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Race and Mental Illness at a Virginia Hospital:  
A Case Study of Central Lunatic Asylum for the Colored Insane, 1869-1885

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts at  
Virginia Commonwealth University.

By

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## Table of Contents

Abstract.....	1
Introduction: “The only negro insane asylum in the world . . . situated near Richmond, VA”: A Case Study of Central Lunatic Asylum for the Colored Insane.....	4
Chapter One: “A consequence of the delights of freedom”: White Doctors and Black Mental Illness in the Nineteenth-Century South.....	20
Chapter Two: “A Lunatic and a Citizen of the State”: Committing Patients to Central Lunatic Asylum.....	45
Chapter Three: Image and Reality: Life at Central Lunatic Asylum in Richmond, Virginia, 1869- 1885.....	71
Conclusion.....	98

Abstract:

RACE AND MENTAL ILLNESS AT A VIRGINIA HOSPITAL: A CASE STUDY OF  
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Director: Dr. Sarah Hand Meacham

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In 1869 the General Assembly of the Commonwealth of Virginia passed legislation that established the first asylum in the United States to care exclusively for African-American patients. Known as Central Lunatic Asylum for the Colored Insane and located in Richmond, Virginia, the asylum began to admit patients in 1870. This thesis explores three aspects of Central State Hospital's history during the nineteenth century: attitudes physicians held toward their patients, the involuntary commitment of patients, and life inside the asylum. Chapter One explores the nineteenth-century belief held by southern white physicians, including those at Central Lunatic Asylum, that freed people were mentally, emotionally, and physically unfit for freedom. Chapter Two explains the involuntary commitment of African Americans to Central Lunatic Asylum in 1874. Chapter Three considers patient life at the asylum by contrasting the expectation of "Moral Management" care with the reality of daily life and treatment.

## Introduction:

“The only negro insane asylum in the world . . . situated near Richmond, VA”:

## Central Lunatic Asylum for the Colored Insane

In 1883 an editorial correspondent from *The Globe* traveled from New York to Richmond, Virginia and published a column in which he shared “some pleasant thoughts” on this trip to “the Old Dominion.” The correspondent wrote about state politics in Virginia and the newly constructed “Moore-Street Industrial School,” yet the lengthiest portion of the editorial detailed a private tour he was given of Central Lunatic Asylum, “one of the largest of its kind for colored patients.” The correspondent described Central Lunatic Asylum as “airy, very neat, very clean” institution that was managed by a “benevolent,” “efficient superintendent” and a “corps of colored attendants.”<sup>1</sup> Not all newspaper stories painted Central Lunatic Asylum in such a positive light: other articles claimed patients at Central Lunatic Asylum were mistreated, that asylum Board Members were misappropriating funds, and one article asserted that “eight or ten of the inmates” were actually “not lunatics.” The abundance of news stories on Central Lunatic Asylum during the 1870s and 1880s reveal that Virginians and the greater American public were quite interested in reading about “the only negro asylum in the world . . . situated near Richmond, Virginia.”<sup>2</sup>

The most gripping newspaper articles recount the stories of patients committed to Central Lunatic Asylum, indicating nineteenth-century Virginians were very much intrigued by patients deemed “insane” or “lunatic.” “A Murderer to be Tried After Being Deranged for Two Years,” announced the headline of an article about a “deranged” man named Henry Odinel who

<sup>1</sup> “Some Things in Richmond. Some Pleasant Thoughts on the Old Dominion,” *The Globe* (New York, NY), April 28, 1883.

<sup>2</sup> “The Only Negro Insane Asylum in the World,” *The Milwaukee Sentinel* (Milwaukee, WI), December 29, 1871.

murdered his own brother.<sup>3</sup> Another tragic newspaper story, “Love and Lunacy,” told about a woman named Maria Butcher who married a man “before the abolition of slavery” only to find out “after the war” that his first wife was still alive. When her husband decided to “return to the object of his earlier affection” and leave Maria Butcher for his first wife, Maria “became a raving maniac.”<sup>4</sup> Other Virginia newspapers, like the *Staunton Spectator* or the *Daily Dispatch*, often made announcements when men and women in the community were “Adjudged Insane” or “Convicted” of insanity and sent to Central Lunatic Asylum.<sup>5</sup>

Embedded within these national and Virginia newspaper articles about Central Lunatic Asylum and its patients is an awareness of race; patients were not just “insane,” but were “colored insane” or “colored lunatics.” Some articles on Central Lunatic Asylum made explicit statements about the relationship between race and mental illness. Reporting on Central Lunatic Asylum in 1871, one writer who worked for a Milwaukee, Wisconsin, newspaper concluded, “a black face bereft of reason is more horrible” than a white one. The writer also believed insane black people required “very different treatment” than their white counterparts.<sup>6</sup> An 1883 *Globe* article questioned whether the “amalgamation of white and black skinned people deteriorated the species” and resulted in insanity. To address this question, the *Globe* writer detailed the story of

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<sup>3</sup> “A Murderer to be Tried After Being Deranged for Two Years,” *Daily State Journal* (Alexandria, VA), August 16, 1871.

<sup>4</sup> “Love and Lunacy,” *Daily State Journal* (Alexandria, VA), August 30, 1873.

<sup>5</sup> “Isaac Hunter Convicted,” *Staunton Spectator* (Staunton, VA), December 6, 1870; “A Lunatic,” *Daily State Journal* (Alexandria, VA), August 18, 1871; “Adjudged a Lunatic,” *Daily State Journal* (Alexandria, VA), October 2, 1873; “Adjudged a Lunatic,” *Staunton Spectator* (Staunton, VA), April 13, 1877; “Adjudged Insane,” *Daily Dispatch* (Richmond, VA), July 7, 1880.

<sup>6</sup> “The Only Negro Insane Asylum in the World,” *The Milwaukee Sentinel* (Milwaukee, WI), December 29, 1871.

a “mulatto inmate at Central Lunatic Asylum” who was melancholy and “under the delusion she was white.”<sup>7</sup>

Mental illness and asylum care was a topic that preoccupied the minds of nineteenth-century physicians and the American public. As seen in the preceding newspaper articles, African-American mentally ill patients were categorized as both “insane” and “black,” which were “two social categories that justified both the social marginalization and custodial care of supposedly sub rational populations.”<sup>8</sup> This thesis explores the relationship between mental illness, in the nineteenth century known as “insanity” or “lunacy,” asylum care, and race through a case study of Central Lunatic Asylum for the Colored Insane. The experiences of patients bearing the double stigma of “insane” and “black” form the center of the analysis and lead us to investigate what asylum care was like for these patients during the nineteenth century. Did racial factors play an important role in shaping the history of Central Lunatic Asylum as well as the history of other asylums in Virginia? Was the institutionalization of colored insane at Central Lunatic Asylum an act of social control during a period of tumultuous race relations? Did Central Lunatic Asylum mirror larger trends in the treatment for the insane in Virginia?

To answer these and other questions, this study looks at Central Lunatic Asylum from its founding in 1869 in Richmond, Virginia to 1885 when the asylum moved to a new facility in Petersburg, Virginia. This project thus examines the history of Central Lunatic Asylum for the sixteen years it was located in Richmond, VA. The 1869-1885 years situate the asylum within larger trends of the American asylum movement during the 1870s and 1880s. These two decades marked a particularly tumultuous time for asylum leaders as the theories for asylum care

<sup>7</sup> “At the Central Lunatic Asylum for the Colored Insane in Richmond the Editor of the Globe was Surprised to Find Among the 440 Inmates not more than Ten Persons of Mixed Blood, or Mulattoes,” *The New York Globe* (New York, NY), May 12, 1883.

<sup>8</sup> Benjamin Reiss, *Theaters of Madness: Insane Asylums and Nineteenth Century American Culture*, (Chicago, IL: University of Chicago Press, 2008), 53.

developed during the 1840s and 1850s, particularly the theory of “moral management,” fell under attack. Prior to the Civil War, respected physicians argued that the mentally ill were best cared for within an asylum and believed a proper regimen of moral management would cure patients. Yet by the 1870s and 1880s, physicians realized many patients treated with moral therapy had not recovered from mental illness, and asylums became increasingly overcrowded and custodial.<sup>9</sup>

Despite Central Lunatic Asylum’s significance as the first asylum in the United States devoted to assisting colored insane, the asylum has received little scholarly attention. The lack of scholarship on Central Lunatic Asylum is even more curious when considering the availability of secondary work on two other prominent insane asylums in Virginia: Eastern Lunatic Asylum in Williamsburg and Western Lunatic Asylum in Staunton.<sup>10</sup> More generally, numerous case studies exist that focus on mental health care at specific institutions as well as broad narratives that trace the history and development of mental health services in the United States. The primary shortcoming of these existing histories is their tendency to present the story of patients in the Northeast as a narrative representative of patient experience and asylum care in the entire United States. Historian Peter McCandless has identified this trend writing, “the relative neglect of the South in these national works is somewhat surprising because the first public mental institutions in the United States were in Virginia, South Carolina, Kentucky, and Maryland.”<sup>11</sup>

<sup>9</sup> Carla Yanni, *Architecture of Madness: Insane Asylums in the United States* (Minneapolis, MN: University of Minnesota Press, 2007), 6-9.

<sup>10</sup> Eastern Lunatic Asylum (today known as Eastern State Hospital) has received the most attention from scholars. See: Shomer S. Zwelling, *Quest for a Cure: The Public Asylum in Williamsburg, 1773-1885* (Williamsburg, VA: Colonial Williamsburg Foundation, 1985); Norman Dain, *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, VA 1766-1866* (Charlottesville, VA: University of Virginia Press), 1971; Wendy Gonaver, “The Peculiar Institution: Gender, Race, and Religion in the Making of Modern Psychiatry, 1842-1932,” (The College of William and Mary, 2012).

<sup>11</sup> Peter McCandless, *Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill, NC: University of North Carolina Press, 1996), 3.



This study of Central Lunatic Asylum helps to address the “relative neglect” of southern mental institutions by closely examining an asylum located in the South.

An additional shortcoming of existing research on mental health and asylum care is the lack of scholarly attention afforded black men and women. In a study of African-American patients at St. Elizabeth’s Hospital in Washington D.C., historian Martin Summers argues “few Americanists have approached the study of mental illness and mental institutions with race as the central analytical lens” despite the abundance of scholarship on mental institutions. In some instances, the lack of secondary scholarship on black men and women experiencing mental illness is a result of the relatively few existing primary sources and the lack of institutional records documenting black patients. For example, in *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry* scholar Lawrence Goodheart makes use of asylum records of the Hartford Retreat and notes that only twelve black patients were admitted during the forty years covered in his case study.<sup>12</sup> In instances like these, where only small numbers of black patients received asylum care and are largely absent from the historical records, it is difficult to place race as a “central analytical lens.”<sup>13</sup> The institutional records and patient commitment papers of Central Lunatic Asylum, however, present a particularly exciting avenue for research because they are a body of primary sources where black mental health care is well documented.

This case study of Central Lunatic Asylum simultaneously addresses two significant gaps in the literature: the sparse existing research on mental institutions in the South and the lack of scholarship on mental health care where black men and women are placed at the center of the

<sup>12</sup> Lawrence Goodheart, *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry* (Amherst, MA: University of Massachusetts Press, 2003), 125.

<sup>13</sup> Martin P. Summers, “‘Suitable Care of the African When Afflicted with Insanity’: Race, Madness, and Social Order in a Comparative Perspective,” *Bulletin of the History of Medicine* (Spring 2010): 60-61.

narrative. To address these gaps in the literature, this project situates Central Lunatic Asylum within the existing histories of American asylums and mental illness. Much of the existing scholarship on asylum care in the United States looks at the issue of social control, questioning whether asylums were spaces of care or confinement. The extent to which mental illness is a social construct or a biological phenomenon is another central question addressed in histories of mental health.

In his now famous work, *Discovery of the Asylum: Social Order and Disorder in the New Republic*, historian David Rothman argued that during the “social disorganization” of Jacksonian America asylums became spaces of control where “good order” was restored through state supported “total institutions.” Institutions were typically “overcrowded, corrupt, and brutal” and used to confine “the lower orders of society” such as the poor or homeless.<sup>14</sup> American scholars like Rothman build upon the work of Michel Foucault and his 1960 work *Madness in Civilization*. In *Madness and Civilization* Foucault argued that mental institutions in the late eighteenth and nineteenth centuries were spaces where deviant “others” were removed from society and confined. Although the ostensible goal of late-eighteenth-century and nineteenth-century asylums was to cure patients, Foucault argues that these institutions were harsh and controlling in nature like earlier institutions. Nineteenth-century “moral treatment” replaced the use of physical restrains, contends Foucault, by implementing a system of “self-restraint in which the patient’s freedom, engaged by work and the observation of others, was ceaselessly threatened by the recognition of guilt.”<sup>15</sup>

<sup>14</sup> David Rothman, *Discovery of the Asylum: Social Order and Disorder in the New Republic* (United States of America: Little, Brown and Company), xii-xx.

<sup>15</sup> Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (Abingdon, Oxon: Routledge, reprint, 2001), 237, 229-265.

Although asylums were spaces in which social control and confinement played an important role, many historians have found this history of mental illness in America too one-sided. For example, instead of viewing asylums simply as places of social control, historian Gerald Grobb has shown that public policies related to asylum care “have often blended such contradictory elements as compassion, sympathy, rejection, and stigmatization.” Asylums were not just spaces where state power sought to contain and control mentally ill patients or troublesome people, but a realm in which public policies, physicians, and patients together shaped asylum development. In Grobb’s discussion of nineteenth century America, he argues asylums achieved some success in curing patients during the 1840s and 1850s through more humane care than that offered by eighteenth-century asylums.<sup>16</sup> Similarly, in *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* historians Nancy Tomes and Lynn Gramwell concluded that the commitment of the insane to asylums dramatically increased in the early-to-mid nineteenth century. Tomes and Gramwell attribute this shift to the implementation of moral therapy as the standard treatment at asylums and reform movements of the early nineteenth century that emphasized benevolent attitudes toward the mentally ill.<sup>17</sup>

From the late 1980s through the early twenty-first century, many histories of mental illness and asylum care have taken the form of case studies that attempt to weave together the institutional history of an asylum with the experience of patients. Many of these studies address both the issue of social control and the social construction of mental illness within a particular

<sup>16</sup> Gerald Grobb, *The Mad Among Us: A History of America’s Mentally Ill* (New York, NY: The Free Press, 1994), 3, 99-101.

<sup>17</sup> Lynn Gramwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Ithaca, NY: Cornell University Press, 1995), 38-50.

historical moment.<sup>18</sup> For instance, in *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* historian Ellen Dwyer calls scholars to look at patient experience within individual asylums because “nineteenth century asylums sometimes differed dramatically from one another.”<sup>19</sup> Most relevant to this project on Central Lunatic Asylum is Peter McCandless’s *Insanity in South Carolina from the Colonial Period through the Progressive Era*. In his case study of insane asylums in South Carolina, McCandless argues “racial factors” played an important role in South Carolina asylum history and “the experience with insanity of the black majority differed fundamentally in some respects from that of whites.” The experience of insane black people, concluded McCandless, was “marked by an even higher degree of indifference, cruelty, and neglect” when compared to white patients.<sup>20</sup>

In recent years, historians such as Martin Summers and Dea Boster have explored the topic of nineteenth-century mental health through the analytical lens of race and initiated a new field in which African-American health is placed at the center of the discussion. In *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860*, a book focused on enslaved people with disabilities, Boster argues that enslaved people often bore the “double stigma of race and disability.” Boster shows how both pro-slavery southerners and New England abolitionists made use of the stigmatized black bodies to advocate for and against slavery. *African American Slavery and Disability* is a profound work because it

<sup>18</sup> See: Lawrence Goodheart, *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry* (Amherst, MA: University of Massachusetts Press, 2003); John Hughes, “Labeling and Treating Black Mental Illness in Alabama, 1861-1910, *The Journal of Southern History* (August 1992); Leonard Smith, *Insanity, Race, and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838-1914* (New York, NY: Palgrave MacMillan, 2014); Carrie Streeter “Let Me See Some Insane People”: Progressive Era Development of the State Hospital at Morganton, 1883-1907, MA thesis, Appalachian State University, 2012; Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840-1883* (New York, NY: Cambridge University Press, 1984).

<sup>19</sup> Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick, NJ: Rutgers University Press, 1987), 2.

<sup>20</sup> Peter McCandless, *Insanity in South Carolina from the Colonial Period to the Progressive Era* (Chapel Hill, NC: University of North Carolina Press, 1996), 6.

demonstrates that disability and mental illness are “intimately linked with racialization and social status.” Particularly useful for this thesis are the ways Boster showed “how concepts of race and disability have historically influenced each another and have worked with discourses about identity, power, and difference in American history.”<sup>21</sup> Historian Martin Summers analyzed mental illness during the late nineteenth and early twentieth centuries through a close study of the African-American ward at St. Elizabeth’s Hospital in Washington D.C. Summers concluded that the “reality of racialized power cannot be ignored when considering the diagnostic, therapeutic, and classificatory regimes in asylums.” According to Summers, racial archetypes associating black people with criminality and lack of bodily control were particularly potent in the post-emancipation South. Insane blacks were at the bottom of the social order during the latter years of the nineteenth century and “to be black and insane was the equivalent of being among the ‘almost mythical cases of human abnormality.’”<sup>22</sup>

In addition to this research on race, mental illness, and institutional care, this thesis builds upon scholarship on nineteenth-century African-American healthcare and on the emerging body of scholarship on the health of freed people during the latter part of the nineteenth century. A particularly useful text describing medical care and the health of black people during the nineteenth century is Todd Savitt’s *Race and Medicine in Nineteenth-and- Early-Twentieth Century America*. Savitt argued that white and black medical practices usually “remained silently separate” in the antebellum South. In the early years of freedom, black people were reluctant to

<sup>21</sup> Dea H. Boster, *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860* (New York, NY: Routledge, 2013), 6-8; see also: Dea Boster, “An ‘Epileptik Bondswoman: Fits, Slavery, and Power in the Antebellum South,” *Bulletin of the History of Medicine* 83, no. 2 (Summer 2009): 271-301.

<sup>22</sup> Martin P. Summers, “‘Suitable Care of the African When Afflicted with Insanity’: Race, Madness, and Social Order,” *Bulletin of the History of Medicine* (Spring 2010): 80-87; see also: Martin P. Summers, “Diagnosing the Ailments of Black Citizenship: African American Physicians and the Politics of Mental Illness, 1895-1940,” in *Precautions: Contested Histories of Race and Health in North America* (Minneapolis, MN: University of Minnesota Press, 2014).

patronize white or black medical practitioners. Savitt believes this distrust of medical practitioners resulted from “many years of conditioning with white practitioners” during slavery.<sup>23</sup>

Recent works by historians Jim Downs and Gretchen Long look more specifically at African-American medical care in the years following emancipation through the turn of the twentieth century. Downs argues the health of freedmen and women held particular weight during Reconstruction, especially for disabled men and women, because “freedom depended upon one’s ability and potential to work.” Those physically unable to work were the ones most likely to end up in asylums and to be perceived as unfit “to handle the challenges of citizenship” due to their disability.<sup>24</sup> In *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* Gretchen Long discusses medicine and its relationship to African-American culture and politics in the second half of the nineteenth century. Long argues medical discourse about Americans was a contested space between freed people who asserted their ability to receive care and physicians who “read” sickness or health as a “barometer” indicative of a person’s adjustment to freedom.<sup>25</sup> Since Long and Downs make few references to mental health, this study broadens their analysis of African-American healthcare by bringing mental health into conversation with discussions of somatic health.

<sup>23</sup> Todd Savitt, *Race and Medicine in Nineteenth-and- Early-Twentieth Century America* (Kent, Ohio: Kent State University Press, 2007), 75-76, 270-275.

<sup>24</sup> Jim Downs, *Sick From Freedom: African American Illness and Suffering during the Civil War and Reconstruction* (New York, NY: Oxford University Press, 2013); Jim Downs, “The Continuation of Slavery: The Experience of Disabled Slaves During Emancipation,” *Disability Studies Quarterly* (Summer 2008).

<sup>25</sup> Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (Chapel Hill, NC: University of North Carolina Press, 2012), 5-8; for additional information on African American health in the mid-to-late nineteenth century, see also: Margaret Humphries, *Intensely Human: The Health of Black Soldiers in the American Civil War* (Baltimore, MD: Johns Hopkins University Press, 2008). Humphries argues the Civil War influenced African American healthcare because it “created a body of research used to support institutional racism in ensuing decades” (Humphries 19).

Finally, this project makes use of two unpublished research projects available on Central Lunatic Asylum: Jamie Ferguson's thesis *The Color of Insanity: The Condition of American Lunatics in the Commonwealth of Virginia, 1845-1879* and Anne Kirby Randolph's dissertation *Central Lunatic Asylum for the Colored Insane: A History of African Americans With Mental Disabilities, 1844-1885*. In *The Color of Insanity* Ferguson's goals are to document the development of Central Lunatic Asylum from 1846-1885 and to examine "the issue of racial control to determine whether lunatic asylums became an extension of white supremacy in the South." Ferguson concluded that Central Lunatic Asylum "was not practicing social control" and that the asylum was significantly influenced by external factors. Namely were "decreased funds from the state" and "the continual rise of insanity among Afro-Americans."<sup>26</sup> To reach these conclusions, Ferguson primarily drew upon Central Lunatic Asylum reports and primary sources reflecting the views of leading antebellum Virginia superintendents Dr. John Galt and Dr. Francis Stribling.

The time period and scope of Kirby Ann Randolph's dissertation, *Central Lunatic Asylum for the Colored Insane*, is quite similar to Ferguson's *The Color of Insanity* and draws upon many of the same Central Lunatic Asylum annual reports. Randolph and Ferguson disagree on two important points: whether or not the decision to isolate black lunatics was purely benevolent, and to what extent moral management treatment practiced at Central Lunatic Asylum was similar to its practice at white institutions. Randolph "did not find evidence to support Ferguson's assertions" that Central Lunatic Asylum treated patients with moral management "just as they would with white patients."<sup>27</sup> Often absent from Ferguson's thesis, but

<sup>26</sup> Jamie L. Ferguson, "The Color of Insanity: The Condition of African American Lunatics in the Commonwealth of Virginia, 1845-1879," MA thesis, James Madison University, 2001, 6-7.

<sup>27</sup> Kirby Ann Randolph, "Central Lunatic Asylum for the Colored Insane: 1844-1885," PhD Diss. University of Pennsylvania, 2003, 4.

present in Randolph's work, is a discussion of Central Lunatic Asylum where "race" is a significant category of analysis. Randolph probes more deeply into the question of racial difference and questions to what extent African Americans at Central Lunatic Asylum were treated differently because of their race. "Freedmen did not receive what would have been meaningful treatment as determined by either their medical belief system or the medical belief system in which the asylum physicians were trained," concludes Randolph, "by its own accounts the asylum fell short of the most modest expectations."<sup>28</sup>

The different conclusions reached by Ferguson and Randolph about Central Lunatic Asylum leave space for greater interpretation and the opportunity to build on the work they have already completed. This thesis contributes to the existing discussion of Central Lunatic Asylum by making use of primary sources untouched by either Ferguson or Randolph: patient commitment papers, institutional papers from the asylum, and newspaper articles. The patient commitment papers are useful because they provide basic demographic information about each patient not revealed in the Central Lunatic Asylum *Annual Reports*. These papers describe the nature of each patient's "insanity" and, in varying degrees of detail, explain why a patient was committed to the asylum. Other institutional papers from the asylum like letters or receipts provide clues into a variety of topics such as what people thought about the mentally ill and what items were available to patients inside the asylum. Finally, newspaper articles give a sense of how the public perceived the asylum. The frequent newspaper articles written about Central Lunatic Asylum and its patient population in both local and national papers suggest the asylum was regarded some degree of importance by its contemporaries.

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<sup>28</sup> Randolph, "Central Lunatic Asylum for the Colored Insane," 11-12.



This study of Central Lunatic Asylum during the 1870s and 1880s is an intentionally focused project in which an in-depth “case study” of one post-war asylum allows for greater conclusions to be drawn about asylum practices during the period. Central Lunatic Asylum was one of four state funded asylums established during Reconstruction to care solely for African American patients. Before 1877 legislation was passed in South Carolina, North Carolina, and Georgia to establish separate asylums for African-American men and women. Although all four asylums founded during Reconstruction are important, Central Lunatic Asylum provides a particularly exciting case study because it was founded first and influenced the development of other southern asylums for African Americans. In addition, the abundance and wide variety of primary sources available on Central Lunatic Asylum allows for a rich analysis of the asylum’s history during the nineteenth century.

The terminology used in this thesis makes use of nineteenth-century words related to mental health and asylum care. Though many of these terms are considered inappropriate or have fallen out of use in the twenty-first century, for historical accuracy they are utilized in this thesis. In the nineteenth century “insane” and “lunatic” were comprehensive terms used to label anyone with a supposed mental illness. “Insanity” included mental illnesses such as mania, hysteria, depression, anxiety, or catatonic behavior. A physician who treated mentally ill patients at an asylum was known as an “asylum doctor,” “alienist,” or “superintendent.” Nineteenth-century physicians whose medical specialty was to diagnose and treat “lunatics” held these titles. The lead physician at Central Lunatic Asylum during the 1870s and 1880s was referred to as “Superintendent” and was trained as a physician at a traditional medical college. Finally, the term “asylum” refers to a building or medical campus where patients experiencing mental illness

were treated. In Virginia, the term “lunatic asylum” fell out of favor in the 1890s and state asylums in the Commonwealth were renamed “State Hospitals.”

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Chapter One, “‘A Consequence of the Delights of Freedom’: White Doctors and Black Mental Illness in the Nineteenth-Century South,” traces medical perceptions of mentally ill African Americans from the antebellum years through the last decade of the nineteenth century. Southern physicians viewed enslaved people as unlikely to experience mental illness due to the “protective” nature of slavery, although evidence does exist documenting mental illness among enslaved populations. In the years after the Civil War, arguments made by asylum leaders and physicians, both across the South and in Virginia, posed black mental illness as a particularly threatening problem for African Americans and because of their new status as freed people. These arguments were based on the incorrect assumption that formerly enslaved people would experience mental illness because they lacked proper work habits, standards of cleanliness, and the ability to control their bodies and emotions.

The second chapter, “‘A Lunatic and a Citizen of the State’: The Commitment of Patients to Central Lunatic Asylum,” studies the process of patient commitment to Central Lunatic Asylum. Patients at Central Lunatic Asylum were “adjudged insane” in a city or county courtroom before three judges and a panel of witnesses that included a mix of community members and physicians. While other asylum histories have acknowledged demographic trends within particular institutions, such as the tendency to commit more women or older adults, no distinct age, gender, or occupation emerged as most likely to be committed to Central Lunatic Asylum. The most compelling trend apparent in the Central Lunatic Asylum papers from 1869-

1885 is the frequent commitment of violent men and women perceived as a threat or nuisance to the community. An overwhelming majority of the patients were described as violent and, according to the testimonies of primarily white male community members or physicians, possessed the potential to “to Commit Violence to Himself or Others.”

Chapter Three, “Image and Reality: Life at Central Lunatic Asylum in Richmond, VA, 1869-1885,” explores life inside the asylum for African-American patients “adjudged insane” and sent to Central Lunatic Asylum. This chapter compares the vision of mid-to-late nineteenth century moral management treatment, which stressed kindness toward patients, clean living quarters, and ample “amusements,” with the reality of life at Central Lunatic Asylum. Although the Asylum’s board members and superintendents likely perceived their institution as a benevolent charity for insane black people, patients at Central Lunatic Asylum inhabited a space and received treatment inferior to their contemporaries at Virginia’s white asylums. The significant amount of farm labor and domestic work done by patients at Central Lunatic Asylum suggests the asylum was not only a place for patient confinement and cure, but was also an institution where black people were required to work constantly.

Though each chapter expresses its own argument, taken together these three chapters show that from 1869-1885 attitudes toward mentally ill African Americans, the commitment of these people to asylums, and the treatment these patients received once admitted were products of the world in which they lived. Patients “adjudged insane” and committed to Central Lunatic Asylum were influenced by medical theories that found African Americans unfit for freedom because they lacked the ability to control their own bodies and minds as freed people. Confinement to Central Lunatic Asylum imposed a form of control on those believed unable to control themselves by confining patients to an asylum and encouraging them to work constantly.

Comparisons between Central Lunatic Asylum and the all-white Western Lunatic Asylum in Staunton, Virginia, reveals patients at Central were diagnosed and treated differently as a result of medical theories that classified African Americans as an inferior class of patients because of their race.

## Chapter One:

“A consequence of the delights of freedom:”

White Doctors and Black Mental Illness in the Nineteenth-Century South

Dear Doctor:

I am anxious to ascertain the number and the condition of the insane in Virginia who are not in asylums... I have determined to address every physician in the state, asking each to give information as the person and the condition of every lunatic within his knowledge... I beg that you will not only send me a prompt and full return, but that you will use your personal influence to persuade others to do that same.

Yours Very Respectfully,  
Francis T. Stribling  
Medical Superintendent Western Lunatic Asylum  
July 23<sup>rd</sup>, 1874<sup>29</sup>

In July of 1874, Western Lunatic Asylum Superintendent Dr. Francis Stribling mailed the above letter and an attached questionnaire to doctors in 82 counties across the Commonwealth of Virginia. Dr. Stribling’s questionnaire asked these doctors to name every insane person under their care and provide basic information about each patient’s color, sex, and age. Other questions included in the survey asked doctors to indicate if the insane patient was “manageable, troublesome, dangerous, or suicidal,” and if he or she resided “at home, in jail” or in a “poor house.” Dr. Stribling’s intent to reach “every physician in the state” in order to “get a complete and accurate census” of every insane person in Virginia was an ambitious project. Equally impressive were the number of doctors in Virginia who participated in the study and fulfilled Dr. Stribling’s request to complete the questionnaire. Many doctors, when returning their questionnaires to Dr. Stribling, included the names and addresses of their colleagues whom they

<sup>29</sup> Records of Western State Hospital, 1825-2000, Accession 31031, Box 064, Folder 1, State government records collection, The Library of Virginia, Richmond, Virginia.

anticipated would want to take part in the study. One doctor, John A. Poague who practiced medicine in Rockbridge County, even submitted a note with his completed questionnaire apologizing that he had “not been prompt in replying” to Dr. Stribling’s request.<sup>30</sup>

Dr. Stribling’s intention to count every insane person in Virginia, and his fellow medical practitioners’ eagerness to aid him in this task, elucidates the fascination many nineteenth-century physicians held for quantifying, studying, and explaining insanity. As these nineteenth-century doctors sought better to understand the topic of mental health, they increasingly considered the category of race as a crucial component in shaping mental health diagnosis. This is why Dr. Stribling included “color” in his survey as a category worthy of consideration in developing his own understanding of mental health and Virginia. In prior years, medical records of the insane in Virginia often did not include “color” as part of the patient profile. For example, antebellum records kept at the Western Lunatic Asylum (where Stribling was Superintendent) and Eastern Lunatic Asylum made no mention of a patient’s race in his or her medical records, despite the fact they began admitting black patients in 1846.<sup>31</sup>

Yet by 1874 when Dr. Stribling took his survey, physicians considered “color” a useful category for understanding mental illness as new Southern hospitals were established to serve black patients exclusively and existing hospitals added new wards to accommodate freedmen. Over his lifetime, Dr. Stribling was deeply involved in debates over how to best serve the black insane patients in Virginia, particularly the debate about if they should be cared for in separate

<sup>30</sup> Records of Western State Hospital, 1825-2000, Accession 31031, Box 064, Folder 14, State government records collection, The Library of Virginia, Richmond, Virginia.

<sup>31</sup> John Galt, *Report of the Board of Directors of the Eastern Lunatic Asylum, for the Year 1847* (Richmond, VA: William F. Ritchie, 1847); John Galt, *Biennial Report of the Board of Directors of the Eastern Lunatic Asylum, for the Year 1858-59* (Richmond, VA: William F. Ritchie, 1859); Francis Stribling, *Report of the President and Directors of the Western Lunatic Asylum for the Fiscal Years Ending September 30, 1863* (Richmond, VA: William F. Ritchie, Public Printer, 1863); Jamie L. Ferguson, “The Color of Insanity: The Condition of African-American Lunatics in the Commonwealth of Virginia, 1845-1879,” MA thesis, James Madison University, 2001, 33.

institutions from whites or if they should continue to be served by existing integrated hospitals. Dr. Stribling concluded that black men and women should be cared for in separate institutions and pushed for the establishment of an asylum for the colored insane in Virginia. His ideas came to fruition in 1869 with the creation of Central Lunatic Asylum in Richmond, Virginia.<sup>32</sup>

Dr. Francis Stribling provides a glimpse into the mind of a white physician during the mid-to-late nineteenth century as he sought to better understand the “colored insane” in Virginia. Patients at Central Lunatic Asylum during the 1870s and 1880s were diagnosed, treated, and evaluated by white doctors like Dr. Stribling. White doctors filled the role of “superintendent” at Central Lunatic Asylum and all employees “holding responsible positions” were white.<sup>33</sup> Black doctors were relatively few in number in the nineteenth century and medical schools had only just been established for the training of black doctors in the last decades of the nineteenth-century.<sup>34</sup> Although black doctors began forming professional medical societies and journals during the 1880s, they were reluctant to “engage in a larger professional discussion of mental illness” until the middle of the twentieth century. Black doctors lacked interest in mental health during the nineteenth century because they preferred to use “their medical authority to draw attention to diseases for which there were clear somatic origins that could be identified as consequences of segregation and economic discrimination.”<sup>35</sup>

<sup>32</sup> Jamie L. Ferguson, “The Color of Insanity: The Condition of African-American Lunatics in the Commonwealth of Virginia, 1845-1879,” MA thesis, James Madison University, 2001, 9-10, 36; The political debate in Virginia over whether to further integrate insane blacks into existing asylums or establish separate asylums for these patients is discussed in detail in Chapter One, “Mental Accommodations for Sambo and Nat,” in “The Color of Insanity.”

<sup>33</sup> William Francis Drewry, *Care and Condition of the Insane in Virginia* (Richmond, VA: The National Conference of Charities and Correction, 1908), 4; Historian Kirby Ann Randolph found that many of these “employees holding responsible positions” in the early years of Central Lunatic Asylum were former Confederate soldiers who “represented the most conservative element of the state” (Randolph 128).

<sup>34</sup> Todd Savitt, *Race and Medicine in Nineteenth-and-Early-Twentieth Century America* (Kent, OH: Kent State University Press, 2007), 270-276.

<sup>35</sup> Martin Summers, “Diagnosing the Ailments of Black Citizenship: African American Physicians and the Politics of Mental Illness, 1895-1940,” in *Precarious Prescriptions, Contested Histories of Race and Health in North*

In contrast, white physicians were already studying mental illness in the early nineteenth century. In 1848 a white physician from New England named Amariah Brigham founded *The American Journal of Insanity*, a journal dedicated to academic discourse on mental illness. The pages of *The American Journal of Insanity* were filled with scientific articles submitted by well-known white physicians, book reviews about new publications, and asylum reports from mental hospitals across the United States.<sup>36</sup> In publications like the *American Journal of Insanity*, doctors theorized mental illness was caused by “somatic” or “psychological” factors. Bodily injuries, such as a blow to the head or a serious illness, psychological distress, grief, fear, or any strong emotion were all seen as potential causes of insanity.<sup>37</sup> Doctors also associated insanity with various environmental or situational factors. A person prone to excessive drinking or gambling, a recent religious convert, someone who had experienced the death of a loved one, or lived in poverty might become insane. Attitudes toward mental illness in the nineteenth century were “both medical and social, both biological and constructed by societal norms.”<sup>38</sup>

Both biological and social norms that categorized the “colored insane” as inherently different than insane white southerners influenced medical perceptions of African-American mental illness in Virginia. Similar to diagnosis and treatment for white patients, southern doctors believed African Americans experienced insanity because of both somatic and psychological factors. These somatic and psychological factors were, however, intimately tied to race-based notions of the African-American body and mind. Southern, white physicians who claimed

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*America*, eds. Laurie Green, John McLernan-Gonzalez, and Martin Summers (Minneapolis, MN: University of Minnesota Press, 2014), 92-94.

<sup>36</sup> *American Journal of Insanity, Volume One*, eds. Officers of The New York State Lunatic Asylum (Utica, NY: Bennett, Backus, and Hawley, 1848).

<sup>37</sup> Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbridge and the Art of Asylum Keeping, 1840-1883* (Cambridge University Press, 1984), 81-86.

<sup>38</sup> Carla Yanni, *Architecture of Madness: Insane Asylums in the United States* (Minneapolis, MN: University of Minnesota Press, 2007), 2-4.



authority over black bodies during slavery, continued to dominate conversations about the mental health of black people after the Civil War. Some northern doctors like Edward Jarvis or African-American James McCune Smith engaged in the debate over black mental illness.<sup>39</sup> Yet southern doctors expressing pro-slavery sentiments, which form the basis of this chapter, were those most likely to theorized about the “colored insane.”

Recent works by Jim Downs, Martin Summers, and Gretchen Long show that discussions about the physical health of southern blacks during the nineteenth century were often embedded in ideas about racial difference. “Discussions that white historical actors had about African-American health care and its implications . . . usually did not only concern medicine or science,” argues historian Gretchen Long, but were deeply “entangled with ideas about racial difference.”<sup>40</sup> Historian Jim Downs argues in the years after the Civil War “freedpeople’s health was often connected to their employment” as many feared former slaves would become dependent on federal aid. “Underlying this fear, was the long-held belief that black people required white supervision to work or they would become indolent and unproductive,” argues Downs. Freedmen’s Bureau doctors often made diagnosis that “reflected stereotypes about the South and black people” and “harbored beliefs that black people were inherently inferior and susceptible to certain illnesses and immune from others.”<sup>41</sup>

In the case of insanity, ideologies of racial difference interwoven with ideas about medicine allowed white doctors in the antebellum South to craft a narrative of black mental

<sup>39</sup> Lynn Gramwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Ithaca, NY: Cornell University Press), 101-102.

<sup>40</sup> Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (Chapel Hill, NC: University of North Carolina Press, 2012), 5; See also: Margaret Humphries, *Marrow of Tragedy: The Health Crisis of the American Civil War* (Baltimore, MD: The Johns Hopkins Press, 2013); Jim Downs, *Sick From Freedom: African-American Illness and Suffering During the Civil War and Reconstruction* (New York, NY: Oxford University Press, 2012); Martin Summers, “Suitable Care of the African When Afflicted With Insanity: Race, Madness, and Social Order in Comparative Perspective,” *Bulletin of the History of Medicine* 84, no. 1 (Spring 2012): 58-91.

<sup>41</sup> Downs, *Sick From Freedom*, 8-11, 56.

health that deemed slavery beneficial to the black mind and freedom as a prescription for insanity. This narrative of black mental health developed in the antebellum years continued following emancipation and became most potent during the early years of Jim Crow as white doctors used rhetoric associating freedom with black insanity to claim that blacks were inferior to whites. Through the end of the nineteenth century, southern white doctors continued to articulate black insanity as a problem associated with emancipation, and as a natural occurrence due to the inferior emotional, mental, and physical aptitude of the black men and women. Physicians in Virginia, including white doctors who worked at Central Lunatic Asylum, subscribed to and contributed to the continuation of this increasingly racialized narrative of black mental health.<sup>42</sup>

### ***White Perceptions of Black Mental Health in the Antebellum South***

In the antebellum South white owners often judged enslaved people with mental or physical disabilities as “useless” or “diseased” and related their physical ability to their economic value. An 1831 account book from a Virginia planter listed the names, values, and physical condition of his enslaved people. Most of the men and women included in his “List of Negro Slaves” were valued from ninety to one hundred twenty dollars. In contrast, a man named “George” who was “deaf and dumb” was valued at only six dollars.<sup>43</sup> Typically estate records and plantation inventories indicated whether an enslaved person was “sound” or “unsound,”

<sup>42</sup> Kirby Ann Randolph discusses the relationship between freedom and insanity in Chapter Two of “Central Lunatic Asylum.” Kirby argues, “doctors attributed their African American patients’ symptoms to their intellectual inability to handle the stresses which accompanied freedom” (Randolph 59). This chapter builds on Randolph’s work by arguing nineteenth century physicians were also concerned with African-American emotional expression and work habits that they believed caused insanity. In addition, this chapter situates this medical theory within the context of Central Lunatic Asylum by showing that physicians at the hospital ascribed to these ideas.

<sup>43</sup> “List of Negro Slaves,” African American Collection, Mason Family Papers, Section 10, Virginia Historical Society, Richmond, VA.

though his or her particular illness or disability was not always indicated. Historian Dea Boster finds enslaved people with epilepsy, which was often associated with insanity, garnered lower values in the slave market and that epileptic fits were a “particularly ‘defective’ characteristic” according to slave owners.<sup>44</sup>

Though they were considered less valuable, men and women with mental or physical disabilities were certainly not exempt from participating in work on the plantation unless their situation was particularly dire. Those that experienced disabilities severe enough to receive medical treatment were cared for within the confines of the plantation and only on rare occasion were enslaved people sent to an asylum. Prior to the Civil War, insane black slaves in Virginia were cared for at the predominantly white Eastern Lunatic Asylum in Williamsburg, Virginia. Black slaves were only admitted “after the white insane had been provided for” and if their master paid for their stay at the asylum.<sup>45</sup> Since treatment came at the expense of the plantation master, slaves most likely to receive professional medical care were those who were “particularly valuable or productive laborers.”<sup>46</sup> Historians like Marie Jenkins Schwartz and Todd Savitt have shown that professional medical care on the plantation happened at the request of the master, who typically sought a cure for an enslaved person because of his or her economic value.<sup>47</sup> On the plantation, a physician’s primary client was not an enslaved person suffering from a physical or mental disability, but the plantation owner who requested care for his slave.

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<sup>44</sup> Dea Boster, “An ‘Epeleptick’ Bondswoman: Fits, Slavery, and Power in the Antebellum South,” *Bulletin of the History of Medicine* 83, no. 2 (Summer 2009): 271-301.

<sup>45</sup> Henry M. Hurd, William F. Drewry, Richard Dewey, Charles W. Pilgrim, G. Alder Blumer, and T. J. W. Burgess, *The Institutional Care of the Insane in the United States and Canada, Volume 1* (Baltimore, MD: The Johns Hopkins Press, 1916), 372-373.

<sup>46</sup> Dea H. Bolster, *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860* (New York, NY: Routledge, 2013), 44-45.

<sup>47</sup> Marie Jenkins Schwartz, *Birthing a Slave: Motherhood and Medicine in the Antebellum South* (Cambridge, MA: Harvard University Press, 2006), 226.

Despite efforts of doctors to control medical care, a “dual system” of medicine existed on plantations in which enslaved people practiced their own forms of care somewhat different than healthcare offered by doctors. Ideas of illness and cure held by enslaved people were often melded into “Christian moral cosmology” or connected “magic, spirituality, and health.” Medicine was derived from local plants and herbs and was influenced by African traditions. In *Doctoring Freedom* Historian Gretchen Long provides an example of an enslaved woman from Arkansas who used “gypsum weed, worm feud,” and ‘ho hound syrup” to treat an illness. The woman was almost totally reliant on “herbal remedies that were a familiar component of the natural environment.” Practices like these, argues Long, “underscore how much medicine remained hidden from the master’s oversight.” Generally, enslaved people shared medical knowledge amongst their own community members and treatment relied on relationships between community members.<sup>48</sup>

Like somatic health, notions of mental illness and disability in the antebellum south were intricately tied to the political and cultural issue of race and slavery. As historian Peter McCandless has concluded in his study of mental health care in South Carolina, “the situation of insane blacks was not simply a medical issue - it was a political and cultural one.” This larger cultural and political argument stemming from the medical issue of mental health centered on the desire of pro-slavery Southerners to demonstrate bondage as a condition positively impacting black men and women. Without enslavement, physicians argued, “the stresses and temptations of civilized life” would cause blacks to “succumb to mental disorders in much larger proportions to

<sup>48</sup> Long, *Doctoring Freedom*, 16-25; for additional information on mental illness among enslaved populations, see: Randolph, “Chapter One: Mental Illness Among African American Slaves,” in “Central Lunatic Asylum;” for more information on healthcare and medicine in the plantation South see: Sharla Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill, NC: University of North Carolina at Chapel Hill Press, 2002).

whites.”<sup>49</sup> In the antebellum South, medical practitioners enlisted rhetoric of black mental health that intertwined healthiness and bondage, as well as sickness and freedom, to assert that enslavement benefited black men and women. The writing of pro-slavery southern physicians during the 1840s and 1850s associated good health with enslavement and poor health with freedom. Further supporting these claims was the infamous United States Census of 1840, which documented high rates of insanity among free blacks in the Northeast.

Perhaps the most well known and widely cited document of the antebellum era connecting mental health and black enslavement in the South was Dr. Samuel Cartwright’s “Diseases and Peculiarities of the Negro Race” originally published in an 1851 edition of *De Bow’s Review*. In this article, Cartwright discussed “Drapetomania . . . the disease causing negroes to run away” which he thought was “a disease of the mind” that plagued black men and women who were either treated as equals to whites or, conversely, treated cruelly by their master. Frederick Law Olmstead reiterated Cartwright’s views on black mental health in his 1852-1857 travel log *The Cotton Kingdom: A Travelers Observations on Cotton and Slavery in the American Slave States*. In *The Cotton Kingdom*, Olmstead described drapetomania as “a peculiar form of mental disease” that “manifests itself by an irrestrainable propensity to *run away*.”<sup>50</sup>

Another disease identified by Dr. Samuel Cartwright was “dysaesthesia aethiopica, or hebetude of the mind and obtuse sensibility of the body - a disease peculiar to the negroes- called by overseers, ‘rascality.’” Cartwright concluded that the disease naturally occurred in blacks

<sup>49</sup> McCandless, *Moonlight, Magnolias, and Madness*, 151.

<sup>50</sup> Frederick Law Olmstead, *The Cotton Kingdom: A Travelers Observations on Cotton and Slavery in the American Slave States* (New York, NY: Mason Street Brothers, 1862), 122.

when allowed “to be idle, to wallow in filth, and to indulge in improper food and drinks.”<sup>51</sup>

Olmstead also spoke of “dysaesthesia aethiopica” in *The Cotton Kingdom* and concluded Dr. Cartwright’s view on black health was “highly esteemed at the South” for its “patriotism and erudition.” Cartwright’s attitude toward black mental health, Olmstead indicated, was a respected medical ideology in the South. Though Cartwright practiced medicine in the Deep South, his work was known among physicians in Virginia through publication of his writing in Virginia-based medical journals like the *Stethoscope and Virginia Medical Gazette*. In an 1851 issue of the *Stethoscope and Virginia Medical Gazette*, one of Cartwright’s own articles was published in full and a second article in the same edition acknowledged one of Cartwright’s earlier publications about the impact of climate on the physical condition of black slaves.<sup>52</sup>

By associating good health with enslavement, Cartwright crafted a medical theory around the greater social and political goal of continuing the institution of slavery in the South. Cartwright’s belief enslaved people experienced mental illnesses such as “drapetomania” and “rascality” was based on his desire to persuade contemporaries that slaves benefited from the supervision of their white masters. Without the guiding force of the master, enslaved people would become idle, dirty, and self indulgent, making them prone to “rascality.” In fact, he warned that enslaved people treated as anything more than “the submissive knee bender” and placed in a position equal to whites might fall ill with “drapetomania.”<sup>53</sup> In both of these supposed mental illnesses, Cartwright believed any disruption of the expected relationship between master and slave would prove detrimental to the mental health of black slaves.

<sup>51</sup> Samuel Cartwright, “Diseases and Peculiarities of the Negro Race,” *De Bow’s Review, Southern and Western States* 9 (1851).

<sup>52</sup> Samuel A. Cartwright, “Ovarian Tumor, per vias Naturales, by Catherism of the Fallopian Tubes,” *Stethoscope and Virginia Medical Gazette* (1851): 414, 467.

<sup>53</sup> Samuel Cartwright, “Diseases and Peculiarities of the Negro Race,” *De Bow’s Review, Southern and Western States* 9 (1851).

Other prominent Southern physicians espoused Cartwright's narrative of black mental health and tied their medical practice to the larger social and political goal of the continuation of slavery. Nineteenth-century southern physician, Dr. A.P. Merrill argued in his 1856 publication "An Essay on Some of the Peculiarities of the Negro Race" for the benefit of enslavement on the physical and mental condition of African Americans. According to Merrill, "physical and mental peculiarities differ in different races of men" with blacks being "vastly inferior to the Caucasian race, in all attributes of spiritual existence."<sup>54</sup> Merrill believed the black race was in the midst of "mental deterioration" that could only be saved by the continuation of slavery. Free from slavery, blacks were prone to savagery, ignorance, and degradation; yet enslavement offered the prospect of elevation of the mind, "the highest degree of health," and "the greatest happiness."<sup>55</sup> Dr. Merrill concluded that although many slaves desired freedom, they would "become wretched and miserable" outside the confines of enslavement.

In addition to medical practitioners theorizing freedom would prove detrimental to African-American mental health, journals in the 1840s and 1850s regularly cited the *United States Census of 1840* as proof that enslavement benefited the health of black people. Medical journals, such as *The American Journal of Insanity*, and journals appealing to a wider audience like the *Southern Literary Messenger* published findings from the *Census*. In 1840, the United States Census Bureau first attempted to quantify the number of insane in the United States by instructing census takers to inquire at each household if any members were "insane or idiotic." *United States Census* takers made no distinction between "insane" and "idiotic" and not until 1880 did the *Census* include more detailed diagnoses of mental illness such as "mania,"

<sup>54</sup> A.P. Merrill, "An Essay on Some Distinctive Peculiarities of the Negro Race," *Southern Medical and Surgical Journal* 12 (January 1856): 23.

<sup>55</sup> A.P. Merrill, "An Essay on Some Distinctive Peculiarities of the Negro Race," *Southern Medical and Surgical Journal* 12 (January 1856): 36.

“melancholia,” or “dementia.”<sup>56</sup> Although the *United States Census of 1840* reported on rates of insanity among black and white patients, the most alarming finding for antebellum whites was “the vast disproportion of insanity in the coloured population of the free and slave states.”

According to the *Census*, in the northern free states one of every 144 black persons was a lunatic compared to one in every 1558 in the slave states. “Lunacy was therefore about eleven times as frequent for the African in freedom as in slavery,” claimed one physician in an 1844 article in the *American Journal of Medical Sciences*.<sup>57</sup>

The results of the *United States Census of 1840* were “startling” and journals immediately began to print articles discussing the findings of the census, particularly the prevalence of insanity among free black men and women. In “Startling Facts from the Census,” published in the *American Journal of Insanity* and in the New York newspaper *The New York Observer*, a physician remarked on “the amazing prevalence of insanity and idiocy among our free colored population.”<sup>58</sup> Discussions of the *Census* reached beyond medical journals, with an article titled “Reflections on the Census of 1840” in the *Southern Literary Messenger*, a Virginia publication devoted to literature and arts. The author of the article analyzed the “startling amount of insanity among our people,” particularly that among the free blacks in the United States and warned emancipation would “prove fatal” to the black population of the South by inciting

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<sup>56</sup> Alan A. Baumeister, Mike F. Hawkins, Joni Lee Pow, and Alex Cohen, “Prevalence and Incidence of Severe Mental Illness in the United States: A Historical Overview,” *Harvard Review of Psychiatry* (September/October 2012): 250; The 1880 *Census* was also the first where census takers were instructed to consult medical practitioners when recording diagnoses of mental illness, the first to cross-check the results of the census takers with counts of insane collected by doctors, and the first to indicate whether mentally ill were cared for in asylums or within households (Baumeister, Hawkins, Pow, and Cohen, 250).

<sup>57</sup> Edward Jarvis, “Insanity Among the Coloured Population,” *American Journal of the Medical Sciences* (January 1844): 6.

<sup>58</sup> “Startling Facts from the Census,” *The American Journal of Insanity* 8 (October 1851): 153-155.



insanity and creating the need for “lunatic asylums for the tens of thousands” of those formerly enslaved.<sup>59</sup>

Although some white Northern physicians doubted the accuracy of the 1840 *Census* and the claim that free blacks experienced higher rates of insanity than enslaved blacks, many considered the demographic data released by the Census Bureau credible. The *Census* immediately prompted “many to investigate the effects of slavery and freedom upon soundness of mind.” As mentioned in the introduction to this chapter, Virginia’s Dr. Francis Stribling attempted to quantify the number of insane black people in the Commonwealth by conducting his own census in 1874.<sup>60</sup> The 1840 *Census* was significant because it provided doctors numerical proof to support the idea that freedom was detrimental to black mental health. Both “Startling Facts from the Census” and “Reflections on the Census of 1840,” articles published in the *American Journal of Insanity*, contained statistical tables from the *United States Census of 1840* so readers could see for themselves the different rates of insanity between free blacks, enslaved blacks, and whites. One physician included tables in his writing “as a remarkable illustration of this truth . . . that the free states are the principal abodes of idiocy and lunacy among the colored race.”<sup>61</sup> Overall, the 1840 *Census* was cited by prominent proslavery advocates, such as South Carolina Senator John C. Calhoun, as evidence for the benefit of slavery on the physical and mental condition of blacks.<sup>62</sup>

<sup>59</sup> “Reflections on the Census of 1840,” *Southern Literary Messenger* 9, no. 6 (June 1843): 344, 347, 352.

<sup>60</sup> Edward Jarvis, “Insanity Among the Coloured Population,” *American Journal of the Medical Sciences* (January 1844): 6; Jarvis doubted the accuracy of the 1840 Census and believed the data was filled with some errors, collected carelessly, and fell “short of the truth” in its reports. Although he claimed the *Census* collection was flawed in some respects, he still believed the data held truth and was alarmed by its findings (Jarvis 9-12).

<sup>61</sup> “Startling Facts from the Census,” *The American Journal of Insanity* 8 (October 1851): 153-155.

<sup>62</sup> Dea H. Boster, *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860* (New York, NY: Routledge, 2013), 23, 42-43.

The findings of the 1840 *Census* were not replicated in future *United States Census* data, revealing that the data collected in the 1840 *Census* contained errors or false reports of insanity. Regardless, nineteenth-century physicians remembered the 1840 *Census* and cited it as “proof” that freedmen were susceptible to insanity well into the 1890s. In addition, beliefs about enslavement and mental health theorized by prominent southern physicians like Cartwright or Merrill also persisted into the last decades of the nineteenth century. Though it is impossible to determine how many physicians agreed with Cartwright or Merrill, historian Peter McCandless argues many southern physicians agreed with the “general conclusions about the uniqueness of the Negro constitution” asserted by such physicians.<sup>63</sup> Historian Gretchen Long argues it is difficult to gauge the direct effect of theorists like Cartwright, but that it is clear his writing used “medical and scientific authority in service to theories of racial hierarchy and African American inferiority.”<sup>64</sup> As will be shown in the next section, antebellum ideas about health and enslavement as well as the 1840 *Census* appear in post-bellum sources such as speeches, personal letters, medical journals, and the writing of prominent southern physicians.

### ***The Post-War South and Central Lunatic Asylum***

The antebellum argument that freedom proved detrimental to the mental state of free blacks persisted following the Civil War and the emancipation of black slaves in the South. Particularly troubling for southern white doctors was the increasing number of insane black people cared for in asylums, causing them to further consider the impact of emancipation on black mental health. Within these ongoing debates about emancipation and mental health, doctors placed their focus on what they believed were innate differences between whites and

<sup>63</sup> McCandless, *Moonlight, Magnolias, and Madness*, 155.

<sup>64</sup> Long, *Doctoring Freedom*, 33-32.

blacks. Although similar arguments had been made prior to emancipation, doctors and asylum superintendents during the 1870s and 1880s claimed race-based mental differences, specifically a black person's inherently inferior mental state, were the reason blacks were diagnosed as insane at such high rates. These mental differences were based on southern white doctors' incorrect belief that free blacks were naturally unable to control their emotions, unmotivated to work, and unintelligent, which resulted in a higher number experiencing insanity because of these "natural" mental deficiencies. Alongside this rhetoric of black difference, doctors clung to the antebellum narrative associating freedom with insanity and continued to perpetuate this idea well into the early twentieth century.

Doctors working in the South during the last decades of the nineteenth century supported the argument that freedom contributed to increasing rates of black insanity by their continued fixation on statistical data about the mentally ill. North Carolina physician Dr. J.D. Roberts, the superintendent at the all-black Eastern North Carolina Insane Asylum, wrote an article in 1883 to respond to the "numerous questions often asked as to Insanity in the Negro," a topic that had "for some time engaged the attention of physicians in the Southern states."<sup>65</sup> Roberts believed past discussions about insanity focused heavily on statistical data and *United States Census* reports and included this data in his own writing to support his belief "that insanity in the negro is increasing." Similar to other medical practitioners, Dr. Roberts was also sure to note, "there are more colored insane now to the race population than prior to their emancipation." Another North Carolina physician named Dr. Patrick Murphy compared the 1860 and 1890 *Census* records to show "the rate of insanity per million among the negroes has risen."<sup>66</sup> Both North Carolina doctors made similar claims associating emancipation with increased rates of insanity based on

<sup>65</sup> J.D. Roberts, "Insanity in the Colored Race," *North Carolina Medical Journal* (November 1883): 1.

<sup>66</sup> "The Colored Insane," Patrick Livingston Murphy Papers, #535, Southern Historical Collection, University of North Carolina at Chapel Hill, Chapel Hill, NC.

statistical data. Also, both argued the problem of insanity among free blacks was a problem unique to the southern “section” of the United States.<sup>67</sup>

Building on earlier superintendents and doctors, both Roberts and Murphy crafted a perception of black insanity beyond simply analyzing statistical data that associated freedom with emancipation. Dr. Roberts believed “insanity in the colored race” occurred because free blacks lacked the mental stability to live successfully as freedmen. According to Dr. Roberts, blacks lacked the “highest order of emotions,” therefore were more prone than whites to excited feelings, superstitions, and emotionally charged religious experience. Under his or her master’s rule, “these [emotions] were kept largely under subjection,” but without the guiding force of slavery blacks became “easily carried away by anything of exciting nature.”<sup>68</sup> Similarly, Dr. Murphy believed freedmen lacked the mental stability to handle “liberty, license, and intemperance.”<sup>69</sup> Each of these doctors expressed the sentiment of American Medico-Psychological Association president and Georgia physician T.O. Powell who considered insanity the “penalty” freedmen “paid for liberty, license and intemperance.”<sup>70</sup>

The connection between insanity and the belief that African Americans could not control their emotions or minds appeared in an early-twentieth-century institutional history of asylums titled *The Institutional Care of the Insane in the United States and Canada*. The volume was

<sup>67</sup>“The Colored Insane,” Patrick Livingston Murphy Papers, #535, Southern Historical Collection, University of North Carolina at Chapel Hill, Chapel Hill, NC.; J.D. Roberts, “Insanity in the Colored Race,” *North Carolina Medical Journal* (November 1883). Roberts believed the topic of insanity among freedmen was a conversation that “engaged the attention of physicians in the Southern States” (Roberts 1).

<sup>68</sup> J.D. Roberts, “Insanity in the Colored Race,” *North Carolina Medical Journal* (November 1883): 6-7.

<sup>69</sup> “The Colored Insane,” Patrick Livingston Murphy Papers, #535, Southern Historical Collection, University of North Carolina at Chapel Hill, Chapel Hill, NC.

<sup>70</sup> T.O. Powell, “Presidential Address,” *Proceedings of the American Medico-Psychological Association Annual Meeting, 1896-7* (1897); like Murphy and Roberts, T.O. Powell believed the statistical data charting the increase of insanity among black men and women was “the fact;” T.O. Powell’s memorial noticed stated that his 1897 paper would “remain valuable through all its time as a reference in the history of psychiatry in this county” (J.T. Searcy, “Dr. T.O. Powell,” *Proceedings of the American Medico-Psychological Association Annual Meeting* (1908): 457-456).

compiled by leading American physicians using research from hospitals across the nation and continues to be reprinted in its original form in the twenty-first century. Chapter Four, “Insanity Among Negroes, Indian, Chinese, and Japanese in the United States,” discusses the views of a physician named Dr. E. M. Green who studied patients at an asylum in Georgia from 1870 through 1900. Dr. Green believed that insanity among the “negroes increased more rapidly than it did among the whites” and connected the increasing rates of insanity to their supposed poor work habits and lack of emotional control. “Very few negroes earn enough to furnish beyond their bare necessities,” wrote Dr. Green, who further claimed that many habitually used drugs that made them unfit for work. They failed to plan responsibly for the future, “desiring only the gratification of the present.” Further, black people were “easily aroused to happiness,” were “emotional,” and “aroused with little provocation.” These characteristics, as well as the tendency for freed people to engage in what Dr. Green considered “superstition” or “conjuring,” all contributed to high rates of insanity “among the negroes.” As a result of their lack of emotional control and superstitious tendencies, argued Dr. Green, black people were particularly prone to experiencing “manic” forms of insanity.<sup>71</sup>

In Virginia, the ideas expressed by southern physicians like T.O. Powell and J.D. Roberts about African-American insanity were accessible to an audience beyond the medical community. Popular Virginia speaker and newspaper editor George William Bagby delivered a lecture series during the 1870s and early 1880s and one of his speeches, “The Old Virginia Negro,” discussed the topic of African-American mental illness. Directly commenting on the relationship between enslavement and good health, Bagby began his speech, “in health the negro was a slave, in

<sup>71</sup> Henry M. Hurd, William F. Drewry, Richard Dewey, Charles W. Pilgrim, G. Alder Blumer, and T. J. W. Burgess, *The Institutional Care of the Insane in the United States and Canada, Volume 1* (Baltimore, MD: The Johns Hopkins Press, 1916), 374-376; see also: E.M. Green, “Psychoses Among Negroes- A Comparative Study,” *Journal of Nervous and Mental Disease* 41, no. 11 (November 1914).

sickness the relation was reversed.” His speech intended to “outline the change in the negro character effected by freedom” and one of the changes he noticed was how “rapidly insanity increased among negroes since the war.” Bagby asserted that the high rates of insanity among freedmen were caused by the “mental strain” of freedom and the “arduous responsibilities of civilized life.” Several positive reviews of “The Old Virginia Negro” were written in Virginia newspapers which suggest Bagby’s ideas were fairly popular among his audiences.<sup>72</sup>

The expectation that freedmen in Virginia were particularly susceptible to mental illness is unmistakable in an 1877 letter from Virginia surgeon Martin P. Scott to physician Dr. R.F. Baldwin. Dr. Scott asked Dr. Baldwin, “in your opinion has emancipation increased the number of insane negroes?” In the letter, Dr. Scott included his own attitudes toward insanity among freedmen claiming “I believe such has been the case from the census reports 1850, 1860, 1870.” Further, Dr. Scott directly connected insanity and emancipation, and wondered if the increasing rate of insane blacks was “a consequence of the delights of freedom.” Similar to antebellum doctors and contemporary post-war physicians was Dr. Scott’s emphasis on statistical data to prove his assumptions about increased rates of insanity among freedmen. He included in his letter a handwritten copy of 1850-1870 *Census* to prove the increasing rates of insanity in the black population.<sup>73</sup>

In the concluding lines of his letter, Dr. Scott mentioned, “Virginia has recently established, I believe, a negro insane asylum in Richmond” and inquired if the asylum was “rendered necessary by the increase of her negro insane, or as a matter of caste? Or both?”<sup>74</sup>

<sup>72</sup> George William Bagby, “The Old Virginia Negro,” Bagby Family Papers, 1824-1960, Section 15, Virginia Historical Society, Richmond, VA.

<sup>73</sup> Records of Western State Hospital, 1825-2000, Box 55, Folder 24, State Government Records Collection, The Library of Virginia, Richmond, VA.

<sup>74</sup> Records of Western State Hospital, 1825-2000, Box 55, Folder 24, State Government Records Collection, The Library of Virginia, Richmond, VA.

Dr. Scott's final remarks about the establishment of a black asylum in Richmond elucidate a development that occurred in the South during Reconstruction: the founding of publically funded insane asylums for black patients. In 1869 Central Lunatic Asylum for the Colored Insane was founded in Richmond, Virginia as the first asylum in the United States to serve exclusively African American patients. Following the establishment of Central Lunatic Asylum, all of the black patients at Virginia's Eastern Lunatic Asylum and Western Lunatic Asylum, formerly mixed-race asylums in Virginia, were sent to Central Lunatic Asylum. By the end of Reconstruction in 1877, the state legislatures of South Carolina, North Carolina, and Georgia had also appropriated funds for the construction of separate facilities to serve black patients.<sup>75</sup>

Black mental health was considered as a particularly significant problem during the post-war years as evidenced by the fact that funds were allocated in Virginia and other southern states for the construction of asylums. In Virginia, legislators made the choice to use limited state funds to construct an asylum, rather than to allocate financial and material resources to other types of hospitals. During the 1870s, Central Lunatic Asylum in Virginia averaged about 300-400 patients each year. Although the high number of black mentally ill troubled white doctors across the south, the number of black patients experiencing mental illness was relatively small compared to freedmen receiving care for physical illnesses. In *Sick From Freedom*, historian Jim Downs reveals that the "unexpected medical crises of war and emancipation" led to the "massive dislocation, widespread poverty, prolonged starvation, and, most of all, the dramatic outbreak of sickness and disease" in the years following the Civil War. The formerly enslaved were particularly vulnerable to sickness and disease without the support of family kinship networks,

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<sup>75</sup> Henry M. Hurd, William F. Drewry, Richard Dewey, Charles W. Pilgrim, G. Alder Blumer, and T. J. W. Burgess, *The Institutional Care of the Insane in the United States and Canada, Volume 1* (Baltimore, MD: The Johns Hopkins Press, 1916), 377-379.

adequate food and shelter, or basic medical care.<sup>76</sup> Freedmen's Hospitals established to care for sick people of color were typically small institutions designed for temporary care because government officials feared that permanent hospitals would cause blacks to be dependent on the federal government.<sup>77</sup>

Despite the fear of government dependency and the abundance of physical health problems plaguing ex-slaves, not to mention the shortage of public funds, the Commonwealth of Virginia believed it necessary to establish Central Lunatic Asylum in what was formerly known as Howard's Grove Freedman's Hospital in Richmond, VA. As one Central Lunatic Asylum doctor recalled, although the "public treasury was depleted, her resources undeveloped, her people suffering from the vicissitudes of war, Virginia established an asylum for all the colored insane in her territory."<sup>78</sup> With the establishment of this institution in Richmond, enslaved people formerly cared for within the confines of plantations now had greater access to state funded mental health services.

The concerns of southern physicians and Virginians were present at Central Lunatic Asylum, and Physicians and Board Members worried about the greater and greater numbers of patients committed to the asylum. Only one year after the asylum opened, Central Lunatic Asylum President Dr. Hunter McGuire proposed the construction of a larger building for patients because "the colored insane" were "rapidly increasing" in Virginia.<sup>79</sup> The asylum was overcrowded and had admitted a total of 308 patients by 1871. Dr. Hunter McGuire asserted that

<sup>76</sup> Downs, *Sick from Freedom*, 21-24.

<sup>77</sup> Downs, *Sick from Freedom*, 74-77.

<sup>78</sup> William Francis Drewry, *Care and Condition of the Insane in Virginia* (Richmond, VA: The National Conference of Charities and Correction, 1908), 3; Note: Peter McCandless discussed the financial strain put on asylums in South Carolina following the Civil War and concluded "the asylums problems during Reconstruction were partly the result of the ravages of the Civil War and the economically depressed state of South Carolina" (McCandless 221).

<sup>79</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum for the Colored Insane, Virginia, for the Year 1871-1872* (Richmond, VA: R.P Walker Superintendent of Public Printing, 1872), 11.



many of the patients at Central Lunatic Asylum came from the “uneducated former slave class;” a class that in the years before the Civil War were “protected” from insanity because of their status as slaves.<sup>80</sup> In 1876 Dr. Randolph Barksdale, the second superintendent of Central Lunatic Asylum, also worried about the “rapid increase of the disease of insanity among the colored people of the state, and the inadequate capacity of the asylum to accommodate the increased and ever-increasing number.”<sup>81</sup> If freedom caused insanity, as doctors before and after the Civil War believed, then the dramatic increase in black applications and admissions to newly constructed insane asylums like Central Lunatic Asylum provided evidence that without the institution of slavery blacks were prone to mental illness.

The fourth Superintendent William Francis Drewry, who influenced the admission and care of patients at the asylum for over twenty years, held similar opinions about mentally ill African Americans as Dr. Barksdale and Dr. McGuire. Dr. Drewry was elected superintendent at Central Lunatic Asylum in 1896 after ten years of service as an assistant physician under Dr. Barksdale. Southern doctors considered Dr. Drewry a leader in the mental health community in the South and an expert in how to care for African Americans with mental illness. Drewry was known for his work at Central Lunatic Asylum and “was frequently consulted in many quarters as an expert on insanity.”<sup>82</sup> Drewry espoused the views of contemporary physicians in his writing and his work reveals that he viewed blacks as innately predisposed to mental illness as a result of freedom. It was “doubtless true” that there were “comparatively few insane negroes before the Civil War,” wrote Dr. Drewry in a pamphlet detailing the history of Central Lunatic

<sup>80</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum for the Colored Insane, Virginia, for the Year 1871-1872* (Richmond, VA: R.P Walker Superintendent of Public Printing, 1872), 8-14.

<sup>81</sup> William F. Drewry, *Central State Hospital, Petersburg, VA* (Reprint from *The Institutional Care of the Insane in the United States and Canada, Vol. III*, 1916), 744.

<sup>82</sup> Lyon G. Tyler, “William Francis Drewry,” in *Men of Mark in Virginia, Ideals of American Life: A Collection of Biographies of the Leading Men in the State* (Washington, DC: Men of Mark Publishing Company, 1909), 108-111.

Asylum during the late-nineteenth and early-twentieth centuries. Over the course of Drewry's twenty-year service at Central Lunatic Asylum the number of patients at the asylum increased from 436 to 1800 and he was alarmed by this increase in the patient population.<sup>83</sup>

At the 1908 National Conference of Charities and Correction, Dr. Drewry delivered a speech on "The Care and Condition of the Insane in Virginia" in which he dedicated three pages of his eight-page speech to the relationship between African American freedom and insanity. Though the speech was given in 1908, much of the content focused on Virginia in the years immediately "after the war" and in the latter part of the nineteenth century. Dr. Drewry sought to explain "causes which have operated with such disastrous results to the negroes mind since his emancipation and to account for the increasing numbers sent to the hospital." The "seven reasons" Drewry gave for the growing number of black insane were based on his belief that freedmen were "emotional in nature," mentally "weak minded," and prone to idleness. The reasons Drewry gave also rested on the assumption that the Civil War caused such a "great change in conditions" for African Americans that they were unable to "combat the new problems" of life as freed people.<sup>84</sup>

Drewry argued that in slavery blacks were shielded from "excitement" and "responsibility" because they lived a "simple life" where their master provided them with "kindly care" and life's necessities. Freed people were suddenly "prey to his [or her] own weaknesses and passions" because they were no longer provided "enforced self restraint" by the plantation master. Here it is apparent that Drewry mirrored other southern doctors in his belief

<sup>83</sup> Drewry, *Central State Hospital, Petersburg, VA*, 735, 744; From 1869 through the end nineteenth century, four different superintendents served at Central Lunatic Asylum: Daniel Burr Conrad (1869-1872), Randolph Barksdale (1873-1880 and 1883-1885), David F. May (1881-1882), and William Francis Drewry (1886-1900). The most prolific writer was Dr. Drewry, who even noted his predecessors produced little academic writing.

<sup>84</sup> William Francis Drewry, *Care and Condition of the Insane in Virginia* (Read at the National Conference of Charities and Correction, Richmond, VA, May 1908).

that freedmen experienced insanity because they were unable to control their “passions” and were prone to emotional excitement. Drewry also believed that freed people experienced mental illness because they were unintelligent and “weak minded,” and therefore more susceptible than white patients to succumb “to strain, stress and disease.” Drewry wrote that black men and women were “physiologically senile or dotard,” and those most likely to experience mental illness were the “uneducated, thriftless classes.” Lack of education and weak-mindedness among blacks also resulted in physical consequences, such as alcoholism, gambling, poverty, crap shooting, or living in uncleanness. Yet during slavery, argued Drewry, instances of insanity were relatively rare among the enslaved population because their “weak point” was “protected.”<sup>85</sup>

Based on his 1908 speech, it seems Drewry found “loafing” and “idleness” to be the most disastrous physical consequences of emancipation that negatively impacted the black mind. He habitually reiterated the importance of “productiveness and usefulness” and “steady and healthful employment” as barriers against mental illness.<sup>86</sup> Failure to instill in freemen a proper routine of work Drewry feared, meant that “the generations yet to come will furnish an even greater proportionate number of insane.” Drewry believed that African Americans possessed a “willingness, even desire... to shift from themselves to the state the burden of care of those who are weakminded or physiologically senile or dotard.”<sup>87</sup> In his 1908 speech, Drewry expressed a

<sup>85</sup> William Francis Drewry, *Care and Condition of the Insane in Virginia* (Read at the National Conference of Charities and Correction, Richmond, VA, May 1908); William Francis Drewry, “Causes of Insanity,” *Report of the Central State Hospital, 1908*, 10.

<sup>86</sup> William Francis Drewry, *Care and Condition of the Insane in Virginia* (Read at the National Conference of Charities and Correction, Richmond, VA, May 1908); William Francis Drewry, “Causes of Insanity,” in *Thirty-Ninth Annual Report of the Central State Hospital of Virginia* (Richmond, VA: David Bottom, Superintendent of Public Printing, 1908), 10-11.

<sup>87</sup> William Francis Drewry, “Causes of Insanity,” in *Thirty-Ninth Annual Report of the Central State Hospital of Virginia* (Richmond, VA: David Bottom, Superintendent of Public Printing, 1908), 11; Note: In *Sick From Freedom*, Historian Jim Downs discussed the connection between work and health among freedmen in the post-Civil War South. Downs book “underscores the relationship between freedpeoples economic status and health

fear held by many late nineteenth-century physicians: African American people would be unable to adjust to life as freed people, would experience mental illness, and become non-working dependents on the state.

From the 1870s through the 1890s southern doctors, including those at Central Lunatic Asylum, associated insanity with emancipation and sought to argue why black patients were inherently different than white patients. In Virginia, this attitude was apparent among Central Lunatic Asylum doctors like Superintendent William F. Drewry whose writing explained why he believed that black patients were experiencing high rates of insanity in the years after the Civil War. By calling attention to racial difference, southern physicians established that “the separation of white and colored patients is to the advantage of both races,” a decision one physician considered a “unanimous” opinion held among those who cared for black patients.<sup>88</sup> The case of Central Lunatic Asylum in Virginia provides an example of such a facility that was established to care for freed people following the Civil War.

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The southern medical community held the unwavering stance from the 1840s through the early twentieth century that freedom caused poor mental health for black people. During the post-war years, southern physicians crafted a more complex narrative of black mental health that paired the growing number of black insane patients in the early years of emancipation with stereotypes about black emotions, intellectual aptitude and, work ethic. The supposed naturally inferior work habits, intellect, and tendency to express “uncontrolled” emotions, these physicians

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conditions,” revealing that freedmen were ultimately categorized as “able bodied” or “dependent” based on their ability to work (Downs 9, 15).

<sup>88</sup> T.O. Powell, “Presidential Address,” *Proceedings of the American Medico-Psychological Association Annual Meeting, 1896-7* (1897).

argued, made black people unfit for freedom and prone to mental illness. For these physicians, the high number of insane African Americans in the post-war years proved antebellum theories associating freedom with poor mental health correct. Physicians who diagnosed and treated the mentally ill at Central Lunatic Asylum were not free from these ideas about African-American mental health. Superintendents during the 1870s and 1880s as well as the prominent Superintendent Dr. Drewry articulated concerns about the increasing number of “colored insane” in Virginia arguing that black people were unfit for freedom because of their supposed lesser mental and emotional state.

As the meeting ground between black mentally ill and white physicians, patients treated at Central Lunatic Asylum were not isolated from race-based attitudes towards mental illness. The subsequent chapters consider the ways in which theoretical ideas about race and mental illness articulated by southern physicians were reflected in the process of commitment to and care at Central Lunatic Asylum. To what extent did these racialized theories of black mental health impact the diagnoses and commitment of patients at Central Lunatic Asylum? Once a patient arrived at Central Lunatic Asylum, was he or she treated differently than a white patient at another institution because of his or her race?

## Chapter Two:

## “A Lunatic and a Citizen of the State”:

## Committing Patients to Central Lunatic Asylum

On July 10, 1874 twenty-five year old George Millner “colored, who is suspected of being a lunatic” sat in the Pittsylvania County Courthouse before three judges and three witnesses. “I certify that I am a practicing physician and that I have examined George Millner and he is in my opinion a suitable subject for the Lunatic Asylum,” pronounced Doctor James Estes, the first witness in the case. The second witness, a farmer named Ben Estes, had known Millner for about fifteen years and responded most readily to questions regarding the defendant’s personal habits. “His habits have been generally good, as usual with persons of his race,” said Ben Estes “Is he filthy in his habits? Not any more so than ordinary negroes.” Ben Estes first suspected Millner was insane when “yesterday he [Millner] stated that God told him that he... would soon be destroyed by fire, and that he was poisoned by another Negro.” Both Dr. James Estes and Ben Estes believed Millner’s insanity was “evinced” by the subject of religion and that Millner was prone to acts of violence due to his mental state. Ben Estes said he witnessed Millner “handling deadly weapons such as knives and axes” and “for fear that he would do himself and others injury” desired him confined. Similarly, Dr. Estes remarked that Millner exhibited violent behavior, making it “necessary to confine him by tying him closely.”<sup>89</sup>

The final witness in George Millner’s trial was his own forty-five year old father, whose testimony indicates he agreed with the diagnosis of insanity made by Dr. James Estes and Ben Estes. Millner’s father claimed his son had experienced “fits” beginning about four years ago

<sup>89</sup> Records of Central State Hospital, 1874-1961. Accession 41741, State government records collection, Series II, Commitment Papers, Box 1, The Library of Virginia, Richmond, Virginia.

and that “he was losing his mind.” After listening to the testimonies of Dr. Estes, Ben Estes, and Millner, the three judges in the Pittsylvania Courthouse reached the verdict: “it appears to us that he [George Millner] is a lunatic and a citizen of the state and ought to be confined in a lunatic asylum.” Since George Millner was judged “a lunatic,” his commitment to Central Lunatic Asylum was mandatory unless a family member or friend paid a “sufficient security... to the Commonwealth” and undertook the responsibility to “restrain” and care for Millner “until restored to sanity.” No one paid the deposit or voiced their commitment to caring for Millner and a police escort “delivered him” to the superintendent at Central Lunatic Asylum.<sup>90</sup>

The case of George Millner is useful because it introduces the process a man or woman experienced in-route to involuntary confinement at a state supported lunatic asylum in Virginia. Believed to commit “violence to himself or others” and experiencing mental illness “evinced” by religion, Millner embodied two of the common characteristics of patients admitted to Central Lunatic Asylum in 1874: violent behavior and insanity associated with religion. Although it is difficult to determine if George Millner was suffering from some type of mental distress, it is apparent his violent actions concerned the community. Those who testified that Millner was “insane” concluded religious delusions were the cause of his insanity. Millner’s religious delusions included the belief that God was speaking to him. Other Central Lunatic Asylum commitment papers examined later in this chapter offer further details about patients experiencing insanity “evinced” by religion.

Milner’s trial also provides a useful example about the involuntary process of commitment to Central Lunatic Asylum because it highlighted the assumptions white witnesses

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<sup>90</sup> Records of Central State Hospital, 1874-1961. Accession 41741, State government records collection, Series II, Commitment Papers, Box 1, The Library of Virginia, Richmond, Virginia; note: the commitment papers do not give a numerical amount for a “sufficient security” to prevent someone from commitment. The security was to be “approved by” and payable to the state.

might have made about the black person on trial. Ben Estes argued George Millner was not any filthier “than ordinary negroes” and that his habits were “usual with persons of his race.” Both statements reveal Estes viewed George Millner as essentially different from a white person due to the color of his skin. Recalling the previous chapter, southern doctors in the years following the Civil War argued black men and women were predisposed to mental illness due to their inability to live as freedmen. Estes articulates this narrative in his diagnosis of George Millner as “a lunatic” by claiming black people were filthier and possessed “habits” unique to their own race.

Patients like George Millner who exhibited symptoms of mental illness stood trial in a city or county courthouse and, if “adjudged insane” were sent to Central Lunatic Asylum. One Central Lunatic Asylum Superintendent remarked that insanity trials were “not unlike a trial for a criminal offense.”<sup>91</sup> Doctors and other individuals in the community who supposedly possessed knowledge of the defendant’s mental health gave testimonies before the court. After hearing the depositions, which in almost all cases consisted of one or two individuals testifying to a person’s insanity, the presiding three judges issued a verdict deeming the person standing trial insane.<sup>92</sup> The judge then wrote a warrant, which in most cases consisted of language almost identical to the warrant issued on behalf of George Millner:

“Whereas George Millner, colored, who is suspected of being a lunatic was this day brought before us . . . justices of said county to inquire whether he is a lunatic, and whereas upon the testimony of witnesses it appears to us that he is a lunatic and citizen of the state and ought to be confined in a lunatic asylum, and no person appearing before us to give hand with sufficient security to be approved by us payable to the commonwealth with condition to restrain and take proper care of the said George Millner until restored to sanity. We do in the name of the

<sup>91</sup> William Francis Drewry, *Care and Condition of the Insane in Virginia* (Richmond, VA: The National Conference of Charities and Correction, 1908).

<sup>92</sup> *Report of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum (For Colored Insane) Virginia, For the Fiscal Year 1878-1879* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879), 20.



commonwealth command you the said sheriff to carry the said George Millner to the Lunatic Asylum at Richmond that being the nearest asylum to us and there deliver him together with this warrant to the superintendent...”<sup>93</sup>

In the year George Millner was committed to Central Lunatic Asylum white community members gave almost all of the courtroom depositions. Judgments of insanity always included the testimony of at least one white doctor or white community member and only four of the fifty-six cases from the 1874 trials contained testimonies given by black men or women.<sup>94</sup> Quite startling is the infrequency in which family members or those that appeared to be personally acquainted with the individual on trial testified to a person’s insanity. Only three of the fifty-six patients committed to Central Lunatic Asylum in 1874 were deemed insane because of depositions given by family members, one of them being George Millner.<sup>95</sup> Typically, patients were not allowed to defend themselves or prove their mental state to the courtroom. Only one patient in 1874, a woman named Elsey Patrick, was given the chance to provide testimony in the courtroom. This evidence indicates insanity trials in Virginia were spaces of white dominance much like other legal proceeding in the post-war South. One historian has argued courtrooms in the post-war South where typically spaces were “whites could control the courts and shape justice for their own ends.”<sup>96</sup>

Those providing testimony in a court case were required to answer a list of sixteen questions about the person standing trial for insanity. Although only Richmond City used a

<sup>93</sup> Records of Central State Hospital, 1874-1961. Accession 41741, Series II, Commitment Papers, Box 1, Folder 13, State government records collection, The Library of Virginia, Richmond, Virginia.

<sup>94</sup> Records of Central State Hospital, 1874-1961. Accession 41741, Series II, Commitment Papers, Box 1-2, State government records collection, The Library of Virginia, Richmond, Virginia.

<sup>95</sup> Compared to other asylum case studies, the lack of family involvement in the commitment process at Central Lunatic Asylum is unusual. For example, “in nineteenth century New York, not often families initiated the commitment of family members whom they alleged to be mentally ill,” argues historian Ellen Dwyer, adding that “from 1843-1890 families continued to dominate the commitment process” (Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth Century Insane Asylums* (New Brunswick, NJ: Rutgers University Press, 1987), 86-87).

<sup>96</sup> James Campbell, *Crime and Punishment in African American History* (New York, NY: Palgrave MacMillan, 2013), 61.

printed standardized form in 1874, all cities and counties in Virginia used the same or very similar questions to the ones listed on the Richmond City form. The forms used to make commitments to Central Lunatic Asylum in 1874 largely resembled the trend toward increasingly standardized medical forms and a scientific style of managing information used by hospitals and asylums of the period.<sup>97</sup> First, the witness was required to provide some basic demographic information about the defendant including age, sex, marital status, and place of birth. Then, witnesses answered question about the defendant's symptoms, duration, severity of insanity, and the physical condition of the body ("eruptions, sores, or injuries"). The concluding questions asked whether the person was violent, if they were restrained, and if there was a history of insanity in his or her family. Some cases included additional materials, such as a note from a doctor certifying that they were a "practicing physician" or a testimony from a witness not present at the hearing.

In her excellent dissertation on Central Lunatic Asylum, scholar Kirby Ann Randolph states "without patient histories, information about the diagnostician, and the process by which diagnosis was made," it is difficult to draw conclusions about the process of patient commitment.<sup>98</sup> The lunacy trials fill this gap in Randolph's research because they elucidated the process of commitment to Central Lunatic Asylum. Making use of the commitment papers, which include details about a patient's diagnosis and his or her diagnostician, it is possible to expand the limited scope of Randolph's interpretation and draw greater conclusions about why black patients in 1870s Virginia were judged insane. The involuntary commitment process

<sup>97</sup> Joel D. Howell, *Technology in the Hospital: Transforming Patients Care in the Early Twentieth Century* (Baltimore, MD: The Johns Hopkins Press, 1995), 30-42; Howell argues this scientific "managing of information" and the "efficiency craze" associated with hospital management and patient documentation was in full swing by the 1880s as a result of contemporary business and record keeping practices (Howell 30-33, 42).

<sup>98</sup> Kirby Ann Randolph, "Central Lunatic Asylum for the Colored Insane: A History of African Americans with Mental Disabilities, 1844-1885," PhD Diss. University of Pennsylvania, 2003, 197.

involved an imbalance of power between the white diagnostician and courtroom witness and the black patient standing trial for insanity. Diagnosticians and witnesses often knew little about the man or woman on trial and family members were rarely involved in the legal process of commitment.

April 6<sup>th</sup> 1894.

CITY OF RICHMOND—To Wit:

Depositions of Witnesses taken before us, James B. Burrell and  
*Robt Bull - J. J. White*

Justices of the said city, now sitting upon the examination of *Laetitia Tyler*  
 suspected of lunacy:

The deposition of *Geo H Bright* of the age of *38 years*  
 and by profession a *Physician* being by us first sworn, in answer to the following  
 interrogatories, under oath, says:

*I think he is apt subject for the asylum*  
*Geo H Bright*

1st. What is the patient's age, and where born?  
 Answer— *Don't know*

2d. Is he married? If so, how many children has he?  
 Answer— *Not married*

3d. What are his habits, occupation and reputed property?  
 Answer— *Don't know*

4th. How long since indications of insanity appeared?  
 Answer— *Don't know*

5th. What were they?  
 Answer— *Teasing off his clothing, sleeplessness & continual agitation of mind in the way of talking singing &c*

6th. Does the disease appear to increase?  
 Answer— *I think not -*

7th. Are there periodical exacerbations? Any lucid intervals, and of what duration  
 Answer— *Yes - Lucid intervals for months*

8th. Is his derangement evinced on one or on several subjects? What are they?  
 Answer— *No particular subject that I know of*

9th. What is the supposed cause of the disease?  
 Answer— *To be from an attack of brain fever when a child - so I understand -*

10th. What change is there in his bodily condition since the attack?  
 Answer— *None that I know of -*

11th. Has there been a former attack? When, and of what duration?  
 Answer— *Yes. Two weeks I think* *(I attended her then and thought her lunatic)*

12th. Has he shown any disposition to commit violence to himself or others?  
 Answer— *Yes*

13th. Whether any, and what restraint has been imposed on him?  
 Answer— *Nothing more than to keep her quiet by her family keeping strict watch over -*

14th. If any, what connections of his have been insane? Were his parents or grand parents blood relations? If so, in what degree?  
 Answer - *Don't know Don't know -*

15th. Has he had any bodily disease from suppression of evacuations, eruptions, sores, injuries or the like, and what is its history?  
 Answer— *None that I know of*

16th. What curative means have been pursued, and their effect, and especially if depleting remedies, and to what extent have they been used?  
 Answer— *I used in a former attack, Chloral, purgatives, Nuxvomica*  
*Geo H Bright*

Image One: The standard list of questions used in a lunacy trial. Typical of most cases, the deposition was given by a doctor who testified that the woman "sitting on the examination" was insane. Records of Central State Hospital, 1874-1961. Accession 41741, Series II, Commitment Papers, Box 1-2, State government records collection, The Library of Virginia, Richmond, Virginia.

Reading the court trials and commitment papers of the fifty-six black men and women sent to Central Lunatic Asylum in 1874 yields an array of fascinating stories and a glimpse of what it felt like to be “suspected of being a lunatic” in nineteenth-century Virginia. Not only are the commitment papers intriguing for the stories they share, but also what they reveal about mental illness and its causes during the latter half of the nineteenth century. Closely examining the stories of those sent to Central Lunatic Asylum in 1874 suggests many black men and women in Virginia did experience real mental distress. Yet the commitment papers also indicated many patients were wrongfully admitted to Central Lunatic Asylum. Many patients found themselves confined to the asylum because their “symptoms” of insanity posed a threat to the existing social order or were associated with their new status as freedmen.<sup>99</sup>

Although only five patients committed to Central Lunatic Asylum during the 1870s and 1880s were deemed insane because of “sudden emancipation,” in many cases black men and women were regarded as insane because they exhibited behaviors southern physicians tied to their inability to live as freed people. For example, in the 1874 commitment papers insane patients were described as “filthy,” unhealthy due to “loss of flesh,” “neglecting” their work, or unemployed for long periods. As discussed in the previous chapter, the post-war medical community attributed these “habits” to freedmen’s inability to control their own body, mind, or emotions. As shown in the case of George Millner, the two most prevalent habits among people committed to Central Lunatic Asylum in 1874 were their tendency to “commit violence to themselves or others” and insanity “evinced by religion.” Both of these “symptoms” of insanity relied upon the stereotype that a black person could not control their own body, resulting in a

<sup>99</sup> In “Mastering Emotions: The Emotional Politics of Slavery,” Erin Dwyer argues that in the early years of emancipation “slaves and slaveholders were at odds over determining the new social order of the South” (Erin Dwyer, “Mastering Emotions: The Emotional Politics of Slavery,” PhD Diss. Harvard University, 2013, 302).

violent outburst, or that they could not control their emotions, resulting in overzealous religious practice. In 1870s Virginia, a period fraught by racial tension and the restructuring of social order, this violent behavior or unusual religious expression was enough to justify the commitment of a black person to Central Lunatic Asylum.

### ***Patients at Central Lunatic Asylum in 1874***

Every year, Central Lunatic Asylum published an *Annual Report* to provide interested readers with information about the hospital's patients, finances, and daily routine. Much of the information about patients at Central Lunatic Asylum published in the *Annual Reports* came directly from the commitment papers and insanity trials. The *Annual Reports* included details from the insanity trial such as age, gender, marital status, and supposed cause of insanity of patients. Also included in the *Annual Reports*, but not in the insanity trials, were statistics about the diagnosis a patient received once at Central Lunatic Asylum, the duration of their stay at the asylum, and whether or not they recovered. Studying the commitment papers of the fifty-six patients committed to the asylum in 1874 as well as the *Annual Reports* from 1871-1872 and 1878-1879 allows for conclusions to be drawn about the patient population at Central Lunatic Asylum during the 1870s. No distinct trends emerge from the demographic information of the patients at the asylum, namely the age, gender, marital status, and profession of each patient. Men and women of all backgrounds were admitted to the asylum, with a slight tendency to admit young adults and those who were employed as laborers, farm hands, and domestic workers.<sup>100</sup>

<sup>100</sup> Records of Central State Hospital, 1874-1961. Accession 41741, Series II, Commitment Papers, Box 1-2, State government records collection, The Library of Virginia, Richmond, Virginia; *Reports of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum (For Colored Insane) Virginia, For the Fiscal Year 1878-1879* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879); *Reports of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum (For Colored Insane) Virginia, For the Fiscal Year 1871-1872* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1872).

Fifty-five percent of the patients committed to Central Lunatic Asylum in 1874 were men and forty-five percent were women. About half of the patients, twenty-four of the fifty-six, were married. Similarly, twenty-four of the fifty-six, about half of the patients, had living children. Patients tended to be younger and were most likely to be in their twenties or thirties at the time of their commitment. The *Annual Reports* from 1871-1872 and 1878-1879 reveal similar statistics about the age, marital status, and children of the patients at Central Lunatic Asylum. Seventy-one percent of the patients admitted to Central Lunatic Asylum in 1874 were employed, most as farmers, laborers, and domestic workers (cooks, washwomen, and servants). In only five of the cases from 1874 was it explicitly stated that a patient was unemployed. The work status of nine of the patients admitted in 1874 was unknown. By 1879, the most common occupation of those admitted to Central Lunatic Asylum was work as laborers and house servants.<sup>101</sup>

Though most of the patients committed to Central Lunatic Asylum were employed, those giving testimonies often commented on the work habits of the individual under examination. In doing so, witnesses connected the physical ability of a person to work with his or her mental health. Thirty-six year old patient Lucy Wiggins, a domestic worker from Petersburg, “when in health was an industrious and faithful cook.” At the time of her trial Lucy Wiggins was no longer working as a cook, but was confined to the city jail where she was accused of throwing food at the jailer. Laborer Edmund Pennington’s symptoms of insanity included “neglecting his work” and “wandering.” Mary Graves, a single mother from Pittsylvania County who was unemployed

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<sup>101</sup> Records of Central State Hospital, 1874-1961. Accession 41741, State government records collection, The Library of Virginia, Richmond, Virginia, Series II, Commitment Papers, Box 1-2; *Reports of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum (For Colored Insane) Virginia, For the Fiscal Year 1878-1879* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879); *Reports of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum (For Colored Insane) Virginia, For the Fiscal Year 1871-1872* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1872); For a more detailed breakdown of the occupation of patients as well as other patient demographic information at Central Lunatic Asylum during the 1870s, see Kirby Ann Randolph “Central Lunatic Asylum for the Colored Insane: A History of African Americans with Mental Disabilities, 1844-1885, PhD Diss. University of Pennsylvania, 2003.

at the time of her commitment to Central Lunatic Asylum, was considered to have “sedentary habits.” Another single mother, sixteen-year-old Elmeria Louis, had shown symptoms of insanity over a span of four years during which she was unemployed. The doctor testifying that she was insane stated she had “not been in a condition to do anything” over the past four years.

Many white community members and physicians feared freedmen would become unemployed dependents of the state, so it is not surprising those testifying that a black person was insane noted their general work habits. In the aftermath of the Civil War, “even reformers motivated by humanitarian concerns feared reinforcing dependency through provisions in healthcare,” argues historian Gretchen Long.<sup>102</sup> Historian Jim Downs reiterates the importance of work for freed people asserting, “freedom depended upon one’s ability and potential to work...” In his study of disabled freemen, Downs argues the elderly and those who proved they were physically unable to work were most likely to receive care at an asylum. Additionally, in his book *Sick from Freedom*, Downs finds that most of the patients committed to insane asylums in the years following the Civil War were women “displaced from the labor force.”<sup>103</sup> Most of the patients committed to Central Lunatic Asylum in 1874 were not unemployed “dependents,” yet were often described in terms of their ability to work. The commitment papers do reflect the general concern held by post-war white people over the ability of African Americans to work expressed by historians Jim Downs and Gretchen Long.

It is difficult to draw comparisons between patient demographics at Central Lunatic Asylum and populations at other hospitals because few case studies focus on black patients.<sup>104</sup>

<sup>102</sup> Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (Chapel Hill, NC: University of North Carolina Press, 2012), 179.

<sup>103</sup> Jim Downs, “The Continuation of Slavery: The Experience of Disabled Slaves during Emancipation” *Disabilities Study Quarterly* 28, no. 3 (Summer 2008); Downs, *Sick From Freedom*, 149.

<sup>104</sup> For example, see: Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth Century Insane Asylums* (New Brunswick, NJ: Rutgers University Press, 1987; Lawrence Goodheart, *Mad Yankees: The Hartford Retreat for the*



Although it is somewhat disappointing that larger conclusions about patient demographics cannot yet be drawn, from this focused study of Central Lunatic Asylum it is clear that gender, occupation, age, and marital status did not significantly influence the commitment of black people to insane asylums in Virginia. Work habits were of concern during the commitment process and the work status of those committed to Central Lunatic Asylum were often noted. Regardless of their age, gender, or work habits, the most prevalent commonality among those committed to Central Lunatic Asylum was their supposed violent or dangerous behavior.

### *A “Disposition to Commit Violence to Himself of Others”*

In 1874 John Jones, a twenty-two year old laborer from Norfolk, Virginia, was committed to Central Lunatic Asylum without a known cause of insanity. The doctors who examined Jones and testified that he was insane did not believe his “derangement evinced on one or several subjects” and never before had Jones experienced an attack of insanity. Not much was said in the lunacy trial of John Jones until the doctor testifying was asked, “Has he [Jones] shown any disposition to commit violence to himself or others?” “Yes, yes he has,” the doctor asserted, “By destroying and throwing anything in his way at bystanders. He has been in a cell and handcuffed.” In the case of John Jones, the cause of his illness, his symptoms, family history, and physical condition were all unknown to witnesses testifying in the Norfolk City Courtroom. The only certainty in the lunacy trial of John Jones was that he exhibited a “disposition to

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*Insane and Nineteenth Century Psychiatry* (Amherst, MA: University of Massachusetts Press, 2003); Carrie Streeter, “Let Me See Some Insane People: Progressive Era Development of the State Hospital at Morganton, 1883-1907,” MA Thesis, Appalachian State University, 2012.

commit violence to himself of others” and because of this behavior he was confined in a jail cell.

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Although the patients at Central Lunatic Asylum were not uniform in their demographic characteristics- marital status, number of children, age, or occupation- the vast majority of patients at the asylum were similar to John Jones in their “disposition to commit violence.” Forty-one of the fifty-six, or 73%, of the patients committed to Central Lunatic Asylum in 1874 were considered violent and likely to harm “themselves or others.” Slightly more of these violent patients were men (a total of 23) compared to women (a total of 18). Those considered violent patients at the time of commitment were most commonly in their twenties or thirties and were about five years younger than non-violent patients. Equally apparent in the commitment papers were the number of patients who were held under some type of restraint before deemed insane and sent to the asylum. In total, thirty-seven of the fifty-six, or 66% of those committed to Central Lunatic Asylum in 1874 had been restrained. Of the thirty-seven patients kept under restraint, three were “chained” or “tied,” nineteen were “confined,” and fifteen were held in jail. The location where a patient was “confined” was not always stated in the commitment papers, but in some cases it appeared patients were confined in private homes or outbuildings around a private residence.

Unlike the commitment papers, the *Annual Reports* published during the 1870s by the Superintendent and Board of Directors of Central Lunatic Asylum did not include statistics about violence or the confinement of patients prior to their judgment of insanity. While the *Annual Reports* readily publicize information such as patients’ age, gender, or cure rate, they did not include data on the number of patients at the asylum who exhibited violent behavior prior to their

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<sup>105</sup> Records of Central State Hospital, 1874-1961. Accession 41741, State government records collection, The Library of Virginia, Richmond, Virginia, Series II, Commitment Papers, Box 1.

commitment. Contrary to the descriptions of patients in the commitment papers as violent and dangerous, in the 1878 *Asylum Report* Director J. G. Cabell noted that most of the patients at the asylum were “harmless imbeciles or epileptics.”<sup>106</sup> It is odd the most unifying feature of the patients demonstrated in the commitment papers, their propensity to commit violence and their eventual restraint, is absent from the *Annual Reports*. Regardless of this disparity, apparent in the commitment papers is the sheer frequency in which patients were sent to Central Lunatic Asylum because they exhibited violent behavior.

Undoubtedly some of the patients committed to the asylum experienced mental distress, but it seems more often black men and women in Virginia were sent to Central Lunatic Asylum because they were, supposedly, behaving in a violent manner that posed a threat to the community. As in the case of John Jones, discussed at the beginning of this section, many of those considered likely to commit “violence to himself or others” were judged insane without much description of their symptoms or personal habits. In 1874 Virginia, it seemed simply being black and potentially violent was enough to justify commitment to an insane asylum. Historian James Campbell argues during the Reconstruction years, black people were commonly prosecuted and arrested for “trivial offenses, and sometimes on entirely spurious charges.”<sup>107</sup> Spurious charges of insanity surely did occur at Central Lunatic Asylum. More than any other factor, judgments of “insanity” in the 1870s were influenced by the fear of violence and in Virginia commitment to an insane asylum provided an opportunity for white people to remove these people from the community.

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<sup>106</sup> *Reports of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum (For Colored Insane) Virginia, For the Fiscal Year 1878-1879* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879), 1.

<sup>107</sup> Campbell, *Crime and Punishment in African American History*, 61.

One of the most explicit examples of a diagnosis of insanity based entirely on violent behavior, void of any additional information about the patient, was that of a Caroline County woman named Catherine Williams. Two doctors testified that Catherine Williams was insane and neither knew much about her history. In response to Williams' age, marital status, occupation, and the duration of her symptoms of insanity were "unknown." When asked if Williams experienced "lucid intervals and of what duration?" the doctor testifying replied, "knowing nothing, nothing of the previous history of the patient it is improbable to determine." Next, asked if the physical condition of Catherine Williams changed since symptoms of insanity began, the doctor stated, "having no previous history of the patient and finding the complete insanity of same we do not know." Although the doctor readily admitted how little he knew about his patient, he believed Catherine Williams was violent and showed "a disposition to destroy property." The doctor also knew that Williams was arrested and confined in the city jail because of her violent behavior.<sup>108</sup>

In addition to diagnoses of insanity for outright violence, the 1874 commitment papers reveal that doctors often labeled men and women "insane" who enacted violence in situations that directly threatened white community members. In a James County insanity trial, a farmer testified that a black woman named Elsey Patrick was insane because she threatened to "whip" his son and "give him one hundred lashes." Elsey Patrick's actions landed her in jail where she threatened to kill the jailer and "put him in a coffin." Just like the doctor in the case of Caroline Williams, the farmer testifying that Elsey Patrick was insane knew little about the patient until the topic of violence was mentioned, when he suddenly had many details to share with the courtroom. Particularly intriguing in the case of Elsey Patrick was her threat to give the farmer's

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<sup>108</sup> Records of Central State Hospital, 1874-1961. Accession 41741, Series II, Commitment Papers, Box 1, State government records collection, The Library of Virginia, Richmond, Virginia.

son “one hundred lashes,” which conveyed an inversion of the antebellum master-slave relationship that likely was seen as a threat to the authority of the white community.

Other cases show violent black individuals who exhibited symptoms of insanity that were directly associated with their new rights as freedmen, particularly the right to own property. Lucy Monroe, a thirty-seven year old farmer from Petersburg, was “inclined to appropriate other people’s property without authority and claiming the rights to keep it.” Perhaps Lucy was attempting to steal others property, but it is also possible she was trying to maintain control over her own property considering she already owned “real estate to the value of \$400.” Another patient named Jacob Foster who was believed violent and confined, experienced insanity “evinced” on the topic of “the ownership of property.” According to the witness, Foster believed “that he was the owner of all the property he saw.”<sup>109</sup>

A final example comes from the case of thirty-three year old Isabella Talbot, who “at times tried to cut persons with axes knives or injure them by bodily harm” and was involved in a property dispute with a citizen in Loudon County. The doctor testifying Isabella Talbot was insane stated she “had at least committed one murder.” Further, the doctor stated that Talbot believed herself to possess “large property belonging to other persons, where in fact she never owned any property.” Based on the insanity trials, it is difficult to determine if individuals like Lucy Monroe, Jacob Foster, or Isabella Talbot owned property, but it is apparent the claims they made were inherently linked to their status as freedmen and women. Historian Eric Foner argues large numbers of violent acts “stemmed from disputes arising from black efforts to assert

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<sup>109</sup> Records of Central State Hospital, 1874-1961. Accession 41741, Series II, Commitment Papers, Box 1, State government records collection, The Library of Virginia, Richmond, Virginia.

freedom from control from their former masters.” “Freedmen were assaulted and murdered” for “disputing contract settlements” or “attempting to buy or rent land,” continues Foner.<sup>110</sup>

Nineteenth century newspaper articles often proclaimed black men and women experiencing insanity were dangerous or violent, suggesting that white people associated black insanity with criminality. Under the headline “Murdered by an Insane Colored Man” a short article in a June 1883 edition of the *New York Times* described a Petersburg, Virginia man “Joseph Henson, a lunatic” who killed his step-father by hitting him with a fence post. “Insane with Her Baby: A Colored Woman Locked Up in the Second Precinct Station House” read another newspaper headline from an 1888 article that described an insane mother from Washington D.C. who, with “a hatchet in her hand,” tried to “take forcible possession” of a home.<sup>111</sup> Black people experiencing insanity, these articles sensationalized, tended to exhibit violent behavior. Further, these black men and women experiencing insanity posed a threat to others as they were difficult to control and had unpredictable behavior.

Stories of violent patients from Central Lunatic Asylum were printed in Virginia newspapers such as the *Times Dispatch* or the *Daily State Journal* and even in newspapers from other states. “Henry Odinel, an inmate of the Central Lunatic Asylum, who is charged with the murder of his own brother... became deranged,” read an 1871 article in the *Daily State Journal*.<sup>112</sup> An 1874 newspaper article from the *Bristol News* announced, “two of the colored Lunatics in the Central Asylum at Richmond got into an altercation last Monday morning.” One

<sup>110</sup> Eric Foner, *A Short History of Reconstruction* (New York, NY: Harper and Row, 1990), 53.

<sup>111</sup> “Insane with Her Baby: A Colored Woman Locked Up in the Second Precinct Station House,” *The Washington Post* (Washington, D.C), November 12, 1888; “Crimes of Various Degrees, Murder by an Insane Colored Man- The Joilet Prison Tragedy,” *The New York Times* (New York, NY), June 2, 1883.

<sup>112</sup> “A Murder to be Tried After Being Deranged for Two Years,” *Daily State Journal* (Alexandria, VA) August 16, 1871.

man at Central Lunatic Asylum “seized the slat from his bed and broke the skull of another.”<sup>113</sup> In 1880, the *Times Dispatch* reported that a man named William Burke was “adjudged insane” and charged with the murder of his wife.<sup>114</sup> Though the details of these cases are unknown, newspaper stories such as these clearly link African-American patients at Central Lunatic Asylum to acts of outright violence. All three of these articles were on the front page of the newspaper and were likely seen by those that read the daily news.

An 1874 letter sent from a Henrico County resident to the Governor of Virginia expressed a similar concern over violent African-American lunatics as the fears conveyed in national and local news stories. “Within the past few months several of the most vicious male patients have been permitted to escape from the asylum,” wrote the man from Henrico County, “and to invade private premises, one of them threatening the life of a lady.” The patient who escaped from Central Lunatic Asylum tore down a fence and alarmed a group of ladies in the neighborhood. The “negro might have caused the death of my wife,” exclaimed the man. The Henrico County resident was also concerned the property value of his home would decrease because he lived near “violent patients” and “negro maniacs.”<sup>115</sup>

In “Race, Madness, and Social Order” historian Martin P. Summers explores the connection between criminality and black insanity in the second half of the nineteenth century finding that in the post-emancipation South white people commonly connected black insanity with violent behavior. Unlike white people, who were believed capable of internalizing and controlling their feelings, black men and women were believed to deal with stress by lashing out at others. “By suggesting that people of African descent coped with their psychological turmoil

<sup>113</sup> “Two of the Colored Lunatics in the Central Asylum at Richmond,” *Bristol News* (Bristol, TN), September 22, 1874.

<sup>114</sup> “Adjudged Insane,” *Daily Dispatch* (Richmond, VA), July 17, 1880.

<sup>115</sup> Letter to James Kemper, August 7, 1874, Secretary of the Commonwealth, Records of Various State Institutions and Asylums, 1870-1897, Library of Virginia, Richmond, VA.

not by turning inward but by directing it outward,” argues Summers, “psychiatrists contributed to the discourse on black criminality.” The diagnosis and treatment of the criminally insane furthered “the notion that blackness was connotative with criminality.”<sup>116</sup> This race-based archetype held power in the American South during the post-war years as many white individuals were particularly attuned to, and feared, race-based violence.<sup>117</sup> The fear of black criminality and violence expressed in the scholarship of historian Martin Summers is quite apparent in the 1874 Central Lunatic Asylum commitment papers.

In summary, the frequent commitment of violent men and women deemed insane to Central Lunatic Asylum reveals that although some patients did experience mental illness, many of those sent to the asylum were there primarily because they were perceived as particularly threatening in an era dominated by racial violence. Asylum records also suggest that, had these violent men and women not been admitted to Central Lunatic Asylum, they would have been incarcerated. *Asylum Reports* from the 1870s directly compare asylum care to incarceration, stating that it cost the state one-dollar a day to support a person in jail, but only forty-five cents a day to support a patient at Central Lunatic Asylum. Committing patients to Central Lunatic Asylum, rather than to a prison, was considered an “economical step” that would ease pressure on the state incarceration system.<sup>118</sup> In many instances, commitment to Central Lunatic Asylum was not a benevolent act, but simply a way to rid the community of threatening individuals who otherwise would have been sent to jail.

<sup>116</sup> Summers, “Suitable Care of the African When Afflicted with Insanity,” 80-84.

<sup>117</sup> John David Smith, *An Old Creed for the New South: Proslavery Ideology and Historiography, 1865-1918* (Athens, GA: University of Georgia Press, 1991), 44-47; Erin Dwyer, “Mastering Emotions: The Emotional Politics of Slavery,” 286.

<sup>118</sup> *Reports of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum (For Colored Insane) Virginia, For the Fiscal Year 1878-1879* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879), 30; in *Conscience and Convenience: The Asylum and its Alternative in Progressive America* historian David Rothman argues that during the late nineteenth century asylum care was perceived as a better solution for rehabilitating prisoners than confinement in a prison (David Rothman, *Conscience and Convenience: The Asylum and its Alternatives in Progressive America* (New York, NY: Walter de Gruyter, 2002), 29-40).



***Insanity “Much Evinced on the Subject of Religion”***

Leroy Chowning, born a slave to W. H. Kirk in Lancaster County, was deemed insane because he suffered from “religious hallucinations.” “Continual singing and praying through the night” caused fifty-year-old Gabriel Nixon’s affliction of insanity. In the case of domestic worker Maria Jasper, “indications of insanity appeared” because of her “disposition to have an undo amount of religion.” A final example of insanity spurred by “religious excitement” is seen in the case of Samuel Watson, a young farmer from Lunenburg County. A few months before his trial, Samuel Watson attacked a local farmer named John Eubank by running into his house “with a loaded gun in his hand.” In court, John Eubank stated that Watson’s “threatening and excited manner... his boisterous and incoherent speech” were evinced “mostly on the subject of religion.” When asked, “what is the supposed cause of the disease?” Eubank responded, “religious excitement.” As a result of his violent behavior, Samuel Watson was confined in an outhouse in chains and eventually sent to Central Lunatic Asylum.<sup>119</sup>

The commitment papers and *Asylum Reports* from the 1870s list an assortment of “supposed (exciting) causes” of insanity among the patients admitted to Central Lunatic Asylum, including “political excitement,” “desertion by husband,” “loss of property” and “masturbation.” Yet the most common known cause of insanity listed in the *Asylum Reports* was “religious excitement” and sixty-two of the 667 patients admitted to Central Lunatic Asylum by 1879 experienced insanity caused by religion. Rates of insanity caused by “religious excitement” were increasing at Central Lunatic Asylum, with 18.18% of new patients admitted in 1879 with

<sup>119</sup> Records of Central State Hospital, 1874-1961. Accession 41741, Virginia, Series II, Commitment Papers, Box 1-2, State government records collection, The Library of Virginia, Richmond, VA.

insanity evinced by religion compared to only 4.1% in 1874.<sup>120</sup> Like the *Asylum Reports*, the commitment papers from 1874 reveal “religion” was the primary cause of insanity at the time of commitment. Twenty-one percent of the patients committed in 1874 experienced symptoms of insanity that were attributed to religion.<sup>121</sup> Even in cases where religion was not explicitly listed as the supposed cause of insanity, witnesses testified that patients had religious experiences which influenced their mental state.

Compared to white insane asylums in Virginia, black patients at Central Lunatic Asylum were more frequently diagnosed as “religious lunatics” during the 1870s. For example, at Western Lunatic Asylum in Staunton, Virginia in 1873 the most common known cause of insanity was “ill health,” followed by “masturbation,” “domestic troubles,” and “pecuniary troubles.” Only eight of the 419, or about two percent, of the patients at Western Lunatic Asylum in 1873 suffered from “religious excitement.” Similarly, in 1873 at the all-white Eastern Lunatic Asylum the most common known cause of insanity was “heredity,” “ill health,” and “masturbation.”<sup>122</sup> These findings indicate the frequent diagnosis of insanity “evinced by religion” was unique to the African-American patients at Central Lunatic Asylum compared to other insane asylums in Virginia.

The frequency of “religious excitement” among the patients committed to Central Lunatic Asylum aligned with contemporary medical theories discussed in the *American Journal of Insanity* and “religious insanity” was a fairly well-known diagnosis. In an 1869 article in the *American Journal of Insanity* doctor and Unitarian Church leader Joseph Workman described

<sup>120</sup> *Annual Reports of the Officers, Boards, and Institutions of the Commonwealth of Virginia for the Year Ending 1873* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1873), 44.

<sup>121</sup> Records of Central State Hospital, 1874-1961, Accession 41741, Series II, Commitment Papers, Box 1-2., State government records collection, The Library of Virginia, Richmond, Virginia.

<sup>122</sup> *Reports of the Board of Directors and the Medical Superintendent of Western Lunatic Asylum Virginia, For the Fiscal Year 1878-1879* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879), 31-32.

“Insanity of the Religious-Emotional type.” Before publication in the *American Journal of Insanity*, Workman’s article was read before the American Association of Medical Superintendents of Institutions for the Insane at Western State Hospital in Staunton, Virginia. According to Workman, those suffering from “religious-emotional” insanity underwent “complete moral dethronement” and were often sexual deviants or those with unusual religious beliefs. Those afflicted with “religious-emotional” insanity uttered “horrificing imprecations” and “ribald blasphemy” and were prone to “religious fervor.” Workman also stated that “religious-emotional” insanity was stimulated by “great epidemics of religious commotion.”<sup>123</sup>

The discussion about “religious insanity” continued in subsequent editions of the *American Journal of Insanity* and, similar to Workman, physicians highlighted the connection between religious expression, unorthodox religious practices, and insanity. One 1871 article titled “Causes of Insanity” read:

“Yet we do not deny the fact that those somewhat excited religious gatherings which have taken place in the late years, in which the lord is expected to be found in the midst of many fears, much shouting and occasional attacks of hysteria, do tend directly to mental unsoundness... but we do argue, that religion in its fullest sense, as religion patterned in the life of Him... is not calculated to predispose insanity.”<sup>124</sup>

Dr. J.P Brown expressed a similar sentiment in an 1876 article, claiming that “extreme religious excitement” or “fanaticism and enthusiasm” could evince insanity. Not only could religious enthusiasm lead to insanity, according to Brown “any other of the passions or emotions of the

<sup>123</sup> Joseph Workman, “Insanity of the Religious-Emotional Type, and its Occasional Physical Relations,” *The American Journal of Insanity* 26 (1869-1870): 33-48; Christine Johnson, “Dr. Joseph Workman,” *Dictionary of Unitarian and Universalists Biography*, <http://uudb.org/articles/josephworkman.html>; *The American Journal of Insanity* did not list circulation figures during the 1870s and 1880s, so it is difficult to conclude exactly how many physicians read the journal. The content of the journal was widely cited, which suggests it was influential. Physicians from all parts of the United States submitted articles as well as “Reports” describing the present state of their institution. The journal was published once a year and typically 400-500 pages in length.

<sup>124</sup> J.H. Balfour Browne, “Causes of Insanity,” *The American Journal of Insanity* 27 (1870-1871): 499-500.

human heart, grief, fear, joy, remorse, hope, despair, when overwrought and uncontrolled” could produce insanity.<sup>125</sup>

Historian John David Smith argues in the early years of freedom “whites agreed that black religion became more emotional, more savage without the restraints and without direction imposed by slavery.”<sup>126</sup> Northern white ministers visiting the South were “upset by the ringing shout and by the excessive emotionalism of the former slaves’ worship.”<sup>127</sup> Not only did whites characterize black religious practices as different than their own, but also in the early years of emancipation whites “felt an even more urgent need to exert the restraining influence of religion over the black population.” White people in the South, argues Hildebrand, wanted to continue to exercise power over black religious life as they had during slavery. Despite white efforts, black people in the South were quickly leaving white churches to join black denominations or establishing their own congregations. For example, from 1860 to 1880 the African Methodist Episcopal Zion Church increased its membership from 27,000 to 400,000 members.<sup>128</sup>

The descriptions of insanity induced by “religious excitement” found in the Central Lunatic Asylum commitment papers reiterate the opinion of contemporary physicians that undue religious expression could lead to insanity. Set in the context of the post-war South, it is probable that white doctors committing patients to Central Lunatic Asylum found black people engaged in expressive religious worship. In “The Old Virginia Negro,” lecturer and newspaper editor

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<sup>125</sup> J.P. Brown, “Religious Insanity,” *The American Journal of Insanity* 33 (1876-1877): 130; see also William Simms Bainbridge, “Religious Insanity in America: The Official Nineteenth Century Theory,” in *Sociological Analysis* 45, no. 3 (Autumn 1984). Bainbridge argues that, as result of the 1860 United States Census, Americans were increasingly aware of the relationship between religion and insanity. Spiritualism, Millerism, and Mormonism were the religious denominations most commonly associated with insanity.

<sup>126</sup> John David Smith, *An Old Creed for the New South: Proslavery Ideology and Historiography, 1865-1918* (Athens, GA: University of Georgia Press, 1991), 51.

<sup>127</sup> Albert Raboteau, *Canaan Land: A Religious History of African Americans* (New York, NY: Oxford University Press, 1999), 67.

<sup>128</sup> Reginald Hildebrand, *The Times Were Strange and Stirring: Methodist Preachers and the Crisis of Emancipation* (Durham, NC: Duke University Press, 1995), 7-9; Raboteau, *Canaan Land*, 68.

George William Bagby expressed the sentiment Virginia freedmen were prone to emotional religious practice. Concerned with the topic of emotional expression and religion, Bagby consulted an experienced minister about the topic. The minister told Bagby, “Nothing is easier...than to excite the Negro and inspire him with desire to unite with a church.” In his speech, Bagby even went so far as to mock a freed person in a moment of religious zeal. “De’zire dat you feels strong in yo’ heart- what is dat?” said Bagby imitating a freedman. Overall, Bagby concluded “Negro religion in general is emotional,” lacked “true Christian zeal,” and included many “curious superstitions.”<sup>129</sup>

Nelson Thomas, committed to Central Lunatic Asylum in 1884, demonstrates this connection between “religious insanity” and what white people found to be “curious superstitions” among the black community. Nelson Thomas was judged a religious lunatic because he believed he could communicate directly with God. One of the witnesses testifying that Thomas was insane claimed he had consulted a “negro root doctor or conjurer.” The witness consulted “the colored people” in the community, but was “unable to find out the native of the medicine” administered by the conjurer. Although the witness was not certain why Thomas’s mind was “damaged,” he clearly believed the unorthodox practice of conjuring played in role in the insanity case.<sup>130</sup>

Patients at Central Lunatic Asylum experiencing insanity attributed to “religious excitement” were likely impacted by contemporary attitudes toward black religion as expressive and the reality that, much to the displeasure of whites, black people increasingly worshiped in

<sup>129</sup> “The Old Virginia Negro,” George William Bagby Papers (1882-1883), Section 15, Folder 7, Virginia Historical Society, Richmond, VA.

<sup>130</sup> See: Daniel L. Fountain, *Slavery, Civil War, and Salvation: African American Slaves and Christianity, 1830-1870* (Baton Rouge, LA: Louisiana State University Press, 2010). In *Slavery, Civil War, and Salvation* Fountain describes African American “voodoo” or “conjuring” in the post-war year. He argues newspaper articles portrayed men and women who participated in these activities as “immune to reason and incapable of embracing civilization despite being freed” (Fountain 112-113).

their own churches. Further complicating the issue, contemporary medical theories connected emotionally charged or unorthodox religion with insanity. As discussed in the previous chapter, white doctors perceived black people as naturally more expressive and more likely to experience manic forms of insanity due to their uncontrollable “emotional nature.” In her dissertation “Mastering Emotions: The Emotional Politics of Slavery” Erin Dwyer reveals that during Reconstruction the former “planter class thought that free people of color possessed emotions that were not only problematic, but also contagious.”<sup>131</sup> In the commitment of patients to Central Lunatic Asylum in 1874, the testimonies of white community members suggest that black religious expression was perceived as “problematic” or “contagious” enough to require commitment to an asylum.

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White doctors and community members testifying in Virginia courtrooms most commonly characterized patients committed to Central Lunatic Asylum as violent or prone to enthusiastic religion. The commitment process of black patients to Central Lunatic Asylum was dominated by white opinions, which were influenced by contemporary race-based attitudes toward black criminality and religious practice. Based on the 1874 insanity trials and commitment to Central Lunatic Asylum in the 1870s, a diagnosis of “insane” in a Virginia courtroom was largely constructed by white attitudes toward black mental health and the appropriate place in society for freedmen. The starkest examples are seen in cases where black men and women overturned the antebellum social order with actions such as attempting to claim property or openly expressing dislike for a white person. The lunacy trials demonstrate that in the

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<sup>131</sup> Erin Dwyer, “Mastering Emotions: The Emotional Politics of Slavery,” PhD Diss. Harvard University, 2013, 302-303.

post-war South even mental health services, which were publicized as benevolent institutions, were still influenced by existing racial tension.

The purpose of this chapter is not to dismiss mental illness as a real issue that influenced the lives of black men and women during the nineteenth century, but to show how a judgment of insanity and commitment to Central Lunatic Asylum were oftentimes constructed by white ideas about violence and religion. According to Kirby Ann Randolph, “all the patients had been involuntarily committed” to Central Lunatic Asylum and family members of patients committed to the asylum were likely “not in support of their loved ones institutionalization.”<sup>132</sup> Though Kirby’s conclusion is a bit overstated, the commitment papers do reveal that patients had little agency in the commitment process. Absent from this narrative are the voices of the patients committed to Central Lunatic Asylum during the 1870s and, unfortunately, it is impossible to know exactly how they felt about the process of commitment. Reading the commitment papers of the fifty-six patients from 1874 suggests if these patients were given greater agency in the commitment process they may have resisted the label “insane.” Only when the attitudes and feelings of black people who underwent commitment to Central Lunatic Asylum and the opinions of their loved ones are known can this story be complete.

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<sup>132</sup> Kirby Ann Randolph, “Central Lunatic Asylum for the Colored Insane: A History of African Americans with Mental Disabilities, 1844-1885” PhD. Diss, University of Pennsylvania, 2003, 190, 200.

## Chapter Three:

## Image and Reality:

## Life at Central Lunatic Asylum in Richmond, VA, 1869-1885

“On entering one of the wards this morning the attendant being out of place I sauntered leisurely along when my attention was attracted by a very sweet sad voice of a young woman—Nannie Chetharry—singing from the depth of her soul as it seemed, “Home Sweet Home.”<sup>133</sup>

On September 24, 1905, an African-American woman from Petersburg, Virginia named Mrs. Franklin wrote the above entry in her diary after a visit to what was then known as Central State Hospital.<sup>134</sup> Only a few months before her visit to Central State Hospital, Mrs. Franklin wrote a seventeen-page diary entry describing her views on “insanity” and “the diseased mind.” Evidently, she was intrigued by the topic of mental illness and had spent a considerable amount of time formulating her own opinion on the issue. After visiting Central State Hospital, Mrs. Franklin expressed in her diary a sentiment of sadness as she described a patient named Nannie singing “Home Sweet Home” at the asylum. Although Mrs. Franklin’s diary entry is somewhat ambiguous, perhaps Nannie was singing in her “sweet sad voice... from the depth of her soul” for her home outside of the asylum. Reading Mrs. Franklin’s diary entry causes one to wonder, what kind of home was Central Lunatic Asylum?

The quality of life and the condition of asylum facilities is a topic men and women in the nineteenth century regularly discussed and is a common topic among scholars researching the history of mental health today. Perhaps the most widely known nineteenth-century account of asylum living conditions is Nelly Bly’s *Ten Days in a Madhouse*, which was initially published

<sup>133</sup> Diary, 1899-1907, Mrs. Franklin of Petersburg, VA. Manuscript, Rubenstein Library, Duke University, Durham, North Carolina. Thought Mrs. Franklin’s diary entry was written in the late-nineteenth and early-twentieth century, it was selected because it was one of the only sources found written by an African American person describing life at Central State Hospital.

<sup>134</sup> Note: In 1895, Central Lunatic Asylum was renamed “Central State Hospital.”



in 1887 as an immensely popular newspaper serial. Bly, who faked insanity in order to gain admission to Blackwell Island Insane Asylum was alarmed by the daily life of patients at the asylum and claimed many had been falsely diagnosed “insane.”<sup>135</sup> In addition to Bly, many other journalists revealed the “shocking cruelties” of asylum life in the second half of the nineteenth century in investigative news articles. One 1878 article exposed the “Barbarities Practiced Upon Patients in the Ohio Central Insane Asylum” where patients were “cruelly beaten by the attendants” and “ducked” into large tubs of water against their will.<sup>136</sup>

Secondary scholarship on mental health and institutional care often attempts to shed light on the experience of patients at a particular asylum. For example, in *Home for the Mad: Life Inside Two Nineteenth-Century Asylums* historian Ellen Dwyer compares patient life at two New York asylums, one privately run and one state operated. Dwyer finds the daily routine for patients at both asylums changed “remarkably little between 1834 and 1890, except for the gradual decline of ‘amusements’ available for patients.” Patients were subject to strict daily schedules to teach them the value of “self discipline and regularity,” Dwyer argues.<sup>137</sup> Peter McCandless’ conclusions about patient life in South Carolina during the Civil War and Reconstruction are most useful for this study. At South Carolina asylums, McCandless argued, housing available to black patients was noticeably worse than housing for white patients. In addition, McCandless concluded that more black patients were employed as farmers around the asylum and that fewer amusements were provided to black patients. Black patients at South

<sup>135</sup> Nellie Bly, *Ten Days in a Mad-House* (United States, First paperback edition, 2011); See also: Nellie Bly, “Inside the Madhouse,” *New York World* (New York, NY), October 16, 1887.

<sup>136</sup> “Shocking Cruelties: An Expose of the Barbarities Practiced Upon Patients in the Ohio Central Insane Asylum at Columbus,” *Inter Ocean* (Chicago, IL), November 11, 1878.

<sup>137</sup> Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick, NJ: Rutgers University Press, 1987), 15-22.

Carolina asylums also experienced higher mortality rates than white patients and superintendents blamed the higher rate of death on poor living conditions.<sup>138</sup>

Two studies of Central Lunatic Asylum, both by graduate students in history, provide a glimpse of what life may have been like for patients at the asylum during the 1870s and 1880s. In *The Color of Insanity: The Condition of African American Lunatics in the Commonwealth of Virginia, 1845-1879*, researcher Jamie L. Ferguson contends that Central Lunatic Asylum was not “practicing social control,” but rather “being shaped by circumstances beyond its control.” Ferguson argues the plan to create Central Lunatic Asylum was rooted in a “benevolent idea of accommodating black lunatics” beginning in the 1840s.<sup>139</sup> Of the contrary opinion is Dr. Kirby Ann Randolph, who argues “although asylum superintendents elsewhere may have been benevolent humanitarians that description is inaccurate for those who served at Central, with the possible exception of those appointed by Readjusters from 1882-1884.” Although Kirby speculates that asylums functioned as “sites of compassion and control,” she concludes that at Central Lunatic Asylum “hostile racial beliefs of the people responsible for their [patient] treatment... put the vulnerable patients at risk for being exploited rather than helped.”<sup>140</sup> Randolph argues that during the first fifteen years “patterns of over crowding, expansion and under funding were firmly established” at Central Lunatic Asylum. Randolph also found that the primary form of “treatment” at Central Lunatic Asylum was a daily routine of patient labor.<sup>141</sup> This thesis agrees with Randolph’s findings that Central Lunatic Asylum was underfunded and

<sup>138</sup> McCandless, *Moonlight, Magnolias, and Madness*, 258, 274, 281-285.

<sup>139</sup> Jamie Ferguson, “The Color of Insanity: The Condition of African-American Lunatics in the Commonwealth of Virginia, 1845-1879,” MA Thesis, James Madison University, 2001, 7-8.

<sup>140</sup> Kirby Ann Randolph, “Central Lunatic Asylum for the Colored Insane: A History of African Americans with Mental Disabilities, 1844-1885,” PhD Diss, University of Pennsylvania, 2003, 128, 132.

<sup>141</sup> Randolph, “Central Lunatic Asylum for the Colored Insane,” 201-203. See Chapter Five “On the Inside: Diagnosis and Treatment at CLA,” for additional information about patient demographics, daily routines, and life at the asylum (Randolph 190-213).

relied on patient labor and builds upon her argument by drawing comparisons with the all-white Western Lunatic Asylum and drawing upon new primary sources.

Ferguson's *The Color of Insanity: The Condition of African-American Lunatics in the Commonwealth of Virginia, 1845-1879* is useful because it discusses antebellum debates over how to best care for mentally ill patients in Virginia. Ferguson finds these debates over African-American healthcare began in the Commonwealth as early as 1845. Doctors and legislators in antebellum Virginia were divided into two camps: some supported Dr. Francis Stribling of Western Lunatic Asylum and his plan to construct an all-black asylum, while others approved of Eastern Lunatic Asylum Superintendent Dr. John Galt's proposal to further integrate black patients into existing predominantly white asylums in Williamsburg and Staunton. In 1848, the General Assembly sided with Dr. John Galt and decided that Eastern Lunatic Asylum in Williamsburg would provide care for blacks experiencing mental illness at the facility already treating white patients.<sup>142</sup> Black patients continued to receive care at Eastern Lunatic Asylum, although relatively few were ever admitted, until Central Lunatic Asylum for the Colored Insane opened in 1869.

This chapter makes use of the *Annual Reports* of Central Lunatic Asylum from the years 1870-1871 to 1884-1885 to explore patient life and experience at the asylum in Richmond, Virginia.<sup>143</sup> Newspaper articles, receipts, images, and sparse personal accounts that remain also help to provide a glimpse of patient life at Central Lunatic Asylum during its first fifteen years.

<sup>142</sup> Jamie L. Ferguson, "The Color of Insanity: The Condition of African American Lunatics in the Commonwealth of Virginia," MThesis, James Madison University, 2001, 2-3, 39-43.

<sup>143</sup> It is difficult to determine how widely circulated the Central Lunatic Asylum *Annual Reports* were during the nineteenth century and how many people in Virginia actually read these documents. It is clear, however, that the documents were public information and intended to provide citizens and lawmakers with financial information about the institution. A receipt from December, 1872 showed that the Central Lunatic Asylum purchased 500 copies of their own *Annual Report* to keep at the asylum, presumably for interested community members or visitors (Auditor of Public Accounts Central State Hospital Records, 1872-1873 Box 286, Receipts, 1872, Library of Virginia, Richmond, VA).

At times, comparisons between Central Lunatic Asylum and Western Lunatic Asylum in Staunton, Virginia show how patient experience differed based on race. Drawing comparisons between the two institutions is also useful because Central Lunatic Asylum leaders enacted the antebellum argument championed by Western Lunatic Asylum's Dr. Francis Stribling that black and white people should be cared for separately. Plans for facilities and patient treatment at Central Lunatic Asylum were modeled after Western Lunatic Asylum and based on direct recommendations from Dr. Francis Stribling.

Central Lunatic Asylum was perhaps conceived in the 1840s with benevolent intentions as a space to implement "moral treatment" for African-American patients with mental illness. Through the 1870s and early 1880s, the Superintendents and Board of Directors at Central Lunatic Asylum continually articulated the goals of moral management and argued that this type of treatment would provide the greatest benefit to patients. Yet at an operational level, the asylum fell short of fulfilling the basic tenants of moral management: clean and spacious living conditions and a balanced combination of amusements and work with minimal patient restraint. In reality, Central Lunatic Asylum was far from a pleasant place to live and leaders of the asylum largely failed to implement the vision of moral management they articulated. This is most evident in the poor physical conditions afforded patients, many of who lived in aging Civil War era barracks, and the continued efforts of the Central Lunatic Asylum Board of Directors and Superintendent to demonstrate that patients were productive and industrious workers.

### ***From Small Pox Hospital to Asylum***

During the winter of 1862-1863, in the midst of the Civil War and a battle raging sixty miles north in Fredericksburg, the City of Richmond was plagued with an outbreak of small pox

among its residents. In January of 1863, the Richmond City Council mandated the establishment of two new hospitals to care for residents with small pox. The city established City Hospital, located near the City Almshouse and “reserved for white patients,” and the “Small Pox Hospital for Negroes” at Howard’s Grove. Those living in the City of Richmond, including enslaved men and women, were urged to “avail themselves of the advantages afforded by the hospitals” and reminded that “removal of persons suffering from this disease [small pox] will greatly aid in preventing its spread.”<sup>144</sup> By March 10 the *Richmond Dispatch* reported two hundred white patients living at City Hospital and twenty-eight free blacks and three hundred slaves at the Small Pox Hospital for Negroes.<sup>145</sup>

The Small Pox Hospital for Negroes was located several blocks east of Howard’s Grove Hospital, a facility that served Confederate soldiers from Florida, Alabama, Mississippi, Texas, and Arkansas. For the duration of the Civil War, the small pox hospital was administered as part of Howard’s Grove and considered an auxiliary ward of the hospital. Dr. John P. Little was placed in charge of the small pox ward and was supported by a team of black nurses, cooks, and laundresses like those that worked at the main hospital.<sup>146</sup> Patients at the small pox hospital lived in barracks much like those used to house the sick and wounded Confederate soldiers at the main part of Howard’s Grove. These barracks were constructed of wood and were “80 feet long and 28 feet wide” with a “shingled roof” and twelve windows and six doors to each building. “One lattice medicine closet” was included in the interior of each barrack.<sup>147</sup>

<sup>144</sup> “Small Pox Hospital for Negroes,” *Richmond Dispatch* (Richmond, VA), January 12 1863; “Small Pox Hospital for Negroes,” *Richmond Whig* (Richmond, VA) January 13, 1863; “City Hospitals,” *Richmond Dispatch* (Richmond, VA) January 16, 1863.

<sup>145</sup> “Howard’s Grove,” *Richmond Dispatch* (Richmond, VA) March 10, 1863.

<sup>146</sup> “Untitled,” *Richmond Dispatch* (Richmond, VA), November 4, 1862. This article called for black men and women to apply for jobs as nurses or cooks at Howard’s Grove.

<sup>147</sup> “Sealed proposals will be received at this office,” *Richmond Dispatch* (Richmond, VA), January 30, 1863.



*Image Two:* A Civil War era oil painting of the military section of Howard's Grove Hospital. Although this image does not show the small pox hospital that became Central Lunatic Asylum, the image reflects the architectural style of barracks the asylum acquired in 1869. Unknown Artist, *Howard's Grove Hospital*, 1863-1865, oil on canvas, The Chicago History Museum.

Following the Civil War, the Small Pox Hospital for Negroes at Howard's Grove was taken over by the Freedmen's Bureau and renamed Howard's Grove Freedmen's Hospital. The Virginia Freedmen's Bureau was headquartered in Richmond and its earliest efforts were dedicated to providing food, clothing, and medical care to destitute freedmen.<sup>148</sup> The barracks that comprised the former small pox ward, already outfitted as a hospital dedicated to caring for

<sup>148</sup> Mary J. Farmer, "Because They Are Women": Gender and the Virginia Freedmen's Bureau's "War of Dependency," in *The Freedmen's Bureau and Reconstruction, Reconsiderations*, Paul A. Cimbala and Randall Miller, eds. (New York, NY: Fordham University Press, 1999), 164-167.

black patients, was deemed an appropriate location to establish care for freedmen afflicted with physical and mental illness.<sup>149</sup>

The decision to transform Howard's Grove Freedmen's Hospital into Central Lunatic Asylum for the Colored Insane in 1869 was made following a nearly twenty-year old discussion over how the Commonwealth of Virginia should care for black people experiencing mental illness. By 1869, two factors converged that facilitated the development of a separate institution for black mentally ill patients: the availability of the Howard's Grove Campus as a space to house patients and the post-war rhetoric of medical theorists that argued rates of insanity were increasing among African Americans. In the context of Reconstruction compared to the antebellum years, Dr. Stribling's recommendation for a separate institution for black patients was seen as necessary to accommodate the growing number of African-American patients.<sup>150</sup> The facility at Howard's Grove was a space where care was already being administered to African-American patients and the hospital was considered an appropriate place to care for these patients. The poorly constructed buildings, perhaps seen as inappropriate for other types of patients, were acceptable for treating a supposed "lower class" of patients like African Americans.

In an Act of the General Assembly in 1869, Virginia declared that Central Lunatic Asylum for the Colored Insane would be established as a permanent institution dedicated to the care of black men and women with mental illness. The campus of Howard's Grove Freedmen's Hospital was chosen as the temporary location for the establishment of a "lunatic asylum for the colored insane." Although Central Lunatic Asylum was declared a permanent institution, the site

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<sup>149</sup> In Virginia, "Reconstruction" ended in January 1870 with the ratification of the 14<sup>th</sup> and 15<sup>th</sup> amendments and the withdraw of federal troops. More broadly the period known as "Reconstruction" in American history is dated from 1865-1877 (See: Eric Foner, *A Short History of Reconstruction* (New York, NY: Harper and Row, 1990).

<sup>150</sup> Dr. Stribling's contributions to Central Lunatic Asylum were seen in the 1870-1871 and 1872-1873 *Annual Reports* where he is directly quoted. In these *Annual Reports*, leaders at Central Lunatic Asylum noted that they turned to Dr. Stribling for advice on how to construct the hospital building.

at Howard's Grove was declared the "temporary" location for the asylum and the land was leased "by the State for ten (10) years from January 1, 1870 to December 20, 1879."<sup>151</sup> Seventy patients remained at Howard's Grove Freedmen's Hospital, twenty-four women and forty-six men, as it became Central Lunatic Asylum. Most of the seventy patients left by the Freedmen's Bureau were considered "incurably insane" and were likely to remain at the asylum "until death relieves the State of their support."<sup>152</sup> Immediately after Central Lunatic Asylum opened in 1870, it began to receive black patients from other mixed-race asylums in Virginia, namely Eastern Lunatic Asylum and Western Lunatic Asylum. Central Lunatic Asylum remained in Richmond until a new hospital facility was completed in Petersburg, Virginia in 1884 and continued to care exclusively for African Americans with mental illness until it was desegregated in 1964.

The establishment of Central Lunatic Asylum in 1869 was a step made by the Commonwealth of Virginia to provide widespread care to African-American patients living in the state. Yet as the following sections will show, access to medical care did not necessarily assure quality care or care equal to that of patients at white facilities. For the fifteen years Central Lunatic Asylum was housed in the old small pox hospital at Howard's Grove, the day-to-day experiences of patients was often far from what doctors and asylum leaders considered appropriate care for patients with mental illness.

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<sup>151</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1870-1871* (Richmond, VA: R.F. Walker, 1871), 9.

<sup>152</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1871-1872* (Richmond, VA: R.F. Walker, 1872), 8.



### ***Expectations for Patient Life At Central Lunatic Asylum***

*Annual Reports* from the 1870s and early 1880s reveal that the primary model of treatment the Superintendent and Board of Directors endorsed for patients at Central Lunatic Asylum was “moral therapy.” Thomas Story Kirkbride, often credited as the leader of moral therapy in the United States, first implemented moral treatment while superintendent of the Pennsylvania Hospital for the Insane beginning in the late 1830s. Moral therapy was based on the assumption those experiencing mental illness could be cured and were capable of rational behavior. Treatment involved the abandonment of physical restraints, such as straitjackets or leather cuffs, removal of the patient from the community to an asylum in a pastoral area, and the pursuit of various types of amusements and work by the patients. Adherents to moral management also stressed the importance of a properly designed facility and the leadership of a superintendent who was authoritative, benevolent, and possessed a high level of personal character to demonstrate to patients.<sup>153</sup>

Leaders at Central Lunatic Asylum envisioned this trinity of healthful care asserted by Thomas Kirkbride -- a capable superintendent, a well-built and properly located facility, and patient amusements coupled with work-- as the means to provide proper moral treatment. The commitment to moral treatment, at least at an ideological level, is quite apparent in the rhetoric expressed by Board Members and Superintendents in the early Central Lunatic *Annual Reports*. In the 1870-1871 *Annual Report*, Superintendent Daniel Burr Conrad asserted that asylum life would add “greatly to the improvement and cure of the patient, and as a source of pleasure.” Later in the report, Dr. Conrad wrote “labor would be the chief item in the system of moral means” at Central Lunatic Asylum. Conrad considered “systematic employment” the “chief

<sup>153</sup> Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840-1883* (Cambridge, MA: Cambridge University Press, 1984), 20-22.

adjurant towards cure.”<sup>154</sup> *Annual Reports* noted the “amusements” patients enjoyed, and asylum leaders believed they were “a great benefit to the patients themselves.” Amusements mentioned in the *Annual Reports* included “simple games, picture books, and musical instruments,” “a regular dance every Saturday,” and “useful employment.” Women completed “useful tasks” like making clothing or doing laundry and men worked in the asylum farm or garden.<sup>155</sup> Clearly expressed in the *Asylum Reports* was the underlying assumption of moral management, that patients could be *cured*, and that their cure was facilitated through a hearty work schedule and the pursuit of “simple amusements.”

A further requirement for effective moral treatment at Central Lunatic Asylum was the hire of a benevolent leader and this spirit was evident in the selection of Dr. Randolph Barksdale as Superintendent in 1873. Dr. Barksdale was not the only Superintendent of Central Lunatic Asylum in Richmond, but his tenure was the longest and spanned from 1873 until the asylum moved to Petersburg in 1885 (where he remained Superintendent until 1892). When Barksdale was appointed Superintendent in 1873, the *Daily State Journal* announced his qualifications. According to the article, Barksdale was a “fit successor” for the position and “as a gentleman he is without fear or reproach.”<sup>156</sup> A memorial notice written by fellow Central Lunatic Asylum physician Dr. William Drewry said Dr. Barksdale was “descended from one of Virginia’s most prominent, cultured, and influential families.” He was a man of “exalted character,” a “keen sense of justice,” and “tender sympathy.”<sup>157</sup> Dr. Barksdale’s head physician and successor in

<sup>154</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1870-1871* (Richmond, VA: R.F. Walker, 1871), 7.

<sup>155</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1877-1878* (Richmond, VA: R.F. Walker, 1878), 12.

<sup>156</sup> “The New Superintendent of the Central Lunatic Asylum,” (Alexandria, VA), *Daily State Journal*, September 5, 1873; see also “Dr. Randolph Barksdale,” *Daily State Journal* (Alexandria, VA), November 15, 1873.

<sup>157</sup> William Francis Drewry, “Dr. Randolph Barksdale,” *Proceedings of the American Medico-Psychological Association* (Cincinnati, OH: reprint, 1908).

1881, Dr. David F. May, was described with similar terminology. *The Globe* called Dr. May a true southern “gentlemen” with a “magnificent physique, sharp eye, and benevolent countenance” and “nobility of character.”<sup>158</sup> Descriptions such as these show that Superintendents at Central Lunatic Asylum were viewed as capable leaders because of their supposed high moral character and benevolent spirit.

The final piece needed to implement moral management at Central Lunatic Asylum was a facility that made use of architectural styles and geographic space thought to be required of an asylum. In early *Annual Reports* the Board of Directors and Superintendent explained their vision for a hospital facility, much of which they adapted from Dr. Francis Stribling’s antebellum recommendations for asylum design. Dr. Stribling believed the asylum building should be located in a “salubrious” region where the climate was “congenial to the constitution of the colored race.” The building itself should be situated on a hill to ensure proper ventilation and mitigation against dampness. It was recommended that each patient be allotted one and a half acres of land “of the character and quality as could be converted into gardens.”<sup>159</sup> In total, Dr. Stribling recommended a plot of land at least two hundred-fifty acres in size as the proper place to locate Central Lunatic Asylum.

For the physical building itself, the Board of Directors envisioned a hospital design based on architectural principals proposed by Thomas Kirkbride in his plan for moral management. The Kirkbride plan, also known as the “linear plan,” called for a large center section with two long wings extending on either side. Kirkbride recommended patients be divided between the two wings by gender, with men on one side and women on the other, and then further divided

<sup>158</sup> “Some Things in Richmond, Some Pleasant Thoughts in the Old Dominion,” *The Globe* (New York, NY), April 28, 1883.

<sup>159</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1870-1871* (Richmond, VA: R.F. Walker, 1871), 10.

within the wings into separate wards based on behavior. The exterior of the building should make use of an elaborate style of architecture, be surrounded by fountains or gardens, and most importantly, not resemble a prison. Kirkbride believed the interior of the building must never show signs of wear and tear, be well ventilated to avoid against smell, and be decorated in an attractive, home-like fashion. Creating pleasant exterior and interior spaces for patients “played such an important role in convincing patients and their families to support the institution they could not be neglected,” argues historian Nancy Tomes.<sup>160</sup>

It is important to recognize that the model of moral management adapted by leaders at Central Lunatic Asylum had reached its heyday during the 1850s and 1860s, but began to fall under attack in the 1870s and 1880s during the formative years of the hospital. This was largely because the underlying assumption of moral treatment, that a patient could be cured of mental illness through humane treatment, proved to be false. The number of patients housed in lunatic asylums gradually increased over the second half of the nineteenth century and discharge rates were low, proving to many leaders in the medical community that the plan of moral treatment was ineffective for cure. Also problematic for adherents of moral therapy was the reality that many state-run facilities, and even some private institutions, did not have the space necessary to implement proper treatment. The model asylum proposed by Thomas Kirkbride should have housed and treated approximately 250 patients, yet many asylums had patient populations that far exceeded this number.<sup>161</sup> As early as 1874, Central Lunatic Asylum had reached the recommended 250-person capacity for a proper moral management facility.

<sup>160</sup> Tomes, *A Generous Confidence*, 141-145.

<sup>161</sup> Tomes, *A Generous Confidence*, 17-18; note: proposals for new forms of asylum care during the 1870s and 1880s came from Virginia’s Dr. John Galt and New England physicians Edward Jarvis and George Cook. These physicians proposed patients live in plain cottages amidst villagers of a farm community. During the 1870s and 1880s, a divide existed within the medical community with some doctors continuing to champion Kirkbride’s “linear plan” and others supporting Galt’s “cottage plan” (Tomes 283-289).

Western Lunatic Asylum in Staunton, Virginia, provides an example of the growing number of patients cared for at a Virginia asylum practicing moral management from the 1840s through the 1870s. In the 1840s, Western Lunatic Asylum implemented a moral management plan for its 104 patients under the leadership of Dr. Francis Stribling.<sup>162</sup> By 1873 Western Lunatic Asylum housed 334 white patients and by 1879 that number had grown to 492. In this way, Western Lunatic Asylum mimicked a national trend of dramatic growth in asylum populations during the 1870s, with many asylums caring for as many as 300-400 patients at once. Cure rates at Western Lunatic Asylum were also less than ideal; 712 of the 1,052 patients admitted since 1840 had died uncured in the asylum by 1873.<sup>163</sup> By 1879, a diagnosis of “probably incurable” was given to 443 of the 492 patients at the hospital.<sup>164</sup> Still, despite the increasingly apparent limitations found in moral management and its outspoken opponents at asylums in Virginia and at the national level, leaders at Central Lunatic Asylum continued to advocate for a permanent hospital facility that would be used to implement a moral management routine for black patients.

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<sup>162</sup> *The Annual Report of the Court of Directors of the Western Lunatic Asylum, to the Legislature of Virginia, with the Report of the Physician, for 1839* (Staunton, VA: Kenton Harper, 1840), 2.

<sup>163</sup> *Report of the Board of Directors and Medical Superintendent of the Western Lunatic Asylum, Richmond Virginia, For the Year 1872-1873* (Richmond, VA: R.F. Walker, 1873), 22.

<sup>164</sup> *Report of the Board of Directors and Medical Superintendent of the Western Lunatic Asylum, Richmond Virginia, For the Year 1872-1873* (Richmond, VA: R.F. Walker, 1873), 16; *Report of the Board of Directors and Medical Superintendent of the Western Lunatic Asylum, Richmond Virginia, For the Year 1880-1881* (Richmond, VA: R.F. Walker, 1881), 8.



*Image Three: Western Lunatic Asylum in Staunton, Virginia in 1837 showing the Kirkbride Linear Plan and ample grounds for patients. During the 1870s, superintendents at Central Lunatic Asylum proposed the construction of a new building for patients to be constructed in this fashion. *The Annual Report of Dr. Francis Stribling, Physician of the Western Lunatic Hospital* (Staunton, VA: Order of the Court of Directors, 1837).*

### ***Realities of Patient Life At Central Lunatic Asylum***

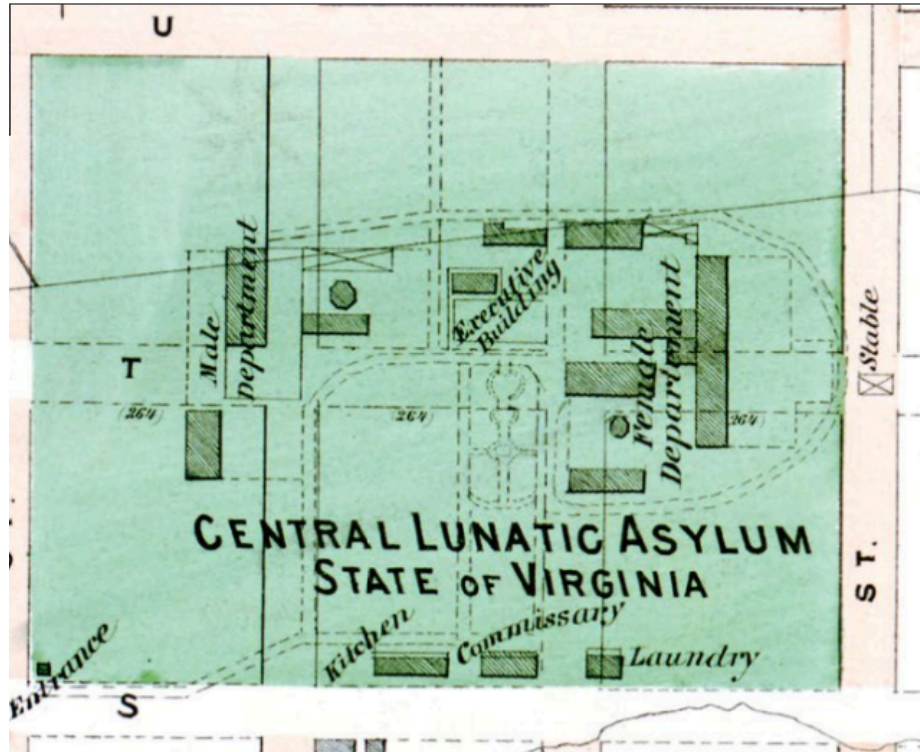
At an ideological level, the Board of Directors and the earliest Superintendents at Central Lunatic Asylum, Dr. Conrad, Dr. Barksdale, and Dr. May, endorsed a plan of moral management that appropriately integrated patient activities, an effective leader, and proper physical space to achieve cure. Regardless of these intentions, the day-to-day operations of Central Lunatic Asylum indicate that patients did not receive proper “moral management” care. At an operational level, the living conditions at Central Lunatic Asylum in Richmond were far from the ideal image of neatness and comfort required of moral management, leisure and “simple amusements” primarily consisted of domestic and agricultural work, and patients likely found themselves in a vulnerable position relative to their superintendent or doctor. Instead of an institution offering

moral management, Central Lunatic Asylum was a custodial institution where black men and women believed to be problematic or indolent could be re-made into industrious workers.

From the inception of Central Lunatic Asylum at Howard's Grove, the facility was considered inadequate for the care of mentally ill patients and was likely only selected because the buildings were unwanted and located on the fringes of the City of Richmond. From the first year of the asylum's existence at Howard's Grove, the Board of Directors and Superintendent proposed plans for a new building, fashioned in the Kirkbride style discussed in the proceeding section. The facility at Howard's Grove lacked the symmetrical linear plan, brick structures, and hygienic conditions proposed by leaders of the asylum in the early *Annual Reports*. Instead, patients inhabited the crude wooden barracks left by the Freedmen's Bureau that were prone to "wear, tear, and decay." Since the buildings were made of wood, fire was a constant threat to the facility. The buildings necessitated "special and untiring watchfulness" and a fire attendant was assigned to each stove, required "never to leave it by day or night." The Superintendent and Board of Directors considered the facility inherited by Central Lunatic Asylum in 1869 "incomplete" due to the lack of a dining room, sick ward, or a space for patients to participate in activities like sewing. Until the addition of a dining room and sick ward in 1870, patients "took their daily meals in their wards... eaten on the floor" and the sick were "treated in their rooms."<sup>165</sup>

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<sup>165</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1873-1874* (Richmond, VA: R.F. Walker, 1874), 9-13.



*Image Four: A aerial image of Central Lunatic Asylum from a 1876 F.W. Beers Map of the Cities of Richmond and Manchester. As the map reveals, the asylum lacked the large, linear style building considered appropriate for moral management care and instead consisted of a variety of separate buildings. The map shows male and female departments, a kitchen, laundry, commissary, and executive building. Cities of Richmond and Manchester and Vicinity, Richmond, VA: F.W. Beers, 1876; Virginia Commonwealth University Special Collections.*

Due to the temporary nature of the Central Lunatic Asylum at Howard's Grove, the Board of Directors and Superintendent of the asylum were hesitant to spend money to make improvements or enlargements to the facility. Any improvements to the buildings or land made by Central Lunatic Asylum would ultimately revert back to the owner of the property because the Commonwealth of Virginia leased the land from a private owner. Yet to the chagrin of the Board of Directors and Superintendent, the buildings at the asylum did require periodic improvements and repairs during the 1870s and early 1880s. Early receipts show the purchase of



building materials including shingles, lumber, and plaster use to make building repairs.<sup>166</sup> In the 1881 *Annual Report*, the Board of Directors wrote, “the repairs, as usual, have been extensive, necessarily so to keep the old building in secure condition and habitable.”<sup>167</sup> By 1884, all improvements and repairs to the asylum in Richmond were considered a “useless expenditure of money” since the patients would be moved to the new asylum in Petersburg, Virginia in 1885.<sup>168</sup>

Although the hand-me-down buildings used to house patients at Central Lunatic Asylum were of concerning condition and considered inadequate from the onset, the location of the hospital on the fringes of the city was initially viewed as an acceptable place to care for those experiencing mental illness. Located in a semi-rural area and on a sixteen and two-third acre tract of land in Henrico County, the asylum provided patients with enough space for outdoor “amusements” and to establish gardens. During the Civil War, General John H. Winder noted in a memorandum that the Howard’s Grove medical campus was “isolated from the City and all other buildings.”<sup>169</sup> Through the 1870s the area near Howard’s Grove was sparsely populated. A speech given by George Bagby revealed that the Howard’s Grove campus was still considered a fairly isolated area in the early 1880s. Bagby said, “strangers in Richmond, looking eastward from the top of the Capitol, are attracted by a range of buildings resembling barracks, surrounded by ample grounds, well-tilled gardens and fields. This is the Central Lunatic Asylum.”<sup>170</sup> Major

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<sup>166</sup> Central State Hospital Records, Auditor of Public Accounts, 1872-1873, Box 286, various receipts, Library of Virginia, Richmond, VA.

<sup>167</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1881-1882* (Richmond, VA: R.F. Walker, Superintendent of Public Printing, 1882), 6.

<sup>168</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1883-1884* (Richmond, VA: R.F. Walker, Superintendent of Public Printing, 1884), 5.

<sup>169</sup> General John H. Winder, “Commanding Department of Henrico, Richmond, VA,” *Medical Director’s Office* (March 23, 1864), Chimborazo Medical Museum, The National Park Service, Richmond, VA.

<sup>170</sup> George William Bagby, “The Old Virginia Negro,” Bagby Family Papers, 1828-1883, Section 15, Folder 7, Virginia Historical Society, Richmond, VA.

development of the community did not occur until a major building project in 1895 when row houses were constructed for middle class families.<sup>171</sup>

Yet with the increasing number of patients and the gradual advancement of the City of Richmond eastward toward the asylum, the Board of Directors at Central Lunatic Asylum sought a permanent location elsewhere in Virginia. They looked for a new location because they wanted a space that was even more isolated and allowed greater space for patients to cultivate land. By the time the lease on the grounds expired in 1879, the asylum was home to 256 patients compared to 158 in 1870.<sup>172</sup> When considering a permanent location for Central Lunatic Asylum, ample space for this expanding patient population was the chief concern. For example, an 1874 proposal in the General Assembly suggested “The Amelia Springs Property at Jetersville” be selected for the asylum. It was believed to be an “eligible place to locate the Central Lunatic Asylum” permanently because of the 1,300-acre tract of land.<sup>173</sup> The Board of Directors and Superintendent ultimately decided on a 300-acre tract of land in Petersburg, Virginia, that was formerly used as a private farm.

Sources reveal that some Richmond area residents disapproved of the location of the asylum on the edge of the city, which perhaps further prompted the Superintendent and Board of Directors to look for a permanent location beyond the Richmond area. “The committee on asylums and prisons reported on a petition and protest of citizens and tax-payers of Henrico against the location of the Central Lunatic Asylum in said county,” read an 1874 newspaper

<sup>171</sup> “Fairmount Historic District,” Section 7, Pages 9-92, United States Department of the Interior, National Register of Historic Places (August 2003).

<sup>172</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1870-1871* (Richmond, VA: R.F. Walker, 1871), 14; *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1878-1879*, (Richmond, VA: R.F. Walker, 1879), 15.

<sup>173</sup> “Untitled,” *Daily State Journal* (Alexandria, VA), February 20, 1874; Note: Jetersville, Virginia is approximately forty-five miles southwest of Richmond in present day Amelia County. The Superintendent and Board of Directors also suggested a location in Prince George County for the permanent asylum.

article from the *Daily State Journal*.<sup>174</sup> Local residents complained about the influence of the asylum in the neighborhood and feared that “escaped lunatics” would disturb the community. The asylum recognized the potential for escaped patients to disturb the community and the 1870-1871 *Asylum Reports* included a thorough section on “Escaped Felons.” The asylum announced that their facilities had “insecure enclosures and wards” that were not “intended for the safe retention of felons.” If a patient did escape, the asylum stated they would “not be held responsible.”<sup>175</sup> Although no patients escaped in 1870 or 1871, an April 1872 receipt included a payment for transporting “escaped lunatics.” Receipts from Central Lunatic Asylum’s early years suggested the trouble of containing patients. Often included were payments for “pad lock repairs” and the purchase of new locks for doors in an effort to contain patients.<sup>176</sup>

The disparity between standards of living envisioned by asylum leaders and the condition in which the patients actually lived at the asylum in Richmond was problematic and something Board Members and Superintendents strove to correct. Eventually, a more appropriate facility was constructed in Petersburg, but in the meantime patients were forced to live in poor conditions. The inadequate grounds and poor physical condition of the structures used to house patients at Central Lunatic Asylum in Richmond are most apparent when compared to the facilities for patients at other institutions in Virginia. For example, the building at Western Lunatic Asylum embodied the linear style of the Kirkbride plan and was a stable brick structure. The building at Western Lunatic Asylum was an “architectural beauty” with a “well calculated” internal arrangement that “promoted both the comfort and health of the patients.” It was situated

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<sup>174</sup> “Untitled,” *Daily State Journal* (Alexandria, VA), February 12, 1874.

<sup>175</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1870-1871* (Richmond, VA: R.F. Walker, 1871), 7.

<sup>176</sup> Central State Hospital Records, Auditor of Public Accounts, 1872-1873, Box 286, Receipt, April 29, 1872 and various receipts from Spring-Summer 1872, Library of Virginia, Richmond, VA.

on “a pleasant and salubrious eminence, somewhat remote from, but in view of the town” (See image on Page 77).<sup>177</sup> Another example is seen in the construction of a new reception area for “friends of patients” who visited Western Lunatic Asylum in 1874. While Western Lunatic Asylum was able to construct a new reception area for guests, leaders at Central Lunatic Asylum were struggling to keep their building “habitable” for patients.

In addition to poor living conditions, there are many reasons to believe daily life at Central Lunatic Asylum was far inferior to the vision of curative therapy and moral management envisioned by asylum leaders. This is most readily apparent in the lengthy discussions and tables of agricultural labor completed on the farm by patients at Central Lunatic Asylum. These records celebrated patient labor primarily for the financial savings it afforded the institution rather than the curative therapy it offered patients. In the 1870-1871 *Annual Report*, Superintendent Dr. Conrad wrote that patients’ labor be “directed with a view to the pecuniary advantage, as well as the immediate effect on the patient.” Using patient labor, argued Conrad, would be to the “immediate benefit of the state” as “products of the garden and farm” could be sold in a nearby “cash market.” Other *Asylum Reports* from the 1870s and early 1880s expressed a similar sentiment to the 1870-1871 *Report*: labor was described as curative, but mostly emphasized as financially profitable for Central Lunatic Asylum.<sup>178</sup>

Indeed, the number of pages in the Central Lunatic Asylum *Annual Reports* devoted to leaders grappling with patient cure rates or methods of treatment pale in number compared to those detailing farm and domestic labor at the asylum. In the 1876-1877 *Annual Report*, for example, Superintendent Randolph Barksdale offered a four-page statement detailing the affairs

<sup>177</sup> *The Annual Report of the Court of Directors of the Western Lunatic Asylum, to the Legislature of Virginia, with the Report of the Physician, for 1839* (Staunton, VA: Kenton Harper, 1840), 17.

<sup>178</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1870-1871* (Richmond, VA: R.F. Walker, 1871), 7

of the asylum over the course of the year with an entire page dedicated to “the farm and garden.” Following Barksdale’s written description were tables detailing expenditures and profits related to the farm and garden including the specific quantity of each crop harvested and for how much each were sold. In 1876, patients grew thirty-three different fruits and vegetables including watermelons, cantaloupes, celery, carrots, kale, beans, and sweet potatoes. The crops they planted covered forty-seven and a half acres and an “average of thirty patients worked daily.”<sup>179</sup>

The *Annual Reports* charted the number of patients engaged in domestic or outdoor labor each month and divided the tasks by gender. Women completed domestic tasks like working in the sewing room, laundry, or dining room, and spinning or knitting. For the year 1876-1877, ninety of the one hundred-thirty eight women at Central Lunatic Asylum completed domestic labor. Most of the men worked in the farm, but others worked in the coalhouse, stable and cow house, wood house, and repaired roads. Well over half of the men who lived at Central Lunatic Asylum had a job at the asylum during the year 1876-1877. Superintendent Barksdale announced in 1878 the farm was “saving quite a sum for the asylum” and had furnished more vegetables than in former years. Barksdale also noted female patients produced “all the clothes used” at the asylum as an additional way of saving money. The net profit of the farm labor in 1878 was \$1,819, which was enough to subsidize the cost of about ten patients per year.<sup>180</sup>

Every year, the Central Lunatic Asylum documented in their *Annual Reports* the total earnings of the farm and garden as an attempt to show to legislators and the public that they were a productive institution rather than a space where black men and women became a burden on the state. In doing so, the asylum also demonstrated that they were a space where black patients

<sup>179</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1876-1877* (Richmond, VA: R.F. Walker, 1877), 4-9.

<sup>180</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1878-1879* (Richmond, VA: R.F. Walker, 1879), 11-12, 40, 43-45.

would learn proper work habits. In the immediate aftermath of the Civil War, the Freedmen's Bureau in Virginia stressed "the importance of labor, self-reliance, and independence" and encouraged freed people to enter the labor force so as not to become "dependents" on the state.<sup>181</sup> Historian Jim Downs shows in *Sick From Freedom* that healthcare services in the post-war years were "designed to alleviate suffering and sickness," yet were limited financially due to the "fear that freedpeople would become dependent on the government for support."<sup>182</sup> The farm at Central Lunatic Asylum proved to the public and legislators that patients were not dependents of the state, but that they were actively contributing to the finances of the asylum. Showing patient work habits and earnings from the farm emphasized Central Lunatic Asylum was trying not to place an unnecessary financial burden on the Commonwealth of Virginia.

Although the Central Lunatic Asylum *Annual Reports* carefully documented the expenditures and profits associated with the farm, as well as the employment of patients on the farm, spending on other "amusements" was almost non-existent in the records. In an 1882 *Annual Report*, Dr. Randolph Barksdale wrote, "usual provision has been made for the amusement and diversion of the patients." "The expense is *nominal*," emphasized Dr. Barksdale. Such emphasis indicated Central Lunatic Asylum allocated few resources to providing patients with leisure activities and that asylum leaders wanted readers of their *Annual Report* to know these expenses were "nominal."<sup>183</sup> Amusements beyond labor were perhaps provided to patients at Central Lunatic Asylum in some form, but both the *Annual Reports* and receipts from the institutions early years show little to no spending on things like music, books, or games. For

<sup>181</sup> Mary J. Farmer, "Because They Are Women": Gender and the Virginia Freedmen's Bureau's 'War on Dependency,' in *The Freedmen's Bureau and Reconstruction, Reconsiderations*, Paul A. Cimbala and Randall Miller, eds. (New York, NY: Fordham University Press, 1999), 163.

<sup>182</sup> Downs, *Sick From Freedom*, 164-165.

<sup>183</sup> *Annual Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum for the Colored Insane for the Year 1881-1882* (Richmond, VA: R.F. Walker Public Printing, 1882), 6.

example, based on the Central Lunatic receipts for the year 1872, only one purchase was made on items for patient leisure: a collection “a dozen new books” and “a set of Maury’s Wall Maps” in December.<sup>184</sup>

In contrast, the Western Lunatic Asylum *Annual Reports* revealed that its leaders regularly purchased such “amusements” as “books, pamphlets, and newspapers,” “magic lantern slides,” and “music for dances.” In 1873-1874, Western Lunatic Asylum paid for repairs for their organ and “billiards and martelle tables” and purchased new “violin strings.”<sup>185</sup> It appeared Western Lunatic Asylum, unlike Central, wanted readers of their *Annual Reports* to know that funds were allocated for patient amusement beyond domestic and agricultural work. Overall, the continued emphasis on productivity and offsetting asylum costs through farm labor as well as the lack of spending on patient leisure brings into question the practice of moral management at Central Lunatic Asylum.

A final factor bringing into question the nature of moral management care at Central Lunatic Asylum was the relationship between a Superintendent or doctor and patient. Sources indicate Superintendents and doctors perhaps did not always embody the image of “benevolent leader” or uphold their supposed high moral character. In her dissertation on Central Lunatic Asylum, Kirby Ann Randolph shows that many of the early Board of Directors, Superintendents, and doctors at the asylum were former Confederate veterans and former slave owners who possessed “hostile racial beliefs.” Randolph compellingly argues that many of Central Lunatic Asylum’s leaders believed their patients were of a lower class and made decisions about “expenditures for the asylum informed by notions of what was appropriate for the class of

<sup>184</sup> Central State Hospital Records, Auditor of Public Accounts, 1872-1873 Box 286, Receipts, 1872, Library of Virginia, Richmond, VA.

<sup>185</sup> *Report of the Board of Directors and Medical Superintendent of the Western Lunatic Asylum, Staunton, Virginia, For the Year 1873-1874* (Richmond, VA: R.F. Walker, 1874), 7

patients the asylum served.” Considered an inferior class of patients, those at Central Lunatic Asylum were expected to make do with less than their counterparts at white asylums.<sup>186</sup>

Medical experts during the second half of the nineteenth century generally advised physicians to make use of “inferior” black bodies to train new students or perform medical tests. In the late 1860s and early 1870s, Virginia newspapers ran advertisements published on the behalf of the Medical College of Virginia offering medical students the opportunity to study at Howard’s Grove Hospital or Central Lunatic Asylum. According to the advertisement, medical students not only attended lectures, but also were afforded “all the clinical advantages of Richmond” and the “opportunity of studying disease at the bedside.” A similar Medical College of Virginia advertisement announced “CLINICAL INSTRUCTION” at Howard’s Grove for a fee of five dollars per student.<sup>187</sup> An 1871 newspaper article in the *Daily Evening Bulletin* and the *Richmond Inquirer* detailed the results of such an interaction. The article, “Insanity Cured by a Surgical Operation,” which explained a patient named Tyler “suffering from the most furious and dangerous character” who underwent a medical test at Central Lunatic Asylum. To relieve Tyler of insanity, Dr. Conrad and Dr. Hunter McGuire removed a portion of his skull that they believed was “putting unnecessary pressure upon and into the brain” and causing his strange behavior. “It is now safe to characterize it [the medical procedure] as a cure,” explained the article, indicating that the surgery performed at Central Lunatic Asylum was experimental.<sup>188</sup>

<sup>186</sup> Randolph, “Central Lunatic Asylum,” 131.

<sup>187</sup> *Daily South Carolinian* (Columbia, SC), August 15, 1866; *Staunton Spectator* (Staunton, VA), September 7, 1869; *Staunton Spectator* (Staunton, VA), September 10, 1872; *Staunton Spectator* (Staunton, VA), September 24, 1872; The Alms House in Richmond was also advertised as a facility where medical students could receive clinical instruction and, like those at Central Lunatic Asylum, these patients were likely considered of a “lower class.”

<sup>188</sup> “Insanity Cured by a Surgical Operation,” *Daily Evening Bulletin* (San Francisco, California), April 28, 1871; Note: historian Kirby Ann Randolph also suggests medical tests were performed on patients at Central Lunatic Asylum and cites an 1870 operation performed on an epileptic man at the asylum (Randolph, “Central Lunatic Asylum,” 211).



In addition to medical testing or providing space for medical student training, it is possible patients were subject to other physical abuses by Superintendents and doctors who worked at Central Lunatic Asylum. Although moral management called for patients to be free from physical restraint, Central Lunatic Asylum leaders stated that they used straightjackets when “absolutely necessary, and never unless directed by an officer.” The *Annual Reports* also state a system of restraining “muffs” and “cuffs” were used on occasion to restrain patients.<sup>189</sup> Yet the frequency in which Central Lunatic Asylum purchased restraining devices, such as “chains,” “cuffs,” and “straightjackets” brings into question whether or not restraint was truly only used when “absolutely necessary.” For example, during a two-month period from May-June of 1872 receipts show the purchase of chains, two straight jackets, muffs, one breast collar, eight cuffs, and new cuff staples.<sup>190</sup>

It is also possible to speculate that female patients at Central Lunatic Asylum were vulnerable to sexual exploitation from male physicians or hospital employees. In an 1865 letter Surgeon in Chief of the Confederate Army in Virginia Dr. David Brown dismissed several medical students from the Medical College of Virginia who worked at Howard’s Grove Hospital. Dr. Brown claimed the students violated “rules of decency and morality in that they did maintain prostitutes in their quarters... in the insane ward of the hospital.”<sup>191</sup> Perhaps such instances of sexual exploitation by male physicians continued when Howard’s Grove became Central Lunatic Asylum.

<sup>189</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, for the Colored Insane, Virginia, For the Year 1876-1877* (Richmond, VA: R.F. Walker, 1877), 7

<sup>190</sup> Auditor of Public Accounts Central State Hospital Records, 1872-1873 Box 286, Receipts, 1872, Library of Virginia, Richmond, VA.

<sup>191</sup> Charles F. Ballou, III, “Hospital Medicine in Richmond, Virginia During the Civil War: A Study of Hospital No. 21, Howard’s Grove, and Winder Hospitals,” MA thesis, Virginia Polytechnic Institute and State University, 1992, 35.

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For the fifteen years Central Lunatic Asylum was located in Richmond, Virginia, the institution failed to live up to the vision of moral management articulated by the Board of Directors and Superintendent. Patients at Central Lunatic Asylum lived in poor conditions, were given few opportunities to pursue “amusements,” and were likely vulnerable to abuse by physicians. Patients worked continually at Central Lunatic Asylum and the *Annual Reports* show that patient labor was prioritized over cure. The Board of Directors and Superintendent proved to the public in these *Annual Reports* that the patients at Central Lunatic Asylum were industrious. In doing, they assuaged fears about African American dependency and imposed a form of control on patients believed unable to control their own bodies and minds. Though Central Lunatic Asylum and Western Lunatic Asylum experienced many of the same hardships during the 1870s and 1880s, namely limited funding and an increasing patient population, patients at Western Lunatic Asylum fared better than those at Central.

### Conclusion:

In summary, this thesis considers the relationship between mental illness and race during the second half of the nineteenth century through a case study of Central Lunatic Asylum for the Colored Insane. First, it explores the belief held by many southern white physicians that African Americans were prone to mental illness as freed people. The high rates of mental illness among the formerly enslaved, these physicians theorized, was the direct result of emancipation because freed people were believed unable to control their bodies, minds, and emotions. The process of patient commitment to Central Lunatic Asylum, discussed in the second chapter, reflected these race-based attitudes held by southern physicians. Those most likely committed to Central Lunatic Asylum were African Americans who exhibited uncontrolled violence or expressive religious practices. Finally, once patients were admitted to Central Lunatic Asylum their status as “colored insane” influenced their living conditions and daily routine. Living conditions for mentally ill African Americans were of poorer quality than conditions at all-white asylums in Virginia and physicians at Central Lunatic Asylum were most concerned with instilling in patients a consistent routine of work.

There are still many questions about Central Lunatic Asylum and its history that remain unanswered and require further investigation. Much more work needs to be done in the Central Lunatic Asylum commitment papers in order to further understand patient commitment to the asylum discussed in Chapter Two. Since this thesis only studies the commitment papers of the fifty-six patients committed in 1874, a larger sample of commitment papers as well as those from subsequent years will allow for greater interpretation. How did the commitment of patients to Central Lunatic Asylum change or remain the same after the 1870s? Did “violent” continue to be

the primary characteristic of patients committed to Central Lunatic Asylum? The experience of patients and life inside Central Lunatic Asylum is another area in which further research should be pursued. A useful addition to this thesis and the work completed by other researchers is a study of patient life at the new asylum in Petersburg, Virginia. To what extent did living conditions and patient experience change once the asylum moved to the facility in Petersburg?<sup>192</sup>

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<sup>192</sup> An abundance of primary sources are available on Central State Hospital for researchers to pursue in answering these questions. For an extensive collection of primary sources on patient commitment to Central Lunatic Asylum, see: Records of Central State Hospital, 1874-1961. Accession 41741, State government records collection, Series II, Commitment Papers, The Library of Virginia, Richmond, Virginia. The collection includes 107 boxes of commitment papers from the year 1874 to 1907. Another body of sources where future research on Central Lunatic should be continued is within the asylum receipt and account books. See: Auditor of Public Accounts Central State Hospital Records, Receipts, Library of Virginia, Richmond, VA).

## Bibliography

### Primary Sources

### Published Materials

*American Journal of Insanity, Volume One*, eds. Officers of The New York State Lunatic Asylum. Utica, NY: Bennett, Backus, and Hawley, 1848.

*Annual Reports of the Officers, Boards, and Institutions of the Commonwealth of Virginia for the Year Ending 1873* (Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1873).

Bly, Nellie. *Ten Days in a Mad-House* (United States, First paperback edition, Reprint, 2011).

Brown, J.P. "Religious Insanity." *The American Journal of Insanity* 33 (1876-1877): 130.

Browne, J.H. Balfour. "Causes of Insanity." *The American Journal of Insanity* 27 (1870-1871): 499-500.

Cartwright, Samuel. "Diseases and Peculiarities of the Negro Race." *De Bow's Review, Southern and Western Review* 9 (1851).

\_\_\_\_\_. "Ovarian Tumor, per vias Naturales, by Catherism of the Fallopian Tubes." *Stethoscope and Virginia Medical Gazette* (1851).

*Cities of Richmond and Manchester and Vicinity*. Richmond, VA: F.W. Beers, 1876. Virginia Commonwealth University Special Collections

Drewry, William F. *Historical Sketch of the Central State Hospital*, Conference Paper for National Conference of Charities and Correction. Richmond, VA: 1908.

\_\_\_\_\_. "Causes of Insanity," in *Thirty-Ninth Annual Report of the Central State Hospital of Virginia*. Richmond, VA: David Bottom, Superintendent of Public Printing, 1908.

\_\_\_\_\_. "Dr. Randolph Barksdale." Proceedings of the American Medico-Psychological Association. Cincinnati, OH: 1908, reprint.

Galt, John. *Biennial Report of the Board of Directors of the Eastern Lunatic Asylum, for the Year 1858-59*. Richmond, VA: William F. Ritchie, 1859.

\_\_\_\_\_. *Report of the Board of Directors of the Eastern Lunatic Asylum, for the Year 1847*. Richmond, VA: William F. Ritchie, 1847.

- Green, E.M. "Psychoses Among Negroes- A Comparative Study." *Journal of Nervous and Mental Disease* 41, no. 11 (November 1914).
- Hurd, Henry M., William F. Drewry, Richard Dewey, Charles W. Pilgrim, G. Alder Blumer, and T. J. W. Burgess. *The Institutional Care of the Insane in the United States and Canada, Volume 1*. Baltimore, MD: The Johns Hopkins Press, 1916.
- Jarvis, Edward. "Insanity Among the Coloured Population." *American Journal of the Medical Sciences* (January 1844).
- Merrill, A.P. "An Essay on Some Distinctive Peculiarities of the Negro Race." *Southern Medical and Surgical Journal* 12 (January 1856).
- Olmsted, Frederick Law. *The Cotton Kingdom: A Travelers Observations on Cotton and Slavery in the American Slave States*. New York, NY: Mason Street Brothers, 1862.
- Powell, T.O. "Presidential Address," *Proceedings of the American Medico-Psychological Association Annual Meeting, 1896-7* (1897).
- "Reflections on the Census of 1840." *Southern Literary Messenger* 9, no. 6 (June 1843).
- Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1870-1871*. Richmond, VA: R.F. Walker, 1871.
- Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum For Colored Insane, Virginia, for the Year 1871-1872*. Richmond, VA: R.P Walker Superintendent of Public Printing, 1872.
- Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1873-1874*. Richmond, VA: R.F. Walker, 1874.
- Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1876-1877*. Richmond, VA: R.F. Walker, 1877.
- Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1877-1878*. Richmond, VA: R.F. Walker, 1878.
- Report of the Board of Directors and the Medical Superintendent of the Central Lunatic Asylum For Colored Insane Virginia, For the Fiscal Year 1878-1879*. Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879.
- Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1881-1882*. Richmond, VA: R.F. Walker, Superintendent of Public Printing, 1882.

*Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum, For Colored Insane, Virginia, For the Year 1883-1884.* Richmond, VA: R.F. Walker, Superintendent of Public Printing, 1884.

*Report of the Board of Directors and Medical Superintendent of the Western Lunatic Asylum, Richmond Virginia, For the Year 1872-1873.* Richmond, VA: R.F. Walker, 1873.

*Reports of the Board of Directors and the Medical Superintendent of Western Lunatic Asylum Virginia, For the Fiscal Year 1878-1879.* Richmond, VA: R.E. Frayser, Superintendent Public Printing, 1879.

*Report of the Board of Directors and Medical Superintendent of the Western Lunatic Asylum, Richmond Virginia, For the Year 1880-1881.* Richmond, VA: R.F. Walker, 1881.

Roberts, J.D. "Insanity in the Colored Race," *North Carolina Medical Journal* (November 1883).

"Startling Facts from the Census." *The American Journal of Insanity* 8 (October 1851).

Stribling, Francis. *Report of the President and Directors of the Western Lunatic Asylum for the Fiscal Years Ending September 30, 1863.* Richmond, VA: William F. Ritchie, 1863.

*The Annual Report of the Court of Directors of the Western Lunatic Asylum, to the Legislature of Virginia, with the Report of the Physician, for 1839.* Staunton, VA: Kenton Harper, 1840.

Tyler, Lyon G. "William Francis Drewry," in *Men of Mark in Virginia, Ideals of American Life: A Collection of Biographies of the Leading Men in the State.* Washington, DC: Men of Mark Publishing Company, 1909.

Unknown artist. *Howard's Grove Hospital.* 1863-1865. Oil on canvas. The Chicago History Museum.

Workman, Joseph. "Insanity of the Religious-Emotional Type, and its Occasional Physical Relations." *The American Journal of Insanity* 24 (1869-1870): 33-48

### **Manuscript Collections**

Central State Hospital Records. Auditor of Public Accounts, 1872-1873. Box 286, various receipts. Library of Virginia, Richmond, VA.

Bagby Family Papers. 1824-1960, Section 15, Virginia Historical Society, Richmond, VA.

"List of Negro Slaves." African American Collection, Mason Family, Section 10, Virginia Historical Society, Richmond, VA.

Diary, 1899-1907, Mrs. Franklin of Petersburg, VA. Manuscript, Rubenstein Library, Duke University, Durham, North Carolina.

Records of Central State Hospital, 1874-1961. Accession 41741, Series II, Commitment Papers, State government records collection, The Library of Virginia, Richmond, Virginia

Records of Western State Hospital, 1825-2000. Accession 31031, Box 055, Box 064, State government records collection, The Library of Virginia, Richmond, Virginia.

Secretary of the Commonwealth, Records of Various State Institutions and Asylums, 1870-1897, Library of Virginia, Richmond, VA.

“The Colored Insane.” Patrick Livingston Murphy Papers, #535, Southern Historical Collection, University of North Carolina at Chapel Hill, Chapel Hill, NC.

Winder, John H. “Commanding Department of Henrico, Richmond, VA.” *Medical Director’s Office*, March 23, 1864. Chimborazo Medical Museum, The National Park Service, Richmond, VA.

### Newspaper Articles

“A Lunatic.” *Daily State Journal* (Alexandria, VA), August 18, 1871.

“Adjudged a Lunatic.” *Daily State Journal* (Alexandria, VA), October 2, 1873.

“Adjudged a Lunatic.” *Staunton Spectator* (Staunton, VA), April 13, 1877.

“Adjudged Insane.” *Daily Dispatch* (Richmond, VA), July 17, 1880.

“At the Central Lunatic Asylum for the Colored Insane in Richmond the Editor of the Globe was Surprised to Find Among the 440 Inmates not more than Ten Persons of Mixed Blood, or Mulattoes. *The New York Globe* (New York, NY), May 12, 1883.

“A Murderer to be Tried After Being Deranged for Two Years.” *Daily State Journal* (Alexandria, VA), August 16, 1871.

“Crimes of Various Degrees, Murder by an Insane Colored Man- The Joilet Prison Tragedy.” (New York, NY), *The New York Times*, June 2, 1883.

“Dr. Randolph Barksdale.” *Daily State Journal* (Alexandria, VA), November 15, 1873.

“Howard’s Grove.” *Richmond Dispatch* (Richmond, VA), March 10, 1863.

“Insane with Her Baby: A Colored Woman Locked Up in the Second Precinct Station House.” *The Washington Post* (Washington, D.C.), November 12, 1888.



“Insanity Cured by a Surgical Operation.” *Daily Evening Bulletin* (San Francisco, CA), April 28, 1871.

“Isaac Hunter Convicted.” *Staunton Spectator* (Staunton, VA), December 6, 1870.

“Love and Lunacy.” *Daily State Journal* (Alexandria, VA), August 30, 1873.

“Sealed proposals will be received at this office.” *Richmond Dispatch* (Richmond, VA), January 30, 1863.

“Shocking Cruelties: An Expose of the Barbarities Practiced Upon Patients in the Ohio Central Insane Asylum at Columbus.” *Inter Ocean* (Chicago, IL), November 11, 1878.

“Some Things in Richmond. Some Pleasant Thoughts on the Old Dominion.” *The New York Globe* (New York, NY), April 28, 1883.

“Small Pox Hospital for Negroes.” *Richmond Dispatch* (Richmond, VA), January 12, 1863.

“The New Superintendent of the Central Lunatic Asylum.” (Alexandria, VA), *Daily State Journal*, September 5, 1873.

“The Only Negro Insane Asylum in the World.” *The Milwaukee Sentinel* (Milwaukee, WI), December 29, 1871.

“Two of the Colored Lunatics in the Central Asylum at Richmond.” *Bristol News* (Bristol, TN), September 22, 1874.

“Untitled.” *Daily State Journal* (Alexandria, VA), February 20, 1874

“Untitled.” *Daily State Journal*, (Alexandria, VA), February 12, 1874.

### **Secondary Sources**

Bainbridge, William Simms. “Religious Insanity in America: The Official Nineteenth Century Theory.” *Sociological Analysis* 45, no. 3 (Autumn 1984): 223-239.

Ballou, Charles. “Hospital Medicine in Richmond, Virginia During the Civil War: A Study of Hospital No. 21, Howard’s Grove, and Winder Hospitals.” MA Thesis, Virginia Polytechnic Institute and State University, 1992.

Baumeister, Alan A. and Mike F. Hawkins, Joni Lee Pow, Alex Cohen. “Prevalence and Incidence of Severe Mental Illness in the United States: A Historical Overview.” *Harvard Review of Psychiatry* (September/October 2012).

- Boster, Dea. *African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800-1860*. New York, NY: Routledge, 2013.
- \_\_\_\_\_. "An 'Epileptik Bondswoman: Fits, Slavery, and Power in the Antebellum South.'" *Bulletin of the History of Medicine* 83, no. 2 (Summer 2009): 271-301.
- Brown, Thomas J. *Dorthea Dix: New England Reformer*. Cambridge, MA: Harvard University Press, 1998.
- Byrd, Michael and Linda Clayton. *An American Health Dilemma, Volume One, A Medical History of African Americans and the Problem of Race: Beginnings to 1900* (New York, NY: Routledge, 2000).
- Campbell, Brad. "The Making of 'American': Race and Nation in Neurasthenic Discourse." *History of Psychiatry* 18, no. 2 (2007): 157-178.
- Campbell, James. *Crime and Punishment in African American History*. New York, NY: Palgrave Macmillan, 2013.
- Cimbala, Paul A. and Randall Miller, eds. *The Freedmen's Bureau and Reconstruction, Reconsiderations* (New York, NY: Fordham University Press, 1999).
- Downs, Jim. *Sick From Freedom: African American Illness and Suffering During the Civil War and Reconstruction*. Oxford University Press, 2015.
- \_\_\_\_\_. "The Continuation of Slavery: The Experience of Disabled Slaves During Emancipation." *Disability Studies Quarterly* 28, no. 3 (Summer 2008).
- Dwyer, Ellen. *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*. New Brunswick, NJ: Rutgers University Press, 1987.
- Dwyer, Erin Austin. "Mastering Emotions: The Emotional Politics of Slavery." PhD Dissertation, Harvard University, 2012.
- "Fairmount Historic District." United States Department of the Interior, National Register of Historic Places. August 2003.
- Ferguson, Jamie L. "The Color of Insanity: The Condition of African American Lunatics in the Commonwealth of Virginia, 1845-1879," MA thesis, James Madison University, 2001.
- Fett, Sharla. *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill, NC: University of North Carolina at Chapel Hill Press, 2002).
- Fountain, Daniel L. *Slavery, Civil War, and Slavery: African American Slaves and Christianity, 1830-1870*. Baton Rouge, LA: Louisiana State University Press, 2010.

- Freedman, Estelle. *Their Sisters Keeper: Women's Prison Reform in American, 1830-1930*. Ann Arbor, MI: University of Michigan Press, 1984.
- Glymph, Thavolia. *Out of the House of Bondage: The Transformation of the Plantation Household*. New York, NY: Cambridge University Press, 2008.
- Goodheart, Lawrence. *Mad Yankees: The Hartford Retreat for the Insane and Nineteenth-Century Psychiatry*. Amherst and Boston, MA: University of Massachusetts Press, 2003.
- Gramwell, Lynn and Nancy Tomes. *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914*. Ithaca, NY: Cornell University Press, 1995.
- Hildebrand, Reginald. *The Times Were Strange and Stirring: Methodist Preachers and the Crisis of Emancipation*. Durham, NC: Duke University Press, 1995.
- Howell, Joel D. *Technology in the Hospital: Transforming Patient Care in the Early-Twentieth Century*. Baltimore, MD: The Johns Hopkins University Press, 1996.
- Hughes, John. "Labeling and Treating Black Mental Illness in Alabama, 1861-1910." *The Journal of Southern History* 58 (August 1993): 435-460.
- Humphries, Margaret. *Marrow of Tragedy: The Health Crisis of the American Civil War*. Baltimore, MD: The Johns Hopkins University Press, 2013.
- Joinson, Carla. "The Perception and Treatment of Insanity in Southern Appalachia" MA Thesis, East Tennessee State University, 2012.
- Long, Gretchen. "I Studied and Practiced Medicine Without Molestation: African American Doctors in the First Years of Freedom," in *Precarious Prescriptions: Contested Histories of Race and Health in North America*, eds. Laurie Green, John Mckiernan-Gonzalez, and Martin Summers. Minneapolis, MN: University of Minnesota Press, 2014.
- \_\_\_\_\_. *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation*. Chapel Hill, NC: University of North Carolina at Chapel Hill Press, 2012.
- Manarin, Louis. *Richmond at War: The Minutes of the City Council, 1861-1865*. Chapel Hill, NC: The University of North Carolina at Chapel Hill Press, 2012.
- McCandless, Peter. *Madness, Moonlight, and Magnolias: Insanity in South Carolina from the Colonial Period to the Progressive Era*. Chapel Hill, NC: University of North Carolina at Chapel Hill Press, 1996.
- Morsman, Amy. *The Big House After Slavery: Virginia Plantation Families and Their Post-Bellum Domestic Experiment*. Charlottesville, VA: University of Virginia Press, 2010.

- Raboteau, Albert. *Canaan Land: A Religious History of African Americans*. New York, NY: Oxford University Press, 1999.
- Rafter, Nicole Hahn. *Justice: Women in State Prisons, 1800-1935*. Boston, MA: Northeastern University Press, 1985.
- Randolph, Kirby Ann. "Central Lunatic Asylum for the Colored Insane," PhD Dissertation, University of Pennsylvania, 2003.
- Reed, Adam Metcalfe. "Mental Death: Slavery, Madness and State Violence in the United States." PhD dissertation, University of California at Santa Cruz, 2014.
- Reiss, Benjamin. *The Showman and the Slave: Race, Death, and Memory in Barnum's America*. Cambridge, MA: Harvard University Press, 2010.
- \_\_\_\_\_. *Theaters of Madness: Insane Asylums in Nineteenth-Century American Culture*. Chicago, IL: University of Chicago Press, 2008.
- Rothman, David. *Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston, MA: Little Brown, 1971.
- \_\_\_\_\_. *Conscience and Convenience: The Asylum and its Alternatives in Progressive America*. New York, NY: Aldine Publishing, 1980.
- Savitt, Todd. *Race and Medicine in Nineteenth-and-Early-Twentieth Century America*. Kent, OH: Kent State University Press, 2007.
- Scull, Andrew, ed. *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*. Philadelphia, PA: University of Pennsylvania Press, 1981.
- Smith, John David. *An Old Creed for the New South: Proslavery Ideology and Historiography, 1865-1918*, third ed. Carbondale, IL: Southern Illinois University Press, 2008.
- Smith, Leonard. *Insanity, Race, and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean, 1838-1914*. New York, NY: Palgrave MacMillan, 2014.
- Smith, Mark M. *How Race is Made: Slavery, Segregation, and the Senses*. Chapel Hill, NC: University of North Carolina Press, 2006.
- Summers, Martin P. "'Suitable Care of the African When Afflicted With Insanity: Race, Madness, and Social Order in Comparative Perspective.'" *Bulletin of the History of Medicine* 84, no. 1 (Spring 2010): 58-91.

- \_\_\_\_\_. "Diagnosing the Ailments of Black Citizenship: African American Mental Physicians and the Politics of Mental Illness, 1895-1940," in *Precaious Prescriptions: Contested Histories of Race and Health in North America*, eds. Laurie Green, John Mckiernan-Gonzalez, and Martin Summers. Minneapolis, MN: University of Minnesota Press, 2014.
- Stowe, Steven M. *Doctoring in the South: Southern Physicians and Everyday Medicine in the Nineteenth Century*. Chapel Hill, NC: University of North Carolina Press, 2004.
- Streeter, Carrie. "Let Me See Some Insane People': Progressive-Era Development of the State Hospital at Morganton, 1883-1907." MA Thesis, Appalachian State University, 2012.
- Theilman, Samuel B. "Southern Madness: The Shape of Mental Healthcare in the Old South," in *Science and Medicine in the Old South*, eds. Ronald Numbers and Todd Savitt. Baton Rouge, LA: Louisiana State University Press, 1989.
- Tomes, Nancy. *A Generous Confidence: Thomas Story Kirkbridge and the Art of Asylum Keeping, 1840-1883*. New York, NY: Cambridge University Press, 1984.
- Washington, Harriet A. *The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York, NY: Doubleday, 2006, reprint.
- Williams, Heather Andrea. *Help Me To Find My People: The African American Search for Family Lost in Slavery*. Chapel Hill, NC: University of North Carolina at Chapel Hill Press, 2012.
- Yanni, Carla. *Architecture of Madness: Insane Asylums in the United States*. Minneapolis, MN: University of Minnesota Press, 2007.

