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A Body a Day: Constructing Deviance at the Mississippi State Asylum

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A BODY A DAY: CONSTRUCTING DEVIANCE AT THE

MISSISSIPPI STATE ASYLUM

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by

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ABSTRACT

Though the first graves of assumed-former asylum patients were discovered at the University of Mississippi Medical Center over 25 years ago, it wasn't until 2017 that the estimated body count—which had been rising in reports for several years—rose above 7,000. Along with national attention, the growing burial site has prompted large-scale efforts by a consortium of scientists and scholars to determine how best to utilize and memorialize the remains, and yet to date, a complete cultural study that explores the sociopolitical context which these people represent has yet to be published. Consisting primarily of archival material and interviews, my research seeks to connect these bodies to the history of the Mississippi State Lunatic Asylum, with the hope of—in a practical sense— creating a crucial repository of what is known of these people's stories. In a scholarly sense, this work attempts to use a documentary lens to reveal intersections of race and lunacy in order to understand how southern institutions influenced notions of deviance and reinforced Jim Crow.

DEDICATION

To the bodies who remain nameless and the stories we've yet to uncover—may you never let us forget you again.

LIST OF ABBREVIATIONS AND SYMBOLS

MDAH   Mississippi Department of Archives and History

MSLA   Mississippi State Lunatic Asylum (used interchangeably with Mississippi State Asylum, Mississippi State Insane Hospital and Mississippi State Hospital, representing the name changes that occurred between 1855 and 1935)

UMMC   University of Mississippi Medical Center

ACKNOWLEDGMENTS

no idea what I've been doing for the past couple years, but are still proud and think my research

is cool—'preciate you.

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CHAPTER 1

INTRODUCTION

William Faulkner's fictional Benjy Compson is committed to the Mississippi State Lunatic

Asylum (by then known as the Insane Hospital) in 1933 at the age of 38. Luster tells him, "You

know what they going to do with you when Miss Cahline die. They going to send you to

Jackson, where you belong. Mr. Jason say so. Where you can hold the bars all day long with the

rest of the looneys and slobber. How you like that" (Faulkner 54). The Mississippi State Lunatic

Asylum, in operation in Jackson from 1855 to 1935, was as much an institution as it was a

euphemism for the management of those who didn't fit. Likewise, its surrounding mythology—

tapped by Mississippi writers like Eudora Welty, William Faulkner, and Tennessee Williams—

was as much a reflection of the southern gothic as it was part of its construction. In the South,

mass incarceration of the mentally ill served to hold up intersectional systems of wellness

defined by race, gender, and sexuality. In Mississippi, this took the form of a 1400-acre formal

penal farm, on which 35,000 patients lived, worked, were likely sterilized, and in many cases

died during the asylum's 80-year history. Thanks to the recent discovery of what radar estimates

are an excess of 7,000 unmarked graves inside the cemetery boundary at the site of the old

asylum—now the University of Mississippi Medical Center—we may have the opportunity to

uncover these patients' stories and the systems of power that shaped them. If the asylum serves as an edifice to the grotesque, then the bodies— now referred to as "scientific specimens"— serve as sites of modernist cultural formation. The burial discovery, and the time and place it represents, is an apt case study for understanding how southern identity was confirmed and refuted through the disenfranchisement of its "freaks." Though this is not a southern story, as UMMC's director of biomedical ethics Ralph Didlake concludes, it has "profoundly southern elements"."

In *Sex, Race, and Science: Eugenics in the Deep South*, Edward Larson categorizes the South as defined by "poverty, agrarianism, disease, white supremacy, ethnic homogeneity, rigid social and economic class divisions, sectional pride, skepticism toward science, and restricting of women outside the home" (14). Behind the magnolias loomed an exceptional evil of the southern mind—coherent only within its own entrenched doctrine. In this system, race-based hierarchies were used both to define and exoticize deviance—a "separate and peculiar" problem as described by Superintendent and APA President Theophilus Powell in an 1897 address titled, "Sketch of Psychiatry in the Southern States." Regardless of the seemingly obvious pathological implications for those who upheld the institution of slavery, the system itself did not allow for the expression of "soul murder"—defined by Nell Irvin Painter as "violation of one's inner being [leading to] depression, lowered self-esteem, and anger" —of the oppressors, just the oppressed. Instead, [racial] deviance was coded through stereotypes of the Jezebel and the Trickster, which in turn served to perpetuate the plantation myth. Seventy-five percent of the Jackson asylum burials were African American according to the records analyzed to date, from 1908 to 1925 (Didlake, "Asylum Hill Project") and yet by all accounts, psychiatry professionals of the late 19th century were ironically ignoring the role of race in constructing "other" and instead coding

deviance as a result of mystical characteristics unique to the "southern situation"—particularly the stress of modernity and Reconstruction's effect on whites (Segrest 12). By fetishizing and ostracizing misfits, psychological defects of white southerners were sanitized from the Lost Cause in a way that distracted from the paradoxes of southern theology and absolved "mainstream" southerners of any wrongdoing. In the afterward to Carson McCullers' *Reflections in a Golden Eye*, Tennessee Williams defines the southern gothic as a symbolic depiction of the universal dread of human experience, revealing a deeper truth about absurd existence. Through institutionalization, the dreadfulness of southern white lunacy was relegated to a singular, purchased scapegoat: the real-life Benjy Compson. While early 20th century writers like McCullers were using deformed caricatures to subvert tropes, externalizing psychological trauma as supernatural manifestations of physical states, southern society was externalizing post-war trauma through an obliteration of mentally and physically deformed bodies. These bodies would in turn come "literally incorporate, biologically, the material and social world in which [they] lived," in what epidemiologist Nancy Krieger defines as the process of "embodiment" (352).

Krieger's work exploring lived experience through bodily forms is most evident through abuses like negative eugenics. Defined by marriage laws, sexual segregation, involuntary sterilization (Larson 22)—and first put into practice in the nation's madhouses, it served as a prime medium for ensuring this sanitization was permanent. Southern eugenicists initially targeted white individuals because they were so invested in purifying the race (Larson 153). Believing them to be biologically pre-dispositioned to insanity (a change from earlier theories), psychiatry relegated African Americans to separate, more dilapidated wards where they were less likely to be "rehabilitated" given the belief in their inability to "contribute substantially to the intellectual progress of civilization" (Larson 154). Meanwhile, "white protestants ruled

Mississippi during the period, and powerful political leaders usually got their way. When Theodore Bilbo regained the governorship in 1928, political forces aligned to enact the first comprehensive eugenic sterilization law in the Deep South" (Larson 115). Mississippi's sterilization law, approved April 26, 1928 and first published under Article 8 of the Mississippi Code of 1930, was not repealed until 2008 (Miss. Code Ann. § 41-45-1).

Aside from worldwide eugenics movements—from the United States to Germany—one must remember, too, the role that physically/mentally grotesque characters were playing on the national scale between 1855 and 1935. Audiences used theatrical exhibitions (in the form of eccentricities and abnormalities) to distance themselves from their own anxieties of shifting social and economic structures by simultaneously violating and reconstructing culturally-bound bodily forms. As Rosemarie Thompson writes in *Freakery: Cultural Spectacles of the Extraordinary Body*, "singular bodies become politicized when culture maps its concerns upon them as meditations on individual as well as national values, identity, and direction" (12). Politically, these bodies gave power to those losing power—gave control over that which cannot be controlled: the complexity of humanity. Popular freak shows provided something that the dehumanizing entertainment of lynching could not, in that, through seeing distorted mirrors of themselves, white Americans could "purchas[e] assurance that they [were] not freaks" (11). At a time when "the southern way of life" was being threatened, "the privileged state of disembodiment that the freak show conferred upon its spectators" (Thompson 11) was the pathway toward Southerners subjugating their own disjointed narratives. Meanwhile, as the state asylum's centennial program touts, "Mississippi's steady advance of civilization, state pride, the honor of the people, the increase of population, and the instincts of common humanity, required that the care of her children of misfortune should come up to a level with that lofty charity which

characterized the magnanimity of the age" (Centennial Program, 3). The benevolent charity

which white southerners had used to justify the institution of slavery, they now used to justify the

institutionalization of what they saw as their most vulnerable citizens: the insane. Previously

relegated to attics, basements, and outdoor pens if not the circus (Brown, personal

communication), these imbeciles, maniacs, and incurables were committed—most often by their

families—and the burden of their existence was transferred to the state. Now, their coffins—

layers thick in the last remaining undeveloped space on the rapidly expanding medical center

campus (Didlake, personal communication)—have decreed them a burden of the state yet again.

A 2011 roadways project prompted a required cultural resources survey at the burial site

thanks to its significance in relation to not only the asylum, but the siege of Jackson in 1863, and

Cade Chapel Baptist—a freedmen's church. A group of researchers, lawyers, archaeologists,

anthropologists, historians and various stakeholders in the project have formed the Asylum Hill

Research Consortium, which has met just twice to date: in May 2017 and March 2018. Where a

2012 cultural resources report issued the "go ahead" for a road improvement project, the

subsequent discovery of 66 unmarked graves starting in November of that year halted

construction. Previously, 44 gravesites had been discovered in 1992, excavated, and reinterred in

1994. The pine coffins excavated to date, in which patients are facing east-west and are placed

with their hands across their chests or to their sides (Zuckerman, "Intersectionality and

Institutionalization"), date between 1926 and 1931 according to dendron data (Asylum Hill

Research Consortium, "Burial Site Topography Map"), and are contained within a 26-acre area

(Didlake, "Asylum Hill Project"). Though archaeological work stopped in 2014, the most recent

66 bodies remain housed in a climate-controlled, ethically compliant lab at the Cobb Institute of

Archeology at Mississippi State University, where they are being studied by bioarcheologist

Molly Zuckerman and her students. Though her research primarily focuses on diseases, including pellagra and syphilis, her recent presentation entitled "Intersectionality and Institutionalization: Gender, Social Race, Socioeconomic Status, and Experiences of Health and Disease in the Mississippi State Asylum, Jackson, MS (1855-1935)" at the 18th Annual Isom Student Gender Conference in Oxford, Mississippi explores many of the same questions as this thesis, including how the lived experiences of patients were affected by sex, gender, and race.

Today's aspirations for the remains include hiring a bioarchaeologist dedicated specifically do this project, then exhuming, and curating them in a facility which simultaneously serves as a memorial, education center, and research lab (Didlake, "Asylum Hill Project"). And yet, UMMC is proceeding with caution, emphasizing the outstanding question as to whether they have the ethical right to unearth remains whose bodies belong to a descendant community, and whether there is a moral difference between identified and unidentified remains (Didlake, personal communication). The prospect of massive bone excavation rings an eerie tone when paired with late 19th century asylum board meeting minutes, which call for "a bone crusher be bought to crush and utilize [assumedly animal] bone for fertilizer" (Lunatic Asylum Board of Trustees Accounts & Meeting Minutes, 1890). Until the 2018 Mississippi leglisative session, approving Senate Bill 2895, further decisions in this regard were pending ongoing efforts to reframe the language currently on the books regarding UMMC's legal right to excavate in what is vaguely referred to as "the potter's field." Until its recent revision, Chapter 846 of House Bill No. 933, approved March 27, 1973, defined "potter's field" as land having been abandoned for more than a year and defines sufficient reason for "disinterment, removal, and reinternment" as deemed "necessary for proper and efficient maintenance and management." But in order for UMMC to begin excavation, according to the bill, they would have had to "first

advertise their intention to disinter, remove and reinter remains from its potter's field by

publishing notice in a newspaper of the county once every week for (3) consecutive weeks"

(Local and Private Laws of the State of Mississippi, 1973)—a now seemingly antiquated request.

The actual death count among the 35,000 patients admitted during the asylum's 80-year

history is much higher than radar estimates—hovering around 10,500—with many patients

returned to their loved ones to be buried in family plots. Given the state started keeping death

records in 1912, 4,380 of these burials post-1912 are listed in a searchable online database

compiled by Mississippi Department of Archives and History volunteer Nan Harvey. It took Ms.

Harvey—a retired UMMC employee—four years of Mondays to complete the database, which is

searchable by name and county (personal communication). And yet, that leaves up to 5,000

asylum cemetery burials between 1855 and 1912 unaccounted for. In direct contrast, a

presentation given by UMMC Associate General Counsel Eric Hospodor in May 2017 claims

MDAH records document 6,304 known deaths, but that records from 1914 to 1935 are

unaccounted for. Assuming these two record sets overlap by only two years, that places the count

at 10,684 unaccounted deaths minus at least 378 reported between 1912 and 1914 (172 in 1912

and 206 in 1913) as reported by the 1912-1913 State Insane Hospital Biennial Report.

Throughout the 1970s and 80s, MDAH recorded inscriptions from 30 headstones dated between

1883 and 1919, which Ralph Didlake is able to show me in a small, cornered-off cemetery plot

next to the numbered tombs of anatomical donors (Hospodor, "The History and Current Status of

the Asylum Cemetery"). But these tombs have been purposefully moved to what is officially

titled the "UMMC Cemetery" and have no relationship with what may lie beneath. One

tombstone simply says, "Mary." Nick Hermann, associate professor of anthropology at Texas

State University, has been heavily involved in researching both admissions and death records,

and agrees they are incomplete and inconclusive (personal interview) but has begun to focus particularly on compiling mortality data. Causes of death for these patients—as recorded— included epilepsy, tuberculosis, dysentery, consumption, and pellagra. As Zuckerman explains, a pellagra epidemic—caused by poor diets and deficiencies in niacin and tryptophan—caused an uptick in deaths from 1902-1945. Symptoms like dermatitis, diarrhea, and dementia became secondary causes of death ("Intersectionality and Institutionalization").

Today, the only testament to the lives of these forgotten patients—cast off by society, dying in staggering numbers, buried in unmarked graves, and discovered only by accident—is at the Mississippi State Hospital Museum, located in the basement of building 23 at the current mental health facility at Whitfield. The only entrance (and signage) is on the side of the building, hidden from the road, and the door is locked. The museum is modest and underfunded and plays a VHS tape former Gov. William Winter shot in one take. A patient register is placed behind glass, and you are forbidden from photographing it. Donna Brown, the gatekeeper, must come from her office in public relations on the other side of campus to greet visitors—by appointment only. Eighty-three years after the lunatic asylum closed its doors, Mississippi's insane remain the secret we are meant to keep. But through their bones, their stories may be resurfacing. And yet, the power structures which rendered them invisible and sequestered—as evidenced by the difficulty in one graduate researcher trying to tell their story—remain a stronghold.

CHAPTER 2

ADMINISTRATIVE HISTORY: MISSISSIPPI STATE LUNATIC ASYLUM AS EMBLEM

From *Suddenly, Last Summer* to *A Time to Kill*, written by Mississippi writers Tennessee Williams and John Grisham, respectively, the myth of the asylum has long provided a backdrop on which Hollywood thrillers come to life. As Edward Larson suggests, into the early 20th century when eugenics were making their way into psychiatry, Southern states were still characterized by only one public mental health hospital, which typically enforced segregation, was built before the Civil War, and spent very little money per capita on its patients (Larson 24). Though the Jackson asylum has long been wiped from the landscape, Georgia's Central State Hospital, established just 10 years earlier and still standing, provides an idea of what may have been: a campus flanked with brick buildings, outdoor walkabouts, and barred windows, grounded by a 4-story neoclassical rotunda, outside which the state and federal flags flew behind stately fountains.

Given this image, it's important to understand the extent to which Mississippians viewed themselves as champions of progressivism despite the current-day immorality of incarcerating the mentally ill and these characteristically antiquated conditions. As scholar Whitney Barringer writes in her dissertation, *The Corruption of Promise*, the insane asylum was viewed as just one of a string of reformative institutions, including charity hospitals, penitentiaries, and railroads (9), complete with (at its founding) winter heat, luscious gardens, and a leisurely aesthetic in

comparison to much of the impoverished state (13). Where East Mississippi State Hospital opened in Meridian in 1882 and the Mississippi School and Colony for the Feebleminded opened for retarded (as then categorized) children in 1921, the most iconic and oldest among them was the lunatic asylum in Jackson—what became a "ready-made institution for sexual segregation once fixed hereditarian ideas of mental disease and retardation took hold" (Larson 24). In 1855 the asylum finally opened at North State Street despite being interrupted by an 1853 yellow fever epidemic and delays in receiving bricks from the state penitentiary (Keith, "Hospital That Had To Be Born") as well as low water levels in the Pearl River being used for transport (Didlake, "Asylum Hill Project"). Ironically, the asylum would eventually move to the 3,500-acre prison plot in 1935, when the prison moved to Parchman Farm in the Delta.

Causes for delay are provided in artful detail by architect original W.M. Gibbons in a letter to the asylum commissioners (Gibbons, "Exhibit A"). Originally proposed by Governor A.G. Brown in 1846, the asylum was approved by the legislature in 1848 as a $10,000 venture on a donated 5-acre lot. Deemed insufficient, the original lot was sold for $700, and 140 acres were instead purchased for $1,750, allowing for an extensive farm (Centennial Program, 6). After seven years of construction, the 4-story facility finally opened on January 8, 1855 under premiere superintendent William S. Langley's leadership after having rung up a total $175,000 tab (Keith, "Hospital That Had To Be Born"). This trajectory was reminiscent of southern institutions including those in Alabama and Georgia, where the Central State Hospital—also a 4-story Kirkbride plan—opened in 1842, just 5 years after it was approved by the Georgia state legislature. Ten thousand of the 175 thousand was set aside for the initial purchase of the land, and for the tearing down and rebuilding of the first botched foundation, which is recounted in detail in the Synoptical History of the Mississippi State Lunatic Asylum compiled by

Superintendent William M. Compton. Some accounts of its opening on January 10th instead of January 8th are due to the fact that, according to the 1955 Centennial program, the first patient did not arrive until the establishment's third day.
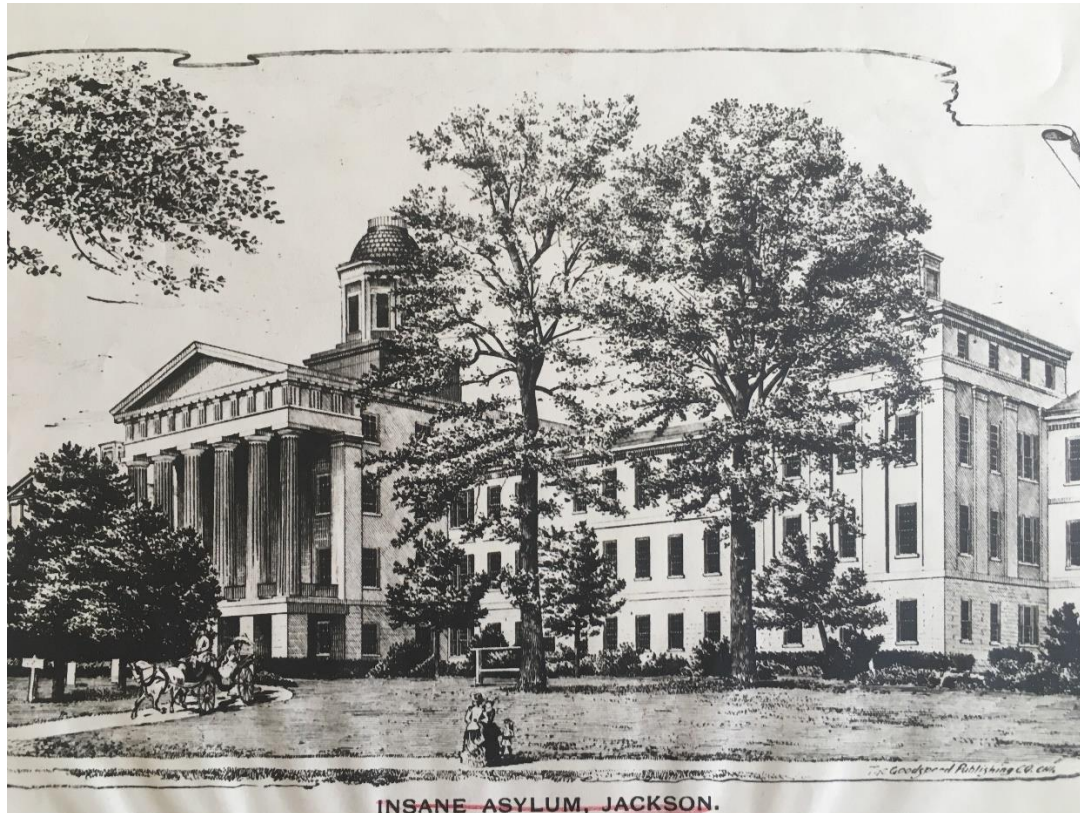
Figure 1. MSLA Exterior, MDAH Mississippi State Hospital Subject Files

The 1955 Centennial Program also lists Joseph Willis, not W.M. Gibbons, as the architect, and claims the building was modeled specifically after the State Hospital in Trenton New Jersey, completed just seven years before at the behest of Dorothea Dix. It was Dorthea Dix's 1850 visit to Mississippi that influenced the legislature to increase the institution's allocation, but Dix visited the Mississippi State Asylum on two additional occasions, and is credited with having both a "a zeal that would take no denial" as well as the "Christian energy and devotion" that drove the commissioners and legislature in facilitating the asylum. ("Dorthea Dix: Angel of Mercy"). Langley was a wealthy private physician—and penitentiary physician—

who was responsible for Dorthea Dix's lobbying trips to Mississippi (Barringer 93). By January

of 1856 the original commission first appointed to conceive the institution would transition to a

more permanent Board of Trustees. In less than 10 years' time, the asylum would be occupied by

the union army, complete with a signal station in its majestic copula.

Figure 2. MSLA Map, MDAH Mississippi State Hospital Subject Files

      A self-sustaining community, the asylum reflected the society surrounding it. By 1890

the asylum employed watchmen, storekeepers, bakers, dairymen, firemen, washerwomen,

gardeners, and engineers in addition to 41 attendants, 5 cooks, and several nurses (Lunatic

Asylum Board of Trustees Accounts & Meeting Minutes, 1890). Segregated wards were served

by segregated physicians (Donna Brown, personal communication). Among the Trustees' first

priorities were the digging of a well and the appointment of a chaplain—in that order (Compton,

"Synoptical History"). It's likely that J.M. Moore, the resident carpenter whose workshop shows

on early insurance maps as seen in Figure 2, was one of the first to construct the coffins now

being recovered by archaeologists working with the Asylum Hill Consortium. He was paid but

120 dollars every fiscal quarter (Lunatic Asylum Board of Trustees Accounts & Meeting

Minutes, 1890). In a facility built to accommodate just 250 to 300, numbers continued to grow

exponentially throughout its history: in the first year, 70 patients were admitted. By 1891, it held

471 patients, by 1907, 1,147 patients, by 1912, 1,350 patients, and by time they moved to

Whitfield, over 2,500 (*Mississippi State Hospital Museum: A History of the Treatment of Mental

Illness in Mississippi*). Increased squalor, dated coal lamps, an unreliable water supply, and

insufficient wards for TB patients—coupled with a 1892 fire destroying two-thirds of the central

building—signaled the beginning of the end for the asylum ("A Brief History of the Asylum").
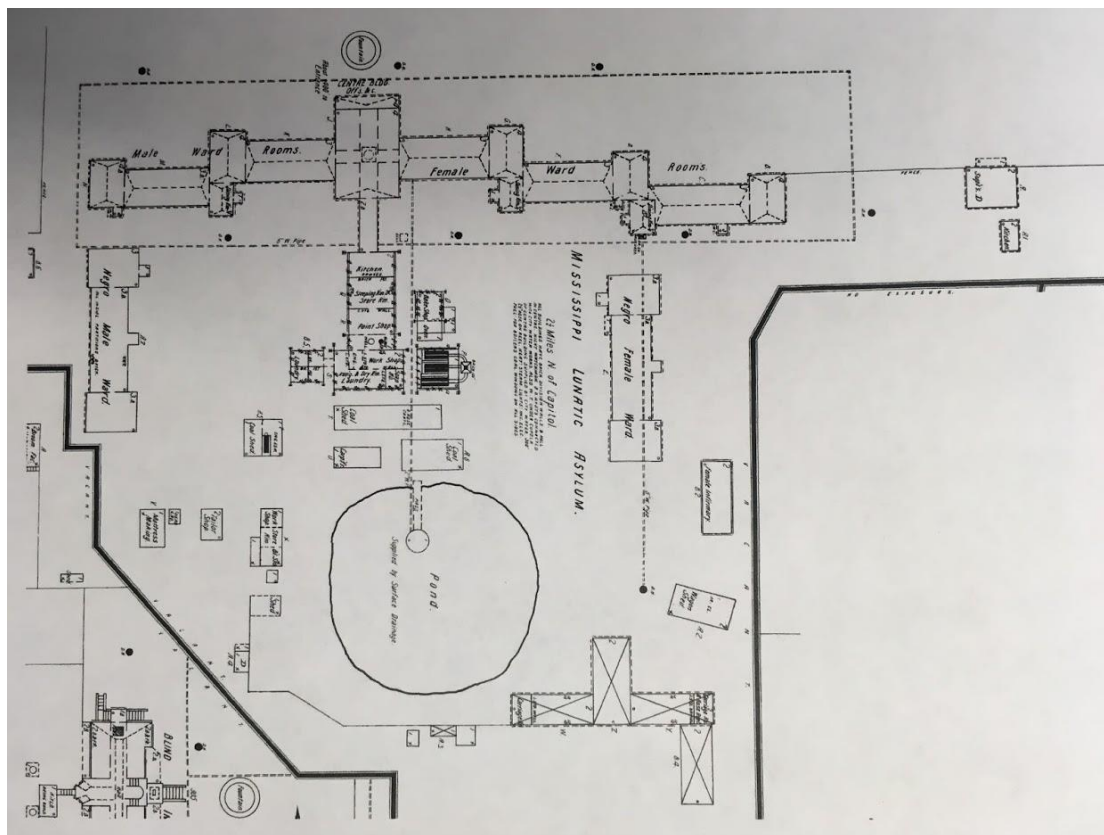

Figure 3. Exterior Blueprint, Courtesy of Donna Brown, Mississippi State Hospital Museum

Meanwhile, the priorities of psychiatry in southern states were shifting rapidly between 1914 and 1923 with the opening of new facilities. As writes Steven Noll in *Feebleminded in Our Midst*, "far from being coincidental, this process of institution-building reflected both a southern desire to cope with the problems of a modernizing society and an attempt by northern philanthropists and social workers to mold that society into one based on northern values. Southerners searched for answers to the vexing problems caused by urbanization and industrialization" (11). Ellisville State School (also known as the Mississippi School and Colony for the Feebleminded) opened in 1923, and on March 4, 1935, the former Mississippi State Lunatic Asylum—renamed the Mississippi State Hospital for the Insane at the turn of the century and the Mississippi State Hospital upon moving—was condemned. A new building was constructed on a former convict farm, eight miles east of the city. Though the land surrounding the original asylum was thought to have little value save the poultry farm, realtors promised the 1,400 acres could be sold off gradually and be a profitable endeavor ("Insane Hospital May Be Moved to Rankin Farm"). Meanwhile, 2,554 patients (Carter, "Conditions Still Subhuman") were loaded onto buses and shipped to Rankin Farm, a rural plot in Rankin County, just a stone's throw from the present-day prison. The move took 9 days and cost 15 cents a person (Brown, personal communication).

In the Sunday paper on February 24, 1935, the Clarion-Ledger ran a special section announcing the opening of the new Mississippi State Hospital at Whitfield (Mississippi State Hospital Museum). Ads offering their congratulations were bought by plumbing company, the gravel company, the engineering company, even the Rankin County Bank. The Stuart C. Irby Co (lighting and power) wrote, "Truly this is an institution of which EVERY MISSISSIPPIAN should be proud, and by means of which many will be returned cured to their homes and

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families." It's unclear how much was brought over from the old facility, save the marble, hand-carved "established" sign that now sits in the Whitfield Museum. But it was the hope of Dr. C.D. Mitchell that some of the admissions practices be left behind. Dr. CD Mitchell "urg[ed] all sheriffs and local authorities to rush new patients to the new hospital and not hold them in jail cells" fully believing that this new facility provided more freedom and ability to get well than the one previous. Though segregation prevailed: aside from race, aging, "decrepit" patients were separated from violent patients, were separated from developmentally challenged patients. TB patients were relegated to a cottage in the woods. And yet, a beauty parlor, printing shop, sewing shop, and re-education building were established with the sole intent of increasing the chance of patients' full recuperation (Hudson, "Mentally Ill Find Haven in Mississippi's Modern Hospital Near Jackson").

This prison-to-asylum pipeline was a result of the incarceration process by which patients were initially committed. As Whitney Barringer explains, if families refused to surrender their "lunatics" to the asylum, any citizen could send a complaint to the sheriff, who would then "bring the suspected insane before the county probate court," where a 12-person jury would decide by majority if the person should be committed. In other words, the individual charged with insanity would be placed in a holding cell throughout the trial process, and perhaps afterword if they were convicted but the asylum lacked adequate beds. Once committed, the cost of their care would be charged to either their county of residence or their estate, depending on the extent of their assets. This allowed "counties across Mississippi ostensibly to exile nuisances who did not fall under any criminal category" (Barringer 96). Not only did this allow families to rid themselves of problematic members, but (more alarmingly), it provided an outlet for

community members to commit people who may or may have not suffered from mental illness, but who were otherwise stirring the pot.

By 1950, the last remaining building of the Jackson campus was demolished and replaced with the current day University of Mississippi Medical Center. Meanwhile, the once state-of-the-art facility at Whitfield had grown to 4,083 patients, having but 138 square feet a piece, attended by no psychiatric social workers, one untrained recreational therapist, and only 15 registered nurses (Carter, "To Cure the Mentally Ill"). By 1958 there were 4,500 patients, with just one doctor and one nurse working weekends; by 1971 a staggering 5,200 patients prompted unsurprising charges of abuse and neglect (Brown, personal communication). Six of these mid-20th century nurses' stories (Eloise Flaherty, O.H. Guysinger, Mae Roberts, Leo Scanlon Jr., Thelma Sims, and Evelyn Strong) were preserved by the University of Southern Mississippi Center for Oral History and Cultural Heritage in the form of interviews conducted in the early 1990s. Though Whitfield recently interviewed several of its retirees (in 2010, 200 people retired after 30+ years), these recordings came too late to appropriately reflect on the asylum's substantial boom and resulting decline. Today, Whitfield remains the nation's largest mental hospital, with 110 buildings across 3,500 acres, but most buildings are left unused. 1,400 staff members care for just 600 patients, most of whom are not residents for more than one or two months (Brown, personal communication).

CHAPTER 3

CONDITIONS & TREATMENTS: MISSISSIPPI STATE LUNATIC ASYLUM AS PRISON

In the oldest wing of the present-day medical center, four entranceways flank a single

side of the hall—a thin veneer covering a deep segregated history. Just as the asylum labor

economy was a microcosm for Jackson life, so too was it governed by the codes of the time, with

"separate but equal" laws being enacted in 1890. African American patients weren't admitted to

the asylum until 1870 according to biennial reports, at which point newly appointed

superintendent William 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. . . and arguing that "placing black patients with white patients would 'excite' white

patients and create an untenable situation" (Barringer 171). The "moral" understanding of

modernity that had characterized the asylum's opening was quickly abandoned in the face of

racial sanctions and replaced by a systematic uphold of white supremacy. "Unlike the idealized

images of the Lost Cause, the mammy-graced white home, or the romance of the hunt, the spaces

of the future"—of consumption—starting with railroads and general stores, became key sites of

segregation. Segregation "balanced white demand for a racially figured power, the spread of the

new national ways of buying and selling that had originated in the Northeast, and African

Americans' insistence that freedom yield tangible benefits over slavery" (Hale 124-125) carried

over into public services.

Understandings of sanity also provided an avenue for enforcing status quo understandings of gendered behavior. A typical patient profile in 1855 was a woman who had been committed by her father or husband, usually in her mid to late 20s or early 30s ("Patient Registers, 1855-1973"). Notice that these are not only child-bearing years, but we now know are the years when many psychological disorders (like schizophrenia) are likely to appear. Pregnancy and menstruation were among the "exciting" and "predisposing" causes by which women were deemed insane. "For many female moron patients in southern institutions, verifications of 'deviant' or excessive sexual activity often proved the only rationale for an adjudication of feeble-mindedness and eventual admission into an institution. Conversely, for the male moron population, aberrant sexual acts were only one of a host of problems for which institutionalization seemed the appropriate response" (Noll 116). By the early 1930s, one out of five male admissions suffered from syphilis—the advanced stages of which mimicked dementia (Brown, personal communication). On the other hand, as descendant Hazel McCarty tells of great-aunt—one of only 30 patients with tombstones on Asylum Hill—her reputation as an "old maid," who never married and lived with her mother—is likely what landed her in the asylum. Regardless of race or gender, once a patient entered the asylum he or she was more likely to die there than be released. As Barringer explains, "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" (189).

Jim Crow continued to rule allocation of resources, with the Hospital Removal, Improvement, and Land Sale Commission reporting in 1930 only what buildings (14 more of the

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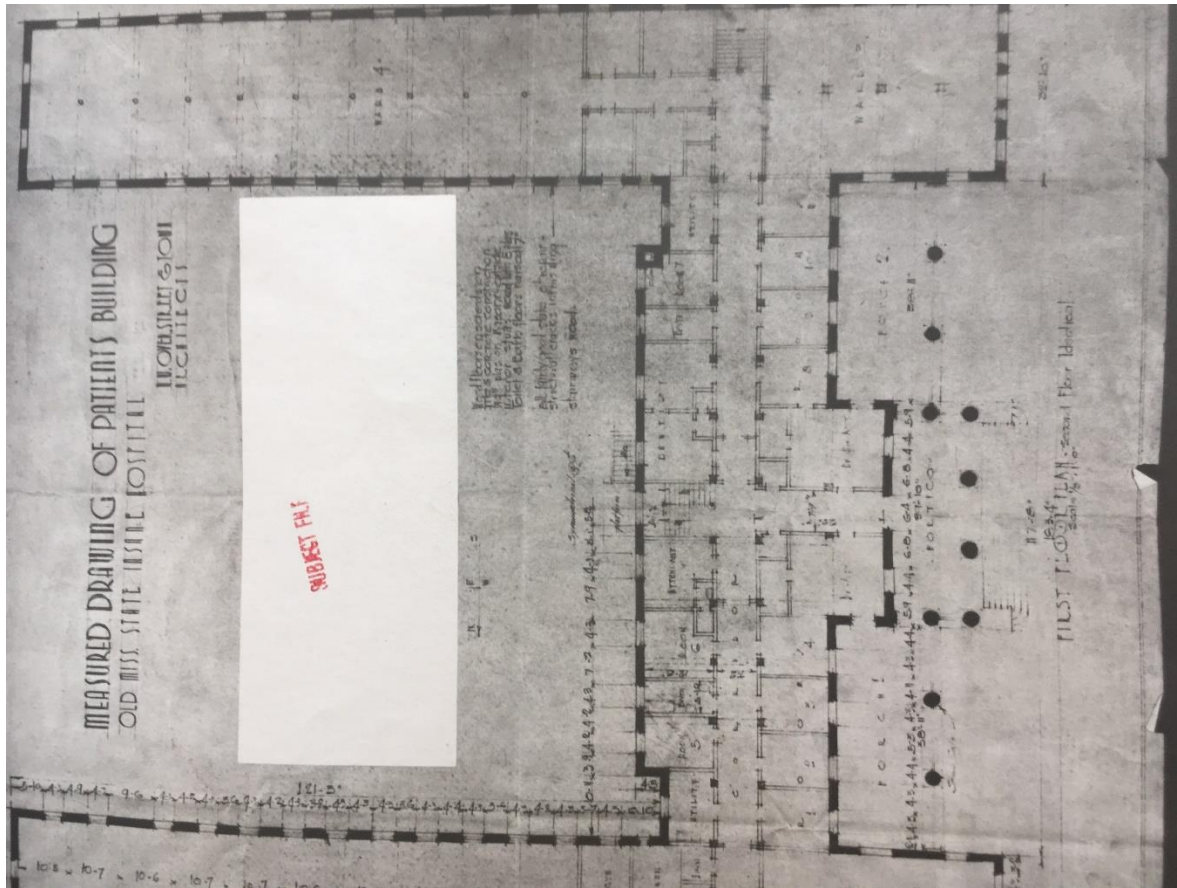
Figure 4. Interior Blueprint, MDAH Mississippi State Hospital Subject Files

35 total) needed be completed for white patients for the new facility at Whitfield to be complete.

Though buildings serving both populations were completed first, including the

laundry, commissary, and administration buildings, no further mention is made of allotting for

construction of "colored" wards. "We deem it wise for this Commission to erect no more

buildings until the appropriation is made sufficient to take care of all the white patients," states

the report regarding the spending of the "$840,114.65 remaining funds, $500,000 of which were

tied up in unsold bonds" (State Hospital Removal Improvement and Land Sale Commission,

"1930 Report"). Once the new facility was completed each race was not only equipped with

separate and unequal facilities, but their own "for amusement and entertainment" (Carter,

"Conditions Still Subhuman"). The benevolent, modern institution lived on.

But the move from Jackson to Whitfield did not increase the state hospital's bed capacity as hoped—which remained at 2,600—and daily staff meetings which once reported mere "accidents and incidents" were increased to twice-daily meetings: one at 8:30 for the diagnostic staff (the results of these meetings being a diagnosis of a specific psychosis, an undetermined psychosis, or no psychosis at all) and another at 11:30 to address administrative concerns, per the biennial reports. As of 1949, attendants were paid but $60-75 a month, and the daily expenditure per patient was $1.07, increased from the 59 cents a day allocated for patients in 1946, as reported by the *Clarion-Ledger* ("Increased Appropriation And Re-Segregation Of Patients Advocated At Whitfield Hospital"), and the 42 cents a day allocated in 1936 according to the *Times-Picayune* ("Mentally Ill Find Haven"). In an April 17, 1949 article in the *Commercial Appeal,* Kenneth Toler reports many attendants were dismissed for abusing patients, including "being whipped on the feet with a rubber hose" and being forced to sleep on the floor or in bug-infested beds following accusations by Hinds Co. Rep. Hayden Campbell, despite the legislative recess committee's insistence that treatments weren't unnecessarily cruel.

Brown speaks fondly of Dr. W.L Jaquith (1949-1917), who in a long line of superintendents including William Langley (1855), William Compton (1870), and C.D. Mitchell (1930)— she credits as being one of the only to genuinely care for patients. According to a *Delta Democrat-Times* report in 1950, Jaquith was the first to demand (with his request for two million) the institution be transformed into something beyond a prison. In three-part series on Whitfield's "subhuman" conditions, reporter Hodding Carter notes, "Mississippians remember with shame how in the recent past those prisoners have been starved, beaten, tormented by sadistic guards and incompetent 'professional' personnel"—a scene that is corroborated by Carter's likening of Whitfield patient diets (at less than 1,000 calories a day) to those of

concentration camp prisoners. A former patient recalls "beatings with rubber hoses. . .one sheet

per week per bed, no toilet paper on many days, and only one bath permitted a week"—a level of

"murderous neglect" that the article implies (at times) continues into the 1950s with minimal

improvement. These conditions are assumed to have been significantly alleviated by Jaquith's

requests.

Biennial reports from the last decade at the Jackson location report malaria inoculations,

anti-typhoid serum, and anti-syphilitic treatment as a matter of course. Given the number of

epidemics that have ravaged the asylum, a "normal number of cases of malaria and influenza"

and "no serious epidemics during the biennium" are touted as an improvement (Biennial Report,

1931-33, 5). To understand what we would now categorize as torture treatments, we must

recognize the context in which the asylum was established: one where the facility was viewed as

a "comfortable retreat for the incurables, where the residue of their lives might be passed in a

way to prevent them from injuring themselves or others" (Langley, "An Act to Establish a

Lunatic Asylum"). Most consistent across the asylum's history was a belief in the restorative

nature of work. Thus, patients were employed in engine rooms, post offices, and bakeries as well

as on the actual farm which surrounded the asylum and provided (often subpar) nourishments for

patients.

In the wake of discontinuing mechanical restraints in the early 1930s, diathermy and

hydrotherapy were celebrated for their "quieting and sedative effects" (Biennial Report, 1931-33,

5). Some treatments were simple and spa-like: soaking baths with various salts to relieve anxiety,

muscle cramps, or blood pressure. Others, like "chemical acupuncture" via shower and a

diathermia cabinet known as a "hotbox" used to induce fever, were more dangerous. The hotbox

placed patients in an enclosed space decked in light bulbs, which resulted in burns as well as

lasting heart damage that wouldn't show up until later—perhaps when a patient was tilling fields

or mowing lawn. Tight packs (modern-day strait jackets) and tight-rooms (what looks like a

modern-day MRI) were used to calm manic patients, who were starved and unbathed for days

until they were successfully sedated (Brown, personal communication). In *The Delta Democrat-

Times* article, Carter reveals tight packs served as a punishment method for a patient who spoke

out via smuggled letters of inhumane treatment inside. Chemical shock therapy is introduced in

the 1930s and replaced by electroshock therapy after the move to Whitfield. Electroshock

therapy at 900-1100 volts is still being performed at the mental hospital. Though lobotomies

were also introduced at the turn of the century for unresponsive schizophrenic patients, Donna

Brown insists they were never performed at the State Hospital. By 1955, the hospital was still

admitting 3,600 rolling patients annually, with a total of 1,025 employees (10 psychiatrists, 18

physicians, and 12 consulting physicians) caring for 4,270, but boasting the "lowest national

death rate" and "ready to consider, in moderation, new treatment methods" while maintaining a

"permissive and friendly atmosphere" (Centennial Program, 12). Despite Hodding Carter's

incendiary report just five years earlier, the old asylum was still saving face, but its cemetery was

growing.

CHAPTER 4

ADA, EARNEST, AND THE PATIENTS WITHIN

The establishment of a lunatic asylum in the state of Mississippi—and the appointing of a

group of commissioners to oversee this process—was approved by the legislature on March 4,

1848. In a letter written to Governor Joseph W. Matthews, the asylum commissioners report:

> The insane in the State of Mississippi, according to the census of 1840, amounted 198,
>
> and when it is remembered that great delicacy exists upon this subject, and a 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.

The letter goes on to explain that if national estimates were 1 in 997, at least 450 of 450,000 of

Mississippi's inhabitants were surely insane in 1848 and had likely been displaced to states like

Alabama with better facilities. Citing "successful" facilities in New England and across Europe

as potential models, the letter concludes with a heartfelt appeal from the commissioners to the

shared vulnerability of humanity, reminding the governor that he, too, is but a "fever, a sudden

reverse, the loss of a dear friend, the loss of fortune" away from declining into "a sad but salutary

lesson of the frail tenure by which we hold all that which is most dear to us" (Langley, William

S. et. al., "An Act to Establish a Lunatic Asylum"). In 2018 we are again dealing with grossly

inaccurate estimates of Mississippi's insane population, now buried underground. In the four

years since Jerry Mitchell first reported on the burials, the estimated grave count has risen by

almost 5,000. If today's "asylum commission" is the Asylum Hill Research Consortium, then the leader now appealing to the legislature's humanity is director Ralph Didlake at the Center for Bioethics and Medical Humanities.

Didlake is more than a physician, a surgeon, a professor, and a vice chancellor. He's a poet who finds a way to work Faulkner into a conversation about human remains: "Southerners don't fear death, but they take funerals really seriously," Didlake quotes ("Asylum Hill Project"). For all his concern with maximizing the scientific use of these bodies—of the potential for cataloging them for research purposes and placing them in a climate-controlled space—of primary importance to Didlake is "community engagement" in determining the most honorable means of proceeding. Where Amy Forbes, associate professor of history at Millsaps College, is set to conduct oral histories of descendants, at the time of our correspondence she hadn't begun the project in earnest, despite the estimated 150 patients who have contacted Molly Zuckerman alone, to date. So with the help of *Clarion-Ledger* investigative reporter Jerry Mitchell, I found patient descendants of my own: Karen Clark (great-great-great-grandaugher of Isham Earnest, 1857) and Hazel McCarty (great-niece of Ada Wynne, 1906), both whom came forward following reports of construction crews discovering coffins on Asylum Hill. Isham Earnest was living in Neshoba County when he was committed by his daughter and son-in-law. Ada Wynne was living in Tate County when she was committed by her brother. Their stories—just two of roughly 7,000—provide concrete faces through which we can crystalize the historical context that follows.

<div align="center">Commitment Procedure</div>

"Unlucky in business" and "disappointed in love" were but two common explanations for insanity, though until the 1920s feeblemindedness landed you in the same predicament (Ada

<div align="center">24</div>

Wynne supposedly fell out of the baby carriage as a child). As Steven Noll writes,

"[Commitment of mentally ill to mental hospitals] usually involved application to a local court, where a judge would issue an order based on testimony. Verification of mental deficiency had to be corroborated by an expert medical witness. Kentucky and Mississippi, however, showed little faith in medical judgments, instead relying on a jury to determine the necessity of commitment" (33). As described in the previous chapter, this made it easier for families—like those of Earnest and Ada—to rid themselves of difficult, problematic members, regardless of their actual mental stability or conditions in which they're living. An 1848 legislative report refers to asylum patients as a "most unfortunate class of. . . fellow-citizens, whose appeals for assistance are made in the eloquence of suffering and silence" (Langley, William S. et. al., "An Act to Establish a Lunatic Asylum"), where the State Times retrospective emphasizes the need to recoup these patients from prisons and homes where they've been previously locked up.

Though most insanity was still viewed as primarily circumstantial and lacked current-day consensus on brain chemistry, "causes" for being committed persisted in the form of taboos around fanatical religion, narcotics, financial struggles, domestic trouble, menstruation, and masturbation. More straight-forward excitements included a "blow to the head" or simply, "ill health"—likely as after effects of insufficient physical healthcare (*Mississippi State Hospital Museum: A History of the Treatment of Mental Illness in Mississippi*.)   In any case, these unfortunate citizens were as much the state's responsibility as its burden. In fact, in the case of so-called "imbecile" patients, the institution was viewed as a protective entity, shielding society from violent, "highly-sexed" individuals. Thomas H. Haines, National Committee for Mental Hygiene Representative, acted as an advisor to the Mississippi Mental Hygiene Commission in 1919 and relayed the following story:

In a county poor farm in Mississippi there is one imbecile white woman of about forty

years who has more children than she can count, both white and black. She has not the

common sense of an ordinary seven-year-old girl, yet she is highly sexed. The community

has entrusted her with the management of her life and really aided her, at the expense of

the tax payers, in producing these children who can be nothing but parasites all their

livelong. (Larson 66)

Haines went on to conduct an NCMH survey of Mississippi which "highlighted the physical and

moral danger that the mentally retarded posed to society owing primarily to their crime and

dependency" and sought case studies exclusively in prisons and on poor farms (Larson 66). He

would use his findings to justify the sexual sterilization written into law in 1928 and "piloted" at

the asylum.

Despite the commissioners' confidence in their mission, anxiety still characterized the

opening days of the asylum— "the large-hearted Superintendent was beginning to grow restless

and nervous after the accomplishment of his work [as] no one had appeared to test his kindness"

(Compton, "Synoptical History"). But "his somber reverie was broken" upon receiving the first

patient, known only as E___X____, who at the time of the 1870 report was still a patient at the

asylum and [would] "still speak kindly of Dr. Langley," though "sinking into hopeless

dementia." This notion of the restorative benevolence of the institution, for whose services

"inmates" were expected to show undying gratitude, seemed to be reflected in all asylum

ephemera, including a synoptical history compiled by Superintendent William M. Compton in

1870. He recalls that the Trustees are wary of the "frequent impositions" that "pauper" patients

imposed on the state and thus on local tax payers and urges county authorities to thoroughly seek

out friends of patients to pay their expenses. At the same time, he is wise to warn against the

evils that could arise should a fear of poverty-stricken patients "abusing the system" incite

conditions of a "cheap county poorhouse" thanks to the "spirit of the local economy." In other

words, the trustees are not blind to the political forces which align fiscal conservativism with

disregard for human dignity.

As if an afterthought, in 1856 the Board of Trustees remembers its position as a state

institution, and requests the legislature consider (and ameliorate the fact) that to date there are no

existing laws regarding reception of slaves or free persons of color into the asylum. Not

unsurprisingly, the trustees believe there should be a "special department for this class" and that

"the masters of the slaves received as pauper patients ought unquestionably to support them

while in the Institution" while free, property-owning persons of color support themselves.

Beyond the reaffirmation of their resistance toward bank-rolling patients is the extent to which

the trustees used their report as a medium to reaffirm their commitment to white supremacy

while selling themselves as great proprietors of humanity:

> Mississippi, in all her legislation upon the subject of her slaves, views them not merely
>
> as property, but as human beings. Their amelioration and comfort are being more and
>
> more daily cared for. 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 abuses are not corrected, as from the fact that frequently, as in other
>
> violations of the law, the necessary evidence is wanting to establish guilt. (Compton,
>
> "Synoptical History")

In direct contradiction to their assertion of slaves as human and not property, truthfully, the insanity of enslaved persons was treated as a defect of purchased goods: "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" (Barringer 121). In short, though committing a slave to the asylum seems counterintuitive to an owner's desire to retain his property at all costs, as Barringer explains, it actually "promoted the morality of slavery" by entertaining "the possibility of rehabilitating use from damaged property" (123).

Patient Records

The most comprehensive information on the historic entirety of those who passed through (or perished) at the asylum are found across 19 volumes of fragile, leather-bound, hand-written admissions records. I should note that the "first" volume as chronologized by the Mississippi Department of Archives and History begins with patient number 635 on January 10, 1857, exactly two years from the asylum's opening. Patients are listed loosely alphabetically by last name, and yet their discharge status, whether "transferred", "died", "recovered", or most interestingly, "eloped" out, has been retroactively added to their original admissions record, often with a different colored pen.

The earliest ledger categories are as follows, with several columns left blank for some patients:

Name

Date of Admission

Total Number (as in, patient number)

Number for Year (as in, patient number)

Circumstances of Admission (sometimes "sheriff" appears here though the terminology has now

shifted to "forensic" or "court-ordered" according to Donna Brown)

Sex (in later ledgers this column has been replaced with an "M" or "F" stamp next to the

individual's name)

Age

Domestic State (either single, widowed, or married)

Number of Children

Occupation (this included "housewife")

Degree of Education (none, fair, moderate, or good)

Profession of Religion (either Catholic, Baptist, or Lutheran)

Nativity (meaning where this person's "people" are from, though this is often a European

country like Germany, from which they are assumed to have descendants)

Residence (often the county if not the entire address, which will be responsible for the patient

should he/she fails to pay)

Alleged Causes

   Predisposing (either heredity or "unknown")

   Exciting (often childbirth, menopause, pregnancy, grief or just "ill health")

Form of Mental Disorder (diagnoses followed clear patterns of chronic mania, acute mania,

chronic melancholia, acute melancholia, homicidal maniac, or hysteria)

Accompanying Bodily Disorder

Date of Attack

Number of Attack (number of times "flareup" has occurred)

Number of Administration

Date of Discharge

Time in Asylum (between 15 and 35 years, though by the 1890s this time has been reduced to a few months)

Result (restored, died, recovered, or "not insane")

Observations (this could include cause of death, like "suicide by hanging", shock epilepsy, pellagra, brights disease, or exhaustion)

It is unlikely to see patients admitted who are younger than 20 or older than 50, though the 1930 census documents a 9-year-old boy, and as Jerry Mitchell reports in 2014, "By 1877, the asylum had taken in a total of 39 children under 15 and 104 young people between the ages of 15 and 20. Given most are originally from southeastern states, it's unsurprising that most were farmers and farmers wives. Remembering these records predated the Civil War, one can assume "laborers" marked "c" were slaves.

Figure 5. Registry of Admissions

I've recorded admissions information (from the leather-bound patient registers) for a random sample of 15 patients who would have been at the facility at the time of the 1930 census, but who died before the move to Whitfield in 1935. I've then cross-referenced them with both the 1930 federal census reports available on ancestory.com, labeled "patient" at "Mississippi Insane Hospital," and the cemetery records database compiled by MDAH, which is to represent "4,380 Insane Hospital patients that [sic] died between November 1912 and March 9, 1935 and were buried on the Hospital grounds." In other words, given the thousands of patients who perished at the asylum, these 15 represent some of the more complete, verifiable narratives. My findings are summarized in the table below, and are representative of the dysfunction of the records. Yellow columns represent census data, orange columns represent patient register data, and blue columns represent death records data.

Barringer's 2016 dissertation, "The Corruption of Promise" provides a detailed survey of 205 patient registers dating from 1855 to 1880 and offers a more detailed analysis than I've collected here. And yet, Barringer's research ends in 1910 and generally excludes a discussion of patients. The confines of her work have led me to my decision to not only focus on patients from the 1930s but emphasize instead the magnitude of discrepancies in various data sets which renders her (and my) limited sample sizes equally inevitable and highly refutable.

Table 1. Fifteen Patients

Data collected from Registries of Admissions, 1920 Census Records, and MDAH Asylum Cemetery Database

Present in Cemetery Database	Name of Patient	Race	Born	Birthplace	County of Resident	PO Address	Day of Admission	Name of Relative or Guardian	Marital Status	Relation to Head of House	Ward	Attended School	Ability to Read and Write	Length of Stay	Age	Date of Discharge	Result	Cause of Death	Cert Number	Occupation
N	Byrd, Sarah	Negro	1873	Mississippi	Cahoma	Shirrard, MS	1/27/1908	Freeman Byrd	Married	Patient	7x	No	No			7/15/1936	Died			Seamstress, Sewing Room, Unpaid
N	Baldwin, Harrison	Negro	1871	Mississippi	Wayne	Waynesboro, MS	6/21/1920	Jon Gropher	Married	Patient	7x	No	No			3/31/1939	Died			
N	Boaz, Miss Leola	White	1856	Mississippi	Holmes	Deerant, MS	1/3/1877	Either Boaz	Single	Patient	7x	No	No			11/18/1934	Died			
Y	Bynote, Leona	Negro	1887	Mississippi	LaFayette	Oxford, MS	8/30/1928	John Bynote	Married	Patient	7x	No	Yes	3y	44	11/27/1931	Died	TB	17653	
N	Campbell, WC	White	1883	Mississippi	Hinds	Jackson, MS	5/26/1921	Mr. WC Campbell	Married (at 26)	Patient	7x	No	Yes			9/4/1931	Died			
N	Carson, Johnnie	Negro	1911	Mississippi	Rankin	Lindlow, MS	12/29/1928	Mary Cash	Single	Patient	7x	No	No			3/21/1945	Died			
Y	Cotton, Mary	Negro	1859	Mississippi	Adams	Natchez, MS	11/24/1928	Nancy Davis	Widowed	Patient	7x	No	No	4y	70	10/2/1933	Died	TB	15463	
Y	Dent, Jr. Mose	Negro	1868	Mississippi	Sunflower	Indianola, MS	5/4/1907	Mose Dent Sr.	Widowed	Patient	7x	No	Yes	21y	65	6/29/1931	Died	TB	9833	
Y	Daniel, Ada	Negro	1883	Mississippi	Copiah	Winter City, MS	7/18/1916	Bill Wood	Divorced	Patient	7x	No	Yes	17y7m9d	52	2/27/1934	Died	Cervical Cancer	2240	
Y	Edwards, Jessie	Negro	1905	Mississippi	Tallahatchie	Charleston, MS	10/18/1929	George Edwards	Single	Patient	7x	No	Yes	2yr4m20d	27	3/8/1932	Died	Epilepsy	3673	
Y	Hamilton, Mary	Negro	1870	Mississippi	Oktibbeha	Starkville, MS	1/27/1903	Dan Thompson	Widowed	Patient	7x	No	No	28yr3m26d	61	5/23/1931	Died	Arteriosclerosis	8147	
N	Harris, Beatrice	Negro	1900	Mississippi	Forrest	Hattiesburg, MS	6/10/1926	John Hays	Widowed	Patient	7x	No	Yes			2/19/1931	Died			
N	Hodge, John	Negro	1894	Mississippi	Union	New Albany, MS	1/8/1921	Henry Kelly	Single							10/9/1934	Died			Carpenter, Carpenter Shop, Wage or Salary
N	Howard, Benjamin	White	1859	Mississippi	Tate	Cleveland, MS	9/15/1902	Mr. N.I. Waltham	Single	Patient	7x	No	No			10/10/1931	Died			Worker
Y	Tillman, Mrs. Martha	White	1867	Mississippi	Lincoln	Bogue Chitto, MS	1/22/1911	Jon Richardson	Widowed	Patient	7x	No	Yes	23 yr1m12d	68	3/6/1934	Died	Liver Abcess	4008	

Narratives begin to emerge. For instance, let us compare two women who spent over 20 years in the asylum and are both buried at the University of Mississippi Medical Center. As of 1930, both women's families had ceased claiming them as members; their "household" was listed merely as the asylum, with their "household members" listed as fellow patients. Though only the former is listed among the cemetery records, I have reason to suspect both were buried on the hospital grounds given the length of their stay. Though it would be easy to assume white patients were more oft accounted for among the death records than African Americans, my sampling in no way reflects this. And yet, a discrepancy persists, with Nick Hermann estimating at least 1,500 more patients unaccounted for.

Martha Tillman, a white woman, was born in 1867 in Lincoln County, Mississippi. After her husband died, she was committed at the age of 34 to the asylum, where she lived out her days until she died, at the age of 68, of a liver tumor. Sarah Byrd, a black woman, was born in 1873 in Coahoma County, Mississippi. She was committed in 1908, at the age of 35 by her father Freeman Byrd. Unlike Martha, she could not read or write, but she too spent her remaining 28 years in the asylum, working as a seamstress. She died on July 15, 1936 and yet her name is absent from asylum cemetery records.

To Sarah Byrd and Martha Tillman's stories we can add the story of Isham C. Earnest, who was born to John Jacob and Mary Earnest in 1787 in Georgia. He married Martha 'Patsey' Eilands in Jones County, Georgia, where he lived until about 1815. He then moved to Monroe County, Alabama, where he married Elizabeth A. Steen (1792-1874), also of Georgia, and together they had eight children, one of whom was Karen Clark's great-great grandmother Abigail (1829-1887). By 1842, Isham and Elizabeth had moved to Neshoba County, Mississippi and by 1850 had separated, with Isham living with their oldest daughter, Mary 'Polly' Earnest

(1817-1860) and her husband John R. Truitt. By all accounts Isham was a farmer, though family lore claims he suffered brain damage from chemicals used in his profession as a hat-maker, leading to his insanity and increasingly violent behavior. He had served in the war of 1812 and likely would have suffered from post-traumatic stress disorder. He died at the asylum and was buried in the asylum cemetery in 1858 according to ancestory.com. His death date pre-dates the cemetery database, and Karen Clark was unable to find his name in the patient registers at the Mississippi Department of Archives and History, as he was likely admitted before the first patient record available, in 1857.

Unlike Earnest, you *can* find Ada Lea Wynne—who passed almost 50 years later—in the patient registers. According to family bible records, Ada Lea Wynne was born May 15, 1862, daughter to Thomas K. Wynne and Annis B. Wynne and eventually great-aunt to Hazel McCain McCarty. Thomas K. was born in Lebanon, TN, but moved to Coldwater, Mississippi in 1831 and purchased land for which great-granddaughter Hazel McCarty still possesses the deed. Though the first Wynne home was destroyed by fire, the second home, which still stands in Tate County and has been in the family since the 1850s, was where Thomas raised three girls (Ada, Effie, and Martha "Mattie") and two boys (Lucilius "Lou" and Benjamin). Never married, Ada remained living in the house with her mother Annis until she died. Only a few weeks after Annis's passing, on May 11, 1893, Ada's younger brother Ben (Hazel's grandfather) committed her to the asylum for "chronic dementia" which first presented itself in 1881 according to the Mississippi State Lunatic Asylum Registry of Admissions. By the 1900 census, Ada Wynne, at the age of 37, had already been renounced from her family, and was officially a resident of the State Insane Hospital according to the federal government. She could read, write, and speak English, but she was a spinster, a burden. She died of consumption 13 years after she was

committed, on August 21st or 22nd depending on the source. Because she died in 1906, her death

certificate is also too early to appear in the cemetery database, and yet she is one of the 30

gravestones that remains in the asylum hill cemetery, honored by a plaque erected in 1998: "May

you rest here in harmony with the universe and in the dignity and peace intended by your

creator." All that remains are a couple childhood pictures, the crib where she slept, and the

rocker where she was put to sleep, like all of the Wynne children and their descendants.

According to Nick Hermann, in the 1920s increased asylum admissions led to more

abbreviated recording, drastically reducing the centralized amount of information available on

patients. Later ledgers include only name of patient, county of resident, date of admission, name

of guardian, address, date of discharge, and result. Ada Lea's record includes, for instance, more

information than Martha or Sarah's. Formerly combined data was separated into multiple

ledgers. In other cases, it appears data is duplicated as new record systems were developed (for

instance, in early years race was treated as a line item, where in later years races were separated

and allotted their own sections or differentiated by book). On February 19, 1892 many patients

were transferred to East Meridian, and a March 12, 1946 article from the *Clarion-Ledger*

outlines the transfer of senile patients from both the State Hospital at Whitfield and the East

Mississippi State Hospital to a new facility at Ellisville State School, former colony for the

feebleminded. This same bill dropped the word "insane" from the State Hospital title.

According to Mitchell's 2014 report, "of the 1,376 patients admitted between 1855 and

1877, more than one in five died" ("7,000 bodies could be buried"). Though mortality generally

improved throughout the institution's history, epidemics accounted for death spikes, such as the

1878 yellow fever and 1928 tuberculosis outbreaks. Biennial reports provide detailed statistical

tables quantifying admissions, treatments, and mortality rates along with summative analyses,

but no further information on individual patients. In later years, opening summations by the superintendent in these reports—regarding population movement (admissions, and releases), diagnoses, and causes of death— may provide some clues about the patients I'm most interested in, who were housed at the asylum during its final, declining years between 1925 and 1935. Not only have the coffins analyzed to-date been determined to have come from this period, but this would include the casualties from 1928. Even among these reports (focused mostly on population movement) there are discrepancies in the data presented, as shown in the table below, especially in terms of reporting race and gender. I have translated report narratives into the statistics seen here. Notice we are missing the biennial report from 1930.

Table 2. Biennial Report Patient Data 1925-1935

	1925-1927	1927-1928	1928-1929	1931-1933	1933-1935
Patients at Beginning of Year	1952	2244		3360	3,399
White	878	1036		1640	1095
Black	1074	1208		1720	1467
Male	894	1075			1135
Female	1058	1169			1427
Admissions	2249	1265	1426	2222	2175
White	1052	579		1092	
Black	1197	686		1130	
Male	1247	758			
Female	1002	507			
Total Number Patients Cared For	4201	3509	3903	5582	4737
Paroled	1384	670	700	1558	1637
White	801	388	446	1030	
Black	583	282	254	528	
Male	881				479
Female	503				358
Died	673	314	532	625	577
White	193	100	138	203	
Black	480	214	394	422	
Patients at End of Year	2244		2500	2562	3,360
White				1095	
Black				1467	

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In the 1925-1927 report, the superintendent brags about the comparably low death rates of white patients, but admits that disproportionate conditions in segregated wards has led to disproportionately high death rates among African American patients. The irony lies, of course, in the fact that the cemetery was integrated (Zuckerman, "Intersectionality and Institutionalization"). The same explanation for the racial discrepancy is repeated verbatim in the 1927-29 report.

> Because their buildings are jammed up against the back doors of the white wards we are
> compelled to keep them closely confined because it would never do to permit the two
> races to intermingle, and the freedom of the grounds and lawn is given to the white
> people, and consequently the colored people are denied the liberties and freedom, and
> outside exercise to which they are entitled, and which would greatly aid and hasten their
> recovery. The wards in which they are confined are dark and dreary and poorly
> ventilated, and terribly over-crowded; and it is impossible to make them habitable. Wards
> which were made to care for 60 patients have twice that number on them. (Biennial
> Report, 1925-1927, 12)

The same report states the spring brought unusually high numbers of "pellagrans" (patients suffering from pellagra), mostly "negroes from the flooded section" who would mostly all die, (Biennial Report, 1925-1927, 12), concluding that 250 "negro" deaths would have been prevented had they been in the new hospital. The 1927-29 report claims 300 preventable deaths—a statement which the superintendent hopes will persuade the legislature in appropriating funds. Similarly, the superintendent seems to resent the "epileptic and feebleminded" patients, who the asylum is "forced to keep" due to Ellisville's equally inadequate

facilities. Such vitriolic resentment echoes pro-eugenic asylum staff physician J.N. Fox, who told

attendees of the MSMA annual meeting in 1913: "It is also well-known that these mental

weaklings are very prolific, and when allowed to go at will, that a line of lawbreakers, such as

murderers, sexual perverts, pyromaniacs, and thieves are brought into the world to become a

burden and menace to the state" (Larson 45). These sentiments, attaching moral deviance to

insanity and African-American deaths to unavoidable circumstance, absolved superintendents

and physicians of guilt and protected their power in a changing world.

Reconciliation

A fragile folder at the Mississippi Department of Archives and History contains over 40

unmarked photographs identified only as coming from the Mississippi State Hospital—the name

the lunatic asylum adopted after 1926 (Centennial Program, 2). One photograph of a horse-

drawn carriage reads "State Charity Hospital" which an archivist identifies as having existed

separate from the asylum, and yet that same photograph has been blown up at the Whitfield

Museum and clearly identified with the asylum, along with posed photographs of nurses also

available in MDAH's collection. This correlation confirms my suspicion that the entire photo

collection is most likely from the asylum. This suspicion is bolstered by the building façade's

resemblance to the description of the building as written in the 1955 Centennial Program

booklet: "four stories high. . .. including a portico across the front. The columns of the portico

were six in number" (Centennial Program, 3).

Even as the asylum wards surpassed their normal capacity, superintendents lauded the

"ability and faithfulness" of doctors whom they believed had made great strides in reducing

death rates and making the "entire population fairly comfortable" (Biennial Report 1927-29, 5).

One notices in the photographs what appear to be residential patients in addition to posed doctors

and nurses, scenes from medical procedures (including one where a patient is strapped down),

African American cooks, and a family visiting their institutionalized daughter. A young boy's

mugshot leads one to question if admission photos were standard practice, where my favorite is a

capture of 11 women—again, assumedly patients—the one in the center looking especially

quizzically at the camera. These are the faces of the "most undesirable, brought to [the asylum]

doors as a last resort with little or no hope for recovery" (Biennial Report 1927-29, 5).

Figure 6. Female Patients, MDAH Mississippi State Hospital Photographs

     As tribute to these patients, UMMC imagines constructing a memorial garden, a field

school, a museum component—even using grates and other recovered materials from the asylum

they've purchased from Old House Depot Architectural Salvage on Monroe Street in Jackson—

to recreate the façade of the old asylum in an embankment near the cemetery for anatomical

donors (Didlake, personal communication). Descendants like Karen Clark and Hazel McCarty

understand the necessity of UMMC expanding to provide space for new patients, but they also

hope their family members are treated with respect. Throughout our interview, Mrs. McCarty

repeats how sad she is that no one retrieved her great-aunt Ada's body when she died, and that it took a construction crew to unearth coffins that had been there for decades; but she is heartened by the fact that she at least had a tombstone. Ms. Clark—several more generations removed—isn't fortunate enough to have a tombstone (or even an admissions record) to pay homage to her great-great-great-grandfather, whom the family believes was an American Indian. But she does believe the conversations surrounding the right for UMMC to excavate these bodies would be different were these native American burial grounds. None of my conversations with Asylum Hill Research Project stakeholders have suggested expanding the medical center in a different location. And yet, the "scientific specimens" (Didlake, personal communication)—whose faces and names I've begun to reveal here—are not willing anatomical donors. They were committed involuntarily, died involuntarily, and may now be donating their bodies to science involuntarily.

CHAPTER 5

RACE, EUGENICS, AND WHAT MILLEGEVILLE CAN TELL US

If the first four chapters addressed Nancy Krieger's first two critical claims of

embodiment "(1) bodies tell stories about—and cannot be studied divorced from—the conditions

of our existence and (2) bodies tell stories that often—but not always—match people's stated

accounts," then the last three chapters tackle the third: "bodies tell stories that people cannot or

will not tell, either because they are unable, forbidden, or choose not to tell" (350). Though there

remains no trace of the old lunatic asylum on the University of Mississippi Medical Center

campus, the Central State Hospital in Milledgeville, Georgia may provide insight to its past: both

the structure itself and the sociopolitical structures informing life within it. The similarities

between the two institutions are striking: Both resided on similar plots of land (1700 acres in

Georgia, 1,400 acres in Mississippi) approximately 2 miles outside the state capital (Atlanta

replaced Milledgeville as the capital in 1868), in what were (at the time) considered rural areas.

Both facilities served as central institutions in the hometowns of southern gothic writers whose

fame resulted from channeling and manipulating everyday expressions of the grotesque into

fiction (Flannery O'Connor in Milledgeville, Eudora Welty in Jackson). And both facilities were

supported by the efforts of Dorthea Dix, were in close proximity to state prisons, and remained

open for more than 150 years in total, with Milledgeville opening in 1842 and closing in 2010,

and Jackson opening just 13 years later, relocating after the first 80 years, and remaining open today.

Supt. William Compton's synoptical history provides a thorough description of the Mississippi asylum's main building, consisting of a center and two wings:

> The center is sixty-four feet front by one hundred feet deep, including a portico across the front end, of fifteen feet, and is four stories high. The columns of the portico are six in number. . .support a Grecian Doric entablature and cornice. . . They are built of brick, rough cast, and fluted, with cut stone capitals and start on a platform level with the second story floor. They are supported in the first story by six massive pillars. . . There are in each story of the center building, six large rooms, a hall through the center. . . The building is surmounted by a handsome dome of suitable dimensions. . . .The entire building is covered with slate, with cast iron gutters. . . ..In point of beauty and durability, it is equal to any similar institution in the United States and reflects great credit upon the liberality of the State.

Arriving at the Powell Building in Milledgeville—named after Supt. T.O. Powell (1879-1907)—one would think it an exact replica. Though vines and broken windows have marred many of the brick ancillary buildings, the Grecian Doric and portico show little signs of age. Inside, chandeliers remain lit, while a sign near the entrance warns: "QUIET PLEASE. YOU ARE ENTERING A RESTRICTED AREA." In the front, empty flag poles flank a dry fountain; in the back, four stories of caged outdoor hallways provide ghost-patients healing vapors from the great outdoors.

Old maps of the Mississippi State Lunatic Asylum include, in addition to segregated wards, coal sheds, tailor shops, laundries, and a building for mattress making in addition to a

centrally-located pond supplied by surface drainage (Figure 3, Exterior Blueprint). In Milledgeville, historical markers illuminate purposes behind various abandoned buildings, including a laundry and cobblery—the floor still lined with remnants of Star brand nail boxes, and Cat's Paw rubber heels. Unlike in Mississippi, where the state avoided financial responsibility for patients at all costs, in 1877 the Georgia legislature redacted paying patients entirely, leading southern literary scholar and National Center for the Humanities Fellow Mab Segrest to conclude that the Georgia Lunatic Asylum was being used by white families as a replacement for formerly enslaved caretakers for problematic family members (14). A century later, a 1959 investigation painted Milledgeville as a consistent site for abuse, squalor, and unsupervised vasectomies and salpingectomies (Larson 159), and would significantly contribute to the five-thousand Georgian patients sterilized throughout the mid-20th century (Segrest 27). Segrest's thirteen years of research into Milledgeville's insane hospital culminates in her forthcoming book, *Administrations of Lunacy*, which explores women, slavery, Indian burial grounds, and eugenics at an(other) quintessential southern institution.

<div align="center">Freakery and Psychiatry</div>

Not only was T.O. Powell a Georgia Lunatic Asylum superintendent and namesake, but he was also a prominent figure in southern institutionalization at large and "chief architect in the last decades of the 19th century in re-scaffolding race as a biological category in psychiatry" (Segrest 5). Given the prevailing belief in the mental inferiority of African American patients, "[Powell] reasoned, negroes were not afflicted like whites with the tensions of modernity" (Segrest 12), just as they were thought to have "lacked the emotional maturity to be truly affected by slavery" according to Dr. Amariah Brigham of Boston (Segrest 21), in effect shielding them from the intellect that made one vulnerable to insanity. The rise of modernity,

however, signaled not just industrialization, transportation, and the creation of state institutions, but as Rosemarie Thompson explains, "a decisive shift in how the anomalous body [was] framed within the cultural imagination. . . ..from a narrative of the marvelous to the narrative of the deviant" (3). In what Thompson coins the *freak discourse's genealogy*, "what was once the prodigious monster, the fanciful freak, the strange and subtle curiosity of nature, ha[d] become . . . the abnormal, the intolerable" (4); "what aroused awe now inspire[d] horror" (3). This cultural shift from the delectably absurd to the pathologically terrifying signaled the fortitude with which Americans clung to social stratifications at times of economic and cultural uncertainty (and as a result, defined deviance from them).

By the start of the 20th century, enslaved persons once viewed as living outside the purview of psychiatry were now living freely, and thus were found by white elites to be susceptible to new set of perilous circumstances like excess excitement, alcohol consumption, and insufficient rest (Segrest 13). Freakery attributed in the 18th and early 19th centuries to the fantastical accidents of Mr. Hyde and Frankenstein, was now turning alarmingly inward. "As culture became more dynamic, complex, and literate with modernization, broad discourses tended to cleave into multiple, discrete discursive systems inflected by an elaborate system of social markers" (Thompson 12); in the American South, these social markers included so-called separate but equal Jim Crow-bound facilities in the asylum. Though the biennial reports from Jackson certainly detail the disparities between black and white living conditions and mortality rates, certainly no patient identified as "colored" and "farmhand" was admitted for "psychological trauma due to slavery." In fact, Segrest argues that superintendents in Georgia were able to attribute African American insanity to emancipation precisely because they had erased "black suffering" from patient records (7). Segregation became chivalrous and ritualistic,

much like the benevolence of institutionalization, and with that "theories of degeneracy and emerging eugenics directed the gaze away from normative whiteness onto those denigrated populations increasingly marked as sick, insane, and perverse" (Segrest 21). Steven Noll quotes historian George Fredrickson in explaining white, conservative ethos in the early 20th century as having "promoted Christian charity, obsolesce oblige, and a quasi-paternal form of guardianship over people who were thought of as inherently child-like," going on to explain the same paternalistic attitude was adapted for feeble-minded individuals (90). At a time when modernist anxieties were producing striated social structures and "politicized bodily forms," white superiority (and black mental interiority)—passed down hereditarily—trumped emerging beliefs in germ theory as an explanation for mental and physical ailments (Segrest 4), in effect paving the way for the popularity of eugenics.

Sterilization in Mississippi

Eugenicists in the South were initially cast as a "beleaguered progressive minority" who were "preaching a foreign gospel in a hostile territory" (Larson 17). Because sterilization sought to remove mentally retarded patients from the home and restrict their ability to marry and reproduce, it "directly challenged southern concepts of the family and parental rights" (Larson 8). Though a desire to purify the southern white race was appealing, "regional pride in. . .pure Anglo-Saxon or French bloodlines. . . .predisposed southern whites not to fear a eugenic taint among their own stock" (Larson 9), while "some southern physicians saw this approach as an enlightened alternative to lynching for deterring what one of them characterized as 'assaults on women and children by the animalized negroes'" (Larson 27). Indeed, protecting tainted—whether by imbecility or miscegenation—women from bearing children fast-tracked the creation of a separate institution for the feeble-minded. According to the 1921 Mississippi law, "The

greatest danger of the feeble-minded to the community lies in the frequency of the passing on of

mental deficiency from one generation to another" (qtd. in Noll 113). And yet, records show

compulsory sterilization extended beyond the walls of Ellisville.

> The sterilization law signed by Mississippi Governor Bilbo in 1928 read as follows:
>
> 4602: *Sexual sterilization of certain defectives authorized.* Whenever the superintendent.
>
> . . . shall be of the opinion that it is for the best interests of the patients and of society that
>
> any inmate of the institution under his care should be sexually sterilized, such
>
> superintendent is hereby authorized to perform, if he be a surgeon, or cause to be
>
> performed by some capable surgeon, the operation sterilization on any such patient
>
> confined in such institution afflicted with hereditary forms of insanity that are recurrent,
>
> idiocy, imbecility, feeblemindedness, or epilepsy. (Howorth et. al., *Mississippi Code of*
>
> *1930*)

A pamphlet distributed to patients of the Mississippi State Hospital upon arrival in the early

1940s, titled "Laws Pertaining to Mental Hospitals: State of Mississippi Code of 1930" served as

a form of Miranda Rights for patients and their families. The code goes on to ensure patients'

and patients' legal guardians' rights to notification with "a notice in writing designating the time

and place in the said institution, not less than thirty days before the presentation of such petition

to said board of directors" (12). In the case of patients without legal guardians, the institution

would pay 10 dollars for a chancery court to appoint an acting guardian to petition for the patient

(4603), but also stated that the board may deny the petition if the patient is believed to be the

"probable potential parent of socially inadequate offsprings likewise afflicted" in order to ensure

"the welfare of the inmate and of society," given there was no immediate danger to the patient's

general health (4604). Though the statute explicitly warned against "continu[ing] to authorize the

operation of castration," both the operating surgeon and superintendent were protected from liability at all costs. In much the same way that patients were admitted, their right to reproduce in Mississippi—like their right to live freely in society—was determined not by medical professionals, but the courts.

In the end, sterilization as a component of rehabilitation was enacted in the same pattern as committance: the laws of the state encouraged the community to disenfranchise its most vulnerable members in the name of protecting its own propriety and assuring its most powerful members of their own sanity and moral superiority. Asylum officials assisted in this effort by reframing what would otherwise be considered inhumane procedures as necessary for the social order. The 1931-1933 board of trustees biennial report assures the state the asylum is in compliance with the statute as outlined in the 1930 state code:

> For some time we have attempted to sterilize those patients who are returned home and it
> is to be hoped that in the future every patient who comes to the institution before they
> return to their home will be sterilized in order to lessen the mental disorders which will
> be handed down to future generations, and thereby save the State of the burden of caring
> for an increased number of mental cases. (Biennial Report, 1931-33, 5)

The "burden" they fear is not purely fiscal. By eliminating any awareness of the paternalism which informs casting certain citizens as degenerates, psychiatrists, government officials, and superintendents alike shift the freak discourse genealogy (per Thompson) in reverse, from the deviant back to the monstrous. In so doing, they conveniently "other" the freak beyond the collapsed, narrowly-defined inferior body into something wholly objectified, pathologized, and removed from their precious, racially-defined cultural climate, thereby escaping their own part in it. This internal recalcitrance toward examining the white-supremacist root of all southern "mental

47

illness" head-on in effect relieves them from being implicated in the criminal insanity of

rendering humans inhuman.

CHAPTER 6

CONCLUSION

When the story of 7,000 graves being discovered on the University of Mississippi

Medical Center Campus first hit newsstands in May 2017, acclaimed investigative journalist

Jerry Mitchell's *Clarion-Ledger* article spurred mass media coverage (and regurgitation) from

the *New York Times, The Atlantic, USA Today, CNN, Huffington Post*—a barrage of journalists

anxious to confirm the south's gothic mysticism in the national consciousness. The stories agreed

upon the numbers: 35,000 institutionalized people between 1855 and 1935. 44 graves discovered

in the early 1990s, 66 graves in 2012, 7,000+ graves today. Projected cost for full excavation of

graves: $21 million (though this number has been corrected, or rather dropped to 2.1 million as

of April 2018). They agreed upon the stakeholders: Ralph Didlake, Director of Biomedical

Ethics at UMMC and Molly Zuckerman, lead biomedical anthropologist of Mississippi State

University. If they were lucky, they snagged photographs from the archaeological dig and

cultural survey completed in 2012 or quoted one of the four to five weekly descendants

(Zuckerman, "Intersectionality and Institutionalization") who've contacted the Asylum Hill

Research Consortium claiming to have ancestral ties to one of the graves.

The double-edged sword lies in the fact that while Mississippians may be disheartened by

yet another story revealing the state's embarrassing underbelly, without national exposure the

dream of funding this project may never become a reality. Neither Drs. Didlake nor Zuckerman

have the luxury of working on the Asylum Hill Project full-time. Lida Gibson, who was hired by the University of Mississippi Medical Center in September of 2017, as of January 2018 was still on a temporary, part-time contract with the goal of centralizing and organizing the materials UMMC has collected to date—currently housed in a series of three-ringed binders in Ralph Didlake's office. None of the national press has returned for a follow-up story. And the public relations team at the medical center recently reached out to *me* about contacting patient descendants, when I assumed upon starting this project that communication would be flowing the opposite direction.

The stilted efforts are not from lack of caring, but perhaps trepidation sparred by the risk of telling an inconsistent story about a sensitive subject. One of Lida Gibson's top priorities is working to set up archival protocol to determine how researchers, the descendant community, and the public get access to these materials. Currently, she is at work on an online presence for the project which would include a form for descendants to upload their contact information and family photographs, as well as provide consent for DNA testing, for instance (Didlake, "Asylum Hill Project"). Meanwhile, the spreadsheet of descendant names keeps growing. Though scanning patient records would cost $20,000, Nicholas Hermann at Texas State University has already purchased large format photographs of almost 1,400 select pages from 10 volumes (of an estimated 2,300 pages) of these same patient registers, dating from the early 1900s. In general, he prioritized scanning discharge records prior to the move to Whitfield in 1935, but he tells me this project has been deprioritized since the departure of Ashley Koostra at the Mississippi Department of Archives and History. His student workers are already at work transcribing the purchased registers, which Molly Zuckerman has used in her research. Though Hermann did not reveal the total cost, Zuckerman says each scanned page costs $25. In addition to these already-

existing scans, at least five additional books of patient registers were recently retrieved by Gibson from Whitfield and the Department of Mental Health. Meanwhile, with the go-ahead from the state legislature and growing pressure to continue expanding construction to make physical room for current-day patients, UMMC plans to begin excavation on July 1, 2019 with their own team of archaeologists, at a cost of $4,500 per burial site. The initial exhumation would be funded by the state, where UMMC would seek private funding for the proposed 4 million dollar research facility. The first 4,000 remains would be temporarily interred in UMMC's current medical library archival space, known as the "farmer's market" while the new facility is built (Didlake, "Asylum Hill Research Project").   As Ralph Didlake shows images of old asylum post cards at his recent presentation on the asylum hill project at the University of Mississippi, I imagine the potential for this research facility to take on a museum-like quality, re-establishing the asylum site as a tourist attraction. The freakology of patients as spectacle would effectively be re-established.

A 1989 discovery of almost 10,000 cadavers in the basement of the Medical College of Georgia in Augusta bears a striking resemblance to the asylum hill discovery. Aside from educating wealthy white doctors and their garden club wives, "the human remains and artifacts that were excavated from the basement where they had been purposefully buried indicate that it was a place where dissection and extralegal means for obtaining cadavers took place in the nineteenth century" (Curtis-Richardson 342). Not only were 75 percent of the bodies also determined to be African American and of the late 19th century, but Robert Blakely and Judith Harrington's 1997 study, titled *Bones in the Basement: Postmortem racism in Nineteenth-Century Medical Training* followed much the same trajectory as the Asylum Hill Consortium, with contributions from researchers across disciplines.

Like Asylum Hill, where civil war burials and the bodies from Cades Cove Baptist church are likely buried among asylum patients, "cadavers came from many sources: grave robbing, indigents who died in the hospitals and jails; convict criminals. . . .overworked prisoners on chain gangs" (Curtis-Richardson 359). And as was the case at the Mississippi State Asylum, where African American families' last resort was committing a relative knowing the likelihood they'd never return, African American communities in Augusta "referred to the Medical College of Georgia as a 'parasite'" (Curtis-Richardson 342). At the literal cost of community lives, the medical center "supplied Augusta with a new class of medical elite, seasoned with its own regional peculiarities such as 'negro medicine,' 'southern medicine,' 'mesmerism' and a belief in the correlation between meteorological events and health" (Curtis-Richardson 342). It upheld Jim Crow as surely as any southern institution of its time.

In my initial interview with Ralph Didlake, he emphasized the need for the AHRC to work across many disciplines and not make assumptions. And yet, I'm concerned that researchers, armed with just one piece of this story—the mortality data, the aging wood of the coffins, the bones even—are apt to move full-steam ahead, inciting a trickle down of research efforts in their field alone. The prospect of coordinating these efforts—at the forefront of Didlake's mind—is a 20-year and several million-dollar-endeavor at least, and understandably overwhelming, especially with a consortium of 35 people. And yet, given my conversations with the consortium, the priority they share—beyond their "guiding principles" of "respectfully managing remains", "being mindful of their cultural and scientific importance" and "demonstrating stewardship across disciplines" (Didlake, "Asylum Hill Research Project")— seems to be a desire to focus on what the *people* can tell us.

If that remains true, I'm of the opinion that our priority should be to create the most comprehensive database of verified patient records possible, with the involvement of genealogists. A database alone—searchable by demographics and medical metrics can serve as a composite resource to assist a wide range of scholars while simultaneously giving back to the descendants seeking their family. In the age of 23andme, if family members can more easily track their descendants, they may be more invested in providing a DNA sample to UMMC and paying for it themselves (though Didlake says DNA tests currently cost but $110 in a laboratory setting, and are expected to only decrease in price). Similarly, if an effort to transcribe and organize records is crowdsourced through descendants, graduate students, and interested parties, monetary compensation may be provided through alternative sources without the need for a large endowment or grant.

Though UMMC maintains its insistence on honoring the asylum's descendant community, one must remember the relatively small population (3 million) of the state of Mississippi, and the fact that the old lunatic asylum's 80-year history continues today at the rapidly shrinking Whitfield facility (Whitfield is open today thanks only to the nursing home—still on the grounds—where beloved Superintendent Jaquith returned in his retirement.) Five thousand more are buried at Whitfield, with many more having died there but transported back to Jackson (Gibson, personal communication). Given the sheer numbers, it's hard to imagine that most anyone from Mississippi doesn't have ties to the institution. More important than the privacy of medical records of the long-deceased, in my mind, is the responsibility of the public to reveal a history that excludes no one. A qualitative, ethnographic study is imperative.

The ethnographic component of the Medical College of Georgia study included interviews to help understand the "social fabric of Augusta" though only 55 "official" interviews

were included in the report of up to 350 local people the ethnographers encountered. The researchers described residents' reactions to the cadaver discovery as "surprise, repulsion, curiosity, dismay, and utter denial" (Curtis-Richardson 342), a reaction likely to be replicated were we to interview current-day Jackson-area residents. Yet we must not lose sight of the fact that these bodies in Georgia were grave-robbed, used for science in the name of progress without anyone's permission. In contrast, for now, all but 66 of the 7,000 bodies at UMMC remain unearthed. In removing them, unable to feasibly or efficiently contact their remaining descendants, do we inadvertently become the grave-robbers?

In eight months of research, I've heard the passing possibility of—though have yet to hear a compelling argument for—leaving the burials alone and expanding the medical center elsewhere. And yet, eliminating science from the equation, this could be perceived as a more ethical solution. After all, the bodies of former asylum patients can tell us volumes of information about the conditions in which they lived and died, but to what end? From the consortium's perspective, potential gains from this research would include correlating diagnoses to phenotype and insight into pharmacology (Didlake, "Asylum Hill Research Project"). But as I've demonstrated here, between asylum ephemera and reports, newspaper clippings and patient records, enough archival information already exists to confirm many of the suspected horrors of late 19th and early 20th century asylums were true. Proving so through these patients' bones will not resurrect the children they were forbidden from bearing nor erase the abuse they endured. At the same time, one could argue that future anthropology and oral history courses currently being developed around these remains and their descendants (Didlake, "Asylum Hill Project") could eliminate the vanity of their deaths.

In Augusta, requests from patient families across race, gender, and generation were for a "good Christian burial" though that had different meanings. Southerners across state lines have strong feelings about death (Didlake, personal communication). Though the tombstones of Ada Wynne and the other 29 fortunate patients to have remaining visible markers on asylum hill have been placed directly adjacent to the cemetery for anatomical donors, we must remember that these patients did not donate their bodies. Though they may be unidentified, they are not purposefully anonymous like anatomical donors, their names voluntarily replaced by a brass numeral in the ground.

Despite perpetual overcrowding and belief that bed placement in a controlled environment was the most therapeutic treatment for patients, perhaps as many as half patients who lived out their days at the lunatic asylum had no business being there or toiled there the remainder of their lives only because their families had grown used to quiet lives without the hassle of their existence. Donna Brown tells one story of a woman institutionalized for the rest of her life after being left at the altar, and another of a man institutionalized after complaining he'd been served on a cracked plate. We must remember these patients were inmates of a different kind of prison. They have been made anonymous by systems of power which sought to marginalize them, ostracize them, and erase them from memory. To some, excavating their final resting place may be nothing more than desecration.

NOTE

As many of the events relevant to this thesis were transpiring as I was writing, I have made my

best efforts to provide the most current, accurate information possible at the time of my

correspondence with individuals, or at the time of my accessing source materials. On the same

token, it should be understood that this document is merely based on my own observations,

research, interviews, and resulting conclusions, and is not intended be used as the official of

statement record for any of the parties cited. This is a developing story, and should be regarded

as such.

WORKS CITED

Asylum Hill Research Consortium. "Burial Site Topography."

Barringer, Whitney E. *The Corruption of Promise: The Insane Asylum in Mississippi, 1848-*
1910. MA Thesis, University of Mississippi, 2016. UMI, 2016, 10160580.

Biennial Reports of the Trustees and Superintendent of the State Insane Hospital of Mississippi.
Clarion-Ledger, Jackson. State Health Institution Records (RG 56), Mississippi
Department of Archives and History, 374.1:Bi, 1872-1935.

"A Brief History of the Asylum." *Asylum Hill Cemetery Project*, Cobb Institute of Archaeology,
Mississippi State University, msacp.cobb.msstate.edu/history.html.

Brown, Donna. Personal interview. 4 January 2018.

Carter, Hodding. "To Cure The Mentally Ill, It Takes Money, Jacquith Explains: Needs More."
The Delta Democrat-Times, 12 January 1950.

Carter, Hodding. "Conditions Still Subhuman But Jacquith Has Made Whitfield Better Place."
The Delta Democrat-Times, 13 January 1950.

Centennial Program, *The Hinds County Association for Mental Health in Cooperation with*
Mississippi State Hospital, 17 November 1955.

Clark, Karen. Personal interview. 10 March 2018.

Compton, William M. *Synoptical History of the Mississippi State Lunatic Asylum*,1870.
Retrieved from Donna Brown.

Curtis-Richardson. "Corpses as commodities: the ethnography of covert medical practices in
Georgia, circa 1835-1997" *Bones in the Basement* by Judith Harrington. Smithsonian
Institution Press, 1997.

Didlake, Ralph. "Asylum Hill Research Project: Ethical and Cultural Challenges." Philosophy
Forum Series 2017-18, 12 April 2018, Barnard Observatory, Oxford, MS.

Didlake, Ralph. Personal interview. 3 October 2017.

"Dorthea Lynde Dix (Angel of Mercy)," 1870. Mississippi State Hospital Subject Files, ser.

   1859-1949, Mississippi Department of Archives and History.

"Exterior Blueprint." Donna Brown, Mississippi State Hospital Musuem, Jackson.

Faulkner, William. *The Sound and the Fury*. Vintage International, 1929.

Gibbons, W.M. "Exhibit A." Received by the Commissioners for the State Lunatic Asylum,

   Mississippi State Hospital Subject Files, ser. 1850-1852, Mississippi Department of

   Archives and History.

Gibson, Lida. Personal interview. 29 January 2018.

Hale, Grace Elizabeth. "Ch. 4: Bounding Consumption." *Making Whiteness: The Culture of*

   Segregation in the South, 1890-1940. Vintage, 1999.

Harvey, Nan. Personal interview. 23 October 2017.

Hermann, Nicholas P. Personal interview. 31 January 2018.

Hospodor, Eric W. "The History and Current Status of the Asylum Cemetery at UMMC." The

   University of Mississippi Medical Center. May 2017, Millsaps College, Jackson, MS.

"House Would Separate Whitfield Weary from Hopelessly Insane." *Clarion-Ledger*, 12 March

   1946.

Howorth, Joseph M., et al. *Mississippi Code of 1930 of the Public Statute Laws of the State of*

   Mississippi: Revised and Annotated by the Code Commission Under the Provisions of an

   Act of the Legislature Approved April 26th, 1928 and Reported to and Revised, Amended

   and Adopted by the Legislature at its Regular Session in 1930. The Harrison Company,

   Atlanta, 1930, Article 8, 4602-4609.

Hudson, John B. "Mentally Ill Find Haven in Mississippi's Modern Hospital Near Jackson."
    Times-Picayune, 16 August 1936. Mississippi State Hospital Subject Files, ser. 1859-
    1949, Mississippi Department of Archives and History.

"Increased Appropriation And Re-Segregation Of Patients Advocated At Whitfield Hospital."
    Clarion-Ledger, 17 February 1946.

"Insane Hospital May Be Moved to Rankin Farm." *Jackson Daily News*, 13 September 1925.
    Mississippi State Hospital Subject Files, ser. 1859-1949, Mississippi Department of
    Archives and History.

"Interior Blueprint." Mississippi State Hospital Subject Files, ser. 1859-1949, Mississippi
    Department of Archives and History, Jackson.

Keith, William E. "(Epidemics, Low Funds, Fires Could Not Stop The…) Hospital That Had To
    Be Born: Nine-Year Battle Preceded Opening of 100-Year-Old Whitfield Unit." *Jackson
    State Times*, Mississippi State Hospital Subject Files, ser. 1950-1974, Mississippi
    Department of Archives and History.

Krieger, Nancy. "Embodiment: a conceptual glossary for epidemiology." *J Epidemiol
    Community Health,* no. 59, 2005, pp. 350-355. doi: 10.1136/jech.2004.024562.

Langley, William S. et. al., "An Act to Establish a Lunatic Asylum." Received by Joseph W.
    Matthews, Governor of the State of Mississippi, *Mississippi State Hospital Subject Files*,
    ser. 1850-1852, Mississippi Department of Archives and History.

Larson, Edward. *Sex, Race, and Science: Eugenics in the Deep South*. Johns Hopkins University
    Press, 1995.

*Laws Pertaining to Mental Hospitals: State of Mississippi Code 1930 and as Amended by
Chapter 180, Laws of 1936 and Chapter 231, Laws of 1940. Laws Pertaining to Mental*

Hospitals: State of Mississippi Code 1930 and as Amended by Chapter 180, Laws of 1936 and Chapter 231, Laws of 1940, Mississippi State Hospital, 1940. "Pamphlets, 1939-1955." Mississippi State Hospital. Series 2124/Box 9762.

Local and Private Laws of the State of Mississippi. Ch. 846, House Bill no. 933, 27 March 1973.

Lunatic Asylum Board of Trustees Accounts and Meeting Minutes. State Health Institution Records (RG 56), Mississippi Department of Archives and History, Series 2057, Box 9739, 1890.

McCarty, Hazel. Personal Interview. 11 March 2018.

Mitchell, Jerry. "7,000 bodies could be buried on UMMC campus." *Clarion-Ledger*, 6 May 2017.

Mississippi Asylum Cemetery Records Database, Mississippi Department of Archives and History.

Mississippi State Hospital Museum: A History of the Treatment of Mental Illness in Mississippi. Public Relations Department, Mississippi State Hospital, 2004.

"MSLA Exterior." Mississippi State Hospital Subject Files, ser. 1859-1949, Mississippi Department of Archives and History, Jackson.

"MSLA Map." Mississippi State Hospital Subject Files, ser. 1859-1949, Mississippi Department of Archives and History, Jackson.

Noll, Steven. *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940*. University of North Carolina Press, 1995.

"Patient registers, 1855-1973." Mississippi Department of Archives and History, Series 2148, Boxes 9741-9759, Roll 37095.

Powell, T.O. "A Sketch of Psychiatry in the Southern States," Presidential Address, Fifty-Third

      Annual Meeting of the American Medico-Psychological Association, Baltimore, May

      1897, *American Journal of Insanity*, 54:51.

State Hospital [graphic], Daniel Studio, Mississippi Department of Archives and History,

      Jackson. PI/MED/1982.0029/Box 14/Folder 81.

State Hospital Removal Improvement and Land Sale Commission, "1930 Report of State

      Hospital Removal Improvement and Land Sale Commission to the Legislature" State

      Health Institution Records (RG 56), Mississippi Department of Archives and History,

      374HR.1:Re1930.

Segrest, Mab. "Superintendent Theopilus Powell, The Germ Theory and the Southern 'Specialty'

      of Race." *Administrations of Lunacy: Race and Psychiatry in Georgia's State Hospital*

      (forthcoming).

Toler, Kenneth. "Firing of Employees at Asylum Revealed." *The Commercial Appeal*, 17 April

      1949.

Thompson*,* Rosemarie Garland. *Freakery: Cultural Spectacles of the Extraordinary Body*. New

      York University Press, 1996.

United States of America, Bureau of the Census, National Archives and Records Administration.

      Fifteenth Census of the United States, 1930. Provo: Ancestory.com, 2002.

Williams, Tennessee. "Afterward." The University of the South, 1950. *Reflections in a Golden*

      Eye by Carson McCullers, 1941.

Zuckerman, Molly. "Intersectionality and Institutionalization: Gender, Social Race,

      Socioeconomic Status, and Experiences of Health and Disease in the Mississippi State

      Asylum, Jackson, MS (1855-1935)." Liberty and Justice for All, 18th Annual Isom

Student Gender Conference, 4 April 2018, The Inn at Ole Miss, Oxford, MS. Keynote

Address.

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EDUCATION
Center for the Study of Southern Culture, University of Mississippi, Oxford, Mississippi
Master of Arts, Southern Studies – Documentary Track, May 2018
GPA: 3.87/4.0

Emerson College, Boston, Massachusetts
Completed two semesters of coursework toward Master of Arts, Publishing & Writing
PB 692 Digital Publishing, Fall 2013 · PB 688 Copyediting, Spring 2014
GPA: 3.85/4.0

Berry College, Rome, Georgia
Bachelor of Arts, English – Writing Track, French and Music Minors, May 2012
GPA: 3.77/4.0

EXPERIENCE
University of Mississippi, Oxford, Mississippi
Graduate Writing Tutor, August 2016 to May 2018
Nathalie Dupree (Southern Foodways Alliance) Graduate Fellow, August 2016 to May 2018

Macmillan Learning, Boston, Massachusetts
Associate Editor, November 2014 to June 2016
Editorial Assistant, January 2013 to November 2014
Administrative Assistant, August 2012 to January 2013
Editorial Intern – English, June 2012 to August 2012

The Writing Center at Berry College, Rome, Georgia
Student Work Coordinator, August 2011 to May 2012
Writing Associate, August 2010 to May 2012
Peer Tutor, August 2009 to May 2012

The Carrier, Rome, Georgia
Copy Editor, August 2010 to May 2012

Peachtree Publishers, Atlanta, Georgia
Editorial Intern, June 2011 to August 2011

EAST COBBER Magazine, Marietta, Georgia
Editorial/Publishing Intern, May 2010 to August 2010

Southern Women Writers Conference, Rome, Georgia
Administrative Assistant and Volunteer Coordinator, June 2009 to October 2009

Berry College Department of English, Rhetoric & Writing, Rome, Georgia
Research Assistant, Dr. James Watkins, August 2008 to May 2009

AMEC Engineering, Tucker, Georgia
Administrative Assistant, June 2008 to August 2008

WORKSHOPS
Center for the Study of Southern Culture, Oxford, Mississippi
Oral History Workshop, January 19, 2018
Documentary Workshop, August 14-16, 2017
Documentary Workshop, August 15-17, 2016

Southern Foodways Alliance, Atlanta, Georgia
Oral History Workshop, July 17-21, 2017

GrubStreet, Boston, Massachusetts
How to Tell a Story in Front of 200 Strangers, Spring 2015 with Steve Almond
Tour of the Essay (Creative Nonfiction), Winter 2013 with Michelle Seaton

Mass Poetry, Boston, Massachusetts
Reading Your Work Out Loud, June 17, 2014 with Lloyd Schwartz

PUBLICATIONS (EDITED)
Oliu, Walter E. et. al., *Writing that Works*, 12th edition, Bedford/St. Martin's, 2016.

Parfitt, Matthew and Dawn Skorczewski, *Pursuing Happiness: A Bedford Spotlight Reader*, Bedford/St. Martin's, 2015.

Ryan, Leigh and Lisa Zimmerelli. Bedford Guide for Writing Tutors, 6th edition, Bedford/St. Martin's, 2015.

White, Edward M. and Cassie A. Wright. *Assigning, Responding, Evaluating: A Writing Teacher's Guide*, 5th edition, Bedford/St. Martin's, 2015.

Hewett, Beth. *Reading to Learn and Writing to Teach: Literacy Strategies for Online Writing Instruction*, Bedford/St. Martin's, 2015.

Hewett, Beth. *The Online Writing Conference: A Guide for Teachers and Tutors*, Bedford/St. Martin's, 2015.

Lockhart, Tara and Mark Roberge. *Informed Choices: A Guide for Teachers of College Writing*, Bedford/St. Martin's, 2015.

Perryman-Clark, Staci. Students' Right to Their Own Language: A Critical Sourcebook, Bedford/St. Martin's, 2014.

PUBLICATIONS (WRITTEN)
"Naïveté," *YOS (Your Only Sister)*, forthcoming

"Writing from Parchman Farm: Louis Bourgeois' literary adventure, *Delta Business Journal* (reprinted from the *Oxford Eagle*), February 2018

"The Mafia's Greatest Hits," *Wonderlust Travel*, August 2017

 "Writing from Parchman Farm: Louis Bourgeois' literary venture into the Mississippi state prison system," *Oxford Eagle*, August 2017

"Anaphase," *Southern Women's Review*, Volume 8: Issue 8, March 2015

"Residue," *Ramifications*, Spring 2012

"Pruning" and "Holy Expiration," *Ramifications*, Fall 2011

"Wishful Thinking" and "Sound," *Ramifications*, Spring 2011

"Refinement, retired" and "Dirty Laundry," *Ramifications*, Fall 2010

"Meat Tenderizer," *Ramifications*, Spring 2010

"Weary Eyes," *Ramifications*, Spring 2009

PRESENTATIONS
2012 Symposium on Student Scholarship
Berry College, Rome, Georgia, April 10, 2012
Panelist, "Re-visioning Revision: A Liberal Arts Education for the 21st Century Student"

2011 Southeastern Writing Center Association Conference
"Turning the Tide," University of Alabama, Tuscaloosa, Alabama, February 17-19, 2011
Panelist, "How close is too close?: Balancing Professionalism and Outreach in the Writing Center"

HONORS & AWARDS
William Winter Scholar, Spring 2017
Daughters of Berry Honoree, Evans School of Humanities, Spring 2012
Academy of American Poets Award, Spring 2012
Eleanor B. North Creative Writing Award, Spring 2012
Gordon Barber Memorial Poetry Award, First Place, Spring 2011, Spring 2012
AWP Intro. Journals Project National Contest Nominee for "Dirty Laundry," Fall 2010
Omicron Delta Kappa, inducted Fall 2010
Lambda Sigma, inducted Fall 2009
First-Year Writing Award, Spring 2009
Dean's List, Fall 2008-May 2012
Eleanor B. North Scholarship for English Majors
Music Performance Grant for Minors
Paul Brown Work-Study Scholarship

SKILLS/CERTIFICATIONS
Editing Software: Adobe Premiere Pro, Hindenberg
Style Guides: AP, Chicago, MLA, APA
Coding: Basic HTML5, Basic CSS3

OUTREACH
Southern Foodways Alliance, Oxford, Mississippi
Volunteer, 18th Southern Foodways Symposium, October 15-18, 2015

St. Bernard Project, New Orleans, Louisiana
Volunteer, Post-Katrina Relief and Reconstruction, October 9-13, 2015

826 Boston, Roxbury, Massachusetts
Copyeditor, Feature Book Project, Margarita Muniz Academy, 2015-2016
Copyeditor, Feature Book Project, Boston Teachers Union School, 2014-2015

The Literacy Connection, Brighton, Massachusetts
Tutor, February 2013 to June 2016

Canterbury Club of Northwest Georgia, Rome, Georgia
President, August 2010 to May 2012

Cobb County Public Library – East Marietta Branch, Marietta, Georgia
Volunteer, July 2010, Total hours: 47

Communities in Schools, Rome, Georgia
Mentor, September 2008 to May 2010

Berry College Symphony Orchestra, Rome, Georgia
Viola, August 2008 to May 2012