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The Perception and Treatment of Insanity in Southern Appalachia

A thesis

presented to

the faculty of the Department of History

East Tennessee State University

In partial fulfillment

of the requirements for the degree

Master of Arts in History

by

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May 2012

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Keywords: Insanity, Lunatic, Appalachia, Asylum, Alienist

ABSTRACT

The Perception and Treatment of Insanity in Southern Appalachia

by

Carla Joinson

In the nineteenth century, the perceived ability of alienists (the early term for mental health specialists) to cure insanity eventually led to lavishly-constructed insane asylums supported by taxpayers. Simultaneously, the hope of a cure and a changing attitude toward insanity helped destigmatize mental illness and made institutionalization of the insane more acceptable. This regional study investigates insane asylums within Appalachia between 1850 and 1900. Primary sources include period articles from professional publications, census data, asylum records, period newspaper articles, and patient records.

The study provides background on the medical environment of nineteenth-century Appalachia and investigates the creation and function of five Appalachian asylums. The institutions under examination appear to be as modern and enlightened as those in any other region. Contrary to most published theory, women were not committed to Appalachian asylums more often than men, nor does patient abuse appear to be prevalent.

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The atmosphere of camaraderie and enthusiasm which the History Department encourages and supports has assisted me greatly in achieving my academic goals.

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CHAPTER 1

INTRODUCTION

I was taken (or rather jerked) into a small division from the main hall and thrown into a crib An [attendant] came to me with a cup in one hand and a wedge in the other. This wedge was five or six inches long. . . and was used to force the mouth open, so that medicine, etc., could be poured down the throat of the patient.

The wedge was forced onto one side of my mouth, crowding out a tooth in its progress...my lips seemed glued together, and I could not have opened my mouth, even had I known what they wanted me to do. Crash! Crash! went another of my teeth, and another, until five were either knocked out or broken off. I lay in a pool of blood that night.

Lydia A. Smith, from *Behind the Scenes, or Life in an Insane Asylum*, 1878.¹

When Arthur McDonald presented statistics about insanity to a special session of Congress in 1903, he could make a clear case that rates of insanity within the United States had increased with every census. MacDonal attributed the problem to the world's rapid development, since he found similar statistics in other countries.² Specialists in mental health, called alienists, had long warned that factors in modern life were contributing to the incidence of insanity in susceptible individuals. They struggled to understand both the causes of insanity and to discover possible cures for it. Alienists prized insane asylums for the practical care they provided to patients and

¹ Jeffrey L. Geller & Maxine Harris, *Women of the Asylum: Voices From Behind the Walls, 1840-1945* (New York: Anchor Books, 1994): 134-135.

² MacDonal, Arthur, 58th Congress, Senate, Document No. 12, *Statistics of Crime, Suicide, Insanity, and Other Forms of Abnormality, and Criminological Studies, with a Bibliography, in Connection with Bills to Establish a Laboratory for the Study of the Criminal, Pauper, and Defective Classes* (Washington: Government Printing Office, March 13, 1903) 11. Apparent rates of insanity decreased in 1880 as a result of that census's unique questionnaire.

for their role as living laboratories. Asylums allowed alienists easy access to large populations of insane people over long periods and provided captive audiences for experimental treatments.

Between 1850 and 1900, asylums were concentrated in the Northeast, where the country's population density was highest. Few contemporary American alienists strayed from Northeastern locations as they studied, theorized, and wrote about insanity. Historians have followed suit. There do not seem to be any specific regional studies about insanity, though many discussions imply the Northeast simply because of sources.

The present study about insanity in Appalachia between 1850 and 1900, which covers the peak of U.S. insane asylum construction, will help alleviate the current Northeastern bias. The research will fill a gap in the historiography and illuminate the experiences of patients and doctors who confronted insanity and institutionalization in southern Appalachia.³ The covered area encompasses southwestern Virginia, eastern Tennessee, western North Carolina, mid and lower West Virginia, and southeastern Kentucky, following the earlier borders of the region rather than the Appalachian Regional Commission's more inclusive boundaries.

Background

A pressing question for any society has always been: what to do with the insane? Most peoples and civilizations appear to have recognized insanity, which for nearly all purposes can be defined as behavior that is inexplicable or extremely outside the norm. Ancient civilizations had a number of benign treatments for insanity, though it is likely that many people were treated just as miserably as they later were in Europe and the United States. Priests, doctors, or wise elders may have tried herbs, rest, and incantations to dispel whatever was causing the problem, but they also beat, tortured, chained, and starved the mentally ill.

³ David H. Loof's *Appalachia's Children: The Challenge of Mental Health*, describes a study done in the 1960s. I have found no other studies about insanity (and Loof's study was more about depression and milder mental health problems than actual insanity) in Appalachia.

In the United States, Native Americans approached insanity mainly through supernatural means. They believed spirit beings could cause “soul loss” or madness, and performed ceremonies, dances, and rituals to cure the afflicted. Some shamans and medical societies used specific rites to heal specific diseases. For example, the Iroquois’s Corn Husk Mask Society used a special ceremony to stop nightmares, while the Otter Society used another rite for nervous tremors.⁴

African-Americans who were brought to colonial America were knowledgeable about herbs and used them to fight disease or physical problems. Their herbal remedies were only a first line of defense; families often turned to magic or spirit-based healing when a patient didn’t get well. Though they did not confine their supernatural activity to healing insanity, magical practitioners known as conjurers, hoodoos, voodoo priests, and rootmen used magic to dispel negative influences. They were highly feared and respected among the African-American community and could be induced to cause problems as well as heal them.⁵

Jews by 490 and Muslims by 872 created institutions for the insane, and in 1389, the city of Florence, Italy founded an institution for the insane. London followed shortly thereafter with Bethlem Royal Hospital in 1403, but outside caretaking was not a general response to madness.⁶ Until six hundred years ago, few institutions existed to care for the mentally ill. Insane people with families were usually cared for at home; those without families were allowed to wander the countryside if they were able or placed in monasteries or special jail cells set aside for them. Violent individuals were often chained up or placed in some sort of confinement.

⁴ Lynn Gamwell and Nancy Tomes, *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Ithica: Cornell University Press, 1995), 11-13.

⁵ Gamwell and Tomes, 17.

⁶ Robert Jones, M.D., “The Evolution of Insanity,” *The Lancet Vol. II for 1906*, (September 8, 1906): 635. (Google Books, accessed November 21, 2010).

Europeans began to isolate people with mental illness from the community, often throwing them in with criminals, vagrants, paupers, and other publicly supported outsiders. Humane treatment was seldom part of the plan: many mentally ill people were chained for years at a time, beaten, starved, and otherwise mistreated. England's Bethlem Royal Hospital was so noisy and chaotic that it produced the term "bedlam." Anyone who wanted a little amusement could come to the asylum and see the lunatics and pay a penny for a stick to stir them up with if they were calm or sleeping.⁷

Until the U.S. population grew large enough to create cities where the insane became inconvenient, early colonists had little incentive to intervene in what was considered a family situation. Puritans had little sympathy for the insane, whom they felt had received a judgment from God.⁸ Scattered farm families typically allowed their afflicted members to wander as they chose, and provided any required care at home. Considering the sparse population within frontier regions, the insane were likely a burden only to their immediate families. They seldom had to interact with strangers or confront crowded conditions that would cause stress or confusion, so families may have been able to provide basic custodial care without feeling overwhelmed. Because of the same frontier conditions, the insane were not protected, either. Spiteful or stressed relatives could do what they chose, and abuse was almost certain to occur at times.

Two particular problems forced urban leaders to tackle the problem of insanity. Authorities wanted families to take care of their infirm members, but people without families began moving to cities. Whether he sought work to support a family elsewhere or came independently, a deranged but able-bodied man presented a problem that had to be addressed. Likewise, a

⁷ "Bedlam - The Hospital of St Mary of Bethlehem," <http://www.bbc.co.uk/dna/h2g2/A2554157>. (Accessed August 26, 2011)

⁸ Henry M. Hurd, William F. Drewry, Richard Dewey, Charles W. G. Pilgrim, et. al. *The Institutional Care of the Insane in the United States and Canada*, edited by Henry M. Hurd (Baltimore: The Johns Hopkins Press, 1916. Reprint, New York: Arno Press, 1973), Vol. III. 22.

deranged widow or childless woman sometimes had no one to call on for assistance and became a public burden.

Denser population centers could not absorb the disruptive behaviors of an insane person the way more isolated regions could. Property owners did not want the annoyance or destruction that sometimes came in the wake of insanity, and they complained to civil authorities about unrestricted lunatics. Petitioners in Pennsylvania wrote about insane citizens: “Some of them going at large, a Terror to their Neighbors, who are daily apprehensive of the Violence they may commit.” Their petition also included concerns for the well-being of people who could not protect themselves from predatory schemers who took advantage of their condition. As a result, a section of Pennsylvania Hospital was set apart to care for the insane in 1752.⁹

Often, dangerous lunatics were simply chained in prisons and practically forgotten. In these early days, there was little differentiation between the types of people who needed public aid. Connecticut had such a problem with troublesome citizens that it built a workhouse to include “rogues, vagabonds, idle persons . . . common fiddlers, pipers, runaways, stubborn servants or children . . . as well as persons under distraction and unfit to go at large whose friends do not take care for their safe confinement.”¹⁰

In France during the late 1700s, Dr. Phillippe Pinel advocated kinder treatment for the insane. At the asylum in Bicetre, Pinel eliminated bleeding, blistering, chaining, and whipping in favor of physicians’ frequent visits and conversation with each patient. His humane treatment of the insane led other countries to reconsider their own policies. Slightly before 1830, and as a result of Dr. Pinel’s research and treatment policies, European doctors developed a type of treatment called moral therapy. The treatment had nothing to do with ethics or morals but was

⁹ Hurd, Vol. III. 381.

¹⁰ Hurd, Vol. II 68.

instead based on the premise that insane patients could be re-educated to conform to societal norms or mores. Routine and diversion would bring about these changes, and most proponents felt that restraints and other coercive measures would become unnecessary.

The idea that the insane should be housed separately from criminals or public dependents like the sick, poor, and elderly represented a sometimes unwelcome change for many communities. They now had to finance the buildings and personnel that would house and help these difficult people. Unwilling to spend any more than necessary, many municipalities paid bottom dollar for poorly-trained overseers who permitted substandard care and abuse. After some of these abuses were exposed, the public's attention turned toward both reform and how best to treat the lunatics in their midst. Americans adopted moral treatment, though at first only private institutions employed this new method of dealing with insanity.

Several ideas prevailing at this time helped fuel a change in public care for the insane. Alienists believed that insanity could almost always be cured if it were caught and treated early enough. Hospitals for sick minds were as necessary and practical as hospitals for sick bodies. And, just as for physical care, concentrating mental patients in centralized facilities created efficiencies that could not be duplicated through care in individual homes. Alienist Luther Bell summed up the new line of thought when he said, "An Asylum, or more properly a Hospital for the insane, may justly be considered an architectural contrivance as peculiar and characteristic to carry out its designs, as is any edifice for manufacturing purposes to meet its specific end. It is emphatically an instrument of treatment."¹¹

Besides believing that home care was neither sufficient nor effective, many alienists firmly believed that the home environment or some element of it caused most mental illnesses in the

¹¹ Andrew Scull, ed. (*Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981), 10.

first place. For alienists, taking the patient away from home was an essential part of treatment. Asylums could give patients a predictable, unstressed regimen of pleasant diversions that would allow them to recuperate from the event or environment that had caused the insanity.

To achieve their goals, superintendents called for imposing structures as unlike their patients' (typically) shabby homes as possible. They wanted asylums sited on beautifully landscaped grounds, with well-ventilated buildings, plenty of room for exercise and amusement, and wings that separated the types of patients or degrees of insanity. Such lavish structures, superintendents believed, would take the insane out of their humble surroundings and into loftier environments that would divert their thoughts. Additionally, beautiful buildings and landscaped grounds would relieve the minds of wealthy families who would be required to pay to send their loved ones to an asylum.

Superintendents had other motives for centering treatment in asylums. The term "mad-doctor" expressed the regard most of the public held for the past generation of doctors involved with insanity, and alienists fought to gain prestige for their specialty by arguing that insanity could only be cured through professional care. Imposing asylums gave substance to their argument, and the lavish buildings under their control added to their prestige. Additionally, superintendents could concentrate their power and authority within the closed conditions of the asylum to become virtual rulers (and sometimes tyrants) over hundreds and frequently thousands of patients.¹²

Thomas Kirkbride, the undisputed leader in American asylum design, believed that asylum architecture was essential to good patient care. His book, *On the Construction, Organization, and General Arrangements of Hospitals for the Insane*, became a standard reference for asylum construction all over the country. Kirkbride's experience with large institutions allowed him to

¹² Scull, 6-10.

give painstaking advice on the ways building design could enhance patient care. Doors should open into a hallway rather than into a room, “as great annoyance and no little danger frequently results from patients barricading their doors from the inside.” Screens over the windows would “prevent the breaking of glass [by patients] when excited.” For toilets: “An enameled cast iron receiver, of suitable shape, with an opening in the bottom so small as to not admit a hand,” and so on, would provide function without nuisance or danger. In persuading the public that asylums were both necessary and beneficial, Kirkbride’s detailed standards made a convincing case that a thoughtfully prepared, professionally-run asylum was the best place to treat mental patients.¹³

In the middle of the nineteenth century, doctors understood very little about what caused or cured mental illness—though they came up with some extraordinary hypotheses—and had few medications to treat the problematic behaviors lunatics exhibited. For the most part, environment was the only intervention they could offer. Success rates using moral treatment at private institutions were initially very high, causing reformers to agitate for state-supported facilities that gave the same kind of care. Convinced that curing patients of insanity was preferable and cheaper to warehousing them for years, state lawmakers began to authorize funds for asylums. The founding of large, formal institutions to care for the insane represented a major breakthrough in treatment and gave rise to the age of asylums.

Unfortunately for patients, medical treatment for insanity ping-ponged between practical caregiving, unsupervised experimentation, and sometimes extreme physical therapies. This wide scope of intervention is not surprising, considering that even regular medical procedures were curtailed only by the limits of a doctor’s imagination. When a horse-drawn streetcar trampled and then dragged Mollie Fancher for more than a block in 1865, her doctors were nearly certain

¹³ Thomas S. Kirkbride, M.D., *On the Construction, Organization, and General Arrangements of Hospitals for the Insane* (Philadelphia: n.p., 1854), 16, 18, 21.

she would die. When she did not, they immediately began to treat her with all the vigor common to heroic nineteenth century medicine.¹⁴

First they shaved and blistered her head. Then they applied electric shocks from a battery. That didn't cure her injuries, so doctors lined up Mollie's body with the earth's electromagnetic currents, placed a magnet at her feet, and made her swallow a mixture with traces of iron. She had a seizure. Doctors then bathed her in uncomfortably hot water while they poured buckets of ice-water over her head and finished by rolling her into wet sheets. Finally, doctors put Fancher in an ice jacket that was so uncomfortable that she began throwing the ice packs across the room. Her behavior caused Fancher's doctors to decide she was insane.¹⁵

Alienists' attempts to cure the mind were as innovative as their treatments for the body. Some were undoubtedly harmless or beneficial: Routine, quiet, diversion, and light work were hallmarks of moral treatment. Superintendents particularly prided themselves on the various kinds of entertainments provided at their asylums. Kirkbride's Pennsylvania Hospital for the Insane had a program that well-to-do sane people would have enjoyed. Patients could participate in outdoor exercise and games; complete fancywork; attend teas, dinners, and church; read; sing or listen to music; and attend magic lantern shows and lectures on interesting topics.¹⁶

Some asylum patients could enjoy bowling, baseball, concerts, and dances. The latter entertainment could be almost eerie, as this description of a Lunatics' Ball in New Haven, Connecticut suggests:

The music burst forth and a simultaneous movement followed; all sorts of movements, some cultivated steps, but for the most part a mere violent shuffling exercise. Directly they all

¹⁴ In the medical sense, "heroic" means extreme; among other painful and sometimes debilitating or fatal measures, heroic medicine included nearly limitless bloodletting, purging, and blistering.

¹⁵ Michelle Stacey, *The Fasting Girl: A True Victorian Medical Mystery* (New York: Jeremy R. Tarcher/Putnam, 2002), 61-62.

¹⁶ Scull, 130. Magic lanterns were early projectors that used lamps to focus light through a slide. Magic lantern shows were very popular during the Victorian era.

seemed to have forgotten that they had partners and settled down into dancing. There was some peculiarity about every individual, but in every one was observable a sort of ecstasy. Some of them kept their gaze fixed on the ceiling, turning neither to the right nor the left; others kept a watch upon their feet, which to their bewildered minds, were perhaps going sadly astray.¹⁷

Not all patients responded to moral treatment. If new patients were in an acute or mania phase of their illness—or believed they had been wrongfully committed—they sometimes objected strenuously to confinement. Later, asylums became overcrowded and physicians couldn't devote the time to patients that moral treatment required. They then leaned more heavily on medical and physical therapies to control unsuitable behaviors.

Doctors prescribed opium, laudanum, and other narcotics liberally and almost routinely purged their patients' bowels with the mercury-chloride compound, calomel, or with gallons of water. Patients might be dunked in hot and cold baths—sometimes for days at a time—or wrapped in sheets soaked with water that likely brought on panic rather than the intended calm. For melancholia, innovative treatments included daily shocks of static electricity lasting from five to twenty minutes.

Dr. H. R. Niles described the process in an article for the *American Journal of Insanity*: “The patient sat down and placed his foot on a metal rod connected to a battery, which was itself connected to some glass plates.” Niles described ways of regulating the current, but had to admit that, “No accurate and satisfactory means of measuring the dose has yet been discovered.”¹⁸

Sometimes, sanctioned behavior management bordered on torture. Ebenezer Haskell describes the “spread eagle treatment” at Pennsylvania Hospital. A patient was stripped and thrown on his back while four men took hold of his arms and legs to stretch them out at right

¹⁷ “The Lunatics’ Ball,” *The New York Times*, January 24, 1874.

¹⁸ H. R. Niles, “Static Electricity in the Treatment of Nervous and Mental Diseases,” *American Journal of Insanity* 53, no. 3 (January 1897): 391-393. According to Dr. Niles, melancholia and several other conditions were a result of “a toxic condition established through the inability of the cells to rid themselves of the results of physiologic activity.”

angles. An attendant or doctor stood on a chair or table and then poured buckets of cold water on his face. From such a height, the water nearly drowned the patient, besides causing fear and suffering.¹⁹

Though other asylums also adopted the practice, the New York State Lunatic Asylum at Utica was notorious for using what was called the “Utica crib.” It looked like a barred baby’s crib except that it had a locking top. Patients were forced to lie in the crib with the lid locked down on them until they became calm or in some way complied with an attendant’s demands. They might spend hours or even days in the crib, relieving their bladders and bowels in it as needed.

Shackles, straitjackets, muffs, restraining chairs, and other coercive devices were on hand for difficult patients, and many asylum patients spoke of “black eye wards” where beaten patients recovered before going back to the public wards. Though brutal attendants accounted for much of the violence, coercion was part of the “doctor knows best” mentality of the era. Physician Samuel Dickson wrote about the doctor’s role in subduing a patient going through delirium tremens, saying that the patient “must be forced to the bed, stripped of his clothing, and subjected to cold water poured on his head from some height.” Dickson followed up with bleeding the patient, making him vomit, and giving him enemas “in spite of his screams and terror.”²⁰

One reason alienists tried just about anything to cure insanity, was that they did not really understand what caused it. They placed their confidence in three particular causes: the breakdown of a vital organ, heredity, and moral or mental degeneration. This largely physical view of insanity led Dr. J. C. Bucknill to say, “A man becomes a lunatic down to his finger ends;

¹⁹ Ebenezer Haskell, *The Trial of Ebenezer Haskell, in Lunacy, and his Acquittal Before Judge Brewster in November, 1868* (Philadelphia: published by Ebenezer Haskell, 1869), 45.

²⁰ Steven M. Stowe, *Doctoring in the South* (Chapel Hill: The University of North Carolina Press, 2004), 160.

literally so, for scabies will often abound on an idiotic or demented patient . . . just as phthisis often ravages the lungs of the insane without producing cough.”²¹

Overwork, anxiety, disappointment, intemperance, fevers, political or religious excitement, fright, grief, domestic troubles, masturbation, excessive intellectual exertion, daydreaming, and myriad other human behaviors could cause insanity. Women were particularly susceptible to insanity caused by pregnancy and childbirth, seduction, menstrual problems, too-tight corsets, and reading works of fiction. As late as 1892, some doctors thought that removing a woman’s ovaries could cure insanity.

Urbanization led to insanity, but civilization itself could also be a problem. Native Americans and freed slaves were particular victims of the latter. Both whites and Native Americans agreed that insanity among the latter was rare until they were removed from their originally inhabited lands. Rather than attribute the rise in insanity to stress, poverty, dislocation, and the breakdown of Native American culture, whites believed that Native Americans were overwhelmed by the demands of civilizations. Reservations, under the care of the federal government, would provide the protection they needed.²²

Civilization also proved too much for ex-slaves. While they were under the care of a master who could negotiate the complexities of modern life for them, slaves rarely suffered from insanity. Once freed, insanity rates immediately went up because former slaves’ undeveloped

²¹ J. C. Bucknill, “Modes of Death Prevalent Among Insane,” *American Journal of Insanity* 19, no. 3 (January 1863): 356.

²² For the many causes of insanity in this and the preceding paragraph, see: Gamwell and Tomes, p 90, 100-111. Norman Dain, *Concepts of Insanity in the United States, 1789-1865*. (New Brunswick: Rutgers University Press, 1964): 85-94, 104-106. Catherine Stowe and Harriet Beecher Stowe, *American Woman’s Home* (New York: J. B. Ford & Co., 1869. Reprinted by Stowe-Day Foundation, Hartford, CT, 1975): 256-259. N.A. “Thoughts on the Causation of Insanity,” *American Journal of Insanity* 29, no. 2 (October, 1872): 264, 267, 270-276. Fleetwood Churchill “On the Mental Disorders of Pregnancy and Childbed,” *American Journal of Insanity* 7, no. 3 (January, 1851): 260-266. Isaac Ray, “The Insanity of Women Produced by Desertion or Seduction,” *American Journal of Insanity* 23, no. 2 (October, 1866): 264, 266-267, 271-273. Thomas G. Morton, “Removal of the Ovaries as a Cure for Insanity,” *American Journal of Insanity*, 49, no. 3 (January, 1893): 397-398, 401.

intellects were not able to handle the pressures of civilization. In 1900, statistics in Virginia showed that the number of colored insane had increased by 23 percent from 1860 to 1880, or from 1 in 8,000 to 1 in 1,937.²³

During this open period of investigation and experimentation, thirteen asylum superintendents came together in 1844 to form the Association of Medical Superintendents of American Institutions for the Insane (AMSII). All were from northern or mid-Atlantic institutions. Jealous of their power and authority, they closed the group to medical men who were not superintendents of asylums. Members wrote articles and presented papers on topics like “Restraint and Restraining Apparatus,” “Chapels and Chaplains,” “The Treatment of Incurables,” and “The Utility of Night Attendants and the Propriety of Not Locking Doors of Patients’ Rooms at Night.”²⁴

In 1892, AMSII changed its name to The American Medico-Psychological Association and allowed medical men other than asylum superintendents into the group. The Society acquired the *American Journal of Insanity* (which had begun publication in 1844) from Utica State Hospital in New York and instituted it as their official journal. In 1921, the Society changed its name to the American Psychiatric Association and its journal became the *American Journal of Psychiatry*.²⁵

Smith’s experience in a crib may not have been typical of every patient’s interaction with an attendant in an insane asylum. However, it *is* typical that the helpless patient was unhappy with a procedure developed by a Northeastern alienist. Asylums were in use coast to coast, but past and

²³R. J. Preston, “Some Statistics and Partial History of the Insane in Virginia,” *American Journal of Insanity* 57, no. 2 (October, 1900): 197-198.

²⁴Hurd, Vol I, 15-16.

²⁵ “American Psychiatric Association History,”

<http://www.psych.org/MainMenu/EducationCareerDevelopment/Library/APAHistory.aspx> (accessed August 19, 2011).

current research focuses on the treatment of insanity through the lens of Northeastern institutions. Additionally, few historians have compared mental health care experiences in different facilities. Instead, the historiography of mental illness in America generally centers around questions of coercion and imprisonment versus willing participation in treatment, the definition of insanity itself, and the efficacy of treatment.

Superintendents enjoyed tremendous prestige for several decades, before bad publicity and deteriorating conditions in asylums impacted their hold on mental health policy. That issue of power is at the core of much of the debate concerning asylums and the care they gave. Thomas S. Szasz, a professor of psychiatry and author of *The Age of Madness*, says that asylums brought inhumanity in their wake. From the moment Philadelphia Hospital opened its doors, to the ongoing (1970s) experimentation with psychotropic drugs on the mentally ill, Szasz contends that coercion has been a pervasive and barbaric part of psychiatric treatment. Szasz calls the relationship between doctor and patient in the institutional setting more like that of “master and slave rather than physician and adult medical patient.”²⁶

Though Szasz supports his argument by highlighting only the very worst abuses of involuntary commitment, he still makes the telling point that many of the authority figures who had the power of commitment used it with little regard for any but their own judgment. The situation involving the involuntary commitment of Elizabeth Packard in 1860 is most illustrative, since Szasz uses it to reveal the attitudes of two doctors who had nearly a century between their reviews of the same case.

Elizabeth Packard was married to Calvinist minister Theophilus Packard, who had her committed to the State Insane Asylum in Jacksonville, Illinois when she diverged from his own rigid religious beliefs. Upon her release as incurable three years later, Packard locked his wife in

²⁶ Thomas S. Szasz, *The Age of Madness* (Garden City, New York: Anchor Books, 1973), xii, 4.

a room and nailed the windows shut. Elizabeth managed to drop a note to a friend, who notified a judge of her confinement. Free on a writ of *habeas corpus*, Elizabeth met with the judge and secured a trial. A jury took seven minutes to declare her sane.

Elizabeth's trial fascinated the public, and she used her ordeal as a platform to advocate for stricter commitment laws. When Illinois passed an act that required a trial before commitment, Dr. Andrew McFarland, superintendent at the Jacksonville asylum and the doctor who had examined Elizabeth, contended that it was "as nearly a moral impossibility as can well exist," for someone to have been wrongly committed under the old laws.²⁷ In 1952, historian Albert Deutsch supported McFarland's view, saying that this protective Illinois law "proved worse than the condition it was supposed to cure. . . . Needless to say, the Illinois law met with unanimous opposition of the psychiatric and allied professions."²⁸ The attitudes Szasz showcases do much to bolster his case that the power of commitment was in the wrong hands.

In *Circle of Madness: On Being Insane and Institutionalized in America*, Robert Perrucci describes mental hospitals as "people-processing organizations" created by an efficiency-loving society to expel those who do not fit in. These institutions are valued by the larger culture, which wants to run an efficient, smooth, and orderly community in which most people have no trouble finding their place. Perrucci gives as an example the practice of driving the insane out of a village (an old practice) versus treating them in a mental institution (a new practice). These two practices seem to be very different, but they accomplish the same thing: they get the madman out of the community. As a tool for social control, mental institutions are convenient and effective.²⁹

²⁷ Szasz, 75.

²⁸ Szasz, 54, quoted from Albert Deutsch, *The Mentally Ill in America*, 2d ed. (New York: Columbia University Press, 1952), 424-425.

²⁹ Robert Perrucci, *Circle of Madness: On Being Insane and Institutionalized in America* (Englewood Cliffs, NJ: Prentice-Hall, Inc., 1974).

Other writers have been able to see the benefit—both to society and to the patient—of institutional care. In *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*, Ellen Dwyer calls Szasz a “radical psychiatrist.” She questions his and like-minded psychiatrists’ belief that most mental illness is a social construct and that asylums are little more than prisons. Instead, she believes there are severe limits to community care, which have made deinstitutionalization something of a failure. Researchers who say that asylums were nothing but tools for social control are as wrong as the superintendents who insisted that inmates were one happy family. Instead, Dwyer says, the asylum system was far too complicated to consider only in terms of black and white.³⁰

Two particularly useful studies about insane asylums were published within the first decades of the twentieth century. In 1916, Johns Hopkins Press published *The Institutional Care of the Insane in the United States and Canada*. This four-volume work compiled data on every known facility that housed and cared for the insane in the United States and Canada. Information (when available) included a short history of each institution, the names of its managers or superintendents, the type of care it gave, the value of its real estate, the types and numbers of patient it received, and so on.

In 1931, the American Medical Association paid Dr. John Maurice Grimes to survey all the state and federal mental institutions in the U.S. When his less-than-favorable descriptions of care arrived, the organization dropped its support and Grimes published the study personally in 1934.³¹ His study compiles information from questionnaires he distributed to institutions and visits he made, but by necessity is quite brief concerning any one hospital.

³⁰ Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick: Rutgers University Press, 1987).

³¹ John Maurice Grimes, MD, *Institutional Care of Mental Patients in the United States* (Chicago: Published and distributed by the author, 1934).

Most historians discuss general questions about insanity rather than specific institutions, though a few asylum-focused books are available. Dwyer's *Homes for the Mad* looks at the history of two institutions and discusses their differing missions. Like most of the literature, her book concentrates on Northeastern institutions: Utica Lunatic Asylum and the Willard Asylum for the Chronically Insane, both in New York. Joy Gilchrist-Stalnaker's *A Short History of Weston Hospital (Trans-Allegheny Asylum for the Insane)*, and Alex Beam's *Gracefully Insane: Life and Death Inside America's Premier Mental Hospital*, also focus on single institutions.³² The former institution is in southern Appalachia, but Gilchrist-Stalnaker's short work runs fewer than fifty pages, devotes only a few to the period under consideration, and does not discuss patient care.

³² Joy Gilchrist-Stalnaker, *A Short History of Weston Hospital (Trans-Allegheny Asylum for the Insane)* (Horners, W. VA: Hacker's Creek, 2001), and Alex Beam, *Gracefully Insane: Life and Death Inside America's Premier Mental Hospital* (New York: Public Affairs, 2001).

Appalachian Region Borders

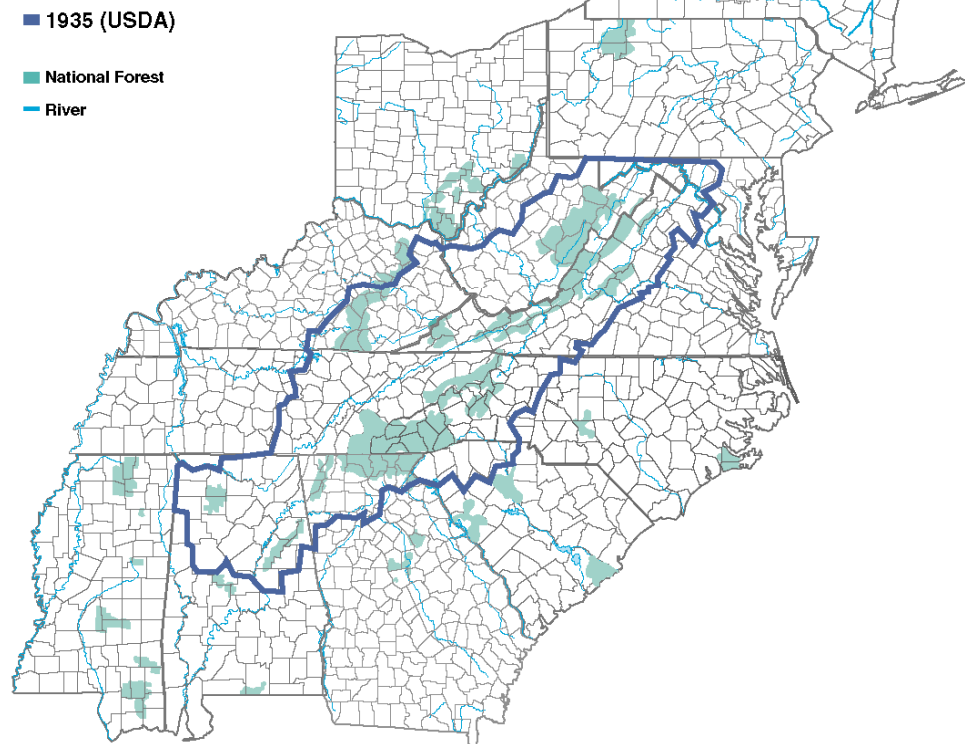


Figure 1. Appalachia Border Regions. *Source:* U.S. Department of Agriculture, 1935

CHAPTER 2

APPALACHIAN ASYLUMS

Asylums in the states that include Southern Appalachia are listed below. Appalachian asylums are bolded:

Kentucky: **Eastern Lunatic Asylum** (1824), Western Lunatic Asylum of the State of Kentucky (1854), and Central Kentucky Asylum for the Insane (1873).

North Carolina: State Hospital (1856), **Western North Carolina Insane Asylum** (1883), and Colored Insane Asylum.

Tennessee: Central Hospital for the Insane (1852), **East Tennessee Hospital for the Insane** (1886), and Western Hospital for the Insane (1889).

Virginia: Eastern Lunatic Asylum (1773), Western Lunatic Asylum (1828), Central Lunatic Asylum (1870), and **Southwestern Lunatic Asylum** (1887).

West Virginia: **Trans-Allegheny Asylum for the Insane** (1859) and Second Hospital for the Insane (1893).

Many institutions changed their names over the years as the terms *lunatic* and *asylum* fell out of favor. Likewise, many of the asylums, through legislative difficulties and impasses, waited years from conception to reality. For the sake of consistency, all institutions are identified by their original names, if possible, and the year they began accepting patients. Though epilepsy was often associated with insanity, institutions created *solely* for the care of epileptics are not included in this study nor are institutions for idiots or the feeble-minded. Throughout this study, terms in use at the time: lunatic, alienist, idiot, and so on, are used within the definitions of the period.

No asylum records are complete, though the Trans-Allegheny Asylum for the Insane has the most complete set of Superintendent's Reports available. The Southwestern Lunatic Asylum in Marion, Virginia has the only patient records available to the public, due to Virginia's policy of releasing records when they are at least 75 years old. Other patient records are not available without court order, are not available to the public, or have been destroyed. Newspapers and other documents sometimes reveal the names and histories of patients, even though they are not officially released.

Any discussion of Appalachian asylums must begin with an acknowledgement of their debt to Northeastern asylums. Recognizing the problems inherent in caring for the mentally ill, Dr. Thomas Bond and Benjamin Franklin, took in "lunaticks, or persons distemper'd in Mind" when they founded Philadelphia Hospital in 1751. Royal Governor Francis Fauquier successfully pushed for a hospital devoted to lunatics alone; the Eastern Lunatic Asylum was founded in Williamsburg, Virginia in 1772.³³

Though groundbreaking, these institutions were few and far between. Much of America's groundswell of interest in the insane began shortly after the idea of moral therapy took hold. During this period of change, reformer Dorothea Lynde Dix began her life's work. Born into a dysfunctional family in 1802, Dix left home at twelve to live with her grandmother. She started a school for children when she was fourteen and achieved a high reputation for teaching by the age of nineteen. After closing her school due to ill health, she resumed teaching several years later but had to quit again for the same reason. After Dix inherited money from her grandmother, she no longer had to teach for a living.

³³ "History of Pennsylvania Hospital," <http://www.uphs.upenn.edu/paharc/timeline/1801/tline13.html> (accessed 5 April 2011) and Lynn Gramwell and Nancy Tomes, 20.

Dix began to pursue prison reform around 1841 and took on a Sunday school class for twenty female prisoners. This work with prisoners gave Dix an insight into the physical conditions at prisons. As she learned more about the prison system, she was horrified to discover that insane people were crowded in with dangerous criminals. Dix was so appalled that she defied the normal restrictions on both her class and gender to make private investigations into Massachusetts prisons.

Dix fought passionately to better conditions for both prisoners and the imprisoned insane but began to concentrate mainly on the plight of the imprisoned insane. She presented her findings to the Massachusetts legislature and, later, to many other state lawmakers as she broadened her scope of activity. She usually made her findings public, which often forced lawmakers, through public opinion, to accommodate her demands. Beginning in the 1840s, Dix traveled across the country to advocate for the insane, typically combining horrific accounts of abuse with pleas for compassion. The Civil War diverted Dix temporarily. Secretary of War, Simon Cameron, appointed her Superintendent of Women Nurses, and Dix spent the next few years organizing women to help nurse the Union wounded. After the war, however, Dix continued her battle to relieve the misery of the insane. By the time she died in 1887, Dix could take credit for establishing or enlarging at least thirty-two asylums for the insane.

Medical theory, public opinion, and community necessity began to merge into a solid movement as moral therapy became the treatment of choice among alienists. Enlightened medical men believed that insanity could be cured if treated soon enough, and almost everyone agreed that the insane were better off in asylums—which at that time really meant a place of sanctuary and respite.

State and city-supported insane asylums spread from coast to coast, with the more densely populated Northeast containing more institutions than any other region. Experts acknowledged that insanity was more prevalent in the Northeast.³⁴ The stress of civilization counted as one factor for this situation, along with the increasing urbanization of the region. Other causes included luxurious living, the cultivation of the arts, and an influx of immigration into the area. Doctors generally believed that rural areas had less of a problem with insanity, due in part to their populations' closer bond with nature.

Insane asylums were generally run by superintendent-physicians, though a variety of boards, commissions, or committees tried to provide additional oversight. However, superintendents were the acknowledged experts in mental care and seldom met resistance from overseers; they held almost unchecked authority within their institutions. Many superintendents developed reputations for arrogance and superiority, becoming so convinced of their rightness that they endorsed bizarre treatments based on pet theories.

Dr. Thomas Dent of the asylum on Ward's Island, New York, believed strongly in the effectiveness of water cures. He did not approve of the surprise bath in which a blindfolded patient was led across a room and then suddenly plunged into cold water, but his own methods were just as extreme. An eighteen-year-old girl admitted to his hospital was first given an enema, then had her stomach irrigated with warm water. Since she refused to eat after that ordeal, attendants force-fed her a sort of beef broth through a stomach tube—itsself a traumatizing experience.

Dent described the girl as extremely agitated and wildly excited, so he ordered a warm wet pack: sheets saturated with warm water which were wrapped around her. The sheets were

³⁴ Many also averred that it was highest in the U.S. because of the country's high degree of freedom and competitiveness.

covered “snugly” with several woolen blankets. Attendants placed an ice-cap on her head and a hot water bottle on her feet. After about three hours she was freed from the pack and given an alcohol bath and a light massage. For the first week of her stay at the hospital, this girl received the three-hour wet pack treatment twice a day. Dent observed that “the results I have obtained [through therapeutic water treatments] have been most gratifying.”³⁵

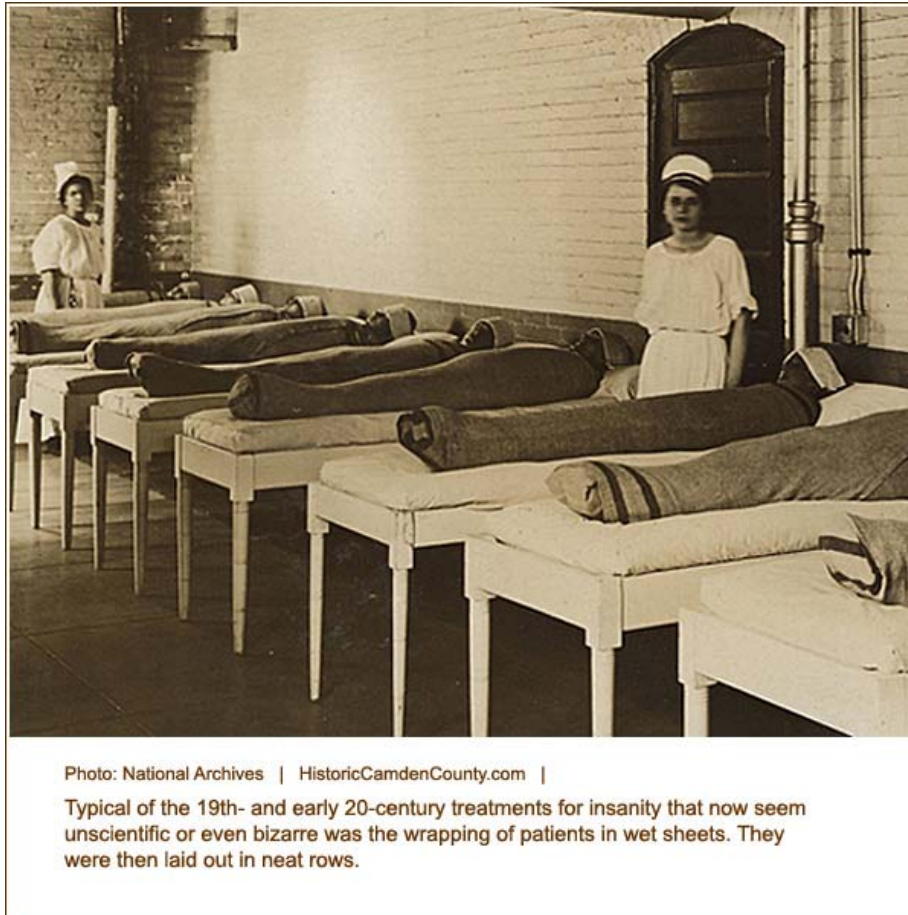


Photo: National Archives | HistoricCamdenCounty.com |
Typical of the 19th- and early 20-century treatments for insanity that now seem unscientific or even bizarre was the wrapping of patients in wet sheets. They were then laid out in neat rows.

Figure 2. Water treatment. *Source:* HistoricCamdenCounty.com

Superintendents coupled their desire to experiment on patients with resentment toward any questioning of their authority or knowledge. Kirkbride referred to this stance as the “one-man rule” upon which a successful asylum depended. A superintendent’s need for absolute control is

³⁵ Emmet C. Dent, “Hydriatic Procedures as an Adjunct in the Treatment of Insanity,” *American Journal of Insanity* 59, no. 1 (July, 1902), 94-95, 100.

evident in Dr. Isaac Ray's reaction to a proposed law that would allow patients the freedom to write letters to whomever they wanted.³⁶ Ray angrily boiled down the law to a matter of the public "trusting doctors to do things right," or of "we [the public] know better how to manage these things than you with all your long experiences."³⁷

Despite the benevolent roots of moral therapy and the great optimism generated by superintendents, controversy about the quality of asylum care began almost immediately. Early asylums committed to moral treatment were initially a great improvement over the purely custodial care patients previously received. A reporter visiting the New York City Lunatic Asylum on Blackwell's Island in 1859 remarked on its cleanliness and comfort compared to its previous filthy conditions.³⁸ Thirty years later, the picture was not as rosy.

In 1887, the *New York World's* editor concocted a journalistic stunt that called for a young female reporter, Nellie Bly, to pose as an insane woman so she could be committed to an asylum. She practiced "insane gestures" and claimed she had amnesia, fooling everyone who examined her. After being declared definitely insane by several doctors, Bly was sent to Blackwell's Island Lunatic Asylum.

Her first supper consisted of a piece of bread and five prunes. As she continued there, Bly was given spoiled beef, hard bread (once she found a spider in her slice), and dirty water for sustenance. Patients sat in the cold for hours at a time while rats ran loose around them. Dangerous patients were tied together with rope and all patients were mistreated by uncaring and callous staff.

Nellie's days were spent sitting on a cold bench. She wrote:

³⁶ Ray is the sadistic doctor mentioned by Hunt in his memoir. This freedom to write letters was one of many "Packard Laws" that Elizabeth Packard managed to push through various state legislations.

³⁷ Gerald N. Grob, *Mental Institutions in American: Social Policy to 1875* (New York: The Free Press, 1973), 268.

³⁸ Gamwell and Tomes, 60.

I was never so tired as I grew sitting on those benches. Several of the patients would sit on one foot or sideways to make a change, but they were always reprov'd and told to sit up straight. If they talked they were scolded and told to shut up; if they wanted to walk around in order to take the stiffness out of them, they were told to sit down and be still. What, excepting torture, would produce insanity quicker than this treatment?"

The newspaper's attorney, Peter A. Hendricks, posed as a family friend to obtain Bly's release after she had spent ten days in the asylum. She immediately wrote an expose about her experience in the *New York World*, prompting a New York grand jury to launch an investigation.³⁹

In 1867, Sara Halverson tried to escape from the New York State Lunatic Asylum in Utica. For this, she was restrained in the 15 to 30 inch-high Utica crib. Eventually, she was kept in the crib most of the time. The note for June 1, 1873 in her record reads: "Noisy as ever-lower limbs flexed so that knees are drawn up to the chin. Crawls about on buttocks feet & hands-fierce & noisy." The entries for June 1874 and March 1875 are "No change." A note in her file from March 1876 says "Can't walk, but is much quieter."⁴⁰

In the year Halverson lost the use of her limbs, Kirkbride proclaimed that restraints were no longer used in asylums except in rare instances.⁴¹ A British alienist, John Charles Bucknill, visited several U.S. asylums in 1876 and found that many (such as Kirkbride's) were conducted with compassion and kindness toward patients. In others he saw hunger, dirt, indifference, and in his opinion, too many mechanical restraints. This use of restraints was one issue dividing American and European care for the insane, with restraint much more prevalent in U.S. asylums.

³⁹ Nellie Bly, *Ten Days in a Mad-House* (New York: Ian L. Munro, 1887), n.p. Chapter X, My First Supper, Chapter XII, Promenading With Lunatics, Chapter XIII, Choking and Beating Patients. <http://digital.library.upenn.edu/women/bly/madhouse/madhouse.html> (accessed 24 November 2010).

⁴⁰ Luther Granquist, "Utica Cribs Were an Early, Cruel Form of Confinement" (http://www.mnddc.org/past/access_press/Access_Press_03-10.pdf, March 10, 2010). Accessed August 18, 2011.

⁴¹ "Reports of Hospitals for Insane," *American Journal of the Medical Sciences* 143 (July 1876): 254-258.

A superintendent's medical and social background strongly influenced how he ran his asylum. Unfortunately, American medical schools lagged far behind European ones. Medical training in the United States at the beginning of 1850 came through three distinctly separate routes. Aspiring doctors could become apprentices to practicing doctors and learn through hands-on training. Alternately, they could attend one of dozens of proprietary schools which had no admission standards and were typically owned by doctors who made a profit from student fees. Instructors and other staff were paid by these fees, and no one had an incentive to fail students, no matter how poorly they performed. These physician-owned schools operated through the first decades of the twentieth century, acting mainly as diploma mills.

The most advanced training came from medical schools with a sanctioned course of study, which usually consisted of a couple of terms of lectures. Students didn't examine patients, perform autopsies, or use laboratories. Dr. Benjamin Earle recalled later in his career that when he attended his first course of lectures at the University of Louisville in 1868-1869, not 10 out of 230 matriculates had ever seen a hypodermic syringe. None of the students had even heard of a fever thermometer, and a stethoscope was a "curiosity." Ignorance was not unique to Kentucky. In 1869, Harvard's professor of surgery, Henry Bigelow, told the school's new president, "More than half of them [Harvard's medical students] can barely write."⁴²

Students did not take any courses in mental disease, so alienists developed their own theories and treatments through independent study or reading. They often turned to European texts and research, but nothing stopped American alienists from following their own instincts. Anyone, including laypeople, could develop and peddle a drug. Quack medicines were extremely

⁴² W. Porter Mayo, *Medicine in the Athens of the West* (n.p.: McClanahan Publishing House for Fayette County Medical Society, Lexington, Kentucky, 1999): 233 and John M. Barry, *The Great Influenza* (New York: Viking, 2004), 33.

popular, and few studies existed to put the brakes on the enthusiastic use of alcohol and narcotics in medicine.

Doctors dosed their patients with opium, morphine, and laudanum, salts and bromides of mercury, arsenic, and antimony, and bled them during acute mania. Dr. Ray Butler urged his fellow superintendents to use ether for its ability to calm patients during frenzied ravings or in anticipation of unpleasant procedures like putting in stomach tubes for force feeding.⁴³ Water and static electricity therapies made their appearance later in the century, but a good purging of the bowels seemed to be a constant first-tier approach to almost any condition or problem during the whole half-century under study.

Southern Appalachian physicians were as open to experimentation as Northeasterners. When a Maryland physician tried in 1856 to revive a six-year-old girl who had passed out after she swallowed alcohol, he began to whip, pinch, prick, scratch her cornea, and pour water into her mouth to make her vomit. When she didn't respond, he sent for colleagues who helped him pour a stream of cold water over her head continuously for an hour and a half. That didn't work, either, so he and his colleagues blistered the little girl, injected acetate of ammonia into her stomach, gave her a turpentine enema, and forced calomel (a mercury compound), castor oil, and beef broth into her mouth. According to the doctors, the little girl died 83 hours after "ingesting the poison"—meaning the alcohol.⁴⁴

Another patient's ordeal began (in 1852) during a visit to a Kentucky family. When the 20-year-old girl became ill, the doctor diagnosed her with influenza and began bleeding and purging her with calomel. Over the next few days she developed chills, and the doctor gave her quinine, more calomel, ipecac to induce vomiting, and then bled and blistered her. After thirteen days, the

⁴³ Ray Butler, "Etherization in the Treatment of Insanity," *American Journal of Insanity* Vol. 11, no. 2 (October, 1854), 164-166.

⁴⁴ Steven Stowe, *Doctoring in the South* (Chapel Hill: University of North Carolina Press, 2004), 158, 160-161.

young lady developed hysteria and deteriorated until she finally died after twenty-one days of treatment.⁴⁵

Asylum doctors in all parts of the country frequently received patients who were both physically and mentally ill. They used relatively mild tools to promote mental health—rest, relaxation, amusement, and light work—but they were ready to fight physical symptoms tooth and nail. An old medical adage in the South was: “If you don’t know what’s the matter—purge.”⁴⁶ That advice was followed religiously in cases of insanity.

Alienists almost universally considered purging the bowels beneficial, and mercurial preparations were their laxatives of choice. In cases of “high mental excitement,” these mental health specialists urged vomiting to promote quiet and rest. Dr. John Allen, superintendent of the Kentucky Eastern Lunatic Asylum, wrote that he was especially fond of promoting bowel movement and vomiting “in preparation for a subsequent course of narcotics or tonics.”⁴⁷

Alienists used warm and cold baths to quiet patients, though even the comfortable warm bath usually included an ice pack on the head or cold water poured over the head from a height. Early alienists favored opium and morphine to quiet patients. Allen noted in all innocence that a developing tolerance to the medicine would allow symptoms to erupt again so that an increased dose was necessary. He described what he called warfare between narcotic remedies and mental disease: “As the remedy was withdrawn the disease advanced; as it was pushed the disease receded, until its last hiding place seemed to be occupied by the remedial forces.”⁴⁸

Alienists showed a surprising callousness toward the physical discomfort of their treatments. Purging and vomiting were both unpleasant, as was a sudden plunge into a cold “surprise” bath,

⁴⁵ John H. Ellis, *Medicine in Kentucky* (Lexington: University Press of Kentucky, 1977): 31.

⁴⁶ Samuel Joseph Platt and Mary Louise Ogden, *Medical Men and Institutions of Knox County Tennessee 1789-1957* (Knoxville: n.p., 1969): 401

⁴⁷ Allen, 276.

⁴⁸ Allen, 281.

which “nothing was equal to” as a means of positive punishment, according to Allen. In 1884, Dr. Joseph Rogers recommended emptying the lower intestines with ninety-degree water “in gallon portions if necessary, repeated incessantly till successful,” before administering narcotics. Cuffs, straitjackets, solitary confinement, and the Utica crib were all used much more frequently than asylum superintendents liked to admit.⁴⁹

Though Appalachian alienists drew largely on Northeastern ideas, regional differences sometimes created a buffer between the population and alienists. Much of southern Appalachia lacked good roads and access to large cities; the population depended more on themselves, local herbalists, and general practitioners for their medical care. General practitioners had to become familiar with some forms of mental illness, and they particularly recognized hysteria in women. They had no access to cutting-edge treatments, however, and could carry only basic medicines as they traveled on horseback to patients. They approached mental illness as practically as possible. Dr. Richard Quinn’s “cure for Hysterricks” was refreshingly simple: “the poplar Root bark off the northside of the tree dried and powdered – Give what will lay on the point of a case knife in water as a tonic.”⁵⁰

A North Carolina doctor who visited 23-year-old Sudie May Littlefield encountered a series of vague, complex symptoms that had gone on for years. He decided that she was suffering from hysteria, but neither he nor the patient could consider treatment through an alienist. Littlefield eventually declared she was dying, and gathered her family around her death bed to wait for the end. Called in by a family member who described her case as “the hippo” (the mountain term for

⁴⁹ Two additional articles: “Observations on the Medical Treatment of Insanity” by Samuel B. Woodward and “Report on the Medical Treatment of Insanity, and the Diseases Most Frequently Accompanying It” by James Bates in the *American Journal of Insanity* (July and October, 1850, respectively) discuss the same measures Allen uses in much the same vein.

⁵⁰ Robert Quinn, b. 1787, d. in Scott Co., KY 1870, page in Quinn’s notes found in Kentucky Historical Society folder: Medicine, Folk.

hysteria), the doctor found Littlefield lying on her back, unspeaking, and hiccupping nonstop. The doctor ascertained that Littlefield's pulse and heartbeat were normal. He then went to the back porch, got a bucket filled with water and ice, and dashed it over her bare chest to effect a quick cure.⁵¹

Though hysteria was common enough to be feigned at times, real mental anguish also existed. A Virginia woman named Ann wrote to her mother after the death of her little girl, saying, "I think I would rather die than to live for I feel no interest about nothing but I know it is wrong for me to feel so . . . oh Mother no tongue can describe my feelings at times when I think of her sufferings and how patient she was it almost makes me disracted [sic] I never expect to see any more peace in this world."

Ann ended her letter by saying that she almost wished the time had come for her to leave the world, but added, "Give my love to Brenda and tell she and her family must be sertain to come to the funerel and ask her please to send me some cucumbers Friday for dinner Sunday if she has them to spare."⁵²

Ann seemed to rally at the thought of her family obligations and could at least articulate her feelings to a sympathetic ear. Other women (or men) may not have been so lucky and spiraled downward into full-blown depression. E.R. Crawford of Cove, Wythe County, Virginia wrote about a student attending Emory & Henry College. "He became reckless, saying he did not believe there was any God or any future, and left college for Abingdon two weeks before the session ended," Crawford said. During a walk with his aunt in his hometown, the young man told

⁵¹ Benjamin Earle Washburn, *A Country Doctor in the South Mountains* (Spindale, NC: The Spindale Press, 1955): 82.

⁵² Letter from Daughter Ann to her mother, no date, Martha L. Johnson Papers, 1821-1882, Ms 2001-065, Box 1 Folder 2, Special Collections, University Libraries, Virginia Polytechnic and State University.

his aunt “to listen and she would hear something and immediately shot himself in the forehead.”⁵³

Many of Southern Appalachia’s families were spread out among mountainous, isolated areas served by general practitioners on horseback. Rural families seldom had easy access to medical care and sought it mainly for physical emergencies. Nevertheless, state leaders recognized that insane members of the population created problems that families could not always handle on their own. Each state in Appalachia had one or more asylums that generated great interest among its people.

Southwestern Lunatic Asylum

In 1773, Virginia opened the first hospital solely for the care of mental patients in the United States, “the Publick Hospital for “idiots, lunatics, and persons of unsound mind.” By 1883, crowded conditions in the state’s three asylums prompted the legislature to create a fourth institution, Southwestern Lunatic Asylum. The General Assembly of Virginia appointed a commission to select a location and accepted their recommendation on August 26, 1884. A nine-member board of directors appointed by the governor managed the asylum, though a five-member executive committee could direct the asylum’s business in all matters except appropriations.

The executive committee met March 24, 1887, to authorize purchases for the wards, hire employees, and tend to other business in readiness for the asylum’s opening. Among other items, the members authorized the purchase of four hundred apple trees, twenty dollars worth of grape vines, and a subscription to the *American Journal of Insanity*. Their own pay was four dollars a

⁵³ Letter from E. R. Crawford to Mrs. Johnson, June 29, 1868, Martha L. Johnson Papers, 1821-1882, Ms 2001-065, Box 1 Folder 2.

day and ten cents a mile for travel (when convened), plus one hundred dollars yearly; that of a farmer was seventy-five cents a day and no board.⁵⁴ The executive board also elected Dr. Harvey Black, who died nineteen months later, as the asylum's first superintendent.

Black was born the second of twelve children in Montgomery County, Virginia on August 27, 1827. He taught school at eighteen, and studied medicine under Dr. McNutt (?) and afterward with Dr. Edi(s)? of Christianburgh. He joined the army in 1847 and served as hospital steward during the Mexican War. Black attended the University of Virginia as a medical student in 1848 and after one session, received his medical diploma in 1849 when he was twenty-two. He became a well-respected doctor but left his practice in Blacksburg, Virginia to serve as a surgeon with the Confederate army. Black was attached to the Stonewall Brigade before his appointment as surgeon-in-charge of the field hospitals of the Second Confederate Army Corps.

Black returned to private practice after the war and was elected president of the Medical Society of Virginia in 1872. He worked at the state's Eastern Lunatic Asylum for six years, then served as a county delegate to the Virginia House of Delegates. When the Southwestern Lunatic Asylum opened, his name inevitably came to mind. Citizens of Wythe County, where the asylum was located, petitioned for Black's appointment even though he still resided in Montgomery County.⁵⁵

A building committee had overseen plans for a facility that would accommodate two hundred patients, but it was plain even that first year that the asylum would need to expand. Dr. Black accepted the asylum's first two patients on May 17, 1887, and quickly admitted 160

⁵⁴ Minutes of Executive Committee of Southwestern Lunatic Asylum, Marion, Virginia 1887-1900, p 1, 2, 42, 43.

⁵⁵ Petition (no date) attached to a number of letters dated December, 1888, Papers of the Black, Kent, and Apperson Families, ms 74-003, Box 2 Folder 6. Information about Black's early life comes from a handwritten "Sketch of the Life of Dr. Harvey Black," Papers of the Black, Kent, and Apperson Families, Box 2 Folder 8, and an obituary in the *Virginia Medical Monthly* (1888): 604-605.

additional patients within five months of the asylum's opening. Discharges and deaths brought the number down to 139 in residence by the end of fiscal year 1887.

Most of the asylum's first patients came from the overflow which had been waiting for admission to Virginia's other asylums; various asylum lists showed that one hundred three applicants were still waiting on admission. The building committee had exercised considerable foresight by deciding to use an upper floor for wards instead of employee quarters and to put the employee quarters in the laundry room still under construction. It squeezed an additional sixty patient beds from the facility this way, thus delaying the looming requirement for more space. If Southwestern Lunatic Asylum received all the currently waiting patients, however, it would be at capacity very quickly despite the additional beds.

Faced with overcrowding, Virginia's three other asylums had admitted patients with acute mania—insanity of relatively short duration that alienists thought could be cured. Consequently, Southwestern Lunatic Asylum picked up a large number of the state's chronic insane. Dr. Black stated that he had accepted everyone who had applied for admission except for idiots and epileptics. He made the distinction because epileptics were difficult and time-consuming patients who could easily dominate staff time and deny beds to more curable cases.

Black did not want to fill the asylum with chronic patients and made a strong case for trying to cure patients and return them to their homes, or at least train them so that their labor could go towards their support. "Better pay \$25 a month for six or twelve months and have a patient restored than half that sum a month for a lifetime," Black warned in his first report on the asylum. He asked for enough money for three things: good food, comfortable clothing, and a sufficient number of efficient ward attendants. He had already purchased superior bedding for his

patients, a piano, a Kimball organ and other musical instruments, and had assembled a good library that included forty-six newspapers and periodicals donated by their publishers.⁵⁶

By the time Southwestern Lunatic Asylum opened in 1887, reformers had managed to toughen laws so that suspected lunatics enjoyed some sort of due process prior to involuntary commitment. Whether laws actually protected them is problematic. Mr. P. H. Crawford of Montgomery County, Virginia, brought lunacy proceedings against his sister, Mary Crawford, in 1892. Upon information given by a physician, the local justice of the peace, G. W. Bodell, gave a warrant to Sheriff Sam Burnett to bring Mary Crawford to him in Blacksburg for examination on April 20, 1892.

Dr. William F. Henderson had attended Mary Crawford about the middle of February, and found her suffering from nervousness following an attack of influenza. On April 20, when she appeared before the justice of the peace, Henderson examined her again and pronounced her a lunatic and “a proper person to be taken charge of and detained under care and treatment.” He based his diagnosis on the following grounds: “entire (?) change of mind aversion to relatives and friends & restless disposition, melancholia.”

Three justices of the peace (G. W. Bodell, John D. Houston, and Charles Gardner) took Henderson’s deposition:

“Do you know Miss Crawford?” *I do.*

“How long since indications of insanity appeared?” *About Two and a half months.*

“What are the indications?” *Change of character, aversion to relatives & friends, restless disposition.*

“Does the disease appear to increase?” *It does.*

⁵⁶ Annual Report of the Southwestern Lunatic Asylum for the Fiscal Year Ending Sept. 30, 1887 (Richmond: A. R. Micou, Superintendent of Public Printing), 1-24. Papers of the Black, Kent, and Apperson Families, Ms 74-003, Box 2 Folder 7.

“Are there periodic exacerbations, any lucid intervals and of what duration?” *No marked exacerbations, no genuine lucid intervals.*

“Is her derangement evinced on one or several subjects?” *No special subjects.*

“What is the supposed cause of her disease?” *Nervous prostration as a sequel to La Grippe.*

“What change is there in her bodily condition since the attack?” *No marked change.*

“Has she any bodily disease from suppression of evacuations eruptions sores injuries or the like, & what is its history?” *None.*

“What curative means have been pursued, their effect & especially if depleting remedies & to what extent have they been used?” *Tonic treatment with nervines no depleting remedies have been used.*

“Present condition of bodily health?” *Only fair.*

“Epileptic, paralytic or addicted to masturbation?” *No.*

Mary’s brother, P. H. Crawford, was the second witness the justices of the peace questioned.

“What is her age?” *56 born in Roanoke County.*

“Is she married?” *She is not.*

“What is her (?) profess(?)y?” *She has none.*

“How many attacks has she had?” *One.*

“What is the duration of this attack?” *Bout three months.*

“Has she been noisy or quarrelsome or (?)?” *She has not.*

“Are any of her parents (?) or grand parents blood relatives?” *They are not.*

“Has she shod any violence to her self or any one else?” *She has not.*

“Has there been any restraint put upon her?” *There has not been.*

“Has she any connexion that ? insane?” *She had a sister.*

On the basis of this testimony, Mary Crawford was admitted to Southwestern Lunatic Asylum that same day.⁵⁷

It did not take much to send a person to an asylum, and those who entered without a strong advocate who actually wanted them out and home again could stay a long time.⁵⁸ Physician notes could become desultory, though notes were generally more complete for women. Some patients may have simply been more interesting, since many notes on females also became routine jottings. A woman named Mary Crawford (not the same woman mentioned earlier) who was a patient in 1888, showed “little change” in the monthly remarks on her condition. She began to be sullen and morose in November of that year, but no further remarks were made until March, 1889. She was then a little better and working in the laundry, but had returned to indolence in the next entry, made in July.

Every two or three months doctors remarked little change and noted that Crawford’s health was fair to good. On September 30, 1890, the doctor wrote that she had begun to get sick about a week earlier; now she was emaciated, expectorated profusely, and had a poor appetite. As a treatment, the staff gave her cod liver oil and whiskey punch, and she died October 10, 1890.⁵⁹

In contrast, notes were more detailed for seventeen-year-old Kate S. Beasley, who had been insane a little over two years before she was admitted June 16, 1887. She was a house servant with no property, and the cause of her insanity was supposed to be the “suppression of menses.” Her health was good except for this problem, though she intermittently complained of headaches and pains in her stomach and “was troubled about bumps on her face.” Doctors dosed Beasley

⁵⁷ Depositions and asylum admission note, Records of Southwestern State Hospital 1887-1948, acc. No. 23890, Library of Virginia, Richmond, Virginia.

⁵⁸ By 1892, an order for an inmate’s coffin and burial expenses showed that it cost ten dollars for the hearse hire, coffin, and minister, and two and a half dollars to dig a grave. Executive Committee minutes, January 6, 1892, Records of Southwestern State Hospital Executive Committee, 1887-1900, pgs. 175-176, acc. No. 23890, Library of Virginia, Richmond, Virginia.

⁵⁹ Information taken from Case Book, Female, Vol.2 p. 232, 452. Records of Southwestern State Hospital.

with magnesia sulphite and applied turpentine two or three times a day to the abdomen and back. When attendants notified them in July that Beasley did not want to take walks, Dr. Black and an assistant examined her; they found her vagina so tender and irritated that they had to stop the examination. They gave her vaginal suppositories containing opium and belladonna, which appeared to help.

Beasley's vagina continued to trouble her, and doctors added hot vaginal washes and a solution of acetate delivered through a syringe to alleviate her distress. Examinations were still painful for her, and in September they examined her under chloroform. At this point she told them she had been operated on at the almshouse; the doctors saw some evidence of it and thought that perhaps the doctor had severed the sphincter(?) vagina. Beasley's conduct became worse after this examination, and attendants gave her a *shower bath*, which she fought tooth and nail. She then became quieter and quarreled less, though she had an epileptic fit—the first one in two months, and several more over the course of the next few days.

Only conjecture about Beasley's condition before admittance is possible, since the sole symptom of insanity noted at admission in the patient casebook was "a disposition to violence at times." (There were evidently separate admitting papers which may have contained more specific information.) However, a young girl who displayed problematic symptoms beginning at age fifteen, stopped or never started menstruation, and whose vagina was so tender she didn't want to walk, opens up speculation about what might have happened to her during her tenure as a house servant. Had she been seduced or raped? Why had she had a botched operation in the almshouse at such a young age? The medical staff at the asylum did not seem curious.

Beasley's continuing record shows little relief. She received bromides (and eventually Borax) for her epileptic fits; the former gave her disfiguring bromide eruptions. Physician notes

over the next few years show a round of epileptic fits, and periods of relative freedom from them; she displayed a pattern of quarrelsomeness before the fits and dullness afterward. Bromides were given “freely” to keep her epilepsy under control, and generally, she responded well and began to do some work in the asylum. She gained flesh, but complained often of headaches and other discomforts such as uterine trouble. Though staff continued to note her convulsions and fits regularly, by the end of 1892, the medical note stated that “she is large, strong & fleshy. –Complains a great deal, but most of her suffering is either feigned or imaginary.”⁶⁰

The first admissions to the asylum in 1887 probably indicate a pent-up need for some families to get help for an ailing member. Katie Galligher, 22, had been having epileptic fits for the previous ten years. At the time of admittance she had spells (likely after an epileptic fit) where she did not know her family or rambled incoherently, though she was rational at other times. Doctors at the asylum recommended good nourishment, and after she had been there a few days, extracted three teeth that were causing pain. Galligher “bore it bravely,” but had two epileptic fits that night from the shock. Doctors dosed her with bromides, iron, quinine, and valerian over the next few days and noted improvement.

Within a couple of months of her admission, Galligher became wild and excited, disposed to be violent to her attendants, and maniacal in her speech. She also continued to have convulsions and alternate between irritability and stupor, and “quarrels much about not hearing from home folks.” By October, Galligher seemed to settle down and was relatively free from epileptic fits, though “she cried a good deal.” Her health improved and she began to work in the dining room. The few fits she had did not produce the previous mania, but she, too, began to suffer from

⁶⁰ Information taken from Case Book, Female, Vol.1 p. 30, 95, 199 and Vol. 2 p. 107, 255, 419. Records of Southwestern State Hospital.

bromide eruptions. Galligher's father visited her in September, 1888, which pleased her. Staff noted that she was a good worker and a good patient.

Unfortunately, Galligher began to have more fits and needed her bromide dosage increased. In 1889, notes indicated that she was often dull and had declined mentally. Ironically, the writer attributed that condition to the bromides, since she became brighter when they were suspended. The young girl's life undoubtedly continued in much the same way, with few visits from a family relieved to be free of responsibility for her.⁶¹

Mrs. S. A. Ginslay presents a less problematic situation. She probably got on her exasperated son's nerves to the point that he shipped her out for a little peace and quiet. Ginslay's symptoms of insanity were: "She has done nothing for [the] past 10 or 15 years, but sit and deplore her condition & with a looking glass in one hand & a brush in the other primping and powdering her face."

This widow, now fifty-five, had been insane about fifteen years as a result of losing her property and her beauty. At the asylum, Ginslay wanted to do little but "stay in bed until nine or ten o'clock in the morning." During her two-and-a-half year stay, Ginslay complained constantly but ate and slept fairly well. She received a bromide for her nervousness and a "little toddy" in the morning, along with steady persuasion to take walks and engage in gentle activities. Ginslay gradually improved, though she occasionally claimed to "catch cold" and take to her bed. (She seems to have received a bromide mixture and whiskey to aid in recovery.)

Ginslay frequently took to her bed with aches and pains and neuralgia, and the staff's frustration is evident in the December 18, 1887, entry when the writer noted: "she has actually been induced to sew a little on her new dress, on finding out that it would not be made without her help." Later in the month, the same writer said that "she does love her ease and her bed."

⁶¹ Information taken from Case Book, Female, Vol.1 p.5, 79, 230, 447. Records of Southwestern State Hospital.

Ginslay did come down with some sort of genuine vaginal infection, for which she resisted treatment until her discomfort forced her to accept vaginal washes of sugar of lead solution, along with cotton tampons saturated with carbolized glycerine for relief. A month later, Ginslay's son sent for her and she "starts off today rejoicing (& at the same time grumbling) to her home on a Furlough of 30 days." She was discharged December 31, 1889.⁶²

From a distance of more than a hundred years, no one can say with accuracy whether a particular patient was insane or not. Some cases present unhappy contrasts, however, that seem to be based on factors other than insanity. Rosa Irby, who "had been betrayed by one who ought to have protected her," according to her mother, entered the asylum with severe vaginal trouble. Her doctors treated her condition with hot douches, tincture of iodine, and carbolic and glycerine tampons, and cauterized her uterus once a week.

Irby's records show that her chief symptoms of insanity appeared to be laziness, indolence, and inactivity. Three years into treatment, doctors noted that she wrote "capable" letters to her mother and had begun to take an interest in playing the guitar. Her initial diagnosis is not available, but little suggests insanity. More likely, she had become a burden to her family, though someone was caring for an eighteen-month-old daughter who may have resulted from the "betrayal" her mother referenced upon Irby's arrival at the asylum. Irby stayed at the asylum from the middle of 1887 until at least July, 1890.

In contrast, Frank Moss, 38, stayed only a little over four months at Southwestern Lunatic Asylum. According to the newspaper, Moss had "been on a long spree in eastern cities," and on his way home, had seen blood in the road and assumed someone had been killed. He went home, got a gun and a couple of friends, and went back to the mountain to find the killer. A colored mail boy [man] unfortunately stepped in front of his path. Moss jerked his gun from his shoulder,

⁶² Information taken from Case Book, Female, Vol.1 p.72, 122, 267. Records of Southwestern State Hospital.

saying, “you are the ‘d—d rascal that killed that man,” and fired his gun. The mail carrier was killed instantly. Moss was taken to the asylum, apparently by his two friends, and admitted December 9, 1887. The newspaper article concluded that “there can hardly be a doubt but that the man is totally insane.”⁶³

At the asylum, Moss told the examining doctor that he had never intended to shoot, but that the victim had started down the bank, and he had raised his gun to stop him. The gun then exploded and killed the man. In Moss’s account, he had left his wife in their carriage when he first saw the blood in the road; after seeing footsteps and marks of a struggle, he got up a posse of neighbors and went back to the scene with his rifle. His account differs substantially from the newspaper account, but he seems to have convinced the doctor of his veracity.

The doctor’s preliminary write-up said that Moss had been showing signs of mental disquiet for two or three years, “doing unusual things and talking in an erratic manner.” A successful cattle man, Moss had suffered some recent reverses and large losses that very likely factored into the case. In direct opposition to the newspaper’s account that Moss had been on a spree, the doctor said that “as far as I can ascertain, he does not, and never has been an excessive drinker of ardent spirits.”

The doctor treated Moss for a fractured nose, a throat affliction, constipation, lumbago, and a sluggish bladder. In January, Moss wrote a letter to his preacher(?) saying, “I ought to take the this view of it that my friends did what they thought best. I no doubt while out of humor said and did things that I will much regret. I am naturally very high strung anyway. I have no fear but that I will soon be at home and everything going on as (?)ly as ever.”

⁶³ Information comes from a newspaper (unidentified) clipping, “A Mail Carrier Murdered Near Burk’s Garden, in Tazewell” in the Records of Southwestern State Hospital.

He was right. The doctor evidently testified at Moss's indictment, which failed, so that "from this wrong he is saved," in the doctor's words. On April 17, 1887, he wrote that "No patient could have been more manageable than he. No man sane or insane could be more gentlemanly and courteous." Moss was discharged that day on bond.

New asylums opened with great fanfare, hope, and enthusiasm, and the staff at Southwestern Lunatic Asylum were undoubtedly anxious to help their patients if they could. Despite having a number of difficult and chronic patients, they seemed to seldom use physical restraints, though the heavy use of bromides indicates a dependency on chemical restraint (drugs for heavy sedation).

The institution staff and board appeared to be committed to a general goal of allowing patients as much freedom as possible. In January, 1892, the executive committee commented on an investigation into the death of a patient who had escaped the asylum. In the middle of December, 1891, Thomas C. Gee, a patient since May, 1888, walked off the asylum grounds and was discovered dead in Crockett Cove, Wythe County two weeks later. The committee noted that Gee had been considered harmless and reliable, and that he had had parole privileges for over two years.⁶⁴

"We much deplore this sad accident," the committee wrote, but added that asylum authorities had had every reason to believe that Gee was trustworthy. "The liberty which is thus sometimes abused, is considered absolutely necessary for the real good of many inmates, who are regarded as practically harmless and trustworthy."⁶⁵

⁶⁴ Parole privileges allowed patients the right to walk in certain areas without restrictions or accompaniment.

⁶⁵ Minutes of Executive Committee of Southwestern Lunatic Asylum, Marion, Virginia 1887-1900, p175, 176.

Western North Carolina Insane Asylum

Ante-bellum, most people in the western North Carolina mountains depended primarily upon self-taught locals like granny women, midwives, and herbalists to provide medical care. Until at least after the Civil War, most professional medical men in North Carolina gained their knowledge through preceptorship, a one-on-one apprentice-style education that could take place in a clinic, home, or private medical practice. Medical apprentices learned only what their mentors knew, and perhaps supplemented this practical knowledge with personal reading. The state established a board of medical examiners in 1859 but did not include any particular education requirements.⁶⁶

Though some leaders in medicine tried to be optimistic, others recognized the poor quality of North Carolina's physicians. In a surprisingly blunt address before the Medical Society of the State of North Carolina in 1856, Dr. Edward Warren said that the state's physicians had crammed through medical schools (North Carolina had none of its own) so they could "recklessly assume the obligations imposed by this most important calling, and present themselves to the public as members and exponents of the medical profession." His opinion of these students and the medicine they later practiced was not high.⁶⁷

It is surprising that medicine drew many graduates to North Carolina. Doctors seldom earned more than \$300 annually; many supplemented their income by selling medicine or engaging part-time in another profession entirely. Also, medicine for most of the state's practitioners represented a physically demanding profession. Unless they practiced in a city, doctors were apt to spend most of their time on horseback, traveling difficult roads through harsh

⁶⁶ Ina Woestemeyer Van Noppen and John J. Van Noppen, *Western North Carolina Since the Civil War* (Boone: Appalachian Consortium Press, 1973), 103 and Dorothy Long, *Medicine in North Carolina* (Raleigh: The North Carolina Medical Society, 1972), 55.

⁶⁷ Long, 57.

weather. These country general practitioners (GP) could seldom see more than a few patients a day and often found it difficult to collect fees. Many families couldn't afford preventative medical care and sent for the doctor only for a crisis beyond their own ability to treat.

As late as 1883, nearly all of western North Carolina's doctors (206 in 1884) were general practitioners, and only twenty were members of the State Medical Society. These overworked men had neither the time nor the money to attend medical meetings or keep up with all the latest theories. Until later in the century when asylums began to drop *lunatic* or *insane* from their names, many people were too embarrassed to send their loved ones to these institutions. Because of this reluctance, most GPs did try to learn something about insanity.⁶⁸

As a profession, North Carolinian doctors did not contribute to journals, academic discussion, or research. The state medical society did not receive its first paper on mental illness until 1871; the paper concerned a five-year-old boy with "violent cerebral excitement." A later paper made a case for the existence of "momentary insanity," in which sufferers could still be fully aware of all or part of their surroundings. Because the author attributed the condition to heredity, physical diseases, harboring feelings, stress, masturbation, and petit mal epilepsy, it is hard to know what he was describing.

In 1890, Dr. I. A. Faison presented a paper concerning *hystroneurosis* to his North Carolinian colleagues. In keeping with prevailing thought among a wide group of alienists, he described the condition as the "physiologic and pathologic derangement of the uterus and ovaries producing a shock in the nervous system." His suggested treatments were nervines, tonics, sedatives, and galvanism. He suggested treating a congestive cervix—which often caused

⁶⁸ Van Noppon, 104, 109.

hysteria—by cauterizing it with carbolic acid.⁶⁹ This was not just a pet theory of Faison’s; Dr. Black also employed this treatment for some of his patients in the Southwestern Lunatic Asylum.

Given the medical climate within the state both ante- and post-bellum, its legislature was slow to fund any kind of care for the insane. Dorothea Dix had persuaded members to establish a small facility in Raleigh, which opened in 1856 and provided for 256 patients, and legislators were reluctant to expand the care. After the Civil War, “the press of returning soldiers and the stress upon a conquered land so increased the rate of mental illness” that the Raleigh facility could not cope. North Carolina’s 1865 constitution required that the state care for all its insane, blind, and deaf persons, but it chose to do so by providing payments for home care. So much fraud resulted that the state had to withdraw that program and assign care of the insane to the counties.⁷⁰

During Reconstruction, neither the medical profession nor the legislature made treating the insane much of a priority. As asylums grew in number elsewhere in the country, experts in the state began to argue that asylum care was better than county care in jails and poorhouses. Though many people were still ashamed to send family members to an asylum, public support for another institution grew until the legislature appropriated \$75,000 in 1875 for a second state asylum. In a four-city competition for the facility, Morganton won by offering the state more land and money than the others. The Raleigh and Morganton facilities mutually agreed upon a division of service that followed the western boundary line of Rockingham, Guilford, Randolph, Montgomery, and Richmond counties; this line was modified in 1886 and 1899.

⁶⁹ A congested cervix is most often associated with pregnancy, though it is obvious that most insane patients with congested cervixes weren’t pregnant. Doctors may have been on to something, though; a 1969 article, Dr. R. P. Beck, “The Pelvic Congestion Syndrome,” *Canadian Family Physician* (May, 1969), 46, discusses the psychiatric component of the condition.

⁷⁰ Karl W. Stevenson, “A Brief History of Mental Health Care in North Carolina,” *North Carolina Medical Journal* (Nov., 1965), 1-5. (Transcription without page numbers in Broughton History of Mental Health Care folder, North Carolina Room, Burke County Public Library.)

Spas and health resorts existed in western North Carolina prior to the Civil War, and one specifically known for its sulphur and iron-infused waters was only fifteen miles away from Morganton. The new facility sat on 263 acres of land with mountain views, a lovely setting to inspire recovery for patients. It also owned the entire watershed, thus insulating itself from both pollution and potential disputes with local landowners. Proponents for the asylum felt that the Morganton location, with its “balmy, life-giving air, unpolluted with any noxious vapor,” conveyed significant health benefits.⁷¹

Philadelphia architect, Samuel Sloan, designed a facility with a long central building from which four wings extended on both the right and left sides. The first two wings were three stories and the rest of the wings, two stories. The center building, four stories high, divided into two sections. The front portion housed offices on the first and second floor, and the upper two stories contained rooms for the resident superintendent and his family. The back part of the building contained the kitchen and store rooms on the bottom floors, with rooms for the servants on the upper two stories.

Alienists considered ventilation extremely important, and the Morganton facility used fans capable of changing the air every ten minutes. In a time when outhouses were commonplace, the asylum provided tiled water closets and bath rooms, with both a soil-pipe and ventilation system that prevented odors and sewer gases from escaping into adjoining rooms. The building was constructed so that every patient’s room received sunlight during some part of the day. Sloan designed the building to hold about 400 patients; it contained twenty wards divided equally

⁷¹ Col. William S. Pearson, *Morganton and Burke County, North Carolina* (Morganton: The Morganton Herald Job Print, 1891), 2 (transcript excerpt, no page numbers, in Broughton Hospital folder).

among males and females.⁷² To save money, the state released fifty convicts to a contractor for brick-building, and they turned out three million bricks at \$5.98/thousand.⁷³

The legislature intended for the asylum to be small, but immediately saw the huge need for additional services. While the asylum was still under construction, the General Assembly appropriated another \$60,000 for an additional wing. The facility opened in 1883 but expanded steadily. The governing board allowed buildings and amenities like an airing court for outside exercise and a summer house for women in 1884, a bowling alley and billiard room in 1887, a greenhouse in 1889, and a number of additional structures like a storehouse, dining room, and new patient wings as time went on. Patients worked on the grounds and built the roads winding through the asylum complex. In 1892, they also helped build a road, open to the public, between the asylum and Morganton.

In 1882, the directors of Western North Carolina Insane Asylum hired Dr. Patrick Livingston Murphy as superintendent. His salary was \$2,000 per year, and his assistant physician's was \$1,200, a good deal above the typical country doctor's yearly earnings.⁷⁴ Murphy was a born and bred North Carolinian, whose attorney father lost his estate in the Civil War. He became a schoolteacher at nineteen then attended the University of Virginia for a year in 1869 - 70. Murphy attended the University of Maryland in 1870 - 71, where he received his medical degree in 1871.

Murphy became a general practitioner in Wilmington but wasn't satisfied with the work. When he heard about the plans for North Carolina's new asylum, he positioned himself to head it

⁷² By 1887, the asylum set aside a few private rooms within the wards for paying patients; these patients could bring their own attendants.

⁷³ N. A., "The Western North Carolina Insane Asylum," *The Morganton Star*, February 22, 1889 and "Medical Institutions—Broughton Hospital," from Broughton Construction folder, North Carolina room, Burke County Public Library.

⁷⁴ Laborers building the asylum were paid from fifty cents a day to a high of three dollars a day.

by immediately applying for the assistant physician spot at the Western Virginia Asylum in Staunton. He presumably learned all he knew about treating insanity there and applied for the superintendent's position at Western North Carolina Insane Asylum when the position opened. Murphy worked as the asylum's superintendent for the next twenty-five years and died of pancreatic cancer in his rooms during a board meeting. He was buried on the grounds but was later exhumed and buried with his wife near Staunton.⁷⁵

The facility accepted its first patient (a medical doctor) March 29, 1883, but almost immediately posted a notice in the local paper concerning admissions. The announcement warned families to make sure they had approval from the superintendent before they brought family members to the asylum as patients. The law required the asylum to take 100 patients from the Raleigh facility, and Murphy stressed this obligation before any other to the community.⁷⁶

Murphy was a great believer in work therapy; he focused on keeping his patients occupied and working "close to the soil." The landscaped grounds contained a conservatory, and a florist maintained flower beds for the patients to enjoy. Patients grew crops and cared for horses, pigs, and dairy cows; citizens in the surrounding area donated seeds, plants, and animals to help pay for their relatives' care. The superintendent also drummed up subscription donations from newspapers throughout the state.

Murphy tried to do more than provide custodial care. The asylum had a bowling alley, a billiard table for men and bagatelle table for women, books, a piano, an organ, a stereopticon, and airing courts for outside exercise. Male patients played marbles and croquet, while women

⁷⁵ Jean Conyers Ervin, PhD, "Murphy, Patrick Livingston, M.D.," *Burke Country Heritage* (Morganton: Burke County Historical Society, 1981), 324, entry 501 and "Dr. P. L. Murphy," *The Morganton Star*, February 22, 1889, found in History of Broughton Hospital Folder.

⁷⁶ Information about the first years of the asylum are taken from a number of sources found in the North Carolina room at the Burke County Public Library: "Medical Institutions—Broughton Hospital, Broughton-Construction Folder; "Western N.C. Insane Asylum," *The Mountaineer*, May 12, 1883; "The History of Broughton Hospital," Broughton History Folder; "Broughton Hospital, Morganton, North Carolina 1883-1992, Dec 31, 1992, Broughton History Folder; and "Broughton: New Ideas in Treating Mentally Ill," *New-Herald Progress Edition* (May, 1964).

enjoyed occasional carriage rides. Female patients also sewed, carded wool, and made rag dolls, especially Negro women dolls. Though patients would not have performed all the labor, they helped sew more than 11,000 items and repair almost 9,000 more between 1886 and 1888. When Murphy noticed that female attendants had little opportunity for recreation, he created a reading room for them that they shared with patients. The doctors played golf on some sort of course on the grounds; in the 1900s, the asylum built a regular course that both doctors and patients used.⁷⁷

Murphy prided himself on using physical restraints as little as possible, though an 88-year-old man died while chained to the floor only a couple of months after the asylum opened.⁷⁸ Murphy apparently got his staff and the facility under control; unlike most superintendents, he had the luxury of time to do so. After an initial influx, patients did not enter the asylum in the great numbers authorities had anticipated. This bit of breathing room may have given Murphy the time to train his staff that other superintendents never received. The asylum's board of directors also took advantage of the initial slack and completed a number of projects they knew would be necessary as the facility expanded, such as constructing a bake house and dairy. They also asked for money and convicts to complete a road between the asylum and the railway station.

At the end of November, 1888, the facility housed 421 patients. In the two years covered by his 1888 report, Murphy showed that he had admitted ten males and three females between the ages of ten and twenty. All three females recovered, while only two of the males did. Except for the "60 and upward" age category, the asylum had admitted more males than females. Even though their numbers were fewer, more females recovered than males in every age category

⁷⁷ Velma Ree Turner, "A History of Recreation at Broughton Hospital: 1883-1973," (Masters of Education thesis, University of North Carolina at Greensboro, 1976), 27, and *Report of the Western N. C. Insane Asylum at Morganton, N. C.*, "Superintendent's Report" (Raleigh: Presses of Edwards & Broughton, 1889), 25.

⁷⁸ Jim Pierce, "William H. Thomas, a tragic life," *The News Herald*, March 2, 2000.

except “40 to 50 years.” Though many historians have felt that women were particularly vulnerable to commitment to asylums, they did not appear at undue risk in western North Carolina during this period.

The asylum had received 281 new patients during the time covered by Murphy’s 1888 biennial report; 94 were insane less than one year. Asylums preferred to receive patients as soon as possible after insanity manifested itself, ideally within a month or so. Insanity of less than one year still presented a reasonable hope of cure, particularly since some of those patients did fall within the ideal timeframe. Murphy’s figures show 67 patients as “recovered” for the biennial period, an admirable cure rate of 35 percent.

Cure rates were subject to fudging during this era. Superintendents were still hashing out how to create and use statistics, and most saw the necessity of manipulating statistics to their advantage. Newly opened asylums were almost always flooded with chronically insane patients, or those who had never received medical care for their conditions. Superintendents tried to differentiate these patients—who would drag down their cure rates—from the more acute insane who stood a good chance of being treated and discharged. Sometimes they concentrated their statistics on discharged patients, rating the percentage among this smaller group as cured or uncured. Almost always, they could pull up their percentage of cured patients by manipulating their accounting method.⁷⁹ Though he did not explicitly say so, Murphy based his cure rate on the number of people discharged from his total patient population divided by the number of new patients admitted for each year. Apparently no one disputed this method, and by 1892, Murphy averaged a 40 percent cure rate.⁸⁰

⁷⁹ For a discussion of early statistical methods, see Constance M. McGovern, *Masters of Madness: Social Origins of the American Psychiatric Profession* (Hanover: University Press of New England, published for University of Vermont, 1985), 5-9.

⁸⁰ “Superintendent’s Report,” 7 and N. A., “The State Hospital,” *The Morganton Herald*, Sept. 22, 1892.

Local media tended to champion their asylums, and Morganton's regional newspapers provided frequent coverage on the asylum's building projects and patient statistics. Murphy typically cared for patients at around \$187.50 per capita, though the figure varied by a few dollars from year to year. Asylum care in North Carolina in the 1880s and 1890s averaged \$167.78 per capita, a significant decrease from the \$303.73 it cost the state in 1871. The efficiencies of scale and economies of patient labor were obvious, but county care for the insane was still cheaper at an average of \$85.78.

Despite the difference in cost, legislators and the public seemed to accept that there was also a considerable difference in the quality of care, and the likelihood of a cure, between the two venues. Treatment at the asylum could well have been the difference between chronic difficulties with life and a degree of happiness for some patients. Murphy spoke of a thirteen-year-old boy who came into the asylum in 1895, diagnosed with incurable *dementia praecox* (schizophrenia).

By that time, Murphy had introduced an experimental cottage system in which a few patients lived and worked in small cottages away from the main building. The boy, referred to as J. B., came to the asylum as a hopeless case. He was assigned to one of the cottages and thrived, becoming a "strong, vigorous young fellow of 23, full of hope and energy." Though he was not released at the time of Murphy's writing (1906), the boy's health and outlook had improved tremendously.⁸¹

Murphy's cure rate of 35 to 40 percent was well above the national average of 27 percent. His mortality statistics were equally successful; they hovered around four percent at his facility, versus the more typical eight percent in other asylums.⁸² Murphy's achievement was significant, considering that many patients must have entered in ill health. In western North Carolina,

⁸¹ Dr. P. L. Murphy, "Colony Treatment of the Insane and Other Defectives," read before the meeting of the N. C. Medical Association, June, 1906, Charlotte, N. C. and printed in the *Carolina Medical Journal*.

⁸² Stevenson, 4, 7 and Pearson, 2.

country GPs despaired at the typical diet of corn pone, a few vegetables, and salt pork. The diet led to chronic dyspepsia, while sanitation failures led to hookworm, chronic diarrhea, and dysentery. Figures from the 1860 census for Burke County (the asylum's location), show that fevers and communicable diseases, which spiked dramatically in May and June, were the greatest cause of mortality for county residents. Of the 212 deaths reported, all but 19 occurred in people under fifty years of age.⁸³

Visitors between the asylum and the outside world sometimes brought in communicable diseases; a measles epidemic in 1887 caused nine deaths. When smallpox swept through the asylum in 1890, doctors set up the bowling alley to isolate and treat the patients who caught it. Morganton experienced another smallpox epidemic in 1899 so severe that asylum residents were not allowed to mix with townspeople. The facility's doctors had few medications even near the turn of the twentieth century: their go-to drugs were standbys like hyocene, hysamine, paraldehyde, morphine, iron chloride, quinine, alum, Epsom salts, stricine, magnesium sulfide, cascara, and belladonna.⁸⁴

Though medical care was far from perfect, Murphy and his wife Bettie de-stigmatized mental illness by making the asylum a social center. Murphy instituted weekly Friday dances that the patients enjoyed and the community attended. (Male attendants danced with female patients, and female attendants with male patients.) Employees and people from the community also put on plays and concerts, and Dr. and Mrs. Murphy took patients to church with them. Murphy successfully fought to change the name of the institution to "State Hospital at

⁸³ Edward W. Phifer, "Certain Aspects of Medical Practice in Ante-Bellum Burke Country," *The North Carolina Historical Review*, XXXVI, No. 1 (Jan. 1959), 42-43.

⁸⁴ N.A. "The History of Broughton Hospital," in Broughton Hospital folder, North Carolina Room, Burke County Public Library.

Morganton,” understanding that the words “insane asylum” traumatized patients before they arrived.⁸⁵

Despite his care in this respect, Murphy followed the custom of allowing curiosity-seekers to visit during specified hours. In 1886, a reporter poked about at will after checking in with the asylum’s assistant physician. He noticed a young man who had a reputation for playing the piano, and an older man who had been a commander in the Indian War. He saw another few patients in the laundry. But, he said, “Not seeing others I supposed that they were judiciously kept from the annoying gaze and conversation of a curious public.”⁸⁶

Despite bouts of disease and accidents, Murphy seems to have kept the asylum relatively free from scandal during his tenure.⁸⁷ In 1895, a male attendant beat a male patient with a leather strap, for which he was both fined and fired. A year later, five attendants were fired for drinking on the grounds. Some sort of scandal erupted in 1899, leading to new rules about separating male and female attendants. With at most 600 patients (1900), perhaps Murphy and his staff were able to give the necessary oversight to prevent the widespread abuse that sometimes cast a shadow on other facilities. Aside from a newspaper article in 2000 about 88-year-old William Thomas’s death in 1893, accounts of abuse or cruelty do not seem to exist or are not readily available.⁸⁸

Patients who died at the asylum sometimes stayed there. Some patients simply had no living relatives to claim them, but others had family either too ashamed to come forward or too far away to conveniently retrieve their remains.⁸⁹ The asylum provided burials with a minimum of pomp, though there are accounts of doctors and staff attending services. Chains fastened to brick

⁸⁵ The name changed in 1890, and changed again in 1959 to “Broughton Hospital” in honor of Governor Melville Broughton.

⁸⁶ N. A. “The Western North Carolina Insane Asylum,” *The Morganton Star*, Oct. 29, 1886.

⁸⁷ Besides epidemics, the asylum caught fire three times in 1894 and lost a substantial amount of money when the Piedmont Bank failed in 1898.

⁸⁸ N. A.. “History of Broughton Hospital.”

⁸⁹ At least 42 patients in the cemetery were from Burke County, where the asylum was located.

posts hung across rows of graves in the asylum cemetery, and an official fastened a tag marked with the patient's initials and identification number from the chain above each grave. A patient named Emily Hemphill was the first person buried in the cemetery (1883) and Pinkie Gribble (1953) the last.⁹⁰

Trans-Allegheny Lunatic Asylum

The state of Virginia authorized its third asylum in 1858, sparking immediate competition among towns hoping to secure the economic boost an asylum promised. At the time, Weston was a typical provincial town with approximately 700 residents, a few stores, and the occasional pig or cow roaming the streets. In its favor were several influential Westonites like Senator John Brannon and Delegate William Arnold, who held office in Richmond. They pushed Weston as a possible site, and then alerted the town to an upcoming selection committee visit. By the time the committee arrived, Weston residents had whitewashed their homes, mended and painted fences, repaired their streets and sidewalks, corralled their livestock, and otherwise made the town neat and tidy. Children led a parade to what their parents hoped would be the site for the new asylum, and townspeople treated the committee members like royalty.

Though Weston was small and didn't have a railroad, it did have easily accessible coal, water, stone, and timber to use as ongoing resources for any building that might be erected. Supporters declared that the town's lack of railroad access was an asset, since Weston was a little more isolated from the hustle and bustle of modern life. This could really be construed as a plus since many authorities believed the strain of modern life led to increased insanity. For whatever reasons or influences that came into play, the committee selected Weston, and authorities acquired 269 acres of land for a little under \$10,000. The state intended its new asylum to house

⁹⁰ Kevin Ellis, "Broughton Dead Rest in Anonymity," *The News Herald*, April 22, 1991.

no more than 250 patients and brought in asylum expert Thomas Kirkbride to work with architect Richard Snowden Andrews in designing the building.

Though Weston's residents benefited from the massive construction project, the asylum was beset by problems during its first few years. Work began in 1859, using convict labor to clear the land. A few months later, eight Negro convicts escaped the site. Apparently a white man had told them how to reach the Ohio River and freedom, but the men lost their way in the dark and rain and were recaptured. Subsequently, workers erected a blockhouse for convicts on the site.

In 1861, with the asylum still incomplete, Virginia seceded from the Union. Its government stopped construction and demanded that \$27,000 in allotted money (gold held in a bank in Weston) go back to Richmond. Citizens loyal to the Union met in Wheeling to organize a new government separate from Richmond. One of Weston's delegates knew that the money was in danger of escaping Union hands. He immediately advised Unionist Virginia's new governor, Francis Pierpont, to get hold of it before the Confederates did. Pierpont asked a Weston resident, John List, to claim the money, but List thought it best to ask General George McClellan for help.

McClellan acted immediately. The general ordered Colonel E. B. Tyler to reroute his men from Clarksburg, telling Tyler: "Get your troops to Weston, Lewis County, at once. Confiscate all the gold in the Weston bank, by force if necessary. Ship it to Governor Pierpont at Wheeling. Hurrah for New Virginia!"

Tyler's men hustled to Weston and marched into town playing "The Star Spangled Banner" on June 30, 1861. The cashier at Exchange Bank was a Union supporter who gave the soldiers who entered the bank 27 bags holding \$1,000 each. The troops set up camp at the asylum's construction site then took the money to Clarksburg in a hearse and loaded it onto a train to Wheeling.

The government of Restored Virginia may have outmaneuvered the rebels on that issue, but the rebels still managed to hurt the asylum. Work continued throughout the war, but rebels raided the site several times. They stole tools, burned lumber, and caused expensive disruptions to the work; authorities even had to increase pay to keep wary men on-site. Armies from both sides foraged in the area and took asylum supplies, further depleting its assets. The asylum was nearly ready to open in 1863, when Confederates raced into town, robbing businesses and citizens alike. They also destroyed one of the asylum's wards and took all the new blankets it had just acquired. The asylum bought new blankets, but rebels stole them from the train carrying them to Weston. The asylum borrowed blankets from Weston's citizens when it finally accepted its first nine patients in 1864, though a third shipment of blankets finally arrived at the end of the war.

Restored Virginia became West Virginia in 1863, and the new state renamed its asylum West Virginia Hospital for the Insane. The asylum's original troubles were only amplified by the situation between the two Virginias. West Virginia had to pay war reparations to Virginia, including the \$27,000 snatched from the Exchange Bank, plus the original money Virginia had appropriated for the asylum. Virginia sent some of the patients who had been housed in its Staunton and Williamsburg facilities to Weston and charged West Virginia \$23,000 for maintaining them from the time of its statehood (June 20, 1863) to January 1, 1866.⁹¹ The entire amount owed to Virginia on behalf of the asylum came to \$125,000.⁹²

⁹¹ This may have been Virginia's own form of highway robbery. By the end of fiscal year 1866, the West Virginia Hospital for the Insane only housed 43 patients.

⁹² Information about the asylum's early history comes from the "Sixth Annual Report of the Directors & Superintendent of the West Virginia Hospital for the Insane, 1869, 7-9; Joy Gilchrist-Stalnaker, *A Short History of Weston Hospital* (Horner, West Virginia: Hacker's Creek, 2001), 3-7; Kim Jacks, *Weston State Hospital*, Thesis submitted to the Eberly College of Arts and Sciences at West Virginia University (Morgantown, 2008), 13-23; http://www.inthepanhandle.com/local/news/article/west_virginia_origins_include_gold_robbery1. (accessed 3 January 2012); George Wesley Atkinson and Alvero Franklin Gibbs, *Prominent Men of West Virginia* (Wheeling: W. L. Callin, 1890), 1009. (Google books: accessed 3 January 2012).

Dr. Ralph Hills had been on staff at Central Ohio Insane Asylum since 1856; he became the West Virginia asylum's first superintendent. As work continued on the asylum, he accepted only a few patients during the first years of its operation. Some of the odder reasons for patients' insanity include: jealousy, imprisonment, change of life, hard study, disappointment, perplexity, desertion by wife, loss of friends, accusation of arson, indigestion, loss of leg, worms, and superstition. Though many patients had no known livelihood, farmers and housekeepers were the two most prevalent occupations. Women were no more likely than men to be committed to the asylum.

Small as the facility was in 1866, it raised a hundred bushels of corn and another hundred of potatoes and nearly all the vegetables its staff and patients needed. The facility contained a granary that could hold a thousand bushels of corn, sufficient pasture for nearly forty cattle and hogs, and enough land to reap 40 tons of hay. Though its anticipated wards were not in full operation, the asylum was well equipped to be nearly self-sufficient.

Hills bragged continually about his low per capita costs: \$132.56 in 1868 and \$127.40 in 1870; by 1878, his successor had brought the figure down to \$115.95. For comparison's sake, a study of asylum costs (the *Middleton Conn. Asylum Report for 1870-71*) showed a per capita cost of \$451.36 at Pennsylvania Hospital in Philadelphia, \$249.60 at Central Asylum in Ohio, and closest to West Virginia's low, a per capita cost of \$179.92 at the Stockton Asylum in California. Throughout the nineteenth century, the asylum maintained its low patient expenditures while simultaneously claiming to provide the best care possible.⁹³

Hills attributed his good fortune mainly to the asylum's self-sufficiency; the cook even made the candles that attendants used during their rounds at night. He also pointed out that the asylum's rural site allowed for good prices on the supplies he purchased: five to eight cents a

⁹³ Superintendent's report, 1872, 21 and biennial report, 1877-78, 13.

pound for good beef, mutton from four to six cents a pound, butter for 15 to 20 cents a pound, and so on. Crops had been plentiful for him, and flour prices were depressed by nearly half from previous years.⁹⁴

Hills may have been an efficient manager, but the locals evidently found him unsatisfactory. The *Weston Democrat* noted at the time of Dr. Hills's departure in 1871, that the asylum would cease to be a "political football" and a "place for the manufacture of political capital." What prompted these remarks is unclear, but the story also stated that it was not generous to "kick a man when he's down." The paper noted with gratification that in new superintendent, Dr. T. B. Camden, the state of West Virginia had finally realized that a person within its own borders could manage the asylum.⁹⁵

Despite his favor with the paper, Camden could not escape his share of management problems. Overcrowding, which hurt both staff and patients, had become an issue for Hills and continued during Camden's tenure. He and successive superintendents at the asylum were aware of overcrowding's detrimental effects but felt tremendous pressure to take insane people out of jails where they were otherwise held.

In 1885, someone in town referred to as 'Squire Sterling, dumped a violent, insane woman (Mrs. Lytle) at the asylum even though staff told him there was no room for her. The woman subsequently ended up in jail, where three or four men were forced to restrain her at times. She refused food, and someone (possibly a Dr. Warder) administered food through a stomach pump. She died within a week. A month later, a 25-year-old woman at the asylum committed suicide by

⁹⁴ Superintendent's report, 1869, 30-32.

⁹⁵ Bill Adler, "Yesteryears," *Weston Democrat*, July 6, 1988, from *Weston Democrat*, July 10, 1871.

fastening a strip of bedding to the transom of her door. The newspaper reporting the suicide noted that “she has now nine blood relatives at the Hospital.”⁹⁶

Overcrowding may have reached beyond compassion to become a tool showing how important the asylum was or to help superintendents make their cases for expansion and more funds. The asylum had been designed for 250 patients; in 1871 it was half-completed and held 300 patients. Yet that same year, the asylum accepted a seven-year-old girl who had become insane five months earlier due to (supposed) menstruation problems, a thirteen-year-old girl, and two fifteen-year-old boys. Figures are incomplete, but the asylum accepted at least nine patients aged fifteen or under by 1880, including an eight-year-old boy who had been insane since he was three, according to his mother.

The asylum seemed troubled in many ways. Overcrowding was so bad that in 1878, Camden felt compelled to beg for a ventilating fan to remove the “heavily carbonized” air that patients and staff were breathing and re-breathing. In the same report, he also begged for fire hoses and other equipment in case the asylum caught fire. In his 1880 report, Camden had cause for optimism. He noted that they had about emptied West Virginia’s jails of their insane, bringing the number of patients at the asylum to 491. Work on the asylum was nearly complete, and it would soon have a capacity of 625.

Construction habitually crept along building by building, never catching up to the waves of patients waiting for admission. Though the asylum’s expansion was slow, early planners had cleverly thwarted the legislative tendency to rescind enthusiasm for such projects once they began to become expensive. According to a story in the October, 1871 *Wheeling Register*, the authorities originally in charge of construction made sure that workers laid out the entire

⁹⁶ Adler, November 20, 1985, from *Weston Democrat* November 11 and 14, 1885.

foundation for the building first, “to destroy the probability of an abandonment of any portion of the original plan, if it was found that the expense overran the estimate.”

This foresight bore results, since the original \$395,000 estimate quickly turned into actual costs of \$625,000 with another \$100,000 for additional land, equipment, and buildings. The paper asserted that West Virginia would never have constructed such a magnificent building if it had not been forced to by the original planners. Although it had eked out appropriations over a couple of decades, West Virginia wound up with an outstanding example of Gothic Revival architecture, which was purportedly the largest hand-cut sandstone building in North America.

The asylum’s main building measured 1,295 feet in length, while its walls were two to two-and-a-half feet thick. It had three and a half acres of slate roofing, nine acres of flooring, one and a half miles of sewer pipe, fifteen miles of heating pipe, 921 windows, and 900 doors. Doctors who visited all the wards just once had to walk a little over two miles. The complex had also erected a brick building for colored patients and another brick building for quiet patients.⁹⁷

When Dr. W. J. Bland took over in 1882, he had 589 patients, of which 32 were colored. He urged that patients who needed help come to the asylum and stay there for as long as it took to recover. Sadly, he admitted, most of his patients were chronically insane because they hadn’t received help when they needed it most—in the acute phase. Instead, they had languished in jails or at home where their families could not provide the rigorous discipline and sound judgment necessary to effect a cure for them. Bland solidly opposed home care, believing that the home environment usually contributed to the patient’s insanity in the first place.

“It is too much the habit of friends of the insane to remove or wish to remove them from the Hospital while their condition is still critical,” Bland further explained. Family and friends saw improvement and believed it would continue at home, though it seldom did. “A return . . . renews

⁹⁷ Biennial report, 1878-1880, 15-16.

the former symptoms,” Bland said. “While many patients are injured by too early removal, it is safe to say it is very rarely the case, that one is injured by too long a residence in the Hospital.” He could probably have made the case, as well, that families couldn’t support their insane members for the \$107.64 annually that he spent in 1886.⁹⁸

By 1885, Bland administered to 680 patients. Two women committed suicide that year, one by fixing a pillow case and handkerchief to her bed post and leaning forward so that her body slipped under the bedstead. In 1886, another woman committed suicide by tying a sheet over the transom, and a male patient cut his throat when he was in a restraining bed (probably of the Utica crib style). As with other suicides and accidental deaths at the asylum, officers and employees were exonerated from blame. At this point, Bland may have wondered if his \$2,000 annual salary was worth it. Dr. Hills had received the same sum in 1864 but had far less responsibility. Assistant physician Dr. A. G. Stalnaker resigned in 1882, partially because of the “inadequacy of salary.”

Dr. J. S. Lewis, who replaced Stalnaker at presumably at the same salary, later replaced Bland as superintendent.⁹⁹ Though the move doubled his salary, Lewis may also have wondered if the aggravation was worth it. His exasperation comes through in 1891 when he lamented the sensational publicity given to an escaping patient’s death. “The truth is so distorted that it would appear that you gentlemen, as well as we . . . are demons in human form and permit these things to occur for mere fun.” Another patient died after being scalded in his bath, while another man committed suicide by hanging. Though the coroner was satisfied in all these cases, the public undoubtedly gossiped about them or hinted at darker truths.¹⁰⁰

⁹⁸ Biennial report, 1881-82, 19-20, and 1885-86, 53.

⁹⁹ The assistant physician salary was \$1,000; Lewis received \$799.12 plus board for his wife.

¹⁰⁰ Perhaps the oddest death at the asylum occurred in 1896 when a patient fell into a box with about three inches of mortar in it and suffocated.

By the end of fiscal year 1893, West Virginia Hospital for the Insane held 943 patients under the supervision of another superintendent, Dr. W. P. Crumbacker. The asylum could provide little more than custodial care at that point, but Crumbacker immediately abolished the cribs, sleeves, straps, and other physical restraints the asylum had been using. He complained that commitment officials were so sloppy they sometimes didn't spell a patient's name twice the same way on their committal paperwork. Additionally, they seldom entered anything concerning what was wrong with patients, leaving asylum staff wondering how to best treat them. Crumbacker had a suicide on his hands almost immediately, as well as the death of a staff physician from typhoid.

In July, 1897, the asylum's entire administration, except for two board members, changed; Dr. W. E. Stathers replaced Crumbacker. The asylum report for this period has nothing to say about why the changes occurred. At the end of fiscal year 1900, the hospital had 998 patients, of whom 73 were colored. Stathers reported a cure rate of 48.8 percent and a mortality rate of 3.3 percent, both exceptional figures.

Stathers supported his patients on less than Hills did when the asylum opened in 1864. Stathers expended \$129.36 per capita in 1898, against Hills's \$132.56 in 1868.¹⁰¹ The asylum could not seem to control the number of patients coming in, so existing funds had to cover whatever increased expenses arose because of them, plus the shortfalls in legislative funding. Though the asylum seems to have avoided national scandals or any easily-discovered reports of ill treatment, it could not have provided ideal care. As the asylum became more and more overcrowded, without a commensurate increase in funding for patient welfare, conditions had to have deteriorated. Patients were probably ill-fed and clothed by this time and likely received

¹⁰¹ Crumbacker had asked the legislature for \$150 per capita in 1896.

little care from attendants. It seems safe to presume that they were warehoused rather than treated.

East Tennessee Hospital for the Insane

In the 1830s, a young man named Green Grimes summoned a physician the day after an attack of what he termed “billious or nervous fever.” The doctor took a quart of blood from his arm, gave him a severe emetic, sixty grains of calomel, and twelve calomel pills within the space of thirty hours. Grimes claimed that the treatment was “sufficient to kill a man in health.”¹⁰² Though Grimes was a victim of medicine’s waning “heroic” practice, even late into the nineteenth century many families still preferred to heal themselves through the advice of a learned community member or with patent medicines.

An inside page of the Tennessee *Republican Chronicle* for 1886, advertised Pemberton’s Coca Wine, which “exhilarates the mind and body, prolongs life, brings health and joy to all afflicted with mental or physical exhaustion.”¹⁰³ Scott’s Brain Specific medicine was a “positive cure for all nervous diseases, seminal weakness . . . and all diseases that follow as a sequence of self abuse, as dimness of vision, loss of memory, universal lassitude, pain in the back . . . and many other diseases that lead to insanity or consumption.” The same page carried a story about a Rogersville man, who after drinking heavily, bought a viol of laudanum from the J. M. Pierce & Co. drug store, drank it, and died. According to the druggist who sold it to him, this over-the-counter purchase amounted to 30 grains of opium.¹⁰⁴

¹⁰² G. Grimes, an inmate of the Lunatic Asylum of Tennessee, *A Secret Worth Knowing: A Treatise on the Most Important Subject in the World, Simply to Say, Insanity* (Nashville: n.p., 1846), 9, 12-13. Grimes suffered early in his life from what was probably mild depression, after the death of his favorite brother. His condition deteriorated until he was finally sent to a Tennessee insane asylum. He was so knowledgeable about insanity that eight officers and trustees of the asylum certified that Grimes was a patient when he wrote his treatise.

¹⁰³ Coca Wine was a mixture of wine and cocaine.

¹⁰⁴ Story and advertisements are from the *Republican Chronicle*, Feb. 3, 1886, p. 6.

Doctors were not required to have a license to practice medicine in Tennessee until 1889, and the state was even more nonchalant about servicing its mentally ill. A few early descriptions show that families kept insane members locked in outbuildings or jails and often allowed outsiders to pester and tease them as curiosities. The first publicly funded provision of any sort for the insane likely occurred in 1826 when the General Assembly created an almshouse in Anderson County.

During the period of reform that embraced moral therapy, Tennessee constructed a small lunatic asylum that was so poorly funded it could never provide rehabilitative care. Symptomatic of its style, the asylum charged paying customers four dollars a week for food that included fish, butter, and dessert as well as beef, chicken, vegetables, bread, and soup. Pauper patients received molasses, bacon, beef, soups, vegetables, and corn and wheat bread.¹⁰⁵

As in many other cases, crusader Dorothea Dix prodded a reluctant legislature to fund additional care for the insane. The state opened a new asylum in 1852, six miles from Nashville, and transferred patients there from the first hospital. The public usually referred to the new facility as the Tennessee Hospital for the Insane. It also became overcrowded, particularly after the Civil War brought an unanticipated number of patients suffering from war-related stresses, as well as freed slaves who needed care. Its superintendent, W. P. Jones, sought a separate facility for the colored insane; the Ewing Building opened in 1896 as the U.S.'s first mental hospital for colored patients.¹⁰⁶

Though planning began nearly a decade earlier, the legislature appropriated \$80,000 in 1883 for a third hospital four miles from Knoxville on property known as Lyon's View. A board of directors toured well-known asylums and then approved designs for a modern facility. After

¹⁰⁵ Paul R. Dokecki and Janice D. Mashburn, *Beyond the Asylum: The History of Mental Handicap Policy in Tennessee: 1796 – 1984* (Nashville: Department of Mental Health & Mental Retardation, 1984), 9, 11.

¹⁰⁶ Dokecki, 21.

receiving another \$95,000 in 1885, the East Tennessee Hospital for the Insane opened on March 1, 1886.¹⁰⁷

The asylum consisted of nine buildings including an administrative building, chapel, kitchen, and engine house. The main building, made of brick, contained 174 rooms intended to house from 250 to 300 patients. This center building was three stories high, with two wings, entered via an impressive veranda with marble steps. Visitors could immediately see the reception room for gentlemen on business with the superintendent, the ladies parlor for female visitors, and the steward's office. A nice drug storeroom, superintendent's dining room, and steward's dining room were then visible, and living apartments for the higher-ranking staff members opened off the front part of the building.¹⁰⁸

Asylums differed in construction, but in general, visitors saw the most pleasant and impressive part of the building as they walked in. For this reason, quiet wards were closest to the administrative section of the building, while more violent patients and the grungy parts of the building like boiler rooms, were out of sight. These techniques easily kept casual visitors pleased and reassured that an asylum was clean and well-run.

In a story titled "The Train of Lunatics," the *Republican Chronicle* reported on the patients arriving at the new asylum on March 17, 1886. Forty-nine "madmen" were transferred from the crowded Nashville asylum without incident, the paper said, also noting that a large crowd had come from miles around to see them. "Every vehicle and livery stable in town was pressed into service, and not a few walked while many went by hack or omnibus."

The crowd pushed forward to get a look when the patients were loaded onto hacks and omnibuses, but guards prevented them from getting too close. Only two men were handcuffed,

¹⁰⁷ William Rule, ed., *Standard History of Knoxville, Tennessee* (Chicago: The Lewis Publishing Company, 1900), 536.

¹⁰⁸ *Knoxville Daily Journal*, March 18, 1886, p. 1.

and they were disappointingly docile. “It would have been hard to get a crowd of sane men together who would behave themselves as nicely as they did,” the reporter wrote of the patients, with a peculiar mixture of pity and contempt. The “unfortunates” were dressed neatly, though a few looked emaciated, but they were quickly whisked to their “cells.”¹⁰⁹ A week later, fifty women made the transfer, again amid a crowd of gawkers. Understanding the curiosity patients aroused, the new superintendent immediately requested a fence for the asylum, to keep out intruders and thoughtless sightseers.

Local newspapers, though proud of the facility, reflected prevailing attitudes in their writing. The *Knoxville Daily Journal* ran a story, “Three Crazy People,” which showed both sympathy and callousness. Mrs. Susan Snyder from Mouse Creek “was brought to the asylum by Mrs. Lizzie Denton and there incarcerated.” Campbell County’s Sheriff Hollingsworth brought another patient, who had “been crazy some time and quite dangerous of late.” It took three men to hold him down on his way to the asylum, the paper noted. These new “inmates” brought the number of patients at the asylum to 110.

Finally, the paper described the saddest of the cases, a middle-aged man from Carroll County, Virginia, who “went crazy about religion.” After a brief time at an asylum in Virginia, his friends took him to Florida for a change of environment, but he worsened and became uncontrollable. He was tied hand and foot as he passed through Knoxville; at the time the article was written the man was diverted to incarceration in Wytheville, Virginia. The paper displayed no delicacy in language nor did it seem concerned about privacy or the feelings of the families

¹⁰⁹ *Republican Chronicle*, March 24, 1886, p. 7. In a similar story, the *Knoxville Daily Journal* stated the number of patients as 47.

involved. Families may have been shamed by insanity, but at least in some cases, they could not gag the press from publicly announcing their secret.¹¹⁰

Superintendent of construction, Dr. Michael Campbell, became the hospital's first medical superintendent. Born in 1856, Michael Campbell went to public schools in Nashville and graduated at 18 from the medical department of the University of Nashville in 1874. He practiced medicine in Nashville until he became assistant physician at the Tennessee Hospital for the Insane for several years. He was 30 when he became the superintendent of the new East Tennessee Hospital for the Insane in 1886.¹¹¹ Campbell held his position for 31 years, though not without a few problems. Within six weeks of the asylum's opening, three patients died and one patient who had killed his child by throwing it down a well, escaped. In that first year, an assistant physician accused Campbell of incompetence, though the superintendent was cleared of the charge.

Whether Campbell was actually incompetent or not, he allowed sloppy record keeping which itself might indicate other problems. One of the asylum's first patients, Alonzo Hagan, was noted as "generally quiet and friendly," though he apparently talked violently at times. Two years later, he was so destructive that he, "wearing cuffs tore bricks right out of the wall." A later report mentioned an attempted escape, and then no one made another note for 59 years. (Hagan was either 95 or 99 when he died, and had been a patient for 70 years.) Another early patient, Reuben Davis, had a 25-year gap in remarks, before a closing note about his death in 1912.¹¹² Though Hagan died after Campbell left the institution, he was under Campbell's care for the first 31 years of his residence. Even if not indicative of other problems, Campbell's record keeping

¹¹⁰ *Knoxville Daily Journal*, April 9, 1886, p. 1.

¹¹¹ Samuel Joseph Platt, B.A., M.D., and Mary Louise Ogden, B.S., L.S., *Medical Men and Institutions of Knox County Tennessee 1789 – 1957* (Knoxville: n.p., 1969).

¹¹² Keith Townsend, "A Century of Controversy and Change," 1-2, report found in McClung Collection, East Tennessee Historical Center, Knoxville, Tennessee.

would have made it difficult to formulate a treatment plan or keep track of any progress toward a cure.

East Tennessee's asylum remained small: built to house 300 at most, it held 332 at the end of December, 1898. Unfortunately, after its first flush of enthusiasm, Tennessee's legislature apparently drew back its funding to the point that patients suffered. As the years went by, Tennessee lowered the allowance it gave for indigent patients from about \$170 in the 1880s to \$130 in 1903, so that patients had to live on 37.5 cents a day by the end of the century. Unable to provide the kind of care he wanted, Campbell apparently gave up and provided custodial care that depended heavily on restraints and drugs. Inadequate as it was, care had not deteriorated to the point that it had by 1971, when the facility was so infested with vermin that rats ate the three cats brought in to keep them in check.¹¹³

Kentucky Eastern Lunatic Asylum

As in many states, medical men in Kentucky did not need to attend school to practice medicine. Those who sought a degree within the state usually attended fee-charging institutions. Doctor-lecturers derived their income from fees, and therefore set low entry requirements to attract as many students as possible. The profit factor made schools fiercely competitive for students. To combat the new Louisville Medical College (LMC), formed by former military surgeons in 1869, the University of Louisville's Medical Department (UL) cut its fees from \$120 to \$50 to woo their rivals' students. The Kentucky School of Medicine (KSM) also cut its fees for the 1870/1871 session. The only way to stay solvent was to lower standards to attract more students.

¹¹³ Dokecki, 26, 63.

In 1850, a Kentucky student could get his medical degree in less than a year, but a couple of decades later, that achievement seemed arduous. Standards were so low that in 1872, Jacob Geiger tried to graduate from the Louisville Medical College after attending one course of lectures. The school denied his request, and Geiger simply transferred to the University of Louisville and graduated the next month. KSM and LMC merged in 1875, and UL called the new school “Lightning Express.” KSM faculty defended their low standards by saying, “The greatest blessings to medical science have been derived from those who entered the profession comparatively uneducated.”

By the 1870s, this churning out of medical students gave the state of Kentucky about 5,000 practitioners. Researchers estimate that 1,000 of them had never attended a medical school or had not graduated from one. The state introduced reforms that brought the number down but didn’t get tough about licensing until the 1880s. In 1893, the state had 3,032 doctors, of which 286 were non-graduates; that same year, state licensing boards began to require three years of graded courses. Ending the lax educational standards tightened the supply of doctors—by 1939, the state had only 2,204 doctors.¹¹⁴

For most of the century, Kentuckians largely self-dosed with herbal treatments and patent medicines, much like the rest of the country. All doctors faced intense competition created by the students coming out of medical schools, and many physicians combined their medical profession with another, like preaching. One Owen county doctor sent a bill that illustrates this medical flexibility:

Seventeen Visits to _____	\$8.50
Shaving corpse	.10

¹¹⁴ John H. Ellis, *Medicine in Kentucky* (Lexington: The University Press of Kentucky, 1977), 16-20 and 48-49; and *Medicine and Its Development in Kentucky*, compiled and written by the Medical Historical Research Project of the Works Project Administration for the Commonwealth of Kentucky (Louisville: Standard Printing Company, 1940), 344-5.

Preaching funeral service 1.50

Venereal disease and the effects of too much drinking presented many problems throughout Kentucky, and rural doctors had to treat the health effects of swampy land and poor surface drainage. One doctor characterized the rural population as “spiritless, sallow, anemic, melancholy, and short-lived,” while others saw a lot of “nervous depression.”¹¹⁵

Infants had especially high mortality rates, and the odds of a long life were not good. In Marshall County in the year ending June 1, 1850, the average age at death was 21.8 years.¹¹⁶ Dysentery, typhoid fever, and respiratory infections were the bread-and-butter work of doctors. They often deplored the ignorant women who attended childbirth, but a doctor’s typical fee of \$10 to attend labor made granny women and midwives the best that most families could afford.¹¹⁷

Leading citizens tried to establish a hospital in Lexington in 1816. After a cornerstone ceremony that included a speech by Henry Clay, work proceeded on Fayette Hospital until the Panic of 1819 halted all development. Governor John Adair persuaded the legislature to purchase the abandoned building for an insane asylum, and Eastern Lunatic Asylum accepted its first patients in November of 1824. The violent insane who posed a threat to their families or the community had priority over other patients.

The institution’s first building, left over from its original hospital purpose, did not meet the needs of patients. Three stories high, its 25 rooms had to be partially occupied by staff. To make up for this, managers set up the large third floor (originally created for surgery) as one big dorm divided into wooden cells. The room held one fireplace for heating. Administrators soon authorized

¹¹⁵ *Medicine and Its Development*, 78, 204-5.

¹¹⁶ Ellis, 27.

¹¹⁷ Ellis, 34. Dr. Joseph Johnson, practicing in Waverly, charged \$10 to “visit a wife in labor” from 1874 to 1898. He earned \$1,127.66 in 1885.

another small building, twenty feet square, with cells for the “worst class” of patients.

Kentucky’s asylum was unique in that it had no full-time doctor on staff, which simply went along with the other problems in the state’s medical system. For many years, contemporary experts considered the Eastern Lunatic Asylum the worst in the nation.

Previous to the asylum’s creation, families received an annual fifty-dollar stipend if they kept insane or retarded members at home. If the insane were manageable, families had little incentive to give up this sum and send them to the asylum. Consequently, the facility became a place of last resort, filling with chronic or difficult patients who had almost no hope of recovery. Alienists termed chronic patients “old” cases, versus “new” cases of insanity (usually of less than a year) which doctors felt could actually be cured.

Doctors at nearby Transylvania Hospital had promised to volunteer their services to the asylum, but they stopped following through after a few years. Patients saw a doctor only when they were physically ill, while the lay administrator was not competent to devise a therapeutic plan to help with their mental illness. The asylum became a human warehouse. It was so abused as a last resort that merchant-administrator John Wesley Hunt had to publish a notice in the state’s newspapers, calling on prospective patients to carry a written document that detailed their age, length of insanity, presumed cause, any course of prior treatment, and so on, just to give the staff something to go on.¹¹⁸

His request did not improve the situation, however. In 1843, 66 percent of his patients were “old” cases. This high percentage of elderly, ill, or chronic patients—bound to die rather than get

¹¹⁸ Information about the early years of Eastern Lunatic Asylum come from Ronald F. White, “Custodial Care for the Insane at Eastern State Hospital in Lexington, Kentucky, 1824-1840,” *The Filson Club History Quarterly* 62, No. 3, (July 1988), 8-9; Ron Bryant, “Taking Care of Mentally Ill Was Never Easy Job,” *The Kentucky Gazette*, January 10, 2007, 13.

well and get out—skewed mortality rates at the asylum. In 1843, the mortality rate was 38 percent, rather than the more typical 9-10 percent in Northeastern asylums.¹¹⁹

Kentucky legislators eventually gave in to the notion that the asylum needed a permanent medical man on staff. Eastern Asylum's managers wanted a local man, and it made sense to associate the asylum with the nearby Transylvania Medical School.¹²⁰ Alumnus John Rowan Allen looked like a good fit, though he had never had the opportunity to manage the insane. Even so, he immediately abolished the asylum's rampant use of chains and other restraints, including iron bars and small cells. Allen became superintendent in 1844, and Dr. William S. Chipley (also a Transylvania grad) succeeded him in 1855. The two men changed the atmosphere at Eastern Lunatic Asylum and brought it up from the dismal state that their peers had deplored for so many years.

Allen began to implement moral treatment at the asylum, and Chipley continued in his path. Allen instituted carriage rides and allowed patients to roam the asylum grounds so long as they stayed in pairs. Later, the asylum offered books, stereoscopic pictures, billiards and bagatelle, piano-playing, cards, checkers, and dominoes and provided outdoor activities like croquet, flower gardens, and swings. Both superintendents supported worship services, and Allen appointed a chaplain at \$100 a year to conduct Sunday services.¹²¹ Chipley believed strongly in the benefits of outdoor gardening, and under his management enlarged the asylum from 40 acres to 238 by the 1870s.

¹¹⁹ White, 18-20. Epidemics of cholera killed many patients in the asylum's first decades. Diarrhea also killed a large number until 1856, when Dr. William Chipley traced the cause to a sewer that passed over the stream that supplied water to the asylum.

¹²⁰ In the 1830s, the medical school probably took cadavers from the asylum for its anatomy classes. The patients certainly believed so, and a new building set aside for deceased patients resulted in "a more positive tone in the patients' letters home."

¹²¹ Ray N. Cooley, "Religious Ministry at the Lexington, Kentucky, State Asylum, 1844-1869," *Register of the Kentucky Historical Society* 70 (no date), 96-7. Copied article found in "Hospitals, Mental" folder at Kentucky Historical Society Library, Frankfort.

Later superintendents held elegant charity balls at the asylum, though they seem to have been attended by the community rather than patients. One newspaper account named some of the more prominent attendees and called them beautiful ladies and gallant cavaliers. It went on to describe the program of quadrilles, waltzes, lancers, and the Old Virginia Reel that a crowd of 200 couples enjoyed on “the cold and crystal-coated night.”¹²²

The asylum’s first patient in 1824 was a mulatto or Negro woman, 21 years old, named or given the pseudonym, Charity. She could not walk, talk, or eat solid food. The next two patients were Wm. Wedlock and A(b?) Wedlock, both admitted May 4, 1824. The names make for interesting speculation, but no details are available. In 1901, an 83-year-old patient named Sarah Norton had been in the institution 56 years; she entered at age 27 in 1845. A boy “not yet ten” was also a patient.¹²³

Records are not available for patients, but local newspapers reported on some. A man called General Grant was 80 years old, and wore self-made hats of “pasteboard, broom straw, carpet threads, and other odds and ends.” Another man named “Old Boss Liter” believed he owned the asylum and apparently could speak so convincingly that he persuaded strangers that he did. An unnamed patient stated that he had helped Noah build his ark and then bought it from him. Statesman Henry Clay’s two sons were patients at the asylum. Theodore Clay was committed for threatening the family of a woman he desired; he spent 40 years as a patient and died there in 1870. John M. Clay spent only a few days after some sort of trouble with a woman; his father may have taken him out and cared for him at home.

The *Kentucky Leader* ran a front page story about the decline of 33-year-old Dr. J. A. Stucky, who had once been a brilliant physician with a large practice. The overuse of whiskey

¹²² n.a. *Lexington Morning Transcript*, January 16, 1892.

¹²³ n.a., *The Morning Herald*, August 25, 1901, 10-11.

and morphine ruined his intellect and gave him hallucinations. The paper lamented that the doctor had been sent to Eastern Lunatic Asylum, and ended its column with an account of Stucky's expulsion from his church and his reaction "a picture of agony." The paper then ran a separate story detailing an irrational conversation the man had had with the paper's editor.¹²⁴ As in other states, newsworthy cases became public no matter how shameful insanity was to families.

Like other Appalachian asylums, Eastern Lunatic Asylum skewed male rather than female. Of 226 patients at the end of fiscal year 1858, 127 were male and 99 female, and 131 and 98 respectively in 1859. For the year ending in September, 1867, 301 patients remained at the asylum: 177 were male and 124 female. From May 1, 1824 to Oct. 1, 1871, 3,492 patients had been admitted. Of these, 2,195 were males and 1,297 were females. In 1901, the asylum held over 900 patients: 450 white males and 350 white females, and 70 colored males and 70 colored females.¹²⁵

And, like other Appalachian asylums, this one kept its per capita cost low. Comparing his costs to other asylums in 1859, Chipley showed selected expenses of \$5.00 per capita for the Pennsylvania Hospital for the Insane, \$3.16 for Southern Ohio Lunatic Asylum, \$6.80 for McLean Asylum for the Insane, and \$2.94 for Eastern. Asylum accounts show that administrators were active in managing expenses. Paying patients brought in a few hundred dollars each year, and the administrators also sold products like wheat, rye, tallow and grease, scrap metal, and vegetables to supplement their funding from the state. The superintendent enjoyed an odd resource for entertainment expenses. A former patient named James Strode

¹²⁴ n.a. *Lexington Daily Press*, August 8, 1872; Leon Stafford, "Mental Hospital Will Celebrate Anniversary," *Lexington Herald-Leader*, January 12, 1994, p. 4; n.a. *The Kentucky Leader*, May 15, 1890; *The Press-Transcript*, February 20, 1895, p. 3.

¹²⁵ Hurd, Vol II, P. 457; *Reports of the Board of Managers and Medical Superintendent*, 1858-9, p. 7, 21 and 1867, p. 9; *Morning Herald*, 11.

Megowan had left the asylum \$1,000 in his will for “adding to the comfort and amusement of the patients.”¹²⁶

Chipley made great strides in caring for his patients, mainly by continuing the work Allen began in moral treatment. Chipley figured out why patients had chronic diarrhea (a tainted water supply), provided them with amusements and light manual labor in the gardens, and upgraded their surroundings to the extent he could. He was delighted to see some of his chronic patients respond to the better treatment and get well. One policy he was firm on, was not letting patients receive visitors. Visitors were allowed into the asylum, every afternoon except on weekends, but mainly for the purpose of dispelling any rumors or mistaken ideas about the horrors of an insane asylum.

Though he was not averse to allowing some patients to see their relatives Chipley did not encourage it. He positively forbade visits when he felt the interaction would harm a patient. “I have known a single short interview with a relative to cause a relapse when the patient was rapidly recovering up to the time,” Chipley wrote in his 1859 report. He was willing to bear a good deal of harsh reproach rather than back down from this stance. He also hesitated to return patients to society before he felt they were ready. Again, family members were his greatest bane—he could keep pauper patients at will but had to abide by family demands to release a paying patient.

Dr. John Whitney succeeded Chipley, and a few years later Dr. J. S. Bryant succeeded Whitney. The local papers continued to laud the asylum generously and welcomed Dr. R. C. Chenault as superintendent when he was appointed by at least 1877. Chenault had a nondescript career to that point, competing, as most physicians did, with the students exiting medical schools in such quantities. He charged 50 cents to pull a tooth and \$4.50 to visit a patient and give her

¹²⁶ Bryant, 13 and *Report*, 1867, p. 12.

some quinine pills in 1866. A superintendency was a plum assignment for an ordinary doctor, since it provided a steady salary in a noncompetitive atmosphere.

If Chenault did nothing else, he enlivened the asylum with a number of scandals that eventually led to his dismissal. Drink and women seemed to be his special weaknesses, though testimony at a hearing before the board of commissioners indicates he may have improperly used funds as well. He hired his wife as matron (a common practice) but let her shift her work onto others. He had a reputation among the female staff of making coarse remarks and often appeared drunk. Female employees testified explicitly. In one instance, an attendant who had been busy cleaning rooms saw Chenault sitting on a chair in the hall.

“I saw a girl patient, affected with nymphomaniac, setting on his lap,” said Bettie Perkins. “She had both arms around Dr. Chenault’s neck, kissing him.” The employee went on to say that Chenault acted in a similar manner with another patient and that he often went into female patients’ rooms as they were undressing for bed.

A former matron at the asylum, Mollie Thornton, reported that she had seen Chenault drunk numerous times but did not report it because “I did not think it unusual for men to get drunk.”¹²⁷

Chenault convinced either the board or the governor that the accusations were false, because he stayed on. (Only the governor could appoint or remove a superintendent.) His daughter, Marietta, expressed relief in April of 1886 when her father received a report from the committee “for this last dreadful ‘investigation.’ The report is everything we could wish it. It is wonderful how Papa comes out of these ‘persecutions of his enemies’ unscathed.”¹²⁸

¹²⁷ n.a., *Lexington Morning Transcript*, October 17, 1885, page 1. Newspaper reporters were “invited to stay out” of the room where the testimony took place. One reporter apparently went up on the building’s roof and dangled a phone down the chimney so he could hear what was being said.

¹²⁸ Marietta Chenault Bowman, journal entry April 5, 1886, Chenault-Bowman family papers 1852-1942, Special Collections, call number 53M89. Margaret I. King Library, University of Kentucky.

In addition to the figurative explosion of his private affairs into the public domain, the year ended almost with a literal bang for Chenault as well. In December, an attendant left after an altercation with another attendant, and a patient was later found dead. A supervisor reported that Jesse Tyree, the patient, had died of a violent epileptic fit, and Chenault gave the customary order to put the body in the dead house until one of the physicians could look at it.

A patient told Dr. Silas Evans (later, Chenault's son-in-law) that Tyree had been shot, but Evans laughed off the claim as a delusion. When he examined the body the next day, however, he found a pistol wound just over the heart. The murderer stayed at large for a number of years but eventually turned himself in and received four years in the penitentiary for the crime.¹²⁹

Marietta's sigh of relief had come too soon, and rumblings about her father continued. On October 8, 1886, Dr. F. H. Clark arrived at the asylum and presented Chenault with his commission as the new superintendent, "thereby giving that gentleman the first positive information of his removal."¹³⁰

Chenault bounced back and set up his own private sanitarium on South Broadway in Lexington. In an altercation with Mrs. W. N. Lake, an employee who had left because of his behavior, Chenault cursed her, then "grabbed her and kicked her down the porch steps." In the ensuing scrap, he also scratched Lake's face and pulled her hair. She swore out a warrant for his arrest, and Chenault, in turn, swore out a warrant against her for trespass. The fact that the story was reported solely from the woman's standpoint and mentioned her letters of recommendation, indicates the standing Chenault had by that time. A year later, Dr. Silas Evans ran (or owned) the sanitarium.¹³¹

¹²⁹ *The Lexington Morning Herald*, June 12, 1896, p. 1.

¹³⁰ *The Morning Transcript*, October 9, 1886.

¹³¹ *The Kentucky Leader*, January 19, 1891 and July 31, 1892.

Dr. Clark apparently put things in order at the asylum and stayed in the good graces of the papers. Reporters doing a story on the asylum in 1895 described the entire institution “as neat as a pin,” though with 795 patients it simply could not have been. The patients engaged in making tidies, quilts, and pin cushions were “the picture of health.” Everything ran like clockwork, “and, on the whole, is splendidly conducted.”¹³²

No matter what reporters said, the asylum was going downhill. The state funding did not cover expenses, and by 1897 the asylum had to borrow money (and pay it back with interest) for supplies, and sink into debt to finance improvements in its water supply and plumbing. The asylum received more patients each year (236 in 1896 versus 139 in 1886) yet felt compelled to cut its actual expenses as much as possible. 1897 saw another superintendent, Dr. W. F. Scott, embroiled in scandal for mismanagement.

¹³² *The Press-Transcript*, February 20, 1895, p. 3.

CHAPTER 3

CONCLUSIONS

No area could claim earlier asylum construction than the Northeast, though researchers can assume that most of the country's state leaders and legislators were similarly aware of insanity. Southern Appalachia had a remarkable record, nonetheless. The Northeast had fifty asylums compared to southern Appalachia's five, but of those fifty in the Northeast, only two opened before Kentucky's Eastern Lunatic Asylum in 1824.¹³³ The appeal for moral treatment and Dorothea Dix's push to build asylums seem to have struck the same public chord in both regions.

Though southern Appalachian superintendents read the Northeastern-centered *American Journal of Insanity* and probably attended conferences held by the American Medico-Psychological Association and similar organizations, the region did not seem unduly dependent on Northeastern medical institutions or doctors. The first superintendents at all but one southern Appalachian asylum were locals who were educated within the state or close by. Patrick Livingston Murphy was born in North Carolina, which had no medical universities, but he still pursued an education close to home in Virginia and Maryland. The only non-local first superintendent was R. H. Hills, who transferred to the Trans-Allegheny Lunatic Asylum from Ohio. His replacement, however, was from West Virginia.

Most alienists believed that the fast pace of city life and the stresses of urbanization and modernity contributed to insanity. Southern Appalachia's asylum statistics seem to support that theory in part, since the five states considered had consistently fewer insane per 100,000 of the population than the country as a whole. (See Table 2b.) The lack of heavy urbanization and general rural character of the region may have been protective, yet farming was overwhelmingly

¹³³ The early colonial asylums which opened in 1751 and 1772 were in Pennsylvania and Virginia, respectively.

the most common occupation for Appalachian asylum patients whenever occupation was noted. Coal mining and railroads had entered Appalachia and created tremendous upheaval in the region during the period under consideration, but these stressors aren't reflected in occupational listings for patients.

The early alienists who met to hammer out the propositions which would guide the AMSAII felt that no asylum building should house more than 200 or 250 patients. Members raised that number to 600 in 1866, even as patient numbers jumped to 1,000 and more in several Northeastern asylums.¹³⁴ Appalachian asylums stayed within the recommended numbers for much of the period, though the West Virginia and Kentucky asylums housed nearly 1,000 patients by 1900. Tennessee's patient population never reached more than 332, a remarkably low number during the period of overcrowding that eventually ruined the public's view of asylum benefits.

Families committed their members to asylums for many reasons. Genuine concern ranked high, but desperation and abuse of power also came into play. Families who could no longer take the financial, physical, and/or emotional drain of a difficult member looked to asylums for relief. Epileptics especially fit this category of persons who could be so trying that they drained the people taking care of them. Epileptic insanity was a real diagnosis during much of the nineteenth century, though it is likely that only people with intermittent episodes were diagnosed this way. Until bromides were introduced as treatment, however, the strain of accommodating an epileptic's disruptive behavior may have been too much for some families. Similarly, families with disorderly or belligerent children may have found it easier to deem the behavior insanity and send them to places better equipped to handle their outbursts than they were.

¹³⁴ Hurd, Vol. I, 141-2.

Many historians deplore the ease with which the presumed insane were committed, and no segment of the population was more vulnerable than women. Much like the men we term “abusers” today, husbands in the nineteenth century could easily isolate their wives and prevent them from leaving home, seeking help, or even receiving visits from friends. Women had few legal rights, and courts seldom questioned a husband’s authority or perception concerning his wife’s mental status. Women were undoubtedly sent to asylums for the convenience of their husbands; one genealogist combing court records found that many times, men sent their wives to an asylum, divorced them shortly afterward, and then married a younger woman.¹³⁵

Though this sort of abuse is a common thread in many personal accounts and seems to be accepted by historians, women in Appalachia appeared no more likely to have been sent to an asylum than men. Most annual or biennial reports cited in this study show that women were a slight minority of admissions for most years. The cumulative report from the Trans-Allegheny Lunatic Asylum (Table 7) shows that women comprised only 46 percent of admissions. From 1824 to 1871, only 37 percent of the cumulative 3,492 admissions to Kentucky’s Eastern Lunatic Asylum were female.¹³⁶

The asylums in southern Appalachia seem to have avoided or prevented the kind of sensational abuses that made their Northeastern counterparts the objects of public scandal and investigation. Though some instances of staff failure have been noted, systemic failures resulting in patient mistreatment, filth, and neglect do not appear until the twentieth century. Newspaper accounts which document post-1900 abuses at some of the institutions under examination have little to say about any kind of *history* of abuse. Individual superintendents seem to have been

¹³⁵ Tina Sansone, “Women and the Insane Asylum,” (Tennessee Genealogical Society), <http://www.tngs.org/library/asylum.htm> (accessed 27 March 2011).

¹³⁶ Hurd, Vol. II, 455.

unpopular with the public at times, but newspaper accounts are close-lipped about the underlying reasons.

Southern Appalachian asylums did not differ in fundamental ways from Northeastern asylums that modeled much of the theory and practice of psychiatry in the nineteenth century. This region seemed to accept prevailing thought, implemented by local experts who were devoted to their institutions. Statistics and superintendents' reports are not uniformly accessible or in existence for the asylums. However, available information indicates that Appalachian asylums were less abusive than the sometimes spectacularly revealed practices of the Northeast. When it came to treating the insane, southern Appalachia was just as, if not more, enlightened than the rest of the nation.

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APPENDIX

CHARTS AND TABLES

Table 1. Proportion of total population reported as mentally ill in each State or territory and region, 1840–90 censuses

Region and State	Rate per 100,000 total population					
	1840	1850	1860	1870	1880	1890
Total	50.7	67.3	76.6	97.1	183.3	169.7
New England	98.4	141.7	147.6	166.8	277.9	255.9
Connecticut	108.6	126.8	71.9	143.6	276.7	275.5
Maine	62.0	96.2	112.1	126.3	237.6	196.5
Massachusetts	117.2	168.9	171.0	132.7	287.5	272.6
New Hampshire	92.1	118.9	155.2	172.2	304.3	255.0
Rhode Island	130.2	147.1	164.9	143.5	147.4	229.2
Vermont	91.8	178.3	219.9	218.1	305.5	247.6
North Atlantic	62.2	82.3	101.9	126.3	236.1	232.6
Delaware	43.6	74.3	53.5	52.0	135.1	116.9
District of Columbia	30.6	44.5	271.7	363.7	528.1	684.1
Maryland	65.5	93.6	81.5	93.9	198.6	157.9
New Jersey	56.2	77.4	87.6	101.3	212.6	218.9
New York	58.0	81.4	111.2	145.0	276.5	297.3
Pennsylvania	70.0	82.8	95.0	110.6	193.9	161.3
South Atlantic	38.9	52.2	59.5	66.3	131.1	108.3
Florida	9.5	12.6	17.8	15.4	93.9	89.7
Georgia	20.3	35.8	46.4	53.5	110.0	98.8
North Carolina	41.6	58.7	66.5	72.7	144.9	106.6
South Carolina	35.9	37.2	45.0	47.2	111.7	98.2
Virginia	52.1	68.2	73.9	91.8	159.4	155.3
South	25.2	33.2	35.5	54.4	120.9	89.7
Alabama	19.8	30.2	26.7	55.7	120.5	97.1
Arkansas	23.9	30.0	20.0	32.2	98.3	69.9
Louisiana	15.2	38.6	23.9	62.0	106.6	81.4
Mississippi	19.5	21.3	34.4	29.6	101.5	85.5
Tennessee	33.3	40.6	57.7	73.5	155.9	104.4
East Midwest	33.9	49.3	64.5	86.5	180.9	172.7
Illinois	24.3	28.0	39.9	64.0	166.8	173.5
Indiana	30.7	57.0	76.6	89.5	179.3	150.1
Michigan	12.6	33.4	33.4	68.7	170.8	177.8
Minnesota	16.5	16.5	14.5	68.7	146.6	169.3
Missouri	29.8	8.4	65.1	73.4	152.6	127.5
Ohio	40.0	66.5	98.0	128.1	227.8	206.9
West Virginia	.....	.....	.....	84.6	158.8	141.5
Wisconsin	13.0	17.7	36.5	80.2	192.0	208.1
West Mid West	43.4	48.4	42.6	71.2	141.0	135.5
Kansas	.....	.....	9.3	35.9	100.4	125.6
Kentucky	45.9	53.6	53.9	94.2	168.9	146.8
Iowa	7.9	21.9	29.8	62.1	156.6	167.2
Nebraska	.....	.....	17.3	22.8	99.5	88.0
North Dakota	.....	.....	.....	21.2	53.3	14.3
South Dakota	.....	.....	.....	.....	.....	94.3
Southwest	.....	18.6	22.8	33.2	98.1	82.1
Arizona	.....	.....	.....	10.4	51.9	99.0
Nevada	.....	.....	.....	4.7	49.8	382.4
New Mexico	.....	17.9	29.9	54.4	128.0	43.0
Oklahoma	.....	.....	.....	.....	.....	11.3
Texas	.....	17.4	20.7	33.0	98.3	74.6
Utah	.....	3.9	37.2	28.8	104.9	79.4
Northwest	.....	.....	.....	17.7	62.0	92.5
Colorado	.....	.....	.....	30.1	50.9	79.1
Idaho	.....	.....	.....	6.7	49.1	97.2
Montana	.....	.....	.....	9.7	150.7	141.5
Wyoming	.....	.....	.....	.....	19.2	62.6
Far West	.....	6.2	108.5	191.2	270.6	244.6
California	.....	2.2	120.0	204.6	289.5	297.5
Oregon	.....	41.3	43.8	134.2	216.3	197.0
Washington	.....	.....	25.9	96.0	179.7	107.6

SOURCE: Office of Publications and Reports, U.S. Bureau of the Census.

Figure 3. Proportion of total population reported as mentally ill in each state. *Source:* Kurt Gerwitz, "Census Enumeration of the Mentally Ill and the Mentally Retarded in the Nineteenth Century," *Health Services Reports* 89, No. 2 (Mar. – Apr., 1974), 182.

Table 1. Mentally ill in the population and in hospitals. *Source:* Kurt Gerwitz, “Census Enumeration of the Mentally Ill and the Mentally Retarded in the Nineteenth Century, *Health Services Reports* 89, No. 2 (Mar. – Apr., 1974), 184.

Year	Census-enumerated population	Census-enumerated mentally ill	Mentally ill in hospitals and asylums	Proportion of total population in hospitals and asylums*	Percent of enumerated mentally ill in hospitals and asylums
1840	17,062,566	8,651	2,561	15.1	29.6
1850	23,190,675	15,610	4,730	20.4	30.3
1860	31,402,187	24,042	8,500	27.1	35.4
1870	38,558,371	37,432	17,735	46.0	47.4
1880	50,155,783	91,959	38,047	75.9	41.4
1890	62,947,714	106,485	74,028	117.6	69.5

* Per 100,000.

Table 2. Comparison of mentally ill by state. Source: Henry M. Hurd, William F. Drewry, Richard Dewey, Charles W. G Pilgrim, et. al. *The Institutional Care of the Insane in the United States and Canada*, edited by Henry M. Hurd (Baltimore: The Johns Hopkins Press, 1916. Reprint, New York: Arno Press, 1973), Vol. I, p. 418.

Year	Number of Insane Per 100,000 U.S. Population	Number Per 100,000 in Virginia	Number Per 100,00 in West Virginia	Number Per 100,000 in North Carolina	Number Per 100,000 In Tennessee	Number Per 100,000 In Kentucky
1850	67.3	68.2*		58.7	40.6	53.6
1860	76.5	73.9*		66.5	57.7	53.9
1870	97.1	91.8	84.6	72.7	73.5	94.2
1880	183.3	159.4	158.8	144.9	155.9	168.9
1890	170.0	145.4	141.5	106.6	104.4	146.8

*Includes West Virginia

Table 3. Admission notes from the opening months of Southwestern Lunatic Asylum. *Source:* Records of Southwestern State Hospital 1887-1948, acc. No. 23890, Library of Virginia, Richmond, Virginia.

MALES						
Age	Admitted	Job	Admitted From (Co.)	Cause of Insanity	Diagnosis	Left Asylum
27	May 18, 1887	Laborer	Washington, Jail	Unknown	Believes he is pursued by a mob	No further record (n.f.r.)
25	May 19, 1887	Laborer	Wythe, Jail	Attack of fever 2 years ago		n.f.r.
30	May 20, 1887	Farmer	Russell, Jail	Mental decay over 5 years	Dissipated habits	n.f.r.
	May 20, 1887	Farmer	Home	Heredity	Looks and talks simple	Cured, Sep 9, 1887
33	May 21, 1887	Farmer	Montgomery, Jail	Heredity	Dangerous religious mania	Died, Jul 19, 1887
32	May 27, 1887	Farmer	Montgomery, Jail		Absent minded, careless	n.f.r.
44	May 28, 1887	Farmer	Confinement at Nottaway CH	Heredity, fall on his head before the War, followed by epilepsy until 1867	No change as of Mar 15, 1897	n.f.r.
21	May 31, 1887	Laborer	Giles, Jail		Under indictment for a felony	Returned to County of Giles, Oct 26
31	June 3, 1887	Farmer	Washington	Loss of property		Restored, Sep 22, 1887
	June 7, 1887		Bland, Jail	Opium eater, was an inmate of Eastern lunatic Asylum	Charged with a felony	Restored, Sep 30, 1891
40	June 7, 1887	Farmer	Washington	Insane 2 yrs. Disease of throat, nose, and ears	Paresis of body and mind, derangement on all subjects	Died, paralytic stroke Nov 18, 1887
30	June 13, 1887	Laborer	Warren	Masturbation	Melancholic look, inflicts injury to himself	Restored, May 31, 1892
35	June 13, 1887	Farmer	Cample? Had been Confined in jail	Unknown	Suspicion of friends and jealousy	Cured, Aug 4, 1887
63	June 10 1887		Henry	Several furious attacks of short duration	Insanity appeared 5 years ago, general Derangement	Cured, Aug 4, 1887
40	June 16, 1887	Farmer	Fauquier, Pinel hospital	Heredity	Deranged on all subjects, chiefly religious No change as of may 18, 1896	n.f.r.
40	June 16 1887		Augusta, Pinel	Unknown	Self mutilation Discharged to hospital in	Discharged, Aug 16, 1887

			hospital		Augusta County	
20	June 16, 1887	Farmer	Augusta, Pinel hospital	Unknown	Avoids friends and relatives and wants to leave home	Restored, Sep 6, 1887
74	June 16, 1887		Bath?, Pinel hospital	Unknown	Loss of memory and incapacity for talking	Died, July 5, 1887
75	June 16, 1887	Wheelw	Augusta, Pinel hospital	Unknown	Dwells on religion, religious excitement, 24 yrs an inmate at Staunton Asylum	Improved, Aug 16, 1887*
52	June 16, 1887	Works	Augusta, Pinel hospital		Intemperate habits, threatens to destroy himself	Cured, Aug 31, 1887
67	June 18, 1887	Farmer	?	Disposed to injure himself	Subject of impending ? <u>much</u> dejects him	Died, June 26, 1888
50	June 21 1887	Laborer	Madison, Jail	Strong heredity	Been in asylums 3 times, mental condition weak	Cured, Sep 12, 1887
41	June 24, 1887	Farmer	Beuford	Financial distress	Dissipated	Cured, Nov 15, 1887
55	June 26, 1887	Lawyer, former state senator	?	Unknown		Cured, March 13, 1888
21	June 26, 1887	Farmer	Dickenson			Cured, Nov 21, 1887
16	June 28, 1887	Farmer		Masturbation and heredity	Incoherent talk and action	Cured, Nov 28, 1887
49					Discharged Aug 16 to Western Asylum	
42	June 28, 1887	Farmer	Henry	Heredity	Melancholy, two attacks 10-12 years ago	Improved, Oct 20, 1889
45	June 29, 1887	Manager tobacco factory	Danville, VA	Cerebral syphilis	Squire's (?) dementia	Improved, Sep 30, 1887**
57	July 8, 1887	Cons-table	Campbell	No heredity	Mumbles about coal to burn his confession repeatedly	Died, Jan 2, 1888
31	July 9, 1887	Farmer	Patrick, Jail	No heredity	1 st attack 8 years ago, confined 8 months in Williamsburg Asylum	Restored, Apr 11, 1888
21	July 9, 1887		Patrick	Unknown		n.f.r. after Feb 1903
55	July 13, 1887	Farmer	Carroll, Jail	Injury to head from being kicked by a horse and heredity because of an insane sister	Insane on all subjects, been home a year from Western Asylum	Died, Feb 2, 1902
57	July 13, 1887	Tobacco Manufacturer	Staunton	Unknown	No lucid intervals, may have had a paralytic stroke, but no evidence in his gait	Died, Sep 25, 1887
24	July 13, 1887	Farmer	Brought by sheriff	Has delusions	Admitted by order of county court of	Restored, Sep 30, 1891

					Augusta, convicted of murder but was insane at the time of the act	
35	July 17, 1887	Architect	Danville, VA	His friends consider him insane, but business partner does not	Lucid at intervals	Improved, Feb 28, 1889
47	July 20, 1887	Farmer	Wise	Fear of robbery	Wild when admitted	Died, July 21, 1887***
65	July 21, 1887	Farmer	Brunswick	Unknown,	Melancholia, was in Eastern Asylum 15 years ago	n.f.r.
17	July 28, 1887	Farm laborer	Patrick	Heredity, masturbation	Fears he will do himself or someone else an injury	Restored, June 11, 1888
60	July 28, 1887	Miner ?	Rock-bridge, Jail	Mining and the desire to own large farming lands	No lucid intervals	Cured, Sep 27 or 29, 1887
43	July 30, 1887	Shoemaker	Carroll, Jail		Religious mania	1897, n.f.r.
35	July 30, 1887	Laborer	Alberna--	Blows to the head or heredity	Grand delusions about money and imagines Himself the possessor of immense estate	Died, Apr 14, 1889
59	Aug 1, 1887	Merchant	Roanoke	Rheumatic gurch or (gach)		n.f.r.
21	Aug 1, 1887	Farmer and sawmill	Giles	By the self destruction of his mother by drowning		Cured, Dec 4, 1887
21	Aug 4, 1887	Farmer	L---burg	Spinal irritation	No lucid intervals	Restored, Oct 15, 1889
23	Aug 4, 1887	No occupation	Fauquier, Jail	Self-abuse, no Heredity	Little above idiot	Feb 1897, n.f.r.
24	Aug 9, 1887	Farm laborer	Washington, Jail	Self abuse and Tobacco	Noisy, filthy, quarrelsome, practicing the act of masturbation in public	Restored, Jan 9, 1890
56	Aug 10, 1887	Merchant clerk			Delusions of extensive business in the establishment of stores, visitation from God	Restored, Oct 11, 1887
24	Aug 31, 1887	Laborer	Bolecourt (?)	Masturbation	Fogetfulness [sic]and general mental imbecility	Cured, Feb 1, 1888
30	Sept 3, 1887	Farmer	Smythe Co. commission	Property and Religion	Delusions, purchasing large ? of land and timber and establishing factories on a large scale resides in Washington Co.	Cured, Oct 22, 1887 Readmitted Oct 5, 1888
79	Sept 8, 1887	Miller	Lummburg	Attack of typhoid Fever		n.f.r.

			(?)			
47	Sep 13, 1887	Farmer			Insane since 1854 (14 yrs old), sent to Western Lunatic Asylum, escaped and became a soldier, sent back to Staunton in 1872	1896, n.f.r.
37	Sept 16, 1887	Farmer	Carroll	Mentally disturbed 7 or 8 yrs	Admitted from Western Lunatic Asylum, been at Williamsburg and Staunton, melancholia	Restored, Mar 2, 1889
37	Aug 10, 1887	Farmer	Appomatax	Went to Eastern Lunatic Asylum 8-10 yrs ago	Delusions of an exalted nature, fancies that in his land are rich deposits of minerals, keeps specimens in his pockets	n.f.r.
34	Sept 1887	Farmer/ Carpenter	Washington	Attack of typhoid	has an idiot child and insane cousin	Restored, Feb. 4, 1889
16	Sept 21, 1887	Farmer/ laborer	Wythe	?	102 pounds, his affliction is pitiful in the extreme – eruptions all over his body	Cured, Early 1888
28	Sept 27, 1888	Laborer	Wise	Unknown	grand delusions of money & sometimes prone to violence	Restored Apr 27, 1888
47	Sept 30, 1887	Trader	Montgomery	Mental disquiet for 8 months	wandering about assured he was a preacher of the gospel	Died, Feb 18, 1890
37	Sept 30, 1887	Oyster-man/ farmer	Gloucester	Melancholic because of disease said to be malarial (?) poisoning	two attempts to commit suicide by drowning, father committed suicide	Cured, Mar 21, 1888
20	Oct 1, 1887	Farmer	Campbell	Unknown; showing signs of mental disquiet for 18 months	melancholic and suicidal	n.f.r.
42	Oct 12, 1887	No occupation	Payo?	Unknown	dementia	Con. unchanged May 1898, n.f.r.
42	Oct 14, 1887	No occupation	Clark, Jail	Unknown, insane 7 months	Paraplegia	Died, Jan 27, 1888
70	Oct 20, 1887	No occupation	Brunswick	Blow on the head From fall from mule	Disposition to inflict bodily harm on his Companions	Died, June 11, 1890 Exhaustion, Senility
20	Oct 30, 1887	Farm laborer	Floyd	Masturbation and sickness ___ of two years followed by nervousness	Loss of memory, attacks of about 10 days duration each	Cured, June 30, 1892
52	Nov 14, 1887	Farmer	Roanoke	Syphilis as a young man	Delusions bordering on the ___ grand? unsteady in gait, feeble	Discharged, Improved, Feb 28, 1889
33	Nov 14, 1887	Farmer	Bland	Injury to neck from being held in a scuffle and religious	explanation discounted by physician	Died, of pulmonary complications of measles

				excitement		April 3, 1894
14?	Nov 25, 1887	No occupation	Wise	Shows mental disturbances since an attack of diphtheria 7 years ago	(Mother is a vagrant) Shows disposition to wander Begging	Discharged*
19	Dec 7, 1887	Printer	Roanoke, Confined in Jail	An attack of fever	Incoherent thoughts and speaks imagines himself a taylor [sic] and again he decided? to be a merchant	Cured, Jan 23, 1888
36	Dec 2 1887	Farmer	Washington	A spell of fever	Shows signs of mental loss around 15 months Evidence of ___ trouble not brain	Restored, Feb 7, 1889
38	Dec 9, 1887	Farmer	Tazewell	Exposure, mental strain, financial reverses	Showing signs of mental disquiet 2-3 yrs. Doing unusual things and talking in an irrational manner	Disch. on bond, Apr 17, 1888
33	Dec 13, 1887	Farmer	Brunswick	Masturbation, seems to be mentally weak from birth, heredity	Melancholy	Restored, June 11, 1888
25	Dec 17, 1887	Merchant	Tazewell		Habits dissipated, intoxicated by the person bringing him in	Cured, Mar 5, 1888
20	Dec 27, 1887	Blacksmith	Staunton	Committed because of inability of his people to control his habits of drink	Dissipated for several years	Restored, May 19, 1888
44	Jan 26, 1888		Fairfax**	Family trouble	Venereal disease 14 years ago	restored Apr 28, 1888

*Discharged as improved and received into Western Lunatic Asylum

**Application made for his return about a month later. Died suddenly Dec 5 or 6, not in the asylum.

***Died 28 hours after admission.

****Discharged under a certificate that read he was discharged as unimproved but was not a subject for an insane asylum and belonged to the idiotic class.

*****Brought from jail with a guard and handcuffs.

FEMALES						
Age	Admitted	Number of Children	Admitted From (Co.)	Cause of Insanity	Diagnosis	Left Asylum
53	May 17, 1887	6	Washington, Jail	Supposed to be of syphilitic origin	Recurring mania, quarrelsome, mean, obstinate, meddlesome	Recovered, Jan 24, 1888
38	May 18, 1887	2 living	Smyth, Jail	Had been in asylum before	violent, vulgar	Restored, Nov 20, 1887
48	May 19, 1887	3	Wythe, Jail	No cause known, has suffered from "change of life"	wild, talkative, noisy	Discharged to daughter, Sep 8, 1887
70	May 23, 1887	6	Roanoke	Has been insane 25 years	Widow, noisy, filthy, quarrelsome, eats too much, smokes. Stabilized her and happy and contented	
22	May 24, 1887		Roanoke	A Doctor in Philadelphia examined her some 7 years ago and said she appeared to have had a sunstroke, has been having for 10 years, "Epileptic Fits"	Symptoms of insanity first appeared about Jan 1885, she imagined that some one was going to kill her, "would try to get out of her room and try to hide."	Nov 1, 1889 No further record (n.f.r.)
38		8	Montgomery	Debilitating? uterine trouble, death of father	Insane 6 months, suspects friends of trying to poison her, attempts violence to her children	Restored, Mar 26, 1888
No age given	May 28, 1887	21-month old		Disappointment and trouble	Been insane since 1886, suicidal*	
38	May 28, 1887	9	Wythe	Loss of her son, who froze to death last winter	Been insane 2 months, thinks she's to be hung for a crime, screams and talks wildly, tried to drown herself, melancholy but sometimes violent	Furloughed Sep 8, Recovered Sep 30, 1887
18	May 31, 1887		Montgomery	Insane 2 years, unable to walk	Melancholy with violent bursts of temper. June 5, falls from chair unless tied up, June 9, dressed, bathed herself, walked out in hall, but then went back to her nearly paralyzed state	Nov 10, 1888, one of best patients on ward Mar 1889, not doing as well
48		2	Montgomery	Unknown, has had change of life, menstrual problems		

35		6	Lee	Some uterine trouble	Been insane 8 or 9 months; one attack 15 years earlier, sometimes violent	
38? or 35	June 2, 1887	?	Washington, brought by constable	Contracting cold after childbearing and nerve prostration	Screaming loudly	Restored, Nov 28, 1887
17	June 2, 1887	Unmarried, 1 dead, born 6 weeks ago	Franklin, Jail	Labor and puerperal convulsions	Lousy, covered with vermin, attempts to commit violence to herself and others	Died, Oct 15, 1890**
35	June 2, 1887	Unmarried, 3 or 4	Franklin, Jail	Withdrawal of her children from her custody	Insane about 8 years, jailed Dec 1, 1886. Dirty, lousy, covered in vermin	Discharged, as improved May 16, 1897
40	June 2, 1887	None	Franklin, Jail	No cause	Dirty, lousy, covered in vermin, noisy, filthy, and quarrelsome	Died, Oct 18, 1887 of exhaustion* **
45	June 2, 1887	?	Franklin, Jail	Habitual smoking and change of life	Insane 2 months, deranged on 2 subjects: burning and religion	n.f.r.
34	June 4, 1887	Single	Scott	Spinal irritation and obstructed menstruation, used tobacco excessively	Talks to herself and sometimes sings, quarrelsome, irritable, obstinate, curses	Improved considerably
40	June 4, 1887	Unmarried	Scott	Irregularity of catamenia with dysmenorrheal symptoms, torpid liver, indigestion, spinal irritation	Insane 3 ½ years. Deranged on freemasonry and imaginary wrongs, irrational, wild talk, speaks of violence. Said to be worth six or seven thousand dollars.	May 20, 1890 Seems to think of nothing but about getting away from the asylum and talks constantly about it. General health good. n.f.r. ****
75	June 7, 1887	None	Petersburg?	No cause	Deranged on several subjects	Died, May 22, 1890 (apoplexy)
40	June 7, 1887	None	York	Heredity, 2 sisters insane	Deranged for 15-16 years but of good habits. Deranged on jealousy and witchcraft, disposed to	Discharged, Aug 8, 1890

					violence toward husband and those near her	
19	June 8, 1887	Single	Buckingham	Insane one week, unknown cause, may be from study and confinement at school	Nervous prostration, noisy, wild, incoherent, frolicksome, restless	Restored, Nov 8, 1887
23	June 8, 1887	Single	Peters-burg	Insane about 3 months, unknown cause, possible suppression of menses and religious excitement	Violent and boisterous at times, deaf and dumb, but can sometimes hear well during her violent attacks	Discharged, restored to sanity Jan 17, 1888
48	June 10, 1887		?		Delusions that her mother and brother were "witching" her	Discharged, Aug 4, 1887+
24	June 11, 1887		Henry	Unknown or heredity, uncle and brother are insane	Insane 2 years, irritable, disposed to fight, deranged on several subjects	Discharged, as improved to mother and brother Apr 14, 1888
56	June 10, 1887	Unmarried	Henry	Heredity, mother and aunt insane	Insane over 4 years, unreasonable conduct, violent disposition toward family, threatens to kill ? deranged on religion	
38	June 13, 1887	3	Warren	Venereal or syphilitic disease, then bad treatment and desertion by husband	General derangement	Died, July 3, 1887 of exhaustion, diarrhea and --- syphilis?
30	June 16, 1887	Unmarried	Buckingham	Meno—hagia, causing hysterical mania	Listless, dull, incoherent, derangement chiefly on "hatred to negroes, marriage, and to ---?"	Furloughed home, May 6, 1888
38	June 16, 1887	Single	Bedford	Property, real or supposed, occupies a prominent position in her mental alienation	Insane 2 years. General incoherence and mental exaltation	Restored to sanity, Aug 4, 1887++
46	June 16, 1887	1 son who is insane	Pinel Hospital,	Fixes on subject of her son and loss of her property	Insane 1 year. Derangement in general, sometimes becomes excited, noisy, and quarrelsome	n.f.r.
17	June 16, 1887	Unmarried Domestic	Buckingham	Suppression of menses	Insane about 28 months. Noisy and quarrelsome	Dec 14 (?) 1892, irritable and complaining...face

						badly broken out with bromide acne. n.f.r.
54	June 16, 1887	Unmarried	Richmond	Her niece was murdered and she imagines that she caused the trouble	Insane 20 months. Random talk, tried to poison and drown herself, attempted violence to family	Discharged, Sep 23, 1889
33	June 16, 1887	3	James City, Pinel Hospital,	Poverty or dread of poverty	Complaining of poverty and wants separation from husband, tried to kill him with an axe	
27	June 16, 1887		Powhoten Co.? Pinel Hospital,	General nervous derangement, probably hereditary, one sister deranged	Insane about 15 months, former attack in 1884, dissatisfied with everything at home, constant wandering about, threatened to kill mother and sister	Recovered, Sep 27, 1887
30	June 16, 1887	Unmarried	Appomattox, Pinel Hospital,	Unknown, probably heredity. Previously confined in jail and Pinel, kept in strait jacket 6 months	Wild talk and actions, came to asylum raving, tearing, cursing. Sep 28— one of the nicest patients in the house. Oct 26— discharged and employed in executive bldg	Released to aunt, Apr 1888
42	June 16, 1887	Unmarried	Warren	Unknown, but has had “some menstrual derangement”	Wanders about, mistreats parents	
48	June 16, 1887	3	Louisa, Pinel Hospital,	Heredity and loss of relations	Constant aberration and excitement of mind, violent at times	
42	June 16, 1887	Unmarried	Fauquier, Pinel Hospital,	General bad health and domestic affliction, undetermined liver trouble	Deranged 5 years, rude and dangerous	
34	June 16, 1887	3	Lynch-burg	Trouble about property, husband left prop. to 2 older sons and none to her youngest child	Violent at times and threatening to kill people, drinks and chaws tobacco	Died, Aug 29, 1889 of general paresis
33	June 16, 1887	2	Rappahannock, Pinel Hospital,	Hysterical neurosis, has frequent epileptic fits and subject to masturbation	Noisy and destructive, shows violence to her children	Discharged, Sep 10, 1887
35	June 16, 1887	None	Norfolk, Pinel Hospital	Heredity, father and brother insane	Insane since Sept 1886, monomania on religion, disposed to violence to herself	

27	June 16, 1887	None	Halifax, Pinel Hospital		Insane 4 ½ years, lives with mother, sometimes violent, burns and destroys clothes and other articles	
26	June 16, 1887	Unmarried, 1 child (?)	Spottsylvania, Pinel hospital	Mental weakness, has never been right	Has been in Eastern Lunatic Asylum, Aug 1884; constant and incoherent talking, imagining persons	Restored, Oct 10, 1890
64	June 16, 1887	Unmarried, House-keeper	Henrico, Pinel Hospital	Constipation, debility, and partial imbecility, maybe heredity	Insane 8 or 9 years, complains of imaginary ailments of her "insides" such as a tapeworm	Died, Sep 15, 1894
31	June 16, 1887	4	Yazamell? Pinel Hospital	Greatly disturbed in mind as to her poverty	Insane 3 years, left home and walked barefoot with her shoe in her hand on a winter day	
31	June 16, 1887	Unmarried, House-keeper	Pittsylvania, Pinel Hospital	Heredity, 2 aunts and grandmother insane	Hallucinations and loss of sleep, dissatisfied with everything and everyplace, insomnia, monomania on cleanliness	Recovered, Aug 4, 1887
22	June 16, 1887	2 (youngest is 4 months)	Henrico, Pinel Hospital	Jealousy of her husband	Talking at random and disposition to ramble from home, insane 4 times previously	Restored to sanity, Nov 28, 1887
44	June 22, 1887	Unmarried	Carroll	Unknown	Insane 2 to 3 years, has strange actions and thoughts.	Died, Mar 12, 1895
	June 23, 1887	5 (3 living)	Richmond	Unknown, cultured, educated, refined	Insane 18-20 years, years ago tried to throw her child in the fire, thought she was a ghost, beats her head against the wall	Discharged as improved, March 5, 1891+++
30	June 24, 1887		Craig	Had brain fever as a child, her sister was insane for a short time	Insane 16 years or more	Discharged as improved, Aug 25, 1888
28	June 26, 1887	4 living, 2 dead	Wise	Female disease and trouble (suppressed menses and spinal affliction)	Insane since 1882, foolish talk and crazed spells that last for a day or two, threatens to destroy her children	Released on bond, Dec 3, 1887. Against all advice, her husband came to get her.
38	June 26, 1887	2	Scott	General suppression of the secreting system (menses and uterine)	Insane 1 year, former attack in 1885. Simple talk and in "hallowing"	Discharged as improved, Dec 16, 1887
45	June 28,	4	Henry	Mind thrown off	Disconnected talk, fear of	Recovered,

	1887			balance by desertion of husband	being injured by someone, attempted to hang herself	Sep 27, 1887
21	June 28, 1887	Unmarried	Henry	Heredity	Insane 18 months, saw some frightful looking object that alarmed her	After 1910, n.f.r.
52	June 29, 1887	4	Matthews	Rheumatism and menstrual disorders	Noisy and disposed to wander about, sometimes violent	Discharged, Nov 21, 1887
51	June 29, 1887		Matthews	Indigestion	Nervous and destructive at times, deranged on religion	Discharged, Nov 21, 1887
40	June 29, 1887	Widow Pauper in Poor-house	Nattomax (?)	Disappointment in marriage, thinks some one is slandering her	Delusions, tried to kill her c to kill several persons	Recovered, Oct 17, 1887
37	June 29, 1887	10	Danville	Chronic cerebritis	Insane 5 years, been in asylums 2 times before, has hallucinations, fears bodily harm and being poisoned by husband	After 1915, n.f.r.
52	June 30, 1887	9	Amherst, Jail	A troubled mind	Spent 3 years in an asylum six years earlier Indecent, garrulous, destroyed clothing	Discharged As improved, July 31, 1891
27	July 1, 1887	2 (1 living)	Buckingham	Heredity	Insane 2 years. Violence of temper followed by melancholy and random talk	
36	July 1, 1887	2	Goochland	Bad health and disappointment	Insane since June 4, general derangement	Transferred, no change Apr 25, 1902
42	July 5, 1887	None	Smyth	Unknown unless from religious excitement	Insane 9 years, general derangement, especially on subject of religion	Sep 1915, n.f.r.
61	July 5, 1887	Unmarried	Culpepper	Arsenic according to Dr. Lewis, suppression of urine	Insane since Nov 20, 1885, dread of poverty, hallucinations, incoherent talk	Discharged, unimproved, Sep 23, 1902
56	July 5, 1887	Unmarried school teacher	Franklin	Failure of eyesight And trouble at the death of friends and loss of property	Insane 5 years, absence of mind and restlessness, has threatened violence to others	Died, Dec 18, 1887 of chronic melancholia, exhaustion, and paralysis from brain softening
39	July 7, 1887	3	Lee, Jail	Cerebro spinal irritation aggravated by uterine trouble	Insane 3 months, general derangement	Cured, Jan 4, 1889
	July 7, 1887	2	Danville	A spell of fever in childbirth, then domestic infelicities	Irrational questions and talk, sometimes fears she may kill her children	Restored to sanity, Mar 16, 1888
66	July 11,	3 living	Washing-	Uterine disease (had	Insane 12-14 months,	Discharged

	1887		ton	an attack 20 years ago, went to Western Asylum	nervousness, irritability of temper, disinclined to do anything, even to get out of bed	As improved, Jun 18, 1888
28	July 13, 1887	4	Carroll		Inattention to house, children, lucid intervals of a day or 2, spite against husband, tried to kill him	Discharged as recovered, Feb 14, 1888
55	July 15, 1887	Widow 1 son	Bland	Loss of property, of her beauty, loss of property and position	Insane 15 years, dissatisfaction	Discharged, Dec 31, 1889
27	July 15, 1887	Unmarried seamstress	Bland	A childhood blow on the head	Insane about 28 months, tried to poison herself, derangement on the subject of matrimony	Recovered, Apr 21, 1888
18	July 16, 1887	2 (both dead)	Macklen-Burg (?)	Puerperal conditions with effusions into the brain	Insane since March when her child was born, perversion of affection and judgment, hallucinations, runs away after violent passion	Discharged to husband as improved, Oct 8, 1889#
24	July 19, 1887	5	Grayson	Insane 22 months	Symptoms began at death of brother, has attempted to destroy herself	Discharged to brother, Mar 8, 1888
29	July 19, 1887	4	Grayson	"may have hurt her spine by a fall", may have a woman's disease	Had a spell of sickness and total loss of mind afterward, anxious	Restored to sanity, Jan 24, 1888
30	July 22, 1887	Unmarried	Campbell	Heredity	Insanity well-developed after Eastern Asylum, 1886, turbulent Threatening	Discharged, Oct 31, 1887
53	July 28, 1887	Unmarried	Patrick	Typhoid fever	Irregular temper, foolish talk	Discharged, Nov 16, 1887
21	July 28, 1887	Unmarried	Montgomery	Dysmemorrhea and suppression, causing nervous excitement and brain excitement	Insane since fall of 1881, attack was sudden and violent with disposition to harm herself and others. Flighty since 1881	Recovered, Dec 6, 1887
22	July 28, 1887	Unmarried	Montgomery	Unknown	Indifferent to everything	Died, July 1, 1892, cerebral congestion
41	July 28, 1887	7 (3 dead)	Washington, Jail	Use of opium and suppressions	Insane 3 years, violence to Others	Restored, May 25, 1891
60	July 30, 1887	Unmarried	Albemarle? Jail	Insane several years	Derangement on subject of death, a fearful dread of being burned up or killed	Apr 25, 1902 condition unchanged, transferred, n.f.r.
50	July 30, 1887	Several	Carroll	Insane 4 years	Imagines seeing things, wants to travel all the time, takes no interest in her home, fights like a	Restored, Sept 7, 1887

					wildcat when tried to be controlled	
21	July 30, 1887	Unmarried	Carroll	Heredity, insane aunt	Insane 12 months, melancholy, takes no interest in anything	Died, Sep 17, 1890 of phthisis or pnehisis
26	Aug 1, 1887	4 (1 dead)	Giles	Heredity	Insane 18 months. Great mental anxiety, imagines her husband is not true and thinks she is accused of killing her child	Discharged, Sep 12, 1887
	Aug 12, 1887	None	Brunswick	Nervous prostration	Nervous and mental excitement with delusions, thinks she has committed an unpardonable sin	Discharged, Dec 31, 1889
53	Aug 12, 1887	Unmarried	Greenville	Uterine trouble, and 3 years ago, walked 4 miles in the sun on a very hot day – symptoms set in at once	Insane 3 years, great restlessness, incessant talking, melancholy	
32	Aug 13, 1887	3 (2 dead)	Washington	Debility and general bad health	Delusions and hallucinations	Recovered, Aug 22, 1888
34	Aug 16, 1887	3	Loudon	Heredity	Delusions	
46	Aug 13, 1887	5 house-keeper	Montgomery	Mental strain, anxiety change of life, uterine trouble	Mania with delusions	Recovered, June 6, 1888
32	Aug 18, 1887	Unmarried teacher	Albermarle	Heredity	Insane 2 years, addicted under a doctor's care to opium, suspiciousness, paroxysm of ill-temper	Restored to sanity, May 28, 1888
46	Aug 20, 1887	5 (4 dead)	Green	Uterine trouble	Insane 1 year, unnatural in her talk, actions talking idly, singing, dancing, vulgar expressions	Restored to sanity, May 28, 1888
30	Aug 26, 1887	3	Washington	Puerperal fever and childbirth	Was in Western Insane Asylum in 1877 for 5 years	Recovered, Apr 18, 1888
38	Aug 27, 1887	4 (2 dead)	Franklin	Domestic trouble	General mental disturbance from nervous excitement, deranged on religion and "firewater"	Restored to sanity, Nov 28, 1887
40	Aug 30, 1887	1	Bedford	--on puerperal mania	Insane 7 years, apprehension of evil, melancholia, threats of self-destruction	Recovered, Jan 31, 1888
65	Aug 30, 1887	Unmarried	Came from the "Old Ladies Home" in Richmond	General bad health From chronic diarrhea and possibly heredity	Constant bathing, thinks she has committed "the unpardonable sin"	Died, Jan 17, 1888 from chronic mania and exultation
30	Aug 23,	Unmar-	Carroll	Strenuous diathesis	Insane 4 years, delusions	Restored,

	1887	ried			with desire to destroy herself	Oct 24, 1888
65	Aug 25	Unmarried	Alexandria	Senile insanity	Dislike of best friends and supposition they will do her harm	

*Admitted with her 21-month old child. They were kept together but separated when mother became difficult to manage.

**From swallowing pins, needles, buttons, to which she was much addicted.

***This patient, Sally, and the previous one, Parthenia, were sisters.

****This patient, Mary, and the previous one, Susan, were sisters.

+Discharged as recovered by superintendent, Dr. Black, after appearing before the Executive Committee.

++She was discharged as restored to sanity, but kept under observation in dining room for a month; faithful and helpful, so she was released to her home Sep 12, 1887.

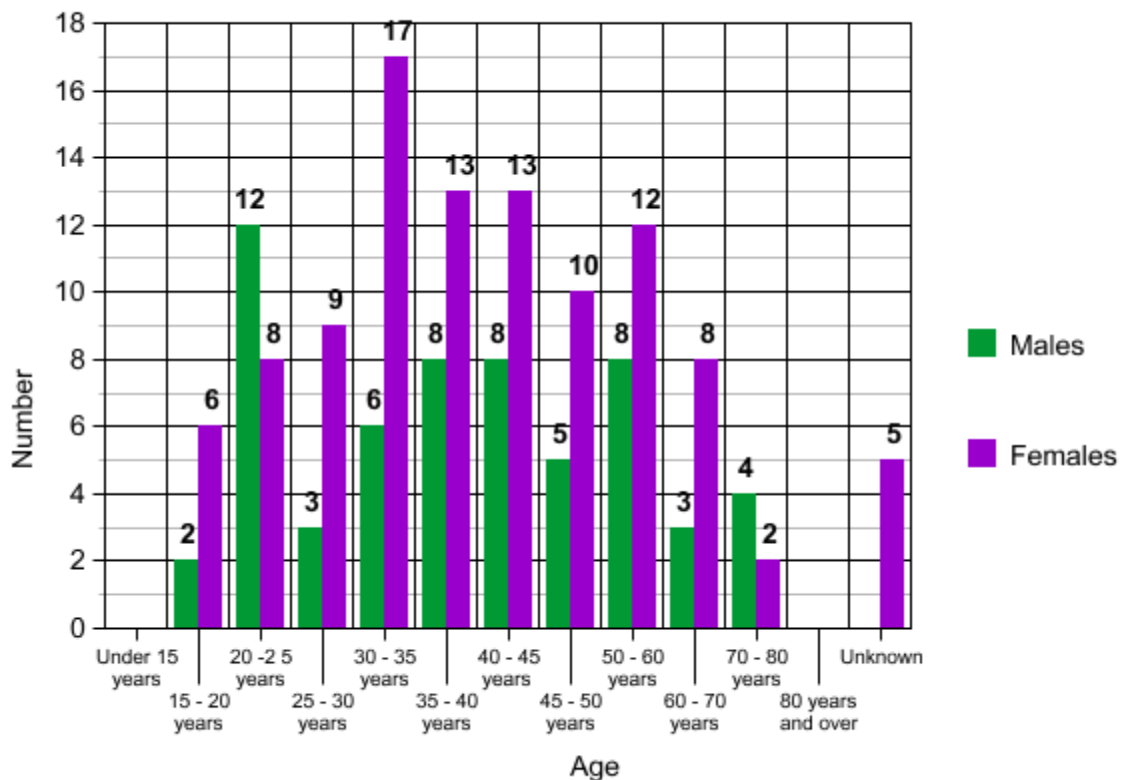
+++Improved, but transferred to Western Lunatic Asylum in Staunton.

*+Relapsed due to death of a daughter, returned August 9, 1890.

#Furloughed March 8, 1889, but in September irrational and little memory.

##Returned to asylum Feb 21, 1889, discharged Oct 18, 1889.

Age When Admitted (May - Sept., 1887)



Annual Report of the Southwestern Lunatic Asylum

Figure 4. Age when admitted. *Source:* “Annual Report of the Southwestern Lunatic Asylum for the fiscal year ending Sept. 30, 1887,” p. 9. Papers of the Black, Kent, and Apperson Families, Ms 74-003, Special Collections, University Libraries, Virginia Polytechnic and State University.

SELECTED REASONS FOR ADMISSION TO THE WESTERN NORTH CAROLINA
INSANE ASYLUM (1883 – 1888)*

Males

Acute illness
Intemperance
Political excitement
Civil War
Epilepsy
Over-work
Masturbation
Religious excitement

Females

Menopansis
Uterine disease
Seduction
Disappointment
Domestic affliction
Ill health
Fright
Solitary life

* These diagnoses are preponderantly for the specified gender. Of all 793 admissions during the time period, 398 came in with unknown causes for their insanity. Females had double the rate of unknown causes as males.

Figure 5. Reasons for admission to Western North Carolina Insane Asylum. *Source*: “Report of the Western N.C. Insane Asylum from December 1st, 1886, to November 30th, 1888,” p. 14-15. North Carolina Room, Burke County Public Library.

Table 4. Previous occupations of patients under treatment. *Source*: “Report of the Western N.C. Insane Asylum from December 1st, 1886, to November 30th, 1888,” p.17. North Carolina Room, Burke County Public Library.

PREVIOUS OCCUPATIONS OF PATIENTS UNDER TREATMENT AT WESTERN
NORTH CAROLINA INSANE ASYLUM (1886 – 1888)

Brickmason	1	Harness-maker	1	Not stated	32
Bookkeeper	1	Housemaids	3	No occupation	80
Civil engineer	1	Housekeeper	1	Potter	1
Clergymen	5	Housewives	5	Potter's daughter	1
Clergymen's wives	2	Indian agent	1	Painters	2
Commercial traveler	1	Junk dealer's wife	1	Printer	1
Cook	1	Laborers	56	Physicians	3
Clerks	7	Laborers' wives	14	Physicians' wives	2
Carpenters	7	Laborer's daughter	1	Physician's son	1
Carpenters' wives	5	Lawyer	1	Seamstresses	2
Carpenter's daughter	1	Lawyers' wives	2	Shoemakers	2
Druggist's wife	1	Merchants	10	Student	1
Dentist	1	Merchants' wives	4	Saddler's daughter	1
Editor	1	Merchant's daughter	1	Teachers	14
Farmers	137	Millers	2	Teachers' wives	2
Farmers' wives	85	Millers' wives	2	Trader	1
Farmers' daughters	47	Miller's daughter	1	Tailor's wife	1
Farmers' sons	15	Machinist	1	Tailoresses	2
Factory operatives	7	Miners	2		
Gardener	1	Manufacturer's son	1	Total	588
Gunsmith	1	Music dealer's wife	1		

Table 5. Annual admissions to the Trans-Allegheny Lunatic Asylum. *Source:* Report of the Directors, Superintendent, and Treasurer of the West Virginia Hospital for the Insane for the years 1899-1900, p. 42. West Virginia State Archives.

<u>Year</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1864	6	15	21
1865	22	14	26
1866	6	8	14
1867	10	9	19
1868	93	69	162
1869	22	29	51
1870	11	31	42
1871	31	35	66
1872	55	31	86
1873	18	15	33
1874	56	34	90
1875	36	16	52
1876	72	52	124
1877	45	43	88
1878	36	21	57
1879	31	24	55
1880	67	61	128
1881	105	83	188
1882	93	106	199
1883	114	92	206
1884	97	79	176
1885	67	56	123
1886	63	41	104
1887	130	101	231
1888	112	104	216
1889	108	114	222
1890	128	105	233
1891	113	136	249
1892	137	88	225
1893	107	92	199
1894	110	85	195
1895	128	103	231
1896	106	87	193
1897	91	108	199
1898	133	113	266
1899	90	85	175
1900	<u>38</u>	<u>31</u>	<u>69</u>
<i>Total</i>	2707	2316	5023

VITA

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 Morgan Reynolds Publishing, 2007.
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 Star*, September 13, 2008
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