

**“Lunacy under the Burden of Freedom:” Race and Insanity in the American South,
1840-1890**

Mary Wingerson

Advisor: Professor Carolyn Roberts

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“Provision for this class has always been a separate and peculiar problem.” – T.O. Powell, 1897, Superintendent of the Georgia Lunatic Asylum¹

¹ T. O. Powell, “A Sketch of Psychiatry in the Southern States,” *American Journal of Insanity* 54 (1897): 29.

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On May 2, 1876, Thomas Butler, a twenty-two-year-old laborer, sat before three justices in Suffolk, Virginia. No record exists of Butler's speaking, and in all likelihood, he did not speak at all. Yet Butler was the man on trial. His charge was insanity.

Thomas Butler, an African American man, was born on John Saunders's farm outside Suffolk, Virginia in 1854, most likely as Saunders's slave. In 1876, Saunders was the only witness who testified to Thomas Butler's insanity. Saunders stated that Butler had "shown indications" of insanity for five to six years.² The primary indication of Butler's insanity was that "he is demented on subjects of religion and freedom," freedom that Butler presumably won 11 years prior.³ Saunders's testimony convinced the justices that "he is a lunatic and citizen of this State, and ought to be confined in a lunatic asylum."⁴ The county sheriff escorted Butler to the Central Lunatic Asylum for the Colored Insane, where he was "to be treated and taken care of as a lunatic."⁵ Nothing further is known of Butler's fate.

Thomas Butler's case is emblematic of whites' longstanding conceptions of mental illness in African Americans.⁶ Constructions of race and insanity mutually

² This was the terminology used in the commitment records for the Central Lunatic Asylum. For the standard questionnaire used during insanity trials (commitment records from counties across Eastern Virginia contained near-identical questions), question four inquired "How long since indications of insanity appeared?" and question five inquired "What were they?" Records of Central State Hospital, 1874-1961. Accession number 41741, State Government Records Collection, The Library of Virginia, Richmond, Virginia.

³ We know that Thomas Butler was committed, since only the trial notes of those actually committed were preserved at the Central Lunatic Asylum.

Records of Central State Hospital, 1874-1961. Accession number 41741, State Government Records Collection, The Library of Virginia, Richmond, Virginia, Box 4, Folder 4, Case of Thomas Butler, Commitment Record, 1876. Hereafter, I will refer to the archives of the Central State Hospital as "CSH."

⁴ CSH, Box 4, Folder 4, case of Thomas Butler, Letter from the court to Norfolk City Sergeant, 1876.

⁵ Ibid.

⁶ Mental illness is an anachronistic term; there was no umbrella term in the 19th century to group insanity, mania, melancholy, and other diseases of the mind. The term, "mental illness" is used for convenience here. For a history of the terms, depression, mania and other mental illnesses, see Thomas Dalby, "Terms of Madness: Historical Linguistics," *Comprehensive Psychiatry* 34 no. 6 (Nov. 1993): 392-395. Through much of the nineteenth century, "insanity" was the umbrella term for mental illness, judging from

contributed to white supremacist ideology and to dehumanization of African Americans through social policing, revocation of legal rights, and confinement. James Saunders, a white farmer who owned the land Butler worked and had probably owned Butler before Emancipation, claimed to have had sustained and personal contact with Butler.

According to his testimony, Saunders had observed Butler's "insane" behavior regarding religion and freedom for several years.⁷ Saunders, and the justices who ruled that Butler was a lunatic, equated Butler's subversive behavior that endangered the social order with insanity. Butler's case demonstrated that whites' understanding and treatment of mental illness in African Americans was at once a cause and a consequence of white supremacy.

Butler's case also captured a transformation in the treatment of African American mental illness. Insane asylums, traditionally reserved for whites, housed African Americans in increasing numbers after the Civil War. In the antebellum period, Southern apologists claimed that slavery provided the best protection against insanity in African Americans, while freedom often led to madness.⁸ The abolition of slavery realized the self-fulfilling prophecy that freedom would cause insanity: suddenly, myriad freedpeople were insane by nature of their freedom and housed in asylums built for their confinement.

The prescribed causes and cures related to mental illness in African Americans mainly centered around restrictions of freedom and social mobility. The pathologizing of threatening behavior in African Americans indicates mental illnesses as socially

terminology on the census. In 1840, the census first catalogued the "insane;" in 1880, the category of insane had seven sub-classifications: mania, melancholia, monomania, paresis, dementia, dipsomania, and epilepsy. See Herb Kutchins and Stuart A. Kirk, *Making Us Crazy: DSM : the Psychiatric Bible and the Creation of Mental Disorders* (New York: Free Press, 1997).

⁷ CSH, Box 4, Folder 4, Case of Thomas Butler, Commitment Record, 1876.

⁸See George Fitzhugh, "Protection, and Charity, to the Weak" in *Cannibals All! or Slaves Without Masters*, ed. by C. Vann Woodward (Cambridge, 1960). Specifically, on page 278, Fitzhugh states that "it is the duty to enslave the weak." I will further expound upon the linkage between freedom and insanity.

constructed. This thesis explores the understanding of mental illness in African Americans from 1840 to 1890. I study treatments, causes and cures using social construction as a conceptual frame. The formation of mental illness and its treatment mandates a categorization of certain behaviors and states of being as undesirable or immoral.⁹ Social mores dictate notions of desirable, morally upright behaviors. The most extreme expressions of socially aberrant behavior constituted mental illness.¹⁰

The understanding of mental illness as socially constructed prompted a revision of the history of mental illness from compassionate to controlling. Michel Foucault's *Madness and Civilization* famously argued that asylums existed only to confine deviant "others," while Thomas Szasz's landmark 1960 "The Myth of Mental Illness" refuted the premise of pathologizing behaviors and proposed that the "mentally ill" instead suffered "problems with living."¹¹ Foucault's and Szasz's work prompted a major revision of the history of mental illness. If mental illnesses were socially constructed, then the history of their treatment could no longer be understood as a gradual progression toward an

⁹ Mary de Young, *Madness, An American History of Mental Illness and Its Treatment* (Jefferson, North Carolina: McFarland & Company, 2010), 2.

¹⁰ Miranda Gill, "A Little Bit Mad/Almost Mad/Not Quite Mad? Eccentricity and the Framing of Mental Illness in Nineteenth-Century French Culture," in *Framing and Imagining Disease in Cultural History*. (New York: Palgrave MacMillan, 2003), 156.

¹¹ In *Madness and Civilization*, Foucault traces the evolution of asylums through his study of the Hôpital Général. Rather than a medical establishment, the hôpital was a "semi-judicial structure (...) granted powers to deliberate, judge and pass sentence independently of other pre-existing authorities and courts" (49). This court system for the assignment of insanity and confinement of the insane operated as "a third order of repression" between police power and the mainstream justice system. The hôpital acted as a prison for those believed to deserve punishment and confinement who had not committed a legal crime, but a moral one: a failure to work and contribute economically to society. The secularization and the criminalization of poverty drove the invention of the asylum and its role as a morally corrective institution. See Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (Abingdon, Oxon: Routledge, reprint, 2001) and Thomas Szasz, "The Myth of Mental Illness," *American Psychologist* 15, no. 2 (1960): 113-118. For a more comprehensive overview of the shift toward a distrust of psychiatry, see Gerald Grob's 2008 introduction to *Mental Institutions in America: Social Policy to 1875* (New York: Free Press, 2008).

understanding of mental illnesses in and of themselves, as there was no scientific, ontological reality to be understood.¹² Instead, the history of mental illness became a history of social norms, conceptions of deviance, and treatment of the socially subversive.¹³

The intervention of what I term the antipsychiatry school has sometimes sacrificed stories of the oppressed in favor of interrogating the theories, practices, and institutions of the oppressors.¹⁴ More generally, the historiography lacks investigations of race and mental illness.¹⁵ The dearth of histories of minorities' experiences with

¹² The antipsychiatry movement in the lay population arguably preceded that of the academy. Albert Deutsch, an investigative journalist, published *The Shame of the States*, an expose of deplorable conditions in state-run asylums, in 1948. Also in 1948, the film adaptation of Mary Jane Ward's semi-autobiographical novel, *The Snake Pit*, brought the now well-known tropes of the horrors of asylum confinement to the silver screen. A 1949 *Ebony* article declared, "if for white patients, the result has been institutions that are more jails than hospitals, then for Negroes the situation approaches Nazi concentration camp standards." See "Insanity: mental illness among Negroes Exceeds Whites, Overcrowds already Jammed 'Snake Pits,'" *Ebony*, April 1949, 19-23, cited in Jonathan Metzl, *Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009), 40; Albert Deutsch, *The Shame of the States* (New York: Harcourt, Brace & Co., 1948); *The Snake Pit*, directed by Anatole Litvak (1948: Twentieth Century Fox), film.

¹³ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge, UK: Cambridge University Press, 1999), 5.

¹⁴ There is currently a cognitive dissonance between the Neo-Foucauldian historians and critical race theorists regarding mental illness in African Americans. The Neo-Foucauldian school, as I term them, has focused on the contrivances of mental illness to control and confine African Americans. Adam Reed Metcalfe, in "Mental Death," uses a Foucauldian lens to critique the commitment and treatment of African Americans in the Central Lunatic Asylum. He largely assumed that those confined did not suffer from mental illness. On the other hand, in *The Protest Psychosis*, Jonathan Metzl claims that the disproportional institutionalization of African Americans at the Ionia State Hospital largely reflected a desire to pathologize and confine Civil Rights protestors. In a manner I hope to emulate, Metzl acknowledges the challenge of negotiating experienced illness and suffering from racially assigned illness: "The subtle distinction between a schizophrenia caused by protest against racism and a schizophrenia that reflected existing structural racism extended to the internal body as well" (29). Along the same vein, critical race theorists posit that racism and its associated traumas can cause mental illness, and in large part accounts for the statistical overrepresentation of minorities with mental illness. Of course, these perspectives are not mutually exclusive, but call for a more nuanced, but murkier, understanding of the experience of mental illness in minority populations, especially African Americans.

See Adam Metcalfe Reed, "Mental Death: Slavery Madness, and State Violence in the United States," (Dissertation, University of California Santa Cruz, 2014); Jonathan Metzl, *Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009); Tony Brown, "Critical Race Theory Speaks to the Sociology of Mental Health: Mental Health Problems Produced by Racial Stratification," *Journal of Health and Social Behavior* 44, no. 3 (Sep. 2003): 292-301.

¹⁵ Several prominent texts on the American history of mental illness and asylums do not consider race, or do so with an uncritical lens. For example, David Rothman's *The Discovery of the Asylum* largely ignores

mental illness calls for an expansion of the field. I provide an evolution of ideas of mental illness in African Americans from the late antebellum era through the end of the 19th century.

Constructions of mental illness in African Americans demonstrate that the American medical tradition acted as both a cause and consequence of white supremacy; the medical field has constructed and sustained racially pernicious attitudes and practices. However, historians often frame healthcare of African Americans as “racist,” implicitly arguing that racism in medicine stems from social mores outside medicine. Barbara Fields has observed that many historians understand race as more of an ahistorical reality, like the law of gravity, rather than a construct with a history that can be analyzed and understood.¹⁶ For example, Gretchen Long, in *Doctoring Freedom*, stated that

race. Peter McCandless’s monograph on the South Carolina Lunatic Asylum, *Moonlight, Magnolias and Madness*, gives a small window into treatment of African American patients, since the asylum had segregated wards. Regarding the history of medicine practiced on and by African Americans in the late antebellum era through the turn of the twentieth century, a handful of monographs, including Gretchen Long’s *Doctoring Freedom*, Jim Downs’s *Sick from Freedom*, and Sharla Fett’s *Working Cures* have greatly expanded the field. These scholars’ contributions, however, do not emphasize the treatment of mental illness (especially for Fett, who limited her scope to slavery, during which the treatment of slaves’ mental illnesses was most notable for its absence). Shorter studies have discussed the confinement of African Americans in asylums, notably Mab Segrest’s “Exalted on the Ward” and John S. Hughes’s “Labeling and Treating Black Mental Illness in Alabama.”

See David Rothman, *The Discovery of the Asylum* (New York: Adline de Gruyter, 2002); Peter McCandless, *Moonlight, Magnolias & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996); Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. (Chapel Hill, NC: University of North Carolina Press, 2012); Jim Downs, *Sick From Freedom: African American Illness and Suffering during the Civil War and Reconstruction* (New York, NY: Oxford University Press, 2013); Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002); Mab Segrest, “Exalted on the Ward: “Mary Roberts,” the Georgia State Sanitarium, and the Psychiatric “Speciality” of Race. *American Quarterly* 66, No. 1 (March 2014): 69-94; John S. Hughes, “Labeling and Treating Black Mental Illness in Alabama, 1860–1910,” *Journal of Southern History* 58.3 (1992): 435–60.

¹⁶ For Barbara Fields’s call for a revision of the history of race, see Barbara Fields, “Slavery, Race, and Ideology in the United States of America,” *New Left Review* 1, No. 181. (May/June 1990): 96. In *Medical Apartheid*, perhaps the broadest-appealing history of (abusive) healthcare provided to African Americans, Harriet Washington limits the scope of race in medicine. For example, she concluded that Benjamin Rush was “not a racist, but a passionate abolitionist,” as though the two are mutually exclusive. Yet, Washington describes Rush as obsessed with racial difference; he endeavored to “understand and hoped to duplicate the process by which the Negro skin lost its color” (80). Washington’s view of Rush as

“discussions that white historical actors had about African American health care and its implications...usually did not only concern medicine or science,” but were “entangled with ideas about racial difference.”¹⁷ I challenge the dichotomization of “ideas of racial difference” and “medicine or science.” This dichotomy erases the history of race as intertwined with and constructed by science and medicine. Rather, ideas of racial difference were foundational to American allopathic medical science and anthropology.

To present theories of racial difference and mental illness as mutually constructed, I trace white physicians’ understanding of mental illness in African Americans and the experiences of African American patients from 1840 to 1890. Several core topics animate this history. First, I discuss the construction of race as biological and heritable by the American School of Ethnology as the foundation for racially assigned illnesses. Concurrently, the 1840 census posited that freedom caused insanity in African Americans, which instigated apologists’ “insanity defense:” that slavery prevented insanity. The end of slavery ruptured the treatment, but not the understanding, of mental illness in African Americans as caused by freedom.

The postbellum establishment of “lunatic asylums for the colored insane” typified the understanding of race as determinative of diseases contracted and treatments required:

“not racist,” and the broader dichotomy between racists and abolitionists, those obsessed with racial difference and those actively harming African Americans, limits the scope of medicine’s influence on constructions of race. I argue that any biological construction of difference necessarily causes and perpetuates discrimination against minority groups. A *New York Times* book review of *Medical Apartheid* claimed that “so-called research performed on blacks had the trappings of science but was meaningless, poorly designed and based on specious theories.” These “specious theories,” however, constituted medical science just as much as any other theory. See Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006), 80 and Denise Grady, “White Doctors, Black Subjects: Abuse Disguised as Research,” *New York Times* (Jan 23, 2007).

¹⁷ Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. (Chapel Hill, NC: University of North Carolina Press, 2012), 5.

separate institutions, though fiscally disadvantageous, would better facilitate the treatment of both white and African American patients. Using a case study of the commitment practices and institutional life of the Central Lunatic Asylum for the Colored Insane in Petersburg, Virginia, from its opening in 1870 to 1890, I conclude that ideas of racial difference were inextricably intertwined with diagnoses, treatments, and ideas of cures of insanity. The Central Lunatic Asylum was at once an institution of social control for free and functioning African Americans, a compassionate intervention for nonfunctioning, desperately ill freedpeople, and a conservative return to the plantation for all its inmates. Indeed, the Asylum captured the broader relationship between race and medicine as inextricably intertwined, mutually constructed, and mutually reinforcing.

1. Construction of Race as Biological

Americans did not always imagine race as biological and immutable; rather, American colonists imagined race as socially or environmentally induced.¹⁸ However, the project of theorizing and classifying racial difference, originally a European endeavor, soon permeated American thinking.¹⁹ In his 1787 *Notes on the State of Virginia*, Thomas Jefferson described African Americans as intellectually inferior: “In general, their existence appears to participate more of sensation than reflection.”²⁰ For

¹⁸ Some American colonists suspected that local climate determined skin color. They feared that their offspring would more closely resemble Native Americans than their biological, Anglo-saxon parents. For a more in-depth discussion of explanations of racial difference from colonists in the 17th century, see Jennifer L Morgan, “‘Some Could Suckle over Their Shoulder:’ Male Travelers, Female Bodies, and the Gendering of Racial Ideology, 1500-1770,” *The William and Mary Quarterly* 54, no. 1 (Jan. 1997): 178.

¹⁹ European understandings of racial difference throughout the 18th century lacked consensus on causes of difference, be they physical or intellectual. Carl Linnaeus, a Swedish taxonomist, was one of the first men to classify humans through racial groupings. Linnaeus posited four races: Europeans, Americans, Asians, and Africans, all of whom had distinctive traits. Europeans were sanguine, gentle and inventive, while Africans were phlegmatic, crafty, indolent and negligent, for example. See Carl von Linné, M. S. J. Engel-Ledeboer, and Hendrik Engel, *Systema naturae*, 1735. (Nieuwkoop, Netherlands: B. de Graaf, 1964.)

²⁰ Thomas Jefferson, *Notes on the State of Virginia* (London: Printed for John Stockdale, 1787), 265.

Jefferson, race determined differences in cognitive and physiological functioning. He proposed that “Africans secrete less by the kidnies (sic), and more by the glands of the skin, which gives them a very strong and disagreeable odor.”²¹ Jefferson delved beneath superficial judgments of skin color, appearance, and evaluations of other cultures when theorizing racial difference. He supposed that differences in skin color might stem from “color of the blood, the color of the bile, or (...) some other secretion,” and was certain that race itself was “fixed in nature.”²²

By 1839, American physicians endeavored to make the understanding of racial difference a scientific, medical discipline.²³ The physician Samuel George Morton spearheaded the use of the scientific method to construct race as biological using the practice of craniometry, the study of skulls. Upon examining hundreds of skulls from different races, Morton concluded that racial differences in skull shape could only be accounted for by each race’s separate creation by God. Morton published *Crania Americana* in 1839, and therein posited the speciation of races.²⁴ Morton’s scientific inquiry into racial difference not only cemented the notion of race as biological and heritable, but also gave scientific credence to prohibitions against miscegenation. *Crania*

²¹ Jefferson, *Notes*, 191.

²² Ibid.

²³ These men, considered the founders of the field of anthropology, are called collectively “The American School of Ethnology.” For an African American scientist’s rebuttal to the tenets of the American School of Ethnology, see Mario Beatty, “Martin Delany and Egyptology,” *ANKH, Journal of Egyptology and African Civilizations* 14, no. 15 (2006): 78-99.

²⁴ See Samuel George Morton, John Collins, and Thomas S. Sinclair, *Crania Americana, or, A Comparative View of the Skulls of Various Aboriginal Nations of North and South America: To Which Is Prefixed an Essay on the Varieties of the Human Species; Illustrated by Seventy-Eight Plates and a Colored Map* (Philadelphia: J. Dobson, 1839).

Americana equated interracial sex with bestiality by demarcating different races as different species.²⁵

2. The 1840 Census and the Burden of Freedom

Ideas of heritable racial difference were fundamental to the social scaffolding of the South, especially in the nineteenth century. Concurrent with medico-scientific inquiries into racial difference, the 1840 census introduced a new category, “Insane and Idiotic.”²⁶ The census, since its inception in 1790, had always tabulated demographic data by race and status of enslavement due to the Three-Fifths Compromise, so rates of insanity and idiocy were separated by race and slave-status as well.²⁷ For the 1840 census, the Census Bureau’s enumerators, composed exclusively of white men, determined and recorded the mental soundness of each person tabulated for the census.²⁸

Citing demographics on the “insane and idiotic” in the 1840 census, apologists proclaimed that freedom caused insanity in African Americans. The census concluded that one in 144.5 African Americans from free states were insane or idiotic, compared to one in 867 whites. In slave states, however, one in 1,558 African Americans were insane

²⁵ Several anthropologists followed in Morton’s stead. Namely, Josiah Nott, a surgeon, and George Glidden, an Egyptologist, collaborated to publish *Types of Mankind* in 1854, which expounded upon Morton’s theory of separate creations of races, which they termed “polygenism.”

²⁶ In wake of the three-fifths compromise, the US Census used slave status as its main categorizer of populations from the first census in 1790. The tabulation of free white, free black, and slave populations was determined the number of representatives allotted to each state. The comparison of demographic data by race was not the original intention of using race as a category on the census, but it was a significant consequence. For a history of race and the census, see Melissa Nobles, *Shades of Citizenship: Race and the Census in Modern Politics* (Stanford: Stanford University Press, 2000).

²⁷ The Constitution mandated that congressional seats be allotted proportionate to “the whole Number of free Persons...excluding Indians not taxed [and] three fifths of all other Persons.” The census was invented to tabulate data by race to determine congressional representation. See Ian Haney-Lopez, “State of Race: The Hispanic Question on the US Census,” *Insights on Law & Society* 10, no. 2 (Winter 2010): 10.

²⁸ Jeff Forret, “‘Deaf & Dumb, Blind, Insane, or Idiotic:’ The Census, Slaves, and Disability in the Late Antebellum South,” *Journal of Southern History* 82 No. 3 (Aug. 2016): 507.

or idiotic. Further, rates of insanity correlated with latitude: one in fourteen African Americans in Maine, compared to one in 4,310 African Americans in Louisiana, were deemed insane or idiotic. According to the 1840 census, the further enslaved people were enveloped in slave society, the more insulated they were from the toxic, insanity-inducing industrialism of the north.²⁹ After reviewing the 1840 census, Senator John C. Calhoun ecstatically declared, “here is the proof of the necessity of slavery. The African is incapable of self care (sic) and sinks into lunacy under the burden of freedom. It is a mercy to him to give this guardianship and protection from mental death.”³⁰

James McCune Smith, the first licensed African American medical doctor in America, adroitly refuted the methodology of the data collection for the census.³¹ McCune Smith noticed major pitfalls in the enumeration of the insane. He asserted that the “insane and idiotic” would always be under-enumerated in slave states, as whites always took precedence over African Americans for beds in asylums, and nonfunctioning slaves were thrown into poorhouses, in which their classification was “pauper” and not “insane and idiotic.” Moreover, census enumerators often collected demographics on plantations by speaking with the owner or the overseer, who presumably would not report their slaves as “insane or idiotic.”³² McCune Smith concluded that the flawed methodology of the census nullified the data’s legitimacy; the census could not support any accurate conclusions about the links between race, freedom, and insanity. “Freedom

²⁹ Melissa Nobles, *Shades of Citizenship: Race and the Census in Modern Politics* (Palo Alto: Stanford University Press, 2000), 32-35.

³⁰ John C. Calhoun, cited in Calvin Warren, “Black Interiority, Freedom, and the Impossibility of Living,” *Nineteenth-Century Contexts* 38 no. 2 (2016): 107.

³¹ Although McCune Smith practiced in New York, he obtained his medical training at the University of Glasgow because no American university would take him on account of his race.

³² Washington, *Medical Apartheid*, 146.

has not made us mad,” McCune Smith asserted. “It has strengthened our minds by throwing us upon our own resources.”³³ The American Statistical Association soon backed McCune Smith’s conclusions, and notables like Frederick Douglass rejoiced that Calhoun’s “attempt to prove that freedom is fraught with deafness, insanity and blindness to the people of color” was “swept away by the palpable inaccuracy of the last United States Census.”³⁴

But John C. Calhoun defended the accuracy of the Census, as its conclusions were simply too valuable for his pro-slavery stance.³⁵ Accusations of insanity were a valuable political tool: apologists diagnosed abolitionists with “monomania,” or obsession with a single goal.³⁶ If ideas of freedom were believed to cause insanity in white abolitionists, the experience of freedom for African Americans would be incalculably more dire. The notion that freedom would cause insanity in African Americans bolstered the paternalistic justification of slavery. In “The Morals of Slavery,” William Gilmore Sims waxed that “the absence of all care for the morrow, for the future, for their own support in age, and the support of their children, together with the restraints of labor (...) must greatly abridge the tendency to insanity; and it may be that the general inferior activity of their

³³ Letter 50, James McCune Smith to the Editor of the *New York Herald Tribune*, (January 29, 1844), in *The Mind of the Negro as Reflected in Letters During the Crisis 1800-1860*, ed. Carter G. Woodson (Chicago: The Association for the Study of Negro Life and History, 1926).

³⁴ Frederick Douglass, Philip Sheldon Foner, and Yuval Taylor, *Frederick Douglass: Selected Speeches and Writings* (Chicago: Lawrence Hill Books, 1999), 10.

White statisticians agreed with McCune Smith. Edward Jarvis, after examining census records from Massachusetts, found that the entire population of an insane asylum in Worcester, Massachusetts was wrongly recorded as African American, when all its patients were actually white. See Edward Jarvis, “Insanity Among the Coloured Population of the Free States,” *American Journal of the Medical Sciences* no. 7 (1843): 74–75, cited in Washington, *Medical Apartheid*, 115.

³⁵ Kurt Gorwitz, “Census Enumeration of the Mentally Ill and the Mentally Retarded in the Nineteenth Century,” *Health Services Reports* 89, no. 2 (March-April 1974): 187.

³⁶ Joseph Yannielli, “George Thompson among the Africans: Empathy, Authority, and Insanity in the Age of Abolition,” *The Journal of American History* 96, no. 4 (March 2010): 983.

minds, is one cause of their freedom from this dreadful malady.”³⁷ Sims concluded that slavery offered a greater freedom than freedom itself: freedom from insanity. In light of the insanity defense – that freedom caused insanity in African Americans – slavery was not a necessary evil, but a moral imperative. Only enslavement could protect African Americans from the stresses of independent, industrial life that would drive them insane.³⁸

3. Racializing Mental Illness

Morton and his contemporary experts on racial difference, known as the American School of Ethnology, had established race as biological starting in 1839. Assuming race was biological, and determinative of insanity, as the census concluded, then mental illnesses themselves must also be contingent upon race.³⁹ As debates over slavery escalated in the 1850s, Southern physicians created and described mental illnesses assigned exclusively to African Americans.⁴⁰

Samuel Cartwright was the most notable and infamous conjurer of mental illnesses in African Americans. Cartwright, a physician trained in Maryland who

³⁷ William Gilmore Simms, "The Morals of Slavery," in *The Pro-Slavery Argument: as Maintained by the Most Distinguished Writers of the Southern State: Containing the Several essays on the Subject, of Chancellor Harper, Governor Hammond, Dr. Simms, and Professor Dew* (Philadelphia: Lippincott, Grambo & Co., 1853), 225, cited in Peter McCandless, *Moonlight*, 153.

³⁸ David Donald, "The Proslavery Argument Reconsidered," *Journal of Southern History* 37 (Feb. 1971): 9. <http://www.jstor.org/stable/2205917>.

³⁹ Southern physicians first speculated that African Americans had different physical illnesses than white patients. For illnesses obviously experienced across races, physicians believed that African Americans should have different dosages of medication, but debated whether African Americans required more or less medication than whites. See John Duffy, "A Note on Ante-Bellum Southern Nationalism and Medical Practice," *The Journal of Southern History* 34 no. 2 (May 1969): 266-276. <http://www.jstor.org/stable/2204661>.

⁴⁰ For a discussion of physical illnesses and their treatments assigned according to race, especially concerning childbirth, see Miriam Rich, "The Curse of the Civilized Woman: Race, Gender, and the Pain of Childbirth in Nineteenth-Century American Medicine," *Gender and History*, 28 no. 1 (April 2016): 57-76, or Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006).

practiced in Natchez, Mississippi from 1822 to 1848, moved to Louisiana to serve as chairman of a committee of the Medical Association of Louisiana to investigate “the diseases and physical peculiarities of the negro race.”⁴¹ In his invention of African American mental illnesses, which he named drapetomania and dysaesthesia aethiopsis, Cartwright linked theories of physical differences among races to cognitive differences; he claimed that the African American’s “bile,...blood,...the brain and nerves, the chyle and all the humors” were all “tinctured with a shade of the pervading darkness.”⁴² Cartwright asserted the “the Negro brain” was ten percent smaller than the “white brain.” Further, “the Negro’s brain has in a great measure run into nerves,” which Cartwright believed would cause nervousness and inquietude if not for the “deficiency of red blood in the pulmonary and arterial systems.”⁴³ Yet in Cartwright’s formulation, the poor oxygenation of African Americans’ brains, a physical defect, nevertheless prevented their nervous collapse.⁴⁴ The biological construction of race determined Cartwright’s conjuring of mental illnesses in African Americans. He linked perceived physical deficiencies to mental deficiencies in African Americans, gesturing to the notion that biological racial differences determined susceptibility to disease.

For Cartwright, the paternal care of a master, firm yet nurturing, protected African Americans from their own deficiencies and propensity for madness: “like children, they

⁴¹ Cartwright’s most prestigious title was Assistant Surgeon General of the Confederacy, in which he served until his death in 1863. See William Tucker, *The Science and Politics of Racial Research* (Champaign: University of Illinois Press, 1994), 13. See also JS Haller, “The Negro and the Southern Physician: a Study of Medical and Racial Attitudes 1800-1860,” *Medical History* 16, no. 3 (1972): 257.

⁴² Samuel A Cartwright, “Report on the Diseases and Physical Peculiarities of the Negro Race,” *New Orleans Medical and Surgical Journal* 1 (1851): 14 in Arthur Caplan, *Health, Disease, and Illness: Concepts in Medicine* (Washington: Georgetown University Press, 2004).
https://books.google.com/books?hl=en&lr=&id=NmHCgb3GvJoC&oi=fnd&pg=PA28&ots=hBIIP1Nlyv&sig=AZhj_jqSHJmH4W4E_9Vx1V8GOQI#v=onepage&q&f=false

⁴³ Ibid, 30.

⁴⁴ Ibid, 36.

require government in everything: food, clothing, exercise, sleep – all require to be prescribed by rule, or they will run into excesses.”⁴⁵ In his 1851 “Report on the Diseases and Physical Peculiarities of the Negro Race,” Cartwright posited that masters could cause insanity in their slaves by “trying to make the negro anything else than *the submissive kneebender*,” by “trying to raise him to level with himself, or by putting himself on an equality with the negro; or if he abuses the power which God has given him.”⁴⁶ Cartwright asserted that mistreatment of slaves, through leniency or unjust cruelty, led to two disease categories, drapetomania and dysaesthesia aethiopis. Escaping slavery indicated drapetomania; to Cartwright, all runaway slaves were insane. Dysaesthesia aethiopis, known colloquially as “rascality,” was indicated by a refusal to work, or the existence of an insufficient work ethic in free or enslaved African Americans.⁴⁷ The acts of fleeing slavery or resisting grueling forced labor were not rational, understandable acts of human resistance, but rather indicated disease. Cartwright’s “Diseases and Physical Peculiarities of the Negro Race” pathologized African Americans’ failure to perform as obedient slaves in the South or as subservient, industrious workers in the North.

Cartwright advocated for preventive medicine in the form of enslavement as the most effective public health measure for preventing drapaetomania and rascality. But in the event that a free African American contracted rascality, “a natural offspring of Negro liberty – liberty to be idle, to wallow in filth and to indulge in improper food and drinks,” the patient should be washed and anointed with oil. The oil should then be slapped into

⁴⁵ Ibid, 38.

⁴⁶ Cartwright, “Report on the Diseases,” 34.

⁴⁷ Ibid, 38.

the skin with a “broad leather strap,” and then the patient should be directed to manual labor that would facilitate the expansion of his lungs.⁴⁸ If freedom caused insanity, then its converse, torture under slavery, could restore sanity. Cartwright’s conjurations of mental diseases specific to African Americans concurred with George Fitzhugh’s assertion that “to protect the weak, we must first enslave them.”⁴⁹ For their own sanity, African Americans needed enslavement.⁵⁰

4. Treatment of Mental Illness in Slavery, by Whites and the Enslaved

Cartwright’s proposed treatment of drapetomania, “whipping the devil out of them,” captured the essence of whites’ treatment – or rather its lack – of mental illness in enslaved African Americans.⁵¹ Masters cared primarily about their slaves’ economic functionality, termed “soundness,” and so generally did not inquire about their slaves’ mental wellbeing if they could work.⁵² In cases where enslaved people refused to work, or could not work because of mental or physical ailments, their masters noticed. Non-working slaves became an economic burden and threatened the social order: a refusal to work implied a challenge to slave status. If masters could eke out any profit from somewhat functional mentally or physically handicapped slaves, they often leased their

⁴⁸ Ibid, 24. For more information on Samuel Cartwright’s life and ideas, see James Denny Guillory, “The Pro-Slavery Arguments of Dr. Samuel A. Cartwright,” *Louisiana History* 9 (1968): 209-27.

⁴⁹ George Fitzhugh, “Southern Thought,” ed Drew Gilpin Faust., *The Ideology of Slavery: Proslavery Thought in the Antebellum South, 1830–1860* (Baton Rouge: Louisiana State University Press, 1981), 274.

⁵⁰ Washington, *Medical Apartheid*, 90.

⁵¹ Cartwright, “Report on the Diseases,” quoted and analyzed in William Tucker, *The Science and Politics of Racial Research* (Champaign: University of Illinois Press, 1994), 14.

⁵² Soundness was a measure of slaves’ capacity to do labor at the time of their sale. For an analysis of medicine in slavery, by slaves themselves and white physicians, see Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002), especially 20-29.

slaves to lower-class whites at a discounted rate.⁵³ Most large plantations had their own hospitals; it was the most cost-effective measure to protect the physical health of a large population of workers. As a last resort, masters sent mentally ill or physically disabled slaves to poorhouses or jails.⁵⁴

Pursuing medical treatment for slaves was an economically fraught decision on smaller farms and plantations. One planter avoided sending slaves “down to the Doctor as much as possible. I know how extortionate physicians are.”⁵⁵ Instead, whites on smaller plantations employed economically savvy treatments for enslaved people. Bailey Cunningham, born into slavery 1838, remembered the mistress of the house as the medical provider for her enslaved property. She used three types of medicine that “would cure everything.” These cure-alls were vinegar nail, rosin pills, and tar. She made vinegar nail by marinating about a pound of square-cut iron nails in a jug of vinegar. None of the slaves on that plantation ever saw a licensed medical doctor.⁵⁶

In cases where enslaved people’s mental dysfunction truly impaired them, minimizing expenses remained the priority for their owners. An English visitor to the South, Harriet Martineau, once inquired of a physician at the South Carolina Lunatic Asylum about the fate of insane slaves. The physician had “no doubt that they were kept in outhouses, chained to logs, to prevent their doing harm.”⁵⁷ Generally, slaves received medical treatment only if they could eventually return to work. Permanently disabled

⁵³ Ibid, 521.

⁵⁴ Forret, “Deaf & Dumb, Blind, Insane, or Idiotic,” 528.

⁵⁵ McCandless, *Moonlight*, 50.

⁵⁶ Charles L. Perdue, Thomas E. Barden, and Robert K. Phillips, *Weevils in the Wheat: Interviews with Virginia Ex-Slaves* (Bloomington: Indiana University Press, 1980), 83. Cunningham did not specify the application of vinegar, rosin or tar (whether topical, ingested, etc.).

⁵⁷ Harriet Martineau, *Society in America*, 2 vols. (New York, 1837), 2: 291, cited in McCandless, *Moonlight*, 152.

slaves, no longer economically valuable, suffered profound neglect. Some states legally mandated that masters care for their disabled slaves. In 1848, Virginia's General Assembly mandated that "permitting a slave of unsound mind, aged or infirm to go at large without adequate support shall be punished by a fine of \$20.00 to \$50.00."⁵⁸ Before the legislation was enacted, there was likely endemic negligence of disabled slaves to provoke state congresses into legislating masters' duties to disabled slaves.⁵⁹

The reduction of mental illness in African Americans to deviant behavior did not capture enslaved people's extreme mental suffering. Slavery, the supposed cure for African Americans' insanity, caused and perpetuated extreme suffering. Susan Boggs, a freedperson from Virginia, described in 1863 a woman "who went crazy because her two sons were sold and sent to the trader's jail. She went up and down the streets, crying like an animal. Ladies would come to the window to see what the noise was, but her moanings were so bad that they had to shut the window and go away."⁶⁰ The endemic fracturing of families, the debasement of one's humanity to property, pervasive sexual and physical violence, and concerted efforts by whites to exercise physical and social control over African Americans could suffocate the chance of mental wellbeing, or a sense of wholeness in enslaved populations.⁶¹

⁵⁸ *Acts Passed at a General Assembly of the Commonwealth of Virginia* (Richmond, Va., printed by Thomas Ritchie, 1848), 118.

⁵⁹ Dea Boster, *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800–1860* (New York: Routledge, 2013), 117.

⁶⁰ John W. Blassingame, ed., *Slave Testimony: Two Centuries of Letters, Speeches, Interviews, and Autobiographies* (Baton Rouge: Louisiana State University Press, 1977), 421 cited in Carolyn Roberts, "Emotional Neglect: The Absence of Emotional Pain in the Revisionist Historiography of American Slavery," (unpublished essay, Harvard University, 2010), 3.

⁶¹ For an account of domestic plantation dynamics and suffering, see Thavolia Glymph, *Out of the House of Bondage: The Transformation of the Plantation Household* (Cambridge: Cambridge University Press, 2008).

Perhaps as a response to their endemic suffering, enslaved people blended healing, medicine, and spirituality. Based on extensive knowledge of the curative powers of herbs and roots and the importance of cultivating spiritual healing, slave medicine (as it was termed) evolved from African medical traditions. Slave medicine continued traditional African healing practices that valued spiritual healing and wholeness and resisted whites' notion of soundness in slaves, which conflated ability to work with overall health.⁶² In fact, for many African Americans, the spiritual and physical were intimately intertwined. Healers incorporated spiritual, herbal, and more traditional types of doctoring knowledge to alleviate suffering and restore physio-spiritual wholeness to their patients.⁶³

Practitioners, known as conjurers or healers, complemented, and provided a preferred alternative to slave hospitals on large plantations. African American abolitionist William Wells Brown asserted that “nearly every large plantation had at least one, who laid claim to be a fortune teller, and who was granted with more than common respect by his fellow slaves.”⁶⁴ Conjurers also practiced herbalism, which represented a blending of African, Native American, and Anglo botanical techniques for treating illness.⁶⁵ Herbalism combined spiritual healing with tangible medical treatments. George White, born into slavery in 1847, affirmed “dere’s a root for ev’y disease an’ I can cure most anything, but you have got to talk wid God an’ ask him to help out (...) We is got to talk wid God an’ ask Him to do His will an’ He will show us what to do (...)

⁶² Fett, *Working Cures*, 2.

⁶³ Yvonne Chireau, *Black Magic – Religion and the African American Conjuring Tradition* (Oakland: University of California Press, 2003), 93.

⁶⁴ *Ibid*, 13.

⁶⁵ For an in-depth investigation of African American medicine in the antebellum era, see Herbert Covey, *African American Slave Medicine: Herbal and Non-Herbal Treatments* (Lanham: Lexington Books, 2007).

Dey call us foggy, but I tell you if you don't talk to God, you ain' gonna git far.”⁶⁶ Lillian Clarke, born a slave in Richmond in 1858, knew an herbal cure for most common sicknesses, including “rats vein herb and heart leaf or crowfoot leaf” for a cough and flagroot for a stomach ache.⁶⁷ White Southerners often adopted herbalist recipes in private while they publicly condemned slave doctors.⁶⁸

It was no wonder that enslaved people preferred the healing practices of their own traditions, which focused on the alleviation of suffering. Anglo-American treatments were often drastic, depletive, and painful for white patients; treatments prescribed for African Americans stressed racial difference, and the need for more radical treatments.⁶⁹ Whipping was often a prescribed treatment, as in Cartwright's recommended treatment of rascality. Stories of “physical mutilation and bodily theft” permeated African Americans' distrust of Anglo-American medicine.⁷⁰ These rumors were founded: black bodies, although believed to be distinctly different from white ones, were almost always used in medical dissections.⁷¹ Besides exhibiting dead black bodies in public dissections, whites exhibited live African Americans with unique appearances or medical conditions.⁷² Exhibition of black bodies underscored Anglo-American medicine as more invasive and voyeuristic than curative.

⁶⁶ George White, interview by William T. Lee April 20, 1937 in Perdue et al., *Weevils in the Wheat*, 310.

⁶⁷ Lillian Clarke, interview by Susie RC Byrd, October 15, 1937, in Perdue et al., *Weevils in the Wheat*, 73.

⁶⁸ Fett, *Working Cures*, 5.

⁶⁹ For American allopathic treatments of illnesses – physical and mental – in the antebellum period, see Charles Rosenberg, *The Therapeutic Revolution: Essays in the Social History of Medicine* (Philadelphia: University of Pennsylvania Press, 1979). Bloodletting acted as a panacea of sorts.

⁷⁰ Chireau, *Black Magic*, 114.

⁷¹ Washington, *Medical Apartheid*, 126.

⁷² Aligned with carnivalesque tastes of the time, Blind Tom, an African American math prodigy, idiot-savant, was exhibited throughout the United States by his owner. Blind Tom's mathematical prowess juxtaposed with his nonexistent social skills made him a sort of poster child of the notion that complex tasks and the stresses of higher thinking would render African Americans incapable of functioning in

5. Founding the Central Lunatic Asylum

Emancipation politicized the physical and mental health of African Americans. Health determined the ability to work, to demand rights to citizenship, and to claim a place in postbellum society. While a healthy slave was an economic asset, a healthy freedperson was a political danger.⁷³ Yet, while healthy freedpeople often suffered attacks of physical violence, disabled freedpeople became targets of more insidious attacks on their newfound freedom. Physically and mentally disabled freedpeople suffered the most strident denials of citizenship, and were the most likely to be confined in jails, asylums, poorhouses or hospitals, purportedly lacking physical or mental fitness for the challenges of citizenship.⁷⁴ For the mentally ill, Sidney George Fisher's question of "What shall we do with the Negro?" was especially fraught. The "Negro question" was more complicated than ever, since Emancipation had left a gaping hole in the social and economic ordering of Southern society.⁷⁵

The end of the Civil War instigated a revolution in the treatment of mental instability in the African American population. In the antebellum period, unstable enslaved people largely stayed on their home plantations or were sent to poorhouses or jails.⁷⁶ African Americans were largely excluded from asylums in the antebellum era.

society. The consumption of black bodies in the white imagination through exhibitions, sideshows and circuses dates back to the exhibition of Sarah Baartman, the "Hottentot Venus," in 1810. Frederick Douglass protested the exhibitions of racial difference, stating that "the highest type of the European and the lowest type of the Negro" was always displayed.

For more case studies of exhibitions of African Americans, see "Circus Africanus: The Popular Display of Black Bodies" in Washington's *Medical Apartheid* and Stephen C. Kenny, "The Development of Medical Museums in the Antebellum American South: Slave Bodies in Networks of Anatomical Exchange," *Bulletin of the History of Medicine* 87, no. 1 (Spring 2013): 32-62. <https://doi.org/10.1353/bhm.2013.0016>.

⁷³ Downs, *Sick from Freedom*, 8.

⁷⁴ Ibid, 147.

⁷⁵ Eric Foner, *A Short History of Reconstruction, 1863-1877* (New York: Harper & Row, 1988), 34.

⁷⁶ McCandless, *Moonlight*, 103.

Their presence in such institutions in the slaveholding South proved the exception to the rule.⁷⁷ In essence, the mental state of the enslaved only garnered attention if it affected their performance as laborers. While lack of treatment characterized the mental health care of enslaved people, coercive confinement in asylums of African Americans vastly expanded postbellum.

The Central Lunatic Asylum for the Colored Insane, established and funded by the Commonwealth of Virginia in 1869, was the first asylum opened for the exclusive treatment of African Americans.⁷⁸ Although asylums had housed African Americans in the antebellum period (though in nominal numbers), the establishment of the Central Lunatic asylum marked a rupture in the treatment of mental illness in African Americans. While the establishment of a brick-and-mortar institution for the “colored insane” truly lacked precedent, white physicians had envisioned a separate asylum for African American patients for decades. The time and location were ripe for an expansion of asylums. The Asylum, founded in Virginia, the state with the longest history of institutionalization, during the era of asylum proliferation in the country at large, represented the fruition of decades of discourse on the issue of “the colored insane.” Absent the confining force of slavery, the issue of containing “the colored insane”

⁷⁷ Asylum superintendents often elected to exclude African Americans. Virginia’s Western Lunatic Asylum only accepted white patients until 1965. The Eastern Lunatic Asylum accepted African American patients between 1841 and 1865, and then not until 1965. See Gerald Grob, “Class, Ethnicity, and Race in American Mental Hospitals, 1830-75,” *Journal of the History of Medicine and Allied Sciences* 28, no. 3 (July 1973): 226.

⁷⁸ The Central Lunatic Asylum was integrated in 1965 and officially renamed the Central State Hospital. It remains open as a state-owned mental hospital. Incidentally, the first mental asylum in the United States was opened in Williamsburg, Virginia in 1769. Named “The Hospital for the Reception of Idiots, Lunatics, and Persons of Insane and Disordered Minds,” the asylum measured 100 by 38 feet. See Henry Mills Hurd, *The Institutional Care of the Insane in the United States and Canada* (Baltimore: Johns Hopkins Press, 1916), 372.

acquired newfound urgency, leading to the establishment of the Central Lunatic Asylum.⁷⁹

Starting in the 1820s, state-funded asylums increased in popularity and number.⁸⁰ From 1824 to 1860, the number of states that operated asylums increased from two to twenty-eight.⁸¹ The Commonwealth of Virginia, however, opened the first state-funded asylum in America before Independence. Established in 1773, the Public Hospital in Williamsburg, known as the Eastern Lunatic Asylum in the nineteenth century and since renamed the Eastern State Hospital, served initially as a temporary respite for the poor and insane.⁸² James Galt served as the first superintendent of the Eastern Lunatic Asylum. His son, John Galt, and his grandson, John Galt II continued the family trade as superintendents of the Asylum. Long-term patients soon pushed the asylum's population to capacity, so the state funded the construction of a second asylum in Staunton, Virginia, the Western Lunatic Asylum, which opened in 1828.

While the vast majority of asylums barred the admission of African Americans in the antebellum era, the Eastern Lunatic Asylum admitted some African American

⁷⁹ Subsequently, several hospitals were re-established with the same treatment scheme as the Central Lunatic Asylum, including the Georgia Lunatic Asylum, the Asylum for the Colored Insane in North Carolina, Mount Vernon Hospital in Alabama, the Hospital for the Negro Insane in Maryland, the South Carolina State Hospital – State Farm Division, Lakin State Hospital for the Colored Insane in West Virginia, and Taft State Hospital in Oklahoma. Several other mental hospitals built wards for African American patients, instituting the more cost-effective system of segregating patient facilities rather than institutions.

⁸⁰ The rise of asylums aligns with the wave of utopian separatist colonies and Dorothea Dix's activism in the mid-19th century. See Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: from Badness to Sickness* (St. Louis: Mosby, 1980), 46-52; David Rothman, *The Discovery of the Asylum: Social Order in the New Republic* (New Brunswick: Aldine, 2011); Lynn Gramwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Ithaca, NY: Cornell University Press, 1995), 38-50; McCandless, *Moonlight*, 143-150.

⁸¹ Schneider, *From Badness to Sickness*, 49.

⁸² William F. Drewry, "Central State Hospital, Petersburg, VA," in *Institutional Care of the Insane in the United States and Canada* vol. 3 (Baltimore: Johns Hopkins Press, 1916), 734.

patients between 1841 and 1870.⁸³ The Asylum's superintendent, John Galt II, who owned slaves himself, allowed the admission of slaves on the condition that slave owners funded their slaves' stay at the asylum. On the other hand, the state always funded white patients' care.⁸⁴ African American patients slept in the basement of the Asylum, far removed from white patients.

From Galt's perspective, integrating the Asylum was a compassionate intervention in the mental healthcare of the enslaved, especially considering the improvised schemes slave owners used to confine their slaves. In one instance, Galt learned that one of his African American patients was "kept for many months in a hut, constructed of pine poles, and to be sure that she would not get away or do anyone harm, she was chained to one of the logs and food and water was passed to her through a small opening."⁸⁵ Confinement in the Asylum, at the owner's expense and the state's financial gain, provided more humane treatment than solitary confinement.

Anticipating backlash against the Asylum's integration, Galt maintained that the presence of African American patients would not upset white patients. After all, "the servants of the institution are all of them slaves, and the white patients are familiar of course with these, and generally look upon the colored patients pretty much in the same

⁸³ The Western Lunatic Asylum did not integrate until 1965. See Gerald Grob, "Class, Ethnicity, and Race in American Mental Hospitals, 1830-75," *Journal of the History of Medicine and Allied Sciences* 28, no. 3 (July 1973): 226.

In South Carolina, for example, over 600 white patients, compared to thirty African American patients, were admitted to the South Carolina Lunatic Asylum between 1850 and 1859. See McCandless, *Moonlight*, 76.

⁸⁴ John Galt II, the third superintendent of the Eastern Lunatic Asylum, is not to be confused with the more famous Francis Land Galt, a confederate soldier and physician who raided the CSS *Alabama* during the Civil War. John Galt II committed suicide in 1863, purportedly as a result of the Union Troops' invasion.

⁸⁵ This woman was not institutionalized until the Central Lunatic Asylum was established. See Drewry, "Central State Hospital," 735.

light as they do the servants.”⁸⁶ However, if the mere sight of African American patients upset white patients, Galt proposed that African American patients could essentially function as slaves of the asylums that housed them. Asylum superintendents could put their African American patients to work outdoors: “Most of the colored insane might be employed in assisting the servants of the establishment who had external duties to perform, and they would thus scarcely be in the wards at all during the day. Outdoor labor may be considered especially suitable to them, as corresponding to their usual mode of life when sane.”⁸⁷ Galt proposed that laboring at familiar tasks would adequately treat enslaved people’s insanity. He advocated for integrating asylums primarily for economic reasons, as he proposed that African American patients could provide free labor. Integration of the Eastern Lunatic Asylum did not represent an intention to provide equal treatment to African American and white patients, but rather to treat African American patients as slaves.⁸⁸

Francis Stribling, the superintendent of the Western Lunatic Asylum, ardently opposed Galt’s partial integration of the Eastern Lunatic Asylum. He believed that differences of “habits, taste, and disposition” between white and African American patients necessitated their care in separate facilities. In a report to the governor of Virginia, Stribling advocated the construction of a separate institution for African

⁸⁶ Galt, “Asylums for Colored Persons,” 84 in Gerald Grob, “Class, Ethnicity, and Race in American Mental Hospitals, 1830-75,” *Journal of the History of Medicine and Allied Sciences* 28, no. 3 (July 1973): 230.

⁸⁷ Galt, “Asylums for Colored Persons,” 87 in Todd Savitt, *Medicine and Slavery*, 249.

⁸⁸ According to Galt, “slaves are immune from stress and the subsequent risk of mental illness because they do not own property.” Conservation of slavery-like conditions, then, would best support the recovery of slaves deemed insane. Galt, “Asylums for Colored Persons,” cited in King Davis, “Conceptualizing Mental Health Disparities in Communities of Color,” Presentation at Georgetown School of Social Work (May 19, 2005).

American patients: “The institution should be located where the climate was agreeable to the health of Blacks (...) It should be built on land that allowed it be easily ventilated and kept dry (...) Since occupations were required for the patients, there needed to be at least two acres of land per patient that could be easily converted into gardens and cultivated.”⁸⁹

For Stribling, racial differences necessitated radically different treatment regimens. He advocated separate institutions not only to shield white patients from African American patients, but to ensure that African Americans lived in an institution and climate agreeable to their health. In fact, Stribling believed that a lifestyle on an asylum imitative of slavery would best facilitate the inmates’ cures. After reviewing insanity statistics from the 1840 census, Stribling concluded that slavery protected African Americans from insanity, a belief he propagated in his report, “Statistics of Insanity in the United States.”⁹⁰

The two superintendents’ opposing perspectives remained at a standstill during the antebellum era. Galt continued to admit enslaved people in nominal numbers – no more than forty occupied the Asylum at a time.⁹¹ Stribling steadfastly refused to admit any African American patients. All the while, Virginia’s General Assembly passively enabled both Galt and Stribling to run their asylums as they wished. Antebellum legislation that concerned admission of enslaved people into the Eastern or Western Lunatic Asylums stipulated in 1860 that if “non-residents and slaves shall not be received

⁸⁹ Byron Ravenell, *Dr. Francis T. Stribling and Moral Medicine: Curing the Insane at Virginia's Western State Hospital: 1836-1874* (Bloomington: Xlibris Corporation, 2004), 146.

⁹⁰ William F. Drewry, “Care and Condition of the Insane in Virginia,” published paper presented at the 35th National Conference of Charities and Correction, *Proceedings of the National Conference of Charities and Correction*, vol 35 (Richmond: Press of Geo. H. Ellis, 1908), 143-144.

⁹¹ Drewry, “Central State Hospital,” 734.

therein,” as Stribling consistently refused to admit slaves, “the officer in whose custody he may be, shall confine him in the jail of the county.”⁹² To ensure that white patients always assumed priority over African Americans, the General Assembly also stipulated that “no insane slave should be received or retained in either asylum so as to exclude any white lunatic residing in the state.”⁹³ This legislation was probably enacted to quell unfounded fears that slaves would take spots previously reserved for white patients. In reality, no more than 40 slaves stayed in the Eastern Lunatic Asylum at a time, and they never occupied quarters reserved for white patients.

Throughout the Civil War and Reconstruction, both asylums maintained their traditional commitment practices. Galt’s suicide in 1863, purportedly triggered by the arrival of Union troops, marked the death of the state’s, and perhaps the country’s, most outspoken and powerful advocate of integrated asylums.⁹⁴ Of course, Galt’s idea of integrated asylums entailed the subjugation of African American patients, rather than equal treatment.

In 1869, Stribling’s advocacy for a separate asylum for African Americans came to fruition. The Freedmen’s Bureau Hospital, located outside Richmond in a former Confederate war hospital called Howard’s Grove, had served as a dual asylum and poorhouse for freedpeople since the end of the war.⁹⁵ The state of Virginia assumed

⁹² Sec 18, Code 389 of Virginia law, quoted in Joseph Mayo, *A Guide to Magistrates: With Practical Forms for the Discharge of Their Duties out of Court* (Virginia: published by A. Morris, 1850), 436. This guide catalogs all of Virginia’s laws in 1850.

⁹³ Sec 21, Code 390 of Virginia law, quoted in Joseph Mayo, *A Guide to Magistrates: With Practical Forms for the Discharge of Their Duties out of Court* (Virginia: published by A. Morris, 1850), 416.

⁹⁴ American Psychiatric Association, *History of the Association of medical Superintendents of American Institutions for the Insane: From 1844 to 1884* (E. Cowan, 1885), 57.

⁹⁵ Drewry, “Central State Hospital,” 736.

responsibility for the hospital, fiscal and otherwise, when the Freedmen's Bureau essentially ceased all financial support in Virginia in 1869.⁹⁶ On December 17, 1869, Major General Canby, the military governor of Virginia, "turned over [Howard's Grove Hospital] to the State of Virginia for the purpose of establishing a temporary lunatic asylum."⁹⁷ Canby also mandated that "the colored insane now at the Eastern Lunatic Asylum" or "now in confinement in any county or corporation jail" be transferred to the Central Lunatic Asylum, consolidating the confinement of "the colored insane" to Howard's Grove.⁹⁸ The 72 patients already housed in the Freedmen's Hospital, a mix of the ill and homeless, remained throughout the hospital's rebranding as the Central Lunatic Asylum. From the asylum's inception, several patients suffered from poverty rather than insanity, even in the eyes of their white physicians.⁹⁹ The patients, primarily under thirty years old and unmarried, had no property of reportable value, which was the norm for African Americans in the post-bellum south.

The asylum soon exceeded capacity. Psychiatrist Daniel Burr Conrad, the superintendent of the Central Lunatic Asylum from its founding until 1872, lamented the overcrowding of the institution. In his 1872 annual report to the governor and General

⁹⁶ The Freedmen's Bureau, assigned responsibility for institutional aid for freedpeople's transition from slavery, mostly aimed to minimize its own costliness to the federal government. Freedmen's hospitals rapidly closed, transferring their patients elsewhere, or transitioned into the hands of the state government. However, African Americans did not procure citizenship rights, and thus the right to public assistance, until the passing of the Civil Rights Act in 1866. The scurried exodus of the Freedmen's Bureau from the South – by 1872, every Bureau hospital, almshouse, or asylum had closed or transitioned leadership to the state government, except the Freedmen's Hospital in Washington, DC – left admission practices in the hands of the states. See Downs, *Sick from Freedom*, 147-161, and Foner, *A Short History of Reconstruction, 1863-1877* (New York: Harper & Row, 1988), 25-32.

⁹⁷ Drewry, "Central State Hospital," 737.

⁹⁸ *Ibid*, 733.

⁹⁹ Drewry notes that at least 30 of the patients who stayed on from the Freedmen's Hospital were labeled as "paupers" and not as "lunatics." See Drewry, "Central State Hospital" 732.

Assembly of Virginia, Conrad relayed that nonviolent patients slept in corridors and the dining room. Overcrowding had forced him to place two violent patients in each of the sixteen rooms intended for solitary confinement. In one of these rooms, a woman murdered her roommate, “done silently and quietly, by strangling; no unusual noise was heard, though a male and female Attendant were on watch and marked every half-hour the sentinel clock.”¹⁰⁰ Despite diligent supervision, at least reported by Conrad, overcrowding proved fatal for patients.

In his annual reports, Conrad lobbied for the construction of a larger facility, preferably farther south than Richmond, since “all experience shows that by their nature the colored race are healthier when free from the fatal effects of cold, and as a consequence their restoration is greatly facilitated.”¹⁰¹ He also recommended that the asylum be located “in the vicinity of some one of the cities, or large towns of the State, whence manure could be cheaply obtained, and ready cash market be found for all the products of the garden and farm,” as “labor would be the chief item in the system of moral means resorted to in such an Institution.”¹⁰² Conrad understood race as the determining factor in the location of the permanent asylum. African Americans’ supposed intolerance of cold mandated that the permanent asylum be located farther south. For convenience’s sake, the asylum ought to be located near an urban center, as

¹⁰⁰ Daniel Burr Conrad, “Report of the Central Lunatic Asylum for the Colored Insane” in *Annual Reports of Officers, Boards and Institutions of the Commonwealth of Virginia* (Richmond: Superintendent of State Printing, 1872), 10. Hereafter, annual reports from the Central Lunatic Asylum presented to Virginia’s governor and general assembly will be abbreviated “CSH AR.” For example, this citation could be abbreviated “Conrad, CSH AR 1872, 10.”

¹⁰¹ Conrad, CSH AR 1872, 12.

¹⁰² Stribling, quoted in Conrad, CSH AR 1872, 12.

Conrad envisioned that the manual labor of African American patients would produce a profitable surplus to be sold at a market.

In 1872, Dr. Randolph Barksdale replaced Dr. Conrad and lobbied the state for the construction of a new institution. He believed that insanity among African Americans was swiftly on the rise, necessitating larger facilities. In his 1876 annual report, Barksdale cautioned that “the increase in insanity in this race is amazing (...) if the state intends to take proper care of the insane colored people she will either have to enlarge here or build another institution somewhere else.”¹⁰³ Barksdale equated the increasing population of the Asylum – from 1870 to 1876 a total of 476 patients had been admitted – with an increase in insanity.¹⁰⁴ The reported increase in insanity in African Americans, however, was a self-fulfilling prophecy, considering white community members assigned labels of insanity. Insanity truly lay in the eyes of the beholder. As discussed below, the white community widely and carelessly assigned the label of insanity to African Americans with little medical rationale.

The state of Virginia conceded to Barksdale’s demands for expanded facilities in 1882. The state purposed three hundred acres of farmland donated by the city of Petersburg as the permanent site of the Central Lunatic Asylum. The complex was constructed according to the Kirkbride Plan, an architectural scheme pioneered by Pennsylvanian psychiatrist Thomas Story Kirkbride, which outlined the architecture and grounds of the asylum most conducive to patients’ recovery. Intensely symmetrical in design, the Asylum featured an abundance of windows to provide natural light and air

¹⁰³ Barksdale, CSH AR 1876, quoted in Drewry, “Central State Hospital,” 754.

¹⁰⁴ Barksdale, CSH AR 1876, 19, Table XIII.

circulation.¹⁰⁵ The asylum's location on three hundred acres of farmland outside Petersburg honored Kirkbride's insistence that asylums — for all races — be located “in a healthful, pleasant, and fertile district of the country” and Stribling's insistence that “the climate should be congenial to the constitution of the colored race.”¹⁰⁶

Kirkbride did not limit his plan to physical attributes like architecture and landscape; he also advocated for completely segregated asylums. He had protested John Galt II's partial integration of the Eastern Lunatic Asylum with an editorial in the *American Journal of Insanity*, stating that “the idea of mixing up all colors and classes, as is seen in one or two institutions of the United States, is not what is wanted in our hospitals for the insane.”¹⁰⁷ As the preeminent authority on asylum architectural structure, Kirkbride probably also wielded influence regarding asylum demographics.¹⁰⁸ At completion of the new facility in 1885, Barksdale transferred the asylum's 373 patients to the Petersburg facility.¹⁰⁹

¹⁰⁵ For a history of asylum architecture, see Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007).

¹⁰⁶ Thomas S. Kirkbride, *On the Construction, Organization and General Arrangements of Hospitals for the Insane, with Some Remarks on Insanity and its Treatment* (J. B. Lippincott & Co., 1854), 7; Stribling, quoted in Conrad, CSH AR 1872, 12.

¹⁰⁷ Kirkbride in the *American Journal of Insanity* 12 (July, 1855): 43, cited in Gerald Grob, *Mental Institutions in America; Social Policy to 1875* (New York: Free Press, 1973), 322.

¹⁰⁸ Galt's integration of the Eastern Lunatic Asylum would prove anomalous in the South until the passage of the Civil Rights Act in 1965.

Regarding Kirkbride's influence, Yanni asserts that “For most of the nineteenth century, from about 1840 to about 1880, he was the single most important nineteenth-century psychiatrist when it came to matters of architecture.” See Yanni, *The Architecture of Madness*, 38.

¹⁰⁹ T.O. Powell, “History of Southern Hospitals for the Insane.” Section of the Presidential Address before the fifty-third annual meeting of the Medico-Psychological Association at Baltimore, Maryland (May 1897): 7.

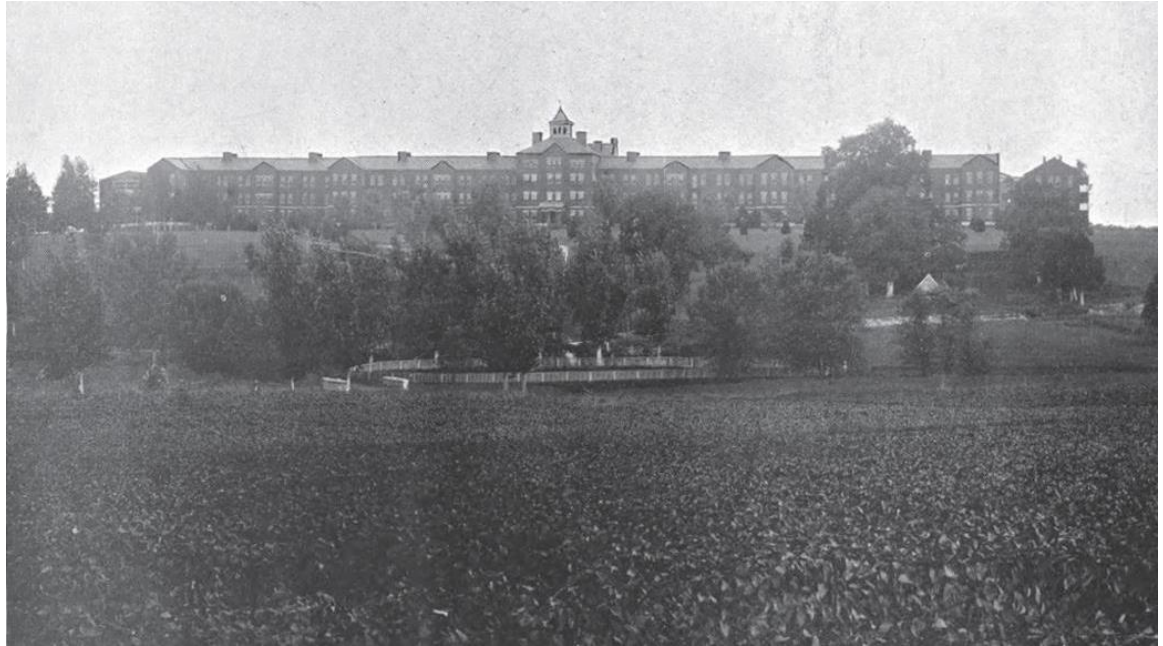


Figure 1: The Central Lunatic Asylum's main building in Petersburg, Virginia.¹¹⁰

6. Commitment to the Central Lunatic Asylum: A System of Community

Surveillance

From the Asylum's founding to its relocation 1885, the patient population expanded from 72 to 373 patients.¹¹¹ None of these patients arrived voluntarily; all underwent standardized commitment proceedings that resembled criminal trials. Confinement of the insane followed the same path as confinement of criminals: a trial determined the veracity of an accusation (of criminality or insanity), and a ruling of "guilty" engendered imprisonment. These commitment proceedings conformed with traditional commitment practices used for white patients. Since the invention of insane asylums in the seventeenth century, the power of commitment lay in the juridical – not

¹¹⁰ Artist and year unknown. Reproduced in King Davis, "Archives Preservation of the Central Lunatic Asylum for the Colored Insane," *The University of Texas at Austin Steve Hicks School of Social Work* (2011). <https://socialwork.utexas.edu/projects/r6708/>.

¹¹¹ Barksdale, CSH AR, 10, Table I.

the medical – system.¹¹² The potential asylum inmate, then, became a suspect in commitment proceedings, rather than a patient. Indeed, court documents for the Central Lunatic Asylum referred to African Americans on trial for insanity as “suspected lunatics.” Although physicians often testified at the trial, three judges in a court of law ultimately determined the fate of a suspected lunatic.¹¹³ The locus of commitment power lay in the courts, gesturing to the traditional role of asylums, not as medical establishments, but as institutions that would restore social order.

The legal scheme for the commitment of African Americans to Central was adapted from practices earlier established for the Eastern and Western Lunatic Asylums. In 1860, Virginia’s Assembly outlined commitment to the Eastern or Western Lunatic Asylums as:

Any Justice who shall suspect any person in his county or corporation to be a lunatic, shall issue his warrant, ordering such person to be brought before him. He and two other Justices shall enquire whether such person be a lunatic, and for that purpose summon his physician (if any) and any other witnesses. In addition to any other questions, they shall propound so many of the following as may be applicable.¹¹⁴

¹¹² For a history of institutionalization, especially in France, see Foucault’s *Madness and Civilization*. In the second chapter, “The Great Confinement,” Foucault explains that, from the invention of insane asylums in the seventeenth century, commitment to asylums took place in courts.

¹¹³ Civil commitment laws, meaning court-ordered asylum commitment, governed commitment proceedings for asylums. Appelbaum argues that commitment proceedings largely progressed from relaxed to incrementally more regimented, while maintaining families’ and physicians’ authority to influence decisions. See Paul Appelbaum, “The Evolution of Commitment Law in the Nineteenth Century,” *Law and Human Behavior* 6 (1982): 343-356.

¹¹⁴ George Wythe Munford, *The Code of Virginia: Including Legislation to the Year 1860* (Richmond: Ritchie, Dunnivant & Co., 1860), 438.

Starting in 1869, across eastern Virginia, a trial in a county court determined whether an African American suspected of insanity “is a lunatic and citizen of this state, and ought to be confined in a lunatic asylum.”¹¹⁵

For commitment to the Central Lunatic Asylum, three justices presided over the trial as well. They determined commitment of the suspected lunatic by majority vote, and based their decision on the testimony of one witness. The accused did not testify.¹¹⁶ In most cases, either a medical doctor who had interviewed the suspected lunatic in preparation for the trial or the person who had originally reported the suspected lunatic served as the witness. The witness answered a series of questions identical or derivative of those listed below. These questions were extracted from a commitment record in Suffolk County. Other counties used an identical, or incredibly similar, question template.¹¹⁷

Question template for lunacy hearings for admission to the Central Lunatic Asylum:

- 1st. What is the patient’s age, and where born?
- 2d. Is he married? If so, how many children has he?
- 3d. What are his habits, occupation, and reputed property?
- 4th. How long since indications of insanity appeared?
- 5th. What were they?
- 6th. Does the disease appear to increase?
- 7th. Are there periodical exacerbations? Any lucid intervals, and of what duration?
- 8th. Is his derangement evinced on one or on several subjects? What are they?
- 9th. What is the supposed cause of the disease?
- 10th. What change is there in his bodily condition since the attack?
- 11th. Has there been a former attack? When, and of what duration?

¹¹⁵ There was a standard template for the documentation of the judges’ orders for the city sergeant to transfer the lunatic from the county jail to the Central Lunatic Asylum. This quote was taken from a standard letter from justices Taylor, Burchfield, and Still to the Richmond City Sergeant commanding the transfer of Henrietta Baughman from the Richmond County Jail to the Central Lunatic Asylum at Howard’s Grove. CSH, Box 1, Folder 2, 1874, Commitment Record of Henrietta Baughman.

¹¹⁶ I base this conclusion off my perusal of commitment records to the Asylum from 1870 to 1890, wherein I did not find any record of a suspected lunatic speaking.

¹¹⁷ These questions were extracted from the commitment paperwork used in Suffolk County, Virginia. CSH, Box 2, Folder 10.

- 12th. Has he shown any disposition to commit violence to himself or others?
- 13th. Whether any, and what restraint has been imposed on him?
- 14th. If any, what connections of his have been insane? Were his parents or grandparents? If so, in what degree?
- 15th. Has he had any bodily disease from suppression of evacuations, eruptions, sores, injuries or the like, and what is its history?
- 16th. What curative means have been pursued, and their effect, and especially if depleting remedies, and to what extent have they been used...
- 17th. Has many attacks of insanity and duration of such?
- 18th. Date of first attack
- 19th. Duration of attack
- 20th. Present condition of bodily health
- 21st. Epileptic, paralytic, addicted to masturbation?
- 22nd. Noisy, filthy, quarrelsome, destructive?

The three justices, after recording the responses to the below questions, determined whether the suspected lunatic ought to be committed to the Central Lunatic Asylum.

Upon first glance, the procedures for commitment hearings of suspected lunatics, white or African American, were essentially identical, at least on paper. In fact, the first sixteen questions for commitment to Central, Eastern, and Western Lunatic Asylums are identical.¹¹⁸ The differences in commitment practices lay in the individuals who initiated commitment proceedings, and their relationships to the suspected lunatics. While courtroom commitment proceedings to the Central Lunatic Asylum largely conformed with those of other asylums, reporting practices that preceded the trial differed radically, depending on the race of the patient. Although most white patients also arrived involuntarily, they were often committed by family members. In white American

¹¹⁸ The first sixteen questions in commitment proceedings for the Central Lunatic Asylum are identical to those for the Eastern and Western Lunatic Asylums, which treated white patients. The Eastern and Western Lunatic Asylums had only sixteen questions in commitment proceedings. See George Wythe Munford, *The Code of Virginia: Including Legislation to the Year 1860* (Richmond: Ritchie, Dunnivant & Co., 1860), 438.

society, asylums held less stigma than poor houses or jails and became increasingly socially acceptable receptacles for unmanageable family members.¹¹⁹

Family members often instigated and testified at the commitment proceedings of white “suspected lunatics.” Virginia law also stipulated that judges could issue a warrant for the arrest of white person suspected of lunacy, independent of familial involvement. Yet whether a judge or a family member instigated commitment proceedings, commitment resulted in the revocation of the lunatic’s legal rights. One could not appeal an insanity ruling. Discharge from the asylum depended on the approval of the superintendent.¹²⁰ For white patients, the legal label of “lunatic” entailed confinement of undetermined length, until the lunatic was “restored to sanity.”¹²¹

Although the written laws governing the commitment of suspected lunatics of either race were basically identical, the politics of commitment varied vastly according to race. The documentary evidence provided by commitment records to the Central Lunatic Asylum offers a unique glimpse into how and why African Americans were confined in the postbellum period, and who committed them. Those who testified in the lunacy trials of African Americans, either doctors or those who originally reported the lunatic’s suspect behavior, were almost always white.¹²² At the very least, all judges in Virginia

¹¹⁹ David Wright, “Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century,” *The Society for the Social History of Medicine* (1997): 142.

¹²⁰ Virginia law stipulated that lunatics be confined “until returned to sanity.” The finality of insanity rulings was common for asylums of both races until the 1970s. See Christopher Williams, “The Law and Civil Commitment” in *Law, Psychology, and Justice: Chaos Theory and the New (Dis)order* (New York: SUNY Press, 2002), 128-132.

¹²¹ Munford, *The Code of Virginia: Including Legislation to the Year 1860*, 439.

¹²² In the rare case that a testifying witness was African American, their testimony was labeled “colored.” Otherwise, the listed professions of witnesses, like doctor, farmer, or grocer, obviated their whiteness. African Americans’ professions were listed predominantly as laborer or domestic (those who farmed were considered laborers on farms, not farmers).

were white men, introducing racial dynamics to every adjudication of insanity for commitment to the Central Lunatic Asylum.¹²³

Thus, the commitment records for the Central Lunatic Asylum reveal not just an arm of the justice system that is often overlooked, but also the types of interactions between African Americans and the class of their former masters in postbellum Virginia. The commitment records, taken from testimonies of physicians and laymen alike, elucidate explicit methods of social control via reporting, arrest, and confinement of African Americans.

While white patients often arrived in asylums through the interventions of their loved ones, African Americans arrived in asylums through the interventions of former slave owners. As with white patients, the confinement of African American “lunatics” revoked their legal rights and punished threatening or unmanageable behavior through commitment to asylums. Asylums in the nineteenth century for both races were at once loci of social control, paternalistic medicine, and genuine humanitarian interventions.

Three primary factors distinguished the commitment of African Americans from white patients. First, African Americans’ public behavior justified their commitment, while family members and friends often testified to white patients’ private lives. Second, near strangers unapologetically committed African Americans into the arms of the state. These two factors coalesce into the third distinguishing factor: African Americans were subject to a system of constant public surveillance by white community members.¹²⁴

¹²³ In fact, an African American was not appointed to the Supreme Court of Virginia until 1983, when Governor Charles S. Robb appointed John Charles Thomas. See Ben A. Franklin, “First Black named to Virginia Court,” *New York Times* (April 12, 1983), A21. <https://www.nytimes.com/1983/04/12/us/first-black-named-to-virginia-court.html>.

¹²⁴ This is not to say that white community members did not police each other’s behavior, but rather that the system of surveillance of African Americans noticeably more intense and had greater consequences.

White community members understood insanity as behavior that threatened the racial order in the post-bellum moment, and took responsibility for observing and reporting African Americans' subversive behavior. Understanding and diagnosing insanity in the African American population did not require experience, expertise, or medical authority. Rather, the suspicions of local white residents were sufficient cause to confine a suspected lunatic in a local jail until a trial for insanity could be convened.¹²⁵ This is vividly revealed in the commitment records of the Central Lunatic Asylum.

I documented hundreds of commitment records of African American "suspected lunatics." Out of that broad collection, I closely analyzed eighty cases of African Americans who were institutionalized at the Central Lunatic Asylum. The most common causes of insanity, in order of frequency, were listed as unknown, religious excitement, and epilepsy.¹²⁶

¹²⁵ Unfortunately, the archive is structured as such that only the commitment records from patients who actually arrived at the Asylum were saved. The rate of "acquittal," and those concluded to be sane, are still unknown.

¹²⁶ Religious excitement, a self-explanatory term, was considered the primary cause of insanity in white patients as well. Other common causes of insanity in whites were heartbreak, death of a family member, and unrequited love. The summary volume of the 1860 census gave the supposed cause for fully 9,473 admissions to four hospitals in Massachusetts, New York, Pennsylvania and Connecticut. Of these, 740 or 7.8 percent were attributed to "religious excitement." See US Census Office, *Census Reports: Population* (U.S. Government Printing Office: 1864), lxxxix. See also Schneider, *From Badness to Sickness*, 40-57. In soldiers discharged for insanity during the Civil War, religious excitement was the most represented cause. See R. Gregory Lande, *Madness, Malingering and Malfeasance, The Transformation of Psychiatry and the Law* (Washington DC: Brassey's, 2003), 178.

TABLE XXXIII.

SUPPOSED (EXCITING) CAUSE OF DISEASE OF ALL ADMITTED.

	Males.	Females.	Total.
Religious excitement	136	96	232
Political excitement	9		9
Epilepsy	55	56	111
Dissipation and irregular life	84	20	104
Loss of property	9	9	18
Congenital (idiots and imbeciles)	29	24	53
Typhoid fever	9	7	16
Blow on head	48	10	58
Masturbation	90		90
Disappointment in love	7	33	40
Excessive venery	2	4	6
Domestic troubles	27	47	74
Uterine troubles		102	102
Cerebral disease	16	5	21
Exposure to cold	10		10
Change of life		19	19
Old age	14	25	39
Excessive use of tobacco	1		1
Sunstroke	6	1	7
Malaria	3		3
Business anxiety	6		6
Gout	1		1
Loss of leg	1		1
Fever	12	5	17
Apoplexy	2		2
Worms	1		1
Abortion		4	4
Gunshot wound of head	1		1
Sudden emancipation	5	2	7
Desertion or death of husband		24	24
Desertion or death of wife	2		2
Ill health	18	39	57
Brain fever	3	2	5
Child-birth		26	26
Pregnancy		7	7
Hysteria		5	5
Syphilis	9	6	15
Privation	52	31	83
Grief	3	17	20
Fright	2		2
Excessive study	3	2	5
Loss of eye	2	1	3
Seduction		1	1
Meningitis	2		2
Inordinate venereal desire		6	6
Mammary tumor		1	1
Paralysis	1	2	3
Scrofula	4		4
Measles	1	1	2
Shock by lightning		1	1
Gambling	1		1
Hereditv	6	5	11
Burn	1		1
Cerebral softening	5		5
Unknown	497	478	975
Not insane	7	2	9
Total	1,203	1,126	2,329

Figure 2: suggested causes of the diseases of all inmates admitted in the history of the asylum.¹²⁷¹²⁷ Barksdale, CSH AR, 1890, 29.

Chronic wandering comprised the primary symptom of insanity for many inmates of the Central Lunatic Asylum. Indeed, the tendency to wander was sufficient cause to convict an African American of lunacy across Eastern Virginia in the 25 years following the Civil War. For example, in November of 1884, physician Daniel Carry testified that John Spruer's "wandering about at night without object" was a symptom of his lunacy.¹²⁸ Similarly, in September of 1886, Dr. James Claiborne cited "wander[ing] about" and "talking strangely all the time" as indicative of insanity in Richard Marshall.¹²⁹

The underlying causes of this insane wandering, as proposed by testifying physicians, gestured to a contrived understanding of the suspected lunatics' inner lives. In cases with nearly identical symptoms of wandering, the same doctor often attributed radically different and unexplained causes. For example, James Beale, a Richmond-based physician who frequently testified in insanity hearings, attributed religious excitement, masturbation, and loss of a loved one as discrete causes of wandering, a behavior that he equated with insanity.¹³⁰

¹²⁸ CSH, Box 11, Folder 11, Commitment Record of John Spruer, 1884.

¹²⁹ Marshall had awaited his hearing in jail for two months. CSH, Box 20, Folder 10, Commitment Record of Richard Marshall, 1886.

¹³⁰ Although religious excitement, masturbation, and loss of a loved one appear drastically different, they were all considered legitimate causes of insanity in the nineteenth century. According to the 1863 edition of *The National Almanac and Annual Record*, "all customs, habits, occupations, or other agencies, whatsoever which exhaust the power of the brain and nerves, bringing the body to a weakened condition, may thus become the origin of mental disorder. Such influences are, indeed the ramified root from which insanity springs." See W. V. McKean, *The National Almanac and Annual Record* (Philadelphia: G. W. Childs, 1863), 56.

Masturbation was commonly understood as a cause of insanity. George Fielding Blandford theorized that "insanity caused by masturbation is, generally speaking, gradual in its approach (...) the brain seems to have undergone permanent damage from the constant irritation to which it has been exposed by the practice of the habit." George Fielding Blandford, "The Pathology of Insanity," in *Insanity in Its Treatment: Lectures on the Treatment, Medical and Legal, of Insane Patients* (Oliver and Boyd, 1877), 60.

Religious excitement was also considered a leading cause of insanity in America. An 1864 report on the 1860 census stated, "From its essential nature and the importance of its functions and its objects, the religious sentiment, when brought into great activity, must necessarily sway the whole physical (...) element of our being. (...) Hence it is, perhaps, not very remarkable that, among the most frequent generative agents of insanity in the United States, we find 'religious excitement.'" See US Census Office,

In 1878, Beale testified that John Smith, a twenty-two-year-old man from Richmond, had shown insanity through his “restlessness” and “wandering about at all unreasonable hours.”¹³¹ Beale supposed that Smith was “addicted to masturbation,” a common cause of insanity in 1878, especially in younger populations.¹³² In 1888, Beale also testified at Randall Jones’s insanity trial. Jones, aged about 50 years and married with children, had begun to wander and mumble in the three weeks preceding his hearing. Beale asserted that religion had caused Jones’s insanity. Beale similarly testified in 1881 to Christina Cephus’s lunacy because of her “tendency to wander about” and “intrude into other people’s houses.”¹³³ He asserted that the death of Christina’s mother had caused her insanity, and that her wanderings were actually a search for her mother. Beale’s testimonies represent a broader equation of wandering with insanity in African Americans.¹³⁴

Confinement in the Central Lunatic Asylum for wandering was part of a larger project of criminalizing the physical mobility of African Americans in the postbellum period. The Virginia Acts, a series of codes passed in 1865 and 1866, legalized

Census Reports: Population (U.S. Government Printing Office: 1864), xc. See also William Sims Bainbridge, “Religious Insanity in America: The Official Nineteenth-Century Theory,” *Sociological Analysis* 45 no. 3 (1984): 223-240.

¹³¹ CSH, Box 6, Folder 6, Commitment Record of John Smith, 1878.

¹³² According to Blandford, a British psychiatrist, “The insanity which masturbation produces is most often seen in young persons.” See George Fielding Blandford, *Insanity and Its Treatment: Lectures on the Treatment, Medical and Legal, of Insane Patients* (Oliver and Boyd, 1877), 60.

Additionally, physicians attributed the development of several neurological disorders to masturbation: “When they are the causes, the insanity resulting (generally Primary Dementia in the case of onanism, and General Paresis in the case of sexual excess) is usually incurable under any known system of treatment.” Joseph William Howe, *Excessive Venery, Masturbation and Continence: The Etiology, Pathology and Treatment of the Diseases Resulting from Venereal Excesses, Masturbation and Continence* (Birmingham & Company, 1884), 108. See also W.F. Bynum, “The Anatomy of Madness: Essays in the History of Psychiatry,” *Journal of Modern History* 60, no. 1 (Mar., 1988): 129-133.

¹³³ CSH Box 8, Folder 4, Commitment Record of Christina Cephus, 1881.

¹³⁴ James Beale sometimes attributed insanity to both religious excitement and masturbation in the same patient. In the case of James Hill, (Box 14, Folder 11), Beale asserted that religious excitement and masturbation had caused Hill’s insanity.

surveillance of African Americans at the expense of their Constitutional rights. If a white person provided an affidavit, police did not need a search warrant to search African Americans' residences for stolen goods. Additionally, African Americans were required to be employed by white people, often forcing them to work for their former owners.¹³⁵ The Vagrancy Act, enacted on January 15, 1866, mandated that African Americans who appeared unemployed or homeless be sequestered and forced to labor for three months.¹³⁶ The act responded to the fear that Virginia would "be overrun with dissolute and abandoned characters."¹³⁷ The criminalization of wandering, through the Vagrancy Act and commitment to the Central Lunatic Asylum, targeted the hundreds of thousands of recently emancipated slaves who wandered the state in search of employment, lost family members, and a place to pick up the pieces of their fractured lives and start anew. Massive migrations of freedpeople to urban centers often resulted in unemployment, leaving them destitute and wandering in search of work.¹³⁸ Employed freedpeople also

¹³⁵ The Virginia Acts also mandated the African Americans live on the land of their employers, or on their own land. Since African Americans quite seldom owned land, this law essentially laid the foundation for the sharecropping system. See Christopher Waldrep, *Roots of Disorder: Race and Criminal Justice in the American South, 1817-80* (Champaign: University of Illinois Press, 1998), 204.

¹³⁶ The Vagrancy Act poses an interesting question. It is unclear why forced labor was the punishment for some and commitment to the Asylum was the punishment for others. This remains to be explored in further detail. On one hand, commitment to the Asylum was indefinite, making it a more effective institution of social control. On the other hand, the mere existence of the Asylum as opposed to a prison or forced labor camp gestures to paternalistic motivations.

¹³⁷ From the Vagrancy Act, cited in Brent Tarter, "Vagrancy Act of 1866." *Encyclopedia Virginia*. Virginia Foundation for the Humanities, 25 Aug 2015.

The Vagrancy Act also stipulated that if freedpeople ran away from their term and labor and were caught, they were forced to wear balls and chains during their second round of forced labor.

¹³⁸ The Fourteenth Amendment and the Civil Rights Act, both passed in 1866, should have dismantled the Vagrancy Act, and other racially motivated laws. However, the Vagrancy Act reinforced centuries-old social mores, like suspicion and persecution of African Americans wandering at night. The Vagrancy Act was not abolished until 1904, when African American unemployment was mitigated to a misdemeanor. See Eric Foner, *A Short History of Reconstruction, 1863-1877*. Harper & Row (1988): 37. For Black Codes across the South, see Donna Lee Dickerson, *The Reconstruction Era: Primary Documents on Events from 1865 to 1877* (Westport: Greenwood Publishing Group, 2003). Pages 12-16 and 160-170 describe other Black Codes in Virginia.

suffered codified restrictions on movement: they required passes from their white employers to walk the streets at night.

Wanderings deemed symptomatic of insanity, however, were not always simple expressions of freedom of movement. While African Americans fundamentally threatened the traditional white-supremacist social order of the postbellum south by nature of their freedom, it would be overly reductionist to assume that all reports of African American “wandering” were merely a product of white anxiety. A tendency to wander could indicate real mental distress and suffering. For example, sixteen-year-old Mary Ella Shepherd had shown “chiefly a disposition to wander about this country, silent and imbecile.” This behavior had persisted for thirteen years. She had suffered a severe attack of “brain fever” as a small child, when she was about three years old. In Mary Ella’s case, silent wanderings probably indicated an underdeveloped or damaged brain. At her insanity hearing, authorities from the Richmond poorhouse explained that Mary Ella had arrived at the poorhouse after her mother had deserted her. Exasperated by Mary Ella’s continued attempts to flee the poorhouse, the poorhouse’s superintendent, Jeffrey Ranker, successfully relieved himself of Mary Ella’s supervision, as she was judged a lunatic and committed to the Central Lunatic Asylum.¹³⁹

Mary Ella’s transfer from the Richmond poorhouse to the Asylum represents a broader trend of institutional shuffling of dangerous or poor African Americans. Many African Americans cycled through involuntary sojourns in poorhouses, jails, and asylums. The parsing of lunatics and the poor from criminals revealed the murky, ambiguous understandings of insanity assigned to African Americans. Poverty,

¹³⁹ CSH, Box 18, Folder 9, Commitment Record of Mary Ella Shepherd, 1885.

criminality, and lunacy overlapped.¹⁴⁰ Jailers, in fact, instigated several inmates' transfer from jail to the Asylum. Daily contact between the jailer and his inmates forced a reckoning with the emotional lives of his inmates. As a result, the testimony of jailers offers some of the richest acknowledgements of the humanity of patients committed to the Central Lunatic Asylum. While doctors who testified in commitment hearings had, in all likelihood, interviewed the suspected lunatic once, jailers had sustained, daily contact with their inmates.

Peter Daugherty, the Suffolk County Jailer, frequently testified for the transfer of inmates from the Suffolk County Jail to the Central Lunatic Asylum. Those transferred from the jail to the Asylum often talked incessantly or incoherently. For example, Daugherty advocated for the transfer of Mary Foreman, who was subjected to "confinement in the city jail as a dangerous person." As Daugherty did not know her county of origin, Mary Foreman was in all likelihood jailed because of the Vagrancy Act.¹⁴¹ At her lunacy hearing on September 4, 1882, Daugherty testified that Foreman was "incoherent upon almost all subjects, but principally as to being tricked by a former associate" and that her insanity "was only known since confinement in the city jail."¹⁴² Daugherty, then, gained more intimate access to Foreman's behavior than the police who arrested her. In the case of George Hughes, Daugherty had overheard Hughes's "continued praying and sleeplessness," and supposed that Hughes suffered from

¹⁴⁰ An inmate's crime at times was also considered the main symptom of insanity, as with the case of Lee Richardson. Richardson was jailed and then committed to the Asylum by Barksdale for his attempt "to kill his parents" and "to do injury to his friends." Richardson had also expressed that he "thought he was affected by witchcraft" which probably only became apparent after his imprisonment. CSH Box 22, Folder 13, Commitment Record of Lee Richardson,

¹⁴¹ CSH Box 10, Folder 11, Commitment Record of Mary Foreman, 1882.

¹⁴² Ibid.

“religious excitement.”¹⁴³ In contrast to Dr. Beale, Daugherty, in his daily interactions with his patients, could link their backgrounds to their behavior. In the case of James P. Evans, a 53-year-old father of twelve, Daugherty proposed that the financial troubles which had led to his imprisonment had also caused his insanity. Evans talked strangely “at all hours of the day and night.”¹⁴⁴

While Daugherty cited Evans’s original crime as a cause of his insanity, many commitment records that chronicled transfers from jails to the Asylum omitted the inmate’s original crime. The absence of such crucial details of the inmates’ histories illustrates the cursory nature of the commitment process; little evidence was truly required when white observers sought to institutionalize African Americans. Perhaps the threshold for commitment of jailed inmates was lower than that of the general population, since confinement in asylums cost less than jails.¹⁴⁵

What we do know, however, is that the testimony of any reputable white person could provide sufficient evidence and expertise to commit an African American person to the Central Lunatic Asylum. The opinion of a single white person could cause the confinement of an African American for an indefinite period – until the lunatic was “restored to sanity.”¹⁴⁶ Although jailers had unrivaled access to African Americans’ daily lives, many white men had frequent contact with African Americans, as the Virginia Acts legally obligated African Americans to work for white people. As

¹⁴³ CSH, Box 14, Folder 12, Commitment Record of George Hughes, 1884.

¹⁴⁴ CSH, Box 22, Folder 2, Commitment Record of James P. Evans, 1887.

¹⁴⁵ Barksdale, in an early appeal to relocate the Asylum to a larger facility, wagered that “an insane person costs the State about one half per annum more, when kept in the county and other jails, than he does in an Asylum.” CSH AR, 1875, 8.

¹⁴⁶ Munford, *The Code of Virginia: Including Legislation to the Year 1860*, 439. In several states, jury trials were required for involuntary commitment, while nearly all states required the testimony of a physician. See Hurd, *Institutional Care of the Insane*, Vol 1.

described in the cases below, the state authorized any white layperson to judge the sanity of African Americans. Such a practice indicates that insanity in African Americans was seemingly obvious and easily discernible to any white observer.

Physicians were required to testify in the commitment of white patients, but in the cases of African Americans, the suspicion of a layperson sufficed. However, in cases of suspected African American lunatics, doctors were often the least knowledgeable witnesses regarding suspects' daily routines and habits. Whereas jailers and sharecroppers regularly interacted with African Americans they reported as suspected lunatics, doctors presumably met with the suspected lunatics only once for a brief interview directly before their trial. African Americans would not have initiated treatment by white psychiatrists in this time period.¹⁴⁷

The testimonies of grocers, farmers, and cooks sufficed to convict African Americans of insanity. Joseph Later, a white grocer, accused James Gooding, a 35-year-old African American carpenter, of insanity. According to Later, the sole witness in the trial, Gooding had shown signs of insanity for a mere ten days from "crawling about" and "making a singular noise."¹⁴⁸ Similarly, Howard Withers, a white farmer in Campbell County, accused Nancy Haythe of lunacy in August of 1876. Haythe, an African American woman, was twenty-five years old at the time and lived in Campbell County with her two children. Withers served as the sole witness in Haythe's lunacy hearing. Withers discussed Haythe's symptoms of insanity only in terms of her outward behavior; Haythe's motivations and state of mind seem to have been irrelevant, since they were not

¹⁴⁷ African Americans generally sought medical care from other African Americans. See Chireau, *Black Magic*; Fett, *Working Cures*; *Weevils in the Wheat*; and Covey, *African American Slave Medicine*.

¹⁴⁸ CSH, Box 2, Folder 8, Commitment Record of James Gooding, 1874.

discussed during the trial. Her outward actions and her threat to others comprised her symptoms of insanity. Haythe reportedly possessed a temper, but had not acted violently toward herself or anyone else. She had, however, attempted to “set fire to a granary” three years before her trial.¹⁴⁹ As punishment for the committed arson, Haythe spent seven months in jail and then nineteen months in the local penitentiary. At her insanity trial in 1876, Withers reported that, “I don’t think she has been entirely sane for ten years.”¹⁵⁰ According to Withers, Haythe had lost her sanity within a year of gaining her freedom. Anna Brown, a cook, testified to the insanity of Anna Carter, a married, 22-year-old mother of three children from Richmond. Carter “talks silly all day and night – is sleepless, roams about the town whenever she can get away,” and “has set herself on fire several times.”¹⁵¹

Anna Carter, who repeatedly attempted self-immolation, Nancy Haythe, who set fire to a granary, and Thomas Butler, who talked excitedly, all received the diagnosis of lunacy, and confinement in the Central Lunatic Asylum, based on the testimony white laypeople. The commitment records reveal insidious methods of surveillance and policing of white community members, doctors, and judges in three primary ways. First, a diagnosis of insanity reinforced the white judicial and medical establishment’s claims to power, superiority, and paternalism over African Americans. Second, commitment to the Asylum necessarily denied a freedperson’s claim to citizenship, as commitment entailed a complete revocation of legal rights. Third, confinement for certain behaviors reinforced repressive social norms imposed on African Americans. Commitment practices to the

¹⁴⁹ CSH, Box 4, Folder 4, Commitment Record of Nancy Haythe, 1876.

¹⁵⁰ Ibid.

¹⁵¹ CSH, Box 8, Folder 2, Commitment Record of Anna Carter, 1884.

Central Lunatic Asylum created and reproduced racial stratification and discrimination.¹⁵²

According to the Asylum's commitment records, wandering, talking, or dressing strangely were common symptoms of insanity. White people's observance of these behaviors, of African Americans' comings and goings, appearance and mannerisms, gestures to a culture of surveillance wherein former slave owners observed and evaluated the behavior of African Americans.

7. The Understanding and Treatment of Insanity in the Central Lunatic Asylum

Funded by the Commonwealth of Virginia, the Central Lunatic Asylum responded to and in part reflected the objectives of the state of Virginia. In annual reports submitted to the governor and General Assembly of Virginia, the Asylum's superintendents generally praised their own administration of the institution and insisted that their treatment regimens best facilitated their patients' cures. In their annual reports, superintendents gave fiscal and philosophical progress reports and described treatment and demographics of the asylum inmates – occupants were described as inmates, not patients.¹⁵³

Authorities at the Central Lunatic Asylum derived their rhetoric for treatment plans from preexisting asylums, all of which catered to white patients. Until the turn of

¹⁵² I base my conclusion off critical race theorists' understanding of race as "ordinary, ubiquitous, and reproduced in mundane and extraordinary customs" and a system of categorization that "society invents, manipulates, and recreates." See Tony N. Brown, "Critical Race Theory Speaks to the Sociology of Mental Health: Mental Health Problems Produced by Racial Stratification." *Journal of Health and Social Behavior*, 44, No. 3, (Sep 2003): 24. <http://www.jstor.org/stable/1519780>.

¹⁵³ Asylum patients were first referred to as "inmates" in 1872 by the Asylum's superintendent, Daniel Burr Conrad. See CSH AR 1872, 11: "We have been constantly adding to the means of occupation and amusement, as far as the finances would allow, and are well satisfied that no money expended in an asylum for the insane is better applied than when judiciously used in promoting the occupation and diversion of its inmates."

the twentieth century, American asylums for white patients emphasized moral treatment, the idea that humane psychosocial care from authorities, and moral discipline on the part of the patient, would inevitably lead to recovery.¹⁵⁴ The popularity of moral treatment, however, seeded its own destruction: as asylum populations increased, the tenability of providing quality care dwindled. The population of the Central Lunatic Asylum, for example, grew from 72 to 652 inmates from 1869 to 1890.¹⁵⁵ By the close of the 19th century, as institutions became increasingly overcrowded, asylum superintendents sought merely to contain their patients rather than cure them.¹⁵⁶

Asylums acted as microcosms of the patriarchal societies that funded them.¹⁵⁷ During the heyday of moral treatment, the internal order of asylums followed that of a paternalistic Victorian family, with the physician taking the role of a morally authoritative father-figure and patients assigned the roles of dependent “children.”¹⁵⁸ Good nutrition and exercise, both mental and physical, were instrumental to moral treatment. Adherence to a strict schedule, respect for authority, and following rules were paramount: “The first step is to accustom them to order, and not to allow the neglect of duties, otherwise many would die of hunger and filth. Therefore we have to encourage

¹⁵⁴ Asylums, from their inception, had stressed the importance of labor, but had not always subscribed to a cult of curability. In a sweeping narrative of the history of French asylums in *Madness and Civilization*, Foucault framed the Hôpital Général in the seventeenth and eighteenth centuries as an institution “to hide the homeless and the unemployed” (65). Moral treatment, pioneered in Western Europe in the early nineteenth century, particularly by the French psychiatrist Philippe Pinel, proposed curability of the insane if reintroduced to healthy habits. See Grob, “Class, Ethnicity, and Race in American Mental Hospitals, 1830–75,” 209–211.

¹⁵⁵ Barskdale, CSH AR, 1890, 14.

¹⁵⁶ Mab Segrest, “Exalted on the Ward: “Mary Roberts,” the Georgia State Sanitarium, and the Psychiatric “Speciality” of Race. *American Quarterly* 66, No. 1 (March 2014): 82.

¹⁵⁷ McCandless, *Moonlight*, 95

¹⁵⁸ *Ibid*, 179.

the patient to wash himself every day, dress up properly, get up and go to bed in time, and urge him to do physical exercise.”¹⁵⁹

However, asylum life for white patients was not mere drudgery. White asylum patients often gardened, played instruments, and had weekly dances. Patients were expected to return to their families socially reeducated, able to attend parties and talk to strangers and reintegrate into “the circles that nature assigned for them, but from which upbringing, fate, their own leanings or aversions removed.”¹⁶⁰

Traditional, physical treatments of mental illness accompanied moral treatment of asylum patients. Harkening back to Hippocrates’s theory of the four humors, physicians into the mid-nineteenth century understood the body as a precarious balance of elements in constant exchange with the outside environment.¹⁶¹ All diseases, physical and mental, stemmed from imbalances of fluids, so physicians sought to assist in moral rectification of patients by adjusting levels of fluids in the body. Equilibrium meant health, while disequilibrium meant illness. Nutrition, physical exertion and fresh air were therapeutic, but medical interventions, namely purging and depleting, could drastically recalibrate patients.¹⁶² Physicians had long prescribed cathartics and bleeding as a sort of panacea, even on themselves.¹⁶³

¹⁵⁹ Inspired by European regimens of moral treatment, American asylums prioritized labor as well. Rothman states that of “all the activities, asylums prized labor the most, going to exceptional lengths to keep patients busy with manual tasks” See Rothman, *The Discovery of the Asylum*, 145. See also Emese Lafferton, “Framing and Imagining Madness,” in *Framing and Imagining Disease in Cultural History* (Palgrave MacMillan: New York, 2003), 193.

¹⁶⁰ Ibid, 193.

¹⁶¹ The four humors were blood, black bile, yellow bile, and phlegm. See Charles Rosenberg, *The Therapeutic Revolution: Essays in the Social History of Medicine* (Philadelphia: University of Pennsylvania Press, 1979), 473-498.

¹⁶² Rosenberg, *The Therapeutic Revolution*, 488.

¹⁶³ Ibid, 494.

This practice carried into the asylum. Physicians sought to rectify their patients' imbalances by quite literally draining them. Bodily depletion: bleeding, purging, blistering, burning-hot foot baths with mustard (sometimes for nine days straight) were commonplace treatments in antebellum asylums.¹⁶⁴ These treatments correlated with a reduction in symptoms, since depletive therapies often exhausted patients to the point that they lacked the energy to scream, resist treatment, or act out.¹⁶⁵ Humoral understandings of the body that dominated antebellum theories of disease and therapeutics relied upon a holistic conception of the body. However, this would soon change.

While antebellum understandings of mental disease did not locate insanity in the brain, but rather pointed to a holistic imbalance of bodily elements, Civil War casualties instigated a new perspective. In fact, brain damage among Civil War survivors spurred a shift in the understanding of mental illnesses across races. Head injuries from the Civil War, such as penetrating skull wounds and blast concussions, provided a clear picture of the effects of head trauma on behavior, leading to the notion that normal behavior stemmed from a normal brain, while structural abnormalities in the brain would cause deviant behavior.¹⁶⁶ The relocation of mental illness from the body to the brain only

¹⁶⁴ Blood-letting and purging would drastically diminish by the close of the 19th century, however. McCandless calls the gradual elimination of bloodletting from asylums as the most drastic change in treatment in 19th century American asylums. See McCandless, *Moonlight*, 194.

¹⁶⁵ McCandless, *Moonlight*, 91.

¹⁶⁶ R. Gregory Lande, *Madness, Malingering and Malfeasance, The Transformation of Psychiatry and the Law* (Brassey's: Washington DC, 2003), 179. See also Mary de Young's *Encyclopedia of Asylum Therapeutics*, 57. In the postbellum period, asylum physicians started to indict the nervous system, lesions on the brain, metabolic disturbances in addition to moral affectations such as over-ambition, hyper-religiosity, and over-indulgence.

strengthened racial assignments of mental illness, as the cognitive superiority of whites was taken for granted by the white medical establishment.

The Central Lunatic Asylum opened as the cult of curability, the notion that all asylum patients could recover sanity through moral treatment, started to wane. Annual reports from the Asylum, from 1869 to 1890, reveal an evolution in the Asylum authorities' framing of the institution from a center of moral treatment to an overcrowded custodial institution. I argue, however, that the rhetoric of the annual reports did not entirely reflect the lived reality in the Asylum. From its inception, the Asylum largely prioritized containment over cure, even when reports extolled the "curative" benefits of certain therapies. First, most patients were forced to work because the Asylum's superintendents deemed work "conducive to their cure," even though the same superintendents labeled the vast majority of asylum inmates as incurable starting in 1872.¹⁶⁷ This emphasis on labor enabled the Asylum to become increasingly cost-effective. In fact, the cost per patient per day decreased by exactly half from 1872 to 1890, from 62 cents to 31.5 cents.¹⁶⁸ The use of physical restraints like muffs as early as 1875 testified to the early emphasis on containment over cure.

In 1875, J.G. Cabell, the president of the Asylum's board of directors, claimed that incurable patients predominantly populated the institution. Accounting for the rising number of long-term patients, Cabell insisted that "the health of the Institution has been remarkably good. The number of discharged as cured may appear small, but that is accounted for by (...) the large number of incurable patients and imbeciles."¹⁶⁹ He

¹⁶⁷ Conrad, CSH AR, 1872, 9.

¹⁶⁸ Barksdale, CSH AR 1872, 36; Barksdale, CSH AR 1890, 37.

¹⁶⁹ Cabell, CSH AR, 1875, 8.

labeled 290 of the 305 patients in the Asylum as incurable. However, Cabell believed that incurability resulted from delayed treatment: he posited that three quarters of the insane could recover if treated within the first three months of their disease, while only 18% could recover “if it runs unlooked for over twelve months.” In the other 82% of cases neglected for over a year, “the victim becomes for the rest of life hopelessly insane.”¹⁷⁰ At this point, physicians believed that insanity progressed like a cancer, that early intervention could stop the progression from a curable to incurable disease. Early intervention, meaning confinement, was paramount, lest the Asylum fill with incurables.¹⁷¹

TABLE XXVIII.

Remaining at the end of the year—Prospect.

	Males.	Females.	Total.
Curable.....	6	5	11
Incurable.....	92	104	196
Undetermined	11	25	36
Total.....	109	134	243

Figure 3: Tabulation of curable and incurable patients.¹⁷²

Despite their purported incurability, the asylum imposed a strict labor schedule on all patients who could work. In 1875, 196 inmates, 181 of whom were presumably labeled incurable, had assigned occupations like working in the bakery, the carpenter’s

¹⁷⁰ Cabell, CSH AR, 1875, 8.

¹⁷¹ It is likely that the Asylum administrators’ emphasis on early intervention in part affected commitment practices. Several inmates of the Asylum were committed after “showing symptoms of insanity” for a matter of days, sometimes as few as three days.

¹⁷² Barksdale, CSH AR 1875, 31.

shop, or the sewing room.¹⁷³ The inmates' workday averaged seven hours per day, spanning from 7:30 am to noon, and 2:30 to 4:30 in the afternoon.¹⁷⁴ Randolph Barksdale, the Asylum's superintendent from 1872 to 1896, claimed that "most of this work is voluntary; those (...) whose mental condition will be improved by manual labor, are forced to go out with the work parties (...). Manual labor is (...) the only means we have thus far discovered to facilitate their cure."¹⁷⁵ Yet Barksdale had diagnosed the vast majority of inmates as incurable. This cognitive dissonance in Barksdale's thinking, that labor would facilitate the cure of his patients, 95% of whom he diagnosed as incurable, calls for a renegotiation of the purpose of labor in the Asylum. During the cult of curability, labor, or some sort of exercise, was believed instrumental to inmates' cures.¹⁷⁶ For incurable patients, then, labor must have served a different purpose.

Perhaps a labor schedule imitative of plantation life stemmed from the notion that freedom caused insanity in African Americans, derivative of Cartwright's theories of insanity in African Americans. Barksdale's predecessor, Daniel Burr Conrad, had asserted that "under the general head of 'moral treatment,' manual labor is the chief, if not the only, means of cure we possess for this class of our insane, coming as they all do from the totally uneducated former slave class."¹⁷⁷ Barksdale and Conrad essentially proposed that, given the inmates' experiences as slaves, a return to slave-like conditions would prove therapeutic. In a more generous reading of the inmates' regimented labor,

¹⁷³ Ibid. If 196 inmates were working and 196 out of 243 were believed incurable, then 149 incurable patients worked.

¹⁷⁴ Conrad, CSH AR 1872, 17.

¹⁷⁵ Ibid, 17.

¹⁷⁶ Labor was considered instrumental to moral treatment and patients' cures. See McCandless, *Moonlight*, 57; Yanni, *Architecture of Madness*, 127.

¹⁷⁷ Conrad, CSH AR 1872, 8. Daniel Burr Conrad, physician and superintendent

perhaps authorities at the Asylum believed that labor would provide a beneficial structure and means of expelling energy for all inmates, regardless of curability.

Asylum authorities claimed to encourage activities besides manual labor.

Barksdale reported that he encouraged patients to “amuse themselves with simple games, such as marbles, cards, dominoes, and musical instruments.”¹⁷⁸ In the summer, a patient played violin for twice-monthly dances. The literate minority had access to papers, pencils and books.¹⁷⁹ But work, of course, remained the primary mode of treatment. This work was highly gendered: men tended the farm, stable, and laundry, while women mostly did needlework, knitting, and domestic chores like cleaning.¹⁸⁰

¹⁷⁸ Barksdale, CSH AR, 1877, 6.

¹⁷⁹ Ibid, 6.

¹⁸⁰ Barksdale, CSH AR, 1875, 31. Also, in the 1875 Annual Report, it was noted that the farm’s products had doubled since 1870.

TABLE XXXI.

Employment of Patients in the years 1874-'75.

MALES.

SPHERE OF OCCUPATION.	1874.			1875.								
	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.
Average daily number employed in farm and garden.....	19	19	19	19	19	19	19	19	19	19	19	19
Stable and cow house.....	5	5	5	5	5	5	5	5	5	5	5	5
Pump.....	2	2	2	2	2	2	2	2	2	2	2	2
Laundry.....	6	6	6	6	6	6	6	6	6	6	6	6
Kitchen.....	5	5	5	5	5	5	5	5	5	5	5	5
Wards and coal house.....	12	12	12	12	12	12	12	12	12	12	12	12
Dining room.....	5	5	5	5	5	5	5	5	5	5	5	5
Bakery.....	1	1	1	1	1	1	1	1	1	1	1	1
Wood house.....	2	2	2	2	2	2	2	2	2	2	2	2
Carpenter's shop and oil room.....	4	4	4	4	4	4	4	4	4	4	4	4
Mail and errand boy.....	1	1	1	1	1	1	1	1	1	1	1	1
In house.....	1	1	1	1	1	1	1	1	1	1	1	1
Policing party.....	3	3	3	3	3	3	3	3	3	3	3	3
Sewing beds and clothing.....	1	1	1	1	1	1	1	1	1	1	1	1
Shoemakers.....	1	1	1	1	1	1	1	1	1	1	1	1
Total.....												

TABLE XXXI—CONTINUED.

Females.

SPHERE OF OCCUPATION.	1874.			1875.								
	October.	November.	December.	January.	February.	March.	April.	May.	June.	July.	August.	September.
Sewing room.....	20	20	20	20	20	20	20	20	20	20	20	20
Laundry.....	10	10	10	10	10	10	10	10	10	10	10	10
Wards.....	15	15	15	15	15	15	15	15	15	15	15	15
House.....	4	4	4	4	4	4	3	3	3	3	3	3
Dining rooms.....	6	6	6	6	6	6	6	6	6	6	6	6
Spinning.....	3	3	3	3	3	3	3	3	3	3	3	3
Knitting.....	9	9	9	9	9	9	9	9	9	9	9	9
Total.....												

Figure 4: Jobs assigned to inmates.¹⁸¹

Certainly, though, the labor of asylum inmates served an economic purpose; the Asylum operated as a subsistence farm of sorts. On the Asylum's 300-acre farm, the inmates farmed all their own food and raised and slaughtered their own meat. Female

¹⁸¹ Barksdale, CSH AR, 1875, 31.

inmates sewed and washed their own clothing and cleaned their living quarters. J.G. Cabell, the president of the Asylum's board of directors, reported in 1875 that "the wards have been attended to and the farm cultivated mainly by the inmates of the Asylum; only attendants [are] required to direct and control their labor."¹⁸² Indeed, the Asylum resembled the social structure of a plantation in that white overseers controlled the activities of confined African Americans, but the Asylum maintained the economic structure of a subsistence farm, as the state funded the Asylum staff's salaries.

The inmates' labor regimen, however, minimized the asylum's financial burden on the state. Starting in 1872, the inmates' labor on the farm produced a surplus, around \$3,000, that increased in following years.¹⁸³ The surplus covered all expenses at the Asylum, save the salaries of staff members and the construction of new facilities. In 1890, the state contributed \$69,853 to the Asylum's operating budget.¹⁸⁴ The state of Virginia allocated much higher budgets to the Eastern and Western Lunatic Asylums, which excluded African Americans.¹⁸⁵

Some patients did not work, however, perhaps from true debility or outright refusal. Barksdale opted to restrain disobedient or nonfunctional patients with "muffs,

¹⁸² Cabell, CSH AR, 1875, 3. This regimented system of manual labor, although encouraged in asylums that treated white patients, was more intense and coercive for African American patients. See John Hughes, "Labeling and Treating Black Mental Illness in Alabama, 1861-1910."

¹⁸³ The net profits of the farm and garden in 1872 were \$2,918.88. See CSH AR 1872, 7. By 1890, the Asylum gained \$6,478.67 from the sale of vegetables, milk, grain, straw, cows, calves, and hogs. See CSH AR 1890, 8.

¹⁸⁴ Adjusted for inflation, the Asylum's annual operating cost would be approximately \$1.7 million in 2018.

¹⁸⁵ In 1890, the Eastern Lunatic Asylum spent \$86,904.55 on groceries and repairs alone. The steward of the Eastern Lunatic Asylum, CP Armistead, bought beef or lamb on a weekly basis, while inmates at Central raised and slaughtered their own meat. See CP Armistead, "Report of the Eastern Lunatic Asylum" in *Annual Reports of Officers, Boards and Institutions of the Commonwealth of Virginia* (Richmond: Superintendent of State Printing, 1890), 32.

after the fashion of a lady's fur muff, (...) fastened at the back with a lock buckle."¹⁸⁶

Although the leather covering might have resembled a lady's fur muff, the handcuffs beneath the leather completely restricted the inmate's arms. Barksdale's comparison of asylum muffs to a chic lady's fur muff perhaps reveals a broader attempt to occlude the harsher, dehumanizing realities of physical restraints in use at the Asylum.¹⁸⁷ Despite his use of muffs, Barksdale took a self-aggrandizing stance against the "too irritating" straightjacket, and proclaimed that "the dark cell, or dungeon, the most objectionable of all restraining means, had never been allowed."¹⁸⁸ Yet eight years later, in 1885, Barksdale requested \$1,480 in funds for the construction of 40 cells, with tightly secured door-frames and windows for the most violent patients.¹⁸⁹ Although authorities from the Asylum never explicitly described a system of solitary confinement, Barksdale had acquired the infrastructure to do so.

When low-functioning, muffed patients left their rooms, Barksdale encouraged them to roam the grounds; the exertion of walking without the use of their arms noticeably subdued them. Indeed, Barksdale preferred muffs to more restrictive forms of physical restraint – like tying patients to beds – because muffs made the staffs' lives easier. If staff used restraints that completely limited a patient's mobility, "quiet is never attained until the patient becomes exhausted by long continued struggles with three or

¹⁸⁶ Barksdale, CSH AR, 1877, 7.

¹⁸⁷ Muffs were also used on white patients, although frequency of their use requires further research. As many physicians believed that masturbation caused or exacerbated symptoms of insanity, muffs sufficiently restricted patients' use of their hands. For patients especially liable to masturbate, muffs were only removed for bathing. See Mary de Young, *Encyclopedia of Asylum Therapeutics, 1750-1950* (Jefferson, North Carolina: McFarland, 2015), 225-227.

¹⁸⁸ Barksdale, CSH AR, 1877, 7.

¹⁸⁹ Barksdale, CSH AR, 1885, 6.

four attendants.”¹⁹⁰ Muffed patients, however, could exhaust themselves wandering outside. The use of muffs, and the encouraged wanderings of muffed patients, signaled the insidious reign of custodial care in the Central Lunatic Asylum, despite the staff’s claims to practicing moral treatment.

Barksdale blamed the large proportion of “incurables” on the state’s commitment practices. By law, African Americans “suspected of lunacy” awaited their trials in jails. Confirmed lunatics then served untermed jail sentences while awaiting transfer to the Asylum. Presciently, in 1875, Barksdale had asserted that if a “lunatic has to be kept in county jails and alm-houses (sic) for twelve or eighteen months, it is a mere question of time when he or she will become permanently insane,” since “timely care is necessary to insure (...) recovery.”¹⁹¹

By 1885, the Central Lunatic Asylum had far exceeded capacity, so those deemed insane often languished in jail for months.¹⁹² Barksdale lamented that overcrowding had detrimentally deteriorated conditions in the asylum: “This system of crowding is *bad* and *dangerous*. Bad for the chances of *recovery*, and as we are in constant fear of serious accidents – death by violence and other serious misfortunes. There have been large numbers of patients who have slept in the corridors all the time.”¹⁹³ As “incurables”

¹⁹⁰ Ibid, 7.

¹⁹¹ Barksdale, CSH AR, 1875, 13.

¹⁹² Alexander Hamilton (President of the Board of Directors of the Central Lunatic Asylum), CSH AR, 1886, 3. Hamilton stated that “there are now in the jails of the State, as we are informed, from ninety to one hundred insane colored persons who have applied for admission to this institution, but we have been unable to receive them for the reasons stated, having had in the asylum during the year an average of 448 or 450 patients.”

¹⁹³ Barksdale, CSH AR, 1885, 5. Emphasis in original.

The asylums in Virginia that housed white patients also became overcrowded by the 1880s. Rather than house white patients in corridors, however, the state of Virginia funded the construction of another asylum for white patients. The Southwestern Lunatic Asylum opened in 1887 to meet the housing demands of white patients. See Hurd, *Institutional Care of the Insane*, 436.

increasingly crowded the Asylum, however, conditions in the Asylum hardly differed from those in jail. By 1889, the Asylum housed 600 inmates – 200 over capacity.¹⁹⁴

Committed among the “incurables,” however, were several inmates whom Barksdale considered mentally sound. Once again, Barksdale faulted “the loose manner the law is carried out in regard to the commitment of persons who are supposed to be insane.”¹⁹⁵ Barksdale astutely observed that the cursory nature of commitment practices had destined the Asylum to become a custodial institution. Several inmates were incurable because they were never sick in the first place, while ill patients, stifled in overcrowded wards, did not have access to treatment, or even peace and quiet. Most inmates, “adjudged insane by hearsay” without a physician’s testimony, “are certainly not subjects for an insane hospital, which is supposed to be a curative institution, and not a home simply to care for the helpless, who, for various reasons, cannot take care of themselves.”¹⁹⁶ Barksdale proclaimed an intention to cure the insane, but laypeople across Eastern Virginia had determined a different trajectory for Barksdale’s career. Indeed, a handful of white judges and physicians, and thousands of white community members, determined who counted as insane and would populate the Asylum, not the Asylum’s superintendent. Regardless of Barksdale’s intentions – compassionate, controlling, or both – the Asylum became a prison of indefinite sentences for crimes like “talking strangely” and “not being disposed to work.”¹⁹⁷

¹⁹⁴ Barksdale, CSH AR 1890, 7.

¹⁹⁵ Barksdale, CSH AR 1890, 7.

¹⁹⁶ Ibid, 7.

¹⁹⁷ CSH, Box 22 Folder 6, Commitment Record of Francis Jones, 1887. CSH, Box 22, Folder 1, Commitment Record of Victoria Dobbins, 1887.

8. Conclusion: The Mutual Constructions of Race and Insanity

John Hope Franklin, the preeminent historian of the South, has framed the South as fundamentally conservative.¹⁹⁸ White society's defense of the "the perfect society," the slave society, thwarted freedpeople's fight for citizenship status in the postbellum period.¹⁹⁹ Several legal and extralegal institutions contributed to an ersatz continuation of slavery after Emancipation; while Black Codes, the Ku Klux Klan, and sharecropping systems have garnered much merited attention, other repressive institutions have been relatively neglected in the historiography. One such institution was the Central Lunatic Asylum, a microcosm of the broader project of American allopathic medicine. While constructions of mental illness in African Americans created and perpetuated ideas of racial difference in the antebellum period, asylums that confined African Americans in the postbellum period formed an often-overlooked arm of legal and communal scaffoldings of social control.

I aimed to provide a study that presents American allopathic medicine as both a cause and a consequence of white supremacy. Differential treatment of minorities in medicine did not stem from a "separate but equal" ideology, or even "separate but unequal" economic pragmatism. Rather, the medical field's construction of race as a biological trait, and perception of minorities as biologically inferior, necessitated different treatments depending on race. Race of a patient, understood as a visible signal of myriad invisible biological and cognitive differences, determined possible diseases,

¹⁹⁸ John Hope Franklin was awarded the president's Medal of Freedom in 1995. His path-breaking monograph, *From Slavery to Freedom*, has sold over a million copies.

¹⁹⁹ John Hope Franklin, "The Great Confrontation: The South and the Problem of Change," *The Journal of Southern History* 38, no. 1 (Feb. 1972): 3. <http://www.jstor.org/stable/2206651>.

treatments, and prospects of cures. In turn, differential treatment of African Americans by physicians entrenched ideas of racial difference.²⁰⁰

Harkening back to the South's "problem of change," superintendents of the Central Lunatic Asylum persistently cited their predecessors' justifications of a separate institution for African American patients. In 1908, William F. Drewry, the Asylum's superintendent, quoted Francis Stribling's plea for separate institutions: "The necessity for a separate asylum for this unfortunate class is, we think, generally acknowledged by all who have seriously considered the subject. The disposition, temper, and habits of the colored race are so different from those of the white, and the management of the two classes so dissimilar, that it would be impossible to keep and successfully treat them in the same institution."²⁰¹ The mere existence of the Asylum affirmed the believed biological reality of racial difference, and the cognitive inferiority of African Americans.

In the postbellum period, white physicians posited that African Americans, faced with the challenges and responsibilities of freedom, were highly predisposed to insanity because "their mental calibre is small; the convolutions of their brain are few and superficial; their cranial measurement small and other anatomical facts demonstrate his inferiority."²⁰² T. O. Powell, a superintendent of the Georgia Lunatic Asylum, asserted

²⁰⁰ Medical constructions of race transcended the medical profession. For example, in the 1965 case of *Loving v Commonwealth*, whose appeal would become *Loving v Virginia* and result in the invalidation of laws prohibiting interracial marriage, the federal circuit judge Leon A. Bazile asserted that intermarriage violated Divine law, not just American law. He proclaimed that the geographic and biologic separation of races "shows that he did not intend for the races to mix." See Leon M. Bazile, Opinion from *Loving v. Commonwealth* (22 January 1965). *Encyclopedia of Virginia*. Published 25 March 2014.

https://www.encyclopediavirginia.org/Opinion_of_Judge_Leon_M_Bazile_January_22_1965

²⁰¹ Stribling, quoted in Drewry, CSH AR 1904, 108.

²⁰² Authored by the Superintendent of Eastern Hospital (now known as Cherry Hospital) in Goldsboro, North Carolina. Eastern Hospital was established in 1877 for the exclusive care of African Americans.

that “provision for this class has always been a separate and peculiar problem (...) the burden of whose support has fallen upon their former owners, themselves struggling to rise from the impoverishment of war.”²⁰³

Powell’s assertion points to the fragile liminality of remembering both repressive and controlling constructions of mental illness and the experiences and real suffering of those deemed mentally ill. The rather stagnant assertion that freedom caused insanity in African Americans from the 1840 through the turn of the twentieth century obviously serviced the social control of African Americans.²⁰⁴ Although constructions of mental illness and its treatment in African Americans undoubtedly operated as a mechanism of social control, this does not negate African Americans’ subjective experiences of suffering. This is to say, African Americans have undoubtedly suffered from real, debilitating mental problems, perhaps caused by racial oppression itself. I have investigated the racial assignment of insanity during the nineteenth century; the experiences, in their own voices, of African Americans deemed insane requires further research.

Further integration of the histories of race, American allopathic medicine, and mental illness will not only give voices to neglected historical subjects, but will aid our understanding of the present moment. Currently, African Americans are diagnosed with

JF Miller, “The Effect of Emancipation upon the Mental and Physical Health of the Negro in the South,” *The Carolina Medical Journal* 38, no. 10 (1896): 292.

²⁰³ T.O. Powell, cited in Mab Segrest, “Exalted on the Ward: “Mary Roberts,” the Georgia State Sanitarium, and the Psychiatric “Speciality” of Race. *American Quarterly* 66, No. 1 (March 2014): 69-94. <https://doi.org/10.1353/aq.2014.0000>.

²⁰⁴ The trend might have continued to longer, but I have not done enough research to make this claim beyond mere speculation.

schizophrenia at four times the rate of white Americans.²⁰⁵ An understanding, even an acknowledgement, of the history behind this pernicious disparity in diagnosis will support a more just, culturally competent mental healthcare system.

Wordcount: 12,463

²⁰⁵ Robert C. Schwartz and David M Blankenship, "Racial Disparities in Psychotic Disorder Diagnosis: A Review of Empirical Literature," *World Journal of Psychiatry* 4, no. 4 (2014): 134.

Bibliographic Essay

I had originally intended for my thesis to be an investigation of religious justifications of white supremacy in the late antebellum and early postbellum south, from about 1840 to 1890 (the same time period I settled upon for this project). I quickly realized that I had more answers than questions concerning the confluence of religion and white supremacy. I wanted to fully immerse myself in a project where I had more to learn and discover. Serendipitously, I happened upon Martin Summers's "'Suitable Care of the African When Afflicted with Insanity: Race, Madness, and Social Order in Comparative Perspective'" while doing background research.²⁰⁶ In the article, Summers compares the confinement and treatment practices administered to African Americans judged insane in Saint Elizabeth's Hospital in the postbellum period to those in colonial sub-Saharan Africa. The article fascinated me, and I immediately decided to focus my project on the questions that arose from reading Summers's article. I endeavored to understand how race informed treatment and diagnosis of African Americans deemed insane and to write their stories, hopefully incorporating their perspective.

A quick Google search of "African American insane asylum" yielded a feature article about the Central Lunatic Asylum by the University of Texas alumni magazine, *The Alcalde*. The article lauded King Davis, a professor of social work at University of Texas at Austin, for pioneering the digitization of the Asylum's archives.²⁰⁷ Davis described the archives as "the most complete set of records on African Americans and

²⁰⁶ Martin Summers, "'Suitable Care of the African When Afflicted with Insanity: Race, Madness, and Social Order in Comparative Perspective," *Bulletin of the History of Medicine* 84, no. 1 (Spring 2010): 58-91. <https://doi.org/10.1353/bhm.0.0320>.

²⁰⁷ Alicia Dietrich, "UT Scholar Tells Forgotten Story of African-American Psychiatric Patients." *Alcalde* (January 17, 2014), Web.

mental health (...) in the world.”²⁰⁸ I decided to make the archives of the Central Lunatic Asylum central to my thesis.

A review of the literature revealed that the historical literature on mental illness in African Americans, especially in the postbellum period, is incredibly sparse. I endeavored to give a voice to a previously voiceless population through my study of the Central Lunatic Asylum, as no currently published works discuss the Central Lunatic Asylum. Two master’s theses and two doctoral dissertations used the Central Lunatic Asylum’s archives as their principle source. Although unpublished, these writings are accessible on the internet (for the master’s theses) and through the Yale library system (for the doctoral dissertations).²⁰⁹

As the digitized archives remain unpublished, I visited the archive in Richmond, Virginia. I quickly realized the immense richness and limitations of the records. For the years of the Asylum that I decided to study, 1870-1890, there were only commitment records, annual reports, and occasional correspondence between Asylum authorities, judges, and jailors. These records only contained voices of white Southerners.

The desire to explore the experiences of African Americans as impacted by the history of medicine had motivated and animated my research. But, similar to the white

²⁰⁸ King Davis in Alicia Dietrich, "UT Scholar Tells Forgotten Story of African-American Psychiatric Patients." *Alcalde* (January 17, 2014), Web.

²⁰⁹ Doctoral dissertations that use the archives of the Central Lunatic Asylum as its central source are Kirby Anne Randolph, "Central Lunatic Asylum for the Colored Insane: African Americans with Mental Disabilities, 1844-1885" (Dissertation, University of Pennsylvania, 2003) and Adam Metcalfe Reed, "Mental Death: Slavery Madness, and State Violence in the United States," (Dissertation, University of California Santa Cruz, 2014)

Master’s theses that use the Asylum’s archives are Caitlin Doucette Foltz, "Race and Mental Illness at a Virginia Hospital: A Case Study of Central Lunatic Asylum for the Colored Insane, 1869-1885" (Master’s Thesis, Virginia Commonwealth University, 2015) and Adia Awanata Brooks, "The Politics of Race and Mental Illness in the Post-Emancipation US South: Central Lunatic Asylum for the Colored Insane in Historical Perspective" (Master’s Thesis, University of Texas at Austin, 2014).

citizens who reported and committed African Americans to the Central Lunatic Asylum, I rarely had access to the inner lives and thoughts of African Americans. Similar to the judges tasked with determining the sanity of suspected lunatics in postbellum Virginia, I relied on the testimonies of whites to grasp at an understanding of the experiences of African Americans.

The commitment records, which catalogue the court proceedings for suspected lunatics, illuminated how white people understood insanity in individual African Americans. Annual reports submitted to the governor and General Assembly of Virginia by the Asylum's superintendent and president of the board of directors provided fiscal and philosophical progress reports on the institution. To contextualize the commitment practices and of the Central Lunatic Asylum among those of other asylums, I relied primarily on Hurd et al.'s 1916 publication *The Institutional Care of the Insane in the United States and Canada*, volumes 1-4. A chapter written by William F. Drewry, a former superintendent of the Asylum, chronicled the history of the Central Lunatic Asylum. Other physicians chronicled the histories of other institutions in a similar manner, allowing me to establish a basic understanding of common practices in the asylum.

To understand the Asylum's founding, and its seemingly unprecedented existence, I felt obligated to contextualize my research on the Central Lunatic Asylum with antebellum understandings and treatments of mental illness. I was surprised to find that the historical literature on mental illness during slavery is much better developed than during the postbellum period. The writings of white physicians and apologists, most notably Samuel Cartwright, are often cited in the secondary literature, and I easily

accessed Cartwright's infamous article, "Report on the Diseases and Physical Peculiarities of the Negro Race" and other antebellum medical literature on GoogleBooks.²¹⁰ Similarly internet-accessible were the writings of Frederick Douglass, James McCune Smith, and the recollections of former slaves in *Weevils in the Wheat*, a project of the Works Progress Administration.

Despite my searching, I could not find any primary sources from the postbellum period written or told by African Americans that narrated their experiences of mental illness or confinement in asylums. The absence of African American voices to describe their own experiences comprises the largest hole in this project, one that I hope to fill in the future.

I hope to contribute to the growing field of scholarship and knowledge of African American history through their own voices. Although the perspectives of African Americans confined in the Central Lunatic Asylum in the nineteenth century might never be found, I hope that we will eventually access the thoughts and experiences of an African American confined in a 19th century asylum firsthand. Until then, I hope that this work will spread the stories of those chronicled as insane as symptomatic of their freedom and renegotiate an understanding of American medicine and white supremacy as mutually constructed.

²¹⁰ Samuel A Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race." *New Orleans Medical and Surgical Journal* 1 (1851) n in Arthur Caplan, *Health, Disease, and Illness: Concepts in Medicine* (Washington: Georgetown University Press, 2004), 14.

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