The nineteenth-century surgeon who changed mental illness care:

The most interesting figure in American medicine and American public service

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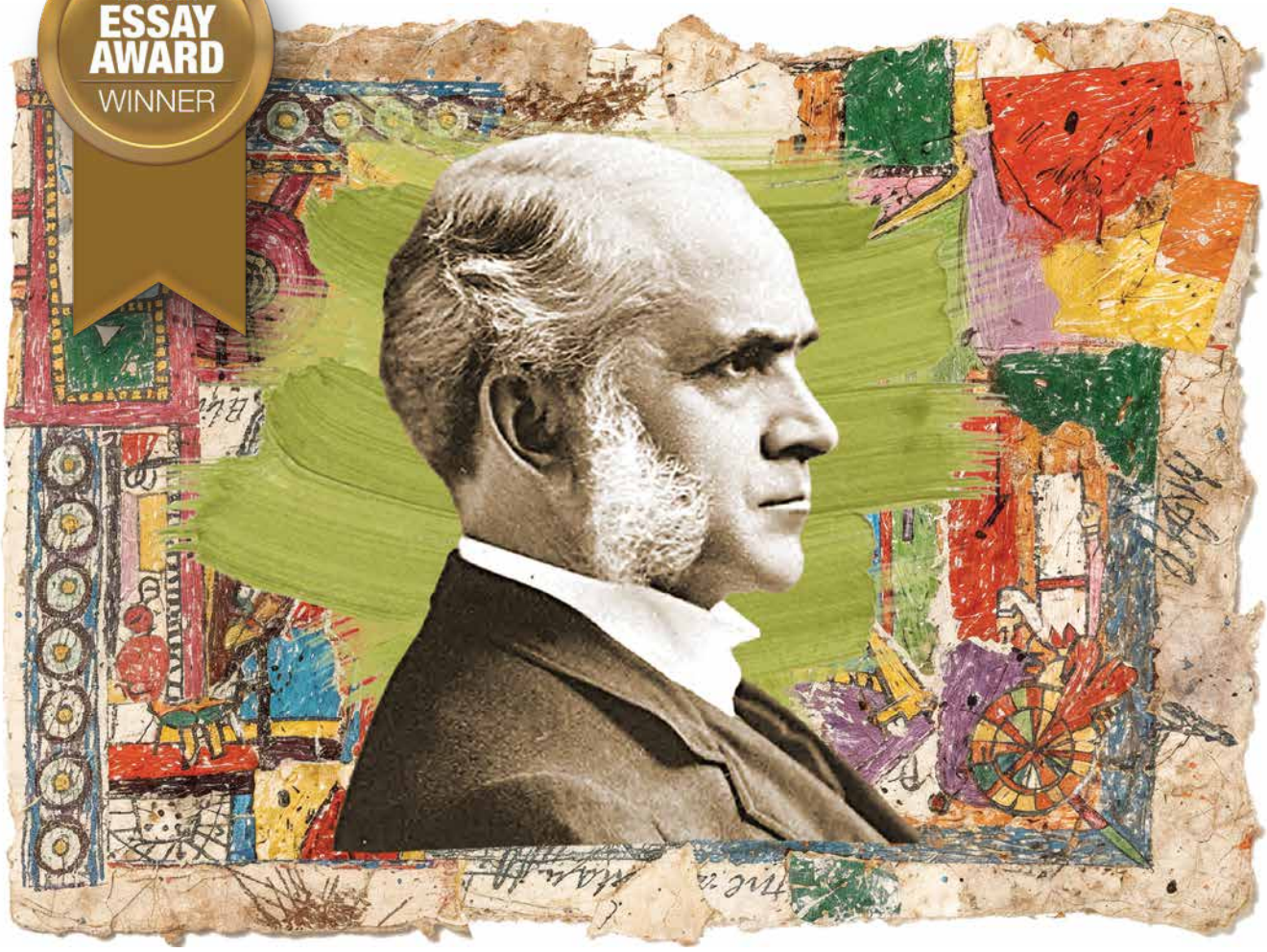

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New York City's newspapers highlighted the 11 distinguished dignitaries who received honorary degrees during Columbia University's June 7, 1922, graduation ceremonies. Among them were: Polish musician and statesman Ignacy Jan Paderewski, Chinese diplomat Alfred Sao-ke Sze, and aging New York City physician Stephen Smith.[1]

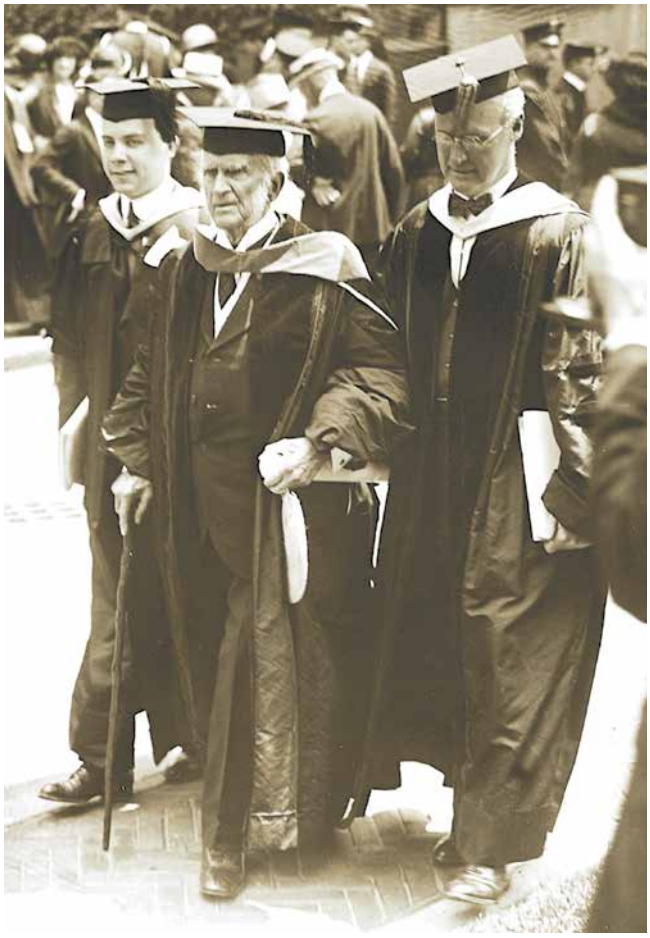
Dr. Smith lacked the international stature of other honorees and was cursed with an eminently forgettable surname, but 1920s New Yorkers knew him well. The Times reported:

> Dr. Stephen Smith, who will be 100 years old next February, was cheered when he was introduced as the recipient of the honorary degree of Doctor of Science… Smith received his degree of Doctor of Medicine from Columbia in 1850 and is her oldest living graduate. In conferring the degree [Columbia President] Dr. Butler praised him for his great work in the cause of public health [as], 'the most interesting figure in American medicine and in American public service today.'[1]

It was Stephen Smith's final accolade. He died at his daughter's home in Montour Falls, New York, on August 26, 1922. Medical journals quickly eulogized him. *The Boston Medical and Surgical Journal* (now *The New England Journal of Medicine*) recounted his early days in rural New York and his distinguished career at Bellevue Medical College and Bellevue Hospital but saved its highest praise for Smith's work as an 1860s and 1870s New York City health officer, where "…he accomplished yeoman service in cleaning the streets of their filth, establishing health ordinances, and doing away with the scourges of smallpox, typhus, cholera, and diphtheria, which had killed their thousands."[2]

Smith's overlooked mental illness career

Eighty years later, surgical historian Ira Rutkow described Stephen Smith (1823–1922) as a "forgotten surgical hero."[3] Rutkow reminded fellow physicians that Smith was appointed attending surgeon at New York's Bellevue Hospital in 1854, held this position for 57 years,



Stephen Smith (center) attending Columbia University's commencement in 1922. The Dean of the College of Physicians and Surgeons, William Darrach, MD, is on Smith's left. Author's collection.

authored the Union Army's surgical handbook during the Civil War, and wrote a successful surgical text in 1879. But, for Rutkow, as for the 1922 *Boston Medical and Surgical Journal,* Smith's most lasting achievements were in public health. Rutkow recounted how Smith's Civil War work to improve New York City's sanitation led to the landmark Metropolitan Health Act of 1866 and to Smith becoming a New York City Health Commissioner from 1868 to 1875. He told how Smith launched the American Public Health Association in 1872 and helped start a National Board of Health in 1881.[3]

Rutkow also mentioned a part of Smith's career that many chroniclers had overlooked: "As New York state commissioner of lunacy from 1882 to 1888, he was instrumental in transferring responsibility for the mentally ill from county almshouses to state hospitals."[3]

This landmark accomplishment launched the state hospital movement and changed American mental illness care, but the only historical analysis of Smith's pivotal role in mental illness reform was Gerald Grob's brief 1983 description of the "Smith Coalition" of social reformers that wrote and assured passage of New York's path-setting State Care Act in 1890.[4]

Which leaves us with unanswered questions about Smith. What led a respected surgeon and public health reformer into the morass of nineteenth-century mental illness care? Did his public health experience translate to his mental illness work? What did he really accomplish in mental illness care? And, in the end, was Dr. Stephen Smith just another Progressive Era asylum reformer who historians claim never reckoned with their own limitations?[5]

When a surgeon became New York's Commissioner in Lunacy

Smith got into mental illness care because public health was leaving him behind. He was a well-regarded academic surgeon who had recently helped found the National Board of Health, but this effort was mired in internal conflicts and national politics. Moreover, the newly arriving science of bacteriology was pushing public health into the laboratory, an unfamiliar domain for an urban sanitarian like Smith. He had always done some amount of public service, so Smith accepted a volunteer position on the New York State Board of Charities in 1881. This quasi-government organization oversaw the state's many charitable institutions, and Board of Charities President William Letchworth's priority in 1881 was improving care for the mentally ill. Letchworth needed Smith to help him remove a roadblock to reforming New York's mental illness care.

The roadblock was New York City physician John Ordronaux, who as State Commissioner in *(sic)* Lunacy was charged with inspecting every facility except prisons that housed the mentally ill and reporting his findings to the Board, which, in turn, made recommendations to the governor and legislature. Newspapers regularly described the filthy and inhumane care inflicted upon mentally ill persons, but Ordronaux, who had held his salaried government post since its creation in 1873, never found a problem. His terse reports to the Board recorded numbers housed, expenses incurred, and almost no inmate-related issues. Letchworth wanted a Lunacy Commissioner who would accurately report the problems Letchworth knew existed.

New York's neurologists and alienists (forerunners of psychiatrists) were fighting for primacy over mental illness care in 1881, making Smith, a surgeon and public health leader, the perfect non-aligned medical professional for Letchworth and his closest confidant, Board member and fellow mental illness reformer Josephine Shaw Lowell. They leaned on Smith to help with New York City's asylums, and when Ordronaux's second five-year term expired in April 1882, they convinced Governor Cornell to replace Ordronaux with Smith. Public servant Smith took the job, even though the Lunacy Commissioner's annual salary was $4,000 per year, which was much less than a carriage-trade surgeon commanded and a thousand dollars less than Smith had earned as a New York City Health Commissioner ten years earlier.

Bringing public health experience to mental illness care: 1882–1888

Stephen Smith had no experience dealing with the mentally ill, but he brought with him other attributes. He knew the data-collecting precepts of nineteenth-century Parisian medicine and the facility-based sanitation work of Florence Nightingale better than most. He had experience dealing with the New York legislature and had helped write and pass several public health laws. And for a nineteenth-century academic surgeon, he was remarkably restrained and non-confrontational. This proved to be a helpful personality trait for a job that required evaluating the work of mental health professionals.

American mental illness care was wrestling with unresolved tensions when Smith began his work in 1882. The moral reform movement, which began in Massachusetts and was promoted in New York by Dorthea Dix, had led some to some acceptance of state responsibility for the impoverished mentally ill. But this was frequently challenged by local authorities, who argued that their asylums and poorhouses could provide better and less expensive care. At the same time, mentally ill persons who were seen as dangers to society were often imprisoned. The medical establishment claimed mental illness was treatable but was torn between the promise of neuroscience, which neurologists held as the way of the future, and the earlier, moral-behavioral approach, which the alienists favored.

Smith's new job was at the epicenter of the era's mental illness challenges. New York State held 9,694 persons in its asylums and other institutions in 1880, which was 19 percent of the country's institutionalized insane in a state with ten percent of the country's population.[6] Less than one-third of New York's institutionalized insane, 2,809, were housed in six relatively clean and well-organized state asylums, including a small one for insane criminals in Auburn. The largest number, 4,112, were in two massive and decrepit county asylums in Manhattan and Brooklyn. The bulk of the remainder, 2,214, were in three small city asylums and 53 county asylums and poorhouses, which were little better than filthy jails. The small number who could pay for care were in a handful of private facilities, such as Bloomingdale Asylum. The Commissioner in Lunacy reported on how these 68 institutions were doing their job, but had no control over any of them.[7]

The novel way Smith approached New York's mental illness care between 1882 and 1888 is buried in 2,000 pages of his annual Lunacy Commissioner's reports. These documents show the changes he achieved for New York's mentally ill during his tenure, how he set the table for the 1890 State Care Act, and how he differed from the Lunacy Commissioners who both preceded and followed him.

Smith developed a checklist for every place he visited, much as he had when he served as a New York City Health Commissioner, spending 67 days in 35 locations in 1882. Smith's first report only covered six months, but it was a detailed 272-page account that included financial and workload data for each location, visit summaries, corrective actions taken, and tables showing numbers of inmates and diagnoses. Smith also added his own observations and advice. He recommended that insane persons be removed from poorhouses, that restraints had little benefit, that the chronic insane should be offered physical employment with fair compensation, and that women physicians should manage women patients.[8] These ideas were circulating among reformers, but it was the first time a Lunacy Commissioner had put them into an official document.

Public health professionals quickly saw Smith's previous experience in his initial report. The editor of the nation's largest public health journal wrote:

> By his [Smith's] official relations with hospitals and charity associations of various kinds; the city health department; the National Board of Health, and otherwise, he had not only had extensive opportunities, but he was well known to have profited by, and to have so systematized those opportunities as to give him singular aptitude for this much needed service.[9]

The editor praised Smith's 1882 effort, and said "it conveys an amount of practical information for legislators and others interested in the welfare of the unfortunate subjects of inquiry, never before, in this State, so clearly presented."[9]

Smith dug into the details in 1883. He evaluated the large state asylums quarterly and other places where the mentally ill were confined at least once, often unannounced. He inspected medical and financial records, every room in every building, farmlands, and crops, and he saw every patient, providing attention to those who were restrained.[10] *The Medico-Legal Journal* described Smith's massive 491-page 1883 report as containing more information in a single year than could be found in three or four of his predecessor's reports. The editor also observed that when the job was done right, it was obviously too much for one person: "The duties of the officer and his power should be vested in a Board of at least five members."[11]

The large 600-bed State Lunatic Asylum in Utica, New York, circa 1882. Smith typically visited it quarterly. Utica was New York's first state-run facility designed to care for the mentally ill, founded in 1843. Wikimedia; public domain.

Smith continued down this busy, intrusive, and one-man path for the next four and a half years. He was an Albany-paid bureaucrat whom the alienists and asylum managers could have resisted at every turn, but Smith's even temperament brought them to his side. He used

what he found to encourage improvement, not chastise. He shared common data, displaying how facilities, such as Buffalo's new state asylum, did not need restraints, even though others used them. When he saw something he liked, he highlighted it. When he saw something he did not like, which was almost everything in Manhattan, he pointed to broken systems, not to individuals.

Smith told the legislature how he got things done in his 1884 report: "reforms effected by persuasion, and appeals to the humanity, and, especially to the good sense of keepers, are more effective and more lasting than when enforced by the arbitrary power of law."[12] Alienists made him an honorary member of their national association in 1885. Twentieth century management experts would have applauded Smith's use of data for quality improvement and his collegial "management by wandering around" style.

Smith's reports became less descriptive and more proscriptive over his tenure, recommending approaches to defects in care. Some of the many problems he highlighted and sought to address included wrongful admissions, patient abuse, poor food, and poor sanitation. These issues regularly appeared in the popular press, including Nelly Bly's (Elizabeth Jane Cochran's) sensational 1887 exposé, *Ten Days in a Mad-House,* but Smith offered an insider's nonjudgmental views and practical solutions.

Smith was proud of his efforts, generally giving problem-solving credit to asylum managers and staff. He noted in 1887 that mechanical restraints had virtually disappeared, mental patients had more liberty, state asylums had schools for patients and training for attendants, there was finally a female physician in the state system, and many patients who were seen early in their disease were returning to society.[13] Those who were there at the time acknowledged that it was Smith who put New York's positive changes in place.[14]

Fixing the system

Governor Hill replaced Smith with another Manhattan physician, Samuel Wesley Smith, in May 1888, but Stephen Smith had set a high bar. The New York Times pronounced Samuel Smith, "…totally unfit for his present position" in May 1889.[15]

Stephen Smith turned a desultory government office into a respected position during his six-year tenure, giving data, substance, and a fresh perspective to New York's mental illness challenges. His annual reports were not front-page news, but they encouraged internal change and provided hard evidence for reformers. After leaving the grind, Smith joined the reformers in tackling New York's obsolete mental illness laws.

Smith's first effort targeted a problem he knew well, the state's dysfunctional commitment process. There were too many ways of getting around patient protections and evidence of medical need, which led to functioning people being locked up for someone else's convenience and those who could not be treated being shunted into asylums. Smith argued for real safeguards and national standards for mental illness incarceration. He wanted uniform national guidelines that required supporting testimony from two qualified physician examiners, a judge, a jury if necessary, and notification to the potential patient.[16] He submitted his ideas in a bill to the New York legislature's 1889 session.

But problems with mental illness incarceration were not the ones that mental illness professionals wanted to solve. Those who ran the country's asylums opposed any process that impeded getting patients to them. New York's legislature passed Smith's commitment bill, but the state's alienists successfully pressured Governor Hill not to sign it. Alienists, and later psychiatrists, resisted uniform civil commitment procedures into the middle of the next century, when the movement died altogether.[17]

Smith was more successful with upgrading his lunacy commissioner position and removing Samuel Wesley Smith. He had shown that the job was clearly too big for one person, and it needed real authority. He drafted a bill creating a three-person state lunacy commission, which passed easily, and was signed by the governor in May 1889.

Smith's State Lunacy Commission (renamed the State Hospital Commission in 1912) consisted of a physician, an attorney, and a layman who were empowered to regulate every institution that housed mentally ill persons. Smith's law required that commissioners inspect each facility and meet with all new patients, just as he had done.

But Smith's patient-centric vision was the first thing to go. The new Commission's chairman complained that the law's requirement to visit every new patient and inspect each facility regularly, as Smith had done for six years, was too much. Within a year the legislature passed another law eliminating half the visits Smith had specified plus his requirement that commissioners look into the environmental details of patient care. The State

Lunacy Commission had the powers Smith felt it needed, but few of the patient obligations.

Smith's third legislative effort was the definitive stroke. He and his fellow reformers transferred responsibility for New York's impoverished mentally ill from all remaining local jurisdictions to the state in 1890. The new law had a long title promoting the care and curative treatment of the pauper insane, but newspapers dubbed it the State Care Act. After this, another 1890 law renamed state asylums as state hospitals, and New York was ready to lead American mental illness care into the next century.[4]

Smith's advice for mental illness care —the path not taken

New York did lead the way, but not as Smith envisioned. Smith saw mental illness care through a public health lens, not a clinical one. His perspective required comparative data to define problems and improve systems. It also required data monitoring and feedback to effect change. And it was essential to have a unifying goal. Smith's public health goal was decreasing preventable deaths. His mental illness goal was returning patients to society. Smith spelled these things out in his reports and tried to put them into the laws he wrote, but those who followed him preferred other methods and other goals.

The State Care Act took asylum care authority away from the legislature and gave it to alienists and psychiatrists who were more interested in providing new medical treatments and preserving their professional autonomy than in comparing systems data. When they could not cure, they shifted focus from treatment to custodialization.[4,5]

The Lunacy Commission, which Smith designed to oversee the state hospital system, became a captive of it, reporting what it was told and worrying about financial management rather than patient rehabilitation and care. Smith's hopes that it would find and fix patient problems were pushed aside. The medical inspector admitted in 1906 that he could not even meet the Commission's lowered standards for patient visits, and that "the close study of conditions contemplated by the Commission has scarcely been realized."[18]

Additionally, professional opposition to rigorous commitment procedures made everything worse. Without clear guidelines on who should be treated in state mental hospitals, they became dumping grounds for the untreatable and unmanageable, pushing potentially rehabilitatable patients aside. In the four decades following 1900, New York's institutionalized mentally ill population grew by about three and a half times, compared to an overall population increase of about two-thirds. New York's psychiatrists could not treat their way out of this crush. The answer was bigger custodial buildings—mislabelled as hospitals.[4]

Smith focused on his hospital work after leaving the mental illness battles in 1890. Engraving (from photograph) of Stephen Smith (center) at a Bellevue patient's bedside in 1895. Campbell, HS, *Darkness and Daylight* (1895); public domain.

Smith left the mental illness battles after 1890, but he continued working with the State Board of Charities until 1918. From this front-row seat, he saw the limitations of what he had put in place. He tried to change the conversation around mental illness care in a 1905 magazine article, "Who Is Insane?" Smith asked 55 years before Thomas Szasz did whether mental illness was a social construct to keep disruptive persons out of sight. He advised that mental illness treatment not focus on arbitrarily defined models of mental activity, as the professionals were doing, nor be resigned to impersonal custodialization, as the State was facilitating. Rather, resources should be devoted to rehabilitation using all possible means and helping mentally disturbed persons become reasoning, self-supporting citizens.[19]

Smith tried one last time with his 1916 book, *Who Is Insane?* dedicated to the man who brought him into the field, William Letchworth. It expanded his 1905 article and pointedly addressed mistakes that were being made. His intent with the State Care Act was to move the state's mentally ill from overstretched and often cruel county facilities to a professionalized state system that used its

ample lands for humane individualized care, but this had not happened. When he looked at state care in 1916, he warned: "Custody has been the policy of the State, and as a result the asylums are always overcrowded." [20] When it came to the rising tide of eugenics and forced sterilization of the mentally ill, Smith was appalled: "The procedure is naturally shocking to the moral sense and must be attended with serious difficulties." [20]

Smith argued that mental illness was more a social construct than a legitimate medical diagnosis; that the abnormal behavior of mentally ill persons was due to brain abnormalities we did not yet understand; and that until we understood the brain, these behaviors could best be addressed with customized environmental manipulation. However, the asylum professionals' medical biases, and society's faith in them, pushed twentieth-century mental illness management in another, medicalized direction, which ultimately failed.[21]

Sociologist Andrew Scull observed in 2021 that a 70-year infatuation with drugs, biology, and more recently genetics has not provided a sound nosology for mental illness nor given us effective medical therapies. From a public policy perspective, we have lost sight of the most attainable goal, which Smith tried to put in the foreground, enabling reasoning, self-supporting citizens. He wrote, "The malign neglect that now passes for public policy in this area constitutes a powerful reason for the dismal fate that is the lot of those with serious mental illness." [22] Scull harshly described where we are, which in our own way and time looks very much like where things were before Smith started, facing "…the collapse of public psychiatry and the consignment of many of the mentally ill to the squalor of the streets and the terrors of American jails." [22]

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