

*Beyond Buell Hall: The Lives and Legacies of Bloomingdale
Insane Asylum*

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By Sarah Yang

My first encounter with the Bloomingdale Insane Asylum was through what it forgot to take with it: Columbia's Buell Hall.

Whenever I had previously passed the building's bright red bricks and protruding chimney between Low Library and Philosophy Hall, its architecture or location did not warrant my extra attention. However, the bricks and chimney first belonged to Macy Villa, which housed Bloomingdale's affluent male patients.

The Bloomingdale Insane Asylum opened in 1821 on the 38-acre Bloomingdale property in what was then rural Upper Manhattan, stretching across the land of the current Morningside campus. Over the next 68 years, Bloomingdale housed patients ranging from 14 to 83 years old, bifurcated between "those who paid for their care and those who were charity cases subsidized by the state."

Bloomingdale was a private asylum that took on the ideals of a Quaker retreat, an approach that deviated from its predecessors' in its care for individuals experiencing mental illnesses. This approach included practices that the medical establishment hoped would aid patients in a return to their "rational" selves. Yet the ways people found themselves voluntarily or involuntarily admitted to Bloomingdale—and the ways their legacies have or have not found their way into our awareness—reveal the moral complexities of early asylum treatment, along with Columbia's own relationship to its land and archives.

Rose Lilian was admitted to Bloomingdale on January 8th, 1909, at the age of 14.

Before admittance, Lilian was a schoolgirl who resided at 104 Edgecombe Ave. in Central Harlem. In the faded brown ledger recording women admitted between December 1908 and December 1909, the space next to Lilian's date of discharge is empty. The records note that "the patient has been mute for several months."

Four months before, Lilian was riding her bicycle when she suddenly found herself between an automobile and a pair of horses. At Bloomingdale, Dr. Allan McLane Hamilton and Dr. Herman Koenig determined the cause of her condition to be "fright."

While Lilian was the youngest patient I saw in a collection of Bloomingdale's ledgers—stored in Columbia's Rare Book & Manuscript Library—her case represents the kind of "conditions" that warranted admittance into Bloomingdale. The New York Hospital, founded as the first hospital in New York City in 1771, established the Bloomingdale Insane Asylum in 1821 as an extension with the advocacy of New York Hospital board member Thomas Eddy.

Andrew Dolkart, professor of historic preservation at the Graduate School of Architecture, Planning, and Preservation and author of *Morningside Heights: A History of Its Architecture and Development*, explained that the New York Hospital first began admitting those deemed to be experiencing mental illness in the same year as its founding.

In the early 19th century, according to *Morningside Heights: A History of Its Architecture and Development*, "the hospital governors and staff, who were among the first medical professionals in America to seek the 'humane' treatment of those impacted by mental illness," were instrumental in establishing it as the "only institution in the state at that time caring for people with mental disorders."

New York State Lunatic Asylum at Utica was the state's first and only other treatment facility. This cemented Bloomingdale as a leading force in defining the "insane asylum" as an institution and what its responsibilities would entail. In the early 19th century, the concept of an "asylum" was widely regarded as providing a rehabilitative environment for those deemed too ill to be cared for at home.

Bloomingdale featured a signature, uniform brownstone appearance, initially consisting of a "single structure that would house both female and male patients." According to Dolkart, a later expansion included the construction of two pavilions—one to house "noisy" male and the other for "noisy" female patients—as well as a host of other additions.

Columbia's campus lies on the former site of the Bloomingdale Insane Asylum

Before its relocation, Buell Hall, then known as Macy Villa, occupied the site where Kent Hall stands today.



Source: Columbiana Collection, Columbia University, cited in "Morningside Heights: A History of Its Architecture and Development" by Andrew S. Dolkart

I talked to Dr. Nina Harkrader, a historian and the author of "[All The Single Ladies: Women-Only Buildings In Early 20th Century New York](#)," who is described in the local paper *The Spirit* as "the expert on the Bloomingdale Asylum." In a Zoom interview, she explained that Thomas Eddy was informed by the "retreat" that the Quakers in York had established. There, Quakers engaged with the belief that those who had gone mad had detached from their most rational selves. In order to facilitate reconnection, the Quakers moved

such individuals to a space that was peaceful and quiet. It was with this framework that a committee, appointed by New York Hospital's board of governors, selected the rural Morningside Heights as the apt space to house the asylum.

"It's removing people from society, but it's treating them as human beings who have lost touch with their humanness, as opposed to removing them from society because they're disruptive," Harkrader explained, recognizing this view as contributing to Bloomingdale's success because it prioritized treating people in a relatively human-centered way.

After the Dutch arrived in New York, they named the area between modern West 40th Street and West 125th Street "Bloemendaal"—meaning "vale of flowers"—evoking a sense of remoteness and tranquility, especially when combined with the institution's establishment on a high hill; it is a name that evokes what the asylum aimed to align itself with centuries later. This emphasis on treating the patients in a moral manner is reflected in the walks and gardens where patients would farm and tend to gardens as a form of therapy.

In her research, Harkrader has tried to understand Bloomingdale's female patients beyond the framework they are cemented in the archives. For example, she pointed me to Cornelia Fulton Franklin Babcock, a patient who lost four out of her ten children in infancy. Harkrader said that she did not believe it was a coincidence that Babcock was admitted in December 1881, only five years after her 19-year-old son had died in 1876.

"So you have to wonder what kind of messages is she being given or what is her belief system that she's lost four children and this son at the age of 19, does she feel that she's somehow responsible? Is this her way of trying to rationalize this group of horrific events which were sadly common?"

Harkrader passionately introduced me to other female patients who, as she has interpreted it, were women who did not conform to the societal expectations of conduct for the time period. She found that the criteria for how men and women were admitted and the vocabulary used to evaluate them heavily differed.

I met Thai Jones, curator of American history at the Rare Book and Manuscript Library in the RBML's rooms on the sixth floor of Butler Library. Also not explicitly noted in the archives, Jones pointed out that Bloomingdale was also founded in a period where there was deep medical segregation by race, although he went on to note staff were often not subject to the same segregation.

Jim Mackin, a local historian and the author of *Notable New Yorkers of Manhattan's Upper West Side: Bloomingdale–Morningside Heights*, was nestled in his regular spot at the Hungarian Pastry Shop when I met him early on a November morning. Mackin outlined the value of understanding Bloomingdale in establishing the institutional nature of the neighborhood; before Bloomingdale was established, the land predominantly consisted of cottages and farmhouses. Institutions such as Columbia, Jewish Theological Seminary, Union Theological Seminary, and the Cathedral of St. John the Divine were gradually built into the Morningside neighborhood.

Mackin acknowledged the more nefarious undertakings of the asylum, such as accepting patients according to questionable criteria. I would encounter this issue for myself as I learned of women who were admitted on account of writing poetry or masturbating and of husbands who committed their wives to spend more time with their mistresses by paying off judges. A case that Mackin himself was interested in was of railroad tycoon Cornelius Vanderbilt, who committed his son, Cornelius Jeremiah Vanderbilt, to Bloomingdale. The latter's habits caused him to be "arrested on the grounds of 'confusion' and 'loose habits.'" He was ultimately diagnosed with dementia.

A number of the experts I talked to pointed to the admittance of the majority of patients as being a direct consequence of being out of step with society. Each time I returned the ledger and left the RBML, I was forced to acknowledge how many patient histories—how many lives—I had to skim through.

On August 29, 1872, The New York Tribune ran a story titled “The Lunacy Law Tested,” where reporter Julius Chambers outlined the process of being admitted to Bloomingdale. The Tribune ran an accompanying story “Among the Maniacs” the following Saturday in which Chambers, having been successfully committed to Bloomingdale’s Ward for Excited Patients, describes the sufferings he endured for four days.

Chambers embarked on this exposé after receiving an indirect invitation from Bloomingdale’s superintendent Dr. David T. Brown, “who, in conversation with one of the writers for *The Tribune*, stated the willingness of the management to submit to a thorough investigation of the asylum.” Chambers accepted this invitation under the condition that *The Tribune* would not inquire into why Bloomingdale was a private asylum and that Bloomingdale patients remain anonymous.

Chambers catalogued issues from perfunctory patient intake to dilapidated living quarters where he was “suddenly awakened by a demoniac yell.”

Chambers concludes both his article and his time at Bloomingdale with a call for reform.

“And while the narrative, even in its unfinished state, already reveals that the management needs reform, it forms, we think, conclusive evidence in favor of the immediate repeal of the present system and the enactment of laws requiring a more thorough medical test and more public and judicial commitment of insane persons,” he wrote.

Five years later, Mrs. James O. Norton, a Bloomingdale patient, filed a lawsuit against Bloomingdale to share her experiences at the asylum with the general public. Chambers himself participated in announcing the establishment of a hospital for the insane in Brooklyn “that would meet the demand that embodied them.”

But, Harkrader cautioned, deeper contemporary prejudices about narratives of those experiencing mental illness—and the hallmarks of yellow journalism that sensationalized social issues to play to public attention—complicate the reliability of Chambers’ narrative.

“This idea of ‘I pretend to be someone I’m not to experience the dark side of modern life’ was definitely a journalistic trend,” Harkrader said.

By the 1890s, the institution of the asylum began to see its demise, as its financial resources could not accommodate the surge in patients. The 1950s signified the death of asylums as a result of the development of medications and the establishment of a new system, including nursing homes, which advocated for patients impacted by mental illness to be cared for in spaces more integrated with their families and communities.

Over Zoom, Assistant Vice President for Academic Affairs and the office of the Executive Vice President for Arts and Sciences Michael Susi clicked through his postcard collection that showcased Bloomingdale’s presence gradually shrinking across campus.

“I’ve always been very interested in sort of the secret Columbia,” Susi told me. “What is underneath the buildings and what’s going on under the copper roofs of each of the buildings?”

He guided me through a postcard depicting a survey of New York City in 1897, attributing the area’s isolation to the fact that the subway leading to Morningside Heights would not be constructed for another ten years. The most developed train at the time skirted Morningside Heights in its entirety.

Bloomingdale succumbed to the increasing amount of urban development surrounding it, resulting in the Board of Governors’ choice to relocate it to the similarly rural area of White Plains in 1894. Every record I’ve poured over similarly tapers off after mentioning Bloomingdale’s relocation, failing to explicitly outline why Bloomingdale closed for good when at White Plains.

While Buell Hall is the only preserved structure from the asylum, we are constantly engaging with spaces that formerly constituted Bloomingdale.

When listening to a lecture in Schermerhorn, we are seated near what once was the third section of the male department. When climbing the stairs towards Uris Hall, we are also climbing into what were the laundry, bakeshop, and boiler rooms. Unbeknown to us, we are simultaneously inhabiting two spaces, constantly tracing the physical outline of the asylum.

But the memory of Bloomingdale is preserved in ways beyond its physical shape. In 2019, Columbia's Rare Book and Manuscript Library acquired The New York Bloomingdale Insane Asylum records, 1880-1910, comprising eight ledgers divided into three series: Admission records that meticulously outline each admitted patient, case books, and letters intended for the asylum to request the admittance of specific patients. The records are stored in enclosed stacks 12 to 15, where rare materials are secured.

At the RBML, I was the patients' latest visitor as I paged through records, deconstructing each patient's family history of mental health issues—or lack thereof—and trying to understand them in ways beyond the detached language describing them.

The RBML purchased the records fairly recently from rare book dealer McBride Rare Books. The RBML purchased the records for \$40,000—an expensive amount for a smaller collection of archives—as they recognized how integral the Bloomingdale Insane Asylum is in forming Columbia's history. According to Jones, Columbia paid less than the list price of around \$50,000. This newfound interest in records of individuals formerly considered uninteresting is complicated when considering the present higher monetary value of such materials; the more unseen these lives were, the greater today's profit is.

Jones said what made them a priority for the RBML acquiring them was the records' specificity to individual patients. The photographs that captivated me are also what drew those at the RBML to the collection, distinguishing them from the other institutional records at the RBML, such as those from the New York Juvenile Asylum.

Jones emphasized that Bloomingdale was not a space for the destitute. He was unable to answer my persisting question of why patient photos were included,

but he speculated that the photos and extensive explanations outlining each patient's condition suggest individualized care and attention.

Jones said the RBML was careful to approach these records in a "morally responsible way," noting Columbia's history of mishandling the stories of those marginalized and rendered vulnerable.

"The archives are kind of radically silent on the stories of Black people and people of color more generally, immigrant stories, working people, women stories, children's stories, stories of people with disabilities," Jones said, pointing to the Bloomingdale acquisition as an opportunity for disability studies research.

Because there are various laws to protect patient privacy, the RBML is especially cautious when handling medical archives. Jones conveyed that ideally, the RBML would be able to enforce some form of a guideline that would advise readers to anonymize their research and adhere to personal privacy. A general understanding remains that rather than simply using personal information, researchers synthesize it to glean insight from it.

"But even beyond that, I think researchers now, we would want them to approach these records from a place of empathy for the patients, and also a deep skepticism of the notion of insanity," Jones said.

Part of what entails employing this moral responsibility is recognizing how the Bloomingdale Insane Asylum is yet another extension of the violence entrenched in the land on which Columbia is established. Prior to Bloomingdale, the site acted as a supply area and supported agriculture and harvesting as Lower Manhattan saw increasing development. The presence of fields and orchards on this site ultimately sought out labor in the form of enslaved individuals. Jones said the site itself was owned by prominent Dutch families, whose sons would then go on to attend Columbia.

Even the presence of fields and orchards could be traced back to the subversion of the [Lenape people](#), already violently pushed off the land during the land's time of rural cottages.

While Columbia's classist architecture is now ubiquitous, Jones said, this design could be traced back to a specific moment in history when Columbia was recreating itself into a university that demonstrated "its growing exclusionary practices," as *The Eye* reporters [Styvalizh Uribe](#) and [Michele Tang](#) described in 2020 in "[Columbia's Architecture is Not an Urban Act.](#)" The knowledge and claims circulating during this period at Columbia were derived from imperialist attitudes that exploited colonial subjects.

"So it's tempting to see Buell Hall as a sort of iconoclastic exception to that because you have this one structure that doesn't fit into that formal design and it's out of place and looks different but, unfortunately, Buell Hall itself is a monument to a different form of social control and repression of people and the silencing of people's voices," Jones said.



Photo by [Jaime Danies](#)

I ended my research where I began: at Buell Hall, this time for a tour of the second floor with Dr. Shanny Peer, director of the Maison Française.

After climbing the stairs, I was given an informal tour, where I learned that the only relics of Bloomingdale's presence are the ornate fireplaces and mirrors. We bumped into Lucia Allais, associate professor of architecture, who directed me toward a diagram on the wall outlining the evolution of Buell Hall. I was struck by how many identities existed in this building, spaces within Buell fused together like patchwork.

Dolkart explained that Buell Hall's survival was entirely accidental. When architect Charles Follen McKim conceived of the master plan for Columbia's construction, he had intended for all the asylum buildings to be replaced. Because Columbia lacked the funds to complete the master plan all at once, the asylum buildings would be temporarily used until the spaces they occupied were necessitated to construct new buildings. Buell Hall was moved twice—first from its original position on the side of 116th Street and then to where Kent Hall is now—and has also lost the porch once attached to it in the process. When Kent was built, Buell Hall moved to its current location. The building intended to replace Buell Hall was never constructed, as the master plan was never fully realized.

As for Maison Française, it originally inhabited the four-story townhouse situated at 411 West 117th St. In 1996, this townhouse was demolished to prepare for the School of International Affairs, where Maison Française was relocated to a house on 113th Street. In 1975, Maison Française answered Columbia's proposal for a new location by settling in Buell Hall.

Jones was unsure who owned Bloomingdale records before McBride acquired them in 2019. But now, as we are forced to remember Buell Hall because of how seamlessly it invades our field of vision on campus, Columbia offers us the opportunity to choose to remember these lives which are harder to see. And while the survival of Buell Hall was unintended, the survival of these patients' voices must be intentional.

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