Out Of Darkness, Have I Cried Unto Thee: An examination of the treatment of African Americans at the Mississippi State Lunatic Asylum during Reconstruction

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OUT OF DARKNESS, HAVE I CRIED UNTO THEE: An examination of the
treatment of African Americans at the Mississippi State Lunatic Asylum during
Reconstruction

by
James Gerald Paul

A thesis submitted to the faculty of The University of Mississippi in partial
fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

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ABSTRACT
OUT OF DARKNESS, HAVE I CRIED UNTO THEE: An examination of the treatment of African Americans at the Mississippi State Lunatic Asylum during Reconstruction (Under the direction of Ted Ownby)

The area of my research concerns the treatment of the mentally ill at the Mississippi State Lunatic Asylum during Reconstruction particularly mentally ill African Americans. My primary research came from reviewing archival documents regarding the asylum at the Mississippi Department of Archives and History in Jackson, MS. The annual reports from the superintendent and board of trustees of the asylum provided the greatest amount of information. In addition to these documents, I also drew input from scholarly works on lunatic asylums including Whitney Barringer and Adia Brooks as well as writers on Reconstruction and the development of black culture in the United States. The finding of my research indicates that, towards the end of the nineteenth century, medicine and science became increasingly racialized which extended to the treatment of the mentally ill. As a result of this trend, the theory and practice of treatment for mentally ill African Americans was heavily influenced by prejudice and racial theory prominent in this period. In addition to an examination of scientific theory, my research suggests that “problematic” African Americans were sent to lunatic asylums even if they displayed no signs of mental illness. Once there, they provided the asylum and state with a surplus of free labor. The legacy of the failures of these institutions and abuses by the medical community in the twentieth century including the Tuskegee Experiments created a large amount of mistrust of healthcare providers in the black community today. Understanding the pitfalls of these institutions will provide a better understanding of how to reduce these suspicions and move towards equal mental healthcare for everyone.
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1. Introduction

On a grey day in 2015, workers surveyed land for the construction of a new parking deck during a planned expansion of the campus of the University of Mississippi Medical Center. Normally, a simple parking lot digs barely a foot into the ground in order to support the asphalt. The construction of a parking deck, on the other hand, requires a deeper foundation. Digging this foundation, construction workers made an unsettling discovery: over a thousand unmarked graves dating back to the 19th century. As of 2017, an estimated 7000 coffins lay buried beneath this 10-acre patch of Yazoo clay (Figure 1). Who were these people? How did they come to be buried on this plot of land? Where did they live before arriving here?

The discovery of these bodies was always a possibility for those running UMMC since the facility is located on the former site of the Mississippi State Lunatic Asylum. The Mississippi State Lunatic Asylum occupied the site for 80 years and, like all asylums of the time, included a large patient cemetery. According to Dr. Ralph Didlake, a professor of surgery and director of the Asylum Hill Research Consortium, which was established in an effort to identify and curate the remains, the burial records from 1912-1935 indicated that African Americans made up 85% of the registry of the asylum. The current estimates from ground-penetrating radar indicate a minimum of 7000 bodies, but the burial records suggest that there may as many as 9500 patients interred in the small patch of land north of the current grounds of the current hospital. Dr. Didlake indicated that African Americans at the

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turn of the century comprised half of the asylum’s population. The discovery of these bodies spurred renewed interest and research into the former home for the mentally ill.

The Mississippi State Lunatic Asylum occupied the site for 80 years and, like all asylums of the time, included a large patient cemetery. This discovery spurred renewed interest and research into the former home for the mentally ill.
Figure 1. A radar image of the gravesites of the former MSLA. Courtesy of the Asylum Hill Project
The asylum that has been the subject of recent archaeological interest opened in 1855 after seven arduous years of continuously hindered construction.\(^3\) While the plans passed the Mississippi legislature in January 1848, it took over seven years to complete construction of the facility. Droughts affecting the flow of timber via the Pearl River as well as repeated epidemic Yellow Fever outbreaks in the early 1850s delayed the building of the asylum. Nevertheless, the asylum opened its doors on January 8, 1855.\(^4\) This center for the care of the mentally ill remained at that site until its eventual move to a new facility about twenty minutes by car southeast of Jackson in the town of Whitfield in 1935.\(^5\) Due to the expansion of Jackson and the growing population of the state hospital, the state government allocated funds for the construction a new facility just outside the city. On the grounds of the former asylum, the state relocated and expanded the medical school of the University of Mississippi.

The former Jackson asylum was the primary facility for the treatment of the mentally ill in Mississippi in the nineteenth and early twentieth centuries. Aside from the East Mississippi Lunatic Asylum that was established in 1885 in Meridian, MS, anyone seeking professional treatment for those afflicted with mental illness had no choice but to go to Jackson.\(^6\) Moreover, while the discovery of so many graves on the UMMC campus shocked many people, it was common for lunatic asylums such as those in Jackson to allocate a portion of the facility’s land to bury patients who passed away under their care. It served both a practical and an economic service to the families of patients. However, the sheer number of

\(^{3}\) Annual Report of the Superintendent of the Mississippi State Lunatic Asylum for the Year 1870, MDAH (1870), 17-20.

\(^{4}\) Annual Report of the Superintendent of the Mississippi State Lunatic Asylum for the Year 1870, 17.


\(^{6}\) Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum to the Legislature of Mississippi, for the years 1886-1887, MDAH (1888), 7-9.
coffins buried beneath the dense Mississippi clay sparked unusual public health and historical interest.

The asylum itself was a place of treatment but not of rehabilitation. Regardless of diagnosis or treatment, it was very unlikely that an individual combatting mental illness in the nineteenth century would ever leave the grounds of a hospital permanently. Although various sedative drugs such as morphine, cannabis, and alcohol were available, the nature of mental illness and the limited understanding of it in the nineteenth century meant that no treatments existed that were able to specifically reduce the severity of symptoms. In an article detailing admissions to a lunatic asylum in Cornwall in the 19th century, the bulk of the admissions to the facility fell into three main disorders: mania, dementia, and melancholia.\(^7\) These disorders encompassed a wide array of symptoms and odd behaviors derivative of a variety of origins. For instance, a list of causes for admission to the West Virginia Hospital for the Insane included hysteria, immoral life, political excitement, and even bad whiskey.\(^8\)

In addition to the wide-ranging potential etiologies for mental illness, treatment options in the nineteenth century were very limited. By the time of Reconstruction, the predominant form of therapy employed was moral therapy. Moral therapy consisted largely of a form of humane custodial care of the patients at the asylum. Patients were encouraged to attend concerts, lectures, dances, games, play musical instruments, and given access to reading materials. In addition to this, often times, asylums placed patients in some form of

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community agricultural work or other employment. The prospect of remission was a long shot in the nineteenth century. The ultimate goal of moral therapy was to provide patients with a calm and safe environment. ⁹ Exposure to the provided activities and resources was meant to instill in them a state of mind to strive for like the rest of the populace. Naturally, then, historical examinations tend to focus on the quality of the supportive or protective treatment of patients. Most scholars place the assumptions and strategies of past mental health care in juxtaposition to today’s state of mental health care. Today, the state run asylum has faded into memory and a variety of treatments ranging from psychiatric medication and behavior intensive therapies now replace the custodial treatment of the mentally ill implemented in the 19th century.

Despite its advertising sobriquet as the Hospitality State, Mississippi has a very uneven history with regard to the treatment of those with chronic illnesses. In particular, the quality of treatment of African Americans by individual citizens or by the state government has always lagged far behind that of Caucasians. From slavery to Jim Crow laws, the state has a sordid history of denying black people their civil rights. These institutional failures permeated all facets of government programs including those designed for mental healthcare. This struggle over the state of mental healthcare for African Americans reached a peak during Reconstruction when both whites and blacks had to acclimate to a world where a black man was now legally equal to a white man and legally entitled to care for mental illness.

The struggle with this new reality permeated all facets of society including those that dealt with healthcare and mental illness. Southern states including Mississippi had to reexamine whether or not a black man who is free under the law could, or better yet should, receive the same medical treatment as a white man. The remainder of this thesis will argue that those working at the asylum tried their best to accommodate the unexpected influx of black patients that followed the Civil War, within the prevailing views of the times.

Regardless of race, being committed to the Asylum in Jackson was a misfortune. However, the lack of funding and public interest in the treatment of black people made the care of these patients secondary to that of white people. This, as I will demonstrate, is evident by their living conditions and by popular theory regarding mental illness in black populations. In addition to this, scientific theory at the time asserted that mental illness was much more difficult to treat among African Americans compared to Caucasians. The bodies uncovered in 2015 serve as a testament to disparities in care evident in Jim Crow Mississippi.

Due to a perceived lower susceptibility and a small population of black patients, the asylum administration may have seen their mental health as a minor concern. While the number of black patients was small when the asylum opened in 1855, it soon grew to rival the white population by the turn of the century. In addition, the treatment of African Americans was secondary to that of white patients. For example, new construction at the asylum was intended for white patients. Africans Americans were accommodated in whatever shelter was leftover. Initially, this was disused bowling alley.\(^\text{10}\) As time went on, black patients moved into the old white wards. The failures of these institutions during this

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\(^{10}\) Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum for the Year 1871, MDAH (1871), 17.
time resonates today in the relationships physicians and mental healthcare professionals have with African Americans. A better understanding of past institutions can provide insight into how to improve the availability of mental healthcare for people of all races.

The majority of my research comes from annual reports sent by the asylum superintendent and the board of trustees to the governor and legislature. Although the asylum first opened its doors in 1855, these reports were only submitted beginning in 1870. Each report, excluding the initial one in 1870, was roughly fifty to sixty pages long. The reports detailed the number of patients present in the asylum, the diagnoses associated with those patients, and an account of all expenditures or major incidents that occurred that year including elopements, which were times in which patients fled the asylum.

An additional historical examination of the Mississippi State Lunatic Asylum can be found within a recent dissertation by Dr. Whitney Barringer titled, *The Corruption of Promise: The Insane Asylum in Mississippi, 1848-1910*. She argued that those who worked at the asylum wished to make it into a place of safety and treatment for one of the most vulnerable populations in the state. However, due to a combination of poor economic conditions, partisan politics, and limited effective treatment options, this dream never came to fruition. While this thesis shares the same focus on the institution, this paper focuses on the ways in which race, segregation, and institutionalization of patients, particularly African Americans, became a prominent phenomenon in the post-Civil War period at the asylum in Jackson. Barringer touched on how race played into the asylum but she focused on the overall asylum population regardless of race. I am seeking to understand how and why African Americans were accepted into the asylum following the Civil War. Because of a
racialized view of mental illness, I explore whether asylums utilized the free labor of patients to help reinforce the racial hierarchy that was being rebuilt in the Deep South particularly during and after Reconstruction.

Social views of race are crucial to understanding the Mississippi State Lunatic Asylum during Reconstruction and the years preceding the turn of the century. The transition from property to person for former slaves was a difficult but essential part of Reconstruction in the Deep South. This analysis of the treatment of black patients at the Mississippi State Lunatic Asylum, who were only admitted into segregated wards following the Civil War, seeks to understand the mindset and behavior of both African Americans and Caucasians involved with this institution. This, in turn, requires consideration of how citizens in the southern states and indeed most of America in the years leading up to the Civil War thought of mental illness among black people.

Enslavement of African Americans pre-dated the formation of the United States and began when British North America was still a collection of colonies under the control of the British crown. Plantation agriculture was an immensely profitable industry built on the backs of black slaves who transformed the southern states into agricultural juggernauts. To those invested in the Southern economies, black slaves were a prized commodity held in higher value than cattle or the cotton those same slaves painstakingly picked in the fields. As long as the agricultural product kept flowing, the mental state of the enslaved workforce was a nonissue.

Many factors contributed to the eruption of the Civil War. In the minds of many Southerners, the war was a defense of their economic interests and their property, including
slaves. Its outcome would settle the debate surrounding the status of African Americans in this country. If the Northern states were victorious, there would be an existential crisis in the Southern states.

For the longest time, black people were merely property and nothing more in the Deep South. The defeat of the Confederacy would ultimately lead to slavery’s abolition. If slaves were not legally property, then they were human and deserved the same rights as any other person in the United States including proper healthcare, both physical and mental. However, the care of mentally ill African Americans was far from the minds of the leaders of the Confederacy

Ultimately, the Confederate army succumbed to the Union forces and the United States reunited into a single nation. The Era of Reconstruction was a bold attempt on the part of the Federal government to heal the divide between the Northern and Southern states following the Civil War. A chief concern among lawmakers and most of the people living in the Southern states was the legal status of the thousands upon thousands of African Americans who, due to the passage and ratification of the Thirteenth Amendment, were now free from the yoke of slavery. It was both a monumentally great and a monumentally terrifying moment for African Americans. For the first time in most of their lives, they were no longer the property of white men. However, the dissolution of slavery did not wipe away the institutionalized racism ingrained in much of the population of the United States. This period of Reconstruction would test whether these newly established freedoms were permanent and, most importantly, whether the United States could come to terms with a free

black man. For Mississippi towards the latter half of the 19th century, this resulted in stringent laws overseeing freed blacks and curbing problematic individuals.

Institutionalization became a new method for keeping the black population of Mississippi in check. The period immediately following the end of Reconstruction saw a marked change in admission policies and financial costs of the asylum. When the state government rather than local counties took on the costs of admission for mentally ill paupers, there was an unprecedented rise in admission rates of African Americans to the asylum. While this may be a simple coincidence, I think it is highly unlikely that there was a natural surge of rates of mental illness among black people following Reconstruction. Rather, the new policies enacted by the state government made it much easier for local counties to empty local poorhouses of their mentally ill. When the state government took over the cost of the asylum in 1880, it removed any financial burden on the part of the county to transfer and pay for their mentally ill.

According to patient registers, nearly eighty percent of African American committals to the asylum came from a county or court in the area where the patient lived. In 1870, there were thirteen black patients out of a total population of 160 patients. That is, black people accounted for eight percent of the asylum population in 1870. By 1892, the number of African American men and women at the asylum grew to 260, which accounted for forty five

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12 “An act enacting that all lunatics to be admitted free, Session 65, January 1880”, Session Acts 1865-1904 A-MC No. 0001-6117, MDAH 016.3451 M69; 1865-1904 v. 1, 175.
13 “An act enacting that all lunatics to be admitted free, Session 65, January 1880”, Session Acts 1865-1904 A-MC No. 0001-6117, MDAH 016.3451 M69; 1865-1904 v. 1, 175.
14 The payment of the mentally ill fell to the individual or their family. If they were a pauper transferred the asylum, the cost of transferal and treatment fell to the county in the form of a tax.
15 Mississippi State Lunatic Asylum, “Patient Registers,” Series 2148, Box 9741. MDAH
percent of the total population at the lunatic asylum. This begs the question: What caused the dramatic increase in African American populations at the asylum from eight percent in 1870 to forty five percent in twenty years?

According to physicians and scientific theorists in the late nineteenth century, this surge was the result of black people being psychologically and physically weaker than white people and unfit for freedom. However, on examination, the real source of the increase in African American patients arose from changes in legislation regarding the admission process to all state institutions including lunatic asylums. From my research, I theorize that, following the failure of Reconstruction, the institutionalization of African Americans at the asylum provided a wealth of free labor and helped to deal with problematic black populations. Over the course of Reconstruction, the state of Mississippi under Republican leadership, sought to make its institutions accessible to all people, both black and white. However, as I will detail below, the people leading the charge for civil progress in the post war years may have tried to advance society a bit faster than any realistic expectation for the times.

2. Equality under the law is not the same as equality for all.

Before I delve into the particulars of the treatment of African Americans at the Mississippi State Lunatic Asylum, it is important to understand the legal status of African Americans prior to and after the Civil War. The crux of this debate was the status of African Americans – were they property or human beings? According to several acts of legislation recorded in the Mississippi prior to the Civil War, African Americans, for the most part, were

the property of their masters. If an African American was only property, could s/he be susceptible to mental illness? If s/he were susceptible to mental illness, would legislation that labeled him/her as property disqualify him/her from receiving mental health treatment at the asylum? The resolution of all of these issues depended on the legal status African Americans held in Mississippi.

Social views of race are crucial to understanding the Mississippi State Lunatic Asylum during Reconstruction and the years preceding the turn of the century. The transition from property to person for former slaves was a difficult but essential part of Reconstruction in the Deep South. This analysis of the treatment of black patients at the Mississippi State Lunatic Asylum, who were only admitted into segregated wards following the Civil War, will seek to understand the mindset and behavior of both African Americans and Caucasians involved with this institution. This, in turn, requires consideration of how citizens in the southern states and indeed most of America in the years leading up to the Civil War thought of mental illness among black people.

The institution of slavery and the economic benefits of it were a primary drive for establishing the Mississippi territory a state in 1817. Adam Rothman’s *Slave Country: American Expansion and the Origins of the Deep South* details the economic forces that made slave labor a prized commodity for American entrepreneurs. The War of 1812 and the subsequent Creek War provided Americans with vast tracts of land in the territory that were ripe for development. A rise in commodity prices because of the Napoleonic Wars spurred

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investments to gain capital via slave labor. A combination of the Treaty of Fort Jackson and the Treaty of Doak’s Stand allowed the United States to acquire a combined total of eight million acres, which allowed for an influx of settlers to organize the newly gained territories into the new states of Mississippi, Alabama, and Louisiana. The plantation society that followed codified a set of laws establishing a strict hierarchy of persons in the state that protected the economic interests of plantation owners. As a result, the actions and movement of the slave workforce were under intense scrutiny and oversight.

From the outset, Mississippi was a state built on protecting the interests of slave owners. The state’s constitutional convention in 1817 made it very clear that neither state nor federal government would restrict the right to property. This included slaves. The Mississippi legislature, taking a note from Kentucky’s constitution, made it impossible to emancipate slaves without the express approval of their masters. Ultimately, the rights of African Americans in all circumstances were secondary to the economic juggernaut of plantation agriculture. Black slaves were instruments to enhance business; their mental wellbeing was not a primary concern to those who held a stake in the production of southern cash crops.

The rights of African Americans under antebellum Mississippi legislation were highly limited. Legislation regarding the status and rights of black people in Mississippi during this time aimed at curtailing freedoms rather than granting them. According to Mississippi legislation passed in 1817, it was illegal for African American slaves to grow cotton for their own use.

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own benefit.\textsuperscript{22} Any potential profit from the harvesting of cotton accrued to the plantation owners. This essentially eliminated the possibility that slaves might raise enough capital to purchase their freedom from their masters. In 1819, the legislature passed a law that prohibited free blacks from entering the state of Mississippi.\textsuperscript{23} While the Mississippi legislature amended the law in 1828, those legislators still made it a priority to curtail the movement of free blacks within the state.

Moreover, the presence of freed African Americans in Mississippi forced the debate of whether blacks were property or people. How could one African American be a person and the other a piece of property to a plantation owner? Racial prejudice prominent throughout the state of Mississippi resolved this question with the passage of law that decreed that all African Americans were slaves or indentured servants to a white master unless they had proof otherwise. If a black person inhabiting the state happened to be free, s/he would have to provide a form of certification to any white man who inquired in order to guarantee his/her status as a free woman.

The Mississippi legislature passed a law in 1852 that made it illegal for black people to own firearms.\textsuperscript{24} The ownership of firearms, guaranteed by the Second Amendment of the Constitution was a visible sign of a right and freedom guaranteed to American citizens. Enslaved African Americans were not citizens under the existing view thus rendering the Bill of Rights inapplicable to them. This served to reinforce the notion that black people did not hold the same legal status of citizenship as whites in Mississippi. Another reason to prevent

\textsuperscript{22}Rena Humphreys and Mamie Owen, \textit{Index of Mississippi Session Acts 1817-1865}, (Jackson: Tucker Printing House, 1937), 285.
\textsuperscript{23}Rena Humphreys and Mamie Owen, \textit{Index of Mississippi Session Acts 1817-1865}, 204.
\textsuperscript{24}Rena Humphreys and Mamie Owen, \textit{Index of Mississippi Session Acts 1817-1865}, 205.
the purchase of firearms among African Americans was demographic. The slave population at that time was growing exponentially, eclipsing the white population in the state. By 1860, Africans Americans in Mississippi outnumbered Caucasians 436,631 to 354,674.25

In order to maintain their authority and power in the face of these demographics, Mississippi whites via their legislators developed legal codes that enforced a strict racially based hierarchy. It controlled the actions and movements of African Americans, but most importantly, it determined that African Americans were perceived as property not citizens. Citizens of Mississippi could be mentally ill and deserved treatment in the asylum, but property could not without the consent and financial support of their master.

In addition to the stringent laws regarding ordinary African Americans in Mississippi, the Mississippi legislation and white masters dictated the treatment options for blacks who suffered from mental illness. Mental illness among African Americans was a hotly contested subject among physicians in the nineteenth century. Prior to the Civil War and the Emancipation Proclamation, pro-slavery and abolition advocates argued back and forth whether a black man even had the capability to have a mental illness. Samuel Cartwright, a pro-slavery advocate and physician, wrote a tract titled, “Diseases and Peculiarities in the Negro Race”, which was published in Debow’s Review, a widely published agricultural magazine popular in the American South. Cartwright presented a number of mental conditions that he believed were only attributable to African Americans.26 For example, drapetomania was a purported mental affliction among black slaves that caused them to run

away. In Cartwright’s mind, it was the will of God that the white man make the black man his subordinate following a divinely ordained racial hierarchy. He stated,

If the white man attempts to oppose the Deity's will, by trying to make the negro anything else than "the submissive knee-bender," (which the Almighty declared he should be,) by trying to raise him to a level with himself, or by putting himself on an equality with the negro; or if he abuses the power which God has given him over his fellow-man, by being cruel to him, or punishing him in anger, or by neglecting to protect him from the wanton abuses of his fellow-servants and all others, or by denying him the usual comforts and necessaries of life, the negro will run away; but if he keeps him in the position that we learn from the Scriptures he was intended to occupy\(^{27}\), that is, the position of submission; and if his master or overseer be kind and gracious in his hearing towards him, without condescension, and at the same time ministers to his physical wants, and protects him from abuses, the negro is spell-bound, and cannot run away

Cartwright suggested a remedy to these mental afflictions by indoctrinating the slaves in biblical scriptures that, according to pro-slavery theologians, established a clear racial hierarchy that justified African Americans serving white masters.

Comparable to drapetomania, another purported psychological disorder found only among African Americans was Dysaethesia Aethiopica. This roughly translates to an inability among slaves to work. This mental affliction otherwise known as “rascality” by overseers on plantations proved a problem for them. This “rascality” came from an

overseer’s observation of supposed laziness among slaves. Any refusal of work or reduced output on the part of the slave indicated the presence of this mental affliction. Cartwright claimed that this laziness resulted in poorer work output and was an issue for any concerned masters. By this logic, pro-slavery advocates argued that it was extremely prominent among free Africans. They believed the lack of oversight by white masters led to an abundance of laziness in black populations. Cartwright cited the lifestyles of free African Americans in the northern states, as well as the Haitian populace, as indications of the progression of this mental illness. He stated, “The disease is the natural offspring of negro liberty--the liberty to be idle, to wallow in filth, and to indulge in improper food and drinks.”28 This disease was preventable as long as black people remained indentured as slaves to white masters who would carefully monitor their daily habits to promote a slave who does not have to worry about the daily stresses that accompany freedom.

Another tool used by proslavery advocates of the mental benefits of slavery emerged when the United States conducted the sixth decennial census in 1840. This census’s long term effects would go on to influence the development of scientific racism that drew on the results as statistical proof that freedom is ultimately detrimental to African Americans. It is also important to note that the conclusions drawn from this census by proslavery advocates would find a resurgent relevance with the development of scientific racism in the late nineteenth and early twentieth centuries. The proponents of scientific racism used the findings of the census as additional proof that blacks were racially inferior to whites.

The sixth census was a massive effort led in part by Edward Jarvis, a prominent physician and statistician in the nineteenth century. The census sought to calculate the current population of the United States and included not only a distinction between free and slave populations, but between Caucasian and African American populations. Another major effort on the part of the statisticians compiling the Sixth Census was to determine the exact number of “lunatics and imbeciles” present in various populations. This was the first census that collected information specifically related to the relationship between insanity and race among those enumerated. The results of the 1840 census indicated that, of the free black population in the northern states, there was one lunatic or idiot for every one-hundred and forty-four people. In contrast, the number of lunatics and idiots present among the black population of the southern states (almost entirely enslaved) totaled one lunatic or idiot for every fifteen hundred and fifty-eight people. These statistical data suggest that mental illness was eleven times more common among free African Americans in the north than among slaves in the southern states. When the Sixth Census was distributed, southern philanthropists and pro-slavery advocates lunged at the data to use for their cause. To a plantation owner and for many people in the south who supported slavery, these data vindicated the practice of enslavement as being ultimately beneficial for African Americans. Slave owners were saving blacks from insanity by keeping them in servitude. By keeping them in bondage, the institution of slavery was sparing the black man from the undue stresses and anxieties that emancipation would produce. Advocates of slavery would cite the increased proportion of insanity among free blacks to demonstrate that the abolition of slavery would only prove detrimental to the black population of the United States.

Edward Jarvis, the chief statistician who championed the Sixth Census, would later recant these data in his publication, “Insanity among the Coloured Population of the Free States”. This tract appeared in the American Journal of the Medical Sciences in January 1844. It reviewed the results of the Sixth Census of the United States in 1840 including the data that suggested a higher rate of mental illness among free African Americans as compared to those in the slave-holding states. Jarvis stated, “Throughout the civilized world, the statement has gone forth, that according to the experience of the United States, including a slave population of near two and a half millions, and a free coloured population in the northern States, of near two hundred thousand, slavery is more than ten-fold more favourable to mental health than freedom.” This statement was powerful and if one were to stop there, it would have been a great aid to pro-slavery advocates throughout the United States. However, Jarvis continued through the rest of this article to dismantle the notion that a higher propensity for insanity existed among blacks in the states and territories than in slave-holding states and territories.

Jarvis drew these conclusions through a close examination of the actual statistics collected and represented in the census. For example, the town of Worcester in Massachusetts reported one hundred and thirty-three black lunatics and idiots all supported by the town at the public’s expense. In actuality, this actually represented the white population of lunatics and idiots. This simple typographical error increased the apparent rate of insanity among blacks by three times that of the rest of the state of Massachusetts from of 1 out of 129 to 1 out of 43.30 Other errors in this census included reporting a significant

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number of mentally ill African Americans in counties that had no black populations.\textsuperscript{31} The census also indicated a higher rate of autonomy and self-care among mentally ill blacks as compared to insane whites. Jarvis remarked,

This would indicate not only a prevalence of insanity greater than has been discovered within our observation, but also a degree of prosperity beyond what we have known among the coloured people of the northern or southern states, and even greater than falls to the average lot of the whites in the same county, for two fifths of the white lunatics in Perry county are maintained at public charge, and throughout the free states, about one third are supported in the same way.\textsuperscript{32}

Simply stated, it seems highly unlikely that a black population, even in free states, would be more prosperous than any white population at this period of history.

Jarvis proposed that the reason for these significant miscalculations was due to an error on the part of the census collectors. Computational errors of this nature extended to white populations as well as African Americans in the Sixth census. The inaccuracies with regard to white lunatics are related to the fact that the census was not reporting enough of them in each state and county. The compilation of census data prior to the publication of the Sixth Census fell to marshals who often collected their data through subsidiary means, most often the reports of boards of police or civil officers within the counties. In many, if not

\textsuperscript{31} It is important to note that neither the American Psychological Association nor the American Psychiatric Association existed at that point in time, which meant that there was no set criteria of what constituted mental illness. The determination of mental illness and insanity fell to local government and county officials thus rendering it highly subjective to each different county.

\textsuperscript{32} Edward Jarvis, “Insanity among the Coloured Population of the Free States”, 10.
most communities, mental illness of any kind was something ugly and shameful and thus would likely be underreported by community representatives.\textsuperscript{33}

In the nineteenth century, many saw mental illness as a personal deficiency on the part of the patient. Earlier in the century, that deficiency was viewed as a failing of moral judgment or self-control.\textsuperscript{34} With the rise of social Darwinism in the latter half of the century, the deficiency came to be seen as the often-unavoidable consequence of a hereditary defect. Condemnation of poor moral judgment or self-control might remain, but those negative views would be focused on the family of the patient. Due to this, underreporting of the true number of mentally ill may have been due to a result of families or communities not willing to report them for fear of stigma. This forced states to arrange alternative methods to assess the number of mentally ill in their state.

For instance, the legislature of New Jersey created a committee to gauge the true number of “lunatics” in their state. The committee reported seven hundred and one lunatics in New Jersey, which was striking different compared to the four hundred and forty-two reported in the Sixth Census.\textsuperscript{35} Ultimately, Jarvis concluded that the Sixth Census was highly inaccurate particularly with regard to the occurrence of mental illness among African Americans in the Free states. Nonetheless, pro-slavery advocates used the original, uncorrected findings and conclusions drawn from the Sixth Census for decades to strengthen their case for slavery. Likewise, those adhering to the phenomenon of scientific racism following the ending of slavery during the Civil War through Reconstruction found support in these uncorrected data.

\textsuperscript{34} Whitney Barringer, \textit{The Corruption of Promise: The Insane Asylum in Mississippi, 1848-1910}, 94.
\textsuperscript{35} Edward Jarvis, “Insanity among the Coloured Population of the Free States”, 11.
By the 1850s, slaves in Mississippi were living property but they were not human, at least from a legal perspective. To a white overseer, a mentally ill slave was akin to a horse with a broken leg. S/he was merely a costly expenditure. The trustees of the asylum in 1859 noted that the asylum made no provisions for the acceptance of African Americans, free or slave, to the asylum.36 Despite this, another likely deterrent for African Americans was the financial costs of admission and treatment. When the asylum first opened, the cost of admission and treatment for white patients fell to the patient or the patient’s family. If the patient was a pauper, the costs fell to the county of origin as a tax. Prior to emancipation, if a slave had mental illness, his/her master could only remand him/her to the asylum. In these instances, the cost of treatment fell to the slave owner, according to the asylum’s policies when it first opened in 1855. It made little economic sense to send a slave who functioned as working livestock to a place for treatment if there was nothing preventing them physically from work, however menial.37 The profit from slave-produced commodities outweighed concerns of physical or mental wellbeing. As Rothman posited, the legislatures of the Mississippi and Alabama made it explicitly clear that black people, both slave and free, were denied democratic rights and excluded from the political “people.”38 Slavery and civil rights were simply incompatible with each other.

As the years progressed, abolition movements grew in power and influence, advocating the end of slavery. The nation was heading to a critical point where it required a uniform agreement regarding whether African Americans were property or human beings. Many

36 Annual Report of the Superintendent of the Mississippi State Lunatic Asylum for the Year 1870, MDAH (1870), 24-25.
Southern legislatures had no intention of acknowledging slaves as human beings and thus destroying their economic base. When Mississippi seceded after South Carolina in 1861, they cited attacks by the federal government on the institution of slavery as a primary motivation for their withdrawal from the United States.\(^{39}\) The acknowledgment of African Americans as human beings and a call to the end of slavery would ruin the economy of the Deep South. Slave labor was a cornerstone of the agricultural industry and abolition would not only send the market into a panic. It would force the Southern states to redefine the status of blacks living there, including how mental healthcare might apply to them.

While the legislation that followed the Civil War provided African Americans with newfound freedoms, this emancipation did not come without negative side effects. While white Mississippian had to accept that the institution of slavery was over, they managed to find ways to circumvent the progression of newly gained rights for Black Mississippians. Congress passed the Thirteenth Amendment in April 1864, and, following the Civil War, sent it to the state legislatures for ratification. Mississippi was among nine other states that refused to ratify this amendment. Nevertheless, it was finally ratified by the essential two-thirds of state legislatures on December 6, 1865 and was formally adopted into the United States constitution on December 18, 1865. Mississippi would not ratify the Thirteenth Amendment until February 7, 2013, nearly 150 years after its initial passage by the U.S. House of Representatives.

This victory for civil rights came as a humiliating defeat to those remaining in the South who supported the Confederacy. Retaining their slave-based economy was the main drive for

secession. Whites in the South now had to come to terms with the concept of Africans Americans as persons equal to them under the law rather than property akin to highly prized livestock. All the same, the Mississippi legislature, through negotiations with Andrew Johnson over the legal reach of Reconstructionist policies, was able to restrict, to an extent, the freedoms allocated to African Americans in their state. In reaction to the newly gained rights of blacks, Mississippi became the first state in the south to pass the so-called “Black Codes.”

These laws were intended to curb the advancement of black rights in the state. For instance, according to Federal law, all freedmen could purchase personal property. However, under Mississippi state law, those properties had to be located within incorporated towns or cities in which an overarching authority in the town controls the properties. Effectively, this prevented African Americans from owning property that might have profited them as, for example, purchasing arable land to farm. This law confined blacks to incorporated towns, which limited their access to employment opportunities. Freed blacks were allowed to work the land, but they often had to rent the land from a white landowner. This was part of the growing trend of sharecropping common throughout the South following the Civil War. Legislation passed in Mississippi outlined the parameters of this relationship. Any freed black who broke his/her contract and fled his/her legal employer might be captured to be brought before any justice of the peace or member of the board of police in the

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employer’s county. The authorities could then remand the freed black to his/her employer or decree that the individual forfeit all wages for that year.

The Black Codes employed in Mississippi also extended to the interaction of blacks with whites. In October 1865, the Mississippi legislature outlined a series of laws regarding intermarriage and cohabitation rights of African Americans. Free blacks living together as husband and wife were considered married by common law. It also allowed for any intermarriage between “negroes” and “mulattoes”. The legislative authorities defined a “mulatto” as those, “who are of pure Negro blood, and those descended from a Negro to the third generation inclusive, though one ancestor of each generation may have been a white person”. This set of laws explicitly outlawed any intermarriage between African Americans and Caucasians. It was a felony to intermarry and intermarriage carried a life sentence in the penitentiary.

In addition to the stringent legislation mentioned above, the Mississippi legislature initiated a registry of all freed blacks within the state. On the second Monday of January beginning in 1866, every freed African American or “Mulatto” living within an incorporated city, town, or village was required to produce a license issued by the mayor detailing his or her residence and status as a freed black. Those living outside an incorporated city had to provide a written contract showing that s/he had a white employer. This contract was revocable at any time by the board of police “for cause.”

The Black Codes are significant for understanding the lives and experiences of Mississippi blacks after the Civil War. While they do not directly relate to the admission of African Americans to the asylum in Jackson, these laws provide a glimpse into the strict
control implemented by the Mississippi legislature on the actions of the newly freed blacks. The laws following the end of the Civil War towards freed blacks governed their movement, employment, and social relations. The laws passed during this period reveal that blacks were still not as equal as white Mississippians.

Stringent legislation of African Americans even extended to their admission at the lunatic asylum in Jackson. Freed blacks could admit themselves to the Asylum but they were responsible for the costs of treatment. From 1855-1880, anyone admitted to the asylum was responsible for paying for his or her treatment.\(^{43}\) Whether it was result of fear, prejudice, or stringent legislation, the rate of admission of freed blacks immediately after the Civil War was extremely low.\(^{44}\) While slavery no longer officially existed in Mississippi, the “Black Codes” produced a legal loophole to circumvent any progression of the rights of freed African Americans.

3. Construction and Establishment of Jackson Asylum

The Mississippi State Lunatic Asylum was a sad institution within the Magnolia State. Consistently plagued by epidemic disease, overcrowding, and a perpetual shortage of funds allocated by the legislature, the influx of African American patients following the Civil War only added to the problems faced by the asylum. The majority of my research comes from annual reports sent by the asylum superintendent and the board of trustees to the governor.

\(^{43}\) “An Act regarding Payment at the Insane Hospital” (Session 64; January 1880) Session Acts 1865-1904 A-Mc No. 0001-6117 Call number: 016.3451

\(^{44}\) Due to the spotty and often times incoherent accounts in the patient registers, it is hard to pin down an exact date of admission for black patients. From my research, the earliest notation of the admission of African Americans was in 1868; over thirteen years after the asylum opened its doors.
and legislature. Although the asylum first opened its doors in 1855, these reports were only submitted beginning in 1870. Each report, excluding the initial one in 1870, was roughly fifty to sixty pages long. Each one detailed the number of patients present in the asylum, the diagnoses associated with those patients, and an account of all expenditures or major incidents that occurred that year including elopements, which were times in which patients fled the asylum.

In addition to the statistics provided in the annual reports, superintendents proposed budget allocations doled out by the legislature for the next year. Due to perpetual underfunding, superintendents took this opportunity to implore the legislature for additional funds to keep the asylum afloat. In these short reports, the superintendent had to decide what issues at the asylum needed immediate attention. For instance, throughout the reports from the 1870s, Superintendent William Compton, continuously begged the legislature to allocate funds for a replacement of the outdated coal oil and candle lighting in the asylum. From its first opening in 1855 until 1893, the asylum inmates and staff had relied on coal oil lamps and candles for illumination. As Compton noted, this posed a significant fire hazard due to accident or an agitated patient. Nonetheless, the asylum did not get an upgrade to electric lighting until a fire, most likely started by a coal oil lamp, consumed two thirds of the original asylum in 1892.\footnote{\textit{A Brief History of the Asylum Cemetery}, Mississippi State Asylum Cemetery Project, Retrieved from http://msacp.cobb.msstate.edu/history.html.}
Due to the incomplete nature of patient registers from that period, it is impossible to determine the asylum’s first black patients.\textsuperscript{46} The Board of Trustees at the asylum made a note concerning African American patients in 1856.\textsuperscript{47} According to them, there was no legislation or ruling regarding whether the asylum could accept freed blacks or slaves. The Trustees suggested that it would be in the best interest of slave masters to care for slaves who displayed mental illness. They went on to recommend that due to the low financial standing of slaves the cost of treatment should fall to his/her master. In the case of freed blacks, if they were unable to pay for treatment, the bill would fall to their county of residence. From an economic standpoint, it was more efficient to ignore those among the black populations, both freed and in bondage, if they displayed signs of mental illness. This suggests that admission of African Americans was not an immediate concern when the asylum opened in 1855. In the beginning, it appeared that the asylum did not actively accept black patients but it was theoretically possible for them to be admitted due to the vagueness of the existing law. In 1859, the superintendent, Dr. W.B. Williamson, called for some provisions for those among the African American population who suffered from mental illness. He stated that the Mississippi legislature should have some arrangements for this population, given that the federal government had established wards for black patients in hospitals in Washington

\textsuperscript{46} The patient registers did not make a distinction between black and white patients at the asylum until 1892. The only way to surmise the number of black patients are from the few written instances in the superintendent and board of trustee’s reports to the legislature.

\textsuperscript{47} Annual Report of the Superintendent of the Mississippi State Lunatic Asylum for the Year 1870, MDAH (1870), 24-25.
Nevertheless, the annual reports do not suggest that the legislature ever heeded Dr. Williamson’s advice.

The patient registers indicate that the earliest recorded admission of black patients was approximately September of 1868. Since there were no provisions for the admission of African American patients following emancipation in Mississippi, black patients had to make do with a makeshift ward that was originally a ten-pin alley previously used for recreation by the asylum inmates. The conditions in the converted pin alley were apparently abominable. Dr. Compton, the superintendent during the early 1870s, stated, “It is a very low structure – the eaves being scarcely more than twelve feet from the ground. The ventilation must of necessity be imperfect. This makes it impossible for us to avail ourselves of that great and indispensable sanitary necessity – pure, fresh air.”

The prevailing theory of disease pathology during the 1800s was the miasma theory, which asserted that foul air spread disease. While no longer current, even by modern standards, the lack of proper ventilation for black patients would do them little good, particularly if they also suffered from physical contagion. The superintendent noted that the initial accommodations lacked any insulation or method of cooling the room. As a result, the patients faced little protection against the sweltering heat of the summer or the freezing temperatures in winter. The superintendent, Dr. Compton, wrote in the 1871 Annual Report

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48 Annual Report of the Superintendent of the Mississippi State Lunatic Asylum for the Year 1870, MDAH (1870), 33-34.
49 “Patient Registers 1855-1973.” Series 2148, Box 9745. Mississippi Department of Archives and History (MDAH).
50 Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum for the Year 1871, MDAH (1871), 17.
that they needed an allocation of funds to properly house and care for black patients.\textsuperscript{51} Despite any societal prejudice that the superintendent may have harbored, he did appear to care deeply for the welfare of those living in the asylum, whether they be white or black.

While the black patients sweltered in the makeshift ward, the white patients moved to the central asylum wings. Compton argued that the legislature should make allocations for the construction of new wings to the asylum or establish an entirely new asylum for African American patients. As much as the superintendent wished for an improved standard of treatment for black patients, he in no way suggested merging the black and white wards. He stated in the 1871 Annual Report, “I regard the fact as settled that white and colored persons cannot be properly and successfully treated in the same wards of a hospital for the same.”\textsuperscript{52} At this time, it was inconceivable to treat both black and white patients within the same ward. Following the Civil War, newly freed slaves typically lived in squalor due to extreme poverty, which only propagated disease and illiteracy. White people took this as evidence that black people were inherently more susceptible to communicable diseases. By this logic, whites demanded separate accommodations to avoid contamination from the black patients. In addition, Compton noted in the same report that such inborn ideas regarding racism and prejudice only intensified among mentally ill populations. Additionally, the particular logic that justified the segregation of patients is found in the writings of Superintendent Joshua Ensor, a superintendent of the South Carolina Lunatic Asylum during Reconstruction. He stated in an annual report in 1877 that black and white patients belong in separate wards due

\textsuperscript{51} Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum for the Year 1871, 17-18.  
\textsuperscript{52} Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum for the Year 1871, 23-24.
to a “mutual antagonism of the races.” Whether this was representative of societal tensions present in the Deep South after the Civil War or an easy justification for segregated wards, superintendents at these asylums saw that while both races should be treated this could not be done in the same wards.

Despite these pleas for progress and improvement, the Mississippi legislature was slow in its allocations to improve conditions for white patients, let alone black patients. While the first request for the construction of specific wings of the asylum for African American patients came in 1870, it would take two years before the construction of the new wings was authorized. Once the black patients moved into their new accommodations in 1872, construction workers transformed the formerly converted ten-pin alley into a carpenter’s workshop. From the annual report in 1874, Dr. Compton noted that the former ward for African Americans housed 13 patients in May 1870. The gap between the numbers of black and white patients was staggering. If one took the total population of the asylum in 1870 and subtracted it from the reported number of black patients, there was a total population of 160 patients with 147 white patients to 13 black patients at the Mississippi State Lunatic Asylum in that year. This tremendous gap begs the question as to why there were so few black patients as compared to white patients at the asylum in the late 1800s. Due to the poor economic conditions and the overarching legislation that meticulously controlled the movement and actions of African Americans, freed blacks may have seen the lunatic asylum as another institution designed to control them and break up families. In addition to

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54 Annual Report of the Board of Trustees and Superintendent of the Mississippi State Lunatic Asylum to the Legislature of Mississippi 1874. (MDAH), 36.
an apprehensive attitude towards a white run institution dictating the lives of its patients, the
cost of admission and transfer left to the individual or his/her family could be a powerful
deterrent to seeking treatment. However, as mentioned earlier in this paper, admission
records from the turn of the century revealed African Americans comprising nearly half of
the patient population. This estimate provides a striking contrast to the thirteen African
American patients in 1870 as noted in the 1874 annual report to the state legislature. Why
then were the numbers of African American patients so low during Reconstruction?

One answer is likely to be fear on the part of the African American community. Fear
was a huge motivator in discouraging African Americans from willingly going into the
asylum. If one were an African American in Mississippi after the Civil War, the odds were
the individual was a former slave whose freedom came to him/her from the Federal
government after a long brutal civil war over that very issue. The Asylum was a mysterious
and foreboding institution to the many illiterate and uneducated persons in Mississippi
including African Americans. Even among Caucasians of the time, the asylum was typically
a last resort for mentally ill loved ones, but once patients arrived there, there was little
likelihood, given the limited treatment options available, that remission was a real possibility.
In a time before quick and effective routes across the state, patients sent down to Jackson
were not likely ever to return to their hometown much less have their loved ones travel for
what could take more than two weeks to visit. If one were a newly freed African American in
Mississippi, it is highly unlikely that one would willingly send someone who one loved to a
mysterious institution in the capital run entirely by white people. Another issue that could
have limited the admission of blacks to the asylum were the economic costs of transferal and
treatment.
The admission process for the patients to the lunatic asylum varied from state to state but usually involved sentencing via a court and jury of a county. In Mississippi, probate courts were responsible for the commitment of patients. These courts normally oversaw legal issues that dealt with the dispersals of estates or the arbitration of wills. The insane plaintiffs could not speak for themselves. A judge and a twelve-person jury requiring a simple majority for committal determined their fate. Deprived of reason and sanity, the mentally ill occupied the same legal level as an inanimate object and were sent to poorhouses, penitentiaries, or the asylum in Jackson.

However, despite this availability, admission rates to the asylum were initially slow for a number of reasons. When the asylum first opened, the cost of admission was drawn from the patient’s or the patient’s family pocket or the bill went to the county as an additional tax. Local counties were not enthused about the prospect of taking the burden of cost for a bunch of local lunatics when it was cheaper to send them to the poorhouses funded by the county, which provided cheap labor for the area in return. Peter McCandless touched on this in his book about the South Carolina Lunatic Asylum, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*. He stated, “During the antebellum period, a pauper lunatic could usually be maintained in the community for about half what it would cost to keep him in the asylum.” This spared the county a burdensome tax for mentally ill individuals at the asylum in Jackson who in all likelihood did not have the money to afford commitment. Another factor that plays a role in

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57 McCandless stated that the cost of transferring a pauper lunatic to the asylum costed roughly seventy-five dollars in 1871. If one used an inflation calculator, that amount of money today would roughly equal $10,100.
the low admission rates of African Americans to the Mississippi State Lunatic Asylum was how white Mississippians, most importantly those who worked at the asylum, perceived mental illness among African Americans.

4. Dr. Buchanan and Insanity in the Colored Race

The Eastern Mississippi Insane Asylum opened in 1885 in order to alleviate the overcrowding and ever increasing number of patients at the central asylum in Jackson. The new hospital was east of Jackson in the town of Meridian, MS. In the first Biennial Report of the East Mississippi Insane Asylum, the superintendent of the asylum, Dr. C. A. Rice, made a note regarding the increasing rates of mental illness across the entire population but particularly among African Americans. Rice cited the construction of separate asylums built specifically to house mentally ill African Americans in other states as reason enough for Mississippi to construct one of their own. According to the superintendent, he estimated there were 184 African Americans in the Magnolia State who had some form of mental illness.58 Dr. Rice proposed that the East Mississippi Insane Asylum act as a separate facility specifically for African Americans. However, due to the need for extra space overall, the new asylum in Meridian merely functioned as a runoff hospital for the overcrowded asylum in Jackson.59

In addition to Dr. Rice’s proposal for a separate asylum for African Americans. Dr. Buchanan, a colleague and assistant physician at the Eastern Mississippi Lunatic Asylum,

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58 Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, to the Legislature of Mississippi for the years 1886-1887, MDAH. (1888), 7-8.
59 Biennial Report of the Trustees and Superintendent of the East Mississippi Insane Asylum, to the Legislature of Mississippi for the years 1886-1887, 6.
wrote extensively on the rate of mental illness among black patients at the asylum. In one of his seminal writings, “Insanity in the Colored Race”, he presented a number of theories regarding the appearance of insanity among both white and black populations. In fact, that piece of writing by Buchanan was one of the first major texts in the United States that discussed the etiology of mental illness among African Americans.60 Toward the end of the nineteenth century, Buchanan noted that there had been a general rise in mental illness across all populations. He explained the rise of the number of people deemed as insane in accordance with popular scientific theory at the time. He stated,

Writers on this subject give several causes for this increase of insanity in the white race; chief among which are the large influx of foreigners, hereditary taint, intemperance, the education of the times, the great excitement and competition in the commercial world, and the change from a vigorous, well-balanced organization to an undue preponderance of the nervous temperament, which is gradually taking place in succeeding generations.61

According to him, the increased frequency of insanity among white people was most directly a result of immigration of perceived “lesser races”62, the genetic background of whom he referred as a hereditary taint, along with substance abuse, lack of education, and the stresses of an increasingly industrialized nation. However, he thought the increasing number of cases

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62 “Lesser races”, in this context, would have referred to a general perception by Anglo-Saxon whites that immigrants coming from Ireland, Eastern Europe, or Southern Europe were inferior to immigrants from the British Isles or Central Europe.
of insanity among African American populations was the consequence of significantly different causes than those described for white populations.

While Buchanan noted that black people were susceptible to some of the same causes of mental illness as whites, he argued that the influence of immigration and genetics did not apply to them.\(^{63}\) He posited that the stresses of free society which ultimately stemmed from emancipation was the main cause for insanity among African Americans.\(^{64}\) This is reminiscent of the theories advanced by pro-slavery advocates who used the 1840 census as proof of the beneficial effects slavery had for black people. Proslavery advocates pointed to the higher tick in rates of mental illness in freed states as proof that freedom for blacks was bad for their mental health. Just as proslavery advocates in the Antebellum era cited the inaccurate findings of the census, Buchanan saw emancipation as detrimental to the minds of African Americans.

In his mind, the stresses of living in a free society placed excessive mental strain upon black people thereby rendering them mentally ill and incapable of properly functioning in society. This was in keeping with the anthropological school known as scientific racism, which sought to prove the superiority of white people as the dominant human species. Buchanan appears to have been a firm believer that African Americans were physically and mentally inferior to white people. He attempted to strengthen this theory by comparing the behavior of blacks living in the so-called “savage” societies in Africa to the sophisticated white-dominated society in America. He stated

\(^{63}\) James M. Buchanan, *Insanity in the Colored Race*, 2.
\(^{64}\) James M. Buchanan, *Insanity in the Colored Race*, 2-3.
From information obtained by travelers in Africa, we learn that insanity among the natives is almost unknown, and we can safely say there it is at its minimum. On being transplanted to this country, however, the negroes came under the influence of our civilization, and after a time we saw insanity cropping out among them, but owing to their condition of servitude, they remained to a great degree on the same mental plane as their savage ancestors, and mental troubles were not so much aggravated.

In Buchanan’s mind, along with others who supported the idea that blacks were less able to cope with the stresses of modern life than a white man, slavery was a great aid to African Americans upon arriving in the United States. Servitude to a white master removed the stresses that come along with freedom and the ability to determine one’s own future. The slave owner was doing a service to his property by establishing a strict hierarchy as well as providing food, clothing, and a purpose in life. In addition to this, the slave owner kept the slave’s “passions and animal instincts” under control preventing any potential harm upon other slaves, or more importantly, white people. Buchanan would have been representative of the majority of Mississippians and others in the United States at the time who believed that black people, if left uncontrolled, were a dangerous and lecherous people who harbored evil intentions toward innocent white people. In this mindset, emancipation and the end of slavery undid the perceived positive restraints that white masters imposed on their African American charges.

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67 Previous slave rebellions such as Harper’s Ferry or the German Coast Uprising of 1811 that resulted in destruction of property and the loss of life made southern whites fearful of how black people would act if they were granted freedom.
Buchanan postulated that emancipation and newly gained civil liberties were responsible for the several maladies besetting African Americans. With their new freedom, he noted that there was dramatic rise in poverty, disease, and mental affliction. Ignoring any influence of stringent laws such as the “Black Codes” popularized after the Civil War which might result in impoverishment, ill-health, and emotional distress among African Americans, it was his opinion that black people, when placed in a situation where they were in control of their actions, deteriorated both physically and mentally. Without the proper guidance and discipline of white overseers, freed African Americans descended into vices and substance abuse in an effort to cope with the stresses of living in a free society.

Buchanan and others saw that the freedom granted to black people after the Civil War was accompanied by a proliferation of diseases that they argued were uncommon during slavery. According to him, pneumonia and tuberculosis rates increased greatly in African American populations after the Civil War. In fact, Census records following the Civil War do indicate a higher frequency of tuberculosis and other infectious diseases among African Americans as compared to other racial populations. However, this increase in infectious rates was largely attributable to poor living conditions of black migrants leaving the Deep South during the period of the Great Migration, a mass exodus of African Americans to the north and west following emancipation. Moreover, with the advent of germ theory and improved sanitary techniques, the uptick in infectious disease may have in part been a result of better identification and awareness of the origins of disease. While the actual causes of these endemic diseases are most likely due to the poverty and poor living conditions of freed

blacks in Mississippi, Buchanan saw this not as a failure of the laws and social structure that existed but a result of inferior African Americans fumbling with their newly gained self-determination. In his view, the brain of a black man was just not able to function without guidance. In a statement epitomizing the Lost Cause ideology that spread throughout Southern culture during Reconstruction, Buchanan stated,

> While the negro had a master, he had no thought of the morrow; not a single care burdened his mind; there was nothing to disturb his equilibrium, and he always was the same fat, sleek, contented individual, flourishing in the tropical Southern sun like a plant indigenous to the soil. As a rule, he was well treated; had warm clothing; his diet, though plain, was wholesome and sufficient; he was comfortably, cleanly quartered, and not overcrowded; the foreman saw that his hours were regular, compelling him to retire early and rise by daylight. As a slave, his passions and animal instincts were kept in abeyance by the will of his master, and, through fear of punishment, he was compelled to observe the most rigid laws conducive to health and hygiene.\(^70\)

Buchanan glorified slavery and condemned the actions of the Union following the Civil War. To others like Buchanan, slavery was a wholly positive institution that spared African Americans from harm. Buchanan, who noted that religious fervor among blacks served as a contributor to mental illness, belittled the actions of them in church and their day-to-day activities.\(^71\) I theorize that a noted rise in rates of insanity among African Americans following the Civil War was most likely due to underreporting on the part of slave masters.

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\(^{70}\) James M. Buchanan, *Insanity in the Colored Race*, 3.

\(^{71}\) James M. Buchanan, *Insanity in the Colored Race*, 4.
and overseers prior to the war. The belief that freed blacks were wholly more susceptible to mental illness recalls the advocacy of slavery by southern philanthropists citing the miscalculated and misinterpreted findings of the 1840 census as evidence for their position.

5. Scientific Racism and Mental Illness

While the idea that emancipation was the main cause for mental illness among African Americans may seem outlandish and preposterous today, it was based on scientific racism, the dominant theory of those who adhered to a strict racial understanding of human biology. Scientific racism maintained that the black man was not an equal to a white man either in biology or in society. This theory had existed for centuries prior to the period of focus for this paper even dating back to antiquity. Hippocrates wrote of the differences between Asiatic races and European races in *Air, Waters, Places*. While he felt that people from Asia were feeble than Europeans, he attributed the difference between the races to a consequence of ancestry shaped by different geographical locations.\(^\text{72}\) However, its development as a “science” originated with Carl Linnaeus in the eighteenth century.

Linnaeus was a famous Swedish botanist, physician, and zoologist in the mid-18\(^{th}\) century. He wrote extensively on the classification of animal species including the human race. In 1767, he published *Systema Naturae* that classified the races of human beings into five “varieties”. They were as follows: the *Americanus*, the *Europeanus*, the *Asiaticus*, the *Africanus*, and the *Monstrosus*. According to Linnaean Taxonomy, every race of humanity apart from those originating in Europe were inferior physically and mentally to Europeans. In particular, a translation of the Latin description of Africans indicates that they are, “black,

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phlegmatic, relaxed; black, frizzled hair; silky skin, flat nose, tumid lips; females without shame; mammary glands give milk abundantly; crafty, sly, lazy, cunning, lustful, careless; anoints himself with grease; and governed by caprice.”73 These beliefs did not diminish and, in fact, grew in strength throughout the nineteenth century.

Samuel Morton, a prominent biologist at the beginning of the nineteenth century, published *Cranae Americana* (1839). He was a student of craniology, which examined the differences in brain volume between skulls of varying creatures including humanity. His notations on the difference between skulls of Africans and those of Europeans led him to believe that they were entirely different species. While Morton was a proponent of the emerging theory of successive adaptation and evolution, he sought to understand the differences between African and Caucasian skulls through an evolutionary basis. By this logic, Africans were merely an intermediary species between Caucasians and upper primates.74 Coincidentally, these beliefs arose at the beginning of the Industrial Revolution, which modernized agriculture particularly with the cotton gin. This advancement heralded the height of plantation and the rise of King Cotton. While the gin made harvests easier, plantation owners still needed hands to work the fields. In an effort to adapt to demand, southern philanthropists turned to scientific racism to justify the use of slaves. In this way, “scientific” racism became a convenient tool to argue that slavery was not simply a “necessary evil” but “just” and even “natural.”

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In the 1850s, at the height of the debate over slavery and its abolition, the writings of Josiah Clark Knott and George Robins Giddon sought to prove scientifically that black people were an entirely different species from white people. They believed that doing so would eliminate the notion that a black man could be equal to a white man by proving that Africans were something entirely different to Caucasians. Giddon, an anthropologist and former U.S. consul at Cairo, drew upon antiquities of both Egyptian and Greco-Roman times to highlight the differences between the races. In their work *Types of Mankind* (1854), they postulated that the Egyptians of the time of the pharaohs separated human beings into separate races based on their examinations of hieroglyphics, which by Nott and Giddon’s
logic, meant they were entirely different species. Advocates of a strict racial hierarchy looked to all possible sources to justify their beliefs. These beliefs would reappear in the writings of both superintendents and physicians at the Mississippi State Lunatic Asylum including Thomas Mitchell and James Buchanan.

Post-Civil War resentment and bitterness in the Deep South found a great source of support in the views of African-American inferiority associated with scientific racism. The great crusade to vanquish Federal oppression by the Union in the Civil War was ended, and Southern states faced a new reality where black men were now equal to them. Hatred for the Northern states and the destruction of their economic way of life led to the development of the Lost Cause ideology. This philosophy was rooted in an attempt to provide a heroic and quixotic interpretation of the Civil War more palatable to the defeated Confederates. They presented the antebellum period in the southern states as an elevated age of nobility and dignity where slaves existed in their rightful place under the just and giving nature of the plantation owners.

In this view, the Confederate defeat was a shameful event but one that did not rob the Deep South of their pride and honor. In order to maintain the Lost Cause narrative, southerners adopted a philosophy of wistful nostalgia while maintaining their civility and “pure” culture. Veneration of fallen Confederate soldiers and leaders that mirrored religious adoration and mementoes of the war including Confederate flags signified a solidarity with the Confederate cause that Southerners would not soon forget. However, this reverence to the

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Confederate cause also included a fierce prejudice towards African Americans. In their view, Reconstruction was an intrusion by the Northern States intended to obliterate Southern culture, in part by upending the racial hierarchy through giving African Americans new civil rights and liberties not previously seen in the Deep South.

6. Treatment of African Americans towards the end of Reconstruction

From the data presented in the annual reports, African Americans resided in new wings of the Asylum segregated from white patients. The Southern Republican government attempted to reform the South particularly with race relations but could not ignore inborn prejudices present in the population. Governor Alcorn wrote to the legislature in 1870 stating,

In the case of the insane, I have called attention to the necessity of an arrangement of the Asylum for the separation of the white lunatic from the lunatic of color. Principles are general, not special, and can never be made to apply in all places and under all circumstances. While anxious for the measures of reform which I have already pointed out in the charities of the State, with the view of giving the colored people, not only their rights of the present, but whatever is possible for the requital for the past, I am not the less solicitous to maintain, in an operative form, all the benefits of those charities to the afflicted among the whites. If a mixture of races be made the condition of participation of our public charities, no matter how you may regard the wisdom of the objection, that condition will act among the whites to a very great extent as a virtual exclusion.
While Alcorn was certainly a radical reformer by the standards in Mississippi at this time, he recognized that the mixing of races was not possible given the social climate current in the state. According to Dr. Compton in the 1877 Annual Report, the introduction of African American patients was a great success. He reported that there was no animosity or hatred between the races at the asylum stating that they “dwell together in unity.” Amusingly enough, they rigorously maintained this proposed “unity” in spite of the segregation of white and black patients. It is likewise difficult to ascertain the veracity of this statement given that there were very few African Americans at the asylum. Unfortunately, there is no indication in the annual reports from this period of the exact number of black patients at the asylum at the time of Compton’s writing. The closest approximation is likely around the mid-seventies due to there being seventy-nine African American patients at the time of the 1878/1879 Biennial Report.  

At the time of the writing of the 1878/1879 Biennial Report, the administration of the asylum had shifted hands. After Dr. Compton served two terms from 1870-1878, Dr. Thomas J. Mitchell succeeded him in 1878. He would serve as superintendent of the asylum from 1878 to 1910. In the Biennial Report, he wrote extensively on the noticeable gap between the numbers of black and white patients at the asylum. However, due to the lack of available data, Mitchell drew his conclusions from the patient registers. From this limited source of data, he concluded that there was a lower rate of mental illness among African Americans as compared to the white population in the state. From the Biennial report, the asylum housed 79 black patients and 320 white patients at the end of Reconstruction in 1878. From these

77 Biannual Report of the Board of Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1878-1879, (Jackson: J.L. Power, 1880), 74
numbers, the superintendent theorized that African Americans had a lower susceptibility to mental illness than did white people.\textsuperscript{78} While this seems to contradict the ideas of scientific racism discussed earlier, Dr. Mitchell was drawing his conclusions from the data he acquired at the asylum in Jackson. It is interesting to note that scientists debated back and forth over whether black people were more or less susceptible to mental illness as evidenced by the writings of Dr. Buchanan at the Eastern Mississippi Lunatic Asylum and Dr. Mitchell at the Mississippi State Lunatic Asylum. From his writings, it seemed Mitchell saw less mental illness in black populations as compared to white populations. I cannot say the exact reasoning why Mitchell differed from contemporary physicians on mental illness in African Americans. Mitchell drew his opinions from the limited data pool he interpreted in the 1878-79 Biennial Report.

Mitchell attributed the majority of the African American susceptibility to mental illness to religious ideas and devotion. He noted that more so than white populations, black people maintain a larger amount of zeal and attachment to local religious communities. Mitchell states, “The Negro is recognized in the South as quite an emotional being, but his emotional demonstrations are chiefly exhibited on religious topics. They have a natural affinity for religion, and it is rare that you find one of adult age in rural districts, who is not attached to some religious organization, no matter what may be his or her moral standing in the community.”\textsuperscript{79} Intrigued by this devotion, Mitchell studied it but ultimately did not understand why black people clung to this institution rather than other forms of community

\textsuperscript{78} Biannual Report of the Board of Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1878-1879., 74.
\textsuperscript{79} Biannual Report of the Board of Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1878-1879, 75-76.
involvement used by white people. Despite Mitchell’s fervent attempt to understand the strikingly low numbers of African American patients, he failed to recognize that the church and other religious institutions were traditionally a safe haven for African Americans. Throughout the time when slavery was legal, black churches were often the only solace for slaves; a place where they could truly be themselves outside the watchful eye of the overseers.\(^8^0\) A place of hope and community united many African Americans. The church was a safe space where black people felt they could be themselves.

Mitchell viewed the religious zeal that he noted in the community to be a hindrance to the curability of African Americans in the asylum. He notes that it was difficult to convince black patients to accept medical treatment of mental illness inasmuch as they favored, in his mind, turning towards religion for support. The use of prayer and attending religious services to aid mental illness was a common feature in the black community, but Mitchell, who knew very little about African American culture and church, saw this as a major obstacle to rational, scientific treatment.\(^8^1\) This opinion of the limited curability of African Americans was prominent feature in the scientific literature of the time. Dr. Buchanan, an assistant physician at the East Mississippi Lunatic Asylum, wrote, “The prognosis of the insane with regard to the negro is rather more unfavorable than that of the whites. They are more liable to a recurrence of the disease, and the use of medicines is not followed by as beneficial results as in the case of the whites.”\(^8^2\) Overall, this section of the 1878/1879 Biennial Report was circumstantial given that Mitchell’s only source of data on the matter came from the few

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\(^8^1\) Kyaien O. Conner, “Barriers to Treatment and Culturally Endorsed Coping Strategies among depressed African American older Adults”, Aging Mental Health, (November 2010), 12-13.

\(^8^2\) James M. Buchanan, Insanity in the Colored Race, 7.
African Americans admitted to the asylum at the time of the writing. The one relevant piece of evidence noted by the superintendent was the section devoted to the method of patient admissions.

As noted above, there were only a certain number of ways to admit patients to the asylum. The individual referred to the asylum came either via family and friends or by the county or court. By Mitchell’s testimony, at the time of the writing of the Biennial Report in 1878, over fifty white patients sought admission to the asylum through friends compared an estimated two or three black patients being brought in by friends. What would account for such a stark difference in manner of admission between the two patient populations? Mitchell attributed this to a lower susceptibility to mental illness among African Americans. I theorize that it was a combination of factors including socioeconomic status, prevailing scientific theory, and a general distrust of predominantly white institutions that discouraged African Americans from seeking treatment at the asylum in Jackson.

7. The End of Reconstruction and the Reversal of Progress

At the time of the 1878 Biennial Report, slavery had not existed in Mississippi for thirteen years, but the state had begun to regress and renege on progressive policies for the benefit of emancipated African Americans. Those in power, particularly the governor and the legislature, determined any advancement in the standards and treatments afforded to African Americans at the Mississippi State Lunatic Asylum. From 1868 through 1876, federally backed Republicans held the governorship of Mississippi. While Governor Alcorn was in no way a radical Republican, he was a skilled politician and knew which side to back at the end

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83 Biannual Report of the Board of Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1878-1879, 75.
of the day. Although he was brigadier general in the Confederate Army, he was among the first to jump ship and join the Republican Party following the defeat of the Confederacy. His administration was instrumental in expanding civil rights of African Americans including establishing Alcorn College (now, Alcorn State University), the first land-grant college for blacks in the United States. In the view of Southern Democrats, Alcorn was a “scalawag”, a southern white who supported Reconstruction and the Republican Party. Alcorn was able to win the governorship through a coalition of scalawags; carpetbaggers (northerners who sought to take advantage of the South during Reconstruction); and Radical Republicans (the liberal section of the Republican Party that supported civil rights).

While in office, he was always at odds with his embittered rival, Adelbert Ames, who was a radical Republican who thought Alcorn was moving too slow in reforming the state and advancing the rights of African Americans. This period saw the best chance for the advancement of freed blacks in Mississippi. Reconstruction policies produced great advancements for black people, even seeing multiple African Americans elected to the Mississippi legislature as well as one Lieutenant Governor. However, the infighting amongst radical Republicans and their more conservative colleagues greatly weakened their position and popularity in the state. Ames managed to defeat his Republican rival, James Alcorn, in the election of 1874. Of the Republican governors during Reconstruction in Mississippi, he was, by far, the most progressive and radical one in the state’s history. To conservative Southern Democrats, the election of Ames was everything that they had feared would happen.

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with the intervention of Radical Republicans. For the first time in their lifetimes, black people not only were equal to them under the law; there was a black man, Alexander Davis, serving as lieutenant governor. They felt that they had no choice but to do something drastic before their entire social order turned upside down.

In 1876, the Southern Democrats utilized the chaos in their opposition party and negative popular opinion held by white southerners toward Reconstruction in regaining power. The chaos brought about by the Vicksburg and Clinton riots of 1875 was proof of the ineffectiveness of the Reconstructionist governorship, and Democrats retook the legislature in 1875\(^86\). Once in power, the Southern Democrat-controlled legislature brought forth articles of impeachment against Governor Ames. The case overall was a very weak one with a supposed charge of embezzlement of public funds by Ames and his appointees. Ames did not have the political backing to fight against these charges especially following events of the preceding year. With few options remaining, Ames made a deal with the Southern Democrats. In exchange for dropping the impeachment charges, Ames would resign and a new election for governor would take place.

Thanks in part to massive public animosity towards Reconstruction and the Republican Party in Mississippi the governorship passed to John M. Stone, a former colonel in the Confederate Army and fierce white supremacist. Over the course of the next decade, Stone and his allies managed to dismantle all progress made in efforts to help African

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\(^{86}\) In 1875, there were a series of violent clashes spearheaded by disgruntled Reconstruction opponents amongst white Mississippians displeased with Reconstruction. This was all a part of the “Mississippi Plan”, an insurgency led by dissatisfied white Mississippians who sought to take down the Reconstruction Government through guerilla style terrorism. Bands of white citizens roamed the area and attacked any blacks they encountered most notably in the towns of Vicksburg and Clinton. The riots in Clinton claimed the lives of at least fifty African Americans.
Americans. Eric Foner wrote extensively on this matter in his seminal work, *Reconstruction, America’s Unfinished Revolution, 1863-1877*. Once the Southern Democrats took power in Mississippi, they set out to achieve a campaign promise of reducing property taxes by cutting the state budget in half over the next ten years following 1875. As the population of the asylum continued to rise through the end of the nineteenth century, it became harder and harder for officials at the asylum to provide adequate care for patients both black and white. However, the new wave of Southern Democrats worked to reverse the progress of black civil rights and made it their mission to render the Fourteenth and Fifteenth Amendments ineffective. In a series of moves that involved gerrymandering and voter fraud in counties with a black majority, the Southern Democrats were successful in curbing African American input in the political process. By 1890, the Mississippi legislature approved a new constitution that largely negated any laws that enfranchised African Americans in the state. This period was bad for black citizens and by extension black patients in the asylum. In the years to follow, through a change of admission policies to the asylum and large budgetary cutbacks, any patient, black or white, admitted dealt with overcrowding that increased every year with a diminishing budget to provide adequate care. The only difference between these two patient populations was that whites, at least, had a state government that had some sympathy towards them.

The loss of the Republican majority in Mississippi was devastating to African Americans. Without a Republican controlled government, they lost their biggest political asset. The Southern Democrats were able to seize power in the state by appealing to public

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disapproval towards Reconstructionist policies. The enfranchisement of African Americans placed white Mississippians in a more competitive job market. By 1876, the reins of power were now in the hands of Southern Democrats who actively sought to negate any civil rights advancement and tackle any former Republican influence on the state. The Republican appointed superintendent, Dr. Compton, retired in 1878 and Dr. Thomas J. Mitchell took over control of the asylum.

While Thomas J. Mitchell was a fine superintendent by all accounts, he did not seem to have a full grasp of the causes or factors involving mental illness among the African American community or the reasons why so few sought admission to the asylum. Whether he was willfully ignorant or simply did not have the resources available, Mitchell’s blanket statement in the 1878/1879 Biennial Report that African Americans had a lower susceptibility to mental illness would have a profound impact on the appropriation of funds towards the treatment of black patients at the asylum. If the superintendent of the state’s main asylum said that mental illness among black people was not as common, and was significantly harder to remedy, than among white people it was reasonable to postulate that white Mississippians would not put much effort into the treatment of a few crazy black men and women. The lower susceptibility and unlikely curability of mental illness of African Americans made it a financial lose-lose scenario for the counties paying for the treatment of mentally ill blacks who most likely lived in poverty given the economic opportunities available to them in the late 1800s. When presented with this line of thinking and limited public support, a Southern Democratically controlled government focused on massive government budget cuts and willingly embraced limited support for the treatment of mental illness in African Americans.
The end of Reconstruction in Mississippi saw an end to all progressive policies towards African Americans. The state’s priorities were with its white citizens, not with its black ones. Over the next ten years following the 1878/1879 Biennial Report, the only litigation relating to African Americans were suits that sought to turn back any gains under former Republican administrations and eventually render it impossible for African Americans to be able to vote in the state of Mississippi. Through legislation implementing poll taxes, grandfather clauses, and literacy tests, they stripped the black community of their voting rights and relegated them to a status similar to the one they occupied prior to the Civil War, minus the plantation system. The state of African Americans in the asylum would only deteriorate in the years to come.

The prospects of African Americans during Reconstruction and afterwards were not ideal by any standard. While they no longer were the property of a white master, a black man in Mississippi in the latter half of the nineteenth century still faced extreme societal and legislative prejudice. Financial advancement was not a reality for black men and women in Mississippi at this time. As such, many African Americans lived in abject poverty and poor living conditions. This poor economic standing in the state led to a large incidence of disease and illiteracy in black communities. White supremacists and Social Darwinists adhering to the flourishing theory of scientific racism embraced these conditions and championed them as proof that the black man was inferior to white people both physically and mentally. In the absence of the “supposed” guidance on the part of their former white masters, African Americans descended into a deplorable state of immorality and deprivation of basic tenets of “civilized” white culture.
Critiques of black culture and the inferiority of the black mind can be found in the writings of physicians at both the Mississippi State Lunatic Asylum and the East Mississippi Lunatic Asylum that was established in order to accommodate an increase in the capacity of the state to house the mentally ill. Dr. Thomas Mitchell, the superintendent of the central asylum in Jackson from 1878 to 1910, wrote in 1878 that African American patients and black people in general had a larger preponderance towards displays of emotion than white people do. In that report he stated,

I differ from many who entertain the opinion that the passions of the colored are stronger and less amenable to control than among the whites, but think the many examples of lust, which we find among the former not so much the result of inordinate passion, as that they lack the restraint imposed by the conventionalities of more refined and cultivated society.⁸⁹

In this instance, black people were not lustful due to an inner savagery but because their society and culture was much less refined than the culture of white people.

In contrast to the more conservative opinion of Dr. Mitchell, one found examples of physicians who saw life for African Americans as, in the words of Thomas Hobbes, “vile, brutish, and short.” One of the most prominent voices from this period was Dr. Buchanan, who as previously mentioned in this paper, wrote “Insanity in the Colored Race.” He wrote of blacks following the Civil War and emancipation stating,

⁸⁹Biannual Report of the Board of Trustees and Superintendent of the State Lunatic Asylum to the Legislature of Mississippi for the Years 1878-1879, 75.
From a quiet, peaceable being, he soon became a religious fanatic or a turbulent politician, often both combined, and, whirling in this vortex, night was turned into day with him; his nightly meetings continued until after midnight, and at these meetings all restraint was laid aside, and his nervous organism to its utmost tension.\(^9^0\)

In Buchanan’s mind, African Americans were better off prior to emancipation. The abolition of slavery put too much strain on the mind of former black slaves driving them to either vices such as gambling and alcoholism or to mental illness. It is unclear as to whether Dr. Mitchell thought the African Americans were better off under slavery from the annual reports. Mitchell tended to take on a more paternalistic attitude towards black patients. Barringer insisted that the superintendents of the asylum in Mississippi appealed to the public for the treatment of mentally ill African Americans by merging white supremacism and paternalism. In this way, the asylum acted as a watchful guardian for a group of people who were not as sophisticated as white people.\(^9^1\)

Institutionalization became a new form of slavery for patients at the asylum. McCandless writes of the aspect of moral therapy that involved putting patients to work. From his research, he asserted that employment and access to services for the patients fell along racial lines.\(^9^2\) For the most part, African Americans did most of the intensive labor at the asylum with whites largely opting out of that type of work. In these cases, white patients had the opportunity to refuse to do this form of work whereas there is some indication that black patients had no choice in that matter. A black patient, Tom Doar, wrote to his sister

\(^{90}\) James M. Buchanan, *Insanity in the Colored Race*, 4.


saying he had to work in order to receive food fit to eat. McCandless also noted an instance in 1908 where asylum attendants placed African American women who refused to work in solitary confinement. When it came to activities designed to ameliorate mental illness, whites had access to playing cards, concerts, dances, and other amusements whereas black patients received none of these recreations.

Committals to the asylum were broad and largely made at the discretion of the courts. As described earlier, all that was required to commit a person to the asylum was a simple majority by the jury in a probate court. While there was an initial slow trickle of admissions due to the costs charged to the patient’s home county, this all changed when the state assumed the cost for all pauper patients in 1880. In the years that followed, the influx of patients increased exponentially. Now that the county did not have to take the financial responsibility for their mentally ill, county courts sent away any nuisances that did not merit criminal proceedings to the asylum in Jackson. Given that the rise of committals of African Americans to the asylum occurs coincidentally in the years following the state assuming financial responsibility, one might theorize that the county government and courts sent away African Americans they deemed problematic.

For example, the grounds for committals were much broader than criminal proceedings and required much less deliberation. According to the patient registers from the

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95 Peter McCandless, *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era*, 274.
96 “An act enacting that all lunatics to be admitted free, Session 65, January 1880”, *Session Acts 1865-1904 A-MC No. 0001-6117*, MDAH 016.3451 M69; 1865-1904 v. 1, 175.
asylum in Jackson, it appears that, between the years 1870-1885, nearly eighty percent of African American patients arrived via the county and or courts. Sixteen percent of committals came from unknown sources and only six percent by friends with zero percent coming from the patient’s family. This is a striking contrast to the 25 percent of committals by friends and family for white patients during this same period. A Master’s dissertation written by Adia Brooks discussed the politics of race and mental illness at the Central Lunatic Asylum for the Colored Insane in Petersburg, VA. Brooks writes of an instance where a panel of judges sent an African American man, Gregory Smith, to the asylum for no reason other than the fact that he was homeless and did not contribute to the community. The courts in South Carolina sent another African American, Martin Davis, to the asylum in Petersburg for stealing equipment he felt belonged to him and his family. Brooks did not see any evidence of mental unsoundness in this case and theorized that it was because he was rude to white authorities. Thus, the threat of committal would be a great intimidating factor for African Americans in the latter half of the nineteenth century.

The absence of a Reconstructionist government in Mississippi that enforced progressive policies towards African Americans led to a sharp decline in the prospects of African Americans living in the state. The elimination of civil rights among blacks in the 1880s also transformed the treatment of mentally ill black men and women. Buchanan provides a glimpse into the type of society Blacks lived in during the 1880s when Grover

97 Mississippi State Lunatic Asylum, “Patient Registers,” Series 2148, Box 9741, MDAH.
Cleveland was elected as President – the first Democrat since the Civil War. Buchanan stated,

One of the most violent patients we have ever had become maniacal on hearing that Mr. Cleveland had been elected President, and another cut his throat on receiving the same tidings. They had been told that their race would be deprived of the rights of citizenship and placed again in bondage on the election of a Democratic president; hence this sudden outburst of frenzy and despair which left their minds in total eclipse. I could cite numerous other instances, but deem these sufficient to properly illustrate some of the inevitable results of wrong ideas and false teachings with which the primitive-minded Negro has been so thoroughly indoctrinated.  

In this instance, the election of Grover Cleveland to the White House was so distressing that a black patient killed himself rather than live in a world with a Democrat-controlled White House. The Democratic Party in the 19th century was the politically conservative party and the Republican Party was the party founded on the abolition of slavery. While Buchanan took this instance as evidence of the inferior mind of African Americans, this incident shows the fear present in the African American population towards Democrats. One of the patients mentioned in this anecdote opted to end his own life than live in a country with a Democratic president for fear of the nation returning to slavery. They saw Democrats as those who sought to retrogress any advancement in the rights and liberties of black people.

Buchanan’s *Insanity in the Colored Race* demonstrates not only how white Mississippians perceived African Americans but also the perception of mental health

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100 James M. Buchanan, *Insanity in the Colored Race*, 6-7.
professionals employed to treat mentally ill blacks. His tract on mental illness also extended to his opinion of black culture. He stated, “Negroes have but little regard for their marital obligations; virtue is almost unknown among them, and, as a result, their loose morals have spread the most loathsome diseases in their midst, with all the consequent evil results.”

Drawing upon the theory of craniology of Samuel Morton, Buchanan noted that African American skulls do not grow as large or the same rate as Caucasian skulls. He draws on these physical differences between the races as proof that the minds of black people do not develop as much as white people. With the onset of emancipation, Buchanan thought that the African American mind could not comprehend the complexities of freedom and self-determination. This inability to process the stresses of a life not dictated by a white master, in Buchanan’s mind, only led to mental illness and anguish.

Due to Buchanan’s perception of mental illness among African Americans and his own beliefs, he firmly supported the segregation of the races both in public and at the asylum. He thought the mixture of the races placed mental strain on both patient populations. He stated, “However insane, the whites still feel a repugnance toward the negro, especially when they have to eat in the same dining room and use the same wash-basins and bath-tub. And, thus situated, the surroundings of neither can be made homogenous or satisfactory.”

He was not opposed to the compassionate treatment of African Americans with mental illness, but his inherent conceptions of the mind of African Americans likely made admittance to any mental institution run by white people unappealing.

Superintendent Compton sought to create an atmosphere of comfort and restoration for his charges at the asylum in the hopes that the patients might be able to leave one day. In contrast, Dr. Mitchell saw it as a place of custodial guardianship but not necessarily one that guaranteed a remission of symptoms. In patients of both races, the superintendents contended with an ever-growing asylum with a miserly amount of funds allocated by the state government. The legislature in Mississippi was unwilling to allocate funds to the asylum, which saw increasing admission of patients, through a combination of better identification of mental illness and committals by probate courts, every year. The asylum that was once a new beacon of hope for the mentally ill in Mississippi had become a shadow of itself and a stranger in its own time. Overcrowding was common, neglect of patients was rampant, and there was no money to improve the infrastructure. The asylum lacked access to the main sewer line and water main in Jackson until 1892 when a fire consumed two thirds of the asylum. Prior to this incident, the patients and staff relied heavily on a cistern that drew from a nearby pond. The stagnant pond where the inmates drew water from was a breeding ground for the mosquitoes that spread diseases such as yellow fever.

Overcrowding was always an issue throughout the late 1800s for the asylum in Jackson. The Mississippi legislature shut down the state hospitals at Natchez and Vicksburg in 1873. Following the closing of these hospitals, the legislation forced the patients from both hospitals to transfer to the Mississippi State Lunatic Asylum in Jackson. While an additional asylum opened in Meridian in 1886, the Jackson asylum had to contend for nearly fifteen years as the sole mental healthcare facility in the state. This undoubtedly led to an ever-increasing number of people applying for admission and not just for mental health reasons. The asylum in Jackson also functioned as a hospital for tuberculosis patients. However, due
to overcrowding and the infectious nature of tuberculosis, patients at the Jackson asylum with this disease were housed in tents on the front lawn of the asylum.

The asylum would remain in Jackson until 1935 where it moved to a new location in Whitfield. Today, state run lunatic asylums no longer exist. They faded into history as a grand experiment on the part of the state to care for its most vulnerable populations. However, the shortcomings and failures of these institutions are what is remembered. The discovery of the unmarked graves on the grounds of UMMC renewed interest in the institutions of days past. The graves placed there so long ago can now provide researchers with a better understanding of the asylum and the daily goings on there.

8. Conclusion

Regardless of race, it was a misfortune for anyone sentenced to the Mississippi State Lunatic Asylum in the latter half of the 19th century. While this institution was intended to provide a safe haven for the mentally ill, the result did not meet expectations. The treatment of African Americans at the asylum was never cruel or unusual. Treatment for this population was simply secondary to that of white patients. In addition to this, African Americans historically sought to treat the mentally ill in their own communities rather than rely on white institutions. The horrors of slavery in the Antebellum era continued to play a role in the zeitgeist of African Americans throughout the nineteenth century and into the twentieth century. Institutions run exclusively by white people including hospitals and lunatic asylums could be daunting to African Americans recently freed from slavery. Given the low
rate of discharges at this time, the Mississippi State Lunatic Asylum was a place people went to and never came back.

The asylum system that existed for nearly two hundred years in the United States was a place of care but not treatment. The physicians and orderlies working at the asylum in Jackson in the latter half of the nineteenth century had no real ways to tackle mental illness effectively. Their best option was to provide a safe space and provide the best level of comfort and care for the inmates at the asylum. Unfortunately, the best level of comfort and care could not resist the effects of antiquated structures, stagnant water sources, and chronically insufficient funding. Epidemics plagued black and white patients and resulted in the expansion of the Asylum cemetery. The drugs available at the time, namely laudanum, morphine, and chloral hydrate were used to calm and sedate the most unruly patients but they were not a truly therapeutic solution.

The world has come a long way and has made great advancements in the treatment of the mentally ill. The pharmaceutical revolution in the 1950s made the system of state-run mental hospitals largely obsolete. For the first time, health care workers could actually treat patients with drugs that did not simply sedate them. The advent of the first antipsychotics and antidepressants signaled the end of an era of state run mental healthcare. This period of deinstitutionalization saw the demise of centralized mental health care in state hospitals reintroducing patients back into the community. While the initial plan was to reform the structure of mental healthcare from one centralized hospital to a collection of community-based centers, this largely fell by the wayside. Inadequate funding for community based treatment systems caused the failure of the second part of deinstitutionalization. Deinstitutionalization succeeded in its mission of emptying state hospitals across the country
but there was no next step for patients leaving the hospitals. The pharmaceutical revolution made it possible for patients to leave state hospitals but it did not address the other forms of treatment needed for someone with mental illness. With no overarching authority, there was no guarantee that patients would stick to their medical regimen often leading to admission to emergency rooms, incarceration, or living on the streets.\(^{105}\)

Inadequate treatment for mental illness is prevalent across all races, creeds, and religions. However, certain groups of people are less effectively treated and are more reluctant to seek treatment for mental illness. Given the history of asylum care, it is no surprise that African Americans figure large in these surveys. According to the National Alliance on Mental Illness, one quarter of African Americans seek treatment for mental illness as compared to forty percent among white people.\(^{106}\) The lack of access to mental healthcare for black people stems largely from fear and distrust of healthcare providers.

Trust among African Americans toward healthcare providers is significantly lower as compared to other groups. If one looks at the history of these people, it is not surprising that there exists a general lack of trust among the black community towards institutions often controlled by white people. Centuries of systematic oppression in the forms of Jim Crow laws, mistreatment from groups like the Ku Klux Klan, and a general disinterest in improving the lot of African Americans would make anyone in that community reluctant to trust medical institutions that for the longest time were run by a white majority. For instance, Medgar Evers, a civil rights activist assassinated in 1963, could not gain entrance to a white


hospital to treat his gunshot wound based solely on the color of his skin. Instances of negligence or outright maltreatment as in the case of the Tuskegee Experiments in the twentieth century reinforced in the African American community a simple message: do not trust white doctors or hospitals.

The mistrust and fear among African Americans in the nineteenth century towards the Mississippi State Lunatic Asylum has persisted to the present day in different forms. The events in the 19th century asylums are not directly causative to modern day distrust towards healthcare providers for African Americans. However, I theorize the failures of institutionalization in the last two centuries have lingered in the zeitgeist of the African American community, indirectly leaving them wary of mental health providers and treatment. While this hesitance and wariness is not as substantial as it was in the 1800s, admission of African Americans to both hospitals and mental health centers is strikingly low in comparison to white people. In a study conducted in 2006 that focused on racial differences in trust towards medical professionals, researchers examined 432 non-Hispanic African Americans and 522 Caucasians.107 The people running the study instructed both groups of participants to detail their own personal relationship between earlier health care experiences and their trust in health care providers. The results of the study found that African Americans (44.7%) reported lower levels of trust in health care providers than did whites (33.5%).108 It is important to note from this study that African Americans reported that the quality of interactions with health care providers were significantly lower as compared to whites. The African American group overall had a larger amount of low trust in

107 Chanita H. Halbert, “Racial Differences in Trust in Health Care Providers”, *Archive of Internal Medicine*, (Vol.166: April 24, 2006), 897.L
medical providers especially if they had either no health insurance or sought medical care from somewhere other than a physician’s office.

Another study examined African American men and women’s attitudes toward mental illness, particularly what constitutes mental illness. This cross-sectional survey used 272 participants all of whom were community-dwelling African Americans. They recorded individual representations of mental illness via the Brief Symptom Inventory (BSI) an inventory of 53 symptoms in which researchers asked participants to agree or disagree whether the symptom constituted part of mental illness. Overall, a majority of participants viewed symptoms of hostility, suicidality, panic, anxiety, and violent tendencies as symptoms of mental illness. However, symptoms that had physical manifestations such as chest pain, nausea, temperature dysregulation, or feeling weak were not described as signs of mental illness. From the patients’ point of view, physical signs were not indicative of mental illness.

These researchers also measured attitudes towards mental illness and seeking mental health services in this study using the Inventory of Attitude Toward Seeking Mental Health Services (IASMHS). The results of the inventory indicated that both African American men and women believed that mental illness could result from stress, trauma, drug use, alcohol use, heredity, and family problems. While there were some differences regarding the view of the course of mental illness between men and women, both groups felt that mental illness results in negative consequences. In addition to this data, major concerns about stigma

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regarding diagnosed mental illness was common in both men and women, but women appeared more so than men to believe that treatment could control the illness.

The most salient data from this study was that regarding coping mechanisms. Those running the study assessed coping behavior and strategies using the 14-item Preferred Coping Scale (PCS). Researchers used this scale in previous studies involving African American participants with positive results and good construct validity. The results from the PCS in this study showed that both men and women might use or definitely use religious coping to deal with mental illness. Psychological openness, a willingness to accept treatment, found higher prevalence among young participants, particularly young women, but middle aged and older men and women were more reluctant to seek professional mental healthcare. The strategy to cope with mental illness among more conservative factions in the community was to seek help from religious figures or their own community rather than get outside help. This tendency to cope with mental illness using religion is reminiscent of an earlier time in the African American community. The desire to avoid contact with historically white institutions, such as medical mental health care, carries on as strongly today as it did in the nineteenth century.

Historical failings of mental healthcare facilities in the 19th century continue to this day and are amplified by the effects of deinstitutionalization. Stigma and a historically reinforced fear of white institutions prevent African Americans from receiving adequate treatment. There is no single cause that leads to low trust in healthcare by African Americans. This fear of addressing mental illness goes back farther than the issues of today.

The origin of this distrust, in part, comes from the inadequacies of the Mississippi State Lunatic Asylum.

Society must reexamine the policies of the past for they give insight to the problems of today. There must be a complete and total overhaul of the mental healthcare system in the United States not just in policy but also in the minds of the people. If the road to deinstitutionalization is to continue, then the government must follow it up with sustainable community mental health care centers. They should put money into the treatment of the mentally ill rather than slash it as unnecessary government spending. The distrust among African Americans towards mental healthcare institutions are not without cause. The tortured history of this community from the days of slavery to the constraining Jim Crow laws are defining eras in the development of the African American community and culture. Addressing these historical events and the influence it has on Black culture today may lead to a better understanding and a shift in outlook towards mental healthcare.
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