Rhode Island’s First Hospitals

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Seaports were colonial America’s first great centers of commerce and industry. But because of their maritime traffic, they were also America’s sites of entry for the devastating contagions of the 17th and 18th centuries. Each new epidemic of smallpox in Boston, for example, began with a sailing vessel disembarking someone in the acute, communicable phase of smallpox. And thus Boston experienced sustained epidemics of smallpox in 1677, 1689, 1702, 1721, 1751 and 1775.

Newport, in the early years of the 18th century, was Rhode Island’s leading port as well as its commercial center. Smallpox first entered the community in 1716 via an arriving merchant vessel. In addition to the customary quarantine measures for those stricken with smallpox, Newport constructed a small infirmary on an offshore island. This modest undertaking represented Rhode Island’s first attempt at providing its very sick with both isolation and rudimentary protection from the elements; this primitive house of contagion was Rhode Island’s first hospital.

In 1752, Providence established its own smallpox hospital. And in the next five decades the city at the head of Narragansett Bay built two more so-called fever hospitals consisting of little more than dormitories and attached kitchens. Yet another epidemic scourge invaded Providence in 1798, a puzzling disorder called yellow fever. Under the mistaken presumption that the disease was directly communicable, the city hastily constructed a two-story house on the western shore of the mouth of the Providence River to isolate victims of the disease. The yellow fever epidemic abated rapidly and the city, left with an empty fever house, designated it as a marine hospital solely for the care and housing of disabled shipboard personnel.

In the years immediately preceding the Civil War, Rhode Island relied almost exclusively on the home for the care of its very sick. There also was an institution, built in 1828, called the Dexter Asylum for Paupers. This was an ill-conceived institution which, in the words of one local physician, was an overly crowded dwelling for the city’s paupers, the victims of debauchery, the uncontrollably insane, homeless women in labor, and the many malnourished immigrants recently arrived from Europe. There was, in addition, the excellent Butler Hospital, built in 1847, but it confined its admissions to the mentally ill.

Since hospitals are sometimes constructed as adjuncts to medical schools, Rhode Island had an opportunity to establish a general hospital of its own when Brown inaugurated New England’s third medical school [Harvard, 1782; Dartmouth, 1798]. It was a modest effort with a faculty of three and a small campus building housing an anatomy amphitheater, a pathology museum, a small library and a few classrooms. The faculty maintained private practices and some of their patients were sometimes used for didactic purposes. But until medical students had access to a hospital ward, their education would remain a bloodless sequence of blackboard exercises. The Brown medical school accepted its first students in 1811, trained almost 100 physicians in the next 16 years, but then closed its doors in 1827 because of a dispute between faculty and administration. And thus a possible stimulus for the establishment of a general hospital in Rhode Island was lost.

The practicing physicians of Rhode Island had repeatedly appealed both to the state legislature and the philanthropic community for funds to construct and maintain a hospital within the state, but to no avail. During the early decades of the 19th century Providence citizens identified the grim Dexter Asylum as its sole inpatient facility, but more in shame than pride.
THOMAS POYNTON IVES

A Brown University graduate, Thomas Poynton Ives (class of 1854), was the initiating force which finally accomplished the task of building a fine general hospital for Providence. Ives had been trained at the College of Physicians and Surgeons in New York and was then apprenticed to Dr. J. Ely, a prominent Providence practitioner.

The economic disaster of 1857, with the closing of many of the local textile factories, and the Civil War of 1861 effectively aborted any efforts to build a local hospital. Prodded by the Ives family, the Rhode Island legislature finally incorporated the Rhode Island Hospital in 1863 and donated the 12 acres of the old marine hospital for its site. The Ives family provided $75,000 for construction of the hospital.

A total of $305,000 was eventually subscribed and construction was begun in December of 1864. This effort represented the largest single charitable drive in the state’s history. The architects envisioned a handsome dark brick building, some three stories high in the Italian Gothic style with two distinctive and imposing steepled towers. The building consisted of a central unit housing the administration, chapel, auditorium, library, kitchens and central apothecary, and two wings extending in a north-south direction. The wards were spacious 24-bed units with adequate ventilation and sunlight. The board authorized the opening of about 70 beds to serve the immediate medical needs of the Providence population, then about 70,000. The original hospital had an eventual capacity of about 120 beds.

On the first day of October 1868, the Rhode Island Hospital opened its doors. On October 6 John Sutherland, a local shoemaker, was the first patient to be admitted. He suffered from a deep abscess of his jawbone. Surgery was successfully undertaken and within two months he walked out of the hospital. Rhode Island Hospital has kept its doors open, without interruption now, for almost a century and a half.

Circa 1915: Rhode Island Hospital – The Crowded Out-Patient Building
Butler Hospital: A Tradition of Empathy

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“How unjust and absurd it is to deprive them of their liberty and seclude them from their customary scenes and enjoyments before they have violated a single human law.”

–Dr. Isaac Ray

Butler Hospital, on Providence’s East Side, received its first patient in 1847 and has been serving the region ever since. By studying the societal perception of mental disease during that era and then understanding the circumstances that prompted two Rhode Island philanthropists to initiate its construction, one can best appreciate the uniqueness of this Rhode Island institution.

In the early 19th century there were institutions (often called almshouses) for the confinement of the mentally ill. But these institutions, essentially human warehouses, were designed more to segregate the allegedly insane than to provide for their compassionate treatment. Insanity was thus classified with criminal and violent behavior as a threat to the tranquility of the community.

What were the stated goals of those institutions? First, to ensure the security of the urban community. Second, since aberrant mental behavior was considered to be a departure from normal morality, it stood to reason that interventions within the asylum should be designed to correct, or at least nullify, these moral anomalies, beginning with physical restraint and punishment. And further, since mental derangement was considered primarily hereditary, another function of the 19th-century asylum was to prevent pregnancy in its female inmates.

Voices for enlightened care of the mentally ill were tragically few. There was the indomitable Dorothea Dix begging legislature after legislature: “Have pity upon them; for their light is hid in darkness, and trouble is their portion.” And a Massachusetts physician, R.C. Waterston: “Disease should be met with pity, not with punishment; and of all diseases, surely there is none more worthy of compassion than that under which the lunatic suffers.”

In 1844, Nicholas Brown of Rhode Island declared that he wished to construct an asylum for the mentally disturbed “where any person regardless of class or religion could better themselves.” For this laudable purpose, his will provided $30,000. A request was sent to Cyrus Butler, who agreed to donate $40,000 for such an institution.

The architects William Tallman and James Bucklin then designed a Victorian Gothic structure in a park-like setting, with the landscaping designed by Frederick Law Olmsted (1822–1903), who also designed New York’s Central Park. The trustees of the institution chose a physician, Isaac Ray, as the superintendent of the hospital.

DR. ISAAC RAY

Dr. Ray was born in Beverly, Massachusetts, on January 18, 1807, during the Jefferson presidency. The Rays (sometimes spelled Wray or Rae) were New Englanders since Daniel Ray emigrated from England to Massachusetts in 1630. Isaac was an unusually scholarly youngster and instead of pursuing the maritime trades of his ancestors, he went to Phillips Academy in Andover, Mass. It was then a highly religious institution where students’ waking hours were fashioned “to correct and improve their bodies, minds and souls.”

Ray then returned to Beverly for an apprenticeship in medicine with Dr. Samuel Hart, a local physician. After further studies in Boston and lectureships at Harvard, he enrolled in Bowdoin College’s medical school. Dr. Nathan Smith of Rehoboth, Mass., who made a hobby of founding medical schools, having also created them at Dartmouth, Yale and Vermont, was its founder.

Ray continued his medical education in Paris and then settled in Eastport, Maine, where he established a private practice. In 1840 Maine opened its first hospital for the insane, with Ray as its superintendent.

The visionary philanthropists of
Rhode Island, realizing the morally corrupt nature of most asylums for the mentally ill, sought the guidance of Dr. Luther Bell, then superintendent of McLean Hospital, in Belmont, Mass. He recommended that Ray be appointed to head the new hospital in Providence. Ray accepted the invitation and, with Bell, returned to Europe to inspect the institutions for the care of the insane in England, France and Germany.

Ray returned to Providence to devote the rest of his professional life to the administration of Butler Hospital and the humanitarian care of the emotionally disturbed. He declared: “How unjust and absurd it is to deprive them of their liberty and seclude them from their customary scenes and enjoyments before they have violated a single human law.” Accordingly, his hospital encouraged a home-like atmosphere with such amenities as supervised walks in a lovely park, occasional music and other environmental comforts to encourage serenity rather than inner turmoil and “innocent pleasures rather than ascetic constraint.” He decried how other insane asylums acted as prisons. “The patient is as effectually cut off from the world as if laboring under a contagious disease for which a lifelong quarantine is required.”

Ray wrote extensively on the many forensic and environmental factors that encouraged derangement, including social stress, excessive alcohol use and exhaustion. Much of his research pertained to the causes of mental disease. He urged suspension of judgment rather than facile explanation. “The less that is really known, the more obscure and mysterious this seems...the more disposed we are to accept the suggestion of the imagination, rather than a candid confession of ignorance.”

In 1866, Ray retired because of failing health. In his three decades of labor in Rhode Island, he had fashioned a great institution that acknowledged the innate humanity of all patients and operated on the simple premise that compassion rather than punishment is a more effective therapy for the mentally ill.