

**MOHANSIC STATE HOSPITAL.
YORKTOWN, N. Y.**

In 1907, under legislative authority of that year, the State Commissioners in Lunacy, after an examination of many parcels of land in the different counties of the southeastern section of the state, acquired a tract of 564 acres bordering the north shore of Lake Mohansic, at Yorktown, in Westchester County, at a cost of \$133,000. To this was added by purchase in December, 1907, 38 adjoining acres on the west at an additional cost of \$12,000, the purpose being the establishment of an institution designed to relieve the congestion of the hospitals of the metropolitan district and the large adjacent County of Westchester.

Under chapter 57 of the laws of 1910, the Mohansic State Hospital, in the County of Westchester, at Yorktown, N. Y., was established; seven managers were appointed as prescribed by law, and the State Hospital Commission created Westchester County as the Mohansic State Hospital district. Under the laws of 1910, chapter 310, the commission made provision for the commitment of patients from any part of New York City to the Mohansic State Hospital. Chapter 529 of the laws of 1910 provided for the erection of the Mohansic State Hospital for the Insane, to accommodate at least 2000 patients, at a total cost of not to exceed \$2,000,000, and \$100,000, or as much thereof as might be necessary, was appropriated for beginning the work.

By chapter 513 of the laws of 1910 the sum of \$48,753.94 was appropriated for the construction of a railroad spur or siding, for buildings, furnishings, farm stock and equipment, for salaries and wages of officers and employees, and for the temporary maintenance of patients who might be transferred to the institution during the years 1910 and 1911.

This appropriation was soon found inadequate for the purposes intended and the Legislature in September, 1911, provided a supplemental appropriation of \$105,000 to cover the cost of right of way, the construction of railroad spur and siding and for the purchase of additional land.

Under chapter 810, laws of 1911, \$34,963.12, or as much thereof as might be necessary, was appropriated for maintenance. Under the laws of 1912 the Legislature appropriated \$500,000 to be expended for power house, laundry, storehouse, bakery, barns, water and sewage disposal, with such

part of the equipment as might be necessary, and for the commencement of work on a group for 600 patients, with dining room and kitchen buildings. Later in the same year the Legislature appropriated for maintenance \$69,090. In 1913 the Legislature appropriated for maintenance \$49,773.

The site for the hospital is situated approximately 37 miles northeast of New York City, at Yorktown, in the County of Westchester. It is two and one-half miles northwest of the Yorktown Heights Station of the Putnam Division of the New York Central Railroad, and seven miles east of Peekskill. The tract is approximately one mile square. It is bounded on the south by Lake Mohansic and on the north by the Crompond Road. The land is undulating and contains altitudes ranging from 450 to 580 feet. It is an excellent site for the development of a modern hospital for the care and treatment of the insane.

Of the seven farm houses bought with the property, five were remodeled in 1910, 1911 and 1912, and water, sewerage and heating systems were installed. Three of the houses are used for the quiet, chronic, working class of patients, one for the superintendent's residence and administrative offices; one for a small storeroom; the others for officers and employees.

On June 16, 1910, 12 patients were transferred to the institution from the Central Islip State Hospital. At the present time (1913) the institution accommodates 65 patients.

The water for the institution will be from Lake Mohansic. The supply is abundant and of good, potable quality.

The administration and medical groups will consist of an administration building, a psychopathic or reception hospital, hospital and infirmaries, and a tuberculosis hospital.

The industrial group will consist of a power plant, storehouse, cold storage, refrigeration plant, bakery, laundry, various industrial buildings and mechanical shops.

There will be a group for each sex of the chronic quiet cases, to consist of cottages, but no cottage to accommodate more than 100, and not over 50 in a ward. The dormitories will vary in size, but

none should accommodate over 20 patients. These groups are to be arranged so as to have one large central kitchen and several dining rooms, but no dining room to seat over 100.

The group for each sex of the chronic disturbed cases is to consist of small cottages, but no building is to be over two stories and no ward to accommodate over 25. This group will be located some distance from the main group. There will be a central kitchen, with dining rooms for each sex, but not over 50 patients in any one dining room.

A farm colony of three or four cottages will be located near the farm center. There will be small dining rooms for patients, a small dining room for employees and a central kitchen completely equipped. The cottages will not be over two stories, with finished attics for employees. There also will be the following buildings: a farmer's house, a large barn, a dairy, an ice house, piggeries, slaughter house and a hennery.

A garden colony will be easily accessible to the main group of buildings. In this colony there will be a cottage for the gardener and the coachman, a barn to care for 6 to 8 horses, a carriage house, a garage, sheds for delivery wagons, road-making machinery, sleighs, garden utensils, green houses, hot beds and vegetable cellars.

An amusement group is to consist of an amusement hall, social hall, recreation rooms, open pavilions, dancing pavilion, athletic field, etc.

The special buildings will be a chapel, staff house, cottages for physicians, nurses' homes, isolation hospital, laboratory, cottages for voluntary and convalescent cases, superintendent's residence, cottage for steward, engineer and electrician, etc.

All buildings of the hospital will be constructed of fireproof material as far as possible.

The following general rules should obtain in building for patients and employees: 50 square feet per person for dormitories, 40 to 50 square feet per person in day rooms, 12 to 16 square feet per person for dining rooms, 100 square feet per person for single rooms, exclusive of closets, 150 square feet for double rooms for employees, exclusive of closets, 1 lavatory for each six patients, 1

hopper for every six patients, 1 urinal for every eight male patients, 1 spray bath for each ward of 30 or less, 2 spray baths for each ward of 30 to 50, 1 slop sink in each ward and 1 private hopper in each ward for employees.

The hospital as now planned will accommodate 3000 patients.

The principal groups, as mentioned above, will be placed on what is known as the west hill, while the east hill will be devoted entirely to farm and garden operations. The farm and garden colonies will be placed near the lake on the southern portion of the east hill.

The first Board of Managers consisted of Miss Helen Miller Gould, Miss Mary Flexner, John C. Clark, Andrew J. Shipman, Frank Tucker, J. Howard Wainwright and William D. Granger, M. D.

The first meeting of the Board of Managers was held May 31, 1910, in New York City, at which Mr. Shipman was elected president and Miss Flexner secretary. On June 16, 1910, the State Hospital Commission (formerly the State Commission in Lunacy) appointed Dr. Albert Warren Ferris, of the commission, acting superintendent pro tem., to serve without pay until a superintendent could be appointed. This temporary appointment was essential in order to proceed with the preliminary work of establishing the hospital. On the same date, June 16, 1910, Dr. H. C. Evarts, first assistant physician at the Manhattan State Hospital, was designated physician-in-charge during the months of June and July. On the 22d day of July Isham G. Harris, M. D., first assistant physician at the Hudson River State Hospital, was nominated by the State Hospital Commission to the Board of Managers for the position of superintendent, to take effect from the first day of August, and his appointment was confirmed and approved by the Board of Managers. This appointment was made from the civil service eligible list, after a competitive examination.

In May, 1911, the State Hospital Commission appointed Dr. Charles W. Pilgrim, superintendent of the Hudson River State Hospital and formerly president of the State Hospital Commission, as consultant and advisory committee for the development of the hospital.

In February, 1912, Joseph Davis was appointed farm manager and acting steward.

In July, 1913, Dr. William Jones was appointed medical interne.

The following changes in the members of the Board of Managers have occurred: In December, 1911, J. Howard Wainwright died and was succeeded by A. Outram Sherman. In March, 1913, John C. Clark resigned and was succeeded by William I. Sirovich, M. D., who resigned in December, 1913, and was succeeded by Max Herbst, D. D S.

Reprinted from *The Institutional Care of the Insane in the United States and Canada*, By Henry Mills Hurd, William Francis Drewry, Richard Dewey, Charles Winfield Pilgrim, George Adler Blumer, American Medico-Psychological Association. Committee on a History of the Institutional Care of the Insane, Thomas Joseph Workmann Burgess, Volume 3, The John Hopkins Press, Baltimore, Maryland, 1916, Pages 236 – 240.
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