

NATIONAL HISTORIC LANDMARK NOMINATION

NPS Form 10-900

USDI/NPS NRHP Registration Form (Rev. 8-86)

OMB No. 1024-0018

NEW YORK STATE INEBRIATE ASYLUM

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United States Department of the Interior, National Park Service

National Register of Historic Places Registration Form

1. NAME OF PROPERTY

Historic Name: NEW YORK STATE INEBRIATE ASYLUM

Other Name/Site Number:

2. LOCATION

Street & Number: 425 Robinson Street

Not for publication: __

City/Town: Binghamton

Vicinity: __

State: New York

County: Broome

Code: 007

Zip Code: 13901

3. CLASSIFICATION

Ownership of Property

Private: __

Public-Local: __

Public-State: x

Public-Federal: __

Category of Property

Building(s): x

District: __

Site: __

Structure: __

Object: __

Number of Resources within Property

Contributing

1

__

__

__

1

Noncontributing

__ buildings

__ sites

2 structures

__ objects

2 Total

Number of Contributing Resources Previously Listed in the National Register: 3

Name of Related Multiple Property Listing: N/A

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4. STATE/FEDERAL AGENCY CERTIFICATION

As the designated authority under the National Historic Preservation Act of 1966, as amended, I hereby certify that this x nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property meets does not meet the National Register Criteria.

Signature of Certifying Official

Date

State or Federal Agency and Bureau

In my opinion, the property meets does not meet the National Register criteria.

Signature of Commenting or Other Official

Date

State or Federal Agency and Bureau

5. NATIONAL PARK SERVICE CERTIFICATION

I hereby certify that this property is:

- Entered in the National Register
Determined eligible for the National Register
Determined not eligible for the National Register
Removed from the National Register
Other (explain):

Signature of Keeper

Date of Action

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6. FUNCTION OR USE

Historic: Health Care Sub: Hospital

Current: Vacant Sub: Vacant

7. DESCRIPTION

ARCHITECTURAL CLASSIFICATION: Gothic Revival

MATERIALS:

Foundation: Stone

Walls: Stone

Roof: Asphalt

Other:

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Describe Present and Historic Physical Appearance.

The New York State Inebriate Asylum is located in the northwest section of the city of Binghamton, Broome County, New York. The massive, Gothic Revival style institutional building is now the centerpiece of the Binghamton Psychiatric Center, a New York State mental health facility that was developed subsequent to the inebriate asylum. Although the psychiatric center is significant in New York State history, the National Historic Landmark nomination includes only the inebriate asylum building. The boundary of the NHL designation is defined by the original semicircular entrance drive that leads to the building's primary (west) elevation. Because of its commanding hilltop site and the integrity of its immediate surrounding landscape, the building retains a strong sense of its original setting. Two secondary features on the site, a bandstand and a small pavilion, were constructed after the period of national significance and do not contribute to the NHL designation.

The inebriate asylum building was developed in three major phases: the original construction between 1857 and 1866; repair following a fire in 1864; and adaption for use as an insane asylum after 1879. All three design phases were the work of architect Isaac G. Perry. In addition, a fourth phase is defined by non-historic alterations to the building in the 1980s. Fourth-period changes consisted primarily of the removal of the original service wing and its later additions.

The national significance of the building is derived from its role in the history of medicine. The New York State Inebriate Asylum was the first hospital in the United States that was designed and constructed for the treatment of alcoholism as a disease. This significance is conveyed by the first construction phase of the building, between 1857 and 1866. Perry's original design embodied the principles of the Kirkbride plan, which called for the classification and segregation of patients. In Kirkbride plan hospitals, the functional divisions of the buildings were clearly articulated in their plans. Administrative functions were confined to a central core, and patients were housed in long flanking wings, which were subdivided into sections based on gender and type and severity of illness. Service functions were generally accommodated at the rear of the administrative core, often in a secondary wing placed perpendicular to the main, rectangular block. Decorative embellishment, although in a variety of styles, reinforced and enhanced the functional hierarchies of the design.

As designed and constructed, the Binghamton asylum was a symmetrical, T-shaped building. Its plan was defined by a central administrative core flanked by patient wings. Extending perpendicular from the rear of the administrative core was a service wing that housed kitchen and laundry facilities. The scale, plan, and decorative program of the hospital reflected its specific function. The front and side elevations of the main block of the building are of dressed limestone, while the rear elevation is of quarry faced random ashlar limestone. The central administrative core towered above the wings, marked by a steep gable roof and a central projecting entrance pavilion with oversized, Gothic arched windows. The flanking, three-story patient wings were divided into sections by secondary, pedimented entrances and hexagonal turrets. The whole of the main block was embellished with Gothic Revival style ornament, including arched windows, label moldings, and crenellation. The service wing was smaller, only two stories in height, and constructed of brick (originally painted) rather than stone. Window openings were segmental arched and there was a general lack of ornamentation. In subsequent

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construction phases, after the inebriate asylum period, additional wings were appended to the rear of the service wing, such that the building eventually assumed an H-shaped outline.

Alterations from the second construction phase, within the inebriate asylum period, are generally limited to interior repair work after a fire in the north wing. In the third period, during which the hospital was converted for use as an insane asylum, alterations included some interior plan and decorative changes, and the addition of two small octagonal transept wings on the rear elevation. None of these changes significantly altered the original design of the building.

The building that survives today represents the original inebriate asylum phase. The enormous, rectangular main block, with its central administrative core and flanking patient wings, survives intact, except for the loss of small sections of crenellation. The rear, perpendicular service wing and its later, post-inebriate asylum period additions have been lost. Although the loss of the original service wing does compromise the overall integrity of the building, the size, scale, plan, and organization of the main block are the most important identifying features of the Kirkbride plan, and these are all intact, making the building easily recognizable as a Kirkbride plan asylum. While Kirkbride plans did include service areas, it is not clear whether these were always accommodated in separate wings, rather than incorporated into the central core. Therefore, the loss of the service wing is of much less importance in assessing the ability of this building to convey its national significance.

The inebriate asylum stands on a plateau overlooking the confluence of the Susquehanna and Chenango Rivers and the city of Binghamton. For most of its history, the building's siting afforded an outstanding view westward toward the city. However, in recent years, an extremely large, non-historic hospital building was constructed directly west of the asylum, thus obstructing the view. The grounds immediately surrounding the asylum were laid out with large rolling lawns, mature trees and shrubs, and picturesque walkways. A semi-circular drive leads to the building's primary (west) facade and original main entrance. A variety of nineteenth and twentieth century buildings are located in proximity to the asylum, most sited to the east and south. A large parking lot is now located immediately east of the asylum, occupying the site of the former rear wing of the asylum ("east building"), demolished in 1986.

The design of the New York State Inebriate Asylum combines "prominence with neatness and beauty," as noted by Dr. J. Edward Turner, the institution's founder. These elements are easily identified on the exterior by the size and placement of the building, coupled with the castellated Gothic architectural style. The load-bearing masonry structure is three hundred and sixty-five feet in length and faces west. The building is three stories in height and features massive towers, eight turrets and tiered buttresses, all of which were originally embattled at the top. The tower and turret crenellation were removed in the 1960s.

The symmetrical plan is organized along a north-south spine and divided into three distinct sections by a central transept and two wings. Each wing is further divided by a secondary transept. The central transept is sixty-two feet wide, by seventy-two feet deep, exclusive of towers and a portion of the front wall, which encloses a large vestibule at the first story. The wings are fifty-one feet deep and one hundred forty-seven feet on each facade, exclusive of the projection of the towers, which are four-feet six-inches, making the full length three-hundred and sixty-five feet. The center portions of the wings project seven feet on each facade, giving ample

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room on one side of the corridor for stairs without diminishing the depth of the rooms or the width of the corridor. The corners of the building and projecting transept facades are flanked by turrets, which are square at the bases. The turrets diminish in size at the third story, and terminate in octagonal shafts at the top. The setbacks between the stages of the turrets are detailed as weatherings similar to masonry buttresses.

The west, north and south facades are faced with dressed monochromatic gray Syracuse limestone ashlar. The east facade, which was originally the least public elevation, is faced with random ashlar that was quarried on the property. The building is wrapped by a set back water table above the raised basement, heavily molded belt courses between the first, second and third stories, and a deeply projecting cornice above the third story. Among the Gothic Revival details that give character to the building are rectangular window openings with ornate label lintels, lancet arched windows in the upper levels of the turrets and transept facades, and quatrefoils in the pediments of the secondary transepts. The lancet window opening at the second story level of the main west transept facade was enlarged from an original lozenge window opening during the 1879 remodeling. The building is approached by original monumental flights of steps leading to lancet arch doorways at the first story level of the three west transepts. The main (east) entrance, approached by a flight of steps constructed in the 1980s in the spirit of those on the west facade, is located in the center bay of the main transept in an original masonry opening that originally led to the east wing. Additional entrances are located at the basement level on the east facade.

The interior plan and finishes include at least eight documented construction/ renovation episodes: the original construction (1858-1866), which established the plan and Gothic Revival detailing; repairs to the original fabric following the 1867 and 1870 fires; the 1879-1882 conversion to a State Hospital, which altered the plan and introduced more utilitarian finishes; renovations to some administrative offices in the 1890s, which replaced several Gothic Revival mantelpieces with new carved quarter sawn oak pieces; interior rehabilitation work in the mid-twentieth century that introduced some new systems behind built-out walls and dropped ceilings; and rehabilitation work in the 1980s that removed much of the mid-twentieth century work. In most cases, the work related to these episodes is clearly evident.

The first story of the central transept is divided transversely by a hall fourteen feet wide, running from front to rear entrances, and longitudinally by another hall of the same width. The east-west entrance hall in the center transept retains its original plan, volume, and Gothic Revival plaster and woodwork. The longitudinal corridors open on large day rooms at the ends of the wings. These corridors were widened, and day rooms added, in 1879. To the east of the north and south secondary transepts are short ceramic tiled hallways leading to stacked octagonal-plan washing facilities added in 1879. Each "water tower" as they were known, included a central changing area, two shower rooms to either side of the hall and two lavatories at the end. This floor layout is identical for the basement, first and second floors. The north and south halls (wings) on the

third floor are also fourteen feet wide but, unlike the other floors, the north and south wings are divided by a large open chapel.

The principal staircase includes diverging stairways constructed of walnut and cherry and

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detailed with ornate carvings on the newel posts, railings and spindles. The staircase was designed by Isaac Perry, the architect of the structure. Local legend holds that the acorn carving on the upper surfaces of the railings is his signature carving. This staircase is adorned with its original globe style lamps, one lamp mounted on the top of each newel post at the first floor only. The secondary metal stairwells, installed in 1879, are located on the east side of the north and south transepts. Each was enclosed with lockable doors for purposes of fire safety and patient security.

The basement contains two large dayrooms, which were renovated from the original dining rooms, butler's rooms, pantry and store and medicine rooms. The interior walls are finished with painted plaster and simply designed painted wood trim. The flooring in the transept areas and wash towers is ceramic tile, while main hallways are covered with linoleum. Ceilings are generally finished with stamped metal installed in 1879.

The first and second floors have four rooms, twenty-two feet by twenty-eight feet, located in and adjacent to the central transept. These rooms served as offices, reception rooms, physician's rooms (one was originally a dining room) and parlors. Two of the rooms on the east side of the second floor were later joined to create a library around 1867. The small tower rooms located at the outer corners of each of the primary rooms measure eight feet square and many were converted to small wash rooms or toilets in the 1879 and 1890s renovations. The north and south wings of the first and second floors were converted to group wards from individual apartments in 1879, each comprising twenty-two patient rooms, two large offices and a large day room at the end of each wing. The interior walls are painted plaster with a small amount of wood wainscot in some of the day rooms. Woodwork here is more massive than in the basement and displays elaborate wide profiles (wood is stained and/or lacquered). Doorways in the larger rooms are arched. Smaller patient rooms have standard rectilinear openings. Flooring in the transept areas varies from carpeting to linoleum. Wash tower flooring is ceramic tile. The ceilings in the larger offices have decorative trim and original plaster medallions around the ceiling lights. Ceilings in the patient rooms and wash towers are plain plaster.

The third floor of the center transept encloses a central chapel measuring thirty by sixty-nine feet, with four rooms each side, each originally containing a wardrobe. The north and south wings are laid out identically to the first and second floor. Skylights installed in 1879 are mounted at the secondary transepts, providing additional lighting for this floor. The interior walls are finished with painted plaster and trimmed with painted woodwork of simple design. The flooring is finished with linoleum in all areas except the wash towers, where ceramic tile is used. The ceiling of the chapel is characterized by original ribbed plaster vaulting and wainscoting. There are stained-glass windows on the west and east walls. A circular stained-glass window displaying a symbolic Masonic eye is located on the east wall. There are ghost outlines of four small original balcony openings, two to either side of the chapel. The balconies were removed

due to deterioration and the openings blocked in. The ceilings found throughout the rest of the floor are finished with plaster in the patient rooms and pressed tin in the day rooms.

Until the mid 1980s, this building had four additional sections, which together formed a rough "H" in plan. The original "east building," a two-story brick wing above a basement,

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approximately 26 feet wide by 136 long, extended eastward from the east facade of the center transept and contained the kitchen and additional support space. The original east building was extended to its east at an undocumented date by a one-story above a basement brick addition of similar footprint housing staff dining and sleeping quarters. A third brick addition was added to the east end of the north wall of the easternmost addition at an undocumented date. This north wing was approximately 160 feet long by 26 feet wide, and probably originally contained patient wards. The fourth wing was added to the east end of the south wall of the easternmost addition at an undocumented date. This south wing was approximately 180 feet long by 26 feet wide, with a wider day room at its south end. The north and south wings were also one story in height above a basement. They were probably originally used as patient wards. By the late 1970s, all four sections were unused and in deteriorated condition. These wings were demolished in 1986. The east (rear) side of the building is now a paved parking area.

The building was closed in 1993 following the collapse of a section of the parapet of the south transept of the west facade due to decades of poor maintenance practice. The upper facade was subsequently secured and parged with concrete, and the steps below, which were damaged by the collapse, were disassembled, salvaged and stored on the eastern side of the campus.

The nominated property includes two support features. These are a late-nineteenth century Victorian period bandstand and a small wooden pavilion constructed in the early twentieth century to house a bell from the asylum building. These were constructed after the period of significance for the NHL nomination. Although they do not contribute to the national significance of the asylum, they are considered contributing in terms of the previous National Register nomination.

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8. STATEMENT OF SIGNIFICANCE

Certifying official has considered the significance of this property in relation to other properties:

Nationally: X Statewide: _ Locally: _

Applicable National

Register Criteria: A X B _ C X D _

Criteria Considerations

(Exceptions): A _ B _ C _ D _ E _ F _ G _

NHL Criteria: 1

NHL Criteria Exclusions:

NHL Theme(s): II. Creating Social Institutions and Movements
2. Reform Movements

Areas of Significance: Health Care/Medicine; Social History, Architecture

Period(s) of Significance: c. 1858 - c. 1879

Significant Dates: 1858, 1864, 1879

Significant Person(s): N/A

Cultural Affiliation: N/A

Architect/Builder: Perry, Isaac G.

Historic Contexts: XXXI. Social and Humanitarian Movements
B. Temperance and Prohibition

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State Significance of Property, and Justify Criteria, Criteria Considerations, and Areas and Periods of Significance Noted Above.

The New York State Inebriate Asylum is nationally significant in the area of health/medicine as the first single-purpose hospital in the United States that was designed and built for the treatment of alcoholism as a disease. The inebriate asylum was an outgrowth of major changes in American attitudes toward alcohol that occurred between the Revolution and the Civil War. During this period, drunkenness was seen as the cause of nearly all social and economic problems. Concern over the effects of alcohol abuse was voiced by the temperance reform movement, which emerged in the early nineteenth century. From the first temperance society, established in 1808, the movement grew to national proportions, including (by 1838) more than five thousand temperance societies and more than a million members. By 1850, with the support of religious reformers, temperance had become a major force in American social reform. Among their successes, these societies took credit for closing more than four thousand distilleries and persuading six thousand merchants to give up the sale of hard liquor. These figures provide an indication of the widespread acknowledgment of the problem and the presence of early temperance reformers in American life. During the mid-nineteenth century, reformers were drawn from a broader spectrum, widening the movement's political base. Temperance also was supported by many other groups, and together, these many voices wielded substantial political power.

Within the temperance movement, there was a wide range of conflicting attitudes about the means and ends to temperance reform. The basic conflict was between members of the religious and medical communities. The former held that liquor was evil and drunkenness a sin, while the latter came to understand certain types of alcoholism as a disease. This underlying conflict led to a great discrepancy in the ideas put forward to correct the problem. Treatment options were initially few, and, until the mid-nineteenth century, many of those with alcohol-related problems were committed to insane asylums or poorhouses.

The New York State Inebriate Asylum was the result of the work of Dr. Joseph Edward Turner (1822-1889), an important institutional reformer. Turner's contribution to the history of medicine was the development of an institution specifically designed for the medical treatment of alcoholism. Turner's approach to treatment was built on the theories of Dr. Benjamin Rush, whose seminal late-eighteenth century work, *Inquiry Into the Effects of Ardent Spirit on the Human Mind and Body*, provided a scientific basis for the theory that alcoholism was a medical disease. However, neither Rush nor any of his followers in the first half of the nineteenth century developed a treatment program for the disease beyond a recommendation for abstinence. Formulating his initial ideas about medical treatment as early as 1843, Turner was one of the first Americans to translate Rush's polemic into a practical program of treatment.

After receiving the support of several prominent American doctors, Turner was encouraged by them to travel abroad in order to observe the treatment of inebriates in other countries and to gather additional research. Turner spent the next ten years in research and observation, gathering an impressive body of empirical research, which he published as *The History and Pathology of Inebriety* in 1854. At the same time, Turner began active plans to establish a hospital specifically designed for the medical treatment of alcoholism. After petitioning the New York State Legislature three times, Turner was awarded a charter in 1854. In overcoming

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opposition and raising funds, Turner obtained the support of many prominent American citizens, including President James Buchanan, former presidents Van Buren and Fillmore, numerous politicians, and luminaries such as Washington Irving and William Cullen Bryant. In addition, Turner received the support of approximately 900 physicians, 500 lawyers and judges, 400 members of the clergy and 80 editors of newspapers and medical journals.

Originally chartered as the United States Inebriate Asylum in 1854, the building was designed and its site was prepared in 1857. The hospital was renamed the New York State Inebriate Asylum that same year. Building construction began in 1858 and the hospital was completed in 1866. During this period, fund-raising activities, the panic of 1857 and the Civil War delayed completion of the hospital, as did the technological difficulties of constructing a large load-bearing masonry building. The first patients were admitted as early as 1864. The symmetrical, well-ordered plan of the asylum embodied concepts advocated by Dr. Thomas Story Kirkbride, the leading figure in American medical institutional architecture of the period. Kirkbride's plans relied on the classification and segregation of patients. These concepts were clearly articulated in the designs of hospitals built on the Kirkbride plan, including the Binghamton hospital. The Binghamton hospital is significant as a distinctive and rare example of this once common institutional building form.

The Binghamton asylum was the first of a generation of public hospitals committed exclusively to the medical treatment of alcoholism in the United States. Although one other facility for the same purpose was opened between the time Binghamton was chartered and its first admission (Washingtonian Home, Boston, 1857), this was a small private institution that adapted an existing building for its use. Neither its program nor its facility was comparable to that of the Binghamton asylum. Furthermore, the Washingtonian Home is no longer extant. Not only was the Binghamton hospital the first, it was by far the largest in size and scale of its generation. Several hospitals were developed in the first few years after Binghamton was constructed, and by 1872, ten hospitals for inebriates were operating in North America. By the late 1880s, however, there were more than a hundred throughout North America and Europe. Of the first generation of this group, the Binghamton Inebriate Asylum stands out for its early date, ambitious program, specific functional design, monumental size and association with Dr. Turner.

The Binghamton asylum also is significant as an important work of Isaac Perry, one of New York State's most important and prolific designers of public buildings. This was Perry's first major project, establishing his reputation and leading to many significant commissions for county courthouses in New York and Pennsylvania, for New York State armories and to his appointment as commissioner of the New York State Capitol.

Development of Binghamton

The area at the confluence of the Chenango and Susquehanna Rivers now known as Binghamton was part of a larger tract granted to the Canaan Land Company that came into possession of William Bingham (1752-1804) in 1790. In 1798, Bingham, a wealthy Philadelphia banker and original partner in the company, negotiated with Joshua Whitney about becoming his agent, and after Whitney's sudden death, hired his son Joshua to manage his interests and develop a village. The younger Whitney's promise to span the rivers with a bridge, as well as the routing of the post road in 1800, attracted settlers living outside the Bingham holdings to the proposed village,

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called Chenango Point. By that time, the present day Court and Water Streets were constructed and the village's first newspaper, the *American Constellation*, was published. The first store was erected in 1801, and the first courthouse for the eastern district of Tioga County was constructed in 1802 on a public square designated by Bingham. Chenango Point was selected as the county seat for the newly formed Broome County on March 28, 1806. By 1812, 300 people were living in the frontier village, which was connected to settlements to the east and south by the rivers and by roads to scattered farmsteads to the west.

Improvements to its transportation linkages accelerated development in the 1830s and 1840s. Binghamton was incorporated as a village in 1834 as plans for connections to the Erie Canal system and emerging railroad network were underway. The Chenango Canal, connected to the Erie at Utica, was opened in 1837. The Binghamton and Susquehanna Railroad, established in 1833, was opened in 1851. The arrival of the railroad sparked the transition of Binghamton from a satellite market village that collected raw materials and agricultural produce for export into an autonomous city capable of supporting a growing industrial population, which had doubled from around 2,000 in 1840¹ to 4,000 in 1851.²

On the eve of the arrival of the inebriate asylum, Binghamton was at a turning point in its development. Its built environment was largely made up of Greek Revival style buildings of modest scale, densely clustered along the rivers and around courthouse square. Outside the village, settlement spread to the west. Mt. Prospect, the most prominent hill to the north, was occupied by the Binghamton Water Cure, a spa established in 1849. The hills to the east of the village, where the future asylum would be built, were undeveloped.

On May 19, 1858 the Trustees of the New York State Inebriate Asylum accepted a gift of 252 acres and 117 rods of land, worth \$13,666.66, from the citizens of Binghamton. The property, made up of smaller parcels assembled for this purpose, was located in the rolling hills some two miles east of the center of Binghamton's central business district. The property was later formally conveyed to the institution on January 1, 1861 for the sum of one dollar. The pioneering institution was attracted to Binghamton by the city's leading proponents of development, U. S. Senator Daniel S. Dickenson and Sherman D. Phelps. Senator Dickenson, an attorney who had been elected the first president of the village in 1834, was a founding partner of the Binghamton and Susquehanna Railroad and served in the United States Senate from 1844-51. He was a founding trustee of the United States Inebriate Asylum and remained on the board until his death. "Judge" Phelps (1814-1878), who had been a successful merchant in Susquehanna County, Pennsylvania and Associate Judge in Wyoming County, founded the Susquehanna Bank upon his arrival in Binghamton in 1854. He was also a major investor in the Delaware, Lackawanna and Western Railroad and, later, a founder of the Gaslight Company and Water Works. In 1872, he was elected Mayor of Binghamton. Phelps was a principal donor of land to the asylum.

¹ Gerald R. Smith, *The Valley of Opportunity: A Pictorial History of the Greater Binghamton Area* (Norfolk: Donning, 1988) 29.

² William Foote Seward, ed. *Binghamton and Broome County, New York: A History* (New York: n.p., 1924) 86.

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The asylum trustees were drawn to Binghamton on account of its central location, accessible to more than three-quarters of the state population within a ten hour ride, yet remote enough to be "entirely separated from the injurious influences of a large city."³ Binghamton was also considered able to provision the institution and thought to have a salubrious environment, which was evidenced by the low mortality statistics, favorable geological characteristics that minimized stagnant bodies of water, and exhilarating altitudinous atmosphere.⁴

The arrival of the asylum coincided with the construction of several other public buildings that reflected Binghamton's growing importance and evolution into a city. The third courthouse (1857), a large Greek Revival structure, replaced a second courthouse (1829) on the site of the original. Binghamton's first fire company house (1857), which housed a public hall for village meetings, and first county jail building (1857) were also added. By the time the asylum admitted its first patients in 1864, the village population was greater than 10,000.⁵ One year later, the City of Binghamton was incorporated. The inebriate asylum is the only surviving example of public architecture from this important period of Binghamton's growth.

American Attitudes towards Alcohol, Temperance Reform and Origins of the Inebriate Asylum

The inebriate asylum was an outgrowth of major changes in American attitudes toward alcohol that occurred in the period between the Revolution and Civil War. Following the Revolution, the consumption of alcohol, especially distilled spirits, increased dramatically. Drinking was becoming less of a family affair and more of an all-male activity as an end unto itself that was centered in taverns and public houses. The period from 1790 to 1875, particularly 1800 to 1830, witnessed the heaviest drinking in American history. According to one authority, the phenomenon was rooted in several causes:

Between 1790 and 1830, Americans seem to have indulged in a veritable alcoholic binge....Americans retained a belief that liquor was healthful, nutritious, stimulating and relaxing. This predisposition to drink meshed with a rising abundance of cheap whiskey....and reflected the need to wash down poorly cooked, greasy, salty and sometimes rancid food. Americans, however, also drank to enjoy the effect. Intoxication met certain psychological and social needs prevalent in a period of economic turmoil and social dislocation.⁶

³ *Communication from His Excellency, the Governor [E.D. Morgan], transmitting a Memorial from the Secretary of New York State Inebriate Asylum [J. Edward Turner]*, NYS Assembly Document No. 16, 12 January 1959 (Albany: van Benthuyssen, 1859) 2.

⁴ *Communication 2.*

⁵ Smith 53.

⁶ W.J. Rorabaugh, "Estimated U.S. Alcoholic Beverage Consumption, 1790-1860," *Quarterly Journal of Alcohol* 37.3 (1976): 361.

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Drunkenness came to be seen as the root cause of nearly all social and economic problems, including poverty, crime, public rowdiness, and diminished productivity among workers. Dismay over the abuse of alcohol was given its strongest voice by the temperance reform movement, which emerged in the first decade of the nineteenth century with the establishment of local societies whose members pledged voluntary abstinence from distilled spirits, especially rum and corn-based whiskey. The movement is today regarded by some historians as one of the primary, symbolic means by which the Federalists struggled to maintain their values and position in society and resist the rise of Jeffersonian and Jacksonian democracy and the growing influx of immigrants.⁷

From its origins in New York State, the temperance movement became a major political force in the United States in the second quarter of the nineteenth century. The first temperance society was organized in Moreau, New York in 1808.⁸ Around 1826, the movement was infused with the zeal of a religious revival under the active leadership of the New York and New England clergy, and it emerged as a significant force in American politics in the 1840s and 1850s. The first wave was led by the Reverend Lyman Beecher (1775-1863), a Presbyterian minister from Long Island, who called drunkenness "the sin of our land" and rallied temperance reformers to his "holy cause." Beecher's *Six Sermons on Intemperance*, preached at Litchfield Connecticut in 1826 and widely published thereafter, urged the establishment of societies to encourage total abstinence and legislative action to prohibit alcohol sales, which he compared to the slave trade.⁹ Beecher had first preached against drinking in 1810, he established the Connecticut Society for the Reformation of Morals in 1813, which held temperance as an essential plank, and he was instrumental in persuading the General Association of Presbyterian Churches to support abstinence. Beecher later preached anti-Catholic sermons following the establishment in 1829 of the Leopold Association in Vienna to promote Roman Catholic missions in America. The New York State Temperance Society, organized in 1828 through the efforts of Edward C. Delavan, a wealthy, retired businessman, began publishing *The Journal of Humanity* (later renamed *Temperance Recorder*), edited by Reverend W. W. Hooker, the following year. By 1833, the movement represented more than five thousand temperance societies, with an estimated membership of a million and a quarter nationwide, one-fifth of which was in New York State.¹⁰ The reformers claimed success at closing four thousand distilleries, including one-half to two-thirds of all distilleries in New York state, and persuading six thousand merchants to give up the sale of hard liquor. These statistics were reported at the first National Temperance Convention in America held in Philadelphia that year.¹¹ Other factors contributing to the decline of distilled

⁷ Gregory A. Austin, *Perspectives on the History of Psychoactive Substance Abuse* (Washington: n.p., 1978).

⁸ W. Freeman Galpin, "Reform Movements," *History of the State of New York*, ed. Alexander C. Flick. vol. 6. (New York: Columbia UP, 1934) 270-73.

⁹ Lyman Beecher, "Six Sermons on Intemperance," Litchfield, 1826, rpt.. in *The Temperance Reform and Its Great Reformers: An Illustrated History*, ed. The Rev. W.H. Daniels (New York: Nelson, 1878) 72-90.

¹⁰ Galpin 271.

¹¹ The Rev. W.H. Daniels, ed., *The Temperance Movement and Its Great Reformers: An Illustrated History*

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alcohol were: improved transportation, which opened new markets for corn; rising economic opportunity, which encouraged thrift; and the adoption of an industrial ethic, which stressed efficiency, order and production.¹² These early successes encouraged the reformers to extend their attack to wine, ale and cider by 1835, when a more aggressive campaign of abstinence and prohibition of all forms of alcohol was endorsed at a national convention of temperance societies held in Saratoga Springs and adopted by the New York Temperance Society. The more radical stand, however, alienated many sympathizers who used or enjoyed fermented alcohol in moderation and resulted in a decline in membership in the first generation of New York State temperance societies to 139,000 in 1839.

The second generation of temperance reformers was drawn from a broader social spectrum and widened the movement's political base. By the 1850s, Washingtonian Total Abstinence Societies, founded by reformed drinkers in Baltimore in 1840, were established in nearly every major city and had administered their pledge to some five million Americans. The Washingtonian movement peaked in New York City by 1843, where it was superseded by the Orders of the Sons and Daughters of Temperance, founded in 1842, and its offshoots, the Templars of Honor and Temperance patterned after Masonic lodges, and the Cadets of Temperance, founded in 1847 for youth. The Father Matthew Society, a total abstinence society organized for Irish Catholics, was also active in New York by the late 1840s. Temperance reform was also a common issue that served to unite a wide ranging coalition of Nativists, anti-Catholics, anti-immigrants, Whigs, Fundamentalists, abolitionists and advocates of women's rights under the Temperance Alliance banner. The temperance forces exercised political clout in New York State elections between 1846 and 1852 in their campaign for prohibition, during which time the Women's State Temperance Society, the first society formed by and for women in the United States, was founded by Susan B. Anthony.

The temperance movement itself was characterized by a range of conflicting attitudes regarding the means and ends of reform. The differences were particularly sharp among members of the clergy, who portrayed liquor as evil and drunkenness as sinful, and members of the medical profession, who came to diagnose certain types of alcoholism as a disease. Both branches of the temperance movement were initially galvanized by the publication of Dr. Benjamin Rush's seminal volume, *Inquiry Into the Effects of Ardent Spirit on the Human Mind and Body*, first published in 1784 and republished in eight editions through 1815. The work characterized drunkenness as "an odious disease," described deleterious mental and physiological effects of alcohol, and presented mortality statistics for those addicted. Rush, an influential Philadelphia physician, recommended abstinence from excessive consumption of distilled liquors and the use of beer, wine, cider and coffee as substitutes. Rush's work provided a scientific foundation for the ensuing arguments for temperance reform.¹³

As the temperance reform movement moved the hazards of drink to the forefront of public debate in the first half of the nineteenth century, the medical community came to diagnose

(New York: Nelson, 1878) 58-9.

¹² Rorabaugh 362.

¹³ James Cassedy. "An Early American Hangover: The Medical Profession and Intemperance," *Bulletin on the History of Medicine* 50.3 (1976): 405-13.

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certain kinds of alcohol abuse as specific pathologies through systematic clinical and anatomical observation. Among those diverging from the radical temperance reformers in the 1830s were most medical professionals. Physicians, who routinely treated patients with wine and other spirits, were generally disinclined to demonize alcohol in the style of the radical reformers. Moreover, as the medical profession increased its knowledge of the effects of alcohol, it came to see the problem in different terms. Rush's *Inquiry* was followed by important publications by prominent English physicians, including: *History of Some of the Effects of Hard Drinking* (1789) by John Conkley Lettsom; *Essay, Medical, Philosophical and Chemical, on Drunkenness* (1804) by Dr. Thomas Trotter; and *On Delirium Tremens* (1813) by Dr. Thomas Sutton.¹⁴ Within the New York medical community, Dr. John Wakefield Francis (1789-1861), a prominent physician, teacher and chronicler of early nineteenth century New York, described his observations in a treatise titled *The Anatomy of Drunkenness*, published around 1834. By the 1840s, the medical profession admitted that there was yet much to discover about the physiological effects of alcohol; however, physicians recognized two pathologies: *delirium tremens*, diagnosed by Sutton as a violent delirium resulting from excessive consumption of alcohol and characterized by sweating, trembling, anxiety, and hallucinations; and *dipsomania*, diagnosed in 1843 as a morbid craving for alcohol, often accompanied by convulsions. Some physicians considered delirium tremens to be hereditary and a cause of intergenerational insanity. The medical profession generally agreed that both pathologies were beyond treatment by abstinence, political restraint and moral persuasion. The word "inebriety" came into use in the 1840s to differentiate the physical effects of alcohol as a medical disease from "intemperance," which described the general effects of alcohol as a moral disease. In an address given during the winter of 1847, Dr. Valentine Mott (1785-1865), New York City's leading surgeon, stated: "In my professional life of over forty years, I have accumulated facts enough to prove the disease of inebriety beyond all doubt, -- a disease affecting every membrane, tissue and nerve of the human mechanism, producing in its victim a compound fracture from the crown of his head to the sole of his feet, as well as mental and moral dislocation."¹⁵ The word "alcoholism" was first used in Scandinavia in a treatise *Alcoholismus chronicus; eller chronisk alkohossjukdom* by Dr. Magnus Huss, published in Stockholm in 1849. Although the term was introduced into the English-speaking world in 1852, it was not widely used in the United States until the last quarter of the nineteenth century. Until mid-century, individuals diagnosed with these pathologies were committed to insane asylums or poorhouses.

The United States Inebriate Asylum for the Reform of Poor and Destitute Inebriates was chartered by the New York State Legislature under the provisions of Chapter 243, Laws of 1854 and subsequently renamed the New York State Inebriate Asylum by Chapter 184, Laws of 1857. The institution was the first of a generation of public hospitals committed exclusively to the medical treatment of alcoholism to be founded in the United States, although it did not admit its first patient until 1864. It was followed by: the Washingtonian Home in Boston, originally organized and opened as a private institution under the name the Home of the Fallen in 1857 and chartered as a public institution by the Massachusetts Legislature in 1859; the Sanatorium in

¹⁴ Mark Keller, "Alcohol in Health and Disease: Some Historical Perspectives," *Annals of the New York Academy of Sciences* 133.3 (1966): 822.

¹⁵ Thomas Davidson Crothers, *Sketch of the Late Dr. J. Edward Turner, Founder of Inebriate Asylums* (Hartford: Case 1889), rpt. in *Quarterly Journal of Inebriety* October 1889: 4.

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Media outside Philadelphia (1867); the Washingtonian Home in Chicago (1868); the Ward's Island (NY) Inebriate Asylum (1860s); and the King's County Inebriate Asylum in Brooklyn (1860s). In 1872, ten "'public' recognized [sic] institutions for the treatment of habitual drunkards."¹⁶ were operating in North America, one of which was in Canada. By the late 1880s, there were more than one hundred inebriate asylums in North America and Europe.¹⁷ Inebriate asylums remained active in the United States until the 1920s, when most closed following the passage of the federal Volstead Act (1920), prohibiting the sale of alcoholic beverages.

Development and Decline of the Inebriate Asylum

The New York State Inebriate Asylum resulted from the persistent work of Dr. Joseph Edward Turner (1822-1889), an institutional reformer whose career paralleled that of Dorothea Dix, who was instrumental in forcing state governments to recognize their responsibility to the mentally ill. Dix, a young schoolteacher, became a dedicated and effective champion of the insane after observing deplorable conditions while conducting a women's Sunday School class in the East Cambridge House of Correction in 1841. Her investigation of state facilities, which she reported in a *Memorial to the Legislature of Massachusetts* in 1843, enlisted allies to her cause and persuaded the legislature to improve conditions despite great resistance. She subsequently went on to Rhode Island, New Jersey, Pennsylvania, and other states.

Turner, a native of Bath, Maine and son of a farmer and shipbuilder, attended local schools before "reading" medicine with a Dr. Hale, a neighboring physician. After attending two courses of medical lectures in Philadelphia, Turner was licensed by the Maine Medical Society and relocated to Trenton, New Jersey, where he practiced for two years. The experience of caring for a dipsomaniac uncle during this time led him to formulate "the idea of an inebriate asylum, where such cases could be *secluded, housed and treated*," according to his biographer, Dr. Thomas Davidson Crothers.¹⁸ Around 1843, Turner received support for his idea from Doctors Francis and Mott in New York, who were experienced in establishing special purpose medical institutions. Francis had been a founder of the Woman's Hospital in New York, and Mott was the driving force behind the Hospital for Operative Surgery. The physicians had extensive contacts abroad and urged Turner to travel to observe the treatment of inebriates in European hospitals, asylums and prisons and solicit endorsements for his idea. Turner traveled in 1843 and 1844 to Glasgow, Edinburgh, London and Paris, and later, in 1848, to St. Petersburg, Moscow, Germany, Italy and France. During the interim, Turner visited similar institutions in New York and Philadelphia. Although he obtained few written endorsements by 1850, Turner compiled an impressive body of empirical research on the subject, which he published as *The History and Pathology of Inebriety* in 1854. Describing his research, Turner wrote: "We have dissected three hundred and forty-two subjects who have died from the disease of inebriety; made four hundred and sixty post mortem examinations; attended fourteen hundred and six cases

¹⁶ D. Dalrymple, "Asylums for Drunkards," *The Medical Temperance Journal* III (July 1872): 172.

¹⁷ Crothers 23.

¹⁸ Crothers 2.

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of delirium tremens, and visited four hundred and ten cases of opium eaters."¹⁹ Turner continued:

...of all the maladies which man is heir to, there is none that requires an asylum for its treatment more than *inebriety*. Yellow fever, cholera, small pox, deafness and blindness; all these, sad as they are, may be successfully treated at *home*; while the inebriate, *without an asylum*, perils his own life by his own hand, jeopardizes the lives of others, and dies at length a most painful death. Where is the man who has power of mind and determination of purpose to withstand the torments of hunger, and thirst, when rich viands and delicious waters are placed before him? Will he not break bars and bolts to satisfy the cravings of his famishing nature? Blame not the inebriate, then, for breaking *his* resolutions and disregarding *his* vows, when, in the view of the wretched results of his excesses, he lifts to his lips the poisonous draught, which, if the cause of all his woes, is the source of all his consolation -- puts to sleep the torment of his stomach, soothes his agitated nerves, and gives a momentary respite to his infernal misery. Can any person, who has witnessed the inebriate's sufferings, believe that the hunger and thirst of a famishing man are more terrible than the morbid appetite of the inebriate -- an appetite which leads its victims to forego food, raiment, and every physical comfort, to spend his last farthing for alcoholic stimulants even when his emaciated body is perishing from want of natural sustenance. *Surely*, such a malady of body and mind needs more than a temperance boarding house for its control and treatment. We might as well attempt to open a boarding house for suicidal insane patients, and expect success in such an enterprise, as to attempt to treat the inebriate without a *thoroughly organized hospital*.²⁰ (The italics are Turner's).

Turner's plan to establish "a thoroughly organized hospital," to be called the United States Inebriate Asylum for the Reform of Poor and Destitute Inebriates, entailed seeking a charter for the institution from the New York State legislature with authorization to raise funds through a state excise tax on liquor sales. The plan was opposed by the politically active temperance alliance, which was actively campaigning in 1852 for a law prohibiting the sale of all alcoholic beverages modeled on one enacted in Maine the previous year. Maine had been the first state to enact a law prohibiting the sale of all intoxicating liquors apart from medicinal and industrial use. Eventually 13 other states followed suit. In 1855, prohibition was briefly enacted in New York, but found to be unconstitutional and vetoed by Governor Seymour the following year. As a compromise, stricter licensing laws were enacted in 1857.²¹

The reformers feared that the excise tax in particular would undermine their efforts towards

¹⁹ New York State Inebriate Asylum, *Second Annual Report of the New York State Inebriate Asylum* [for the year 1863], NYS Senate Document No. 45, 13 February 1864 (Albany: Comstock 1864) 1.

²⁰ NYSIA, *Second Annual Report* 35.

²¹ Galpin 273.

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prohibition and encourage drinking. It was also thought that acknowledging inebriety as a medical disease would demoralize drunkards by absolving them of personal responsibility. Moreover, the anti-immigrant faction of the movement dreaded that the asylum would be a refuge for newly arrived Irish and Germans, whom they characterized as particularly intemperate. Their unease was rooted in the fact that between 1845 and 1855, while the population of New York City nearly doubled from 371,323 to 629,904 and the percentage of the immigrant population grew from 36% to 51%, immigrants came to constitute 75% of the inmates at public almshouses, workhouses, and prisons.²² Turner's initial petitions to establish the asylum in 1852 and 1853 were rejected by the state legislature. Nonetheless, the limited charter granted in 1854 by Chapter 243, "An Act to Incorporate the United States Inebriate Asylum for the Reform of Poor and Destitute Inebriates, Laws of 1854" established an institution without precedent in the world, albeit without any funding commitment.

Turner overcame opposition to the excise tax by enlisting to his cause the Rev. Henry W. Bellows, DD, and Professor Roswell D. Hitchcock, DD, President of Union Theological Seminary, who addressed the clergy in a public meeting held at Broadway Tabernacle in New York on November 7, 1855. Despite the labors of the temperance cause, stated Bellows, "drunkenness carries off 50,000 citizens of the United States yearly....drunkenness is a *disease*, even when it is a moral weakness and a vice...medical science tells us that probably 50 percent of the inebriates would be cured in appropriate hospitals for drunkenness...we need an asylum if it were only for the profound study of drunkenness."²³ Turner also circulated a pamphlet seeking subscriptions, or pledged contributions, which addressed the concerns of the opposition:

The object of the institution is to provide an asylum for the poor and destitute inebriate, where his physical and moral condition will be alike the care of the physician and philanthropist, and where his labor may be rendered productive and of service to his family. With the asylum will be connected Workshops to make the institution self sufficient and relieve prisons and almshouses.²⁴

Among the prominent citizens who subscribed to the project were President James Buchanan, former Presidents Van Buren and Fillmore, New York State Governor John A. Dix, former Governors Hunt, King, and Morgan, New York City Mayor William F. Havemeyer, former Mayors Brady, Kingsland, Wood and Hall, numerous luminaries, including Washington Irving, Peter Cooper, William Cullen Bryant, and Eliphalet Nott, approximately 900 physicians, 500 lawyers and judges, 400 members of the clergy, 80 editors of daily newspapers and medical

²² Leo Hershkowitz, *Tweed's New York: Another Look* (Garden City: Anchor, 1978) 47.

²³ The Rev. Henry W. Bellows, DD, Public Address, Broadway Tabernacle, New York, 7 November 1855, rpt. in Joseph Edward Turner, *The History of the First Inebriate Asylum in the World by its Founder, and Account of His Indictment, also a Sketch of the Woman's National Hospital by its Protector* (Norwalk: n.p., 1888) 64-9.

²⁴ Joseph Edward Turner, *The History of the First Inebriate Asylum in the World by its Founder, and Account of His Indictment, also a sketch of the Woman's National Hospital by its Protector* (Norwalk: n.p. 1888) 55.

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journals, and 1,500 merchants.²⁵ The name of the institution, which yet lacked a location, was changed to the New York State Inebriate Asylum in 1857 by an amendment to the charter under Chapter 184, Laws of 1857 and in 1859, one year after ground was broken for the new asylum building, the legislature approved applying ten percent of the excise tax toward its construction by Chapter 386, Laws of 1859. The charter was further amended in 1861 by "An Act for the Relief of the New York State Inebriate Asylum, Laws of 1861," which empowered the institution to issue \$60,000 worth of bonds.

Design and Construction of the Inebriate Asylum

The symmetrical, well-ordered plan of the inebriate asylum embodied organizational concepts advocated by Dr. Thomas Story Kirkbride, the leading American thinker on asylum architecture and Superintendent of the Pennsylvania Hospital in Philadelphia, with whom Turner corresponded. Kirkbride had developed a humane approach to asylum planning and management based on a system of patient classification. A typical "Kirkbride plan" contained a central administration area from which short runs of double-loaded corridors connected discrete wards associated with segregated classes of patients. Dividing the wards were common areas where patients would gather for dining, organized manual labor and other socializing activities that were part of Kirkbride's moral therapy. A contemporary example of a Kirkbride planned asylum was the North Carolina Hospital for the Insane near Raleigh, which was designed by A. J. Davis in 1850.²⁶

The inebriate asylum was originally T-shaped in plan, with a main wing, called the "west building," facing the City of Binghamton and a secondary brick service wing, or "east building," extending eastward from its center. The plan of the west building or wing, the portion of the asylum that survives today, was centered on a four-story central administration core, or transept, containing a staff dining room, apothecary, and sleeping quarters for the medical staff in the basement, the superintendent's office and living quarters, trustee's room, and reception room on the first floor, three parlors and a library on the third floor, and a two-story chapel with additional staff sleeping quarters on the third floor. The main circulation core, with vaulted ceilings terminating in foliated corbels and the main cherry and walnut staircase, carved with Gothic Revival tracery, connected the four levels to the rear wing. Patients were housed and occupied in two flanking wings, each three stories in height, arranged along a double-loaded corridor and interrupted at its center by a secondary pavilion. The lower floors of the south wing contained the dining room, and a gymnasium and workshops, which were part of the physical and moral therapy. The remaining patient quarters were divided into ten wards containing patient apartments. The heating plant and two cisterns, were located in the basement. The original east building or wing contained Turkish bath rooms, additional workshops and printing rooms, two bowling alleys, the kitchens, bakery, food storage rooms, laundry and servant's quarters, with a winter garden planned for its roof. The interiors throughout were lighted by gas

²⁵ *Communication* 3-4.

²⁶ Francis R. Kowsky, "Simplicity and Dignity: The Public and Institutional Buildings of Alexander Jackson Davis," *Alexander Jackson Davis (1803-1892): American Architect*, ed. Amelia Peck (New York: Rizzoli, n.d.) 48.

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and "heated by steam by Gold's patent," a central heating system employing steam pipes located within a major heating duct beneath the basement floor and distributed by ducts built into the asylum's interior walls.²⁷ The east wing subsequently remained the asylum's service wing after the building was converted to a mental health facility in 1879. By the mid twentieth century it was largely abandoned and allowed to deteriorate, and its remains were demolished around 1980.

The castellated Gothic Revival style of the inebriate asylum reinforced the rationalist plan and the institution's moral purpose. Architectural historian John Zukowsky has suggested that the choice of Gothic was also rooted in Turner's misguided belief that the middle ages was an unusually temperate epoch compared with Babylon, Persia, Egypt, Greece, and Rome.²⁸ The design was within the mainstream of the Early Gothic Revival style, which was a major current in America from the 1830s through the Civil War. Gothic Revival details, especially lancet arches, were re-introduced to the United States in the last decade of the eighteenth century through architectural publications and found eclectic application in otherwise classical buildings during the first three decades of the nineteenth century, primarily in ecclesiastical buildings. A more mature phase of the Gothic Revival, identified today as the Early Gothic Revival style,²⁹ which was derived from a close examination of original medieval buildings, emerged in the 1830s. This phase was strongly influenced by English sources, especially the published works of Augustus Welby Pugin and the Ecclesiological Movement, a reform movement within the Anglican Church that promoted a science of church architecture based on a return to medieval forms and imbued the style with a sense of moral purpose. The Early Gothic Revival was subsequently applied to a wide array of building types, including residences and institutions.

Large-scale, castellated Gothic Revival institutional buildings were relatively common in the late 1830s through the 1850s, although few survive today. The major New York example of this mode was the New York University building on Washington Square (1835, James Dakin and Ithiel Town, architects, demolished). More compact than the inebriate asylum, the earlier building was symmetrically planned and massed and employed a prominently crenellated parapet, attenuated turrets, label lintels and lancet arch openings in its details. It also featured a chapel in its central pavilion, which was designed by Alexander Jackson Davis and inspired by King's College Chapel in Cambridge. Among the surviving examples in New York that were similar to aspects of New York University and probably also known to Turner and Perry were the West Building at General Theological Seminary (1836) in Chelsea, St. John's Residence Hall at Fordham University in the Bronx (1845, William Rodrigue, architect), the Fifth Avenue Arsenal in Manhattan (1848, Martin E. Thompson, architect), and Packer Collegiate Institute (1854, Minard Lafever, architect). With the exception of Packer, which was asymmetrically arranged but otherwise shared several similar formal characteristics, including lozenge and quatrefoil openings, the inebriate asylum was a more sophisticated and vigorous expression of

²⁷ NYSIA, *Second Annual Report* 27-29.

²⁸ John Zukowsky, "The New York State Inebriate Asylum, Binghamton," *Apocrypha* III (Binghamton: SUNY, 1978) 43.

²⁹ William H. Pierson, *American Buildings and Their Architects: Technology and the Picturesque, The Corporate and Early Gothic Styles* (Garden City: Doubleday, 1978) 2.

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the style.

The first phase of the construction of the inebriate asylum was 1858 to 1867. Ground was broken for the west-facing building on a commanding plateau approximately 240 feet above the Susquehanna River on June 17, 1858, with its cornerstone laid in a Masonic ceremony on September 24. Construction of the load-bearing masonry building progressed steadily but slowly during the next six years.³⁰ The institution briefly admitted its first patient in a completed section of the building on July 3, 1864,³¹ but the building remained incomplete and operated intermittently during the next eight years. A fire on September 17, 1864 gutted the north wing and part of the transept, causing the asylum to suspend operation.³² Work was also delayed by two fires off-site in the shops of sash and millwork suppliers. Following repair of the transept and completion of the south wing under Perry's supervision, the asylum re-opened on May 1, 1867. The north wing remained largely unfinished through the remaining years of the asylum. A second fire in March, 1870 destroyed much of the rear service wing, or east building, and again temporarily disrupted operation.³³

Building Chronology

Although Turner had seen his project realized, his tenure as superintendent, responsible for daily administration, was rancorous and impeded the institution's progress. Turner alienated himself from the Board of Trustees in 1862 by submitting a claim for \$232,626, based on the rate of salary plus interest paid to the superintendent of the Utica Asylum for founding and building the asylum. Soon after, the first patients were admitted to the incomplete building in July 3, 1864.³⁴ Turner immediately began quarreling with the trustees over the treatment of patients. The specifics of what Turner intended as a therapeutic treatment are not clearly described in published documents; however, it appears that he envisioned a workhouse hospital run on a military basis, where the patient would be removed from temptation, restrained and controlled, and treated with Turkish and Russian baths.³⁵ Doctor Willard Parker, then President of the Trustees, favored more cooperative arrangements between the patients and medical staff. When a serious fire that gutted the occupied north wing and closed the asylum for repair in September of 1864, the Trustees accused Turner of arson. He was subsequently acquitted in a county court of these charges, but he mismanaged the insurance payment and was forced to resign in February, 1867. An embittered Turner relocated to Wilton, Connecticut, where he attempted to establish an inebriate asylum for women and unsuccessfully continued to sue the state during the remainder of his life.

³⁰ NYSIA, *Second Annual Report* 29.

³¹ New York State Inebriate Asylum, *Third Annual Report of the New York State Inebriate Asylum* [for the year 1864], NYS Senate Document No. 64, 3 March 1865 (Albany: Wendell, 1865) 2.

³² NYSIA, *Third Annual Report* 1.

³³ Binghamton, Binghamton Psychiatric Center, Files, "Binghamton State Hospital" [c1953] 9.

³⁴ NYSIA, *Third Annual Report* 2.

³⁵ Crothers 11.

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The asylum reopened on May 1, 1867 under the direction of Dr. Albert Day (1821-1893), who had been a founder and first superintendent of the Washingtonian Home in Boston. Day was a capable administrator who made the asylum operational and brought it international attention. The patient population grew to 80 during his first eight months and to 230 in 1869, when he resigned. During his tenure, the inebriate asylum was hailed as a model institution in journal articles in the *Atlantic Monthly*, *Medical Times and Gazette*, and an English journal, *The Medical Temperance Journal*. Despite another fire in March, 1870, which prompted a legislative investigation, the patient population reached its highest level of 334 in 1872.³⁶ By the mid-seventies, however, the frequent turnovers of medical superintendents had blurred the institution's focus. By December, 1878, only 39 patients remained, and a survey of charitable institutions concluded that the per capita patient cost was excessive for "an effort which yet cannot be called other than experimental..."³⁷ Governor Lucius Robinson, in his message to the Legislature on January 7, 1879, declared the experiment to be a "complete failure," calling it little more than a hotel for wealthy inebriates, and recommended its conversion to an asylum for the insane. The Legislature appropriated \$67,000 to remodel the building for this purpose by Chapter 280, Laws of 1879, and in May, the Governor appointed the first Board of Trustees of the Binghamton Asylum for the Chronic Insane. Despite legal efforts by Turner, former subscribers and citizens of Binghamton to stop the transfer, the inebriate asylum ceased to exist on June 20, 1879.

The former inebriate asylum was converted to the Binghamton Asylum for the Chronic Insane beginning in 1879. The renovation work, designed and supervised by Perry, included repairing the north wing from the fire damage in 1864, interior renovation of the west building to adapt the single patient rooms into wards and update the mechanical systems, and construction of two octagonal additions containing bathrooms to the east (rear) faces of the west building's secondary transepts. In the core transept, the former reading rooms and library on the second floor were renovated as living quarters for the superintendent. Patients were segregated by sex by the center core. The patient areas of each of the wings were converted to three large dormitories with a general sitting area by the removal of partitions. The interior of the old east building was also extensively updated and modified. The work was planned in 1879, but it did not commence until 1882. By 1885, the renovated asylum housed a growing patient population of 580, and it became clear that additional space was needed.

After the Civil War, Kirkbride's planning concepts, which continued to predominate in the field of asylum design, were subject to greater architectural innovation. At the Hudson River State Hospital for the Insane in Poughkeepsie (1867-1878, Frederick Clarke Withers with Dr. Joseph Cleveland) and the Buffalo State Hospital (1870, H. H. Richardson with Dr. Joseph P. Gray), for example, Kirkbridian wards were planned as independent pavilions, internally connected to a central administration core and symmetrically arranged in a receding plan to permit future expansion and a greater intensity of patient sub-classification. Several older existing state facilities that could not be enlarged in this manner adapted the concept of developing smaller, free-standing special purpose buildings around the older construction. The benefits of this approach,

³⁶ "Binghamton State Hospital" 8-10.

³⁷ Apgar, "Report of 1878," rpt. in "Binghamton State Hospital" 12.

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called "cottage planning," were described by Dr. Stephen Smith, the New York State Commissioner in Lunacy in 1887:

These buildings should not have the stereotyped institutional form and construction, but should rather be modeled after private residences, and should appear in groups as a village.... In such a colony, on good farmlands, compensated productive labor, manual and mechanical, could be organized with the greatest advantage; schools could be established; amusements and diversions planned and executed; and even self-government in its simpler forms might be arranged as to cultivate and maintain the principles and privileges of citizenship.³⁸

Between 1883 and 1889, more than twenty smaller buildings were added to the grounds east of the asylum according to a cottage plan. Most were designed by Perry at a residential scale in a range of styles employing brick and/or wood shingle walls and slate roofs as predominant materials. The larger of the cottages, intended as patient wards, had generously proportioned piazzas. The cottages included the Richardsonian Romanesque North Building (1883-85; demolished) for men, the Shingle Style East Building (1885; demolished) for women, and the Queen Anne style Firehouse (1891, demolished), and Amusement Hall (1893-94, demolished). The former inebriate asylum building continued to serve as the administration building, also housing patients until the 1970s. The institution was renamed Binghamton State Hospital in 1890 and Binghamton Psychiatric Center in 1974.

Isaac G. Perry

The inebriate asylum was the first major project designed and constructed by Isaac Gale Perry (1822-1904), a prolific New York State architect-builder. Born in Bennington, Vermont, Perry was raised and educated in Keeseville, New York, where his parents relocated in 1829. Between 1832 and 1854, he completed an apprenticeship and entered into partnership with his father, Seneca Perry, a shipwright turned house carpenter. By 1847, Seneca Perry and Son were advertising locally as carpenter-joiners who undertook masonry work. The Perrys were well known for their skills at constructing spiral staircases, and the younger Perry, according to one biographer, earned a local reputation as an architect before leaving Keeseville. Isaac Perry's architectural work in Keeseville is not well documented, but it is likely that the Emma Peale residence, called "Rembrandt Hall" (1851), a Gothic Revival style Downingesque cottage that contains a spiral staircase by the Perrys, is an early design. By 1852, Perry relocated to New York to apprentice in the office of architect Thomas R. Jackson (1826-1901). Jackson, a native of England who migrated to the United States as a child, had risen to the position of head draftsman in the office of Richard Upjohn (1802-1872), one of New York's most prominent designers, before leaving to establish his own practice in 1850 (Upjohn 154). Jackson's later work included the New York Times building (1857-58) on Park Row, Tammany Hall (1867), both built in New York, and the Woman's National Hospital (c1885), Turner's second inebriate

³⁸ Binghamton Asylum for the Insane, "[Annual Report of] Binghamton Asylum, Binghamton, N.Y. [for the year ending September 30, 1887] rpt. in *Fifteenth Annual Report of the State Commissioner in Lunacy* (Albany: Troy Press, 1888) 174.

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asylum planned for Wilton, Connecticut which was not built. Perry appears to have risen to the position of a junior partner in the firm by 1856.³⁹ The nature of his work with Jackson and the projects in which he collaborated are not known.

The inebriate asylum marked the turning point in Perry's architectural career. Perry's inexperience is evident in Turner's account of the building's design:

The architect of the New York State Inebriate Asylum, Mr. Isaac G. Perry, was introduced to the writer [Turner] in 1855 by Dr. [T. Jefferson] Gardiner, an old friend of his [Perry] when he was a boy. He was then working at his trade in the city of New York as house carpenter and stair-builder, having had but little experience as an architect. After several conversations with him the writer gave him the style and dimensions of the proposed building, the division of its wards, and the dimensions of all its rooms. Under his direction Mr. Perry developed the plans of the Asylum, and they were presented to the board of trustees for their approval. Dr. Francis suggested that the basement of the building be raised eleven feet, and this suggestion was adopted. A discussion followed as to Mr. Perry's ability and experience as an architect, the majority declaring that they did not justify the board in employing him upon a work of such magnitude, but that, if the writer would be responsible for mistakes made by him, they would vote to accept his plans. Mr. Perry agreed, in the event of his appointment, to draw all the working plans, and to superintend the construction of the Asylum at two percent compensation on the cost. On these conditions Mr. Perry was appointed architect. He proved himself entirely competent. Not a change was made in the plans, and not a brick or stone altered after being once laid, Mr. Perry thus winning this his first work, a reputation which brought him conspicuously before the public.⁴⁰

Perry later recalled that he penciled the plans with the assistance of his wife, Lucretia Gibson Perry.⁴¹ He also appears to have been assisted by Peter Bonnett Wight (1838-1925), the head draftsman in Jackson's firm, but Wight's role in the project is not well documented. Born in New York City, Wight began a course of study in fine arts at the Free Academy in 1850, decided to become an architect upon graduation in 1855, and entered Jackson's office in 1856. Wight, who had spent the year prior to his employment copying Gothic Revival ornament from published sources in the New York Public Library, was clearly more erudite on the subject than Perry and probably contributed to many of the building's details. Wight never acknowledged his association with Perry or his role in the project in autobiographical accounts of his early career,

³⁹ "Isaac G. Perry," *Albany Argus* 18 March 1894, "Isaac G. Perry Scrapbook," comp. Lucretia Gibson Perry [newspaper clippings c1883-1904], New York State Library, Division of Manuscripts, Albany.

⁴⁰ Turner viii note.

⁴¹ "The Palace on the Hill," n.p., n.d., "Isaac G. Perry Scrapbook."

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but an obituary credited Wight with having "redesigned" the inebriate asylum.⁴² According to architectural historian Sarah Bradford Landau, Wight probably never acknowledged having worked for Perry because he was fired in 1858. At least one of his drawings, an Italianate elevation for a Dry Dock Savings Bank, drawn in 1858, is annotated as "used by I. G. Perry, 1860." Wight relocated to Chicago soon after leaving Jackson and Perry's office.⁴³ Landau attributed the design of the inebriate asylum to Perry and Wight, but suggested that Wight's role was limited:

.....even if Perry was solely responsible for the Inebriate Asylum, as he himself claimed, the experience of working on the drawings for it was undoubtedly important to Wight's development as a Gothicist. The hospital....its crenelated towers, the quatrefoil windows in the gables.... and its picturesque roofline may have influenced Wight's Yale School of Art Building.⁴⁴

Supervision of the inebriate asylum's construction, which occupied most of Perry's time until 1866, led to Perry's relocation to Binghamton, where he remained a leading and prolific architectural force in the Southern Tier and adjacent Pennsylvania through the latter half of the nineteenth century. Perry undertook smaller projects in Binghamton as the work on the asylum commenced, including the Italianate style Sisson Store (1862-63, standing but greatly altered) on Court Street, a new Court Street bridge (1865, replaced), and several residential projects. After the asylum's completion, Perry was commissioned to design many prominent ecclesiastical, commercial and residential structures in the area. Perry's churches in Binghamton, which were designed using a Gothic Revival vocabulary in brick and limestone, included Centenary Methodist Episcopal (1866-68, standing), First Congregational Church (1867-69, standing), St. Patrick's Roman Catholic Church (1867-72, standing), and First Baptist Church (1870-72, demolished). Outside the Binghamton area, similar churches designed by Perry include: First Presbyterian Church, Ossining (1866-68, standing), the Dutch Reformed Church, Port Jervis (1868-69, standing), Immaculate Conception Roman Catholic Church, Port Jervis (1869, standing), and First Congregational Church, Middletown (1871-72, standing). Other Binghamton projects included: the Sherman Phelps residence (1870, standing), the First National Bank (1870, demolished), Phelps Block (1871, demolished), and the Hotel Bennett (1877, demolished). In Pennsylvania, Perry's projects included: the Commercial Block (1867, standing), the Opera House and Music Hall (1867-71, demolished), the First National Bank (1868-70, demolished), the Charles Parish Residence (1867, demolished), Wyoming National Bank (1872-73), and G. L. Palmer residence (1874), all in Wilkes-Barre, and the Scranton Trust Company Bank (1870-71) and the Second National Bank (1870-71) in Scranton. In general, Perry applied many of the principles of institutional architecture, such as interior plans with large volumes, monumental-scaled circulation spaces, and generous use of natural daylight in these projects. The residences were designed within the Second Empire mode, while his commercial

⁴² William W. Clay, "Peter B. Wight, A Biography," m.s. presented to the Illinois Chapter of the A.I.A., (Chicago Historical Society) 10 June 1913.

⁴³ Sarah Bradford Landau, *P.B. Wight: Architect, Contractor and Critic, 1838-1925* (Chicago: Art Institute, 1981) 14.

⁴⁴ Landau 14.

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buildings were stylistically more eclectic, employing Gothic Revival, Second Empire and/or Italianate details. Perry's most distinctive work of this period was the Perry Block (1876, standing), a highly ornate Neo-Grec style cast-iron building that he built for himself, prominently situated at the corner of Court and Chenango Streets across from the Broome County Courthouse and his earlier Phelps Block.

The inebriate asylum also established Perry's reputation as an architect of large-scale public buildings. Soon after its completion Perry was awarded the commission of his first governmental building, the Second Empire style Delaware County Courthouse in Delhi, NY (1868-71, standing), followed by the eclectic Luzerne County Courthouse in Wilkes-Barre (1872). His successful competition entry of a Richardsonian design for the Lackawanna County Courthouse in Scranton (1881-83), his largest project apart from the Inebriate Asylum, marked a stylistic turning point in his career. His successful experience in major public buildings was a decisive factor in his appointment in 1883 as the Commissioner of the New Capitol in Albany. The position's primary responsibility was to complete the capitol, begun in 1868, following revised plans prepared by architects Leopold Eidlitz, Henry Hobson Richardson and Frederick Law Olmsted between 1876 and 1882. During the next 16 years, subject to irregular appropriations, Perry supervised construction of the capitol's senate staircase according to Eidlitz's plans, extensively reworked Richardson's schematic studies for the New York State Library and western staircase, and designed the eastern approach, a monumental exterior granite staircase, and a soaring, steel framed tower that was not built.

As the government's highest ranking architect, Perry was the prototype for the state architect, expanding his responsibilities to include the design and/or supervision of most major public buildings developed outside New York City between 1886 and 1899. Working mostly with a Richardsonian Romanesque vocabulary, the office of the capitol commissioner projected an architectural image consistent with the style of the capitol throughout the state. He continued to design large free-standing inmate "cottages," and other special purpose buildings on the grounds of the Binghamton Asylum for the Insane between 1883 and 1899. Among his other state projects were the Executive Mansion remodeling in Albany (1886-87), Matteawan Asylum for Insane Criminals outside Fishkill (1887-92), St. Lawrence Asylum for the Insane in Ogdensburg (1887-97), and more than forty New York State Armories between 1886 and 1899, including the Tenth Battalion Armory in Albany (1886-92), Twenty-Third Regiment Armory in Brooklyn (1889-93), and the Seventy-Fourth Regiment Armory in Buffalo (1896-98). Perry's last major private work, commissioned prior to his retirement from the state in 1899, was the fourth Broome County Courthouse in Binghamton (1897-98, standing), which deferred to the Greek Revival style of the 1857 structure, destroyed by fire, while substantially enlarging its scale.

Conclusion

Despite its varied changing history of use and the removal of crenellated parapets, the inebriate asylum retains a strong sense of its original presence, interior planning concepts, and many important architectural features.

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Previous documentation on file (NPS):

- Preliminary Determination of Individual Listing (36 CFR 67) has been requested.
- Previously Listed in the National Register.
- Previously Determined Eligible by the National Register.
- Designated a National Historic Landmark.
- Recorded by Historic American Buildings Survey: #
- Recorded by Historic American Engineering Record: #

Primary Location of Additional Data:

- State Historic Preservation Office
- Other State Agency
- Federal Agency
- Local Government
- University
- Other (Specify Repository):

10. GEOGRAPHICAL DATA

Acreage of Property: approximately 20 acres

UTM References:	Zone	Easting	Northing
No. 1	18	428480	4661880
No. 2	18	428523	4661659
No. 3	18	428260	4661665
No. 4	18	428295	4661793

Verbal Boundary Description:

The boundary generally follows the original path of Century Drive and is indicated by a heavy dotted line on the enclosed map.

Boundary Justification:

The nomination boundary was drawn to include the New York State Inebriate Asylum building and its associated historic property. Because the nominated building is now encompassed within the campus of a large, late nineteenth/early twentieth century mental health facility, which is the successor institution to the inebriate asylum and has not been evaluated for its potential eligibility, the boundary follows roadways bordering the original asylum building where possible and excludes features associated with the later institution. While other features on the campus may prove to be eligible for the National Register, the inebriate asylum building was singled out for National Historic Landmark nomination because it is the only building associated with the inebriate asylum, the first such institution in the country, and because it alone is considered the work of a master, architect Isaac G. Perry.

NATIONAL HISTORIC LANDMARK NOMINATION

NPS Form 10-900

USDI/NPS NRHP Registration Form (Rev. 8-86)

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United States Department of the Interior, National Park Service

National Register of Historic Places Registration Form

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