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From Insane Asylum to Academic Institution

In the eighteenth century, our new and developing country, the United States, was also in its infancy as it relates to developing welfare systems, including but not limited to the care of the mentally ill. Like most other systems, England was seen and used as the model to follow, and often tours of their systems occurred before and during the development of our early medical and mental health systems. The mental health system developed in the United States initially was a carbon copy of the English principle of moral responsibility. The principle states “that society had a corporate responsibility to the poor and dependent,” and people with mental illness needed to be treated (Shatkin 7). There was no such institution to care for the mentally ill in either the city or the state of New York in the 1700s. The roots of the Bloomingdale Insane Asylum go back to pre-Revolutionary War times. On November 3rd, 1769, Dr. Peter Middleton spoke at King’s College addressing his colleagues:

The necessity and usefulness, of a public Infirmary, has been so warmly and pathetically set forth in a discourse delivered by Dr. Samuel Bard, at the college commencement, in May last, that his Excellency, Sir Henry Moore, immediately set on foot a subscription for that purpose, to which himself and most of the gentlemen present liberally contributed. (Pliny 6)

The announcement marked the beginning of public health in New York. What they established was the New York Hospital which opened in 1791, the precursor to Bloomingdale Insane Asylum, admitting its first patients in 1821.

In 1806, through a continued commitment by concerned doctors and leaders, this group made their case to the New York State legislature for a commitment of funds. The legislature “granted to the Society an annuity of \$10,000 until the year 1857,” to help set up a system of treatment for the mentally ill (Pliny 10).

The tradition of Bloomingdale evolved into modern Columbia University. While the affluent were given care and treatment under the auspices of public and private funding, the relationship between King’s College and Bloomingdale was hand in glove. The asylum created an opportunity for King’s (and later Columbia’s) students and professors to research mental illness and perform observations that would improve the field of mental health overall. However, with this privilege came abuse. The asylum was often used to commit unwanted relatives and spouses under the guise of treatment for decades at a time. Although Bloomingdale was an early pioneer of mental health treatment, it has a disturbing history of classism, sexism, and unjust commitments that must be acknowledged in the annals of Columbia University.

Using mental institutions to sweep away problems has a long history in New York. At the onset of an independent United States, New York statutes in 1788 stated that if a person be deemed “furiously mad or disordered in their sense” at least two judges could pass a judgment to detain the individual “safely locked up in some secure place” where they may be “chained” for the welfare of the greater society (Stuhler). One may read this as an enlightenment-type judgment that incarcerated the insane without punitive judgment. The word “safely” implies that people deemed insane were not being punished for it, as they may have been in more religious-based theories regarding insanity and demonic possessions, but rather given a place to be treated with or without “chains.” It is important to note that census records noted a rapid increase in

population in New York City, with a population of 300,000 in 1790 to 1 million in the following 20 years (Stuhler).

Later on, in 1809, an important legal and financial provision was implemented whereby the city or town overseer of the poor could commit an individual, with the common council consent, or that of two justices of the peace of said county to the New York Hospital with funds from the city or town of origin or private funds if the committed person had them. The poor were given a “special” asylum, while the property owners and those with their own means of support were responsible for providing care from their own estates (Stuhler). This separation of state-funded and privately-funded treatment opened a loophole for the wealthy to solve issues regarding behaviors perceived as violations of societal expectations, inheritance, ownership disputes, or other problems, while also creating a tiered system of treatment based on class. In this sense, while the more affluent of society who were experiencing or deemed mentally ill were provided with the modern and more humane treatment modalities, the poor continued to experience abusive treatments of the past, sometimes in the same facility.

Bloomingtondale Asylum had multiple notable cases, where family members and doctors worked in tandem to have sane people classified and committed as insane for not conforming behaviorally to society’s expectations of them, financial exploits, and other questionable reasons. The case of Caroline Underhill is a perfect example. Caroline Underhill was committed to Bloomingtondale Asylum by her sister and nephew who falsely claimed she was insane to take over her paternal inheritance of a home in Brooklyn and an annuity of \$1,000 per year as long as she remained a maid. The allegations used to institutionalize her seem wild to present-day readers, alleged to have “indulged in hallucinations” of romance with two congregants, a Reverend and a General, both whom testified barely knew Ms. Underhill while also affirming their belief in her

insanity. Her seeking support from the Reverent to help her publish her poetry was considered evidence enough of such hallucinations which “trustworthy physicians” cosigned as “clear evidence that she was of unsound mind,” and therefore needed to be institutionalized (Underhill). It is hard, with current awareness of the various systems of oppression, not to see patriarchy, sexism, and societal expectations of women as creating the grounds for such hospitalizations that were the norm during this period.

One would not have to be exhibiting dangerous or even irrational behavior to be committed. You can be of above-average intelligence with a large sway over the public and still find yourself committed to Bloomingdale. Dr. Brown, who was employed as the principal physician of the asylum and personally examined Miss Underhill “found her mind to be unsound,” and had her committed (Underhill). Miss Underhill’s poetry and writings were used to show her above-average intelligence. The lawyer read the works aloud in open court. Followed up by that they “contended that a person who could thus triumphantly scale the heights of Parnassus should not be classified among mad men” and deemed insane (Underhill). Dr. Brown’s position implies that intelligence alone does not negate the need for institutionalization. He testified in court that “leading editorial articles in an influential morning journal” and even “Adler’s German and English Dictionary are written by inmates of Bloomingdale asylum,” people with above average intelligence (Underhill). The case ended with Miss Underhill being released from custody. The Justice in the case did impose a small fine, “only six cents,” on her sister and nephew due to the notoriety of the case (Underhill). What this does is create a precedent for all court cases following. The family who has the patient committed, the doctor who recommends institutionalization, and the institutions can all shield themselves from

consequences. The worst that will happen is that a patient is released and some possible bad press.

The administration of Bloomingdale needed to have oversight into the commitment process to the asylum. In the case of “Mrs. Abijah Colville, a women of 73 years,” who had “been in the institution about fourteen months,” before finally getting a day in court (Imprisonment). Dr. Brown was compelled to testify before the court on a Writ of habeas corpus. The necessary paperwork required for a lawful commitment needed to be presented. Dr Brown before the court appearance had discharged Mrs. Colville. The presiding “Judge Daly..said it be necessary for Dr. Brown to produce the papers,” for an inspection into “the commitment signed by a justice of the peace,” which Dr. Brown was unable to provide (Imprisonment).

There are no monetary consequences for Bloomingdale or the people abusing it. Bloomingdale was engaged in the process of a “for-profit” medical practice. Being the oldest and most prestigious asylum in the state gave the institution advantages. It was able to cleanse itself of most of its pauper clients through the buildings of other state and city-run institutions like the Utica Asylum, Blackwell, and Ward’s Island. These institutions were set up collectively to absorb the growing number of insane cases from the lower classes. The massive amount of cases “without medical care [depended] largely by their brother paupers for such attention,” leaving those without means to fester in dangerous and overcrowded facilities, including 1400 in poorhouses (Stuhler). It is clear with the increase in population in the state, the number of poor who were deemed mentally ill was also growing, and growing faster than the buildings being made to house, contain, and/or to treat/cure them. The financial inequalities in treatment

continued to mount and the differential treatment of the poor and the affluent continued to make the news during Bloomingdales hay day.

The case of Commodore Richard W Meade is an example of a patient with the means to pay for services. Meade was arrested on trumped-up charges by the NYPD in the fall of 1868. He was accused by his daughter's suitor, Mr Benjamin F Corlies of “disorderly conduct and threatening to shoot said Mr. Corlies,” and deemed insane by a justice of the peace and committed to Bloomingdales (Commodore). During his stay in the facility, his mail was surveilled and important papers were removed from his body. In a sworn statement to the court, Meade states “ I was stripped of my money..more than \$500 and other valuable papers, none of which have been returned,” upon his release or anytime after (Commodore)

Meade was able to have friends on the outside file a writ of habeas corpus so he could plead his case before a judge. Upon coming before the bench of the honorable Justice Sutherland of the Supreme Court he was deemed sane. Furthermore, Justice Sutherland presided over the case the Commodore filed against the two individuals who had him committed, a “Charles E Meigs, and Benjamin F Corlies upon the cause of action above stated,” for \$200,000 in damages (Commodore).

Not everyone was excited for the Commodore to be released from the asylum. His wife and daughter both expressed fear and anxiety over his release. She stated “that serious apprehensions were in her own mind and in the minds of her children as to their personal safety,” and went so far as to “constantly kept the doors locked against him, also the doors of her children's rooms,” over the seriousness of his condition (Commodore Meade). When he wasn't scaring his family with threats of violence he was often still very difficult to deal with. His behavior and mannerisms placed everyone in his household on edge. He was described by his

wife as “a great tyrant,” and his daughter “agreed to the necessity of keeping him in an asylum”, a complete one-eighty from how the Commodore’s witnesses would testify to his sanity (Commodore Meade).

The major point of contention was Meade’s daughter's hand in marriage. In an affidavit from Mr. Smallwood dated 13 October 1868, Mr Meigs “told him it was the intention to have said Meade confined as a lunatic, the object in so doing was that the marriage of the daughter [would] take place without his interference,” and in due time (Brooklyn). Mr. Benjamin Corlies sought to have Meade's daughter’s hand in marriage, against his wishes. Mr Corlies enlisted Mr Meigs, his wife’s brother, for assistance and went to speak with Meade about the matter. The confrontation escalated to the point of Mr Corlies complaining that Commodore Meade “threatened to take his life,” starting the process of having the Commodore placed in the care of Bloomingdale (Commodore). Mr. Corlies is not one to take things lightly.

Benjamin F Corlies was a wealthy real estate developer. His pleas for Meade's approval in the marriage of his daughter came with financial benefits. Clara Meade states that the family survived on the Commodore “retired officer upon half pay... for \$150 per month,” may have wanted the marriage to Mr. Corlies to continue (Commodore Meade). This would have provided an opportunity for the families' upward mobility and possibly more options for addressing the Commodore's issues. With the family all in agreement to the marriage besides the Commodore, one would be inclined to see how having him deemed insane would be beneficial to their cause.

Upon the release of the Commodore, both Mr Corlies and Mr. Meigs were required to post bail for \$500. After posting bail Mr Corlies took the opportunity to address the court. He stated “I am very sorry that I was obliged to take this course, but I was urged to do it by Mrs. Meade and Mr. Meigs,” and did it with “no fear of the Commodore” (Brooklyn). One could

argue that Mr Corlies was simply placing the blame on the family, and also that at no time was he in fear of the Commodore, a far cry from needing to have him committed. The case appears to have disappeared from the newspapers shortly after, possibly as a result of a settlement or influence from the family of Mr. Corlies regarding the coverage.

In 1872 the New York Tribune did an undercover expose of Bloomingdale Asylum. Julius Chambers had himself committed under false pretense to see how the process worked. This assignment was the result of Dr. David Brown “stating the willingness of the management to submit to a thorough investigation of the whole asylum,” inviting a challenge to narration being provided by the asylum in regards to misuse and abuse of institutionalization (Chambers). Mr Chambers's testimony following his stay to the Governor's Commission made clear multiple instances of abuse and inattention from Dr. Brown and his staff.

The expose showed the abuses taking place, not only in the admissions process but in the treatment of patients as well. The article, which came out in several parts in 1872, was a piece of early investigative journalism that would come to be very damaging to the institution at Bloomingdale. Chambers also provided testimony in an affidavit regarding the institution the same year.

Special attention was given to Mr. Townsend listed as an attendant in the article. At dinner time, a patient, Mr Van Schaick, was led from his cell to the doorway of the dining room by Mr Townsend. Mr Van Schaick was moving slowly and in a confused manner, and this annoyed Mr Townsend, causing him to shove the older gentlemen into his seat. Mr Chambers testified to the condition of Mr Van Schaick, “he is old, and said to be blind,” which directly would explain his difficulties in taking his assigned seat in the dining hall (Chambers) After

mumbling something Mr Van Schaick “received two blows..by attendant Townsend, first on one cheek, then the other,” before finally being fed (Chambers).

The inattention and negligence of Dr. Brown's staff was further conveyed with the testimony regarding the treatment of Herbert S. One morning, Herbert was led from his cell “utterly nude and passed out upon the balcony” whereupon then the attendant “left the corridor, closing the door,” leaving Herbert naked in that “exposed condition.. some three hours,” neglecting Herbert's welfare (Chambers). Bloomingdale might have been a convenient spot for the wealthy to place their loved ones whose needs outpaced their ability to provide, did so at a great risk to their health and safety. With very little oversight, Bloomingdale operated under its own regulations. While there was no specific directive allowing for abuse of patients, the staff and directors were at liberty to regulate themselves, and that led to numerous reports of abuse and maltreatment.

The abuse was not limited to only the men at the asylum. In the Affidavit of Mrs. Irwin, a former attendant at Bloomingdale, testifies to what she saw while working at the facility. A woman named Miss Jane McDonald was admitted to the asylum. Her biggest fear and complaint was that “ she would be sent to the lunatic asylum at Blackwell's Island if her money should be used up,” and placed with the paupers (Tale). The abuse that Miss McDonald had inflicted upon her was severe. The attendant listed as Mrs Stevenson would use extreme violence toward Miss McDonald. Mrs. Irwin states saw witnessed “ Mrs. Stevenson seize her by the mouth, jam her against the wall, until blood flowed from her mouth,” the violence and aggressiveness toward Miss McDonald continued to escalate (Tale). Miss McDonald showed signs of abuse upon her body with marks left from the beatings she took. Feeling that she had nowhere to turn and wanting to take control of the situation Miss McDonald decided to take her own life. She lit her

bed on fire and then her clothing. Upon seeing Miss McDonald in flames, Mrs. Stevenson had “her put in cold water, her clothes still burning, and nothing was done for her until more than an hour afterward,” clearly not prioritizing her urgent need for medical care (Tale). As a result of this negligence, Miss McDonald was pronounced dead the following day. It was time that someone challenged and confronted these systems of handling people with mental illness.

John Ordronaux was a Professor of Medical Jurisprudence from 1860 to 1893 at Columbia’s Law School. The Law School currently offers the John Ordronaux Prize to the student with the highest GPA in the graduating class. Mr Ordronaux was chosen in 1873 for the State Board of Charities. Among his duties was “to inquire and report,..the treatment of the insane and to perform such other duties as the board might prescribe,” and he wasted no time getting started (Stuhler).

Atrocities at Bloomingdale’s and similar facilities throughout the state reached a point where it required intervention. The state quickly realized that all of the lunacy laws had been spread out over a century’s worth of sessions. Mr. Ordronaux’s fieldwork throughout the state and his reports to the legislature had a tremendous effect. The legislature of 1874 passed chapter 446 titled “An act to revise and consolidate the statute of the care and custody of the insane; management of the asylums; and the duties of the commissioner in lunacy,” laying the groundwork for what treatment of the insane would look like throughout the state (Stuhler). The law provided three sections covering issues dealing with the process and certification of the insane, qualifying reputable physicians, and setting parameters and restrictions on physicians. No longer would any physician be able to certify the sanity of someone and place them into an institution that they have a professional relationship with. This codifying of the laws would make

it harder for someone like Dr. Brown to diagnose and commit Miss Underhill to Bloomingdale due to his role as principal physician.

The board also enacted powerful reforms and defined the duties of the commissioners. This would make it easier to challenge the systems that are operating within these institutions, and the State as a whole. The commissioners were now tasked with crisscrossing the state and visiting every institution at least twice a year. These changes “required the commission to examine the methods of management, the condition of buildings, records, food supplies,” and most importantly the power to “Grant private interviews to patients, inquire into complaints, and determine the fitness of officers,” with the power to make changes where they saw fit (Stuhler). The governing body took another step forward with establishing a uniform accounting system.

The legislature required a detailed “roster of the insane and every institution of the state, the listing of discharged employees, and the correspondence of the insane,” creating a centralized list and naming everyone involved (Stuhler). This would have been directly opposed to the Bloomingdale way of business. In this capacity no longer could someone place a person into an institution and not file proper state-approved paperwork. This holds Bloomingdale liable for how they handled the Colville case, being unable to produce the legal paperwork required for commitment. Even the forms themselves were changed based on Mr. Ordronaux's recommendations to the State. All of the “record and blank forms for official use were to be uniform for all hospitals,” and all changes must be approved by the commission (Stuhler).

Columbia University is directly involved in establishing the systems New York State implemented throughout. Having Mr. Ordronaux involved in the beginning process allowed Columbia University tremendous power in creating and implementing systems regarding the insane.

With the implementation of Mr. Ordronaux's system, the old ways of doing things are over for Bloomingdale. Now the facility will be open to inspection multiple times a year with tremendous oversight of their daily operations. The city was expanding at a rapid pace towards and around the asylum. The land that Bloomingdale occupied in Manhattan was becoming very valuable. The property "purchased [in 1816] for \$4,000, embraces 558 building lots, an average value from \$5,000 to \$8,000 per lot," and "is confessedly the finest for resident purposes on Manhattan Island" and the institution was looking to move (Go). Bloomingdale was able to secure a deal on the exemption of property taxes as a result of their original charter, and the city started to question this policy. The institution in 1885 had "total receipts amounting to \$195,154.05, from the board of patients," yet paid nothing in taxes to the city on property "valued at \$2,500,000", showing how Bloomingdale increased their profits with backroom deals (Wishing).

By 1892 the Superintendents of Bloomingdale and the Board of Trustees from Columbia College were ready to put their plan into action. The deal was kept out of the public but the financial transaction was logged with the State. The Board agreed to purchase the 36-acre property and make three payments to complete the sale. The first "of \$200,000 on May 7, 1892, \$400,000 on July 1, 1893, and third of \$400,000 on July 1, 1894...a mortgage of \$1,000,000 remains," well below the current market value (Columbia's). Columbia College was able to secure and purchase prime real estate in Manhattan for less than \$500,000 the market value.

This property tax haven continues today with Columbia University. Taking advantage of tax exemptions dating back 200 years has allowed Columbia to become the largest private landlord in the city. One major advantage of the university is the astronomical amount of money it saves yearly on property taxes. This "law saves Columbia more than 182 million annually" in

property taxes, while Columbia continues to expand its footprint into Harlem (Kolodner). The process of repealing these tax breaks places Columbia in an advantageous position. Due to the complexities in the precedent “overriding them would mean lawmakers would have to adapt changes in two consecutive legislative sessions, then voters have to approve it,” to amend the States constitution (Haag). Columbia protects its tax advantages by retaining some of the best lobbying groups in the city to represent its interests. The university has spent on average \$400,000 a year on firms to make sure they can reap huge tax benefits in the millions from the city of New York (Kolodner).

The acquisition of Bloomingdale’s property by Columbia College was a financial windfall for the asylum. The first payment of \$200,000 allowed Bloomingdale the ability to purchase 300 acres over 20 miles away in Westchester County. This would allow business to return to normal without all the unwanted attention. In fact, it may have even made sending an unwanted or bothersome relative “upstate” to be institutionalized even more desirable. The records surrounding the Westchester asylum become harder and harder to trace. Away from the prying eyes of the New York City regulatory board, the old Bloomingdales, fresh with a large monetary bankroll, may have become a place away from the city that would be more difficult to access and harder to penetrate than their Bloomingdale within the city. The large 300 acre tracts would allow more buildings and more facilities that would be complicated to oversee, were oversight efforts even instituted.

Securing funding to transform the land and build the new facility would not be an issue with the promise of \$800,000 additionally to be paid to Bloomingdale over the next two years. After decades of investigative journalists looking into the facility the mountain of bad press it provided was taking its toll. The rich and influential of New York society still required a place to

park loved ones. Columbia University has tried very hard to hide its affliction and participation where people were involuntarily held “in direct consequence of being out of step with society,” and not evil or dangerous (Yang). More than just a relocation was needed to improve the public image of Bloomingdale.

Columbia College, The New York Hospital, and Bloomingdale’s worked collectively. The College would have had inside knowledge of the inner workings of Bloomingdale and understood its need for finances and relocation. At the same point, Columbia was looking to move their campus from midtown up to Morningside. The College had connections and the money needed for Bloomingdale to make a quiet exit upstate to Westchester County. The details behind the sale and specific reasons listed by the asylum to move are missing. What is very clear is that once Columbia purchases the property and Bloomingdale relocates, the press coverage completely tapers off. With Columbia’s purchase, the land remained and continues to be tax exempted from the city rolls, this allows an unfair advantage and loophole for Columbia’s expansion.

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