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Inhospitable in the Hospitality State: The Mississippi State Hospital in the Jim Crow
South, 1865-1966

By

Michael Thomas Murphy

A Dissertation
Submitted to the Faculty of
Mississippi State University
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy
in History
in the Department of History

Mississippi State, Mississippi

May 2018

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2018

Inhospitable in the Hospitality State: The Mississippi State Hospital in the Jim Crow
South, 1865-1966

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This dissertation is an institutional history of the Mississippi State Hospital. Specifically, it is a study of the use of the Mississippi State Hospital and its predecessor as an institutional instrument to establish, maintain, reinforce state-sponsored racial segregation and white supremacy during the period of Jim Crow in Mississippi. If you were an African-American or poor-white Mississippian found mentally unstable during the period of Jim Crow, the Mississippi State Hospital and its predecessor represented a controlling and stigmatizing institution within an institution of societal control. Mississippi's institution for its mentally ill and unstable residents became an instrument to reinforce the state's racially, socially, and economically rigid society.

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CHAPTER I

INTRODUCTION

Located roughly 15 miles southeast of Mississippi's capital city of Jackson stands the Mississippi State Hospital, an 83-year-old facility just outside of suburban sprawl.¹ Since 1935, it has served as the state's principal state-funded facility to attend to mentally ill and unhealthy Mississippians. The state's prior state hospital, opened in 1855, was located where the University of Mississippi Medical Center in Jackson, Mississippi stands. Much like the widespread and pervasive referring to of the Mississippi State Penitentiary as Parchman Farm or simply Parchman, the hospital is almost universally known as Whitfield State Hospital or simply Whitfield by Mississippians. This colloquial name has its origins in Mississippi Governor Henry L. Whitfield's administration. Whitfield served as governor from 1924 to his death in 1927. Adding to a long career in public education that including serving as the Mississippi State Superintendent of Education and President of the state's public college for women, he championed education, health reform, and public safety throughout the state. The colloquial name for

¹ Mississippi's foremost state institution for residents with mental disorders has gone through several name changes. From its opening in 1855 to the turn of the 20th century, the institutions went by the Mississippi State Lunatic Asylum. From the turn of the 20th century into the 1930s, it was named the Mississippi State Insane Hospital. When the hospital moved from its original location in Jackson to the far outskirts of Jackson, it was renamed the Mississippi State Hospital.

the unincorporated area of the state where hospital is located, Whitfield, is named after the former governor.

Before 1935, the Rankin State Prison Farm, at one time a forerunner of the Mississippi State Penitentiary, exclusively called the yet-named unincorporated area of Whitfield home. Much like the widespread and pervasive referring to of the Mississippi State Penitentiary as simply Parchman or Parchman Farm, the name of the state hospital also holds social connotations with its location. Residents have used the name to denote a sense of locational and social marginalization. The hospital, like the state penitentiary, is located on the periphery of society and in an unrestricted area. It is seen as a place where Mississippians go and rarely return from. Since 1935, it has served as the state's principal state-funded facility to attend to mentally ill and unhealthy Mississippians.

I visited the Mississippi State Hospital in the early-Spring days of late-March, 2017. Halfway through the stucco strip malls, antecedent traffic lights, and white flight that is Flowood, Mississippi, a patient or visitor would head northeast of Jackson on Mississippi Highway 475 toward their destination. Past the Jackson-Medgar Wiley Evers International Airport and over Interstate 20, the Mississippi State Hospital's sprawling campus will appear without notice. Before arriving at the hospital's main entrance, you receive an unofficial tour of the institution. Highway 475 runs alongside the western part of the hospital. The first thing once notices is its run-down, expansive campus located on a 350-acre tract of land.

Upon passing through its heavily-guarded main entrance, the Mississippi State Hospital's shortcomings quickly become evident. The facilities are a hodgepodge of architectural styles. In-use buildings dating back to mid-1930s sit next to newer, Cold-

War architecture and an abundance of dilapidated, abandoned structures. The Mississippi State Hospital is and historically has been neglected since its opening in 1935. For all of its natural beauty and pastoral setting, the Mississippi State Hospital has a checkered history.

Once inside the hospital as a guest, my first destination was the admissions building to meet the director of the Public Relations Department of the Mississippi State Hospital for a pre-arranged tour of the grounds and on-site museum of the hospital's history. Two thoughts came to mind while approaching the admissions building. First, it sits at the entrance of the hospital's central thoroughfare. Second, it looks like the "big house" on a plantation. It sits slightly elevated and comes complete with Doric Columns. As I walked up the steps of the admissions building, I became reminded of the opening vignette of the fourth chapter of this dissertation. The vignette took place on these steps. I imagined the dialogue between the people involved. I wondered where exactly they stood during their encounter.

After meeting the director, a tour of the museum was first on my meeting's itinerary. Located in and adjacent to the old hydrotherapy-treatment rooms, the museum centers around a positive, cookie-cutter narrative like that of a Whig history. On the tour, I kept thinking to myself how similar this sounded to the works on state asylums and hospitals like Albert Deutsch's *The Mentally Ill in America: A History of Their Care and Treatment from the Colonial Times* (1937). The highlights of the tour included seeing an undated, state-sponsored sign commemorating the Dr. Joseph Goldberger's pellagra study at the nearby Rankin State Prison Farm in the 1910s. The museum also had original copies of a short-lived patient-written periodical called *The Whit*. This patient-written

periodical, during the early-1950s, became a mouthpiece for patients of the hospital. *The Whit* only lasted for a few years due to shifting from largely complementary to critical of the Mississippi State Hospital.

After the museum visit, a walking and driving tour ensued. When asking about the more unsavory happenings at the hospital, the director of the Public Relations Department of the Mississippi State Hospital played up its golf tournament to raise funds for the hospital, vocational programs, and the former tuberculosis annex becoming the elderly-patient residential and recreational center. While the director attempted to circumvent my questions, such spin and favorable bias could not mask a looming presence. I immediately noticed the general smell of the Mississippi State Hospital. Unlike the museum, which was located in the former hydro-therapy rooms, the other facilities smelled of stagnation and soiled linens and surfaces. I know this smell quite well. I was raised alongside a severely-autistic nephew who attended a special-needs school that had this exact same smell. I went to many family days and student plays at that school, the Lakeview School in Hernando, Florida. At the end of the tour, the director gave me a goody bag of public-oriented pamphlets about the hospital's current operations and a brief history that matched the museum's narrative.

This project was initially influenced by my upbringing with a severely-autistic nephew and a research paper in an upper-level undergraduate history course titled "The History of Disability in America." My paper centered on the intersection between eugenics and politics in the Deep South during the 1920s and 1930s. After shelving my research from the paper for several years, I became a researcher for the Asylum Hill Research Consortium during its early stages. Since its founding in 2013, the project has

located, excavated, documented, reburied, and contextualized several graves discovered throughout the east side of the University of Mississippi Medical Center near downtown Jackson. For two weeks full weeks, along with several day trips, I immersed myself in the Mississippi State Lunatic Asylum's biennial reports located at the Mississippi Department of History and Archives (MDAH) in Jackson.²

For reasons presumably connected to the American Civil War, the Mississippi State Lunatic Asylum's earliest remotely legible biennial reports at MDAH, and throughout various archives and special collections throughout the state, began in 1878. The first decade of these available biennial reports was sparse in data and written reports from the board of trustees and superintendent. The data primarily centered on the number of patients, and their age ranges, gender, diagnosis, place of origin, and occupation prior to admission to the asylum. Connected to this data, a total number of patients admitted, discharged, eloped, and deceased broken down by gender followed. Deceased patients' age ranges and their causes of death also accompanied this information. Over time, the reports began to include patients' race, causes of insanity, and various medical procedures, and deceased patients' diseases at their respective times of death. The change of these biennial reports over time is revealing of the history of the social sciences and medicine.

While this raw data proved important, the superintendent reports, especially from the late-1870s the immediate years after the First World War, provided insight to various elements of the Mississippi State Lunatic Asylum's operations and place within the

² Because of the scope of my research, I have combed through the biennial reports of the institution throughout all of its name changes.

Reconstruction and Redemption years in the state. The superintendents often revealed the institution's day-to-day operations, hospital necessities, and the legislature's funding shortcomings. The fluidity and abundance in which superintendents mentioned and supported pro-Jim Crow practices and race science became the most revealing portion of these reports. They provided me with an examination of how the Mississippi State Lunatic Asylum originated as an institution predicated on racial segregation. This dissertation is an institutional history of the Mississippi State Hospital. Specifically, it is a study of the use of the Mississippi State Lunatic Asylum as an institutional instrument to establish, maintain, reinforce state-sponsored racial segregation and white supremacy during the period of Jim Crow in Mississippi. If you were an African-American or poor white Mississippian found mentally unstable during the period of Jim Crow, the Mississippi State Hospital and its forerunners represented a controlling and stigmatizing institution within an institution of societal control. Mississippi's institution for its mentally ill residents became an instrument to reinforce the state's racially, socially, and economically rigid society.

In chapter one, I set the stage for ensuring chapters by focusing on the establishment of the Mississippi State Lunatic Asylum during the Age of Jackson and Antebellum South. Upon opening in 1855 as the Mississippi State Lunatic Asylum, it served as a measure of benevolence on the part of the Mississippi State Legislature. On a larger scale, the funding and opening of the asylum became a part of a larger movement in reassessing the manner in which mentally unstable individuals were handled in the United States. Beginning in the early-to-mid 19th century, medical professionals who studied insanity and social reformers began to push for better conditions for the nation's

mentally unstable citizens. However, the initial benevolence surrounding the Mississippi State Lunatic Asylum soon wore away.

Prior to the late-19th century, the Mississippi State Lunatic Asylum, indicative of other state asylums throughout the United States, closely adhered to the tenets associated with the Kirkbride Plan, predicated on “moral treatment,” and social control and order. However, as the 19th century waned, insane asylums, concurrent with their slow reclassification as state hospitals, began to transition from restorative to custodial institutions. I devote chapter two to the changing nature of the Mississippi State Lunatic Asylum during this period of shifting national trends for such institutions, and throughout the period of Redemption in the American South. State Hospitals transformed from temporary institutions predicated on recovery and respite to institutions of permanence. This was apparent at the eventually renamed Mississippi State Insane Hospital. As the hospital’s population ascended, its funding by the state legislature descended. A lack of amenities like electricity and running water, rampant tuberculosis, and overcrowding became the norm for the next forty-plus years. This was indicative of other state asylums and hospitals throughout the nation beginning during the mid-to-late-19th century. In chapter three, I use the now-renamed Mississippi State Insane Hospital to examine not just socioeconomic realities but also the stigmatization of disease in the New South during the early-20th century. From immediately after the First World War into the 1930s, Mississippi experienced an extended economic depression. However, beginning in 1920, pellagra supplanted tuberculosis as the number one cause of death at the then-renamed Mississippi State Insane Hospital. First, I will examine the role infrastructural and operational factors played into tuberculosis being the leading cause of death at the

institution. With this, I will compare tuberculosis rates at other such institutions to facilitate the reality that tuberculosis had been the leading cause of death throughout most state psychiatric hospitals in the Deep South, for similar reasons, from the end of the Civil War to the end of the First World War. Second, I will examine pellagra's supplanting of tuberculosis as the leading cause of death at the Mississippi State Insane Hospital. Broadly, this examination will reiterate pellagra's southern regional distinctiveness and identity within the larger United States South.

Chapter four centers around the newly-opened Mississippi State Hospital being a part of the early period of deinstitutionalization, and how the conditions at the institutions bucks the progress narrative offered by numerous historians that lazily connect the progress that came to the region and development of the Modern South with the Second World War without examining war's impact on citizens themselves, and not just focuses on the macro-societies and economies. By examining the state hospital's decline during the war, I will challenge the narrative that the Second World War brought with it prosperity to the South, specifically the Deep South. In the midst of the Second World War, the Mississippi State Hospital transformed from a recently constructed, self-sufficient institution, with steadily improving treatment of and care for its patients into an institution in utter disarray and decay. In the years immediately following the war, institution's conditions were exposed to Mississippians. This exposure came in two successive and occasionally entwined waves. First, the Mississippi State Legislature opened an investigation into the Mississippi State Hospital's conditions, and second, *Delta Democrat Times* chief editor and publisher Hodding Carter, Jr. presented readers with details regarding the investigation of and details about the institution's conditions.

Mississippi's extended economic depression, while seriously assisting in the Mississippi State Hospital's downturn, was only exacerbated by the United States' entrance into the Second World War. Also, I will connect Carter's exposing of the institution's conditions to exposés by conscientious objectors during the Second World War, and journalists during the late-1960s and early-1970s. In making this connection, I will contend that the origins of deinstitutionalization metastasized during the Second World War.

In the fifth and final chapter, I focus on the hospital's use as a deterrent against the African-American Civil Rights Movement in Mississippi. One year after the *Buck v. Bell* decision, Mississippi became the first state in the Deep South to enact a compulsory sterilization law. This new law, coupled with an already highly functional system of institutionalizing the state's mentally ill and feeble-minded, added a new dimension to the maintenance of Mississippi's already rigidly stratified society. Whereas traditional segregation in the Jim Crow South solely revolved around race, the institutionalization and sterilization of the mentally ill and feeble-minded also revolved around class, diagnosis, and gender. After the Second World War, the Mississippi State Hospital and the threat of sterilization were employed as divertive tools against the civil right movement. The most well-known instances of these uses of force included Clennon King and Fannie Lou Hamer. In the post-war age of deinstitutionalization and the rise of civil rights, forced institutionalization and sterilization were utilized to maintain an inflexibly segregated society.

The study of asylums and state hospitals in the United States is largely scattered across numerous sub-fields and nodes in the historical profession. Because of this, scholarship on them, according to historiographic trends, fall within two historiographic

camps-Whig and non-Whig. Concurrent with the first realities of deinstitutionalization, and the release of the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), scholarship on asylums and state hospitals experienced two historiographic shifts away from depicting these institutions as bastions of progress. Commonly known as DSM-IV, this manual became known as the first post-psychoanalysis-influenced manual and included sweeping changes in terminology to counter the ever-changing, confusing jargon among psychiatrists and other medical professions. Words like retard, retardation, and retarded ceased to be used and replaced with developmentally challenged and intellectually challenged, which clarified the diagnosis process.

Those historians who do study asylums and state hospitals in the United States have largely ignore the South, and particular the Deep South. Not until the mid-1990s had historians began to fold the region into their research and scholarship on asylums and state hospitals.

Examining the South, and particularly the Deep South and folding them into national narrative was sparse at best before the mid-1990s. In typical fashion of the period, Albert Deutsch's *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times* (1937) is geographically skewed. For the majority of the book, Deutsch focuses on Northeastern and Western states like California, Pennsylvania, New York, and Massachusetts, and their commitment laws and procedures, and asylums and state hospitals. The Deep South is only given a passing reference when covering commitment laws and procedures. Only one peripheral-southern state, Kentucky, is

focused on.³ This almost complete omission of southern states in a discussion about asylums and state hospitals adds to historian Edward J. Larson's assertion, "the Deep South has largely been ignored."⁴ From the 1960s to the 1980s, Gerald N. Grob and David J. Rothman became the eminent scholars on asylums and state hospitals in United States history and society. However, they too, failed to fold the South into their narratives.

Much of Grob's and Rothman's scholarship focuses on asylums and state hospitals prior to the Great Depression. However, they fail to in largely include the South or Deep South into their research and publications. David J. Rothman, in *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (1971) and *The Discovery of the Asylum is Conscience and Convenience: The Asylums and its Alternatives in Progressive America* (1980), which span a vast period in asylum and state hospital history and the origins of public health and modern views on healthcare, does not cite any Deep South states and only cites two Peripheral South states-Virginia and Kentucky.⁵ He does not mention a single such institution in the Deep South when detailing how legislatures throughout the United States in the late-19th century began implementing sweeping funding cuts. Also, he does not include any southern states in his coverage of

³ Albert Deutsch, *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times* (New York: Columbia University Press, 1949), 106-08, 120, 345. Southern states referenced in the book include Alabama, Georgia, Florida, Kentucky, Louisiana, North Carolina, South Carolina, Tennessee, and Virginia.

⁴ Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1995), 3.

⁵ According to Deutsch, in *The Mentally Ill in America* and Nancy Tomes, in *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*, explains that most asylums prior to the Civil War utilized "moral treatment," which revolved around a regimented attempt to transform the uncontrollable and immoral into self-controllable and moral. This "moral treatment" was connected to institutions' curative and rehabilitative measures, which were replaced by measures to permanently rid society of its unwanted individuals.

the how the inflationary cycle after the 1850s made it exponentially costlier to build and overhaul institutions.⁶ Gerald Grob, in *Mental Illness and American Society, 1875-1940* (1983), includes every southern state, but affirms Larson's previously mentioned comments by paying significantly attention to Virginia and North Carolina. His narrative, ranging from the 1970s to the 1940s, heavily focuses on institutions in the Northeast. Such disregard for the Deep South imitates Lynn Gawell's and Nancy Tomes's *Madness in America: Cultural and Medical Perceptions of Mental Illness before 1914*. In last section of the book, which covers "American Nervousness" from the 1870s to the 1910s, they also fail to include the Deep South in their narrative. Grob's follow up to *Mental Illness in American Society, From Asylum to Community: Mental Health Policy in Modern America* (1991), ranging from the 1940s through the 1980s, also heavily focuses on institutions in the Northeast. In this epoch of deinstitutionalization, which occurred throughout the United States, an inclusion and evaluation of Deep South institutions like the Alabama Insane Hospital and the Mississippi State Hospital at Whitfield should be included.

The second historiographic shift, away from this semi-Whig and geographically exclusionist scholarship occurred at a time when the American Psychiatric Association, and definitions and procedures concerning mental illness and health drastically changed. While geographically narrow, James W. Trent, Jr.'s *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (1994) has become a dominant publication in the historiography of asylums, state hospitals, and state schools. Building upon

⁶ David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (New York: Aldine de Gruyter, 2002), 270.

Rothman's and Grob's shift away from glorifying asylums and state hospitals, and Michael Foucault's ideas on madness and control, Trent argues that these institutions, like state schools, developed into "places where care became an effective and integral part of control" over society's vulnerable and unwanted individuals, and that their economic vulnerability, "more than the claims made for their intellectual and social limitations...shaped the kinds of treatment offered them."⁷

Prior to this period, the mid-1990s, few historians' works provide significant insight into the role of asylums and state hospitals in the South. However, this would quickly change. Edward J. Larson's *Sex, Race, and Science: Eugenics in the Deep South* (1995), Steven Noll's *Feeble-Minded in our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (1995), and Peter McCandless's *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (1996) provided insight into asylums and state hospitals in the South while showing their uniformity with other such institutions in the United States. Their distinctiveness is also highlighted when discussing their place in the Jim Crow South. Larson argues that although the Deep South's racial makeup and Jim Crow Laws made it ideal for the ascension of state-based compulsory sterilization programs and laws, the sub-region did not embrace eugenics like the rest of the nation. He goes on to note that when they did embrace eugenics, it occurred in the wake of the *Buck v. Bell* ruling and only in one state.⁸ While Mississippi enacted its own compulsory sterilization law one year after

⁷ Rothman, *The Discovery of the Asylum*, 5.

⁸ *Buck v. Bell* is a 1927 United States Supreme Court Case that state laws authorizing the compulsory sterilization of disabled individuals did not infringe on citizens' right to due process, which is protected by the 14th Amendment of the Constitution.

Buck v. Bell in 1928, Louisiana, due to the Catholic church's influence in the state and its opposition to eugenics, did not enact a law.⁹ Larson's historiographical intervention is that historians ignore the Deep South in their coverage of the eugenics movement in the United States during the early-20th century.

In *Feeble-Minded in our Midst*, Noll specifically concentrates on the severance of the institutionalized "feeble-minded" from the insane in the South during the first four decades of the 20th century. Heavily relying on the works of Gerald N. Grob, he contends that both internal and external factors are key to understanding what "governed the evolution of psychiatry and mental hospitals" not just in the South, but throughout the United States."¹⁰ The major external force he eludes to is the political arena, dictated the establishment of these institutions and support and passage of laws pertaining to the intellectually and developmentally disabled, and insane in an economically and demographically ever-changing New South.¹¹ McCandless, in *Moonlight, Magnolias, and Madness*, explains that southern states like South Carolina became the first in the nation to establish institutions for the intellectually and developmentally disabled, and insane. He states that his "book fills part of this gap in southern psychiatric history by examining the extent to which the experience of...South Carolina paralleled or diverged from that of

⁹ Larson, 107, 115.

¹⁰ Steven Noll, *Feeble-Minded in our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill: University of North Carolina Press, 1995), 9. Noll focuses on Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia.

¹¹ Noll, 8.

the nation at large.”¹² Since the 1960s, with the cessation of viewing institutions for the intellectually and developmentally disabled as bastions of progressivism and, instead, as atrocious aspects of society, historians who have studied them have largely focused on the northeast. Because of this problematic approach, such institutions throughout the Deep South have been all but ignored. Significantly folding the Deep South into the narratives of these institutions would not only challenge the South’s supposed, sweeping distinctiveness but also enhance the topic’s historiography.

Historically, those who study African-American history have also largely ignored examining and incorporating the role of commonplace government institutions like state hospitals, jails and prisons, general hospitals and healthcare, and customer-service facilities like the postal service into their discussions of the New South, Modern South, and African-American Civil Rights Movement. Obvious exceptions to this include Neil R. McMillen’s *Dark Journey: Black Mississippians in the Age of Jim Crow* (1990), Anne Butler’s and C. Murray Henderson’s *Dying to Tell: Angola, Crime, Consequence, Conclusion at Louisiana State Penitentiary* (1992), David M. Oshinsky’s *Worse than Slavery: Parchman Farm and the Ordeal of Jim Crow Justice* (1997), Jim Downs’s *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (2012), and Stephen A. Berrey’s *The Jim Crow Routine: Everyday Performances of Race, Civil Rights, and Segregation in Mississippi* (2015). Each of these books explicitly examines the impact Jim Crow policies and state and local-government

¹² Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996), 5.

laws and policies affected African Americans by way of their contact with commonplace government institutions.

However, aside from this lacking examination, there is a budding, yet still deficient amount of scholarship on the history of medicine within African-American history. Aside from select monographs like James H. Jones's *Bad Blood: The Tuskegee Syphilis Experiment* (1981), a trailblazing examination of the government-sanctioned medical experimentation on unsuspecting African American in the Jim Crow South, little was written on this specific topic. All of that changed in the mid-1990s. Concurrent with historians of medicine and disabilities studies historiographic turn in the mid-1990s, a noticeable amount of scholarship has emerged that centers around the intersection b/w the history of medicine and African-American history. Books like Keith Wailoo's *Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health* (2001) and Jonathan Metzl's *The Protest Psychosis: How Schizophrenia Became a Black Disease* (2011) have examined the role of medicine, and health and illness in the African-American community, specifically in the Jim Crow South.¹³

As I walked back to my car after my visit to and tour of the Mississippi State Hospital in the early Spring of 2017, I kept asking myself, "why is this place still in operation?". Along with my argument, I attempt to better answer that question- "why is this place still in operation?"-in this dissertation. Since that day, again and again, I have

¹³ Other scholarship that has come about in the last 20-plus years concerning the intersection between the history of medicine and African-American history also include Marie Jenkins Schwartz's *Birth of a Slave: Motherhood and Medicine in the Antebellum South* (2009), Alondra Nelson's *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (2013), and Lundy Braun's *Breathing Race into the Machine: The Surprising Career of the Spirometer from Plantation to Genetics* (2014).

asked myself that question. Over two decades after the end of the era of deinstitutionalization, the Mississippi State Hospital remains open. As other state hospitals throughout the nation shed their patients and closed, during the nearly 30-year period, the hospital, along with the East Mississippi State Hospital located in Meridian continued to operate. Even with an ever-falling budget and a patient-to-bed ratio, along with wavering accreditation from various national and regional medical organizations, it continued to operate. In 1999, the State of Mississippi opened a third state hospital, the North Mississippi State Hospital located in Tupelo. One year later, the state opened a fourth state hospital, the South Mississippi State Hospital located in Purvis. While the establishment of two new state hospitals established quadrants of Mississippi counties each hospital became responsible for, this doubling down of state-institutions is far from deinstitutionalization.

CHAPTER II

THE BENVOLENT INSTITUTION: THE FOUNDING OF THE MISSISSIPPI STATE LUNATIC ASYLUM IN THE ANTEBELLUM SOUTH

“Here was something of a conquest over prejudice and determination not to give a dime,” well-known reformer and advocate for the better treatment of the insane Dorothea Dix confided in her longtime friend, fellow Bostonian and activist, and member of the city’s Unitarian community, Anne Heath.¹⁴ This remark came after the delivery of her favorably-received survey of Mississippi’s insane residents’ day-to-day lives to the Mississippi State Legislature by a member of the same political body in 1850.¹⁵ “To give \$50,000 and 3,000,000 bricks besides the farm and foundations of the structure is no small task,” she continued.¹⁶ She concluded her remarks to Heath by thanking the Mississippi Legislature, commissioners of the construction project, and the state’s citizens for their “really beautiful vote of thanks.”¹⁷ Dix’s visit to Mississippi in 1850 became a part of a larger tour that began in the 1840s. During this tour she visited several state legislatures to persuade them to construct state asylums and hospitals for their insane residents.

¹⁴ Helen E. Marshall, *Dorothea Dix: Forgotten Samaritan* (New York: Russell & Russell, 1937), 121.

¹⁵ In antebellum America, it was customary for members of political bodies and chambers, solely comprised of males, to deliver material written, researched, and compiled by females. Such deliveries were referred to as memorials.

¹⁶ Marshall.

¹⁷ *Ibid.*

Throughout the 1830s and 1840s, physicians, self-anointed reformers like Dix, and politicians attempted to arouse public interest in constructing and operating a state hospital or asylum for insane Mississippians. Dr. William S. Langley, who became the Mississippi State Lunatic Asylum's first superintendent, along with Dr. T.J. Catchings, a legislator at the time of Dix's visit, championed funding for the construction of the institution to the total of \$150,000 over the course of several years.¹⁸ The delivery of Dix's survey by a Mississippi-state legislator could not have been delivered at a more important time in the initial planning and appropriation of funding for the construction of the Mississippi State Lunatic Asylum. Her address, revolving around a survey of Mississippi's insane residents, converted nay-saying legislators into advocates for the overdue commencement of the asylum's construction in the early-1850s. She found that Mississippi's insane residents either lived in total poverty and loneliness, "in jails, or dungeons" or "chained in closets and attics" in family and guardian households.¹⁹ Dix's visit to Mississippi became part of a larger tour to persuade state legislatures throughout the nation to construct state hospitals and asylums for these individuals. More exactly, her larger tour spurred a period in United States history, primarily during the 1840s and 1850s, in which the construction of state hospitals and asylums began to earn the favor of

¹⁸ William E. Keith, "Epidemics, Low Funds, Fires Could Not Stop The...Hospital That Had to Be Born", *State Times* (Jackson, MS), November 13, 1955, Subject File, Folder: Mississippi State Hospital: 1848-1852, Mississippi Department of Archives and History, Jackson, Mississippi; Thomas C. Catchings and Mrs. M.C. Torrey, comps. *The Catchings and Holliday Families: And Various Related Families, in Virginia [sic], Georgia, Mississippi and Other Southern States* (Atlanta: The A.B. Caldwell Publishing Company, 1921), 55.

¹⁹ Jay Milner, "Whitfield Marks 100th Anniversary," *Jackson Clarion-Ledger*, No Date. Vertical Files, Whitefield State Hospital. Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as Milner, Vertical Files, Whitfield State Hospital.

state lawmakers. Her constant crusade ushered in a period of relocating unwanted individuals to the state-funded institutions on the periphery of society where they would be given treatment and asylum from society. “These monumental therapeutic barracks removed the afflicted from everyday excitements and decisions to rural quiet and a discipline of...regularity,” historian Charles Sellers notes.²⁰ These asylums and state hospitals were no simple eleemosynary facilities. They were posited as charitable necessities for the insane by individuals like Dix. During this period, the insane were still seen as helpless and needing special care and attention.²¹ Such individuals landed in poorhouses or almshouses “treated abusively” and detained in “cells and sheds” and left to die, or resided as “village idiots” and often impoverished.²² These institutions were constructed and administrated by state governments with the goal of housing, caring for, and rehabilitating the insane.

Born in the northern frontier of Massachusetts in 1802, Dorothea Dix grew up in a socially tumultuous and poverty-stricken frontier household.²³ After years of abuse and neglect from her parents, she moved to Boston to live with her grandmother, who recognized her granddaughter’s interest in education and philanthropy. Because professional avenues for females during this time remained limited, Dix began to teach

²⁰ Charles Sellers, *The Market Revolution: Jacksonian America, 1815-1846* (New York: Oxford University Press, 1991), 254.

²¹ As the mid-19th century progressed, the insane came to be seen by the general public as a threat to the national trends and tenets of Jacksonian America.

²² Michael Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1986), 30; James W. Trent, Jr. *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), 8; Nancy Tomes, *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia: University of Pennsylvania Press, 1994), 4.

²³ This portion of the Commonwealth of Massachusetts would become Maine in 1820.

small children in her neighborhood for nearly three years, from 1816 to 1819.²⁴ In 1821, she opened her first school in Boston, during a time when public education in the Northeast and throughout the United States still remained quite gender-restrictive.²⁵ However, such restrictions began to breakdown during the early-19th century. Dix's opening of her first school became indicative of this breakdown.

Dix's school was on par with other schools and "well-known female seminaries" in Boston.²⁶ Due to lower male attendance rates, invariably tied to crop seasons, female students could only attend public grammar school during the summer months until 1822, after which female-only public grammar schools were established.²⁷ When Dix's school became a female-only seminary, she began to cater to the more affluent of Boston. For \$80, a fee significantly higher than other local schools and seminaries, female pupils could attend a twelve-week quarter of classes.²⁸ In fact, the leading such educational institution in the city at the time, the Boston Female Monitorial School, was four times cheaper than Dix's school.²⁹ Due to this difference in cost, Dix's school attracted pupils from Boston's most affluent families.³⁰ It is in this early-focus on child education, coupled with her involvement in the notably charitable and activist-oriented Unitarian community in Boston, that Dix's reform-centered endeavors grew out of.³¹

²⁴ Marshall, 15.

²⁵ Marshall, 19.

²⁶ Thomas J. Brown, *Dorothea Dix: New England Reformer* (Cambridge, Massachusetts: Harvard University Press, 1998), 56.

²⁷ Marshall, 19.

²⁸ Brown, 56.

²⁹ *Ibid.*, 57.

³⁰ *Ibid.*

³¹ David B. Parke, ed. *The Epic of Unitarianism: Original Writings from the History of Liberal Religion* (Boston: Skinner House Books, 1985), 113.

As the story goes, after volunteering to conduct Sunday school at the East Cambridge jail in Massachusetts in 1841, Dix, who was appalled by its conditions and that the community's insane population inhabited the same space as criminals, set out across the state to improve the lives of such individuals.³² She soon realized the conditions at the East Cambridge jail were not a unique situation in Massachusetts. After a two-year investigation of eight of the state's jails and almshouses, Samuel Gridley Howe, head of the state's Sanitary Commission and fellow advocate for the improvement of institutionalized mentally and blind, presented Dix's findings to the Massachusetts General Court.³³ In these eight state jails and almshouses, she found insane Massachusetts residents caged, chained, and placed in stalls or confined small quarters. "I come to present the strong claim of suffering humanity," Dix proclaimed at the start of her address.³⁴ She would go on to define herself to the Massachusetts General Court "as the advocate of the helpless, forgotten, insane and idiotic men and women, being sunk to a condition for which the most unconcerned should stare with real horrors."³⁵ Her address proved successful. Her address to the Massachusetts General Court led to an enlargement

³² The Hinds County Association for Mental Health, *Mississippi Mental Health Centennial Program: 1855-1955* (Mississippi State Hospital-Whitfield Mississippi, November 17, 1955), 4, Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as The Hinds County Association for Mental Health.

³³ Albert Deutsch, *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times* (New York: Columbia University Press, 1949), 165-66; Laura E. Richards, ed. Notes by F. B. Sanborn. *Letters and Journals of Samuel Gridley Howe: The Servant of Humanity, Vol. 2* (Boston: Dana Estes and Company, 1909), 499. The Massachusetts State Legislature is formally referred to as the Massachusetts General Court.

³⁴ Walter I. Trattner, *From Poor Law to Welfare State: A History of Social Welfare* (New York: The Free Press, 1974), 60.

³⁵ Trattner, 60.

of the Worcester State Hospital in order to receive the state's insane residents, which initially provided respite, but over time promoted vast overcrowding like most other state hospital and asylums by the second half of the 19th century.³⁶ After her victory in Massachusetts, Dix, becoming known as “the angel of the madhouses,” spent the next forty years of her life attempting to reform the manner in which such individuals were quartered and handled.³⁷

Dix's visit to Mississippi in 1850 became one of her many trips to states to investigate the status of insane Americans and report these findings to their respective state legislatures. After her successful campaign to reform the institutionalized conditions of insane Massachusetts residents, she embarked on a national tour. During this tour she advocate for states to play a major role in the reforming of caring for insane Americans. She championed the rights of all humans. She believed the changing pace of industrialization established opportunities for people to advance, and created the stress to achieve, which society had the responsibility of attempting to treat with “therapeutic methods and humane custodial care.”³⁸ The overall theme of her addresses to state legislatures centered around the necessity of legislatures to construct or expand of state-

³⁶ Deutsch, 169. In the 1870s, the Commonwealth of Massachusetts relocated patients to a new Worcester State Hospital, constructed in the Kirkbride manner.

³⁷ Milner, Vertical Files, Whitfield State Hospital. Dix played a large role in the establishment of the New Jersey State Lunatic Asylum in 1848, and the Mississippi State Lunatic Asylum in 1855. Christine Stansell in *City of Women: Sex and Class in New York, 1789-1860* (1987), details the shifting role newly-established middle class women from the domestic to public sphere as reformers of what they perceived as antithetical and challenging to their bourgeois status or unrepresentative of the budding industrial nation. For a case study, see Jennifer Manion's “Women's Crime and Prison Reform in Early Pennsylvania, 1786-1829” (PhD dissertation, Rutgers University, 2008).

³⁸ Joan N. Burstyn and Women's Project of New Jersey, *Past and Promise: Lives of New Jersey Women* (Syracuse: Syracuse University Press, 1997), 61.

sponsored institutions for its insane resident. Between 1843 to 1853, referred to as her “decade of victory,” Dix was responsible for the establishment of state hospitals and asylums in nine different states in both the North and South of the United States.³⁹

Dix visited neighboring states in the Northeast after her successful efforts in Massachusetts. She first visited Rhode Island. With the backing of local church leaders and like-minded reformers in the state, Dix assisted in securing the construction of a state-sponsored asylum.⁴⁰ After visits to Vermont and New Hampshire, where insane residents already received well-known positive institutional care by their state governments, she moved on to New Jersey. After a one-year survey of insane residents institutionalized in the state’s jails, prisons, and almshouses, she presented her finding to the New Jersey Legislature. In her survey, Dix vividly described New Jersey’s insane residents’ living conditions as including “the foul air of whose dreary cells still oppresses my breath” and “the clanking of whose heavy chains still sounds upon my ears.”⁴¹ Her survey of New Jersey became a defining moment in her crusades of the 1840s and early-1850s. While still attempting to appeal to the benevolence of state politicians, she attempted to appeal to the medical community. Her address to the New Jersey Legislature opened with an “appeal to medical men...to unite their testimony with mine.”⁴² When Dix embarked on her national tour throughout the 1840s and 1850s, factions of the expansive medical community began to take serious strides toward what would become considered professional medicine by the late-19th and early-20th centuries. As Paul Starr

³⁹ Trattner, 61.

⁴⁰ Marshall, 104.

⁴¹ Howard L. Green, ed. *Words That Make New Jersey History, A Primary Source Reader* (New Brunswick: Rutgers University Press, 1995), 112.

⁴² Brown, 113.

notes, “After the War of 1812, medical schools began to proliferate through the country” with “tenuous connections, if any, with universities.”⁴³ He concludes that “by 1850 there were forty-two schools” of medicine “in the United States at a time when there were three in all of France.”⁴⁴ Dependent on Europe, primarily France, for medical guidance since the early-19th century, American medicine also developed several specialties, specifically gynecology and obstetrics, and psychiatry.⁴⁵ Specialists sought to professionalize themselves by establishing medical publications, such as the *American Journal of Insanity*.⁴⁶ From this point forward, Dix attempted to root her appeals to state legislatures in morality and medicine.⁴⁷ Her moralistic appeal drew from her previous reports on the state of insane individuals in other states such as Massachusetts and Rhode Island. After much debate, the New Jersey Legislature approved a bill to constructed a state-operated asylum. The New Jersey State Lunatic Asylum, opened in 1848, became not only the state’s first state-operated institution for the insane but also the first ever such institution designed under the Kirkbride Plan.⁴⁸ This plan was based on the construction of a linear architectural floorplan and strict guidelines in providing asylum from society for insane individuals. After visits to Illinois and North Carolina to survey

⁴³ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 42.

⁴⁴ Ibid.

⁴⁵ Sellers, 254.

⁴⁶ Ibid.

⁴⁷ Brown, 113.

⁴⁸ Marshall, 105-107. The Kirkbride Plan refers to a technological system using during the mid-to-late 19th century concerning the construction and administration of state hospitals and asylums. In her later years, the New Jersey Legislature provided Dix with a residence to retired to at the New Jersey State Lunatic Asylum.

their insane residents' living conditions and address their respective legislatures, Dix arrived in Mississippi.⁴⁹

Dix's visit to Mississippi in 1850 signified a shift in southern state legislators' reception of constructing state asylums and hospitals. In total, she visited seven southern states-Mississippi, North Carolina, Kentucky, Louisiana, South Carolina, Virginia, and Georgia.⁵⁰ Dix invaded "the South as a Yankee reformer" bludgeoning "male politicians everywhere she went with the horrors the insane faced in confinement."⁵¹ Dix's visit to southern state legislatures came during the politically and societally tumultuous 1850s, a time dominated by tensions over slavery and its place in society.⁵² However, Dix's either overlooking of or blindness to the evils of slavery played a significant role in her travels throughout the South.⁵³ In her eyes, the "mentally ill were members of an oppressed and unfortunate class, fellow-creatures whose suffering cried out for legislative intervention and relief."⁵⁴ While Dix received a favorable reaction by the North Carolina State Legislature, the state unhurriedly addressed the matter of constructing a state asylum or hospital for its insane residents. Her visit to Mississippi, however, showed the willingness

⁴⁹ North Carolina became the first southern state to pass legislation for the construction of a state hospital. However, the institution, named Dix Hill, did not open until 1856, a year after the Mississippi State Lunatic Asylum.

⁵⁰ Trattner, 60.

⁵¹ Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton: Princeton University Press, 2015), 197.

⁵² Trattner, 60-61. For overviews of the role slavery played in the politically and socially tumultuous 1850s, see Eric Foner's *Free Soil, Free Labor, Free Men: The Ideology of the Republican Party Before the Civil War* (1970), David M. Potter's *The Impending Crisis: America Before the Civil War, 1848-1861* (1976), and Michael F. Holt's *The Political Crisis of the 1850s* (1978).

⁵³ Scull, 198.

⁵⁴ Scull, 198.

of southern legislators to dedicate funding to the construction of such institutions. The Mississippi State Lunatic Asylum would become the first state-sponsored institution of its kind in the South.

Dix's crusade became a part of a larger, multi-decade period, from the mid-1820s to the 1840s. This period became dominated by the ideology and world view of its most looming figure, Andrew Jackson. This period became known as the "Era of the Common Man" or more appropriately the "Jacksonian Era." New-fangled societal changes and innovations, like an expanding economy and the nation's first industrial revolution became associated with this era, thus defining Jacksonian America and what it included and constituted. Gerald N. Grob notes, "Rapid population growth, urbanization, immigration, and high rates of geographical mobility" transformed the entire society, and particularly the role of the local community and family in caring for dependent individuals.⁵⁵ "Americans increasingly resorted to quasi-public or public institutions for the care of the insane," he continues.⁵⁶ Families "resorted to institutionalization as a means of resolving internal crises," Grob concludes.⁵⁷ External institutions, such as insane asylums and hospitals and prisons, became the overwhelming choice of citizens to handle internal issues. However, "the federalism of the United States meant that asylum provision proceeded somewhat spasmodically" because "legislation had to be procured on a state-by-state basis."⁵⁸ The first industrial revolution, fueled by the transition from a

⁵⁵ Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1983), 3.

⁵⁶ Ibid.

⁵⁷ Grob, 9.

⁵⁸ Scull, 198.

local to national economy, the development of a national infrastructure, and the simultaneous influx of immigrants from North and Central Europe and exploitation of slave labor, greatly factored into this push to systematically categorize factions of the nation's population.

As droves of common, male citizens began to participate in the democratic process, many others were still seen as unworthy of participating in such unbridled freedom and expansion. Most notably, African-American slaves, Native Americans, females, and those considered dependent individuals-orphans, convicts, and the insane-comprised this group of those deemed unworthy of participating in citizenry. Such restriction became exemplified in the United States Government's expansion of the United States Census. The federal government introduced and acknowledged new enumerations recognized in ubiquitous language and evolving professional jargon. Census workers collected slaves' schedules and forenames and words like "idiotic and insane" began to appear in the census.

From the 1820s to the 1850s, citizens solidified newly invoked democratic concepts of enfranchisement and citizenry while maintaining established, oppressive institutions like slavery and establishing newfangled, state-sponsored and funded institutions like insane asylums and prisons. Like slavery, omitting the economic factor, citizens originally established insane asylums and prisons to control and systematize factions of the United States population. Much like the reasons for the establishment of prisons, the fragile nature of the United States' social order played a major role in the

establishment of state hospitals during these decades.⁵⁹ Concurrent unconstraint and constraint in social, and geographic activities defined this period and the society it generated.

In the antebellum South, slavery proliferated from the 1830s to the outbreak of the American Civil War. The institution of chattel slavery's expansion and proliferation in this period occurred with the expansion of settlers and businessmen into the Old Southwest after the passage of Indian Removal Act in 1830.⁶⁰ As Native American removal commenced in the Old Southwest and West Georgia, wealthy settlers and businessmen created a largely monocrop system of continuously growing cotton, predicated on chattel slavery.⁶¹

What quickly followed centered around the argument for slaveholders' benevolent paternalism. As Eugene Genovese argues, "Southern paternalism...had little do with Ole Massa's ostensible benevolence, kindness and good cheer."⁶² Most southerners, and slave owners, in particular, relied on this argument, which was centered on a false disposition. He goes on to state, "It [southern paternalism] grew out of the necessity to discipline and morally justify a system of exploitation...and southern slave society grew out of the same historical conditions that produced other slave regimes of

⁵⁹ David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (New York: Aldine de Gruyter, 2002), xl, xliii.

⁶⁰ Sean Wilentz, *The Rise of American Democracy: Jefferson to Lincoln* (New York: W. W. Norton & Company, 2005), 322-327.

⁶¹ David M. Potter, *The Impending Crisis: America Before the Civil War, 1848-1861* (New York: Harper Perennial, 2011), 34.

⁶² Eugene D. Genovese, *Roll Jordan Roll: The World the Slaves Made* (New York: Vintage Books, 1976), 4.

the modern world.”⁶³ Institutions like slavery, centered on the discipline and morality carried out by an overseer who was a “benevolent planter,” transformed, expanded, and proliferated beginning in the Jacksonian Era and all through the remaining years of the antebellum South.⁶⁴ It is in this southern slave society that Dorothea Dix’s plea to southern politicians to act altruistically and construct institutions to provide asylum for its insane residents became a reality. The argument of benevolent paternalism in the defense of slavery shaped the manner in which state legislators, particularly in Mississippi, eventually came to embrace the construction of state hospitals and asylums for their dependent, insane populations. In the South, and Mississippi in particular, two institutions-slavery, and state hospitals and asylums-would rest on the notion of benevolent paternalism. Southerners, and slave owners specifically, drawing on religion and science, predicated the “peculiar institution” on benevolent paternalism.

Asylum and state hospital superintendents, after forming the Association of Medical Superintendents of American Institutions for the Insane (AMSAMI) in 1844, shortly began to shift their mission far more toward benevolent paternalism than even Dix had advocated for in her visits to state legislatures. This shift continued after the

⁶³ Genovese, 4.

⁶⁴ Walter Johnson, *River of Dark Dreams: Slavery and Empire in the Cotton Kingdom* (Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 2013), 192, 194. For a thorough overview of the defense of the institution of slavery with a benevolent paternalism argument centered around discipline and morality in the old southwest during the Age of Jackson, see Eugene Genovese’s *Roll Jordan Roll: The World the Slaves Made* (1976), John W. Blassingame’s *The Slave Community: Plantation Life in the Antebellum South* (1979), Walter Johnson’s *Soul by Soul: Life Inside the Antebellum Slave Market* (1999) and *River of Dark Dreams: Slavery and Empire in the Cotton Kingdom* (2013), Thavolia Glymph’s *Out of the House of Bondage: The Transformation of the Plantation Household* (2008), and Edward E. Baptist’s *The Half Has Never Been Told: Slavery and the Making of American Capitalism* (2014).

publication of Thomas Story Kirkbride's 1847 article in the *American Journal of Medicine Science*. Kirkbride, a founding member of the AMSAII and superintendent of the Pennsylvania Hospital for the Insane, argued for socially and physically improving on Dr. Benjamin Rush's "moral treatment" with arguments of benevolent paternalism, and professionalism on the mind. Rush's form of treatment was based on ideas of reason, education, and reform from the Enlightenment, while distancing itself from viewing the insane as either demonically possessed or animistic that persisted into the early-19th century.⁶⁵ Kirkbride sought to expand upon Rush's ideas in a physical manner by advocating for the construction of institutions for the insane rooted in the moral treatment of patients. It is among this, in Jacksonian America and particularly in the South, when and where the origins of Mississippi's first asylum took shape.

Few citizens were as susceptible to social control as those labeled dependent. Among those labeled dependent, the insane were most prone to having their lives restricted and controlled by being thrust into institutions like insane asylums and prisons. Before the 19th century, almshouses were the standard mode of control and systematization for this subgroup of the dependent class. Almshouses became semi-orderly institutions that housed large swaths of the nation's dependent citizens. In Mississippi, almshouses emerged in the 1820s, at a time when such institutions became the foremost institutional means of providing assistance to the dependent classes throughout the United States.⁶⁶ Four counties in the Mississippi-Adams, Claiborne,

⁶⁵ James K. Beohnlein, ed. *Psychiatry and Religion: The Convergence of Mind and Spirit* (Washington, D.C.: American Psychiatric Press, Inc., 2000), 95.

⁶⁶ Thomas E. Williams, "The Dependent Child in Mississippi; A Social History, 1900-1972" (PhD diss, Ohio State University, 1976), 9.

Jefferson, and Wilkinson-established almshouses in 1820.⁶⁷ These original almshouses, all located in the southwest portion of the state where plantation culture quickly took hold in the early years of statehood, operated under the supervision of a five-man board referred to as trustees of the poor.”⁶⁸ In 1821, the Mississippi State Legislature, following a trend seen by other states, required anyone entering an almshouse to relinquish any of their property to the county.⁶⁹ Also like in other states, Mississippi’s legislation on admission to almshouses certified that those residents entering the institution had exhausted their means of economic support.⁷⁰

In general, almshouses were universal institutions where the “worthy” and “unworthy” existed. The “worthy”-the utmost and non-industrious poor, the permanently disabled, and those who could not care for themselves-and the “unworthy”-the able-bodied poor-would also reside, but work at the institution as a means of payment for room and board.⁷¹ These “unworthy” dependent citizens would be monitored and controlled in a setting away “from society and its tempting vices, and “presumably prepare themselves for better lives once outside the almshouse.”⁷² In the early-19th century, the term dependent was all encompassing. It included but was not limited to the physically and intellectually disabled, insane, criminals, addicts, prostitutes, widows, orphans, and the chronically sick.⁷³ Almshouses reached their zenith in the wake of the nation’s leading economic downturns during the first half of the 19th century, the Panic of

⁶⁷ Williams, 9.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Trattner, 54.

⁷² Ibid.

⁷³ Trent, Jr., 11.

1819 and Depression of 1837.⁷⁴ These economic disasters threatened to challenge the basic tenets of the nation's stability and social order. It is out of this former economic downturn that almshouses became the go to, catchalls for the dependent class. Americans saw the dependent class as a threat to the unbridled freedoms and expansion that became a result of Jacksonian America.

Almshouses originated during the struggle between public and private relief. Until the early-to-mid 19th century, many communities relied on individuals' taxes for public relief for the dependent and impoverished classes. Public relief, also known as outdoor aid, according to Boston Mayor Josiah Quincy, created "an appetite which is more harmful than the pain it is intended to relieve...Of all the modes of providing for the poor, the most wasteful, the most expensive, and the most injurious to their morals and destructive to their industrious habits is that of supply in their own families."⁷⁵ Public relief came to be seen as little more than an approach that promoted dependence and impoverishment, and a sense of entitlement among these classes. Furthermore, it challenged private assistance, also known as indoor aid or relief.

Private assistance, in the form of "corporate" and charitable asylums, prisons, and almshouses and poorhouses began to parallel public assistance.⁷⁶ The utilization of this centralizing, confining, and controlling institutionalized method underlines why this form of private assistance became known as indoor aid or relief. Out of this rise in private assistance, a societal classification between the "unworthy"-addicts, prostitutes, and the idle-and the "worthy"-the intellectually and developmentally disabled, widows, orphans,

⁷⁴ Trent, Jr., 11.

⁷⁵ Trattner, 58.

⁷⁶ Scull, 196.

and the utmost poor.⁷⁷ Benefactors of private assistance removed “unworthy” dependents who sought assistance from the social order and relegated them to institutions where they endured reformatory measures such as industriousness and self-sufficiency. Those deemed “worthy” received public assistance. Giving this group public assistance revolved around the permanence or long-standing of their situation, and their inability to care for themselves. The care of orphans, however, embraced tenets and means of support from both classifications of the dependent class. While automatically being “worthy” their assistance was administered in a centralized manner similar to being classified as “unworthy.” Noticeably absent from this system of classification were criminals and the insane, in particular, who wrongfully wound up in jails and later prisons on a regular basis.

Jails, locally controlled, served as little more than holding places for individuals awaiting trial or a verdict on their punishment.⁷⁸ Such punishments, highlighted by historian David J. Rothman and Michel Foucault, revolved around public spectacle and renouncement. Such public displays often included floggings, the stocks, and whipping. Benjamin Rush, founding father of the United States and signer of the Declaration of Independence, and physician who promoted the “moral treatment” of the insane, argued that such acts of punishment “are the natural offspring of monarchical governments...Kings consider their subjects as their property; no wonder, therefore, they

⁷⁷ Trattner, 59.

⁷⁸ Norval Morris and David J. Rothman, ed. *The Oxford History of the Prison: The Practice of Punishment in Western Society* (New York: Oxford University Press, 1995), 112.

shed their blood with as little emotion as men shed the blood of their sheep or cattle.”⁷⁹

Orphanages, hospitals, and homes for the blind, predominately located in urban hubs, operated as private or public institutions, in practice and funding.

Almshouses and jails, specifically, quickly became voluminous, catchall institutions that included the criminal and impoverished classes and everyone on the margins of society. These institutions were also the destination for many individuals regarded as insane in densely populated parts of the ever-changing, early-to-mid 19th-century United States. The term insanity and its numerous variations-madness, mental illness, mental disorder, and psychiatric disorder-always have been predicated on the unifying theme of social normalcy and control. Going back to the Colonial Period, madness rested on individuality and the bucking of social norms in everyday functioning. As numerous historians of mental and intellectual disorders like Andrew Scull have suggested, insanity, in its various forms and definitions, has traditionally been posited as the antithesis of civilization and normalcy.⁸⁰ It is this contrasting dynamic that points to the power of classifying an individual as the opposite of civilized and normal in order to control them. Thus, similar to race, gender, and class, notions of insanity and civility have been socially constructed to maintain a certain social order.

The diagnosis of insanity during the early-to-mid 19th-century denoted a number of possible causes, such as mania, melancholia, depression, and even epilepsy. This wide-ranging diagnosis, however, was not always the case. Prior to the Enlightenment, and

⁷⁹ Morris and Rothman.,114.

⁸⁰ In *Madness in Civilization: A Cultural History of Insanity, from the Bible to Freud, from the Madhouse to Modern Medicine* (2015), Andrew Scull details how madness, insanity, and mental illness have been defined by culturally and socially-defined meanings of civilization for over two millennia.

well into the 18th century, a connection between insanity and demonic possession existed in Colonial America. This is best exemplified in New England Puritan Minister Cotton Mather's outlook on the matter. On fellow Puritan minister William Thompson's perceived insanity, he remarked "*Satan*, who had been after an extraordinary manner irritated by the evangelic labors of this holy man, obtained the liberty to *sift* him."⁸¹ Mather's use of the word "sift" indicates a believe that the devil not just targeted Thompson due to his ministering, but also isolated, examined, and sadistically tortured him into insanity. He goes on to explain "he fell into the *Balneum diabolic*, a black *melancholy*, which for divers years almost wholly disabled him for the exercise of his ministry."⁸² Perceived to be due to demonic possession, madness or insanity was seen as an individualistic malady brought on by moral weakness and falling victim to Satan. However, during the Colonial period and into the Early-Republic period, this connection between insanity and supernatural forces began to slowly lose favor. In its place came a view of the reasons for insanity that were heavily influenced by the Enlightenment.

From the last years of the Early-Republic period to the American Civil War, notions and theories about insanity shifted again. Prior to the war, physicians such as Benjamin Rush and Thomas Kirkbride labeled insanity as a disease of the brain.⁸³ Tagging insanity in this light made the illness individualistic. By the last years of the Jacksonian Era, physicians like Kirkbride, alongside reform-minded individuals like Dorothea Dix, began to suggest that a physical realization of Rush's moral treatment

⁸¹ The Officers of the New York State Lunatic Asylum, Utica. "Definition of Insanity-Nature of the Disease. *The American Journal of Insanity*, Vol. 1, No. 2 (October, 1844), 98.

⁸² Ibid.

⁸³ Rothman, *The Discovery of the Asylum*, 110.

could cure the insane. Kirkbride, a physician, in particular, would come to successfully advocate for the establishment of uniform, state-sponsored asylums and hospitals outside of the bustle and commotion that permeated throughout urban areas of the United States. Insane asylums during the Jacksonian Era “represented both an attempt to compensate for public disorder in a particular setting and to demonstrate the correct rules of social organization.”⁸⁴ Kirkbride believed that insanity could be cured by resting one’s brain from commotion of an ever-moving and changing society. Rothman explains, “The sturdy walls of the insane asylum became familiar landmarks in pre-Civil War America.”⁸⁵ He goes on to describe them as jutting “out from flat rural landscapes or rose above the small houses of new suburbs, visible for some distance and unmistakably different from surrounding structures.”⁸⁶ As the commotion of the Jacksonian Era transitioned into the political and economic uncertain of the 1850s, ideas about insanity began to shift once more. Physicians, a new professional class, began to view insanity as a byproduct of society, which led to the introduction of a holistic approach to treating the illness.⁸⁷ In the post-Civil War period, this connection between insanity and society, and advocating of holistic treatment became the norm.

The founding of institutions solely dedicated to the housing of and caring for the insane in the United States did not come to fruition until the mid-18th century. However, their origins can be traced back to this period. Founded by Benjamin Franklin and Dr.

⁸⁴ Rothman, *The Discovery of the Asylum*, 154.

⁸⁵ *Ibid.*, 130.

⁸⁶ *Ibid.*

⁸⁷ The holistic treatment to an illness or disease such as insanity means the treatment of the entire individual, while factoring in various mental and societal variables into their diagnosis.

Thomas Bond in 1751, the Pennsylvania Hospital was the first general hospital and medical facility to admit insane patients in the colonies. The Pennsylvania Hospital played a major role in the transition of how insane patients were handled. It employed two significant figures in the shifting views of what it meant to be insane and how to reform insane patients' behavior and how to treat and care for them-Dr. Benjamin Rush and Dr. Thomas Story Kirkbride.

While insanity's connection to demonic forces began to fall out of favor, its perceived association with subhuman and bestial traits and actions persisted. By the mid-18th century, insanity was no longer to originate from demonic or supernatural origins.⁸⁸ Because of this, typical mid-18th-century "treatment" or "care" for the insane consisted of either basic community care comprised of "ad hoc arrangements" between locals or confinement in places like the Pennsylvania Hospital where they invariably stayed for most of their lives upon admission.⁸⁹ The former regularly occurred in rural settings and small towns. The latter occurred in urban centers. Insane individuals in communities in rural settings held the title of "village idiot," and left to a life of idleness or menial economic means, at best. Insane patients at hospitals received "regular advice, attendance, lodging, diet and medicines."⁹⁰ This regimen centered on a hybrid regiment of "treatment" and "care," which became known as "moral treatment." Consisting of "imprisonment partially tempered by scientific and humanitarian concerns," as historian

⁸⁸ Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Brunswick: Rutgers University Press, 1964), 4.

⁸⁹ Scull, 196.

⁹⁰ Tomes, 4.

Albert Deutsch coined it, was “rational humanitarianism.”⁹¹ It is from facilities like the Pennsylvania Hospital where the treatment of insane individuals began to transform from permanently confining and forgetting them to rudimentary social rehabilitation. These facilities also fostered the nascent beginnings of the professionalization of psychiatrists and their respective organization, the American Psychiatric Association founded in 1844 in the United States.

The roots of this professionalization had its formal origins in the Early-Republic period of the United States. Known as the “Father of American Psychiatry,” Dr. Benjamin Rush worked at the Pennsylvania Hospital from 1783 to 1813. Combining humanitarian and scientific practices, Rush crafted what would become characterized as the “moral treatment” of insane patients.⁹² “Moral treatment,” “inspired by a more optimistic view of human nature, which had its roots in both the secular humanism of the Enlightenment and the pietistic doctrine of evangelicalism,” revolved around a regimented attempt to transform the “uncontrollable and immoral” into self-controllable and moral.⁹³ The implementation of “moral treatment” signaled the decline of demonic forces being viewed as the main reason for insanity. Rush’s treatment centered around the idea that personal reasons caused insanity. Notions of individuality and individual responsibility, inspired by the Enlightenment and an evolving worldview during the Colonial and Early-Republic periods, bolstered this individualistic view of the causes of insanity. Such a focus on the individual led to regimented attempts that included curative and rehabilitative measures.

⁹¹ Tomes, 4.

⁹² Deutsch, 72; Tomes, 4-5.

⁹³ Tomes, 5.

The most well-known technology in Rush's repertoire of "moral treatment" became known as "The Tranquilizer." This technology quickly became one of the most well-known means of Rush's novel caring for and attempting to treat the insane. The *Tranquilizer* highlights Rush's role in the transition from treating the institutionalized insane as creatures to treating them as humans with a diagnosed condition. The technology consisted of a chair with straps, similar to an electric chair, and a box fixed to a post behind the chair. The patient's head would fit into the box, which acted as a blinder with only an opening in the front. In describing the device, Rush explained, "it binds and confines every part of the body. By keeping the trunk erect, it lessens the impulse of blood toward the brain. By preventing the muscles from acting, it reduces the force and frequency of the pulse...In 24, 12, 6, and in some cases 4 hours, the most refractory patients have been composed. I have called it a *Tranquillizer*."⁹⁴ Sometimes referred to as a "Chair of confinement" by others in the medical profession, Rush's contraption was based on the theory that the reduction of stimuli and preventing physical movement would ease the patient and possibly cure them of their insanity.⁹⁵ Adding to this, Rush viewed his *Tranquilizer* as a humane means of controlling and possibly curing insane patients, especially when compared to the crude restraints-ropes, chains, and rudimentary straitjackets-used at the time.

⁹⁴ Benjamin Rush to John Rush, June 8, 1810, in *The Letters of Benjamin Rush, Volume 2*, ed. L. H. Butterfield (Princeton: Princeton University Press, 1951), 1052.

⁹⁵ Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic: Health Care in Early America* (New York: New York University Press, 2012), 135.



Figure 1 No author, the *Tranquilizer*. n.d. Diseases of the Mind: Highlights of American Psychiatry through 1900, Benjamin Rush, M.D. (1749-1813): “The Father of American Psychiatry, U.S. National Library of Medicine, Washington, D.C. <https://www.nlm.nih.gov/hmd/diseases/images/rushchair.jpg>. Accessed March 5, 2018.

Influenced by “eighteenth-century conceptualizations of social organization,” Rush sought to bring order to the institutionalized and society, at large.⁹⁶ To implement such lofty practices, a number of things had to occur. Eventually, they did occur. First, insane individuals needed to be viewed not as subhuman and bestial but as humans with diseases, regardless if curable or incurable, by the medical community. Second, reform in the housing of the insane needed to be overhauled. Conditions in which the insane patients were cared for would reinforce their statuses as humans with diseases and not convey a sense of barbarism. Lastly, institutions’ environments had to complement this regimentation of moral treatment, and seriously introduce the notions of treatment and

⁹⁶ Rothman, *The Discovery of the Asylum*, 285.

the reintroduction of the institutionalized insane back into society. Reformers and medical professionals sought to create what historian Gerald N. Grob labels “coercive institutions,” centered on the possible treatment of insane patients.⁹⁷ Such changes came from two individuals-Dorothea Dix and Dr. Thomas Story Kirkbride.

Institutions like state hospitals and asylums began to transform, expand, and proliferate as well. Throughout the nation, superintendents of them and social reformers, with little interaction, autonomously sought to build off Dr. Benjamin Rush’s concepts regarding the “moral treatment” of the institutionalized insane. Superintendents at this time “invariably imparted to their institutions a sense of optimism which, coupled with a relatively small patient population, presumably helped patients either to improve or recover.”⁹⁸ Individuals like Dr. Thomas Story Kirkbride and Dorothea Dix, largely autonomous, argued for the physical realization of Rush’s moral treatment with the suggestion of uniform guidelines for the construction and administration of asylums and state hospitals from the late-1840s onward and the improvement of conditions at such existing institutions.⁹⁹

Thomas Story Kirkbride, who served as superintendent of the Pennsylvania Asylum for the Insane beginning in 1840 and became a founding member of the Association of Medical Superintendents of American Institutions for the Insane in 1844, sought to build upon Benjamin Rush’s “moral treatment.”¹⁰⁰ He called for a reassessment

⁹⁷ Grob, 15.

⁹⁸ Grob, 3.

⁹⁹ Dorothea Dix and Dr. Thomas Story Kirkbride corresponded throughout the 1840s and 1850s. Most of the correspondence centered around Dix’s focus on patients’ treatment.

¹⁰⁰ The first meeting of the Association of Medical Superintendents of American Institutions for the Insane included 13 heads of such institutions. The association changed

of asylums' architectural and environmental, and operational aspects to provide asylum to the insane and attempt to rehabilitate them back into society. In an 1847 article in the *American Journal of Medicine Science* and furthermore explained in *On the Construction, Management, and General Arrangements of Hospitals for the Insane* (1854), Kirkbride argued that in order for "moral treatment" to be successful, "moral architecture" and "moral order" needed to be considered.¹⁰¹ Rush's "moral treatment" dictated little more than altering how insane patients were confined in the hopes of reforming their behavior aligned more so with Dix's mission to reform the treatment of all insane individuals, institutionalized or not. Kirkbride, on the other hand, sought to utilize architecture and the environment as scientific means to develop a novel approach to reforming and attempting to treat insane patients.¹⁰² Architectural historian Carla Yanni describes Kirkbride's belief the environment could treat insane patients as "environmental determinism."¹⁰³

At the sixth meeting of the Association of Medical Superintendents of American Institutions for the Insane in 1851, Kirkbride proposed a list of 26 guidelines for the

its name to the American Medico-Psychological Association in 1892 in order to include institutions' leading assistant physicians. Again, in 1921, the association changed its name to the American Psychiatric Association, it's title to this day.

¹⁰¹ Tomes, 130.

¹⁰² Deborah E.B. Weiner's *Architecture and Social Reform in Late-Victorian London* (1994), Nancy Tomes's *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (1994), and Carla Yanni's *The Architecture of Madness: Insane Asylums in the United States* (2007) center on the use of architecture to reform and control dependent individuals in the Western Hemisphere throughout the 19th century. Tomes's and Yanni's monographs also provide an in-depth examination of the role architecture played in the professionalization of the physical and social sciences, and medicine.

¹⁰³ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 8.

construction of insane asylums. Before this proposal, various public and private governing bodies constructed such institutions in unsystematic manners. Before this proposition, architectural and environmental uniformity did not exist. The guidelines can be divided into six, often-merging categories-operations, location, topography, architecture, utilities, and apportionments.¹⁰⁴ Ranging from structure locations to building materials to its day-to-day operations, a select number of enduring guidelines stood out.¹⁰⁵

Foremost, Kirkbride argued for the construction of state hospitals and asylums in the countryside. He dictated asylums “should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.”¹⁰⁶ As historian David J. Rothman details, Kirkbride and his supporters in the AMSAII sought to “Create a

¹⁰⁴ As evidence of the often-merging nature of the six categories, 14 of the 26 guidelines are multi-categorical; ten bi-categorical and four tri-categorical. This suggests that a majority of the guidelines are reliant on one another for the Kirkbride Plan to properly operate.

¹⁰⁵ Four requisites, thoroughly covered in Nancy Tomes’s *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (1994), include Kirkbride’s guidelines from his 1851 and 1853 proposals to the AMSAII. First, the asylum had to be secluded, while being accessible and attractive to patients and the passersby. Second, edifices that housed patients needed to consist of an administrative center with well-ventilated wings to the left and right of it. Security, and its disguised manner, for the sake of the patient and the outside onlooker, is the third requisite. The fourth requisite focuses on the running of an asylum. A single head, or superintendent, would rule an asylum. Superintendents’ authority would be both medical and administrative. Under the Kirkbride Plan, superintendents controlled the admission and classification of, and type of care and treatment administered to patients. Working with the superintendent, a board of managers, or trustees, with no financial tied to the asylum, would serve as the vital check on the superintendent and answer to the public at large. Utilizing the Kirkbride Plan, over forty asylums for the insane were constructed between the late-1840s and 1880s.

¹⁰⁶ John Curwen, ed. *Medical Superintendents of American Institutions for the Insane from 1844 to 1874, Inclusive: With a List of the Different Hospitals for the Insane, and the Names and Dates of Appointment and Resignation of the Medical Superintendents* (N.P: No Press, 1875), 24.

different kind of environment,” from the excitement of everyday society, “which methodically corrected the deficiencies of the community” to cure insane individuals.¹⁰⁷ Other significant guidelines concerned asylums’ acreage, floorplans, population measures, building materials, utilities, and operations. Kirkbride proposed an inflexible amount of land that each asylum should be built on. “At least one hundred acres should be possessed by every State hospital,” he stated.¹⁰⁸ Highlighting the importance of asylums’ pastoral settings as curative treatment methods, he also proposed, “No hospital for the insane...should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients.”¹⁰⁹ Lastly, he proposed a cap of 250 patients, segregated by sex but with no mention to race, per hospital.¹¹⁰

Placing asylums outside of cities’ limits, while still ensuring their accessibility made them both spaces and places. The most obvious reason they became places was due to patient agency. Without patient voices, and experience, places transform into abstract spaces. Asylums became spaces, always on the periphery of society due to their *escape*-like nature, which added a new dimension to the meaning and use of the term *asylum* in relation to institutions for the insane.¹¹¹ The term *asylum*, with origins dating back to the 18th century, centered on providing restrained protection or refuge from someone or society. For instance, criminals, the insane, and “worthy” poor all experienced such restrained protection in the forms of jails and prisons, insane asylums, and poorhouses.

¹⁰⁷ Rothman, *The Discovery of the Asylum*, 133.

¹⁰⁸ Curwen, ed. 24.

¹⁰⁹ Ibid.

¹¹⁰ Ibid., 25

¹¹¹ Yi-Fu Tuan, *Space and Place: The Perspective of Experience* (Minneapolis: University of Minnesota Press, 2014), 6.

Lastly, if space is associated with movement, place, the opposite, must be associated with pause, making “each pause in movement...possible for location to be transformed into place.”¹¹²

At the eighth meeting of the association in 1853, Kirkbride took this standardization one step further by proposing guidelines “on the organization of Hospitals for the Insane.”¹¹³ In this list of 14 guidelines, he detailed the importance of an autonomous superintendent, the establishment of a board of trustees, the desirable patient-to-attendant ratio, the role of the attending physicians, steward, matron, and chaplain, and the anticipated state of the patients as “active, cheerful, and in good health...of a kind and benevolent disposition, be educated, and in all respects trustworthy.”¹¹⁴ The nation’s first wave of asylum superintendents “invariably imparted to their institutions as sense of optimism which, coupled with a relatively small patient population, presumably helped patients either to improve or recover.”¹¹⁵ With sets of construction and administrative guidelines in place and enforced, this first generation of superintendents spoke of success in treating patients and parlayed their medical fortunes into becoming professionalized.

¹¹² Tuan, 6.

¹¹³ Curwen, ed., 28, 29, 30.

¹¹⁴ Ibid., 29, 30, 31. Nancy Tomes, in *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (1994), provides a thorough overview of Dr. Thomas Story Kirkbride’s sweeping guidelines for state constructed, administered, and managed asylums and state hospitals.

¹¹⁵ Grob, 3.

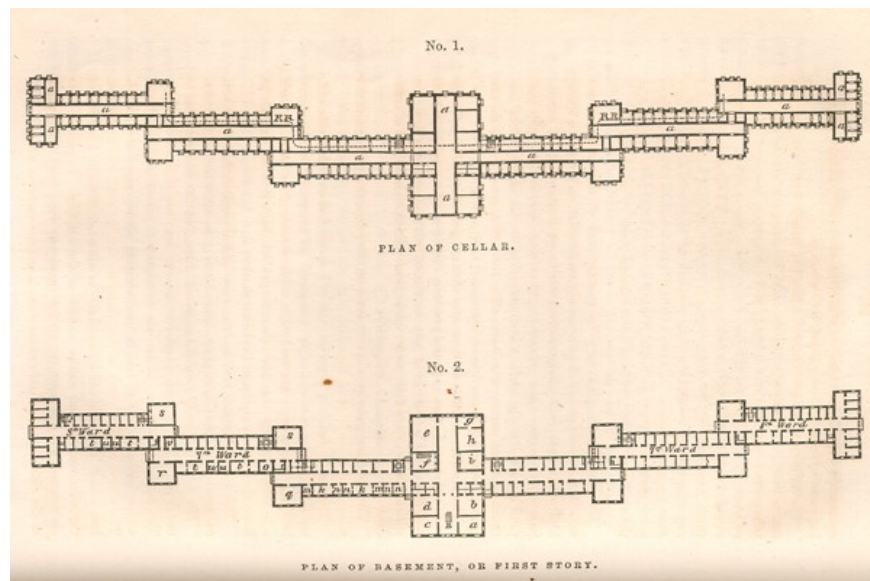


Figure 2 Thomas Story Kirkbride, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia: n.p., 1854), 40. <https://collections.nlm.nih.gov/catalog/nlm:nlmuid-66510280R-bk>. Accessed March 4, 2018.

Relative to their objectives in the United States from the mid-19th century onward, asylums and state hospitals existed as both spaces and places with regard to movement and pause.¹¹⁶ Prior to the late-19th century, asylums existed as short-term, curative and rehabilitative institutions, which made them concurrent spaces of movement and places

¹¹⁶ Tuan, 6.

of pause. However, as asylums became catchall depositories, with remedial care being replaced with mere quartering by a governing body, they transitioned from concurrent spaces of movement and places of pause to predominantly places of pause.

Kirkbride and other asylum superintendents sought to professionalize their fellow specialists in two, associated manners. First, they founded the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI) in 1844, predates the establishment of the American Medical Association by three years. Second, Kirkbride sought to professionalize his cohort of asylum superintendents while instituting standardization into their administrations and practices. He proposed guidelines for a reassessment of asylums' architectural and topographic, operational aspects, and managing and administration.

While physicians, self-anointed reformers, and politicians such as T. J. Catchings and Dr. William S. Langley, attempted to arouse public interest in constructing and operating a state hospital or asylum for insane Mississippians all through the 1830s and well into the 1840s, formal rumblings for the construction of the Mississippi State Lunatic Asylum go back to Albert G. Brown's governorship. While Brown's governorship is well known for its emphasis on public education, it also played a pivotal, initial role in eventually establishing the state's first asylum. In 1846, halfway through his administration, Brown suggested that the Mississippi State Legislature commit funding for the construction of "an asylum for lunatics" to provide "refuge for the

insane.”¹¹⁷ After two years of opposition from the state legislature, Governor Brown’s appeal halfheartedly came to fruition. Ultimately, the legislature appropriated \$10,000 and five acres of land in the northern part of Jackson officially referred to as “lot No. 6” for the construction of the state’s asylum.¹¹⁸ Brown’s successor, Governor Joseph W. Matthews, took further steps to construct Mississippi’s first, state-sponsored asylum. Matthews appointed a five-man commission to oversee the construction of the asylum.

The commission, which included the asylum’s first eventual superintendent, William S. Langley, rooted the state’s necessity for such a state-sponsored institution in the aforementioned language and rhetoric of Jacksonian America and Kirkbride’s initial proposal of guidelines for the construction and administration of asylums and state hospitals. In a report to Governor Matthews, the commission asserted,

The experience of the last fifty years has demonstrated that Hospitals for the insane, when intended as curative establishments, should be located in situations combining the advantages of health, retirement, as far as is practicable, from the excitements connected with business; and with sufficient space for gardens and grounds in which the unfortunate inmates may be as seldom reminded as possible, of the restraints necessary to be imposed upon them, and may find that healthful exercise and pleasurable

¹¹⁷ James G. Thomas and Charles Reagan Wilson, ed. *The New Encyclopedia of Southern Culture, Volume 22: Science and Medicine* (Chapel Hill: University of North Carolina Press, 2012), 256.

¹¹⁸ Milner, Vertical Files, Whitfield State Hospital; The Mississippi Legislature, *Laws of the State of Mississippi, passed at a Regular Session of the Mississippi Legislature, Held in the City of Jackson, January, February, and March, 1848* (Jackson: 1848), pg. 177, Subject File, Folder: Mississippi State Hospital: 1848-1852, Mississippi Department of Archives and History, Jackson, Mississippi.

The legislature’s appropriation of five acres falls short of the minimum 50 acres the Medical Superintendents of American Institutions for the Insane (MSAII) eventually proposed in their 1851 guidelines for the construction of asylums.

recreation which are considered necessary in all well regulated [*sic*] institutions of this character for the comfort of the patients, and the restoration of their mental faculties.¹¹⁹

The five-man commission then elected William Gibbons, draftsman of the Jackson City Hall, as the asylum's first architect. Gibbons and the commissioners quickly determined that a five-acre tract of land, contradictory to the guidelines first highlighted by Kirkbride in his 1847 article in the *American Journal of Medicine Science*, would not suffice.¹²⁰ The legislature reconsidered and authorized the asylum on a 140-acre tract of land two miles north of Jackson.¹²¹ With the appointment of an oversight committee, election of an architect, and procurement of a plot of land large enough to adequately house a sprawling asylum, the construction project seemed to be moving forward. However, the legislature's initial appropriation of \$10,000, tied to the original five-acre tract of land, proved insufficient to build an asylum to capitalize on the newly allotted 140-acre tract of land. By the time Dorothea Dix visited Mississippi in 1850, nearly all planning for the asylum had ceased. Thus, construction, due to this lack of insufficient funding had not commenced.

Dix's 1850 visit to raise awareness about the treatment of the insane and survey their conditions advantageously coincided with the recommencement of the state legislature's considerations concerning the legislature's appropriation of funding for an

¹¹⁹ Commissioners for the State Lunatic Asylum, *Report To His Excellency, Joseph W. Matthews [sic]* (Jackson: January 29, 1849), 1, Subject File, Folder: Mississippi State Hospital: 1848-1852, Mississippi Department of Archives and History, Jackson, Mississippi.

¹²⁰ William D. McCain, *The Story of Jackson: A History of the Capital of Mississippi, 1821-1951 Volume I* (Jackson: J. F. Hyer Publishing Company, 1953), 49.

¹²¹ McCain, 49. The institution was located on North Street in Jackson, where the University of Mississippi Medical Center is now located.

insane asylum.¹²² She found that Mississippi's insane residents either lived in autonomous squalor, "in jails, or dungeons" or "chained in closets and attics."¹²³ Her survey of the state's insane residents caught the attention of state lawmakers, and led to the legislature's further appropriation of funds for the construction of an asylum in Mississippi. The Mississippi State Legislature approved a second appropriation of \$50,000 to build the Mississippi State Lunatic Asylum.¹²⁴ The legislation to further fund the construction of the asylum passed in the state senate with 24 votes and in the state house with 81 votes.¹²⁵ Upon the bill's passage, Dix noted, "Here was something of a conquest over prejudice and determination not to give a dime. Therefore, to give \$50,000 and 3,000,000 bricks" furnished by that state penitentiary "besides the farm and foundations of the structure is no small matter."¹²⁶

Upon his inauguration in 1850, Governor John A. Quitman reshuffled the commission to oversee the asylum's construction. Upon the new commission's formation, they sought to replace Matthews with a "practical and experienced" architect. The commission named renowned architect of asylums, antebellum homes and government buildings throughout southern Tennessee, and eventual State Architect of Mississippi Joseph Willis headed up the project.¹²⁷ The commission agreed to pay Willis

¹²² Milner, Vertical Files, Whitfield State Hospital.. Beginning in her hometown of Cambridge, Massachusetts in 1841, Dix spent the next 40 years of her life attempting to reform the manner in which the insane were treated and quartered.

¹²³ Milner, Vertical Files, Whitfield State Hospital.

¹²⁴ Milner, Vertical Files, Whitfield State Hospital; Marshall, 120.

¹²⁵ Marshall, 120-21.

¹²⁶ Marshall, 121; McCain, 49.

¹²⁷ Indiana General Assembly, *Third Annual Report of the Commissioners and Superintendent of the Hospital for the Insane* (Indianapolis: John D. Deferes, State Printer, 1847), 24; Patrick James, *Architecture in Tennessee, 1768-1897* (Knoxville:

“a salary of \$1500 per annum” to serve as the project’s new “architect and superintendent of the buildings.”¹²⁸ Upon Willis’s naming as head of the project, the commission noted,

Considering that we were erecting a building which was intended to stand for all time, as it were, as a monument of the wisdom and liberality of the State, we could not hesitate, even at the expense of a little time and money, in adopting the safe course...in fact, not to make the workmanship of such a building perfect, or as nearly so as could be, were worse than a waste of money.¹²⁹

However, several foundational issues from previous construction came to realization shortly after Willis’s naming as architect of the project. A survey of the work done under Gibbons revealed that the foundation was unsafe, which resulted in relaying the foundation and begin rebuilding the asylum.¹³⁰ Further foundational issues ensued under Willis’s watch. Workers laid the east wing’s foundation incorrectly, which plagued the asylum’s condition until its repair in the early-1900s.¹³¹ They also constructed the

University of Tennessee Press, 1981), 183, 184; The Mississippi State Senate, *Journal of the Senate of the State of Mississippi at a Regular Session Thereof, Held in the City of Jackson, 1874* (Jackson: Kimball, Raymond & Co., State Printers, 1874), 431; The Hinds County Association for Mental Health, 3, 6, 11, Special Collections Department, Mitchell Memorial Library, Mississippi State University; The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum* (Jackson, January 1, 1852), Subject File, Folder: Mississippi State Hospital: 1848-1852, Mississippi Department of Archives and History, Jackson, Mississippi; McCain, 49. Hereafter cited as The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH.

¹²⁸ The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH..

¹²⁹ Ibid.

¹³⁰ McCain, 49.

¹³¹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1901 to October 1, 1903* (Nashville: Press of Bandon Printing Company, 1903), 6.

entire asylum on shrinking and swelling Yazoo clay.¹³² Along with these foundational issues, the state penitentiary's commitment to supply the bricks for construction came to naught. After two years of contractual disputes for the various building materials needed-lumber, brick, and rock-construction commenced in 1852.¹³³

To qualify these foundational issues and the rising cost of the project, the commission compared the Mississippi State Lunatic Asylum to other such institutions built in the Kirkbride-style. "Ours will cost, when completed and furnished, including all the improvements, about \$135,000, and accommodate 150 to 200 patients," noted the commission.¹³⁴ They went on to note asylums and state hospitals "in the Union," like the "McLean Hospital" in Massachusetts, "cost \$300,000, and will not accommodate more patients than ours."¹³⁵ Furthermore, the commission explained that even the institution the Mississippi State Lunatic Asylum was modeled after-"New Jersey State Hospital"-came to a total cost of \$153,000 construct, "and will contain about 200 patients."¹³⁶ Along with this comparison, the commission noted the construction of a select few of these Kirkbride Plan-style asylums and state hospitals occurred at a time "when labor and materials were unusually cheap."¹³⁷

¹³² Thomas and Wilson, ed., 257.

¹³³ McCain, 49-50.

¹³⁴ The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH.

¹³⁵ Ibid.

¹³⁶ The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH.

¹³⁷ Ibid. In *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (2002), David J. Rothman explains that this fluctuating cost to construct Kirkbride-style asylums and state hospitals was only made worse with inflationary cycles after the 1850s, which made it exponentially costlier to build and overhaul such institutions, even with the MSAII's construction guidelines.

During the final years of construction, more setbacks occurred. First, a yellow fever epidemic hit the region, which slow the transportation of building materials due to the fear spreading the disease.¹³⁸ Further hindering construction, the region experienced two consecutive years of drought, which led to an inability to use the Pearl River to transport lumber from Yazoo City to Jackson for the project, and instead ship it by land.¹³⁹ Lastly, carpentry work came to an almost dead halt with the contractor's shop catching fire, which at the time stored most of the asylum's almost completed doors and other fixtures.¹⁴⁰

Ultimately, after years of severely-hindered construction and at a final total cost of \$175,000, the Mississippi State Lunatic Asylum opened on the outskirts of Jackson on January 8, 1855.¹⁴¹ The asylum mirrored the layout of the New Jersey State Lunatic Asylum, the first in the nation to be built in the Kirkbride Plan-style.¹⁴² It consisted of

¹³⁸ The Mississippi Legislature, *Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum, for the Year 1872* (Jackson: Kimball, Raymond, and Company, State Printers, 1873), 19.

¹³⁹ McCain, 52.

¹⁴⁰ The Mississippi Legislature, *Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum, for the Year 1872*, 24.

¹⁴¹ The Hinds County Association for Mental Health, 3, 11, Special Collections Department, Mitchell Memorial Library, Mississippi State University; Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, interview transcript, Mississippi Department of Archives and History, Jackson, Mississippi; "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935. Vertical Files, Mississippi Hospitals. Archives and Special Collections, J.D. Williams Library, The University of Mississippi; The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH; McCain, 53. Hereafter cited as "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935.

¹⁴² The Hinds County Association for Mental Health, 3, 6, 11, Special Collections Department, Mitchell Memorial Library, Mississippi State University; The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH.

several well-ventilated wards to accommodate 200 patients.¹⁴³ The Mississippi State Lunatic Asylum became the sixth institution in the United States and first in the South to be built in the Kirkbride-Plan style.¹⁴⁴

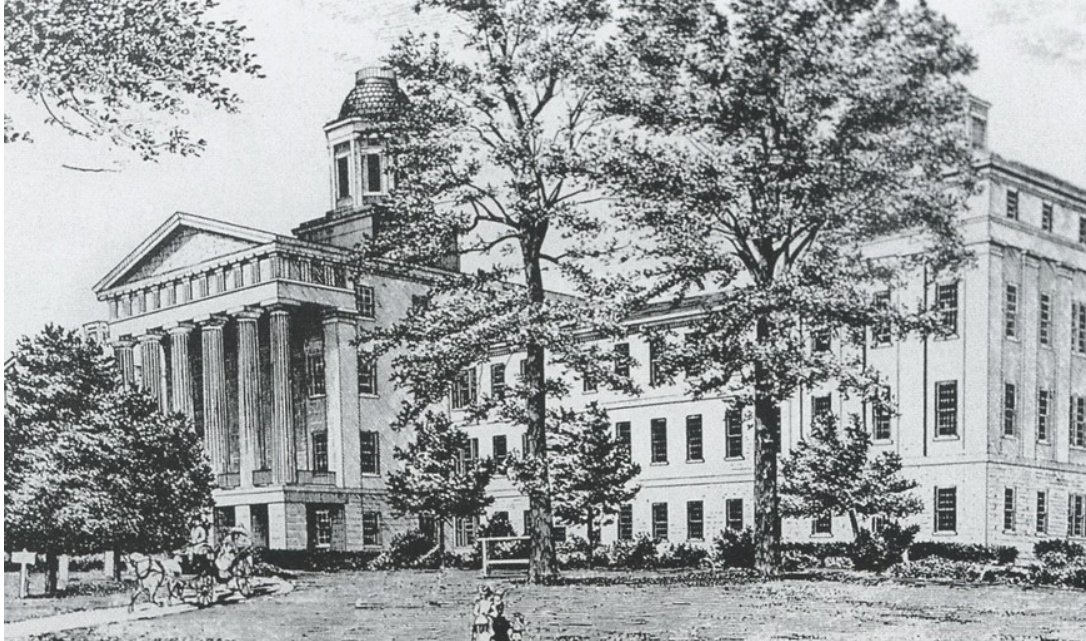


Figure 3 No author. *Mississippi State Lunatic Asylum*. n.d. Mississippi State Asylum Cemetery Project, Mississippi State University, Mississippi State, MS. http://msacp.cobb.msstate.edu/History_Image%201.html. Accessed March 6, 2018.

¹⁴³ The Hinds County Association for Mental Health, 3, 6, 11, Special Collections Department, Mitchell Memorial Library, Mississippi State University; The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH. At the sixth meeting of the Medical Superintendents of American Institutions for the Insane (MSAII) in 1851, the organization adopted Dr. Thomas Story Kirkbride's guidelines on the construction of asylums. In these guidelines, there consisted a provision regulating the number of number of patients in an asylum, which influenced their construction and eventual size. The preferred patient cap was set at 200, with a hard cap at 250 patients. This number would maintain until the organization's twentieth meeting in 1866.

¹⁴⁴ Alabama, North Carolina, and Arkansas also built Kirkbride Plan-style asylums for the mentally ill and insane from the mid-1850s to the 1880s. Prior to the 1840s, no public or private institutions for the insane existed in Alabama, Mississippi, Illinois, Arkansas, Indiana, Michigan, Florida, Wisconsin, or Iowa. In fact, only 14 public or private institutions for the insane existed throughout the United States.

Concurrent with its inception and early stages of planning, the state legislature devised a strategy to inform the state's municipal and local officials of the Mississippi State Lunatic Asylum's eventual opening. Upon the asylum's opening, state officials would "give notice thereof to all the judges of probates in the State...to be made public in their respective counties by publication in some newspapers, or by posting upon the door of the court-house [*sic*], and at three other public places in the county."¹⁴⁵

Along with getting out the word to municipal and local officials, the state legislature also drafted a law concerning the details as to how Mississippians could be admitted to the yet-to-be completed institution.¹⁴⁶ A state law, codified in 1848, provided that individuals could be committed to such institutions in two ways. The first involved presenting the superintendent with two written statements from physicians and one written statement from a family member or friend of the family certifying their mental instability.¹⁴⁷ The second way involved an individual being found mentally unstable by a

¹⁴⁵ The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi* (Jackson, March 4, 1848), 1, Subject File, Folder: Mississippi State Hospital: 1848-1852, Mississippi Department of Archives and History, Jackson, Mississippi. Hereafter cited as The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi*, MDAH.

¹⁴⁶ The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi*, MDAH.

¹⁴⁷ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87* (Jackson: R.H. Henry, State Printer, 1888), 8; Nathaniel Batson Bond, "Treatment of the Dependent, Defective, and Delinquent Classes in Mississippi" (Thesis, Tulane University, 1924), 52, Mississippi Department of Archives and History, Jackson, Mississippi.

jury of six laymen.¹⁴⁸ Upon being found mentally unsuitable, to-be patients would have one month to voluntarily report to the asylum.¹⁴⁹ When this month expired, local authorities would “order the sheriff to arrest said lunatic, and place him or her in said asylum.”¹⁵⁰

Upon its completion in 1855, few institutions for the insane existed in the South. New Orleans and Charleston included the most well-known of these. In New Orleans, a new Charity Hospital, with its origins dating back to when the city firmly became a major port city under French control, opened in 1847 and included an annex for insane patients.¹⁵¹ In Charleston, assistance for the insane dated back to Colonial America. The earliest date available, 1762, illustrates charitable societies dedicated to providing a hospice for “lunatics or other diseased persons.”¹⁵² Not until 1828 did Charleston construct an institution for the insane.¹⁵³ While these two examples show signs of reform concerning assistance for the insane, neither shows examples of the full-fledged shift to “moral treatment” initially promoted by Dr. Benjamin Rush, and physically expanded upon by Dorothea Dix, and Dr. Thomas Kirkbride.

¹⁴⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8. Bond, 52-53, Mississippi Department of Archives and History, Jackson, Mississippi; Emily Stevens MacLachlan, “Mental Hygiene Plan Projected for Mississippi,” *No Title*, August 8, 1934, Vertical Files, Mental Health, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

¹⁴⁹ The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi*, MDAH..

¹⁵⁰ The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi*, MDAH.

¹⁵¹ Marshall, 76.

¹⁵² *Ibid.*, 77.

¹⁵³ *Ibid.*

The asylum's nascent years, under the supervision of its first superintendent, Dr. William Langley, brimmed with various disasters. First, further yellow fever epidemics affected the health of the asylum's patients.¹⁵⁴ The asylum also survived several disasters. Most notably, a fire and a tornado during its first five years in operation.¹⁵⁵ On the night of March 9, 1856, a fire broke out, causing severe damage to the "rear building and verandah," which the state legislature would appropriate \$16,000 to repair and construct "a separate fire proof building for the engine and gas apparatus, with the necessary pipe and hose for extinguishing fires."¹⁵⁶

Also, in the first years after opening, two noteworthy administrative amendments occurred. First, a year after opening, the asylum's board of trustees permitted the admission of a small number of insane slaves and free African Americans.¹⁵⁷ Addressing the state legislature, the trustees explained that "There is no provision under existing laws for the reception of slaves, or free persons of color, into the Asylum."¹⁵⁸ They argued that because slaves were a part of an existing paternalistic and benevolent state institution, slavery, they should be allowed admission to the asylum. Because "Mississippi, in all her legislation upon the subject of her slaves, views them not merely as property, but as human beings," they should be allowed admission to the asylum."¹⁵⁹ Such an event fissured the facade of Mississippi's strictly-enforced antebellum society which hinged on

¹⁵⁴ Thomas and Wilson, ed. 257.

¹⁵⁵ Ibid.

¹⁵⁶ McCain, 53.

¹⁵⁷ Thomas and Wilson, ed., 257.

¹⁵⁸ The Mississippi Legislature, *Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum, for the Year 1872* (Jackson: Kimball, Raymond, and Company, State Printers, 1873), 24.

¹⁵⁹ The Mississippi Legislature, *Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum, for the Year 1872*, 24.

race-based slave labor. This admission of a small number of slaves also played into the mythical southern narrative concerning the benevolent nature of slave owners, while combating northern, abolitionist claims about the brutal nature of the institution of slavery itself. Secondly, the state legislature abolished the board of trustees and replaced it with a board of supervisors in 1858.¹⁶⁰ Doing so, much like a previous provision pertaining to the construction of the asylum, bucked the Medical Superintendents of American Institutions for the Insane (MSAI) eventually proposed in their 1853 guidelines for the administration of asylums.¹⁶¹

With all of the hindrances that affected the asylum's construction and the early years, the state legislature appropriated nearly \$4,000 to pay off debts accrued prior to 1858.¹⁶² This appropriation barely scratched the surface of its debts. Two years later, on the eve of the American Civil War, the state legislature appropriated another \$10,000 to pay the asylum's remaining debts.¹⁶³ This second round of debts largely came from the state legislature not funding the asylum during its first year in operation. It would not be until 1856, in the legislation passed to repair the asylum from the fire it suffered, that the state legislature would provide yearly funding.¹⁶⁴

¹⁶⁰ McCain, 53.

¹⁶¹ Curwen, ed., 29. Jeff Forret's article, "Deaf and Dumb, Blind, Insane, or Idiotic": The Census, Salves, and Disability in the Late Antebellum South," highlights the United States Census of 1840, with its first inclusion of those considered "insane" or "idiotic," and how this played into slaves' agency, and the debate over the post-1830s argument by southerners about the benevolent nature of the institution of slavery.

¹⁶² McCain, 53.

¹⁶³ Ibid.

¹⁶⁴ Ibid. The state legislature's funding of the asylum from 1858 through 1861 was \$12,000, \$24,000, \$17,500, and \$17,500, respectively.

During the 1858 legislative session, Dix revisited Mississippi to assess the newly built asylum's state. Upon seeing how the lack in funding by the legislature left the board of trustees and superintendent scrimping to operate with any semblance of capability, she was appalled. Delivering an address by way of a memorial delivered by State Senator A. M. West of Holmes County, she chided the political body for their failure to adequately fund the asylum and pleaded with them to boost their appropriations. "The Legislature" she stated "was governed by a wise and humane spirit, when it first erected, by liberal appropriations, its Asylum for the insane."¹⁶⁵ She continued, pleading, "The present Legislature does not bring a less intelligent and liberal, nor less humane disposition" so it should provide an "appropriation, payable annually, out of the Treasury, as shall accomplish the work needed."¹⁶⁶ As one of the asylum's first superintendents noted, the institution was "born in debt," and rooted in a history of "begging and borrowing" from the state legislature to operate with any semblance of competence.¹⁶⁷

During the American Civil War, the asylum became a highly-contested site. Until Union forces occupied Jackson in 1863, both sides in the war left the asylum's grounds pockmarked with "extensive fortifications and rifle pits."¹⁶⁸ Under the direction of General William Tecumseh Sherman, the Union Army occupied and ransacked the

¹⁶⁵ The Mississippi Legislature, *Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum, for the Year 1870* (Jackson: Kimball, Raymond, and Company, State Printers, 1870), 37.

¹⁶⁶ Ibid.

¹⁶⁷ Thomas and Wilson, ed., 256.

¹⁶⁸ Ibid., 257.

asylum during the early stages of the siege of Jackson in July 1863.¹⁶⁹ Union soldiers plundered the storeroom and garden, and slaughtered numerous livestock.¹⁷⁰ According to one member of the Mississippi House of Representatives, which relocate to Columbus after the siege of Jackson, “the garden stripped of every vegetable in season; the hogs and cows carried off, and much damage done otherwise by the thousands who roamed over the grounds like ravenous wolves.”¹⁷¹ Reports also persisted that patients left the asylum during the chaos. The same member of the House stated that “inmates had been turned out by the enemy and that the building was fully occupied by them.”¹⁷²

The asylum’s foundation also suffered significant damage. Confederate soldiers riddled the edifice with gunfire during the Union’s occupation of the asylum.¹⁷³ Making matters worse, seven of asylum’s ten employees left their jobs and joined the Union Army.¹⁷⁴ Even after its occupation by Union forces, wartime governor Charles Clark, encouraged by appeals from Superintendent Robert Kells, decided to keep the asylum open through the war.¹⁷⁵ Similar to the asylum’s foundational and wartime years, funding persisted by the state legislature during and after Reconstruction.

¹⁶⁹ “Aged Structure, Rich in History, Begun in 1850,” *Jackson Daily News*, March 14, 1935; E.C. Bearrs, *The Siege of Jackson: July 10-17, 1863* (Baltimore: Gateway Press, 1981), 56.

¹⁷⁰ “Aged Structure, Rich in History, Begun in 1850,” *Jackson Daily News*, March 14, 1935.

¹⁷¹ The Mississippi Legislature, *Journal of the House of Representatives of the State of Mississippi, December Session of 1862 and November Session of 1863* (Jackson: Cooper and Kimball-Steam Printers and Binders, 1864), 222.

¹⁷² *Ibid.*

¹⁷³ Thomas and Wilson, ed., 257.

¹⁷⁴ “Aged Structure, Rich in History, Begun in 1850,” *Jackson Daily News*, March 14, 1935..

¹⁷⁵ Thomas and Wilson, ed., 257.

Parallel and eventually pertinent to the path the Mississippi State Insane Asylum would take after the American Civil War, the MSAIL, the organization responsible for establishing guidelines for the construction and administration of asylums, almost-unanimously voted to allow the rise in admission numbers. During the late-19th century, professional guidelines and state legislation reshaped the purpose and administration of many state-funded asylums and state hospitals. On a national level, population-regulatory measures changed. At the twentieth annual meeting of the Medical Superintendents of American Institutions for the Insane (MSAIL) in 1866, members of the organization elected to alter the suggested number of patients per asylum and state hospital. They near-unanimously voted to allow for a rise in populations from no more than 250 to 600 patients.¹⁷⁶ As expected, Kirkbride, the principle drafter of the MSAIL's 1851 and 1852 guidelines concerning the construction and administration of asylums and state hospitals, voted against it.

Similar to the effect the MSAIL's 1866 mandate had on asylums' and state hospitals' increased population rates and eventual overall conditions, several events concerning the parameters of such an institution, and the definition and institutionalization of the insane shaped what would become of the Mississippi State Lunatic Asylum in the late-19th and early-20th centuries. First, a state law, codified in 1848, provided that Mississippians could be committed to the yet-to-be constructed asylum in two ways. The first involved presenting the superintendent with two written statements-one from a physician and one from a family member or friend of the family

¹⁷⁶ Curwen, ed., 62.

certifying their mental instability.¹⁷⁷ The second way involved an individual being found mentally unstable by a jury of six laymen.¹⁷⁸ After this jury found individuals mentally unsuitable, soon-to-be patients would have one month to voluntarily report to the asylum.¹⁷⁹ Local authorities would “order the sheriff to arrest said lunatic, and place him or her in said asylum” after the expiration of this one-month furlough.¹⁸⁰ Such slack regulatory measures, coupled with the MSAII’s 1866 population proposal, “deprived directors of control over admissions” and played a major role in the Mississippi State Lunatic Asylum’s eventual drastic population spike.¹⁸¹ This outsourcing of population-regulatory measures, much like and compounded by the MSAII’s 1866 mandate, impaired conditions at the Mississippi State Lunatic Asylum. It specifically led to an inability to properly control the make-up of the asylum and adequately systematize its population according to diagnoses.

By the last third of the 19th century, state hospitals and asylums dramatically transformed. Kirkbride-Plan style institutions began as succinctly developed to provide largely-temporary respite for the insane and their former community or familial

¹⁷⁷ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8; Bond, 52, Mississippi Department of Archives and History, Jackson, Mississippi.

¹⁷⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8; Bond, 52-53; Emily Stevens MacLachlan, “Mental Hygiene Plan Projected for Mississippi,” *No Title*, August 8, 1934, Vertical Files, Mental Health, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

¹⁷⁹ The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi*, MDAH.

¹⁸⁰ The Mississippi Legislature, *Document Report of Commissioners of the Lunatic Asylum*, MDAH.

¹⁸¹ Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, 271.

caretakers. These early state hospitals and asylums, “designed for small numbers of patients in order to encourage close relationships considered necessary for sound treatment,” transformed into little more than overcrowded depositories, notes Gerald N. Grob.¹⁸² These hospitals and asylums, he continues, “grew in size either because states placed higher ceilings on the number of patients or did not take steps to build new facilities.”¹⁸³

The population of the Mississippi State Lunatic Asylum, similar to other state hospitals and asylums throughout the nation, began to rise after the MSAL’s 1866 population mandate and unreservedly ballooned during the 1870s. By 1880, the United States included 140 hospitals and asylums that housed just shy of 41,000 individuals declared insane.¹⁸⁴ Beginning in 1871, the number of admissions and total number of patients at the end of the year grew all through the 1870s at the Mississippi State Lunatic Asylum. From 1855 to 1870, the total number of admitted patients in a year remained relatively low. In 1871, this number rose from 31 patients during the previous year to 82 admissions.¹⁸⁵ By 1880, the asylum admitted well over one-hundred patients a year.¹⁸⁶

¹⁸² Grob, 4.

¹⁸³ Ibid.

¹⁸⁴ Ibid. As Grob highlights in the book, ideas about the place of state hospitals and asylums and a rising trust in institutions to correct social ills, played a major role in their various forms of expansion. By 1940, about 450,000 patients resided in state hospitals and asylums.

¹⁸⁵ The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879, Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79* (Jackson: J.L. Power, Public Printer, 1880), 28. The total number of admitted patients a year is not available prior to 1870. The total number of patients admitted from 1855 to 1870 was 637.

¹⁸⁶ The total number of admitted patients rose from 31 in 1870 to 134 in 1880.

Throughout the 1870s, the total number of patients admitted in a year never fell below 82

Related to this spike in yearly admissions, the total number of patients at the end of the year climbed throughout the 1870s. In 1870 and 1871, this number stayed in the 160s.¹⁸⁷ For the remainder of the decade, this number ascended to nearly 450 patients by 1880.¹⁸⁸ The state's admission of freedpeople to the Mississippi State Lunatic Asylum beginning 1870 certainly added to these rising admission and patient numbers.¹⁸⁹ The asylum's spike in population became a cause for concern. Mississippi Governor John M. Stone quantified Mitchell's description by noting "there are now thirty applicants for admission who cannot be accommodated for want of room." He went on to explain this number of applicants for admission "will necessarily increase, as the discharge from all causes do not keep pace with the increasing demand for admission."¹⁹⁰

Concurrent with this trend, the Mississippi State Lunatic Asylum turned from a place that emphasized curative treatment and the possibility for rehabilitation to a depot for insane Mississippians. Simply put, two external trends-legislatures' declining

in 1871 and peaked at 137 in 1873. The average total number of patients admitted from 1870 to 1880 was 97.

¹⁸⁷ The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879, Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79*, 28.

¹⁸⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 48. The total number of patients at the end of the year rose from 160 in 1870 to 442 in 1880. Throughout the 1870s, the total number of patients at the end of the year skyrocketed to 304 by 1873 and steadily ascended well past 400 by 1880. The average total number of patients at the end of the year from 1870 to 1880 was 278.

¹⁸⁹ "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935. The biennial reports for the Mississippi State Lunatic Asylum broke-down the total number of patients admitted and total number of patients at the end of the year by male and female, and not by race, during this period.

¹⁹⁰ The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879, Governor's Message* (Jackson: J.L. Power, Public Printer, 1880), 18.

monetary support and the alteration of superintendents' roles-led these institutions to such transformations. From these external trends, three specific, to some extent linked, internal trends-the rise in and changing dynamic of populations, swell in diseases and deaths due to epidemics, and handling of patients-exemplify these institutions' transformations in the early Post-bellum period.¹⁹¹

As highlighted in Kirkbride's guidelines from the 1850s, states established hospitals and asylums as temporary and rehabilitative institutions. The number of patients, the construction of the edifice, its setting, and employee makeup and ratios factored into the temporary and rehabilitative nature of state hospitals and asylums. State hospitals and asylums came about and were designed "for small numbers of patients in order to encourage close relationships," among Kirkbride's other guidelines, "considered necessary for sounds treatment."¹⁹² Inopportune, for the patients and all others involved, their populations ballooned due to the MSAIL's 1866 population mandate, the solidification or codification of state laws allowing more patients to be permitted, and states' choices to not build new facilities to keep up with the uptick of patient populations in their hospitals and asylums.¹⁹³

Also during this period, a new group of medical and societal reformers, shielded by the high regard for philanthropy and novel scientific notions of behavior, aimed to

¹⁹¹ David J. Rothman, in *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (2002) notes several external and internal considerations that led institutions for the intellectually and developmentally disabled to become the places they had by the second-half of the 19th century. While borrowing this concept from Rothman, I have come up with my own, dual-tier system of external and internal trends.

¹⁹² Grob, 4.

¹⁹³ Ibid.

control as many forms of deviancy as possible.¹⁹⁴ Acting on their philanthropic-based and scientific-influence ideology, reformers sought to control various forms of deviant behavior.¹⁹⁵ Under the banner of reforming previous Jacksonian reformers' steadfastness to simply institutionalize and forget about societal deviants, they asked "citizens not to do less for fear of harm, but to do more, confident of favorable results."¹⁹⁶ This led to an expansion of such institutions, thus affecting the status of their respective superintendents and establishing their monolithic dispositions that persisted into the second-half of the 20th century. Progressives wanted to improve upon Jacksonian America reformers' goals of simply institutionalizing the nation's insane.¹⁹⁷ This unrealized goal of improvement led to the ascension of monolithic state hospitals throughout the United States with the effortless objective of housing the nation's insane population without seriously seeking to reintroduce them back into society. This narrative, as will be highlighted in the upcoming chapters, persisted well into the mid-to-late-20th century.

Beginning in Reconstruction, the Mississippi State Lunatic Asylum, along with a number of the state's other state-funded and operated institutions, like the Rankin State Prison Farm and the Mississippi Institution for the Instruction of the Blind, officially began to be referred to as "Benevolent Institutions" by the state government of Mississippi. Even with the shifting population guidelines suggesting an end to

¹⁹⁴ David J. Rothman, *Conscience and Convenience: The Asylums and its Alternatives in Progressive America* (Boston: Little, Brown, and Company, 1980), 5.

¹⁹⁵ *Ibid.*

¹⁹⁶ Rothman, *Conscience and Convenience*, 5; Gerald N. Grob's *Mental Illness and American Society, 1875-1940* (1983) and *From Asylum to Community: Mental Health Policy in Modern America* (1991) provide similar narratives to Rothman's *Conscience and Convenience: The Asylums and its Alternatives in Progressive America* (1980).

¹⁹⁷ Rothman, *Conscience and Convenience*, 5.

Kirkbride's physical realization of Rush's "moral treatment" of institutionalized insane individuals, such institutions continued to be viewed as benevolent institutions and strongholds of a bygone society that came out of the early-to-mid-19th century. The state asylum came out of a commotional and transitional period in the nation's history. The Mississippi State Lunatic Asylum, for all of its support in the name of benevolence, became anything but a benevolent institution. As highlighted in chapter two, the asylum became a bastion of thwarting any societal progress that would come from the outcome of the American Civil War and the period of Reconstruction that ensued.

CHAPTER III

“VERGING ON WHAT BEDLAM MUST HAVE BEEN LIKE’: THE MISSISSIPPI STATE LUNATIC ASYLUM’S TRANSITIONING ROLE IN THE REDEMPTION PERIOD

In his message to the Mississippi Legislature in the state’s 1878-79 biennial report, Governor John M. Stone declared that the Mississippi State Lunatic Asylum “is in excellent condition, and has been as well and economically managed during the last two years as could possibly be done.”¹⁹⁸ Stone’s comments could not have been further from the truth. In the same biennial report, the newly appointed superintendent of the asylum, Dr. Thomas J. Mitchell described the institution as “verging on what the original Bedlam must have been like.”¹⁹⁹ Mitchell’s mentioning of bedlam was in reference to St. Mary Bethlehem, an infamous asylum founded in England during the 13th century. St. Mary Bethlehem’s poor conditions throughout its early centuries evoked madness and confusion, the rudimentary definition of bedlam.

¹⁹⁸ The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879, Governor’s Message* (Jackson: J.L. Power, State Printer, 1880), 18.

¹⁹⁹ Incomplete title, *Jackson Daily News*, July 1, 1957. Vertical Files, Mississippi Hospitals, Archives and Special Collections, J.D. Williams Library, The University of Mississippi. Hereafter cited as Incomplete title, *Jackson Daily News*, July 1, 1957.

Mitchell linked such disorder to the state's Reconstruction government and contemporaneous health matters, specifically, the Yellow Fever Epidemic of 1878.²⁰⁰ Putting his plain-spoken comments on the link between the state of the Mississippi State Lunatic Asylum and the state's Reconstruction government and the recent scourge of yellow fever that spread throughout the Lower Mississippi River Basin aside, his comments align with an epochal shift in the care for insane individuals throughout the United States. Mitchell's description illustrates the inauguration of a period, on a national level, during which state asylums and hospitals transitioned from temporary places to cure and rehab to permanent catchall depositories for the insane. Patients shifted from curable and largely temporary to incurable and permanently institutionalized. Also at this time, the South began to transition from Reconstruction to the Redemption period. This national shift in the institutionalization of the insane provided Mississippi officials and authorities the opportunity to establish a racially-rigid closed society, and maintain and reinforce segregation in the Jim Crow South.

Stone's and Mitchell's comments, when taken together, provide insight into this epochal shift from Reconstruction to the Redemption period in the South. The governor's omission of details about the asylum's state during Reconstruction and the superintendent's rich detail on what led to its then current state speaks volumes. Stone's insinuation that the asylum's management had been nothing short of excellent centers on

²⁰⁰ The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879, Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79* (Jackson: J.L. Power, State Printer, 1880), 72, 77. In *Plague Among the Magnolias: The 1878 Yellow Fever Epidemic in Mississippi* (2009), Deanne Stephens Nuwer explains that Jackson became a hotbed for yellow fever in 1878 because of its central location and being a major railway hub in the state.

the years after Reconstruction. His declaration, similar to other post-Reconstruction leaders in the South, like Wade Hampton III, exemplifies redeemers' rhetoric and approaches to explaining the regions history before, during, and after the American Civil War. His precise focus on "the last two years" implies an improved state of affairs at the asylum since the formal end of Reconstruction in 1877. Mitchell's assessment adds to Stone's rhetoric while illustrating the inauguration of a period in United States history when asylums transitioned from places to cure and rehabilitate patients to catchall depositories. Patients shifted from a designation of curable and mostly temporary in their time of treatment to a designation of mostly incurable and permanently institutionalized. Along with this, Mitchell's tenure as Superintendent of the Mississippi State Lunatic Asylum, from 1878 to 1909, parallels the evolving treatment of the insane, the professionalization of medicine, and the transformation of southern society.

This 31-year tenure serves as a permeable parameter for this chapter.²⁰¹ The aftermath of the endorsement by Association of Medical Superintendents of American Institutions for the Insane (AMSAAI) in 1866 of state hospitals' and asylums' population increases from 250 to 600 patients directly affected the day-to-day administration of the Mississippi State Lunatic Asylum. The endorsement of the population increase also became an instrument of establishing and enforcing Mississippi's closed society and

²⁰¹ C. Vann Woodward's *Origins of the New South, 1877-1913* (1971), Eric Foner's, *Reconstruction: America's Unfinished Revolution, 1863-1877* (1988), Edward Ayers's *The Promise of the New South: Life After Reconstruction* (1992), Glenda Gilmore's *Gender and Jim Crow: Women and the Politics of White Supremacy in North Carolina, 1896-1920* (1996), and Stephen Kantrowitz's *Ben Tillman & the Reconstruction of White Supremacy* (2000) detail the far-reaching effects the architects of the Redemption period had on African Americans' civil rights and day-to-day lives during the late-19th and early-20th centuries. For a case study on these effects, see Neil R. McMillen's *Dark Journey: Black Mississippians in the Age of Jim Crow* (1990).

reinforcing segregation during the Redemption period.²⁰² This reinforcement became especially true due to Mississippi's law, codified in 1848, on the two ways individuals could be admitted to such state institutions. While the first involved presenting the superintendent with two written statements from physicians and one written statement from a family member or friend of the family certifying their mental instability, the second method of admission significantly affected African Americans during the Redemption period.²⁰³ The second way involved an individual being found mentally unstable by a jury of six laymen.²⁰⁴ Upon being found mentally unsuitable, to-be patients would have one month to voluntarily report to the asylum.²⁰⁵ When this month expired,

²⁰² While the timeline of this chapter centers around Thomas J. Mitchell's tenure as superintendent of the Mississippi State Lunatic Asylum, from 1878 to 1909, it will go into the early-1910s, as well. As Stephen Kantrowitz highlights in *Ben Tillman and the Reconstruction of White Supremacy*, Tillman's time in southern politics, from his participation in the Red Shirts' violent role in the 1876 elections through the First World War, spans the Redemption period in the South. In the book, Kantrowitz argues that Tillman's main goal throughout his political career, 1876 to 1918, centered around preserving the political and economic autonomy and ruling-state of white, landowning agriculturalists. He goes on to explain that in order to accomplish this ascension of the South's white, landed class, he utilized race-baiting. In doing this, Tillman shaped the definition and meaning of redeemer and redemption, and white supremacy.

²⁰³ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87* (Jackson: R.H. Henry, State Printer, 1888), 8; Nathaniel Batson Bond, "Treatment of the Dependent, Defective, and Delinquent Classes in Mississippi" (Thesis, Tulane University, 1924), 52, Mississippi Department of Archives and History, Jackson, Mississippi.

²⁰⁴ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8. Bond, 52-53; Emily Stevens MacLachlan, "Mental Hygiene Plan Projected for Mississippi," *No Title*, August 8, 1934, Vertical Files, Mental Health, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

²⁰⁵ The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi* (Jackson, March 4, 1848), 2-3, Subject File, Folder: Mississippi State Hospital: 1848-1852, Mississippi Department of Archives and History, Jackson,

local authorities would “order the sheriff to arrest said lunatic, and place him or her in said asylum.”²⁰⁶ This second way only further reinforced Mississippi’s denial of equal protection under the 14th Amendment to the United States Constitution and the right to a fair trial by their peers for African Americans.

The opening of the East Mississippi Insane Asylum 1885 and its classification as the state’s white-only asylum in 1892, in conjunction with the provisions concerning racial segregation in state-sponsored institutions like public schools and prisons in the Mississippi Constitution of 1890, only further reinforced the state’s racially-rigid closed society and establishment and enforcing such apartheid.²⁰⁷ This classification of the East Mississippi Insane Asylum as the state’s white-only such institution predated the landmark United States Supreme Court ruling in *Homer Plessy v. John H. Ferguson* (1896) by four years. The racial segregation of the two asylums became antithetical to a primary reason for building the East Mississippi Insane Asylum in the first place. That reason revolved around the steadily climbing population at the Mississippi State Lunatic Asylum. In the years just prior to the East Mississippi Insane Asylum’s opening, Robert Lowry, who served as the state’s governor between John M. Stone’s two non-consecutive terms in office, verified this reason. He stated, “The completion of the East Mississippi Insane Asylum will enable this one to reduce the number of patients by ordinary

Mississippi. Hereafter cited as The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi*, MDAH.

²⁰⁶ The Mississippi Legislature, *An Act To Establish a Lunatic Asylum for the State of Mississippi*, MDAH.

²⁰⁷ For reference on racial segregation in state asylums and hospitals outside of the United States, see Sally Swartz’s “The Black Insane in the Cape, 1891-1920” in the *Journal of Southern African Studies*. In the article, Swartz notes that patients at asylums in South Africa were “segregated by race” which was “linked to often unequal facilities.”

discharges within the number that can be conveniently accommodated.”²⁰⁸ The construction and opening of the asylum came at a time when the Mississippi State Lunatic Asylum experienced a population spike, which had begun in the 1870s.²⁰⁹ This population spike resulted from national trends in caring for insane individuals, and certainly from the allowance of freedpeople to be admitted to the Mississippi State Lunatic Asylum in 1870.



Figure 4 No author. *Meridian, Miss., East Mississippi Insane Hospital*. 1908. Cooper (Forrest Lamar) Postcard Collection, Mississippi Department of Archives and History, Jackson, MS. http://www.mdah.ms.gov/arrec/digital_archives/series/cooper/detail/18718. Accessed March 6, 2018.

²⁰⁸ The Mississippi Legislature, *Biennial Reports of the Departments and Benevolent Institutions, of the State of Mississippi, for the Years 1882-'83* (Jackson, Miss.: J.L. Power, State Printer. 1884), 13.

²⁰⁹ The Mississippi State Lunatic Asylum's population expanded immensely from 1871 onward.

Founded with the purpose of overhauling the type of treatment insane individuals experienced, ranging from lackadaisical communal care to being physically constrained or imprisoned, state-funded asylums were heralded as reformatory measures. The Mississippi State Lunatic Asylum, similar to other institutions like penitentiaries that were established during the early-to-middle 19th century, witnessed a shift from one rooted in the notion of state-controlled, temporal curativeness to one rooted in state-controlled, permanent boarding. The national narrative of the breakdown of the founding purposes of the state-supported asylum system largely revolve around the influx of immigrants into a nation shifting from bucolic and communally autonomous to industrial and urban and centralized, and the rising prominence of professional medicine and the social sciences. On a national level, outside of the South, numerous state hospital and asylum patients shared one similarity during the late-19th and early- 20th centuries. A major portion of patients were first or second-generation Americans.²¹⁰ According to the 1890 United States Census, 40 percent of individuals in state hospitals and asylums fit into one of these categories of citizens.²¹¹ In urban and industrial parts of the nation, largely located in the Northeast and Midwest portion of the nation, where most immigrants located to for employment opportunities, this number hovered around 50 percent.²¹²

²¹⁰ David J. Rothman, *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America* (Boston: Little, Brown, and Company, 1980), 24.

²¹¹ United States Bureau of the Census, *Insane and Feeble-Minded in Hospitals and Institutions* (Washington, D.C., 1895), 268-270; Rothman, 24.

²¹² Rothman, *Conscience and Convenience*, 24. In all of Illinois's state hospitals and asylums, roughly half of patients were either first or second-generation Americans. In

However, in a vast majority of the South, and Mississippi in particular, most of which not as industrial as other parts of the nation, this was not the case. Mississippi's asylum system, which grew to include the East Mississippi Insane Hospital, and its shift in care for its insane residents not only reflected this national narrative, but also reflected the state's ambition to establish a racially segregated and stratified society after Reconstruction.

Prior to the American Civil War, Mississippi had become one of the richest states in the nation. This title came from its nearly mono-crop economy, which relied on cotton, and furthermore relied on African American slaves to produce vast riches. When the war ended, and the backbone-slave labor-of the Confederacy's economy had been broken, Mississippi no longer held the soiled-honor of being the richest state in the nation. Along with and connected to this volte-face in its economic standing came the emancipation and granting of short-lived citizenship to hundreds of thousands of former slaves. Robert Lowry, governor of Mississippi during the early years of the Redemption period, described recently emancipated slaves as "intoxicated with their new-born freedom and huddled together in cities and towns or followed the victorious army" while the state and its economy laid waste to the realities of a war the South fought to preserve the institution of slavery.²¹³ Lowry continued,

three of the larger Kirkbride-style asylums in the Northeast-the Worcester Lunatic Asylum in Massachusetts, the Danvers Lunatic Asylum in Pennsylvania, and the New York State Lunatic Asylum at Utica-just over 50 percent of their total populations consisted of either foreign or first-native born patients.

²¹³ The Mississippi Legislature, *Biennial Reports of the Departments and Benevolent Institutions, of the State of Mississippi, for the Years 1882-'83*, 29.

“At the close of the war our people were without money or credit to purchase the simplest implements of husbandry. Farms and factories and railroads had been devastated and destroyed. Labor was demoralized...The State was practically without a government, and society resolved itself into its original elements.”²¹⁴

Such reversals of fortune following the American Civil War would hinder the state’s funding of the asylum, particularly after Reconstruction, and leave brusquely emancipated African Americans susceptible to new forms of institutionalization. After the Confederacy’s defeat and the ensuing period of Reconstruction, the Mississippi State Lunatic Asylum slowly commenced its transformation from an institution geared toward rehabilitating those deemed insane to a leading institution in the establishment and solidification of the state’s Jim Crow society. National trends concerning the admission and housing of insane individuals into state hospitals and asylums further bolstered the use of new forms of institutionalization like asylums to control African Americans.

After the American Civil War, newly emancipated African Americans, with little assistance from the federal government, scrambled to establish a new life. The most well-known forms of government assistance came from the Freedmen’s Bureau. This a federal agency created in the final months of the war to help freedpeople find and connect with family members, learn how to read and write, and learn and exercise their new legal and labor rights. However, the Black Codes, passed by enablers and profiteers of the slavery-supported antebellum South and former Confederate leaders turned postwar politicians and legal authorities, stymied much of the bureau’s assistance in the first years after the war.

²¹⁴ Ibid.

The Black Codes rose out of the unsettled ashes of the American Civil War. Drafters and proponents of the codes hinged their arguments on planters' lack of a steady labor force after the emancipation of slaves. The Black Codes "authorized blacks to acquire and own property, marry, make contracts, sue and be sued, and testify in court in cases involving persons of their own color."²¹⁵ However these provision in the codes were seen as little more than concessions for freedpeople. For their drafters and proponents, the Black Codes became a means to recreate the antebellum South, just short of reinstating slavery. On a state-by-state basis, those responsible for enacting the codes sought "to stabilize the black work force and limit its economic options" by "enforcing labor agreements...punish those who refused to contract, and prevent whites from competing for black workers."²¹⁶

Mississippi, along with South Carolina, became the first state to pass Black Codes. Passed in the waning months of 1865, Mississippi's Black Codes, like other states' codes, forced freedpeople to engage in labor agreements, and show proof of employment at the beginning of the calendar year.²¹⁷ Those who failed to procure employment or left their jobs, voiding their labor agreements, became subject to arrest by local authorities or "any white citizen" for that matter.²¹⁸ The fluid crime of vagrancy also emerged out of Mississippi's Black Codes. Vagrancy included, but was not limited to idleness, disorderly conduct in public, and newly-freed African Americans

²¹⁵ Eric Foner, *A Short History of Reconstruction, 1863-1877* (New York: Harper & Row, 1990), 93.

²¹⁶ Foner, 93.

²¹⁷ *Ibid.*

²¹⁸ *Ibid.*

mispending what they had earned.²¹⁹ Violators of these vagrancy laws became punishable by involuntary labor, fines, or incarceration.²²⁰ Certainly vulnerable to these vagrancy laws included insane African Americans. To combat the risk of insane African Americans being found guilty of vagrancy and almost certainly fined, incarcerated, or forced into involuntary labor, the Freedmen's Bureau attempted to intervene in southern states' matters. Bureau agents and authorities pushed state governments to admit dependent, insane freedpeople into their state-operated asylums and state hospitals.²²¹ However, states' officials did not oblige to the Freedmen's Bureau's requests.

Parallel and immediately pertinent to the path the Mississippi State Insane Asylum and other institutions like it would take after the American Civil War, the Medical Superintendents of American Institutions for the Insane, the organization responsible for establishing guidelines for the construction and administration of asylums, almost-unanimously voted to allow the rise in admission numbers. At their twentieth meeting in 1866, the organization proposed a hike in state asylums' and hospitals' populations from no more than 250 to 600 patients.²²² As expected, Kirkbride, the principle drafter of the MSAAI's 1851 and 1852 guidelines concerning the construction and administration of asylums, voted against this proposition. Such a hike in asylums' and state hospitals' populations played a vital role in the organization and the

²¹⁹ Ibid.

²²⁰ Ibid.

²²¹ Jim Downs, *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (Oxford: Oxford University Press, 2015), 136.

²²² John Curwen, ed. *Medical Superintendents of American Institutions for the Insane from 1844 to 1874, Inclusive: With a List of the Different Hospitals for the Insane, and the Names and Dates of Appointment and Resignation of the Medical Superintendents* (N.P: No Press, 1875), 62.

budding practice of psychiatry to further professionalize during the last decades of the 19th century. The more patients admitted to asylums and state hospitals, the more minds superintendents and resident physicians had to practice medicine on. Furthermore, the hike in population allowance affected the demographics of state-operated asylums in different regions of the United States differently.²²³ In the years just after the 1866 meeting, state asylums and hospitals began to admit more patients and push the newly established population threshold. When faced with this reality, states failed to respond to the MSAAI's population proposition. Ultimately, this population hike weakened not just the patients but the administration at state asylums and hospitals.

In the last decades of the 19th century, much like during and immediately after the first industrial revolution and in the antebellum South, a pessimism arose against anyone perceived as complicating, challenging, disrupting, or in the case of freedpeople aiding the nation's transforming society. As historian James W. Trent, Jr. suggests, "economic depression" and uncertainty, "immigrant influx, and competition between working-class whites and blacks" only further fueled this pessimistic mood that permeated throughout the various regions of the United States during the late-19th century.²²⁴

At this time, a second mass influx of European immigrants began to arrive in Northeastern United States. This mass influx of predominantly Eastern and Southern Europeans altered an already reluctance by white, Protestant Americans against the first

²²³ For a thorough overview of the changing administration and management, and demographics of state-operated asylums and state hospitals, and its connection to the early-professionalization of psychiatry as a medical practice, see David J. Rothman's *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America* (1980).

²²⁴ James W. Trent, Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), 139.

wave of Central Europeans that arrived during and shortly after the first industrial revolution. Similar to the scrutiny European immigrants encountered upon their arrival in the United States in the early-19th century, this new influx of immigrants also became susceptible to admission to state-operated asylums due to the budding domestic anti-immigration sentiment and western world perspectives on racial hierarchy. According to the 1880 United State Census, roughly 29 percent of nation's entire population of insane individuals was non-native born.²²⁵ In the Western and Southwestern United States, Latinos and Asian Americans suffered similar scrutiny, which resulted in numerous lynchings and racially based legislation like the Chinese Exclusion Act of 1882. In the West and Midwest, the federal government forced Native Americans to assimilate into mainstream Americans institutions and norms. Along with this, adolescent Native Americans across the nation were forced into reforming board schools and insane Native Americans were ultimately admitted to the nation's only federally-operated asylum, the Hiawatha Insane Asylum. In the American South, newly-freed African Americans and poor whites became of concern for the region's political leaders during and after Reconstruction.²²⁶

²²⁵ Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1983), 8.

²²⁶ The historiography of white, Protestant Americans' scrutiny against such peoples is expansive into several subjects in and fields of history and rich with examples. See Gail Bederman's *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917* (1995), Matthew Frye Jacobson's *Whiteness of a Different Color: European Immigrants and the Alchemy of Race* (1999), Matthew Frye Jacobson's *Barbarian Virtues: The United States Encounters Foreign People and Home and Abroad, 1876-1917* (2001), and Margot Canaday's *The Straight State: Sexuality and Citizenship in Twentieth-Century America* (2011).

Two notable mandates occurred at the asylum during Reconstruction. First, the asylum began admitting freedpeople to the Mississippi State Lunatic Asylum in 1870.²²⁷ Prior to this radical change in policy, state government officials, in line with other southern states, did not allow freed African Americans to be admitted to state-operated asylums. State governments, at different times during the early years of Reconstruction, objected to their admission for three reasons. First, state-operated asylums and private, benevolent organizations alike, refused their admission argued that because of the Civil War's impact on vast portions of southern society. Such state-operated and private institutions and organizations "claimed that lack of adequate facilities and funds prevented them from enrolling freedpeople to almshouses" and asylums.²²⁸ In *Sick From Freedom : African-American Illness and Suffering during the Civil War and Reconstruction* (2015), Jim Downs explains that while state-operated, and private institutions and organizations "exhausted their funds during the war, their refusal to allow freedpeople into their asylums was a de facto practice."²²⁹ Second, southern state government officials doubled down on the MSAIL's 1866 admission guidelines. As the Freedmen's Bureau attempted to gain admission for newly-emancipated insane freedpeople into state-operated asylums, state officials pushed back with assertions of overcrowding. Mississippi Governor Benjamin Humphrey, a former general in the Confederate States Army, informed Head of the Freedmen's Bureau, General Oliver Otis

²²⁷ "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935. Vertical Files, Mississippi Hospitals, Archives and Special Collections, J.D. Williams Library, The University of Mississippi. Hereafter cited as "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935.

²²⁸ Downs, 136.

²²⁹ *Ibid.*

Howard, that the Mississippi State Lunatic Asylum had become overcrowded.²³⁰ Humphrey argued the asylum had become “so crowded that he is daily compelled to refuse admission to white citizens, and is therefore unable to provide for the imbecile blacks.”²³¹ Lastly, prior to 1868, southern state government officials argued freedpeople were not citizens. It would not be until the passage of the 14th Amendment to the United States Constitution, centered on citizenship and due process and equal protection under the law, that southern states began allowing insane freedpeople admission to state-operated asylums.²³² This eventual admission of insane freedpeople would come to play a major factor in Mississippi’s racially segregated asylum system that fully developed a decade and a half later.

Second, in 1871 the state legislature mandated weekly visits to the asylum by its newly reestablished board of trustees.²³³ Weekly visits had not occurred since the state legislature abolished the board of trustees and replaced it with a board of supervisors in 1858.²³⁴ While including a stipulation in his 14 guidelines “on the organization of Hospitals for the Insane” in 1853 instructing boards of trustees to visits their respective

²³⁰ No title. *The Western Democrat* (Charlotte, NC), August 14, 1866.

²³¹ *Ibid.*

²³² Eric Foner’s *A Short History of Reconstruction, 1863-1877* (1990) and Jim Down’s *Sick from Freedom: African-American Illness and Suffering during the Civil War and Reconstruction* (2015) call attention to how the passage of the 14th Amendment to the United States Constitution challenged the ways southern states in the first years of Reconstruction refused the admission of insane freedpeople into their state-operate asylums.

²³³ “Aged Structure, Rich in History, Begun in 1850,” *Jackson Daily News* (Jackson, MS), March 14, 1935.

²³⁴ William D. McCain, *The Story of Jackson: A History of the Capital of Mississippi, 1821-1951 Volume I* (Jackson: J. F. Hyer Publishing Company, 1953), 53.

asylums, Kirkbride did not specify the amplitude of their visits.²³⁵ He merely noted that this governing body “should not exceed twelve in number,” maintain the public’s confidence and act benevolent, and “able and willing faithfully...attend to the duties of their station.”²³⁶

Until the end of Reconstruction, these mandates showed their usefulness with the asylum’s administration. Under the supervision of Superintendent Dr. William Compton, a nationally renowned mental health expert, and with the utter approval of Reconstruction governor James Alcorn, the asylum began to show signs of all-around improvement. Compton managed to solicit funding from the legislature for improved medical treatment for patients and build onto the asylum’s original edifice to meet its rising population.²³⁷ This is no more apparent than when examining the asylum’s death rate from this mandate’s first full year of implementation to the end of Reconstruction.

Even with the reforms that Mississippi’s Reconstruction government enacted, issues arose that would hinder the day-to-day administration of the asylum for decades to come. Population regulatory measures’ ongoing outsourcing to the state’s legal and judicial system became a matter that negatively affected the Mississippi State Lunatic Asylum’s conditions. A state law, codified in 1848, provided that individuals could be committed to such institutions in two ways. The first involved presenting the superintendent with two written statements from physicians and one written statement

²³⁵ Curwen, ed., 28, 29, 30.

²³⁶ Ibid., 29.

²³⁷ James G. Thomas and Charles Reagan Wilson, ed. *The New Encyclopedia of Southern Culture, Volume 22: Science and Medicine* (Chapel Hill: University of North Carolina Press, 2012), 257.

from a family member or friend of the family certifying their mental instability.²³⁸ The second way involved an individual being found mentally unstable by a jury of six laymen.²³⁹ Such slack regulatory measures, coupled with the MSAL's 1866 population proposal, "deprived directors of control over admissions" and played a major role in the Mississippi State Lunatic Asylum's drastic population spike during the 1870s.²⁴⁰

Table 1 Population Increase at the Mississippi State Lunatic Asylum during the 1870s.

| Year | End of Year Population |
|------|------------------------|
| 1870 | 160 |
| 1871 | 162 |
| 1872 | 231 |
| 1873 | 304 |
| 1874 | 322 |
| 1875 | 324 |
| 1876 | 336 |
| 1877 | 391 |
| 1878 | 395 |

²³⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8; Bond, 52.

²³⁹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8. Bond,, 52-53; MacLachlan, "Mental Hygiene Plan Projected for Mississippi," *No Title*, August 8, 1934, Vertical Files, Mental Health, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

²⁴⁰ David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (New York: Aldine de Gruyter, 2002), 271.

| | |
|------|-----|
| 1879 | 401 |
| 1880 | 442 |

The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879*, Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79, 51; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1880-81* (Jackson: J.L. Power, State Printer, 1882), 12.

This outsourcing of population regulatory measures impaired conditions at the Mississippi State Lunatic Asylum. It specifically led to the inability to properly control the make-up of the asylum and adequately separate its population according to diagnoses. Mitchell candidly referenced the problems this outsourcing posed on two separate occasions in his Report of the Superintendent in the asylum's biennial reports to the state legislature. In his first report as superintendent in the 1878-79 biennium, he warned the legislature that while "sustained by law" to admitted individuals found insane by the two mentioned methods, the asylum "will soon be compelled to decline all cases of insanity, no matter how urgent may be the necessity for their admission."²⁴¹ He also hinted at the possibility of releasing the least harmful patients back "to their respective counties" to be care for by their guardians or communities.²⁴²

Eight years later, in his report in the 1886-87 biennium, Mitchell outright questioned the judicial method's validity to properly determine whether insane individuals needed to be institutionalized. He suggested that medical experts of insanity

²⁴¹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79* (Jackson: J.L. Power, Public Printer, 1880), 73.

²⁴² *Ibid.*

should replace juries of layman.²⁴³ Mitchell went on to ask, “Why should a medical question be determined by parties who have no knowledge of the art?”²⁴⁴ As the asylum’s population skyrocketed during the 1890s, he stated that these judicial methods allowed “mere idiots, fools, and known curables, who are not dangerous,” to be admitted and laws mandate him “to receive all parties.”²⁴⁵ Drs. C.A. Rice and J.M. Buchanan of the East Mississippi Insane Asylum, which had opened in 1885 and became the state’s white-only asylum in 1892, echoed Mitchell’s frank remarks. In the late-1880s and early-1890s, Rice and Buchanan voiced their displeasure with the state’s “lunacy laws” and suggested their immediate revision.²⁴⁶

Even Governor John M. Stone commented on the antiquated law and suggested it’s amending. During his first term as governor, he informed the legislature “that there are now thirty applicants for admission who cannot be accommodated for want of room” at the Mississippi State Lunatic Asylum.²⁴⁷ He went on to accurately predict that the number of patients “will necessarily increase, as the discharges from all causes do not

²⁴³ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8.

²⁴⁴ *Ibid.*

²⁴⁵ The Mississippi Legislature, *Biennial Report of the Board of Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1896 and 1897* (Jackson: The Clarion-Ledger Print, 1897), 10.

²⁴⁶ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum to the Legislature of Mississippi, for the years 1888- and 1889* (Jackson: R.H. Henry, State Printer, 1890), 8. The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum to the Legislature of Mississippi, for the years 1890 and 1891* (Jackson: The Clarion Printing Establishment, 1891), 13. The East Mississippi Insane Asylum, located in Meridian, opened in 1885.

²⁴⁷ The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879*, 18.

keep pace with the increasing demand for admission.”²⁴⁸ In his second term as governor, Stone again questioned the law’s standing In his last ever biennial message to the Mississippi State Legislature, he explained that if the admission law remained in place, “it is a question of only a short time when our asylums must be enlarged or other erected.”²⁴⁹ He went on to note that while the law stated “that idiots, fools, and know incurables, who are not dangerous, shall not be admitted,” it is “often misunderstood and improperly administered.”²⁵⁰

The Mississippi State Lunatic Asylum’s population regulatory measures being outsourced from the superintendent to the state’s legal and judicial system became a pressing issue. Specifically, these population regulatory measures and their impact on rising admissions, coupled with treatment shifting from temporary to permanent, drastically affected the overall health of the patients and their daily care. Such admission laws and their role in the population spike allowed conditions to waver between deplorable and inadequate from 1878 through the first decade of the 20th century. Beginning in the late-1870s, the Mississippi State Lunatic Asylum began to record patients’ prior occupations. All through the Redemption period, during which this population spike began, most patients previously worked as farmers, laborers, housewives, or their employment was unknown or they were unemployed.²⁵¹ The prior occupation of patients notes the shifting demographics of not just the Mississippi State

²⁴⁸ Ibid.

²⁴⁹ The Mississippi Legislature, *Biennial Message of Governor J. M. Stone to the Legislature of the State of Mississippi, January 8th, 1896* (Jackson: Clarion-Ledger Printing Establishment, 1896), 23.

²⁵⁰ Ibid.

²⁵¹ The Mississippi State Lunatic Asylum began recording patients’ employment prior to admission during the 1878-79 biennium.

Lunatic Asylum, but also the nation's system of asylums. This 1848 law would remain on the books well into the post-Second World War period and become an issue for debate several more times over the next three-quarters of a century.

Governor Stone, who served two nonconsecutive terms as governor of Mississippi, from 1876 to 1882 and 1890 to 1896, while having politically hyperbolic words about the state of the Mississippi State Lunatic Asylum in 1877 and presiding over the legislature that enacted the 1890 Constitution, seemed to realize the seriousness of crowding in the state's two asylums. Maybe he was merely worried about the upholding of the state's two asylums' delicate racial dynamic. His background, in line with those most vulnerable to be sent to asylums, suggests otherwise. Born into abject poverty in 1830, Stone, unlike many other to-be Mississippi governors in the decades after Reconstruction, did not hold a college degree. Instead, he worked as a railroad station agent, teacher, and clerk on vessels on the Tennessee River in the decade leading up to the Civil War.²⁵² Shortly after Reconstruction, he realized a vast discrepancy between patients who were and were not required to pay for their boarding and care. He suggested "that the Asylum be made free to all the citizens of the State needing its benefits."²⁵³ While doing so opened the floodgates for admissions, turning the asylum into a public institution, funded by the state, cannot be ignored when taking his upbringing into account.

²⁵² Dennis J. Mitchell, *A New History of Mississippi* (Jackson: University Press of Mississippi, 2014), 217, 218.

²⁵³ The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879*, 19.

In the first month of 1885, the East Mississippi Insane Asylum opened its doors to admit more of the state's insane population. The Mississippi State Legislature passed "An act providing for the erection of an additional Asylum for the Insane in the State of Mississippi, and for other purposes."²⁵⁴ The legislature's use of the phrase "other purposes," suggests a major reason for the institution's construction that has nothing to do with overcrowding at the Mississippi State Lunatic Asylum. This reason involves racially segregating the state's asylum system, thus maintaining and bolstering the Mississippi government's commitment to Jim Crow.

Prior to the opening of the East Mississippi Insane Asylum in January of 1885, its appointed superintendent Dr. C.A. Rice, and assistant physician J.M. Buchanan informed Mississippians of the institution's opening and expected vacancy. To get the word out about the asylum's opening, they "gave notice through the newspaper press of the State, which was gratuitously given as a news item."²⁵⁵ At the end of its first year in operation, the East Mississippi State Insane Asylum's population totaled 213 patients, with 21 deaths throughout the year.²⁵⁶ These numbers are a far cry from the state of things at the Mississippi State Lunatic Asylum. Its population and number of deaths at the end of the same year nearly double that at the East Mississippi State Insane Asylum. The Mississippi State Lunatic Asylum's population totaled 417 patients, with 43 deaths

²⁵⁴ The Mississippi Legislature, *Biennial Reports of the Departments and Benevolent Institutions, of the State of Mississippi, for the Years 1882-'83* (Jackson, Miss.: J.L. Power, State Printer. 1884), 13.

²⁵⁵ The Mississippi Legislature, *Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, to the Legislature of Mississippi, for the year 1885* (Jackson: J. L. Power, State Printer, 1886), 6.

²⁵⁶ *Ibid*, 11.

throughout 1885.²⁵⁷ Even after the East Mississippi State Insane Asylum's first year of operation, well before its superintendent began floating the idea of making the new institution exclusively white-only, it became clear the two asylums were not equal in almost all aspects.

Meridian became home to the new institution. A major reason Meridian became the host city for the asylum's construction revolved around the Yellow Fever Epidemic of 1878. Meridian had not suffered from the epidemic like Jackson, the state's main railway hub. Within seven years of opening, the East Mississippi Insane Asylum would become the state's white-only asylum while the quickly deteriorating Mississippi State Lunatic Asylum would become the state's asylum that housed whites and became the only terminus for insane African-American Mississippians.

²⁵⁷ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1884-85* (Jackson, J.L. Power, State Printer, 1885), 31.



Figure 5 No author. *East Mississippi Insane Hospital and grounds, Meridian, Miss.* n.d. Cooper (Forrest Lamar) Postcard Collection, Mississippi Department of Archives and History, Jackson, MS. http://www.mdah.ms.gov/arrec/digital_archives/series/cooper/detail/18628. Accessed March 6, 2018.

Beginning in the late-1880s, a slow transfer of the new asylum's black patients to the older Mississippi State Lunatic Asylum began. Governor Stone, on the eve of this major fluctuation in the state's asylum system, encouraged the slow transfer. In line with his role in overseeing the ratification of the 1890 Mississippi Constitution, he threw his support behind "The removal of the colored patients to the new" segregated "buildings at Jackson," which made "room for seventy-five or more white patients."²⁵⁸ Finally, in 1892, the East Mississippi Insane Asylum became the white-only asylum for the state's institutionalized insane residents. The Mississippi State Lunatic Asylum became the state's institution that accommodated white and non-white insane patients in segregated spaces and places. The East Mississippi Insane Asylum became the racially segregated

²⁵⁸ The Mississippi Legislature, *Biennial Reports of the Departments and Benevolent and Educational Institutions of the State of Mississippi, for the Years 1890-91, Governor's Message* (Jackson, Power and McNeily, State Printers, 1892), 23-24.

institution for white patients in a completely separate space and place.²⁵⁹ The designation of racially-segregated state asylums and hospitals became the norm in the post-Reconstruction South. Some states established white-only and racially-segregated asylums or hospitals. Mississippi became one of these states. Other states created both white-only and black-only asylums or hospitals. North Carolina became one of these states. They had the white-only Dix Hill institution and the black-only State Hospital at Goldsboro.²⁶⁰

Immediately after the creation of racially separate and not equal state asylums in Mississippi, Superintendent Mitchell began to out-and-out question the legislature's policy and Governor Stone's endorsement of it. The number of African-American patients "at this time constitutes nearly one-half of our household, since the Legislature deemed it best to locate all the colored at this place, reserving the Eastern Asylum exclusively for whites."²⁶¹ The eventual classification of the recently opened East Mississippi Insane Asylum as the white-only institution of its kind in the state provides another example of this transition from Reconstruction to the Redemption period, and ushering in the age of "separate but equal" throughout the South.

²⁵⁹ For a thorough overview of the construction of and differences between space and place, see Yi-Fu Tuan's *Space and Place: The Perspective of Experience* (1977), in which he argues that space and place, above all, are predicated on human agency and experience. I will be utilizing Tuan's examination of the differences and similarities of space and place to describe Mississippi's two asylums, from their respective founding and operation to their symbiotic relationship.

²⁶⁰ Gerald N. Grob, 190-191. Dix Hill was later renamed the Dorothea Dix Hospital in the mid-20th century.

²⁶¹ The Mississippi Legislature, *Biennial Report of the Board of Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1892 and 1893* (Jackson: Clarion-Ledger Publishing Company, 1893), 9.

It did not take long for its inaugural superintendent, Dr. C. A. Rice, to begin implying the state's newest, up-to-date, and most recently opened asylum should only accommodate insane white Mississippians. Discussions about the makeup of the state's two asylums did not just come from Superintendent Rice. Superintendent Mitchell, in the years leading up to the opening of the new asylum, pushed for the relocation of his patients. He proposed a law that would allow patients to "be transferred from one Asylum to the other, to suit the wishes of friends, provided the State and counties incur no expense."²⁶²

By the early-1890s, Rice began outright suggesting the construction of an asylum solely for insane African American residents in the state. Cloaking his segregationist comments in rhetoric concerning the state asylums' population increases, he argued for the construction of "another asylum for the negroes, and separate the races."²⁶³ Denoting such an asylum's separate but equal funding, he went on to claim, "if properly located, upon alluvial land, and with a sufficient acreage, that the cost per capita, for their support will be materially lessened for year to year, until it will be almost, if not quite self-sustaining."²⁶⁴ This suggestion of self-sustainability is a nod to the establishment of other separate, segregated institutions like historically black colleges and universities, and general hospitals after the American Civil War. Rice's comments also reflect an approach to establishing and maintaining a segregated society. The official classification of the

²⁶² The Mississippi State Legislature, *Lunatic Asylum* (N.P: No Press, N.D.), 3.

²⁶³ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, for the years 1888 and 1889*. (Jackson: R. H. Henry, State Printer, 1890), 11.

²⁶⁴ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, for the years 1888 and 1889*, 11.

recently opened East Mississippi State Lunatic Asylum in Meridian as the white-only institution occurred amongst a number of historic bylaws and legal rulings.

Beginning in the later years of Reconstruction, a collection of all-white Mississippi legislators commenced a 15-year process of attempting to stymie and eventually restrain African Americans in the state from exercising their newly granted rights afforded by the 14th and 15th Amendments to the United States Constitution. In 1875, this collection of legislators, known as redeemers, commenced the first of two phases in what became known as the Mississippi Plan. The first phase of the First Mississippi Plan included two-major highlights and building blocks for the second phase of the plan. The first part of the First Mississippi Plan revolved around an attempt by redeemers to complicate election laws by ascribing voter registration to local, overwhelmingly white, registrars.²⁶⁵ Secondly, these legislators racially gerrymandered the state's congressional districts. Of Mississippi's six congressional districts, five remained largely white. However, as Neil McMillen notes, the Sixth Congressional District, known as a shoestring district, was established in a zig-zag manner "through the predominantly black river counties leaving the other five congressional districts predominantly white."²⁶⁶ The last part of the First Mississippi Plan revolved around voter intimidation. Much like those in other southern states during the 1870s, like South Carolina, acts by whites against African American males to coerce them into voting against their own interest or voting at all become common and a precursor to the

²⁶⁵ Neil R. McMillen, *Dark Journey: Black Mississippians in the Age of Jim Crow* (Urbana: University of Illinois Press, 1990), 39.

²⁶⁶ *Ibid.*

Redemption period.²⁶⁷ Governor Robert Lowry's statement, "In no partisan spirit-with malice towards none, with charity for all-let us compare the past and present and draw from it useful lessons for our guidance in the future" signified the goal of Mississippi's politicians, leading officials, and the white landed class during the Redemption period.²⁶⁸ This goal centered around returning Mississippi, similar to other states in the region, to the yesteryears of southern society prior to the American Civil War. A society predicated on racial separation and inequality in all aspects of life and society. In 1890, fifteen years after the first plan, a collection of all-white legislators attempted and succeeded at enacting the second phase of the Mississippi Plan.

In 1890, the nearly all-white state legislature ratified a new social contract universally known as the Mississippi Constitution of 1890. The aftermath of the passage of this document of governing principles became known as the Second Mississippi Plan. While the Mississippi Constitution of 1890 included legislation regarding flood control in the Delta and railroad regulations, its sole reason for enactment centered on the disenfranchisement of blacks throughout the state. Poll taxes, literacy and constitution tests, in Article 12 of the newly drafted constitution, thwarted their ability to vote.²⁶⁹ Section 207, Article 8, anteceding the United States Supreme Court's decision in *Homer Plessy v. John H. Ferguson* (1896) by 6 years, read, "separate schools shall be maintained for children of the white and colored race."²⁷⁰ The constitutional convention even went as

²⁶⁷ Ibid.

²⁶⁸ The Mississippi Legislature, *Biennial Reports of the Departments and Benevolent Institutions, of the State of Mississippi, for the Years 1882-'83*, 29.

²⁶⁹ McMillen, 41-42.

²⁷⁰ Anders Walker, *The Ghost of Jim Crow: How Southern Moderates Used Brown v. Board of Education to Stall Civil Rights* (Oxford: Oxford University Press, 2009), 44.

far as attempting to segregate prisons. President of the 1890 Mississippi Constitution Convention S.S. Calhoun declared, “Let us tell the truth if it bursts the bottom of the Universe. We came here to exclude the negro. Nothing short of this will answer.”²⁷¹ The United States Supreme Court reviewed the voting provisions of constitution in *Williams v. Mississippi* (1898) and ruled that because they applied to all Mississippians there existed no discriminatory practices concerning voting requirements.

The same year Mississippi ratified its new constitution, Louisiana enacted the Separate Car Act, which held that separate railcars and accommodations for black and white train travelers. Two years later, in 1892, a group of affluent mixed-race and African American Louisianans sought to test the constitutionality of the law. Homer Plessy, a light-skinned, mixed-race male was chosen to challenge the law. After being arrested for violating the Separate Car Act, his case eventually made its way to the United States Supreme Court. In 1896, the United States Supreme Court, hearing the case ruled in *Homer Plessy v. John H. Ferguson* that “legislation is powerless to eradicate racial instincts” and establish the “separate but equal” regarding segregation validation.²⁷² The court also found that the Separate Car Act did not violate the Fourteenth Amendment to the United States Constitution because race exists beyond the boundaries of law.

Furthermore, the decision denoted that Plessy and others like him could not be both black

²⁷¹ McMillen, 41.

²⁷² C. Vann Woodward, *The Strange Career of Jim Crow* (London: Oxford University Press, 1966), 71.

and white and that regardless of the ratio of his and other like his bi-and-multi-racialism, he fell under the defacto “one drop rule.”²⁷³

The most apparent effect of the East Mississippi Insane Asylum’s classification as the all-white asylum concerned the overall health of patients at the Mississippi State Lunatic Asylum.

Superintendent Mitchell maintained that African Americans were less susceptible to insanity. In his first years as superintendent, he argued that their “line of work, presumably as sharecroppers and tenant farmers, “does not create insanity.”²⁷⁴ Nearly a decade after his asylum became the depository for insane African American residents of Mississippi, Mitchell’s thoughts on their susceptibility to insanity had come full circle. Not accounting for the initial transfer of patients from the East Mississippi Insane Asylum, the rise in African Americans at the asylum rose from consisting of one-quarter of the total population in 1878 to three-quarters in 1903.²⁷⁵

²⁷³ Grace Elizabeth Hale, *Making Whiteness: The Culture of Segregation in the South, 1890-1940* (New York: Pantheon Books, 1998), 23.

²⁷⁴ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1878-'79*, 74.

²⁷⁵ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1901 to October 1, 1903* (Nashville: Press of Brandon Printing Company, 1903), 10. Influenced by the works of early eugenicists like Francis Galton, southerners like planter, and self-proclaimed and self-taught race theorist Albert Holt Stone, began to employ scientific racism to defend segregation and the establishment and maintenance of a Jim Crow society. In *Portrait of a Scientific Racist: Alfred Holt Stone of Mississippi* (2008), James G. Hollandsworth highlights how Stone became the most well-known southern racial theorist with his employment of scientific racism to argue for the inferiority of African Americans and the need for a segregated society. In *Worse Than Slavery: Parchman Farm and the Ordeal of Jim Crow Justice* (1997), David M. Oshinsky details how state institutions like prisons, labor farms, and the employment of convict leasing, much like the Mississippi State Lunatic Asylum as I show, became utilized by the establishers and maintainers of the state’s segregated society, based on Jim Crow laws.

Muddling Mitchell's remarks on the vacillating susceptibility of African Americans to become insane, Rice suggested their utmost susceptibility. Denoting the medical and social sciences communities' approach to insanity and individuals susceptibility in the late-19th century, he noted, "We must recognize the fact that insanity is on the increase, both among the whites and blacks, but the increase among the negroes seems proportionally greater."²⁷⁶ To combat this supposed rise in insanity among African Americans, and bolster the growing backlash against the remnants of Reconstruction and usher in the Jim Crow Era, he suggested racially-segregated asylums throughout the state. "Several Southern States have Asylums for their insane negroes, besides those for whites," Rice suggested as a blueprint for Mississippi.²⁷⁷

As expected, almost every aspect of the recently opened East Mississippi Insane Asylum was in a considerably better state than the 30-plus year-old asylum in Jackson. As compared to Mitchell's insistent haranguing of the legislature about the inadequate conditions and lack of funding at the Mississippi State Lunatic Asylum, Rice's issues with the new asylum appeared minimal. Aside from the grounds still resembling a construction site, the asylum lacked a fully functional boiler system to pump water and heating into the building.²⁷⁸ This semi-functional boiler is a far cry from the state's other asylum lacking a proper means of heat during the winter months and a reliable source and supply of water.

²⁷⁶ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, for the years 1886- '87*. (Jackson: R. H. Henry, State Printer, 1888), 7.

²⁷⁷ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, for the years 1886- '87*, 8.

²⁷⁸ The Mississippi Legislature, *Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, to the Legislature of Mississippi, for the year 1885*, 7.

Completely differing, Mitchell's Bedlam-like description of the Mississippi State Lunatic Asylum upon becoming its superintendent accurately represent the correlation between its conditions and lack of funding during his tenure. The Mississippi State Legislature's inconsistent funding of the Mississippi State Lunatic Asylum negatively affected its conditions. Between 1878 and 1899, monetary disbursements to the asylum drastically fluctuated as its population ascended.²⁷⁹ Funding for the asylum became a major issue from the outset of Mitchell's tenure as superintendent. In 1879, only North Carolina's and Louisiana's state-run lunatic asylums endured lower per capita funding than the Mississippi State Lunatic Asylum.²⁸⁰ By 1884, the asylum's funding ranked last in per capita funding among state-run asylums in the United States and Canada.²⁸¹ Its per capita funding amounted to \$131.70.²⁸² This was well short of the next lowest per capita for an asylum in the United States at \$175.00.²⁸³ The Mississippi Lunatic Asylum ranked third to last in the nation in per capita funding by state legislatures two year later.²⁸⁴ As

²⁷⁹ The Mississippi Legislature, *1877 Annual Report of the State Treasurer to the Legislature of Mississippi* (Jackson: Power and Barksdale, State Printers, 1877), 10; The Mississippi Legislature, *Biennial Report of the State Treasurer to the Legislature of Mississippi, for the years 1898 and 1899* (Jacksonville: Vance Printing Company, 1899), 28. As far as state annual and biennial reports indicate, disbursements to the Mississippi State Lunatic Asylum began being recorded in 1877.

²⁸⁰ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79*, 79.

²⁸¹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1884-85*, n.p., 5.

²⁸² The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1884-85*, n.p.

²⁸³ *Ibid.*

²⁸⁴ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi for the year 1886-87*, n.p.

the population rose during the 1890s, this per capita fell to a low of \$112.47 in 1895.²⁸⁵ The asylum, renamed the Mississippi State Insane Hospital at the turn of the 20th century, did not receive over \$100,000 in funding until its population surpassed the 1000-patient mark in 1901.²⁸⁶ With the yearly population surges, the 1890s became the institution's most inadequately funded decade in its 85-year existence.²⁸⁷

Table 2 Population Increase of the Mississippi State Lunatic Asylum during the 1890s

| Year | Total | African Americans Population |
|------|-------|------------------------------|
| 1890 | 450 | --- |
| 1891 | 471 | --- |
| 1892 | 579 | 260 |
| 1893 | 632 | 282 |
| 1894 | 716 | 330 |
| 1895 | 751 | 356 |
| 1896 | 782 | 364 |
| 1897 | 821 | 392 |

²⁸⁵ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1894-95* (Jackson: The Clarion-Ledger Printing Establishment, 1895), 3.

²⁸⁶ The Mississippi Legislature, *Biennial Report of the State Treasurer to the Legislature of Mississippi, from October 1st 1899 to October 1st 1901* (Jackson: Clarion-Ledger Print, 1901), 20. While the Mississippi State Lunatic Asylum's name changed to the Mississippi State Insane Hospital in 1900, I will continue to refer to the institution as the former for consistency.

²⁸⁷ In 1895, the Mississippi State Legislature's funding of the Mississippi State Lunatic Asylum totaled \$54,721.66. This figure, when contextualized with the asylum's rising population, became the most disproportionately funded year in its existence.

| | | |
|------|-----|-----|
| 1898 | 829 | 389 |
| 1899 | 847 | 391 |

The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, 1890-91 to 1898-99.*

Due to inadequate funding, which corresponded with a consistently rising population, conditions at the asylum mirrored Mitchell’s bedlam-like description throughout most of his tenure as superintendent. These conditions can be divided into two subcategories. The first consisted of “wear and tear” edificial conditions. Overpopulation and lack of funding led to these conditions. They include maintenance and repair issues. The second consisted of “lacking” conditions. Funding solely led to these conditions. They included the absence of contemporary means of supplying basic amenities.

“Wear and tear” edificial conditions lingered throughout most of Mitchell’s 32-year tenure as superintendent. The asylum’s floors constantly needed repair, and lacked a consistent source of heat during the winter months.²⁸⁸ Minor repairs to the floors occurred in each of Mitchell’s first four years as superintendent, but subsequently remained an issue.²⁸⁹ Between the late-1870s and 1884, the asylum lacked a reliable source of heat. In

²⁸⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79*, 78.

²⁸⁹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79*, 78; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1880-81*, 10; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1882-83* (Jackson: J. L. Power, State Printer, 1884), 6.

1884, a year before the East Mississippi Insane Asylum opened, the state legislature appropriated an extra \$10,000 for the purchase of “a battery of two first-class boilers.”²⁹⁰

“Lacking” conditions proved direr and prejudicing. The asylum relied on coal oil lamps and candles for lighting.²⁹¹ Mitchell pleaded with and eventually began to deride the state legislature in almost every “Report of the Superintendent” that Mitchell wrote prior to 1894. Deriding the asylum’s condition, he quipped “no Asylum so thoroughly equipped in many respects is so devoid of proper means of illumination” in his 1890-91 report.²⁹² He reminded the state legislature of “the unsafe method of lighting the institution by coal oil lamps” in his following biennial report.²⁹³ This report chronicled an 1892 fire, set by a patient named Mr. Brown, that destroyed two-thirds of the asylum’s major building and claimed one patient’s life.²⁹⁴ Spurred by this devastating fire, the state legislature appropriated funds to begin having electric light fixtures installed throughout the asylum in 1894.²⁹⁵

²⁹⁰ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1884-85*, n.p.

²⁹¹ “Aged Structure, Rich in History, Begun in 1850,” *Jackson Daily News*, March 14, 1935..

²⁹² The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1890 and 1891*, 8.

²⁹³ The Mississippi Legislature, *Biennial Report of the Board of Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1892 and 1893*, 1, 6.

²⁹⁴ *Ibid.*

²⁹⁵ The Mississippi Legislature, *Biennial Report of the Board of Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1896 and 1897*, 13-14.

The institution's reliance on nearby ponds and the Pearl River for water became another "lacking" condition.²⁹⁶ This reliance on local ponds and a nearby regional river for water proved far direr and impairing than the use of coal oil lamps for lighting. Because of the asylum's reliance on water sources open to the outdoor environment, patients suffered from numerous diseases and a water scarcity during summer months throughout the early-1880s.²⁹⁷ 1883, in particular became a watershed moment in the eventual supplying the asylum with a reliable water supply. 1883 became "marked by more than our usual amount of sickness and more deaths, which is attributed in our judgment to the long and dry summer, united with great scarcity of water, and under the same combination of circumstances will probably have a great amount of sickness," Superintendent Mitchell noted.²⁹⁸ He went on to illustrate how dire the situation became. Mitchell explained,

"So early as July last we were entirely deprived of water for general purposes, and had to be supplied from a pond a fourth of a mile from the Asylum. To this basin of water we attached a two-inch pipe, and by means of a pump we were supplied with about seven thousand gallons daily, quite inadequate, either for purposes of health or comfort. After the pond had dried we spent two months with quite a number of laborers, and succeeded

²⁹⁶ "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935..

²⁹⁷ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1880-81*, 6-7; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1882-83*, 2-3; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1884-85*, 4-5.

²⁹⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1882-83*, 2.

in increasing its capacity about three hundred thousand gallons, and now think unless we have an extremely dry summer, will in future have a moderate supply of water, but can never be well supplied with the present area as a water-shed.”²⁹⁹

Even the Mississippi State Lunatic Asylum’s Board of Trustees, a historically economically conservative assembly, began to request the state legislature provide the institution with a reliable water supply. The Board bluntly stated, “We emphasize the demand for an increased water supply. The extent of the Asylum and the large number of inmates within its walls would justify the establishment of water tanks upon the banks of Pearl River, with pipes extending to a reservoir at the point now occupied by the pond in the rear of the main building.”³⁰⁰

Governor Lowry reiterated Superintendent Mitchell’s and the Board of Trustee’s pleas for a reliable water source and concerns over the institution’s rising population in acknowledging, “The death roll has been rather larger this last year,” 1883, “than usual, owing, it is thought, to the overcrowded condition of the building, and an insufficient supply of water during the summer months.”³⁰¹ Lowry continued by explaining that a reliable “supply of fresh water, an abundance of which is a necessity in all well regulated [*sic*] Insane Asylums.”³⁰²

The effects of a nonexistent reliable water source trickle down to affect other day-to-day realities the Mississippi State Lunatic Asylum faced. This lack of “an abundant

²⁹⁹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1882-83*, 2-3.

³⁰⁰ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1882-83*, 1.

³⁰¹ *Ibid.*, 13.

³⁰² *Ibid.*

supply of water at the proper time” also allowed the 1892 fire to cause extensive damage.³⁰³ In the years immediately following the 1892 fire, the state legislature appropriated funds to furnish the asylum with a proper water source from the Water Works Company in Jackson.³⁰⁴ In February 1901, attendants extinguished a fire that occurred in the laundry room.³⁰⁵ Having a proper water source played a major role in keeping fire damage at a minimum.

The hazardous and outmoded nature of the Mississippi State Insane Asylum’s facilities and the legislature’s inadequate funding played major roles in constantly high sickness and death rates throughout Mitchell’s 32-year tenure. As sickness multiplied and deaths rose during the 1890s, the asylum still did not consist of an infirmary. In Mitchell’s 1894-95 report, he cited the asylum’s then-record number 74 deaths in 1894 to explain the need for an infirmary.³⁰⁶ An infirmary of “modest proportions” opened three years later.³⁰⁷

As expected, the newly opened and labeled as “white-only” East Mississippi State Lunatic Asylum’s facilities and conditions reigned superior over those at the nearly 40-year-old Mississippi State Lunatic Asylum. In the first ten years of the East Mississippi

³⁰³ The Mississippi Legislature, *Biennial Report of the Board of Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1892 and 1893*, 6.

³⁰⁴ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1894-95*, 10.

³⁰⁵ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1899, to October 1st, 1901*, 14.

³⁰⁶ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1894-95*, 9, 15.

³⁰⁷ The Mississippi Legislature, *Biennial Report of the Board of Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the years 1896 and 1897*, 13.

State Lunatic Asylum's operation, its facilities, conditions, and vital statistics concerning population, number of diseases and deaths, and expenditures illustrate the false notion of "separate but equal" among the state's two asylums. The most telling differences between the two asylums' facilities became obvious in their respective state biennial reports. Throughout most of his tenure, Superintendent Mitchell of the Mississippi State Lunatic Hospital detailed conditions well inferior of the newly built and designated white-only East Mississippi State Lunatic Asylum. Aside from a select number of small issues immediately after opening, East Mississippi State Lunatic Asylum Superintendent C.A. Rice and assistant physician and eventual replacement J.M. Buchanan rarely espoused negative comments about their institution and its support from the legislature. The most vivid example of the differences between the two asylums also came from within their respective biennial reports. Whereas the East Mississippi State Lunatic Asylum's reports included photos of its facilities and grounds, and goings on and festivities, the Mississippi State Lunatic Asylum's reports did not include any such photos.

The leading disease and cause of death quickly became tuberculosis during Mitchell's tenure as superintendent of the Mississippi State Lunatic Asylum. Between 1878 and 1910, Mitchell's tenure, more patients died from it than all other diseases combined.³⁰⁸ Overcrowding became the major cause of the high number of sicknesses

³⁰⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1878-79*, 23. The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1910 and 1911* (Nashville: Press of Brandon Printing Company, 1911), 66. Biennial reports between 1878 and 1910 refer to the disease as consumption. Beginning in 1911, the reports began referring to the disease as tuberculosis or tubercular consumption. I will refer to the disease as tuberculosis.

and deaths because of tuberculosis. Connected to the designation of the Mississippi State Insane Asylum as the state's racially amalgamated institution for the insane and "separate but equal" conditions between it and the East Mississippi State Lunatic Asylum, the former experienced a spike in tuberculosis among African Americans.

The highest one-year increases in tuberculosis-caused deaths came during periods that comprised 2 of the 3 largest one-year population increases during Mitchell's time as superintendent. Tuberculosis-caused deaths rose by 15 and 23 from 1901 to 1902 and 1906 to 1907, respectively.³⁰⁹ Tuberculosis-related deaths continued to rise despite the quarantining of patients diagnosed with the disease in a tent annex on the north lawn of the hospital's grounds.³¹⁰ Tuberculosis-caused deaths still rose after the construction of a proper, edificial tuberculosis annex in 1906.³¹¹ Years 1906 to 1908 included three of the four years with the highest number of deaths from 1878 to 1910.

³⁰⁹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1901, to October 1st, 1903*, 39; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1905, to October 1st, 1907* (Nashville: Press of Brandon Printing Company, 1907), 39.

³¹⁰ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1905, to October 1st, 1907*, 5. No mention is made in the biennial reports of patients with tuberculosis or consumption being admitted to the infirmary after its completion in 1897; "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935.

³¹¹ "Aged Structure, Rich in History, Begun in 1850," *Jackson Daily News*, March 14, 1935.

Table 3 Tuberculosis-Related Deaths as a Percentage of Total Deaths

| Year | Percentage |
|------|------------|
| 1906 | 40 |
| 1907 | 32 |
| 1908 | 39 |

The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1905-1907 and 1907-1909*

The percentage of tuberculosis-related deaths among all deaths dropped to roughly 25% in 1909.³¹² Tuberculosis-related deaths finally dropped below 50 in 1909, which had not occurred since 1904.³¹³ While the connection between population increases and higher tuberculosis-caused deaths seem obvious, both events and the non-or-untimely-quarantining of patients with the disease made matters worse. The well ventilated, Kirkbride Plan-style wards should have reduced the number of tuberculosis-related deaths. While tuberculosis plagued the Mississippi State Lunatic Asylum during Mitchell's tenure, its effect on African American patients did not first become apparent until 1892, when the institution became the terminus of the state's non-white insane residents.

³¹² The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1907, to October 1st, 1909* (Nashville: Press of Brandon Printing Company, 1909), 61-62.

³¹³ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1907, to October 1st, 1909*, 61; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1903, to October 1st, 1905* (Nashville: Press of Brandon Printing Company, 1909), 40.

In conjunction with Mitchell's withdrawal of previous comments concerning susceptibility, the institution experienced a spike in the disease among its African American patients. While maintaining "no difference in the care of the patients" and "all [were] being treated alike in every respect," Mitchell alluded to the fact that living quarters for "the colored race is somewhat more crowded."³¹⁴ Without the correlation between proximity and tuberculosis, he went on to note "that the colored are much more liable to tuberculosis than are the whites, and that "condition does not obtain alone in this hospital, but at all of the Southern insane institutions in which the colored are treated."³¹⁵

Even though the last decade of Mitchell's 32-year tenure as superintendent was a bleak period in the institution's history, it's conditions began to ascend toward adequate at the tail end of the first decade of the 20th century. While it appears that most improvements occurred during the middle and latter parts of Mitchell's tenure, they did immediately after disasters due to the degradation, and hazardous and outmoded nature of the institution's facilities. Improving conditions coincided with the Mississippi State Lunatic Asylum being handsomely provided maintenance and renovation appropriations beginning in 1899 and annual funding increases to over \$100,000 in 1901.³¹⁶ The hospital constructed two all-brick living-quarters for both male and female patients due to

³¹⁴ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1901 to October 1, 1903*, 11.

³¹⁵ *Ibid.*

³¹⁶ The Mississippi Legislature, *Biennial Report of the State Treasurer to the Legislature of Mississippi, from October 1st 1899 to October 1st 1901*, 20; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1899, to October 1st, 1901*, 13.

appropriations from the state legislature.³¹⁷ Keeping with the institution's traditions, both black and white patients resided in the same living quarters but "so arranged that all racial contact" could be avoided.³¹⁸ Although these building housed 425 patients and expanded the hospital's population by 200, they became obsolete by 1909 with soaring admission and retention.³¹⁹ Adding to this, the state legislature appropriated funding to construct a new kitchen and laundry.³²⁰

When Mitchell's tenure as superintendent ended in 1909, the newly renamed Mississippi State Lunatic Hospital looked to be trending upward.³²¹ However, with its population continuing to rise, largely due to the 1848 admission law and the shift of care from temporary to permanent, the legislature reverted back to its old ways to commence to dedicate less time and allocate less funding and resources to the hospital. Adding to this, a new disease, on-par with the misery, sickness and death tuberculosis brought with it, came onto the scene. By the end of the 1910s, pellagra would replace tuberculosis as the asylum's major threat to the health and well-being of its patients. Indicative of the Deep South and specifically Mississippi, the nutritional, vitamin-deficiency would linger for decades until medical experts discovered a preventative cure.

³¹⁷ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1899, to October 1st, 1901*, 13.

³¹⁸ Ibid.

³¹⁹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1899, to October 1st, 1901*, 13; The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1910 and 1911*, 49.

³²⁰ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, from October 1st 1901, to October 1st, 1903*, 15.

³²¹ The state of Mississippi renamed the Mississippi State Lunatic Asylum at the turn of the 20th century. The new name became the Mississippi State Lunatic Hospital, which lasted until the hospital closed and the Mississippi State Hospital opened in 1935.

Table 4 Population Increase at the Mississippi State Lunatic Hospital, 1901-1907

| Year | Population |
|------|------------|
| 1901 | 1,015 |
| 1902 | 1,069 |
| 1906 | 1,115 |
| 1907 | 1,175 |

The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi*, 1901-02 and 1906-07.

For the next quarter century, the renamed Mississippi State Lunatic Hospital served as the state’s main institution for the custodial care of the insane. The Mississippi State Hospital at Whitfield replaced it in 1935.³²² The Ellisville Colony for the Feeble-Minded opened a decade after Mitchell’s tenure ended.³²³ While the colony’s opening provided hope that the Mississippi State Insane Hospital’s again-ballooning population would be cut, nothing of this sort occurred. Between 1921 and 1923, the colony only received 22 white adolescent individuals from the hospital.³²⁴

From the state legislature’s first apprehensive commitment to the construction of the Mississippi State Lunatic Asylum in the late-1840s, its 70-year history looked grim, at best.

³²² No author, “City at Whitfield Among Finest of Plants in America,” *Jackson Daily News* (Jackson, MS), March 14, 1935.

³²³ Steven Noll, *Feeble-Minded in our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill: University of North Carolina Press, 1995), 123.

³²⁴ The Mississippi Legislature, *Thirty-Fourth Biennial Report of the Mississippi State Insane Hospital, Jackson, Mississippi from July 1, 1921 to June 30, 1923* (Jackson: n.p., n.d.), 9.

The asylum quickly shifted from one founded in the Kirkbride-style of architecture, organization, and administration to what eventual Superintendent Thomas J. Mitchell hinted at as nothing short of the original Bedlam. This shift did not come overnight. In fact, occurred over decades throughout the 19th century to transform into this accurate characterization. Even after the improper construction and funding of the asylum during the 1850s and being ravaged by combat during the American Civil War, Mississippi's Reconstruction sought to improve its legislative funding and conditions. However, many of the measures enacted throughout the 1870s quickly fell by the wayside. This was due to two, contemporaneous reasons-the national shift in care for the insane from temporary to permanent care, and the period after Reconstruction known as Redemption in which the slow establishment of the Jim Crow South ensued. Making matters worse, the state of Mississippi approved the establishment of separate asylums based on race. Mississippi's racially segregated asylum system was not "separate but equal" in any manner. The older Mississippi State Lunatic Asylum admitted the state's black and white patients in a segregated manner, while the newly built East Mississippi State Insane Asylum only admitted white patients.

Superintendent Mitchell's description of the Mississippi State Lunatic Asylum as "verging on what Bedlam must have been like" and Governor Stone's declaration that the asylum "is in excellent condition, and has been as well and economically managed during the last two years as could possibly be done" appear contrasting when taken at face

value.³²⁵ However, Mitchell's and Stone's comments provided a preview of the Redemption period to come in the South. This became a period in the South, and in particular Mississippi, during which racial segregation became the decree of the land with the enactment of various Jim Crow laws and clandestine state constitutions. By the dawn of the 1910s, the establishment of a racially-segregated society, based on Jim Crow laws, had become a full reality throughout the South. Public accommodations-bathrooms, water fountains, trolleys, trains and train stations-had all become segregated. Private businesses, as well, had become segregated. The racial segregation of Mississippi's state-funded asylum system in the 1890s, amidst the decade's well-known bylaws and legal rulings.

³²⁵ Incomplete title, *Jackson Daily News*, July 1, 1957; The Mississippi Legislature, *Biennial Report of the Departments and Benevolent Institutions of the State of Mississippi for the Years 1878, 1879*, Governor's Message, 18.

CHAPTER IV
CONSUMED BY DEATH: DEPRESSION, NUTRITION, AND
DISEASE AT THE MISSISSIPPI STATE
INSANE HOSPITAL

Shortly after the end of the First World War, C.D. Mitchell, superintendent of the Mississippi State Insane Hospital, described the influx of admitted patients with pellagra as being “brought to the hospital in the terminal stages of the disease, practically beyond the bounds of medical aid.”³²⁶ An institution that became a place to house and control portions of the state’s population, and provide respite for the state’s insane and relief to their respective caregivers had become a bastion of death. Those afflicted with pellagra, commonly referred to as “pellagrins,” became another classification of individuals, like free-African Americans and poor whites, included among Mississippians who had become susceptible to admittance to the Mississippi State Insane Hospital.

The four phases, or symptoms, of pellagra characterize the progression of the disease. They are commonly referred to as the 4 D’s of pellagra. These phases

³²⁶ The Mississippi Legislature, *Department Reports: State of Mississippi, 1918-1919. Thirty-Second Biennial Report of the Mississippi State Insane Hospital* (Jackson: Tucker Printing House, n.d.), 12. For the sake of consistency, like in the previous and subsequent chapters, I will refer to the state-operated institution as the title predominantly used throughout the period this chapter focuses on. That title is the Mississippi State Insane Hospital. At the turn of the century, the institution changed its name from the Mississippi State Lunatic Asylum to the Mississippi State Insane Hospital.

successively and often in a mounting manner include dermatitis, diarrhea, dementia, and death. Initially, sufferers of the disease would begin to display rashes on various parts of their body, particularly on their chest, around their neck, and on their appendages. The affected skin in these regions of the body express similar characteristics to shingles or psoriasis, which leave the skin extremely red, blistered, and scaly. Next, they would become subject to gastrointestinal disruption, with bouts of severe diarrhea. Such bouts would leave the individual dehydrated and extremely weak. These physical phases would be compounded by dementia, which would leave the individual, already suffering from disruptions to their integumentary and digestive systems, with a faltering mental capacity.³²⁷ During this phase, sufferers would begin to lose their ability to perform average, everyday tasks like taking care of oneself. It is during this phase when individuals suffering from pellagra were often admitted to a state asylum or hospital. Lastly, sufferers succumb to death due to the combined attack on their integumentary, digestive, and nervous systems. While pellagra had been reported throughout Europe during the 18th century, it became a staple disease throughout the American South by the early-20th century. The disease, a nutritional deficiency of essential nutrients and vitamins, specifically niacin, included four phases. While providing an overview of its history and etiology, the third phase of pellagra-dementia, which intersected with the

³²⁷ Dementia is an umbrella medical category. Dementia includes but is not limited to various forms of neurological, central nervous system diseases such as vascular dementia, Lewy body dementia, frontotemporal dementia, and Alzheimer's disease. Individuals with pellagra who became stricken with dementia were labeled insane, thus their admittance to state hospitals and asylums.

administration of the Mississippi State Insane Hospital, will be focused on throughout this chapter.³²⁸



Figure 6 The Mississippi Legislature, *Report of the Board of Health of Mississippi from July 1, 1915 to June 30, 1917* (n.p.: n.p., n.d.), 309.

In the years leading up to Mitchell's WWI-era comments, pellagra had supplanted tuberculosis as the major-medical issue throughout Mississippi and the South. The disease had also become the main medical issue and cause of death at the Mississippi State Insane Hospital. Mirroring its impact on southern society, and particularly Mississippi, tuberculosis had been the number one medical issue and cause of death at the hospital for the previous almost-50 years. However, beginning around the turn of the first decade of the 20th century, pellagra cases began to not only skyrocket at the hospital, but among poverty-stricken segments of Mississippi's population.

³²⁸ The four Ds of pellagra include dermatitis, diarrhea, dementia, and death. Individuals afflicted with pellagra become mentally unstable, and even suicidal, during the later stages of the disease.

This chapter explores several subsequent and concurrent, and related economic, medical, and administrative issues that highlight the state of conditions at the Mississippi State Insane Hospital. The state's mono-crop economy almost solely based on cotton production made it susceptible to economic downturns. When the state's economy took a downturn so did the state government's financial standing and all of the state-sponsored initiatives that relied upon it. With slumps in Mississippi's economy came funding issues within the state government and its appropriations for state-sponsored institutions. The Mississippi State Insane Hospital, as it had before during economic downturns, was one of these state-sponsored institutions that witnessed funding issues.³²⁹ After the first decade of the 20th century, Mississippi also faced pellagra. This became a disease that developed as a byproduct of the state's economy and resulting economic downturns. The Mississippi State Insane Hospital became the destination for many afflicted with the disease. On numerous occasions and specifically during economic downturns, the state's funding of the hospital did not correspond with its population uptick due to the admission of pellagra sufferers. The more notable instances of this occurred in the years after the First World War. These economic, medical, and administrative issues culminated to produce a maelstrom that devastated the Mississippi State Insane Hospital.

Mississippi's economy, nearly completely predicated on cotton, quickly became the major driving force behind pellagra's upswing in the state in the first decades of the

³²⁹ Mississippi's other eleemosynary institutions also suffered financially when the state's economy took a downward spiral after the First World War. Along with the Mississippi State Hospital, they included the East Mississippi State Hospital, Mississippi Industrial and Training School, Ellisville State School, South Mississippi Charity Hospital, Natchez Charity Hospital, Vicksburg Charity Hospital, and Jackson Charity Hospital.

20th century. Furthermore, the sharecropper system, heavily tied to the cotton market, stimulated its rise not just in Mississippi but throughout the South. Contrary to Henry W. Grady's promotion of a "New South" where "southern prosperity has been established by divine law" in the 1880s, Mississippi and other parts of the region had not transformed from the "Old South" by the time pellagra became an epidemic.³³⁰ Mississippi in particular heavily relied on the sharecropper system. When the cotton market faltered, so did the livelihood and health of sharecroppers. Cotton was causing insanity.

Moreover, the prevalence of pellagra at the Mississippi State Insane Hospital further reflects the systematized social and physical control of certain portions of a society. In this case, the control of newly-freed African Americans and poor whites in the wake of Reconstruction came to include other target groups-such as those of both races who suffered from pellagra. This inclusion of those afflicted with the disease allowed state-operated asylums and hospitals to increase their social scope of institutionalization during the first decades of the 20th century. Furthermore, the pervasiveness of the disease established a new category of socially-shunned and subjugated individuals that cut across racial barriers in the Jim Crow South. These individuals, united by their socioeconomic statuses and a specific disease, became known "pellagrins." Furthermore, under Mississippi's lunacy laws, which dated back to the 1840s, those suffering from pellagra-

³³⁰ Todd L. Savitt and James Harvey Young, ed., Elizabeth W. Etheridge, "Pellagra: An Unappreciated Reminder of Southern Distinctiveness," *Disease and Distinctiveness in the American South* (Knoxville: University of Tennessee Press, 1988), 103. While the South witnessed an economic boost in late-19th and early-20th centuries, it was not all-inclusive. Cities such as Atlanta, Birmingham, Charlotte, and New Orleans presented the urban and industrial aspect of Grady's "New South." The textile mills of the Carolinas, and the lumber industry of the South, even with the economic, social, and political inequality they fostered and produced still presented the proto-industrial aspect of his "New South."

induced insanity became particularly vulnerable to involuntary admission to the Mississippi State Insane Hospital.³³¹ Adding to this, once the disease set in, those afflicted lost touch with reality. This stage in the disease's progression placed these individuals further down the socioeconomic scale in an already socially-rigid southern society.

Lastly, the place of such state-operated institutions like the Mississippi State Insane Hospital had in the South and their transition from restorative and temporary places to catch-all spaces will be examined. How did their transition from restorative and therapeutic temporal places to catch-all spaces of permanence occur? Particularly in the South, what administrative factors and socially-constructed notions of citizenry, race, class, and disease fostered this transition? How did administrative issues and diseases such as tuberculosis and pellagra come out of this transition to negatively affect state-operated asylums and hospitals in the South?

³³¹ A state law, codified in 1848, provided that individuals could be committed to such institutions in two ways. The first involved presenting the superintendent with two written statements from physicians and one written statement from a family member or friend of the family certifying their mental instability. The second way involved an individual being found mentally unstable by a jury of six laymen. Upon being found mentally unsuitable, to-be patients would have one month to voluntarily report to the asylum. When this month expired, local authorities would "order the sheriff to arrest said lunatic, and place him or her in said asylum."

Table 5 Consumption-Related Deaths as a Percentage of Total Deaths at the Mississippi State Lunatic Hospital

| Year | Percentage of Total Deaths |
|------|----------------------------|
| 1906 | 40 |
| 1907 | 32 |
| 1908 | 39 |

The Mississippi Legislature, *Department Reports: State of Mississippi, Biennial Reports of the Mississippi State Insane Hospital, 1905-06 to 1907-08.*

Prior to pellagra's connection to individual's diets and ultimate exposure in the South during the late-19th and early-20th centuries, it became a mainstay among peasants in Italy, and other parts of western and southern Europe. For much of the same reasons the disease became prevalent among Italian peasants, it became widespread among poor peoples-largely working as sharecroppers and mill workers-in the South. The disease had been known throughout Europe since the early-18th century. In 1735, Don Gaspar Casál, a Spanish physician, became one of the first medical practitioners to take note of pellagra.³³² Casál described peasants with pellagra as suffering from "a peculiar kind of disease consisting of a combination of scurvy and leprosy."³³³ He called what became known as pellagra, *mal de la rosa*, or evil of the rose, presumably because of the hue of those afflicted with the disease.³³⁴

³³² Elizabeth W. Etheridge, *The Butterfly Caste: A Social History of Pellagra in the South* (Westport: Greenwood Publishing Company, 1972), 9.

³³³ Treasury Department. Public Health and Marine-Hospital Service of the United States. Passed Assistant Surgeon C. H. Lavinder. Prepared by Direction of the Surgeon General. *Pellagra A Precis* (Revised Edition). Public Health Bulletin No. 48, 1911 (Washington: Government Printing Office, 1911), 5.

³³⁴ Etheridge, 9.

Nearly 30 years after Casál's observations of pellagra's outbreak in Spain, the disease became a medical enigma for physicians all through central and northern Italy. Physician Francesco Frapolli published an account of the disease, in which he coined its common designation as *pellagra*, which nearly mirrored Casál's observations.³³⁵ By the first decades of the 19th century, it had ravaged the peasant populations of Spain and Italy, and began to crop up in southern portions of France.

By the mid-19th century, pellagra became a mainstay throughout the greater-Mediterranean and southern European regions. The disease cropped up in places like Egypt in 1847 and Romania in 1858.³³⁶ By this time, with its extension into the far reaches of these regions, physicians, headed by Italy's Lodovico Balardini, began to speculate what caused the disease.³³⁷ In a theory that would dominate international conversation about the causes of pellagra for the next 80 years, Balardini linked its spread to spoiled corn supplies.³³⁸ This connection to foodstuff became the prevailing assumption for pellagra's cause in Europe. It also eventually became the dominant assumed cause once the disease wholeheartedly germinated throughout the American South during the late-19th century.

Even with this largely-unfounded assumption about its cause, pellagra's spread throughout the Mediterranean and southern Europe allowed for a taxonomy of its symptoms. As previously mentioned, pellagra's mounting phases, or symptoms, came to be broken down to the four D's-dermatitis, diarrhea, dementia, and death. In its early

³³⁵ Treasury Department. Public Health and Marine-Hospital Service of the United States, *Pellagra A Precis* (Revised Edition), 5.

³³⁶ *Ibid.*, 6.

³³⁷ Etheridge, 11.

³³⁸ *Ibid.*

stages, sufferers begin to develop “red scaly eruption” on their extremities.³³⁹ Such epidermal breakouts explain why Don Gaspar Casál associated the disease with leprosy. Next, an accompanying red, butterfly-resembling rash appears on the afflicted individuals back, chest, and sometimes face. This is what historian Elizabeth W. Etheridge refers to as the “butterfly caste,” because of the medical and socio-economic caste individuals with pellagra become a part of. The third phases of pellagra transformed sufferers of the disease from being met with socioeconomically-based judgement and derision to a shift of the periphery of society. After the second phase of the disease-dysentery-took its course, the third phase affected individuals’ mental capacities. Pellagra sufferers who remained alive after dysentery set in often developed dementia and eventually went insane. With the onset of insanity, pellagra sufferers became vulnerable to institutionalization. Many in the medical community linked pellagra to the consumption of spoiled corn until the mid-1910’s, while the general public centered the disease around individuals’ actions and place within society. One notion that an overwhelming majority of both groups in the South agreed upon centered around what caused pellagra’s proliferation among the region’s most vulnerable individuals.

Pellagra, unlike tuberculosis, the disease it supplanted as the number one health issue among patients at the Mississippi State Insane Hospital, cannot be passed from one individual to another. Thus, this makes it a non-communicable disease. However, it is rooted in a vitamin deficiency, brought on by a lack of nutritional variance in one’s diet.

³³⁹ J. W. Babcock and Consular Report on the Prevalence of Pellagra in Italy and Southern Europe by Vice Consul W. Bayard Cutting, Jr., *Prevalence of Pellagra* (Article Reprinted from The Journal of The South Carolina Medical Association. Presented by Mr. Tillman, December 14, 1910-Referred to the Committee on Printing. Washington: Government Printing Office, 1911), 17.

The key absent nutrient among those with the disease is niacin. For well over a millennium, Native Americans had prepared their corn in a process called nixtamalization, in which corn is soaked in an alkaline-based liquid, usually lime juice and water, then hulled.³⁴⁰ Soaking corn in this solution enriched corn with niacin, a leading vitamin in preventing pellagra. Unlike Native Americans, colonizing Americans and their subsequent equivalents did not embrace the process of nixtamalization when preparing corn. Furthermore, by the end of the 19th century, many Americans began to shift from eating fresh to processed or ground corn. Because of the inexpensive nature of this new form of corn-canned or ground into cornmeal-it became a staple among the South's sharecroppers and textile-mill workers.³⁴¹

The reason for pellagra's almost-exclusive impact on the South's largely-rural impoverished residents was multifaceted. While the diet staple of meal and molasses united not just rich and poor whites, a reliance on these foods by the latter group and

³⁴⁰ Native Americans also made wood-ash lye to add to their corn to bolster its nutritional value. For a detailed account of this process, see Daniel H. Usner's *Indians, Settlers, and Slaves in a Frontier Exchange Economy* (1992).

³⁴¹ Most secondary literature on pellagra can be divided into three categories. First, monographs like Arturo Warman's *Corn and Capitalism: How a Botanical Bastard Grew to Global Dominance* (2003) and Michael Blake's *Maize for the Gods: Unearthing the 9,000-Year History of Corn* (2015) provide longue durée histories of pellagra from its first diagnoses in the 18th century to the present day. Warman's and Blake's publications also highlight the ways in which Native Americans prevented pellagra and how a transforming southern economy throughout the end of the 19th century assisted in the disease's rise in the South. Second, monographs like Elizabeth Etheridge's *The Butterfly Caste: A Social History of Pellagra in the South* (1972), Daphne RA. Roe's *A Plague of Corn: The Social History of Pellagra* (1973), and Elizabeth S. D. Engelhardt's *A Mess of Greens: Southern Gender and Southern Food* (2011) provide thorough overviews of pellagra's southern distinctiveness and impact on the South from the late-19th century to the mid-20th century. Lastly, monographs like Charles S. Bryan's *Asylum Doctor: James Woods Babcock and the Red Plague of Pellagra* (2014) focus on the development of mental illness among those afflicted with pellagra have emerged in the last decade. It is in these last two categories where my research fits.

impoverished African Americans and other minorities created a larger sense of otherness throughout the South. Before the discovery of pellagra's connection to dietary deficiencies, those afflicted with the disease, ubiquitously called "pellagrins," were seen as infectious individuals. Much like with cholera, hookworm, and various other diseases, individuals viewed pellagra as a punishment for their sins well into the 19th century.³⁴² As this view of the disease possessed religious and social connotations, like cholera, it was also thought to be contagious.

Pellagra became distinctively southern for two, associated reasons-economic realities and long-standing cultural norms. As the disease began to crop up during the late-19th and early-20th centuries throughout the South, it became most rife in parts of the region that organized their economies around sharecropping and textile mills. With this commitment to rural, agrarian, and semi-industrial economies-predicated on farming and mill work-pellagra began to appear across the region like pock marks, or rashes across the body of those afflicted with the disease.

Southern culture played a large role in pellagra's rise during late-19th and early-20th centuries. Southerners diets largely consisted of the three-M's and vegetables. Well-to-do southerners' diets consistently revolved around these staples. A routine supper or dinner for a non-impoverished person or family consisted of a cut of domesticated or game meat, a cornmeal-based starch like cornbread, corn pone, or hushpuppies

³⁴² For a social history of diseases such as hookworm and cholera, see Charles E. Rosenberg's *The Cholera Years: The United States in 1832, 1849, and 1866* (1962), and Todd L. Savitt's and James Harvey Young's edited collection of articles titled *Disease and Distinctiveness in the American South* (1988).

accompanied by molasses, and a hearty helping of vegetables like collard or turnip greens, green beans, squash, peas, okra, sweet potatoes, and carrots.

However, for poor southerners, specifically those who worked as tenant farmers, sharecroppers, or in places like textile mills, these staples were inconsistent, at best. Their diets consistently centered around meal and molasses, with a smattering of meat, usually fatback, and vegetables. Aside from the irregular inclusion of game meat, a routine supper or dinner for an economically impoverished person or family consisted of cornbread, corn pone, or Johnny cakes accompanied by molasses, a serving of heavily-salted and boiled collard or turnip greens, and possibly a serving of the abovementioned vegetables. During economic hard times and downturns, it was not uncommon for economically impoverished people and families to solely rely on cornmeal starch dishes and molasses for their meals.

Beginning in the late-19th century, infrequent cases of pellagra began to crop up throughout the South. Most notable, cases in New Orleans and rural North Carolina occurred in 1889.³⁴³ In hindsight, historians and physicians speculate that pellagra, along with hookworm and scurvy, accounted for a significant percentage of Union soldiers' deaths at the Andersonville Prison, a Confederate prisoner-of-war camp during the American Civil War.³⁴⁴ However, by the early-20th century, pellagra became strictly associated with the South. As United States Assistant Surgeon General C. H. Lavinder noted, "pellagra's chief area seems to be in the Southeastern States-in a general way

³⁴³ Treasury Department. Health and Marine-Hospital Service of the United States, *Pellagra A Precip* (Revised Edition), 6.

³⁴⁴ Taylor, Joe Gray. *Eating, Drinking, and Visiting in the South* (Baton Rouge: Louisiana State University, 1982), 139.

those which lie south of the Potomac and Ohio an east of the Mississippi Rivers, with Louisiana and Texas included.”³⁴⁵

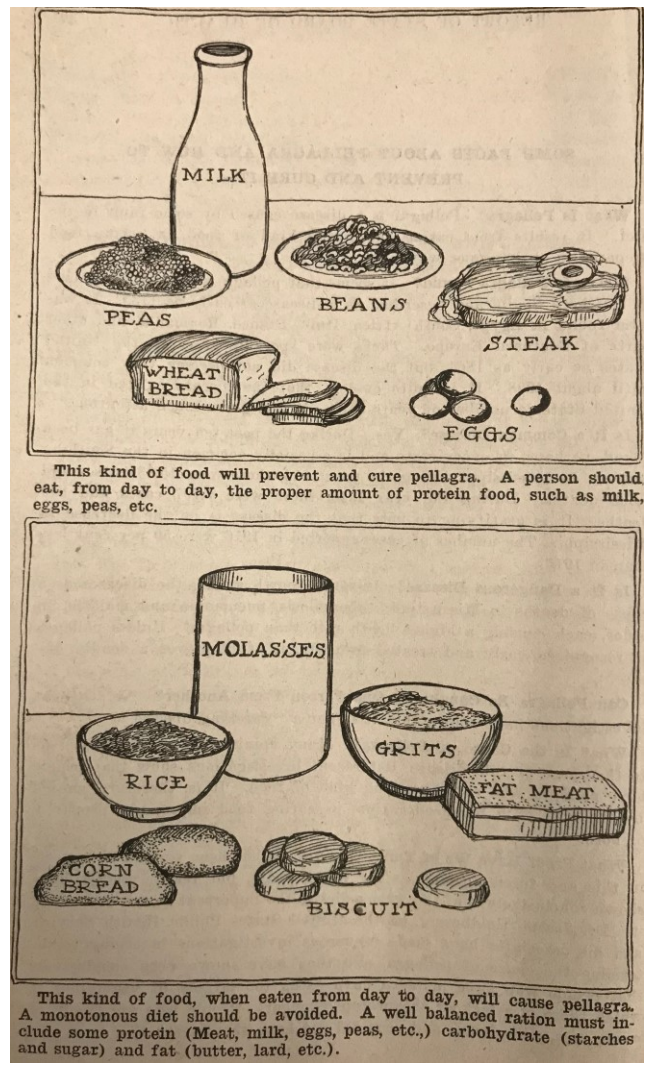


Figure 7 The Mississippi Legislature, *Report of the Board of Health of Mississippi from July 1, 1915 to June 30, 1917* (n.p.: n.p., n.d.), 308.

³⁴⁵ Treasury Department. Public Health and Marine-Hospital Service of the United States, *Pellagra A Precip* (Revised Edition), 8.

Decades before Mississippians' encounter with the nutrient-deficient disease, Italy's pellagra epidemic began to show up in Mississippi's newspapers as early as the 1890s. In a decade that included the formal commencement of Jim Crow laws with the clandestine passage of the Mississippi Constitution of 1890, and the first of many economic downturns that precisely affected sharecroppers' economic standing, and health, Italy's pellagra epidemic became popular fodder. In a prod at the European nation's colonial endeavors in the wake of the Berlin Conference, a journalist with *The Greenville Times* commented, "Quida," the pseudonym of famous English-novelist Maria Louise Ramé who resided in Italy, "does not see what Italy wants with African possessions when it has 100,000 persons dying of pellagra."³⁴⁶

Even into the 20th century, local Mississippi periodicals continued to focus on Italy's battle with the disease, almost judging their entire culture with an Orientalizing, judgmental gaze of otherness.³⁴⁷ In a depiction that could easily pass for the living conditions of sharecroppers during this period, the regions in Italy most affected by pellagra were described as littered with "nothing better than damp grottoes, dirty and dark, with no ventilation" where "drinking water is very scarce."³⁴⁸ The author of the piece went on to note, "the only food for the poor people during the greater part of the year is "polenta," a kind of porridge, made of maize meal seasoned with a little salt."³⁴⁹ However, by the end of the first decade of the 20th century, such commentary ceased. This hard pause on

³⁴⁶ No author, "Current Comment," *The Greenville Times* (Greenville, MS), October 2, 1895.

³⁴⁷ As previously noted, the notion of otherness alludes to the way social identities become solidified and normalized.

³⁴⁸ No author, "In the Plague Regions," *The Southern Herald* (Liberty, MS), January 11, 1901.

³⁴⁹ *Ibid.*

commentary concerning Italy's issues with the disease coincided with a growing self-realization of pellagra's growing pervasiveness throughout Mississippi's sharecropper population.

As mentioned in the previous chapter, tuberculosis ravaged the health of the patients at the Mississippi State Insane Hospital during the late-19th and early 20th centuries. Between 1877 and 1919, more patients died from tuberculosis than any other disease at the Mississippi State Insane Hospital. However, this simple fact is only half of the story concerning the scourge of tuberculosis, its ultimate decline, and the mounting number of pellagra cases at the state hospital, in Mississippi, and throughout the South.

Around the dawn of the second decade of the 20th century, pellagra spread across the region, and throughout Mississippi, particularly. The first, largely-disregarded rumblings about the disease came from the Mississippi State Insane Hospital. In the hospital's 1908-09 biennial report, Superintendent Thomas J. Mitchell calculated five patients afflicted with the disease-four white females and one "colored female under observation."³⁵⁰ Common symptoms among the "pellagrin" patients included "recurrent cutaneous affection on the hands, feet and elbows, accompanied by a muco gastro-enteritis."³⁵¹ Simply put, these five patients showed inflamed skin on their extremities, and signs of a stomach flu that included diarrhea and possibly vomiting. Of the four white patients who displayed signs of pellagra, two died and two recovered and "were removed soon after being brought to this institution," which denotes the beginnings of

³⁵⁰ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1908 to October 1, 1909* (n.p.: n.p., n.d.), 18.

³⁵¹ *Ibid.*

Superintendent C.D. Mitchell's description of the influx of admitted patients with pellagra as being "brought to the hospital in the terminal stages of the disease, practically beyond the bounds of medical aid."³⁵² The single case of a "colored" patients with the disease contradicts notions of high-susceptibility rates to diseases like tuberculosis and pellagra among the African-American community.

By 1911, the number of patients with pellagra had more than tripled from five to sixteen. Due to the hospital's already bloated population, this uptick in the disease caused alarm. Newly appointed Superintendent Nolan Stewart noted a rise in "the admission of many patients affected with this disease, but because of the crowded condition of the wards here, delay has been necessary."³⁵³ He went on to explain "quite a number" of patients "have succumbed to the disease before it was possible to provide room for them in the hospital here."³⁵⁴ Such a detailed account of pellagra's impact on the hospitals patients became reaffirmed by Superintendent C.D. Mitchell's comments on the impact pellagra had on the hospital immediately after the First World War.

³⁵² The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1908 to October 1, 1909*, 18; The Mississippi Legislature, *Department Reports: State of Mississippi, 1918-1919. Thirty-Second Biennial Report of the Mississippi State Insane Hospital*, 12.

³⁵³ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1909 to July 1, 1911* (Nashville: Press of Brandon Printing Company, 1911), 34.

³⁵⁴ *Ibid.*

Table 6 Population Increase at the Mississippi State Lunatic Asylum, 1901-1911

| Year | Population |
|------|------------|
| 1901 | 1,015 |
| 1902 | 1,069 |

The Mississippi Legislature, *Department Reports: State of Mississippi, Biennial Reports of the Mississippi State Insane Hospital*, 1901-03 to 1909-1911.

Similar to comments made by superintendents of the Mississippi State Insane Asylum and East Mississippi State Insane Asylum in the late-19th century concerning the number of African American patients with tuberculosis, their susceptibility to pellagra came up. Romanticizing the state's antebellum period, Superintendent Thomas J. Mitchell claimed that the number of African Americans with pellagra lingered to be low to nonexistent. "Since the emancipation of the colored there had been a marked change in their diet, as well as clothing, which changes do not seem to have imparted increased resistance to disease, but on the contrary, it has been greatly lessened," Superintendent Thomas J. Mitchell claimed.³⁵⁵ He went on to argue that throughout African Americans' "state of bondage the chief diet was fat bacon and corn bread, supplemented by vegetables; and while their clothing is now much nicer is not so warm...will tend to strengthen our convictions that the above causes exercise quite a potent influence in increasing the susceptibility to the disease."³⁵⁶ Shortly after the state hospital's realization of the number of patients inflicted with pellagra, initial rumbling of the disease began to intensify throughout Mississippi's poorer regions. While pellagra subsisted for decades,

³⁵⁵ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1908 to October 1, 1909*, 14.

³⁵⁶ *Ibid.*

the disease began to attract physicians diagnoses immediately after Superintendent Thomas J. Mitchell initially mentioned the disease in 1908.

In their respective 1908-09 biennial reports, Superintendent Mitchell and Superintendent J.M. Buchanan of the East Mississippi State Insane Hospital first mentioned the arrival of pellagra at the institution. “Within the past few months the disease, pellagra, of which but few cases have been met in this country, has invaded this institution,” Mitchell noted.³⁵⁷ Buchanan’s recognition of pellagra at his state hospital mirrored the Mitchell’s astonishment concerning the disease’s arrival. “I note in several State institutions there have been epidemics of pellagra,” Buchanan explained.³⁵⁸ He went on to detail the extent and origin of the disease at his state hospital. “[It is] a disease that has recently come to the notice of the South, and while we have treated quite a number of cases, I am glad to say that none originated in the hospital.”³⁵⁹ Buchanan concluded by reassuring, “All were affected when they came. These patients have been kept in a ward with the others, and as there has been no spread of the disease, I am of the opinion this disease is not contagious or communicable.”³⁶⁰ While both Mitchell’s and Buchanan’s responses insinuated the immediacy of the disease yet highlighting their ability to react and contain the disease, the reality of the diseases at their state hospitals show otherwise.

³⁵⁷ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1908 to October 1, 1909*, 18.

³⁵⁸ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Hospital from October 1, 1908 to October 1, 1909* (n.p.: n.p., n.d.), 9.

³⁵⁹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Hospital from October 1, 1908 to October 1, 1909*, 9-10.

³⁶⁰ *Ibid.*

Initially, the East Mississippi State Insane Hospital suffered the most from pellagra. In its first biennium as a “Form of Insanity of Those Admitted,” pellagra or “Pellagrous Insanity” accounted for six admissions.³⁶¹ Of these six admitted individuals suffering from pellagra, three died. Patients 2292, 2311, and 2511 all died within three weeks of their admission to East Mississippi State Insane Hospital.³⁶² Of the five females—four white and one “colored”—with pellagra at the Mississippi State Insane Hospital, two died from the disease during the first biennium in which the disease became recognized and reported on.³⁶³ However, the white female patients who died from the disease did not get recognized in the statistical data for that biennium.

The Mississippi State Insane Hospital’s and East Mississippi State Insane Hospital’s Stewart’s lists of foodstuffs for this biennium reveal the origins of the disease at the two institutions. While both state hospitals purchased vast quantities of the three-M’s—meal, molasses, and meat—which aggravated the chance of pellagra breaking out, the East Mississippi State Insane Hospital provided its exclusively white population a greater variety of foods—including niacin-rich vegetables. The white-only institution offered its patients’ a vast array of fruits and vegetables, ample amounts of beef and eggs, and ingredients to make baked goods.³⁶⁴ The Mississippi State Insane Hospital offered its patients little to no variety in their diets. Aside from the three-M’s, patients’ diets were limited to basic and inexpensive foods that were corn-based, and included few fruits or

³⁶¹ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Hospital from October 1, 1908 to October 1, 1909*, 24.

³⁶² *Ibid*, 29, 32.

³⁶³ *Ibid*, 18.

³⁶⁴ *Ibid*, 36.

vegetables.³⁶⁵ Such an expansive patient diet at the East Mississippi State Insane Hospital reaffirms two realities. First, it support's Superintendent Buchanan's statement that all patients with pellagra had the disease upon admission. Second, it reiterated the separate and unequal nature of Mississippi's two state hospitals.

At the time when the first cases of pellagra appeared at Mississippi's two state hospitals, officials at other state hospitals in the South began to witness a spike in the disease's prevalence. South Carolina, with an economy predicated on sharecropping and textile mills, "the very symbols of the New South" yet "no longer harbingers of the new prosperity" experienced a rise in diagnosed cases of pellagra similar to those in Mississippi.³⁶⁶ When pellagra became exposed in state hospitals, proponents of the New South dismissed claims of the disease's rise and connection to the region's economy. In some instances, New South boosters condemned state hospitals and their superintendents for attracting attention to the disease.³⁶⁷ Dr. James Woods Babcock, superintendent of the South Carolina State Hospital, received such criticisms, to which he replied, "I cannot believe that such criticism is seriously made."³⁶⁸ However, as would be the case for nearly another decade, ardent supporters of the New South continued to either refute the prevalence of pellagra or that the disease even existed.³⁶⁹

³⁶⁵ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1, 1908 to October 1, 1909*, 65, 79.

³⁶⁶ Savitt and Young, ed., Elizabeth W. Etheridge, "Pellagra: An Unappreciated Reminder of Southern Distinctiveness," *Disease and Distinctiveness in the American South*, 104.

³⁶⁷ *Ibid.*

³⁶⁸ *Ibid.*, 105.

³⁶⁹ Savitt and Young, ed., Elizabeth W. Etheridge, "Pellagra: An Unappreciated Reminder of Southern Distinctiveness," *Disease and Distinctiveness in the American South*, 104.

In 1909, the South Carolina State Hospital, a segregated institution like the Mississippi State Insane Hospital, reordered their first dozen cases of the disease.³⁷⁰ Dr. Clarendon H. Lavinder, a member of the United States Public Health Service was sent to the South Carolina State Hospital to investigate the disease. Shortly after his arrival, Lavinder began to study the population movement of both patients and employees at the hospital. From this study, he realized pellagra could not be passed from person to person, making it a non-communicable disease.³⁷¹ Between its first recording in 1909 and 1913, cases of pellagra skyrocketed throughout South Carolina and at its state hospital, to which Babcock called the disease “the greatest riddle of the medical profession...a sphinx of which we have asked a reply and gotten none.”³⁷² In the first years of the 1910s, much like in Mississippi, cases of pellagra ballooned.

In 1913, pellagra made its formal introduction to Mississippians with the state board of health’s first remarks on the disease’s mysterious pervasiveness. With no concrete etiological origin of the disease, Secretary of the Mississippi Board of Health, E. H. Galloway issued a plea to the federal government to assist the state in studying and understanding the disease because it had “increased in some sections of the State in a rather alarming manner.”³⁷³ Similar to Southern European and Mediterranean physicians in prior centuries, Galloway suggested pellagra stemmed from the consumption of

³⁷⁰ Savitt and Young, ed., Elizabeth W. Etheridge, “Pellagra: An Unappreciated Reminder of Southern Distinctiveness,” *Disease and Distinctiveness in the American South*, 104.

³⁷¹ Ibid, 104, 105.

³⁷² Ibid.

³⁷³ The Mississippi Legislature, *Report of the Board of Health of Mississippi from July 1, 1911 to June 30, 1913* (Nashville: Press of Brandon Printing Company, 1913), 66.

“inferior corn meal” shipped to the South “from Western states.”³⁷⁴ Galloway claimed that corn shipments “from the Middle West,” most of which “is spoiled and unfit for food” because of its “damaged condition” regularly arrived in Mississippi by “carload lots.”³⁷⁵ Galloway went on to suggest that representatives of Mississippi in Congress needed to draft and introduce legislation to protect not just Mississippi but the entire South from this invasion of foreign corn. Galloway “invited the cooperation of the Federal authorities to assist in an investigation of this malady in Mississippi” because pellagra “is a disease problem requiring every possible consideration at this time, as it is increasing in this State.”³⁷⁶ It would not be for a couple of years until the specific harm pellagra had on the state’s population would be realized.

1913 became a pivotal year in highlighting the disease’s effect on that state. The first tallied cases of pellagra in Mississippi occurred in the years after Galloway’s initial appeals to the federal government for assistance in understanding and possibly curbing the disease. With the help of the federal government, the Mississippi Board of Health counted 1,313 cases of pellagra and 268 deaths from pellagra in the first six months of 1913 alone.³⁷⁷ According to health officials, the Delta held the highest concentration of pellagra, with African Americans being far more susceptible to the disease than whites in the region.³⁷⁸ Such a realization further added to the connection between economic

³⁷⁴ No author, “The Spread of Pellagra Alarming,” *Macon Beacon* (Macon, MS), August 22, 1913.

³⁷⁵ *Ibid.*

³⁷⁶ The Mississippi Legislature, *Report of the Board of Health of Mississippi from July 1, 1911 to June 30, 1913*, 66.

³⁷⁷ Dennis J. Mitchell, *A New History of Mississippi* (Jackson: University Press of Mississippi, 2014), 273.

³⁷⁸ *Ibid.*

conditions and the disease. According to the Mississippi Board of Health, the disease became the state's third leading cause of death by 1914.³⁷⁹ By 1914, it had "caused more death than typhoid fever, smallpox, measles, scarlet fever, influenza, epidemic cerebrospinal meningitis and acute poliomyelitis combined."³⁸⁰

In response to this large uptick in reported cases of pellagra in Mississippi, the federal government sent a group of scientists and academics from the United State Public Health Service (PHS) to the state in 1914. Surgeon of the PHS Dr. Joseph Goldberger, a physicist and epidemiologist, headed this Mississippi-bound group of federal employees³⁸¹ Goldberger had visited the Lower Mississippi Valley in the late-1890s and early-1900s to study and battle the plagues of yellow fever and typhoid from the region.³⁸² Goldberger returned to the region to not only study the disease's etiology, but also how and why it became so widespread in the entire South and the Lower Mississippi Valley, in particular.

In the Spring of 1915, he established a controversial study, comparable to the Tuskegee Syphilis Experiments that began two decades later and last for 40 years, at the Rankin State Prison Farm outside of Jackson, Mississippi to study the disease's etiology.³⁸³ With full support from the PHS, and the Mississippi State Legislature and Governor's Office, Goldberger asked for a group of prison inmates to partake in his

³⁷⁹ The Mississippi Legislature, *Report of the Board of Health of Mississippi from June 1, 1913 to June 30, 1915* (Memphis: Paul & Douglas Co., Printers), 53.

³⁸⁰ Ibid.

³⁸¹ Marcie Cohen Ferris, *The Edible South: The Power of Food and the Making of an American Region* (Chapel Hill: University of North Carolina Press, 2014), 133-34; No author, "Mississippi State Board of Health: Pellagra in Mississippi Increasing at an Alarming Rate," *Okolona Messenger* (Okolona, MS), July 22, 1915.

³⁸² Ferris, 133-34.

³⁸³ Ibid., 134.

study. To entice prisoners to volunteer, Mississippi Governor Earl Brewer promised pardons for anyone willing to participate in the study. Eleven prisoners, several serving life sentences for convictions of murder, volunteered.³⁸⁴

In his single term as governor, this study would become Governor Brewer's lasting legacy. Brewer, governor of the state from 1912 to 1916, held the elected position during one of the state's most politically contentious periods. Brewer, a former private-practice lawyer, state senator, and district attorney, became governor in the same election cycle that James K. Vardaman became Mississippi's junior senator in the United States Senate, and Theodore Bilbo, fresh from near expulsion from the Mississippi State Senate for accepting bribes for legislative votes, became the state's lieutenant governor. After a contentious attempt to convict Bilbo and various member of the Mississippi State Senate of corruption, Governor Brewer looked to non-political avenues to cement his gubernatorial legacy.

Goldberger and his team of scientists and academics oversaw and controlled 12 prisoners' diets. For six months, with the assistance of four Jackson physicians, protein and vitamin-rich foods such as various fresh vegetables like field peas, buttermilk, lean meat, eggs, and beans were removed from their diets.³⁸⁵ A daily diet of "biscuits, fried mush, grits and brown gravy, syrups, corn bread, cabbage, sweet potatoes, rice, collards

³⁸⁴ Ferris, 134. According to *The Southern Herald*, of the 11 prisoners who volunteered for and finished the study, two were serving time for embezzlement, one for manslaughter, one for criminal assault, and seven for murder.

³⁸⁵ Ferris, 134; No author, "Marvin McDaniel Pardoned," *The Southern Herald* (Liberty, MS), November 5, 1915.

and coffee with sugar” replaced these foods.³⁸⁶ This new daily diet mirrored those sharecroppers and mill workers, and their immediate families consumed throughout the poorest parts of the South.

After six months of this nutrient and vitamin-deficient diet, Goldberger culminated the study. During this time, six of the twelve volunteers came down with pellagra.³⁸⁷ Shortly after the study began, one of the twelve volunteers “suffered a general physical breakdown.”³⁸⁸ He showed serious signs of an early-onset case of pellagra, which led to his immediate removal from the study, rehabilitation, and early pardon by Governor Brewer.³⁸⁹ After a short period of rehabilitation that consisted of a reintroduction of foods like fresh vegetables, buttermilk, and meat into their diets, Governor Brewer pardoned the volunteers. They received a suit of new clothes and five dollars,” and instructed to continue their rehabilitation dietary routine until returning to their pre-study healthy selves.³⁹⁰ Goldberger’s study on the prisoners, and other like it dispelled the myth that pellagra developed among those who ate spoiled corn supplies.

While the cause of pellagra—a diet overrun with corn—and how to prevent it—a diverse diet rich with nutrients and vitamins—became clear after Goldberger’s study on the prisoners, how to exactly prevent and cure it on a wide scale level remained out of the PHS’s grasp. What Goldberger realized from his study that poor socioeconomic conditions caused pellagra. At the consternation of Mississippi’s elected politicians and

³⁸⁶ No author, “Cause and Cure of Pellagra Found Through Convicts,” *The Washington Herald* (Washington, D.C.), December 26, 1915.

³⁸⁷ Ferris, 134.

³⁸⁸ No author, “Marvin McDaniel Pardoned,” *The Southern Herald*.

³⁸⁹ *Ibid*.

³⁹⁰ Ferris, 134.

prominent agriculture-based businessmen, who vociferously denied any connection between the region's economic and social systems and the disease, Goldberger suggested the state's political and economic system created the poverty that allowed pellagra to flourish.³⁹¹

After the First World War, the South experienced an economic downturn. This became no more apparent than in Mississippi. As war-ravaged European nations slowly began to rely less and less on the South for agricultural goods, crop prices began to tumble. While other states in the region consisted of poly-crop and embryonic industrial economies, Mississippi remained a mono-crop economy predicated on cotton. Such an almost "inflexibly monogamous" relationship with the cotton industry, accounting for 80 percent of the state's gross income, created an economy prime to fail once European nations began to reduce their agricultural dependency after the First World War and ultimately crash with the onset of the Great Depression.³⁹²

A few years into the South's economic hardship after the First World War, President Warren G. Harding sought to establish a study of pellagra, and hopefully rid the region of the disease. The president enlisted the help of the United States' Surgeon General Hugh Cumming to draft a report on the disease and a course of action to eradicate it from the region.³⁹³ Linking the disease to the South's economic downturn that bred malnourishment, President Harding stated in a letter to the surgeon general, "Famine

³⁹¹ Mitchell, 274.

³⁹² Roger D. Tate Jr., "George B. Power and New Deal Work Relief in Mississippi, 1933-1934," *Journal of Mississippi History* 46 (March 1984): 1. Between 1929 and 1932, Mississippi's cotton market collapsed. Cotton values fell from \$193 million to \$47 million during this time.

³⁹³ Etheridge, 149.

and plague are words almost foreign to our American vocabulary.”³⁹⁴ Connecting the nutrient-deficient disease to long-standing stories about its prevalence throughout South Europe and the Mediterranean, and the United States’ participation in the First World War, he concluded his comments to the surgeon general, noting “save as we have learned” the meaning of famine and plague “in connection with the afflictions of lands less factored and toward which our people have so many times displayed large generous charity.”³⁹⁵ Doubling down on this notion of the United States’ foreign charity, the president also sought the assistance of the American Red Cross.³⁹⁶ Shortly removed from its successful campaign to combat the worldwide influenza epidemic that occurred during and immediately after the First World War, President Harding sought the assistance of the American Red Cross in providing immediate aid to those afflicted with pellagra in the region.

Upper-class southerners, who directly profited from the region’s sharecropper and millworker-based economy, not only refuted President Harding’s suggestion that pellagra had become an exclusively-southern disease, but that it existed in the first place. Additionally, Southern politicians and newspapers even went as far as to refute Goldberger’s findings at the Rankin State Prison Farm from nearly a decade earlier, and President Harding’s near classification of the disease’s primacy in the South as a national emergency. Southern newspapers, like the *Bogalusa Enterprise and American*, while labeling pellagra as “an endemic and not an epidemic disease,” published accounts by unverified medical experts referring to it “a disease of a fixed agricultural population

³⁹⁴ Etheridge, 149.

³⁹⁵ Etheridge, 149.

³⁹⁶ Ibid.

living upon an eroded and exhausted soil” with “no relation to labor, diet, domicile or sanitary environment.”³⁹⁷ Without any evidence, the article’s author goes on to exclaim that Goldberger induced “scurvy and not pellagra” in his controlled study of convicts at the Rankin State Prison Farm, and that the disease “is caused by drinking soft water coming from a clay soil.”³⁹⁸ While pellagra’s reality rarely showed up in the pages of southern newspapers, it made the front page of the *New York Times*.³⁹⁹ When southern newspapers did give pellagra press coverage, they only highlighted its presence in the South.⁴⁰⁰

To shift the focus from pellagra as an epidemic throughout the South, southern newspapers even went as far as to publish what appeared to be unsubstantiated stories about the successful treatment of individuals with disease. The most common story revolved around a young boy who became deathly ill from pellagra. However, these stories, dating back to the mid-1910s, were accompanied by an advertisement for a mail-order booklet titled “Pellagra and How to Treat It,” “Pellagra Can Be Cured,” “Pellagra Cured!,” and numerous other eye-catching headings.⁴⁰¹ interesting

³⁹⁷ E.M. Perdue, “Cause and Cure of Pellagra by Expert,” *Bogalusa Enterprise and American* (Bogalusa, LA), September 1, 1921.

³⁹⁸ Perdue, “Cause and Cure of Pellagra by Expert.”

³⁹⁹ Etheridge, 149.

⁴⁰⁰ *Ibid.*

⁴⁰¹ American Medical Association, “Baughn’s Pellagra Remedy: A Worthless Nostrum Sold Under Fraudulent Claims. *The Journal of the American Medical Association* 60 (Chicago: Press of American Medical Association, July 5, 1913), 1828; American Medical Association, *Annual Reports of the Chemical Laboratory of the American Medical Association, January-December, 1913* 6 (Chicago: Press of American Medical Association, n.d.), 60; Arthur J. Cramp, M.D., ed. “Nostrums and Quackery: Articles on the Nostrum Evil, Quackery and Allied Matters Affecting the Public Health” Volume II (Chicago: Press of American Medical Association, 1921), 488.

One of the more notable of these conjured-up testimonial stories appeared on numerous occasions during the early-1920s in *The Chattanooga News*. With the headline “Pellagra-Mississippi Boy Cured,” the republished nearly-identical piece detailed the story of a boy afflicted with the disease. This repeatedly-published piece centered around a child from an otherwise healthy family falling ill with pellagra. The author of the piece described the boy as having “open sores on his face, hands, and legs. His throat...inflamed and full of scabs” and “suffered terrible pain in his stomach, arms and legs.”⁴⁰² The local doctors in Laurel and Hattiesburg, Mississippi “gave” the boy “up to die,” until learning about Baughn’s Pellagra Treatment.⁴⁰³ Such advertisement-based coverage in southern newspapers denoted the region’s overall mindset of pellagra rooted in skepticism toward federal involvement dating back to Goldberger’s findings at the Rankin State Prison Farm, the connection between the South’s economic realities and the disease, and a larger skepticism of scientific and medical solutions for the disease.

Elixirs and “cure-all” folk medicines also became a popular way to refute the seriousness of pellagra across the South and its peddlers to make a quick dollar. Preying on southerners’ longstanding faith in folk medicine and fears of pellagra’s sudden rise, individuals like Ezxba W. Dedmond of South Carolina started selling a remedy for five dollars a bottle named “Ez-X-Ba River, the Stream of Life.”⁴⁰⁴ Similar to the disease’s

⁴⁰² No author, “Pellagra-Mississippi Boy Cured,” *The Chattanooga News* (Chattanooga, TN), September 3, 1920; No author, “Pellagra-Mississippi Boy Cured,” *The Chattanooga News* (Chattanooga, TN), December 3, 1920.

⁴⁰³ No author, “Pellagra-Mississippi Boy Cured,” *The Chattanooga News*; No author, “Pellagra-Mississippi Boy Cured” *The Chattanooga News*.

⁴⁰⁴ Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill: University of North Carolina Press, 1996), 206.

advertisement-based coverage in other states, Dedmond advertised his product in South Carolina's newspapers.⁴⁰⁵ When leading physicians denounced Dedmond and his product as little more than quackery, he appealed to and preyed upon regular southerners' connection to folk medicine and devotion to Christianity over scientific medicine by arguing, "that they cannot cure this awful disease...and they realize it."⁴⁰⁶ Like other elixir peddlers, Dedmond doubled down on his modest beginnings and association with heavily powers. "When [the regular physicians] failed to even give relief, the God of Heaven sent a remedy," Dedmond exclaimed.⁴⁰⁷

Even prominent southern politicians refuted the fact that the pellagra plagued the region, and dismissed President Harding's call to action on defeating the disease. As a member of the United States House of Representatives, James F. Byrnes dismissed President Harding's comments concerning the widespread nature of pellagra throughout the South. Byrnes depicted the president's inquiry as a misleading, broad "statement that parts of the south [sic] were...menaced with famine and plague."⁴⁰⁸ These depictions of pellagra's pervasiveness and impact on the region's impoverished resident by southern newspapers and statesmen could not be further from the truth. The rising number of patients with pellagra at the Mississippi State Insane Hospital counter these misrepresentations of the disease's impact.

In Mississippi, which experienced an extended economic depression unlike other states in the region, economic factors facilitated the proliferation of pellagra not just at

⁴⁰⁵ McCandless, 206.

⁴⁰⁶ Ibid, 207.

⁴⁰⁷ Ibid.

⁴⁰⁸ No author, "Denies Plague or Famine in South," *The Sunday Star* (Washington, D.C.), July 31, 1921.

the state hospital, but throughout the state, as well. As the state suffered economically, so did the state hospital. The allocation of funding in relation to population, which directly affected patients' diets and care, played a leading role in pellagra supplanting tuberculosis as the institution's leading health issue.

As Mississippi experienced this steadfast downturn, economic factors facilitated the proliferation of pellagra not just among the state's poorer residents, but within the boundaries of the Mississippi State Insane Hospital. As the number of patients already with pellagra rose, highlighted by C. D. Mitchell's comments shortly after the First World War, the hospital, reliant on the legislature for funding, proliferated such cases and created new ones. As the state's gross income dwindled, so did the institution's yearly state legislature appropriations. As appropriations fell, so did allotted budgets to provisions.

From 1919 to 1920 alone, the total value of cotton fell from just over \$200 million to \$79 million.²⁰ Such fluctuations like this became evident throughout the entire decade. 1920's cotton values rose to their highest point in 1925 to \$235 million only to drop down to almost \$161 million by 1928.²¹ The state's farm crop prices, hurt by the gap between supply-and-demand, fluctuated in the 1920s and steadily decreased in the 1930s. Mississippi's "inflexibly monogamous" relationship with the cotton industry, accounting for eighty percent of the state's gross income, created a rickety and irregular economy well into the 1930s.²² Between 1929 and 1932, Mississippi's cotton market collapsed.

²⁰ D.A. McCandliss, trans., *Base Book of Mississippi Agriculture, 1866-1953* (Jackson: Mississippi Department of Agriculture and Commerce, 1954), 6-7.

²¹ D.A. McCandliss, 6.

²² Tate Jr., 1.

The state's cotton values fell from \$193 million to \$47 million, respectively.²³

Mississippi's grain farmers faced a similar dismal economic fate although the 1920s and 1930s.

Similar to the cotton industry's downward spiral, the total value of grain produced fell fifty percent from 1919 to 1920.²⁴ For the remainder of the decade, the total value of grain produced never rose above \$35 million.²⁵ Similar to cotton's downturn at the dawn of the 1930s, the value of grain significantly dropped. Between 1929 and 1930, the total value of grain fell from \$35 million to \$19 million.²⁶ In 1931 and 1932, total values were just under \$17 million and just over \$18 million, respectively.²⁷ Between 1929 and 1932, their total values decreased forty-seven percent. The grain industry largely struggled throughout the 1930s and did not economically rise above the total values of 1919 until 1947. Because the state so heavily relied on cotton as its major cash crop, a record number of farmers began defaulting on their mortgages.

The reality of pellagra's impact on the Mississippi State Insane Hospital became no more apparent than the hike in deaths caused by the disease and the state legislature's swift response to it. When the number of pellagra-related deaths rose from two in 1918 to forty-nine in 1919, the legislature heeded Superintendent C.D. Mitchell's suggestion to increase appropriations in the coming biennium.²⁸ The average appropriations rose from

²³ Tate Jr., 1.

²⁴ D.A. McCandliss, trans., 14.

²⁵ Ibid.

²⁶ Ibid., 14-15.

²⁷ Ibid, 15.

²⁸ The Mississippi Legislature, *Department Reports: State of Mississippi, 1918-1919. Thirty-Second Biennial Report of the Mississippi State Insane Hospital* (Jackson: Tucker Printing House, n.d.), 9.

\$240,000.00 during the 1918-1919 biennium to \$441,200.00 during the 1920-1921 biennium, nearly doubling the former period's funding.

As patient numbers increased, exacerbated by the previously mentioned admission laws, state legislature appropriations largely stagnated. Throughout the economically depressed 1920s, the state hospital's appropriations never surpassed \$499,800.00 in a year. Throughout the 1920s, the state hospital's population continuously rose from 1,567 in 1920 to 2,469 by 1930.²⁹ Expectedly, as patient numbers rose and appropriations stagnated, pellagra-related deaths escalated. In 1920, the first fiscal year of the biennium during which Superintendent Mitchell asked for an appropriation raise, roughly twenty-eight percent of deaths, 91 out of 326, were pellagra-related.³⁰ The number of pellagra-related deaths never fell below thirty-three, in 1922, a year in which 250 patients died.³¹ In 1929, pellagra-related deaths peaked at 118.³² According to the Mississippi Board of Health, diseases distinct to the South and the state, more specifically, began to decline by 1928. This could not be further from the truth. While cases of hookworm and malaria began to decline, pellagra remained a major issue.

Like Mississippians who suffered economically and health wise from and during the economic downturn after the First World War, patients at the Mississippi State Insane

²⁹ The Mississippi Legislature, *Department Reports: State of Mississippi, 1920-1921. Thirty-Third Biennial Report of the Mississippi State Insane Hospital* (Jackson: n.p., n.d.), 7;

³⁰ The Mississippi Legislature, *Department Reports: State of Mississippi, 1920-1921. Thirty-Third Biennial Report of the Mississippi State Insane Hospital*, 9.

³¹ The Mississippi Legislature, *Department Reports: State of Mississippi, 1922-1923. Thirty-Fourth Biennial Report of the Mississippi State Insane Hospital* (Jackson: n.p., n.d.), 70.

³² The Mississippi Legislature, *Department Reports: State of Mississippi, 1928-1929. Thirty-Seventh Biennial Report of the Mississippi State Insane Hospital* (Jackson: n.p., n.d.), 85.

Hospital also suffered. During the 1920-1921 biennium, which marked pellagra's overtaking of tuberculosis as the hospital's leading cause of death and health issue, cases of the nutritional-deficiency disease began to show up not just among the newly admitted, but throughout the institution's patient population. Superintendent C.D. Mitchell noted "several cases" of pellagra "developed after admission to the hospital."⁴⁰⁹ Almost certainly as was the case during the 1908-1909 biennium, highlighting the separate and unequal support the state legislature gave the Mississippi's two racially-segregated state hospitals, patients' diets lack variety and foods high in niacin like beef, eggs, oats, and beans.

The lack of a dietitian on the Mississippi State Hospital's staff became another significant issue that contributed to the proliferation to pellagra. Prior to the fiscal year of 1928, the institution did not employ a dietitian to oversee the patients' diets and how their daily rations affected their health. Upon the hiring of Mrs. Addie Walker as the resident dietitian, Superintendent C.D. Mitchell complimented her on overseeing "the amount and character of food served at the institution, including the preparation of menus, the preparation of meals and the supervision of the dining room services."³³ Furthermore, Mitchell associated the hiring of a dietitian with the elimination of "all unnecessary waste."³⁴ As the abovementioned numbers suggest, the former statement by the superintendent could not be further from the truth. Even after the hiring of a dietitian,

⁴⁰⁹ The Mississippi Legislature, *Department Reports: State of Mississippi, 1920-1921. Thirty-Third Biennial Report of the Mississippi State Insane Hospital*, 9.

³³ The Mississippi Legislature, *Department Reports: State of Mississippi, 1928-1929. Thirty-Seventh Biennial Report of the Mississippi State Insane Hospital*, 13.

³⁴ The Mississippi Legislature, *Department Reports: State of Mississippi, 1928-1929. Thirty-Seventh Biennial Report of the Mississippi State Insane Hospital*, 13.

high rates of pellagra-related deaths continued into the first years of the Great Depression. The latter statement, concerning “all unnecessary waste” precludes a common theme of thriftiness that became prominent after the Second World War, during the era of deinstitutionalization.

By the late-1920s, serious preventative breakthroughs began to appear from the established medical community. At the Georgia State Sanitarium, which accounted for high numbers of the disease among its patients, two physicians, Dr. W.F. Tanner and Dr. George Wheeler, discovered Brewer’s yeast, with its high level of niacin, could be introduced into one’s diet to prevent pellagra.⁴¹⁰ As historian Elizabeth W. Etheridge notes, “This discovery came in time to save thousands of lives when the Mississippi River flooded in 1927, driving people from their homes and destroying crops.”⁴¹¹ Due to this breakthrough, the American Red Cross dispense vast quantities of Brewer’s yeast to victims of the flood.⁴¹² The campaign to introduce Brewer’s yeast into southerners’ diets became the first step in combatting pellagra throughout the South.

In an odd twist of events, the Great Depression played a significant role in pellagra’s defeat among southern sharecroppers and textile-mill workers. Etheridge notes that “as the South...became poorer and poorer in the early 1930s, pellagra, although always linked with poverty, began to disappear.”⁴¹³ She continues, “The reason was

⁴¹⁰ Savitt and Young, ed., Elizabeth W. Etheridge, “Pellagra: An Unappreciated Reminder of Southern Distinctiveness,” *Disease and Distinctiveness in the American South*, 114.

⁴¹¹ Ibid.

⁴¹² Ibid.

⁴¹³ Savitt and Young, ed., Elizabeth W. Etheridge, “Pellagra: An Unappreciated Reminder of Southern Distinctiveness,” *Disease and Distinctiveness in the American South*, 115.

simple: people with time on their hands had an incentive to grow food for themselves, and with this change, their health began to improve.”⁴¹⁴ Such changes by individuals gained momentum with the Federal Emergency Relief Agency (FERA), a First New Deal project, actively distributing information on well-balanced diets and meals to southerners suffering from the Great Depression. General FERA agents transformed into county and household demonstration agents to emphasize the importance of gardening and its role in combatting pellagra.⁴¹⁵ The American Red Cross also participated in this campaign by distributing garden seeds and Brewer’s yeast.⁴¹⁶ In some instances, field workers for FERA delivered nutritious meals to such individuals. Such direct action largely targeted school-age children, the elderly, and infirm.

While the exact preventative vitamin-niacin-would not be discovered until 1937, eight years after Dr. Joseph Goldberger, one of the earliest forerunners in pellagra research, the disease began to disappear throughout the Great Depression of the 1930s. Along with FERA and the American Red Cross, other First New Deal projects assisted in ridding the South of the disease. The Farm Security Administration, for instance, taught southerners how to live healthier, fuller lives.⁴¹⁷ The United States’ involvement in the Second World War further assisted in the eradication of pellagra in the South. Soldiers’ meals, or K-rations, consisted of vitamin-enriched foods, which showed up in the

⁴¹⁴ Savitt and Young, ed., Elizabeth W. Etheridge, “Pellagra: An Unappreciated Reminder of Southern Distinctiveness,” *Disease and Distinctiveness in the American South*, 115.

⁴¹⁵ Ibid.

⁴¹⁶ Ibid.

⁴¹⁷ Ibid.

cupboards and on the plates of Americans after the war. As Etheridge explains, “Soon it became difficult to get pellagra if you ate enough to stay alive.”⁴¹⁸

However, pellagra cropped up at the Mississippi State Hospital yet again during and after the Second World War.⁴¹⁹ With the United States’ entrance into the Second World War, the Mississippi State Hospital transformed into an institution in complete disarray. The hospital witnessed a large number of staff members leave for better paying manufacturing jobs during the war and Sunbelt jobs after the war.⁴²⁰ The patients’ diets during this period often consisted of cornmeal-based porridge, which left them susceptible to pellagra.

Like textile mills and other nascent institutions and edifices that pockmarked the Deep South during the first decades of the 20th century, with their ability to harbor and proliferate diseases like black lung, state hospitals and their admission practices and lack of funding harbored and proliferated diseases like tuberculosis and pellagra. Similar to the tradition of the southern frontier diet, which became a staple in the New South for the poor, specifically sharecroppers, there was a tradition of overcrowding and underfunding

⁴¹⁸ Savitt and Young, ed., Elizabeth W. Etheridge, “Pellagra: An Unappreciated Reminder of Southern Distinctiveness,” *Disease and Distinctiveness in the American South*, 115.

⁴¹⁹ The Mississippi State Hospital opened in 1935 and replaced the eighty-year old Mississippi State Insane Hospital, previously named the Mississippi State Lunatic Asylum.

⁴²⁰ For the Second World War’s impact on the Deep South and Mississippi, specifically, see John Morton Blum’s *V Was For Victory: Politics and American Culture During World War II* (1977), Pete Daniel’s *Standing at the Crossroads: Southern Life Since 1900* (1986), Bruce J. Schulman’s *From Cotton Belt to Sunbelt: Federal Policy, Economic Development, and the Transformation of the South, 1938-1980* (1994), *Remaking Dixie: The Impact of World War II on the American South* (1997) edited by Neil R. McMillen, Darren Dochuk’s *Bible Belt to Sunbelt: Plain-Folk Religion, Grassroots Politics, and the Rise of Evangelical Conservatism* (2012), and James T. Sparrow’s *Warfare State: World War II Americans and the Age of Big Government* (2013).

state hospitals like the Mississippi State Insane Hospital. Both traditions assisted in the proliferation of pellagra.

The transition from tuberculosis to pellagra as the leading health issue and cause of death at the Mississippi State Insane Hospital underscores the direct impact of an extended economic depression on the state legislature's inability to fund such state-run institutions and agencies. Mississippi's extended economic depression occurred immediately after the First World War. The state's "inflexibly monogamous" relationships with the cotton industry, resulting in a near mono-crop economy, created an opportunity for failure once European nations involved in and effected by the war began to reduce their agricultural dependency on the United States.⁴²¹ This created an extended economic depression that spanned from the end of the First World War, through the 1920s, and into the arrival of the Great Depression. The high number of tuberculosis cases and leading cause of death from the late-1870s to the late-1910s was tied to two entwined matters. First, admission and population measures began to be outsourced from the institution's superintendent and officials to the state's legal and judicial system. This led to what historian James Trent refers to as the "permanence" of institutionalized persons, which highlight such institutions' transition from restorative to custodial. The number one issue connected to this influx of patients, which led to mass crowding, quickly became the prevalence of tuberculosis. From 1877 to 1919, tuberculosis was the main cause of death. However, beginning in 1920, concurrent with the state's economic downturn, pellagra supplanted it as the leading cause of death. As the legislature struggled to appropriate funding to the state hospital, patients' diets began to wane. This

⁴²¹ Tate Jr., 1.

situation became pertinent and connected to the rise of pellagra and pellagra-related deaths because the disease is predicated on a nutritional deficiency. Adding to this, the prevalence of pellagra among the state's impoverished residents also began to rise. With dementia being the third of the four D's of pellagra, it can be assumed that a portion of the patients being admitted during this period already had the disease.

CHAPTER V

“IF I OWNED BOTH WHITFIELD AND HELL, I’D RENT OUT THIS HOLE AND MOVE INTO HELL: THE EXPOSURE OF THE MISSISSIPPI STATE HOSPITAL IN THE EPOCH OF DEINSTITUTIONAIZATION

Upon leaving the receiving ward of the Mississippi State Hospital after a visit with a friend who had been committed, Mississippi State Representative Hayden Campbell was approached by an attendant. The attendant, Dan Dawson, asked for a moment of the representative’s time. “I’ve tried my level best to interest legislators of the horrible conditions out here in this hospital...It’s a disgrace to Mississippi” he said.⁴²² Dawson explained that while the receiving ward had been maintained to uphold a clean and well-kept image, the state hospital had become “a snake pit.”⁴²³ He went on to candidly tell Representative Campbell that “People are dying out here for a lack of care.”⁴²⁴ Acting on this information, Representative Campbell commenced a private, individual investigation

⁴²² Hayden Campbell, interview by John Alexander, June 10 1976, interview transcript, Mississippi Department of Archives and History, Jackson, MS. Hereafter cited as Hayden Campbell, John Alexander, MDAH.

⁴²³ Hayden Campbell, John Alexander, MDAH. Dawson’s description of the Mississippi State Hospital as “a snake pit” suggests a reference to Mary Jane Ward’s 1946 novel *The Snake Pit*. The novel was adapted into a screenplay and released as a motion picture in 1948. The novel and movie revolve around a woman who finds herself in a state hospital and cannot remember why and how she ended up there.

⁴²⁴ Hayden Campbell, John Alexander, MDAH.

of the Mississippi State Hospital. This encounter occurred in 1947, two years after the end of the Second World War, a period in which conditions at the Mississippi State Hospital had descended to nothing short of abysmal.

With the United States' entrance into the Second World War, the Mississippi State Hospital transformed from a newly opened institution nearly teetering on dysfunction during the Great Depression into one in complete disarray.⁴²⁵ Shortly after the war, Mississippians began to learn about that state hospital's transformation. This exposure came in two successive and occasionally entwined waves. First, the Mississippi State Legislature, chiefly acting on State Representative Hayden Campbell's personal investigations, opened an investigation into the Mississippi State Hospital's conditions. Second, the state's press, specifically *Northeast Mississippi Daily Journal* owner George McLean and *Delta Democrat Times* chief editor and publisher Hodding Carter, presented readers with details regarding the investigation of and details about the state hospital. While the Mississippi State Hospital's conditions improved in the wake of the state government's involvement in the matter and the state press's persistent coverage, they eventually became analogous to many other state hospitals throughout the nation during the latter part of the 20th century.

In the 65-plus years prior to the war, state hospitals across the United States transformed in unconstructive ways. They went from institutions centered on asylum from the hustle and bustle of an ever-transforming American society founded on rehabilitation to little more than catchall depositories for unwanted individuals, regardless

⁴²⁵ The Mississippi State Hospital, still in operation today, is also known as the Mississippi State Hospital at Whitfield or simply Whitfield.

of their illness or disorder. The nearly 140 public state hospitals and asylums and their private counterparts throughout the United States in 1880 cared for roughly 41,000 patients.⁴²⁶ By 1940, approximately 450,000 patients resided in public state hospitals and private mental hospitals.⁴²⁷ Long-term patients also became the norm in state hospitals through the nation. From 1890 to 1940, “the proportion of long-term chronic patients increased dramatically.”⁴²⁸ By the early-1920s, over half of all state hospital patients were subject to institutionalized for five years or more.⁴²⁹ Adding to this, the state hospital had become the prime place for the practice of psychiatry. From the late-19th century through the first four decades of the 20th century, psychiatry in the United States had become “an institutional specialty” because “more than two-thirds of the members of the American Psychiatric Association (APA) practiced in public institutions as late as 1940s.”⁴³⁰ As state hospital populations rose and discharge numbers dropped, psychiatry established its professional roots in these same transforming institutions.

After the Second World War, the epoch of deinstitutionalization for state hospitals and similar institutions commenced with the unbeknown assistance of the federal government. According to the Selective Training and Service Act of 1940, conscientious objectors were protected from serving in the military for religious and personal opposition. These objectors, protected under the 1940 legislation, included but were not limited to the Quakers, Mennonites, and Amish. They worked in various home positions

⁴²⁶ Gerald Grob, *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press), 4.

⁴²⁷ *Ibid.*, 5.

⁴²⁸ *Ibid.*, 6.

⁴²⁹ *Ibid.*, 6.

⁴³⁰ Grob, 3.

that assisted in the war effort. Many conscientious objects worked as non-combat medics, workers on government-funded conservation projects, and attendants at state hospitals among other occupations during and immediately after the Second World War.⁴³¹ In mental hospitals, conscientious objectors encountered scenes of horror. One objector, “Charles Lord, a Quaker conscientious object assigned to work as an attendant” at the Philadelphia State Hospital at Byberry became one of these witnesses who experienced the horrors of a state hospital.⁴³² As an attendant in the male incontinent ward, Lord witnessed patients meandering around naked and stirring images of Bedlam.⁴³³ At state hospitals throughout the Northeast and Midwest, these conscientious objectors gathered written and visual documentation of conditions at several state hospitals.

The objectors’ exposure of conditions in the nation’s state hospitals went without garnering much attention. However, Americans were horrified when reading exposés like Albert Q. Maisel’s article in *Life* magazine titled “Bedlam, 1946: Most U.S. Mental Hospitals Are A Shame And A Disgrace” and Harold Orlansky’s 1948 article, “An American Death Camp.” Throughout Maisel article, he tells the story of “400,000 guiltless patient-prisoners of over 180 state mental institutions.”⁴³⁴ Primarily focusing on the Philadelphia State Hospital at Byberry, he equates the way the institutionalized mentally ill had been treated in state hospitals throughout the United States since the late-

⁴³¹ Under the Selective Training and Service Act of 1940, anyone who objected to participate in war on the grounds of conscious, thought, or religion were regularly permitted to work non-combat jobs that contributed to the United States’ war effort.

⁴³² Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (Princeton: Princeton University Press, 2015), 366.

⁴³³ Scull, 366.

⁴³⁴ Albert Q. Maisel, “Bedlam, 1946: Most U.S. Mental Hospitals Are A Shame and A Disgrace,” *Life Magazine*, May 6, 1946, 102.

19th century with “concentration camps on the Belsen pattern.”⁴³⁵ Orlansky’s piece centered around the “similarity of some social mechanisms in the Nazi death camps and the American insane asylum.”⁴³⁶ Aside from noting state hospitals’ underfunding and understaffing, he draws a parallel between the psychology of the working staff of the asylum and the death camp.⁴³⁷ He concludes that state hospitals’ working staff, like those at Nazi death camps like Buchenwald and Dachau, experienced a sense of “getting used to things.”⁴³⁸

The most notable of these exposés during the late-1940s was Albert Deutsch’s *The Shame of the States* (1948). Deutsch, a self-taught journalist and social historian, highlights the day-to-day conditions at twelve state hospitals, and their place in larger society. While gaining access to most of these twelve state hospitals by simply asking for administrative tours, he discovered conditions that mirrored Maisel’s and Orlansky’s exposés. Deutsch described the male incontinent ward at the Philadelphia State Hospital at Byberry similar to “a scene out of Dante’s *Inferno*.” “Three hundred nude men stood, squatted, and sprawled in this bare room, amid shrieks, groans, and unearthly laughter...Some lay about on the bare floor in their own excreta. The filth-covered walls were rotting away,” he concluded.⁴³⁹

National and regional exposés like these marginally corrected issues, even coupled with psychiatric medicine marginally impacted the conditions and populations of

⁴³⁵ Maisel, “Bedlam, 1946: Most U.S. Mental Hospitals Are A Shame and A Disgrace,”

⁴³⁶ Harold Orlansky, “An American Death Camp,” *Politics*, Summer 1948, 162.

⁴³⁷ *Ibid.*, 167.

⁴³⁸ *Ibid.*, 166.

⁴³⁹ Scull, 365.

state hospitals.⁴⁴⁰ Beginning in the mid-1950s, the first psychiatric drug was introduced to the American public and state hospital patients. Chlorpromazine, marketed in the United States as Thorazine, became heralded as the breakthrough against state hospitals' still high populations.⁴⁴¹ However, Thorazine was not a miracle drug. While the American Psychiatric Association release a public statement acknowledging "the significance of...tranquilizing drugs for institutionalized persons," psychiatric drugs like Thorazine "and the drugs that have followed in its wake are no psychiatric penicillin."⁴⁴² Adding to this, if psychiatric medicine played such a significant role in deinstitutionalization, as historian Michael Scull explains, "then the French (who in fact actually developed chlorpromazine), the Germans, the Italians, the Dutch, the Spanish, the Swedes and the Finns would have rapidly followed down the same path. Drugs alone, it would seem, did not suffice to produce deinstitutionalization."⁴⁴³

Decades later, during the 1960s and early-1970s, politicians, artists, and news media outlets again exposed conditions at state hospitals throughout the Northeast and Midwest United States. In 1965, United States Senator Robert F. Kennedy visited the Willowbrook State School in Staten Island, New York, and proclaimed the institution to be nothing short of a snake pit. Local media outlets, primarily newspapers, provided the public with coverage of the senator's visit and findings. Again, in 1972, a local television station, WABC-TV, exposed citizens to Willowbrook's conditions. Geraldo Rivera, then a reporter for the local television station, led a surprise visit to the institution and soon

⁴⁴⁰ The first psychiatric drugs were introduced in state hospitals in the mid-1950s. The first

⁴⁴¹ Scull, 367.

⁴⁴² Grob, 149; Scull, 368.

⁴⁴³ Scull, 368.

aired a piece titled *Willowbrook: The Last Great Disgrace*. Similar exposés, like NBC 10 Philadelphia's *Suffer the Little Children* (1968) on the Pennhurst State School and Hospital also exposed the public to conditions and happenings in state hospitals. At the national level, in 1970, photographer Jack Dykinga captured Pulitzer Prize winning images of conditions the Lincoln State School and Colony, which illustrated the neglect of the nation's mentally ill citizens. In his portfolio of pictures of the Dixon State School and Lincoln State School in Illinois, Dykinga encountered images of mass idleness and neglect. Despite this ever-reoccurring revelation of the state of state hospitals, many institutions remained largely unchanged until their closures in the last decades of the 20th century.

Unlike these exposés, the uncovering of conditions at the Mississippi State Hospital eventually led to a near-complete overhaul of patient care, day-to-day operations, and its administration and oversight. This reaction, unlike with the abovementioned cases, was timely. Because of this, the Mississippi State Hospital found itself at the forefront of an eventual national challenge to the manner in which the mentally ill were cared for. This challenge became known as the epoch of deinstitutionalization. The Mississippi State Hospital's immediate postwar story challenges the traditional narrative of the epoch of deinstitutionalization, which became typified by long-drawn-out responses overhaul the ways the mentally ill were cared for. The Mississippi State Hospital's immediate postwar story also serves as a vanguard moment during the epoch of deinstitutionalization because of the reoccurring push to free the state hospital from state politics. Such rhetoric became prevalent during the push for

deinstitutionalization by governors like Nelson Rockefeller and Ronald Reagan during the late-1960s and 1970s.⁴⁴⁴

Along with this, a challenge the all-too-pervasive notion that the Second World War brought with it progress and the immediate commencement of the Modern South. By using the Mississippi State Hospital as a case study, I will examine how the wartime effort negatively affected institutions like state hospitals in the South. Lastly, by focusing on the Mississippi State Hospital, I will be enriching the slowly burgeoning and geographically skewed historiography of such institutions during this period.⁴⁴⁵

⁴⁴⁴ For a thorough synthesis of deinstitutionalization during the last decades of the 20th century, see Rael Jean Isaac's and Virginia C. Armat's *Madness in the Streets: How Psychiatry and the Law Abandoned the Mentally Ill* (2000). In the book, the authors detail the way states advocated for the deinstitutionalization of state hospitals and similar institutions, which led to a rise of mentally unstable homeless individuals. Those institutions that did not get closed down became privatized, thus freeing them from state politics. Privatization led to worsening conditions and eventual litigation against the institutions' primary owners.

⁴⁴⁵ Publications on state hospitals can be divided into two categories—classic syntheses, written between the late-1930s to the early-1990s, and recent syntheses and case studies, written since 1994. In this article, I am specifically concerned with the latter category. Aside from a select few publications, this historiography has largely centered on notorious events and occurrences in state hospitals chiefly located in the North and Midwest during and after the Second World War. This geographically skewed historiography is flawed because historians have largely focused on northern and mid-western institutions while all but ignoring their counterparts in other regions of the nation, which possessed similar conditions while never garnering national coverage. By examining the Mississippi State Hospital in the 1940s, which I argue the institution factored into the commencement of a period when institutionalization began to seriously come under question and fall out of favor. In doing this, I will analyze everyday conditions, allegations of abuse, other forms of malfeasance, and the manner in which they were exposed to expand the historiography of state hospitals in the United States during and after the Second World War. Examples of these “Whiggish” syntheses from the first category include Albert Deutsch's *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times* (1937), David J. Rothman's *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (1971) and *Conscience and Convenience: The Asylums and its Alternatives in Progressive America* (1980), and Gerald N. Grob's *Mental Illness and American Society, 1875-1940* (1983)

The exposure of state hospitals during the immediate post-war period and in the late-1960s and early-1970s harkened back to the muckraking journalism of the late-19th and early-20th centuries against societal ills.⁴⁴⁶ They exposed rampant cases of underfunding, abuse, starvation, and neglect throughout the nation's state hospitals. Conscientious objectors, journalists, and freelance individuals all played important parts in what became known as deinstitutionalization. In the case of the Mississippi State Hospital, the patients themselves also played a pivotal role in exposure of the institution's day-to-day conditions.

Appropriated by the Mississippi State Legislature in 1926 and opened on March 4, 1935, the Mississippi State Hospital, under the direction of Superintendent Dr. C.D.

and *From Asylum to Community: Mental Health Policy in Modern America* (1991). Such notorious events and occurrences include but are not limited to places like Willowbrook State School, Pennhurst State School and Hospital, Letchworth Village, and Lincoln State School and Colony. James W. Trent, Jr.'s *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (1994) has become the dominant publication in the historiography of state hospitals in the United States after the Second World War. He argues that the exposure of institutions' conditions, by way of photography, television, and popular written works, severely hurt their images. In addition, he notes that President John F. Kennedy's direct ties to disabilities, through an unwarranted lobotomy his sister Rosemary underwent, and middle-class parents' confessional literature and foundation of national advocacy groups throughout the 1950s played a key role in the serious questioning of institutions. The most notable publications in this more recent historiography that solely focus on the South include Edward J. Larson's *Sex, Race, and Science: Eugenics in the Deep South* (1995), Steven Noll's *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (1995), and Peter McCandless's *Moonlight, Magnolias, & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (1996). Aside from these publications, state hospitals in peripheral states-Kentucky, North Carolina, and Virginia-receive the most attention. This is due to the comparability of their annual expenditures to their counterparts in the Northeast and Midwest. Most recently, Steven Taylor, in *Acts of Conscience: World War II, Mental Institutions, and Religious Objectors* (2009), examines the immediate, yet short lived, role religious conscientious objectors played in exposing conditions at state hospitals they volunteered in during the Second World War.⁴⁴⁶ Scull, 365.

Mitchell, replaced the dated 80-year-old Mississippi State Lunatic Asylum.⁴⁴⁷ The Mississippi State Hospital was vastly superior to the previous institution on several levels. It included numerous state-of-the-art facilities, like a large kitchen, farm and livestock site, and spacious living quarters. To ensure its palatability to the public and improve its efficiency, patients played a large role in operating the services in these facilities.⁴⁴⁸

Lauded by local media outlets like the *Jackson Daily News*, the new Mississippi State Hospital was presented to the public as highly modern and nearly self-sufficient. With its “power house, warehouse, laundry, bakery, potato house and two barns,” two wells to supply water, and a spur track from the Yazoo & Mississippi Valley Railroad, the newspaper portrayed it as a “complete city.”⁴⁴⁹ With this, the new institution’s topography became an essential matter and selling point to the public. Along with wards segregated according to race and gender, the proximal location of separate buildings for laundry services, physical plant maintenance, occupational therapy and medical care, baking, carpentry, and elderly patients, its state-of-the-art, self-supportive, and contained

⁴⁴⁷ The Hinds County Association for Mental Health, *Mississippi Mental Health Centennial Program: 1855-1955* (Mississippi State Hospital-Whitfield Mississippi, November 17, 1955), 3, 12, Special Collections Department, Mitchell Memorial Library, Mississippi State University; “Whitfield Plant Finest in South, Experts Agree,” *Jackson Daily News*, March 14, 1935. Vertical Files, Archives and Special Collections, J.D. Williams Library, The University of Mississippi, Mississippi Hospitals.

⁴⁴⁸ According to the previously cited March 14, 1935 edition of the *Jackson Daily News*, more mentally content and better-off patients, under the supervision of trained personnel, worked in the kitchen preparing meals and cleaning, at the farm tending to the land and caring for the livestock, and partaking in other jobs at the Mississippi State Hospital.

⁴⁴⁹ No author, “Whitfield Plant Finest in South, Experts Agree,” *Jackson Daily News*, March 14, 1935. Archives and Special Collections, J.D. Williams Library, The University of Mississippi, Mississippi Hospitals. Hereafter cited as No author, “Whitfield Plant Finest in South, Experts Agree,” *Jackson Daily News*, March 14, 1935.

nature also became selling points to the public.⁴⁵⁰ As the March 14, 1935 edition of the *Jackson Daily News* concisely declared, “New State Hospital is Finest in South” and “State Hospital at Whitfield is State’s Most Extraordinary City.”⁴⁵¹

Of all the self-supportive and contained, and patient-employed facilities at the Mississippi State Hospital, the farm and livestock site garnered the most publicity and praise.⁴⁵² According to Dr. Mitchell, the patient-labored farm served a dual purpose. First, working on the farm contributed to patients’ physical health.⁴⁵³ Second, the farm supplied the new institution with an ample supply of food to feed the more than 3000 patients housed there.⁴⁵⁴ The farm consisted of 1600 acres, which included a sizeable orchard, the state’s largest dairy herd, 314 cows, and over 400 hogs.⁴⁵⁵ The leading crops

⁴⁵⁰ Map of the Mississippi State Hospital, N.D., N.W. Overstreet Architectural Records, Box 3, OSMS. Special Collections Department, Mitchell Memorial Library, Mississippi State University. The former Mississippi State Hospital, constructed in the Kirkbride-model and located just on the outskirts of Jackson, did not provide the necessary room for separate wards and outbuildings for such activities.

⁴⁵¹ No author, “State Hospital is Finest in South,” *Jackson Daily News*, March 14, 1935.

⁴⁵² The Mississippi State Hospital was not the only such state-operated and funded institution to maintain patient-employed farms and livestock sites. The most known of these Mississippi institutions is the Mississippi State Penitentiary, simply known by Mississippians as Parchman or Parchman Farm.

⁴⁵³ F.J. Hurst, “State Hospital Farm Strides Revealed,” *Jackson Daily News*, October 1938. Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as F.J. Hurst, “State Hospital Farm Strides Revealed,” *Jackson Daily News*, October 1938.

⁴⁵⁴ F.J. Hurst, “State Hospital Farm Strides Revealed,” *Jackson Daily News*, October 1938.

⁴⁵⁵ F.J. Hurst, “State Hospital Farm Strides Revealed,” *Jackson Daily News*, October 1938. The orchard, 65 acres in size, consisted of 5000 peach, 1200 pear, and 50 apple trees, and included one-and-a-half-acre vineyard. In 1938, roughly 200 of the over 400 hogs were fattened to be butchered and sold at market for a projected \$15,000.

grown were turnips, various greens, potatoes, and cabbage.⁴⁵⁶ In the first eight months of 1938 alone, the farm produced \$23,895 in regular market-priced crops.⁴⁵⁷ Linked to the farm, the state hospital also consisted of a canning plant, which played a vital part in its food production and dietary programs.⁴⁵⁸

Even into the early-1940s, the state's press continued to laud the state hospital as a self-sufficient and parsimonious institution. Months before the United States entrance into the Second World War, superintendent Dr. C.M. Speck launched a guinea pig farm to "save the state the expense of buying these necessary little rodents for the hospital laboratory."⁴⁵⁹ Speck double downed on the project's cost-effectiveness by explaining that the guinea pigs required "no food except waste products of the garden," which hinted at its multifaceted benefits.⁴⁶⁰ Also, the superintendent further lauded his ability to save the state money by employing fourth-fifths of the state hospital's patients in "some form of helpful work," which assisted in "saving a lot of money to the state" and providing "therapeutic benefits to the patients themselves."⁴⁶¹ Such patient employment ranged from "rug, furniture and garment making in the Occupational Therapy department to

⁴⁵⁶ F.J. Hurst, "State Hospital Farm Strides Revealed," *Jackson Daily News*, October 1938. Other major crops grown included corn, tomatoes, okra, butter and green beans, and field peas.

⁴⁵⁷ F.J. Hurst, "State Hospital Farm Strides Revealed," *Jackson Daily News*, October 1938.

⁴⁵⁸ F.J. Hurst, "State Hospital Farm Strides Revealed," *Jackson Daily News*, October 1938. According to Mrs. L.R. Addison, the institution's short-term dietitian, patients canned over 15,000 gallons of beans, tomatoes, soups, and corn throughout 1938 to use during the winter months.

⁴⁵⁹ No author, "Start Guinea Pig Farm at State Hospital," *Delta Democrat Times* (Greenville, MS), May 23, 1941.

⁴⁶⁰ *Ibid.*

⁴⁶¹ No author, "Start Guinea Pig Farm at State Hospital,"

many forms of specialized work and to the gardens, laws and farms.”⁴⁶² Other patients kept the “wards, kitchens and dining halls clean and sanitary through twice-a-day sweeping and mopping.”⁴⁶³

While all indications point to the Mississippi State Hospital as superior to its predecessor, a further examination reveals some realities about it and the rationale for the media’s positive coverage. From the outset, mass understaffing plagued the new institution. While lodging 3360 patients, it only employed five physicians, one dentist, one pharmacist, two dietitians, 12 occupational therapists, and 33 agricultural hands.⁴⁶⁴ With all its spaciousness, it contained the same number of beds, 2600, which the previous state hospital had upon closing.⁴⁶⁵ These numbers reveal that while the new state hospital included many modern facilities and amenities, more than 700 patients went without permanent beds. Compounding this, by examining the number of deaths reports in the biennial report, approximately 95 patients died in the first four months of the institution’s operation.⁴⁶⁶ 577 patients died during the hospital’s previous biennial report, the last of the old institution in Jackson.⁴⁶⁷

⁴⁶² No author, “Start Guinea Pig Farm at State Hospital,”

⁴⁶³ Ibid.

⁴⁶⁴ The Mississippi Legislature, *Department Reports: State of Mississippi, 1934-1935. Fortieth Biennial Report of the Mississippi State Hospital* (Jackson: n.p., n.d.), 29. The patient to employee ratio are 1:672, 1: 3360, 1:3360, 1:280, 1:1680, and 1:102, respectively.

⁴⁶⁵ Ibid., 5.

⁴⁶⁶ The Mississippi Legislature, *Department Reports: State of Mississippi, 1934-1935. Fortieth Biennial Report of the Mississippi State Hospital* (Jackson: n.p., n.d.), 4-5. The Mississippi State Hospital was only open for four months during the 1934-35 biennial report.

⁴⁶⁷ Ibid., 5.

By the early-1940s, under the supervision of Dr. Shackelford, conditions at the Mississippi State Hospital worsened and continued to do so throughout the 1940s. The departure of many staff members during the Second World War became a leading reason for the hospital's worsening conditions.⁴⁶⁸ While Mississippi gained the largest percent of manufacturing jobs in the Deep South during the Second World War, and the city of Jackson's population skyrocketed from 62,107 to 98,000 residents, the staff at the state hospital plummeted.⁴⁶⁹ This large increase in the state's manufacturing jobs during the war, increase of nearly 36,000 residents in its capital city throughout the decade, and the depleted number of staff members denotes that many employees at the Mississippi State Hospital left their positions for better paying jobs in the wartime mobilization sector.⁴⁷⁰

⁴⁶⁸ Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, interview transcript, Mississippi Department of Archives and History, Jackson, MS. With this huge loss of employees, aspects of self-sufficiency, specifically the patient-labored farming and livestock programs, dwindled in production. Hereafter cited as Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, MDAH.

⁴⁶⁹ United States Department of Labor: Bureau of Labor Statistics, *Labor in the South: Bulletin Number 898* (Washington: United States Government Printing Office, 1947), 28; United States Department of Commerce: Bureau of Census, *Statistical Abstract of the United States 1971* (Washington: United States Government Printing Office, 1972), 21-22.

⁴⁷⁰ For the Second World War's impact on the Deep South and Mississippi, specifically, see John Morton Blum's *V Was For Victory: Politics and American Culture During World War II* (1977), Pete Daniel's *Standing at the Crossroads: Southern Life Since 1900* (1986), Bruce J. Schulman's *From Cotton Belt to Sunbelt: Federal Policy, Economic Development, and the Transformation of the South, 1938-1980* (1994), *Remaking Dixie: The Impact of World War II on the American South* (1997) edited by Neil R. McMillen, Darren Dochuk's *Bible Belt to Sunbelt: Plain-Folk Religion, Grassroots Politics, and the Rise of Evangelical Conservatism* (2012), and James T. Sparrow's *Warfare State: World War II Americans and the Age of Big Government* (2013).

At the beginning of the fiscal year when the United States entered the Second World War, the Mississippi State Hospital employed 480 individuals.⁴⁷¹ Of these 448 employees, the breakdown included 6 doctors, 6 nurses, and 260 nurses' assistants and attendants.⁴⁷² While the number of assistant physicians and assistant superintendents remained in the upper-single digits just prior to and during the early years of the war, the number of nurses' assistants and attendants fell from 302 to 260 between 1938 and 1941.⁴⁷³ At the beginning of the fiscal year when the war began, the state hospital employed 480 individuals.⁴⁷⁴ In 1946, when Dr. W.L. Jaquith, future director for nearly 30 years, arrived at the Mississippi State Hospital, only 3 doctors and 3 nurses cared for over 4,000 patients.⁴⁷⁵ At the end of the fiscal year of the year the war concluded, the state hospital employed 412 individuals.⁴⁷⁶ During a single-day turnover from one fiscal

⁴⁷¹ The Mississippi Legislature, *Forty-Fourth Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From July 1, 1941 to June 30, 1943* (Jackson: n.p., n.d.), 54, 55.

⁴⁷² Ibid.

⁴⁷³ The Mississippi Legislature, *Forty-Second Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From the Years 1937-1939* (Jackson: n.p., n.d.), 28; The Mississippi Legislature, *Forty-Fourth Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From July 1, 1941 to June 30, 1943*, 54, 55.

⁴⁷⁴ The Mississippi Legislature, *Forty-Third Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From the Years 1939-1941* (Jackson: no publisher, n.d.), 36.

⁴⁷⁵ Dr. W.L. Jaquith, interview by John Griffin Jones, April 10 1979, interview transcript, Mississippi Department of Archives and History, Jackson, MS. Hereafter cited as Dr. W.L. Jaquith, interview by John Griffin Jones, April 10 1979, MDAH.

⁴⁷⁶ The Mississippi Legislature, *Forty-Sixth Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From July 1, 1945 to June 30, 1947* (Jackson: n.p., n.d.), n.p. The employment numbers in the *Forty-Fourth Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From July 1, 1941 to June 30, 1943* are incomplete. The report does not include employment numbers for the end of the 1942 and 1943 fiscal years. The *Forty-Fifth Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From July 1, 1943 to June 30, 1945* does not include employment numbers

year to the next-June 30 to July 1, 1941-the state hospital's total number of employees declined by 32. Adding to this decline in employees, superintendent Dr. C.M. Speck the reality that physicians attended to anywhere between 800 to 1500 patients each day.⁴⁷⁷

While there is no mention in the biennial reports explaining why the number of employees declined in one day, comments by Dr. C.D. Mitchell, the state hospital's subsequent superintendent hint to a clearer understanding of this situation. Correlating this instability of employees, he explains, "it is difficult to find employees who are willing or who have had experience of fill vacancies" and that "those who accept employment do so only until they can find better jobs."⁴⁷⁸ He goes on to note that "Because of this and because we have an insufficient number of attendants to operate on a higher plane, we are operating on little better than custodial care. Higher and better hospital standards are impossible."⁴⁷⁹

A major contention by the superintendent and administration for the high and ever-rising number of patients at the Mississippi State Hospital revolved around the manner in which the state admitted individuals. A law, codified in 1848, provided that individuals could be committed to such institutions in two ways. The first involved presenting the superintendent with two written statements from physicians and one from

for the beginning of the fiscal year of 1943, and the end of the fiscal years of 1944 and 1945.

⁴⁷⁷ No author, "Dr. Speck Says Hospital Staff Battling Odds," *Delta Democrat Times* (Greenville, MS), September 24, 1941.

⁴⁷⁸ The Mississippi Legislature, *Forty-Sixth Biennial Report of the Mississippi State Hospital Whitfield, Mississippi From July 1, 1945 to June 30, 1947*, 11.

⁴⁷⁹ *Ibid.*, 12.

a family member or friend of the family certifying their mental instability.⁴⁸⁰

Superintendent Speck bluntly described this method as little more than families unloading family members “who are not insane but often too feeble to be transported back home after being diagnosed as not insane.”⁴⁸¹ The second way involved an individual being found mentally unstable by a jury of six laymen.⁴⁸² Superintendent Speck described the latter form of institutionalization as an “antiquated, disgraceful, inhumane method” that “provides that a jury of laymen shall ‘try’ like a criminal, often hand-cuffed and in chains to our quiet hospital.”⁴⁸³ Such outsourced population regulatory measures had historically affected conditions and day-to-day operations, but leading up to, during, and immediately after the Second World War, they, along with other issues, proved disastrous.⁴⁸⁴

Despite opening approximately a decade earlier, the physical state of the Mississippi State Hospital, due to understaffing and underfunding, and rising population,

⁴⁸⁰ The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87* (Jackson: R.H. Henry, State Printer, 1888), 8; Nathaniel Batson Bond, “Treatment of the Dependent, Defective, and Delinquent Classes in Mississippi” (Thesis, Tulane University, 1924), 52, Mississippi Department of Archives and History, Jackson, MS.

⁴⁸¹ No author, “Overcrowding of Whitfield Blamed on System of Juries,” *Delta Democrat Times* (Greenville, MS), July 23, 1941.

⁴⁸² The Mississippi Legislature, *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the years 1886-87*, 8; Bond, 52-53; Emily Stevens MacLachlan, “Mental Hygiene Plan Projected for Mississippi,” *No Title*, August 8, 1934, Vertical Files, Mental Health, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁴⁸³ No author, “Dr. Speck Says Hospital Staff Battling Odds,” *Delta Democrat Times*.

⁴⁸⁴ At the end of the 1937 fiscal year of 1937, the Mississippi State Hospital’s population totaled 3097 patients. Four years later, during the end of the 1941 fiscal year of 1941, the year the United States entered the Second World War, the state hospital population totaled 3404 patients. As abovementioned, by the end of the war, the patient total surpassed 4000.

fell into disarray during the war. Instances of damaged plumbing, which allowed raw sewage to flow throughout the hallways, broken toilets, serious edificial damage and paint peeling, malnourishment and sickness due to low-calorie diets, and the use of obsolete medical equipment became synonymous with the state hospital.⁴⁸⁵

Also, connected to the rising number of patients, disease ran rampant. Cases of tuberculosis skyrocketed. Aside from the most severe cases, over 700 patients infected with the disease actively mingled with non-tubercular patients, which proliferated the infection rate.⁴⁸⁶ With the Second World War raging, federal and state government officials, and most of the public forgot about, or were indifferent to the negative affects wartime mobilization would have on state level institutions like the Mississippi State Hospital. It was not until after the war that politicians and the public would begin to learn about the state hospital's conditions.

Over 20 years prior to the exposure of institutions like Willowbrook State School, and Pennhurst State School and Hospital, information pertaining to the conditions at the Mississippi State Hospital became evident to Mississippians. The success at circumventing the strict supervision and censoring of outgoing mail led to letters being sent to *Delta Democrat Times* chief editor and publisher Hodding Carter, who promptly started using his editorial columns to address the state hospital's conditions. Questions by the public and state officials began to mount with the commencement of Carter's editorial campaign on the state hospital.

⁴⁸⁵ Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, MDAH; Dr. W.L. Jaquith, interview by John Griffin Jones, April 10 1979, MDAH.

⁴⁸⁶ Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, MDAH.

Carter, unlike most other newspaper owners and editors in the state like Fred Sullens, began to vaguely challenge longstanding systems of oppression based on class, and specifically race. Carter's editorials during the African American Civil Rights Movement showed this vagueness with his championing of moderate, slow integration. After returning from the Second World War, during which time he wrote for several periodicals like *Stars and Stripes*, he began a string of editorials that would eventually earn him a Pulitzer Prize in 1946. In these articles, Carter not only challenged notions of race and racial oppression, and lashed out at politicians like Senator Theodore Bilbo from Mississippi, but also wrote detailed accounts of the backlash Japanese-American veterans faced upon returning home from fighting for the United States in the war.

Fred Chaney turned into the most prolific and notable of these patients who clandestinely sent mail. Carter and state politicians, like Governor Fielding Wright, and Speaker of the Mississippi House of Representatives and member of the House's Hospital Committee Walter Sillers, Jr. became the primary recipients of his letters. The son of a former prominent sheriff from Washington County, Mississippi, Chaney played a key role in the successful leaking of information about the state hospital's conditions.⁴⁸⁷ In early November of 1946, Chaney began writing letters to the aforementioned prominent Mississippians and his family. In spite of this, only Carter acknowledged his detailed letters about the state hospital.

In his letters, Chaney highlighted several aspects of the Mississippi State Hospital that would be revealed in later exposures and investigations. Throughout the letters, he

⁴⁸⁷ Fred Chaney to A.S. Coody, July 16, 1957, Chaney (Fred) Manuscripts [Manuscript] 1951-1960, Box 1, Folder 3. Mississippi Department of Archives and History, Jackson, MS. Hereafter cited as Fred Chaney to A.S. Coody, July 16, 1957, MDAH.

continuously alluded to the lack of staff members. In a letter dated November 2, 1946, he associated low wages and long hours with the “continuous coming and going of new and strange faces among the attendants and other workers.”⁴⁸⁸ He goes on to equate these realities with the “detriment of the standards of upkeep and care of the thousands of sick people on the wards” and the “faulty system of medical supervision” which led patients simply being written off as failing “to respond to treatment.”⁴⁸⁹

Adding to this, Chaney outlined patients’ daily diets. According to him, cornbread and yellow mush were mainstays of their diets.⁴⁹⁰ Breakfast consisted of one cup of coffee, three soggy rolls, and a half of a plate of tallow mush.⁴⁹¹ Dinner consisted of one cup of watered milk, one piece of cornbread, one dab of greens, and one dab of macaroni.⁴⁹² Supper consisted of three soggy rolls and a half of a plate of yellow mush.⁴⁹³ Yellow mush is a common description for porridge-consistency cornmeal mush. Chaney described the diet as “semi-starvation.” And recalled a daily call for upwards of two patients being taken to the infirmary due to malnutrition.⁴⁹⁴

⁴⁸⁸ Fred Chaney to Walter Sillers, et al, November 2, 1946, Carter (Hodding and Betty) Papers, Box 2, Folder: 2-27. Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as Fred Chaney to Walter Sillers, et al, November 2, 1946, MSU.

⁴⁸⁹ Fred Chaney to Walter Sillers, et al, November 2, 1946, MSU.

⁴⁹⁰ Fred Chaney to Walter Sillers, et al, November 2, 1946, MSU. Yellow mush is similar to the cornmeal-based grits poor whites and blacks ate throughout the South. For more information on corn-based diets, and their connection to pellagra and insanity, see chapter three.

⁴⁹¹ Fred Chaney to Walter Sillers, et al, November 2, 1946, MSU.

⁴⁹² Fred Chaney to Walter Sillers, et al, November 2, 1946, MSU.

⁴⁹³ Fred Chaney to Walter Sillers, et al, November 2, 1946, MSU.

⁴⁹⁴ Fred Chaney to Walter Sillers, et al, November 2, 1946, MSU. While there is no institutional data or mentioning by Chaney that points to an uptick of pellagra at the state hospital, there is cause to suggest it. For the more on pellagra at the Mississippi State Hospital, see chapter 2.

Not all of Chaney's attempts to let the outside world know about conditions at the state hospital were successful. On several occasions, attendants and other employees caught Chaney attempting to smuggle mail out of the state hospital. His punishment, for "mail-smuggling," which violated "the censorship maintained during those years" usually came in the form of "tight-packs" and stays in a "tight-room."⁴⁹⁵ "Tight-rooms" consisted of solitary-confinement cells used to solitarily confine inmate in jails and prisons. "Tight-packs," originally known as "loose-packs," date back to the 19th century. The procedure was employed to relieve stress and tension from patients. However, "tight-packs" became a form of punishment who acted out in various manners. "Tight jackets," used at the Mississippi State Hospital, involved 9 sheets being "whipsawed as tightly as possible about the body with 'packers' on either side of the table the twisting three ropes to encircle the chest, lower stomach and legs and to twist down under the table with sticks until breathing and circulation were nearly cut off."⁴⁹⁶ Packers consisted of attendants or other hospital staff. Chaney explains that "victims" were "left thus lying like an Egyptian mummy, triple-trussed" for "nine hours."⁴⁹⁷ In all, Chaney received 81 "tight-packs" and spent a total of 270 days and nights in a "tight-room," largely for

⁴⁹⁵ "Mental Hospitalization in Mississippi As Known to A Patient," *The Whit*, August 1953, 11. Series 2125 "The Whit" Newsletters, 1951-1953; 1957, Box B 1/R 0026/B01/S04, Folder SG3 Mississippi State Hospital, The Whit, Newsletter of the Mississippi State Hospital, Vol. 4, Numbers 1 and 2 (July-September, 1953). Hereafter cited as "Mental Hospitalization in Mississippi As Known to A Patient," *The Whit*, August 1953, MDAH.

⁴⁹⁶ "Mental Hospitalization in Mississippi As Known to A Patient," *The Whit*, August 1953, MDAH.

⁴⁹⁷ "Mental Hospitalization in Mississippi As Known to A Patient," *The Whit*, August 1953, MDAH.

violating mail restrictions and “uncooperative attitude.”⁴⁹⁸ Such forms of punishment existed at the Mississippi State Hospital until 1949.⁴⁹⁹

Shortly after Chaney’s letters, freshman State Representative Hayden Campbell received a tip from an employee, Dan Dawson, about the institution.⁵⁰⁰ On a late-night visit prompted by Dawson, Representative Campbell saw nothing short of “a snake pit.”⁵⁰¹ He became privy to employees stealing goods and supplies right off of the delivery trucks.⁵⁰² After witnessing this, what he was exposed to next substantiated the details in Chaney’s letters. Recalling his first visit to the state hospital years later, “I saw girls naked, laying down in bowel movement” in the white infirmary.⁵⁰³ Qualifying the high rate of communicable diseases, he explained, “I saw people...drinking out of cups, not any fountain, but cups. The water was in the bucket and the cup was beside the bucket.”⁵⁰⁴ He also qualified Chaney’s record of patients’ diets. “I went over to the...cafeteria and I saw milk was diluted with water so badly that you could pour the

⁴⁹⁸ “Mental Hospitalization in Mississippi As Known to A Patient,” *The Whit*, August 1953, MDAH.

⁴⁹⁹ “Mental Hospitalization in Mississippi As Known to A Patient,” *The Whit*, August 1953, MDAH.

⁵⁰⁰ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH. In a letter from Fred Chaney on November 2, 1946, he eludes to persons-committed and employed-at or by the Mississippi State Hospital. One of these individuals is an attendant at the receiving ward named Don Dayson. Chaney may be referring to Dan Dawson, the attendant who informed Representative Campbell about conditions and activities that were occurring at the institution.

⁵⁰¹ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH. The state representative’s description of the Mississippi State Hospital as “a snake pit” dates back to his initial encounter with Dan Dawson in 1947. During this encounter, Dawson referred to the state hospital as “a snake pit.”

⁵⁰² Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵⁰³ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵⁰⁴ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

milk out of the bottle, and the bottle would be perfectly clear,” he recalled.⁵⁰⁵ Unlike Chaney, a patient at the Mississippi State Hospital, Representative Campbell, and Dawson, were employees of the state. This meant that not only did their words hold more weight amongst the state’s press, but also within the state’s government.

Unlike Carter’s commitment to Chaney’s correspondence, Representative Campbell’s findings did not find traction with the state’s prominent print media outlets. Fred Sullens, editor of the *Jackson Daily News*, a traditionally conservative, hard-line democrat, acknowledged Campbell’s findings but kept hesitating about publishing them. While not outright denying publishing the findings, Sullens complicated matters to the point of them almost certainly not being made available to the public. As recalled years later in an interview with the Mississippi Department of Archives and History, Campbell remembered Sullens explaining that “we want to run a series of six articles on Whitfield,” but “You must get signed affidavits for everything you say, because if you don’t, they’ll sue the hell out of us and put you under the jail.”⁵⁰⁶ Even after managing to collect affidavits from everyone he came in contact with during his investigations, Sullens still refused to publish the findings. While conceding to the truthfulness of Campbell’s findings, Sullens remained “afraid to print it.”⁵⁰⁷

Eventually, Campbell’s findings found a home in the state’s print media. George McLean, longtime owner of the *Northeast Mississippi Daily Journal*, proposed running a number of editorials covering Campbell’s findings. After brokering a deal between the two individuals that included McLean copyrighting the editorials, Campbell’s findings

⁵⁰⁵ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵⁰⁶ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵⁰⁷ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

were sent to each member of the legislature.⁵⁰⁸ The editorials were then made available to use by every newspaper in Mississippi.⁵⁰⁹ “When those articles came out,” Campbell explained, “I’ll tell you right now bedlam was a loose in this state.”⁵¹⁰

Instigated by Carter’s editorial columns and the mass publishing of Campbell’s investigation, the Mississippi State Legislature met for a special session in 1947. They assigned the General Legislative Investigating Committee to look into the conditions at the state hospital. Upon their investigation, the committee concluded that conditions at the Mississippi State Hospital had become deplorable and recommended that Dr. Boswell, a member of the institution’s board of trustees, further investigate the situation and draft a report.⁵¹¹

Adding to this investigation and report, Mississippi Governor Fielding Wright made an impromptu visit to the institution.⁵¹² The low points of Governor Wright’s visit came when he could not find a single on-duty doctor and discovering the patients’ diets.⁵¹³ He also discovered that their daily diets, which lingered around 850 calories per day, consisted of grits and gravy for breakfast and the same, plus boiled vegetables, for

⁵⁰⁸ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵⁰⁹ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵¹⁰ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵¹¹ Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, MDAH.

⁵¹² Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, MDAH; Mississippi State Representative Hayden Campbell Private Investigation, August-September, 1949. Carter (Hodding and Betty) Papers, Box 3, Folder: 3-32. Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as Mississippi State Representative Hayden Campbell Private Investigation, August-September, 1949, MSU.

⁵¹³ Dr. W.L. Jaquith, interview by John Griffin Jones and Martha Monaghan, March 20 1979, MDAH.

dinner, with meat only being served once a week.⁵¹⁴ Maisel, in his nationally-published article in *Life* titled “Bedlam, 1946,” described nourishment “a starvation diet, often dragged further below low-budget standard by the withdrawal of the best food for the staff dining rooms.”⁵¹⁵

Representative Campbell’s follow-up investigative visits yielded further information on the state hospital’s conditions. Verifying Governor Wright’s realization regarding patients’ diets, he found that they had been fed spoiled meat, which led to several cases of dysentery.⁵¹⁶ The state representative also found that many staff members—doctors, nurses, and attendants—regularly acted inappropriately around or toward patients. Instances of male doctors, specifically Dr. Dreher, sexually harassing female patients occurred, drunkenness on the job went unpunished, and several staff members allowed patients to fight one another without ramifications.⁵¹⁷ On numerous occasions, attendants fired by one department for incompetence or questionable actions were rehired by another department.⁵¹⁸ Demonstrating sheer negligence, many patients slept in hallways.⁵¹⁹ However, even with these clear instances of negligence and abuse, two events specifically affected Campbell. First, he discovered of a 12-year-old boy in

⁵¹⁴ No author, “Mississippi Mental Hospital Restores 1900 Persons Yearly,” *The Commercial Dispatch*, November 20, 1950. Vertical Files, Whitfield State Hospital. Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁵¹⁵ Maisel, 102.

⁵¹⁶ Mississippi State Representative Hayden Campbell Private Investigation, August-September, 1949, MSU.

⁵¹⁷ Mississippi State Representative Hayden Campbell Private Investigation, August-September, 1949, MSU.

⁵¹⁸ Mississippi State Representative Hayden Campbell Private Investigation, August-September, 1949, MSU.

⁵¹⁹ Mississippi State Representative Hayden Campbell Private Investigation, August-September, 1949, MSU.

the male disturbed ward being “used morally wrong in every imaginable way.”⁵²⁰

Second, the Campbell learned of a “goon squad” that “beat people to death.”⁵²¹

Mississippi State Senator Fred Jones, representing Sunflower and Humphrey counties, visited the Mississippi State Hospital in early-1947. His findings reiterated Campbell’s findings. Meals on the day of the visit included unpeeled boiled potatoes, spaghetti, and cornbread. He also found that several rooms did not have heating during the winter months, the toilets were broken, and the basements of several buildings contained water from leaky pipes.⁵²² Upon visiting the state hospital, he concluded, “I can well imagine that the conditions there are as bad as they were in concentration camps in Europe.”⁵²³

Intensifying such visits, which were presented to the investigative committee in late-1948, current and former patients and employees openly communicated with State Representative Campbell.⁵²⁴ While reaffirming his own findings in the investigation regarding spoiled meat, patient-on-patient abuse, and drunkenness on the job, they also revealed accounts of nurses’ and attendants’ physicality.⁵²⁵ They also maintained that a

⁵²⁰ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵²¹ Hayden Campbell, interview by John Alexander, June 10 1976, MDAH.

⁵²² No author, “Farm Group Asks Governor for State Hospital Investigation,” *Delta Democrat Times*, January 24, 1947.

⁵²³ *Ibid.*

⁵²⁴ No author, “Reopen Inquiry into Charges at Mental Hospital ‘Rotten,’” *Delta Democrat Times*, January 12, 1949.

⁵²⁵ Mrs. Dorothy Bowden to State Representative Hayden Campbell forwarded to Hodding Carter, December 30, 1948. Carter (Hodding and Betty) Papers, Box 3, Folder: 3-32. Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as Mrs. Dorothy Bowden to State Representative Hayden Campbell forwarded to Hodding Carter, December 30, 1948, MSU; N.C. Harris account of Drunkenness on Job presented to State Representative Hayden Campbell and forwarded to Hodding Carter, no date. Carter (Hodding and Betty) Papers, Box 3, Folder:

physician at the state hospital, Dr. Deher, sexually assaulted a sedated female patient, and detailed additional cases of neglect and abuse that, in certain instances, led to death.⁵²⁶ In addition, Representative Campbell uncovered two specific stages of punishment-whippings and beatings, and placement within the “disturbed ward” for various periods of time-were used on patients.⁵²⁷ Conditions at the institution were “rotten to the core,” he asserted.⁵²⁸ A month after these findings, single-person investigations were prohibited.⁵²⁹

With his latest discovery of these conditions and actions, Representative Campbell forwarded several details about the institution’s conditions to Hodding Carter. Carter then used them as fodder for his editorial columns. During the General Legislative Investigating Committee’s inquiry, Carter often jointly invoked morality and fiscal

3-32. Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as N.C. Harris account of Drunkenness on Job presented to State Representative Hayden Campbell and forwarded to Hodding Carter, MSU.

⁵²⁶ Mrs. Dorothy Bowden to State Representative Hayden Campbell forwarded to Hodding Carter, December 30, 1948, MSU; N.C. Harris account of Drunkenness on Job presented to State Representative Hayden Campbell and forwarded to Hodding Carter, MSU; Patricia Brady account of sexual assault by Dr. Deher presented to Mr. Hayden Campbell and forwarded to Hodding Carter, no date. Carter (Hodding and Betty) Papers, Box 3, Folder: 3-32. Special Collections Department, Mitchell Memorial Library, Mississippi State University; Mrs. S. Kealhofer account of abuse that led to death, no date. Carter (Hodding and Betty) Papers, Box 3, Folder: 3-32. Special Collections Department, Mitchell Memorial Library, Mississippi State University; Mr. Hayden Campbell to State Senator W.B. Lucas forwarded to Hodding Carter, no date. Carter (Hodding and Betty) Papers, Box 3, Folder: 3-32. Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁵²⁷ State Representative Hayden Campbell, “Broad Pictures of Abuse Uncovered at Whitfield Before Iron Curtain of Secrecy was Drawn,” *Delta Democrat Times*, April 26, 1949.

⁵²⁸ No author, “Reopen Inquiry into Charges at Mental Hospital ‘Rotten,’” *Delta Democrat Times*, January 12, 1949.

⁵²⁹ State Representative Hayden Campbell, “Broad Pictures of Abuse Uncovered at Whitfield Before Iron Curtain of Secrecy was Drawn,” *Delta Democrat Times*, April 16, 1949.

soundness while continuously suggesting that the ultimate goal of the state hospital should be to rehabilitate and release its patients, not house them for the remainder of their lives. In one particular editorial column, just two days prior to the release of the committee's findings and suggestions, he stated, "Rehabilitating mentally ill people is a vast savings of money and resources but better, it is a saving of people who need not be lost."⁵³⁰

In the spring of 1949, the General Legislative Investigating Committee, supported by Dr. Boswell's findings, reported on the Mississippi State Hospital. The committee concluded that more attendants be hired, and those attendants not fired due to abusive behavior toward patients, be given pay increases.⁵³¹ Aside from discovering a few instances of staff members whipping patients' feet, the committee, contrasting Representative Campbell's investigations, purportedly did not find any instances of severe abuse.⁵³² These findings, however, never became public.

The state legislature also established a governor-appointed, 5-man statewide board of trustees to oversee Mississippi's state hospitals.⁵³³ This board of trustees purportedly freed the state hospitals from state politics, which had hindered their allocation of funding and conditions. Unlike the exposure of northern institutions' conditions during the late-1960s and early-1970s, the conditions at the Mississippi State Hospital, doubtless aided by Chaney's involvement, Carter's coverage, and

⁵³⁰ Hodding Carter, "The Report Should Tell," *Delta Democrat Times*, April 15, 1949.

⁵³¹ No author, "Want More Medical Personnel as Soon as Possible: Find Beatings," *Delta Democrat Times*, April 17, 1949.

⁵³² No author, "Want More Medical Personnel as Soon as Possible: Find Beatings."

⁵³³ No author, "Mississippi Mental Hospital Restores 1900 Persons Yearly," *The Commercial Dispatch*, November 20, 1950.

Representative Campbell's investigative visits, provoked the state legislature to open an investigation.⁵³⁴ Also, while the suggestions appear meager, the state legislature, in a timelier manner, did more to better the conditions at the institution than other governing bodies did when confronted with information about the conditions at the aforementioned northern institutions during the late-1960s and early-1970s.

After the release of the committee's concluding remarks and establishment of a statewide board of trustees, two things concurrently occurred over the course of the next decade-the betterment of conditions and deceleration of the state's media coverage of the Mississippi State Hospital. As compared to the mixed coverage the institution garnered for the first fourteen years of its existence, most coverage throughout the 1950s focused on its improvements. A year-and-a-half after the committee's concluding remarks, the institution employed 11 doctors, 21 registered nurses, 21 occupational therapists, and for the first time, a full-time psychologist and dietitian, who played a large role in the vast improvement of patients' diets.⁵³⁵ A sample, mid-week diet from 1951 reveals that patients ate meat with two of three meals a day, and each mealtime included a wide

⁵³⁴ In *the Disability Rights Movement: From Deinstitutionalization to Self-Determination* (2003), Duane F. Stroman depicts United States Senator Robert Kennedy's visit to Willowbrook State School in 1965, similar to NBC 10 Philadelphia's *Suffer the Little Children* (1968) on Pennhurst State School and Hospital, as fruitless and yielding little to no change in the conditions of the institution. Stroman, however depicts WABC-TV New York's *Willowbrook: The Last Great Disgrace* (1972) on Willowbrook State School and Letchworth Village as playing a significant role in the eventual betterment of conditions at the institutions.

⁵³⁵ No author, "Mississippi Mental Hospital Restores 1900 Persons Yearly," *The Commercial Dispatch*, November 20, 1950. Unlike during and directly after the war years, patients' daily diets included meat, fruits, vegetables, and ample amounts of milk.

variety of fruits and vegetables.⁵³⁶ With this, every patient had his or her own bed, which significantly contrasts the patient-to-bed ratio during the institution's first 14 years of existence.⁵³⁷

Fred Chaney, upon being readmitted to the Mississippi State Hospital, began writing in the institution's newsletter, *The Whit*. Unlike its predecessor, which suppressed any information about the state hospital's conditions and happenings during and after the Second World War, *The Whit* became a conduit to present strides and improvements made in the years following the state legislature's investigation. Across a multi-month piece in 1953, Chaney reported on the progress made at the institution. While noting the hospital lacked a cooling system due to the state hospital being "located in a climate whose summer months scorch and burn into each brick and cement" and ever presence of flies, "especially at the place where food is serve," his commentary was largely positive.⁵³⁸ Reoccurring references included the lack of once quite often punishment by

⁵³⁶ Bill Street, "Over 200 [*sic*] Patients Returned to Society," *The Whit*, April 15, 1951. Vertical Files, Whitfield State Hospital. Special Collections Department, Mitchell Memorial Library, Mississippi State University. Hereafter cited as Bill Street, "Over 200 [*sic*] Patients Returned to Society," MSU.

⁵³⁷ No author, "Mississippi Mental Hospital Restores 1900 Persons Yearly," *The Commercial Dispatch*, November 20, 1950.

⁵³⁸ "Mental Hospitalization in Mississippi As Known to A Patient," *The Whit*, November 1953, 19. Series 2125 "The Whit" Newsletters, 1951-1953; 1957, Box B 1/R 0026/B01/S04, Folder SG3 Mississippi State Hospital, *The Whit*, Newsletter of the Mississippi State Hospital, Vol. 4, Numbers 1 and 2 (October-November, 1953). Mississippi Department of Archives and History, Jackson, MS. Hereafter cited as "Mental Hospitalization in Mississippi As Known to A Patient," *The Whit*, November 1953, MDAH.

“the infliction of physical suffering and “a 1000% improved diet,” which contrasted the food shortages of old and fostered patients’ improved physical states.⁵³⁹

While the institution’s director, Dr. Jaquith, regularly boasted about the number of patients released, its admission rate, steadily climbing during the 1950s, made his one-sided remarks moot. While the institution released 2000 patients during a nine-month stretch from the summer of 1950 to the spring of 1951, it admitted 2600 patients.⁵⁴⁰ By 1954, the number of those admitted rose to an average of 3600 annually, which seemed to stay consistent throughout the remainder of the decade.⁵⁴¹

Aside from a select few quaint stories observing exhibit events at the Mississippi State Hospital, the institution became all but absent from the pages of the state’s major periodicals from the mid-1950s through the early-1970s, a period dominated by statewide political and racial unrest. It would not be until the mid-1970s, directly after the exposure of conditions at northern institutions, like Willowbrook State School, and

⁵³⁹ “Mental Hospitalization in Mississippi As Known To A Patient,” *The Whit*, October 1953, 17. Series 2125 "The Whit" Newsletters, 1951-1953; 1957, Box B 1/R 0026/B01/S04, Folder SG3 Mississippi State Hospital, The Whit, Newsletter of the Mississippi State Hospital, Vol. 4, Numbers 1 and 2 (October-November, 1953). Mississippi Department of Archives and History, Jackson, MS. Hereafter cited as “Mental Hospitalization in Mississippi As Known to A Patient,” *The Whit*, October 1953, MDAH.

⁵⁴⁰ Bill Street, “Over 200 [*sic*] Patients Returned to Society,” MSU.

⁵⁴¹ Kenneth Toler, “Criminally-Insane Escape at Whitfield Overshadows News of Good Done There,” *The Commercial Dispatch*, October 31, 1954, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University;

No author, “Whitfield State Hospital has One Hundredth Birthday; Pageant Here Thursday,” *Jackson Daily News*, November 15, 1955, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

Pennhurst State School and Hospital, when the Mississippi State Hospital's declining conditions began to surface afresh.

Beginning in the mid-1970s, conditions mirroring those the likes of Hodding Carter and State Representative Hayden Campbell exposed in the late-1940s came under question. In 1975, the Joint Commission on Accreditation of Hospitals, a national authority, denied the Mississippi State Hospital accreditation for the 22nd consecutive year.⁵⁴² Due to the institution losing its accreditation, which, in the wake of the enactment of the Social Security Amendments of 1965, meant it did not qualify for numerous federal programs, like Medicaid and Medicare, and various forms of federal funding.⁵⁴³ Superintendent Dr. Jaquith connected the Mississippi State Hospital's inability to gain accreditation to the fact that the institution was understaffed and the assertion that accreditation standards became excessively inflexible in the post-war period.⁵⁴⁴ The impact of not gaining accreditation for over 20 years, and especially since the mid-1960s, led the institution's conditions to worsen.

⁵⁴² No author, "Mental Hospital Changes Urged," *Delta Democrat Times*, June 20, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University. According to this article, the commission, on a general level, recommended more than 200 changes to improve conditions at the institution and make serious strides toward accreditation.

⁵⁴³ No author, "Accreditation 'Not Expected,'" *Jackson Daily News*, June 20, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University; No author, "Probers Urge State to Bring Whitfield up to Standards," newspaper name not given, September 24, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁵⁴⁴ Dr. W.L. Jaquith, interview by John Griffin Jones, April 10 1979, MDAH.

The most prominent example of the institution's facilities' poor conditions was the fact only a few of the almost 100 buildings at the institutions had air conditioning.⁵⁴⁵ This matter, according to an article in *The Clarion-Ledger* and hot off the heels of the institution being denied accreditation for a 21st consecutive year, had been "directly responsible for the deaths of elderly patients over the years."⁵⁴⁶ Adding to the lack of adequate air conditioning in almost all buildings at the institution, many also lacked heat during the winters.⁵⁴⁷ With this, many buildings, similar to conditions in the 1940s, had leaking ceilings, broken windows without screens, moisture-ridden dripping walls, crumbling exteriors, and a kitchen that state officials felt should be shut down.⁵⁴⁸

Just about paralleling the denial of accreditation for a 22nd consecutive year, the Mississippi State Hospital became embroiled in a pair of lawsuits accusing staff members of mistreating patients.⁵⁴⁹ The first, a civil rights lawsuit, which accused staff members of abusing patients, led it to the dismissal of 9 physicians for fiscal reasons dealing with

⁵⁴⁵ Rea S. Hederman, "Whitfield Mental Hospital...Ancient Facilities Hinder Care," *The Clarion-Ledger*, June 24, 1974, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁵⁴⁶ Ibid.

⁵⁴⁷ James Young, "Whitfield Facility Attacked in Suit," *The Commercial Appeal*, June 13, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁵⁴⁸ Ibid; No author, "Mental Hospital Changes Urged," *Delta Democrat Times*, June 20, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University; Rea S. Hederman, "Whitfield Mental Hospital...Ancient Facilities Hinder Care," *The Clarion-Ledger*, June 24, 1974, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁵⁴⁹ No author, "Civil Rights Suits Causing Resignations from Whitfield," *The Daily Herald*, April 28, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University; James Young, "Whitfield Facility Attacked in Suit," *The Commercial Appeal*, June 13, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

legal cost.⁵⁵⁰ Dr. Jaquith, who was in his last months of being superintendent, stated that the loss of these doctors placed the institution, “in a real crisis situation” and that “the result is going to be catastrophic unless some relief is coming.”⁵⁵¹ However, adequate relief, according to statewide newspaper articles in the wake of the case and a pair of interviews with Dr. Jaquith in 1979, did not come. The second case, a federal class-action lawsuit, accused staff members of administering “cruel and unusual punishment” to 90 or so patients in a single, three story dormitories.⁵⁵² For the next decade-and-a-half, similar reports and lawsuits pertaining to the Mississippi State Hospital’s questionable conditions and treatment of patients emerged.

Unlike in the case of many Northeastern and Midwest institutions, which all but ceased to operate by the mid-1990s, the Mississippi State Hospital remains open to this day. In the wake of the exposés of the late 1960s and early-1970s, many states were forced to decide whether or not to maintain their commitment to state-hospital and asylum system. Such “states as New York, Massachusetts, Illinois and California had invested most heavily in the asylum solution.”⁵⁵³ In the wake of these exposés, these states “faced the largest potential fiscal challenges when demands were made to improve” their state-hospital systems.⁵⁵⁴ These states, along with several others, chose to close

⁵⁵⁰ No author, “Civil Rights Suits Causing Resignations from Whitfield,” *The Daily Herald*, April 28, 1975, Vertical Files, Whitfield State Hospital, Special Collections Department, Mitchell Memorial Library, Mississippi State University.

⁵⁵¹ *Ibid.*

⁵⁵² James Young, “Whitfield Facility Attacked in Suit,” *The Commercial Appeal*, June 13, 1975; Dr. W.L. Jaquith, interview by John Griffin Jones, April 10 1979, MDAH.

⁵⁵³ Scull, 370. It is worth noting that these states who invested so heavily in the asylum solution are located in the Northeast, Midwest, and Pacific West, and were noted for their expansive state hospital systems and their respective exposures.

⁵⁵⁴ *Ibid.*

down their state hospital systems. Their patients were either transferred to smaller, community centers or simply released. This epoch of deinstitutionalization became “a process by which large numbers of psychiatric patients are moved out of public asylums and into a variety of other community and institutional settings” or discharged onto the streets.⁵⁵⁵

⁵⁵⁵ Greg Eghigian, *From Madness to Mental Health: Psychiatric Disorder and its Treatment in Western Civilization* (New Brunswick: Rutgers University Press, 2010), 357.

CHAPTER VI
INSANITY AND ‘APPENDECTOMIES; THE EMPLOYMENT OF STATE
HOSPITAL INSTITUTIONALIZATION AND COMPULSORY
STERILIZATION DURING THE CIVIL RIGHTS
MOVEMENT IN MISSISSIPPI

Between 1958 and 1964, the Mississippi State Legislature attempted to pass four separate pieces of legislation centered on compulsory sterilizing African-American female Mississippians. Three of their efforts failed and one succeeded. In March of 1964, on the eve of the passage of the Civil Rights Act of 1964, Mississippi House Bill No. 180 came the closest to passing both chambers of the legislature in its original form. Formally called “An Act To Provide That Any Person Who Shall Become The Parent Of An Illegitimate Child Shall Be Guilty Of A Felony And To Provide The Punishment Therefor,” the bill would have made having children out of marriage a punishable felony. Those convicted of the crime would face three to five years in the Mississippi State Penitentiary, colloquially known throughout the state as Parchman Farm.

After the Second World War, the threats of going to the Mississippi State Hospital and compulsory sterilization were independently employed as divertive instruments against the state’s African-American residents and the state’s civil right movement. As much as this story is about these divertive instruments used against certain

Mississippians, it is also a challenge to the traditional historical narrative of the modern African American Civil Rights Movement. Most modern United States historians firmly place the beginning of this movement at the Second World War. These historians generally argue African Americans, returning from battle against fascism and imperialism or even becoming exposed to new forms of institutional racial segregation and racism in the United States Armed Forces, challenged the federal government to satisfy their unfulfilled promises from Reconstruction.

By the 1950s and into the 1960s, with the movement gaining ground, local officials turned to legal measures and practices that concealed racial intent and shifted political authority from the local to the state level.”⁵⁵⁶ Concurrently, white segregationists also altered how they discussed race in public, “transitioning from an emotionally charged and overtly racialized discourse to a more subtle and sophisticated language marked outwardly by reason, science, and statistics.”⁵⁵⁷ This shift in language is evident in the labelling of African Americans who defied the “Jim Crow Routine” as crazy or insane, and using economic arguments as reason and statistics to justify several attempts to enact compulsory sterilization laws that would have disproportionately affected African-American Mississippians. Jacquelyn Dowd Hall, in discussing and challenging the history of the modern African American Civil Rights Movement, stated, “The story of a “long civil rights movement” ...took root in the liberal and radical milieu of the late

⁵⁵⁶ Stephen Berrey, *The Jim Crow Routine: Everyday Performances of Race, Civil Rights, and Segregation in Mississippi* (Chapel Hill: University of North Carolina Press, 2015), 3.

⁵⁵⁷ Ibid.

1930s.”⁵⁵⁸ Adding to her assertion and more extensively, the use of compulsory sterilization and the threat of forced institutionalization elongates the movement extensively back into the majority of the inter-war period. By examining these aforementioned divertive instruments, I argue for an extended narrative of the modern African-American Civil Rights Movement.

The most well-known instances of these uses of these newly-crafted instruments after the Second World War revolved around Clennon King and Fannie Lou Hamer. However, numerous other, lesser known Mississippians also faced these instruments of power. In the post-war age of deinstitutionalization and the rise of civil rights, forced institutionalization and sterilization were utilized to maintain an inflexibly racially-segregated society in Mississippi. Furthermore, the state’s utilization of mental illness and institutionalization toward African Americans after the Second World War continued the promotion of the question concerning African Americans’ susceptibility to insanity. The stories of Eddie Noel and Willie McGee, along with King, and the legal procedures they ensured highlight this lingering medical question regarding African Americans in the racially-segregated South.

In 1924, Virginia became the first southern state to transition from segregating to sterilizing “unfit” individuals by ratifying a compulsory sterilization law that would be validated three years later by the United States Supreme Court in the case commonly referred to as *Buck v. Bell*. The direct roots of the case date back to 1924, when Carrie Buck, an eighteen-year old white female, was placed in Virginia’s State Colony for

⁵⁵⁸ Jacquelyn Dowd Hall, “The Long Civil Rights Movement and the Political Uses of the Past,” *Journal of American History* 91, no. 4 (2005): 1235.

Epileptics and Feeble Minded.⁵⁵⁹ The state of Virginia classified her as feeble-minded because her mother was once a patient at the state colony.⁵⁶⁰ Furthermore, her sister was a present inmate and eventually experienced the same fate as Carrie.⁵⁶¹ Adding to her mother and sisters being patients, Buck's rape by a family member led to her incarceration. She birthed a baby girl from the rape, who later died at an early age. The same year that Buck was placed in the Virginia State Colony for Epileptics and the Feeble Minded the state enacted a compulsory sterilization law.

The Virginia law was constructed by the superintendent of Lynchburg, A.S. Priddy, Dr. Walter Plecker, registrar of the state's Bureau of Vital Statistics, and state senator, Aubrey Strode, who sought to test the law's constitutionality in a Virginia state court.⁵⁶² As expected, the law was passed with limited opposition, and was formally backed by Harry Laughlin, the Superintendent of the Eugenics Record Office.⁵⁶³ The law's official title became The Racial Integrity Act. While include provisions concerning the sterilization of patients at institutions on a case-by-case manner, it also reaffirmed the state's longstanding opposition to interracial relationships and marriage. Dating back to the colonial period, Virginia had enacted several anti-miscegenation pieces of legislation.

⁵⁵⁹ The Virginia State Colony for Epileptics and the Feeble Minded also went by the name the Lynchburg State Colony for Epileptics and Feeble Minded.

⁵⁶⁰ Steven Noll, *Feeble-Minded in our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill: University of North Carolina Press, 1995), 69.

⁵⁶¹ Ibid.

⁵⁶² Ibid., 68; Paul A. Lombardo, ed. *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, Paul A. Lombardo, "From Better Babies to the Bunglers" (Bloomington: Indiana University Press, 2011), 49. As Virginia's registrar in the Bureau of Vital Statistics, Dr. Walter Plecker oversaw the process of registering the newborn as citizens. This role, especially after the passage of The Racial Purity Law, gave Plecker and his agency the ability to enforce the state's new, hardline anti-miscegenation stance.

⁵⁶³ Noll, 69.

However, it would not be until the drafting and eventual passage of The Racial Integrity Act that “modern, scientifically derived laws in maintaining the color line” and “openly eugenic arguments about the need to keep white bloodlines pure” became the method used by southern state legislatures and proponents of eugenic laws to argue for and enact such pieces of legislation.⁵⁶⁴

With blessings from the likes of Laughlin and Virginia’s Supreme Court members, the state of Virginia decided to exercise the sterilization law. When choosing a candidate to be sterilized under the new law, Priddy wanted to choose an inmate that was overly qualified to be the first of many sufferers. The state chose Carrie Buck. Buck had a purported history of feeble-mindedness in her family, and was the mother of an illegitimate child from incest.⁵⁶⁵ When Virginia approved the Buck’s sterilization, her attorney, I.P. Whitehead, a man who would come to call for at least two dozen women to be sterilized under Virginia law, argued against the sterilization. Whitehead hunted to take the case to the United States Supreme Court.⁵⁶⁶ Whitehead firmly believed Virginia’s “statute did not provide due process; it violated [Buck’s] bodily integrity; and was a deprivation of her life and liberty.”⁵⁶⁷ Whitehead did not seek to overturn the state’s new law. Instead, sought to tweak the law to ensure patients’ rights under the 14th Amendment of the United States Constitution.

Upon the United States Supreme Court’s near-unanimous decision in *Carrie Buck v. John Hendren Bell, Superintendent of State Colony for Epileptics and Feeble Minded*

⁵⁶⁴ Lombardo, ed., “From Better Babies to the Bunglers,” 49.

⁵⁶⁵ Noll, 69.

⁵⁶⁶ Ibid., 70; Edwin Black, *War Against the Weak: Eugenics and America’s Campaign to Create a Master Race* (New York: Thunder’s Mouth Press, 2003), 114..

⁵⁶⁷ Noll, 70.

to uphold a Virginia statute legalizing compulsory sterilization of the unfit “for the protection and health of the state,” Associate Justice Oliver Wendell Holmes, Jr. provided the court’s majority opinion. “It is better for all the world if, instead of waiting to execute degenerate offspring for a crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind,” the associate justice pronounced.⁵⁶⁸ He ended his opinion by exclaiming the often misquoted notorious decree, “Three generations of imbeciles is enough.”⁵⁶⁹ Between the *Buck v. Bell* decision in 1927 and 1930, 12 states ratified laws allowing their respective state hospitals to perform such procedures.⁵⁷⁰ Mississippi became one of these 12 states. Encouraged by the United States Supreme Court’s acknowledgement of the constitutionality of Virginia’s compulsory sterilization law, state legislators in Mississippi hastily drafted a similar law of their own and voted it into action in 1928.

States like Indiana and California had enacted compulsory sterilization laws in the early-1900s and southern states such as Alabama ratified similar legislation shortly after the First World War. However, the Supreme Court’s decision on Virginia’s law ushered in a ground-breaking constitutional acceptance of negative eugenics throughout the United States, and particularly in the South.⁵⁷¹ North Carolina, Georgia, Mississippi, and South Carolina each passed their own compulsory sterilization law by the end of the

⁵⁶⁸ No author, “Holmes, Oldest Justice of Supreme Court, Most Active: Son of Famous Poet and Louis Brandeis, Only Member, Form Progress Wing of the High Court,” *The Springfield Leader* (Springfield, MO), June 5, 1927.

⁵⁶⁹ No author, “The Sterilization Law,” *Kingsport Times* (Kingsport, TN), May 31, 1927.

⁵⁷⁰ Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (Amherst, NY: Humanity Books), 83.

⁵⁷¹ Indiana and California enacted their compulsory sterilization laws in 1907 and 1909, respectively. Alabama enacted similar legislation in 1919.

1930s. Louisiana became the toughest state in the region to place a sterilization statute into law. The key opposition to sterilization in Louisiana was the Catholic Church, which did not have much influence in other southern states.⁵⁷² While Louisiana's institutions practiced sterilization separately, it became impossible for the state to enact a compulsory sterilization law.⁵⁷³ As Louisiana remained at a stalemate on the issue, the surrounding states began to pass sterilization statutes.

With the enactment of a compulsory sterilization by Mississippi, becoming the first in the South to do so after the *Buck v Bell* decision, the state established a new manner of controlling African Americans' and poor whites' bodies based on socioeconomic, racial, gendered and scientific reasoning. Initially, to control these bodies, the state used the Mississippi State Hospital to compulsory sterilize individuals seen as unfit to procreate. However, due to revelations of Nazi Germany's use of such programs against the Jewish population of Central Europe and advocacy of genocide, advocacy of compulsory sterilization began to fall out of favor not just in the South but throughout the United States by the late-1930s and early-1940s.⁵⁷⁴

The appeal for eugenics in Mississippi, like most of the South, arrived late as compared to other regions. In fact, the eugenics movement's rise in Mississippi occurred during what historians have labeled the second wave of eugenics, whereas compulsory sterilization laws in state's like Indiana, California, and even Alabama occurred in its first wave. However, when southern states in this second wave embraced and enacted their

⁵⁷² Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1995), 108.

⁵⁷³ Ibid.

⁵⁷⁴ Nazi Germany advocated for the genocide of various groups, including but not restricted to the Jews, Catholics, gypsies, and the disabled.

own such laws, they did so wholeheartedly. While the later interwar period produced several eugenics laws, specifically in the South, the movement reached its “zenith of eugenic enthusiasm” all through and immediately after the First World War.⁵⁷⁵ While North Carolina’s law has gained the most attention by historians in recent decades, Mississippi’s compulsory sterilization law and the manner in which it evolved, deserves further attention.

As Mississippi, like other southern states, faced economic uncertainty leading up to the Great Depression, Mississippi physicians and politicians began to advocate for a compulsory sterilization law. Individuals like Theodore Bilbo, C. D. Mitchell, superintendent of the Mississippi State Hospital, J. M. Buchanan, superintendent of the East Mississippi State Hospital, and H. H. Ramsey, superintendent of the Mississippi School and Colony for the Feeble-minded, swept up in the rising popularity of eugenics, further advocated and championed for a compulsory sterilization law in the state. Bilbo, particularly, appended himself to the national discussion on eugenics to deal with the purported threat of feeble-mindedness. In characteristic southern progressive fashion of the day, Bilbo appealed to those who would be most affected by compulsory sterilization—impoverished whites—as the candidate who would provide proper measures to house and sterilize the state’s insane and feeble-minded. One year after the *Buck v. Bell* decision,

⁵⁷⁵ Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca: Cornell University Press, 1997), 110.

Mississippi became the first state in the Deep South to enact a compulsory sterilization law.⁵⁷⁶

After the First World War, most southern states experienced an economic downturn, which factored into their drafting of compulsory sterilization laws. This became no more apparent than in Mississippi. As war-ravaged European nations slowly began to rely less and less on the South for agricultural goods, crop prices began to tumble. While other states in the region consisted of poly-crop and embryonic industrial economies, Mississippi remained a mono-crop economy predicated on cotton. Such an almost “inflexibly monogamous” relationship with the cotton industry, accounting for 80 percent of the state’s gross income, created an economy prime to fail once European nations began to reduce their agricultural dependency after the First World War and ultimately crash with the onset of the Great Depression.⁵⁷⁷

Amidst Mississippi’s extended economic recession, two particular, intertwined trends occurred that played into state legislators passing a compulsory sterilization law in 1928. The first trend became the economic status of state which lasted all through the 1920s and 1930s. Because Mississippi faced elongated economic troubles, its funding of state institutions became a concern. The second trend concerned the steadily rising population of the three-forementioned state-funded institutions. During the 1920s, the state legislature appropriated funding to construct a new state hospital, which opened in

⁵⁷⁶ It is worth noting that the compulsory sterilization, specifically hysterectomies, of those deemed insane or feebleminded in the United States became colloquially known as a ‘Mississippi Appendectomy.’

⁵⁷⁷ Roger D. Tate Jr., “George B. Power and New Deal Work Relief in Mississippi, 1933-1934,” *Journal of Mississippi History* 46 (March 1984): 1. Between 1929 and 1932, Mississippi’s cotton market collapsed. Cotton values fell from \$193 million to \$47 million during this time.

1935. The old institution, opened in the 1850s, was beyond repair and had become a bastion of unsanitary and unpleasant conditions. The state's leading politicians and physicians attempted to solve these population issues with compulsory sterilization.

While the South in general arrived comparatively late to the decision to enact compulsory sterilization laws, they wasted little time enforcing them. From its passage in 1928 into the Second World War, Mississippi's compulsory sterilization law, like others in the South and the nation, targeted individuals seen as "unfit" to procreate. "Unfit" individuals included, but were not limited to, the feebleminded, insane, criminals, and epileptics. The sterilization of "unfit" Mississippians revolved around three specific state-funded institutions-the Mississippi State Hospital, the East Mississippi State Hospital, and the Mississippi School and Colony for the Feeble-Minded.⁵⁷⁸

Decades before statistician Francis J. Galton first defined the term eugenics as "the science of improving stock," the South became distinctly divided into two factions; white and non-white. Unlike other regions of the United States, where populations were largely segregated by socioeconomic status, and race and ethnicity, the South was almost exclusively segregated racially. Although the South possessed a large number of impoverished whites, the region also had a vast, enslaved African American population prior to the American Civil War. The traditional antebellum agrarian idealism was supported by ties of family, blood kinship, clanship, custom, and community which were seen as keys to preserving southern antebellum life.⁵⁷⁹ Preserving a life once lived and Anglo bloodlines were the driving forces behind the embracement of eugenics, and the

⁵⁷⁸ For the purpose of continuity, I will use these titles.

⁵⁷⁹ Larson, 9.

eventual segregation and sterilization of the mentally retarded. While the principals of eugenics were used to divide differences between certain European immigrants in the North, the South did not attract immigrants. Edward J. Larson, in *Sex, Race, and Science: Eugenics in the Deep South* (1995), notes “in the North and the West eugenic concerns typically focused on ethnically distinct immigrants who could be viewed as “Others” by the predominantly white, middle-class supporters of eugenics. This could not happen in the South, which attracted few foreign immigrants.”⁵⁸⁰ Recognizing and identifying the differences between European immigrants never became an issue in the South, because of the economic system predicated on sharecropping in the region. African Americans, enslaved then freed after the American Civil War, took the place of European immigrants from the 1840s into the 20th century in the region. White elites in this South were more concerned with keeping their blood line pure and separate from the African American blood line, and to a lesser extent the white non-elite, as well.

While procreating with one’s own race was seen as the key to ensuring that the white race would prevail, many former slave owners believed this notion held the same value in the black community. White southern elites, all through the antebellum period, held dear the notion only the fittest and heartiest African Americans lived to make the trip to the United States. However, after the American Civil War and all through the Jim Crow Era, and especially in economically downtrodden years, African American childbearing came to be seen as a nuisance by white southern elites. With the introduction of eugenics to the South, advocates of creating a master race realized that the

⁵⁸⁰ Larson, 9.

new social philosophy could be used as more than justification for the separation of races.

By the first decade of the twentieth century, answers would be produced to slow the reproduction of undesirable humans, regardless of race.

Adding to this, the inclusion of giving an explanation for segregation and justifying it became prevalent throughout all aspects of southern antebellum life, even organized religion. While many Protestant congregations kept their churches white, it became the pastors and priests who warranted the people's choice by stating and including that the division of races was right, even in the house of God.⁵⁸¹ Southern Christians often used biblical stories to ensure the conservation of the South's stance against racial integration. The story of Noah and his three sons; Shem, Japheth, and Ham became a major folk-like biblical tale that allowed southerners to have no second thoughts on their culture and social hierarchy.⁵⁸² Southerners viewed this story as one that condoned segregation, because each of Noah's sons were characterized, then told to rule separate part of the Earth according to the pigment of their skin.⁵⁸³ Specific hymns, which were dominant in white Southern Baptist churches, spoke of Christ's death and the mastery of the Caucasian race:

“Oh! precious is the flow that makes me white as snow;

No other fount I know, Nothing but the blood of Jesus.

... Would you be free from the burden of sin?

There's pow'r in the blood.

⁵⁸¹ Jerrold M. Packard, *American Nightmare: The History of Jim Crow* (New York: St. Martins Griffin, 2002), 94.

⁵⁸² *Ibid.*, 17.

⁵⁸³ *Ibid.*, 18.

... whiter, much whiter than snow.”⁵⁸⁴

With such stories and biblical citations to back the unjust treatment of lesser and unfit persons, common individuals in the South felt they were doing what God had asked of them.

Shortly after the conclusion of Reconstruction, the foundation of the New South was created with the premise of keeping races segregated. Southern elites strove toward the goal of building a master race that would help the South gain its footing and ensure the region’s cultural and societal preservation. Before the term eugenics was penned by Francis J. Galton the segregation of ‘less significant persons’ was fueled by pure hatred and racism. The ex-Confederate states profited tremendously from Galton’s new social philosophy. Eugenics allowed division and oppression to be justified by scientific reasoning. The traditionalism of southern culture remained unchanged after Reconstruction with the help of eugenics. This term came to permit blatant racism, hatred, and detestation toward those classified as feeble-minded, which prevailed well into the twentieth century. With the introduction of eugenics to the South, advocates of creating a master race realized that the new social philosophy could be used as more than justification for the separation of races. By the first decade of the twentieth century, answers would be produced to slow the reproduction of the “unfit,” regardless of races. While the law did little to curb Mississippi’s state hospitals’ ever-increasing population, it did further present a new mode of control in an already rigidly echeloned society. I argue that the law added a new dimension to the practice of segregation in Mississippi. Whereas traditional segregation in the Jim Crow South solely revolved around race, the

⁵⁸⁴ Larson, 13.

segregation of those deemed insane or feeble-minded largely revolved around class, and diagnosis and gender. Individuals became segregated from society with their admittance to the state hospital, then segregated based on diagnosis and gender. Furthermore, patients, predominantly female, who underwent compulsory sterilizations, became segregated from society on the grounds of reproduction and body image, from the rest of society, whether continuing to be institutionalized or discharged. One of the core arguments for the compulsory sterilization of such females was predicated on the threat of reproducing feeble-minded children, who would become a bane on society, and state institutions and agencies. In addition, the fear of miscegenation among the architects and proponents of the Jim Crow South also became a selling point.

The last significant stride to segregate the feeble-minded from society came from Mississippi during a Mississippi Mental Hygiene Commission meeting in 1919.⁵⁸⁵ While the meeting was scheduled to discuss the states institutions, and the role they played when dealing with the feeble-minded and insane, Governor Bilbo's views were expressed by Thomas H. Haines, a National Committee for Mental Hygiene member. Haines, speaking on behalf of Bilbo, touched on the need to separate unfit-mentally retarded, feeble-minded, epileptic, and insane- Mississippians from the general public. He stated they were a menace to the community and placed a strain on funds that came from the state's taxpayers. To completely get his point across, Haines told the story of a woman who was deemed too unfit to take care of herself. "In a county poor farm in Mississippi there is one imbecile white woman of about forty years who has more children than she can count, both white and black...She has not the common sense of an ordinary seven-

⁵⁸⁵ Larson, 61.

year-old girl, yet she is highly sexed,” Haines stated.⁵⁸⁶ He continued, “The community has entrusted her with the management of her life and really aided her, at the expense of tax payers, in producing these children who can be nothing but parasites all their lives long.”⁵⁸⁷ Within a three-year span from 1918 and 1920, every state in the South created institutions for the eugenic segregation of the feeble-minded and insane. Mississippi was no exception in attempting to segregate “unfit” individuals from the larger society. The Mississippi School and Colony for the Feeble-Minded opened in 1921.⁵⁸⁸ While the colony’s opening provided hope that the Mississippi State Insane Hospital’s again-ballooning population would be cut, nothing of this sort occurred. Between 1921 and 1923, the colony only received 22 white individuals from the hospital.⁵⁸⁹

Mississippi’s new law, coupled with an already highly purposeful system of institutionalizing the state’s mentally ill and feeble-minded, added a new dimension to the maintenance of the state’s already rigidly stratified society predicated on race. Whereas traditional segregation solely revolved around race, the institutionalization and sterilization of the mentally ill and feeble-minded also revolved around class, diagnosis, and gender. In the economically depressed 1920s, Mississippi’s leading physicians and politicians advocated for a compulsory sterilization law. After its passage and into the Great Depression, superintendents of the state’s institutions for the insane and feeble-minded used the law to sterilize hundreds of individuals. However, upon the

⁵⁸⁶ Larson, 62.

⁵⁸⁷ Ibid.

⁵⁸⁸ Noll, 123.

⁵⁸⁹ The Mississippi Legislature, *Thirty-Fourth Biennial Report of the Mississippi State Insane Hospital, Jackson, Mississippi from July 1, 1921 to June 30, 1923* (Jackson: n.p., n.d.), 9.

realization of Nazi Germany's use of such practices, these institutions began to gradually decline their sterilization programs. This realization also had noticeable effects on the national eugenics movement. Harry Laughlin, secretary of the Eugenics Record Office in Cold Springs Harbor, New York and earlier unreserved advocate of Virginia's compulsory sterilization law, resigned from his position.⁵⁹⁰ It seemed as if "eugenics as an official social program of the United States" began to wind down by the late-1930s and early-1940s.⁵⁹¹ However, the eugenics movement did not end in the South, and merely took a different approach to advocating for the compulsory sterilization of those deemed unfit to have children. These procedures did not stop altogether, and instead shifted to outside the walls of Mississippi's state hospitals and institutions for the feebleminded.

From its passage in 1928 into the Second World War, Mississippi's sterilization law, like other such laws throughout the nation, and particularly in the South, revolved around its state hospitals and similar state institutions. The law targeted individuals seen as "unfit" to procreate. "Unfit" individuals included, but were not limited to, the feebleminded, insane, criminals, and epileptics, most of which were institutionalized⁵⁹². In Mississippi during this period, the sterilization of these individuals occurred at three state-funded institutions-the East Mississippi State Hospital, and the Mississippi School

⁵⁹⁰ Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997), 88-89.

⁵⁹¹ *Ibid.*, 89.

⁵⁹² The United States Supreme Court decided on the constitutionality of the compulsory sterilization of criminals in *Skinner v. State of Oklahoma* (1942). The supreme court ruled that the compulsory sterilization of criminals violated their rights under the Equal Protection Clause of the 14th Amendment to the United State Constitution on the basis that it encouraged the differing treatment of criminals of the same crime.

and Colony for the Feeble-Minded, and above all and the focus in this presentation, the Mississippi State Hospital.

Shortly after the United States Supreme Court's decision in *Buck v. Bell*, Mississippi's most notorious race-baiting politician Theodore Bilbo appended himself to the national discussion on eugenics to deal with the purported threat of feeble-mindedness. In his inaugural gubernatorial address in 1928, Bilbo declared, "The state has spent its millions in the effort to advance our civilization, to uplift our people."⁵⁹³ He went on to conclude, "yet our feeble-minded, epileptic, insane, paupers and criminals can reproduce without restriction, thus continuing to corrupt our society and increase tax burdens on our people."⁵⁹⁴ In characteristic southern progressive fashion of the day, Bilbo appealed to those who would be most affected by compulsory sterilization as the candidate who would provide proper measures to sterilize who he noted as the state's ever-dependent class. Those who he appealed to were impoverished whites.

Months after Bilbo's inaugural address, the Mississippi State Legislature passed sterilization legislation. "An act to provide for the sexual sterilization of inmates of state institutions in certain cases," as the law was formally drafted, permitted state institutions the right to legally sterilize anyone suspected of having hereditary, undesirable traits that made them "unfit" to procreate.⁵⁹⁵ While the law noted different means of sterilization-vasectomies for males and salpingectomies for females-it quickly became obvious it

⁵⁹³ Theodore Bilbo, "Inaugural Address," *Mississippi House Journal* (1928 Regular Session), 140-41.

⁵⁹⁴ Ibid.

⁵⁹⁵ State of Mississippi. (1928). *An Act to Provide for the Sexual Sterilization of Inmates of State Institutions in Certain Cases*. Laws of the State of Mississippi. Mississippi's sterilization law is still on the books.

disproportionally affected the latter sex. While little information exists about the racial makeup of those sterilized under the law, substantial data on the sex makeup of sterilized patients exists. Through 1944, females comprised 73 percent of those sterilized under the law.⁵⁹⁶ Although the law also included guidelines for state institutions to follow when sterilizing patients, it mattered little. Guidelines under the 1928 law mandated the institution notify the patient and their guardian of the planned sterilization. However, Mississippi's two state hospitals, and the Mississippi State Hospital in particular, "managed to implement...vigorous eugenic sterilization programs" due to patients' legal guardians not objecting to the procedure.⁵⁹⁷

Initially, Mississippi's sterilization law did not produce the large number of surgeries its proponents had hoped. This was largely due to timing. As the Great Depression began ravishing the state's economy, funding for not just the institutions where the procedures occurred, but also for sterilization itself shrunk. In the Mississippi State Hospital's first biennium after enacting the law, a mere six sterilizations occurred.⁵⁹⁸ Commenting on this low number of sterilizations and optimism concerning the status of patients undergoing this procedure, superintendent of the Mississippi State Hospital, Dr. C. D. Mitchell exclaimed, "it is to be hoped that in the future every patient who comes to the institution before they return to their home will be sterilized."⁵⁹⁹ As the Great Depression lingered, the number of sterilizations at the Mississippi State Hospital

⁵⁹⁶ Susan K. Cahn, *Sexual Reckonings: Southern Girls in a Troubling Age* (Cambridge, Mass: Harvard University Press, 2007), 160.

⁵⁹⁷ Larson, 121.

⁵⁹⁸ Ibid.

⁵⁹⁹ The Mississippi Legislature, *Thirty-Ninth Biennial Report of the Mississippi State Hospital from July 1, 1931 to June 30, 1933* (n.p.: n.p., n.d.), 5.

rose. During the following biennium, from July 1, 1933 to June 30, 1935, the hospital reported 163 sterilizations.⁶⁰⁰ The economic realities of the Great Depression's impact on Mississippi only further bolstered Mitchell's commitment to sterilizing as many patients as possible. "Sterilization is undoubtedly a most beneficent [*sic*] State Law," he exclaimed near the end of the economically-turbulent 1930s.⁶⁰¹ By the last years of the decade, the hospital had sterilized well over 500 patients.⁶⁰² Nevertheless, with the revelation of Nazi Germany's plan of genocide, the eugenics movement and compulsory sterilization began to fall out of favor. As one opponent of compulsory sterilization from Alabama noted, "In my judgement, the rank and file of the country people of Alabama do not want this law; they do not want Alabama...Hitlerized."⁶⁰³ However, some states that enacted such laws merely shifted the procedures from state institutions to hospitals over time. Mississippi became one of these states.

While compulsory sterilization sluggishly continued to be a means for keeping the "unfit" from procreating, it also became used to suppress anyone seen as an agitator to Mississippi's racially-tiered, rigid society. Along with this, the act of compulsory sterilizing an individual moved outside Mississippi's state hospitals and institution for the feeble-minded, while the Mississippi State Hospital became an instrument in maintaining Mississippi's Jim Crow society. "Eugenics has always been a protean concept. Almost from the start, eugenics has meant different things to different people," as noted by

⁶⁰⁰ The Mississippi Legislature, *Fortieth Biennial Report of the Mississippi State Hospital from July 1, 1933 to June 30, 1935* (n.p.: n.p., n.d.), 9.

⁶⁰¹ The Mississippi Legislature, *Forty-Second Biennial Report of the Mississippi State Hospital from July 1, 1937 to June 30, 1939* (n.p.: n.p., n.d.), 13.

⁶⁰² Larson, 122.

⁶⁰³ *Ibid*, 146.

historian Diane Paul.⁶⁰⁴ In the case of Mississippi, eugenics and its implementation by legislation, allowed the state to maintain its racially-tiered, rigid society. Furthermore, Mississippi's penchant for performing compulsory sterilizations and the notorious way they occurred gained notoriety throughout the United States in the post-war era. This is best exhibited by sterilizations becoming unofficially referred to as "Mississippi Appendectomies," unwanted female hysterectomies performed under the guise of other valid and bogus surgeries.⁶⁰⁵

With the Great Depression came the issue of keeping the poor and unfit from procreating. While providing contraceptives to the poor at the cost of the state was a concept that emerged in the early twentieth century, many southern politicians and elites felt the pristine time to go full stride with this plan during the 1930s.⁶⁰⁶ President Franklin Delano Roosevelt's New Deal ushered in the push to ensure the use of contraceptives by the poor, especially in the South, some southern states took drastic measures to make certain the poor remained without voluntary methods of birth control.⁶⁰⁷ For example, North Carolina went as far as drastically cutting its funding for welfare and poverty programs, and even cut appropriations for the State Board of Health by 55 percent between 1929 and 1933.⁶⁰⁸

By the end of the 1930s, much of the United States outside of the South had dismissed eugenics, due to its adoption by Nazi Germany. Some southern states, such as

⁶⁰⁴ Paul, 3.

⁶⁰⁵ A Mississippi Appendectomy constituted the removal of a female's uterus.

⁶⁰⁶ Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), 21.

⁶⁰⁷ Schoen, 22.

⁶⁰⁸ *Ibid.*, 10.

South Carolina and Georgia did not come to fully embrace eugenic sterilization until the middle portion of the Great Depression. Georgia specifically did not pass a compulsory sterilization law until 1937. In an article published in the *Journal of the Medical Association of Georgia* in 1937, an advocate of the state's law argued, "While sterilization is not a panacea, it certainly is one of the most important among a number of measures in any far-sighted and humanitarian program for dealing with society's tremendous burden of mental disease, deficiency and dependency."⁶⁰⁹ For the most part, the South championed eugenic policies and compulsory sterilization, in particular, as a progressive measure all through the 1930s and into the Second World War.

After the war, sterilizations transitioned from solely at Mississippi's state hospitals and institutions for the feeble-minded to local hospitals. Aside from a small number of sterilizations performed at the Mississippi State Hospital in 1956, almost all sterilizations occurred at local hospitals and specifically targeted African American females.⁶¹⁰ While the end of eugenics as a national movement slowed down the mass compulsory sterilization of institutionalized individuals, it created a competing form of the surgery, which could occur outside of the hospital. For instance, the Eugenics Board of North Carolina, dating back to the high point of the second wave of the eugenics movement, compulsory sterilized almost 8,000 "mentally deficient persons" all through the 1940s.⁶¹¹ Most of those who were sterilized were African Americans.⁶¹² This performance of a compulsory sterilization outside the state hospital became known as a

⁶⁰⁹ Larson, 137.

⁶¹⁰ Larson, 218 n. 18.

⁶¹¹ Roberts, 90.

⁶¹² Ibid.

“Mississippi Appendectomy.” Fannie Lou Hamer became the best-known case of a Mississippi Appendectomy. In 1961, while undergoing a procedure to remove a small uterine tumor at the Sunflower City Hospital the surgeon took it upon himself to sterilize Hamer by removing her uterus.⁶¹³

From the late-1950s, when sterilizations at the Mississippi State Hospital had ceased, to the eve of the passage of the 1964 Civil Rights Act, a total of four separate pieces of legislation targeting African American females came out of the Mississippi House of Representatives and the Mississippi State Senate. One of them from the House made it to a vote, and the House passed the 1964 legislation prior to being amended in the Senate due to national protest and opposition by members of the chamber.⁶¹⁴ The same year Clennon King would be forcefully institutionalized at the Mississippi State Hospital for attempting to register for classes at the all-white University of Mississippi, Representative David H. Glass of Kosciusko introduced a bill named “An Act to Discourage Immortality of Unmarried Females by Providing for Sterilization of the Unwed Mother under Conditions of this Act.”⁶¹⁵ “During the calendar year 1957, there were born out of wedlock in Mississippi, more than seven thousand Negro children...the Negro woman because of child welfare assistance [is] making it a business in some cases, of giving birth to illegitimate children,” Representative Glass stated upon introducing the bill.⁶¹⁶ He concluded his remarks by arguing, I am trying “to stop, slow down, such

⁶¹³ Roberts, 90.

⁶¹⁴ Ibid, 94.

⁶¹⁵ Ibid.

⁶¹⁶ Lombardo, ed., Maxwell J. Mehlman, “Modern Eugenics and the Law”, 228.

traffic at its source.”⁶¹⁷ Representative Glass’s bill would have forced unmarried mothers who had more than two children out of marriage to either receive psychiatric therapy through the local welfare office or sent before the State Eugenics Board for consideration for sterilization.⁶¹⁸ For reasons unknown, the bill never came up for a vote on the floor of the Mississippi House of Representatives. Representative Glass’s argument to defeat this supposed threat to the state’s economic sustainability reckons back to the first two waves of the eugenics movements, and would become a maintain not just in future sterilization bills, but also any conservative legislation aimed against the state’s African American population, and the civil rights movement.

Four years later, two separate pieces of legislation came from the Mississippi State Legislature. Representative Richard Arrington of Copiah proposed a bill in the House to sterilize “unwed mothers receiving public welfare benefits to prevent recurrence.”⁶¹⁹ Three months later, State Senator Sonny Montgomery of Meridian introduced a bill to establish planned parent clinics at county health departments where “the mother of every baby delivered at state expense” would be sterilized.⁶²⁰ Both bills stalled in the separate chambers of the Mississippi State Legislature. However, the proposal of two bills that largely targeted African-American females used coded language by linking government spending, and race and class. The shift toward this

⁶¹⁷ Lombardo, ed., Maxwell J. Mehlman, “Modern Eugenics and the Law”, 228.

⁶¹⁸ No author, “Other Traffic Jams are Greater Dangers,” *The Clarion-Ledger* (Jackson, MS) March 31, 1959.

⁶¹⁹ No author, No title, *The Clarion-Ledger* (Jackson, MS), January 4, 1962.

⁶²⁰ No author, “Planned Parenthood Clinic is Proposed,” *The Clarion-Ledger* (Jackson, MS), April 5, 1962.

targeted economic linkage would become a microcosm of segregationists' argument not just during the African American Civil Rights Act but also far after.

Lastly, during the 1964 Regular Session of the Mississippi Legislature, one final sterilization law came about. This time, the legislation passed the House, 72 to 37, and made its way to the Mississippi State Senate. House Bill No. 180, "An Act To Provide That Any Person Who Shall Become The Parent Of An Illegitimate Child Shall Be Guilty Of A Felony And To Provide The Punishment Therefor," made having children out of marriage a felony.⁶²¹ Violators of the proposed law would have to choose between serving a one to three year prison sentence or "submit to sterilization in lieu of imprisonment."⁶²² Its primary architect was State Representative Clarence Pierce of Vaiden, and its two biggest supporters in the House were State Representative Walter Meek of Eupora and William McCullough of Pope.⁶²³

House Bill No. 180 was introduced by a caucus of 7 state representatives, and led by Representative State Clarence Pierce. Representative Pierce had been a member of the Mississippi House of Representatives since 1952, and "Staff Asst. to Senator Eastland when Legislature not in session."⁶²⁴ Representative Meek did not hold back any reservation on why he supported the bill. Echoing Representative Glass's approach for supporting such legislation, Meek claimed that 9,000 illegitimate birth occurred in

⁶²¹ The Student Nonviolent Coordinating Committee, *Genocide in Mississippi*, (Atlanta: No Publisher, 1964), 7.

<http://civilrights.woodson.virginia.edu/exhibits/show/caseforgenocide/genocide>. Accessed September 2, 2017.

⁶²² The Student Nonviolent Coordinating Committee, 7. Accessed September 2, 2017.

⁶²³ The Student Nonviolent Coordinating Committee, 11. Accessed September 2, 2017.

⁶²⁴ *Ibid.*, 3, 11. Accessed September 2, 2017.

Mississippi in 1962, and “8,647 of them were “illegitimate non-white births.”⁶²⁵ He continued, “the State of Mississippi is subsidizing illegitimacy through welfare payments, and that the moral structure has completely broken down in some segments of society.”⁶²⁶ Representative McCullough, a cotton buyer from the Mississippi Delta, viewed the bill much like his fellow house members from the region-as an economic win. Those with economic ties to cotton in the Mississippi Delta witnessed a transformation in the picking of the plant from human to mechanical that had taken place over the previous three decades.⁶²⁷ This rising surplus of unemployment or underemployment in the predominantly-African-American region was viewed as “threatening in the eyes of the Delta’s white community” and sought to reduce their population as rapidly as possible.”⁶²⁸ In support of House Bill No. 180, State Representative Stone Barefield of Hattiesburg echoed his fellow representatives by telling the Mississippi House of Representatives, “when they start cutting they’ll head for Chicago.”⁶²⁹

⁶²⁵ Charles M. Hills, “Bill on ‘Unfit’ Parents is Given House’s Okay,” *The Clarion-Ledger* (Jackson, MS), March 12, 1964.

⁶²⁶ The Council of Federated Organizations, *The Mississippi Legislature-1964* {Jackson, MS: The Council of Federated Organization, 1964}, 30.

http://www.crmvet.org/docs/6406_cofa_ms_leg-rpt.pdf. Accessed August 27, 2017.

⁶²⁷ For further reading on the transformation of the South from an agriculturally-based economy to an industrial industry, and even more so into a service economy, see James C. Cobb’s *Selling of the South: The Southern Crusade for Industrial Development, 1936-1990* (1993), Bruce J. Schulman’s *From Cotton Belt to Sunbelt: Federal Policy, Economic Development, and the Transformation of the South, 1938-1980* (1994), and Bethany Moreton’s *To Serve God and Wal-Mart: The Making of Christian-Free Enterprise* (2009). For further reading on the bottom-up nature of the African-American Civil Rights Movement in Mississippi, see John Dittmer’s *Local People: The Struggle for Civil Rights in Mississippi* (1995).

⁶²⁸ The Council of Federated Organizations, 30. Accessed August 27, 2017.

⁶²⁹ *Ibid.* Accessed August 27, 2017.

Coined the *Genocide Bill* by the Student Nonviolent Coordinating Committee (SNCC), House Bill No. 180 received widespread support among state representatives throughout the state. Of the 82 counties in Mississippi, all or at least half of the state representatives from all but 24 of them voted for the bill.⁶³⁰ After national backlash, including a pamphlet campaign by the Student Nonviolent Coordinating Committee titled *Genocide in Mississippi*, House Bill No. 180 lost support in the Mississippi State Senate.⁶³¹

SNCC's *Genocide in Mississippi* pamphlet features several key elements which added to House Bill No. 180 gaining exposure and pushback throughout the state, and leading to its modification in the Mississippi State Senate. First, the opening page included a copy of the various meanings of genocide defined by the United Nations General Assembly's Convention on the Prevention and Punishment of the Crime of Genocide. The Second Article of the Convention read "In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group."⁶³² The article includes five meanings. The fourth meaning involved the 'Imposing Measures intended to Prevent Births Within

⁶³⁰ The Student Nonviolent Coordinating Committee, 8. Access September 2, 2017.

⁶³¹ It is worth noting that in 1964 the Mississippi State Legislature attempted to pass or successfully pass several bills against the distribution of information pertaining to civil rights activities and the United States constitutional right to peacefully assemble. The Anti-Leaflet Law, Senate Bill No 1545, and the Anti-Picketing Law, House Bill No. 546, were passed in both chambers of the legislature and signed by Governor Paul Johnson, Jr. The Anti-Freedom School Bill, Senate Bill No. 2136, did not pass into law. If the bill had passed, it would have further restricted the dissemination of information by way of leaflets and pamphlets. Such material like SNCC's *Genocide in Mississippi* would have been illegal.

⁶³² The Student Nonviolent Coordinating Committee, 2. Accessed September 2, 2017.

the Group,” which SNCC grounded its argument in.⁶³³ Second, in the last pages of the pamphlet, SNCC printed a list of the “Representatives Who Voted for the Genocide Bill.” The list totaled 72 Mississippi State Representatives.⁶³⁴ All but three of them were white males.⁶³⁵

By the time House Bill no. 180. made it to the Mississippi State Senate, it had already garnered serious pushback by civil rights activists and organizations, and comment from members of the legislature. Before passage in the house, Representative Horace Lester of Hinds County argued against the bill’s effect on the children involved. Fearing the children’s harassment, he argued “You don’t know what goes on in the mind of a child who had nothing to do with his being here, when you cast slurs at him.”⁶³⁶ After the Senate Judiciary Committee downgraded the penalty of the from a felony to a misdemeanor, and punishable by 30 to 90 days in jail and up to a \$250 fine. House Bill No. 180 passed 30 to 16 in the Mississippi State Senate, and in the Mississippi House of Representatives 86 to 22.⁶³⁷ In response to the backlash against the bill, Representative Ben Owen of Columbus stated, “This is the only way I know to stop this black tide which threatens to engulf us,” while urging his colleagues to vote from the floor of the Mississippi House of Representatives.⁶³⁸ For those active in the African-American Civil Rights Movement in Mississippi, the ultimate passage simply legalized “in part a

⁶³³ The Student Nonviolent Coordinating Committee, 2. Accessed September 2, 2017.

⁶³⁴ Ibid., 9-12. Accessed September 2, 2017.

⁶³⁵ Ibid. Accessed September 2, 2017. The three female state representatives included Betty Long of Meridian, Gladys Slayden of Holly Springs, and Berta Lee White of Bailey. <http://civilrights.woodson.virginia.edu/exhibits/show/caseforgenocide/genocide>

⁶³⁶ The Council of Federated Organizations, 31. Accessed August 27, 2017.

⁶³⁷ The Council of Federated Organizations, 31. Accessed August 27, 2017.

⁶³⁸ Ibid. Accessed August 27, 2017.

situation which already exists.”⁶³⁹ This situation was the already well documented “Mississippi Appendectomy.”

The state’s utilization of mental illness and institutionalization toward African Americans after the Second World War continued the promotion of the question concerning African Americans’ susceptibility to insanity. The stories of Eddie Noel and Willie McGee, along with King, and the legal procedures they ensured highlight this lingering medical question regarding African Americans in the racially-segregated South. Since the 1890s, when southern leaders began to witness the affect and outcome of Redemption, African Americans who committed or were even accused of crimes such as homicide received the label of insane or crazy. The labelling of African Americans perceived as physically harmful to whites as insane or crazy only further placed the designation of “otherness” on the them, which then played further into the argument for the segregation of southerners by race.

The same year Mississippi’s Constitution of 1890 ratification, numerous stories of “crazed” or insane African Americans flooded the state’s newspapers. Most newspaper stories of this nature did not delve into details, and instead consisted of brief overviews and the mentioning the presumed mental state of the involved African Americans. “On Saturday evening last a crazy negro boy...entered the store of Mrs. Haft, and chased that lady into an adjoining room, threatening all the while to do her harm with a knife he flourished in his hand,” read one story in which the mental state of the African American involved came into question.⁶⁴⁰ The article goes on to state the African American teenage

⁶³⁹ The Council of Federated Organizations, 30. Accessed August 27, 2017.

⁶⁴⁰ No author, “Brevities,” *Hinds County Gazette* (Raymond, MS), July 26, 1890.

male “was considered entirely harmless” prior to the incident.⁶⁴¹ “A negro boy 17 years old, at Summit, Miss., has gone crazy from the use of cigarettes,” read another story void of detail except the emphasis on the correlation between African Americans and mental instability.⁶⁴² One last story not only pushed a similar narrative revolving around the “crazed” or insane state of African Americans, but also highlighted their role in Mississippi’s state hospital system. In the Spring of 1890, Jackson police “arrested a crazy negro man...and telephoned the asylum to know if an inmate had escaped.”⁶⁴³ The Mississippi State Lunatic Asylum, as it was titled at the time, told the city police “they knew nothing about him and had no room to accommodate at present time.”⁶⁴⁴ Outside of the state, the same labelling occurred regarding African Americans’ as “crazed” or insane who committed or were even accused of crimes such as homicide.

Further promoting this narrative of the “crazed” African American, Memphis’s and Richmond’s local presses reported on similar incidents nearly two decades later. In a headline titled, “Negro Runs Amuck in Memphis Streets,” the regional-media outlet *The Atlanta Constitution* printed a story about a “crazy” African-American male. The newspaper described Henry Tate, the presumably mentally ill African American as having “gone crazy on the subject of religion. With a Bible in one hand and a knife in the other.”⁶⁴⁵ Two months later, in Richmond, Virginia, an African American male who shot three men was described as a “Crazy Negro” and “Crazed By Cocaine” by *The Atlanta*

⁶⁴¹ No author, “Brevities,” *Hinds County Gazette*, July 26, 1890.

⁶⁴² No author, “No title,” *The Yazoo Herald* (Yazoo, MS), February 14, 1890.

⁶⁴³ No author, “Local Matters: Record of Current Events Around the City,” *The Clarion-Ledger* (Jackson, MS), April 10, 1890.

⁶⁴⁴ Ibid.

⁶⁴⁵ No author, “Negro Runs Amuck in Memphis Streets,” *The Atlanta Constitution* (Atlanta, GA), February 14, 1909.

Constitution.⁶⁴⁶ As historian Stephen Berrey notes, “within the mainstream press, accusations against blacks were taken as fact, bolstered by the general understanding that blacks in general were prone to violence.⁶⁴⁷ Regardless of the reason-tobacco, religion, or cocaine-African Americans who challenged the racial line even in a presumably most violent manner became labelled as mentally unstable just as those who challenged the racial line in the South.

After the Second World War, during a time when the civil rights movement began to pick up momentum and challenge racial segregation, the press and officials continued to deem African Americans who challenged the racial line as insane in most cases. However, when African American males were accused of acts of rape and murder, and almost certainly unconstitutionally sentenced by the state, their mental states often came into question. In Mississippi, this is most evident in the stories of Willie McGee and Eddie Noel.

In the fall of 1945, Willie McGee, a married grocery-truck driver from Laurel, Mississippi, was charged with raping Willette Hawkins, a local married white woman.⁶⁴⁸ On December 6, McGee had been found guilty of rape by an all-white jury and sentenced to death on January 8, 1946.⁶⁴⁹ Over the course of the next five and a half years, McGee,

⁶⁴⁶ No author, “Three Men Shot by Crazy Negro,” *The Atlanta Constitution* (Atlanta, GA), April 20, 1909.

⁶⁴⁷ Stephen Berrey, “Against the Law: Violence, Crime, State Repression, and Black Resistance in Jim Crow Mississippi” (PhD diss., University of Texas, Austin, 2006), 109.

⁶⁴⁸ No author, “Willie McGee Finally Executed,” *The Greenwood Commonwealth* (Greenwood, MS), May 8, 1951; <http://www.radiodiarries.org/willie-mcgee-and-the-traveling-electric-chair/>. Accessed September 5, 2017.

⁶⁴⁹ No author, “State Guard is Called Again,” *The Greenwood Commonwealth* (Greenwood, MS), December 18, 1945; No author, “Governor Debates Cittadino Plea,” *Clarion-Ledger* (Jackson, MS), December 28, 1945

with the help of the NAACP's legal team and the Civil Rights Congress, a legal defense organization, appealed his execution five times.⁶⁵⁰ Prior to his rushed conviction by an all-white jury, McGee's defense team successfully gained a hearing to determine his sanity in the hope of avoiding a death penalty sentence.⁶⁵¹ At the hearing, McGee's mother Bessie, the lone defense witness, stated her son "sat over in the jail in Jackson and studied and worried about this thing until he has just about done lost his mind."⁶⁵² However, the court maintained that McGee was sane and fit to stand trial.⁶⁵³ The case quickly attracted national attention and even went international. Demonstrations against McGee's execution occurred in New York City, and prominent figures such as Paul Roberson and Jessica Mitford petitioned lawmakers to commute McGee's sentence from death to life.⁶⁵⁴ However, such appeals and petitions were successful.

McGee's defense team, headed by Bella Abzug, who would go on to serve as a congresswoman from the state of New York, attempted one final stay of execution in the final hours before his execution.⁶⁵⁵ Also, in the months leading to McGee's execution, numerous telegrams arrived at Mississippi Governor Fielding Wright's office petitioning the governor to commute McGee's sentence to life in prison. Governor Wright ignored the final stay just like he ignored the petitions. He attributed such efforts, especially the

⁶⁵⁰ No author, "Civil Righters Will Try Again to Save Rapist Willie McGee," *Clarion-Ledger* (Jackson, MS), January 21, 1951.

⁶⁵¹ No author, "McGee Convicted' Sentenced to Die," *Hattiesburg American* (Hattiesburg, MS), December 7, 1945.

⁶⁵² *Ibid.*

⁶⁵³ Berrey, "Against the Law: Violence, Crime, State Repression, and Black Resistance in Jim Crow Mississippi," 111.

⁶⁵⁴ No author, "New Yorkers Yell Save Willie McGee: About 500 Persons Take Part in Affair," *Clarion Ledger* (Jackson, MS), April 1, 1951.

⁶⁵⁵ No author, "Willie McGee Finally Executed," *The Greenwood Commonwealth* (Greenwood, MS), May 8, 1951.

petitions as “action inspired by communists.”⁶⁵⁶ The governor continued, “Some of the letters came from as far distant as red China.”⁶⁵⁷ At ten minutes after midnight on May 8, 1951, the state of Mississippi executed Willie McGee by way of the state’s portable electric chair.⁶⁵⁸ The Willie McGee case “fueled a dialogue not only of that particular incident but also of the relationship between race and the legal system.”⁶⁵⁹ Furthermore, the McGee case also demonstrated the protean determinations and definitions of sanity and insanity, especially concerning African Americans in Mississippi’s legal system.

Three years after McGee’s execution, another notable court case occurred involving an African American male and notions of sanity and insanity. Eddie Noel, a local 28-year old African American World War II veteran killed three white men and wounded two others in Holmes County, Mississippi.⁶⁶⁰ Noel was also a well-known marksman with a rifle, and referred to as a “sharp-shooting Negro” by state newspapers after the incident.⁶⁶¹ On the cold winter evening of January, 9, 1954, at a country store in Holmes County, Noel witnessed an argument between a store clerk and an African American male.⁶⁶² The clerk, Willie Raymond Dickard, the store owner’s son, purported

⁶⁵⁶ No author, “Willie McGee Finally Executed,” *The Greenwood Commonwealth*, May 8, 1951.

⁶⁵⁷ *Ibid.*

⁶⁵⁸ *Ibid.*

⁶⁵⁹ Berrey, “Against the Law: Violence, Crime, State Repression, and Black Resistance in Jim Crow Mississippi,” 112.

⁶⁶⁰ *Ibid.*, 135; No author, “Posse Seeks Negro in Triple-Slaying Near Lexington on Monday,” *The Delta-Democrat Times* (Greenville, MS), January 11, 1954.

⁶⁶¹ No author, “Killer Eludes Posse in Lexington Tuesday,” *The Delta-Democrat Times* (Greenville, MS), January 12, 1954; No author, “Killer Noel Found Insane by Doctors,” *The Delta-Democrat Times* (Greenville, MS), May 27, 1954.

⁶⁶² No author, “Holmes County Triple Slayer is Behind Bars: Negro is Brought to Jackson as Long Search Ends,” *Clarion-Ledger* (Jackson, MS), January 28, 1954.

the other male to be intoxicated.⁶⁶³ At this point, witnesses reported Noel stating, “Look at that, ganging up on him. I’ll show them” before brandishing a .22 bolt-action rifle from his automobile and fatally shooting Dickard.⁶⁶⁴ Shortly after, a posse of citizens, local law enforcement, and highway patrolmen ventured in the general premises until the morning by which they spread out toward Noel’s residence in nearby Lexington, Mississippi.⁶⁶⁵ Holmes County Sheriff Richard Byrd, Deputy John Pat Malone, and a small posse caught up to Noel within a mile of his home. Noel caught them in an ambush, during which he mortally wounded Malone with a shot to the back of his head.⁶⁶⁶ Upon ambushing the posse, local newspapers reported Noel swearing to bring “Four white men to hell with me.”⁶⁶⁷ Joe Stewart, a member of the posse who attempted to forcibly enter the Noel residence, was also shot and killed. Before escaping his home, Noel injured three other posse member-F. E. Elliot, Andrew Smith, and Tate Green.⁶⁶⁸

For eighteen days, Eddie Noel remained in hiding after killing three and wounding three white males. On January 27, 1954, Noel surrendered to Holmes County authorities.⁶⁶⁹ Upon booking in the Holmes County Jail, local authorities asked Noel

⁶⁶³ No author, “Holmes County Triple Slayer is Behind Bars: Negro is Brought to Jackson as Long Search Ends,” *Clarion-Ledger*, January 28, 1954.

⁶⁶⁴ Ibid.

⁶⁶⁵ No author, “Posse Seeks Negro in Triple-Slaying Near Lexington on Monday,” *The Delta-Democrat Times* (Greenville, MS), January 11, 1954.

⁶⁶⁶ Ibid; No author, “Sheriff Tells How Deputy Met Death,” *Clarion-Ledger* (Jackson, MS), January 12, 1954.

⁶⁶⁷ No author, “Killer Eludes Posse in Lexington Tuesday,” *The Delta-Democrat Times*, January 12, 1954.

⁶⁶⁸ No author, “Posse Seeks Negro in Triple-Slaying Near Lexington on Monday,” *The Delta-Democrat Times*, January 11, 1954.

⁶⁶⁹ No author, “Holmes County Triple Slayer is Behind Bars: Negro is Brought to Jackson as Long Search Ends,” *Clarion-Ledger* (Jackson, MS), January 28, 1954.

“how he felt,” to which he replied, “I feel fine.”⁶⁷⁰ For the next three-plus months, Noel awaited trial at the Hinds County Jail until early-May, when Circuit Judge R. Arthur Jordan, at the recommendation of a grand jury, committed him to the Mississippi State Hospital for observation and psychiatric testing.⁶⁷¹ After nearly three weeks of testing, the state hospital declared Noel insane. Upon, this declaration, he would indefinitely remain at the Mississippi State Hospital.⁶⁷² He resided at the state hospital for the next sixteen years until his release in 1970, upon which moving to Fort Wayne, Indiana to live with his family.⁶⁷³

As sterilizations shifted from within the walls of the Mississippi State Hospital to outside hospitals, the institution became an instrument in opposing Mississippi’s Civil Rights Movement. In 1958, more than four years before James Meredith’s successful yet chaotic integration, professor of history at Alcorn State University Clennon King attempted to register for classes at the all-white University of Mississippi. Medgar Evers had become the first African American Mississippian to attempt to enroll in the university’s law school in 1954 but was simply rebuffed. However, King’s attempted registration to the university came during J. P. Coleman’s term as Governor of Mississippi. Coleman, the state’s former Attorney General portrayed himself to the public as a moderate on race relations, while establishing clandestine operations to undermined

⁶⁷⁰ No author, “Holmes County Triple Slayer is Behind Bars: Negro is Brought to Jackson as Long Search Ends, *Clarion-Ledger*, January 28, 1954.

⁶⁷¹ No author, “Sanity Hearing for Eddie Noel: Triple Slayer Goes to Whitfield,” *The Clarion-Ledger* (Jackson, MS), May 5, 1954.

⁶⁷² No author, “Eddie Noel Termed Insane,” *The Greenwood Commonwealth* (Greenwood, MS), May 27, 1954.

⁶⁷³ Bill Minor, “Strange True Story About Eddie Noel,” *Desoto Times-Tribune* (Hernando, MS), August 11, 2010.

and impede the state's civil rights movement. The most well-known of these became the Mississippi Sovereignty Commission, whose sole purpose centered on attempting to undermined and impede the state's civil rights movement, while portraying Mississippi racial segregation in a positive light to the rest of the United States. By the 1950s, in the wake of thirteen-year old Emmett Till's murder, the state's African-American Civil Rights Movement began to gain momentum, which led "Mississippi officials, including politicians, local officials, members of the private Citizens' Council organization, and agents of the state-run Mississippi State Sovereignty Commission, centralized and formalized the ways they policed racial lines."⁶⁷⁴ Much like the protean nature of sterilization, state and local officials' The commission held responsibility for the imprisonment and early death of Clyde Kennard, an African American veteran who attempted to enroll at Mississippi Southern College, and the death of civil rights activist Medgar Evers, among many other things. It also held responsibility in the institutionalization of Clennon King to the Mississippi State Hospital for attempting to register for classes at the all-white University of Mississippi.

Prior to being forcefully admitted to the Mississippi State Hospital for his attempted registration for classes, Clennon King caught the attention of state officials. In 1957, King set off a student-led boycott of Alcorn State University for his pro-segregationist views.⁶⁷⁵ His comments led to his arrest on charges of disturbing the

⁶⁷⁴ Berrey, *The Jim Crow Routine: Everyday Performances of Race, Civil Rights, and Segregation in Mississippi*, 3.

⁶⁷⁵ No author, "Clennon King Jailed After Lock Removal; Elder 'Knows Nothing,'" *Jackson Daily News* (Jackson, MS), July 6, 1957.

peace.⁶⁷⁶ Seen by the State of Mississippi as an agitator prior to the events of 1958, King's planned attempt at registration became known to the Mississippi Sovereignty Commission well before it occurred. In the week's leading up to this event, King had "been followed for over a week, and is every word and act know to" agents of the sovereignty commission.⁶⁷⁷ While initially being told by University Registrar Robert B. Ellis that his application had not been received, and "the university offers no PhD in American history," King attempted to register for classes at the University of Mississippi in June, 1958.⁶⁷⁸ After being sent to various administrators' offices upon attempting to register, university officials asked King to leave. He ignored their order. Unbeknown to King, and directly connected to the Mississippi State Sovereignty Commission trailing him for weeks, State Public Safety Commissioner Tom Scarbrough ordered 50 patrolmen in uniform and plainclothes to the University of Mississippi on this day.⁶⁷⁹ "We don't want another Aurtherine Lucy case here," Scarbrough stated when asked about the use of

⁶⁷⁶ The State of Mississippi, *Mississippi Highway Patrol Identification Division*, Digital. Mississippi Sovereignty Commission Files. Mississippi Department of Archives and History, Jackson, Mississippi.

[http://www.mdah.ms.gov/arrec/digital_archives/sovcom/result.php?image=images/png/cd01/002577.png&otherstuff=1|28|0|94|2|1|1|2497/#](http://www.mdah.ms.gov/arrec/digital_archives/sovcom/result.php?image=images/png/cd01/002577.png&otherstuff=1|28|0|94|2|1|1|2497|#). Accessed September 5, 2017.

⁶⁷⁷ No author, "The Rev. Clennon King Case...Insane or Mistreated," *Southern Reporter* (Holly Springs, MS), June 12, 1958; No author, "King's Arrest Called Carefully-Laid Plan," *Jackson Daily News* (Jackson, MS), June 13, 1958.

⁶⁷⁸ No author, "Officials Deny King Applicant," *Jackson Daily News* (Jackson, MS), May 12, 1958; No author, "The Rev. Clennon King Case...Insane or Mistreated," *Southern Reporter*, June 12, 1958.

⁶⁷⁹ No author, "Bodily Heave-Ho for Clennon King," *Jackson Daily News* (Jackson, MS), June 5 1958.

such manpower against a single African American attempting to register at the all-white University of Mississippi.⁶⁸⁰

Upon Clennon King's refusal to leave, patrolmen escorted him off the university campus. After being held at the State Highway Patrol headquarters, where two Jackson physicians performed a mental examination on him, state officials ordered King to be sent to the Mississippi State Hospital for further "observation and examination."⁶⁸¹ When asked by the state press about King's whereabouts in the immediate wake of his attempt to register for classes, Governor Coleman falsely asserted "all his legal rights will be fully preserved."⁶⁸² However, his rights would not be preserved.

For nearly two weeks, Clennon King remained at the Mississippi State Hospital to undergo supposed psychiatric evaluations. While there, Jackson African-American attorney Sidney Tharp filed a writ of habeas corpus on behalf of King.⁶⁸³ The NAACP also strongly opposed King's compulsory admission to the Mississippi State Hospital. Executive Secretary of the NAACP Roy Wilkins telegraphed Governor Coleman stating, "No question was raised as to Professor King's mentality when he advocated segregation...now that Professor King has sought to further his education at a state-

⁶⁸⁰ No author, "Bodily Heave-Ho for Clennon King," *Jackson Daily News*, June 5 1958. Amidst riots and backlash from university officials and locals, Autherine Lucy became the first African American to enroll at the University of Alabama in 1956.

⁶⁸¹ No author, "Order Mental Tests for Negro Professor," *Jackson Daily News* (Jackson, MS), June 6, 1958; No author, "The Rev. Clennon King Case...Insane or Mistreated," *Southern Reporter* (Holly Springs, MS), June 12, 1958.

⁶⁸² W.C. Shoemaker and Phil Stroupe, "Decision is Reached in Lunacy Hearing," *Jackson Daily News* (Jackson, MS), June 6, 1958.

⁶⁸³ James Featherstone, "Lawyer Seeking King's Release, NAACP May Also Take Legal Action" *Jackson Daily News* (Jackson, MS), June 7, 1958.

supported university...state officials have to have him declared incompetent.”⁶⁸⁴ A few years later, at a speech at the University of Mississippi, James Meredith recalled former-Governor Coleman who established the Mississippi Sovereignty Commission exclaim “Any nigger attempting to enroll at Ole Miss is automatically crazy!”⁶⁸⁵

Just over a year after Clennon King’s compulsory institutionalization, a similar incident occurred again. The Oxford Police Department arrested an African American male who “asked to be served at a drug store counter for whites.”⁶⁸⁶ In two of the most contested places during the African American Civil Rights Movement, public universities and lunch counters, Mississippi and its sovereignty commission used instruments universally known in a negative light. The Mississippi State Hospital and compulsory sterilization became two of these instruments against the Mississippi Civil Rights Movement. In fact, from the late-1920s to the mid-1960s, the Mississippi State Hospital and compulsory sterilization, in one fashion or another were used against its least supported people, poor white females and African Americans males and females.

After returning home from a meeting with Mississippi-based civil rights lawyers in the hours after President John F. Kennedy’s nationally televised Civil Rights Address on June 12, 1963, NAACP Field Secretary for Mississippi Medgar Evers was assassinated by white supremacist Byron De La Beckwith. A known member of the White Citizens Council, an organization founded in the wake of *Brown v. Board of*

⁶⁸⁴ James Featherstone, “Lawyer Seeking King’s Release, NAACP May Also Take Legal Action” *Jackson Daily News*, June 7, 1958.

⁶⁸⁵ Meredith Coleman McGee, *James Meredith: Warrior and the America that Created Him* (Santa Barbara: Praeger, 2013), 60.

⁶⁸⁶ No author, “Mental Test is Set for Oxford Negro,” *Memphis Commercial Appeal* (Memphis, TN), October 9, 1958.

Education to thwart the African American Civil Rights Movement by economic and social means, Beckwith shot and killed Evers with a high-powered, bolt-action rifle. Just over a week later, Beckwith was charged with the murder of Evers, and days later, on June 23rd, the Federal Bureau of Investigation “took Beckwith into custody at Greenwood late Saturday night.”⁶⁸⁷ FBI agents took Beckwith into custody “on a federal charge of violating the Civil Rights Act” and murdering Medgar Evers.⁶⁸⁸ A month after his detention at the Hinds County jail, Beckwith went to the Mississippi State Hospital, universally known simply as Whitfield by Mississippians, for a psychiatric examination.

Unlike Clennon King’s “observation and examination” by the state of Mississippi as a means of deterrence against future crossings of the racial line by African Americans, Beckwith’s transfer to the Mississippi State Hospital came from a court order.⁶⁸⁹ After a month-long detention at the Hinds County jail, Circuit Judge Leon Hendrick, presumably under the guise of attempting to assist Beckwith’s chances in the case, sent him to the Mississippi State Hospital to undergo psychiatric evaluations.⁶⁹⁰ In a letter to his son, Beckwith described the state hospital in a mixed manner. After stating “The food is only fairly good” and “our clothes are rags” but clean, he described himself as having “no

⁶⁸⁷ Dudley Lehew, “Californian is Charged with Murder of Evers: Suspect Transferred to Jail in Jackson,” *The Clarion-Ledger* (Jackson, MS), June 24, 1963.

⁶⁸⁸ *Ibid.*

⁶⁸⁹ No author, “Order Mental Tests for Negro Professor,” *Jackson Daily News*, June 6, 1958; No author, “The Rev. Clennon King Case...Insane or Mistreated,” *Southern Reporter*, June 12, 1958.

⁶⁹⁰ No author, “Accused Sniper Leaves Whitfield,” *Enterprise-Journal* (McComb, MS), August 9, 1963.

business here any way. ha ha!”⁶⁹¹ By August 9, Beckwith had been transferred from the state hospital back to the Hinds County jail.⁶⁹² Furthermore, also unlike King’s “observation and examination,” Beckwith’s transfer to the Mississippi State Hospital became the first in many protectionist occurrences, like the all-white juries for his first two trials, that he and other white Mississippians were afforded up through the 1960s.”⁶⁹³

As the early-to mid 1960s crept into the late-1960s, specifically after the passage of the Civil Rights Act of 1964 and the Voting Rights Act of 1965, which together began to overturn years of injustice, southern politicians and leaders established new methods to perform compulsory sterilizations on African American and poor white women. By the mid-1960s, after the aforementioned sterilization bills failed to pass muster in one chamber or the other of the Mississippi State Legislature, compulsory sterilizations began to occur in unlawful manners. In Mississippi, compulsory sterilizations under the auspices of phony surgeries like appendectomies or the removal of tumors in the reproductive system. In the Mississippi Delta, which had been overwhelmingly African American since the antebellum period, these sterilizations on African American and poor white females happened quite often. It is estimated that 60 percent of African American women in Sunflower county, Mississippi, located in the heart of the Mississippi Delta, had been compulsory sterilized under indications of a false ailment and under the guise of

⁶⁹¹ Byron De La Beckwith, Sr. to Byron De La Beckwith, Jr. July 29, 1963. Beckwith (Byron De La, Sr.) Letters. McCain Library and Archives, University of Southern Mississippi.

⁶⁹² No author, “Accused Sniper Leaves Whitfield,” *Enterprise-Journal* (McComb, MS), August 9, 1963.

⁶⁹³ No author, “Order Mental Tests for Negro Professor,” *Jackson Daily News*, June 6, 1958; No author, “The Rev. Clennon King Case...Insane or Mistreated,” *Southern Reporter*, June 12, 1958.

a false surgery, or added to the procedure during another surgery.⁶⁹⁴ The slow downfall of Jim Crow in the wake of momentous 1960s-federal legislation paved the way for African Americans in the South to be being to be afford equal protection under the law and vote. This downfall of Jim Crow in the South also “opened the doors of state institutions” to African Americans, thus making them a new target for involuntary institutionalization, as well.⁶⁹⁵ Throughout the 1970s, compulsory sterilization continued to occur at a rapid rate. By the decade’s end, such sterilizations in the United States risen from 200,000 to 700,000 cases in 1980.⁶⁹⁶ Much like the murder of Emmett Till, the killing of Clyde Kennard, and the assassination of Medgar Evers, the state of Mississippi’s attempts to maintain a racially-segregated society and thwart the African American Civil Rights Movement in the most fierce and forthright manners possible. “Mississippi is best known not for subtlety but for drama, not for delicate interactions on elevators but for staging more lynchings than any other state,” and actively promoting the use of medical procedures and practices to liquidate a sizeable portion of its population.⁶⁹⁷

⁶⁹⁴ Roberts, 90.

⁶⁹⁵ Ibid., 89.

⁶⁹⁶ Ibid., 90.

⁶⁹⁷ Berrey, *The Jim Crow Routine: Everyday Performances of Race, Civil Rights, and Segregation in Mississippi*, 4.

CHAPTER VII

CONCLUSION

As I walked back to my car after my visit to and tour of the Mississippi State Hospital in early-Spring 2017, I kept asking myself, “why is this place still in operation?” Decades after the end of the era of deinstitutionalization, during which many state hospitals outright closed with no replacement or perfunctorily transitioned to outpatient centers and clinics, the Mississippi State Hospital remains open. The state even decided to double down on institutionalization. In the years after deinstitutionalization, Mississippi built two more state hospitals. The North Mississippi State Hospital opened its doors in 1999. The South Mississippi State Hospital opened a year later, in 2000.

As for a majority of the United States, mental health and illness and its place in American society has come full circle. Institutionalization, the focus of this dissertation, is the middle part of the narrative. Prior to the establishment of standardized and state-funded insane asylums in Jacksonian America, insane individuals’ fates were perilous at best. If from wealthy families, they often remained home and hidden from the community. Many lingered around communities as those who historian James Trent Jr. describes as a “village idiot,” maintaining a poverty-stricken life with menial work and charity. In cities, these “village idiots” existed alongside those who lived in almshouses or poor houses. In these public and private charitable institutions, insane individuals intermingled with others who lived there-the destitute, addicts, the physically disabled, and sometimes orphans. The crude and rudimentary way almshouses or poorhouses created a poor environment for most who lived in them.

Beginning in the 1840s, reformers and medical professionals sought to improve the lot of these individuals. Furthermore, medical professionals looked to turn Benjamin Rush's "moral treatment" into a physical reality. Spearheaded by Thomas Story Kirkbride and Dorothea Dix's barnstorming crusade for the better treatment of the insane, the asylum and how it was administered, became a foremost instrument to attempt treating and curing insanity.⁶⁹⁸ During most of the 19th century, medical professionals like Kirkbride believed 80 percent of insane individuals could be cured with treatment "outside the home, in large-scale buildings."⁶⁹⁹

Such "stately towers of insane asylums were once a common sight at the edge of American cities and towns."⁷⁰⁰ Out of this push to physicalize Rush's "moral treatment" came the development of the Kirkbride Plan, a uniform manner of constructing and administering of insane asylums and state hospitals. Initially, these institutions strictly followed the Kirkbride Plan. However, in the years after the American Civil War, superintendents and other medical professionals began to deviate from the plan.

These institutions of benevolence and temporariness had transitioned into morbid places of permanence. From the late-19th century through 1940, the number of "long-term chronic patients increased dramatically."⁷⁰¹ State budgets and loose population measures for these newly renamed state hospitals played a major role in the problems these institutions faced. All of this while the United States teemed with scientific racism,

⁶⁹⁸ Carla Yanni, "The Linear Plan for Insane Asylums in the United States before 1866" *Journal of the Society of Architectural Historians*, Vol. 62, No. 1 (March, 2003), pg. 24.

⁶⁹⁹ Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (Cambridge, Mass: Harvard University Press, 1994), 99.

⁷⁰⁰ Yanni, "The Linear Plan for Insane Asylums in the United States before 1866," 24.

⁷⁰¹ Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991), 6.

nationalism and nativism, and outright prejudice based on otherness. The insane, and many merely perceived as disabled in various manners, often ended up in these state hospitals. They became places of permanence with a cornucopias of society's disabled individuals.

During the Second World War, conditions at these institutions began to be exposed. By 1941, the plans and guidelines established by Kirkbride and charity of reformers like Dix had been far gone for roughly half a century. Conscientious objectors working as state hospitals during the war first exposed conditions at many of the nation's state hospitals. In the case of the Mississippi State Hospital during this early part of the period of deinstitutionalization, it was found to be in horrid conditions not by conscientious objectors, but instead by patients themselves, and in-state journalists and local legislators. Where as many state hospitals throughout the nation continued to operate in the same manner they had before being exposed, the Mississippi State Hospital's conditions improved slightly in the 1950s. Conditions improved so much the patient who exposed the hospital's state of affairs, Fred Chaney, came to champion the efforts made by the state and hospital. However, these conditions did not last long and the Mississippi State Hospital largely returned to its previous state during and immediately after the Second World War. For the next decade-and-a-half, similar reports and lawsuits pertaining to the Mississippi State Hospital's questionable conditions and treatment of patients emerged. However, unlike in the case of many other state hospitals, which all but ceased to operate by the mid-to-late 1990s, the Mississippi State Hospital continued to stay open.

Tangential to deinstitutionalization and its questionable affects in the state, Mississippi also became a hotbed for racial unrest and at the heart of the African-American Civil Rights Movement in the decades after the Second World War. Throughout the nation and internationally in some respects, Mississippi became notoriously synonymous with the brutal torture and murder of Emmett Till, assassination of Medgar Evers, and the torture and murder of three civil rights workers. As heinous as these killings were, the State of Mississippi, legislators, and the press employed techniques to thwart the state's civil rights movement in calculated, sweeping manners. Those who participated in the movement or defying what historian Stephen Berrey as the "Jim Crow Routine" were perceived as insane or crazy by the State of Mississippi and the press.

It is here, Mississippi, 1966, where this conclusion's story begins. 1966 became a watershed year in the history of the Mississippi State Hospital. First, because of the advent and implementation of Medicare and Medicaid, the state legislature would no longer foot a large portion the entire bill for the operation of the state hospital year in and year out. However, this federal funding would come with a caveat. The Mississippi State Hospital had not yet desegregated by 1966. Between 1964 and 1966 only four of the state's 135 hospitals had desegregated, which became a requirement to qualify for federal Medicare funding to provide medical services to Mississippians.⁷⁰² The Mississippi State Hospital was one of the hospitals that had not desegregated yet. However, this quickly

⁷⁰² Associated Press, "Only 4 State Hospitals Certified for Medicare," *The Clarion-Ledger* (Jackson, MS), May 21, 1966. The only four hospitals in Mississippi that met the desegregation requirement were the University Medical Center in Jackson, the Monroe County Clinic in Aberdeen, the Stone County Hospital in Wiggins, and the Tishomingo County Hospital in Iuka.

changed with the prospect of federal funding. Director of the hospital, Dr. W. L. Jaquith, according to the director of the Public Relations Department of the Mississippi State Hospital, played a pivotal role in desegregating the hospital in hopes of qualifying for federal Medicare funding.

As expected, and consistent with other issues on race and the federal government, a number of white Mississippians opposed the desegregation of the Mississippi State Hospital. Clifton L. Langford, Editor and Publisher of *The Bolivar Commercial*, became the most outspoken critic of the “forced integration” as he called it.⁷⁰³ In an editorial clearly directed at “The Federal Government, the courts and Congress,” he forthrightly expressed his opposition to “The Forced integration of mentally ill people...for a few paltry federal dollars.”⁷⁰⁴

As the Mississippi State Hospital pivoted into a period of post-racial segregation, it encountered several issues concerning its deteriorating conditions and budget. Complicating the situation, the State of Mississippi had to decide whether or not to participate in deinstitutionalization, during which states’ shifted patients from the walls of state hospitals to outpatient centers, smaller facilities, or the community. At the consecration of the federal government in an effort to cut spending, state hospitals’ rolls fell drastically during the 1960s and 1970s. Not at the Mississippi State Hospital, however. The hospital continued to operate at previous decades’ capacities while at the chopping block with the state legislature, while continuing to receive federal Medicare funding.

⁷⁰³ Clifton L. Langford, “Utter Disbelief,” *The Bolivar Commercial* (Cleveland, MS), April 7, 1966.

⁷⁰⁴ Langford, “Utter Disbelief,” *The Bolivar Commercial*, April 7, 1966.

As numerous state hospitals prepared for and shifted toward deinstitutionalization, the Mississippi State Hospital did not. In fact, they doubled down on institutionalization with research on how to prevent the general malaise that comes along with the process. In 1969, the hospital established a vocational rehabilitation department to cure “a second disease” of state-hospital patients “superimposed on top of their primary illness,” explained Dr. Ray Nail of the Mississippi State Hospital.⁷⁰⁵ The “second disease” Dr. Nail referred to also went by “institutionalization.”⁷⁰⁶ The hospital, working with federal agencies like Manpower Development and Training, provided certain patients with sheltered workshop at the local Alliance Industries distribution center, and Goodwill Industries in Jackson repairing electronics.⁷⁰⁷

The 1970s became a pivotal decade for state hospitals, and mental health and illness throughout the United States. In *Ricky Wyatt, by and through his Aunt and legal guardian Mrs. W. C. Rawlins, Jr., et al, Plaintiffs, v Dr. Stonewall B. Stickney, as Commissioner of Mental health and the State of Alabama Mental Health Officer, et al, Defendants* (1971), a federal court in Alabama ruled in favor of state-hospital patients’ constitutional right to the prospect of returning to the community. This ruling not only added to federal agencies like Manpower Development and Training, it also provided a judicially endorsement of deinstitutionalization. By 1977, deinstitutionalization, by state-hospital numbers, succeeded. Over 266 thousand fewer patients remain on state-

⁷⁰⁵ Jean Culbertson, “Vo Rehab May Be ‘Cure’ For 2nd Ailment of Ill,” *Clarion-Ledger* (Jackson, MS), March 30, 1969.

⁷⁰⁶ *Ibid.*

⁷⁰⁷ Culbertson, “Vo Rehab May Be ‘Cure’ For 2nd Ailment of Ill,” *Clarion-Ledger*, March 30, 1969.

hospitals' books than in 1966.⁷⁰⁸ By the end of the decade, the reality of deinstitutionalization began to occur. A minority of states had regulations for outpatient facilities, community mental health centers, or transitional housing.⁷⁰⁹

At the Mississippi State Hospital, conditions and the patient-employee ratio evoked the hospital during and immediately after the Second World War. Everything came to a head in 1974. The hospital employed eight psychiatrists, 17 general physicians, and 16 social workers for 3400 patients.⁷¹⁰ The Mississippi State Hospital was severely understaffed. Attendants often held responsible for up to 90 patients.⁷¹¹

By the 1980s, the first wave of results from deinstitutionalization came to fruition. It had become an absolute disaster for a number of reasons. First, the shift from the state hospital to either the outpatient centers, small facilities, or the community did not occur properly or fluidly. Many former patients, while being confined to state hospitals also had access to needed medication. Those patients who landed in small facilities fared better than those shifted to outpatient centers or the community. They received their needed medication, and in some cases, due to the patient-staff ratio, received far better care. This was most evident of elderly state hospitals patients who shifted to nursing homes. However, those who shifted to outpatient centers or the community fared far worse. Many former patients ended up without proper medical attention or medication, and

⁷⁰⁸ Jack Anderson, "Federal crackdown in needed on many unsafe nursing homes," *Hattiesburg American* (Hattiesburg, MS), April 25, 1979.

⁷⁰⁹ Ibid. By 1979, only 13 states had regulations for "boarding homes," 23 regulated "foster care," 13 established rules for "personal care," and 13 regulated "adult 'group' home."

⁷¹⁰ Jean Bunge, "Whitfield Needs More Staff," *Clarion Ledger* (Jackson, MS), June 25, 1974.

⁷¹¹ Ibid.

homeless. In front of a United States congressional panel on mental health and illness in 1985, a number of leading scholars and medical doctors from around the nation agreed the policy of deinstitutionalization had become a disaster. The group described the mentally ill and unstable as suffering from “a misguided, 20-year-old policy of releasing them into communities.”⁷¹² “It’s insane,” said Dr. Rodger Farr, a member of the group before the congressional panel. “It makes no sense whatsoever,” he concluded.

Beginning in the late-1960s the elderly patients in state hospitals made up a large number of the first released, and “moved to private nursing and board and care (residential) homes whose fees were paid by federal dollars.”⁷¹³ Another wave of deinstitutionalization came during the early-to-mid-1970s. The Nixon Administration’s New Federalism shifted funding, without cutting it, for numerous federal programs. In fact, many federal programs expanded during his administration. In relation to deinstitutionalization, the Nixon Administration expanded the Social Security Program, the Supplemental Security Income Program. This expansion extended federal benefits in the form of income to now include the disabled.”⁷¹⁴ Many former patients faced two avenues-homelessness, or jail or prison. Due to state hospitals becoming places of permanence and on the periphery of communities and society of the course of the last century, very few patients had support systems in the way of families and friends upon release.

⁷¹² Associated Press, “Released mental patients find mayhem on streets, doctors say,” *The Clarion-Ledger* (Jackson, MS), March 20, 1985.

⁷¹³ Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Feud, from the Madhouse to Modern Medicine* (Princeton: Princeton University Press, 2015), 371.

⁷¹⁴ Scull, 371.

Furthermore, support systems promised by legislators and the federal government revealed to be non-existent or constantly being underfunded and first on the legislative chopping block. While federal and state government had extolled the virtues of deinstitutionalization dating back to President John F. Kennedy's Community Mental Health Act (1963), the reality of the period slowly came into focus. The new state and federal programs to provide support to these newly released patients quickly became underfunded and "figments of their planners' imaginations," much like Dorothea Dix and Thomas Story Kirkbride a century earlier.⁷¹⁵ The reality of deinstitutionalization showed a dark and daunting future for the nation's mentally ill and unstable. It revealed an onslaught of "retrenchment or even elimination of state-supported" programs "for victims of severe and chronic forms of mental disorder. Community care was a shell game with no pea," as historian of medicine Michael Scull bluntly argues.⁷¹⁶ The nation's mentally ill and unstable were left out in the cold, figuratively and literally. Evicted from their previous residence, the state hospital, with the promise of better care and support, former patients often faced daunting futures.

The homeless mentally ill or unstable individual has become the "sidewalk psychotic," a too-familiar fixture of the urban landscape of the United States.⁷¹⁷ These homeless individuals have been jilted by not just society but the state and federal government. Too impoverished, and far too politically weak to bring their plight to realization of a society already shown to have an aversion to the wellbeing of the nation's mentally ill and unstable, these individuals resign to live among other marginalized

⁷¹⁵ Scull, 375.

⁷¹⁶ Ibid.

⁷¹⁷ Scull, 376.

sectors of society—criminals, addicts, and outright impoverished “to eke out a precarious existence.”⁷¹⁸ The mentally ill and unstable are where the mad and insane were prior to the 1840s in the United States. Interstate overpasses and abandoned buildings are synonymous with a reality as squalor as the “village idiot” or almshouses.

However, many mentally ill and unstable individuals end up in the numerous jails and prisons, both public and private, that pockmark the United States. In 2006, an estimated 15 percent of state prisoners and 24 percent of jail inmates nationwide met the criteria for a psychotic disorder.⁷¹⁹ Mississippi’s mentally ill and unstable who become patients are subjected to inadequate services that consistently get carved away at by the Mississippi State Legislature. In recent years, the situation has further deteriorated for the nation’s, and Mississippi’s, in particular, for the mentally ill and unstable. Further budget cuts ensued. From 2009 to 2011, support for mental health care fell by \$42 million or 15 percent of the Mississippi Department of Mental Health’s total budget.⁷²⁰ Due to these budget cuts, available beds for patients at the state’s state hospitals declined from 1,156 in 2010 to 486 in 2017.⁷²¹ The United States Department of Justice sued the state of Mississippi for failing to provide adequate mental health care to its residents.⁷²² As I write this conclusion, the case is still pending.

⁷¹⁸ *Ibid.*, 376.

⁷¹⁹ Scull., 378.

⁷²⁰ Sarah Smith, “Doing Less with Less: Mental Health Care in Mississippi,” *ProPublica* December 28, 2017, February 13, 2018, <https://features.propublica.org/tyler-haire-mississippi/mental-health-care-in-mississippi/>.

⁷²¹ Smith, “Doing Less with Less: Mental Health Care in Mississippi,” Accessed February 13, 2018

⁷²² *Ibid.*

An investigation by the Department of Justice into Mississippi's mental health care system in December of 2011 reveal the reality of the state's plan for its mentally ill and unstable residents. That plan is to continue to institutionalize Mississippians while cutting funding for mental health care. The DOJ found Mississippi had violated the Americans with Disabilities Act "by over-institutionalizing adults with mental illness" and "relying on models that would barely have been considered modern 50 years ago."⁷²³ The department concluded Mississippi, more than any other state in the nation, spent more money, in proportion, on institutions and less on community care.⁷²⁴ According to numerous Mississippi lawmakers, many of the state's budget decisions are made by Governor Phil Bryant, Lieutenant-Governor Tate Reeves, and Speaker of the Mississippi House of Representatives Philip Gunn, all member of the Republican Party.⁷²⁵ In a state heavily controlled by the conservative, right-wing of the Republican Party, this continues to be the situation with no end or answer in sight in Mississippi.

Getting back to the question, "why this place is still in operation", I believe I have found an answer. The stack of literature I received on my tour of the Mississippi State Hospital included a pamphlet of the its overall operation. Its Mission, Economics, Services, Catchment Area, and Partners in Continuum of Care Services are covered on the pamphlet. The sections concerning the hospital's Services and Catchment Area denotes the reality that Mississippi's mentally ill and unstable are little more than hard data, just like their predecessors at the Mississippi State Hospital. In the Services section,

⁷²³ Smith, "Doing Less with Less: Mental Health Care in Mississippi," *ProPublica* December 28, 2017, <https://features.propublica.org/tyler-haire-mississippi/mental-health-care-in-mississippi/>. Accessed February 13, 2018..

⁷²⁴ Ibid

⁷²⁵ Ibid.

there is a focus on the number of beds available and the number of individuals served during the 2016 fiscal year.⁷²⁶ The Catchment Area section of the pamphlet notes the 33 counties served and highlights the services provided at the Mississippi State Hospital.⁷²⁷ Also worth noting, at the bottom of the front of the pamphlet, there is a brief mention of their accreditation and an assurance the Mississippi State Hospital “complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.”⁷²⁸

The most telling of these sections concerned the Mississippi State Hospital’s economic impact and budget. The hospital is portrayed as a job creator in the larger Jackson community. According to 2016 numbers provided on the pamphlet, the hospital employed 1588 full-time employees, 35 contract employees, and is indirectly responsible for 1,001 jobs.⁷²⁹ There is also the assertion that the hospital positively affect’s the state’s economy by over 173 million dollars, and it’s general fund collections by nearly \$23 million dollars.⁷³⁰ The budget side of this portion of the pamphlet highlight’s the hospital’s 2017 fiscal budget of 121 million dollars.⁷³¹ It is in these basic terms-economy and economic impact, budget, and job creator-that the institutionalized have come to be described as, sheer numbers. In this sense, state hospital patients have remained

⁷²⁶ Mississippi State Hospital, *Mississippi State Hospital* (Mississippi, Mississippi State Hospital, November 2016).

⁷²⁷ *Ibid.* The state of Mississippi is broken into four quadrants, aligned with the state’s four state hospitals, to serve the state’s mentally ill and unstable.

⁷²⁸ Mississippi State Hospital, *Mississippi State Hospital* (Mississippi, Mississippi State Hospital, November 2016).

⁷²⁹ Mississippi State Hospital, *Mississippi State Hospital* (Mississippi, Mississippi State Hospital, November 2016).

⁷³⁰ *Ibid.*

⁷³¹ *Ibid.*

nameless, merely mentioned in fiscal terms and as an impact on the economy. The nation's mentally ill and unstable have three avenues in 2018-institutionalization where available, jail or prison, or homelessness. Throughout most of the nation, the mentally ill and unstable wind up in jail or prison or become homeless. In Mississippi, the mentally ill and unstable are exposed to an antiquated answer to a perpetual question in the form of state-sponsored institutionalization. Either avenue taken, the nation's mentally ill and unstable individuals suffer. Additionally, they become little more than statistics on the periphery of society.

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