WILLARD STATE HOSPITAL.
WILLARD, N. Y.

In accordance with the recommendation of Governor Fenton, Dr. Wm. H. Richardson, of Essex County, chairman of the Committee of Public Health, introduced a bill in the Legislature which became a law April 8, 1865. The title of the law is “An Act to Authorize the Establishment of a State Asylum for the Chronic Insane, and for the Better Care of the Insane Poor, to be known as The Willard Asylum for the Insane.” This bill was drawn in Canandaigua and received its final correction and shaping at the hands of Charles J. Folger, then a member of the State Senate from the Ontario County Senatorial District.

During the consideration of the bill Dr. Willard died, March, 1865, and his name and memory are perpetuated in connection with the hospital he was instrumental in creating. In the “Willard Law” there was the positive requirement that “the chronic pauper insane from poorhouses and all chronic pauper patients that shall be discharged not recovered from the State Lunatic Asylum (Utica) shall be sent to the asylum hereby created,” and not transferred to a county poorhouse, as had been the legal rule previously.

The enactment and application of this principle of the “Willard Law” were to become the thin edge of the wedge destined to supplant eventually the county system of care and establish still later in its place the present system of state care. Dr. John P. Gray, Dr. John B. Chapin and Dr. J. T. Williams were appointed by Governor Fenton commissioners to locate the asylum, prepare plans, subject to the approval of the Governor, and erect the buildings. In making a selection of the site of the asylum the commission was directed to give preference to any property on which the state had a lien if it were deemed suitable for the purpose of the asylum. This restriction had reference to the land and buildings of the State Agricultural College, which had ceased to exist, located near the village of Ovid, on Seneca Lake. The state acquired title to this property December, 1865, and in March, 1866, the Governor approved the plan of the building to be known as the hospital structure. Dr. Gray resigning in 1866, the vacancy was filled by the appointment of Dr. Lyman Congdon.

In the spring of 1869 the Legislature abolished the building commission and conferred upon a Board of Trustees all of its powers and duties. The trustees appointed Dr. John B. Chapin medical
superintendent, to take effect April 1, 1869. On the 13th of October following the first patients were received from Columbia County. Applications for the reception of 500 patients were received from county superintendents of the poor to take the 250 beds which had been prepared. It was anticipated that the first patients selected for transfer to the asylum would represent various mental and degenerated conditions. The problem of a scheme to satisfy the various and varying mental and physical conditions to be met with engaged the early and serious consideration of the commission. The plans adopted combined a hospital building somewhat after that usually followed, with such improvements as experience justified for the care of cases suffering from acute conditions, paroxysmal excitement, or who for any reason might thus be better provided for. For the care of quiet patients and those capable of engaging in various industrial occupations incident to a large community it was proposed to place them in detached buildings arranged in groups. Four groups of detached blocks, two infirmary blocks for special care of feeble, untidy, demented patients were erected. These structures, with the main hospital and administrative building and two small farm colony buildings, located on a farm of 848 acres, now comprise the entire plant for the lodgment of patients. For the classification of patients there are abundant facilities in the 59 wards. Shops for various occupations that make for a somewhat independent communal existence have also been provided.

It is not to be supposed that the plans proposed for the class of patients to be received or the buildings to be erected for their lodgment would be accepted and approved, as they were not in accordance with long-existing traditional methods. It was the purpose to make a departure, which in some respects would be radical, but fully warranted by existing intolerable conditions. It was not a purpose to lower the standard of care, because it was proposed to make provision for the care of the insane who were chronic or incurable. It was, however, the avowed purpose to remove such cases from the poorhouses; to devise improved plans for their housing which would reduce the per capita cost of construction, and, by aggregation of numbers, reduce the cost of support; to avoid duplication of service; and, lastly, to establish a principle for the humane disposition of the insane under responsible professional supervision and state care. All of these results have been accomplished in the erection of supplemental or groups of detached blocks which were found to cost two-thirds less than accommodation prepared in accordance with plans usually adopted. The scheme contemplated the segregation rather than the congregation of patients.
Since the opening of the Willard Asylum the number of patients received to the close of the fiscal year 1911 was 12,510. It is to be recorded incidentally that in the early years during the formative stage of the Willard State Hospital the scheme was the subject of an acute contention on the part of county officers whose vested interests might be in jeopardy, politicians and physicians of hospitals who clung to a code of antiquated propositions as to a fetish - an unholy alliance - the less said of which the better.

Dr. Chapin resigned the office of medical superintendent September 1, 1884, to accept the superintendency of the Pennsylvania Hospital for the Insane. Since his resignation Dr. P. M. Wise, who served as superintendent for five years, Dr. Theodore H. Kellogg, Dr. William Mabon, Dr. Charles W. Pilgrim and Dr. William A. Macy have held the office.

Dr. Robert M. Elliott, formerly superintendent of the Long Island State Hospital, was appointed superintendent August 4, 1904, and continues in office.

The value of the hospital grounds and buildings as appraised in 1912 was $2,166,900 and of the personal property $220,000. The value of farm and garden products in 1913 was $65,135.53 and of articles manufactured by patients $38,819.99. The certified capacity of the institution is now 2,015, but it is caring for 2,378 patients.