-thirds of the building available for other compatible and complemen-

tary development. One disappointing note to this otherwise good news was that the demolition of the attached 1847-era wings appeared to be a certainty. These were not re-roofed with the original portion and had suffered extensive water and weather damage over the years, including roof collapses. While the Advisory Committee fought to save them, in the end deterioration had taken its toll.

New Chapter

As this booklet was going to press, “Old Main” was a historic treasure about to gain new luster. Beyond the massive Greek columns, it was poised to make yet another important contribution to the field of mental health in New York State.

A RESOURCE FOR AWARENESS

In 2000 the State Office of Mental Health completed a survey of its records and historic artifacts chronicling 170 years of mental health care in New York. Based on that survey the State Archives & Records Administration (SARA) estimated that 100,000 cubic feet of space was needed to store those records, which had been kept at various locations across the state, subjected to dampness, mold, asbestos and lead dust hazards.

The opening of the Records Archive and Repository at “Old Main” will allow OMH to store the records centrally, providing better protection and improved access for genealogical, medical, social and historic research.

The exhibit space for artifacts will present opportunities for studying and interpreting the history of mental health care in New York. Three OMH facilities (including Utica) had maintained small exhibit spaces, but they were closed due to consolidation. OMH is also working with staff from the State Museum to develop appropriate new exhibits.

In addition, the renovation of “Old Main” will give OMH the space it needs to operate, in conjunction with SARA, a new mental health consumer job training program for records management.

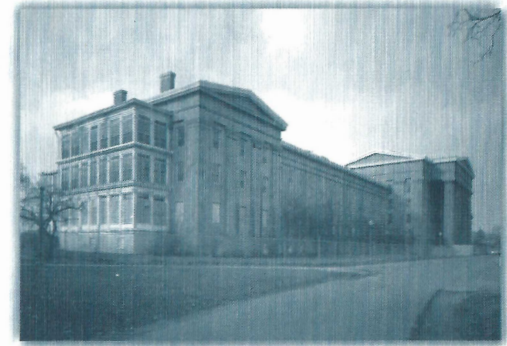
The Archive, Repository and exhibition space will play an important part in OMH’s efforts to reduce the stigma of mental illness through education and public awareness of mental health treatment.

In its new capacity “Old Main” will be truly open to the public for the first time — certain to make significant new contributions to the profession and community it has served so well.

A LANDMARK REBORN



Old Main is being reborn as the Records Archive and Repository of the New York State Office of Mental Health.



The Landmarks Society of Greater Utica is a nonprofit educational corporation dedicated to preserving historic buildings and districts in the Utica area. An important part of the Society's work is raising public awareness of, and appreciation for, the significance of these structures and districts. More information is available by contacting:



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