University of Mississippi

eGrove

Electronic Theses and Dissertations

Graduate School

2016

The Corruption Of Promise: The Insane Asylum In Mississippi, 1848-1910

Whitney E. Barringer
University of Mississippi

Follow this and additional works at: https://egrove.olemiss.edu/etd

Part of the United States History Commons

Recommended Citation

Barringer, Whitney E., "The Corruption Of Promise: The Insane Asylum In Mississippi, 1848-1910" (2016). *Electronic Theses and Dissertations*. 643.
https://egrove.olemiss.edu/etd/643

THE CORRUPTION OF PROMISE: THE INSANE ASYLUM IN MISSISSIPPI, 1848-1910

A Dissertation
presented in partial fulfillment of requirements
for the degree of Doctor of Philosophy
in the Department of History
The University of Mississippi

by

Whitney E. Barringer

August 2016

ABSTRACT

The ideology of insane asylum reform, which emphasized the Enlightenment language of human rights and the humane treatment of the mentally ill, reached American shores in the early-mid-nineteenth century. When asylum reform began to disseminate throughout the United States, forward-thinking Mississippians latched onto the idea of the reformed asylum as a humane way to treat mentally ill Mississippians and to bolster the humanitarian image of a Southern slave society to its Northern critics. When the Mississippi State Lunatic Asylum opened in 1855, its superintendents were optimistic about the power of the state to meet mental healthcare needs. While Mississippi slave society was incredibly wealthy, it was not proportionally progressive, and the idealism of the asylum supporters encountered the stark reality of Mississippi's anti-statist culture and legislative austerity, as well as the limits of the nascent field of psychology. Mississippi ultimately proved exceedingly resistant to reform. By the beginning of the twentieth century, overcrowding, underfunding, and racial psychology had spurred the asylum officials to deemphasize treatment and transform the insane asylum solely into a holding cell for the mentally ill.

DEDICATION

For Papa.

LIST OF ABBREVIATIONS

MHJ	Mississippi Journal of the House of Representatives
MSJ	Mississippi Journal of the Senate
MDAH	Mississippi Department of Archives and History
UMASC	University of Mississippi Archives and Special Collections

ACKNOWLEDGEMENTS

If the acknowledgement section were fair, it would be an appendix. Each person who helped the work come to fruition would have a separate entry. It is the nature of this section to be unfair, however. Advance apologies to those who I am unable to duly recognize.

Many thanks to the Mississippi Department of Archives, which housed most of the sources I used for this dissertation. Special thanks go to MDAH director Katie Blount, historian Ashley Koostra, and Director of Published Information Indira Bhowal, as well as the reading room staff who assisted in collecting and occasionally hunting down the materials needed for this dissertation. I also received extensive help from the University of Mississippi Department of Archives and Special Collections, and I very much appreciate library specialist Lauren Rogers cheerfully answering emails at strange hours. Thanks also goes to the University of Mississippi Graduate School for a fellowship grant I received in Fall 2014 that helped finance my research.

I am eternally grateful for my knowledgeable dissertation committee. Dr. Ted Ownby provided guidance and helped raise spirits during the rougher months of writing. The rest of my committee, Drs. Charles R. Wilson, Theresa Levitt, and John Young, provided guidance and direction and helped determine the trajectory of this dissertation. Any failures to meet the goals set within are my own, but I hope I have at least come close to their expectations. Thanks also go to Dr. Elizabeth Payne, who helped me grasp the culture of Mississippi and prepared me to write

TABLE OF CONTENTS

LIST OF TABLES

LIST OF ILLUSTRATIONS

INTRODUCTION: ON ENTROPY AND MEMORY

In Lee County, Mississippi, a few miles north of Tupelo, are the small towns of Guntown and Baldwyn. Much of the settlement in the area took place in the late 1830s, after the Chickasaw ceded their lands to the state in 1836 and subsequently left for the Indian Territory in 1837. South Carolinians and Georgians of Scotch-Irish descent rushed the land, some alone, some with their entire families, many with slaves. After the Civil War, enormous slave plantations with hundreds, even thousands of acres, converted to tenant farming, and many freedmen rented from their former masters. Life in the area was hard, and violence, accidents, disease, and the natural vicissitudes of rural nineteenth-century life shortened many people's lives. While the locality was not technically remote, most travel was by foot or by horse, and a round-trip to Tupelo, the county seat, from Guntown on unpaved roads could take most of the daylight hours. Mostly Baptist and Methodist and occasionally Presbyterian, the communities dotting the area were religious, segregated but close-knit, and self-policing. With the nearest major town hours away, local Mississippians had little choice but to take care of themselves.

Bethany is a tiny settlement sitting on Brices Crossroads, about seven miles equidistant outside of Guntown and Baldwyn. The crossroads is celebrated as the site of one of Major General Nathan Bedford Forrest's late-war Confederate victories, though that Forrest had fallen for a trap - a feint to pull Forrest away from Major General William Tecumseh Sherman's march

to the Sea - is less celebrated. The soldiers who died in the battle were buried near the Bethany

Presbyterian Church cemetery. When a torrential downpour washed the dead out of their shallow

graves in the 1880s, the community had to come together under the hot sun to rebury the bodies

in the cemetery.

Reverend Samuel Agnew, an Associate Reformed Presbyterian minister, led the Bethany

Presbyterian Church. He recorded events in the area and his observations on life. A college

graduate and proficient in both Greek and Latin, Agnew was extraordinarily well-educated at a

time when illiteracy was common. With very few exceptions, Sam kept a daily diary from 1851

until the day of his death in 1902.[1] His entries are a time capsule of both rural life in northeastern

Mississippi and the culture and values of local people. Through the window he provided, a stark

picture of mental illness in Mississippi's backwater communities develops. This place, populated

by hardscrabble people who dutifully voted, served on juries, and joined lynch mobs whenever

justice demanded it, was the stage for three remarkable incidents of madness.[2]

-

Lizzie Wood was a fallen woman in the eyes of her community. She was a widow in her

late 30s who prostituted herself out of her home and claimed to make $150 a night doing so, an

unheard of and likely untrue sum. Male visitors, some married, came to her residence at all hours

of the day and night. In February 1891, her landlord evicted her, and she had to sell her things.

Lizzie, "a moral wreck," went from home to home. "Humanity forbade that we would deny her

---

[1] The author worked on the Reverend Samuel Agnew's diary in 2010 as part of a class research project under Dr. Elizabeth Payne at the University of Mississippi. Rachel Jones, Anthony Simmons, Benjamin J. Gilstrap, and the author read and dissected tens of thousands of diary pages about the life and observations of a pastor in northeast Mississippi. Acknowledgement and many thanks are due to those fellow researchers and their contributions to the author's understanding of nineteenth-century rural Mississippi life and culture.

[2] "Madness" is an outdated term, and would have been outdated in a professional setting more than half a century before these events. The term is used here for two reasons: it was still, as it is now, in colloquial usage, and it conveys the drama with which common people experienced insanity. Mental illness had the potential for incredible disruptive power in rural, tight-knit communities; episodes of insanity threatened to rend the social fabric and were regarded with apprehension.

shelter," he wrote, and she stayed with Sam and his family for a night. When Lizzie asked him for advice, Sam recommend she go to the poor house, though he was unsure if they would take her as she was "not humbled by her shame." The Agnew family grew uncomfortable with her presence after only one night. What if she had "some poisonous disease" from her immoral ways? The next morning, Sam's wife, Janie, cast Lizzie out and told her to stay away from honest people. "We are afraid of her."

In July, Lizzie had a child, but by October, she no longer carried it with her. Rumor said that she had given her baby to "some negroes" and they had passed it on to "a white man" while Lizzie stayed in a cotton pen. Peter Knox, a black man who gave Lizzie a ride into Bethany from Baldwyn, was threatened that "his head would be blowed off" for "some evil conduct" if he did not leave the area immediately. The nature of the "evil conduct" is unknown, but her association with Knox ended the community's patience for Lizzie's behavior. On October 23, mere days after Peter had helped her, a jury met to decide on Lizzie Wood's mental state. On November 18, the Prentiss County sheriff took Lizzie to the East Mississippi State Insane Asylum in Meridian, where she would die nearly thirty years later.[3]

-

On December 14, 1891, Blanche Webb, the 14-year-old daughter of a prominent planter family, disappeared. She had left home under the pretense of visiting a friend, but her parents found a note she had written declaring her intentions to elope with an unknown suitor. If they wanted to know her suitor's identity, the note instructed them to ask Jim, one of the tenant farmers on Webb land. The case excited locals, and men organized multiple search parties to

---

[3] Samuel A. Agnew Diary, September 27, 1851-June 30, 1902, The Southern Historical Collection, Louis Round Wilson Special Collection Library (Chapel Hill: University of North Carolina), Volume 1891, January 7; January 29; February 11; February 17; February 18; February 19; July 13; October 3; October 5; October 6; October 15; October 23; November 18; East Mississippi Insane Asylum Admission Registers, Box 9822, 1885 to 1938 (MDAH).

look for her, but the lack of clues increased suspicion of the Webbs. The disappearance had "a mystery about it" - some speculated she had truly run away, but rumor, first as whispers then as open talk, was that she had been murdered by her mother. "Mrs Webb is a woman of violent temper," Sam wrote, and may have made a mistake "which the family are hushing up."

Suspicion soon fell upon the entire Webb place. Some in the community continued to look for Blanche, and local men set up checkpoints in every town in the area. Guards posted at one checkpoint discovered Wall, a black tenant farmer who lived with his wife and several children on the Webb place, traveling at night. Someone vouched for him, and he was released. Suspicion became open accusations when a searcher purportedly found Blanche's clothes under a box of cotton seed in the barn. The Webbs and Tom Strong, one of their tenant farmers, were arrested. Wall disappeared, and authorities offered $100 for his capture. Then, scandal: Blanche Webb was not murdered, or even dead. She had been found alive and well in Ripley, over 30 miles away.

Blanche, full of venom, told all who would listen that she had run away to be a mistress to Wall. The Webb's black tenant farmers, locals conjectured, had hidden her under the hay in a wagon and smuggled her into Ripley. Authorities dragged her back to Guntown, and Blanche fought them the entire way; at one point she stole a gun and tried to shoot herself with it. She spat that she would rather "drink poison" than be taken alive. "Blanche seems lost to all shame," Sam wrote, his well-meaning concern turning to disgust and righteous anger. To Sam and others, she was suddenly nothing more than "a wrotten [sic] slut running with negroes." Two days after her capture, Blanche's sanity was put on trial. Twelve white men found her insane, and she was taken away by the sheriff. Authorities released the Webbs and Tom Strong as soon as Blanche

was found, but Wall would not be so lucky. Hunting parties roamed the countryside looking for him. He was never heard from again.

Threatened by unnamed but violent forces to leave within three days, many of the Webb tenants fled the farm in January 1892. Two of the tenant heads-of-household, Lewis Wader and Tom Strong, left first, one for Tennessee and the other for Arkansas, their families to follow later. In February, the Webbs decided to move a county over. As they packed their belongings onto their wagon, someone - presumably the sheriff - took Blanche out of lock-up and brought her back to the Webb place. There, she watched her family pack up their lives and leave their home. Sam Agnew closed his entries on the affair as if he were finishing the final lines of a morality play: "So in consequence of the occurrence of December the disgrace of Blanche and the complicity of her father, the Webbs will leave this neighborhood. They are driven from the county by public opinion. They are a sorry set."[4]

-

In October 1893, Sam was traveling to Hopewell when he saw a crib of corn smoking on the Speck place. Outside, Mary, one of the ladies of the house, told Sam that someone set it on fire at 10:00 the night before. The culprit, she said, was her uncle, Bill Wiley. He had set another crib on fire before retreating to his father's place at 4:00 that morning. Wiley had met his own grisly end by cutting "his own throat" in his father's barn, where he lay dead as Sam and Mary spoke.

Sam, shocked at the turn of events, tracked down more details from members of the community. One man told him that Bill and his family "had been living in constant contentions." One of the men in the Wiley family had left for greener pastures, and Bill remained as the sole

---

[4] Ibid., Volume 1891, December 14; December 15; December 17; December 19; December 21; December 22; Ibid., Volume 1892, January 27; February 6.

provider. Quinton, another family relation of Bill's, reported to Sam that he had threatened to "blow a hole through [Bill] big enough for a house cat to crawl through" if Bill tried to bring harm to Quinton's family or property.

Finally, Sam's investigations brought the course of events into focus. The night before, Bill ate dinner at home, went into his room, covered the room in straw, and set it on fire. He then tried to set another man's house on fire, but the owner heard him and scared him away. Then Bill set fire to the Speck's corn crib and another family's barn. Bill was found, "bleeding freely and speechless" from his neck wound, in Walker Snipes's smokehouse. Walker called for help; when help arrived, they laid Bill on a pallet in his father's house, where he died.

The exact circumstances that led to Bill Wiley to attack his neighbors and end his life is unclear, but clues suggest that Bill had been broken by financial issues exacerbated by the Panic of 1893. He was far from the only one; desperate men driven to the edge of madness dot the pages of Sam's diary. Some opted to murder their wives, some to commit suicide, some to waste away in their beds. Being poor in money and rich in land was the fastest way to lose the latter to creditors, and bad gambles and bad crops could destroy homesteads kept in the family for generations. Between his finances and his domestic issues, Bill Wiley was less of an anomaly than he was a statistic. Tom Wiley, Bill's brother, took his wife and family to the Indian Territory a few months after his brother's death, as many would in the migratory years of the mid-1890s. Sam wrote of Tom as he could have written of Bill: "He did not think he could make a living in this country."[5]

-

These scenes are representative of how late-nineteenth-century Mississippi society perceived, processed, and purged mental illness from its communities. In the case of Lizzie

---

[5] Ibid., Volume 1893, October 21-22; Ibid., Volume 1894, May 26.

Wood, she disgusted the people who conceivably could have helped her. The community at first pitied then exiled her to the asylum. For Blanche Webb, who had committed the cardinal sin of miscegenation, her community had difficulty seeing her behavior as anything but insane. Born to a wealthy planter family, the fourteen-year-old girl had a bright future before her; to throw that away seemed to warrant a complete loss of reason. While she was found insane by a jury, she did not receive the pity Lizzie Wood did. Instead, Blanche was humiliated and punished, the object of her affection likely dead, her family found guilty by proxy and their wealth virtually destroyed. Bill Wiley, whose manhood, like so many others of his time, was entangled with his ability to feed his family, felt castrated by his circumstances and took his frustration and fear out on his friends, family, and neighbors. Victims and bystanders were shocked and confused. Sam was not alone in his search for reason in actions conducted without it. As he investigated Bill Wiley's crimes, he heard the range of reactions to such a startling event: fear and anger, yes, but also suggestions of pity, even understanding.

By the 1890s, the Mississippi State Lunatic Asylum, opened in 1855, was a familiar and valuable institution in the state, though its value was not its purpose. Little evidence suggests that the everyday people of Mississippi understood the asylum as anything but a place to send troublesome people who were not quite criminals but deserved, by some measure, to be locked away. In the cases of Lizzie Wood and Blanche Webb, the asylum held a place in society as a kind of state-sanctioned exile on native soil. When these women pushed the community to the limits of its toleration, the asylum gave the community a release valve. The asylum granted communities around the state the ability to excise loose contagions in the social body. As evidenced by the case of Bill Wiley, there did not seem to be a sense of mental "illness," from which one could improve or even recover, nor did there seem to be a sense of removing the

insane from their communities for their own protection. The asylum seemed to be a kind of social death; in a sense, Bill's fate was the same either way. The asylum was not a benevolent presence in modern life.

But what this dissertation seeks to argue is that the people who reformed the asylum - governors, doctors, supporters from around the country - *wanted* it to be a benevolent presence and a modern marvel of medicine, progress, and architecture. They wanted to light a beacon for the values of the Enlightenment and classical liberal ideology in which each person had humanity worth saving. They dreamed of a world in which humans could break down and expect to be fixed, restored, and productive once again. This mission to develop humanitarian institutions like the asylum was not deterred by the prospect of coming to Mississippi. These reformers wanted to create a world in which region and politics did not determine the care people received and in which mental healthcare was a right, not a privilege.

HISTORICAL COLLAPSE, HISTORICAL RECONSTRUCTION

The dream of the asylum reformers has been lost to memory. Vignettes like those related in this introduction - those flashes of madness in the dark, rural lives of nineteenth-century Mississippians - are the inheritance of the twentieth and twenty-first centuries. Historical accounts and fictional stories, from Agnew's diary to William Faulkner's "A Rose for Emily," are fascinated with the Southern Gothic elements that contemporary audiences now remember as historical truth: spartan, poor, nigh cultureless wastelands in which struggle and death were the only certainties; boredom punctuated by moments of madness, themselves caused by too much struggle, death, or both; and mobs of people waiting to descend upon any human-turned-monster, ready to lock it away or to kill it.

For academics, the inheritance has been as much a caricature as that of literature. When social upheavals of the 1950s and 1960s led to the radical reflections on self and society of the 1960s, 1970s, and 1980s, poststructuralism and postmodernism chipped away at the certainty of perspective in almost all disciplines and aspects of intellectual life. The asylum and the power of psychology suffered from this shift in philosophy. If so much of what was fact was simply perspective, what did that make of institutions that gave individual perspectives outsized influence? If different cultures saw mental illnesses differently, was mental illness itself a matter of perspective and an invention of the state, which was itself always in search of ways to exact its coercive power on everyday citizens? While Michel Foucault, the preeminent French poststructuralist sociologist, did not question the existence of mental illness itself, he did see asylums and psychology, as well as prisons and systems of justice, as more interested in perpetuating and increasing their power than in the people they sought to correct.

The familiar images of the asylum in the nineteenth century are composites constructed mostly from the very end of the nineteenth and the first half of the twentieth centuries. The long telescope of history, through which outcomes depend on choice and chance, has collapsed and now reveals only that which is nearest to the present. As a result, contemporary audiences have lost sight of the historical moment when asylums were progressive, helpful, and benevolent.

The debate over whether the American South is exceptional seeks to take the "markers" of Southern life and compare and contrast them with other institutions, policies, and cultural material from other states, regions, and countries. The rise of the asylum in Mississippi suggests that reformative institutions, like the insane asylum, penitentiary, charity hospitals, and other inventions of the eleemosynary type, are a part of the modernization process of the nineteenth century. Mississippi elites saw the insane asylum as essential to its progress as they did railroads.

9

Modernity was multi-faceted, and influential Mississippians steered the state towards mastering each of those facets.

Patrician and bourgeois Mississippians were little different from those of other states; they received their concepts of reform from Enlightenment thought and revolutionary era advances in psychiatry and therapy. Like reformers in other states, notably the tireless asylum supporter Dorothea Dix, influential Mississippians would appeal to the Christian conscience of their fellow countrymen. The very architecture of the asylum, borrowed from the design of Dr. Thomas Kirkbride's New Jersey State Asylum, would mimic reformed asylums built elsewhere. And like other public asylums in the United States, budget restrictions, changes in treatment philosophy, and overcrowding would lead to the disintegration of asylum reform.

Mississippi's asylum had distinct struggles, however, and those struggles gave Mississippi asylum reform particular characteristics. The collision of asylum reform with slavery, segregation, and the legacies of racist psychological theories created a paradoxically inclusive Southern institution, exacerbated the maltreatment of African Americans within asylum walls, and contributed to the asylum's decline. The toll the American Civil War took on the state and its institutions was also distinctive. Mississippi was far from the only Southern state to have hosted battles and suffer military occupation and Reconstruction, but it was under federal control for longer than other states and faced sharper declines in fortune. On the eve of the Civil War, Mississippi was the richest state in the United States. Most of that wealth was in enslaved humans, however, and Mississippi's golden age of institutional expansion stopped when it could no longer profit from the "peculiar institution."

UTOPIA IN A BOTTLE

T.J. Mitchell, the asylum superintendent at Jackson from 1878 to 1910, once wrote, "Although autocratic power in Institutions of this kind is almost indispensable to proper discipline, I congratulate myself that I have never exercised it to the prejudice of either patient or employee."[6] He was referring to the power vested in the position of superintendent, who did everything from treating patients to overseeing construction projects. His choice to call that power "autocratic," however, invokes a parallel between the reformed asylum and the "intentional communities," or utopian projects, of the nineteenth century.

The asylum reform movement in the United States (roughly from the 1830s to the 1870s) was somewhat coterminous with the nineteenth-century surge of American utopian movements. These experimental communities took frontiers and open spaces as standing invitations to test ideas away from established society. They have been extraordinarily influential in American history, in part because the majority of America's history has included one if not multiple frontiers. In fact, utopian vision is foundational. The Pilgrims, Calvinist separatists who left England to form their own godly community, and the Puritans, Calvinist purifiers who left England to perfect their own godly community and bring it back to England, had utopian visions of a religious community so strong that it would be free of corruption. The Church of Jesus Christ of Latter-day Saints, more familiarly known as the Mormons, were themselves a utopian movement, embarking upon a voluntary exile across the United States and exercising powerful influence on the American culture and politics ever since.[7]

---

[6] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of the Mississippi, for the Years 1894 and 1895*, 8.

[7] For more on American Utopian movements, see Mark Holloway, *Utopian Communities in America, 1680-1880*, Second Edition (New York: Dover, 1966); *America's Communal Utopias*, Donald E. Pitzer, ed. (Chapel Hill: University of North Carolina Press, 1997); Lawrence Foster, *Women, Family, and Utopia: Communal Experiments of the Shakers, the Oneida Community, and the Mormons* (Syracuse: Syracuse University Press, 1991); Sterling F. Delano, *Brook Farm: The Dark Side of Utopia* (Cambridge: Belknap Press of Harvard University Press, 2004).

From movements like these, certain characteristics of utopias emerge: they have charismatic leaders, structured social relationships, and internally logical, highly literate, arcane ideologies; and they require relocation to the edges of society, where they have enough open space to practice their ideologies without society's meddling influence. The latter requirement is what separates utopian movements from reform movements. The Women's Christian Temperance Union (1873), Jane Addams's Hull House (1889), Walter Rauschenbusch's time in the Social Gospel movement (1890s-1910s), among other more nebulously defined reform movements, all had a vision for the world. They found it more important to participate in the world, however, to change it directly rather than to perfect ideology away from it. Utopians offered alternative communities; reformers remade the communities they had.

Then there is the peculiar case of the reformed asylum. Most expressions of asylum reform were public, financed by tax dollars and overseen by state governments. Along with other state-expanding institutions ranging from the penitentiary to the university, it prefaced the public face of Progressive Era reform movements in the early twentieth century. The insane asylum became one of many institutions considered basic necessities in a rapidly modernizing world. It actively influenced communities by taking the mentally ill and trying to restore them to their productive place in society.

But when separated from the reformatory and eleemosynary institutions of the mid-nineteenth century, the reformed asylum itself has much in common with utopian movements. Reformed asylums almost exclusively used moral treatment, a development mainly accredited to Philippe Pinel of late-eighteenth-century Paris. Moral treatment emphasized quiet environments away from cities, effective doctors as community leaders, complete abolition of physical abuse, limited use of restraint, meditative work, and structured time. These doctors had to be highly-

educated specialists in their discipline and believers its ideology (specifically, moral treatment), not unlike leaders in the utopian movement. Social interaction in the reformed asylum was highly structured. The sexes were segregated except for under specific circumstances, such as eating or particular leisure activities.

The most convincing parallel, however, is the power that moral treatment gave to asylum superintendents. The metaphor most often employed was the superintendent as father to the patients, his children. For most of the nineteenth century in Mississippi, the superintendent's family was meant to live with him in the asylum. The superintendent was to have "autocratic" control over his household to enforce "discipline" on his patients. This structure, moral treatment promised, would cure those who could be cured.

The asylum gave its patients access to culture and plenty they could not expect at home. It provided food, water, and shelter, no matter how lean times were. From the beginning, the asylum had heat in winter, a library and multiple newspapers, games and leisure activities, and acres and acres of farmland, crops, and livestock. The asylum tried to be self-sustaining and a perfectly quiet but active place for the sick to convalesce. Many patients were ill- or uneducated and impoverished, and the asylum, with its Doric columns and other classical architectural references, lush trees, and sheer enormity, was reminiscent of high culture and lives of leisure that average Mississippians would never experience outside of the asylum.

Government officials, asylum supporters, and superintendents - the last with their extraordinary belief in the power of moral treatment to cure insanity - designed the asylum to be a monument to progress, benevolence, and the power of the state. They envisioned a more perfect society in which all of Mississippi's citizens could be cared for and rehabilitated, and they built the asylum in that image. The Mississippi State Lunatic Asylum was a utopia in a

bottle, with ways for outside elements to enter and leave and ways for people to observe but ultimately left to itself to keep its own affairs, in ways other institutions of the same reformist bent could not claim.

The asylum was a utopian invention, and that is why it failed.

MISSISSIPPI, THE FORGOTTEN BEACON OF REFORM

This dissertation takes the reader from the first written conceptions of madness in classical literature to the asylum in 1910 Mississippi. Along the way, inevitability is never assumed. The story of the Mississippi State Lunatic Asylum matches the general history of the decline of public asylums in the United States. The particular circumstances of Mississippi's culture, politics, and economics did not doom the project from the start. Small decisions, big choices, and events completely out of anyone's control affected the trajectory of the asylum.[8] For their part, asylum supporters did their best to rise above the situations they found themselves in, but it proved to be more politically and institutionally practical to abandon the very asylum reform that bore the institution.

In Chapter I, a step-by-step historical account of the evolving of conceptions of insanity counters the agenda-driven pseudo-historical obfuscation of the last half-century. This history of conceptions of insanity addresses the ideological roots of humanitarian approaches to insanity in the Enlightenment, the roots of moral treatment in revolutionary Paris and the Quakers of England, and the donation of these Enlightenment and revolutionary era ideas and inventions to a fledgling United States. Thinkers and believers in asylum reform saw enshrining humanitarian ideals in the states as an opportunity to stand shoulder-to-shoulder with prestigious European

---

[8] The Mississippi State Lunatic Asylum would go through a succession of names: Mississippi State Insane Asylum, Mississippi State Insane Hospital, and Mississippi State Hospital, the name it keeps today.

institutions. In Mississippi's particular instance, asylum reform also offered a way to prove to northern critics that the South could be a benevolent society for all living within its borders.

In Chapter II, the asylum meets the particular circumstances of Mississippi politics and culture on the eve of the Civil War. Influential politicians and medical professionals exerted political influence on government and made the asylum a reality. While the asylum boosters took this step as a victory, they had done little to mitigate high expectations or set realistic goals. As a consequence, state officials expected impressive results while refusing to fund the asylum at the levels required to get any results at all. By 1861, the asylum was utterly failing to meet its goals, including its superintendents' desire for the admission of enslaved and free African Americans.

In Chapter III, the insane asylum's foundation in moral treatment is chipped away and ultimately destroyed. In the post-Civil War destruction, the asylum remained somewhat of a funding priority, but the lack of available funds in the midst of abject poverty meant that the asylum could not get enough resources to properly address patient care. African Americans were admitted into the asylum for the first time, but lack of funding meant there was little room and little care for them. Superintendent Dr. William Compton (1870-1878) wrote extensively on the power of asylum reform and major advancements in psychology, but his successor, Dr. T.J. Mitchell, stopped supporting moral treatment as a primary therapy. By the end of Mitchell's term, he had embraced a new "scientific" understanding of insanity, and emphasized the possibilities of other treatments, including surgery. Thanks to the Mississippians' focus on segregation, energized by the forces leading up to and resulting from state Constitutional Convention of 1890, Mitchell would also be responsible for using unprecedented appropriations to push the expansion of the Jackson asylum to the limits of its use.

The epilogue begins at the end of Dr. T.J. Mitchell's tenure as superintendent and moves forward through the major events in mental healthcare in Mississippi between 1910 and 1955. The state would expand care for persons with cognitive impairment and epilepsy, but it would also embrace eugenics as official policy. By the centennial anniversary in 1955, the asylum, which had begun with a capacity of 150 patients, had moved out of Jackson and expanded to house over 4,000 patients. Vestiges of moral treatment remained in the serene, multi-thousand-acre landscape, with its orchards and ponds, but moral treatment as therapy had died many years before. The rise of pharmaceutical psychology in the 1950s only ensured it would not be revived.

A NOTE ON THE PATIENTS

This dissertation is about the roots of modern state-building, public policy, and the events and contingencies that decide the success of humanitarian projects like the reformed insane asylum. Contrary to how this introduction began, this dissertation does not aim to access individual experiences of the asylum. A project that aimed to embody the contents presented here as well as individual and public perceptions of the asylum would take many years, and the story told here is a worthy one on its own. A portrait of the patients in statistics, however, might serve to elucidate the conditions in the asylum. To this end, here are the results from a survey of 205 patients, starting in 1855 and ending in 1880.[9]

The source used for these statistics is the one of the patient registers for the Mississippi Lunatic Asylum. The registers are enormous books of bound spreadsheets. The particular register used here has gaps between dates and patient numbers, which suggests that it was used for waitlisted patients. On the left, the name, patient number, sex, and other intimate details of the patient's life are listed. On the right, the patient's diagnosis, the believed "exciting" or precipitating cause of the illness, date of discharge, and any notes on the patient's stay. Many

---

[9] Mississippi State Hospital Patient Admission Registers, Box 9741, 1855 to1894 (MDAH).

people do not have notes. At one point, officials moved African American patients (noted by a "c" for "colored" next to their names) to a segregated register, and those transfers are noted. Many have discharge dates, but most of those "discharged" were due to death, the cause of which is also written in the notes.

The treatment of women in the asylum has been hard to uncover, but statistical analysis offers much insight. The average age of admitted women was 33.9, as opposed to 31.5 for men. Most women (82.5%) were born in the United States. Only 6.1% of women were known to be of foreign origin; this statistic contradicts the conclusions various historians have drawn about the overrepresentation of immigrants in asylums – mainly because those historians were drawing generalities from asylums in the northeastern United States, where most immigrants to the United States entered the country.[10] The discharge statistics are grim: a third (32.5%) of the women died in the asylum, and their average age at death was 42.5.

The superintendents at the Mississippi State Lunatic Asylum in Jackson sent 20% of white women and 11% of white men to the East Mississippi State Insane Hospital. Many white patients were transferred from the Mississippi State Insane Hospital in Jackson to the East Mississippi State Insane Hospital in Meridian. Meridian was the state's dedicated facility for whites, while Jackson housed black and white patients, segregated by race and sex. These transfers occurred in the wake of the 1890 Constitution and constituted a state-wide renewed effort to segregate populations in public institutions not only into separate wards and buildings but into separate cities and counties. That white women were given priority over white men for transfer is congruent with the sexual panic interwoven with race relations in the South.

---

[10] Gerald N. Grob, *Mad Among Us: A History of the Care of America's Mentally Ill* (New York: Free Press, 1994), 79-94

17

The patient information for African Americans, with only 14 women and 20 men in the register, lends itself more to anecdotal evidence than statistics, but even the small numbers involved are suggestive. The average age for black patients at admittance was 31 (black women, age 34; black men, 28) as opposed to 33 for white patients (white women, age 34; white men, 31.5). Half of the black women in the asylum died under the asylum's care, significantly more than the white female patients, and double the rate for black men (25%) and more than double that for white men (21%).

Marriage statistics varied widely across lines of sex and race. About 41% of all women were single upon admission into the insane asylum, and 37.7 % of all women were married at admission, as opposed to 63.7% and 27.5% of men, respectively. The numbers for black women are too small to draw any definitive conclusions, but black men admitted into the asylum were overwhelmingly (75%) single. The startling disparity in numbers for men are likely because men were breadwinners and unable to leave their families for months, even years, at a time. The correlation between the average age at admission for women and the likelihood that female patients were unmarried suggests that older, unmarried women were less essential to the household and therefore were not under enormous pressure to continue to perform under mental duress. Notably, 14% of all female patients, equally across racial lines, were widowed, as opposed to only 2% of men. These numbers support the extensions of the previous arguments about married and unmarried women: when husbands died, many women were left without anyone to support or care for them. Without the buffer of marriage, women with mental illness were more exposed and vulnerable.

About 56% of the patients in the register are women. There are multiple possible reasons for women commanding the majority. Perhaps most tempting is the interpretation that women,

specifically white women, were committed to the asylum at rates far higher than men. This interpretation would suggest powerful conclusions about the toll of a patriarchal society on its female population as well as give weight to the more conspiratorial charge of social control. Another, more likely explanation is that this patient register is indeed the one used for the waitlist. Women went into the asylum slightly later than men and stayed an average of fifteen years. Quite a few white female patients that entered the asylum in the late 1850s or early 1860s would survive to be transferred to the East Mississippi State Insane Asylum. The slightly older female patient population, which lived slightly longer than men, might help explain why there were so many women waiting to get into the asylum. Then again, that explanation neither accounts for the high mortality rate for women nor the slightly shorter average stay (15.5 years for women; 18 years for men). Together these numbers suggest a (slowly) revolving door for female patients. If true, this conclusion would counter claims that there was no discernable difference between female and male patient numbers in asylums.[11]

In short, the insane asylum was segregated by sex but even more so by color. Most of these people would stay on the grounds for more than a decade, some for two or three. If they were ever allowed to leave the grounds, the superintendents and asylum officials did not say. As the asylum aged, settled, and fell apart, scores of people died within its walls. Many died of diseases and old age and occasionally at the hands of others patients. Many of whom were buried on the grounds with small, narrow, kite-shaped wooden grave-markers. Those markers bleached, rotted, and disintegrated in the sun, and the bodies they belonged to were forgotten.[12]

The path to those nameless graves began with good intentions. What follows is that story.

---

[11] Grob, *Mad Among Us*, 82, 90.

[12] Jerry Mitchell, "UMMC Bound By Thousands of Bodies Buried on Campus," *The Clarion-Ledger*, January 24, 2015, http://www.clarionledger.com/story/news/2015/01/24/ummc-bound-thousands-bodies-buried-campus/22297621/ (accessed May 30, 2016).

CHAPTER I: VIA MISSISSIPPI: THE ROAD TO MODERNITY AND THE ARRIVAL OF THE ASYLUM

Few persons have been more consistently feared and mistreated than the insane. Until recently in the Western world, they were often thought to be possessed by the devil and were universally loathed. Men who equated the ability to reason with the essence of the immortal soul, and insanity with loss of reason, considered the insane bereft of man's most desirable powers, perhaps of humanity itself. Although people slowly have become more enlightened and less superstitious, they have continued to feel repelled by the insane.

Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (1964)[13]

A basic assumption here is that one cannot understand madness and mental disorder in a society until one understands the social contexts within which madness and mental disorder are diagnosed and treated. And one cannot grasp the ideas about madness held by intellectuals, theologians, physicians, or lawyers until one uncovers the larger context of their thinking, the nodal intellectual points where madness posed deep challenges by calling the very categories of humanity and reason into question.

H.C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (1999)[14]

The Mississippi State Lunatic Asylum opened in Jackson in 1855. The institution was at

the cutting edge of modernity and existed at the intersection of several new forces: the

professionalization of psychiatry, the rise of the "modern" state, and the "moral" architecture of

confinement. The Mississippi State Lunatic Asylum was the result of complex historical

---

[13] Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Jersey: Rutgers, 1964), xii.
[14] H.C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford: Stanford University Press, 1999), 2.

processes and revolutionary epistemologies, ideologies, and practices uprooting thousands of

years of Western assumptions about mental illness.[15]

 The story of the Mississippi State Lunatic Asylum could, as an institutional history, begin

in 1855 with only cursory mentions of developments over the past 2,500 years that led to its

establishment, but the historiographies of British, French, and American asylums have made it

impossible to let 1855 be the beginning. Michel Foucault's groundbreaking works about the

expansion of the state in the eighteenth and nineteenth centuries as a dark result of the

Enlightenment (what Foucault called "The Great Confinement"), as brilliant and eye-opening as

they were and are still, have disposed historians to see the asylum as a cruel development that

hurt more than it ever helped.[16] Thomas Szasz, a psychiatrist and professor who was roughly

---

[15] Some explanation of terminology is required. The Mississippi State Lunatic Asylum is mostly referred to as the "insane asylum" for the sake of consistency, even though its name changed four times over the course of the events related within this dissertation. "Modern" and "modernity" are tortured terms. I tease out these terms more in Chapter II, but the usages in this chapter is in line with the Oxford English Dictionary's more philosophical/ideological definition of "modernity": "An intellectual tendency or social perspective characterized by departure from or repudiation of traditional ideas, doctrines, and cultural values in favour of contemporary or radical values and beliefs (chiefly those of scientific rationalism and liberalism)." Terms like "lunatic" or "insane" are outdated now, but only started going out of vogue at the end of the nineteenth century and the mid-twentieth century, respectively. These terms are also used as collective nouns embodying both those suffering from acute episodes of mental illness and the cognitively impaired, or, in historical terms, the "mad" and the "idiots" – the latter of which included the deaf and mute until the nineteenth century (covered in the second chapter). I use "insanity," "lunacy," and their variants as historical terms. I use "psychosis" s[aromg;y with the connotation of excitable and violent behavior. "Mental illness" and "mentally ill" are modern terms with complex connotations but are widely used and generally considered to be a sensitive way to refer to those who are classified as having a disorder of the mind. I do my best to avoid clunky repetition and sentence construction, but, when possible, I stress placing the person before the diagnosis (e.g. "those with mental illness" or "those with cognitive impairment) to respect the humanity of those who were diagnosed (or condemned) with a mental disorder and to emphasize that the people who I am referring to were more than their diagnoses. "Modernity," OED, http://www.oed.com.umiss.idm.oclc.org/view/Entry/120626 (accessed June 19, 2016).

[16] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, translated by Richard Howard (New York: Vintage, 1988), 38-64. Foucault receives a lot of attention in this first chapter, and rightfully so. His work rocked the field of history. Few subjects that deal with state power or its institutions have not had to reckon with his influence. He was not a historian by training, but his writings about "progress" and his interrogation of state institutions garnered a large following that is still felt intensely in historical scholarship today. He and Szasz most accurately represent the more radical strains of thought in asylum literature. Both scholars consider the label of "mental illness" gives the state an avenue through which to steal one's autonomy.

contemporaneous with Foucault, argued that mental illness was not biological and therefore mostly constructed as a way to demarcate and vilify difference.[17]

For Foucault and Szasz, asylums were and still are an outgrowth of quarantine. The concept of "quarantine," of out-of-the-way containment of unwanted or "lower" elements of society who might contaminate the public, is an old one that dates back to leper colonies and plague victims.[18] Foucault, Szasz, and many historians in their footsteps all write within this quarantine framework: mental illness, a concept defined by defiance of norms and not necessarily by psychosis, was treated as a disease of the social order; the state mobilized to protect against it as they had and would against biological diseases, such as leprosy, tuberculosis, influenza, and so on. Using dubious scientific, medical, and moral treatments – the last of which would prove most absurd for Foucault and Szasz, power-hungry psychologists, eager to expand the influence of their nascent profession, labeled people as sick, ripped them from their families and homes, and performed barbaric experiments on their powerless victims.[19]

While Foucault's and Szasz's analyses unfortunately contain a considerable amount of truth, they and the historians inspired by them have created a faulty idiom that excludes an

---

[17] Thomas S. Szasz, *The Myth of Mental Illness*, revised (New York: Harper Colophon, 1974). First edition published in 1960. Szasz provocative position on the idea of mental illness is probably best illustrated by the title of another of his books, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (1970), in which he argues the following: "Now I propose to show that the concept of mental illness serves the same social function in the modern world as did the concept of witchcraft in the late Middle Ages; in short, that the belief in mental illness and the social actions to which it leads have the same moral implications and political consequences as had the belief in witchcraft and the social actions to which it led." Ibid., xxiii. For more on how Western civilization has sought to "demarcate and vilify difference" in other realms besides insanity, see *Histories of the Normal and the Abnormal: Social and Cultural Histories of Norms and Normativity*, Waltraud Ernst, ed. (New York: Routledge, 2006).

[18] Foucault makes the connection between lazar houses for lepers and mental hospitals explicit in the first chapter of *Madness and Civilization,* "Stultifera Navis," by arguing that asylums more or less filled the vacuum left by the disappearance of leprosy from the European landscape. It is perhaps worth noting that Foucault sees lepers and others of various abnormal mental states in the medieval era as having more respect or being better accommodated than later victims of disease and mental illness. Foucault might group these in the latter period as victims of the state rather than an internal affliction.

[19] Moral treatment is explained in depth later in this chapter. Briefly, it is an emphasis on treating the mind, not the body, as the seat of mental illness and structuring a therapeutic environment to allow a patient to convalesce.

incredible amount of context: the revolutionary nature of the asylum at its birth; the ultimately progressive *intentions*, regardless of their outcome, of early asylum boosters; the inhumane, life-shortening conditions that persons with mental illness suffered when left with their families or in pre-reform institutions; the positive results that early asylum superintendents and physicians were able to effect without physical harm or restraint; and the unprecedented changes in European geography, economy, and demographics that displaced and upended lives, families, and cultures in unanticipated, frightening ways. An idiom that excludes context is not a historical one, but historians since the 1960s must be conversant in this idiom, if not steeped in it, to write about asylums. Contrary to this trend in the historiography, this dissertation seeks to emphasize the revolutionary and beneficial nature of asylum reform and place not only its failures but also its successes in their historical context. Perhaps most importantly, I do my best not to mix the intentions of the institution with what it would become.

The original metaphor of quarantine that Foucault and Szasz use – in which quarantine is for the disposal of human beings - falls short. The invention of the insane asylum went far beyond simple quarantine by combining containment with advancements in science, medicine, and philosophy. In the pre-modern world, containment was often its own end, sealing the fate of its victims. With the invention of the asylum, escaping containment was no longer the exception but the standard. Indeed, the modern asylum was the first type of containment structure invented for which the *purpose* was to eventually leave it.

A paradigm shift had to occur. To reach the point when the modern asylum could be invented, the health and well-being of the individual had to be more important than the elimination of potential threats to the social order. Several essential conditions preceded this institutional and psychological revolution. The practical application of the humanitarian strain of

the Enlightenment emphasized the worth and potential of all individuals and led to the invention of human rights. Medical knowledge shifted from humor- to mechanical-based understandings of the human body and mind. Finally, the revolutionary era in Europe and America and its attendant peculiar circumstances created opportunities for the reorganization and extension of government power necessary to sustain such a state apparatus as the insane asylum.

To understand the development of the asylum in the nineteenth-century United States, therefore, one must understand the paths that crossed in eighteenth-century Europe to create it. The first path was the criminalization of insanity, which had long roots in Western culture as part of what Foucault called "the Great Confinement." The second path was the development of a humanitarian strain of philosophy created during the Enlightenment. At the intersection of these two paths were the cultural assumptions inherent in the idea of the asylum: the mentally ill, together with the poor and "idle," were dangerous and needed to be segregated from the general population, and all individuals were at birth equally free and valuable. The crossing of these paths meant that society had to provide care worthy of the individual, even for its "lesser" members. Here stands the asylum.

It is crucial to examine the developments that led to the modern asylum and its eventual establishment in Mississippi with more than a cursory glance. The mythology of the asylum in popular culture obscures its history, and understanding the forces involved dispels assumptions based on its legacy. The reformed asylum was truly revolutionary and certainly not inevitable, as nearly 2,500 years of Western history evince. While Foucault begins near the beginning of the sixteenth century because it complements his argument, a more thorough reading of pre-Enlightenment attitudes highlights the West's inherited cultural norms about insanity before "the Great Confinement" and therefore how revolutionary asylum reform truly was.

Attitudes toward Insanity before the Enlightenment

Medical and philosophical traditions undergird attitudes toward insanity. Those attitudes are reinforced by attempts to promote safety through quarantining or eliminating threats in the social body.[20] Most work of classical physicians focused on understanding the workings of the body through its constituent components. Prevailing theories of the body flowed from systems of elements or humors, and classical medical explorations of insanity explained it as an elemental or humor imbalance. Classical doctors like Hippocrates and Galen described insanity as a disease of either the soul or the body. In *Regimen*, a book questionably attributed to Hippocrates but still included in the *Hippocratic Corpus*, the author argues that insanity is caused by a severe imbalance in the soul of either water over fire or fire over water – the former leading to "the depressive anger of stupid and anxious people who are in a state of total prostration, as though they have been struck by thunder" and the latter an "excited madness characterized by hallucinations."[21] In *On the Natural Faculties*, Galen wrote that unbalanced humors led to unbalanced temperaments; if unbalanced to an extreme, insanity could occur.[22] For instance, too much "yellow bile," or choler, "would overheat the system, causing mania or raving madness." Too much "black bile," or melancholia, "would induce dejection."[23] Hippocrates' and (more so) Galen's medical understanding of the human body and its ailments went unquestioned and unchallenged until the eighteenth century.

---

[20] There has been a lot of work on perceptions of mental illness in ancient myth and literature. For a history of mental illness from Ancient Palestine until the 1960s, see George Rosen, *Madness in Society: Chapters in the Historical Sociology of Mental Illness* (Chicago: University of Chicago Press, 1968). Allen Thiher's *Revels in Madness: Insanity in Medicine and Literature* (1999), cited elsewhere in this chapter, gives a literature-based review of insanity from Hippocrates to the late twentieth century. For more on ancient "poetic," philosophical, and medical models of mental illness specifically in Greek literature, see Bennett Simon, *Mind and Madness in Ancient Greece: The Classical Roots of Modern Psychiatry* (Ithaca: Cornell University Press, 1978).

[21] Jacques Jouanna, *Greek Medicine from Hippocrates to Galen* (Leiden: Koninklijke Brill NV, 2012), 201. "[T]he depressive anger of stupid . . . people who are in a state of total prostration" is likely a reference to cognitive impairment.

[22] David Hothersall, *History of Psychology* (Philadelphia: Temple University Press, 1984), 7-8.

[23] Roy Porter, "Mental Illness," in *Cambridge Illustrated History of Medicine*, ed. by Roy Porter (New York: Cambridge University Press, 2004), 280.

Popular perceptions of insanity in Ancient Europe formed a literary tradition for thinking of insanity as a divine affliction, whether for punishment or cruelty. Lacking a sophisticated understanding of mental illness, people of ancient Europe regarded the insane superstitiously. They believed those affected by insanity – a term that until the late nineteenth century largely included both those suffering from psychosis and those with cognitive impairment - were smitten by the gods as divine retribution for their own sins.[24]

Popular perceptions of insanity in the ancient world illustrate these views. Insanity, often translated as "madness," for dramatic flair, played an integral role in classical imagination. In Homer's *The Odyssey*, the Sirens reward anyone who hears their singing with a spellbinding insanity that prevents them from ever going home, condemning them to "lolling there in their meadow, round them heaps of corpses rotting away, rags of skin shriveling on their bones." The story relays two cultural understandings of madness: it is at once a type of obliviousness that forces one to lose his way, and it is a state of utter mania and inexplicable behavior.[25] In Aeschylus' play *Agamemnon*, Apollo gives Cassandra, princess of Troy, the gift of prophecy but curses her to never be believed as punishment for not bending to his will. She correctly prophesizes the defeat of Troy and the death of Agamemnon but appears mad to everyone around her. While Cassandra is not actually mad, the appearance of madness – and the resulting horror of being ignored or misunderstood - is a recurring theme in Greek and Latin literature.[26] Gods were not immune to being struck with madness either. Dionysus, son of Zeus by a woman other than Hera, was stricken mad by his father's wife and forced to wander the earth. It was Rhea, daughter of Cronus and mother of Zeus, who cured him of his madness and taught him her

---

[24] Or, if they were children, the sins of their relatives.

[25] Homer, *The Odyssey*, trans. Robert Fagles (New York: Penguin, 1996), 12:51-52.

[26] Aeschylus, *Agamemnon*, trans. Charles H. Hitchcock (Boston: Bruce Humphries, 1932), 47. "Look ye, Apollo's self doth strip from me my robe prophetic, and doth spurn me in these adornments, greatly laughed to scorn by foes, once friends all in agreement; yet for nothing!"

rites, which had the connotation of being crazed, near-riotous, orgiastic affairs – what would later be known, after Dionysus became Bacchus, as bacchanals. He spread the rites like a subversive plague while turning sailors into dolphins and causing the king of Thebes' blind mother to think her son was a boar and tear him apart. The myth of Dionysus was layered with the three-fold fears of victimhood and madness: to be stricken for someone else's sins (here, Zeus' adultery), to be forced to wander in exile, or, as in the case of the Theban king, to be stricken by the smitten themselves.[27]

Medieval European thinkers blended ancient ideas and attitudes about insanity with Christian superstition, and demonic possession became the ready explanation for psychotic behavior.[28] Though he does not attribute a pre-modern brilliance to such theorizing, historian H.C. Erik Midelfort does identify a thread from such attempts that is woven into the fabric of present-day psychology:

> . . . Christian culture, like many other cultures, invented and has preserved the idea and fundamental structures of *mental* illness – that is, of an illness not driven by heredity, hormones, humors, nerves, or cerebral malfunction.[29]

If mental illness was not a bodily disease and was instead a disease of the mind, did it really exist? Early psycho-theorists, who witnessed mental decay in otherwise sound bodies, struggled to answer this question, but did not have a ready scientific epistemology to study it and were steeped in a religious epistemology into which madness seemingly fit. During the Renaissance, certain "types" of mental illness were elevated to "laudable" or "exalted" status, depending on

---

[27] Thomas Bulfinch, *Bulfinch's Mythology: Illustrated Edition* (New York: Avenel Books, 1979), 160-165.

[28] For more on perceptions of insanity in the Middle Ages, see *Madness in Medieval Law and Custom*, Wendy J. Turner, ed. (Boston: Brill, 2010). For more on the relationship between popular religion and superstitious or magical beliefs in the early-modern period, see Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century-England* (New York: Penguin, 2003); David D. Hall, *Worlds of Wonder: Days of Judgment: Popular Religions Belief in Early New England* (Cambridge: Harvard University Press, 1990); Carlo Ginzburg, *The Night Battles: Witchcraft & Agrarian Cults in the Sixteenth and Seventeenth Centuries*, John and Anne Tedeschi, trans. (Baltimore: Johns Hopkins University, 1992); Euan Cameron, *Enchanted Europe: Superstition, Reason, and Religion, 1250-1750* (New York: Oxford University Press, 2010).

[29] Midelfort, 9.

who they affected and how they manifested. "Folly," when displayed as "irrational ecstasy," could signal strong faith in Renaissance Christendom. Genius, "which was still sometimes regarded . . . as a possessory or tutelary spirit, and in . . . angelic vision," was the positive counter to demonic possession. Melancholy, too, could be a positive, beneficial illness; it seemed to be present in most acts of creativity and was seen therefore as constituent to it.[30]

For the most part, however, madness had few benefits, and the mixing of Christian epistemology with mental illnesses had bizarre and unfortunate results. Ancient Greek ideas about "madness as moral perversion" and as "disease" folded into medieval Christian thought, with the Catholic Church's addition that "religious madness [w]as the expression of divine providence" and was "a symptom of the warfare waged between God and Satan for the soul."[31] The spectrum of demonic association in medieval European Christian culture ranged from the conscious colluders to the hapless victims. The latter were sometimes, perhaps often, mistaken for the former. The authors of the *Malleus Malificarum*, the mid-fifteenth century text that served as a handbook of sorts for identifying and destroying witches, warned that witches could turn men into beasts, curse or kill children, and make their victims obsessed or susceptible to demonic possession. These associations with witchcraft colored perceptions of the mentally ill and made irrational or violent behavior look much like demonic possession.[32]

---

[30] Midelfort, 22-23. Foucault takes this cultural attitude toward "beneficial" insanity and allows it to stand in for the whole of Renaissance attitudes towards insanity, which is stretching those attitudes beyond their breaking point. Midelfort, among others, take issue with Foucault's broad brushstrokes of the period, which serves mostly as contrast for "the Great Confinement," the premise upon which *Madness and Civilization* is built. "This world of the early seventeenth century is strangely hospitable, in all senses, to madness." Foucault, *Madness and Civilization*, 37.
[31] Roy Porter, "Mental Illness," 282. Porter, in an elaboration of a similar sentiment in Foucault's *Madness and Civilization*, adds the following: "A faith founded on the madness of the Cross, which celebrated the innocence of babes and sucklings, valued the spiritual reveries of hermits and mortification of the flesh, and prized faith over intellect. Such a creed could hardly avoid seeing gleams of godliness in the simplicity of the idiot or in the wild transports of the mystics. Strands of medieval, Reformation, and Counter-Reformation theology therefore believed that Folly might be a medium for divine utterance and bade it be heard." Ibid., 282-283.
[32] P.G. Maxwell-Stuart, trans., *The Malleus Maleficarum*, (New York: Manchester University Press, 2007). Particularly Part II.

Both witches and the mentally ill were associated with erratic, even sinister behavior, and common people borrowed from their knowledge about witches to explain the insane.[33] Such conclusions questioned the suffering of those with mental illness. If witches did not confess during trial or torture, their tolerance for extreme physical pain and temperature conditions was attributed to being in the cursed thrall of the devil. Medieval folk held as fact that those suffering from acute mental illness were able to withstand starvation, extreme pain, and extreme temperatures, and were therefore, according to conclusions drawn from magical superstition, beastly and cursed. By the eighteenth century, learned men who theorized about the insane concluded that they "did not feel the cold, so they were not clothed or given blankets" in pre-reform asylums. Cold stood in opposition to the warmth of God, and the cursed's distance from God's grace and love manifested in their affinity for cold.[34]

Not even social rank saved the insane from brutal treatment: King George III of Britain was intermittently "encased in a machine which left no liberty of motion" or "chained to a stake . . . frequently beaten and starved, and at best he was kept in subjection by menacing and violent language."[35] Starvation was one method of "balancing the humors" and was used regularly in "professional" treatments of insanity. It was still the standard treatment used by the late eighteenth century. Physicians at the Pennsylvania Hospital used it regularly on their patients, who were kept in a "row of cells in the basement" reserved for the treatment of mentally ill

---

[33] Foucault, *Madness and Civilization*, 8. "Madmen then led an easy wandering existence. The towns drove them outside their limits; they were allowed to wander in the open countryside, when not entrusted to a group of merchants and pilgrims." Foucault's reflections upon these exiles into the countryside and the metaphor of the "ship of fools" (the chapter title, "'Stultifera Navis,'" is the term in Latin) highlights a theme in the relationship between the mad and the world in which they live. While the lepers in the lazarhouses pre-sixteenth century lived in semi-revered seclusion, the mad existed in an ostracized psychological caste that revealed, "across a half-real, half-imaginary geography, the madman's *liminal* position on the horizon of medieval concern." Before the nineteenth century, the mad were suspended between civilization and nature, divine love and otherworldly punishment, life and death. Ibid., 11.

[34] Carla Yanni, "The Linear Plan for Insane Asylums in the United States before 1866," *Journal of the Society of Architectural Historians* 62, no. 1 (2003): 25.

[35] Countess Harcourt, as quoted in William F. Bynum, "Rationales for Therapy in British Psychiatry, 1780-1835," *Medical History* 18 (1974), 319.

patients, to attempt "to deplete the patients' bodily systems by causing them to bleed, blister, and vomit."[36] Such treatments had their roots in both Galen's medical theories and popular perceptions of insanity: something had gotten *into* the sufferer, and it had to be taken *out*.

The status of the insane before the Enlightenment was complex but governed by a general atmosphere of medical guesswork and religiously-accommodated superstition. Foucault's attempt to cast the medieval period as semi-idyllic was meant to be contrarian and challenge Hegelian/Weberian conceptions of progress.[37] The truth lies somewhere in the middle of these approaches: the Dark Ages were neither so dark as to be completely dismissed nor so devoid of thought to have no effect on medicine and philosophy, but neither were those centuries a relative paradise before the engine of modernity destroyed it. Regardless of the status of the insane before the early modern period, the epistemologies used to manufacture common wisdom about insanity were ripe for revision.

The Methodological and Philosophical Advancements of the Enlightenment

The Enlightenment signaled a shift in conceptions of mental illness. It was no longer an affliction borne of God, but an affliction borne of nature. This shift had wide-ranging, if slow-moving, repercussions, and eventually moved mental illness from the domain of priests and the church to doctors and science.[38] Mental illness was an observable phenomenon, and it stood to

---

[36] Yanni, "The Linear Plan for Insane Asylums in the United States before 1866," 26.

[37] G.W.F. Hegel's contribution to the philosophy of "progress" came in the form of the "dialectic," a logical term in philosophy that Hegel applied to the world around him. The stages of progress in the Hegelian dialectic are most often described as thesis (original condition), antithesis (opposite of original condition), and synthesis (the resolution of conflict between the thesis and antithesis). Each completion of this process resulted in the advancement of history. Max Weber's notion of historical progress, most thoroughly expressed in his work *The Protestant Ethic and the Spirit of Capitalism*, placed the Protestant work ethic and capitalism as the root of rational progress. Hegel's dialectic was driven by the "spirit" of history; Weber's "rationalism" was derived from religion and capitalism to create the secular. Both of these theories of progress took issue with the idea of linear progress. Though they agree that progress *was* happening, Hegel and Weber saw that progress as contested but inevitable. Foucault did not see progress as inevitable and in *Madness and Civilization* sought to prove the basic assumption of progress that Hegel and Weber espoused was itself in contest.

[38] John Locke wrote *The Reasonableness of Christianity* (1695) to give a rational basis for adhering to the faith. Porter, "Mental Illness," 284. Such treatises excused faith, particularly Christian faith, from being a "madness," an

this line of reasoning that mental illness would have physical causes and therefore could be treated medically.

Enlightenment thinkers developed epistemological strains that would eventually compete with prevailing wisdoms about insanity. Empiricism had been a largely underdeveloped methodology since the Greek and Roman physicians of the late empires, experienced revolutionary revival. Resulting discoveries made shockwaves throughout the knowledgeable world. Isaac Newton's experiments with refracting white light through prisms into colored beams and then back into white light inspired contemporaries to do the same with the human mind. If light could be a whole made up of many parts, then perhaps the mind could be a whole made up of many parts, too.[39] This focus on parts of a whole shifted studies of biology from a humoral theory to a mechanical theory of the body, which itself led to more focus on organs and "circuitry" in the body than humors. A "whole-machine-and-its-constituent-parts" understanding of the body led philosophers to diagnose aberrations, like "confused thoughts, feelings, and behavior," as "defects" in the machine.[40]

On top of biological theories of the mind, theories of learning evolved during the Enlightenment as well. Early Enlightenment thinkers, like Thomas Hobbes and John Locke, "emphasized the effects of experience upon a passive mind," while later *philosophes*, like David Hume, "considered the active mind's role in the formation of associations, thus setting the stage for psychological study of learning and memory."[41] Immanuel Kant, who emphasized the

---

untenable act of "unreason." Treatises like Locke's gave proofs for Christianity and helped make faith a characteristic of the sane and make faithlessness into the mark of a questionable mental state. William James, another major psychological, philosophical, and religious theorist, would attempt to reestablish a rational basis for belief in Christianity after he perceived the erosion of faith in the midst of the scientific assurances of the Gilded Age. He is particularly known for his defenses of faith in his landmark works *The Will to Believe* (1897) and *The Varieties of Religious Experience* (1902).

[39] Hothersall, 24-25.
[40] Roy Porter, "Mental Illness," 283.
[41] Hothersall, 31.

inherent capacities of the human mind that did not depend on experience, "that there are certain intuitions or categories of understanding that are inborn and do not depend upon experience."[42] While Kant's nativism would stand in direct contradiction to the empirical/experiential theories of Hobbes, Locke, and Hume, a debate that rages on to the present day in the form of "nature vs. nurture," the two strains would eventually combine to influence the psychologists of the nineteenth century and give them a deeper understanding of the potentialities and limitations of the human mind.

While they developed a relatively enlightened conception of mental illness compared to divine causation, Enlightenment thinkers, insomuch that they ever spoke of mental illness, were still pessimistic about curing it. Theorizing a different causation for mental illness may have set a foundation for later approaches to treating people with it, but such theories had no immediate or real discernable effect on treatment prior to the late eighteenth century.[43]

PRE-REFORM SOCIAL POLICY AND TREATMENT IN THE EARLY MODERN PERIOD[44]

While the philosophes of seventeenth and eighteenth century Europe engaged one another's works, their community, often called "the Republic of Letters," was rather insular and its ideas accounted for little outside of books and genteel conversation until the revolutionary era in the late eighteenth century. Some of it was not for lack of trying, and some philosophes made major inroads with powerful leaders in Europe, such as Frederick II of Prussia, Joseph II of Austria, and Catherine II of Russia. Yet these rulers were more the exception than the rule, and the policy-making bodies, royal and otherwise, of early modern Europe more often had both feet

---

[42] Ibid., 54.
[43] Dain, 4.
[44] This section covers English, French, and American laws, policy, and relationships with the insane. There is a growing literature on other European nations, especially policies toward the insane in the German states and the Netherlands. See Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815-1849* (New York: Oxford University Press, 1999); David Lederer, *Madness, Religion and the State in Early Modern Europe: A Bavarian Beacon* (New York: Cambridge University Press, 2006).

planted in the *ancien regime* rather than in the emerging modernity that would explode onto the scene with the French Revolution.[45]

Before the ubiquity of individual rights and classical liberal ideology – that is, at a time when rights were hereditary - the extent of an individual's autonomy under the apparatus of the state was directly proportional to social status. The least restricted, in terms of a reservoir of power to be exercised as well as the amount of power that could be exercised over a person's own body, started with royalty and ruling bodies and decreased with each lower rung on the social ladder. The power differential between a monarch and peasants and serfs was enormous, but the bodies of the latter groups were still often given limited rights and limited dignity. Within this hierarchy, insanity meant a legal and social forfeiture of whatever rights and dignity a person possessed.[46]

The aforementioned whipping and starvation of George III is one of the most dramatic examples of forfeiture. While no absolute monarch, he was king of the British Empire and entitled to the protections and privileges of that position. Even so, he was exposed to a shocking degree of indignity and abuse. On down the social strata, people had even less protection than the king: insane relatives of the patrician classes were kept locked in attics and basements to avoid family embarrassment and exposing the family name to "contamination"; witchcraft trials often zeroed in on people who did not have powerful families, if any families at all, to protect them.[47]

---

[45] For a survey of the Enlightened Absolutists, see H.M. Scott, ed., *Enlightened Absolutism: Reform and Reformers in Later Eighteenth-Century Europe* (Ann Arbor: University of Michigan Press, 1990).

[46] As will be seen in Chapters II and III, one of the markers of the emerging "modernity" of the nineteenth-century was the expansion of the legal power of the state to override the rights of individuals under the right conditions. Insanity trials and the legal category of *non compos mentis* meant that the state could remove one's autonomy with little recourse.

[47] Historians have suggested the "evidence" used in accusations of witchcraft (such as strange pronouncements and behavior) may point to mental illness, but generally speaking any marker of difference from a community combined with lower social status during a time of economic or social stress could be enough to warrant an accusation. There is a substantial amount of literature on the factors that led to witchcraft trials, a small selection of which follows: Paul Boyer and Stephen Nissenbaum, *Salem Possessed: The Social Origins of Witchcraft* (Cambridge: Harvard

Allen Thiher begins *Revels in Madness: Insanity in Medicine and Literature* by musing on the

practice of trepanning as one of the earliest treatments for mental illness, dating back to the

Stone Age:

> . . . [T]he holes are also the beginning of a legal and philosophical history of madness, since we can see, in these perforated containers of the soul, that legal and religious power had accrued to some priestly or medical group that had the power and authority to exercise force over the body of the insane, the sick, and the possessed. The power to bore into another person's skull is the power to dispose of the mad person's body in the most literal sense[.][48]

Thiher's point, using trepanning as a historical lens, is that mental illness has long been

synonymous with a loss of autonomy, and that the treatment of mental illness has long been

synonymous with power structures, coercion, and raw force. How those systems of power,

coercion, and force played out depended on the geographic stage.

France: The *Hôpitaux Généraux* and Charity by Force

France oscillated between benevolent and oppressive extremes, in some part due to the

economic vicissitudes of constant war. From the mid-sixteenth until the mid-seventeenth

century, French law-making bodies, including the monarch and various city officials, took a

hardline toward the poor, specifically beggars. At the end of the seventeenth century, Paris had

30,000 beggars in a population of less than 100,000. During this period, beggars in Paris were

"chained in pairs" and forced to work in the Parisian sewers, ordered to leave Paris, and

"whipped in the public square, branded on the shoulder, shorn, then driven from the city." In

1607, archers were placed at the city gates "to forbid entry to indigents" that had been driven out

---

University Press, 1976)*;* Carol F. Karlsen, *The Devil in the Shape of a Woman: Witchcraft in Colonial New England* (New York: W.W. Norton, 1987); Wolfgang Behringer, *Witchcraft Persecutions in Bavaria: Popular Magic, Religious Zealotry and Reason of State in Early Modern Europe*, J.C. Grayson and David Lederer, trans. (New York: Cambridge University, 1997); Mary Beth Norton, *In the Devil's Snare: The Salem Witchcraft Crisis of 1692* (New York: Vintage, 2003); Gary K. Waite, *Heresy, Magic and Witchcraft in Early Modern Europe* (New York: Palgrave Macmillan, 2003); Malcolm Gaskill, *Witchfinders: A Seventh-Century English Tragedy* (Cambridge: Harvard University Press, 2007).

[48] Allen Thiher, *Revels in Madness: Insanity in Medicine and Literature* (Ann Arbor: The University of Michigan Press, 1999), 1.

- a fairly easy job at this point, as they were easily identifiable by their brandings. As late as 1657, those found begging, no matter their condition, would be "whipped for the first offense, and for the second offense condemned to the galleys if men and boys, banished if women and girls."[49] Between the mid-seventeenth century and the eve of the French Revolution, cities were either supported or ordered by the monarchy to build institutions for the care of the impoverished; the effort resulted in thirty-two *hôpitaux généraux*, or general hospitals, throughout France, with numerous other private Catholic institutions providing analogous care. Despite "hospital" being in the name, these institutions did not provide medical care, instead inhabiting a space between halfway house and factory.

The intent to help was there, but its premise upon a calculation of worth as a function of labor – an equation in Western civilization that would carry into the twenty-first century when determining the amount of government or charitable assistance "deserved" by the poor – complicated attempts to alleviate suffering. This intent was also cloaked in extreme force: in 1657, the militia of Paris – "'the archers of the Hôpital" – "began to hunt down beggars and herd them" into different hospitals.[50] In times of unrest and economic distress, the number of beggars would increase and the hospitals would "contain the unemployed, the idle, and vagabonds"; in times of prosperity, the unemployed, idle, and vagabonds became cheap labor. As Foucault says of this economically exploitative model: "The alternation is clear: cheap manpower in the periods of full employment and high salaries; and in periods of unemployment, reabsorption of

---

[49] Foucault, *Madness and Civilization*, 47-48. Foucault places this large number of beggars – totally nearly 30% of the population of France's capital – in the economic context of war and the slow but powerful engine of proto-industrialization. The practice of exiling beggars is reminiscent of the Renaissance-era practice of exile of madmen and political opposition (Dante Alighieri being a well-known example of the latter), and Foucault seems to see it in this tradition. The number of beggars, however, suggests that the problem, before the calming of wars, expansion of the French mercantile empire, and industrialization of France was simply too enormous to contain, especially in places that did not have the bureaucracy or raw economic power to expand the state institutionally. The transition from banishment to confinement does not seem to be as simply put as a descent from freedom into slavery.
[50] Ibid., 49.

the idle and social protection against agitation and uprisings."[51] The insane were swept into these large categories of the indigent; they too were confined into manufactories with little concern for their needs, as their focuses were quelling resistance and enhancing profits, little else.

England: *Prerogativa Regis* and the Poor Laws

When Foucault said, "Madness is childhood," he was referring to the internal structure of the asylums in the late eighteenth century, but nowhere was this phrase more literal than in England. From the late-thirteenth century on, the insane, both those suffering from acute episodes and "idiots" (those born with cognitive impairment), were under the guardianship of the monarchy. The king would manage the person's assets and make sure that the person would not be taken advantage of in their condition, potentially leaving heirs penniless. Persons declared legally *non compos mentis* or, to use a nineteenth-century parlance, lunatics, would have all of the profits from rents and other business dealings returned to them upon recovery (in the case of death, any compensation would be passed on to the family); any profits coming from persons declared idiots would be confiscated by the monarchy as due compensation for its stewardship. It was one of the few instances in the history of madness in which being declared a lunatic was actually advantageous.[52]

Asylums began as community-based private affairs that represented an attempt at a rudimentary safety net, but only for those who were "worthy" of it.[53] Before the reign of Elizabeth, a lack of government assistance meant communities had to devise ways to take care of their own poor and infirm. Before public asylums became the measure of adequate care, the insane were segregated from the general population of hospitals. As Akihito Suzuki notes, "early

---

[51] Ibid., 50-51.

[52] Anne Digby, "Contexts and perspectives" in *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities*, David Wright and Anne Digby, eds. (New York: Routledge, 1996), 24-28.

[53] This applies to most all asylums in England except for the infamous Bedlam, or Bethlem Royal Hospital, a public asylum covered more later in this chapter.

asylums mainly coped with the lunatics who had already fallen out of their domestic realms and had already become public problems."[54] Under Elizabeth, the Parliament passed the Poor Laws of 1598 and 1601, "which required that all parishes provide minimal help for the needy [the sick, disabled, elderly, orphans, and 'widows with young children'], supported by rates."[55] When the Poor Laws – an expansion of monarchical and municipal care and obligation – came into effect, English communities busied themselves by trying "to keep undesirable people from settling in their areas, to remove beggars from the streets, and to force lazy people to work[.]"As McIntosh summarizes, "Elizabethan efforts at providing care at providing care as growing up hand-in-hand with coercive measures designed to control those people whom local leaders saw as unworthy of assistance and disruptive to the good order and harmony of other communities."[56]

England also had different provisions under the poor laws for "outdoor relief" or "outdoor care" - relief given outside of an institution - and "indoor relief" or "indoor care" - relief given to those within an institution. Subsidies for people willing to provide care for the unfortunate in their midst meant that the line between public and private institutions was blurry. State institutions, like almshouses, would be built to look like homes and eventually expand to become village-like in appearance – a trend that would continue in the care of the poor, insane, and other ranks of those deemed unfortunate, with prisons being the major exception. While the monarchy and the parliament were willing to assume some responsibility for ill-fortuned subjects, and many subjects were willing to take advantage of the resources available to them,

---

[54] Akihito Suzuki, "The Household and the Care of Lunatics in Eighteenth-Century London" in *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare since Antiquity,* Peregrine Horden and Richard Smith, eds. (New York: Routledge, 1998), 155.
[55] Marjorie K. McIntosh, "Networks of Care in Elizabethan English Towns: The Example of Hadleigh, Suffolk," ibid., 71.
[56] Ibid., 74-75.

the workhouse and the asylum were among the institutions that were "feared and avoided, a last and most desperate resort." [57]

Trends throughout the West

The insane were a more discrete group in seventeenth-century Europe than in the American British colonies. David J. Rothman suggests in *The Discovery of the Asylum* that "[t]he pervasiveness and import" of colonial beliefs in social order (e.g. the permanent nature of poverty) and philanthropy meant that colonists did not fear the "poor" – a term Rothman defines as being inclusive of widows, orphans, the impoverished, "the aged along with the sick," the disabled, and the insane.[58] For Rothman, the erosion of social responsibility in the American colonies was a prerequisite for the development of a state apparatus capable of handling institutions like the asylum and the penitentiary. This erosion was aided by constant ideological conflict with Britain in the mid-to-late eighteenth century and the both conscious and subconscious efforts of Americans to form an identity separate from Britain. Political events like the Stamp Acts and religious events like the Great Awakening spurred active examinations of the social order and the role of the state. This examination created a wedge between the colonies and Britain, driving them apart politically, religiously, and socially, and setting the stage for the American Revolutionary War. The war cemented an ideological and cultural shift and provoked questions of authority and the social order. Combined, these led, in part, to the erosion Rothman illustrates.[59]

---

[57] Peregrine Horden, "Household Care and Informal Networks: Comparisons and Continuities from Antiquity to the Present," ibid., 24-27.

[58] David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (New Brunswick: Aldine Transaction: 2002), 5-8.

[59] Historians have studied the separation of British and American identities extensively and what led to the dissolution of the old social order. For the political aspects of this process, see Bernard Bailyn, *Ideological Origins of the American Revolution* (Cambridge: Harvard University Press, 1967) and Brandon McConville, *The King's Three Faces: The Rise and Fall of Royal America, 1688-1776* (Chapel Hill: University of North Carolina Press, 2006). For an economic take, see T.H. Breen, *Marketplace of Revolution: How Consumer Politics Shaped American*

The erosion occurred in Europe as well. Erosion of social responsibility meant the decline of patronage and the disowning of responsibility for poverty and crime as faults not of the system but as an essential part of the natural order. Patronage required personal knowledge and intimacy with the unfortunate before the privileged deigned to care. Suffering that could not be seen did not rouse personal interest, so those without connections or patrons experienced increased suffering. Philanthropy, loosely defined as a personal interest in the general plight of the less fortunate that did not require personal knowledge of the individuals in need of assistance often on an issue-by-issue basis, would eventually become the norm for the wealthy. The transition between systems was slow and awkward, however, and left many people without aid.

Rothman's argument that social *erosion* hollowed out a space for the asylum, however, lacks comprehensiveness. Proto-industrial social ills were not the only challenges to order in both the eighteenth- and nineteenth-century models of the state in Europe and the United States. Erosion of individual responsibility to society left the few wealthy advocates so overwhelmed by the vulnerable classes below them that they increasingly saw a person's lower station not as a consequence of the natural order but as a result of personal mistakes – thus removing elites' responsibility to alleviate suffering. As social erosion began showing its effects, philosophers and the literate public simultaneously stoked a new humanitarianism that dared to question one of the universal truths of human existence: pain. Christianity, whether Orthodox, Catholic, or Protestant, had Old Testament and New Testament explanations of pain – both as God's punishment and a way to experience Christ-like suffering.[60] Over the course of nearly 150 years,

---

Independence (New York: Oxford University Press, 2004). For the religious aspects of this process, see Alan Heimert, *Religion and the American Mind, from the Great Awakening to the Revolution* (New York: Harvard University Press, 1966) and Timothy Hall, *Contested Boundaries: Itinerancy and the Reshaping of the Colonial American World* (Durham: Duke University Press, 1994).

[60] Karen Halttunen, "Humanitarianism and the Pornography of Pain in Anglo-American Culture *The American Historical Review* 100, no. 2 (1995), 303-304. As Halttunen notes, "the English term [for "pain"] is derived from the Latin *poena*, punishment[.]" Ibid., 304.

philosophers like John Locke, David Hume, and Adam Smith developed a rational basis for challenging the role of pain in the life of the individual, encouraged a "cult of sensibility," and sought a "'man of feeling,' whose tender-hearted susceptibility to the torments of others was the mark of his deeply virtuous nature." In other words, philosophy began emphasizing sympathy, not only as a key feeling, but also as a key *character trait*.[61]

"Sympathy" (*"with"* + suffering) as a word is 400 years older than its more intimate kin "empathy" ("*in*" + "suffering"). "Sympathy" in a broad sense, means to see and acknowledge the depth of someone else's suffering at a respectful distance, as opposed to empathy, in which an individual tries to access someone else's pain more intimately.[62] By the beginning of the nineteenth century, the Industrial Revolution had begun to create a new social strata of wealth outside of the aristocracy, but precious few were able to take advantage of it. Meanwhile, the lower echelons toiled simply to survive. Amidst the growing fear of exponential growth, life-shortening dirtiness, crime, and riotous unrest in Industrial Revolution-era cities, sympathy became a high-society, high-culture virtue in everything from operas and novels to antislavery propaganda. The more appropriate metaphor, then, is perhaps not the *erosion* of personal responsibility to society, but the *transformation* of it into a virtue of the educated, wealthy classes.[63]

Besides the erosion of individual responsibility and patronage, a third catalyst existed, itself two-fold: the population boom of the late eighteenth and early nineteenth centuries and the commitment of religious groups to providing care for their larger communities. Population helps

---

[61] Ibid., 303.

[62] "Sympathy, n.," OED Online March 2015. Oxford University Press. http://0-www.oed.com.umiss.lib.olemiss.edu/view/Entry/196271 (accessed April 21, 2015); "empathy, n.," ibid., http://0-www.oed.com.umiss.lib.olemiss.edu/view/Entry/61284 (accessed April 21, 2015).

[63] The rise of sympathy is a major step in the development of the ideology of human rights. See Lynn Hunt, *Inventing Human Rights: A History* (New York: W.W. Norton, 2007) and the aforementioned Karen Halttunen article "Humanitarianism and the Pornography of Pain in Anglo-American Culture" (1995).

account for why the first asylums popped up in London and Paris; religion helps account for the

role of William Tuke, a Quaker, in developing the first dedicated insane asylum that would help

raise the standards of care over the next half-century. Population growth would predetermine

where the asylum would spread; religion would decide who, at least in the early years, would be

excluded. With the exception of Williamsburg, Virginia, where the first insane asylum in British

North American would be founded in 1773, the asylum would remain confined to the most

populous areas of the former colonies and latter United States, which mostly meant the

northeastern United States because of heavy Quaker involvement.[64] It is no coincidence that the

first American hospital to add a ward for the insane was the Pennsylvania Hospital in

Philadelphia (founded in 1751 and ward added in 1752), which was one of the most populous

cities in the American colonies and run by Quakers as well.[65]

The term "social policy" used in reference to state and municipal action in the early

modern period is misleading, as social policy did not exist in a familiar form to the English-

speaking world until the twentieth century. The London mental hospital Bethlem, known

colloquially as "Bedlam" and the origin of the word in English, is the oldest mental hospital in

Europe and was used to hold insane patients but, until the nineteenth century, could not be said

to treat them.[66] Institutions for the mentally ill resembled jails in form and function, though the

mentally ill often received worse care. Beliefs about insanity (e.g. the insane could not feel cold

---

[64] Grob, *Mental Institutions*, Appendix IV.
[65] "Diseases of the Mind: Highlights of American Psychiatry through 1900"
https://www.nlm.nih.gov/hmd/diseases/early.html (accessed May 2, 2016).
[66] Officially called "Bethlehem" before being overpowered by its nicknames, Bethlem Hospital has become the
archetype of pre-modern nightmarish asylum life. As with all archetypes, Bedlam has been distilled into the *essence*
of a (bad) asylum, which allows historians to use it as a shorthand fact and symbol. Some historians, such as Patricia
Allderidge, have begun to chip away at the monolithic presentation of Bedlam as a badly mismanaged torture
chamber, but references to Bedlam as such still abound. See Patricia Allderidge, "Bedlam: Fact or Fantasy?" in *The
Anatomy of Madness: Essays in the History of Psychiatry Volume II: Institutions and Society*, edited by W.F.
Bynum, Roy Porter, and Michael Shepherd (New York: Cambridge University Press, 1985), 17-33. For more on
Bedlam as an institution rather than an archetype, see also: Jonathan Andrews, "'Hardly a Hospital, but a Charity for
Pauper Lunatics'? Therapeutics at Bethlem in the Seventeenth and Eighteenth Centuries," in *Medicine and Charity
Before the Welfare State*, Jonathan Barry and Colin Jones, eds. (New York: Routledge, 1991), 63-81.

and did not need shelter) made for unfathomably horrific conditions. Chained and chafing, starved and cold, beaten, isolated, and untreated, few who were committed were ever released.

ENLIGHTENMENT APPLIED:
REVOLUTIONARY CONCEPTIONS OF MENTAL ILLNESS IN PRACTICE

The criminalization of insanity and the humanitarian impulse generated by the Enlightenment intersected in revolutionary era liberalism. Liberalism, which undermined autocratic power by establishing innate rights for citizens across Europe and in the nascent United States, challenged community-based or hereditary notions of individual worth and emphasized the inherent worth of the individual. The idea of human rights that emerged out of the Enlightenment was violently applied in the years of revolution (1789-1870). While liberal revolutions rocked most of Europe, the order of things was most rapidly and violently rearranged in the United States and France, both of which severed or drastically weakened ties to monarchy in the late eighteenth century. Out of war and state-building came many meditations on what rights should be held as universal and unalienable. The truest test of these new principles for new republics was the development of new legal systems and the protection of society's margins.[67]

History books primarily credit two men with the major late-eighteenth-century advancements in the care and treatment of the insane within this emerging liberal framework: William Tuke, an English Quaker, and Philippe Pinel, a doctor in Revolutionary Paris. They were far from the only individuals involved, but Tuke and Pinel's names have become shorthand references for the developments that history has credited them. They did play a crucial role in the development of the modern insane asylum that would eventually cross the Atlantic and arrive on

---

[67] On attempts to build liberal governments during and after Europe's revolutionary era, see Abigail Green, *Fatherlands: State-building and Nationhood in Nineteenth-Century Germany* (New York: Cambridge University Press, 2001); Lynn Hunt, *Politics, Culture, and Class in the French Revolution* (Berkeley: University of California Press, 1984); James Livesey, *Making Democracy in the French Revolution* (Cambridge: Harvard University Press, 2001); Paul W. Schroeder, *The Transformation of European Politics, 1763-1848* (Cambridge: Oxford University Press, 1994); Isser Woloch, *The New Regime: Transformations of the French Civic Order, 1789-1820s* (New York: W.W. Norton, 1994).

American shores. While Pinel technically came before Tuke, they were working more or less simultaneously and independent of each other. Thematically arranged, however, Tuke's York Retreat represented change within a non-revolutionary climate and gives an example of the organizational structure, philosophies, and therapies in a transitional asylum. Pinel's approach to reform in the hospitals of Paris, while they were not "purpose-built" or as exclusive as the York Retreat, would provide a medical, professional, philosophical, doctrinal, and, most importantly, public example that would ultimately leave the most lasting impression and set the standard for treatment of the mentally ill for the next century.

William Tuke and the York Retreat

Tuke's revelation regarding the treatment of the insane came on the heels of tragedy. Hannah Mills, a young Quaker and widow, was admitted to the York Lunatic Asylum in March 1790 for "melancholy," a diagnosis generally interpreted as depression. Members of the Quaker community in York tried to visit Mills, but were rebuffed by asylum officials. A little over a month later, Mills died within the asylum walls. Her death caused a scandal among her fellow Quakers and highlighted the horrendous, secretive treatment of the insane within the York Asylum. Tuke, a rich man with the resources to try a grand experiment, formed the York Retreat in 1796.[68]

The York Retreat was a radical departure from the insane asylums in English cities. Here, Tuke developed what would be called "moral treatment," a methodology that will be explained more thoroughly later in this chapter.[69] Moral treatment emphasized humane interactions with patients. Its goal was the eventual restoration of mental faculties and ultimately the release of the patient from the asylum. That most precursors of the York Retreat did not consider releasing

---

[68] William K. Sessions and E. Margaret Sessions, *The Tukes of York* (York: Ebor Press, 1971), 58-60.
[69] "Moral treatment" was also called "psychological medicine," "moral management," and "moral therapy." Dain, 5 (footnote).

patients to be a tangible goal illuminates the extent to which mental illness was seen as an incomprehensible, incurable condition.[70] Tuke instructed caretakers to interact with the mentally ill as patients, not prisoners, and to give them due respect. Patients to be spoken to softly and reasonably and never restrained. Their daily activities were planned out, releasing them from the burdensome hustle and bustle of modern life, which Tuke and his contemporary Pinel theorized had much to do with the rise in mental illness. The rise of industrialism was grinding the human soul to dust, and the York Retreat provided respite from the constant threat of spiritual theft.[71]

Philippe Pinel and the Bicêtre

Philippe Pinel's entrance on the scene is much more dramatic and apocryphal than Tuke's. Pinel, a student of the Enlightenment and physician with an intense interest in mental illness, was appointed as physician at the Parisian l'Hôpital Bicêtre in 1793. The oft-told story is that Pinel went into the insane wards at the Bicêtre and ordered the chains struck from the insane women imprisoned there. While this scene has been depicted most famously and dramatically in Tony Robert-Fleury's painting *Dr. Philippe Pinel at the Salpêtrière* (1795), historians believe that Jean-Baptiste Pussin, a gifted physician and tutor of Pinel in care of the mentally ill, was actually responsible for the striking of the chains from the insane at Salpêtrière, as Pinel had already left for the Bicêtre, the men's prisons, when the event took place. Regardless, Pinel was credited for the same for the insane wards at the Bicêtre in 1795.[72] Instead of chains, restraints,

---

[70] Andrew Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (Berkeley: University of California Press, 1989), 83. Tuke's methods did have some precedence; teaching patients self-restraint was a goal of John Ferriar's in the Manchester Lunatic Asylum, and Edward Long Fox "independently developed a system of classification and mild management that allowed the elimination of most of the 'barbarous' and 'objectionable' features found in most contemporary asylums." Even so, Scull notes that "Tuke's admirers are quite right to stress that his approach marked a serious rupture with the past, rather than simply a refinement and improvement of existing techniques."

[71] Sessions and Sessions, *The Tukes of York*, 66-68; Samuel Tuke, *Description of The Retreat* (York: W. Alexander, 1813), 131-138.

[72] Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 24-25.

and near-torturous conditions, Pinel and Pussin opted for the same revolutionary type of moral

treatment - collecting patient histories and designing the asylum environment to ease acute

symptoms of mental illness - that Tuke used at the York Retreat.[73]

Pinel and other specialists in Paris pioneered a system of grouping patients by malady

and separating them into wards and other hospitals. Prior to the "Parisian School" of clinical

medicine, those who were acutely ill both in France and elsewhere were grouped together with

little regard for their symptoms. The same line of reasoning was behind grouping the indigent

with the mentally ill. Before modern medicine, these groups were considered "afflicted by God"

and were both permanently in need of aid and care. That the Paris School offered communities in

the West a method of alleviating the suffering of even a portion of what had previously been

seen as a permanent class of stricken and needy people signaled a paradigm shift. Governments

had to resconsider the mentally ill (and the poor) and how best to use the resources that the state

had already dedicated to alleviating their squalor. Medical students flocking to revolutionary

Paris were given hands-on experience in an increasingly specialized hospital system. Under Jean

Antoine Chaptal, Napoleon's minister of internal affairs (1800-1804), France, and especially

Paris, underwent major medical modernization and regulation, including a "proliferation of

medical specialties." In effect, Pinel, unlike Tuke, had state support, and the influx of medical

students to Paris with interest in "alienism" were able to experience firsthand modern treatments

that shunned the brutality characteristic of treatments in ancien regime Europe.[74]

The Pinelian Moment: Moral Treatment in Theory and in Practice

Pinel's revolutionary methods bear incredible importance. More than the York Retreat,

which mixed patience, religion, and environment, Pinel's work at the Bicêtre set the tone for the

---

[73] Dora B. Weiner and Michael J. Sauter, "The City of Paris and the Rise of Clinical Medicine," *Osiris* 2, vol. 18 (2003): 36.
[74] Ibid., 31.

future of psychiatric care and hospital organization and philosophy. Pinel wrote *A Treatise on Insanity,* published in 1801 and translated in 1806, to rescue France from being neglected in the history and development of humane asylum care and moral treatment, which had theretofore been treated as an English invention.[75] Pinel emphasized reason over superstition while challenging dominant philosophies of the mind, such as its unity. The specialization of medicine in Paris occurred at the same time as Pinel, a renowned nosologist, was pioneering classification of different types of mental illness.[76] Mental illness before Pinel and his peers was conceived as a sliding scale from "melancholia" - the least severe, or least violent, form – to "mania," characterized by violent behavior.[77] Though his specialty was the labeling and treatment of mental illnesses, Pinel is fairly careful in *Treatise* to avoid over-diagnosing problems, though he does his fair share of questionable observation. For instance, he spends one section of *Treatise* discussing the constitutional differences between men with black hair and men with blonde hair. Even so, such observations were evidence of Pinel's largely unprecedented technique of intense clinical observation.[78] Before Pinel, confinement was its own end in France. After the Revolution and Pinel's assignment first at the insane ward at the men's hospital, Bicêtre, and then at the same in the women's hospital, Salpêtrière, curing became the primary goal. To achieve that goal, Pinel pushed for descriptive histories of every patient and close observation of behavior. If "paroxysms" occurred after the Summer solstice or every six months or for fifteen

---

[75] Philippe Pinel, *A Treatise on Insanity, in Which Are Contained the Principles of a New and More Practical Nosology of Maniacal Disorders* (Sheffield: W. Todd, 1806), 107.

[76] "Nosology" is the study of the classification of disease.

[77] Dain, 6.

[78] Pinel did have inspirations and precursors, namely François Simonnet de Coulmiers and Jean-Baptiste Pussin, who "preceded Pinel in employing alternatives to the traditional physical therapies, replacing them with a common sense approach based on air, light, movement, and humane interaction[.]" Pinel's descriptive approach, however, seems to have been mostly his own. Jerrold Seigel, "Foreword," in Marcel Gauchet and Gladys Swaim, *Madness and Democracy: The Modern Psychiatric Universe,* Catherine Porter, trans. (Princeton: Princeton University Press, 1999), xiii.

days a year, Pinel wanted it extensively documente. He hoped to read the descriptive logs of a patient's ailments to discover any patterns of behavior.

Pinel's success rate at the Bicêtre is hard to put into statistics from the information he gives in *A Treatise*. Pinel claims to only have readmitted two cases in 25 years.[79] The number of patients who died, at least in Pinel's account, is much vaguer. He writes against practices of starvation and extreme temperature exposure by using his own asylum as an example. When rations were increased from one pound of bread in the morning to two pounds per day divided among three meals, mortality decreased from 63% in 1788 to 12.5% in 1790 and 1791 ("the second and third year of the republic"). He also reveals in what is almost an aside that "[s]eldom has a whole year elapsed during which no fatal accident has taken place at the Asylum de Bicêtre, from the action of cold upon the extremities."[80] With these two examples, Pinel undermined hundreds of years of previous wisdom about the beastliness and invincibility of the insane.

Pinel's sketch of moral treatment had three main components. First, the physician had to be intimately associated with patients and their care, and patients needed constant evaluation to document progress or lack thereof. Pinel and others kept journals of patients' individual histories and symptoms. This kind of record-keeping in the context of a hospital had never happened before, especially on an institutional level. This massive generation of information admitted a hereto unacknowledged reality of not only mental illness but also general patient care: patients are idiosyncratic in symptoms, history, and causation. While Pinel and the governor, the French equivalent of what would later be called an superintendent in the United States asylums, certainly tried to group patients by illness and disposition, mainly on degree of docility or

---

[79] Pinel, 39.
[80] Ibid., 33.

violence, the ingenuity of Pinel's approach gave the physicians latitude for more creative, personalized approaches.

Second, moral treatment banned the use of violence by asylum attendants and the use of restraints. While the prohibition of violence would carry through the asylum's various geographical incarnations, the severe limitations on restraints would erode over time, roughly simultaneously with the rise of medical treatment in asylums.[81] But this later deterioration should not devalue Pinel's revolutionary approach and his belief that medical treatments should be avoided until absolutely necessary.

Third, moral treatment advocated the use of fear as a method. Physicians and attendants used the power of their positions in the asylum and the threat of isolation as methods of coercion. While they could not use violence as a matter of policy and philosophy, psychological violence was considered fair treatment. One of Pinel's first examples of the use of moral treatment is a soldier who, after being in the asylum, "was suddenly seized with a vehement desire to join his regiment." After trying to appease him in ways undescribed, "coercive measures became indispensable to convey him to his chamber" for the night. He became violent, so the attendants restrained and isolated him until he promised to restrain himself from outbursts.[82] In Samuel Tuke's *Description of the Retreat* (1813), he, like Pinel, disallows physical punishment in lieu of the fear-based approach inherent in moral treatment. Insanity, having been located in the mind regardless of a physically damaged brain, required a psychological approach.[83]

---

[81] The relationship between the gradual decay of moral treatment's standards and medical treatment is more than consequence. The eventual issue of overcrowding and the inability of physicians to continue one-on-one care and constant supervision of patients led to an increase of restraints and isolation. This pattern in mental healthcare would be repeated in the twentieth century. In response to overcrowding and the pressures to cure patients quickly, physicians would begin relying more on medical treatments, such as psychotropic drugs and shock therapy, to produce results. Mississippi's experience with these issues is covered in depth in Chapter III.

[82] Pinel, 60-61.

[83] Tuke, 131. Specialists often referred to "lesions," or aberrations, on the brain after autopsy as possible proof of physical causation.

"[J]udicious modes of management, or moral treatment" were considered more effective than medications, a rather fortunate conclusion at a time when most medical treatments were guesswork and drastically more likely to harm than help.[84] Samuel Tuke, the grandson of York Retreat founder William Tuke, emphasized kindness and gentility in patient care as responsible for calming patients and even engendering a genuine affection for the attendants. In their delusional state, Tuke explained, most patients could not understand why their friends and loved ones were suddenly alienated from them and were simply grateful for kind gestures. Yet Tuke divided moral treatment into three parts, and the second on Tuke's list, between helping the patient "control the disorder" and ensuring "the general comfort of the insane" was "modes of coercion."[85]

Tuke was more direct on the issue of coercion than Pinel in *Treatise*, who relies on light sketches and detailed examples to illustrate the use of coercion and fear. Tuke's explication of fear-based treatment tried to rein in the natural excesses of physicians and attendants in positions of power with fear. The York Retreat used neither "chains nor corporal punishment" and did not allow attendants to issue empty threats regarding their use. Patients were told that "treatment depends, in great measure, upon conduct," a coercive measure that encouraged patients to manage themselves to acquire rewards and privileges.[86]

Moral treatment was not completely benign in its implications and laid the foundation for later compelling critiques of psychiatric institution. Key in this foundation was the use of fear in moral treatment. Samuel Tuke reflected upon his methods:

> There cannot be a doubt that the principle of fear, in the human mind, when moderately and judiciously excited, as it is by the operation of just and equal laws, has a salutary effect upon society. It is a principle also of great use in the education of children, whose

---

[84] Ibid., 132-133.
[85] Ibid., 138.
[86] Ibid., 141.

imperfect knowledge and judgment, occasion them to be less influenced by other
motives.[87]

These words led Foucault to focus on the psychological brutality of asylum care. The use of fear

as social control is far from new, but moral treatment invites criticism because of the *site* of

coercion and its targets: asylums and the vulnerable mentally ill. But it is clear that Pinel and

Samuel Tuke were not advocating the use of fear in situations where it did not exist prior; they

were, in fact, mitigating its use by banning physical abuse and severely limiting, both in reason

and length of time, the use of restraint.[88]

Foucault goes to some length to decontextualize quotes taken from Pinel and Samuel

Tuke. In *Madness and Civilization*, Foucault quotes Tuke: "'The principle of fear, which is

rarely decreased by insanity, is considered as of great importance in the management of the

patients.'" Foucault uses this quote as the first line in a long paragraph about the use of fear and

terror to scare the patient into better health. While a somewhat accurate assessment of the logic

of fear in moral treatment, he cuts Tuke short. The passage from Tuke continues thusly:

> But it is not allowed to be excited, beyond that degree which naturally arises from the
> necessary regulations of the family. Neither chains nor corporal punishments are
> tolerated, on any pretext, in this establishment. The patients, therefore, cannot be
> threatened with these severities; yet, in all houses established for the reception of the
> insane, the general comfort of the patients ought to be considered[.]

Foucault created the impression that Tuke advocated an atmosphere of terror. Throughout the

chapter "The Birth of the Asylum," Foucault treats Pinel's *Treatise on Insanity* similarly. He

quotes Pinel's examples of extreme brutality in other asylums in France and England without

clarifying that Pinel, as punctuation to each of the harsh examples that include corporal

punishment, was citing those events as outside the principles of moral treatment. One could very

easily read Foucault and come away with the impression that the Tukes and Pinel were dungeon

---

[87] Ibid., 142.
[88] Ibid., 143.

50

masters and torturers with little conscience when they were in fact fighting against the asylum as dungeon and torture chamber.[89]

The model of moral treatment can almost as easily be called the Pinelian model, as he became synonymous with it as it spread across the continent and to the United States. Emphasizing humane care – making sure patients were warm, fed, worked, and socialized – with a dash of fear to overcome delusions in patients, Pinel created a new humanitarian institution.[90] While the York Retreat experiment occurred nearly simultaneously as Pinel's experiments in Paris, it was Pinel who would make the bigger impact on the course of hospital care for the insane for three reasons.

First, France had become the medical epicenter of Europe in the late eighteenth and early nineteenth centuries, as students came from all over Europe and the Americas to marvel at the revolutionary bureaucracy of which Bicêtre was a part. In comparison to France, England's asylums ranged from the somewhat passable to the horrific. The York Retreat, being a Quaker endeavor and existing in a country full of bad examples, did not have the cultural currency of the illustrious revolutionary Bicêtre. As the effort of private citizens, the York Retreat was more of a philanthropic endeavor; the Bicêtre showed the power of a state institution.[91]

The second factor in the prominence of Pinel and the Bicêtre over the York Retreat complements Foucault's criticism of the asylum and questionable development of psychological expertise in jurisprudence: Pinel was a doctor whose expertise and conviction were tempered by humility. That helped make him enormously influential in the United States, whose citizens had

---

[89] Quote from Foucault, *Madness and Civilization*, 249; Tuke, 141.

[90] Pinel, 23.

[91] Later, when the Mississippi Insane Asylum commissioners were making a case for a modern asylum, only Pinel and the Bicêtre are mentioned by name, while the York Retreat is implied in a sweeping reference to England's efforts to reform and regulate its archaic asylums.

a complicated relationship not with expertise but with the *performance* of expertise.[92] England's

asylums, Bedlam excepted, were local, often private affairs, and the failings of the systems seem

to be linked with localism and privacy. Lack of oversight and transparency meant that the case of

the Quaker Hannah Mills, who died with little or no account of the circumstances, happened

distressingly often. William Tuke, kind benefactor though he was, established the York Retreat

as a refuge for, as his daughter reportedly said, "such persons in *our* society" – that is, Quakers

only.[93] Pinel's training and expertise, the relative openness of the Bicêtre for doctors, students,

and bureaucrats alike, and the power of the state imbued him with authority and an air of honesty

a private institution could not necessarily access or claim.

The third factor is, for some historians, the most inexplicable: the popularity of Pinel's

Treatise on Insanity. In fact, some scholars attribute Pinel's success solely to the success of

Treatise. Marcel Gauchet and Gladys Swain write of Pinel's book:

> Through its power of conviction, Pinel's text won the resources for its own
> implementation and projected itself into the order of reality. [Pinel's student Jean-Étienne

---

[92] In his essay "About the Concept of the 'Dangerous Individual' in 19th-Century Legal Psychiatry," Foucault completely deconstructs the (il)logic of monomania and interprets the role of psychiatrists in the courtroom as a political maneuver to bolster their credentials and influence. For Foucault, psychiatrists, who had no interaction with the legal system prior to the nineteenth century, were less interested in understanding the patients than they were in "secur[ing] and justif[ying]" a new "modality of power" that would allow them to determine the demons to be exorcised from the public body. In essence, psychiatry blamed homicidal monomania on the particular conditions of the nineteenth century, namely industrialization and urbanization. Psychology branded itself as a frontline defense against the consequences of advanced civilization on the mind, a common theme throughout the nineteenth century, claiming simultaneously that monomania could not be predicted but that psychologists – with their "medical eye" – somehow could. Between this rebranding and, according to Foucault, the rise of "no-fault liability" in the legal system (a concept borrowed from the insurance sector), judges, through the establishment of these precedents, found it possible that individuals could possibly have no fault in a crime they clearly committed. Foucault argues that monomania gave way between 1885 and 1910 to "the idea of degeneration" – the idea that genetics, not a psychological break, led to criminally insane behavior – which shifted the emphasis from the individual's *actions* to the *possibility* of degenerative *heredity*. Not only did the mental states of the accused become evidence, but also that of their relatives. From this basis, psychiatrists planted the idea that a person can be intrinsically dangerous, which gives society the right to probe the background of the accused in order to find the potential for danger or harm, pretend to be able to predict it, and protect itself against a potential threat by whatever means it deems necessary and fitting. For Foucault, the evolution of psychology paralleled the strength of the state and fortified it, becoming another instrument of power with which to oppress the individual. Michel Foucault, "About the Concept of the 'Dangerous Individual' in 19th-Century Legal Psychiatry," *International Journal of Law and Psychiatry* 1 (1978), 6-9.
[93] Sessions and Sessions, 58. Emphasis mine.

Dominique] Esquirol himself acknowledged this. . . He did not attribute the progress to Pinel's tireless personal efforts, but to the shock provoked by the publication of his work: an unaccustomed focus of praise, and a singular story whose driving force turned out to be the impact of a book.[94]

Gauchet and Swaim are hesitant to comment to the book's wider effect on the specialization of confinement and the development of asylums, but they do argue that Pinel and moral treatment would have had far less attention if *Treatise* had not been a verifiable hit among medical communities in the West.

While private asylums would continue to spring up in England and the United States, the example of the Bicêtre seemed to be the only way to ensure the best care. State support in the form of the brick-and-mortar institution as well as tax dollars meant that other institutions could hopefully replicate the slow, eventual process of Pinel's cures.[95] It was also the state power behind the Bicêtre that made it so influential and attractive to interested parties in the United States. Patients in private institutions were either self-committed or family-committed. Those diagnosed with criminal insanity were remanded to jails and prisons or simply treated as if they were not insane.[96] Only the raw power of the state could compel citizens who would not otherwise be committed. If patients or their families could get in the way of treatment, the results of moral treatment would be disappointing.

The results of moral treatment, which emphasized a) the individual psychology of the patient and b) therapies based on "kindness and the consideration of each patient's physical and emotional needs," astounded the medical and fledgling psycho-specialist community.[97] Combined with the burgeoning clinical model of medicine that sprouted from the ruins of the old

---

[94] Gauchet and Swaim, 33.
[95] Pinel notes that some cases remained uner his intense observation for over twelve months. Pinel, 42.
[96] As will be seen in Chapter II, insanity was often ignored among slaves, whose tasks were augmented to fit their physical and mental capabilities.
[97] Dain, 5.

regime, moral treatment forced physicians to interact with their patients meaningfully; they could

no longer learn from textbooks and then eventually apply their learning to patients during later

practice. As Norman Dain writes of moral treatment's unmitigated vision: "The ideal regimen

included placing the patient in a mental hospital where he would receive considerate treatment,

occupational therapy, entertainment, mild exercise, good food, and comfortable lodgings."[98] The

ideal, then, required that doctors have an intimate knowledge of their patients through direct

interaction and observation – an approach that emphasized the idiosyncrasies of each subject and

the forms mental illness could take.

The efforts of Tuke and Pinel were transformative on the nascent trajectory of early

psychiatry and asylum culture. The results coming out of the York Retreat and Paris were almost

too good to be believed,: both reported high rates of recovery unheard of prior to moral

treatment. In the early nineteenth century, the Conseil des Hospices, an "authentic central

decision-making organ . . . equipped to develop a genuine hospital policy," boasted that Pinel's

methods could cure as many as 9 in 10 cases. Pinel's reports between 1805 and 1813

demonstrated a cure rate of one for every two admissions.[99] For contrast, Virginia's Eastern

Lunatic Asylum, opened in 1773, discharged only about 20% as cured.[100] While it was not the

success that its supporters purported it to be and amateur alienists were eager to participate in the

exciting new field rather than interrogate the fantastic results reported, moral treatment was

impressive in its scope and accomplishments

---

[98] Ibid., 5.
[99] Gauchet and Swaim, 27-35.
[100] Grob, *Mental Institutions*, 393

WAVES OF REFORM:
INSANITY AND THE ASYLUM IN THE ANTEBELLUM UNITED STATES

The asylum spread quickly after 1800. England exported the asylum within Britain and

abroad, with some of the first asylums appearing in Wales, Scotland, Ireland, British India, and

the Cape Colony.[101] Revolutionary care for the mentally ill reached the United States in the

1820s, though previous efforts had been made to accommodate insane persons. Virginia's House

of Burgesses passed an act to "Make Provision for the Support and Maintenance of Ideots,

Lunaticks, and other Persons of unsound Minds" in June 1770. Treatments "consisted of

restraint, strong drugs, plunge baths [into hot and cold water] and other 'shock' water treatment,

bleeding, and blistering salves." The number of patients discharged as cured between 1773 and

1790 was only about 20 percent. In a building with 24 cells where "[n]either harmless nor

incurable people were admitted," the cure rate was low without possibility of improvement.

Governor Francis Faquier's address to the House of Burgesses in November 1766 calling for

provisions for "a poor unhappy set of people who are deprived of their senses and wander about

the countryside, terrifying the rest of their fellow creatures" reveals the true purpose of the

institution: the "Public Hospital for Persons of Insane and Disordered Minds," with its low cure

rate and narrow focus, was little more than a prison for the criminally insane.[102]

Between 1810 and 1824, private and public asylums cropped up along the United States'

east coast. Private asylums looked to the example of William Tuke, especially at the Friends'

Asylum (1817) in Pennsylvania, the Bloomingdale Asylum (1821) in New York, and the

---

[101] For further reading on peripheral territories and colonial asylums, see Joseph Melling and Bill Forsythe, eds. *Insanity, Institutions and Society, 1800-1914: A social history of madness in comparative perspective* (New York: Routledge, 1999); Jock McCulloch, *Colonial Psychiatry and 'the African Mind'* (New York: Cambridge University Press, 1995); and Sally Swartz's and Waltraud Ernst's respective essays on Cape Town and British India in Leslie Topp, James E. Moran, and Jonathan Edwards, eds., *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context* (New York: Routledge, 2011).
[102] "Public Hospital: The Colonial Williamsburg Official History and Citizenship Site," History.org, accessed March 3, 2015, http://www.history.org/almanack/places/hb/hbhos.cfm.

McLean Asylum in Massachusetts (1818)[103]. American and English Quaker communities were in correspondence with each other, and American Quakers sought to replicate the success of the York Retreat, even going so far as to approximate its appearance. The Hartford Retreat in Connecticut followed not long after, but it parted ways with Tuke standards in favor of becoming a medical institution with doctors not laymen.[104]

The successes of Pinel's French empiricist model and the Tukes' York Retreat approach reached the United States through books, witnesses, and influential domestic boosters, though its success seemed to transform in translation. Pinel believed "apply[ing] our principles of moral treatment, with undiscriminating uniformity, to maniacs of every character and condition in society, would be equally ridiculous and unadviseable [sic]." Differences needed to be accounted for and moral treatment tweaked to fit the patient: "A Russian peasant, or a slave of Jamaica, ought evidently to be managed by other maxims than those which would apply to the case of a well bred irritable Frenchman, unused to coercion and impatient of tyranny."[105] The example of a peasant and slave juxtaposed to a French aristocrat is revealing of the philosophy behind coercion. Pinel suggests that explicit coercion – the conscious attempt to get an unwilling participant to recognize and acquiesce to authority outside of himself – works best if it used on patients whose station has permitted them to be an authority unto themselves. Pinel's French idiom of aristocratic coercion did not quite translate, and coercion and the use of physical force to break down psychological barriers became an unexamined but necessary component of moral treatment in its future iterations.

American Benjamin Rush, founding father, physician, and early supporter of insane asylum reform in the United States, provided a lens into how moral treatment began to

---

[103] McLean was actually built in 1811, but it underwent massive expansion in 1818 to modernize it.
[104] Scull, 96-107.
[105] Pinel, 66.

transform. Rush was the first high-profile American physician to champion mental illness as treatable disease rather than as untreatable divine infliction.[106] In 1812, mere months before his death, Rush published his *Medical Inquiries and Observations upon Diseases of the Mind*, which earned him the moniker "Father of American Psychology" and would be assigned by medical schools as *the* textbook on mental illness, with only slight and occasional updates, until the twentieth century. Rush was an early advocate of moral treatment-like reforms, advocating kindness towards patients and a system of treatment for patients geared towards curing them rather than imprisoning them as early as the 1780s.[107] He emphasized "the therapeutic value of changed surroundings, changed dress and changed company, of recreation, of occupational therapy" and "mental catharsis," where "patients [would] write down their symptoms and 'talk out' the misery of their troubled souls."[108] While Rush advocated components of moral treatment, he did not outright advocate it as a term or primary method in his writings, instead hybridizing it with biological causation and medical treatment. He was convinced that most mental disorders had a vascular/circulatory origin. Rush defined mental illness as "[a] false perception of truth; with conversation and actions contrary to right reason, established maxim, and order" and sought to understand disease so as to treat it more properly – a physician's approach that Pinel, also a physician, had mostly eschewed.[109]

Rush, both a physician and a caretaker, believed treatment of patients should include therapeutic environs and a capable and clever staff. He also believed in medical treatment, fear, punishment, restraint, and, in the first sign of deterioration of the ideals of moral treatment,

---

[106] Sarah R. Riedman and Clarence C. Green, *Benjamin Rush: Physician, Patriot, Founding Father* (New York: Abelard-Schuman Limited, 1964), 228.

[107] Nathan G. Goodman, *Benjamin Rush: Physician and Citizen, 1746-1813* (Philadelphia: University of Pennsylvania Press, 1934), 255-256.

[108] Riedman and Green, 228-233.

[109] Benjamin Rush as quoted in Dain, 6. From 1921 to 2014, the silhouette of Benjamin Rush was on the American Psychiatric Association (APA) seal. Mark Moran, "New APA Logo Unifies Image of Psychiatry," *Psychiatric News* 50, Issue 11 (June 5, 2015), 31.

painful physical treatments.[110] It was Rush, along with Benjamin Franklin, who pushed for the

building of the insane ward at the Pennsylvania Hospital, the second hospital to dedicate space to

the insane by the time of its eventual completion in 1796. He advocated a kinder, gentler, less

physical approach to patients, but Rush also spent considerable time designing instruments of

therapy that resembled devices of the Inquisition. One example was the "tranquilizer," a cross

between a strait-jacket and a chair with a "hinged block" lowered over the head, enclosing the

patient in claustrophobic darkness. Rush claimed that the device "reduced the force and

frequency of the [patient's] pulse" but due to the "large number of bruises and fractures resulting

from its use," doctors stopped using the device. He also invented the "gyrator" – a centrifuge

designed to force blood into the brain and accelerate "the heart action from seventy to 120 beats

a minute." Rush was also a proponent of bloodletting, prescribing the extraction of 20 to 40

ounces of blood - 12 and 25% of the blood in an adult human body - in the first session alone.

Rush ordered one patient to be bled 47 times in less than a year, letting a total of 470 ounces,

nearly three times as much blood as exists in the human body at one time.[111] Rush's hybridized

approach, presented as the height of humanity and medicine, became the standard for psychiatric

and asylum care in the United States for eight decades.

Between Rush's textbook of moral and medical treatment and the Mississippi State

Lunatic Asylum's founding in 1854, fifteen states built public institutions. By that time, Rush's

medical understanding of mental illness had become the norm over Pinel's overwhelmingly

psychological approach, leading to legislatures choosing medical superintendents over laymen.

In the first volume of the *American Journal of Insanity*, an unidentified author defined the

disease in biological terms that, curiously, depended on a spiritual understanding of the mind:

---

[110] Riedman and Green, 230-234.
[111] Ibid., 230; Goodman, 267; Benjamin Rush, *Medical Inquiries and Observations upon the Diseases of the Mind* (Philadelphia: Kimber and Richardson, 1812), 187-190.

> . . . [I]nsanity is regarded as a disease of the body, and few at the present time, suppose the mind itself is ever diseased. The immaterial and immortal mind is, of itself, incapable of disease and decay. To say otherwise, is to advocate the doctrine of the materialists, that the mind, like our bodily powers, is material, and can change, decay, and die. On this subject, the truth appears to be that the brain is the instrument which the mind uses in this life, to manifest itself, and like all other parts of our bodies, is liable to disease, and when diseased, is often incapable of manifesting harmoniously and perfectly the powers of the mind. Insanity, then, is the result of diseased brain[.][112]

Pinel's attempt to limit medical treatment both by prescription and example had given way to medical theories of insanity. The turn to a purely biological causation of insanity effected changes in therapy and made moral treatment alone philosophically untenable. This turn was not a pessimistic one, however. Material causation meant material treatment; doctors in the mid-nineteenth century were extremely optimistic that once a disease was identified a cure was not far behind. The treatment of institutionalization – placing a patient in a structured environment where he or she could be closely watched and treated by a specialist with medical expertise and experience – had become the "modern" standard of care.[113] Dependency on medical treatment mixed with evolving views on the causation of mental illness as biological and, eventually, genetic would lead to serious abuses of doctors' power and patients' well-being. In the antebellum period, however, the doctors were still intimate with and invested in their patients. Alienists "were part of the humanitarian reform movement of their day," supporting moral movements, like "temperance, prison reform, [and] abolitionism," among others.[114] It was in this period of the history of madness, a period now seen as a rising action towards the horrors of the late nineteenth and twentieth centuries, that the Mississippi State Lunatic Asylum was created.

The Spirit of Modernity: Mississippi at the Cutting Edge

---

[112] *The American Journal of Insanity* 1 (Utica: Bennett, Backus, and Hawley, 1845), 99.

[113] "Specialist" is used here instead of "psychiatrist," as the terms "psychology" and "psychiatrist" did not exist until the twentieth century. Dain, 55.

[114] Dain, 59. For more on how the morals of superintendents became part and parcel of their definitions of insanity and subsequent treatments, see the chapter "From Madness to Mental Illness: Medical Men as Moral Entrepreneurs" in Scull, *Social Order/Mental Disorder*, 1989.

The Mississippi territory became a state in 1817 and promptly faced the monumental task of building a viable and modern government. While the two were not mutually exclusive, "viable" and "modern" had two essentially different checklists: "viable" meant a working tax code, "internal improvements" (infrastructure), a legal code, and functional judicial and legislative bodies; "modern" meant meeting the standards set by other states in the union and even other countries – a constantly moving goalpost.

Mississippi, coming into being at the time it did, had plenty of examples to follow for both the "viability" and "modernity." Competing visions of modernity emerged between the governors on the one hand and the legislature and general population on the other. Modernity was evidently not attractive to Mississippians, and governors attempted to sell their vision for the state at every opportunity. In 1827, Governor Gerard C. Brandon laid out his lofty vision for the role of Mississippi government:

> . . .To protect the weak, from oppression, the virtuous from the snares of the wicked, --
> each individual in the enjoyment of life, liberty, property, and the religion his own
> conscience may approve, and provide for the wants of each section of our State, without
> prejudice to the balance . . .[115]

In 1832, Mississippi convened a Constitutional Convention, meant to both fix problems with the 1817 Constitution and better represent a state that had grown considerably since its establishment. By 1830, the federal government and Mississippi had complete control over ceded Choctaw lands, doubling sellable lots and leading to a massive influx of new settlers. The Constitution of 1832 was an altogether more democratic document: it removed property requirements for white men to vote and hold office; made judgeships an elected, not appointed, office; set term limits; and outlawed dueling. One of the most stringent sections of the Constitution of 1832 is Article VII Section 9, which banned the legislature from borrowing

---

[115] Governor Gerard C. Brandon Message to the Legislature, *MHJ* (1827), 11-18.

money unless both the House and the Senate approved it twice – once before an election and once after. Not altogether insignificantly, Article VII Section 14 states that "[r]eligion, morality, and knowledge, being necessary to good government, the preservation of liberty, and the happiness of mankind, schools and the means of education, shall forever be encouraged in this state."[116] The 1832 Constitution was the people's constitution.

The 1832 constitutional changes belonged firmly to their context. Mississippi had been caught up in the zeitgeist of Jacksonian politics, which led many states to rapidly democratize rather than preserve the agrarian aristocracy of Thomas Jefferson's vision. Mississippians were further motivated because the state's population had grown exponentially since the cession of Choctaw and Chickasaw lands. Settlers, many from Alabama and the Carolinas, moved to suddenly open lands in northern Mississippi. Article III Section 1 established that any citizen 21 and older who had lived within the state for a year and within his county or city for only four months could run for office, which reflected the youth and high mobility of incoming settlers.[117] Outlawing dueling, and going so far as to call it an "evil practice" and requiring all elected officials to take an oath that they would not accept a challenge to a duel or challenge someone to a duel themselves after January 1, 1833, was a trend sweeping the South, where dueling was most prevalent.[118] The provisions to prevent the state from borrowing money were more about fear and hatred of banks and creditors than a fear of public debt, though public resistance to public debt was indeed deeply-rooted in Mississippi politics and would remain a strong influence until after the Civil War, when loans became necessary to rebuild the state. Article VII Section 14 set a moral vision for lawmakers that included promoting "morality," "knowledge," "happiness," and "education" – ideals that echoed language and values of the United States

---

[116] Mississippi Constitution 1832, Article VII § 9, 14.
[117] MS Const. 1832, Art. III § 1.
[118] MS Const. 1832, Art. VII § 2.

Constitution, whose authors and their ideals were products of the Enlightenment.[119] In most

aspects, the Mississippi Constitution of 1832 was particularly derived from its context. It

reflected national mood, priorities specific to Mississippi, and Enlightenment ideals, even when

the embodiment of those ideals into law put them into potential conflict with each other.

Mississippi's democratic spirit, programmed as it was into the 1832 Constitution, had

some roots in the vision of wealthy politicians for their young state. Governor Brandon was the

first governor to ask the legislature to build an invention of the Enlightenment - the penitentiary:

> Punishments through a spirit of revenge, for the infraction of penal laws, are, or ought to
> be unknown to a civilized community. The object then can be no other than to reform the
> offender, and at the same time to protect society from a repetition of the offense – these
> can be effectually accomplished only through the medium of a Penitentiary. To inflict
> ignominious punishment on the offender, and then turn him back upon society, so far
> from producing reformation, only prepares him for the commission of the worst of
> crimes. To protect society, then, it becomes necessary to resort to capital punishments,
> not commensurate with the offence, the infliction of which is attended with
> uncertainty.[120]

While the penitentiary has much the same reputation for barbarism and state coercion as the

asylum, it is essential to note that both the penitentiary and the asylum came from the same

benevolent impulse and variety of social needs. The developments that led to the penitentiary are

somewhat different than the asylum, but both were greatly influenced by the humanitarian strain

of the Enlightenment. Governor Brandon's language offers us a window into what the

penitentiary meant to statesmen at the time. The legal code of Mississippi and indeed most

Southern states "depended upon an assemblage of fines, imprisonment in local jails, whipping,

branding," and capital punishment for severe crimes, like rape or murder.[121] The idea of the

---

[119] MS Const. 1832, Art. VII § 14.
[120] Governor Gerard C. Brandon Message to Legislature, *MHJ* (1827), 11-18. The current state capitol building of
Mississippi occupies the penitentiary's former location. For more on the evolution of criminal justice before the
nineteenth century, see *Law's Imagined Republic: Popular Politics and Criminal Justice in Revolutionary America*
(New York: Cambridge University Press, 2010).
[121] Edward L. Ayers, *Vengeance and Justice: Crime and Punishment in the 19th-Century American South* (New
York: Oxford University Press, 1984), 42.

penitentiary, like the insane asylum, occurred at the intersection of the state's need to confine

individuals (criminals, for punishment; the insane, for safety and possibly rehabilitation) and the

advent of humanitarian reform. Both were originally meant to allow quiet and solitude for

patients and inmates to either contemplate their crimes or recover from their lapses.

After Brandon received funds to build a penitentiary, subsequent governors pushed their

own modernization agendas. In an 1846 address which included supplications to begin building a

"common" or public school system, another modern institution and one encouraged by 1832

Constitution, Governor A.G. Brown asked the legislature to consider building an asylum:

> We have never provided an asylum for lunatics, nor a refuge for the insane, in this state. The best feelings of humanity requires that this omission should be supplied. I recommend that suitable buildings be erected, and such other means adopted as are best suited to the condition of this unfortunate class. The buildings need not be costly, nor the arrangements for the maintenance of the lunatics very extensive for some years to come; both, however, should be equal to the present wants of the country.[122]

When the legislature did not take up the issue, Governor Brown pushed the issue in his next

address:

> It is a reproach to any Christian people, that lunatics and insane persons should go at large, unprotected by the care of their fellows, constantly exposed to danger themselves and putting in eminent peril the lives and property of others. An appropriation of three thousand dollars if judiciously expended, would remedy this long neglected and crying evil.[123]

Brown's call for an insane asylum in Mississippi fused Enlightenment rationality and humanism

("[t]he best feelings of humanity") with Christian pity and paternalism ("this unfortunate class")

and morality-cloaked desires for state expansion (the charge to remove the mentally ill "at large,

unprotected by the care of their fellows") as he tried to impress upon the most powerful men in

---

[122] Governor A.G. Brown Message to the Legislature, *MHJ* (1846), 12-40.
[123] Governor A.G. Brown Message to the Legislature, *MHJ* (1848), 17-32.

the state how the condition of the mentally ill offended modern sensibilities and common – here, Christian - decency.[124]

Before the asylum, treatment of the insane in Mississippi varied from shackling the suffering to the floors of county jails, forcing them into prison populations, shoving them out into the streets, or, in the case of the wealthy, shipping them off to private and public asylums in other states. When Governor Brown's original request failed to receive support in 1846, he excoriated legislators for failing in their Christian duty to provide care for "lunatics and insane persons" who were "at large, unprotected by the care of their fellows, constantly exposed to danger themselves and putting in eminent peril the lives and property of others." Brown married the language of Christian paternalism with a remedy for the real social and economic effects of mental illness on communities across the state. He asked for $3,000, which "if properly expended, would remedy this long neglected and crying evil." While Brown's $3,000 price tag was either naïveté or intentional underselling, the paltry asking price was enough to get the Mississippi legislature to sign on and pass a bill establishing a Mississippi State Lunatic Asylum in 1848. The legislature raised the appropriation amount from the $3000 the governor requested to $10,000, gave the asylum a 5-acre plot, established a governor-appointed board of commissioners to manage the project, and, pending the completion of the asylum, legalized the placing of "lunatics" from around the state in the asylum.[125]

---

[124] The governor's call to remedy the untenable condition of the insane fits within Karen Halttunen's narrative of pain and sympathy. "Throughout the eighteenth century, humanitarian reform had played a major causal role in this cultural reconstruction of pain, identifying a range of formerly unquestioned social practices as unacceptable cruelties and demanding that virtuous people, men and women of sensibility, endeavor to put a stop to such practices." The literature and philosophy of the eighteenth century set the stage for reformers of the nineteenth century. The culture of sensibility and sympathy was so pervasive as to introduce some ambivalence about the brutality of slavery with a few slave-owners. Discomfort about slavery gave way to tepid justifications and then to outright defensiveness of that particular institution, but humanitarian philosophy had made an indelible mark on the South, as is evident in arguments for the establishment of other, less contentious institutions. Halttunen, 318.
[125] An Act to Establish a Lunatic Asylum for the State of Mississippi, Mississippi Code 1848, Chapter 66 §§ 2-4, 6. Hereafter cited as "Lunatic Asylum Act (1848)."

While the law provided a foundation from which to work, the governor-appointed commissioners for the asylum, led by state penitentiary physician William S. Langley, faced an uphill battle to build the state-of-the-art institution they felt the task required. Meaning to provide ideal moral management care and meet the standards set by other institutions, the commissioners sold off the preselected 5-acre plot allotted as part of the law and bought a 140-acre plot a mile and a half north of Jackson to provide "health, retirement . . . from the excitements connected with business":

> . . . [A]nd with sufficient space for gardens and grounds in which the unfortunate inmates may be seldom reminded as possible, of the restraints necessary to be imposed upon them, and may find healthful exercise and pleasurable recreation which are considered necessary in all well regulated institutions of this character for the comfort of the patients, and the restoration of their mental faculties.[126]

The commissioners' appeals to the "enlightened humanity of the Legislature" to make "the necessary appropriations for the safety and relief of this most unfortunate class of their fellow-citizens," was far from benign; if the legislature were to accept the commissioners' vision of state government, it would radically change the relationship between the state and its citizens. The commissioners go on to cite the example of France ("always first in testing the results of philosophical investigation"), either failing to grasp or leaving unmentioned the particular circumstances of Pinel's revolution. In Europe, the French Revolution had razed the ground on which the *ancien regime* had stood and provided doctors like Philippe Pinel an opportunity "amidst the fires of her first revolution" to provide revolutionary care for the mentally ill. This opportunity came at a time when the apparati of government, from military to tax collection to hospitals, were being rebuilt from the ground up. The commissioners' report recites the

---

[126] Insane Asylum Commissioners' Report, *MHJ* (1850), 99.

apocryphal tale of Pinel going into "the mad-house" and, while "armed with the public authority.

. . commenced the work of liberation. . . drawing bolts, and knocking off chains" for hours.[127]

Mississippi adopted as part of its governing philosophy that budgetary surpluses were an unforgivable evil and that money given to the state should only be used in ways that encouraged the wealth of its citizens (e.g. infrastructure to facilitate commerce). Everything about the example of Pinel required more power on the part of the state to impose law on its citizens. While the commissioners wrote of Pinel's "public authority," Mississippi's tax collectors, imbued with the authority of the government, faced opposition, hostility, and even violence when trying to collect what was legally owed to the state. The power of "public authority" was much different in Mississippi than it was in the country whose monarchy invented absolutism.

The commissioners mentioned the example of England, who, "by the union of individual enterprise, and parliamentary enactment," had poured "millions of pounds sterling" into "insane Hospital[s]" and placed them "under the charge of accomplished medical superintendents has been established in every county" with a recovery rate of "at least 80 per cent."[128] Again, the difference between Mississippi and England is nearly unfathomable. England's expansion of its asylum system was directly related to its fear of the "contagions" of modern urbanization and increasing unrest, sickness, and crime, while Mississippi, with its lack of industry and no true urban areas, came upon the idea of the asylum as a prestige institution.[129] While Mississippi had penitentiary and slave labor to pull from to lower the cost of its projects, the sheer machinery of England's economy, supported as it was by the breadth of its steadily expanding empire, dwarfed Mississippi's potential to match it.

---

[127] Ibid., 103.
[128] Ibid.
[129] The exception here is size. Mississippi and England are roughly the same land area, though England barely edges it out.

The commissioners tried to show the legislature the extent of what was possible in a reformed asylum, but by citing these examples without their contexts, the commissioners were tacitly requesting the legislature adopt a new philosophy of governance and an expansion of government power thus far literally and philosophically foreign to and impractical in Mississippi. Even so, commissioners' appeals were neither hopeless nor completely without precedent. Mississippi's penitentiary, mandated in 1836 and finished in 1842, represented an expansion of state power and monetary commitments similar to what the asylum would require. The penitentiary had received much support in Mississippi at a time when it was trying to erase its uncivilized image by reforming its penal code and outlawing dueling.[130] The penitentiary, not unlike the modern asylum, was a European invention of the late nineteenth century in response to the growing numbers of criminals without a place to put them. Britain, which had recently lost the American colonies, its "dumping ground" for convicts, had to find a place to put all of its felons at a time when influential thinkers were interested in the humane treatment of all segments of society. The penal institution received support in Mississippi because it relieved the burden of individual county jails. It provided a state-supported alternative to local jails with the added benefit of redesigning the barbaric punishments of the state's initial law codes. The reformative selling points of the penitentiary can be overstated, however, as it did not necessarily improve the treatment of prisoners from the uneven "system" of county jails that could not always adequately protect or contain their prisoners.

The asylum commissioners, however, had to fill a need that many Mississippians evidently did not think existed. Before asylum reform, confinement was imprisonment – or, to employ the metaphor implicit in the writings of Foucault and Szasz, the method of quarantine did not matter as long as the contagions were contained. Luckily for boosters and reformers, the

---

[130] MS Const. 1832, Art. VII § 2.

67

governing bodies of the states were more educated, more easily convinced, and more eager for

prestige than the general population. Persistence paid off in laws, though not in sufficient

pecuniary support. The difference in priorities was clear: while the legislature appropriated

handsome amounts to the penitentiary, including $75,000 in 1836 "to secure its erection," the

first appropriation for the asylum was for $10,000.[131] Asylum officials and boosters began at a

deficit of support and would maintain a defensive position on funding for the life of the

institution.

Even after the commissioners' supplication, the Mississippi legislature balked at the cost

of the institution and required more convincing before they committed fully to a project that

would ostensibly operate in perpetuity. Dorothea Dix, the leading asylum reform evangelist in

the United States, came to Mississippi and wrote an impassioned plea to the its legislature after

the commissioners turned in their report. She asked the state's leaders to commit to the insane

asylum.[132] Dix's "memorial" consists of a stunning array of statistics and dramatic language

designed to overwhelm Mississippians' moral and economic concerns. Writing in agreement

with the governors and commissioners who had written previously, she emphasized Mississippi's

lagging position in comparison to other states, both in the North and South, and uses the

language of shame to move the paternalist slave-owners who filled the legislature to action:

> Will the legislature of Mississippi hesitate, or refuse to imitate the liberal and enlightened
> policy of its sister States, and in the spirit of a mistaken parsimony defer, or imperfectly

---

[131] *Biographical and Historical Memoirs of Mississippi Volume II* (Chicago: Goodspeed Publishing Company, 1891), 39; Lunatic Asylum Act (1848). Appropriations for the penitentiary tapered off by the end of the 1840s as the lawmakers began demanding the institution make a profit. This marked the beginning of the institution's turn from its original purpose of reform toward a convict-lease model. It is also worth noting that the law specified that the bricks for the asylum "shall be made by the labor of the convicts of the penitentiary." The penitentiary was a repository of free labor, and the deterioration of its mission happened quickly.

[132] Women were not allowed to address the Mississippi legislature from the house and senate floors, so the memorial was read by sympathetic men of both chambers. While the full memorial is twenty pages, the version of the memorial published in the House Journal is only the first two pages. Whether the whole memorial was read or only an excerpt is unknown.

accomplish a work already unwisely delayed? Will she abandon her distressed children to the poor houses, the prisons, or to the charities of other States?[133]

Dix understood her audience and appealed not only their Christian morality but also their sense of honor. By highlighting that Mississippi was lagging behind "modern experience, both in our own country and in Europe" and dumping her burdens on other states, she was gently but firmly accusing the legislature of dishonorable behavior.[134] She lists asylum statistics state-by-state, employs the words of respected and well-traveled doctors, and uses Christian morality to shame the state into taking better care of its insane citizens, whether poor or moneyed. Dix did not press Mississippians on issues of race or gender, instead using a broad, human appeal: "Citizens of Mississippi . . . will not hoard their gold and condemn to a more terrible fate than physical death, the insane within their own borders – their fellow-citizens, their friends, and their kindred!"[135] Dix's memorial intones a sense of impending doom for Mississippians if they do not build a modern institution to combat a modern problem. Referring to the 1840 census, which recorded 198 "cases" of insanity, Dix cited that all current estimates were off and that "the lowest possible estimate" under "reliable data" would place the number at closer to 400.[136] Emphasizing the importance of early care and treatment, Dix notes that not all 400 would have to be treated, but a number closer to half would benefit from treatment. Still, that would mean an institution able to house at least 200 patients, and the commissioners for the asylum who had reported before Dix had planned for only 100.[137]

For asylum supporters, establishing asylums was an important step on the state's road to maturation as a post-Enlightenment, post-American Revolution, post-Industrial Revolution,

---

[133] Dorothea L. Dix, "Memorial Soliciting Adequate Appropriations for the Construction of a State Hospital for the insane in the State of Mississippi, February, 1850," as reprinted in *On Behalf of the Insane Poor: Selected Reports*, David J. Rothman, ed. (New York: Arno Press and The New York Times, 1971), 20.
[134] Ibid., 11.
[135] Ibid., 5.
[136] Ibid., 5-6.
[137] Ibid., 6.

modern state. The meaning of "modern state" had evolved over the past hundred years to include the mechanisms of centralization, such as tax collection, court systems, and investments in an array of public institutions, and elections open to all white men. To be at the cutting edge of modernity, however, Mississippi needed to provide direct care for society's afflicted fringes through the creation of various "asylums" - for the blind (1848), the deaf and dumb (1854), the orphans, the impoverished sick, and the mentally ill.[138]

The penitentiary and the asylum, for all they would become and all they would represent from the late nineteenth-century on, began as nearly simultaneous progressive reforms meant to move *away* from barbaric punishments. Unlike the pre-penitentiary legal code, which employed whipping regularly and branded criminals so they could be identified by their state-inflicted deformity, a post-penitentiary legal code would allow for a criminal to serve time in penitence, leave with only his character marked and changed, and start a life as a reformed man. Similarly, the asylum, at least in its post-Pinel post-Tuke form, was meant not to confine or mark the mentally ill but to allow them to walk away from the asylum, unscarred, un-traumatized, and unburdened.

CONCLUSION

How have major scholars characterized moral treatment? Many follow in the footsteps of Foucault and agree that moral treatment was an abuse of state power by its use of fear to terrorize patients. Szasz characterizes it as the root of the sins of the profession. While the "moral" in moral treatment was a reference to treating the mind instead of the body, the term was interpreted more literally for its suggestion of coercion and projection of classist, racist, and sexist social standards onto a patient. For Gauchet and Swaim, whose *Madness and Democracy* is a response, both in title and argument, to *Madness and Civilization*, the primary issue is

---

[138] *Biographical and Historical Memoirs of Mississippi*, 40.

structural: moral treatments' successes were on a personal level, and the expectation that those could be translated into institutional successes was short-sighted and overly optimistic.

Both Foucault and Gauchet and Swaim judge, and mistake the "modern" asylum, its reformers, and the use of moral treatment for what they became. They look exclusively for the roots of the end result in the past, moving teleologically toward the vanishing point of "good" intentions. Foucault read into Pinel and Tuke a sinister, if unstated, intent. Gauchet and Swaim claim that the biggest *positive* contribution of asylum reform was the attribution of subjectivity to the mad, an understanding that even those who had ostensibly lost their reason or been overpowered by their passions still held onto their humanity and their integrity; they argue that this effect was the legacy of moral treatment in larger society and culture, even though Pinel, his students, and the Tukes never suggested that moral treatment had stretched beyond the boundaries of the asylums. Foucault's bleak view with Gauchet and Swaim's more fascinated philosophy-of-democracy approach both ignore the state of the asylum at the birth of moral reform and do not consider these beginnings as being separate from what it became. Both Foucault and Gauchet and Swaim look down the scope of the success or failure, respectively, of the asylum as a state project. Foucault sees it as the most extreme pressure point of power between the state (those who used coercive power upon those who cannot defend against it) and the excluded (those who do not fit the social program of the state and are condemned to be "reformed" – in the most Orwellian sense – to it).

Yet neither Foucault nor Gauchet and Swaim satisfactorily represent the intentions of the original reformers without layers of ahistorical philosophical and argumentative interpretation. While Pinel, Tuke, Rush, Dix, and the reformers of Mississippi should be viewed with a critical eye, scholars today must emphasize the break between what reformed institutions were

reforming *from* and the reforms themselves. Prior to Foucault's era of the "Great Confinement,"

he suggests the existence of a freer society that accommodated instead of segregated difference.

Gauchet and Swaim point out that accommodating cognitive impairment or psychosis into the

hierarchical structure of society and appealing to divine influence on the ordering of society in

fact limited possible responses and allowed the mentally ill to be treated as not much more than

beasts bereft of reason. But for Gauchet and Swaim, even more imperfect is the radical liberal

paradigm shift towards human over hierarchical rights. Asylum reformers saw humanity as

innate, incorruptible, and important to rescue in those threatened by diseases of will or passion.

Either way, the Great Confinement meant more than the brick-and-mortar isolation of

undesirable elements of society; it also meant an imposition of morals and an attempt to

indoctrinate these undesirable elements with hegemony-derived ethics. Idleness may have been

indicative of a structural failure of economy and disruptive industries from the sixteenth through

late eighteenth centuries, but it was conveniently orphaned of that economic parentage. The

bourgeoisie's direct responsibility thus absolved for the pandemic, idleness was then adopted by

a politico-religious explanation of sin and the redemptive power of work. For Foucault, Gauchet,

and Swaim, moral treatment, especially with its focus on rehabilitating value by giving

individuals the ability to work in the very system that often bore responsibility for wearing them

down, is a shorthand for an emerging, flawed matrix of values that became conflated with

modernity.

   Foucault's analysis is brilliant and well-woven, and Gauchet and Swaim's critiques of the

asylum are insightful and perhaps more honest than Foucault's landmark work. Still, Foucault

brushes too broadly when he paints late-eighteenth and early-nineteenth century asylum reform

as a simple extension of state power. He is rightly cynical in his discussions of the nascent

alienist profession and its obsession with becoming a respected and powerful legal and medical force, but the actual effect of institutions and the reform-minded language they inspired should not be swept into the broader declension model of asylums and confinement.

The period beginning with the reforms of Pinel and other early alienists should be seen as exceptions to the general rule of harsh, utilitarian, exploitative confinement under tightening state power. Pinel and the invention of moral treatment that he popularized showed a resistance to the trend of brutal, raw suppression and labor as punishment. It rescued many of the insane from being grouped with criminals.[139] Moral treatment was an acknowledgement that the insane were afflicted, not sinful, and were in need of attentive therapy *without* - and this point cannot be emphasized enough - a reliance on medical treatment and corporal punishment.

If the original vision of moral treatment had actually survived the mid-nineteenth century, the modern horrific connotations of "asylum" would not have developed. Moral treatment was medically and institutionally unprecedented in most of its aspects: an upper limit on the number of patients to increase the quality of care; descriptive patient histories that allowed for idiosyncrasies; the severe limitations placed on the use of physical restraint and medication, the emphasis on frequent and meaningful interaction between doctor and patient, the recognition of a therapeutic balance between labor and recreation, the importance of good food and hygienic care; and, perhaps most unprecedented of all, the goal for patients to be "restored" to their rightful places as productive members of a society that derived personal worth from the ability to produce.[140] Little about moral treatment, with the use of fear being a notable exception, offends

---

[139] It should be noted that the reverse of this statement holds true, too, as the poor were rescued from being grouped with the insane. This recognition of the distinctions between classes of the needy was instrumental to the development and proliferation of social welfare policies during the nineteenth century

[140] Foucault seems to hold measuring "normalcy" through usefulness or productivity against the asylum. That these are the measures of worth in a capitalist society is not the fault of the asylum. The asylum had to use therapies to bring out these "traits" in order to restore patients to their own sense of normalcy, which was likely programmed by the system they lived in. That internalization of worth had to be satisfied and reinforced to make patients happy. One

poststructuralist and postmodern sensibilities. While the writings of Foucault and those in his footsteps have drawn the trajectory of the asylum as a straight line into the gutter of regrettable historical episodes, rescuing the Pinelian moment and the intentions of the reformers inspired by him raises questions about the inevitability of decline while highlighting its tragedy.

As "modernity" became a nebulous collection of standards and assumptions, states faced the challenge of keeping up with the growing checklist. At the proverbial "birth" of modernity was the moral imperative to consolidate power through centralization and account for all the state's citizens. Increasingly the movers and shakers of eighteenth-century Europe and nineteenth-century America assumed that a government could not be taken seriously if it did not assume the obligation for the special cases among its citizens and guarantee them rehabilitative care. Old age pensions for soldiers, schools for the deaf and dumb, blind, orphans, and charity hospitals for the poor were at first explicit, then tacit, acknowledgements that the modern state must do what it can do to restore worth to individuals who would otherwise be deemed as burdens on their families. Here stands the asylum, the quintessence of modern state-building.

For those in need across Europe and in the United States, the state took on the role of surrogate parent and benefactor and, with tax money, began to build for and provide for the needy and worthy. Even penitentiaries briefly fell under this purview of rehabilitation of human value. As with prisons and eventually asylums, however, the moral-rehabilitative purposes of the institutions gave way to monetary concerns, public officials' lack of faith in and commitment to the projects, and the personal politics of the powerful. These factors transformed reformative institutions into the holding-pen stereotype that survived the age of the asylum and were immortalized by Foucault and popular culture.

---

can argue that capitalist indoctrination, as with any indoctrination, is a violence, but to hold the asylum accountable for a systemic violence so far as to erase the good it did is a straw man argument conspicuously in search of a target.

Yet asylum reformers sold the institution by extolling the miracle of a treatment capable of great, near-total, success. The decay and dismantling of their vision is a powerful story about the connections among reluctant constituents, politicians, the power of money, and the abuse and death of an institution's purpose. As succeeding chapters will show, the responsibility for this failure is shared not only by citizens and their congressmen, but also by the reformers who oversold the miracle cure of moral treatment and did not have the political clout or allies to protect the institution from its failure, nor the awareness to separate mental health from moral health to protect the patients from the institution. The players and the details would change significantly, but the story often remained the same.

The Mississippi version of this story follows.

State Hospital Name	Date of Founding
Virginia Eastern Lunatic Asylum	1773
Maryland Hospital for the Insane	1798, 1834
Kentucky Eastern Lunatic Asylum	1824
South Carolina Lunatic Asylum	1828
Worcester State Lunatic Hospital (Massachusetts)*	1833
Vermont Asylum for the Insane	1836
[Central] Ohio Lunatic Asylum	1838
Tennessee Hospital for the Insane	1840
Maine Insane Hospital	1840
Pennsylvania Hospital for the Insane*	1841
New Hampshire Asylum for the Insane	1842
Insane Asylum of Louisiana	1848
Indiana Hospital for the Insane	1848
New Jersey State Lunatic Asylum	1848
Illinois State Hospital for the Insane	1851
Missouri State Lunatic Asylum No. 1	1851
Mississippi State Lunatic Asylum	1854/1855
Government Hospital for the Insane (District of Columbia)	1855

Table 1. State hospitals and founding dates. Some public institutions were preceded by private ones. In Pennsylvania, the Friends' Asylum for the Insane was founded in 1817 and opened up some of its restrictions on non-Quaker patients in 1834. The Connecticut Retreat for the Insane was a private hospital founded in 1824. Massachusetts' McLean Asylum for the Insane was founded in 1818. Gerald N. Grob, *Mental Institutions,* Appendix IV, 374-395.

CHAPTER II: THE INSANE ASYLUM IN THE MISSISSIPPI MIRE, 1817-1861

The characteristics that came to define life in Mississippi have their origins in its territory days. Its political and economic trajectories were set in its early years as an American possession and developed during its early statehood. This momentum created the late antebellum political economy that produced many modern institutions and eroded constitutional, economical, and philosophical prohibitions and inhibitions blocking the state's expansion.

The inspiration for Mississippi's antebellum reputation as a wealthy but belligerent, even backwards, society bubbled up from many fonts: the highly migratory, individualistic, even avaricious settlers who swarmed like locusts in search of land and fortune between 1820 and 1850; a fluctuating population that did not begin to stabilize until the years immediately preceding the Civil War, which made the foundations of effective government, such as tax collection and internal improvements, nearly impossible; the robust, thriving business of slavery, which transformed the state into the wealthiest in the nation; the inversely proportional lack of currency, especially specie, in the state, a dearth created by national banking crises and the state's fraught relationship with its own banks and debts; and the divided interests between established, wealthy planters and fledgling farmers on the outskirts of what little existed of

Mississippi "civilization" – interests that only converged after 1850 when the issue of slavery overpowered internal power politics.[141]

Yet with all its problems, Mississippi managed to build its own versions of early-nineteenth-century cutting-edge institutions: a penitentiary, a school for the deaf, an asylum for the "dumb and blind," a university, and, most relevant to the discussion at hand, an insane asylum. The previous chapter covered these developments in their international ideological contexts but mentioned little about the ins and outs of Mississippi politics that led to these institutions.

The European contagion of reform crossed the Atlantic Ocean, landed on American shores, infected thinkers and activists with new conceptions of government and human rights. While Mississippi's institutions have a clear, defined parentage, the native context of Mississippi makes the viability of such institutions far less inevitable. This acknowledgement of the stark difference between ideals and reality speaks to the complexities of a Southern society that yearned to be modern without giving up what had made it so obscenely wealthy.

This chapter seeks answers to many questions: How did Mississippi's early political and economic structure form the contours of its antebellum political economy? How did the wealth of Mississippi's citizens both facilitate and cripple efforts to expand the material and conceptual power of government? How did the first asylum superintendents of the asylum navigate the conflicting desires of Mississippi's constituents? How did the state's conceptions of government transform on the eve of the Civil War?

---

[141] Dennis J. Mitchell, *A New History of Mississippi* (Jackson: University of Mississippi Press, 2014), 105-121. Calling Mississippi's relationship with banks and debts "fraught" is being modest. Mississippi banks increased credit to tens of thousands of aspiring planters, but the loan scheme fell apart with the Panic of 1837. The Planters Bank and the Union Bank defaulted on their bond payments, and Mississippi in turn refused to pay the banks' debts. It took over two decades for Mississippi's reputation to moderately recover. William B. English, "Understanding the Costs of Sovereign Default: American State Debts in the 1840's," *American Economic Review* 86, No. 1 (1996): 259-275. For more on frontier life in Mississippi, see David J. Libby, *Slavery and Frontier Mississippi, 1720-1835* (Jackson: University Press of Mississippi, 2004).

VISIONS OF A TAMED FRONTIER:
THE MEANING OF MODERNITY IN MISSISSIPPI

"Modernity" was and is in constant debate, discussion, conflict, and construction. It is only a concrete concept until one tries to grasp it. Political elites in Mississippi had a vision of Mississippi as a "modern state." There are multiple meanings of "modern" here that are often collapsed into a vague idea without any markers of evaluation or scrutiny, a particularly grievous sin when the idea of "modernity" includes components in conflict with one another that deserve interrogation.

At its most concrete, modernity when evoked means the mechanisms of centralization, such as tax collection, reformed legal codes, and public institutions. In this sense, the United States was going through a massive modernization process during the late eighteenth and early nineteenth centuries, shifting from ancient regime approaches to state-building to democratic ones that compelled the participation of its citizens rather than their submission. In Jacksonian America, modernization looked like the expansion of exclusive institutions to broader membership, such as the universal white male franchise.[142] "Modernity" also has a technological meaning, in which invention and mechanical advancement enables changes both great and mundane. For Mississippi, technological modernity looked like railroad proliferation and expansion, internal improvements, agricultural science, and architectural innovations for institutions new and old.

The "modernity" invoked by Mississippi elites, however, is more accurately expressed as a *moral*, rather than technological, modernity. The key to understanding (and accepting) modernity's ephemeral nature is understanding that its genesis is not from some platonic,

---

[142] Universal white male suffrage can be seen as an expansion and therefore a diffusion of power but in reality brought more white men into political culture and consolidated sectional political strength, a notable development in the antebellum period for all its later consequences.

practical, unbiased ideal, but from a conversation among values, invention, and the state, all of which are in constant flux. Modernity is not a model with steps and causes; it is not a root system from which the world around us grows. Modernity is a product, resulting from constantly changing institutional, technological, and moral norms. Modernity does not *affect*; it is, in fact, effect. For present purposes, modernity's norms – its constituent components – are most expressly a result of morals, expressed through ideology, religion, and social mores.

When Mississippi elites invoked modernity, it had symbolic power, and as with most symbols, the meaning was in constant negotiation. Slavery, for instance, straddled the fence of modernity for different audiences. Northern anti-slavery and abolitionist factions saw slavery as archaic and destructive to the social fabric and harmful to the economic dividends of the Industrial Revolution for free labor. It made planters into feudal lords with sole control over their dominions. Southern slaveholders defended the institution of slavery as a perpetual and necessary engine of industry, above or immune to calls to bring the South into the present. Slaves were the function by which the economy worked. Slaves had long working lives and cheap maintenance, and their product, cotton, was the root of the technological and economic growth happening on both sides of the Atlantic. Without slaves, Northerners and Southerners alike would be much poorer. Southerners defended their slave societies as productive, wealthy, and humane. Planters were "modern" in other ways as well. Planters were capitalists, and they used credit from banks to finance their operations. Slavery invokes distinct feelings of obsolescence, but the South had learned to incorporate slavery into its own version of modernity. Both of these typically Northern and Southern worldviews were modern, derived from a complex interplay of technological advancement, centralization, and contemporary morals.[143]

---

[143] For more on the symbiotic relationship between capitalism and slavery, see Walter Johnson, *River of Dark Dreams: Slavery and Empire in the Cotton Kingdom* (Cambridge: Harvard University Press, 2013); Edward E.

Mississippi, in its youth, was struggling to find the perfect balance between government and liberty that met the standards for a post-Enlightenment, post-Revolutionary, post-Industrial Revolution state - standards which were changing rapidly. In the first 30 years of Mississippi's statehood, the definition of the "modern" state expanded beyond the basics, such as a tax code and a functional militia, to include the emerging trappings of a modernized state. A modern state included a common school system; a reformed criminal code and its accompanying institution the penitentiary; and a variety of asylums for the blind, the deaf and dumb, the orphans, the impoverished sick, and the insane.[144] Why did Mississippi adopt these institutions when the state's abilities to implement essential mandates were constantly being challenged socially and economically?

It is only through the moral-modern lens – through the past and into the antebellum present - that Mississippi's expansion during the antebellum years makes sense. While Mississippi would come to produce more than 20% of the world's cotton, the obscene wealth of Mississippi cotton producers would only begin to accrue at the end of the 1840s.[145] Economics certainly does not, in any practical terms, explain state expansion. In a state with as many problems as a young Mississippi, taking on more institutions was throwing more water into a sinking boat. Moral modernity worked against the immediate fiscal interests of the state, but

Baptist, *The Half Has Never Been Told: Slavery and the Making of American Capitalism* (New York: Basic Books, 2014); Matthew Pratt Guterl, *American Mediterranean: Southern Slaveholders in the Age of Emancipation* (Cambridge: Harvard University Press, 2008); Sven Beckert, *Empire of Cotton: A Global History* (New York: Alfred A. Knopf, 2014)

[144] Edward Ayers writes at some length about punishment before the introduction of the penitentiary in *Vengeance and Justice* (1985), cited various times throughout this dissertation. Governor Gerard C. Brandon, who was one in a line of governors who pushed for the penitentiary, wrote in 1831 that the severe punishments of the original legal code in Mississippi meant that "few offenders are brought to justice, when, in the opinion of society, the punishment is too severe for the crime; juries will rarely convict; if they do, the community solicits a pardon, which if granted the offender goes unpunished; and if withheld the example loses its effect." Governor Gerard C. Brandon, Message to Legislature, *Mississippi House Journal* (1831), 10-13.

[145] Bradley G. Bond, *Political Culture in the Nineteenth-Century South: Mississippi, 1830-1900* (Baton Rouge: Louisiana State University Press, 1995), 54. The "more than 20%" is attributed to "the close of the antebellum period."

Mississippi's "enlightened" class had a will and a vision for a moral, "modern" society and sought to bind the citizenry to that vision in perpetuity.

In the following discussion of moral modernity in antebellum Mississippi, the word "progressive" will be used to describe someone who ascribed to the tenets of moral modernity: the grafting of eleemosynary and reformative institutions from the private sphere onto the social contract; a fundamental belief in government as an instrument that can and should be used to shape private lives for the protection and betterment of society; an abiding reverence for the Enlightenment and its ideological scaffolding for rational and liberal government, institutions, and inquiry; an eagerness to use more rational, liberal language and rhetoric to form a blueprint for a more consolidated state; and the mixing of evangelical Protestantism with Enlightenment liberalism to infuse Mississippi elites' vision for the state with religious urgency. This definition of "progressive" in antebellum Mississippi does not have an anti-slavery connotation, nor does it denote any sort of reformative gender or racial political stance. Mississippi's antebellum progressives accepted and defended slavery, the inequality of the sexes, races, and classes, and the modes and methods of the production of wealth. These inequalities gave state lawmakers an easy class of citizens upon which to perform their benevolence. If the benevolence of the state was to be judged by the courtesies extended to those who would have otherwise been neglected, then that made women, the poor, free blacks, and slaves the primary candidates for showcasing the power of the state. Instead of immediately corrupting antebellum progressivism in Mississippi, the performative nature of reform in Mississippi, in fascinating and unexpected ways, actually helped to shape it.

The expansion of the state occurred piecemeal between 1817 and 1861. Since the state joined the union in 1817, its legislators fought to make Mississippi fit the blueprint laid by other

states and nations.[146] Antebellum Mississippi had an unusually mobile population, which made

fixed loyalties, identities, and support for any measure not immediately economically beneficial

hard to come by. Much of Mississippi and many of its citizens remained frontier-like - highly

mobile, sparsely populated, hard-scrabble, little or no safety, limited reach of the law - until the

late 1840s, essentially due to the 1832 Chickasaw Cession and the fallout of the panic of 1837.

"Frontier voters" were individualistic, concerned with their own problems, and resentful of any

state encroachment into their lives that did not facilitate their fortunes. Between the Constitution,

which limited federal power to protect states as "laboratories of democracy," and prioritizing

local loyalties over national citizenship, reliance on the federal government was neither possible

nor particularly desired. As Christopher J. Olsen notes, "The state's early settlers fought rugged,

wild conditions. Men's pride in their physical conquest of such a savage land imbued their

culture with reverence for personal independence and ferocity but also for loyalty to neighbors

and kin."[147]

    Progressive Mississippians faced other obstacles besides the character of the state's

citizens. Individual states were responsible for developing and enforcing their own viable tax

codes. Because of the frontier nature of Mississippi – with impassible roads, constant flooding,

malarial swamps, hostile Native American tribes, a large slave population creating conditions

ripe for revolt, and even land pirates – improvements (infrastructure) and protection were

---

[146] The Constitution of 1817 and the Constitution of 1832 are contracts of competing interests. The 1817 Constitution ensconced an elite class of Jeffersonian natural aristocrats. Offices were either appointed, had property prerequisites, or required a minimum length of residency in the state, which preemptively safeguarded government against interloping immigrants bound to come to the state after its founding. The Constitution of 1832, a result of the Jacksonian revolt against entrenched power, made offices elected not appointed, removed property requirements, and lowered length-of-residency requirements. The battles between elites and "common" men became a characteristic of Mississippi politics in the antebellum period. Race would alter the political calculus after the Civil War and was often employed by elites as a diversionary, or unifying, tactic to manipulate emotions and tighten their hold on power, though it would be a mistake to suggest poor whites were not willing participants.

[147] Christopher J. Olsen, *Political Culture and Secession in Mississippi: Masculinity, Honor, and the Antiparty Tradition, 1830-1860* (New York: Oxford University Press, 2000), 37. For more on the land rush and the people who participated in it, see Joshua Rothman, *Flush Times and Fever Dreams: A Story of Capitalism and Slavery in the Age of Jackson* (Athens: University of Georgia Press, 2012).

primary concerns. Beyond internal improvements, and maintaining a trained militia, few government expenditures were seen as necessary or desirable.

Still, Mississippi's enlightened few tried, and their efforts were remarkable. Governors constantly tried to put in place the barest mechanisms to make a functional state while subtly, gradually, pushing the legislature to consider more and more progressive reforms.[148] As they built the infrastructure to facilitate Mississippi's growth and scrambled for money to keep its militia well-provisioned, governors, acting as agenda-setters and bar-raisers, tried to sell constituents on key government expansions early in the state's history. Decrying illiteracy as backwards and shameful, David Holmes pitched a "common," or public, school system as a way to create good citizens in 1826:

> In a community, Fellow Citizens, where the people profess to be capable of governing themselves, and where all legitimate power emanates from them, it is an acknowledged truth that the facility of obtaining education, is an object of primary importance. . . for as the voice of the people controls the political course, it follows that representative government, can only be sustained in its purity, by virtue and intelligence. . . In truth ignorance and despotism are so intimately connected, that the one is seldom found to exist without the other. It becomes therefore our duty to encourage. . . the acquirement by every individual, of that portion of learning , which would enable him to obtain a knowledge of the measures of his government, and fit him to transact the ordinary business of life.[149]

By defining citizenship through democracy, which is mainly expressed through voting, Holmes's vision of education was an exclusively male one; even so, the idea of public education, of educating every male child to be able to assume the mantles of republicanism and governorship, was a turn from the "natural aristocracy" of Jeffersonian agrarianism, which in effect limited education and therefore the halls of government to those who had the means to seize them

---

[148] Reforms could take on the form of prohibition or limits on power, too. For instance, the 1832 Constitution made dueling illegal for office-holders. It also transformed many appointed positions at the county level into elected ones, thus wrenching power from wealthy elites.

[149] "David Holmes, January 7, 1826," *Inaugural Addresses of the Governors of Mississippi, 1817-1890*, Robert E. McArthur and Dorothy I. Wilson, eds. (University, MS: University of Mississippi, 1981), 17.

through birth and fortune. The Mississippi Constitution of 1832 chiseled these principles, if not

the mechanisms for implementation, in stone: "Religion, morality, and knowledge, being

necessary to good government, the preservation of liberty, and the happiness of mankind, schools

and the means of education, shall forever be encouraged in this state." The Constitution of 1832

marked a watershed in conceptions of democracy and expanded the categories of benefactors

who could reap the fruits of the state.[150] Even with this formal encouragement, a functional

public education system did not formally exist until Reconstruction.

Attempts to reform the law code ended more successfully. The law code of the

Mississippi Territory, while brutal, was comparatively forward-thinking. English penal law

"sanctioned capital punishment for well over two hundred offenses" but the Mississippi Territory

penal code "called for the sentence of death in only two instances": murder and rape.[151] While

the penitentiary came up later in conversation in an 1827 letter from Governor Gerard C.

Brandon to the legislature it would come to fruition much more quickly than the public education

system. The reasons for this expedited reform are both progressive and practical. Out of the same

spirit that would lead Europeans after the French Revolution to turn toward the language of

human rights, abolishment of torture, and less barbarous methods of execution, Brandon charged

the legislature with creating a law code without "a spirit of revenge." Brandon's case extended

into the practical and asked that the legislature consider what exactly causes recidivism:

> To inflict ignominious punishment on the offender, and then turn him back upon society,
> so far from producing reformation, only prepares him for the commission of the worst
> crimes. To protect society, then, it becomes necessary to resort to capital punishments,

---

[150] MS Const.1832, Art. VII § 14. The grand but vague wording worked against education advocates, but the immediate failure of advocates and that clause of the Mississippi Constitution highlights exactly how far ahead early progressives were of their fellow state citizens. Appropriations would be made for schools around the state, but the nature of those appropriations – coming from land sales – made them a nonrenewable form of funding.

[151] William Banks Taylor, *Brokered Justice: Race, Politics, and Mississippi Prisons, 1798 - 1992* (Columbus: Ohio State University Press, 1993), 1-2. The equivalence of the crimes of rape and murder in punishment meant, in nineteenth-century society, rape meant a complete loss of value in the victim, and that, in terms of that value, there was no difference between being a rape victim and being dead.

not commensurate with the offence, the infliction of which is attended with uncertainty.[152]

The penitentiary represented the biggest leap forward in progressive legislative discourse. Instead of branding criminals, cutting off their limbs, or banishing them, the penitentiary system asked taxpayers to pay for the care and rehabilitation of thieves and thugs. Governor Brandon's penitentiary proposal became a litmus test of whether the state had turned from its wild frontier days towards his vision of modernity. Antebellum governors presented a united front on issues like the penitentiary, and pushing the issue on their successive agendas brought it into law in 1836. With an initial appropriation of $75,000, workers completed construction on the penitentiary in 1842.[153] It was hailed as a modern technological wonder, an architectural marvel, an institution befitting a nation that had enshrined and worshiped the principles of the Enlightenment and the Revolutionary Era. No more branding and cutting off of hands and ears. The penitentiary allowed the state to apply sentences of confinement designed to fit the crimes.[154]

Moral modernity explains why, suddenly, while the state tax system faltered because of defalcating tax collectors and what one might generously call a "tax-resistant" citizenry, reforming barbaric law codes and expanding education had become as essential to the state as levies and roads.[155] These institutions make sense as the "building blocks" or foundational materials of the modern state. Taxes, militias, and public schools allowed states to fund infrastructure and a limited, functional government; protect landowners from domestic and

---

[152] Governor Gerard C. Brandon to Legislature, *Mississippi House Journal* (1827), 11-18.

[153] *Biographical and Historical Memoirs of Mississippi, Volume I*, 39.

[154] For more on the penitentiary reform, see Jennifer Graber, *The Furnace of Affliction: Prisons and Religion in Antebellum America* (Chapel Hill: University of North Carolina Press, 2011). For more on the evolution of penitentiaries during the nineteenth century, see Ayers, *Vengeance and Justice* (1984).

[155] This particular discussion is about public institutions. Elites had their own private schools and colleges. In the 1850 census, Mississippi is listed as having eleven colleges totaling 862 students; only one of those institutions, the University of Mississippi, was public. *Statistical View of the United States, Seventh Census,* J.D.B. DeBow, ed. (Washington: Beverley Tucker, 1854) 141.

foreign threats; and (eventually) maintain a basic level of common education.[156] The assumed

and understood racist disposition of these institutions would have ramifications in postwar

Mississippi. While white Mississippians in the antebellum era were generally hostile to the

expansion of government, they could be convinced that expansion was in their interest as citizens

– until the category of "citizen" became too inclusive for their comfort.

The story of how Mississippi's most modern of modern institutions, the insane asylum,

came to be and ultimately fell apart, begins with the beginning of the state itself.

Political and Economic Contours of Antebellum Mississippi, 1810-1854

The state of Mississippi came together like a patchwork quilt. When the federal

government carved Alabama out of the Mississippi Territory in March 1817, Mississippi could

barely be said to have been under American control. The Choctaw ceded the Natchez District, its

southwestern border with Louisiana, as part of the Treaty of Fort Adams in 1801. The next

Choctaw cession extended from the eastern border of the Natchez District to the Tombigbee

River in current day Alabama. Americans took the southeastern corner, consisting of Gulf

Coastal Terrace and the southern edge of the Piney Woods, from Spain in 1810 and added it to

the Mississippi Territory in 1812. A tiny Chickasaw cession in the east-central Sand-Clay hills

along the Tombigbee River was ceded to the United States in 1816. On the eve of statehood,

Americans controlled only the bottom fourth of what would become Mississippi's state

boundaries. It took until 1832, after two more cessions by the Choctaws and Chickasaws, for the

state to take its ultimate shape.[157]

---

[156] Statewide education did not have its moment until immediately after the Civil War, when it was extended to freedmen. Ironically, it was emancipation and the passage of the Fourteenth and Fifteenth Amendments that elevated the purpose and goal of educating all white Mississippians to being a priority.

[157] John K. Bettersworth, *Mississippi: A History* (Austin: Steck Company, 1959), 8 and 176 (maps).

As the oldest colonial possession under continuous European and later white American control, Natchez naturally became the center of economic and political power in Mississippi until the mid-nineteenth century. Serving as the terminus of three of the five (nearly impassable) roads in the territory and sitting on the Mississippi River, Natchez was a practical choice for the center of Mississippi life. When the state formally came into existence in 1817, Natchez became the capital.[158] A Mississippi river settlement named for a Native American tribe destroyed by the French before the settlement entered Spanish, then British, then American possession, Natchez was cosmopolitan, rich, and tinged with political and racial xenophobia.[159] The houses were large, many "adorned with iron grilles and balconies in the Latin style of New Orleans."[160] The Bank of Mississippi resided there, making it the most powerful – as well as the only – financial center in the territory and later the state. Threats of slave revolts and Indian attacks combined with the world of river trade and a love of foreign culture and goods *defined* Natchez. Residents had a tortured relationship with the outside world. Obsession with high European cultural affectations and fear and exclusion of outsiders became key markers of Mississippi culture.

Economic power in Mississippi had two axes: slavery-enabled high-yield cotton production and consolidated banking. The cotton economy took root during the territory era after planters found a cotton species (*Gossypium hirsutum*, or "Mexican cotton") that could survive in Mississippi humidity.[161] This shift to a cotton economy coupled with the removal of Indian tribes pushed planters from Indian to African slavery. While the end of the international slave trade in 1808 made this transition somewhat difficult, planters adapted by buying slaves in the Upper South and from Spanish smugglers. Without the legal and illegal slave trade, Mississippi's

---

[158] Ibid., 143-146.
[159] Ibid., 31.
[160] Ibid., 151.
[161] Alan L. Olmstead and Paul W. Rhode, "Biological Innovation and Productivity Growth in the Antebellum Cotton Economy," *Journal of Economic History 68*, no. 4 (2008): 1129.

wealth would have been a fraction of its infamous antebellum grandiosity. In 1809, the territory chartered the Bank of Mississippi in Natchez. It was the only source in the territory for bank notes before statehood. After statehood until the 1830s, the Bank of the Mississippi became a state-sanctioned monopoly.[162] Banking and slavery consolidated power into few hands.

Power and money governed the uneasy relationship between the Natchez District and the rest of Mississippi. Despite the cessions and the rapid growth of Mississippi territory interior, the attempts to shift the center of politics to that interior were protracted. Jackson became the capital in 1822, in the middle of what two years prior had been Choctaw land. The capital's existence in an undeveloped area coupled with the constant admission of new counties meant political representation in the capital would have been chaotic and political power difficult to solidify if the Constitution of 1817 had not made frequent democracy so hard to come by. The new counties were "Jacksonian and Democratic," almost diametrically opposed to Natchez's status as "Whig stronghold" – a predictable consequence of the differences in wealth and establishment. Because of the Constitution of 1817, however, Mississippi government trended Whig and proved impervious to the whims of the population at large.[163]

Property ownership across the South was a prerequisite not only for self-sufficiency but also for political participation. A man without land was essentially a man without citizenship, without a voice. The state owed its post-1820 demographic explosion to the cessions of more Indian territory to the state, which then sold it to the sons of the eastern seaboard. They understood this political calculus and were eager to buy large tracts of cheap land and make their quick fortunes. Droves of men from Georgia and the Carolinas came to claim their voices and their legacies. The enormous number of both willing and forced immigrants to the state is hard to

---

[162] Julie Sass, "Chronology of Natchez," in *Natchez before 1830*, Noel Polk, ed. (Jackson: University Press of Mississippi, 1989), 6.
[163] Bettersworth, 175-176. Mitchell, 52-53, 55-56, 95-96.

fathom. Mississippi sold 2 million acres – over 3,000 square miles - of farmland, and white Southerners brought 250,000 slaves to the state in 1836 alone.[164] Many of these settlers spent only a few years in Mississippi before the bottom fell out of the cotton market during the Panic of 1837. These masters fled depressed cotton prices and their defaulted debts "[w]ith a haste equaled only by that which brought them to Mississippi," many eventually settling in Texas – the "'stronghold of evil-doers'" who had shirked their obligations - to try again.[165]

SOARING IDEALISM IN THE MISSISSIPPI MIRE: THE BEGINNING OF THE ASYLUM PROJECT

The penitentiary and the lunatic asylum fit into a larger pattern in Western history. The two institutions largely mirrored each other in purpose: they took responsibility for costly groups at the (criminal and afflicted) fringes of society who, according to emerging standards of care, required solitude for either reform or restoration. Both institutions received measured enthusiasm from the Mississippi state legislature, as the legislature's behavior toward the asylum over its first twenty-five years reveals a deep ambivalence about the state's role in the mental health of its citizens and its willingness to take on the financial burden of the asylum.

The national democratic mood changed the dynamics of Mississippi politics, and rapid reform transformed the calculus of political power in the state. The 1832 Constitution, passed after a radical expansion of the franchise to free white non-propertied men, required any fund appropriation to be passed by two-thirds of both legislative branches and that any "loan of money upon the credit of the state" to be passed by two successive meetings of the legislature. The terms of office for senators and representatives in Mississippi were four years and two years, respectively, meaning when the legislature moved to biannual meetings, appropriations had to be

---

[164] Bond, 52-53.
[165] Ibid., 63-64; Bettersworth, 25.

voted on before *and* after elections.[166] Successive governors begged for new laws to ease the

restrictions and were eventually rewarded, but the appropriation law provides ample evidence of

the mood in Mississippi toward new building projects, new public debt for building projects, and

taxes.[167] Mississippians quite simply did not want to owe their government anything.

Governor A.G. Brown asked the legislature to take up the asylum question in his 1846

governor's speech, but the legislature tabled discussion of it during the session. When he asked

again in 1848 for the legislature to consider making provisions for the asylum, he gave them a

solid number: $3,000. "It is a reproach to any Christian people," Brown wrote to the legislature,

"that lunatics and insane persons should go at large, unprotected by the care of their fellows,

constantly exposed to danger themselves and putting in eminent peril the lives and property of

others. An appropriation of three thousand dollars if judiciously expended, would remedy this

long neglected and crying evil."[168]

Whether the reason for Brown's preposterously low estimate was ignorance or political

cynicism is unclear, but one can infer, from the information available to legislators and asylum

boosters at the time, that proponents and opponents alike knew that asylums were not cheap

---

[166] MS Const. 1832, Art. III §§ 8-9, 11.

[167] The requirements for acquiring a loan tested the ability of gubernatorial leadership to advance any vision for the state. At first the 1832 Constitution was a source of great excitement, but the good feelings wore off quickly. In 1836, Charles Lynch painstakingly laid out the options for financing internal improvements in the state, such as roads and railroads, and pled for sectional differences to be put aside to settle the matter. His successor Alexander G. McNutt fought to expand state banks rather than give northern banks "the power of controlling our commerce and credit on persons possessing neither community interest nor congeniality with the South, and not amenable to our laws." This request backfired badly, and in 1840 the Mississippi Union Bank and the Planters Bank defaulted on millions of dollars in bonds issued after the Panic of 1837. The state repudiated the debt due to a combination of constitutional prohibitions (taking on the bank loans would have required legislative action and at least two years) and general stubbornness. Repudiation caused all sorts of problems, including the threat of invasion by foreign creditors, and the state did little in the way of improvements until the late 1840s. "Charles Lynch, January 7, 1836," *Inaugural Addresses of the Governors of Mississippi, 1817-1890*, 29; "Alexander G. McNutt, January 8, 1838," ibid., 38; "Tilghman Mayfield Tucker, January 10, 1842," ibid., 42-43; "Albert Gallatin Brown, January 10, 1844," ibid., 44-56. For a solid, if ideologically-slanted, take on the history of banking in the nineteenth century, see Murray N. Rothbard, "Part 1: The History of Money and Banking Before the Twentieth Century," *A History of Money and Banking in the United States: The Colonial Era to World War II* (Auburn: Ludwig von Mises Institute, 2002), 45-178.

[168] Governor A.G. Brown Message to the Legislature, *MHJ* (*1848*), 17-32.

endeavors. The Bloomingdale Insane Asylum in New York City cost "more than $200,000" for only 150 patients.[169] The McLean Hospital in Somerville, Massachusetts, was $300,000. The Indiana Hospital for the Insane and the New Jersey State Hospital, both finished in 1848, housed 100 patients for $100,000 and 200 patients for $153,000, respectively.[170] Mississippi programmed slave labor and low material costs into all of its budgets for new buildings, deflating the estimated cost of the institution, though the assumption that slave labor and material costs in the South could deflate project costs by between 97-98% seems fanciful. Regardless, under whatever pretenses, the Mississippi legislature acquiesced to Brown's request on March 4, 1848.[171]

There certainly was some reason for government officials to be gun-shy about funding the whims of Mississippi's enlightened elite. The state could not settle on a viable tax code.[172] Most of the state banks it chartered failed, which forced the treasury to eat the losses, cover loans, and lose honorable standing with creditors, which in turn made it harder to take loans to cover state projects. Panics affected commodity prices wildly; therefore trade was never steady or remotely predictable. Even tax collection was an iffy proposition, as tax assessors were either terribly incompetent or excellent embezzlers, and landowners would actively resist paying taxes if they felt the tax law that year was unjust. The office of treasurer was not immune to the troubles either, with multiple treasurers in the antebellum era making off with a combined

---

[169] The Bloomingdale Insane Asylum site is now occupied by Columbia University.
[170] Mississippi Lunatic Asylum Commissioners' Report, *MHJ* (1850), 104. The commissioners acquired this information from writing letters to superintendents and visiting some institutions.
[171] Lunatic Asylum Act (1848). Other institutions would follow, though with less pomp. Legislation for the School for the Blind and a School for the Deaf and Dumb would succeed in 1848 and 1852 respectively.
[172] The state had trouble settling on a tax code in part because the property taxed included basic taxes like slaves and sales tax but also included "gold and silver plate, pianos, weapons, watches or clocks, cattle in excess of twenty head, saddle and carriage horses, merchants and brokers' capital and money loaned at interest." The breadth of the taxable category caused a lot of resistance. Charles Hillman Brough, "History of Taxation in Mississippi," *Mississippi Historical Society* II (1898): 113-124.

hundreds of thousands of dollars in bonds and bullion.[173] With so much chaos, the treasury

oscillated from deep red to mountains of cash year-to-year. Taking on additional burdens did not

make good financial sense. Part of the state's only steady income was also nonrenewable: land

sales from the Chickasaw and Choctaw cessions propped up the state's economy for years.[174]

The land was sold cheap to promote settlement and only constituted 1.4% of the budget in

1849.[175] Even so, one permutation of progress, Indian removal and the subsequent sale of Indian

lands, supported its other forms in Mississippi.

Glimpses of the behind-the-scenes action leading up to the 1848 law reveal that the

asylum was likely the passion project of one man with immense resources, Dr. William S.

Langley. Langley, a North Carolinian by birth, was characterized by later biographers as

"punctiliously honorable" and a man who "scorned and abjured men who did not come up to his

standard of honor." He had a private medical practice in Jackson, from which one source says he

earned upwards an almost unfathomable $15,000 a year. He took up the cause of the asylum in

1846, the first year the issues were brought before the legislature. Langley played politics well

and spared no expense to draw influential men and women to his cause. He paid for Dorothea

Dix to come to Mississippi and lobby on behalf of the mentally ill in the state, and he "dined and

wined the members of the legislature" when they met her.[176] In later remembrances of the

asylum's beginnings, Dix, a celebrity of mid-century reform movements, looms large. Her

---

[173] In one case, Horace Pagaud, a former clerk in the auditor's office who was brought in to help a new auditor transition into the role, essentially wrote himself checks from the treasury by forging "warrants." *Mississippi House Journal* (1843) 92, 104-106; W.C. Smedes and T.A. Marshall, "Horace Pagaud vs. The State of Mississippi (1845)," *Reports of Cases Argued and Determined in the High Court of Errors and Appeals for the State of Mississippi Volume 5* (Boston: Charles C. Little and James Brown, 1846), 491-497.

[174] For more on these land sales, see Mary Elizabeth Young, *Redskins, Ruffleshirts, and Rednecks: Indian Allotments in Alabama and Mississippi, 1830-1860* (Norman: University of Oklahoma Press, 1961).

[175] Mississippi State Treasurer's Report, *MHJ* (1850), 62.

[176] *Biographical Memoirs and Historical Sketches of Mississippi, Vol. 1* (1891), 1101-1102.

presence ultimately overpowered the contributions of Dr. Langley, without whom Dix's visit would never have happened.[177]

The 1848 act to establish the asylum is encoded with fascinating ideals and improbable expectations, beginning with the location of the asylum and the land bought for it. Moral treatment, the method borrowed from European visionaries that became synonymous with asylum reform, called for peace and quiet as essential to patients' recovery and restoration.[178] To meet this requirement, the 1848 law demanded that the asylum be built "in or near" Jackson and acquired five acres in the north of the city for this purpose. In 1848, Mississippi was barely thirty years old and Jackson was growing but still small, with less than 2,000 free citizens - a backwater town in a backwater place.[179] Jackson thus met the asylum's requirements for solitude, but placing it so closely to the city perhaps revealed a lack of foresight, or confidence, that Jackson would ever become a bustling city and therefore more than a capital city in name only. The acreage reveals an underselling of the needs of the asylum similar to Brown's claim that $3,000 would rectify the "long neglected and crying evil" of maltreatment of the mentally ill. When the Board of Commissioners, formed as part of the act, took over asylum development

---

[177] Dix's role in the formation of the asylum is covered more in depth in Chapter I as part of the ideological background on the movement in Mississippi. Dix used the language of Christianity, Enlightenment, honor and dishonor, and reform to buttress the emerging ethos of moral-modernity that motivated so many institutional reforms in the 1840s. She appealed to the spirit of "modernity," "both in our own country and in Europe." In a memorial written to the legislature, she wrote, "Will the legislature of Mississippi hesitate, or refuse to imitate the liberal and enlightened policy of its sister States, and in the spirit of a mistaken parsimony defer, or imperfectly accomplish a work already unwisely delayed? Will she abandon her distressed children to the poor houses, the prisons, or to the charities of other States?" Dorothea L. Dix, "Memorial Soliciting Adequate Appropriations for the Construction of a State Hospital for the insane in the State of Mississippi, February, 1850," as reprinted in *On Behalf of the Insane Poor: Selected Reports* (New York: Arno Press and The New York Times, 1971), 20.

[178] Moral treatment was covered in greater detail in the first chapter, but some reiteration here is helpful. Moral treatment emphasized humane interactions with patients with the goal of eventual restoration of mental faculties and ultimately release from the asylum, as opposed to former conceptions of asylum that made it into more of a prison with automatic life sentences for most "patients." "Moral treatment" was also called "psychological medicine," "moral management," and "moral therapy." It emphasized the superintendent physician's personal relationship with patients and banned violence and greatly condemned and reduced the use of restraints. The "moral" in moral treatment refers to the mental, non-physical nature of the disease.

[179] *The Seventh Census of the United States, 1850 - Appendix* (Washington: Robert Armstrong, 1853), 447-448. Jackson had 1,881 free whites in 1850. The census record does not contain numbers for Jackson's enslaved population, but Hinds County, where Jackson is located, had just 8,690 free whites in 1850 but 16,625 slaves.

in 1850, they immediately sold the five acres for $700 in favor of a 140-acre plot for $1,750 a

mile and a half outside of Jackson. As the commissioners wrote in their report to Governor A.G.

Brown's successor Joseph W. Matthews, the reason for the move was supported by the latest in

medical reasoning:

> The experience of the last fifty years has demonstrated that hospitals for the insane, when
> intended as curative establishments, should be located in situations combining the
> advantages of health, retirement, as far as is practicable, from the excitements connected
> with business; and with sufficient space for gardens and grounds in which the unfortunate
> inmates may be as seldom reminded as possible, of restraints necessary to be imposed
> upon them, and may find that healthful exercise and pleasurable recreation which are
> considered necessary in all well regulated institutions of this character for the comfort of
> the patients, and the restoration of their mental faculties.[180]

While the commissioners were better advocates for the needs of the asylum than the governor

and the legislative bodies of Mississippi, they had, with one fell swoop, spent a net third of the

governor's optimistic estimate of $3,000 on the selection of the site *alone*. This initial spending

proved ominous for the asylum's future financial woes.

   The planned methods for enforcing the asylum law were provocative. First, the

legislature established which courts were responsible for the insane. As soon as the asylum

entered "a sufficient state of completion to receive patients," the governor was to notify all

Mississippi probate judges to either publish in the county newspaper or post on the door of the

court-house "and at three other public places in the county" that the asylum was open for

patients.[181] The legislature giving probate judges - those who presided over estate issues and the

adjudication of wills - the legal territory over insane patients was an unsurprising but essential

step in creating a legal space for the insane under Mississippi law. Probate judges dealt in legal

issues in which one party could not be present to speak for itself. The insane, "deprived of their

reason," "doomed to . . . the dark Prison house of insanity, bereft of that consciousness which

---

[180] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 99.
[181] Lunatic Asylum Act (1848), Ch. 66 § 4.

endears man to his existence, and forever cut off from the hopes of this world or the world to come," could no longer advocate for themselves or their estates.[182] In emerging mid-nineteenth-century legal structures, insanity was little more than a living death.

Second, the law inserted the Mississippi state government into the family sphere in completely unprecedented, radical ways. Under the wording of the law, if, one month after the public had been notified via the probate courts, "the friends or relations of any lunatic shall neglect or refuse to place him or her in said asylum" or "permit[ted] him or her to go at large," any citizen of the county could submit a "writ of lunacy" to the sheriff. The sheriff would then bring the suspected insane before the county probate court, which would then conduct an "inquest" with a twelve-person jury. If that probate jury, by *simple majority*, found the person insane, the sheriff would then "arrest said lunatic" and send them to the asylum in Jackson. If the person found insane had or was entitled to an estate, the cost of commitment would be charged to the estate. If the person did not have an estate, then the person's home county would be charged for their care in the asylum.[183]

The process for having a person declared insane broke new legal ground. Theretofore, the penitentiary only included the people who were already legally in custody of the county or state law enforcement. With no mention of further diagnosis upon arrival at the asylum, the 1848 asylum law made insanity a purely legal category and not a diagnosis. It allowed counties across Mississippi ostensibly to exile nuisances who did not fall under any criminal category. The wording about the responsibility of the family does not allow for the insane to stay at home. No other institutional establishment mandate of the era, whether for the blind, the deaf and dumb, or the impoverished sick, included language compelling families to turn over the afflicted to the

---

[182] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 102.
[183] Lunatic Asylum Act (1848), § 7.

state.[184] Only the insane bore the distinction of being confiscated from their families if their families would not turn them over willingly.

The reasoning behind such a measure was borne of both the nature of the asylum project and of the culture of suspicion regarding persons with mental illness. To the former point, the commission, headed by Dr. William S. Langley who spent much of the mid-nineteenth century supporting eleemosynary institutions in the state, made a passionate case for the asylum as one of the main methods of conveyance for the blessings of Mississippi's wealth onto its less fortunate:

> . . . [S]hall it be said that a large class of our population, who, under the heavy hand of affliction, or the reverses of fortune, have been deprived of their reason, shall be denied the blessings of restoration to society and usefulness, and be doomed to remain tenants of the dark Prison house of insanity, bereft of that consciousness which endorse man to his existence, and forever cut off from the hopes of this world or the world to come; or shall the poor maniac, deprived of friends to watch over and guard him, wandering in destitution and want, find no public sympathy to provide him a better home than the county jail, and no better treatment than that which falls to the lot of felons? Religion, humanity, public spirit and State pride alike forbid it.[185]

These words reflect not only the compassion embodied by the asylum project but also its zeal. The commission wanted reform to be wielded like a hammer and the insane and unfortunate altered into shapes that better fit into society.[186] The phrase "restoration to society and usefulness" put emphasis on social health rather than individual health. A person who has essentially been robbed of sanity and is "bereft of that consciousness which endears man to his existence" constituted a burden and a danger to the world around him.

---

[184] The deaf, dumb, and blind also fell under the purview of the probate court.

[185] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 102. Though it is impossible to know for sure, the style suggests that Dr. Langley was the primary author of the commissioner reports and have marked stylistic similarities to the reports he made during his later stint as superintendent of the Mississippi State Lunatic Asylum.

[186] The desires of the commissioners align well with the Foucauldian paradigm of the purpose of state power, and while the commissioners' intentions may have been noble, here they are still coercive. The structure of moral treatment encouraged gradual recovery through various non-violent therapies. The coerciveness that Foucault saw in state power is certainly present, but what the commissioners were attempting to do was to increase the intensity of the coercion. Their writings suggest they were aware of the value of coercion, but they also suggest that they believed intensifying coercion as key to making moral treatment even more successful.

The idea of endangerment fuels the culture of suspicion. The desire to provide humane care for the insane powered the asylum organizers' primary engine for reform, but suspicion of the insane still lurked, most overtly in justifications for the asylum's expense. Part of the import Brown gave to the asylum project was in keeping the insane from "putting in eminent peril the lives and property of others," a sentiment echoed in the commission's first report.[187] Communities in overwhelmingly rural states like Mississippi depended on trust and kinship networks to thrive. As Christopher J. Olsen writes in his book on Mississippi political culture, "Living in rural neighborhoods and conducting their lives through a series of face-to-face encounters, Mississippians placed extraordinary value on public behavior and honor. As communities matured the force of family connections and reputation became even greater."[188] In an agricultural society, reputation and dependability were as valuable as currency, a fire could devastate a year's worth of crops, a hurt mule could upend a family's chance at survival, or an injured or deceased head of household could destroy the family who depended on him or at the very least increase the burden of extended family. Life was entirely too fragile to allow unknown quantities such as the insane to exist as constant threats to stability and the community fabric.

The distinction between the "violent" and "nonviolent" insane often seemed more intellectual than practical when the nonviolent could seemingly turn into the violent without warning. To wealthy property-owners in government and medicine, the asylum provided a solution to the potential chaos that the insane could wreak on the countryside. Prior to the asylum, the solution had been to chain the insane in attics and jails, which bound them to an indefinite wretched existence. The asylum at least allowed the wealthy to handle the (economic) issue humanely.

---

[187] Governor A.G. Brown Message, *MHJ* (1848), 17-32. Lunatic Asylum Commissioners' Report, *MHJ* (1850), 101.
[188] Olsen, 37.

The court process outlined in the 1848 asylum law differed little from a criminal trial except in destination and a lighter burden of proof. Inquests into the mental illness of individuals by juries who understood mental illness not as some objective standard but as deviance from that community's particular norms were a disaster waiting to happen. Juries were likely predisposed to put away people who had run afoul of social norms regardless of the presence of any illness that required rehabilitation. Whether the asylum boosters were consulted regarding the law is unknown. Their emphasis in their report upon the nature of confinement itself as opposed to the trial-and-confinement, however, suggests that the commissioners likely did not see the method of involuntary commitment as an overreach of government. When comparing the unprecedented expansion of state power with the alternative - the insane "wandering through the country, from the inability of their friends to restrain them – endangering the safety of individuals and neighborhoods," being restrained and "familiar with the chain and ring, the stern rebuke, and not unfrequently the lash," or being imprisoned within the penitentiary and county jails, "breathing the poisoned odors of the dungeon, and denied the blessings of any other light than the struggling rays that wander through the iron grates" – the expansion of state power was more attractive.[189]

The imperative then overwhelmed any concern for the rights of the individual against in the state's interest in saving the insane from harming themselves, others, and others' property. This shift in the perception of an individual's liberty from "terminated upon harm to others" (a criminal boundary) to "terminated upon the *possibility* of harm of others" ushered in a transformation of the conceptions of free white liberty in Mississippi law that had been unprecedented theretofore. No longer did a man or woman have to be born a slave or commit a crime to lose their autonomy; suddenly anyone could be confined indefinitely and arbitrarily, their estates bled dry, their freedom dependent upon a medical doctor who studied psychology as

[189] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 101.

a philanthropic hobby, simply at least seven white men on a twelve-man jury happened to agree.[190] This shift was subtle enough to go unnoticed when it was made, but its consequences would be felt in the years to come.

The asylum provided an opportunity to solve an unpredictable problem in a humane way, a move completely in line with the spirit of moral modernity. The emerging post-Revolution neo-capitalist industrial world offered incredible challenges in public spaces from the metropolitan cities of Europe to the slow-moving agricultural backwaters of the United States interior. Certainly there were brutal ways to deal with those problems: killing criminals for increasingly minor offenses, forcing the deaf, dumb, and blind to stay with families ill-equipped to care for them, or chaining the insane to jail floors could have helped maintain some semblance of order. Instead, Mississippians chose to approach their modern problems in a way that emphasized morality while folding in state and economic interests. As the commissioners wrote in 1850, "[r]eligion, humanity, public spirit and State pride alike" forbade doing it in any other way.

The asylum commission was at least well-staffed for the work ahead of it.[191] Dr. William S. Langley headed it. At the time of his appointment, he was serving as the penitentiary physician. Langley spent much of the mid-nineteenth century promoting eleemosynary institutions in Mississippi.[192] Another notable commissioner, Thomas J. Catchings, was a

---

[190] Michel Foucault's criticisms of the asylum were explored and critiqued at length in the last chapter, but one area of his critique – about the self-insertion of psychiatrists into the law to gain prestige – is still particularly salient here. See Michel Foucault, "About the Concept of the 'Dangerous Individual' in 19th-Century Legal Psychiatry" *International Journal of Law and Psychiatry* 1 (1978). The professionalization of medicine will be covered in depth in Chapter III.

[191] The commission presided over the building of the asylum. The commission was then dissolved and the operations of the asylum handed over to the trustees of the asylum and the new superintendent. They had two separate budgets and different members, so they were legally and functionally two different groups with two different purposes.

[192] Robert Lowry and William H. McCardle, *Mississippi, from the Discovery of the Great River by Hernando DeSoto including the Earliest Settlement Made by the French, under Iberville, to The Death of Jefferson Davis*

physician from Madison County (one county north of Hinds County, where Jackson is located) "distinguished in his profession" who "served with marked ability in both branches of the Legislature."[193] William Morris, H. Hilzeim, and Collin S. Tarpley of Hinds County, "an able and widely known lawyer, who did an extensive and lucrative practice," filled out the ranks of the first committee.[194]

Governor Brown's dilemma - trying to sell an unknown quantity for a known price - quickly became the asylum commission's problem. The commissioners constantly couched requests for more money and the rising costs of the institution in the spirited language of reform and with the suspiciously vague promise that, at some point, the State would not need "to make any further appropriation for the support and maintenance of the Institution."[195] These utterances meant little in the face of the commission's actions, as they took the initial appropriation for the asylum and spent it as more of a suggestion than a rule. In their first report filed in the legislative journals of 1850, the commission defended this decision without pretense, emphasizing that the original appropriation would not have allowed them to build an institution up to "the expectations of the people," "compatible with the dignity of the State," or "the public spirit of the people's representatives."[196] The wording of the last point reiterates that the commissioners saw the asylum as a project for the people by their representatives and not one driven by the will of the people themselves. The asylum was an institution borne of elite ambitions, and a moral

---

(Jackson, Miss: R.H. Henry & Co., 1891), 619-620. He would later head of the Institute for the Blind before he was succeeded by his daughter.

[193] Ibid., 529.

[194] Ibid., 488. Little is known about Morris and Hilzeim. Hilzeim is mentioned as part of a "committee" of concerned citizens who met with Reconstruction governor Adelbert Ames in Jackson to convince the governor to disband a freedmen militia in Yazoo County - a moment which marked the beginning of the end of Reconstruction in Mississippi. Ibid., 403.

[195] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 100.

[196] Ibid.

vision for the state for those citizens thought not to understand the problems and possibilities of modern society.

While negotiating the asylum's cost, the asylum's boosters stumbled into a grievous error that would haunt the institution. The 1848 asylum law demanded that the sheriffs of each county send all insane to the Jackson asylum, if not voluntarily within 30 days then by force thereafter. The legislature designed this process without either having an idea of the number of insane in Mississippi or the size of the asylum they were to build (at the time of the law's passing, the design of the asylum was left to the commission's discretion). To estimate the number of insane in the state, they only had the 1840 census, which reported 198 insane in Mississippi's population of 375,651.[197] The commissioners themselves were aware of the findings' questionable nature, as they wrote in their 1850 report: "…[W]hen it is remembered that great delicacy exists upon this subject, and strong disinclination on the part of friends and relatives to report a 'loved one' as falling within this class, we may safely estimate that at least one-half the number were overlooked."[198] If, through the 1840 census, one could safely estimate 1 out of 997 Americans were insane, the commission ventured, such a figure would suggest 450 white insane in Mississippi alone.[199] Later estimates by the commissioners would revise the range from 300 to 500.[200] The insane in Mississippi were "a class of sufferers whose misfortunes are, in many instances, withheld from public observation" but a more accurate accounting of the insane might

---

[197] The 1840 census is methodologically unsound. Insanity is self-reported or reported for a relative. In a society where insanity was seen as an awful, embarrassing fate, self-reported numbers for insanity will be skewed. Notably, the commissioners include both free and slave in the population number and the number of insane in the state. This sleight of hand could have happened for one of two reasons: either the commissioners were planning to expand the idea of the asylum to as many people as possible from the very beginning, or they used the considerably higher number (82 of the 198 are marked "colored) with the statistic for whites to inflate their case for the immediate need for an asylum. Department of State, *Compendium of the Enumeration of the Inhabitants and Statistics of the United States as Obtained at the Department of State, from the Returns of the Sixth Census* (Washington: Thomas Allen, 1841).
[198] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 100.
[199] Ibid. (1850), 101.
[200] Lunatic Asylum Commissioners' Report, *Mississippi House Journal* (1852), 57.

be possible when "the asylum is completed, and thus a comfortable home provided for them."[201] Therein lay the conundrum: an accurate accounting of the insane could not be made without a ready place for the insane to go, but the task of building for the insane was monumental without an accurate estimate. Legislators and the commission had to come to an agreement. How many patients would the Mississippi insane asylum be prepared to take into its care?

Langley, the most esteemed of the commissioners, spent time between 1848 and 1850 traveling around the northeastern United States meeting with superintendents and touring institutions. In the end, he would settle on the Kirkbride plan, so-named after Dr. Thomas Kirkbride's design for the New Jersey State Lunatic Asylum. The Kirkbride plan fit several of the Mississippi commission's needs. With its white columns, clock tower, and red brick façade, it was elegant and stately. Its layout – a staggered three-storied V-shape three wards long on either side of the main hall – lent itself to easy expansion if there was not enough space. The price was a sticking point, however: the New Jersey State Lunatic Asylum cost $153,000, a far cry from Brown's $3,000 figure or the comparably generous initial appropriation of $10,000.[202] One thing Mississippi had that its northern counterparts did not was an immense pool of slave labor, both enslaved and imprisoned. As part of the 1848 law founding the asylum, the legislature provisioned bricks from the penitentiary, ostensibly lowering the estimated cost.

Analyzing the flawed estimates of mental illness in Mississippi, the commissioners' made a fateful gamble: there could be upwards 300 insane by their most conservative estimates, but superintendents and doctors across Europe and the United States reported incredible results with moral treatment, the ideological soul of asylum reform in the West. In their reports to the governor and legislature, the commission leaned heavily on the healing power of modern

---

[201] Ibid. (1852), 56.
[202] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 104; Lunatic Asylum Act (1848), Ch. 66 § 3.

asylums to justify costs. In England, reformed asylums "under the fostering care of the government . . . satisfactorily established that at least 80 per cent. of all the cases of recent occurrence that are submitted to Hospital treatment are speedily restored" from their "temporary abberations [sic]." Their optimism sounded boundless: "the very worst cases of mania, if submitted to hospital treatment at an early stage of the disease, almost invariably gave way to the remedies used, and the patient is sent back to the bosom of his family, again fitted to fill, and perhaps to adorn the station allotted to him in life[.]"[203] Vaguely estimating that the asylum would house "one-half" the insane of Mississippi, who would, they suggested, be quickly restored, and advocating the use of slave labor in the manufacturing of materials and the building of the asylum, the commission asked for and received $50,000 in 1850.[204]

While the Commission's (and likely Langley's) decision to overspend and force the legislature to commit or quit the project worked, it did not do so without provoking serious consequences and engendering an animosity that would characterize the legislature's relationship with the asylum for the next 35 years. The legislature did not give the money without holding the commission accountable for some of its more questionable decisions between 1848 and 1850. Most galling, perhaps, was the decision to build a foundation for a building that cost far more than initial appropriation, but other missteps soured attitudes toward the project. The commissioners hired William Gibbons as architect, but he turned out subpar results due to rainy weather and the penitentiary's failure to produce the bricks as contracted. In January 1849, the commission ordered 1.5 million bricks from a private brickmaker to be finished by December that year.[205] These requisitions did not pan out either, and by that time what little work had been

---

[203] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 103.
[204] An Act for the completion and furnishing the State Lunatic Asylum, Mississippi Code 1850, Chapter 54 § 1. This law will hereafter be styled as "Lunatic Asylum Completion Act (1850)."
[205] Lunatic Asylum Commissioners' Report, *MHJ* (1850), 108-110.

done on the foundation of the asylum was rotted out and completely unusable. In March 1850, when the legislature appropriated $50,000 for the "completion and furnishing" of the asylum, they changed the asylum commission from a governor-appointed to a legislature-appointed committee, emphasized that "the governor and said commissioners are hereby required to adopt and enforce, in the progress of the work, a style comporting with economy, comfort, and durability, rejecting every suggestion submitted by the architect or others for elegance or show" and that the asylum had to be ready within two years of the passage of the act.[206] Joseph Willis was promptly hired to replace Gibbons, and Hilzheim, Catchings, and Morris were replaced by three new commissioners. Willis condemned the foundations, and, in mid-1850, the project to erect "a building which was intended to stand for all time . . . as a monument of the wisdom and liberality of the State" began in earnest.[207]

After the foundations of the original attempt were condemned and destroyed, construction woes pushed back work on the site again until September of 1851. Drought stymied construction, as the logs could not be floated down the river for processing at nearby lumber mills. The railroad missed its deadline for the foundation rock by six months, arriving in mid-summer of 1851. Willis, the new architect, worked efficiently with materials as they arrived, but labor and material costs climbed despite his best efforts, and it took less than two years for the project to burn through the $50,000 appropriation.[208]

The commissioners ran out of money at an opportune time. Mississippi's revenues had been steadily increasing for the past decade - reaching a $526,000-surplus for the 1852 fiscal year - and legislatures had become proportionally more progressive and keen to finance new projects, even with the insane asylum commission's previous bad behavior. The legislature had

---

[206] Lunatic Asylum Completion Act (1850), Ch. 54 § 1.
[207] Lunatic Asylum Commissioners' Report, *MHJ* (1852), 56.
[208] Ibid., 65-66.

been more willing since the late 1840s, around the time of the 1848 asylum law, to fund public

projects that in previous decades would have seemed unnecessary or unfeasible. For example,

the legislature had appropriated $200,000 in early 1850 to help create "common schools" in

counties around the state and had enabled tax assessors to count the number of "free white

children" in the state between the ages of six and twenty, a necessary effort if the state were to

reach its goals of educating all Mississippi whites to be good republicans.[209] The University of

Mississippi, which opened the same year that the asylum for the insane and for the blind were

mandated, had proven "prosperous." The asylum for the blind was thriving and "conferring great

benefits upon an unfortunate class of individuals, who are entitled to our warmest sympathies."

In 1846, Mississippi responded to an outbreak of small pox by creating a vaccine depot and a

vaccination agency in Jackson, though the governor recommended the program end due to the

threat having passed. Governor James Whitfield took advantage of the tone of the legislature to

push for another asylum for the deaf and dumb.[210] Though it was struggling in some ways to

meet the demands of its citizens, especially in regard to education and infrastructure, Mississippi

was very much driven by the engines of modernity.

It must be reiterated, however, that the moral-modernity of the mid-nineteenth century

could be progressive while still being economically and socially protectionist and suspicious of

---

[209] Governor James Whitfield Message to the Legislature, *MHJ* (1852), 14.

[210] Governor James Whitfield Message, *MHJ* (1852), 14-16. Whitfield used religious language to impress upon the legislature the need for reform for the "deaf and the dumb." While it seems old-fashioned now, Whitfield's religious call was remarkable for calling to *change* the plight of the deaf and mute rather than accept it as God's judgment: "The poor mute, who is permitted to gaze upon the beauties of nature, but whose ears are forever closed to the sweet melody which Providence has ordained, to gladden the human heart, and whose tongue has never learned to hold social converse with his fellow-creatures, or even to unite in praises to the Most High, is a subject to claim our anxious solicitude, and prompt us to some action to ameliorate their condition; whilst they can only be taught to appreciate the bounties of Providence, and the scheme of redemption, by teaching them to read. Let us not withhold from them this exalted privilege, so fraught with happiness to all who enjoy its benefits; and, whilst they can only converse with their fellow-creatures and enjoy the social intercourse so necessary to the happiness of all, by learning to write, let us do something towards unstopping the ears of the deaf, and making the dumb to speak through the medium of the pen."

ideological difference.[211] For instance, Governor Whitfield lauded the University of Mississippi as a "cherished" institution for providing "a finished education within our own borders":

> Our people are beginning to awake to the great importance of educating their sons, amidst the institutions peculiar to the Southern States; and whilst they are unwilling to expose them to contaminating influences and gratuitous insults to which they would be liable as citizens of a slaveholding State, while seeking the means of an education abroad, they have learned the true economy of spending their money within the state and of encouraging institutions reared by ourselves.[212]

While the university was borne of high-minded language about the values of education, at heart it was a response to prestigious northern universities becoming hostile territory to supporters of "institutions peculiar to the Southern States." Keeping planters' sons in Mississippi was not only in keeping with Enlightenment ideals of the pursuit of knowledge and the broadening of the mind, but it was also an investment in the future of slavery to keep youths away from the poisonous influence of abolitionist and anti-slavery rhetoric.[213]

All of the post-penitentiary reforms, when viewed through the lens of moral modernity, read as extraordinarily protectionist. None of the reformative institutions Mississippi sought to build were without a prestigious counterpart in the north; the oft-cited "pride of the State" and the less oft-cited anxiety of a slave society in abrasion with an increasingly free one propelled Mississippians towards building comparable institutions within its borders to prevent giving its citizens a reason to ever leave. Through progressive concepts and institutions, Mississippi found a way to close itself off, to seclude itself from criticism and change. The state university, the

---

[211] Nationalism, an invention of Enlightenment under the yokes of empire, was also an invention of the Revolutionary era. Post-mercantilist protectionism – the self-concern that plays down imperial designs into economic desires for a very specific idea of "the people" – was modern, too.

[212] Governor James Whitfield Message, *MHJ* (1852), 15.

[213] Similarly, political discourse around the penitentiary, which had been driven by the possibility of reducing recidivism among criminals, a progressive idea that is contested even today, had drifted to making the prison a profitable institution. In 1852, Governor Whitfield recommended that the legislature put "machinery equal to the capacity of the building. . . for the purpose of manufacturing cotton and woolen goods," which would serve to keep the inmates within the walls of the penitentiary and therefore decrease their competition with skilled occupations outside of the penitentiary. Perhaps such drift was unavoidable in a society in which men owning the labor of other humans was an institution in itself. Governor James Whitfield Message, *MHJ* (1852), 17.

school for the blind, the charity hospitals, the vaccine agency, the fumbling but determined attempts to build a common school system, the school for the deaf and dumb, and, last but not least, the insane asylum can all be seen through the lens of moral-modernity and the protectionism inherent to it.

The state mood was in the insane asylum commissioners' favor. The legislature appropriated $40,000 for the remainder of 1852 and $35,000 for 1853 in addition to the $10,000 the commission had gone over due to unforeseen costs in the previous year. At a total of $85,000, the appropriations dwarfed the first major appropriation that had failed to erect the asylum as promised.[214] In addition to appropriations for the asylum, the legislature amended the section of the 1848 asylum law that required counties pay for "pauper lunatics" and sanctioned that all indigent patients "be admitted to the Asylum free of charge" as long as they provided "a certificate of some Judge or Justice of the Peace" that the patient has sufficiently proven "that such lunatic has no *visible* means to defray his or her expenses."[215]

Despite renewed fiscal interest, building continued at a slow pace. In March 1854, six years after the project began, the institution was close enough to completion for the legislature to pass another law governing the operation of the asylum itself. The March 1854 law created a board of five trustees, who had the power to appoint a "skilled physician," not a layman, as superintendent of the Mississippi State Lunatic Asylum. The trustees and the superintendent were subject to stringent rules on their behavior. The physician was to serve for four years, but could be removed at any time "for infidelity to the trust reposed in him, or for incompetency, or wilful neglect of duty[.]" The law required that the superintendent be married and "reside with

---

[214] An Act to Provide for the Completion and Furnishing of Lunatic Asylum of the State of Mississippi, Mississippi Session Law 1852, Chapter 56 § 1. This law will hereafter be styled as "Lunatic Asylum Completion Act (1852)."
[215] An Act to be Entitled an Act to Amend an Act Entitled "An Act to Establish a lunatic Asylum for the State of Mississippi," Approved 4th March, 1848, Mississippi Session Law 1852, Chapter 56 §§ 1-2.

his family in said Asylum."[216] The asylum's trustees, to be appointed after the expiration of the commission upon completion of the asylum, were required to live within ten miles of the asylum and would be replaced if they relocated beyond that distance. They were required to "maintain an effectual inspection of the Asylum, for which purpose one or more of them shall visit it at least once in every week" and write a report on the asylum's operation every January to the governor, who would then transmit their report to both chambers of the legislature. The trustees and the superintendent were to keep detailed records of every transaction and all inhabitants of the asylum, including patients and employees. Regarding patient records, the "Superintendent Physician" would be required to keep a book which included records made at "the time of reception" the date of reception, "name, age, sex, residence, office and occupation of the person, by whom and by whose authority each insane person is brought to the Asylum, and have all the orders, warrants, requests, certificates and other papers accompanying him or her, carefully filed and forthwith copied in said book[.]"[217] It also clarified the section of the 1848 law on admission and allowed the superintendent the right to review incoming patients sent by county probate courts and turn them away if deemed not insane.[218]

The intimacy required of the superintendent with the asylum, including his mandated residence and record-keeping, hearken back to one of the main tenants of moral treatment: the superintendent physician in the asylum was to be a patriarch; the asylum was to be his home; the patients, his family; its affairs, his affairs. Perhaps the patriarchal metaphor for the asylum as a household was not a great exercise of the imagination for the eighteenth- and nineteenth-century

---

[216] An Act for the Appointment of the Necessary Officers to Take Charge of the State Lunatic Asylum, and for Other Purposes, Mississippi Session Law 1854, Chapter 30 §, 2. This law will hereafter be styled as "Lunatic Asylum Law (1854)."
[217] Lunatic Asylum Law (1854), Ch. 30 § 5.
[218] Lunatic Asylum Law (1854), Ch. 30 § 8. This clarification could go a long way to rectifying the potential use of the asylum as a dumping ground for unwanted neighbors, vagrants, and troublemakers around the state, but the law only allowed the superintendent the explicit power to refuse to admit and did not enumerate any such powers after admission if said admission was later deemed to be mistaken.

innovators of asylum reform, but it was an effective one. Few other metaphors allowed for the constant and individual attention for each patient as a father for his children.

The March 1854 law made special provisions for the criminally insane, devoting two sections to their inclusion in the asylum project. In addition to the "indigent insane," the Superintendent and Board of Trustees would be obligated to receive "all criminals who may have been acquitted of crimes or misdemeanors, on the ground of insanity, or who may be imprisoned for crimes or misdemeanors. . . until restored to his right mind[.]" Prisoners already in the penitentiary could be referred to the asylum by the penitentiary physician. Upon transferal, the prisoner would "be supported until restored to soundness of mind, or discharged by the expiration of his sentence." If the prisoner were restored to sanity before the end of his imprisonment, he would be returned to the penitentiary.[219]

The clause regarding the criminally insane cannot be overstated in its importance or its revolutionary nature in the context of Mississippi. The prison in Mississippi had only been open for more than a decade. While entrenched attitudes about criminals turned the politicians and the penitentiary against its purpose into another source of slave labor, the seed of the reform ideal remained: all human beings had worth, criminals were human beings who still had worth to salvage, and the criminally insane were worth the pity given to the non-criminally insane. To emphasize the core ideal of all humans having worth, Section 11 of the 1854 asylum law clarified "[t]hat no preference shall be given to one class of applicants over another, but each shall be admitted in the order of their application."[220] Preference, then, was not given to the rich over the indigent, or the free white man or the imprisoned white man. All (white) citizens, according to the state of Mississippi, had equal value worth nurturing and restoring upon a lapse

---

[219] Lunatic Asylum Law (1854), Ch. 30 § 9.
[220] Lunatic Asylum Law (1854), Ch. 30 § 11

of sanity. In the asylum as in no other institution was the hierarchy inherent to republican values and a slave society chipped away. It would not take long for this idealism to clash with hierarchical, republican, slave society values, but at the moment, the Enlightenment ideal, which reserved its best language for white men, was achieved in law.

The idealism of the asylum project did not protect the institution from the hard realities of money and politics, however, and the institution's financial woes never seemed to end. Even though the legislature signaled its commitment to the asylum's completion, the legislature held some opprobrium about the insane asylum and its cost. Other endeavors, like the orphan asylum, blind asylum, and asylum for the deaf and dumb, were relatively low cost ventures - the blind asylum, for instance, only hit a maximum of 24 students before the Civil War and cost barely more than $2,000 in upkeep per year.[221] The State Hospital in Natchez, which treated the impoverished sick, relied on private donors as well as state funds, which mitigated the cost of the institution. The asylum, however, largely rested on the good graces of the state. Traditionally, any reliance on state funds served as the death knell for public institution projects: the "common school" system, which governor after governor, dating from the 1820s, had insisted was the marker of a modern, enlightened society, did not actually come into existence until the Reconstruction constitution of 1868. The constant requests from successive governors to expand, arm, and train militias across the state to defend against Native American attacks in the Choctaw and Chickasaw cessions, slave uprisings, and non-domestic threats fell on deaf ears as legislators balked at the cost of regulating militias.[222]

---

[221] Institution for the Blind Principal's Report, *MHJ* (1861), 204.
[222] As late as 1859, the legislative spending was unfocused because at the time they could afford not to be. Militias had an important role in nineteenth century slave and frontier societies, though by 1859 the primary concern was the possibility of slave uprising or the foreseen sectional crisis. The Auditor of Public Accounts recorded only $1,225 toward militia equipment and training. The same year, the auditor paid $16,297.73 to print government documents, $25,956.75 on the Lunatic Asylum, and $36,551.19 on the University of Mississippi. Total spending for the years

Despite general budget woes, eleemosynary institutions had to work overtime to prove their worth and solvency. Government officials, including the governor and the board of trustees for other reformative or charitable institutions, exerted monumental pressure on supervisors, superintendents, and principals of all progressive institutions to turn profits, and the asylum was no exception. To address the instability of funding, asylum officials, the commissioners, the trustees who later oversaw the asylum itself, the governor, and the superintendent insisted that wealthy patients pay for care. The asylums for the blind and deaf and dumb taught their students how to make themselves useful by producing goods, which the asylums sold to help mitigate the costs of the institutions. The penitentiary, however, had yet to turn a substantial profit since its
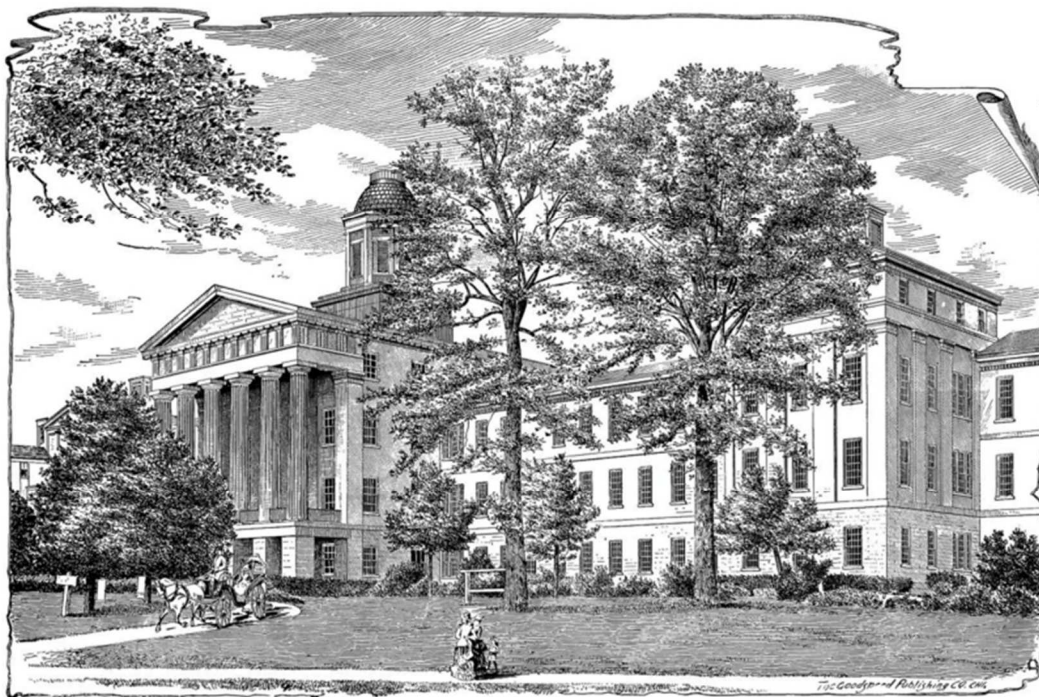
INSANE ASYLUM, JACKSON.

The Mississippi State Insane Asylum, ca. 1880s. From Biographical Memoirs and Historical Sketches of Mississippi, Vol. II (1891), 155.

---

totaled over $707,000 – of which the militia constituted only .17%. Mississippi State Auditor's Report, *MHJ* (1859), 81.

founding in 1840, and legislators were wont to chastise if the penitentiary simply broke even.[223]

After its experience with the penitentiary, which even after admitting prisoners far past capacity

and convict-leasing (at one point housing 800 prisoners in 100 solitary confinement cells), it still

could not turn a satisfactory profit.

While the asylum and the penitentiary had different missions, the state's experience with

the penitentiary would inform its future relationship with progressive institutions. It would

constantly be looking for avenues to institutional self-sufficiency without an absolute reliance on

tax dollars. After its experience with the penitentiary, with its purpose of reforming and restoring

individuals being similar to that of the asylum in rhetoric if not in practice, the legislature had to

be convinced they were not putting good money after bad and that the asylum would at one point

be self-sufficient as the commissioners had promised in their 1850 report. Political and social

resistance to additional appropriations and long-term institutional commitments, chaotic state

economy, and the legislature's wariness after the penitentiary's failure to provide profitable

returns and reform its inmates combined to make an unfriendly atmosphere for the insane asylum

during its fragile first few years.

GROWING PAINS: THE MISSISSIPPI STATE LUNATIC ASYLUM, 1855-1861

Despite a yellow fever outbreak in September 1854 that delayed work on the asylum for

months, the Mississippi State Lunatic Asylum opened its doors on January 8, 1855. While the

legislature had tried to enforce economic decisions for a more modest building, the asylum was

handsome and inconspicuous as to its purpose. In their final report before disbanding, the

---

[223] Governor A.G. McNutt lamented that the prison was a "heavy charge on the Treasury" in 1842, barely two years after the institution had been completed. Governor T.M. Tucker called the penitentiary's deficit of $15,000 "extremely unsatisfactory" in 1844. Only after the penitentiary began using the convicts as hard labor manufacturing cotton goods did the penitentiary begin turning small profits, making $3688.23 in 1850 and more than $13,000 in 1860. Governor A.G. McNutt Message to the Legislature, *MHJ* (1842), 402; Ibid., (1844), 482-483; Ibid., (1850), 633; Mississippi State Penitentiary Superintendent's Report, *MHJ* (1861).

commissioners praised the asylum as an "enduring monument of the wisdom and benevolence of our state" and worthy of the money and time poured into it. The final price for the benevolent venture was $165,000.[224] The first reports of the trustees and superintendents were reviewed in 1855 and filed with the governor and legislature in January 1856.

The trustees' report tried to strike a balance between praise for the institution and a realistic appraisal of its fruits. Superintendent Langley received much praise from the trustees, who believed the asylum was "energetic and efficient," and that "regularity, order, cleanliness and discipline. . . prevail in the Institution," and offered their "heartfelt thanks" to the Medical Superintendent.[225] After remarking on the efficient governance of the asylum by Langley, the trustees asked for another appropriation to replenish what the commissioners had to borrow from the trustees' fund to finish the asylum – a mixing of funds that, while frowned upon, was necessitated by an institution-threatening deficit of $10,000. "What, under such circumstances, were they to do!" they wrote. They continued into a dramatic crescendo with rhetorical flourish: "Were they to abandon their duty and turn out the patients, or send them to their homes! Were they thus in effect to paralyse for a time, if not entirely destroy, the cherished hopes of the good and the humane, that this Institution, in after times, was to be a noble monument of the philanthropy and wisdom of the State of Mississippi. They believed they would be recreant to their duty if they pursued such a course."[226]

In response to the trustees report, Governor John J. McRae made a special appeal to the 1856 legislative session for an increase in operational funds, as the asylum had exceeded its

---

[224] The commissioners and trustees dispute this number, saying that $10,000 of it should not count against the final cost because the original appropriation was used for a foundation that was later condemned. It played a part in getting the rest of the asylum built, however, and it is of this historian's opinion that it should be counted in the final tally. "Comparative Cost of the Mississippi State Lunatic Asylum, with Similar Asylums in Different States," *MHJ* (1856), 228-229.
[225] Lunatic Asylum Trustees' Annual Report, *MHJ* (1856), 216.
[226] Lunatic Asylum Trustees Report, *MHJ* (1856), 225.

expense budget "by about ten thousand dollars." The governor had authorized a transfer from the treasury to the asylum of $10,000, as he had been warned by the trustees and superintendent that "the Institution would necessarily have to be abandoned, without further means, and the inmates turned out" unless they received the money immediately. McRae reassured legislators that the asylum was "a monument to the noble impulses of the great heart of humanity, which swells within the bosom of our people" and "unsurpassed by any Institution in the United States." The legislature was unsympathetic to McRae, and voiced their displeasure in the appropriation bill. Feeling personally slighted, McRae vetoed the bill and argued that his position as governor "prevent[s] me from giving my approval to an act of the Legislature disapproving my own action." The Legislature ultimately overturned his veto, and the asylum got its funding, though the governor was thoroughly bruised by the process.[227]

After suggesting that commissioners be hired in every county to assess the number of "insane" and "idiots" and that a chaplain be hired to provide for regular Sunday religious services, the trustees closed with a request that the legislature make provision for insane free blacks and slaves. The request is remarkably designed. It begins with flattery and an appeal to honor:

> There is no provision under the existing law for the reception of slaves or free persons of
> color into the Asylum. This, had it been presented to the attention of the Legislature,

---

[227] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 26-27. The clause read, "But nothing herein shall be construed into an approval of the withdrawal of money from the treasury without appropriation by law." As McRae would later say, the added clause had "no meaning, and no application to anything connected with this bill," and was meant solely to rebuke him. Perhaps to compensate for criticism from the legislature, the trustees pushed for more stringent standards for pauperism when providing a waiver for the patient costs. The trustees noted, with a measure of disdain, that "patients have been received as pauper patients, who are not such, or at least who have friends and relatives whose legal duty it is to pay their expenses." To make their position clearer, the trustees went on to say, "the system compelling the State to support the pauper patients is in itself wrong." They suggested that pauper patients be supported by their county of origin, but, as Superintendent William C. Compton rightly comments in one of his reports, such a policy would provide incentive to keep the indigent insane in poor houses and jail cells, a cruelty which state built the asylum was built to alleviate. The trustees likely knew the risk of tightening the standards, but legislative hostility toward the asylum forced the issue of austerity for political reasons. Mississippi State Lunatic Asylum Trustees Annual Report, *MHJ* (1856), 226; Lunatic Asylum Superintendent's Report, *MHJ* (1870), 23-25.

would doubtless have been provided for. Mississippi, in all her legislation upon the subject of her slaves, views them not merely as property, but as human beings. Their amelioration and comforts is [sic] being more and more daily cared for.

The trustees continue by reassuring the legislature that they believed the campaign maligning slavery did not take into account the nature of human beings to abuse the institutions available to them. Slavery, they argued, was no different, and that the laws governing slavery did not *protect* these abuses as much as, with any other crime, there was a constant want for evidence:

> It is the pride of Mississippi, and we may say of the Southern States, that the slave population is amply protected by law from brutal and barbarous treatment from masters, overseers and others. It is true the relation of master and slave is like every institution known to society. Often abused, but it is not so much a defect in the law that these abuses are not corrected, as from the fact that frequently, as in other cases of the violation of the law, the necessary evidence is wanting to establish guilt.

Knowing the potential costs for such an endeavor would deter legislative support, the trustees sought to address financial concerns immediately. The trustees once again made what was becoming a well-worn promise. This project, they insisted, would pay for itself:

> The Trustees believe that there should be a special department for this class. The masters of slaves received as pauper patients ought unquestionably to support them whilst in the Institution; and in the case of free persons of color who have property, they should, of course, support themselves; but when they are unable to do so, the charges in other cases, should fall on the counties in which they reside.[228]

The first report of Dr. Langley, the esteemed physician who had served as commissioner on the asylum board and physician at the penitentiary, was much tamer in comparison to the report filed by the trustees. The trustees likely took it upon themselves as a group of two-year appointees to bring up the issue of free black and slave patients rather than allow the lone Langley to shoulder the responsibility for such a weighty request.

---

[228] Lunatic Asylum Trustees Annual Report, *MHJ* (1856), 227. The subject of insanity and slavery deserves discussion in its own context and with more attention that can be paid here, and is discussed in detail at the end of this chapter.

Langley's report painted his ideal operation of the asylum as something between a cell and a convalescent home. He emphasized in his first annual report to the legislature the value of diversions: "As yet little had been done towards providing the patients with such occupations and amusements as every well-arranged hospital for the insane should possess." Langley asked the legislature to provide workshops to "afford to many insane persons a most useful kind of labor," a "Gymnasium for the men and a Calisthenum for the women." Importantly, Langley also asked the legislature to consider contributions of "a more intellectual character," such as libraries, the introduction of a regular course of lectures, interesting exhibitions of various kinds, the use of musical instruments and various amusing games," to "break up that morbid train of thought fruitful of so much misery and unhappiness among the insane."[229]

Langley's requests are remarkable in the breadth of entertainment, diversions, training, and intellectual development he wanted the asylum to offer to all its patients regardless of class status. The law stated that admissions would be made in order of application and not by ability to pay, and the superintendent did not make any distinctions on class-based diversions in his report. Langley's asylum, then, was a kind of utopian project, in which everyone could learn skills, have access to the fruits of culture and civilization, and become productive and reasonable individuals. The possibility that including slaves in the asylum project would put them in proximity with intellectual enrichment goes unmentioned.

In the first years of the asylum, nearly 80% of all patients were deemed "restored" or "cured," but the remaining patients, forced by law to remain until deemed fit for release, created problems for the growing institution. The asylum had been designed for only 150 patients in a state with a white population over 225,000. The nature of the law combined with the severity of patients' diagnoses, as well as the possible longevity of patients, ensured that beds in the asylum

---

[229] Lunatic Asylum Superintendent's Report, *MHJ* (1856), 214.

could be effectively filled by permanent patients who would accrue to the point of stopping patient turnover.

W.B. Williamson, who succeeded Langley as superintendent in 1857, was superintendent when the asylum nearly succumbed to a disastrous fire. Instead of pushing for an expansion, Williamson focused on rebuilding the asylum and qualitatively, not quantitatively, improving the asylum by asking for more money for the purpose of "amusing the patients, and furnishing them with a proper library." He warned the trustees and legislature of the coming space problem in his 1858 report, and advocated that the Superintendent be able to "send old ones [cases] to the counties from which they came, to be taken care of, and thus make room for new cases" that the superintendent argued had a better chance for recovery. He also continued advocating for the admission of the "colored insane." Williamson defended the care of slaves in Mississippi, but noted that it was "a lamentable fact that but few, if any, of the States, have, as yet, made provision for taking care of those among them who might become insane."[230]

In 1857, Williamson, who authored some of the asylum's most passionate defenses, was accused of turning a mentally ill man away in the middle of winter because no one would pay for him:

> . . . [H]e was exposed in the streets an hour or two before any one could come to his relief. The night was cold and inclement. The next morning, the old man was again taken to the Asylum and the proper bond was executed for him as a pay patient, but your committee heard the melancholy intelligence . . . that he had died of Pneumonia. . . The committee were further informed that the Superintendent directed that unless the person could be found who brought the old man to the Asylum, he was to be left in the streets. The committee can not dismiss this matter without expressing the opinion that an official who would thus violate every feeling of humanity, upon a too rigid construction of law, deserves the severest censure.

---

[230] Lunatic Asylum Superintendent's Report, *MHJ* (1858), 220-225.

The investigation into the incident also exposed Williamson's "habits of intemperance." The legislature fired him and all of the trustees, and then hired new trustees and Robert Kells as the new superintendent.[231]

Kells put his weight behind expanding the asylum to accommodate more people, estimating "that one-half of the insane of the State could not be accommodated." He also supported the addition of insane blacks and slaves. Under Kells's superintendency, Dorothea Dix came back to Mississippi specifically to assess the asylum in 1858. She wrote a memorial, advocating the expansion of the asylum. Barely three years after being opened, Mississippi's celebrated public institution was in dire straits. The male wards, "especially the wards for excited patients," were "full to crowding." Dix appealed to the tight-fistedness of the legislature by reminding them that a full asylum meant an asylum that could not support wealthier patients and therefore ensured the burden would always remain on the state. "Should the Legislature decline to make this appropriation to your building," she warned, "your sure alternative is continuing to fill up the Asylums of Pennsylvania and Connecticut." Due to the combined efforts of Dorothea Dix and Kells, the governor finally asked for $5000 in order to begin work on the asylum addition, and emphasized the importance of having a larger, better institution to attract wealthier patients.[232] The sum was a pittance and would have led to the same appropriations fiasco that had dogged the asylum project from the very beginning, but it was still to be a start.

But the expansion was not to be. Before construction could begin, war broke out and took the best laid plans of the philanthropic elite with it.

---

[231] Lunatic Asylum Superintendent's Report, *MHJ* (1858), 225-227.
[232] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 36-38. Women were not allowed on the floor to address the house, so Dix's address was read by a legislator.

THE MIND OF A SLAVE: EARLY DISCUSSIONS OF RACE IN THE ASYLUM

When Mississippi Governor A.G. Brown first mentioned the idea of the asylum in his letter to the legislature in 1846, he made no mention of slaves having a place in the asylum. Disappointed that the Legislature had not risen to the challenge of making the asylum a reality, the governor pressed the issue in 1848 by appealing directly to the values of his audience:

> It is a reproach to any Christian people, that lunatics and insane persons should go at large, unprotected by the care of their fellows, constantly exposed to danger themselves and putting in eminent peril the lives and property of others.[233]

Nowhere in the governor's plea was there, nor should there be interpreted to be, a place for slaves.

The mantle fell to white superintendents to extend the original mission of the asylum to blacks Mississippians and sell that new revised mission to the state government. For 45 years, the approach of the superintendents, who charged themselves with being advocates for the best interests of the asylum and of Mississippians, can be characterized in three ways: 1) they appealed to the individual legislators' economic interests to protect their property from mentally ill black and white Mississippians; 2) they married white supremacism with paternalism to add moral import to their cause; and 3) they noted quietly, almost as an afterthought, that blacks deserved access to the asylum as human beings and, later on, as citizens. The evolution of asylum officials' arguments for the treatment of mental illness in Mississippi's antebellum black population their responses to mental illness among African Americans in Mississippi, and the piecemeal integration of white supremacy into psychological theory and asylum care led to a complicated discourse of racism and rights.

The relationship between elites' interests and the treatment of mental illness in slaves begins not in the asylum but in the court. A slave's mental illness was an issue of dollars and

---

[233] Governor A.G. Brown Message, *MHJ* (1848), 17-32.

cents. If insanity was severe enough and evident soon after purchase at an auction, the slave's

master could sue the seller in court for misrepresenting the quality of the bought goods. Any

doctor who had examined the slave would be called into court as a witness to the slave's

condition, and any ruling for the plaintiff would result in damages being paid to the slave owner.

Thus, insanity for the slave was a permanent deficit to value, and doctors were the advocates of

masters and sellers, not of their slave patients.[234]

Various disabilities, including injuries, sight or hearing loss, and epilepsy, factored into

the valuation of slaves, but mental illness was a more complicated issue.[235] Insanity among

slaves had to be particularly disruptive, affecting their desired functions, to be diagnosed or

treated. If insanity was not disruptive, affecting slaves' desired functions, then masters and

overseers would forgo treatment. To quote psychohistorian G. Eric Jarvis, masters compensated

for the slaves' mental illnesses by "assig[ning] simple, routine work adapted to the limitations of

affected slaves."[236] Between these strategies for dealing with mental illness and the disastrous

1840 census which reported only 74 insane slaves in Mississippi's enslaved population of

309,878, politicians initially saw no reason or urgency to include slaves when they voted the

asylum into existence.[237]

Asylum officials saw urgency where politicians saw none. The Mississippi State Lunatic

Asylum opened in 1855, and the first asylum report in 1855 asked the legislature to open the

asylum to slaves and free blacks. Asylum trustees argued that Mississippi viewed slaves "not

---

[234] Ariela J. Gross, *Double Character: Slavery and Mastery in the Antebellum Southern Courtroom* (Athens: Georgia, 2000), 122-152.

[235] Dea Hadley Boster, "Unfit for Bondage: Disability and African American Slavery in the United States, 1800-1860"" (PhD diss., University of Michigan, 2010).

[236] G. Eric Jarvis, "Changing Psychiatric Perception of African Americans with Psychosis," *European Journal of American Culture* 27, no. 3 (2008): 229.

[237] *Seventh Census of the United States, 1850*, 440-450. 295,718 white, 309,878 slaves, and 930 free blacks.

merely as property, but as human beings," and that in Mississippi "the slave population is amply protected by law from brutal and barbarous treatment from masters, overseers and others."[238]

The supervisors' report to the Mississippi legislature has a very specific context. The legislative journals of the time are full of bills, acts, speeches, letters, and jeremiads about the growing tensions regarding westward expansion, the rise of abolitionism, and the general state of the union. Mississippians had a complicated relationship of respect and opprobrium with Northern states, and their frustration with the condition of their own public institutions compared to those in the north embodied this contradiction. In nearly every aspect except for wealth, Mississippi and its institutions lagged behind northern counterparts. The state was struggling to keep up with northern rhetoricians and institutions. Officials were eager to champion any evidence that could support the moral impenetrability of slavery, the basis of the southern economy.

But to return to the central point: the trustees had directly asked the legislature to allow the asylum to admit slaves. Embedded in this radical suggestion is an ambivalence about how to treat slaves; the brutal nature *of* slavery, in collision with the salience of moral attacks *on* slavery, had further complicated feelings *about* slavery and created a very curious legal and philosophical environment in the 1840s and 1850s. Slaves slowly gained "rights," but only those that most benefited their masters without giving them any autonomy, such as bail and *habeas corpus*. In 1860, the Mississippi legislature passed a bill allowing slaves to defend themselves when their lives were in danger. The governor returned the bill with his veto, explaining that he believed that allowing such a law would be counterproductive and destructive to the institution of slavery

---

[238] Lunatic Asylum Superintendent's Annual Report, *MHJ* (1856), 227.

– a rare instance of the governor's conservatism outweighing the legislature's radicalism.[239] The

mass of complex and contradictory slave laws created a tortured legal fiction in which a slave

could report a physical violation of his body to his masters and claim limited rights that could

legally only (and always) be violated by his master. Somehow the Mississippi legislature and

courts had begun constructing the legal possibility of a porous kind of agency – a personhood

without a person. The very idea of allowing slaves into the asylum was rooted in the protection

of property, but it was a noted benefit that protecting slaves promoted the morality of slavery.

The possibility of rehabilitating use from damaged property appealed to slave masters as well.

Such was the temperature of slave law in 1850s Mississippi.

Superintendents tried various arguments to the legislature to no avail. Dr. Williamson, an

early superintendent, pointed to Washington D.C.'s asylum, which had recently built additions

"to provide for the wants of the few negroes in the district of Columbia," and remarked that "the

Legislature of Mississippi ought to be *equally* prompted both by benevolence and self-interest, to

provide for the welfare of the negroes within her borders."[240] Williamson's successor, Robert

Kells, who served in the asylum from 1859 through the Civil War, pushed for an asylum addition

specifically for black patients, both free and enslaved: "As the producing class of our country,

we *owe* them proper care in their afflictions, mental as well as physical. If Hospital treatment and

---

[239] Though the governor vetoed this bill, it remarkably passed the legislature. This bill exemplifies the moral
modernity Mississippi was trying to achieve. Mississippians knew that times were changing and that they were
going to have to make a greater effort to either solve or at least paper over the awful violence and degradation of
slavery. In this particular instance, the Mississippi legislature had tried to acknowledge the humanity of slaves and
blanket slaves with protections theretofore reserved for free citizens in a liberal society and completely antithetical
to slavery. The reason the governor gives for his veto was likely correct – the law would have put many masters in
danger and threatened the structural integrity of a slave society - but it also highlights the logical absurdity of giving
rights to slaves and the friction between how Mississippi wanted to be *perceived* and what was practicable or
possible. The Civil War would give Mississippians a chance to excise these anxieties, but in the antebellum period,
at least, the façade of slavery as a humane institution was beginning to erode.
[240] Lunatic Asylum Superintendent's Report, *MHJ* (1858), 187-188. Emphasis added.

discipline will benefit any class it will them[.]"[241] But the Mississippi legislature balked at expanding the asylum at all. Antebellum expansion of the asylum was expensive and undesirable, and wartime expansion of the asylum was impossible.

Prewar debate on the inclusion of slaves and free blacks in the asylum was passionate but led nowhere. Though postwar developments of the asylum are not the subject of this chapter, it is worthwhile to note that the trajectory of postwar discourse about mental illness in people of color began with superintendents' arguments for the inclusion of people of color married with a distinctly Lost Cause brand of white supremacy. Superintendent A.B. Cabaniss, an embittered ex-Confederate surgeon who would lose his position when he refused to renounce the Confederacy, fielded "frequent applications" asking if the asylum would take in freedmen in 1866. Cabaniss pled with the legislature to expand the asylum "on account of humanity and the interests of the community."[242] While Cabaniss was adamant that the legislature make provisions for African Americans to enter the asylum for the sake of humanity and necessity, he had no qualms using African Americans as a segue to offer a Southern proto-understanding of freedmen psychology that married slavery apologetics and paternalistic racism. Cabaniss explained that slaves had been protected from the "storm of passions" that plagued free whites, which meant that slaves had had an "almost comparative immunity" to insanity due to the care of their masters in exchange for "moderate labor, which was indeed a blessing to him, as it removed him from the temptations of idleness."[243]

"But emancipation changed all this," he lamented. Since the freedman no longer had a "salutary check on the indulgence of his sensual desires, he gives free vent to their gratification." The burden of the future – once reserved as the right and burden of the white man – had blighted

---

[241] Lunatic Asylum Superintendent's Report, *MHJ* (1859), 69. Emphasis added.
[242] Lunatic Asylum Superintendent's Report, *MHJ* (1866), 103.
[243] Ibid., 103.

the minds of freedmen. Cabaniss warned that freedmen needed to be admitted quickly; otherwise, he ended ominously, "[A]s would reasonably be expected, they [will] become dangerous to themselves and others."[244] Cabaniss's rhetoric again positioned the doctoral profession, in a move that hearkened back to the doctor's roll in slavery, as the advocate of master and not patient. As will be seen in the next chapter, the watershed moment in the campaign for better treatment and accommodations for African American patients was, ironically, the Constitution of 1890. Mississippi was the first of the former Confederate states to codify Jim Crow into its constitution. It would not be until that moment that the Mississippi state government finally made room for the number insane within its borders.[245]

CONCLUSION

Mississippi's great institutional expansions, beginning with the penitentiary in 1842, coincided with a national democratic mood, an influx of unestablished men whose sheer number was enough to challenge and change local power structures, and the unstable but generally increasing fortunes of the cotton-driven slave economy. It also coincided with constant talk of revolution, both abroad with liberal revolutions in Europe and at home with rumblings of disunion and a brewing enmity between sections in the United States. The moral climate of the mid-nineteenth century, with its emphasis on optimism, reform, and possibility, combined with the institutions emerging out of technological and philosophical discovery and inquiry. These compounds all mixed with the South's increasingly suspicious if not outright hostile relationship to Northern criticism of Southern life and labor and a desire to quiet them. Together, these elements created an internally conflicted moral modernity.

---

[244] Ibid., 104.
[245] Space for blacks with mental illness meant space for whites, too. Funding stemming from Jim Crow expanded the asylum so that there were more beds than patients for the first time since its opening. The complicated story of Reconstruction, Jim Crow, and perceptions of the mental health of freedmen will be explored in depth in Chapter 3.

Driven to protect life at home, elite Mississippians explored new concepts and built new institutions to create a modern state in the South that could be said to rival anything in the northeastern United States or in Europe. Mississippians were increasingly aware that the beneficial institutions its society could afford were associated with its ideological foes. Through the efforts of Mississippi elites, Mississippi tried to claim those institutions as both beneficial and congruous with its societal values.

Mississippians were successful, and truly, it should not be surprising. Mississippi had the means, the money, the driven and educated elites, and the motivation to create lasting institutions. Reform in Mississippi was about control, a subject with which a slave society in the Deep South would be familiar. In the case of the insane, Mississippi lawmakers meant both to control the damage threatened by unstable individuals and to silence critics who believed slave societies only had the capacity for cruelty. For Mississippians, reform was not only proaction to help its citizens but also preemption to deflect, defuse, and defend the peculiar institution that had made its unfathomable wealth possible.

Eager to show their benevolence, lawmakers fought to make Mississippi look refined, not barbaric. Reformed legal codes, which included the increasingly centralized power of the state; institutions such as the penitentiary and the asylum; the rights of slaves; and more forgiving prison sentences - arguments for all of which included language of the Enlightenment and an appeal to higher reason and empathy – made Mississippi look positively modern. Perhaps what is harder to understand now than it was at the time is that, regardless of the institution of slavery, anti-feminism and misogyny, racism, and the hard existence of making a living in agricultural Mississippi – it was indeed modern, and successfully so.

This nuanced view of modernity is not meant to suggest that there were no inherent contradictions or internal inconsistencies. The definition forged here is meant to capture that. Some of the philosophy behind these institutions *were* in contest with Mississippi values. Mississippi political leaders did not see how the range of institutions, particularly the asylum, held values abrasive, if not in diametric opposition, to the idea of humans as property. They did not confront the utopian ideal of the asylum as intellectual center of restoration even as they requested that slaves – "thinking property" in the words of Aristotle – be placed with access to the items of leisure reserved for whites. They did not confront the philosophical quandary behind the idea of the possibility of a slave being "insane," a term which modern medicine understood as an absence of reason, a sickness that robbed the victim of his humanity. Asylum administrators did not confront the sacrifice of liberty, a profound right that virtually qualified as a civic religion, required to make the asylum compulsory for every citizen found wanting of nebulously defined reason. They did not confront the terrifying implications of a simple majority of white men taking the freedom of another white man or woman at a trial where the jury was itself steeped in a culture of suspicion and superstition about mental illness that the asylum was meant to combat. They did not confront that the legal process of commitment depended on the very attitudes of disgust, fear, rejection, and hatred to eject the insane from their homes, from their families, and from their environs, then force them into a hospital for therapy day-in and day-out.

Asylum officials and legislators instead confronted fiscal distress by forcing the asylum and other institutions of reform to work against their purposes, of convalescence, restoration, penance, education, and/or enrichment, to turn profits. They confronted accusations of impropriety, whether in sobriety or questionable expenses or appropriations. They talked through

127

these problems using the high language of the Enlightenment and the rhetoric of European and American revolutions to remind themselves and each other to not lose sight of the mission.

Perhaps these reflections on the first few years of the asylum sound condemnatory, but they are meant to point out the remarkable fact that the institutions worked at all. Mississippi was simultaneously ripe for reform but hostile to it. Even so, successive governors, legislators, and asylum boosters and officials were able to push these reforms through when the economy lurched and spiraled; when malaria and yellow fever swept the land every few years and took out rich and poor, educated and illiterate alike; when massive populations of men and their families swarmed the land like locusts before taking elsewhere what little riches they had reaped. The perversion of the reform ideal in Mississippi, in light of these circumstances, was slight. The dedication of the asylum's supporters should not necessarily be picked apart and found wanting but seen as a victory for the less fortunate who, before the supporters' endeavors, had few friends in the state, country, or world. There were certainly many philosophical quandaries involved with the asylum and how asylum boosters wished to *use* it, but in the few short years covered here, before the massive upheaval of the Civil War, asylum supporters certainly did their best to make the institution efficient, solvent, and beneficial to the most number of poor and neglected citizens of Mississippi as possible.

As Chapter III will explore, however, the problems in the early wobbling trajectory of the asylum would only continue and proliferate during and after the war. Material upheaval during the war followed by legal upheaval during Reconstruction led to a reversal of fortunes that dropped Mississippi from the wealthiest state in 1860 to the ninth poorest in 1870.[246] How would

---

[246] Mississippi's postwar years saw the precipitous decline of citizens' fortunes, and the state faced perplexing financial issues. In 1860, Mississippi had been the richest state per capita in the United States; after the Civil War, it was the sixth poorest. Census data for the year 1860 shows that Mississippi had the most wealth per capita in comparison to any other state in the United States. Its population of only 354,674 white persons held over half a

the Mississippi state government and asylum officials manage an asylum in a time of austerity, scarcity, and instability? How would the sudden appearance of hundreds of thousands of freedmen in the state force the asylum to change to meet the new needs of new citizens? How did economically and emotionally devastated white populations, many of whom lost all of their fortunes in wartime, force the asylum to change to meet *their* needs? How did the state finally solve the problem of overcrowding with the advent of Jim Crow, and how did this development change the asylum's course from its original purpose as quiet solitude for the temporarily sick and turn it into a holding cell for thousands of men and women? And how did all of these material, legal, and political changes feed into evolving ideas in psychiatry that were being applied in the asylum?

To answer these questions takes a careful exploration of war and all its associated upheavals, the transformation of society, and how the asylum, with its officials so eager to be prestigious and ahead of the curve, transformed into an unrecognizable institution incapable of fulfilling its purpose.

---

billion dollars in personal property. Census data for the year 1870 shows that personal property and real estate values had fallen below 1860 values. With over 470,000 citizens counted in its rolls that were not counted in 1860, Mississippi's fortunes were thinly distributed. In 1870, Mississippi came in after Texas, Alabama, Georgia, Florida, and North Carolina – all five of which had been in the top eight richest states per capita in 1860.

CHAPTER III: THE FAILURE OF IDEALISM, 1854-1910

The Civil War ushered in a new epoch of Mississippi history. Initially, Mississippi and other states in the western theater were able to hum along, their government machinery hardly slowing down for the war effort. This high-energy era ended quickly; though Mississippi did not surrender formally during the war, Grant took Natchez, Corinth, and Holly Springs in 1862, Jackson and Vicksburg in 1863. Capturing the centers of wealth early on, Grant crippled Mississippians' grand plans for their state. The aftermath of the Civil War, in which slavery – a Constitutionally-protected institution – disintegrated, created a surplus of wage labor in a land of scarcity and depressed commodity prices. It would take thirty years for cotton prices to reach prewar levels.[247] For a state where cotton production was the progenitor of almost all of Mississippi's private wealth and export taxes, the age of gradually expanding state power abruptly ended in forced postwar austerity.

The trajectories of the penitentiary and the asylum, twin inventions of the Enlightenment and Mississippi's prestige institutions, had already begun to diverge before the war. Legislators pushed the penitentiary to be cost-neutral, even profitable. Able-bodied prisoners were a prime source of slave labor both pre- and postwar, but the same burden could not be expected of asylum patients. While the penitentiary transformed from its original purpose into one more

---

[247] John Ray Skates, *Mississippi: A Bicentennial History* (New York: W.W. Norton, 1976), 120. "By 1890 cotton production had returned to the 1860 level of 1.2 million bales."

agreeable to the political, social, and economic climate of Mississippi, the Mississippi State

Lunatic Asylum essentially stayed the course.[248] Until the mid-1870s, superintendents fought

fiercely for their patients and against austerity measures that would hurt treatment. Their goal

was not economy, but wellness.

The state government funded small expansions in the 1870s and 1880s to better

accommodate black patients that were then by law guaranteed care in a state facility. On March

8, 1882, the Mississippi state government mandated the creation of the East Mississippi State

Insane Asylum in Meridian, which eased the burden on the Mississippi State Insane Asylum in

Jackson, still the state's primary mental healthcare facility.[249] As with insane asylums across the

United States, however, expanding to meet demand proved to be more curse than blessing.[250] At

the Mississippi State Insane Asylum, constant expansions steadily increased the doctor-patient

ratio to a height of 1:324 in 1909, where the medical superintendent and the assistant physician

formerly treated a maximum of 150 patients daily.[251] The expansions gutted the doctor-patient

---

[248] The penitentiary diverted from its original purpose quickly and earned its infamous reputation beginning in the immediate postwar era. For more on the course of the Mississippi penitentiary in the post-Civil War era, see David Oshinsky, *"Worse than Slavery": Parchman Farm and the Ordeal of Jim Crow Justice* (New York: Free Press, 1997); William Banks Taylor, *Down on Parchman Farm: The Great prison in the Mississippi Delta* (Columbus: Ohio State University Press, 1999); *Brokered Justice: Race, Politics, and Mississippi Prisons, 1798-1992* (Columbus: Ohio University Press, 1993); Christopher R. Adamson, "Punishment after Slavery: Southern State Penal Systems, 1865-1890," *Social Problems* 30, no. 5 (1983): 555-569; Blake McKelvey, "Penal Slavery and Southern Reconstruction," *Journal of Negro History* 20, No. 2 (1935): 153-179.

[249] Mississippi Code 1906, Ch. 38 § 1624. The asylum officially changed to the Mississippi State Insane Hospital at the turn of the century. *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1st, 1899 to October 1st, 1901*, 1.

[250] David J. Rothman's *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, Revised Edition (2002), Gerald N. Grob's *Mad Among Us* (2011), and David Hothersall's *History of Psychology* (1984) all extensively document the horrific turn insane asylums made in the post-Civil War era, beginning in the 1870s and stretching to the 1950s. Mississippi matches this trajectory, though the reasons it does so, as discussed in this chapter and the epilogue, are particular and distinctive.

[251] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of the Mississippi, from October 1, 1908, to October 1, 1909*, 45. The ratio includes assistant physicians as doctors, but the laws governing the asylum required that the superintendent "daily ascertain the condition of the patients, and prescribe their treatment, in the manner prescribed in the said by-laws; and he shall also be required to see that all the rules and regulations for the discipline and good government of the institution are properly obeyed and enforced." The wording of the law did not specifically mention that assistant superintendents could be his

intimacy that was so instrumental to the successes of asylum reform. The new patient load set a low standard of care and turned the asylum into a holding pen for unwanted citizens.

The decline of care and standards in Mississippi's asylum was in line with public institutions for the mentally ill across the United States. All asylums began with guesses, some more educated than others, about the size of the insane population. After building the institutions, most officials - especially those in the South who did not include African Americans in their plans - would realize that their estimations were woefully low and that the need in the state was much greater than originally conceived. Once state officials gained a better understanding of the number of insane in the populations they served, then began the philosophical debate on whether to prioritize treatment or numbers. The Mississippi State Insane Asylum superintendents and trustees were in no position to argue principle: the asylum had been overcrowded from the first years of its existence and was desperately in need of more space. Postwar austerity measures, driven in part by animosity towards the government, deprioritized quality of care by limiting operational and personnel expenditures.

While Mississippi fit a national pattern, local politics cannot be discounted for their role in the asylum's decline. First and foremost, the Civil War's particular aftermath in Mississippi created an unprecedented need for mental healthcare. Patient logs for the Mississippi State Asylum list "decline in fortune," "pecuniary trouble," "domestic trouble" and similar "exciting causes" as immediate causes of mental illness for quite a few patients. African American freedmen, who had previously been denied access to the asylum, were suddenly entitled to care. Previous estimates of insane in the state had massively understated the number of insane slaves and were not especially concerned about getting the estimates right. Slaves did not have access,

---

surrogates. In 1898, the legislature updated the laws to clarify that "[t]he superintendent shall visit each patient daily in person, or through a proper assistant." Mississippi Code 1880, Chapter 12 § 656; MS Code 1906, Ch. 87 § 2814.

nor did the movers and shakers of Mississippi politics – despite repeated, impassioned requests from the superintendents – expect it to be given to them. Between these two concerns, in which the former population increased demand while the latter population tripled the number of citizens in Mississippi entitled to state care, the Mississippi state government faced a healthcare crisis of enormous proportions. In light of these issues, it is perhaps commendable that superintendents and state officials were committed enough to the institution to keep its doors open rather than fold under the pressures of economic depression and overwhelming demand.

Secondly, but as importantly, the population of freed slaves presented an ideological challenge to moral treatment for asylum officials and attendants. Moral treatment, at heart, assumed that the core of a person was inviolable, imperishable, and, if treated as soon as possible, salvageable, regardless of the illness. Constitutional amendments and the protected agency of African Americans challenged prewar attitudes about the inner life of slaves. Antiquated notions of insanity under slavery, such as the act of running away constituting mental illness and therefore denoting defective property, collapsed. As a result of this inner turmoil and the traumatic experiences of war, loss, and radical change, the superintendents, steeped in white supremacy and the emergence of the Lost Cause, mixed popular belief with medical diagnoses and encoded racism into their understandings of mental illness in African Americans. In fact, an East Mississippi Insane Asylum superintendent would write one of the first major texts in the United States about mental illness in African Americans. While racism had a long history of medicalization, both in Europe and the United States, the emerging racist strain in psychiatry had a particularly Southern, and Mississippian, voice.

THE ASYLUM BEFORE AND DURING THE CIVIL WAR

"This I esteem the greatest earthly charity, and if were [sic] to be neglected, we would scarcely be entitled to the rank of a civilized or Christian people," Governor William McWillie wrote of the asylum to the legislature in 1857, a mere two years after the Mississippi State Lunatic Asylum opened.[252] By the late 1850s, the asylum was competing with the penitentiary, the Institution for the Blind, and the Institution for the Deaf and Dumb. The asylum, with its inability to turn a profit or even be cost-neutral, required the most boosting from its advocates. McWillie explicitly placed the asylum at the forefront of the legislature's discretionary funding concerns. It would be the last time in the nineteenth century that the asylum would hold such prime real estate in a gubernatorial inaugural address.[253]

Government officials deemphasized the asylum for several reasons. Talk of disunion, which permeated the political discourse throughout the 1850s, came to a head in 1859 and 1860, and the secession crisis dominated legislative concerns until the end of the war.[254] Governor John J. Pettus's address to the legislature in 1859 only refers to Mississippi's reform institutions in the broadest sense as representational of Mississippi's parity:

> As Mississippians, the rapid strides by which our State is approaching the front rank among her sister States, and draw encouragement from the past to renewed efforts for her advancement. But if our efforts in that behalf tend only to enrich and adorn her, to become a magnificent part of the conquest which is to result from that 'irrepressible conflict,' I must confess that I would look with but little pleasure and less pride on her growing greatness.[255]

---

[252] McWillie, *Inaugural Addresses of the Governors of Mississippi, 1817-1890*, 80.

[253] The asylum took a backseat to other concerns, which was ultimately detrimental to its development. Its gradual omission from inaugural addresses is mitigated by its presence in annual messages from governors in non-election years, but it does reveal some of the localized factors in the asylum's decline as a priority. That aside, nominal support of the asylum without making it a priority is in line with the model of declension for asylums across the United States.

[254] "Disunion" has a long history in American political discourse. See Elizabeth R. Varon, *Disunion!: The Coming of the American Civil War, 1789-1859* (Chapel Hill: University of North Carolina, 2008).

[255] John J. Pettus, *Inaugural Addresses of the Governors of Mississippi, 1817-1890*, 87-88.

Two years before the Civil War would officially begin, Governor Pettus was presenting

Mississippi's asylum, penitentiary, school for the blind, and the school for the deaf and dumb, in

addition to charity hospitals and orphanages, not only as its prestige institutions but also as proof

of Mississippi's deserved place in the coming secession crisis.[256] When the penitentiary was first

proposed under Governor Gerard C. Brandon in 1827 and the asylum under Governor A.G.

Brown in 1846, they were aiming for a standard set by European institutions and wealthy,

populous northern states such as New York, Pennsylvania, and Massachusetts.[257] Governor

Pettus's address reveals a significant shift in thinking about the asylum, from a jewel of reform

and national status to a bargaining chip in the emerging new order.

This shift in political climate and focus likely explains why McWillie was the last

antebellum governor to mention the asylum and its needs explicitly. Pettus's address, with its

vague pronouncements on everything but the "irrepressible conflict," downplays a lot of the

dramatic and pressing issues playing out quietly in Mississippi. Quite simply, the governor's

address had transformed from being an agenda-setter for legislative sessions to secessionist

propaganda.[258]

Eleemosynary Health on the Eve of the Civil War

The gubernatorial propaganda belied the condition of Mississippi's chief eleemosynary

institution: less than four years into the project, the asylum was disintegrating. Many of the

issues were fiscal. Funding was a mess, foreshadowing the operational problems stemming from

---

[256] Referring to the coming secession crisis is not tautological; Mississippians were obsessed with disunion for the entirety of the 1850s, and the years immediately preceding the Civil War were particularly intense.

[257] Governor Gerard C. Brandon Message, *MHJ* 1827, 11-18; Governor A.G. Brown Message, *MHJ* (1846), 12-40.

[258] Legislative sessions were published in large journals in Jackson, placed in the state library housed in the capital building, and sent to other capitals throughout the United States. State legislatures had access to the records of other legislative sessions and were privy to other states' statutes and resolutions. The change in political temperature throughout the South was not merely driven by media but by informed politicians who sensed a shift. The first capital building in Jackson, MS, housed the entirety of Mississippi's own legislative library, with law and legislative books from around the country, until the new (and current) capital was built in the early twentieth century. The Old Capitol Museum still has the library on display.

fiscal distress that would follow the asylum throughout the nineteenth century. Fund-mixing between the building commissioners and the asylum trustees mired the asylum in budgetary morass from its first moment as a functional institution.[259] A fire in 1857 meant effort and funds to expand the asylum had to instead be used to rebuild what had been lost.[260] In 1858, when Dorothea Dix came to assess the fruits of her labor in Mississippi, she was appalled at the state of disrepair and poor planning in the asylum.[261] The institution weathered its growing pains with staff changes and tightened belts, but these measures proved to be nowhere near enough.

Poor bookkeeping - a theme in Mississippi governance that was in no way limited to the asylum – stymied efforts to dig the asylum out of debt. In their 1859 report, the asylum supervisors revealed that the asylum had already accumulated new debts beyond the funds appropriated to settle old ones. When McRae pulled discretionary funds to ease the asylum's inaugural financial crisis without legislative approval in 1856. he was sternly rebuked by the legislature. Knowing that public options were limited, the supervisors used their own money to cover operation of the asylum as their only recourse during the budgetary shortfall. In addition to operational funding shortfalls, the legislature made its 1858 appropriation for the asylum's debts before "various other amounts against the Asylum were presented, which had been overlooked by the Steward, which increased the 'old debts'" by more than $7,000, almost twice the amount originally appropriated specifically for the debts. The board had to borrow funds from the $12,000 the legislature had appropriated for the asylum's annual budget to pay its bills. Additionally, the supervisors admitted that they had no way to estimate budgetary needs from

---

[259] Trustees Annual Report, *MHJ* (1856), 225.
[260] Superintendent's Annual Report, *MHJ* (1858), 220-225.
[261] A Memorial, *MHJ*, (1859), 361-362.

year-to-year, whittling away at the little trust the legislature had in the asylum as a viable institution.[262]

Yet the asylum officials did not give up. Appealing to Mississippi's interest in perpetuating the asylum, the supervisors asked the legislature to acknowledge "[t]he rapidly growing necessity for such an Asylum within the limits of our State." The supervisors also drew upon an undefined "[p]ublic interest" in favor of the asylum and argued that "humanity itself touchingly appeals to the Legislature for a continuance of its fostering care and generous aid." Boldly, the supervisors and the superintendent pled in their respective reports for the legislature to not only continue investing in the asylum, but also by placing more money at the officials' discretion to build an entirely new asylum wing.[263]

The dream of solvency unforgotten, the supervisors offered a way to make expansion viable. The original plan for paying patients to cover the operational costs of the asylum was impossible to execute due to the lack of upscale rooms for paying patients, the supervisors explained. Expanding would ease the "great lack of room" and allow the asylum to offer "fair and ample accommodations" so that "the charges for this class of patients might very justly be increased, and thus a considerable revenue accrue to the State." The supervisors also recommended building a separate dwelling for the superintendent and his family, whom the law mandated stay in the main asylum building with the patients. Doing so would permit the superintendent and his family to live more normal lives (e.g. by entertaining guests) and limit

---

[262] Supervisors' Annual Report, *MHJ,* (1859), 50.
[263] Supervisors' Annual Report, *MHJ,* (1859), 51. Thomas Kirkbride, who developed the plan used as the basis for the Mississippi State Lunatic Asylum, designed the asylum to be easily expandable, foreseeing growing need and burden upon the asylums. Ironically, the doctor-architect emphasized small asylum populations under the moral treatment model to increase the rate of patient "restoration." Yet the practicality of expansion, particularly in the popular Kirkbride plan, would facilitate the failure of many asylums.

their exposure to the "painful and distressing" scenes that left "disagreeable sensations upon their minds."[264]

While the supervisors offered no reason for overcrowding besides having built an institution too small to begin with, the problem was much more complicated and had roots in the 1848 law that founded the asylum. Section 7 of the 1848 law specified that patients with private wealth would pay for their own care and that all other patients would be paid for by their counties of origin. This decision to essentially tax counties for mental healthcare had two desired effects: it gave counties a vested interest in its success (quick access meant quick recovery meant less money paid in), and it equalized the rich and poor insane. If the asylum could reliably expect funds from both types of patients, solvency for at least the operation of the asylum was achievable.[265] Focused attempts on making the asylum solvent had the detrimental effect of drawing attention away from an enormous problem: the asylum law gave the superintendent no way to dismiss patients from the asylum if they were deemed incurable.

Lawmakers shifted the burden for "pauper lunatics" from the county to the state in March 1852, thus taking away the penalty for sending the indigent insane to the institution but introducing a recurring, significant drain on state funds.[266] In the 1854 asylum law, the legislature added the indigent criminally insane to the list of state wards entitled to asylum care. The law required the criminally insane patient to "remain until restored to his right mind, and the expenses of taking such persons to said Asylum" and for the expense of care to come from the patient's private estate or, in case of poverty, the state. The law also established explicitly that

---

[264] Supervisors' Annual Report, *MHJ* (1859), 51-52. MS Code (1854), Ch. 30 § 2. The mandate that the superintendent live in the asylum seems questionable in retrospect, but it was an essential part of moral treatment. The superintendent was a father to his family of patients. Living in the asylum made this tenet of moral treatment more literal. The live-in father also reinforced that key component of moral treatment for patients: fear. It likely helped recruitment of good doctors to move the family, who by law had to live with the superintendent, out of the asylum and out of reach of potentially violent patients.
[265] MS Session Law (1848), Ch. 66 § 7.
[266] MS Session Law (1852), Ch. 148 §§ 1-2.

any "insane prisoner," or transfer from the penitentiary, remain at the asylum "until restored to soundness of mind, or discharged by the expiration of his sentence[.]" If restored before the end of his sentence, the prisoner patient would return to the penitentiary to live out the rest of his sentence. Installing a pipeline from the penitentiary to the asylum increased the burden of the asylum at the discretion of the penitentiary physician, not the asylum physician, and yet again limited the ways in which the asylum could manage its caseload.

Section 11 of the law is perhaps among the most progressive aspects of the asylum project: "*Be it further enacted*, That no preference shall be given to one class of applicants over another, but each shall be admitted in the order of their application."[267] The law can be seen as a victory for the democratic spirit in Mississippi. It tried to neutralize tensions between the upper, more established classes and the newer class of immigrants that arrived during the late 1840s and early 1850s, and it charged its institutions with the spirit of equality and charity with which they were created.

Altruism was not limitless, however, and in 1856 the legislature passed more stringent guidelines for establishing pauperism, including requiring the county board of police to "certify. . . the condition of all insane persons sent from their counties, showing whether such persons are paupers (or unable to defray their own expenses) or that they have the means of paying the same." To verify the financial condition, "the probate judge of the proper county shall have caused the sheriff to summon before him twelve good and lawful men of the county, to inquire into the condition of the insane person reported, the jury so summoned and sworn shall cause the insane person to be brought before them." After testimony from sworn witnesses and an examination of the insane patient's accounts, then and only then could there be a decision on

---

[267] Lunatic Asylum Act (1854), Chapter 30, §§ 11, 121. See the definition of "progressive" explored at the beginning of Chapter II in the discussion of moral modernity.

whether the insane would be a paying or indigent patient. The state's charity would not be

abused.[268] In 1857, the legislature clarified the laws regarding patient discharge and gave the

asylum its first release valve for patients: ". . . [W]henever the medical superintendent shall be

satisfied that any patient has recovered from his or her insanity, or that any person has been

placed in the Asylum by mistake or otherwise, to discharge such person from the Asylum

forthwith."[269] With few notable exceptions, this valve would be one of the very few to relieve

pressure from chronic patients for the rest of the nineteenth century.

  Ideological tension marked the asylum laws passed between 1850 and 1860. On the one

hand, efforts to include pauper patients on equal footing with paying patients respected and

preserved the egalitarianism at the heart of asylum reform. The *American Journal of Insanity*, the

flagship publication of the burgeoning professional psychiatric community founded in 1844,

frequently featured articles promoting the right of all citizens to have access to adequate mental

healthcare. As Thomas S. Kirkbride, architect of the Kirkbride asylum plan, wrote in the journal

in 1854:

> The proper custody and treatment of the insane, are now recognized as among the duties
> *which every State owes to its citizens*. . . The simple claims of a common humanity, then,
> should induce each state to make a liberal provision for all its insane, and it will be found
> that it is no less its interest to do so, as a mere matter of economy, especially as regards
> the poor.[270]

Compelled morally and professionally, the superintendents echoed in their arguments the

sentiments of their colleagues, especially Kirkbride, a giant in the field. Asylum boosters, on the

---

[268] A Bill to be Entitled an Act for the Benefit of the Lunatic Asylum, (1856), Chapter 132 § 1. This law will hereafter be styled as "Lunatic Asylum Act (1856)."

[269] An Act to be Entitled an Act for the Support of the Lunatic Asylum for the Years 1858 and 1859" (1857), Mississippi Session Law, Chapter 45 § 3.

[270] Thomas S. Kirkbride, "Remarks on the Construction, Organization and General Arrangements of Hospitals for the Insane," *American Journal of Insanity XI, No. 1* (Utica: Utica Asylum, 1854), 1-2. Emphasis mine. Here again, the forces of centralization meet the forces of contemporary morals and create new obligations for the state. Centralization of power was modern, as was guaranteeing the rights of citizens. The combination of the two, in theory, should have created a mutually beneficial relationship between the state and its citizens, both cementing the state's power and giving needy citizens support.

cutting edge of psychological theory and trends in reform, embraced the reform philosophy, and

pushed for the accessibility of mental healthcare services for all.

On the other hand, the legislature had a long history of parsimony, and the desire to

provide services for all citizens of Mississippi had to be balanced with at least some self-support

and safeguards against abuses of charity. The Mississippi legislature saw equal need for charity

and fiscal prudence; never before had Mississippi been so free with its money and new

eleemosynary institutions, and, as a result, never before had the fear of abuse of state funds been

so much of a concern. The legislature's anxiety about state expansion led to successive attempts

to close "loopholes" for people trying to enter the asylum as pauper patients.[271] Whether these

fears were founded is unknown, but they were so substantial as to warrant an expansion of the

state simply to root out those requesting a mercy they did not earn.

While the asylum had plenty of problems, the legislature pushed ahead and expanded its

eleemosynary mission. On February 2, 1857, the Mississippi legislature to bring an "Institution

for the Instruction for the Blind in the State of Mississippi," in addition to the Asylum for the

Blind founded in 1848, to educate those with "good moral character." The law established that

annual appropriations for the school for the blind would not exceed the bargain basement price

of $7,000 per year. As with the asylum, the law established that some blind Mississippians could

be eligible for financial assistance, as long as they too were of good moral character and had a

certificate from the county probate court verifying their residence and inability to pay.[272] The

same year, the legislature founded the Institution for the Instruction of the Deaf and Dumb in

addition to the original Institute for the Deaf and Dumb, founded in 1854. It, too, would only

accept "deaf and dumb persons of good moral character," had the same rules about indigent

---

[271] These measures were covered extensively in Chapter II.

[272] An Act to Establish an Institution for the Instruction of the Blind, Mississippi Session Law (1857), Chapter 26, §§ 4, 7.

patients, and an operational budget of $7,000.[273] The legislature appropriated $2,000 to help

establish a "publishing house to print books in raised letters for the use and education of the

[white] blind," on top of the $12,000 in donations already given toward their goal of $25,000.[274]

These amounts were in addition to their $4,000 appropriation for the Asylum for the Blind (later

increased to $6,000) and $6,000 for the Institute for the Deaf and Dumb for 1858-1859.[275]

While it showed a more generous spirit with its charities, the explosion of institutions on

the state level was not as expansive as it looks under examination: the budgets for smaller

endeavors were fractions of those appropriated for larger institutions like the Insane Asylum and

the Penitentiary. For the latter, legislature appropriated $40,000 in 1857 alone to fix the

penitentiary's cotton factory, which had been destroyed in a fire. This investment in the

penitentiary seems extravagant, but the legislature was fully expecting to have a significant

return.[276] The various institutions for the deaf, dumb, and blind were expected to be at least self-

sufficient if not profitable due to the products of their skills.[277] The asylum did not have the

luxury of being able to justify its existence materially and depended on the consciences of

influential people to maintain itself.

---

[273] An Act to Establish as Institution for the Instruction of the Deaf and Dumb, ibid., Ch. 25 §§ 1, 4, 7. 114-115.
[274] An Act Making an Appropriation to Aid in Publishing Books for the Blind, ibid., Ch. 61 § 1. The addition of "white" to the wording of the law happened a year after the initial act's passage in December 1858.
[275] An Act for the Annual Support of the Institute for the Deaf and Dumb, MS Session Laws, ibid., Ch. 4 § 1; An Act for the Support of the Asylum for the Blind for the Years 1858 and 1859, ibid., Ch. 6 § 1.
[276] An Act to be Entitled an Act to Rebuild the Cotton Factory at the State Penitentiary, ibid., Ch. 5 § 1. It is worth noting that in his November 1860 report, penitentiary superintendent A.M. Hardin noted that the cotton mill was for the "employment" of 150 prisoners. An unforeseen increase in the number of prisoners, however, meant that the penitentiary had a surplus of labor. The superintendent lists prisoner totals over the years, which show a high rate of increase without offering any explanation: 1848, 89 convicts; 1857, 105 convicts; 1858, 144 convicts; 1859, 163 convicts; 1860, 207 convicts. The crowding problem had grown so bad by 1860 that the inmates were beginning to sleep two to a solitary cell. Penitentiary Superintendent Report to the Legislature, *MHJ* (1861), Appendix, 8-9.
[277] Almost every report from these institutions listed its students' skills and production levels and vaunted the monetary value of their products. For instance, the principal of the Mississippi Institution for the Blind reports that the students were making slow but steady advances in broom-making, but their skill was not high enough to make substantial money from the craft. The principal wrote his reassurances to the legislature: ". . . [N]evertheless, the receipts have been large enough to aid considerably in defraying the expense incurred in the purchase of corn, handles, twine, &c." Institution of the Blind Superintendent's Report, *MHJ* (1859), 356.

The War Years

Mississippi united cultures of slavery, individual liberty, and high-minded paternalism and channeled them into almost limitless prosperity in its antebellum years. The war years and their immediate aftermath broke these cultures down and forced Mississippians to desperately prop them up as best they could, despite the trauma, anxiety, and widespread hopelessness caused by the ending of what would be Mississippi's only golden age. The war in Mississippi can be said to have had two phases, divided by the surrender of Vicksburg in July 1863. Until July 1863, the Union held a few cities but not the land between. When Union troops broke the railroad between Jackson and Vicksburg, tore Jackson apart and forced the state government into exile, and disrupted trade on the Mississippi River, Mississippi's morale evaporated. Scarceness turned into utter absence – salt, the key to preserving food, was nowhere to be found; impressment by both Confederate and Union forces left families without food, livestock, and even furniture; and labor, both for military and civilian purposes, was hard to come by. Violence and social disorder dissolved the early war optimism, and Mississippians did their best to preserve antebellum accomplishments in the midst of chaos.[278]

War immediately dominated legislative affairs in Mississippi. While the war did not transform the asylum, it did halt to plans for expansion. In the governor's address to the Mississippi legislature in their July and August session of 1861, Governor John J. Pettus turned his attention to the "grave question. . . being debated on bloodier fields": "Whether we shall be permitted to exercise this unquestionable and inestimable right of sovereign States [to withdraw from the Union], or be subjugated and governed at the will of a Northern despot[.]" Pettus

---

[278] Bond, 118. For more on Mississippi in the Civil War, see Ben Wynne, *Mississippi's Civil War: A Narrative History* (Macon: Mercer University Press, 2015); Michael Ballard's *Vicksburg: The Campaign That Opened Mississippi* (Chapel Hill: University of North Carolina Press, 2004) and *The Civil War in Mississippi: Major Campaigns and Battles* (Jackson: University Press of Mississippi, 2011).

directed the legislature to address wartime taxes and expenditures, including volunteer companies, volunteer company pay, volunteer training, home and trade defense, and wartime government agencies. He gave special mention to providing for the family of former Auditor of Public Accounts Colonel E. R. Burt, who "fell mortally wounded at the battle of Leesburg, while gallantly leading a regiment of Mississippi's brave sons to one of the most brilliant victories which has crowned our arms during the [two months-long] war." Pettus only briefly mentioned the budgetary challenges facing the legislature. It was, evidently, for them to figure out.[279]

Superintendent Robert Kells, who took over in 1859 from Williamson, made immediate changes that were reported in Representative J.L. Tindall's report to the legislature.[280] Tindall, who was serving as the chairman of the committee of trustees, wrote a detailed report that revealed the great improvement of the asylum conditions under Kells's stewardship. With 145 patients, the asylum was full almost to capacity. Tindall noted that the patients were "uniformly clean and comfortable, as well clad as need be, and, indeed, were in general supplied with all things needful." The asylum's exterior was adorned in flowers to "give an air of cheerfulness to an institution which ordinarily impresses the visitor with a feeling of gloom." The superintendent awed the committee "with the perfect control which he seemed to hold over this usually unruly class of patients, who, in this instance, yielded to his commands and discipline as readily as children do to a beloved parent." Through the guidance of the superintendent, Tindall reported, "an avenue is yet open to the hearts" of the "poor reasonless unfortunates" – they "from whom the light of reason has been withdrawn."[281]

---

[279] Governor Pettus Address, *MHJ* (1861), 10-16.
[280] Williamson was removed for a scandal covered in Chapter II. The legislature passed a resolution removing Williamson, the assistant physician, steward, and all of the trustees save John C. Carpenter, though the reason for his preservation is not known. The "trustees" were converted into six "supervisors." Lunatic Asylum Superintendent's Report, *MHJ* (1870), 85.
[281] Lunatic Asylum Committee Report, *MHJ* (1861), 300-301.

Tindall applauded the efforts of the Superintendent to "improve the health of the patients by proper exercise" through the "cultivation of large gardens." The gardens had done so well – producing three tons of pork, 1400 bushels of sweet potatoes, seven tons of hay, 2000 bushels of turnips, and 500 bushels of potatoes – that the "aggregate value of [the produce] . . . would be about sufficient to pay their whole account for negro hire." Indigent patients' clothes were made in the asylum. The asylum had a full range of amusements, including "billiards, tenpins, music and dancing." Tindall and the committee "were much amused and interested at the childlike earnestness and zeal with which these benighted creatures entered into the latter recreation."[282] Wild successes aside, the committee advised the asylum begin tightening its budget, including reducing the number of servants. All told, despite the need for more room and more budget cuts, the insane asylum was, philosophically speaking, in good health.[283]

The legislature gathered for an extra session in December 1862 to deal with the rapidly disintegrating state of affairs. In his letter to the legislature, Governor Pettus called for all able-bodied men between the ages of sixteen and sixty to "be enrolled in the militia, and that such as are deemed able to go into active service be called at once to the defense of the State." He requested that "the sheriffs, magistrates and constables" to "enroll, and, if necessary, to arrest

---

[282] Ibid., 301. "Negro hire[s]" were likely slaves being rented to the state, and the asylum had to pay for their use, a common practice usually reserved for internal improvement projects. There is no evidence that the asylum actually owned slaves itself.

[283] In fact, the penitentiary was the only major state institution in Mississippi reporting significant problems in 1861, and even its report was relatively rosy, simply asking for more work for prisoners. The healthy reports across the board were likely a result of benign propaganda than they were of actual conditions. All of the reports ask for more resources, but only after defending the institutions in Mississippi life. Sensing the coming budget restrictions, perhaps, superintendents at eleemosynary institutions across the state were making their case for the worthiness of their causes. A. Gettys Scott, the principal of the Mississippi Deaf and Dumb Institute, made such a case in his report: "The sordid cynic might say that the expense and labor of edu[c]ating such beings was useless, but enter their school rooms and behold the results, see. . . they have access to the avenues of knowledge, -- to the ever enlarging book of human science – and to the farm more glorious book of God's revelation, which else would be to them forever sealed." The asylum report is a prime example of this truth-stretching; few of the asylum's major problems had been fixed since its opening in 1855, yet J.L. Tindall and the trustees wrote a glowing report and not only did not ask for more money but instead suggested where to cut. Mississippi Deaf and Dumb Institute Principal's Report, ibid., Appendix, 174.

conscripts, and send them to the proper camps, and to arrest and send to their commands all who owe service to the country and either neglect or refuse to perform it." Pettus also asked for authorization to use slaves to build "public safety" structures.[284] Salt shortages, profiteering (especially on food), deflation, and Union soldiers on Mississippi soil were only a few of major problems facing the legislature. All of Mississippi's resources, of both soil and flesh, were in the war effort.

Shortly after the emergency session at the end of 1862, Vicksburg and Jackson fell, and the capital moved 130 miles northeast to Columbus, near the Mississippi-Alabama border. The state's major institutions were mostly concentrated in Jackson. Superintendents, with blind and deaf students, insane patients, and convicts as their wards, could not move with the retreating government. They had little choice but to sit and to wait.

Jackson's institutions did not fare well. The superintendent of the penitentiary reported "the almost total destruction of that Institution by the Federal army" on May 17. Prior to destruction, the penitentiary "was in a most prosperous [and] flourishing condition at the time, yielding a considerable revenue to the State and of almost incalculable benefit to the people," and had been self-sufficient up until its destruction.[285] As Union forces made their way toward the Penitentiary, the governor and penitentiary supervisor decided that the prison population needed to be evacuated or depleted quickly. Some of the prisoners who could not be released, including 25 convicts who "were unfriendly to our cause, and would in all probability join the Federal army if permitted to fall into their hands," were moved to the Alabama State Penitentiary at Wetumpka. Those who were "willing to take up arms in defense of their country" were pardoned and "mustered into service." The remaining convicts were "turned out without

---

[284] Governor Pettus Address to the Legislature, *MHJ* (1863), 9.
[285] Penitentiary Superintendent's Report, *MHJ* (1863), 95; Penitentiary Inspector's Report, ibid., 102-103.

pardon." After the destruction of the penitentiary, only "one steam engine and a lot of iron and copper" could "be recovered from the ruins." The governor ordered the copper sold to the Confederacy for percussion caps.[286]

The blind asylum had to defend itself against friend and foe. In May 1862, Assistant Quartermaster Madison McAfee of the Mississippi ordered the institution be converted into a hospital for sick and wounded soldiers. Surgeon of the Post A.B. Cabaniss, who also served as a trustee for the Institute for the Deaf and Dumb and would later become an insane asylum superintendent, gave the Blind Asylum trustees a list of furniture and items the surgeon expected handed over to his command, forcing the asylum officials to move the students to another home in Monticello to avoid conflict with military orders. Neither the imposition nor the demands sat well with the trustees, who believed that "such an Institution as that for the helpless blind should ever be held sacred by both friend and foe." Regardless, they cooperated to the detriment of the students and the mission of the institution. Cabaniss ultimately took more than he was authorized to acquisition and dragged his feet to requisition payment for what he had taken. After federal troops left Jackson on July 20, only three days after taking it, the trustees reported that the Institute buildings were "greatly injured by the shot and shell during the investment and bombardment of the city, and entirely destitute of furniture, or movables of any kind." Rather than receive the respect of both friend and foe, the Blind Asylum had been wounded greatly by both. Superintendent of the Blind Asylum William Merrill, knowing the blind asylum would have to be rebuilt, wrote a passionate defense of the education of the blind as an obligation of modernity and humanity.[287]

---

[286] Governor Pettus Address, ibid., 90-91.
[287] Blind Asylum Superintendent's Report, *MHJ* (1863), 113.

The Institute for the Deaf and Dumb fared no better than its sister institution. As it had with the Blind Asylum, the Confederate government stripped the Deaf and Dumb Institute of furniture for hospital use in May 1862. Part of the grounds was converted into a small pox hospital. During the federal occupation of Jackson, the Deaf and Dumb Institute buildings were damaged and "almost entirely destroyed." One student, Joel Crane, "was killed by the explosion of the Confederate States Laboratory" in Jackson in November 1862 – the first death of an current student in the care of the institution.[288]

The insane asylum did not face the utter destruction of other institutions, but its situation was more complex. During the occupation of Jackson in July 1863, one corps of Union troops camped directly on the insane asylum grounds. They destroyed fences, swarmed the garden, and took all of the cows and pigs. Only the flower garden escaped maltreatment – "[h]ow, or why not, we cannot tell – perhaps a guardian spirit kept constant vigil over the enchanted scene and awed even Yankee depravity into temporary decency." The asylum structure itself was harmed not by Northern troops but by Confederate forces taking aim at a Union signal corps posted in the asylum tower. Kells, superintendent at the time, pled his case with a "Federal commander," who obliged by removing the signal corps, the Confederates' target.[289]

Kells blamed the stress of war for weakening his patients' constitutions and making them more susceptible to disease and death. When Kells filed his report to the board of trustees in 1863, the asylum had seen 152 patients over the past year, but 42 patients were discharged – 16 of whom experienced improvement or complete recoveries and 21 of whom died.[290] Eleven of those deaths had "occurred since the last occupation of the Federals." Kells's four-part

---

[288] Institute for the Deaf and Dumb Principal's Report, *MHJ* (1863), 116-117.
[289] Lunatic Asylum Committee Report, *MHJ* (1863), 223.
[290] As discussed in the introduction, "discharged" was a general term that meant that a patient was no longer in the asylum for whatever reason. The status of "discharged" included patients improved, not improved but released, elopement, transfer to another institution, or death.

description of the state of the asylum grounds during the occupation lends credence to his theory: the "terrible discharge of the artillery" compromised the constitutions of his patients; the "vast accumulation of animal and vegetable matter" decaying "under the influence of a hot July sun" on the asylum grounds; the lack of food in the asylum due to being "cut off" from markets during the occupation; "the Yankees" taking all of the asylums livestock and produce; and wartime medicine shortages. On top of the litany of woes, "seven out of ten of the male attendants left to break bread with our foes," which increased the burden on the attendants who stood at their post. As a result, the superintendent and his staff were preoccupied with "[t]he great number of sick" and "the removal of the offal and filth," not on substantive care.[291]

As a wartime expense, the insane asylum's budget spun out of control quickly. In 1862 and 1863, the asylum had an annual budget of $30,000. When Kells wrote to the trustees and the legislature in October 1863, he estimated that after "[t]aking the estimate of the present exhorbitant [sic] prices, the necessary repairs to the building and machinery, and the small stock on hand of all kinds, that a less sum than fi[f]ty thousand dollars per annum, will not provide the Asylum with anything more than plain and substantial wants."[292] The superintendent's call for a nearly 70% increase in the 1864 and 1865 budgets largely reflected his concern over the wartime prices of essential goods and staples. Kells asked the board supervisors to allow him to use some of the asylum appropriation to buy cotton through federal forces, so as to procure material "to cloth the patients under existing circumstances." Other avenues of procurement would mean that "ten or twelve thousand dollars will be expended alone for clothing." The prospect of trading with the enemy galled the committee, who refused to back the superintendent and instead suggested "open negations with some tanner for shoes and some factory for cloth and thus do the

---

[291] Lunatic Asylum Superintendent Report, *MHJ* (1863), 126-127.
[292] Lunatic Asylum Superintendent Report, *MHJ* (1863), 128-129.

best we can on our own borders. . . [rather] than to enter into any arrangement with our detested and faithless enemy."[293] Preempting inevitable calls to close the insane asylum avoid the expenses in wartime, Kells warned that an empty institution would provoke its destruction by Federal forces. In other words, the board of supervisors and the legislature had the choice of maintaining an expensive institution that could never return investment or losing the prestigious asylum – and the hundreds of thousands of dollars poured into it - to Yankee destruction.[294]

For his part, Governor Pettus threw his full support behind preserving the Insane Asylum. "An asylum like this, for the protection and proper treatment of the unfortunate lunatics of the State," he wrote, was instrumental "in times of prosperity and profound peace[.]" It had become even more necessary for the Legislature to "make adequate provision" for the asylum "when the country is torn and distracted by war and invasion, and our citizens have scarcely the time to provide for the protection of the sane members of their families."[295] These words were not written to the legislature until November 1863, however, and by then the state government was already in exile. The state capital had moved from Meridian to Macon, Mississippi, and Union control mitigated any of the government's ability to effectively govern in Jackson. Perhaps notably, the insane asylum was the only one of Mississippi's asylums that made Pettus's legislative wishlist, but its position, right behind the penitentiary in priority, revealed a divide between the realities of occupied Mississippi and its legislative bodies. In a time when salt was so scarce that agents had to be sent to Louisiana, Alabama, and even France to procure it – and even then what little salt could get through blockades was given to the military and soldiers' families first - the prioritization of the lunatic asylum perhaps seems strange.

---

[293] Lunatic Asylum Committee Report, *MHJ* (1863), 224.
[294] Lunatic Asylum Superintendent Report, *MHJ* (1863), 128-129.
[295] Governor Pettus Address, *MHJ* (1863), 91.

Why did the governor and the legislature prioritize spending on the insane asylum when it was requiring $50,000 a year to simply stay functional? The lunatic asylum represented the protection of the vulnerable, and protecting it meant preserving an important and worthy sliver of humanity in an environment increasingly devoid of it. The threat of Union forces to the institution made defending it at any cost a matter of honor and state pride. An alternative, though not mutually exclusive, reading is that Mississippi's legislators, many of whom were still rich in resources if not in liquid assets, perhaps understood the dire situation but chose to allot increasingly meaningless currency to various causes as fast as they could print it, thus exacerbating inflation through its institutions while many individuals still operated in a barter economy. Prices were rising in the barter economy too, certainly, but flour, which had risen from $40 a barrel to $100 between the early war and late 1863, was easier to trade for than it was to buy with questionable notes or perpetually rare specie.[296] The former reason for the insane asylum's place among the issues facing the legislature was more or less explicitly stated, and the latter was implicit from the government's failure to account for its role in inflation and exactly how dire the spending resources had become. Money, in its paper form, was strangely not an issue, or was at least, as evidenced by the legislative journals, a collectively ignored one. Not until 1864, when the Union's destruction of property made bartering nearly impossible and its control of Mississippi had nullified the value of printed money, did the legislature admit its administrative impotence.[297]

ELEMOSYNARY HEALTH 1865-1877:
THE WITHERING OF IDEOLOGY UNDER AUSTERITY

By the end of the war in April 1865, Union forces had occupied most parts of Mississippi between two and three years. The state government, in exile since 1862, had little control of the

---

[296] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 93-94.
[297] Governor Charles Clark Message to the Legislature, *MHJ* (1864), 6-11.

institutions it had created, and its institutions were obliged to continue during wartime without the state's direct support. The Mississippi State Lunatic Asylum weathered the war better than could have been reasonably expected, but the rapid changes in postwar society and postwar austerity would not only undermine the integrity of eleemosynary institutions in Mississippi but also fundamentally alter the insane asylum in ways from which it would not recover.

When the war ended, Robert Kells, wartime superintendent of the Mississippi State Lunatic Asylum, led the financial efforts to rebuild the asylum and to expand its mission to cover more of Mississippi's citizens. Kells had his work cut out for him; the asylum was in financial, structural, organizational, and philosophical disrepair. Between late 1864 and October 1865, the insane asylum received 28 patients, 22% of the total patients under treatment for the year. Of the 130 patients, Kells considered only six of the them "as hopeful as to a final recovery." Key to moral treatment and the reformed asylum system was the concept of treatment of the acutely insane – those who had sudden and recent breaks, as opposed to those who had long-term issues or had spent a large amount of time untreated. Among the most recent admissions, only four were acute cases. "[T]he others," he wrote, "were cases of chronic mania and dementation [sic], having existed from two to twenty years."[298] The superintendent considered less than 5% of the asylum's 1865 population as curable.

If the asylum was going to be more than a holding cell, it would have to change dramatically. With this situation in mind, Kells then made two requests of the legislature: 1) the legislature should pass a law to force "every Justice of the Peace in the county, to report every case of insanity that shall occur in his district to the Probate Court, and when the lunacy shall have existed two months, the Probate Judge be authorized to send such lunatic to the Asylum for cure and treatment" and 2) that the legislature give the trustees and the superintendent the

---

[298] Lunatic Asylum Superintendent's Report, *MHJ* (1865), Appendix: 3.

"power to discharge such cases as are harmless and incurable to make room for those of a recent and tractable character."[299]

Kells's requests pulled the insane asylum's mission in two different directions. The gradual movement toward full surveillance of citizens had long been implicit in the legal structures supporting the asylum. The asylum laws were designed for unlimited power over and total surveillance of Mississippi citizens.[300] From requiring a jury of twelve to convene in every involuntary commitment case to requiring various county offices to verify a patient's ability to pay for services, the asylum required a mobilization of resources external to the insane asylum, that was unprecedented and unlike any other institution existing simultaneously. The insane asylum not only acted as a vertical power nexus between citizens and state but also a horizontal nexus between levels of state governance and its individual institutions. Kells's request was meant to pull tighter the web that had been spun between the insane asylum and various functions of government. The enlargement of the government's role in the everyday lives of its citizens was absolutely in keeping with the unstated but completely understood designs of asylum reform.

On the other hand, Kells's request that trustees and superintendents be given the power to discharge "incurable" patients had a more complicated relationship with the spirit of asylum reform and moral treatment. In the English and French asylums where reforms first developed and matured, moral treatment compensated for its relative expense by helping patients recover and reintegrate into society quickly. The judicious use of the insane asylum's resources for acute

---

[299] Ibid., 3-5.

[300] Power, not control, is key. The mechanisms for committing someone unwillingly were still democratic, in the sense that commitment was a legal process involving a jury of peers, whereas "control" would suggest the asylum was in command of the process or that the grasp of the asylum on Mississippi society was not as porous as it truly was. That said, while it may have been somewhat democratic in spirit, the law gave that democratic expression incredible power over the autonomy of individuals and enabled an abuse of power by individual citizens with limited knowledge and a lot of emotion.

sufferers was essential to the relationship between the state and the asylum In Mississippi, the mechanisms put in place to filter potential patients and fill the asylum were not refined enough to admit only acute sufferers through the gates of the asylum. For the law to work perfectly, law enforcement officials and the Mississippi public would have had to agree to commit only those whose mental illness had lasted less than a *maximum* of two years – an unfathomably complicated task when relying on jurors of varying educational backgrounds to diagnose the person on trial.[301] The law would also have to allow for the insane asylum to send away those it did not deem curable, due either to the "type" of disease (i.e. "idiocy") or its duration.

This expected agreement between the asylum and the public did not materialize, however, and for several reasons. The dearth of mental healthcare in Mississippi meant that by late 1865, when the asylum had only been open for ten years, it was still working through a backlog of patients in dire need of mental healthcare. From a public safety point of view, sufferers of long-term mental illness could be as dangerous as those with acute mental illness, and Governor Brown explicitly listed protection of the public from the mentally ill as one of the primary reasons for establishing an asylum. Humanity played a concern, too: early asylum commissioners and early superintendents had lauded the asylum as a symbol of enlightened mercy, breaking the chains of the insane in attics, basements, and jail cells across Mississippi as Philippe Pinel had broken the chains of the insane at the Salpêtrière in Paris. Yet for moral treatment, care had to focus on acute mental illness. Therefore, those suffering from chronic

---

[301] The superintendents did not seem to have too much faith in the ability of non-professionals to understand insanity. As Compton stated in 1870, ". . . if it could only be understood by the people that [insanity] is simply a disease like pneumonia, cholera, or neuralgia, and not a supernatural, mysterious, unearthly sort of intangible psychical etherealism," then the mentally ill would receive better treatment. Compton was speaking specifically of family members trying to "cure" the afflicted at home and of mentally ill patients being left in the asylum to rot, but his comments reveal that the Enlightened view of mental illness that he and the other superintendents espoused had barely begun to seep into culture. It does not take much imagination to see how cultural beliefs and superstitions about mental illness might come into play during a trial. Lunatic Asylum Superintendent's Report, *MHJ* (1870), 115.

mental illness – the very chained masses elevated by asylum supporters' rhetoric as the most deserving of care - were exactly the type of patients for which asylums were *not* built with its focus on acute mental illness, to be its most effective. Practically, politically, and philosophically, insane asylum officials' rhetoric was at odds with the institution they had created.

If Kells and previous superintendents had gotten the asylum expansions they desired – and they might have had the asylum fire in 1857 not set them back further than where they started – overcrowding and low turnover might not have been produced such a crisis for the asylum. As the course of history would have it, the asylum not only did not receive its expansions but it would also have to struggle to provide minimum, effective care in a postwar Mississippi. Postwar austerity meant that simply repairing the institution would be difficult, not to mention tending to the enormous number of cases Kells and others expected. The moral treatment model had hitherto been untested by war. Economic downturns, as frequent and devastating as they had been before the war, could not constitute anything akin to a practice run for postwar desperation and an upsetting of the entire social and economic order. Mississippi had lost 50,000 lives during a war that "left much of the state a scorched-earth 'forest of chimneys.'" The effects on its landscape and on its people proved to be similar.[302]

The asylum was facing an unprecedented number of acute cases of mental illness due to "great social and financial change, and the poverty and destitution that has been made our inheritance" causing "great mental and physical changes" in Mississippians. "Loss of property and poverty are two frightful sources of insanity," Kells wrote, and loss seemed to be the only item of which Mississippi had more than enough. Poverty is not simply an "outward circumstance," but one that affects "moral, intellectual, and physical" well-being. The suddenly

---

[302] Newton, Michael, *Ku Klux Klan in Mississippi: A History* (Jefferson, NC: McFarland & Company, 2010), 11.

poor, Kells warned, would be more prone to disease, "have less vital force," and generally be "enfeebled" to the point of "diminished longevity." The end of the Civil War, which Kells referred to obliquely as "a melancholy fact to which we cannot close our eyes," had diminished the people's "self-respect" and caused "a looser state of morals than has hitherto existed." The "depreciat[ion]" of the men and women would lead to "an increase of idiocy and insanity." The Civil War, then, had caused a mental healthcare crisis in Mississippi.[303]

Having not received any appropriation from the state since March 10, 1864, Kells asked the legislature for $40,000 per year beginning in November 1865 "to place this Institution upon a footing with other institutions of this class" and an extra $6,000 to be placed in a contingency fund under the state governor's control. The funding request was necessary. Under Kells' leadership, the asylum made due with very little and was in dire need of restoration. The few monies the asylum had on hand came from donations of previous governors Clark and W.L. Sharkey and the sale of cotton which had been purchased cheap and saved in case the asylum needed to trade for supplies. At the time of surrender, the asylum had 71 bales of cotton, but it was badly kept, badly damaged, and of little value. Kells had also rebuilt the gardens and grounds of the asylum, and its crops, including 20,000 pounds of cabbage, 1800 bushels of sweet potatoes, and other various vegetables and stock animals, for over $10,000 in profit for the support of the asylum. The matron of the asylum, Anna Storr, oversaw patients' sewing, and at least one patient-cum-seamstress who did all of the mending, saving the asylum untold clothing costs. R.F. McGill, the asylum steward, spent "more than four years in the field and the hospitals of Virginia"; in his absence, Kells performed his duties and "lessened the expense of the Institution at least two thousand dollars."[304]

---

[303] Lunatic Asylum Superintendent's Report, *MHJ* (1865), Appendix: 5.
[304] Ibid., Appendix: 6-9.

The asylum had its postwar advocates, but they seemed more inclined to embrace a more extreme rhetoric that challenged the philosophy of moral treatment. The Select Committee on the State Lunatic Asylum was filled with asylum allies. Chairman W.H. McCargo filed a report on the committee's behalf commending Kells and the asylum attendants for "with the means at hand. . . promot[ing] the welfare and comfort of that unfortunate class of beings that should call forth from us and enlist in their behalf every generous impulse of the heart and of [C]hristian kindness."[305] McCargo continues defending the asylum while completely erasing the humanity from the asylum patients in the process:

> It is well known that a large proportion of the inmates of institutions of this character are deprived of that distinguishing feature which characterizes man in the animal creation. Being deprived to a greater or less extent of those faculties of the mind which would enable them to provide for themselves and fit them for the various positions occupied by more fortunate and highly favored members of society. Thus they are dependent upon this noble charity for that care, treatment and protection they could not elsewhere obtain.[306]

The language of asylum reform that had initially sold it – "curability," "restoration" – were notably absent from the senate committee chairman's repertoire, replaced instead by rhetoric highly suggestive of a prison to keep useless creatures that could not fend for themselves while healthy Mississippians set out to rebuild their world society.

The divide between Kells's complaints and the senate committee's reports reveal shifting priorities and the powerlessness of the insane asylum superintendent in a climate of hard austerity. Kells's October 1865 report pushed the legislature to increase the budget, to renovate the asylum, and to give more power to the superintendent to help the rate of restoration, which he saw as the primary purpose of the asylum. But none of these wishes made it into the chairman's letter to the Senate. The chairman used his report to elevate certain parts of Kells's report, such

---

[305] Lunatic Asylum Trustees' Report, (1865) Appendix: 28.
[306] Select Committee Report on State Lunatic Asylum, *MHJ* (1865), Appendix: 28.

as paying for repairs and to consider upgrading the asylum "to provide for. . . a large number of those who have formerly been pay patients [who] may in future be unable to be thus classed."[307] More often, the chairman's report silenced many of Kells's request by not endorsing them. The senate committee's report's purpose was to amplify the problems it assumed to be priorities, and Kells's request to be able to send patients deemed incurable home did not qualify as one of the committee's primary concerns. The situation appeared to be quite the opposite of a concern. Releasing incurable patients was not in the state's interest. [308]

The rhetorical differences between the superintendent and the committee when speaking about the patients are remarkable as well: Kells emphasized the need to reach out to potential asylum patients who were still curable, while McCargo et. al. focused on the insane being deprived of reason, the only thing that distinguished them from animals. Between the two visions of the asylum, the latter had taken root in the lay population, and the differences in agenda began to become more visible. Kells saw many of his patients as harmless but taking up room and causing a crisis of unmanageable proportion outside its walls. The senate committee saw animals in a pen.

Radical Change: The Introduction of Freedmen into the Insane Asylum

On December 6, 1865, barely a month after Kells and McCargo wrote their reports on the insane asylum, the Thirteenth Amendment, passed without Mississippi's acceptance, formally abolished slavery.[309] Despite Mississippi's dissent, the Thirteenth Amendment threw the state into another crisis. Race relations in Mississippi had been on a trajectory toward re-enslavement, but the Thirteenth Amendment compelled Mississippians to give African Americans access to at

---

[307] Ibid., Appendix: 29.
[308] While cumbersome, I have chosen the wording "patients deemed incurable" as opposed to "incurable patients" to emphasize the subjective nature of that classification.
[309] Mississippi would not ratify the Thirteenth Amendment until 1995.

least some of its public institutions, including those of an eleemosynary nature. The insane

asylum had to find a way to integrate African Americans into its already crowded institution with

little notice or preparation.

In 1865, A.B. Cabaniss succeeded Kells as the superintendent of the insane asylum. The

new asylum superintendent pushed for the asylum to be expanded not only physically but also

demographically to include the acceptance of Mississippi's "colored insane," citing an increase

in "insanity . . . among the negro race." Even after multiple superintendents suggested that the

asylum be opened to blacks in the 1850s – virtually from the inaugural moment of the institution,

the legislature had failed superintendents and mentally ill black Mississippians. As Cabaniss

wrote in his report:

> There has been no provision made for them [African Americans] by the State, and they
> are allowed to be at large without restraint, and they are becoming a dangerous element in
> society. Their families, from poverty, and a want of even the ordinary degree of
> prudence, necessary for providing for the future, are unable to give them the proper care
> and attention which their case demands. Indeed, as would reasonably be expected, they
> become dangerous to themselves and others. The question of providing for them demands
> prompt attention, both on account of humanity, and the interests of the community.[310]

The language used to justify accepting black patients into Mississippi's only insane

asylum varied very little from the language used to justify the creation of the asylum in the first

place. Cabaniss appealed to legislators' humanity on the basis of black poverty in Mississippi,

which was so prevalent after the Civil War as to warrant state charity to alleviate suffering. Even

so, the case for the support of blacks in Mississippi again fell flat. Whether because of race,

money, or some combination of the two, the superintendent's plea fell on deaf ears. With the

amendments to the United States Constitution, however, Cabaniss and his predecessors were

ultimately vindicated in their efforts to bring mental healthcare to freedmen.

---

[310] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 49-50.

Cabaniss ascended to the chair of the Mississippi State Medical Association in 1869, an honorable position, but his time as chair and as superintendent was short-lived due to his refusal to take the loyalty oath.[311] William M. Deason succeeded him as a military appointment, but he was almost immediately moved to the State Hospital at Natchez.[312] He was replaced in 1870 by Dr. William Compton.

The Enduring Crisis: The Insane Asylum during Reconstruction

During Governor James L. Alcorn's brief tenure as Mississippi governor between 1870 and 1871, he appointed William C. Compton. Compton's tenure from 1870 to 1878 would mark the last attempt to save the asylum project from internal crises and external pressures. After Compton's stint as superintendent, asylum officials would transform the institution to better fit the changing needs and moods of the public, rather than its patients.

Compton himself provides an interesting window into the transitional and often chaotic politics of Reconstruction-era Mississippi. Originally from Kentucky, Compton owned a plantation in Marshall County before serving first as a state legislator, then as a surgeon in the Confederate States Army. His skills as a surgeon were proven when he performed a hip-joint amputation successfully - a rare feat for a rare procedure. After the war, he tried his hand at politics both in the legislature and two constitutional conventions in 1865 and 1868. In the immediate postwar, the doctor practiced medicine and served as the editor of the Democratic newspaper in Holly Springs. He was also the grand giant and "chief propagandist" of the Marshall County Ku Klux Klan, known to make its members swear "an oath 'to suppress the negro and keep him in the position where he belongs, and to see that the Democratic party

---

[311] E.F. Howard, *History of the Mississippi State Medical Association* (Jackson: Unknown, 1910), 9-10.
[312] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 99. During Deason's tenure, the "Board of Supervisors" was reverted to the "Board of Trustees."

controls this country.'" At the beginning of radical reconstruction, Compton switched parties and was appointed as superintendent of the Mississippi State Lunatic Asylum.[313]

The charismatic doctor shared a long history with the asylum, beginning when he served as one of the original commissioners appointed in 1848. When Alcorn chose him for the superintendency, Compton embraced it with gusto. He immediately took up the banner and pushed for the expansion of the Asylum lest "his duties would be in a great measure simply those of a custodian of chronic incurables."[314] The State Hospital had aged demographically and structurally in the fifteen years since it opened its doors, requiring constant fiddling with discharge standards and appropriations for repairs. Out of 160 patients in the asylum on December 1, 1870, 49% had been in the asylum for five years or more and 27.5% had been in the asylum for ten years or more. Additionally, 35% of patients were over the age of 40.[315] Compton inherited a situation with no easy resolution.

Yet Compton was up for the challenge. Compton wielded Enlightenment idealism, medical expertise, and operatic prose with wit and ease in long-winded but entertaining reports to the state. In his 1870 report, he wrote a history of the insane asylum and predicted its trajectory.[316] The 1870 report is part oral history, part research paper, and part philosophical ponderings on the nature of insanity and the abilities of modern medicine to combat it. As such, Compton, who called the historical part of his report "a 'Synoptical History of the Mississippi State Lunatic Asylum' from the inception of the movement which resulted in its erection, down

---

[313] Howard, 37-38; Newton, 14-15, 26. Newton states in his book that Compton became the editor of the *Jackson Leader* after he went to Jackson, but neither the name of the newspaper nor Compton's editorship could be corroborated.

[314] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 53.

[315] Ibid., 64.

[316] Compton would use many of the government sources used heretofore. He also refers vaguely to texts, which no longer existed at the time of his writing. Some of the men involved were still alive and able to give witness, however. Without his account, certain parts of the asylum's history, however small, would be lost to time.

to the moment at which I write," provided an invaluable mid-point in the nineteenth-century history of the asylum.[317]

Compton's institutional history of the insane asylum was more than a recitation of facts. He waxed poetic about asylum reform's origins in France as a gift transferred to England and finally inherited by "Northern States," which were "dotted" with asylums as "monuments of wise and humane benevolence." Compton barely conceals his contempt for the inability of the legislature to accept the scope of the asylum project and assign funds proportionally. In amounts equal to his scorn, he praised the former asylum superintendents for dealing with an inept legislature for whom "[r]entrenchment, reform, and low taxes prevailed over the better part of legislative charity" and whose first appropriations for the asylum were "a mockery and an insult to the very name of charity."[318]

Compton was the last superintendent to truly embody the early optimism for the possibilities of the asylum, and he did so most fully, brilliantly, and passionately. It is a shame that his words cannot be reproduced in full here, as fascinating and vivid as his language was. In this lengthy but worthy excerpt, Compton related the complexity of the mind to machinery that breaks but does not have to stay broken:

> The brain is the great work-house of the ever-busy mind, with its million shops, its immense foundry forging thunder-bolts of thought to strike the world with awe. . . its almost fathomless crucible, melting down and refining. . . its laboratory, where crystal gems are shaped and polished, and its finer looms weaving into a fancy web the gossamer threads of poetry. . . So strong in its power, and withal so delicate in its structure - so laborious and so active - is it any wonder that, now and then, toil-worn and weary, it should become faint and weak, and sick? Is it strange that its wonderful machinery should sometimes get in disorder? Be it remembered, then, that the brain is the organ of the mind; that, like any other part of the human anatomy, it may, and does, become diseased; and, like other organs, may, and can be cured.[319]

---

[317] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 67.
[318] Ibid., 68-70.
[319] Ibid., 116-117.

A self-styled "psycho-physiologist," Compton picked up the banner for the asylum whence the Civil War had knocked it out of Kells's hands and those of his immediate successors.[320] In the rhetorical tradition of his predecessors, Compton wrote of the insane asylum as a response to "[t]he increase of population, the steady advance of civilization, State pride, the honor of our people, the instincts of common humanity." The lunatic asylum represented the "lofty charity which characterized the magnanimity of the age, and erect, on her own soil, a HOME" for Mississippi's "children of misfortune."[321] Compton claimed, without naming anyone, that a few prominent asylum boosters "sought and obtained seats in the Legislature for the purpose of bringing the matter prominently before that body, and to use their influence in causing proper steps to be taken to provide for a want which had been so long and so sadly felt."[322]

The state had made fragile progress with asylum awareness and comfort in the antebellum era and immediately postwar, but the sudden desegregation of the public institutions and charities threatened to destabilize progress and stigmatize asylum care for whites. Governor J.L. Alcorn, a radical Republican, used much of Compton's initial report on the asylum to address the legislature on the severity of the situation. Alcorn remarks to the legislature were progressive but still tinged with the paternalism of the previous era:

> ... [The] colored patients of the Asylum are very badly lodged. ...[T]he picture of which he [Compton] draws of their condition, is harrowing to the feelings of the humane. . . [W]e will not have done our duty to the dictates of humanity and law, until - cost what the discharge of that duty may - we shall have given the now ill-lodged lunatics of color, a housing and treatment, in all respects, equal to those provided for the whites.

---

[320] By using "psycho-physiologist, Compton was referring to his primary occupation as a physician who specialized in the treatment of the insane. "Psychologist" or "psychiatrist" as a professional title did not exist until the twentieth century.

[321] This language referring to the asylum as a "home" is reminiscent of the family relationship moral treatment meant in part to imitate. With the superintendent as father and the patients as his children, the superintendent was given full control over the asylum and expected to discipline and correct his "children."

[322] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 67.

After deploring the living conditions for blacks and whites, the governor, still using Compton's

reports, ventured to provide the racial logic for why the number of insane blacks seemed to be

climbing:

> Under slavery, while the white people of the State embraced 236 lunatics, the colored
> people embraced as few as 36! The anxieties and strivings of the brain of the free man,
> have now visited every brain in Mississippi; and, therefore, has a new order of things
> been instituted, which will result, in the course of time, in increasing the number of our
> lunatics from 270 to upwards of 500.[323]

Alcorn asked the legislature to grasp the "necessity of an arrangement of the Asylum for the

separation of the white lunatic from the lunatic of color." The governor expressed his concerns

about rashly throwing together whites and blacks in the asylum, as "principles are general, not

special, and can never be made to apply, in all places, and under all circumstances." Alcorn

argued, "If a mixture of races be made the condition of participation in our public charities, no

matter how you may regard the wisdom of the objection, that condition will act among the

whites, to a very great extent as a virtual exclusion." In response to Alcorn's letter, the

legislature approved $150,000 for repair and adding two wings "so as to enable the Asylum to

accommodate, easily, three hundred patients."[324]

When Alcorn referred to 36 "lunatics" among "colored people," he was referring to the

census of 1860, which listed 36 insane slaves in the state of Mississippi. Several reasons exist for

the increase in the estimate of insane blacks in Mississippi.[325] First and foremost, the census of

1840 was infamously flawed, especially when counting insane slaves, and 1850 was not much

---

[323] Ibid., 102.

[324] Ibid., 102-103.

[325] Joseph C.G. Kennedy, *Population of the United States in 1860; Compiled from the Original Returns of the Eighth Census* (Washington: Government Printing Office, 1864), xxviii. For "free inhabitants," the "aberrant" status question asked if the person surveyed was "deaf, dumb, blind, insane, idiotic, pauper, or convict?" For "slave inhabitants," the question was "deaf and dumb, blind, insane, or idiotic?" Slave evaluation came from masters, and recording that a master owned a slave that was insane and therefore "defective" could, as one might imagine, lead to a conflict of interest. United States Census Bureau, "History – 1850," http://www.census.gov/history/www/through_the_decades/index_of_questions/1850_1.html (accessed June 20, 2016).

better in methodology. The "before" number in Alcorn's "before" and "after" scenario was at best low but at worst (and most likely) meaningless. Coupled with paternalistic, self-serving doctors and slave-owners coming up with diagnoses for their slaves' mental illnesses that included running away as evidence of mental defect, accurate counts of mental illness among slaves was nearly impossible.[326]

Secondly, the nature of labor in Mississippi was changing. As discussed in the second chapter, the routine of slavery made an easy mask for mental illness. If a slave was unable to perform more complex tasks, then that slave would be assigned to simpler tasks. Skill affected value, but functionality mattered more: as long as a slave could work, he could be sold, and adapting tasks to fit slaves' abilities, whatever their mental capacity, meant that they would retain value. After the war, Mississippi blacks were re-entering the economy with greater autonomy, and gradually freedmen were expected to manage themselves accordingly. Mental illness could not as easily be obscured where autonomy, not aggregated labor, was the rule. When Mississippi blacks started owning their own labor, some of the cracks where mental illness could hide disappeared. Exposure, then, meant that the rate of insanity among blacks would rapidly approach, in proportional measure, that of whites. When Compton stated that blacks simply could not handle the world as whites could, he was ignorant of the ways in which slavery hid many of its evils. Institutional structures, not biological ones, increased the visibility of mental illness in African Americans.

Thirdly, war and the sharp vicissitudes of Reconstruction were, while occasionally triumphant, extraordinarily traumatic for African Americans. Extralegal violence, disease, loss of fortune, starvation, and exposure to war broke apart families in times of need and spread unease and uncertainty. Though auctions would go away, exploitative labor arrangements would

---

[326] The issue of insanity among slaves is discussed more in depth in Chapter II.

take their place and many of these conditions either did not change or worsened. The perverse irony of Reconstruction for Southern blacks was that freedom did not prevent them from being the targets of extreme violence. While slaves may have been unable to defend against the whip of their masters, property law in Mississippi gave slaves certain protections from others who were not their masters. Protections for blacks existed in postwar Mississippi, but they were eroded and eventually ignored. Freedmen had to live in constant fear for their lives with little or no legal recourse, despite nominally being under the protection of the law. The horrifying acts of violence and lack of stability were as damaging to black populations as one would expect.[327]

The aforementioned conditions are essential to understanding the postwar increase of insanity among freedmen. Under Alcorn and Compton's assumptions, slavery had alleviated slaves of mental burdens and given them simpler lives. Freedom was, the learned men theorized, complicated and overwhelming for those without the faculties to experience it safely. This line of reasoning came close to making insanity into a badge of white privilege. Of course, the peace of slavery was a complete fiction that ignored both the disproportionate response to mental infirmity among slaves and the reality that slavery often created its own particular category of insanity. The superintendent's concerns at once voiced the paternalism of slavery and the anxiety

---

[327] Historians have published more in recent years on the nuances of the African American experience of Reconstruction. While black Southerners were miraculously able to form stable, even prosperous communities in the midst of much violence, violence during Reconstruction stymied the progress of which black Southerners were capable, deserving, and owed. On violence in Reconstruction, there is extensive literature, but the focus has tended to be narrow. While history has elevated the Ku Klux Klan to historical bogeyman, violence in the South was larger than the Klan. It required an apathetic society and influencers ready to enable violent rhetoric and action. For more on violence during Reconstruction, its motivations, and expressions, see George Rable, *But There Was No Peace: The Role of Violence in the Politics of Reconstruction* (Athens: University of Georgia Press, 1984); Hannah Rosen, *Terror in the Heart of Freedom: Citizenship, Sexual Violence, and the Meaning of Race in the Postemancipation South* (Chapel Hill: University of North Carolina Press, 2009); Douglas R. Egerton, "Chapter 8: 'An Absolute Massacre': White Violence and the End of Reconstruction in the South" in *The Wars of Reconstruction: The Brief, Violent History of America's Most Progressive Era* (New York: Bloomsbury Press, 2014); Nicholas Lemann, *Redemption: The Last Battle of the Civil War* (New York: Farrar, Straus and Giroux, 2006); Philip Dray, *At the Hands of Persons Unknown: The Lynching of Black America* (New York: Modern Library, 2002).

of the postwar era. Mississippi was desperately rushing to manage and re-conquer a previously unfree majority of the population.

The number of blacks with mental illness presented another aspect of the problem that only Compton and previous superintendents seemed competent, or daring, enough to address. Despite their conclusions, Compton and Alcorn were tapping into the same Enlightenment-inspired pathos as previous governors and superintendents. Their rhetoric signaled a return to the passionate Enlightenment-driven vision of moral modernity discussed previously in the second chapter. While the world outside of the asylum used violence and oppression to enfeeble black Mississippians, inside the asylum the superintendent would try to restore them.

The asylum additions were completed in 1872, which increased the capacity of the asylum to 350. Still, by 1875, 34% of patients were over 40, a further sign of a troubling trend in asylum statistics. While the 1875 report showed a dramatic decrease in the number of long-term patients (26.9% had been in the hospital for five years or more, as opposed to 49% in 1870), the actual number of long-term patients had more than doubled. Even more alarmingly, Compton, still superintendent, deemed only 19 patients (5.9%) still curable at the end of the 1875, meaning that Compton saw the remaining 305 (94.1%) as limbo cases, unable to be cured but unable to be released. Despite these statistics (which still, bafflingly, leave out race), Compton – a tireless cheerleader for the asylum - remained upbeat. In Compton's treatise on the asylum's function and its worth to the people of Mississippi, he took issue with the bad reputation asylums had not been able to shake:

> The prejudice and holy horror which is connected with a lunatic Asylum is fictitious. It is the custom with writers of fiction, when they stand in need of a first-class dungeon, and a black Hole of Calcutta, or an Inquisitorial Prison, is not convenient, to appropriate the nearest Hospital for the Insane, in which to immure their hero, or heroine, and enact their dark deeds of treachery.[328]

---

[328] Lunatic Asylum Superintendent's Report, *MHJ* (1870), 117.

But the prejudice against the lunatic asylum seemed to be far from unearned. After the asylum

began admitting black patients, the legislature refused to fund the asylum at more than its bare

minimum. When it finally decided to fund an expansion, the asylum was full with white patients,

who lived in fair-condition rooms, but the black patients were living in a converted ten-pin alley.

Writing of the deplorable conditions, Compton excoriated the legislature: "The duty of the State

is plain – *let there be room for all!*"[329] These conditions meant that African American patients

were more likely to get sick and die. It would take years for the asylum to address the issue

meaningfully. Compton recommended that the state build another asylum entirely, to keep small

patient sizes and to preserve the integrity of the Jackson campus, yet he was ignored.[330]

THE ROAD TO THE CONSTITUTIONAL CONVENTION OF 1890

Historians such as C. Vann Woodward have been keen to think of 1890 being a watershed

moment in Mississippi politics, but a long look at the events leading up to that year casts some

doubt on this interpretation.[331] The Mississippi Constitutional Convention of 1890 was the

capstone project of "Redemption" Democrats who had spent the years since the end of

Reconstruction sweeping out any traces of the changes they had come to loathe. The federally

protected rights of African Americans and the place African Americans had begun to carve out

for themselves in a post-war South were the most galling of these changes. After waging a

statewide campaign of violence and ousting Governor Adelbert Ames, the Republican military

---

[329] "It is a very low structure – the eaves being scarcely more than twelve feet from the ground, the ventilation must, of necessity, be imperfect. This makes it impossible for us to avail ourselves of that great and indispensible sanitary necessity – pure, fresh air." Lunatic Asylum Superintendent's Report, *MHJ* (1872), 566-569.
[330] Lunatic Asylum Superintendent's Report, *MHJ* (1870),1874 46.
[331] In arguing that there were "forgotten alternatives" between Reconstruction and the formal beginnings of Jim Crow, Woodward inspired historians to look beyond seeing whites as a solid majority and to prove that other attitudes towards race existed before the law entrenched them into society. While his urging to look beyond dichotomies in the South opened the field to inquiry and insight, many historians have argued against his thesis of alternatives and shown that the seeds of segregation and other conventions of Jim Crow were in play for decades. My examinations of literature during the period suggest, as stated herein, that the Constitutional Convention of 1890 and the ensuing Jim Crow laws were simply a period to a sentence started long before.

governor, Democrats had plenty of time to perfect methods of racial oppression, suppression, and violence in a post-slavery society. By the time of the state constitutional convention in 1890, intimidation tactics, terror campaigns, and the withering of federal presence in the South had whittled away vocal support of suffrage for black men or a more equal society. In a way, the convention was a victory lap in a race already won, but it still adjusted the state's trajectory for the future. Mississippi's was not the first nor the last constitutional convention in the Southern states to hack away at the rights given to freedmen, but it was the first to mount an offensive so thorough, direct, and vicious.

Mississippi power-players had tried for years to convene a constitutional convention, but they did not receive wide legislative support until 1890. Two main factions planned to battle it out at the convention: small farmers and whites in majority-black counties and elites. The former faction united under the banner of the Farmers' Alliance and its democratic objectives, such as judicial elections, single-term limits, fewer tax exemptions for corporations, and "an end to convict-leasing." By the time of the convention it was most interested in reapportioning votes in majority black counties. The Farmers' Alliance opponents, wealthy elites who benefited from the status quo, disagreed on most of the Farmers' Alliance's demands but agreed that something had to be done about the black vote in Mississippi. The issue was made all the more pressing by the news that Rutherford B. Hayes supported a bill introduced by Henry Cabot Lodge to increase federal oversight of elections in former Confederate states. At first, elites wanting to give the proceedings a sheen of legitimacy by simply increasing the value of the white vote rather than completely curtailing the black vote. But the logistics of increasing votes for white land ownership or the efficacy and propriety of giving women the vote made constitutional convention delegates certain that the best course was the most punitive. Constitutional literacy

(or "understanding," for the illiterate) tests and the weakening of voting power in majority black counties resolved the debate over how precisely to dismantle the franchise for African Americans.[332]

The disenfranchisement movement at the Constitutional Convention had the effect of emboldening legislators to chisel in stone what had already been the de facto law of the land, but they were stymied by their desire to appear to have a respectable - and legally airtight - convention. Constitutional delegates labored to give their racist voting restrictions a color-blind sheen while phrasing them in such a way as to enable their abuse against black voters. Laws already existed separating train passengers by color and de facto segregation had been in place since the end of the Civil War, enforced by extralegal means until it became normalized. Only one cause of the 1890 Constitution directly addressed race, and its relatively narrow purview was education: "Separate schools shall be maintained for children of the white and colored races."[333] Education occupied a special place in the Mississippi legislature and law, as the state had tried since the 1820s to establish a statewide common, or public, school system with little success. It was not until Reconstruction that major advances were made toward this goal, but the presence of the black children made the education system a point of contention. The Mississippi Constitution of 1868 mandated that public education was a right and necessity "for all children between the ages of five and twenty-one years"; it was this colorblind language that the

---

[332] Albert D. Kirwan, "Apportionment in the Mississippi Constitution of 1890," *The Journal of Southern History* 14, no. 2 (1948): 234-246; Michael Perman, *Struggle for Mastery: Disenfranchisement in the South, 1888-1908* (Chapel Hill: University of North Carolina, 2001), 70-90. Kirwan exclusively addresses the specifics of the actual apportionment debate and its effect on white voting, and his account is useful for understanding the minutiae of a rather complicated problem. Perman explores the movements for disenfranchisement in each of the Southern states. His purview is limited, but his analysis is thorough and is a necessary textbook for "Redemption" era in Southern politics. His account takes a longer view on the Constitutional Convention of 1890 by looking at events since the end of Reconstruction and is particularly concerned, as his book title would suggest, with black voters.

[333] Mississippi Constitution of 1890, Article VIII § 207. The temptation to label as ironic that the "democratizing" influences of the 1890 constitution were completely white supremacist is a twenty-first century impulse. The color of democracy in the United States until very recently was white. When at rest and not being forced to go against its grain, democracy in the United States takes on the shape of racial hegemony.

Constitutional Convention of 1890 had to correct.[334] The Mississippi Constitution of 1890 is

considered to be the first Redeemer constitution that enshrined Jim Crow, and by dismantling the

franchise for African Americans and refusing to educate them on par with white students, it

certainly played an active role. But much of what the Constitution did was make race a

centerpiece of the state and its laws, rather than a sideshow to the larger political struggles

happening between former Confederates and Confederate sympathizers and the occupying

Republican forces.[335]

For Mississippi's public institutions, segregation was not new. Colored wards existed in

the charity hospitals, and the asylums for the deaf, dumb, and blind were white only. The

penitentiary was overcrowded, but jail cells were segregated. The insane asylum was no

different. It had been segregated from the first moment a black patient was admitted. Compton

tried to preserve segregation to the detriment of his black patients, stuffing them into any

available, non-white spaces - no doubt exacerbating their conditions. But Compton and Mitchell

were not doing this unsympathetically; they argued that placing black patients with white

patients would "excite" white patients and create an untenable situation. The alternative available

to them, both superintendents argued, was inexcusable. In an appeal to the humanity of

legislatures, they wrote in successive reports that the asylum needed to be expanded and black

patients needed their own wards.

In the two decades after Adelbert Ames fled Mississippi, the populace's fetishistic

fascination with race, unchecked by at least nominal resistance from the federal government,

evolved into a vision. To realize that vision, pieces of which were seeded in various laws,

---

[334] Mississippi Constitution of 1868, Article VIII § 1.
[335] Race certainly played a part in larger political struggles, but for the substance of the entire convention to pivot to race and almost entirely race was an orientation previously left to the Klan and their sympathizers. See the previous discussion of how elites were able to divert much of the energy in the attack on their influence and economic power to the disenfranchisement of African Americans.

required enormous sums of money. As Superintendent Mitchell wrote in 1887, "That we have many drafts on the treasury of this State is undeniable. . . but this is measurably unavoidable, as we have in the South social distinctions which compel us to duplicate almost all our education and benevolent institutions."[336] The state had struggled in the postwar years, and it was not until the 1880s that Mississippi saw some sectors of the economy come into good health. Socially, citizens had been fairly successful at enacting a vision of a postwar society that preserved the antebellum social order while reversing racial disruptions enforced by the federal government. Politically, the late 1880s and early 1890s were peak postwar years for the Bourbon Democrats of Mississippi, their political clout and prestige-via-nostalgia virtually unchallenged by an already disenfranchised black electorate. It was easy for legislators to pass laws governing domestic and corporate spaces, like bedrooms and trains, but modernizing Mississippi's institutions required economic stability and overly optimistic hopes of a New South face with an Old South soul.[337]

In 1887, the state asylum had 100 black patients crammed into two wards, "twice the number that should be placed in so limited a space." Such conditions put everyone's health in danger by increasing the chance of communicable disease sweeping through the asylum and by "lessen[ing] the chances of good results expected from hospital treatment."[338] Two Southern states, Virginia and North Carolina, built separate asylums for black and white patients, but the

---

[336] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1886-1887*, 7.

[337] Citation for cotton production levels. Much of this had to do with the lack of infrastructure anywhere other than plantations throughout Mississippi. Money had to be spent trying to modernize Mississippi to a point where it could participate in the economy at the same time as fulfilling all of its other obligations.

[338] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, 1886-1887*, 7-8.

"heavy expense in behalf of our educational and benevolent institutions," Mitchell wrote, made doing the same in Mississippi "unwise."[339]

The superintendents of Mississippi's premiere mental institution spent a lot of time and energy promoting the fair treatment of blacks with mental illness in the asylum. Compton was well-remembered for doing so: one doctor wrote of Compton, along with superintendents at Virginia and South Carolina, as part "of a generation at once honored and honoring that has now passed away" because of their willingness to put aside personal prejudice for their noble cause.[340]

THE TRAJECTORY OF REFORM IN REDEMPTION ERA MISSISSIPPI

Mississippi's Redemption era began in 1876 and stretched until the First World War, coterminous with the New South revival period. Though such epochs defy easy categorization, Mississippi's Redemption era begins roughly from the moment when Governor Adelbert Ames, the radical Republican governor installed by a mostly black electorate, was forced to leave the state and ends on the eve of the Great Migration, which emptied Mississippi of much of its cheap, easily-exploited labor supply and ended the growth associated with the beginnings of the New South.

In the 1890s, the New South began in earnest. The legislative act of destroying the immediate memory of the Civil War, making the Lost Cause the official religion of the reclaimed state with sanitized monuments as its idols, and stabilizing the class and racial hierarchy enabled

---

[339] Ibid., 8.

[340] Edward Cowles, "Advancement of Psychiatry in America," *Journal of Insanity 52*, no. 3 (1896): 380. Unless counting Goodspeed's *Biographical Memoirs* as a primary source, I have found no acknowledgement of Compton's postwar activities from his contemporaries. Compton's support of the Ku Klux Klan was serious enough for him to run a newspaper supporting it, but it is worth noting that Compton - a doctor passionate about life, healing, and restoration - became a Republican sometime between 1868 and 1870, which was when racial violence in Mississippi was becoming the rule more than the exception. Perhaps Compton saw the KKK's destructiveness and wanted no part of it, or perhaps he was simply a crass opportunist. Either way, Compton, who is completely unstudied, has one of the most interesting postwar trajectories of any public figure in Mississippi and is worth closer, more focused examination.

Mississippians to charge ahead with renewed vigor and focus. As Mississippi and the rest of the Southern states began to capitalize and industrialize, the Mississippi State Insane Asylum went through a period of simultaneous explosive growth.

The impetus for this expansion was characterized as need by Mitchell, but the superintendent prioritized the size of the asylum over its capacity to support more patients. As a result of Mitchell's and others' myopia, the asylum would grow without a clear plan, end, or purpose in mind. The uninhibited expansion transformed the asylum campus from a jewel of Mississippi's eleemosynary institutions into a jumbled, crowded, bloated, eroding mess. The factors are many, and they neither were entirely local nor entirely simultaneous. The easiest starting point is with the man who presided over the asylum for 32 of Redemption's 38 years: Dr. T.J. Mitchell.

The Asylum in the Era of Professional Medicine and Scientific Psychology

Thomas Jefferson Mitchell was born the eighth of nine children in Alabama in 1830. His father died when he was two. Mitchell lived a high-born childhood and adolescence, however, eventually attending the University of Alabama and then the University of Pennsylvania to study medicine. He graduated in 1852 and headed for Jackson, Mississippi, to open his practice. In 1856 and 1857, he went to Europe to further his expertise in medicine. He returned to Mississippi and married Annie McWillie, with whom he had five children. Mitchell later served as a surgeon for a Mississippi regiment during the war.

By all indications, Mitchell seems to have been a wise choice for superintendent. While his credentials were likely the most important factor in his appointment, he was conveniently well-connected. His wife was the daughter of Governor William McWillie, who had been one of the asylum's staunchest advocates. His son-in-law, J.W. Robinson, owned a successful grocery

on Pearl Street in Jackson and two plantations with nearly 1600 acres between them.[341] Mitchell himself was also a very wealthy man. He owned 3,000 acres of "very valuable land" in Copiah and Attala counties.

Mitchell was appointed as superintendent to the Mississippi State Insane Asylum in 1878. Instead of borrowing from Compton's format, Mitchell enlisted Dr. James McWillie, the assistant superintendent from 1871 to 1890, as his guide. In *Biographical and Historical Memoirs of Mississippi*, written while Mitchell was alive, the author lauded Mitchell as "especially skilled" and stated that "there could be found no more fitting person for the position than he, for aside from possessing the above mentioned qualification, he is kind-hearted, considerate, and possesses sound judgment."[342]

Mitchell's term as superintendent began inauspiciously. The Great Fever of 1878 ravaged the lands near the Mississippi River, as refugees from Cuba and other Caribbean countries brought yellow fever to New Orleans. "Death, with his avenging wrath, was busy during that summer" of 1878.[343] Efforts to thwart the spread of the disease failed. It reached Memphis and spread along arteries of trade and travel. Altogether, 120,000 people contracted yellow fever and an unfathomable 20,000 people died. Higher population areas, such as New Orleans and Memphis, took the brunt of the fever. Memphis suffered such economic losses that the city went bankrupt, but rich, smaller settlements, such as Holly Springs and Jackson in Mississippi, lost

---

[341] *Biographical and Historical Memoirs of Mississippi Volume II,* 694-695. Robinson served on the board of trustees during Mitchell's tenure as supervisor as well.

[342] Howard, 75-76; *Biographical and Historical Memoirs of Mississippi,* 449.

[343] Ibid., 15. For more on the tragic Yellow Fever Epidemic of 1878, see John H. Ellis, *Yellow Fever and Public Health in the New South* (Lexington: University Press of Kentucky, 1992); Deanne Stephens Nuwer, *Plague Among the Magnolias: The 1878 Yellow Fever Epidemic in Mississippi* (Tuscaloosa: University of Alabama Press, 2009); Jeanette Keith, *Fever Season: The Story of a Terrifying Epidemic and the People Who Saved a City* (New York: Bloomsbury Press, 2012);

hundreds.[344] Among the dead were former asylum superintendents Drs. W.B. Williamson and William Compton, the latter of whom had retired just a year prior from his position as superintendent at the insane asylum in Jackson to start his own private asylum practice, and Annie, Mitchell's wife.[345] The Mississippi State Medical Association lost twenty doctors, 10% of its membership, to yellow fever. Thanks to outside aid from "Northern friends" and the resilient spirit and helpfulness of neighbors, life eased in the aftermath of the "carnival of death." The position of asylum superintendent was likely the crowning achievement for Mitchell's twenty-year career, but it was a time heavy with mourning for him.[346]

While Mitchell would graciously report that "everything appertaining to [the asylum's] welfare had been so thoroughly regarded by my predecessor Dr. Compton, that I had but little trouble organizing," he inherited problems that had dogged the asylum since its beginning over twenty years before.[347] Incurable cases, some of which had been in the asylum before the Civil War, exacerbated patient turnover. At the beginning of Mitchell's tenure, only 15 out of 391 patients were considered curable.[348] The legislature had yet to pass clear laws allowing the superintendents "to send to their respective counties all harmless and incurable lunatics," even though this item had been on each successive superintendent's agenda almost since the moment the asylum had opened its doors. What little relief the state had put into law was in contradiction with itself: one provision the legislature allowed superintendents to send incurable nonviolent patients to their counties of origin, while another law obligated superintendents to admit all

---

[344] George S. Pabis, *Daily Life Along the Mississippi* (Connecticut: Greenwood Press, 2007), 149. A walk through the Holly Springs cemetery today gives a glimpse of the devastation, as dozens of grave-markers denote deaths in 1878, often commenting upon the bravery of those who died while caring for the sick.
[345] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, for the Years 1878-1879*, 72; *Biographical and Historical Memoirs of Mississippi*, 449.
[346] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879*, 72; Howard, 15.
[347] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879*, 72.
[348] Ibid., 72-73.

patients.[349] Mitchell pinned the inability to enforce the law on sheriffs "discovering there is no penalty affixed for the non-observance of this statute," but the legislature was in no hurry to clarify.[350]

The doctor inherited financial, structural, and institutional problems caused by such legal issues from Compton, who had tried to address them but had been unable to secure support to fix much. Disease was rampant in the asylum's overcrowded conditions and came in waves. While inside the asylum walls, patients avoided yellow fever in 1878, they were not so lucky when typhoid and dysentery swept the asylum in 1879. The institution was lacking in "amusements" - from newspapers to musical instruments - for the patients, the presence of which were considered essential to moral treatment as a healthy way to distract from morbid thoughts. By Mitchell's tenure, the asylum's amusements had been reduced to the "occasional dance" which had been made "less attractive from lack of good music."[351] Mitchell also needed to address insanity in black Mississippians, a task for which he and the facilities available to him were questionably capable.

The trustees of the asylum tried to play their part as they always had, requesting structural and financial changes in the asylum. They requested that the legislature "make our building entirely symmetrical" by adding another wing to alleviate the crowded conditions. The trustees also suggested that the institution simultaneously receive $150,000 in appropriations, build another asylum, and make the asylum free to those admitted. The move to make the asylum free was the most sensible solution to the problem of paying patients, but the enormous appropriation request was a sign of ballooning budgets to come. It was a bold move by the trustees, considering the legislature's devotion to frugality and taxpayer sentiment. In reality, though,

---

[349] Mississippi Code 1906, Chapter 37 §§ 2833, 2836.
[350] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879*, 73.
[351] Ibid., 74-77.

paying patients were neither paying fully nor on time: the asylum asked for over $360 per year

for paid patients to be paid in quarterly installments. The amount the asylum was receiving from

paying patients was so negligible as to rarely be reported by the superintendent to the legislature.

Making the asylum free to all patients was equally a measure of the magnanimity of asylum

reform philosophy and of how hard times had become for Mississippians.[352] By 1882, the asylum

was under renovation, the pay scheme was eliminated, and the state decided to build another

asylum, the East Mississippi Insane Asylum, in Meridian, nearly 100 miles east of Jackson.[353]

With the death of two former superintendents, one of whom had been the asylum's most

experienced superintendent and most eloquent ally, Mitchell had little active guidance nor the

added clout to make necessary changes to the asylum. Even though Mitchell had been announced

as Compton's successor by the 1878 Association of Medical Superintendents in Washington,

D.C., Compton had gone to the meeting instead and promoted his new private asylum venture he

planned to build in Holly Springs.[354] Mitchell's acclimation to the field and his new colleagues

was delayed. By the next year's meeting in Providence, Rhode Island, Compton was dead, and

Mitchell's immediate connection to the giants of his field disappeared.[355]

In light of the inauspicious circumstances that began his tenure, it is fitting that Mitchell's

appointment as superintendent marked an epochal shift. Mitchell and Compton had radically

different approaches to the position. Mitchell was efficient, not eloquent; analytical, not

---

[352] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879*, 6.
[353] An Act in Relation to the State Lunatic Asylum, Mississippi Code 1880, Chapter 88 § 659; East Mississippi Insane Hospital, Mississippi Code 1906, Chapter 38 § 1624.
[354] "Proceedings of the Association of Medical Superintendents of American Asylums for the Insane," *Journal of Insanity 35* (1879): 126, 358.
[355] "Proceedings of the Association of Medical Superintendents of American Asylums for the Insane," *Journal of Insanity 36* (1880): 140.

passionate; realistic, not idealistic.[356] Compton relied on his wit, connections, and passion to gather support for the institution. Mitchell relied on his competency. By the time of his appointment, he had been practicing in Jackson for two decades. His time in Europe, which still had a reputation for being at the cutting edge of medical endeavors and received regular fawning coverage in the *American Journal of Insanity*, gave him prestige that previous superintendents could not claim so easily.

It is these qualifying factors, however, that made Mitchell's departure from idealism remarkable. Mitchell and Compton were close to the same age at Compton's death. Mitchell had spent his prewar days traveling, learning, and practicing, while his immediate predecessor had spent much of the postwar period before the asylum splitting his time between practicing medicine and waxing poetic about the Marshall County Ku Klux Klan. The differences in their reports embodies their personality differences: Mitchell's reports are much more subdued, staid, and professional, while Compton's passionate, literary, persuasive style was compelling, if ill-fitted for a government report. If Compton was emblematic of the profession's naïve youth, Mitchell was equally representative of its conservative adulthood.

VEERING OFF-COURSE: THE FAILURE OF IDEALISM

Mitchell took the superintendent position in 1878 at age 48 and retired in 1910 at age 80. Under his tenure, the asylum simultaneously experienced explosive growth and philosophical decay. The answer to "why" is multi-faceted and complex but can be broadly stated in three parts, each one increasingly exacerbating the next: the advent of professionalized medicine, and the ad hoc expansion of the asylum with incompetent oversight, and simmering racial tension. The combination of these factors transformed the asylum into a Frankensteinian monstrosity,

---

[356] To Mitchell's efficiency: if part of his report was not addressed, he would take the request and its surrounding text from the report and copy it verbatim into the next biennial report to the legislature. To the legislature's intransigence: certain parts of Mitchell's biennial reports survived each of his reports.

unrecognizable to any of Mitchell's predecessors and ultimately destructive to the mission with which the insane asylum was founded.

Modern Medicine and the Professionalization Movement in Mississippi

The era of professionalization, a phase to which historians attribute the rise of advanced degree programs and trade associations, began gathering steam in the national medical community in the 1840s.[357] The American Medical Association was founded in 1847. The *American Journal of Insanity* (1844), a kind of trade publication for interested doctors and alienists, began the same year as the Association of Medical Superintendents of American Institutions for the Insane.[358] Ever eager to be at the forefront of the intellectual trend, Mississippi doctors formed the Mississippi State Medical Association in 1856. The prewar mitigating factors are unclear, but the Mississippi State Medical Association did not meet again until 1869 and did not begin meeting regularly until 1877, perhaps motivated by the formation of the Mississippi Valley Medical Association two years prior.[359] The Mississippi State Medical Association's journals, published in yearly volumes as *Transactions of the Mississippi State Medical Association,* recorded meeting minutes, paper titles, any papers recommended for

---

[357] The professionalization movement is meant to transcend regional designations. For more on the broader movement of professionalization, see Burton Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education* (New York: W.W. Norton, 1976). For more on medical professionalization, see Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985). While not explicitly about professionalization within the psychiatric profession, Charles Rosenberg's book on the trial of the assassin who killed President James A. Garfield accurately illustrates competing professional organizations and ideologies that played out through the trial. Charles E. Rosenberg, *The Trial of the Assassin Guiteau: Psychiatry and Law in the Gilded Age* (Chicago: University of Chicago Press, 1968).

[358] The word "alienist" comes from the French root meaning "insane." It can be used literally to mean "a person who studies the insane," but it acquired a different, more professional connotation to describe proto-psychologists who testified in court cases and had clout as an expert witness.

[359] The Association of Medical Superintendents of American Institutions for the Insane would change its name to "The American Medico-Psychological Association" in 1892 and later to the "American Psychiatric Association" in 1921. The American Psychological Association was not founded until 1892. The American Neurological Association, which eventually grew to be in direct opposition of the Association of Medical Superintendents, was founded in 1875. The Mississippi State Medical Association would not be formally incorporated until Governor Stone in 1895. Howard, 5-6.

publication, and proposals for legislation. The journal was the stamp of a legitimate organization, and the members of the Mississippi State Medical Association began building its prestige.

While not so explicitly stated, the subjects of papers given and meeting minutes taken show that one of the association's motivations, if not its primary motivation, was to affect policy. When the organization began, individuals, not fledgling professional organizations, held sway in Mississippi's political process. While the Mississippi State Medical Association floundered until the 1870s, it found its feet rather quickly under a succession of competent presidents, including A.B. Cabaniss and William Compton. The Mississippi State Medical Association positioned itself carefully as an organization of consummate professionals. In the history of the association, all of the presidents' alma maters were from states north of Mississippi, with quite a few coming from Louisville and Philadelphia. The association's journal published technical, ethical, and philosophical papers, though surprisingly few on racialized medicine. The Mississippi association itself would encourage its members to attend more prestigious meetings, such as the Mississippi River Medical Association and the American Medical Association, and submit to their journals as well.[360]

The Mississippi State Medical Association's priority was forming a state Board of Health, which would coordinate medical resources around the state and license able doctors. While Mississippi law mandated that the asylum superintendent be a "medical superintendent" (i.e. a doctor with an interest in mental illness), no licensing board existed in the state. While superintendents were put under intense scrutiny, everyday people were being treated by unqualified doctors. The quality of doctors could vary widely from the well-traveled-and-studied like T.J. Mitchell to charlatans peddling snake oil. No state body existed to regulate medical practitioners, and war, destruction, poor infrastructure ensured they could barely regulate

---

[360] Ibid., 96-144.

themselves.[361] In 1877, the association pushed the state legislature to form a Board of Health, but the legislature "completely emasculated and radically altered it" to the point of making it "worthless to the State."[362] The association continued to try, pushing for a state licensing body in 1880, and regulation of hospitals in 1885, and helping to write the legislation for the formation of a Department of Public Health in 1889.[363]

T.J. Mitchell's tenure as asylum superintendent coincided with the most concentrated effort to pressure the legislature into pushing the state beyond physical institutions and into regulatory oversight – but only with professional involvement. Compton, an able interpreter of psychology for the generally disinterested Mississippi legislature, sought to explain his field with brilliant, vivid metaphors and educate on the importance of asylum care. Mitchell's reports start with an interpretive orientation, but by the end of his career, the doctor seemed uninterested in explaining himself, his ideas, or the state of the field. Mitchell was thoroughly entrenched in Mississippi's medical elite. By the time he resigned from the Mississippi State Hospital, he had served as president of the Mississippi State Medical Association, and was a member of the county medical society, Medico-Psychological Society, and the American Medical Association. His credentials spoke for him.[364]

Doctors joined these associations with the intent of lobbying government agencies, leveraging their education against quack doctors, and cultivating their prestige. Ensuring that doctors were properly educated was assuredly not an evil, but it was elitist and a barely-concealed power grab. Over the course of Mitchell's career, he went from begging the legislature to repair the sewage system so patients would stop getting sick to having trouble finding any

---

[361] Ibid., 5-9.
[362] Ibid., 13. This loss was particularly painful, as its chief proponent, William Compton, would die in the yellow fever outbreak the next year.
[363] Ibid., 15-22. The Department of Public Health would finally be established in 1898.
[364] Ibid., 75-76.

appropriation that the legislature would say no to. That was in no small part due to the

burgeoning professional medical culture and T.J. Mitchell's considerable clout within that power

structure.

It did not hurt that by the end of the nineteenth century, "medico-psychologists" like

Mitchell were beginning to experiment with surgical procedures and disease research. The

mixing of psycho-scientific theory ("While it is true that cerebral and nervous diseases are more

occult than those affecting other organs, enough has been learned by experience and pathological

investigation to arm the skillful physician") and the physical act of cutting, thinning, severing, or

otherwise excising mental illness from the body made alienism acquire a certain level of respect

and prestige.[365] The prestige of medical psychology – of being able to cure a human's intangible

illness with one's bare hands – had its allure for professional doctors specializing in psychology.

Practical considerations demanded the asylum be on the technological edge of medical treatment,

but the spirit of the age, of the boundless faith in technology, had made moral treatment seem

almost backwards.

As science progressed to "the vestibules of knowledge," and surgery became an avenue

to understand and fix the brain, dogmatic defense of moral treatment alone was becoming

inexcusable. By 1901, Mitchell endorsed scientific psychology, which suggested moral treatment

had become a tool in an arsenal rather than the primary mode of relation to patients.[366] Appealing

to pride, Mitchell told the legislature, "In all-first class institutions the management is restricted

to nothing which in their judgment may be utilized for the welfare of the inmates, both mentally

---

[365] *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1899-1901,* 12. The meaning of "occult" here matches its historical scientific meaning, "not manifest to direct observation," "unexplained," "latent." "Occult, adj. and n.," OED Online (Oxford University Press, June 2016), http://www.oed.com.umiss.idm.oclc.org/view/Entry/130166?rskey=AeuIK9&result=1 (accessed June 1, 2016).
[366] "Scientific medicine" is a term invented here to describe the switch from moral treatment to a more biology/medicine-centric asylum treatment model.

and physically." Drugs, surgery, medical theories, and moral treatment needed to be available to

him and his successors so that they could provide the best care for their patients.[367] By 1905, the

asylum had acquired its state-of-the-art operating room and drug dispensary. By 1910, the

asylum acquired a pathology laboratory, and Mitchell's successor, Nolan Stewart, pushed the

legislature to authorize the construction of an "autopsy house," to examine patients upon

death.[368] In the 1870s, William Compton described mental illness as a disease, but he and his

predecessors had relied on moral treatment and not medical solutions. The paradigm shift from

thinking of mental illness as a curable disease requiring a communicative, non-invasive approach

to thinking of mental illness as a curable disease requiring the abrogation of agency and the use

of force, drugs, and scalpels took a while to complete, but by the end of Mitchell's tenure, moral

treatment was philosophically obsolete.[369]

Building without Vision

The asylum began to expand, first with new dorms then with more patients, during the

1880s, but the institution did not hit its growth spurt until the 1890s (*Tables 2 and 3*). Taking

advantage of the legislature's newfound liberality, Mitchell asked for and received extraordinary

appropriations. Mitchell saw the chance to modernize the asylum rather than simply limp along

behind the curve, and he and the trustees began unplanned development and threw the

architecture of the asylum – a key part of moral treatment – into disarray.

The legislature funded need-based improvements prior to 1890, but only barely and

haphazardly. The asylum was in constant disrepair, more a sign of the state's poor finances and

---

[367] *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1899-1901*, 12-13.

[368] *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1903-1905,* 6.

[369] Another nail in moral treatment's coffin came as early as 1887, when Mitchell wrote at length about the limits of "non-restraint," a central tenet of the therapy's philosophy. *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, 1886-1887*, 6.

its inability to maintain its institutions in pristine condition. Roofs leaked for years, paint pealed

from the façade, the floors wore thin, and radiators worked only intermittently. The sewage

system fell into disrepair and added to the patients' and caregivers' misery, the water supply was

undependable and inadequate, and the poor ventilation made for unbearably hot summer days.

The superintendent and trustees repeatedly asked for the coal-oil lamps, fire-hazards normally

but even more so in the absence of a dependable water supply, to be replaced by electric or gas

lighting in 1895, but the appropriation was not made until 1893.[370]

Improvements were hard to come by during the 1880s and well into the 1890s, but

expansions were a slightly different story. Mitchell and the trustees asked for expansions

beginning in 1881, and it would become a characteristic of his reports. The need for new wards

was pressing, but Mitchell asked the legislature to consider building an entirely new asylums, as

well. To maintain the number of patients currently admitted would leave many "in

uncomfortable jails," as burdens to family and friends, or as "a constant menace to the peace and

good order of society." The Jackson asylum was in dire need of expansion, but the number of

patients waiting to get into the asylum would outstrip the state's ability to meet need, he argued.

Additionally, crowding more people on top of each other would only invite disease. The way

forward was clear: "[t]o accomplish what is necessary for the insane, both spe[e]dily and

efficiently, I know no other plan more promising in results, than to establish a new hospital."[371]

---

[370] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879,* 78; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1880-1881,* 7-10; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the Years 1882 and 1883,* 1-6; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi, for the Years 1884-1885,* 4-5; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi, 1886-1887,* 3-7; *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1899-1901,* 3-9; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1892 and 1893,* 1-9; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1894 and 1895,* 10-11.
[371] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1880-1881*, 8-9.

The superintendent, as Compton before him, was fighting an uphill battle against a disinterested legislature tied up by austerity. Little seemed to have changed between the fight to build the asylum in 1846 and the budget battles that existed in every biennial report thereafter.

Mitchell reassured members of the legislature that their constituencies would not rebuke them for taking care of the insane loose among the general population and rotting in jail cells. On March 8, 1882, the legislature followed through on Mitchell and the trustees' request to build a new asylum. Meridian, Mississippi, donated 560 acres for the East Mississippi State Insane Asylum, which opened to the public in January 1885.[372] The new asylum lifted pressure from the State Asylum in Jackson, which had been the sole refuge for mental infirmity in Mississippi for thirty years. Placed under the care of J.M. Buchannan, the Meridian asylum saw an average of 231 patients between 1885 and 1891, peaking at 250 in 1891.[373] In December the same year, the $60,000 "Colored Annex," with two female and two male wards, was completed in Jackson with bricks from the penitentiary. Seventy-nine "colored patients," 37 men and 42 women, "all neatly dressed," were transferred from Meridian to the Jackson annex. The addition would have doubled the asylum's capacity if not for a fire that destroyed two-thirds of a white ward and forced some white patients to move to the annex temporarily.[374]

Appropriations grew. Between 1895 and 1903, workmen at the Jackson asylum built or installed a laundry list of improvements: two infirmaries; a shoe repair shop; lightning rods on all asylum buildings; a new kitchen; a house for the steward; a cow barn, for the 35 milk cows bought to add to asylum's original 45 head, a railroad spur so coal could be delivered directly to

---

[372] "History of EMSH," East Mississippi State Hospital, http://www.emsh.state.ms.us/index_files/historyv3.html (accessed July 11, 2016). The asylum would change its name to the East Mississippi State Insane Hospital in 1898 and East Mississippi State Hospital in the 1930s.
[373] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, to the Legislature of Mississippi for the Years 1890 and 1891*, 29.
[374] *Biennial Report of the State Lunatic Asylum, 1890-1891*, 3-7.

the asylum, a flat car for the railroad spur, and covered coal bins; a new laundry, store-room, and kitchen; a house for the supervisor (the original had burned); a house for the farm manager; two outside courts for women; a sewing department, along with a sewing department superintendent; "cotton seed hull house"; a car house; and an enlarged hog pen. New personnel came along with these additions, too, including an indoor night watchman and a watchwoman; a "first class chef" and "as fine a baker as the country affords." On top of these additions, the trustees went so far as to ask the legislature to appropriate an additional $150,000 "for the purpose of repairing, remodeling and modernizing the buildings and erection of new ones." These were in addition to new wards built throughout the 1900s, which expanded to a capacity of over 1,300 by 1910.[375]

Overcrowding pushed the asylum to the brink of uselessness. Mitchell pushed the legislature to move the asylum out of the city and adopt the "cottage system," a plan to break the asylum into smaller, more intimate structures. The cottage system plan gained popularity among Mitchell's medico-psychology colleagues as the next innovation in asylum architecture. At the same time, he requested even more expansions – a separate asylum for black patients, workshops to employ "white women and children," a training school for medical officers, an ice plant, and a hospital with wards for black patients.[376] Requests for sanitary kitchens and dairies, industrial plants, even more renovations and hospitals all made appearances in Mitchell's reports before the end of the decade.[377]

---

[375] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1896 and 1897,*4-5; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1898 and 1899,* 4-5; *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1st, 1901 to October 1St 1903,* 5-8; *Biennial Report of the State Insane Hospital, 1903-1905,* 8.

[376] *Biennial Report of the State Insane Hospital, 1903-1905,* 6-8, 19.

[377] *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi from October 1st, 1905 to October 1St, 1907,* 6-7; *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1908-1909,* 7-15; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum to the Legislature of the Mississippi, from October 1, 1909, to July 1, 1911,* 33-41.

Mitchell failed to account for how his constant overcrowding and overhauling of the asylum was at odds with moral treatment, which necessitated clear space, quiet, and solitude. In 1903, he admitted in his report that if every space were filled in the asylum, the patient load would be "really too large to give such individual attention as would best serve the interests of the patients." Whereas the custom had been for the doctor and assistants to know every patient's name, it had become impossible with new "recruits" coming in daily. Rather than report these conditions as unacceptable, Mitchell seemed to see them as a fair compromise as he continued to push for asylum expansion and renovation. With no way to fix the issue at Jackson, Mitchell pled with the legislature to expand the facilities at Meridian to relieve some of the burden on the Jackson asylum.[378] When Nolan Stewart took over from Mitchell in 1910, he reported on the asylum's terrible conditions:

> . . . [T]he arrangement [of buildings] is highly unsanitary, especially as regards those for the colored insane. These buildings . . . are antiquated in design, highly unsanitary and wholly inadequate for the purpose of the proper care and treatment of the insane. These buildings were not constructed with any reference to the number of cubic feet of air which should be allowed for each occupant. . . The ward are congested. . . These buildings are all erected such close proximity that in case of fire the calamity would likely be most appalling. . . [and] would likely result in great loss of human life.[379]

While trying to modernize the institution, Mitchell destroyed it.

The Realities and Myths of "The Colored Problem"

When African Americans were allowed into the asylum in the late 1870s, Superintendent William Compton reported their harrowing living conditions, but he did not say much about the actual treatment they were receiving. The governor echoed his concerns about space, and the legislature granted two small expansions, increasing the capacity of the asylum by 125% to 400

---

[378] *Biennial Report of the State Insane Hospital of Mississippi, 1901-1903,* 14-15.
[379] *Biennial Report of the State Insane Hospital, 1909-1911,* 12-13.

patients.[380] When T.J. Mitchell succeeded Compton, the superintendent claimed that under the auspices of the law he could make no distinction in admission or treatment between blacks and whites. While the former was technically true, a close reading of the superintendent's reports reveal the outside world's injustices followed the patients into the asylum. The differences in treatment deteriorated the relationship between caretakers and patients and eventually led to the all-but-nominal abandonment of moral treatment.

When the asylum officially opened to blacks in 1868, black Mississippians likely viewed the institution with as much, if not more, skepticism than white Mississippians.[381] Popular lore surrounding the asylum, which the superintendents presented in their reports as they tried to refute it, suggested it was a place where relatives went and did not come back, locked away like animals in a sideshow. Unfortunately, lore bore a grain of truth. Due in part to admission standards and the superintendent's inability to release chronic but non-violent patients lawfully, far more chronic patients were admitted to the asylum than acute ones, and chronic patients were far less likely to ever be released. For a black family with a mentally ill relative, the idea of sending him or her to a white institution to never be seen again was surely a last resort. Amidst the constant racial violence of the postwar period, the perception that white Mississippians could not be trusted to treat vulnerable black Mississippians well was slow to change. When Mitchell took up the task of explaining racial difference in mental illness, his evaluation did not include the "optics" of the institution. Using data from the few years African Americans had been allowed into the asylum, the doctor drew conclusions about the "relative curability and

---

[380] Asylum Superintendent Biennial Report, *MSJ* 1874, 27; *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879,* 8.

[381] African Americans have been repeatedly exploited and used for experimentation for new medical treatments. For one of the few general histories of medical exploitation, see Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present.* For monographs on medical exploitation in the nineteenth century, see Todd Savitt, *Medicine and Slavery: The Disease and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1981); Katherine Bankole, *Slavery and Medicine: Enslavement and Medical Practices in Antebellum Louisiana* (New York: Routledge, 1998).

susceptibility of the colored race" that were steeped in Lost Cause ideology and gave a glimpse of a nascent scientific racism.[382]

Though he wrote about race and insanity with a slew of unexamined biases, Mitchell seemed fairly open-minded during most of his tenure. He was often rational, analytical, and concerned, which would be traits mostly to his credit. But when he lacked enough data to predict how many black Mississippians had mental illness, he committed an error common to armchair scientists and extrapolated from the anecdotal evidence of his immediate environs. He first established that blacks had the same access to the asylum as whites, as blacks worked on farms under "some white superintendent of sufficient intelligence to do any correspondence that the laborers may require." He estimated that the large number of whites (322 at the time of writing) compared to blacks (only 79) in the asylum suggested that blacks were not as susceptible as whites to mental illness. He saw susceptibility play out in complementary ways: blacks were emotional "chiefly on religious topics," while whites were easily angered to the point of violence. Black Mississippians' anger was of "transitory nature," which Mitchell saw as the only possible explanation for the "lack of malice towards their owners" after the Civil War.[383] The superintendent differs on the opinion that "the passions of the colored are stronger and lest [sic] amenable to control than among the whites," and that reports of lust, or "religious ardor," among blacks was due to their "lack of restraint imposed by the conventionalities of more refined and cultivated society." The religious nature of mental illness among blacks, however, proved

---

[382] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879,* 74.

[383] ". . . [W]e would have had during that long period many evidences of malice towards their owners, but it was rare, and many were the instances where they seemed to take pleasure in protecting the property of their masters, and almost invariably respectful in their bearing to the whites, although fully aware had they willed it, that they would have inflicted great personal injury with impunity, as the country was almost entirely depleted of male adults by military absence." *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879,* 75-76.

hardest for Mitchell to treat, as it was "quite difficult to prescribe successfully for patients, whose treatment must antagonize divine influences."[384]

J.M. Buchanan, who used the asylum as an endless font of research material and published articles during his time at East Mississippi State Insane Asylum, built on Mitchell's conclusions about the susceptibility of whites to mental illness and added his own interpretations of emerging racial science. He published the results of his studies and ruminations in the New York Medical Journal in July 1886 and subsequently as a pamphlet. Buchanan addresses two main questions in the nine-page document: why are whites becoming more susceptible to mental illness, and why are blacks less susceptible to mental illness? The answer to the first question is answered succinctly. Buchanan cites unnamed experts, who claim that "the large influx of foreigners, hereditary taint, intemperance, the education of the times, the great excitement and competition in the commercial world, and the change from a vigorous, well-balanced organization to an undue preponderance of the nervous temperament" caused insanity "in the white race."[385] The East Mississippi Insane Asylum official did not believe these factors could account for African American illness completely. An influx of immigrants could hardly be blamed for the increasing insanity among their number, nor could (for reasons largely assumed, not stated) heredity. If not from there, then whence?

---

[384] *Biennial Report of the Trustees and the Superintendent of the State Lunatic Asylum, 1878-1879,* 74-76. Mitchell's argument began on the wrong foot by claiming that blacks have equal access to the asylum. He presumes the benevolence of whites and the awareness of blacks of institutions that are essentially white. The superintendent's argument also presumes that blacks have no reason to mistrust the institution, though he goes on to say that very few blacks are on the asylum waiting list and rarely, once admitted, do blacks leave the asylum. Even accounting for all of these arguments, Mitchell's racism, however well-meaning, is obvious and makes his conclusions specious.
[385] J.M. Buchanan, *Insanity in the Colored Race* (Meridian: John J. Dement, 1886), 1-2. Buchanan was only an assistant physician when he wrote this essay.

The idea that civilization leads to mental infirmity is an old one, and is implicit in moral treatment.[386] African Americans, having descended from ancestors in Africa, were not as removed from a mythic barbaric past during slavery. "[F]rom information obtained by travelers in Africa, we learn that insanity among the natives is almost unknown," Buchanan states. The only explanation for the epidemic among their population was that "[o]n being transplanted to this country. . . the negroes came under the influence of our civilization." It was their "condition of servitude" that forced them to remain, mentally, more like their African ancestors than their masters in terms of civilization and thus number of cases of mental illness.[387] Emancipation transformed civilization from saving grace to an incredible, unfathomable burden that had crushed the African American mind. Even more, Buchanan argues that freedom had taxed not only the African American mind but also his body:

> When the negro had a master, he had no thought of the morrow; not a single care burdened his mind; there was nothing to destroy his equilibrium, and he always was the same fat, sleek, contented individual, flourishing in the trop[ical Southern sun like a plant indigenous to the soil. As a rule, he was well treated; had warm clothing; his diet, though plain, was wholesome and sufficient; he was comfortably, cleanly quartered, and not overcrowded. . . Contrast his condition to-day. Many suffer from actual want of daily necessities, consuming but little meat and fatty substances, other provisions likewise being often insufficient, their clothing thin, and their houses as a rule too small and filthy for comfort or health, one room in many instances sufficing for whole families, including children and dogs. In the light of reason, then, what more could we expect than to find this unsanitary condition, productive of great evils to health and morals?[388]

Studies long after Buchanan's time would prove that what he had blamed on freedom was actually the result of poverty, a condition that most African Americans had been locked into since the Civil War. In fact, even within his own paper, Buchanan admits that the ratio of the

---

[386] The retreat from civilization to quiet locales for convalescence was the attempt to move away from the influences that corrupted the mind in the first place.

[387] Buchanan did not consider the ways in which slavery could mask insanity. See the discussion of Eric Jarvis's essay on insanity among slaves in Chapter II.

[388] Buchanan, 2-3. T.J. Mitchell speaks in multiple reports about the differences in black Mississippians diets before and after slavery. He likely received his information from Buchanan's essay and incorporated it into his own developing racial theories.

mentally ill in the African American population had increased from 1:2695 in 1870 to 1:1096 in 1880. At the rate of increase, he stated that by 1890 "we may expect to find the whites and colored with about the same ratio, which is one for each 500." Buchanan's worry was that the ratio would continue to skyrocket past that of whites'.[389] It is worth noting at this time that anyone suffering from alcoholism was eligible to stay at the asylum for a rehabilitation period, and that "intemperance" as a reason for admission was at epidemic levels for both white and black patients in the asylum patient registers. Even so, Buchanan only mentions it as an epidemic among the black population. "All observers agree that intemperance is intimately connected with and is one of the main exciting causes of insanity in all races, and this is especially true of the negro, and, as its evil effects are handed down to succeeding generations, we can expect his progeny to be heirs to alcoholism, idiocy, or hereditary insanity."[390]

After noting that "few Southern States provide for half their colored insane," he lamented that the fact is "sad commentary on our Government. The negro is with us to stay; he is an acknowledged factor in the body politic, a part and parcel of our Government, and as a citizen and tax-payer he is entitled to all the benefits accruing from our eleemosynary institutions." In other words, it was the African American's right to have equal access to care. He went on to mention that they cannot be fully treated without a radical expansion of institutions. "However insane," he wrote, "the whites still feel a repugnance toward the negro. . . " and the presence of blacks only contributed to the excitability of white and black patients. "It is sincerely to be hoped that . . . the colored ones will not be forgotten. They are our wards, their condition appeals to our

---

[389] At this point, Buchanan's theory about the rate of insanity for whites being outstripped by that of blacks is at odds with his colleague, Mitchell, who at this time was relaxing his ideas about black *insusceptibility* but was developing his ideas about *incurability* further.
[390] Buchanan, 4-5.

sympathy and benefaction, and it behooves us to give them that care and attention which our modern civilization demands."[391]

Buchanan's condescension was palpable, and his saccharine considerations of the plight of black Mississippians did not come close to concealing his contempt. Through the layers, however, some of the situation of blacks in Mississippi can be seen, and the scene was a melancholy one. Religion, as comes up again and again in considerations of mental illness in black Southerners, was a refuge, but the stress of being the perpetual target of racial violence had turned refuge into severe suffering and delusion. In a passage that was more revealing than its author lets on, Buchanan told an anecdote about two black patients upon hearing that Grover Cleveland, a Democrat, had won the presidency:

> One of the most violent patients we have ever had became maniacal on hearing that Mr. Cleveland had been elected President, and an other [sic] cut his throat on receiving the same tidings. They had been told that their race would be deprived of the rights of citizenship and placed again in bondage on the election of a Democratic president; hence this sudden outburst of frenzy and despair which left their minds in total eclipse. . . [T]hese [anecdotes are] sufficient to properly illustrated some of the inevitable results and wrong ideas and false teachings with which the primitive-minded negro has been so thoroughly indoctrinated.[392]

What Buchanan provided as evidence of delusion actually provides a window into the hellish landscape whites had created in their bid for supremacy in the Redemption era.

Another interpretation of Buchanan's work, which corroborates T.J. Mitchell's conclusions, was the non-negotiable, essential, *natural state* of racial segregation. Again and again, Buchanan and Mitchell refer to the oil-and-water natures of whites and blacks and how,

---

[391] Buchanan, 8. Similarly, Mitchell forecasted that black Mississippians at some point in the "remote future" may want to take care of the insane of their race "when they will feel willing and prepared to act and live independently of their white neighbors, knowing that without this balance wheel they would rapidly disintegrate and become a prey to warring factions, which attend their existence when in a state of total independence." In other words, black communities were not ready to take on the responsibility that white society had, and that white society would be obliged to continue shouldering that responsibility until black communities were stable enough to take care of their own. *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1892-1893,* 9.
[392] Buchanan, 7.

194

stripped of the reason that civilized them, insane patients were quick to jealousy and violence .

The lack of "reason" suggested racism was an elemental racial condition, further legitimating

segregation. For these two medico-psychologists, segregation was not only a preferred political

and social condition, but it was also an essential part of the mental healthcare of both races.[393]

Mitchell was able to use Buchanan's work to explain some of the shifting demographics

in his own asylum. In 1893, the Jackson asylum superintendent increased his estimate of the

number of insane blacks as compared to whites from 25% to 50% in 1893, and then from 50% to

75% in 1903, meaning that three-fourths as many blacks as whites were entering the asylum.

Blacks were still less susceptible to mental illness, but the march of civilization was gaining on

them.[394] At a glance, Mitchell's rhetoric perhaps belied expected assumptions of racial

inferiority, but his argument about the religiosity of blacks and their increased susceptibility to

disease unexpectedly departs from this track. Arguing that asylum conditions were the same for

whites and blacks, Mitchell argued that blacks were physiologically weaker than whites because

"under the same hygienic surroundings death claims more victims" among black

Mississippians.[395] One of the main sources of this conclusion was the rise of tuberculosis among

black Mississippians. "[A]lthough both races receive the same attention in every respect,"

Mitchell wrote in 1899, "the mortality among the colored is relatively much greater,

demonstrating their inaptitude to successfully resist all diseases of a pulmonary nature." Mitchell

resisted seeing this statistical trend as a consequence of living conditions, citing that "even when

the colored blood is intermixed with the white, the offspring from this union seems to inherit the

---

[393] While it might seem like a chicken-and-egg situation, as science and psychology had given scientific credence to theories of white supremacy, the Lost Cause, and other racially discriminatory policy, the science did not start from a base with no assumptions. Science interested in the causes of current conditions, as opposed a more discovery-oriented approach to science, was more about reverse engineering the research to fit the conclusion. In the nineteenth-century South, segregation was the only conclusion, which led to both painfully contorted logic and lazy assumptions that collapse under the slightest scrutiny - in hindsight.

[394] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1892-1893,* 8-9.

[395] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1896-1897,* 12-13.

weakness of the black race as regards disease of the lungs."[396] He also claimed epilepsy occurred in much higher rates among blacks than whites.[397] For the Jackson superintendent, the evidence was indisputable. Such conclusions reveal blindness to the dire living situations of many black Mississippians. More importantly for the patients in the asylum, however, those conclusions normalized the high mortality rate among black patients.[398]

In the emerging scientific understanding of mental illness as tangible, medicinally treatable, and even removable, vulnerability to disease became scientifically intertwined to weakened mental states. Rather than the dichotomy that doctors like Compton drew between mental illness and body health, doctors like Mitchell were increasingly working backwards to find the roots of mental disease in the body and racial "habits" and "traits."[399] The anecdotal evidence, theoretical groundwork, and emergence of scientific medicine provided ample evidence that therapies were effective for white patients alone. The reluctance to expend resources on black patients had racist origins, but the statistics and the science, however skewed, created a feedback loop of lower and lower expectations.

The consequences of these forces came to a head during the first decade of the twentieth century. The Jackson's asylum's rapid expansion, which had junked its beautiful grounds with

---

[396] *Biennial Report of the State Lunatic Asylum, 1898-1899,* 12.

[397] *Biennial Report of the State Insane Hospital, 1905-1907,* 16.

[398] In the report for 1902, deaths of black men exceeded deaths of white men by 50% (32 to 23); in women, the mortality rate among blacks exceeded that of whites by 500% (54 to 11). The percentages were correct for the number of deaths, but stating the percentages in such a way made it much easier to takeaway that blacks were dying in droves and little could be done to stop it. *Biennial Report of the State Insane Hospital of Mississippi, 1901-1903,* 12.

[399] Mitchell developed a theory on tuberculosis rates among black Mississippians. He conjectured that because "the negro has the habit of sleeping ordinarily with the head covered, while the feet are more or less exposed" that the air they breathe in their sleep becomes "impure" and "carbonized" and becomes a source of "chronic poisoning" and the inadequate "aeration of the blood." Additionally, the change in diet to food more associated with "that of the white race" and clothing from wool to cotton, blacks were unable to store fat properly or "promote health in semi-tropical beings." For these reasons, Mitchell argued, black constitutions were weakened and made more susceptible to tuberculosis. While tuberculosis is not a mental illness, Mitchell's approach to explaining its prevalence among black populations is a prime example of reverse-engineering the cause of disease from racial difference. *Biennial Report of the State Insane Hospital of Mississippi, 1901-1903,* 11-12.

myriad buildings and constant construction, forced Mitchell to press the legislature into

considering moving the asylum. For many years, Mitchell had requested different wards for

tuberculosis and epileptic patients. In the 1900s, Mitchell worked even harder to connect those

afflictions to African American patients. He began to put aside all his interest in the differences

in racialized mental illness and the ease of surveillance over a racially-mixed institution. Instead,

he became semi-obsessed with advancing the treatment of whites under his care and putting

blacks in substandard conditions, in some cases with questionable motivations.

One of his standard requests, from at early as 1898 onward, was to move to the cottage

system for the asylum. This change, while pitched simultaneously as state of the art and

"economical," would have come at great expense.[400] Despite magnanimous assurances that all

black and white patients "received equally as good food and medical attention," Mitchell

inadvertently contradicts that claim on at least two instances. In 1905, Mitchell gave up on the

practicality of keeping segregated races on the same asylum grounds. "Time" having changed his

views, Mitchell wanted an entirely separate asylum built in the Delta "whence the great number

of colored come."[401] In a section on "The Colored Problem," he wrote that "common

management" made less and less sense as the therapies' effectiveness was not universal between

the races. Even more so than the issue of curability, however, the realities of having white help

take care of black patients had undermined order in the asylum:

> We find that when the race are associated under one management the effect is quite
> demoralizing to the white attendants, impairing to a very great extent their usefulness

---

[400] *Biennial Report of the State Lunatic Asylum, 1898-1899,* 13-14.

[401] This request for a completely new facility for black patients coincided with the governorship of James K. Vardaman and his rise to asylum Board of Trustees. Vardaman holds the dubious distinction of using racism to win elections "more openly and bluntly than any previous candidate in the state's history." He campaigned to "abolish Negro education, except for the rudimentary instruction in agriculture and vocation training" and criticized efforts to stem lynchings. His arrival on the scene and Mitchell suddenly supporting separate institutions for whites and blacks is likely not a coincidence. William F. Holmes, "Whitecapping Agrarian Violence in Mississippi, 1902-1906," *Journal of Southern History* 35, no. 2 (1969): 174. See also Holmes's monograph work, *The White Chief: James Kimble Vardaman* (Baton Rouge: Louisiana State University, 1970).

from the fact that they seem to think that everything in the nature of work, especially if at all menial, should be done by the negroes; hence the efficiency of the white employees has been in my judgment very greatly impaired. Many other reasons could be assigned for an entire segregation, but enough has been presented, I think, to warrant the change.[402]

The second major instance of contradiction occurred in 1909, when Mitchell was arguing again for the complete separation of blacks and whites in different asylums: "It does not cost as much to care for a colored patient as for a white patient, and we think that a plan can be devised whereby the colored insane can be cared for and treated at less cost than now."[403] Mitchell thought mental illness in black patients was more "functional than organic," again attaching mental illness to race and thus to inevitability.[404] If the state wanted to proceed with the building of an entirely different asylum for blacks rather than leaving them at Jackson, Mitchell believed that the buildings could be made cheaply, too. If the patients were being treated exactly the same, they should have cost the same to care and build for. Instead, corners were being cut in their care, a decision likely influenced by the belief that incurable mental illness was endemic to their race, the relative afterthought that was their care, and the astronomical morality rate among black patients.[405]

Questions remain about the superintendent's unstated intentions regarding the establishment of a "colored" asylum. Over half of admissions by 1905 were black. In 1907,

---

[402] *Biennial Report of the State Insane Hospital, 1903-1905*, 14.

[403] *Biennial Report of the State Insane Hospital of Mississippi, 1901-1903*, 11.

[404] "Functional" mental illness referred to those diseases of the mind "in which no obvious lesion" on the brain "was present." In other words, functional psychosis or mental illness had no observable, physical cause. Organic mental illness was the result of bodily disease or injury affecting the brain; functional mental illness was a disease of primarily psychological cause. Dementia as a result of Alzheimer's disease is an example of an organic mental illness. Schizophrenia is often considered functional mental illness. Mitchell was theorizing that mental illness in blacks was without biological or physical cause and the result of a mental malfunction, and that mental illness in whites was often caused and exacerbated by biological or physical causes. Mitchell was setting the theoretical foundations for the basic inferiority of the brains of African Americans. For the superintendent, mental illness in whites was likely caused by outside influences and unfortunate circumstances, and mental illness in blacks was likely the result of a flaw in the machine. Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 194-196.

[405] *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1908-1909,* 7, 13.

Mitchell recommended they build a cottage-style asylum away from Jackson specifically for whites and leave the aging institution in Jackson for black patients. The same year, the asylum acquired an operating room, and Mitchell and his successor Nolan Stewart each made at least one request for an "autopsy house" to examine dead patients. Mitchell and Stewart both accepted the mortality rate of black patients as a fact of their existence. Patients with wealthy families were expected to retrieve the bodies of deceased patients and were likely not keen to allow autopsies.[406] Most of the autopsies, then, would be done on black bodies. With the assumption of their eventual deaths in the asylum, the potential of such a scenario to lead to a moral quagmire was not lost on Stewart. He promised to use surgery only as sparingly as possible.[407] Even so, social and scientific racism had put black patients in a position of extreme vulnerability in the insane asylum and made them easy targets for future abuses in the name of science.

CONCLUSION

In his 1895 report to the state, Mitchell reflected on the history of the institution and wrote of the power of his position:

> Although autocratic power in Institutions of this kind is almost indispensable to proper discipline, I congratulate myself that I have never exercised it to the prejudice of either patient or employee; and have never undertaken any important change, even when authorized by law, without a free interchange of views both with the Governors and yourselves.[408]

Mitchell's authority, as medico-psychologist, doctor, or institutional leader was never challenged in any significant way. Moral treatment, with its emphasis on father-like superintendents and their relationship to "child-like" and "innocent" patients, relied on "autocratic power" to work. The superintendent was the head of a household and had to have the power that position would

---

[406] *Biennial Report of the State Insane Hospital, 1905-1907*, 7; *Biennial Report of the State Insane Hospital, 1909-1911*, 33-40.

[407] *Biennial Report of the State Insane Hospital, 1909-1911*, 33. Completely segregated insane asylums would never actually come to pass in Mississippi.

[408] *Biennial Report of the State Lunatic Asylum, 1894-1895,* 8.

have required in any other domestic situation. While Mitchell had to acquire clout over the years, by the end of his tenure he would be the powerful leader of a tiny kingdom that had more people in it than most Mississippi towns.

Mitchell was a tepid believer in moral treatment, and his practical take on the purpose of the asylum and the expansion of the asylum heralded the end of moral treatment in Mississippi. While Compton saw the asylum as a refuge where the sick could convalesce and be vessels for his boundless optimism for curing mental illness, Mitchell increasingly transformed the asylum a place for white Mississippians to waste away and a place for black patients to die. Mitchell's authority, bolstered by a professionalization movement that endorsed his credentials, his questionable-yet-unquestioned long-term planning, and racial attitudes ate away at the core of all that moral reform had come to represent.

The reasons for moral treatment's failure in Mississippi were neither instantaneous nor entirely localized in nature. The national dynamics of professionalization, scientific medicine, and the increasing authority of the state met the local dynamics of Reconstruction and Redemption era politics, segregation, expansion of the state. These factors worked together on a microcosmic level to dismantle the doctrines of small populations, peaceful rehabilitation, patient therapy, and non-restraint, the idealism of human potential, and doctor-patient interaction and familiarity that formed the quintessence of moral treatment and the heart of asylum reform.

Year	Total Men	% Change from Previous	Total Women	% Change from Previous	Total	% change from Previous
1880	202	/	240	/	442	/
1885	169	-16.3%	248	3.3%	417	-5.7%
1890	189	11.8%	261	5.2%	450	7.9%
1891	194	2.6%	277	6.1%	471	4.7%
1892	267	37.6%	312	12.6%	579	22.9%
1893	290	8.6%	342	9.6%	632	9.2%
1894	334	15.2%	382	11.7%	716	13.3%
1895	360	7.8%	391	2.4%	751	4.9%
1896	370	2.8%	412	5.4%	782	4.1%
1897	390	5.4%	431	4.6%	821	5.0%
1898	395	1.3%	434	0.7%	829	1.0%
1899	405	2.5%	442	1.8%	847	2.2%
1900	408	0.7%	462	4.5%	870	2.7%
1901	459	12.5%	556	20.3%	1015	16.7%
1905	540	17.6%	575	3.4%	1115	9.9%
1910	631	16.9%	701	21.9%	1332	19.5%

Table 2. Patient statistics at the end of selected years.[409]

---

[409] *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1880-1881,* 12; *Biennial Report of the State Lunatic Asylum, 1890-1891*, 12, 33; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1892-1893,* 12, 36; *Biennial Report of the State Lunatic Asylum, 1884-1885*, 15, 31-36; *Biennial Report of the Trustees and Superintendent of the State Lunatic Asylum, 1896-1897,* 17, 36; *Biennial Report of the State Lunatic Asylum, 1898-1899,* 23, 45; *Biennial Report of the Trustees and Superintendent of the State Insane Hospital of Mississippi, 1899-1901,* 20, 42; *Biennial Report of the State Insane Hospital, 1903-1905,* 47; *Biennial Report of the State Insane Hospital, 1909-1911,* 49.

Year	Black Men	% Change from Previous	% of All Men	Black Women	% Change from Previous	% of All Women	Total	% Change from Previous	% of Total Patients
1892	125	/	46.8%	135	/	43.27%	260	/	44.9%
1893	136	8.8%	46.9%	146	8.1%	42.69%	282	8.5%	44.6%
1894	162	19.1%	48.5%	168	15.1%	43.98%	330	17.0%	46.1%
1895	174	7.4%	48.3%	182	8.3%	46.55%	356	7.9%	47.4%
1896	175	0.6%	47.3%	189	3.8%	45.87%	364	2.2%	46.5%
1897	199	13.7%	51.0%	193	2.1%	44.78%	392	7.7%	47.7%
1898	196	-1.5%	49.6%	193	No Change	44.47%	389	-0.8%	46.9%
1899	200	2.0%	49.4%	191	-1.0%	43.21%	391	0.5%	46.2%
1900	186	-7.0%	45.6%	196	2.6%	42.42%	382	-2.3%	43.9%
1901	234	25.8%	51.0%	271	38.3%	48.74%	505	32.2%	49.8%
1905	292	24.8%	54.1%	275	1.5%	47.83%	567	12.3%	50.9%
1910	347	18.8%	55.0%	389	41.5%	55.49%	736	29.8%	55.3%

Table 3. Patient statistics by race at the end of selected years. Data for black patients was not recorded officially until 1892. [410]

---

[410] Ibid.

EPILOGUE: 1910-1955

State institutions will always be at the mercy of economy. The legislature appropriated

funds for some of the Mississippi State Hospital's biggest expansions (e.g. 1892 and 1906) on

the cusps of huge financial panics (e.g. 1893 and 1906) that devastated Mississippi's economic

growth. Although these panics made the State Hospital a substantial financial burden on the

state's budget, the asylum was still an elevated concern for the governor and the legislature

during T.J. Mitchell's tenure. Even if money had been easily accessible, the state asylum had a

problem that money could not immediately fix: it had run out of room. The reasons for the

asylum's lack of space were overcrowding, over-expansion, and segregation.[411] Segregation was

a non-negotiable condition of existence in Mississippi. Legislators would address the other two

issues over time, but it would take ten years to take the first steps alleviating the State Hospital's

woes.

Overcrowding was a long-term issue that grew worse with each passing year. By the end

of the nineteenth century, hundreds of patients were considered "chronic," incurable cases, many

either with "puerperal" cognitive impairment since birth or epilepsy.[412] To finally address these

---

[411] Each of these factors is discussed at length in Chapter III. Patient turnover, the culprit mainly responsible for overcrowding, is also examined in Chapter II.

[412] "Puerperal" – childhood.

issues, Mississippi created the Mississippi School and Colony for the Feebleminded in 1920 and opened it in 1923.[413] The law defined "feebleminded" thusly:

> . . . '[F]eebleminded' . . . shall apply to any and all persons with such a degree of mental inferiority from birth, or from infancy or early childhood, that they are unable to care for themselves, to profit by ordinary public school instruction, to compete on equal terms with others, or to manage themselves and their affairs with ordinary prudence, and consequently constitute menaces to the happiness or safety of themselves or of other persons. . . and require care, supervision and control either for their own protection or for the protection of others.[414]

At first glance, the law seemed designed specifically to alleviate the chronic patient problem at the State Hospital. Indeed, the law mandated that the State Hospital and the East Mississippi asylum send "feebleminded" patients the colony as soon as they acquired a diagnosis.[415] Superintendents had long been asking the legislature for a solution to the problem that would not create burdens for families who did not have the time or resources to effectively manage disabled relatives.

Yet another clause in the law suggested an ulterior motive worthy of its time - eugenics. In a clarification of the definition of "feebleminded," the law held "[t]hat the greatest danger of the feebleminded to the community lies in the frequency of the passing on of mental deficiency from one generation to another, and in the consequent propagation of criminals and paupers."[416] The colony was designed to gather those with "mental deficiency" and force them to remain childless.

---

[413] The act to create the school and colony was officially named the Mental Deficiency Law of Mississippi. Mississippi Annotated Code 1921, Chapter 140A § 5728a. Institutions for the feebleminded have a different lineage than asylums. Beginning in 1836, Johann Jacob Guggenbühl, a Swiss physician, devoted his life to the "'cure and prophylaxis of cretinism.'" While the institution he founded had much in common with asylum reform in its emphasis on environment, his institution was meant to train "cretins" and teach them to be productive individuals. The institution, dogged by accusations of poor conditions and child abuse, was a catastrophic failure. Regardless, Guggenbühl is "'the indisputable originator of the idea and practice of the institutional care for feeble-minded individuals.'" David Hothersall, *History of Psychology* (Philadelphia: Temple University Press, 1984), 207-208; Leo Kanner, *A History of the Care and Study of the Mentally Retarded* (Springfield, IL: C.C. Thomas, 1964), 30, 221, as quoted in Hothersall, 208.
[414] MS Annot. Code 1921, 140A § 5728b.
[415] Ibid., § 5728y.
[416] Ibid., § 5728b.

While the law lacked permissions to involuntarily sterilize patients, the scaffolding for the eugenics policies Mississippi would become known for in the mid-twentieth century was present.[417] The superintendent was to be a medical doctor, similar to the State Hospital superintendent, except with special experience "in the training, education, and re-education of mentally defective, and mentally diseased persons."[418] The colony would segregate first by sex and then by color, and it would provide cottages for the housing of epileptics and "criminal and immoral mental defectives."[419] The law focused on molding the colony's patients for "li[ves] of usefulness." They were to be trained "in the arts of the farm, of the house, and of the shop." While living and working in the colony, each inmate would have "frequent mental examination[s]." The colony would contain a research department "which shall study the causes of mental deficiency with a view to curtailing and preventing feeblemindedness in the state."[420] Emphasizing the point, the law made it "unlawful for any person to cohabit with or attempt sexual intercourse with a female who is feebleminded."[421]

The colony would also admit minors provided both parents or the custodial parent provided permission, but the law stated that any minor given over to the colony would not be

---

[417] Mississippi became infamous for forced sterilization of women, overwhelmingly minorities. In the beginning, Mississippi's use of sterilization was allowed only within specific circumstances, but by the mid-twentieth century, the process was used on unsuspecting women to often sinister and traumatic ends. Women who would go under anesthesia for minor surgery would wake up to find the doctor had performed a hysterectomy. The process happened so often it became known as a "Mississippi appendectomy." Fannie Lou Hamer, the Civil Rights leader, was a victim of this practice. For more on how eugenics interacted with the South and Mississippi's particular climate, see Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1996), who covers Mississippi extensively.

[418] MS Annot. Code 1921, Ch. 140A § 5728g.

[419] Ibid., § 5728i. Housing cognitively impaired criminals at the Colony copied the law for the state asylum, where the criminally insane were sent until they were cured, at which point they were sent back to prison. "Immoral mental defectives," however, is not clarified.

[420] Ibid. Institutions for the feebleminded are inseparable from their context in the Progressive era, a time known for its middle-class reformers attempting to mold the lower classes through multiple avenues, primarily those of an economic and educational nature. The mission of the institutions for the feebleminded were obsessed with instilling usefulness and the virtue of productivity in the lower classes. Such a mission was entirely borne, as Steven Noll describes it, of "Progressive-era optimism."

[421] Ibid., § 5728c.

eligible for release unless permission was obtained from the trustees, the superintendent, the chancellor, or a Mississippi Supreme Court judge. Parents who sent their children to the colony surrendered them, possibly forever, which reveals not only how desperate parents were, but also how powerful the state had become.[422]

In 1928, the legislature passed the "Sexual Sterilization Law," which authorized superintendents of the Mississippi State Insane Hospital, the East Mississippi Insane Hospital, or the Mississippi School and Colony for Feebleminded to order the sterilization of "certain defectives." The law defined those "defectives" as any patient "with hereditary forms of insanity that are recurrent, [such as] idiocy, imbecility, feeble-mindedness, or epilepsy," and included infants as candidates for sterilization. Certain safeguards were included in the law, but they provided little protection if the patient had no relatives to represent them. Patients were allowed to have a hearing with either a related or court-appointed guardian, but "commitment papers," institutional records, and "legal" documents were the only types of evidence listed as admissible during a hearing or an appeal, a requirement that favored the very institutions interested in the sterilization of the patient. Additionally, the law gave immunity from civil or criminal liability to any surgeon or superintendent involved in sterilizing a patient.[423]

Eleemosynary officials covered under the sterilization law lauded its benefits to Mississippi society. As A.H. Longino, an Ellisville trustee and former governor (1900-1904), wrote, "Society in becoming the benefactor of the feebleminded will also become a beneficiary

---

[422] Ibid., Ch. 210 5728p .

[423] MS Annot. Code Ch 108, Article 8, 4602-4609. By 1952, the wording of the law broadened to define "defectives" as ". . . the patient is insane, idiotic, imbecile, feebleminded or epileptic and by the laws of heredity is the probable potential parent of socially inadequate offsprings likewise afflicted." In practice, the interpretation of the law grew to include the categories "moron," "moral degenerate," and "sexual pervert." "Moron" described the category of the most capable of cognitive-impairment, followed by "imbecile" and "idiot." Miss. Code. Ann. SS 6958 (1952), as quoted in Dr. James W. Mann and Gene Parker, "Legal Status of the Mentally Retarded and Mentally Ill in Mississippi," *Mississippi Law Journal* 41, No. 1. (1970): 80, 108; Steven Noll, "The Public Face of Southern Institutions for the 'Feeble-Minded,' *The Public Historian* 27, Issue 2 (2005), 27.

to the extent that an immense burden, both social and economic, will be relieved through the prevention of their reproduction."[424] Superintendent Dr. J.E. Brumfield pleaded with the legislature to reduce the "red tape" preventing sterilization of more patients quicker and more efficiently. Superintendent C.D. Mitchell at the Mississippi State Hospital urged the legislature to expand the law as well, stating, "It is our desire to sterilize those patients who are permitted to leave the hospital and it is to be hoped that soon every patient who comes to an institutions will be sterilized before they leave in order to lessen the mental disorders which will be handed down to future generations to save the state of the burden of caring for an increased number of mental patients."[425]

The Ellisville State School could not expand fast enough to keep up with demand, nor could it acquire funding to support the students it already had.[426] No longer able to siphon off its population of "incurables," the Mississippi State Insane Hospital again became a candidate for expansion, twenty years after T.J. Mitchell urged that a move be considered. Governor Henry L. Whitfield began pushing for a new institution on Rankin farm, a prison east of Jackson, before his death in office in 1927. The governor's plan was to move the prisoners elsewhere and move the patients into new buildings on the farm land. That left the issue of the old asylum land. The condition of the asylum in Jackson left much to be desired. As one reporter declared, "Nearly all

---

[424] "Seventh Biennial Report of the Board of Trustees of the Ellisville State School (for the Feebleminded)" in *Biennial Reports of Eleemosynary Institutions 1931-1933*, 55.

[425] Ellisville, *Biennial Reports of Eleemosynary Institutions, 1935-1937*, 93; "Forty-First Biennial Report of the Mississippi State Hospital," *Biennial Reports of Eleemosynary Institutions, 1935-1937*, 10.

[426] This combination turned tragic. In 1928, the Ellisville added $500,000 worth of expansions and increased its population from 135 children to 300 with room for 200 more, edging closer to serving the "approximately 400 urgent applications" waiting for admission. Officials asked for $125,000 and proceeded to allocate resources under the assumption that they would receive it, but disaster struck when the legislature only appropriated $60,000. The Board of Trustees ordered the school to reduce the number of students immediately. Even though children admitted to the school immediately and permanently became wards of the state, the school was forced to send fifty children home to their home counties. As the trustees reported, "Many of these [children] had no homes to which they could be returned, and the work of forcing them back into the communities became, to those of who were familiar with the facts, obviously a tragic refusal of the State to carry out its obligations to its helpless wards." If private benefactors and creditors had not stepped forward to pay the rest of the school's budget, one hundred more children would have been sent back to their homes, or worse. Ellisville, *Biennial Reports of Eleemosynary Institutions 1931-1933*, 57-58.

the present buildings at the Insane Hospital are old, obsolete, and utterly worthless that they cannot be repaired. Worse still, they are veritable firetraps, and in event of a serious fire it would be almost impossible to rescue the patients." Whitfield proposed the state sell the Jackson asylum land in lots and argued that the sale of the old asylum land combined a bond measure would fund the entire project.[427]

Out of options, the legislature approved the new asylum in 1926. The 3300-acre facility opened on March 4, 1935, and dwarfed the Jackson hospital's 1300-acre grounds. The Mississippi State Hospital became known colloquially as "Whitfield," after the governor who had campaigned for its existence until his death.[428] The new hospital cost $5,000,000. One newspaper declared the new facilities "the most modern hospital for the insane in the United States." The 70-building facility could house thousands more patients than the previous location in Jackson. Dr. C.D. Mitchell, who, except for a few years under an unfriendly governor, had been superintendent since 1916, used the new asylum's modern feel to separate it from its rough past:

> The old buildings were built as jails, so that the patients couldn't get away. People brought there were locked up, and not given a chance to get well. . . There were hundreds of those sick mentally brought to the old hospital who never had a chance to get well because of the surroundings, but who, if they had been brought to a place like this, would have gotten well. Many of them died who would not have died.

The asylum had treatment centers for alcoholism and drug addiction, an emerging standard for mental healthcare facilities before the widespread use of rehabs, as well as separate "cottages" for chronic illnesses and "the mental deficients."[429]

---

[427] "Insane Hospital May be Moved to Rankin Farm," *Jackson Daily News*, September 13, 1925.

[428] "Virtual Tour of Mississippi State Hospital," Mississippi State Hospital, http://www.msh.state.ms.us/tour/history_09.htm (accessed June 1, 2016).

[429] "Mentally Ill Find Haven in Mississippi's Modern Hospital Near Jackson," *Times-Picayune New Orleans*, August 16, 1936. Not even "the age-old vanity of woman was not forgotten when the institution was designed" - the new asylum included a beauty parlor.

Governor Whitfield's prediction that the asylum would eventually be paid for through the sale of old asylum lands supplemented by bonds did not come true. The state could not sell the land in Jackson. An attempt to turn it into office space failed. In 1932, the legislature authorized oil drilling and gas wells on the asylum grounds, but no record exists of that measure bearing any fruit. In 1936, the year after the asylum moved to Rankin County, a joint committee charged with repurposing the old asylum lands recommended using convict labor for "the immediate demolishing of all buildings" on the site with convict labor and the immediate sale of anything usable.[430]

The only community-supported idea was the proposal to build a medical school on the land. By the 1940s, Mississippi was facing a huge doctor shortage, exacerbated by World War II and the draft. By 1945, there were only 1063 white doctors in Mississippi; of that, only 518 (49%) were under the age of 60. Comparisons made to other states made the medical school seem possible and practical. One doctor urged the legislature to proceed with the medical school and offered up Alabama's Medical College as a blueprint. Founded for $1,000,000 and costing "only $366,000 annually to operate," the doctor "estimated that Mississippi could set-up its school and a 300-bed training hospital for $2,000,000" – a relative bargain. Even with these motivations, it took until March 1950 for Governor Fielding Wright to sign an enabling act for the medical school.[431] Mississippi's first medical school, established under the chancellor of the University of Mississippi and called the University of Mississippi Medical Center, opened in

---

[430] Senate Bill No. 330, Regular Session 1936; "House Concurrent Resolution No. 9 Report of Joint Committee," 1936.

[431] "Establishment of Medical School First Step to Solve This Problem," *Clarion Ledger*, February 17, 1946; "New Medical School Sought in Mississippi," *Commercial Appeal*, May 7,1945; "Dr. Seale Harris Urges Med School," Clarion Ledger, January 1, 1946; "Gov. Wright Signed Bill Authorizing Med School," *Jackson Daily News*, March 16, 1950.

Selected Years	Budget (Appropriations and Other Revenue)*	Average Patient Population	Budget per Patient*
1921-1922	$444,370	1759	$253
1925-1926	$454,400	1986	$229
1929-1930	$507,224	3126	$162
1933-1934	$381,742	2526	$151
1937-1938	$425,339	3246	$131
1941-1942	$474,904	3521	$135
1945-1946	$817,339	3553	$230
1949-1950	$1,848,156	4353	$425

Table 4. Increases in appropriations in intervals between 1921 and 1950.
Biennial Report of the Mississippi State Hospital, 1953-1950, Appendix.

1955 after three years of construction. The school ended up costing $8,500,000 – $4 million in state funds, $3 million in federal funds, and $1.5 million in Hinds County funds.[432]

On its centennial, the Mississippi State Hospital put on "a historical pageant" to commemorate the event.[433] The director, W.L. Jaquith, wrote that the pageant "was a fitting tribute to the early founders of the hospital and the members of the Legislature who struggled so long and hard to give the mentally ill of Mississippi their first institution."[434] It was a celebration of the first asylum supporters and the original design - and mission - for the asylum.

The celebration was an attempt to divert attention from the massive problems emerging within the Whitfield asylum. In 1949, state officials investigated the asylum for its use of whipping as a punishment for patients. Attendants whipped the feet of patients "with a rubber hose," among "other forms of punishment." The investigation found that these punishments were not cruel, though the investigating committee reported that "incidents of mistreatment" were "considered of sufficient importance" to warrant the dismissal of the attendants responsible.[435] Perhaps no starker example of the abandonment of moral treatment can be found in the asylum's history than the admitted and accepted physical abuse of inmates at Whitfield. In the wake of the report, Dr. W. Lawson Shackleford, the superintendent at the time, resigned. Jaquith, who would spend a quarter of a century as superintendent, succeeded him.[436]

In January 1950, the situation was dire enough that the administration of the hospital went to the press. At the time, the hospital had over 4,000 patients in its care and, according to

---

[432] University of Mississippi Medical Center Dedication Program, October 24, 1955.

[433] Centennial Program, November 17, 1955.

[434] *Fiftieth Biennial Report of the Mississippi State Hospital, Whitfield, Mississippi, from July 1, 1953 to June 30, 1955*, 5.

[435] "Whipping Whitfield Patients Not Considered 'Cruel' By Committee," *Jackson Daily News*, April 17, 1949; "Firing of Employees at Asylum Revealed," Commercial Appeal, April 17, 1949. The extreme decline in care was not specifically a Mississippi problem. Across the United States, the situation was dire: "In 1949 no state mental hospital met the minimal standards of operation set by the APA [American Psychiatric Association]." Hothersall, 210-211.

[436] "Whitfield Director Resigns, Mental Board Announces," *Jackson Daily News*, June 29, 1949.

Jaquith, needed $1,190,000 to build more space.[437] The ploy worked in creating sympathy for the institution. The *Jackson Daily News* published a staff editorial excoriating the legislature for being "quite too penurious in dealing" with the Whitfield hospital; "More than 4,200 persons are cooped within those walls and many of them would get well if they had a fighting chance to get well. They do not have it now and never will have it unless our legislature quits penny-pinching and treats the Whitfield mental hospital as a hospital and not a jail."[438] The call for more space rankled the more conservatively-minded, who met the call with their own for more austerity. State Representative Harry Applebaum called Whitfield's alcoholism treatment facility a "$750,000 summer resort for drunks" and introduced legislation to abolish the treatment facility.[439]

At the end of June 1954, Jaquith reported that the asylum housed 4,200 patients, with 1007 employees and 16 physicians – 13 men and 3 women - on staff.[440] He reduced the number of hours attendants worked from up to 60 down to 44. While the superintendent had repeatedly requested that the attendants be paid $100 minimum salary per month, the minimum wage and the number of hours worked suggested they should be paid $132 a month. Even with this low bar and despite Jaquith imploring the legislature to pay workers fairly, the asylum was unable to meet this goal due to low appropriations year after year.[441] The situation for African American patients and employees was dire. As of the centennial report, 2,440 of the patients in the asylum (58%) were African American. As Jaquith reported, "There has been no new construction for Negro patients since the institution was opened in 1935." The dining hall for black employees

---

[437] "Whitfield Population Pass 4000-Mark; $1,190,000 Needed for New Buildings," *Jackson Daily News*, January 30, 1950.
[438] "Give Them a Fighting Chance," *Jackson Daily News*, January 17, 1950.
[439] "Calls Whitfield Ward $750,000 Resort for Drunks," *Jackson Daily News*, January 29, 1952.
[440] *Biennial Report of the Mississippi State Hospital, 1953-1955*, 4.
[441] Ibid., 6-7.

was actually a part of the patients' dining hall and was so small that both employees and patients had to be fed in shifts.[442]

Sources from the late 1940s through the 1950s paint a picture of a mental health facility in a precarious situation. Overcrowding, racism and segregation, and budget problems plaguing the institutions were new versions of old problems. As under T.J. Mitchell, Jaquith's inability to pay attendants a proper salary resulted in a frustrated, cruel staff in a facility meant for convalescence. Again, as before, the legislature had paid enough to house a portion of its violent and nonviolent insane but hardly provide for their care.

Scandal after scandal would strike the asylum in the coming years. The spiraling decline in hospital care is a part of lore at Whitfield to this day. In an example representative of the horrifying situation that became its standard, as told by one employee: one weekend in the 1958, when the hospital had over 4,000 patients, a staffing shortage left only one doctor and three nurses on duty. The situation was so dire and horrific that the doctor only had time to travel from building to building on his rounds, declaring patients deceased, unable to stop to treat any patients in need.[443] Long gone were the days of personal relationships with doctors, the refusal to use restraints and punishment, the idealism of moral treatment, the dream of the curability of all mental illness.

By 1910, medico-psychologists across the nation had begun to leave moral treatment behind, suggesting, as T.J. Mitchell did, that moral treatment was antiquated, increasingly ineffective, and inefficient. For Mississippi's primary insane asylum, however, decline did not stop there. The abandonment of moral treatment and the spirit of asylum reform, exacerbated by the influx of thousands of patients and facilitated by the rise of medical psychology, was a

---

[442] Ibid., 14.
[443] Interview with Donna Brown, Jackson, Mississippi, June 4, 2015.

complex story of competing forces. If medical psychology could be described as a revolution of its own right, it would be usurped by another revolution. The failure of moral treatment to make it into the twentieth century, scientific psychology's knowledge-driven advancement and promise, and Mississippi's abrogation of duty to fund its institutions, all came together to expedite the rise of new mental illness treatments that depended less on intensive, personal, expensive care - and more on pharmaceuticals.[444]

-

The history of Mississippi's insane asylum is a tragedy. The asylum reformers, who revolutionized the way Europe and the United States saw mental illness, were trying to avoid the horrific dungeons of the eighteenth century that swallowed up many people and never spat them back out. They changed many hearts and many minds and challenged conventional wisdom about who was and was not deserving of pity and care. When the asylum movement gathered momentum, the reformers saw the possibility of their vision manifesting in reality. When the vision became a reality, however, it was transformed in the process. Pressures distended it and made fulfilling its original function impossible. Apathy and a lack of money would likely have been enough to kill the asylum; that is often the story that is told about the asylum in settings other than Mississippi. But Mississippi's particular circumstances, with the rise of biology-based psychology and the deep need for the validation of hatred, exploitation, and racial injustice, corrupted what good could have been wrought from the decay.

By the 1950s and 1960s, state institutions had embedded into the popular imagination of asylums in the form that culture remembers them now. Yet this outcome took effort to set in

---

[444] The use of this "moment" in psychiatry and mental healthcare is a common trope in literature about the history of psychiatry. An illustrative example of this trend is Edward Shorter's *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (1997), which explores the role that medicine has had in decreasing society's dependence on mental institutions and healthcare.

stone. In remembering that there were reasons for the history with which modern people are left, that history has not be preordained, perhaps a better future can be envisioned and created. Enlightened idealism once had a home in Mississippi, but it was no match for the practical realities of economics and the enforced realities of prejudice. Even so, there was a brief utopian spark in Mississippi that should not be forgotten and perhaps revived.

BIBLIOGRAPHY

I. Primary Sources

A Note on State Sources

The following legislative sources come from the Mississippi Department of Archives and History (MDAH) in Jackson, MS, the official repository for most state records, including the Mississippi State Hospital's Biennial Reports.

State Publications and Records

Biennial Reports of Eleemosynary Institutions, 1931-1943. MDAH, Jackson, MS.

Code of the Statute of Laws of the State of Mississippi, 1857-1942. MDAH, Jackson, MS. Microfilm and print.

Journal of the House of Representatives of the State of Mississippi, 1825-1910. MDAH, Jackson, MS. Microfilm.

Journal of the Senate of the State of Mississippi, 1825-1910. MDAH, Jackson, MS. Microfilm.

Laws of the State of Mississippi, Passed at Regular Session of the Mississippi Legislature, 1848-1942, MDAH, Jackson, MS. Microfilm and print.

Mississippi Constitution, 1817, 1832, 1868, and 1890.

Mississippi State Hospital Biennial Report of the Trustees and Superintendent to the Legislature, 1870-1957. MDAH, Jackson, MS.

Patient Register, 1857-1894. Series 2148: Mississippi State Hospital Patient Registers. MDAH. Jackson, MS.

Federal Publications and Records

Compendium of the Enumeration of the Inhabitants and Statistics of the United States as Obtained at the Department of State, from the Returns of the Sixth Census. Washington: Thomas Allen, 1841.

The Seventh Census of the United States, 1850: Appendix. Washington: Robert Armstrong, 1853.

Statistical View of the United States, Seventh Census. J.D.B. DeBow, ed. Washington: Beverley Tucker, 1854.

Books and Articles

Buchanan, J.M. *Insanity in the Colored Race*. Meridian: John J. Dement, 1886.

"Article I: Definition of Insanity – Nature of the Disease." *The American Journal of Insanity* Volume I. The Officers of the New York State Lunatic Asylum, eds. Utica: Bennett, Backus, and Hawley, 1845.

Dorothea L. Dix. *On Behalf of the Insane Poor: Selected Reports*. David J. Rothman, ed. New York: Arno Press and the New York Times, 1971.

Inaugural Addresses of the Governors of Mississippi, 1817-1890. Robert E. McArthur and Dorothy I. Wilson, eds. University, MS: University of Mississippi, 1981.

Kirkbride, Thomas S. "Remarks on the Construction, Organization and General Arrangements of Hospitals for the Insane." *American Journal of Insanity* XI, no. 1 (Utica: Utica Asylum, 1854).

Maxwell-Stuart, P.G., trans. *The Malleus Maleficarum*. New York: Manchester University Press, 2007.

Pinel, Philippe. *A Treatise on Insanity, in Which Are Contained the Principles of a New and More Practical Nosology of Maniacal Disorders*. Sheffield: W. Todd, 1806.

Rush, Benjamin. *Medical Inquiries and Observations upon the Diseases of the Mind*. Philadelphia: Kimber and Richardson, 1812.

Tuke, Samuel. *Description of The Retreat*. York: W. Alexander, 1813.

Periodicals

The Clarion-Ledger, Jackson, MS.

Commercial Appeal, Memphis, TN.

Jackson Daily News, Jackson, MS.

Times-Picayune, New Orleans, LA.

Manuscripts

Agnew, Samuel A. Diary, September 27, 1851-June 30, 1902. Southern Historical Collection. Louis Round Wilson Special Collection Library. University of North Carolina at Chapel Hill.

Interviews

Interview with Donna Brown. June 4, 2015. Whitfield, MS.

II. Secondary Sources

Ayers, Edward L. *Vengeance and Justice: Crime and Punishment in the 19th-Century American South.* New York: Oxford University Press, 1984.

Bettersworth, John K. *Mississippi: A History.* Austin: Steck Company, 1959.

Biographical and Historical Memoirs of Mississippi, Volumes I and II. Chicago: Goodspeed Publishing Company, 1891.

Bond, Bradley G. *Political Culture in the Nineteenth-Century South: Mississippi, 1830-1900.* Baton Rouge: Louisiana State University Press, 1995.

Boster, Dea Hadley. "Unfit for Bondage: Disability and African American Slavery in the United States, 1800-1860." (PhD dissertation. University of Michigan) 2010.

Brough, Charles Hillman. "History of Taxation in Mississippi." *Mississippi Historical Society* II (1898): 113-124.

Bynum, William F. "Rationales for Therapy in British Psychiatry, 1780-1835." *Medical History* 18 (1974): 317-334.

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

Digby, Anne. "Contexts and Perspectives." In *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities*, edited by Anne Digby, & David Wright, 1-21. New York: Routledge, 1996.

Diseases of the Mind: Highlights of American Psychiatry through 1900. n.d. https://www.nlm.nih.gov/hmd/diseases/early.html (accessed May 2, 2016).

English, William B. "Understanding the Costs of Sovereign Default: American State Debts in the 1840's." *The American Economic Review* 86, no. 1 (1996): 259-275.

Foucault, Michel. "About the Concept of the 'Dangerous Individual' in 19th-Century Legal Psychiatry." *International Journal of Law and Psychiatry* 1 (1978): 1-18.

—. *Madness and Civilization: A History of Insanity in the Age of Reason.* Translated by Richard Howard. New York: Vintage, 1988.

Gauchet, Marcel, and Gladys Swaim. *Madness and Democracy: The Modern Psychiatric Universe.* Translated by Catherine Porter. Princeton: Princeton University Press, 1999.

Goodman, Nathan G. *Benjamin Rush: Physician and Citizen, 1746-1813.* Philadelphia: University of Pennsylvania Press, 1934.

Grob, Gerald N. *Mad Among Us: A History of the Care of America's Mentally Ill.* New York: Free Press, 1994.

—. *Mental Institutions in America: Social Policy in 1875.* New York: Free Press, 1973.

Gross, Ariela J. *Double Character: Slavery and Mastery in the Antebellum Southern Courtroom.* Athens: University of Georgia Press, 2000.

Halttunen, Karen. "Humanitarianism and the Pornography of Pain in Anglo-American Culture." *American Historical Review* 100, no. 2 (1995): 303-334.

History of EMSH. n.d. http://www.emsh.state.ms.us/index_files/historyv3.html (accessed July 11, 2016).

Holmes, William F. "Whitecapping Agrarian Violence in Mississippi, 1902-1906." *Journal of Southern History* 35, no. 2 (1969): 165-185.

Homer. *The Odyssey.* Translated by Robert Fagles. New York: Penguin, 1996.

Horden, Peregrine. "Household Care and Informal Networks: Comaprisons and Continuities from Antiquity to the Present." In *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare since Antiquity*, edited by Peregrine Horden, & Richard Smith, 21-70. New York: Routledge, n.d.

Hothersall, David. *History of Psychology.* Philadelphia: Temple University Press, 1984.

Howard, E.F. *History of the Mississippi State Medical Association.* Jackson: Unknown, 1910.

Jarvis, G. Eric. ""Changing Psychiatric Perception of African Americans with Psychosis." *European Journal of American Culture* 27, no. 3 (2008).

Jouanna, Jacques. *Greek Medicine from Hippocrates to Galen.* Leiden: Koninklijke Brill NV, 2012.

Kirwan, Albert D. "Apportionment in the Mississippi Constitution of 1890." *The Journal of Southern History* 14, no. 2 (1948): 234-246.

Lowry, Robert, and William H. McCardle. *Mississippi, from the Discovery of the Great River by Hernando DeSoto including the Earliest Settlement made by the French, under iberville, to the Death of Jefferson Davis.* Jackson, Mississippi: R.H. Henry and Company, 1891.

Mann, James W. and Gene Parker. "Legal Status of the Mentally Retarded and Mentally Ill in Mississippi." *Mississippi Law Journal* 41, No. 1 (1969): 78-111.

McIntosh, Marjorie K. "Networks of Care in Elizabethan English Towns: The Example of Hadleigh, Suffolk." In *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare since Antiquity*, edited by Peregrine Horden, & Richard Smith, 71-89. New York: Routledge, 1998.

Midelfort, H.C. Erik. *A History of Madness in Sixteenth-Century Germany.* Stanford: Stanford University Press, 1999.

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

Moran, Mark. "New APA Logo Unifies Image of Psychiatry." *Psychiatric News*, June 5, 2015: 1, 31.

Newton, Michael. *Ku Klux Klan in Mississippi: A History.* Jefferson, NC: McFarland and Company, 2010.

Olmstead, Alan L., and Paul W. Rhode. "Biological Innovation and Productivity Growthi n the Antebellum Cotton Economy." *Journal of Economic History* 68, no. 4 (2008): 1123-1171.

Olsen, Christopher J. *Political Culture and Secession in Mississippi: Masculinity, Honor, and the Antiparty Tradition, 1830-1860.* New York: Oxford University Press, 2000.

Pabis, George S. *Daily Life Along the Mississippi.* Connecticut: Greenwood Press, 2007.

Perman, Michael. *Struggle for Mastery: Disenfranchisement in the South, 1888-1908.* Chapel Hill: University of North Carolina, 2001.

Porter, Roy. "Mental Illness." In *Cambridge Illustrated History of Medicine*, edited by Roy Porter. New York: Cambridge University Press, 2004.

Public Hospital. The Colonial Williamsburg Foundation. n.d. http://www.history.org/almanack/places/hb/hbhos.cfm (accessed March 3, 2016).

Riedman, Sarah R., and Clarence C. Green. *Benjamin Rush: Physician, Patriot, Founding Father.* New York: Abelard-Schuman Limited, 1964.

Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic.* Revised. New Brunswick: Aldine Transaction, 2002.

Sass, Julie. "Chronology of Natchez." In *Natchez before 1830*, edited by Noel Polk, 1-7. Jackson: University Press of Mississippi, 1989.

Scull, Andrew. *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective.* Berkeley: University of California Press, 1989.

Sessions, William K., and E. Margaret Sessions. *The Tukes of York.* York: Ebor Press, 1971.

Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac.* New York: John Wiley and Sons, 1997.

Skates, John Ray. *Mississippi: A Bicentennial History.* New York: W.W. Norton, 1976.

Suzuki, Akihito. "The Household and the Care of Lunatics in Eighteenth-Century London." In *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare*, edited by Peregrine Horden, & Richard Smith, 153-175. New York: Routledge, 1998.

Szasz, Thomas S. *The Myth of Mental Illness.* Revised. New York: Harper Colophon, 1974.

Taylor, William Banks. *Brokered Justice: Race, Politics, and Mississippi Prisons, 1798-1992.* Columbus: Ohio State University Press, 1993.

Thiher, Allen. *Revels in Madness: Insanity in Medicine and Literature.* Ann Arbor: University of Michigan Press, 1999.

Virtual Tour of Mississippi State Hospital. n.d. http://www.msh.state.ms.us/tour/history_09.htm (accessed June 1, 2016).

Weiner, Dora B., and Michael J. Sauter. "The City of Paris and the Rise of Clinical Medicine." *Osiris* 18 (2003): 23-42.

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

Yanni, Carla. "The Linear Plan for Insane Asylums in the United States before 1866." *Journal of the Society of Architectural Historians* 62, no. 1 (2003): 24-49.

VITA

Whitney E. Barringer
      Contact: webarringer@gmail.com

Education
      PhD., History, University of Mississippi, August 2016
            Concentrations: United States since 1877, America to 1877, European
                  Enlightenment and Revolution, 1650-1870
            Dissertation: "The Corruption of Promise:
                  The Insane Asylum in Mississippi, 1848-1910"

      M.A., History, University of Mississippi, May 2011

      B.A., History, University of Central Arkansas, May 2009

Professional Experience
      Adjunct Professor, August 2016
      University of Central Arkansas, Conway, AR
      Course: Modern America

      Teaching Assistant, August 2010 – May 2015
      University of Mississippi, University, MS
      Courses: European History, Ancient to Early Modern; European History, Early Modern
      to Present; American History until 1877; American History since 1877

Presentations and Papers
      Southern Studies Brown Bag Series, Oxford, MS, January 2015
            Title: "The Entropy of Progress: The Origins and Decline of Mississippi's Insane
            Asylums"
      Washington University Graduate Conference, St. Louis, MO, October 2014
            Paper: "An Enlightened Kind of Mercy in a Harsh Kind of Darkness:
            The Collision of Idealism and Reality in Mississippi's Asylums"
      ASALH Conference, Memphis, TN, September 2014
            Paper: "Symptoms of Slavery and Freedom: Race in Mississippi's Insane
            Asylums in the Nineteenth Century"