

FINDING ASYLUM:  
RACE, GENDER AND CONFINEMENT IN VIRGINIA, 1885 – 1930

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## **ABSTRACT**

### **FINDING ASYLUM: RACE, GENDER AND CONFINEMENT IN VIRGINIA, 1885 – 1930**

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Finding Asylum is an institutional and social history that describes how the state of Virginia managed mentally ill African Americans at Central Lunatic Asylum for the Colored Insane between 1885 and 1935. As the nation's first asylum dedicated exclusively to the care of African Americans, Central was established in Virginia as the model southern, black asylum, an archetype that was replicated across the southern United States in the decades following the end of the Civil War. It reveals how race and gender bias bled into psychiatric theory and practice at Central. It also provides a window into the lives of black Virginians who were committed and eventually confined to the institution. Finally, it tracks how raced and gendered understandings guided state imperatives to confine, treat and sterilize African American patients at Central.

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## INTRODUCTION

A dismal cover hung over the grounds of Central State Hospital when I first visited in August 2016. With only a fraction of the Hospital still in use by that time, the crumbling buildings still served an important and necessary purpose as a reminder of the state's legacy of segregated and unequal mental healthcare for African Americans. Underneath the rickety chapel, boarded up dormitories and otherwise dilapidated infrastructure stood a village sized reminder of Virginia's unprecedented decision to establish the nation's first asylum dedicated to the care of African American patients. As I was guided about the grounds, a rich history unfolded – one populated with politically motivated physicians and unscrupulous judges, but details about commitment, patient life and death at Central were largely absent. Of the few unintended monuments to those who were confined and eventually died at the Hospital are the unmarked graves that pepper the Hospital's shared border with the interstate. This cheerless swath of land, tucked at the edge of the property and covered with oblong sediment gravestones, served as one of the few clues that this place once held thousands of people, individuals with children and jobs, friends and neighbors. Like the unofficial graveyard, a symbol of a discarded past, Central represents a neglected chapter in African American history and the history of psychiatry, one that once fully explored will expand how we understand black mental illness during this important period.

*Finding Asylum: Race, Gender and Confinement in Virginia, 1885 - 1930* explores the management of Virginia's mentally ill African American population from 1885 up until 1930 with a focus on Central Lunatic Asylum for the Colored Insane – the nation's first asylum dedicated to the care of African Americans. It combines institutional

and individual histories to better understand how African Americans experienced mental illness in Virginia during this important period in American history. Placing the lives of black patients at the center of this previously untold story, *Finding Asylum* serves as a corrective to incomplete histories of mental healthcare in the state and the region. It argues that race and gender were cornerstones in the development of the nation's earliest segregated mental healthcare system. Using commitment records and other administrative documents, it demonstrates the roles they played in the commitment, confinement and treatment of patients held at Central. This study employs a historical approach that centers the African American experience that recognizes the rampant discrimination, disenfranchisement and terror that was commonplace in the years following Reconstruction. The era represents a significant shift in patient demographics, nosological standards, and asylum character, all of which have bearing on how mental hospitals, like Central, were managed.

*Finding Asylum* presents the lives and experiences of African American asylum patients during this period. It reveals a severely understudied dimension of the African American experience, but it also creates space for nuanced understandings of freedom and confinement as they were applied to recently emancipated African Americans.

*Finding Asylum* is centered around how African American were understood and treated within institutional psychiatric spaces. Central Lunatic Asylum is the most appropriate focus for the study as it was the first asylum in the nation established exclusively to serve African Americans, and many of the earliest protocols related to the treatment of mentally ill African Americans can be traced back to this institution. The Progressive era and Nadir historical frames are both important as the former contextualizes how the

state's psychiatric arm wrestled for authority during a period of rapid change, reform and overall improvement of daily life for many white Americans. While the latter reveals how mental illness was weaponized against African Americans as just another way to restrict their efforts at exercising full citizenship.

## **Historiography**

*Finding Asylum* is an institutional and social history that contributes to the growing body of scholarship in the history of psychiatry, African American history and women's history. This project addresses two main gaps in the literature. The first includes a contribution to the existing scholarly work focused on mental hospitals in the United States, especially the relatively small amount of scholarship focused on southern asylums, even more so concerning segregated asylums for African Americans. Historians of psychiatry have neglected southern and black asylums in favor of more heavily populated asylums near northern urban centers. Secondly, it illuminates the stigmatized topic of mental illness in African American history and reveals a long legacy of community politics concerning individual mental health.

Historians of psychiatry have paid little attention to segregated, southern asylums, like Central. The scholarship focused on Central Lunatic Asylum, the primary site of my study, is extremely limited with the only published full-length manuscript being historian Kirby Randolph's dissertation, *Central Lunatic Asylum for the Colored Insane: A History of African Americans with Mental Disabilities, 1844 – 1885*.<sup>1</sup> There have also been numerous Master's theses focused on the institution, but like Randolph's

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<sup>1</sup> Kirby Ann Randolph, "Central Lunatic Asylum for the Colored Insane: A History of African Americans with Mental Disabilities, 1844 – 1885," Dissertation. University of Pennsylvania, 2003.

dissertation, they have failed to address Central's history during the closing years of the nineteenth century and the opening years of the twentieth century, a period that I argue is pivotal to understanding the history of the institution.<sup>2</sup>

Historians of psychiatry began discussions of the nineteenth century asylum as early as the 1930s and were termed the traditional camp, who collectively celebrated mental asylums and other antebellum institutions as proof of human progress, humanitarianism, and progressive sentiment.<sup>3</sup> Their work relied heavily on the primary accounts of physicians and other medical staff; they largely endorsed the asylum system and ignored patient wellbeing. The revisionist school used this traditional body of scholarship to critique the asylum system, pointing out the major discrepancies between its intended goals and achieved objectives. Their work was characterized by their belief that mental hospitals were inherently repressive. Beginning in the 1960s, this group of scholars included scholars like Michel Foucault, David Rothman and Andrew Scull. The major criticism of this scholarship lies in its monolithic nature as it has treated the nineteenth century asylum as a singular institution devoid of difference in regard to region, patient and staff demographics or status as a public or private institution.

David Rothman's 1973 *Discovery of the Asylum* took an important step in remedying this trend. By focusing on the society surrounding the asylum and the relationship between the two, Rothman proved the connections between the asylum

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<sup>2</sup> Caitlin Doucette Foltz, "Race and Mental Illness at a Virginia Hospital: Case Study of Central Lunatic Asylum for the Colored Insane, 1869 – 1885," Master's Thesis. Virginia Commonwealth University, 2015; Adia Awanata Brooks, "The Politics of Race and Mental Illness in the Post-Emancipation US South: Central Lunatic Asylum for the Colored Insane in Historical Perspective," Master's Thesis. University of Texas at Austin, 2014; Jamie Ferguson, "The Color of Insanity: the Condition of African American Lunatics in the Commonwealth of Virginia 1845 – 1879," Thesis, James Madison University, 2001.

and the Jacksonian ideology of order emerging at the time. Considering four types of deviants, Rothman argued that this approach to rehabilitation sought to eradicate difference through isolation in impersonal institutions, like asylums, orphanages and penitentiaries.<sup>4</sup> Measuring the changing contours of the community's support of these institutions, *The Discovery of the Asylum* made it clear that no institutional history of the asylum was complete without an analysis of its relationship to the local and wider communities attached to it.

Acknowledging the massive failures of the nineteenth century asylum while also identifying its unintended consequences, Grob continued in this style. *Mental Institutions in America: Social Policy to 1875* paid particular attention to the external, political, social and intellectual forces that shaped the asylum in its earliest years, and the similar infrastructures that sustained the institution into the twentieth century. Included therein is a brief chapter dedicated to the influence of race, class and ethnicity on the treatment of the mentally ill in the United States from 1830 to 1875. Grob teased out the major differences between the care provided to black, ethnic white, and native-born white patients. He argued that while southern asylum directors were greatly concerned by the possibility of having to treat black and white patients side-by-side, their northern counterparts had few qualms about the segregation of care for mentally ill patients.<sup>5</sup> Grob's assessment is an oversimplification of the issues that northern alienists faced when serving diverse groups of patients, but was correct in his assertion that southern states were asked to manage African American patients at a much higher volume.

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<sup>4</sup> David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown & Company, 1971).

<sup>5</sup> Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Free Press, 1973).

Later, Grob addressed historians' prevailing assumptions about the nineteenth century asylum and questioned the institution's intended purpose alongside those of similarly oriented facilities, like almshouses and penitentiaries. *Mental Illness and American Society* refuted basic understandings of the asylum and explored how these factors impacted the character, function and impact of the institution. More importantly, it demonstrated how the internal crises occurring in the field of psychiatry during the Progressive era had far-reaching ramifications for professionals, patients and policy makers in the decades that followed. Grob's major contribution lies in his attention to the impact that professionalization had on the care available to the mentally ill, but he only included a scant comparison of the differences between the experiences of black and white patients.<sup>6</sup>

Almost two decades later there were still few historians of psychiatry that valued race as a meaningful category of analysis in studying either non-white patients or segregated asylums of the nineteenth and twentieth centuries. In "Labeling and Treating Black Mental Illness in Alabama, 1861 – 1910," John S. Hughes took up this challenge as he described prevailing attitudes toward the management of Alabama's mentally ill African Americans during and after the Civil War. Drawing comparisons between South Carolina and Virginia – as the first to establish a mental hospital in the country and the first hospital for African Americans – Hughes reveals reasonable similarities regarding housing and treatment options across southern institutions.<sup>7</sup> However, his greatest

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<sup>6</sup> Grob's initiative to diversify the literature on mental healthcare can also be found in his earlier work, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830 – 1920* and "Abuse in American Mental Hospitals in Historical Perspective: Myth and Reality," *Journal of Law and Psychiatry*, Vol. 3 (1980): 295 – 310.

<sup>7</sup> John S. Hughes, "Labeling and Treating Black Mental Illness in Alabama, 1861 – 1910," *The Journal of Southern History* 58, No. 3 (August 1992), 450, 456. More recently historian, Martin Summers, took a comparative approach to the study of race and mental illness in "Suitable Care of the African When

contribution lied in his attention to how the state's understanding of race permeated every aspect of the mental healthcare available to African Americans, describing it as reminiscent of the southern slave plantation.<sup>8</sup> Later, there was also a significant shift towards studies focused on either a single institution or a group institutions in a single state. In *Moonlight, Magnolias, and Madness*, Peter McCandless examined madness as defined within the community and asylum settings of South Carolina. Rebuffing the biases of scholars, like Rothman and Grob, to examining only northern, and primarily urban institutions, McCandless highlights South Carolina's uniqueness, and that of other southern states, within the context of mental healthcare within the United States. Race and gender play minor roles in the text as it relates to the traditionally disempowered, but McCandless does consider these themes in numerous sections.

Within the most recent historical work surrounding race and the history of psychiatry, there is a focus on two major sites: Central Lunatic Asylum for the Colored Insane in Petersburg, Virginia and St. Elizabeths Federal Hospital in Washington D.C. Established in 1855, St. Elizabeths was the first federally operated psychiatric hospital, and served veterans and District residents of all races. Similar to Central, St. Elizabeths holds an important piece of the history of African American mental healthcare. In Kirby Randolph's doctoral dissertation, she introduced race as a central theme of analysis in a study describing the treatment of African Americans with disabilities. Randolph described the state's transition from treatment for African American Virginians at Eastern Lunatic Asylum, an integrated asylum, to the establishment of Central and the

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Afflicted with Insanity': Race, Madness, and Social Order in Comparative Perspective," *Bulletin of the History of Medicine* 84, No. 1 (2010): 58-91.

<sup>8</sup> Hughes, "Labeling and Treating Black Mental Illness in Alabama, 1861 – 1910," 443.

state's movement toward segregated mental healthcare systems.<sup>9</sup> Randolph concludes that the lives of disabled African American Virginians was quite bleak, while treated at Eastern during the antebellum period and afterward at Central. Randolph explores Central as a carceral institution; she also examines how white Asylum administrators worked to achieve state imperatives grounded in the subjugation of black life and maintenance of white supremacy. Randolph's study is the only of its kind to explore these nuances as they relate to Central.

Wendy Gonaver's work also centered of race and asylum medicine as she argues that enslavement was a dominant force in the development of modern psychiatry<sup>10</sup>. Eastern State Hospital is the major site of her study and its importance cannot be understated given the institution's place in the history of psychiatry but also because of Eastern's decision to treat mentally ill African Americans alongside white patients as well as the institution's reliance on enslaved and free black labor. She describes how Eastern medical superintendent, John Minson Galt II, professionally alienated himself by endorsing a model that allowed enslaved African American attendants authority over their white charges. Gonaver also briefly describes how this approach transferred to the Howard's Grove Freedmen's Hospital (later Central). Using recently discovered records, Gonaver works to tell an institutional history that accounts for the ideas and actions of major actors who carried out state imperatives on the asylum ward.

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<sup>9</sup> Kirby Randolph, "Central Lunatic Asylum for the Colored Insane: African Americans with Mental Disabilities, 1844 – 1885," (PhD diss, University of Pennsylvania, 2003), 8.

<sup>10</sup> Wendy Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry, 1840 – 1880* (Chapel Hill: University of North Carolina Press, 2019).

St. Elizabeths holds a prominent place within this emerging discourse surrounding race and mental illness during the early twentieth century due to the institution's federal funding, heterogenous patient population made up of both veterans and citizen as well as its location in the District. Matthew Gambino was one of the first to highlight St Elizabeths uniqueness as the preeminent federal psychiatric hospital with expertise in black mental illness, but also to highlight the ways that mental fitness was used to measure African American potential ability to serve as good citizens. Characterizing the normal black psyche as childlike, dependent and naturally deferential, St Elizabeths established this as the standard and expected nothing less from their African American patient population.<sup>11</sup> This stance conveniently fit within antebellum conceptualizations of docile African Americans, but it also gave white medical professionals the authority to medically pathologize their resistance to white authority. Perhaps Gambino's most salient point was that white medical professionals preconceived beliefs about African Americans prevented them from fully understanding their patients, further it stoked African American patients' overall distrust and suspicion of the Hospital and staff.

Africana Studies scholar and historian Martin Summers has presented a novel approach to the study of race and mental illness during this period through a well-crafted bend of cultural, institutional and social history. He used St. Elizabeths Federal Hospital to demonstrate how race impacted the relationship between the Hospital and the African American communities that it served. One of Summers' most important

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<sup>11</sup> Matthew Gambino, "These Strangers within our Gates': Race, Psychiatry and Mental Illness among Black Americans at St. Elizabeths Hospital in Washington, DC, 1900 – 1940," *History of Psychiatry* (2008), vol. 19, no. 4 (2008): 393.

contributions to this growing field is his attention to white psychiatric professionals' normalization of the white psyche and their placement of white sufferers at the center of their curative mission. Summers argues that this decision not only rendered the black psyche inherently flawed, but it also framed any efforts to understand black mental illness by their potential benefits to white patients and led to "ambiguity, ambivalence and antipathy," regarding to the diagnosis and treatment of black patients.<sup>12</sup>

Most importantly, in *Madness in the City of Magnificent Possibilities*, Summers took on the task of recovering the lives of African American patients and community members who exercised varying degrees of agency in efforts to control their relationship with the institution. He argues that as disenfranchised people, all Washingtonians but especially African Americans, who were unable to participate in presidential elections until 1961, used their relationship with the Hospital to exercise whatever degree of citizenship they could. Shifting from the individual to the organizations, he also traced the web of community organizations that advocated on behalf of St. Elizabeths vulnerable population and examines how the shift in demographics from predominately veteran patients in the mid-nineteenth century to almost exclusively African American citizens in the mid-twentieth century, necessitated their support. Summers work is a stunning example of how a psychiatric institution touched various corners of urban life during the Progressive era.

African American psychiatric professionals have been largely absent from this scholarship as they were from the field of psychiatry during this period, despite their presence as medical professionals. Summers' work brilliantly placed the African

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<sup>12</sup> Martin Summers, *Madness in the City of Magnificent Intentions* (New York: Oxford University Press, 2019), 5.

American professional psychiatric tradition within the context of African Americans' lack of engagement with formal mental healthcare systems. Placing this phenomenon in historical and cultural context, he argued that numerous factors, including the exclusion of African Americans from medical schools and professional organizations as well as the lack of psychiatric training available at Historically Black Colleges and Universities (HBCUs), greatly impacted their ability to break into the profession. Once addressed through the establishment of the National Medical Association in 1895, Summers argued that the Association's collective decision to focus on identifiable illnesses that could be clearly connected to African Americans' environmental, rather than biological, circumstances, left little room for the complexities of mental illness.<sup>13</sup> Further, their absence exacerbated a mistrust of medical professionals. African Americans were not counted in significant numbers among American psychiatrists until black veterans returned from World War II and were treated for war neuroses at the United States Veterans Hospital No. 91 in Tuskegee, Alabama.

Jonathan Metzl's *Protest Psychosis*, a text wholly dedicated to unpacking the spike in the admission of black male activists at Ionia State Hospital in Michigan during the Civil Rights – Black Power era, followed in this trend.<sup>14</sup> This study served as a useful model for a race/gender analysis. While not as explicitly stated as the author's focus on race, Metzl's study contained a distinctly gendered component. He argued that growing

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<sup>13</sup> Martin Summers' "Diagnosing the Ailments of Black Citizenship," in *Precarious Prescriptions: Contested Histories of Race and Health in North America*, Laurie B. Green, et al., (eds). (Minneapolis: University of Minnesota Press, 2014), 94 – 96.

<sup>14</sup> Jonathan M. Metzl, *Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009).

anxieties about racial protest catalyzed associations between schizophrenia, criminality, and violence, which resulted in an influx of black male patients from Detroit.

An interdisciplinary body of scholarship related to race, gender and medicine always plays a role in how I frame this project. There is a long history of exploitation and inhumane experimentation in the pursuit of scientific and medical progress, but also in eugenic state imperatives within the United States. This work is best characterized by its relationship to reproductive freedom or the right for each individual to have full autonomy regarding their reproductive future, including the choice to have or not to have children and also to raise those children in a safe and secure environment. Dorothy Roberts' *Killing the Black Body* placed these practices on a historical trajectory from a black feminist perspective.<sup>15</sup> She charted state and national imperatives to control of the lives of poor black women through welfare as well as other pieces of legislation, like the Hyde Amendment. With the express intent of shifting the reproductive rights conversation from one focused on access to abortion as the primary need for reproductive freedom to one that illuminated the myriad ways that women's reproductive lives were controlled and extended beyond the bounds of abortion rights.

Harriet Washington's work took a similar approach but focused more closely on experimental and nontherapeutic treatments performed on African Americans from enslavement through the twentieth century. The primary objective of Washington's *Medical Apartheid* is to historically contextualize the fraught relationship between African Americans and medical researchers, and also to revise incomplete or

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<sup>15</sup> Dorothy Roberts, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (New York: Vintage Books, 1997).

misunderstood aspects of this relationship.<sup>16</sup> Washington's strength is her attention to the various spaces where African Americans became vulnerable to such exploitative medical practices. In a comprehensive study that covers topics ranging from the infamous inaction of the Tuskegee Experiment to lesser-known dermatological experiments using those incarcerated at Philadelphia's Holmesburg Prison, Washington demonstrated the impact that race has had on how African Americans are treated as medical subjects. Further, she convincingly argued that these historical tensions continue to frame African American health disparities and their overall understanding of institutionalized healthcare.

Deidre Cooper Owens' *Medical Bondage* presented a new approach to what is known about African American and ethnic white women's coercive contributions to the field of gynecology.<sup>17</sup> Cooper Owens makes argued that their perceived difference and subjugated social status made them unique medical subjects. The excruciatingly painful experimental surgeries they were forced to undergo coupled with regular work requirements and severely restricted autonomy puts these women's lives in perspective in ways that have not been done before. Defining the antebellum slave hospital as one of containment, Cooper Owens places black women's unmatched utility at the beginning and center of this emerging medical field. Similarly invested in revealing the racist underpinnings of gynecology and obstetrics, Laura Briggs argued that the whiteness of hysteria demonstrated the reproductive and sexual failings of white women and codified

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<sup>16</sup> Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2006).

<sup>17</sup> Dierdre Cooper Owens, *Medical Bondage: Race, Gender and the Origins of American Gynecology* (Athens: University of Georgia Press, 2018).

the irreconcilable difference of non-white women.<sup>18</sup> Briggs puts forth that it is this difference that made black women more apt subjects for scientific experimentation, explaining their precarious roles in the history of gynecology and obstetrics.

This study provides a new perspective on a period of historical significance in African American history as well as the history of psychiatry. It contextualizes the increase in mentally ill African Americans and reveals the intersections of race and asylum medicine. Further, it reveals the blind spots of Progressive reform as it relates to Virginia's growing mentally ill African Americans. As the country questioned how to manage the black masses, black criminals and lunatics posed unique challenges. Professionals in psychiatry were also experiencing a period of change as practitioners sought legitimacy from the scientific community. Many of the professional standards and certification boards that continue to guide the field were established during this time, making it a fitting period for this study.

Likewise, this is the first such study to employ both race and gender as central categories of analysis. Asking how race, gender and insanity were codified by the state, this study seeks to measure how the black mentally ill were understood by black communities across the state as well as Central's predominately white and male administrative and medical staff. It makes a significant contribution to the fields of African American, psychiatric, southern and gender histories.

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<sup>18</sup> Laura Briggs, "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth Century Obstetrics and Gynecology," *American Quarterly* 52, No. 2 (Jun. 2000): 266.

## Chapter Outline

*Finding Asylum* opens with a description of why the need for a segregated black asylum existed, including atavist conceptualizations and best treatment practices for this unique population, starting in 1869. Sprinkled throughout this chapter are examples of black Virginians, who struggled with emancipation, but not in the ways that psychiatric professionals foresaw or cared to understand. From here, the project shifts to deal with questions of race, gender and commitment as they were understood by psychiatric professionals, but also how they were crafted and used by African American community members. They describe how black Virginians began making unprecedented use of state asylums both in efforts to protect community safety, but also to silence and punish dissenting voices. As laypersons began to wantonly convene commissions of lunacy on the behalf of friends and neighbors, state medical staff also began to take liberties with unsanctioned patient surgeries meant to rid criminally insane black men of their dangerous compulsions. The second half of *Finding Asylum* considers maternity, sterilization, and recovery at Central between 1905 and 1930. It focuses on efforts to modernize the Hospital and describes how these efforts impacted the diagnosis and treatment of black female patients. The final chapter reframes the *Buck v. Bell* (1927) decision to discuss how it directly impacted African Americans suffering from mental illness. Further, it documents Central's role in the state's compulsory sterilization program.

The opening chapter places Virginia at the center of national and regional dialogues concerning race and mental illness, and explains why the state took an unprecedented step towards the segregated institutional treatment of mentally ill African

Americans in 1869. It traces the development and maintenance of the temporary hospital at Howard's Grove, including the institution's meager living accommodations and reliance on patient labor. It also considers how the circumstances of enslavement and emancipation led black Virginians to be confined at Howard's Grove. The primary objective of the first chapter is to chronicle the institution's opening years and describe how the temporary hospital functioned as a space of strict control that resembled the state's other carceral spaces. This chapter closes with a description of state officials' plans to establish a permanent asylum at Petersburg and highlights the political dimensions of such a decision.

The second chapter describes African American social life in Richmond, Virginia during the final two decades of the nineteenth century, and argues that the waning authority of the black church forced black Virginians to make use of state asylums in ways they had not in the past. This shift resulted in numerous illegal commitments that are the center of this chapter as it compares the experiences of two black Virginians – Mrs. Ellen Coy and Rev. Coleman Booze – to demonstrate the significant role that gender and public space played in their respective commitments. Coy was a street corner preacher who led a one-woman crusade against Richmond's profiteering preachers starting in 1896. After penning numerous columns in a local African American newspaper, community members initiated numerous calls for her commitment, and later arrest. Her experience is contrasted with that of Rev. Coleman Booze, a popular African American male preacher, who burned his church along with half of an integrated neighborhood in which he and his family lived at the close of the nineteenth century. Rev. Booze's relatively understated commitment read alongside the campaign waged

against Mrs. Coy's illuminates the pronounced importance gender occupied in commitment proceedings at the community level. Chapter two closes with a discussion of the role the black press played in the commitment process, especially renowned African American journalist John Mitchell Jr., editor of *The Richmond Planet*.

The third chapter continues the Asylum's history from the establishment of the permanent asylum at Petersburg in 1885 up until 1905. It explores the impact the professionalization of the field had on the lives of patients on the ward. Further, it traces the adaptation of Reconstruction-era explanations of African American insanity by Progressive era experts. The second half of the chapter places Central within a national conversation on race, gender, mental illness and criminality at the beginning of the twentieth century. It reveals a previously unrecognized institutional program of castration that was headed by Virginia Penitentiary physician and part-time Asylum surgeon Charles Carrington. The majority of Carrington's victims were African American men classified as both Virginia Penitentiary inmates and Central Asylum patients, and while he downplayed their individual histories of mental illness, I argue that it had a profound impact on how they were understood, and therefore, treated.

Chapter four is split into two parts with the first focusing on efforts to modernize the Hospital at the beginning of the twentieth century, including efforts to expand the medical staff, decrease the staff-to-patient ratio, and adopt Emil Kraepelin's classification model. Each of these components played an important part in transforming Central into a modern American psychiatric hospital. The second half of the chapter explores the lives of Central's Black female patient population and describes how maternity and motherhood impacted their lives. It also addresses how

prominent diagnoses applied specifically to black female patients were imbued with raced and classed meanings that have been largely ignored by historians of women and gender. This section also includes other aspects of patient life, including recreational activities and religious services as well as the frequency of escape.

Chapter five continues Central's institutional history from 1924 to 1935 in light of a transition in leadership and the Hospital's development of sterilization procedures in accordance with the state's expanding eugenics legislation. It addresses how the new administration tackled problems with inappropriate admissions, overcrowding, and a crippling physician-to-patient ratio. In line with much of the eugenics debate during the second half of the 1920s, surrounding negative eugenics or manners through which authorities could reduce and control the reproductive lives of those who exhibited undesirable traits, this chapter considers how these objectives were met at the Hospital and accounts for those sterilized at Central during this period. This chapter contains two major case studies that feature the stories of two Central parolees who were remanded to Central after being found guilty of violent crimes against white women. Read alongside one another, they reveal one of the Hospital's more ineffectual solutions to overcrowding.

Collectively, the chapters weave together institutional and individual histories to explore how Virginia managed African American suspected of being mentally ill, but also to better understand the lives of those who fell under suspicion. Each section of the institutional history is meant to establish a historical snapshot of the asylum as understood by those who managed it. This should not be taken to mean that the narrative put forth by medical superintendents and their peers goes unquestioned.

Actually, quite the opposite, the abundance of such administrative records present a rich opportunity to better understand how Central's administrative staff viewed their place in the American asylum project. Individual stories are meant to illustrate, and in many places challenge, the narrative put forth by administrators and other authority figures.

### **A Note on the Sources**

*Finding Asylum* relies primarily on administrative reports, papers presented at professional meetings or published in academic journals as well as court transcripts and commitment records. While the accounts presented in each of these sources represent a top-down, masculinist conceptualization of African American patients and healthcare, they provide the most detailed records of this important asylum, and despite these biases, they provide the most comprehensive view of the institution over time. Annual reports provide much of the quantitative data necessary for a historical sketch of the institution, including demography of the patient population, admissions and an account of the institution's financial wealth. More than any other documents, annual reports demonstrate administrative concerns both with the meager resources with which they were expected to manage, but also their annoyance with outsiders' utter lack of respect for the proper use of the asylum, and by extension, their profession. Further, they offer clues as to how African Americans experienced mental illness in Virginia.

In numerous places, asylum administrators also made use of local newspapers to weigh in on popular cases, but in *Finding Asylum* newspapers are included to draw on layperson's contribution to this discourse. Famed African American newspaper, the

*Richmond Planet*, emerged as a regular medium for this conversation and regularly published the findings of commissions of lunacy held on behalf of African American Virginians. While closer to the pulse of black life in Virginia, opinion columns and articles published in the *Planet* almost exclusively reflect the ideologies and perspectives of professional and middle-class African Americans, stances that seldom aligned with the state's working class and poor African American populations.

Unfortunately, the stories of Virginia's most vulnerable, those who were committed to Central, can only be found within the state's collection of institutional documents held at the Library of Virginia. Like the administrative reports and other documents used in the study, commitment records and rejected applications typically reflect the perspectives of state officials and individuals who initiated commissions of lunacy, than they do to uncover the experiences of the accused, but in various places, there are responses, utterances and behaviors that can be analyzed as sources themselves. Strategically reading these sources alongside supporting documents, like newspapers, reveal important and unrecognized connections between the patients confined and those who were not.

Unlike the other documents used, commitment records are protected by federal guidelines that place restrictions on who can access them and when. Health Insurance Portability and Accountability Act (HIPAA) regulations require that medical records, including mental health records, be kept confidential for 50 years following the deceased's death.<sup>19</sup> State archivists have the ability to extend this restriction as far as they see fit, and up until September 2019, records held by the Library of Virginia that

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<sup>19</sup> To ensure the privacy of those whose records were reviewed, all names have been anonymized unless publicly published elsewhere.

were more than 75 years old were open to patrons. While limited, the Library of Virginia's collection is certainly the most robust outside of the Hospital's on-site archive, which is currently inaccessible to researchers. In any case, multiple factors complicate telling the stories of those who were confined to Central, and *Finding Asylum* is meant to be a starting point for the foundation of that narrative.

## CHAPTER ONE: Managing the Commonwealth's "Colored Insane"

Before the Civil War, black Virginians thought to be suffering from mental illness were provided care that was marked by disdain, fear, and misunderstanding. "[She was] kept for many months in a hut, constructed of pine poles, and to be sure that she could not get away nor do anyone harm, she was chained to one of the logs and food and water passed to her through a small opening."<sup>1</sup> This unnamed, black female patient was "treated" at Eastern Lunatic Asylum in Williamsburg, Virginia during the 1850s. An afterthought and a menace, patients like her received little attention, sympathy or care from the state and or medical professionals. The changes brought about by the end of the Civil War coupled with a transition of responsibility for newly emancipated African Americans formed a unique historical moment that placed Virginia at the fore of national and regional debates surrounding race, gender and confinement of the mentally ill.

In the decades immediately following the Civil War, theories of the "Negro problem" abound from law enforcement officers, state officials and laypersons. One of the primary, but commonly overlooked, explanations of "so-called" deficiency lay in African Americans' perceived lack of emotional control and low mental functioning as posed by psychiatric professionals. These beliefs rang especially true in the southern United States, where proof of black inferiority was more often supported by anecdotal evidence and southern expertise gleaned from enslavement rather than scientific evidence. Virginia represented a unique southern approach to the treatment of the mentally ill that started with the establishment of Howard's Grove Freedmen's Hospital (later Central Lunatic Asylum for

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<sup>1</sup> William F. Drewry, "Central State Hospital, Petersburg, Va.," in *The Institutional Care of the Insane in the United States and Canada*, ed. Henry M. Hurd (Baltimore: Johns Hopkins University, 1916), 735.

the Colored Insane (CLACI)), the first facility in the nation dedicated exclusively to treating mentally ill African American patients, in 1869.

This chapter explores how the state and its agents, including alienists, policymakers, and law enforcement officers, used race and gender as cornerstones in the development of an unprecedented, formally segregated mental healthcare system that endured well in to the 1960s.<sup>2</sup> This story begins at the close of the Civil War and continues through Reconstruction, when psychiatrists began scrambling for scientific legitimacy and Central began the move to its permanent campus at Petersburg in 1885. Shortly after the Civil War, the state took calculated steps to identify, commit and confine black mentally ill Virginians that garnered the attention of professionals and laypersons alike. This spike in the admissions of black patients to segregated state hospitals has yet to be explored by historians of psychiatry. A focus on white patients confined to northern and integrated asylums has hidden the experiences of African American patients, especially those who were admitted to southern, segregated asylums, like Central. Further, a focus on African American experiences within more common carceral institutions, like jails and prisons, has obscured the importance of the state asylum in nineteenth and twentieth century African American life and culture. Corrective in nature, this chapter provides a window into the founding of the nation's oldest black asylum during a formative period in American history.

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<sup>2</sup> Alienist is an antiquated term for asylum physicians who were treating those thought to be alienated from reason.

## **Finding Space: Creating a Segregated System for Virginia's Insane**

Regarded as the “mother of American psychiatry,” Williamsburg, Virginia holds particular significance within the history of psychiatry as home to the nation’s first public hospital for the mentally ill at Eastern State Hospital.<sup>3</sup> The colonial hospital was chartered in 1769 and accepted its first patient in 1773.<sup>4</sup> Over the next century, the state would open an additional three hospitals to house and treat the state’s mentally ill populations, including the Western Lunatic Asylum at Staunton, Howard’s Grove Freedmen’s Hospital at Richmond and Southwestern Lunatic Asylum in Marion, demonstrating a concerted effort to identify, commit and treat the range of mental illnesses plaguing black and white Virginians.

Despite many white southerners’ refusal to accept the existence of mentally ill African Americans prior to the Civil War, the published accounts of court officials, law enforcement officers and medical professionals prove otherwise.<sup>5</sup> It is no matter of coincidence how effortlessly this theory lends itself to the argument that enslavement was a necessary, stabilizing force in the lives of African Americans; a force that, once removed, had damning effects on the black psyche. This may have seemed to be the case because the vast majority of southern asylums did not admit enslaved black patients, and many plantation owners only saw justification in investing resources in their diagnosis, treatment or recovery, if the enslaved individual was likely to return to work. The belief that African Americans were less susceptible, or even immune, to mental

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<sup>3</sup> Robert J. Preston, “Cursory Review of the History of the Insane in North America, and of the American Medico-Psychological Association,” *Virginia Medical Semi-Monthly* Vol. 7 (1903), 182.

<sup>4</sup>William F. Drewry, “Central State Hospital, Petersburg, Va.,” 733.

<sup>5</sup> As early as 1774, free-born African Americans were admitted to the Eastern State Asylum at Williamsburg, but only under the condition that no white applicant be turned away. The asylum environment at Eastern mirrored that of the local social norms, black and white patients were separated in every aspect of daily life and black patients occupied a servant status in comparison to their white peers.

illness had tangible impacts on the lives of African Americans. As with bodily afflictions, the denial that African Americans could be stricken with mental maladies was actually a denial of black suffering and effectively disguised medical professionals' exploitative use of African Americans to nurse and care for the afflicted.<sup>6</sup>

The majority of mentally ill black Virginians were not treated during this period, instead they remained with enslavers and served important functions within the plantation system. Despite their diminished capacity, enslaved persons with mental and physical disabilities could serve vital functions as caregivers or could be of service in performing menial tasks that were not as physically taxing as fieldwork or skilled labor positions. For example, their marginalized status, put them in a unique position to care for disabled children.<sup>7</sup> By placing the mentally ill in labor positions that would not be hindered by their impairments and denying them treatment, enslavers were able to maximize their working potential, which made them virtually indistinguishable from their productive counterparts. Even though mentally ill African Americans were not as visible as their white counterparts within formal psychiatric spaces, this was not because the latter were any more or less susceptible to mental illness, instead it demonstrates that the former had virtually no access to formal healthcare, mental or otherwise.<sup>8</sup> African Americans' lack of control over

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<sup>6</sup> In *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1790 – 1840*, historian Rana A. Hogarth explores how medical professionals exploited free and enslaved African Americans during the 1793 yellow fever epidemic. Even after medical professionals found that African Americans were, in fact, susceptible to yellow fever, they still applied direct pressure to local community leaders to encourage them to help nurse and care for whites who had been stricken with the disease. Moreover, doctors couched this aid in terms of their civic duty and publicly disparaged those who refused to help.

<sup>7</sup> Jenifer L. Barclay, "Mothering the 'Useless': Black Motherhood, Disability, and Slavery," *Women, Gender and Families of Color* 2, no. 2 (Fall 2014), 118.

<sup>8</sup> For more information related to community treatment of enslaved African Americans, see Dea H. Boster, "An 'Epeleptick' Bondswoman: Fits, Slavery, and Power in the Antebellum South," *Bulletin of the History of Medicine* Vol. 82, no. 2 (Summer 2009): 271 – 301; Sharla M. Fett, *Working Cures: Healing, Health and Power on Southern Slave Plantations* (Chapel Hill: University of North Carolina Press, 2002); Todd L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Champaign: University of Illinois Press, 2002).

their medical and mental healthcare left them at the mercy of individuals who were responsible for much of their emotional and physical trauma. Free persons of color had relatively more autonomy when choosing whether to seek professional treatment or accept informal treatment from community members and holistic healers. Many preferred to receive care from local healers who endorsed more holistic healing practices and treated mental illness as a spiritual crisis manifested through the mind.<sup>9</sup>

The contentious debate surrounding African American mental illness among Virginia's psychiatric professionals indicates a far lengthier dialogue than many laypersons were aware of or willing to consider. Beginning in the 1840s, alienists began to push more tailored, directed agendas based on their position within the psychiatric community and the perceived benefits of adopting their approach to the treatment of the mentally ill. Two of the most well-known voices belonged to asylum superintendents John Galt II of Eastern State Hospital at Williamsburg and Francis T. Stribling of the Western State Hospital at Staunton. Both facilities were constructed around the Kirkbride design and moral therapy model that was characterized by aesthetically pleasing and well-kept spaces, regular exercise, minimal use of physical restraints, and rest, but their superintendents held significantly different beliefs regarding how to manage Virginia's black mentally ill population.<sup>10</sup>

Taking the position that enslavement provided both stability and purpose for enslaved African Americans, Stribling did not believe that African American patients

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<sup>9</sup> Kirby Randolph, "Central Lunatic Asylum for the Colored Insane: African Americans with Mental Disabilities, 1844 – 1885" (PhD Diss, University of Pennsylvania, 2003), 58.

<sup>10</sup> For more on how the Kirkbride plan impacted the development of institutional psychiatry, see Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1843 – 1883* (Cambridge: Cambridge University Press, 1984).

should be treated alongside white patients, and thus admitted no black patients.<sup>11</sup> Unlike Western, the first black patient was admitted to Eastern in 1774, making it the first such institution of its kind to treat African Americans.<sup>12</sup> John Galt II, of Eastern, believed that black and white patients could be treated at the same facility, but in different wards. His perspective should not be misinterpreted as his belief in the equality of black and white patients. Instead he saw his approach as an economically sound and fiscally responsible solution to the growing problems presented by the increasing number of mentally ill African Americans. The strangest aspect of this debate is that both of their positions fit within the moral therapy approach that was in vogue at the time.<sup>13</sup> Both scenarios also recreated some of the very stressful circumstances that may have prompted his patients' onset of mental illness. At the height of this debate in the late 1840s up until the establishment of the temporary Hospital at Howard's Grove in 1869, black mentally ill Virginians were housed at Eastern.<sup>14</sup>

Galt and Stribling's conversation was a microcosm of the larger discourse among psychiatric professionals in the southern and northern United States. But it is fair to argue that southern psychiatric professionals would have been asked to manage on a drastically higher volume than their northern peers, regardless of their unified belief that the state had a legal and moral obligation to care for mentally ill African Americans.<sup>15</sup> Sincerely

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<sup>11</sup> Drewry, "Central State Hospital," 734.

<sup>12</sup> William F. Drewry, "Care and Condition of the Insane in Virginia" (presentation, 35<sup>th</sup> National Conference of Charities and Correction, Richmond, VA, May 1908).

<sup>13</sup> Moral management represented a therapeutic approach designed to treat the mind rather than the body. Adopting this approach required that hospital staff abandon harsh practices, like the use of corporal punishment and chain, in favor of more therapeutic and constructive activities. Patients were encouraged to walk around the hospital grounds and staff were to create a welcoming and calming environment similar to those their patients had become accustomed to.

<sup>14</sup> Drewry, "Central State Hospital," 736.

<sup>15</sup> Gerald N. Grob, "Class, Ethnicity, and Race in American Mental Hospitals, 1830 – 1875," *Journal of the History of Medicine and Allied Sciences* 28, no. 3 (July 1973), 227.

concerned with identifying a feasible solution to managing the growing population, a consensus centered on a shift toward segregated healthcare, rather than an integrationist model, emerged among southern alienists. Eventually, North Carolina, Mississippi, West Virginia, and Kentucky established separate accommodations for their African American patients, whose housing was also separated by gender. These facilities always offered a lower level of care, even compared to the care provided to (white) immigrant and indigent, native patients.<sup>16</sup> Despite the increasing numbers of African American applicants, some southern asylum administrators denied African American applicants to serve the needs of white patients. For example, even though the South Carolina Lunatic Asylum had accepted African American patients since the institution's opening in 1828, by 1860, it denied all applications for black male patients and gave the space reserved for them to white patients. To assert that there were so few mentally ill African Americans, enslaved or free, in the North that northern alienists were able to ignore pushes for integration would be an overstatement. Regardless of the relatively small quantity of mentally ill African Americans, northern alienists were still presented with obstacles to the treatment of black and white patients together. Galt's approach to the treatment of African Americans at Eastern asylum represented one separate, and certainly unequal, alternative.

From its founding up until 1861, at least 112 free African American patients were admitted to Eastern, making up roughly 7.2% of the institution's overall patient population.<sup>17</sup> They were admitted for a variety of reasons, including anxiety of mind, intemperance, religious perplexity, disappointed affection and marital strife, identical to

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<sup>16</sup> Grob, "Class, Ethnicity and Race," 228.

<sup>17</sup> Savitt, *Medicine and Slavery*, 260.

diagnoses of their white counterparts. Treatment for free black patients has been described by Virginia scholar, Todd Savitt, as a “mixed blessing” because they were receiving the best custodial care in the state, while they occupied a lower, servant class than their white counterparts. Framing any portion of African Americans’ treatment as a blessing sanitizes their experiences within carceral institutions and obscures the overwhelmingly negative aspects of these types of arrangements. Placement in familiar environments and situations made black patients’ lives even more difficult as the facility, its supervisory staff and patients relied on antiquated, caricatures of African Americans’ natural state of childlike bliss when engaged in steady and supervised work in the service of white people.

Eastern was also unique in that the institution relied primarily on the labor of African Americans the majority of whom were enslaved people, who were hired out to the Asylum.<sup>18</sup> Enslaved attendants were given the authority to bathe, medicate and otherwise supervise black and white patients. These circumstances created a particularly alarming dynamic for many of Galt’s colleagues, who thought enslaved African Americans incapable of providing the level of care necessary. Paradoxically, Galt’s reliance on enslaved African American labor negatively impacted the institution’s reputation among white community members. Despite the region’s reliance on enslaved labor, there was an overwhelming perception that patients, black and white, would be mistreated at Eastern. Even though there were few reports of negligence on the part of enslaved attendants, their presence cast a shadow of doubt over the institution.

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<sup>18</sup> Wendy Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry, 1840 – 1880* (Chapel Hill: University of North Carolina Press, 2019), 51.

Outdoor and indoor labor was the most consistent portion of black patients' daily routines at Eastern, enslaved or free. A raced and gendered division of labor guided their work. Female patients were placed in traditionally feminine tasks, such as laundering and mending clothes and linens, while male patients were required to work in the wood yard, carpenter's or shoemaker's shop.<sup>19</sup> Interracial mixing within these spaces was prohibited, so for example, white female patients refused to work in the kitchen with black female patients, enslaved or free. Similarly, black female patients commonly found themselves assigned to the vegetable gardens, but were not welcome in the flower garden, where white female patients could be regularly found. Black patients who transgressed these boundaries could expect swift punishment.<sup>20</sup> To be sure, free African Americans, who were committed to Eastern, would have resisted discriminatory treatment, while enslaved patients had no room to protest their treatment. In any case, the presence of African Americans, either as patients or attendants, instigated a great deal of anxiety.

### **Locating and Managing the Temporary Asylum at Howard's Grove**

By the outset of the Civil War, state officials and psychiatric professionals had not come to any consensus and the management of the state's black mentally ill population would not be revisited until the war ended. In December of 1869, by order of the Military Governor, who maintained control over the state during this time, the Freedmen's Bureau entered into a lease agreement with Bacon Tait, a slaver and Henrico County landowner, to establish the Howard's Grove Freedmen's Hospital exclusively to treat sick and homeless black Virginians. At the same time, all African American patients held at Eastern

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<sup>19</sup> Savitt, *Medicine and Slavery*, 271.

<sup>20</sup> Gonaver, *The Peculiar Institution*, 72.

Asylum were to be immediately transferred to the new location. But over the next twelve months, the state would go through many changes in power and the site would eventually be designated as the sole state institution to treat mentally ill African Americans in January 1870.

The state eventually took control of Howard's Grove from the Freedmen's Bureau in February of 1870 with a total of 123 patients.<sup>21</sup> While the Howard's Grove facility was only meant to be temporary, the facilities were hardly appropriate to house and treat mentally ill patients. The haphazard establishment of the Hospital was characteristic of medical care provided by the Freedmen's Bureau. The living quarters for patients consisted of wooden barracks that were divided into cells and whose windows were fitted with iron bars. Initially there were no dining facilities, instead patients were fed in their cells, the wards or the open-air courts between the buildings. Patients' wooden barrack-style living quarters greatly differed in comparison to the relatively comfortable two-story wooden buildings that housed resident officers. Regardless of these obvious shortcomings, on a visit to the institution, Stribling commented that it was "clean, well ventilated, patients well cared for, and that this temporary asylum was an excellent one."<sup>22</sup>

The most strikingly absent portion of this discussion is recognition of the transformational shift of responsibility for mentally ill African Americans that took place at the end of Civil War. White slave owners were no longer the first line of defense as state and local authorities became a more aggressive presence in the management of mentally ill, unruly, dangerous or otherwise suspect African Americans. This shift paved the way for a more directly invasive, multi-arm system via the state asylum and its agents.

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<sup>21</sup> Drewry, "Central State Hospital, Petersburg, Va.," 739.

<sup>22</sup> Drewry, "Central State Hospital, Petersburg, Va.," 740.

Whether laypersons or professional white southerners participated, the conversation remained the same and focused primarily on how African American patients' mental illness would impact their ability to work, serve or otherwise accommodate white life.

In a paper presented at the National Conference of Charities and Corrections, institutional historian and former superintendent William F. Drewry provided a detailed explanation of exactly why he believed the number of mentally ill African Americans rose at such a high rate during the period following the Civil War and necessitated the need for the black asylum. Drewry wrote:

“During slavery there were doubtless many mildly insane and weak-minded and senile negroes, who were cared for by their owners and never reported. In those days the census reports were imperfect. Old inhabitants tell us that before the 60's an insane negro was a rarity, and the facts all go to show that the disease was by no means prevalent among the race. The regular, simple life, the freedom from dissipation and excitement, stead and healthful employment, the plain, wholesome, nourishing food, comfortable clothing, the open-air life upon the plantation, the kindly care and treatment when sick, in those days, all acted as preventative measures against the mental breakdown of the negro”<sup>23</sup>

Drewry established himself as an institutional historian while he was still actively involved in the facility's management, which created an especially pernicious type of bias that clouded much of the historical narrative he put forth. Born and educated in the state, he was a native-born Virginian with deep family ties to the Confederacy. Drewry was hired as assistant physician for Central in 1886, he remained in this position until 1896; from 1896 until 1924, Drewry served as medical superintendent. While clearly biased toward a narrative that painted the institution in only the most glowing terms, Drewry's account as well as other administrative documents provide the only records that provide such a close look inside the Asylum. He had far more at stake than his nonprofessional peers as

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<sup>23</sup> William F. Drewry, “Care and Condition of the Insane in Virginia,” in *The Institutional Care of the Insane in the United States and Canada volume 1*, ed. by Henry Mills Hurd, 373.

his career was built on his experiential knowledge of treating mentally ill African Americans, and failure had tangible consequences both for white state officials and community members. Unlike his lay peers, Drewry understood that the lack of information about mentally ill African Americans was more indicative of ambivalent enslavers and poor recordkeeping than African Americans' immunity to mental illness. However, he fell victim to the paternalistic thinking that characterized popularly held beliefs and supplemented these recycled ideas with personal observations from one of most renowned and experienced alienists familiar with the peculiarities of mentally ill African Americans.

Drewry's conclusions were paternalistic and racist at their core and placed alienists and other medical professionals as saviors to the African American unfortunates, who had gone mad as a result of having gone without the "wholesome, nourishing food, comfortable clothing, the open-air life upon the plantation."<sup>24</sup> His observations related to mentally ill African Americans cannot be removed from his limited understanding of the ways that they experienced the terrors of enslavement. Imbued with scientific validity, Drewry held crowded living conditions, promiscuous living, lack of discipline, poverty and hereditary deficiencies responsible for the rise in admissions. His paper demonstrated little understanding of the pressures of African American life, nor their feelings toward confinement to the state asylum. Only briefly does he attempt to describe it, comparing it to the dread felt when approaching a cemetery or prison, but fails to consider how similar confinement at the Asylum resembled life within the state's other carceral spaces.

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<sup>24</sup> William F. Drewry, "Care and Condition of the Insane in Virginia" (presentation, 35th National Conference of Charities and Corrections, Richmond, VA, May 1908).

The establishment of Howard's Grove had a significant effect on how black and white mentally ill patients across the state would be managed in the decades following the passage of General Order No. 136. One of the most obvious changes required that all African American patients held at various asylums, jails and almshouses be transferred to Howard's Grove as soon as possible. This called for a mass movement of the state's mentally ill African American population, but the Order also contained a clause indicating what was to be done with mentally ill African Americans found not to be native Virginians. Those who were not residents of the state, and therefore outside of Virginia's responsibility, were transferred to St Elizabeths Federal Hospital at the nation's capital.<sup>25</sup> Per this same mandate, Eastern Asylum became responsible for receiving all white patients committed by the state, and required that any new application to Western Asylum be approved by the superintendent before admission.<sup>26</sup> This provision allowed Western superintendent Frances Stribling to exercise extreme discretion over admissions, and directly shape the institution's reputation through its patient population. Neither the superintendent at Western Asylum, nor at Central did the superintendent have that power, and both facilities were still required by law to accept and treat those committed by the state, regardless of their ability to pay.

Shortly after the facility opened, state officials recognized the need to either purchase the temporary asylum, renovate Howard's Grove with room for more than double its current occupancy or secure alternative accommodations for any new admissions. They chose to continue making improvements until a more permanent

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<sup>25</sup> Louis V. Caziarc, "Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum (For Colored Insane,) Virginia, For the Year 1872 and 1873 (Richmond: R.F. Walker, Superintendent Public Printing, 1873., 17.

<sup>26</sup> Caziarc, "Report of the Board," 17.

solution could be found. When the state took over Howard's Grove on February 1, 1870, the facility held a total of 223 persons, including mentally ill patients and 100 paupers. As would be the case through much of the Hospital's history, those admitted at Central typically had also been housed at the local almshouse or county jail. The confinement of mentally ill African Americans at locales such as these is an understudied dimension of the African American experience and could surely contribute to our understanding of nineteenth century carceral spaces. Much like contemporary circumstances, local mentally ill persons, those charged with crimes and homeless individuals were commonly housed together.

Exclusively white men occupied the medical staff and supervisory positions. Outside of the steward, stewardess, and asylum guard, the entire support staff was black, meaning that patients likely came into contact with other African Americans outside of the patient population. Male attendants were utilized in both the male and female wards during the day and night, and exclusively supervised the on-site laundry operation that was run by female patients.<sup>27</sup> Advisory positions were the sole spaces of authority offered to black Virginians and they readily took advantage of these opportunities. Board members were tasked primarily with the fiduciary concerns of the institution, including but not limited to responsibilities related to hiring, maintenance as well as procurement of food and other necessary materials. There is no indication that the responsibilities of black board members were any different than their white colleagues, but given the racist sentiments of other board members, like Hunter

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<sup>27</sup> This was the case up until 1896 when the Hospital embraced a single-sex model for attendants.

McGuire, it is highly unlikely that they were treated as near equals with their white peers.

Appointed by the majority party, these and similar positions carried political authority, but also required unwavering allegiance to the conservative vision of managing black mentally ill Virginians.<sup>28</sup> Central's inaugural board included three black Virginians, Thomas C. Campbell of Staunton, Rev. James Tyler of Halifax, and Isaac H. Hunter, Jr. of Richmond, but these appointments did not go without scandal. Shortly after the beginning of the first term, Hunter fell under suspicion for allegedly blackmailing other board members. On November 29, 1870, the body met to investigate the allegations, and soon thereafter, Hunter resigned from his position rather than have the case presented before the governor and face removal.<sup>29</sup> In reaction to Hunter's apparent "rascality," African American board member Thomas C. Campbell reportedly expressed regret that an "experiment of placing a colored man in a position of power" had ended in such a way.<sup>30</sup> Hunter's transgression was more than a personal shame, it reflected poorly on the remaining African American board members and had serious consequences. Within two weeks of Hunter's resignation, the governor appointed William Brown, a black Virginian of ill repute who had recently been arrested for obstructing and intimidating African American voters.<sup>31</sup> Confederate-affiliate directors along with conservative board members, black and white, continued to gain influence through their affiliation with the institution.

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<sup>28</sup> Drewry, "Central State Hospital, Petersburg, Va.," 740.

<sup>29</sup> "Sifting the Matter," *Daily Dispatch*, November 28, 1870, 1; "Permitted to Resign," *Daily Dispatch*, December 1, 1870, 1.

<sup>30</sup> "Permitted to Resign," *Daily Dispatch*, December 1, 1870, 1.

<sup>31</sup> "Director for the Central Lunatic Asylum," *Daily Dispatch*, December 15, 1870, 1.

From the Hospital's founding, white medical professionals and state officials managed the black mental healthcare system with many of the same guiding principles that proliferated southern medicine. Even though alienists had a more sophisticated understanding of African American mental illness than their lay peers, they provided little in the way of scientific justification for the overwhelming increase in admissions. As the administration got the Hospital up and running, it left much to be desired and reflected the state's lackluster enthusiasm towards taking responsibility for this vulnerable population. The movement of all mentally ill African Americans to Howard's Grove and the passage of General No. 136 also shifted how the state's white patients were treated, making way for an increasing divide between Eastern's pauper patients and those admitted under Western's selective admissions process. Overall, the establishment of the black asylum changed the patient demography of the state's white asylums and demonstrated how asylum medicine could be weaponized to confine African American Virginians suspected of suffering from mental illness.

### **Reasons for Commitment, Diagnosis and Treatment at Howard's Grove**

Those confined at Central represented a diverse group, including individuals from working and middle-class, rural and urban communities as well those who were married, widowed or estranged under other circumstances. They hailed from across the state, but the majority of them were sent from Richmond, Petersburg, Norfolk and Henrico.<sup>32</sup> The most consistently represented age group was young adults between twenty and twenty-five years old, but Central's staff also had experience treating minors as well as

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<sup>32</sup> Randolph, "Central Lunatic Asylum for the Colored Insane," 191.

octogenarians.<sup>33</sup> Many of the male patients were recorded as having been employed as laborers and farm hands, there were also a large number of semi-skilled laborers, including bricklayers and blacksmiths. The majority of female patients had formerly served as housekeepers, laborers, servants, and cooks, much as they did in the decades before the Civil War.

These predominate labor positions indicate that in their former lives, Central's patient population would have lived under intense scrutiny while working within the homes of white employers, even more so if they provided live-in services. Black Virginians could be committed by white employers for a variety of reasons, and many had little to do with compassionate attempts to secure adequate care for an employee. Given the variety of ways that white families attempted to cheat their African American employees, it is likely that white employers had African American employees committed to escape paying them for their work. Further arrest or commitment may have been used as a form of punishment to control African American employees. Semi-skilled laborers and others fortunate enough to work further from the white gaze occupied equally precarious positions as they could be called before a commission of lunacy on the accusation of any white person for perceived signs of disrespect and other slights.

Unlike the other state asylums, Central initially did not admit "pay patients," or those who were held responsible for costs associated with their room, board, and treatment, which had a major impact on how the facility was managed. The revenue provided by pay patients had a tremendous effect on the overall management of the

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<sup>33</sup> Between 1870 and 1885, Central treated no less than eight patients over the age of eighty and, at least, thirteen that were under the age of thirteen. Randolph, "Central Lunatic Asylum for the Colored Insane, 191.

state's asylums and helped to offset costs associated with providing the necessities to the entire patient population regardless of their ability to pay. As mentioned above, the passage of General Order No. 136 directly impacted the state's white patient population and shuffled a stream of pay patients directly to Western. For example, Western Asylum's abundance of pay patients, who provided their own clothing rather than receiving state-issued items, effectively slashed the Asylum's annual budget by more than eleven dollars per capita, while Central and Eastern continued struggling to feed, clothe and house their swelling wards.<sup>34</sup> The absolute absence of pay patients at Central would have affected the facility's ability to provide a variety of quality clothing options, access to food, housing and other necessities. More importantly, it would increase the duration and degree of required labor to maintain the institution, i.e. labor harvesting crops on the asylum's farmland, sewing and mending patient and officer clothing in the sewing or knitting rooms, etc. These circumstances confirm that Central's administrators sought to compensate for the absence of pay patients with employment opportunities that were more exploitative than therapeutic.

The formal commitment process for African Americans suspected of mental illness was exactly the same as the procedures followed for white patients. In cases of involuntary commitment, an individual was presented to a judge by the local sheriff, employer or otherwise concerned community member at a formal commission of lunacy. The judge was responsible for determining whether the evidence presented by witnesses were worthy of the accused being commitment. Once determined "insane" by a judge, the individual was assessed by a group of laymen, who then made a recommendation as to

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<sup>34</sup> Annual Report of the Eastern Lunatic Asylum of Virginia for the Year Ending September 30, 1871 (Richmond: C.A. Schaffter, Superintendent of Public Printing, 1871), 12-13.

whether they should be hospitalized. From its beginnings, the formal commitment process captured the recurring circulation of ideas between laypersons and professionals regarding the mental fitness of the state's citizens. The involuntary commitment of black citizens must be approached with a thorough understanding of the horrific legacy of enslavement and how it loomed over every commitment proceeding, especially those including a white person requesting the commitment of a black citizen. Individuals could bring family members or friends to the asylum and request that they be committed, but there is no record of a single voluntary admission at Central during this period. Furthermore, Randolph argues that their refusal to provide some of the most rudimentary medical and personal background demonstrated that they often did not support the commitment.<sup>35</sup> While some information was surely kept from white interlopers, it is also probable that many who faced commissions of lunacy were without family or those who could provide detailed information about their background.

The bulk of patients confined at Central during this period had been arrested for vagrancy, verifying that black Virginians existed as highly surveilled subjects, especially within public interracial spaces. Jimmy Swan of Henrico County fell into this category when he faced a commission of lunacy in July 1878.<sup>36</sup> A local physician testified that Swan, a 22-year old tobacco steward, had recently become restless and took to "wandering about at all unreasonable hours." Outside of this behavior, the only other symptoms included were Swan's belief that he had been poisoned and the physician's allegation that Swan was a regular masturbator, which directly contributed to his

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<sup>35</sup> Randolph, "Central Lunatic Asylum for the Colored Insane," 200.

<sup>36</sup> Commitment Papers 1874 – 1906, Records of Central State Hospital. Accession 41741, State government records collection, The Library of Virginia, Richmond, Virginia.

aimless wandering. The single most compelling reason for Swan's commitment was his disposition to wander, which suggests that perhaps white Virginians anxieties about African Americans' relatively unencumbered mobility prompted Swan's commitment.

The everyday realities of African American life after emancipation caused extreme mental anguish, including the separation and dislocation of family members and loved ones. This was likely the case with patient, Maria Butcher, who was admitted after being deserted by her husband. As a free woman, Butcher married an enslaved man in the 1850s and at the conclusion of the Civil War, her husband's first wife sought them out and reclaimed her partner. It was reported that, "Her husband then concluded to return to the object of earlier affection and Maria was put aside. The blow was a heavy one; the heart and mind yielded; and she became a raving maniac. Daily almost hourly, she calls upon the name of him who seems to be dearer to her than all the world beside."<sup>37</sup> Diagnosed with senile dementia at age 43, Butcher was never expected to leave the Hospital and she eventually died at Central in 1924 after spending almost thirty years confined. Both Swan and Butcher's cases demonstrate how African American struggled to readjust to postbellum pressures. While Swan's decision to exercise his newfound mobility placed him in danger of commitment, Butcher's inability to cope with desertion drove her to the asylum.

Both the exciting cause and diagnosis assigned are important when trying to understand how various types of patients came to be confined at Central. However, it should be noted that there were numerous differences between how the lay board interpreted and recorded the exciting cause for commitment versus how asylum staff

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<sup>37</sup> "Love & Lunacy," *The Daily State Journal*, August 30, 1873, 1.

diagnosed those same patients. These factors along with the lack of patient histories and absence of clear nosological guidelines leads to more questions than answers regarding trends in patient diagnosis. Regardless of these obstacles, there are some conclusions that can be drawn with some degree of certainty. These conclusions have to do with specific exciting causes and classes of diagnoses that would have been applied either exclusively to or predominately to African Americans, as well as gendered beliefs based on how laypersons and Asylum staff viewed African American women and men.

The most glaring example of a self-fulfilling idea was the belief that emancipation and freedom were legitimate exciting causes of insanity in African Americans. Of the impact of emancipation after the Civil War, Drewry wrote, "The negro, as a race, after was not prepared to care for himself or to combat the new problems in his life... He became a prey to his own weaknesses and passions and to whatever constitutional decencies he had. He suffered from ignorance and disregard of hygienic laws, promiscuous overcrowding in living quarters, and laxness in the bonds of the family circle."<sup>38</sup> Similarly, problematic exciting causes, including masturbation and desertion by husband, embodied sexual and romantic stressors that were imbued with medical meaning. Overwhelmingly so, this data indicated that black women suffered from various mental maladies due to their involvement in intimate relationships, while black male patients were more likely to be suffering from an ailment directly linked to their preponderance toward sexual immorality.<sup>39</sup>

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<sup>38</sup> William Drewry, "Insanity Among the Negroes," in *The Institutional Care of the Insane in the United States and Canada* (Baltimore: Johns Hopkins Press, 1916), 371 – 372.

<sup>39</sup> Randolph, "Central Lunatic Asylum for the Colored Insane," 198.

The belief that African Americans suffered from manic disorders was a conclusion drawn directly from an antebellum belief in African Americans' highly emotional nature and lack of self-control. As a result, African Americans were especially vulnerable to suspicion, and eventual commitment, especially in public, interracial spaces. This trend was best demonstrated through the patients admitted to Central during this initial period. Overwhelmingly, across genders, the two most prevalent diagnoses were acute mania and chronic mania. Mania was a general category of disorder that gave medical professionals a generous amount of breadth to place various types of patients, but especially for southern alienists concerned with their contribution to the maintenance of social order.<sup>40</sup> Further, the increase in black manic patients validated preconceptions about African Americans' intellectual subordination.

Medical staff performed dangerous, and oftentimes experimental, surgeries on patients at Central, and it is unclear whether patients had the power to refuse treatments that they were uncomfortable with.<sup>41</sup> For example, in 1870, Dr. McGuire, president of Central's Board of Directors, performed surgery on a black male patient who suffered from debilitating seizures, as many as ten per day. The patient was diagnosed with epilepsy after being kicked in the head by a horse, and so McGuire attempted to remove the affected portion of his skull. The brief report notes that the patient demonstrated "marked and decided improvement, physically and mentally," but the following June, he

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<sup>40</sup> Martin Summers, "'Suitable Care of the African When Afflicted with Insanity': Race, Madness, and Social Order in Comparative Perspective," *Bulletin of the History of Medicine* 84, no. 1 (Spring 2010): 75.

<sup>41</sup> Treatment options left much to be desired, but Central was certainly progressive in its early experimentation with the use of cannabis indicae to treat paroxysmal mania. Report of...Central Lunatic 1870-71., 13.

died.<sup>42</sup> The major forms of treatment intended at Central, and other public asylums, were institutionalization and the staff's ability to recreate an environment that was familiar to the patient.<sup>43</sup> But by 1870, few public asylums had accomplished this standard and many were quickly becoming custodial, rather than therapeutic, institutions. The Asylum's primary purpose was to restore patients to their original position in society, i.e. antebellum beliefs about African Americans' natural place in life. Randolph argues that Central accomplished this goal by removing patients from their home environments, and then employing the full time without pay, essentially recreating the circumstances of enslavement.<sup>44</sup>

### **Patient Life at Central Lunatic Asylum for Colored Insane**

By the end of the Hospital's second year, two dining rooms, an infirmary ward, workshop and sewing room were added, making the facility seem less like a space of strict confinement and more like the local hospitals that treated the state's white patients.<sup>45</sup> However, the plantation backdrop provided by the adjoining farmland was reminiscent of enslavement and surely was not helped by the work expectations placed on patients. Daily life for patients was simple and structured. For most of the population that included group meals, work at one of the Hospital's workshops or on the farm and possible time for recreation in the evenings. Patients were housed based on primitive

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<sup>42</sup> Daniel Burr Conrad, "Report of the Physician and Superintendent," in *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum (For Colored Insane,) Virginia, For the Year 1870 and 1871* (Richmond: C.A. Schaffter, Superintendent Public Printing, 1871., 12.

<sup>43</sup> Randolph, "Central Lunatic Asylum for the Colored Insane," 201.

<sup>44</sup> Randolph, "Central Lunatic Asylum for the Colored Insane," 203.

<sup>45</sup> Drewry, "Central State Hospital, Petersburg, Va.," 742.

categories, including the convalescent and docile, the incurable, the dirty and the dangerous.<sup>46</sup>

Early on, Hospital administrators recognized the benefit of a captive workforce and utilized the patient population in every manner they saw fit. They were responsible for washing and ironing all patient and attendant clothing, preparing, cooking and serving all food from the kitchen as well as policing the grounds, whitewashing the fencing and overseeing the stables, piggeries, wood and coal houses.<sup>47</sup> Conrad's description makes it seem as though the majority of the manual labor performed at the Hospital was reserved for patients. Steady work was thought to be the "chief adjutant to cure" African American patients and measures were taken to ensure that this level of production would be sustained at the Hospital's permanent site.<sup>48</sup> In the same 1870-71 Annual Report, Conrad recommended that when locating a permanent location for the Hospital, the Board consider these benefits alongside these *truths* about African-descended people, and select a site that would be conducive to a similar type of "employment."

Dr. Hunter McGuire, President of the Board, agreed, adding "It is necessary...to have attached to it several hundred acres of land, as manual labor, with this unfortunate class, is one of the most important curative agents we have."<sup>49</sup> The steady work schedule was admittedly a part of the moral therapy approach, but more importantly, it allowed Asylum staff to reify many of the systems of power that were halted with the close of the Civil War. White patients confined to Eastern and Western were also assigned menial

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<sup>46</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum (For Colored Insane,) Virginia, For the Year 1872 and 1873* (Richmond: R.F. Walker, Superintendent Public Printing, 1873., 18.

<sup>47</sup> Conrad, "Report of the Physician and Superintendent," 8.

<sup>48</sup> Conrad, "Report of the Physician and Superintendent," 10.

<sup>49</sup> Conrad, "Report of the Physician and Superintendent," 4.

tasks to keep their bodies and minds engaged but the difference lay in the type and manner of employment as well as the historical legacy of forced labor from which many of them had been recently emancipated. Superintendents Galt and Stribling of Eastern and Western respectively viewed the employment of their white patients exclusively through the lens of therapeutic treatment. Comparatively, Central administration consistently framed those same employment opportunities by their pecuniary benefit to the institution, and secondarily by its therapeutic qualities.

The similarities between enslavement and the curative intentions of the administration's "employment" were not lost on the African American patient population, nor their relatives. In a rare moment of candor, Conrad noted, "Some voluntary laborers, encouraged thereto by their friends and relatives visiting them, object to work, on the ground of its reducing them to their former slave state – 'making them work without pay;' and object, logically, that 'if well enough to work, they are well enough to be discharged.'"<sup>50</sup> This is unique in that it one of the few instances in which the Hospital staff, not only presented the perspectives of the patient population, but Conrad's remark also seemed to finds merit in the position.

Steady employment was the only regular recreational activity offered to patients over the facility's time at the Howard's Grove campus. Many of the positions of "employment" were identical to the recreational activities, including time in the sewing and knitting rooms for female patients and cleaning the wards and stables for male patients. It is unclear to what degree participation in these recreational activities was voluntary, and also to whom the products of sewing circles or knitting groups were to be given. But

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<sup>50</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum (For Colored Insane,) Virginia for the Year 1872-73* (Richmond: C.A. Shaffter, 1873), 7.

it is safe to assume that at least some of the labor provided under the guise of recreational purposes were to the direct pecuniary benefit of the institution. Outside of these regular activities, patients had access to cards, picture books, musical instruments and marbles. Female patients could also expect an hour to two of dancing at least once per month.

Only those deemed too disabled or dangerous were exempt from working in some capacity. The “worst class” of patients, as they were frequently described by staff, included those who were held for alleged crimes and were also thought to be insane. The insecure wards and open spaces posed serious security risks that concerned the administration. Not to mention the undue negative influence that these patients had on their convalescing peers. In the final months of 1872 and after numerous disturbances, a building was constructed to separate the “noisy female patients” from those convalescing as their “recovery was hindered by their contact by day and being kept awake by their violence and noise at night.”<sup>51</sup> Renovations such as these were framed as necessary by Hospital administrators and were justified by the frequent conflicts amongst the patient population.

### **The Strangling of Mary Frances Robinson and the Imminent Dangers of Overcrowding**

Patients Mary Frances Robinson and Rose Warren were at the center of this very public conversation surrounding overcrowding at Central. In August of 1872, Robinson was found in her room shortly after 5 o’clock a.m. with a small string tied around her neck.<sup>52</sup> Amongst Hospital employees, there was some ambiguity as to

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<sup>51</sup> Drewry, “Central State Hospital, Petersburg, Va.,” 742.

<sup>52</sup> “Homicide in the Central Lunatic Asylum. A Female Patient Strangled by Her Roommate,” *Daily Dispatch* (Richmond, VA), August 22, 1872, 1.

whether Robinson's roommate, Rose Warren, who was described by Hospital employees as quarrelsome and rather violent, had taken her life. Presenting no history of altercations with one another and all likelihood that they would get along, Robinson had been moved into Warren's room the night before while the former's room was painted. Per the Hospital's protocol, attendants, Lucinda Johnson and William Singleton, made the rounds the night previous and reported no cause for alarm.

Robinson's diagnosis is unknown, but it is reported that the fifty-year old patient was admitted in 1869 after being deserted by her husband in the late 1840s.<sup>53</sup> Given the vague description of the event believed to prompt her insanity, Asylum staff could have recorded any number of causes for her admission, including unfortunate marriage, disappointed love, or domestic troubles. In 1870, 8.4% of all patients were admitted with a similar label.<sup>54</sup> Robinson was first admitted in 1847 at Eastern State Hospital and subsequently confined an additional four times in 1849, 1851, and 1857, and then to Howard's Grove when it opened in 1869.<sup>55</sup> The circumstances surrounding her abandonment remain unclear but the detrimental effect that enslavement had on the intimate relationships of the enslaved has not gone unnoticed. By separating biological and fictive families for financial gain and institutionalizing the sexual assault of enslaved women and girls, white enslavers ensured that the maintenance of intimate relationships amongst these communities maintained a subordinate position in their lives.<sup>56</sup>

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<sup>53</sup> "Local Matters," *The Daily State Journal*, August 22, 1872, 1.

<sup>54</sup> *Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum (For Colored Insane,) Virginia for the Year 1870-71* (Richmond: C.A. Shaffter, 1871), 27.

<sup>55</sup> "Homicide in the Central Lunatic Asylum," August 22, 1872, 1.

<sup>56</sup> For more on black women, intimacy and consensual intimate partnership during enslavement in the American South, see Deborah Gray White's *Ar'n't I a Woman?: Female Slaves in the Plantation South*

Robinson's alleged killer, Rose Warren, was a thirty-year-old housekeeper from Mecklenburg County, Virginia, who could neither read nor write. "The murderess," as she was called by the *Staunton Spectator*, was admitted to Howard's Grove in 1869 and had been plagued with paroxysmal bouts of insanity, meaning that she experienced frequent "attacks" with few, if any, lucid intervals. Unlike Robinson, Warren was considered one of the "noisy female patients" who frequently caused problems for staff. Despite the local papers' indictment and presumption of Warren's guilt, the final verdict explicitly cited the inadequacy of space and accommodations for the state's swelling insane African American population, not Warren.<sup>57</sup>

When Robinson's body was found the next morning, her head was swollen, face discolored and it is reported that the string was tied so tightly around her neck that the attendant who found her, Lewis Baylor, could barely get his knife between it and her skin. Baylor, an African American attendant, testified that upon finding Robinson's body, Warren said, "D—n, you, can you put breath in her now!" and admitted to the deed. Regardless of Warren's admission of guilt, her explanations were disjointed and there were no signs of struggle or violence to corroborate the confession, which troubled some involved with the case. Baylor played a key role in the trial as he also testified that when he opened the door in the morning, Warren dragged the dead body of her roommate out and said, "Here, take that d-----d dead corpse and carry it out of here."<sup>58</sup> The group of individuals still unsure about the particulars surrounding Robinson's death included the local coroner, Dr. William H. Taylor, who testified that he could not determine whether her

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(New York: W.W. Norton & Company, 1999); Stephanie Camp's *Closer to Freedom: Enslaved Women and Everyday Resistance in the Plantation South* (Chapel Hill: University of North Carolina Press, 2004).

<sup>57</sup> *Alexandria Gazette*, August 23, 1872, 1.

<sup>58</sup> "Homicide in the Central Lunatic Asylum," *Daily Dispatch*, 1.

death would be considered a homicide or suicide because of his uncertainty. The case was tried in front of Justice Washington Williams and was the first such case presided over by an African American magistrate in Henrico County. Also, outside of the norm, the jury included four black men.

After brief deliberation, the jury came to a verdict finding the Robinson “came to her death by strangulation produced by a string tied about her neck by one Rose Warren.”<sup>59</sup> While it went unpublished in the *Daily Dispatch*, other local papers reported that Warren claimed she killed Robinson because God told her to do it. While an explanation of Warren’s comment is not available, many African Americans perceived to be suffering from mental illness actually believed their ailments to be caused by spiritual, rather than mental, problems. These hypotheses were disregarded on their face as white medical professionals found them to be superstitious and devoid of any benefit to the patient’s wellbeing and recovery. As a result of this distrustful dynamic, many medical professionals described mentally ill African Americans as particularly secretive when it came to disclosing symptoms, medical history and similar information.<sup>60</sup> Medical professionals spent little time trying to figure out why this was the case. Instead they attributed it to the peculiarities of the race and moved forward with the belief that how their patients understood their mental illness would not be helpful in diagnosing and treating their condition. Outside of the questionable manner that Robinson’s death was used by administrators to warn of the problems of overcrowding, Robinson and Warren represent just two of many tragic stories of patients’ lives before and during their confinement.

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<sup>59</sup> “Homicide in the Central Lunatic Asylum,” *Daily Dispatch*, 1.

<sup>60</sup> O’Malley, “Psychoses in the Colored Race,” 21.

Robinson's death highlighted one of Hospital administrators' primary concerns – overcrowding – an issue that they would deal with well in to the twentieth century. The 1872-73 Annual Report notes, “The jury also unanimously agree that the great lack of the Asylum is *room*, and that the accommodations at the disposal of the Superintendent for his numerous patients are quite inadequate, and more fatal accidents may not unreasonably be expected, unless the accommodations be enlarged.”<sup>61</sup> As the population continued to grow, the state was forced to make numerous renovations totaling tens of thousands of dollars, while also seeking out other sites to house and treat the state's mentally ill African Americans. Reforms such as these were often implemented after serious incidents, like Robinson's death, but Hospital officials were also forced to address accusations levied by community members and reformers.

The safe confinement of dangerous and unruly patients continued to plague asylum administrators and it proved to be a problem that persisted throughout their stay at the temporary location. Patients like Joe Henson, a 24-year-old former sailor who was charged with killing his grandfather, McGlenory Henson, in May of 1883, would have posed significant safety concerns both to staff and other patients. Unable to provide a justification for his crime, the court thought it prudent to have Henson's sanity assessed and upon the jury's decision that he was insane before and during the commission of the crime, criminal proceedings were halted and he was sent to Central.<sup>62</sup> Once he arrived, he was diagnosed with homicidal mania, an affliction that left him helpless against violent

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<sup>61</sup> “Report of the Board of Directors and Medical Superintendent of the Central Lunatic Asylum (For Colored Insane,) Virginia for the Year 1872-73 (Richmond: R.F. Walker, Superintendent Public Printing, 1873), 14.

<sup>62</sup> *The Daily Dispatch*, July 8, 1883, 2.

attacks, during which time it took numerous people to restrain him.<sup>63</sup> Before arriving at Central, he had already attempted to escape from the local jail and during his initial court proceedings, he had to be removed from the courtroom by numerous guards after succumbing to one of his spells. Describing the scene, *The Daily Dispatch* noted, “The only person he has ever talked about since his confinement is his mother, and while he was struggling with the officers he was crying out piteously for her.”<sup>64</sup>

Henson was treated at Central between 1883 and 1886. Before he was discharged with an official status of “improved,” he escaped in April 1885, shortly after the facility’s move to the new Petersburg campus. In a daring breakout, Henson, considered one of the most dangerous patients at Central, escaped by breaking the iron bars of his cell.<sup>65</sup> Henson’s escape demonstrated an ongoing problem that Central and other hospitals had concerning the escape or other types of misbehavior by dangerous or criminally insane patients. Cases such as Henson’s would be used to justify the need for Central’s forensic mental health ward to confine and treat those deemed criminally insane.

Concerns related to overcrowding, overzealous use of manual restraints, and the prevalence of infectious diseases troubled Asylum administrators as well as individuals and organizations interested in institutional reform. Nationally known white reformers and mental health advocates, like Dorothea Dix, visited Central infrequently, but on the rare occasion, they almost exclusively lauded the facility regardless of its shortcomings. However, local citizens applied pressure on Asylum administrators to ensure that mentally ill African Americans were treated with dignity while receiving the best possible care. One

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<sup>63</sup> *The Daily Dispatch*, July 21, 1883, 2.

<sup>64</sup> *The Daily Dispatch*, July 21, 1883, 2.

<sup>65</sup> “Virginia News,” *Alexandria Gazette*, April 7, 1885, 2.

of the earliest iterations of the community's discomfort was presented at an 1872 meeting of the state Legislature, where a group of black Virginians accused asylum officers of unspecified corruption and demanded that they all be replaced.<sup>66</sup> As a result of that call to action, the state selected a committee, including two representatives from the State Senate and three from the House of Representatives, to assess the facility's overall management.<sup>67</sup>

Not until February of the following year would the committee, along with representatives from the Committee on the House on Asylums and Prisons finally, made the visit to Central. The results of this visit remain unclear but just over six months later, another committee was convened in response to similar claims. This group, described only as a number of colored men, made similar accusations in September of 1873. Alleging corruption, they demanded the removal of all of the officers of the asylum and the appointment of good and humane officers in their stead.<sup>68</sup> After assessing the management of the Asylum, both committees found no foundation for the charges and no direct changes were made to the staff.<sup>69</sup>

While Central was designated as the state's intake hub for black, mentally ill Virginians, the state was aggressively seeking outside solutions to the growing population. In August of 1876, Dr. James D. Moncure became the inaugural superintendent of the Pinel Hospital, a private hospital for the care of inebriates, opium-eaters, and liquor-drinkers, at the intersection of Allen Avenue and Broad Street in

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<sup>66</sup> Drewry, "Central State Hospital, Petersburg, Va.," 743.

<sup>67</sup> *The Daily Dispatch*, January 22, 1872, 2.

<sup>68</sup> Drewry, "Central State Hospital, Petersburg, Va.," 743.

<sup>69</sup> Drewry, "Central State Hospital, Petersburg, Va.," 743.

Richmond, Virginia.<sup>70</sup> Even though Pinel was a private hospital, in that same year, the General Assembly authorized the staff to accept patients on behalf of the state, opening the virtual floodgates for black and white admissions.<sup>71</sup>

Information about how these patients were treated and diagnosed is largely missing as patient records from private hospitals are doubly hard to locate, not to mention the fact that recordkeeping for African American and indigent patients were typically negligent. Private institutions like Pinel were not entirely exempt from the concerns that plagued those who presided over state hospitals. The Hospital's administrative staff regularly dealt with concerns, like overcrowding and patient escapes. Like Prince Brooks, an African American patient who escaped from Pinel in February of 1877, and was promptly returned to the institution shortly thereafter.<sup>72</sup> Over the facility's fifteen years, the number of African Americans treated at Pinel definitely skewed the state's understanding and reporting of how many mentally ill African Americans were being treated by the state. At any given point between 1876 and 1891, there were anywhere from approximately 20-50 African American patients treated annually and upon its closing in 1891, 83 patients had to be moved to Central. While uncommon, there were private hospitals that admitted African American patients, making the number of mentally ill African American Virginians even higher than documented in Central's annual reports.

As state officials were working in concert with psychiatric professionals to segregate and manage black, mentally ill Virginians, they were also making intentional decisions about how to treat a rapidly growing group of white citizens afflicted with similar

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<sup>70</sup> *Daily Dispatch*, March 29, 1876, 1.

<sup>71</sup> Wyndham Bolling Blanton, *Medicine in Virginia in the Nineteenth Century*. (Richmond: Richmond, Garrett & Massie, 1933), 209.

<sup>72</sup> *The Daily Dispatch*, February 3, 1877, 1.

mental maladies. In doing so, they selected a Smyth County site to establish the state's last mental hospital of the nineteenth century in 1887. Unlike the Eastern and Western asylums, the Southwestern Lunatic Asylum was founded explicitly to serve the state's white citizens. Like Central, Southwestern was established in response to the overflow of mentally ill crowding the state's jails, asylums almshouses.

### **Readjusting for the Better?**

Central and its officers remained at the center of accusations of corruption, wrongdoing and patient mistreatment that circulated in local papers. The incidents in 1872 and 1873 described above put direct pressure on the state to assess the overall management of the facility and make appropriate changes. Unfortunately, neither resulted in any changes to the facility's daily management. But a decade later, and having nothing to do with patient wellbeing of the wards, all boards of managers, officers and medical staff without affiliation to the recently victorious Readjuster Party were replaced by way of an emergency act of the legislature. Entirely political in nature, this shift ushered in the most critical period in the history of the facility as it laid the groundwork for Central's move to its permanent Petersburg location. But it was also a time of supreme instability as administrative control over the Asylum frequently changed.

Early steps toward the facility's transfer from the temporary campus were brought to bear entirely by the newly instated Readjuster board. After careful deliberation and numerous visits to sites across the state, they selected the former Mayfield plantation, a 300-acre plot of land located one mile west of Petersburg. The city of Petersburg purchased the land for \$15,000, after which it was donated to the state of Virginia for the

care of the state's mentally ill African American population.<sup>73</sup> Between the site's purchase the opening months of 1882 and the facility's completion in November 1884, the state appropriated a total of \$177,000.00 to the project. While the manner in which the Readjusters occupied the Board and officer positions was hastily done and poorly executed, they were able to accomplish in two years what their predecessors had attempted unsuccessfully to do for more than ten. With these plans, the facility and its patients began the long-anticipated move from the former Confederate hospital near Richmond to its new home amongst former Civil War battlefields on the outskirts of Petersburg.<sup>74</sup>

After removing the former officers and board of directors, it became clear that the Readjuster replacements left much to be desired. In fact, Drs. Ferguson and Tancil, both black doctors from Richmond, were elected assistant physicians of the facility without any prior experience treating the mentally ill. Regardless of this fact, Drewry highlights the bureaucratic talents of the Readjusters and lauded them for their efficiency. On April 15, 1884, the Readjuster board was replaced with an entirely new board of directors and administrative staff after only a single two-year term. Mr. Phillip J. Trice, charged with tending the farms and managing patients as they toiled, was the only staff member carried over from the Readjuster board.

Once formerly enslaved African Americans gained freedom, there was a shift in how white psychiatric professionals and laypersons viewed their susceptibility to mental illness, and in turn, whether or not the state had a responsibility to provide adequate access to treatment. This chapter contextualized this shift and described how it led to the

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<sup>73</sup> Drewry, "Central State Hospital, Petersburg, Va.," 749 – 50.

<sup>74</sup> Drewry, "Central State Hospital, Petersburg, Va.," 749.

development of the nation's first segregated mental healthcare system. It has also explored some of the major components of asylum life for African American patients, including the facility's reliance on occupational therapy as both a curative and practical tool to manage the institutions as well as Central's dangerously overcrowded living conditions. The chapter has provided context for the most common types of commitment for African American Virginians, and highlighted how the transfer from enslavement to freedom radically altered their psychological lives. Patients, like Maria Butcher, reveal how the horrors of enslavement continued to ravage the lives of newly freed African Americans.

Shortly after Central's founding, Central administrators began seeking solutions to problems related to overcrowding and inappropriate admissions, but progress was slow coming. It was not until almost fifteen years later in 1885 that arrangements were made for a permanent location in Petersburg. As state actors scrambled to run Central, African American Virginians were developing their own uses for the Asylum. The following chapter describes African American social life in Virginia during the final decades of the twentieth century. It outlines how African American Virginians used commissions of lunacy to involuntarily commit those who challenged their authority. It also reveals an unrealized psychological dimension of interracial sexual assault cases at the turn of the century. It describes how African American newspapers, like *The Richmond Planet*, became unique mediums for community conversations surrounding race, gender and mental health. Chapter One has described the establishment of Central, and how white psychiatric professionals understood the growing number of admissions. The following

chapter explores how African American Virginians understood the commitment and confinement of their friends, neighbors and intimate partners.

## **CHAPTER TWO: Many Roads to Central: The Limits of Community, Commitment and Protection in Black Virginia, 1885 - 1900**

In July of 1895, Elaine Haslett, a 32-year old unmarried black woman from Mecklenburg County, Virginia, was committed to Central State Hospital with little fanfare.<sup>1</sup> Based on the partially completed responses scribbled on a handwritten commitment form, Elaine was adjudged a lunatic and scheduled for transport to Central in short order. The only deposition included was taken from Dr. G. H. Curtis, who observed that Elaine's derangement centered primarily on religion and education, he also attested to the following: "She was very sad and morose having nothing to say to any one – at times she grows very angry with her parents and has to be restrained and watched."<sup>2</sup> Aside from these symptoms, Elaine was considered healthy; she did not exhibit any violent tendencies, nor did she present a danger to her family members or neighbors. Given the brevity of Elaine's file, one could wonder how she initially came under suspicion, who reported her and whether she actually suffered from any form of mental illness. Her case and others like it represent some of the most pressing obstacles for Hospital staff during the Progressive era, but as this chapter will demonstrate, cases such as these wore on the minds of black Virginians as well.

Historians of psychiatry have consistently focused on the top-down explanations of the nineteenth and twentieth century asylum, but this chapter shifts from a focus on white psychiatric professionals as the sole authorities in the lives of committed African

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<sup>1</sup> The Virginia state Legislature of 1893-94, at the request of state superintendents, replaced "asylums" with "hospitals" in an effort to improve the public perception of the institution. References to Central before 1894 will include asylum, all later references will read hospital (Drewry, "Central State Hospital," 757).

<sup>2</sup> Commitment Papers for Elaine Haslett, July 10, 1895, Fluvanna County Historical Society (Courtesy of the Fluvanna County Historical Society).

Americans to reveal a dialectical relationship between those professionals and black laypersons. In doing so it describes the development of a public dialogue among black laypersons in newspaper articles, opinion columns, church announcements and organizational newsletters. Identifying the previously unrecognized participation of black community members in the commitment of neighbors, spouses and family members during the final decades of the nineteenth century reveals an understudied aspect of the commitment process and demonstrates previously unrecognized manifestations of black agency. This chapter explains why African Americans committed one another and describes how they sought to make use of the state asylum in unprecedented ways. It also describes how African Americans attempted, sometimes unsuccessfully, to use pleas of insanity to protect mentally ill African Americans from criminal prosecution.

The gains afforded African Americans in the years following the end of the American Civil War had a profound effect on how they were allowed to experience their newfound freedom. The decades between 1880 and the opening years of the Great Depression, brought about a period of profound change for all Americans. However, a focus on the improvements in the availability of social services, increasing benevolence of the state and multi-layered forms of protection afforded many white Americans were lost on their African American counterparts. As African Americans moved into their second decade of freedom, they were disillusioned by the reality of hunger and poverty, the ever-present fear of violence and a growing belief in the permanence of their second-class citizenship. In light of these truths, historian, Rayford Logan, argued that the period commonly referred to as the Progressive era actually constituted the lowest point in African American history, aptly named the Nadir. Despite, or perhaps because of, Logan's

understanding of the toll that enslavement and white supremacy took on African Americans, he asserted that the unfulfilled promises of Reconstruction and starkly depressing reality of African American life constituted a new low deserving of attention. Beginning with the Compromise of 1877, Logan's Nadir positions federal and state governments at the helm of the consolidation of white supremacy and as bystanders, if not all out orchestrators, of much of the anti-black violence that typified the period. Unjust incarceration, widespread lynching and the absence of equal protection under the law for African Americans were just some of the ills experienced by African Americans during this time. At the crux of Logan's argument was his belief that the perilous history of African Americans should not be a peripheral to the larger Progressive era narrative. Through his critical analysis of the multi-layered consolidation of white supremacy, Logan made a profound argument that still has yet to be fully applied to all aspects of African American life during this important period. Because the second-class citizenship they received assumed a level of mental fitness, individuals perceived as unable to meet those standards experienced even higher levels of surveillance from within and outside of their home communities.

### **Black Richmond**

Strong religious institutions, diverse social organizations, a strong spirit of economic determinism and budding activism were characteristic of black life in Richmond during the final decades of the nineteenth century. Despite promises to the contrary, African Americans were met with overwhelming obstacles when seeking out employment as well as access to land and education. As a result, many continued to work in

exploitative labor positions. Employment options remained similar to those available directly after Emancipation and were severely restricted.<sup>3</sup> Black codes and pass systems made it extremely difficult for African Americans to work outside the supervisory white gaze. Many black women were forced to work as domestic servants to white families, but they also held positions as laundresses and washerwomen in large numbers. Factory work was important for black women and men but, as it did for others, industrial advancements threatened to replace laborers. Black Richmonders could be found working in tobacco factories, as barrel coopers, ironworkers, and brick makers. For example, the Lump machine, introduced to the tobacco industry in 1881, broke up much of the community space that was cultivated on the factory floor. A machine meant to press the tobacco leaves at record rates, the machine replaced the need for the many laborers necessary to strip, press and package the tobacco.<sup>4</sup> Also being pushed out were the city's black barrel coopers, whose work was easily undercut by the similar products manufactured by convict labor at the at the Virginia State Penitentiary for drastically lower prices. These and other concerns led black laborers to organize due to both their exclusion from white labor organizations and the uniqueness of their concerns. However, there were a few interracial labor organizations that were popular with black laborers, like the Noble and Holy Order of the Knights of Labor.

Religion was of central importance to black Richmond's social fabric in the post-emancipation era. The many black churches in the area provided both a spiritual center and physical space for black Virginians to meet and develop collective understandings of

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<sup>3</sup> Barbara Bair, "Though Justice Sleeps, 1880 – 1900," in *Making Our World Anew: A History of African Americans*, eds. Robin D.G. Kelley and Earl Lewis (New York: Oxford University Press, 2005), 17.

<sup>4</sup> Peter J. Rachleff, *Black Labor in Richmond, 1865 – 1890*. (Urbana: University of Illinois Press, 1989), 110 – 11.

freedom and citizenship. Formal and informal religious sites were uniquely black spaces that, in some cases were owned outright, made them relatively outside of the reach of white property owners who sought to disrupt black collectives. The importance of the physical space provided by these religious institutions cannot be overstated. Elsa Barkley Brown described the importance churches held as the foundation of the black Richmond's participation in the public sphere and highlighted the ways that black women seized the opportunity to wrest more religious authority as the debate over women's roles in the church became more commonplace.<sup>5</sup>

The oldest and most widely known black churches in the Richmond area were Baptist, but there were also Episcopal and Methodist churches with smaller congregations. Amongst the most connected institutions of Black Richmond was First African Baptist Church, the city's oldest and most prominent African American congregation. The Church was founded in 1841 after its membership secured a physical structure to hold religious services for the increasing free and enslaved local African Americans population.<sup>6</sup> In order to separate from the (white) First Baptist Church of Richmond, the newly-formed congregation capitulated to a number of stipulations that greatly limited their autonomy, including requirements mandating that a white minister perform all religious services, and that all services were to be held in the presence of the minister and two additional white men.<sup>7</sup> Members of First African were permitted to elect a board of thirty deacons, who were to constitute the leadership of the Church in

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<sup>5</sup> Elsa Barkley Brown, "Negotiating and Transforming the Public Sphere: African American Political Life in the Transition from Slavery to Freedom," in *Women Transforming Politics: An Alternative Reader*, eds. Cathy J. Cohen, Kathleen B. Jones and Joan C. Tronto (New York: New York University Press, 1997), 344.

<sup>6</sup> Elsa Barkley Brown, "Uncle Ned's Children: Negotiating Community and Freedom in Postemancipation Richmond, Virginia," (PhD dissertation, Kent State University, 1994), 34.

<sup>7</sup> Brown, "Uncle Ned's Children," 34 – 35.

conjunction with the minister. They also assumed financial responsibility for the maintenance of the church and minister's salary along with financial sovereignty from the (white) First Baptist Church, signaling an unprecedented degree of independence. Despite the rigid guidelines forced on the congregation and its leadership, First African achieved a major feat the laid a model for what would become a rich black religious community.

Religious authority was a particularly invasive tool used to manage the community's moral decisions. The pastor and members of the deacon board could be called upon to mitigate family matters, business disputes and other altercations amongst church members. "Drunkenness, lying, stealing, use of profanity, quarreling or fighting, attending the theatre or circus, dancing, and improper dress" were all offenses that could result in individual members' censure by the church.<sup>8</sup> Punishments fell on a spectrum and ranged from a forceful lecture to expulsion from the Church depending on the severity of the transgression, however many cases were either dismissed or delayed many times over without formal resolution. By 1857, the deacons of First African had expelled more than 250 of its members due to marital disputes, including adultery, divorce or remarriage.<sup>9</sup> These types of procedures continued through the end of the Civil War and Reconstruction.

No matter was too private to be mediated by church authority. For example, in 1883, a Brother Claibourne of First African was brought before the Church after being accused of giving his wife syphilis.<sup>10</sup> Incredibly, Church leadership went as far as to

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<sup>8</sup> Brown, "Uncle Ned's Children," 37.

<sup>9</sup> Brown, "Uncle Ned's Children," 37.

<sup>10</sup> First African Baptist Church Meeting Minutes, August 6, 1883, Church Records Collection, Minute Books, 1841 – 1930 [microfilm], vol. 2, Library of Virginia (Richmond, VA).

convene an investigative committee to determine the validity of the charges. Claibourne's case leads to multiple questions surrounding the details of such proceedings, specifically if and how his guilt could be proven, if Claibourne's wife was a cooperative witness for or against her husband, and how one could be publicly punished for such a private indiscretion. As it was, his case went unresolved as First African began dealing with legal issues more pressing than Brother Claibourne's wanton transmission of venereal diseases. In January of 1884, Sisters Chapman and Dixon of First African were called before the Church after swearing out warrants against unnamed Church members.<sup>11</sup> It is unclear why the warrants were sworn out, but what's more important is that their case was dismissed only after the accused demonstrated that their actions were guided by a legal advisor. The First African "court" clearly saw itself as a community authority but treaded cautiously with matters that already had or potentially could include white law enforcement or other civil authorities. The Church's 1880 censure for involvement with white civil authorities made its leadership less likely to insert itself into cases involving authorities higher than its own.

During an April 1880 meeting held at First African, a group of "disorderly" members, who loudly and simultaneously questioned their Reverend James Holmes, were nonviolently subdued with the help of local police.<sup>12</sup> Forty-eight of those members were expelled for their behavior and others who sympathized with them left the congregation voluntarily. Shortly thereafter, they sought *validation* from the Ecclesiastical Council and formed the present-day Fifth Street Baptist Church. To add insult to the loss

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<sup>11</sup> First African Baptist Church Meeting Minutes, January 7, 1884, Church Records Collection, Minute Books, 1841 – 1930 [microfilm], vol. 2, Library of Virginia (Richmond, VA).

<sup>12</sup> First African Baptist Church Meeting Minutes, June 27, 1880.

of members, the same Ecclesiastical Council, comprised of local black Baptist leadership, censured First African for involving white civil authorities in church matters.<sup>13</sup> Publicly wounded, First African issued a lengthy response explaining its decision and denouncing the Council for overstepping its jurisdiction by legitimizing such a church. Their response read, "We therefore make out and present a case of grievance as against said Council. Our well-being and tranquility as a church of Christ has each been threatened by its action; our name has been brought into disrepute; our relations with other sister churches have been injuriously affected, and a false impression has been left universally upon the public mind."<sup>14</sup> Aware of the damage that one rogue church could do to their longstanding position as a beacon of the community, First Baptist recognized their precarious position and sought an amicable end to the squabble, but they also established a precedent that would disallow those outside of any given congregation to adjudicate issues concerning the members of another. Brown argued that this upset was an important turning point for First African and that it prompted the restrictive regulations the church implemented in the coming years. First African's physical space and to whom it chose to give voice were important aspects of how it was managed day to day, but these factors are also responsible for easing the transition of community authority from the church to other organizations.

The waning rule of the church left a large absence in various parts of regular life for black Richmonders. In its place, numerous single-sex and co-ed collectives, including mutual aid societies, fraternal organizations, welfare councils and labor unions, provided

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<sup>13</sup> John A. Johnston, "The First African Baptist Church, Richmond, Virginia, to the Messengers & Churches in General Ecclesiastical Council Assembled," in First African Baptist Church Meeting Minutes following April 3, 1881 minutes.

<sup>14</sup> Johnston, "The First African Baptist Church," 3.

many of the goodwill services that were previously the Church's responsibility. Many of these entities mirrored a strict gendered hierarchy and were tied to the interlocking network of religious-affiliated communities but some women found more flexibility and room for advancement. The absence of suffrage in the lives of black women did not curtail their belief that they were entitled to the vote both publicly within the democratic process and in semi-public venues like church meetings. The predominately male leadership frequently left black women with few avenues to position of power but there were some examples of black women who founded, joined or led such organizations. Organizations geared at securing an independent economic future were viable avenues for black women leaders.

The St. Luke Society was an exceptional example of one such organization. Founded in 1856 by Mary Prout, the mutual benefit society was originally established to provide sickness and death benefits to women children, but Prout eventually opened the membership to men as well. During a time when antebellum laws restricted African Americans' ability to meet, Prout took a major risk in organizing the group, and in doing so, she helped members take important steps toward financial freedom. Participation in the Society also offered female members access to relatively more authority within the local community. Historian Shennette Garrett Scott points to the ways that Prout's position allowed her to fill roles that would have typically been reserved for male leadership.<sup>15</sup> Prout led prayer meetings and also conducted graveside services in the absence of male elders. Participation in groups, like the Society, enabled black women more than they previously experienced and offered previously unrecognized avenues of activism. Prout's

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<sup>15</sup> Shennette Garrett Scott, *Banking on Freedom: Black Women in U.S. Finance before the New Deal* (New York: Columbia University Press, 2019), 44.

early entrepreneurial mantle was surely taken up by the black women members who continued to build the Society's legacy in Virginia, most notably Maggie Lena Walker.

Walker was one of Virginia's most well-known proponents of black collective economic development, longtime leader of the Independent Order of St. Luke (IOSL) and founder of the St. Luke Penny Savings Bank. Walker was born and raised in Richmond, Virginia, where she joined the IOSL at age 14, was elected delegate at 16 and officer by 17. She later graduated from the Colored Normal and High School in 1883 and became a teacher at Valley High School shortly thereafter, where she taught sales and accounting.<sup>16</sup> Walker used her mathematical prowess in service of her God and church as she served as chief financial officer at Richmond's First African Baptist Church. This position gave her unique authority within the First African congregation, where she was reportedly one of the few women who was an active participant in church meetings and business. One of her best-known accomplishments was the founding of the St. Luke Penny Savings Banks, making her the first woman to establish such an institution. Before Saint Luke's Bank opened in 1903, Walker built a solid background in community work and cultivated an intelligent and effective cadre of black women, who would be indispensable in her campaign for economic determination in black Richmond.

After tirelessly campaigning to establish a juvenile department of IOSL in 1895, Walker was elected to the position of Grand Worthy Secretary in 1899, where she shifted the organization's focus toward building economic wealth. Entering into office at a period of especially low membership and particularly high debt, Walker accepted the position at one-third the previous Secretary's salary, a small sacrificial gesture in light of her legacy.<sup>17</sup>

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<sup>16</sup> Brown, "Womanist Consciousness," 615.

<sup>17</sup> Scott, *Banking on Freedom*, 69.

As the leader of the IOSL, she was a visible and vocal advocate for black Richmonders. She created employment opportunities through the Order's newspaper, department store and bank, and in doing so, she proved the Order was a viable avenue for black female community leaders. Walker brought a wealth of organizational experience to the Order; while working at the Valley School, she served as an insurance agent with the Women's Union (WU), a cooperative society of entrepreneurial women who used their talents to serve the practical needs of Richmond's black community.<sup>18</sup> As the transition from reliance on religious authority to more secular organizations occurred, black women stepped into the public sphere in significant ways. They acted as organizational leaders, masters of finance and fierce community advocates.

For those seeking to build a religious community outside of those already established through the church, Richmond offered a rich selection, including the Daughters of Elijah, Rising Sons and Daughters of the New Testament and the Loving Sons of Galilee.<sup>19</sup> But for the masses of black Richmonders looking to join secular organizations, there were even more possibilities, including literary organizations, social clubs, fraternal societies, charity groups, and benevolent societies. Many of these organizations were formed as a direct result of their founders' exclusion from a white parent organization. For example, the United Order of True Reformers was established in 1873 by its parent organization, the Independent Order of Good Templars. When True Reformers founder William Washington Browne applied for membership to the all-white Good Templars, he was denied but offered the opportunity to create an exclusively black affiliate. Under Browne's guidance, the organization broadened its focus from temperance

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<sup>18</sup> Scott, *Banking on Freedom*, 64.

<sup>19</sup> Alexander, *Race Man*, 144.

to a wider range of issues concerning black people, especially incarceration and disenfranchisement. Unlike other benevolent societies that only offered burial benefits, the United Order had real estate holdings, opened the nation's first chartered black bank and developed a youth program called the Rosebud Department, where children were taught economic sufficiency.

Similar to Washington's United Order, black male Richmonders would have had the opportunity to join Richmond's black branch of the Knights of Pythias, a fraternal benevolent society established to foster harmony amongst American men during the Civil War. Initially the Knights excluded black members, and so an innovative group of black Richmonders founded the Colored Pythians in 1882. The Colored Pythians marched regularly in community parades that showcased the group's precision and discipline, they were also responsible for training a small group of black boys through their cadet corps.<sup>20</sup> Adult women with relatives active in the Colored Pythians were expected to join the Order of Calanthe, the Pythians' sister organization, up until 1904, when the Order opened its membership to women in Virginia.<sup>21</sup> It is unclear whether girls could join the Bands of Calanthe if their parents were not already affiliated with the organization, but at any rate, there were numerous branches of the Knights of Pythias that flooded the city of Richmond during the 1890s and early 1900s, and by 1908 there were 25 lodges and 43 courts in Richmond alone. Aside from the Pythian soldiers' regular participation in community parades, the organization also held annual meetings during the summer months, which included competitive sports games, fireworks and were usually held on local church grounds. While religious authorities had not entirely lost their position of prominence

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<sup>20</sup> Brown and Kimball, "Mapping the Terrain of Black Richmond," 308.

<sup>21</sup> Alexander, *Race Man*, 153-4.

within the black community, they could still demonstrate their influence by approving or denying the use of their grounds.

There were also numerous literary societies and clubs, where black people could meet and exchange ideas outside of the watchful gaze of white meddlers. Clubs, like the Chautauqua Literary and Scientific Circle, a national organization that provided individual chapters with a set curriculum. Chautauqua was an exclusively male club that invested in many of the tenets of Eurocentric education, including rote memorization of Shakespeare. In contrast, there was the Acme Literary Association, a co-ed organization that met publicly in churches and other relatively open venues. One would be far more likely to engage in conversation related to the plight of African Americans at an Acme meeting than at one held by the Chautauqua Circle, which provided black Richmonders with less overtly political topics. Regardless of one's political affiliations or religious denomination, there was an organization within black Richmond's diverse community that could serve their needs. And while, some may have grown from their members exclusion from other organizations, many developed new and innovative ways to serve the unique needs of their members.

Community self-defense was one of black Richmond's responses to the government's failed promises of protection and fair treatment. They viewed this as a part of the civic participation they were entitled to. Community members formed armed militias both to instill in its' members a sense of discipline and pride, but also to protect African Americans and their interests from white violence. Armed militias of black men marched in parades, taking up public space, but the militias also provided protection by guarding black residential areas and schools, leading protests against segregated streetcars and

rallying black voters.<sup>22</sup> Using their own markers and holidays adopted in the immediate years after they were emancipated, African Americans held parades and marches across the city, including regular processions on George Washington's birthday celebrated on January 1 and emancipation day on April 4.<sup>23</sup> As disenfranchised black men sought ways to affirm black manhood, the symbol of the armed soldier took root. It disturbed white Richmonders so that they proposed the abolition of certain holidays, including the fourth of July. While the militia was typically thought of as an example of masculine strength, black women had organized their own as early as the 1870s.<sup>24</sup> It was strictly ceremonial in nature and performed no defense functions, but still afforded black working-class women a unique sense of pride and discipline. Aside from militias and social organizations, Richmond was home to what would become one of the nation's most widely read African American newspapers, the *Richmond Planet*.

The black press played an important role in African Americans' transition to freedom and editor-proprietors used their platforms to share local, national as well as international news for and about African people across the diaspora. African American editors fashioned themselves as race men and women, or middle-class entrepreneurs who believed acceptance of the Victorian values of thrift and sobriety would lead to African Americans' material and intellectual betterment, and eventual assimilation into American society.<sup>25</sup> In doing so, they directly challenged the validity of white supremacist narratives. Fred Carroll offered that Mitchell and his peers viewed their publications as more than

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<sup>22</sup> Elsa Barkley Brown and Greg D. Kimball, "Mapping the Terrain of Black Richmond," *Journal of Urban History* 21, no. 3 (1995): 306.

<sup>23</sup> Brown and Kimball, "Mapping the Terrain of Black Richmond," 305.

<sup>24</sup> The black women's militia did not serve any defense function concerning the community, but they did perform in parades and marches, albeit in processions far shorter than their male counterparts.

<sup>25</sup> Fred Carroll, *Race News: Black Journalists and the Fight for Racial Justice in the Twentieth Century* (Urbana: University of Illinois Press, 2017), 19.

commercial ventures, instead they saw them as “community trusts, platforms for uplift and self-improvement.” Such publications served many functions as they provided some of the only African American-owned and managed forums, where locals could discuss political happenings, generate interest in social organizations and clubs, advertise their businesses and share other important information. These spaces were not without political affiliations, for example, under Mitchell’s leadership, the *Planet* was known as a staunchly Republican periodical that regularly promoted the Party’s candidates at the local and national level.<sup>26</sup> The black press played numerous important roles in within African American communities at the end of the nineteenth century, but one of the least recognized roles was announcing news related to the state’s population of mentally ill African Americans, including commissions of lunacy held over black Virginians as well as happenings at the local black asylum.

### **John Mitchell Jr and The *Richmond Planet***

Few individuals, African American or white, had a more detailed knowledge of local goings on as it related to public suspicions of insanity involving the state’s African American communities, than John Mitchell Jr. As editor of the *Richmond Planet*, Mitchell was kept abreast of the various commissions of lunacy and was privy to more information than the average black Virginian primarily due to the level of access that he was afforded as a member of the press. While he employed numerous reporters, who interviewed those outside of Mitchell’s reach, Mitchell regularly interviewed subjects and authored pieces featured in the popular periodical. Brief biographical information about Mitchell describes

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<sup>26</sup> Field, *Race Man*, 36.

his position as a race man, and highlights an interconnected web of longstanding relationships with African American leaders, like Rev. Dr. Anthony Binga, Jr., that may have influenced the *Planet's* coverage of public accusations against Binga. Further, it demonstrates how Mitchell used the *Planet* to support African Americans he deemed worthy, while also allowing it to be used to silence dissenting community members.

Mitchell was a Virginia native, born in 1863 to enslaved parents on the Lyon family plantation just outside of Richmond. Between 1871 and 1872, Mitchell attended a private school for African American children run by local pastor Rev. Dr. Anthony Binga, Jr. After Rev. Binga's relocation to Manchester in 1873, Mitchell enrolled in Navy Hill School, one of the city's public schools for African American students.<sup>27</sup> He was educated at some of the city's finest institutions for African American youth, and eventually graduated from Richmond Normal School in 1881. After graduation, he took teaching positions in those same public schools, during which time he submitted his first piece for publication and became intensely engaged in politics through various social and literary organizations.<sup>28</sup> This is also where he developed a black middle-class politics of comportment that directly informed the thrust of *The Richmond Planet* as well as his very public professions regarding racial uplift.

Throughout the South, formerly enslaved African Americans published counter-narratives to the numerous white newspapers that proliferated their cities and towns. The *Richmond Planet* was founded not by Mitchell, but by thirteen formerly enslaved persons in 1882 with Edward A. Randolph serving as its inaugural editor. After a rough two years,

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<sup>27</sup> Ann Field Alexander, *Race Man: The Rise and Fall of the 'Fighting Editor,' John Mitchell Jr.* (Charlottesville: University of Virginia Press, 2002), 11.

<sup>28</sup> Alexander, *Race Man*, 15.

and in an imperiled state, the young Mitchell announced his intention to take over as the *Planet*'s editor in December of 1884. He served in this position for more than forty years. Much like other small papers started by black southerners, the *Planet* owed its survival to individual and collective benefactors, who found their work important and necessary. The Independent League of which Mitchell was an active member, another exclusively male literary society, provided enormous monetary support to the *Planet* and was populated primarily by the city's male teachers. He was known for speaking out against the injustices suffered by black people and unabashedly used the *Planet* to that end.<sup>29</sup> Mitchell's penchant for publishing relatively radical articles related to black lynching and other miscarriages of justice often put him in danger of reprisals.

After months of not having received a salary from his job as editor and with fear that the *Planet* would never turn a profit, the members of the Planet Publishing Company abandoned the project in 1888 and Mitchell was forced to publish the paper himself. As many small operations did, the *Planet* faced numerous obstacles in its opening years, but by 1896, it boasted more than 6,400 subscribers and its editor formulated numerous ways to sustain the growing paper.<sup>30</sup> The *Planet* offered free or reduced rates for businesses, churches and social organizations willing to send printing jobs their way. Regardless of the weekly's success, Mitchell's financial situation remained meager and it was not until he later entered into other endeavors that he gained financial wealth.

*The Planet* regularly published the details of regional and national lynchings. Dedicated readers could expect an updated annual count of the total number of persons

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<sup>29</sup> Alexander, *Race Man*, 33.

<sup>30</sup> Even though the *Richmond Planet* reached a wide readership, there was a relatively small number of paying subscribers. On more than one occasion, Mitchell implored his readers to "subscribe to the *Planet* and stop borrowing it." See *Richmond Planet* July 21, 1894 and February 19, 1898.

lynched to be included in the weekly. While many of the victims were Virginians, there were also reports from outside of the state and even the region. This information was typically listed alongside one of Mitchell's detailed political cartoons. As the head of the nation's leading black journalist organization, the Colored Press Association, Mitchell encouraged his colleagues to fearlessly engage in a similar discourse through their individual periodicals. After joining the organization in 1886, he quickly climbed the ranks and took over as president in 1890 after the death of then-president William J. Simmons.<sup>31</sup> He was also involved with the National Press Convention, where he gave an address focused on the "Southern Outrages" of lynching. Freedom fighter and radical journalist Ida B. Wells was moved by Mitchell's passion and frightened for his safety. Wells recalled, "Any one listening to the burning words and earnest delivery of John Mitchel, Jr., the man who has devoted himself to this particular phase of the 'Negro Question' *must* feel some throes of indignation and bitter feeling rise within him. May his personal bravery and courage be an incentive to others."<sup>32</sup>

Mitchell led a fiercely fought campaign that included both raising awareness about lynching victims and their families via the *Planet* and also working on behalf of African Americans that were treated unfairly by the criminal justice system. One of his first cases was on behalf of Simon Walker, an African American who stood accused of raping Mary Ann Quail, a 12-year-old white girl from Ettrick on the outskirts of Petersburg in 1889. A mere child himself, the 15-year-old Walker was convicted and sentenced to death by a Chesterfield County jury. Of the belief that "it would be a shame upon the State, a disgrace to the commonwealth to allow a child of that age to hang," Mitchell became the driving

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<sup>31</sup> Alexander, *Race Man*, 38.

<sup>32</sup> Irvine Garland Penn, *The Afro-American Press and Its Editors* (Springfield: Wiley & Co., 1891), 186.

force behind a successful crusade to commute Walker's death sentence to twenty years at the Virginia State Penitentiary.<sup>33</sup> After numerous hours of travel, he secured multiple stays of execution for Walker before finally securing a commutation from the governor. Mitchell proved himself a valiant crusader for black civil rights and as demonstrated by the Walker case, not only those deemed innocent were worthy of Mitchell's attention. As the next section will show, he also regularly contributed to the public discourse surrounding race and insanity in Virginia. Additionally, he was responsible for publishing, and at some points, issuing rallying cries for the commitment of African American Virginians.

In many ways, John Mitchell Jr. and the *Planet* stood as defenders of African American rights, but the editor also had the ability to weaponize the *Planet's* far reach in efforts to shame and silence dissenting African American voices. As a product of the city's best African American schools and member of some of its most celebrated social organizations, Mitchell cultivated a middle-class politics of respectability and approach to racial uplift that came along with accompanying gender norms. He used the *Planet* to further this vision, both through the announcement, stories and opinion columns that he chose to include as well as those he did not fit the image of his newspaper. In many ways, the *Planet* could also serve as a tool to shame African Americans who challenged or altogether abandoned community norms, including but not limited to racial politics, gender norms and other established guidelines.

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<sup>33</sup> "Simon Walker Saved. Pleading for Life. Governor Lee Commutes the Sentence. Editor Mitchell's Midnight Drive," *Richmond Planet*, November 16, 1889, 1.

## Ellen Coy: Public Nuisance and Deposed Baptist

Beginning in 1896, the *Planet* covered a series of articles questioning the sanity of Ellen Coy, an African American wife and mother from Manchester, Virginia. This strange story began when an unnamed black female preacher “took her station at the side of the window of the Henderson and Monroe Barbershop and there commenced her talk,” accusing the local ministers of “leading the young people down to perdition.”<sup>34</sup> The article vociferously asked, “What sayeth the ministers, deacons, ushers and beacon lights of the churches? Will you remain reticent as heretofore, and let the above assertion go unnoticed? Can’t you defend yourselves?”<sup>35</sup> This line of rhetorical questioning was the first of many rallying cries published by the *Planet*, an unrecognized platform that was used either support or condemn community members.

It is likely that the unnamed black female preacher was Ellen Coy as she launched a strikingly similar crusade approximately five months later. In any case, the unnamed woman represented just one articulation of the seething dissatisfaction black religious women expressed in public and private spaces during the final years of the nineteenth century. However, this section focuses less on the varied claims that black women leveled against the church, and more on the steps that black community members were willing to take to silence dissenting voices. In 1897 Coy became an outspoken critic of numerous high-profile African American preachers, whom she had accused of preaching for profit in opinion columns and public speeches also published in the *Planet*. In one of her earliest columns, Coy wrote, “Our cities are lead in sin. Our ministers are lead [sic] the people to ruin and it is all for money... I want to say that the gospel should be preached without pay

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<sup>34</sup> “Manchester Notes. An Attack Upon the Ministry,” *Richmond Planet*, December 12, 1896, 4.

<sup>35</sup> “Manchester Notes,” 4.

or price.”<sup>36</sup> Coy lead a one-woman crusade against those she believed were corrupting the sanctity of the church.

Ellen Coy was born in July of 1849 in Virginia and married in 1868 at the age of 19. She kept the house and managed a growing family with her husband, Richard, who was employed at the local tobacco factory. Ellen and Richard also offered rooms to boarders looking for housing in the area. Despite thirteen pregnancies, only three children survived to childbirth and all three children were still living in the family home when Ellen began her crusade. Despite Coy’s entrance into the public sphere via her opinion columns in the *Planet*, there was not a single mention of her husband, Richard, nor her three children, John, William or Cora. Her label “deposed Baptist” implies that she was probably a member at one of the local African American churches, but it is unclear which. Much of Ellen’s life remains a mystery, but her deep religious faith remains one of the few constants.

In the final years of the nineteenth century Coy joined the ranks of Black southern women who objected to their lack of authority in the church and used public space to do so. In *Righteous Discontent*, Evelyn Brooks Higginbotham described how Black Baptist women worked from within in their varied efforts to nudge the Black church towards more progressive gender politics. She argued that African American developed a revolutionary feminist theological stance using the same Biblical scriptures that had once been used to codify their second-class citizenship. Their reinterpretation of the scripture and reexamination of popular Biblical stories provided a solid base from which they could wrest authority. Coy fell outside of this group because of her position

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<sup>36</sup> Ellen Coy, “Mrs. Coy Speaks. She Condemns the Use of Children to Raise Money,” *Richmond Planet*, April 3, 1897, 4.

as “deposed Baptist,” which effectively nullified her ability to speak in formal church spaces.<sup>37</sup> She would have had virtually no access to local church meetings, anniversaries or newspapers, nor to the Baptist Convention’s regional or national audiences. However, her exclusion from any formal church body did not hamper her ability to utilize the same toolbox of resources available to her church peers. As will be shown, Coy readily used scripture to bolster her opinions and proved herself a worthy adversary for those who would challenge her.

She took a particular interest in Reverend Dr. Anthony Binga, Jr. and his congregation at the First Baptist Church of Manchester.<sup>38</sup> Binga was a well-respected member of the Manchester community and was responsible for establishing numerous churches in the area. He was a conservative Baptist and outspoken critic of the lesser forms of leisure enjoyed by Virginia’s working-class black communities, like attending the theatre or local dances sponsored by secular organizations, and he frequently chastised local women for their careless and corruptible actions that drew men from the Lord.<sup>39</sup> It is likely that Coy and Binga were in agreement in their beliefs about licentious dancing and loose women. Their major points of contention were surrounding the position of women and girls in the church. The accusations contained in Coy’s April article were a direct response to a mock-marriage ceremony held at the Church in the weeks previous. She wrote:

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<sup>37</sup> Evelyn Brooks Higginbotham, *Righteous Discontent: The Women’s Movement in the Black Baptist Church, 1880 -1920* (Cambridge: Harvard University Press, 1994), 122.

<sup>38</sup> The First Baptist Church of Manchester was originally founded as the African Church of Manchester in 1821, it was changed to the First Baptist Church of Manchester in 1865, and later the First Baptist Church of South Richmond with the merger of the cities of Richmond and Manchester.

<sup>39</sup> Anthony Binga, *Binga’s Address on Several Occasions: Should Church Members be Disciplined for Attending Balls or Theaters?* [Printed by Vote of the General Association of Virginia, ca. 1900], Schomburg Center for Black Culture, New York Public Library, p. 10.

“It is wrong to put our girls on the stage to make money for the churches. It is true their bodies are not sold like in the olden times on the block, but their modesty is sold. Behold our children on the register seven years old playing mock-marriages for money play with things that ought to be sacred...I asked the Lord that I might go to a preacher privately. The Lord said if they had sinned against me privately, it would be my duty to go to them privately, but they have publicly sinned against God.”<sup>40</sup>

Accusing the Church of using young girls’ bodies to fill the Church’s accounts and trivializing the sanctity of the church, Coy publicly indicted them and received swift public responses. A reader identified as *Big 2* addressed Coy as the “deposed Baptist” and wasted no time inquiring as to whether “we” should judge her insane.<sup>41</sup> *Big 2* wrote, “[Coy’s article] was condemned by nearly all who read it. It has a tendency to set the people thinking that it was written more for prejudice than anything else, since she is a deposed Baptist. Her argument was very flimsy and trashy.”<sup>42</sup>

Just over a month later, another column also attributed to *Big 2* was published. While the latter was slightly different in tone, it also refuted Coy’s claims using Bible verses and swiftly condemned her actions. Seemingly more sympathetic than the former, *Big 2*’s second response read: “We pray God that the day may soon dawn when you shall reflect; come home as a disobedient child – come to be reconciles with your mother church while it is called day.”<sup>43</sup> A closer examination of these *Planet* articles reveal that they may have been penned by the same person or persons. Both columns were attributed to *Big 2*, but the latter was signed Messrs. Frank Williams and James. It is unclear whether the signature was included by accident, but it does indicate that

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<sup>40</sup> Coy, “Mrs. Coy Speaks,” April 3, 1897.

<sup>41</sup> “Big 2 Speaks Plainly on Mrs. Coy’s Article – Personals,” *Richmond Planet*, April 24, 1897, 1.

<sup>42</sup> *Richmond Planet*, April 10, 1897, 1.

<sup>43</sup> “From Manchester, ‘Big 2’ Answers Mrs. Coy, They Quote Scriptures,” *Richmond Planet*, May 15, 1897, 4.

community members, some of whom were surely members of the First Baptist Church, wrote one or more responses demonstrating a concerted effort to silence Coy. Punctuated with Bible verses and passionate turns of phrase, Coy's pronouncements caught the attention of numerous community members, even those outside of First Baptist Church's close-knit community. Rev. Mrs. James Smith of Gloucester County responded with a lengthy piece that addressed Coy in line-by-line fashion and cautioned her against "trifling" with the scripture.<sup>44</sup>

Approximately two months later and with renewed vigor, Coy submitted another opinion column to the *Richmond Planet*. Using her previous work evangelizing to the poor with the Church's Ladies Auxiliary as a pretext, she cautioned against greed and implored readers to use their material possessions in service of the gospel. Like her April column, Coy called out one of her detractors, Sister Alice Robinson, directly by name. She pithily wrote, "Sister Alice Robinson I am glad to hear from you. I must do God's biddings. As for your opinions I haven't the time to bother with them. If you wish to come to see me, I will be glad to see you at any time. Residence, 114 East 15<sup>th</sup> St."<sup>45</sup> By addressing Robinson's unidentified slight so brashly and holding steadfast to her interpretation of the gospel, Coy established herself as a worthy adversary who was not dissuaded by public scrutiny. Her accusations of profiteering preachers and unscrupulous church members alone were enough to motivate Coy's peers to question her sanity, and the evening sermons delivered from her balcony only raised more concern.

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<sup>44</sup> Rev. Mrs. James H. Smith, "The Pay of the Ministry. Mrs. Coy Answered. Mrs. Smith Comes to the Front. Scriptures Cited.," *Richmond Planet*, May 1, 1897, 4.

<sup>45</sup> *Richmond Planet*, June 19, 1897, 4.

Coy believed that she was a preacher herself, and much to her neighbors' chagrin, she made grand professions of faith from the balcony of her home. A community member, identified only as the *Listener*, penned a letter to the editor of the *Planet* accusing Coy of raising the dead with her evening sermons, calling them, "The greatest display of ignorance we have ever witnessed or read. It is a disgrace to that vicinity and a shame upon the people who tolerate it."<sup>46</sup> The *Listener* went further, predicting that she would soon land in the Central Lunatic Asylum and lamenting the loss of her sanity. This was the second time that an anonymous writer had publicly questioned her sanity and rhetorically asked the community what steps should be taken. While Coy's preaching may have been annoying to those living nearby, her imposition definitely was not criminal or in any way dangerous, which begs the question of why she was brought before a commission of lunacy. Her admonishment of some of the community's most respected religious leaders, rigid interpretation of the scripture and unwavering belief in her own gospel abilities represented far more than a once-loyal sheep gone astray.

Coy's initial choice to preach on the street was an intentional claim on public space and authority that she was otherwise denied within formal religious spaces. As a result of her 1896 sermon, at least one of the nearby establishments, a local barbershop, closed its doors for the day, effectively reducing the number of listeners that she could attract. It is possible that after recognizing the limits of using public sidewalks to expound her doctrine, she chose a more controlled locale: the balcony of her 15<sup>th</sup> street home. Moving her regular sermons to her balcony not only afforded her an increased level of control, but also lessened the likelihood that she would be arrested or otherwise disturbed.

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<sup>46</sup> *Richmond Planet*, June 18, 1898, 4.

However, Coy's decision to preach from home would have directly affected the family's boarding business and may have hindered them from attracting boarders, especially those familiar with Coy's ongoing crusade.

Coy was likely inspired by the rich debate surrounding black women's visibility with the church that began to gain traction in 1880s. What began as a group of women from a single black Richmond church petitioning for privileges they felt entitled to, eventually spiraled into a contentious wrangle that touched many corners of Richmond's black community. In 1880, a group of approximately 200 First African women petitioned the Church for the ability to cast votes in the removal of Rev. James H. Holmes.<sup>47</sup> This prolonged debate took place over three months and alongside a separate group of women who demanded access to church authority equal to that of male members. After three particularly rousing Church meetings, the male leadership took unexpected and swift action. Against protocol, Rev. Holmes and the deacons of First Baptist called upon the mayor and city court judge for support and to bolster their authority.<sup>48</sup> In addition to the city officials, they enlisted the local police to remove the disruptive faction. Despite the *Planet's* coverage of the preceding events, Mitchell's paper was stunningly silent regarding the arrests, which may be an indication of his desire to keep the Church's unpleasantness from further public scrutiny. Shortly after, the General Ecclesiastical Council, including representatives from the local Baptist churches, censured First Baptist

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<sup>47</sup> Petition of Mrs. Margaret Osborne, et al. to deacons and members of the First Baptist Church, April 15, 1880, recorded in First African Baptist Church, Richmond City, Minutes, Book 2, June 27, 1880 (microfilm), Archives, Virginia State Library and Archives, Richmond, Virginia.

<sup>48</sup> Elsa Barkley Brown, "Negotiating and Transforming the Public Sphere: African American Political Life in the Transition from Slavery to Freedom," in *Women Transforming Politics: An Alternative Reader*, eds. Cathy J. Cohen, Kathleen B. Jones and Joan C. Tronto (New York: New York University Press, 1997), 353.

for involving white city officials and law enforcement.<sup>49</sup> Challenges to the Church's absolute authority may have driven religious leadership to involve white law enforcement, but as a collective, the General Ecclesiastical Council would not tolerate such intervention.

While local black churches, like First African, were trying to decide whether women should attend church meetings and hold voting power, local women like Alice Kemp were already known throughout the community for authoring the sermons of some of the city's most prominent black ministers.<sup>50</sup> Kemp was a well-respected member of the First Baptist Church and Richmond communities, she also worked as a teacher at the local Moore School and served as secretary of the Women's Department of the Negro Reformatory Association. Unlike Coy, she revealed no overt signs that she sought the position of pastor, nor did she publicly question the pastor's fitness to lead. Kemp's usefulness coupled with her ability to remain in the background may have kept her from a fate similar to Mrs. Coy's. Rev. Binga, pastor of the First Baptist Church of Manchester and the primary target of Coy's crusade, had a strong belief in women playing active roles in the church, including the teaching of Sunday-school classes and participation in decisions regarding some church matters. He was also adamant that women should not preach the gospel, referencing I Timothy, he professed, "But I permit not the woman to teach nor to usurp authority over the man.'...It forbids her throwing off that modesty that should adorn her sex, and taking man's place in the pulpit."<sup>51</sup> By preaching her interpretation of the

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<sup>49</sup> "The First African Baptist Church, Richmond City, Virginia, to the Messengers & Churches in General Ecclesiastical Council Assembled," First African Baptist Church 2, after April 3, 1881 minutes, Church Records Collection, Library of Virginia, Richmond, Va.

<sup>50</sup> Brown, "Negotiating and Transforming the Public Sphere," 355.

<sup>51</sup> Anthony Binga, *Sermons on Several Occasions*. (Richmond, 1889), 98 – 99.

gospel, Coy upset a traditionally ordained social order that placed male figures at the head of religious practice and worship. Coy's actions placed her within a group of politically active religious women deserving of more attention.

In July of 1898 Coy was arrested after Joseph T. Hickman took out a warrant, charging her with abusing and otherwise maltreating him.<sup>52</sup> While this arrest does not seem to have any connection to the controversy stirred by Coy's boisterous columns, it provides the only mention of the commission of lunacy that had been recently convened on her behalf. It read, "She [Ellen] has been arrested before for disorderly conduct and a commission of lunacy was recently held over her, but she somehow escaped the asylum. She is represented as a terror, and is reported to have made it very warm for a colored Baptist preacher not long ago."<sup>53</sup> Surprisingly, the *Richmond Dispatch* contained the singular mention of Coy's commission of lunacy. Given her notoriety and the popularity of her case, it is odd that weeklies like the *Planet* failed to cover it. Based on the brief description provided in the *Richmond Dispatch*, there was some certainty amongst community members that Coy would be adjudged insane and sent to Central. In light of various community members' participation in her arrest and public dialogue surrounding her sanity, it is highly unlikely that they were unaware of these events. However, the failure to report it in familiar venues like the *Planet* may have arisen from a fear of censure as experienced by the pastor and deacon board of First African in July of 1880. First African's inability to control its congregation coupled with the decision to involve white civil authorities did not bode well for its leadership. Instructive as it were to First Baptist's

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<sup>52</sup> "Negro Evangelist Arrested," *Richmond Dispatch*, July 6, 1898, 8.

<sup>53</sup> "Negro Evangelist Arrested," July 6, 1898.

Rev. Binga, it is fair to question if members of his congregation worked in secret to silence her by having her adjudged insane and committed to Central.

Coy's opinion columns hit a lull between the winter of 1898 and spring of 1900, but she adopted a direct-action approach when she reentered the public sphere in 1900. Taking up the same crusade against the First African Baptist Church, the city's oldest black church, Coy took the fight directly to the pulpit. In March of 1900, Deacon John Baker of First African swore out a warrant alleging that Coy had disturbed the Church's religious services, and she was arrested and tried before the Mayor on March 10, 1900.<sup>54</sup> While the church remained a central part of life for black Virginians, its authority within the community had certainly diminished since the years following the end of the Civil War. Elsa Barkley Brown described how the church's reduced authority within the community prompted individuals to look outside their own communities for support, and sometimes protection. She argues that church sanctions were typically the first avenue of recourse for church members who felt they had been wronged by another member.<sup>55</sup> Coy's position as "deposed Baptist" along with her outspoken nature likely played an important role in Deacon Baker's decision to take out a warrant for her arrest. Oddly enough, neither of Coy's arrests were covered by the *Planet*. If church members continued seeking outside intervention to deal with civil disputes such as these, even after Coy's unsuccessful commitment, it is likely that they wouldn't have wanted it publicized in one of the city's largest black newspapers.

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<sup>54</sup> "Before the Mayor," *The Times*, March 10, 1900, 2; "Cases Before the Mayor," *Richmond Dispatch*, March 10, 1900, 7.

<sup>55</sup> Brown, "Negotiating and Transforming the Public Sphere," 356.

During this two-year period, there were no published complaints of Coy's evening sermons but a *Richmond Dispatch* article from March of 1900 made mention of it, saying that she "has been preaching for some time from her porch on 15<sup>th</sup> Street," which implies that this practice persisted even though her opinion columns did not.<sup>56</sup> The Mayor fined Coy \$10 and put her under bond for twelve months, in default of which she would be sent to jail. Undeterred by conviction or threat of confinement, she admitted that if sentenced to jail, she would go with pleasure and convert all the prisoners before her time was out.<sup>57</sup> The conviction briefly softened Coy, but after two years, she was arrested again after disturbing religious work at the First Baptist Church. She allegedly "broke up a prayer-meeting" in violation of the circumstances of her probation, which required that she maintain "good behavior."<sup>58</sup>

Coy's time in jail seemed to have a transformational effect and also provided a target for her next crusade, those most closely linked to the incarceration of her and other black Virginians across the county. Upon her release, Coy transferred her energies to "worst sinners in the land," implying that she had abandoned her crusade against the local black religious authorities to focus on Henrico County's legal apparatus.<sup>59</sup> On August 17, 1908, Coy entered the Henrico County courthouse yard at about 4:30 p.m. and began "expounding her doctrine."<sup>60</sup> During this time of day, the yard was filled with many of the city's most notable white civil officials, including representatives from the local police department and fire station. She reportedly preached with unflagging zeal for a half an

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<sup>56</sup> "Cases," 7.

<sup>57</sup> "Cases," 7.

<sup>58</sup> "Police News," *Richmond Dispatch*, March 15, 1902, 7.

<sup>59</sup> "Ellen Coy, Evangelist," *The Times Dispatch*, August 18, 1908, 5.

<sup>60</sup> "Ellen Coy, Evangelist," August 18, 1908, 5.

hour until she was approached by a lone reporter. Once the reporter took Coy's hand into his, she exclaimed, "Thank God, I had almost given all hope; this is the first confession I have had in two days." It is unclear why the unnamed reporter's account went unpublished or why there were no further mentions of Coy's actions. Given the detail provided about the majority of Coy's disturbances at the First Baptist Church, it is surprising that there was not a single published article containing specifics about her final recorded sermon.

There are multiple ways to understand why there may have been so little coverage on Coy's final reported sermon by black and white newspapers. The final sermon was likely not covered by papers like the *Planet* due to her persona non-grata status with the First African community, and by extension the *Planet's* editor, John Mitchell Jr. In addition, if there were concerted efforts among the various congregations to get Coy committed or arrested, their numerous failures may have prompted them to create some distance between themselves and Mrs. Coy. The lack of reports from local white papers was far less complicated. Coy's shift in focus from black Baptist preachers to the Henrico county legal apparatus surely would have impacted white newspapers' desire to publish the details of her sermon. While the location and time may have been a surprise to the Henrico county court-goers, it is likely that Coy planned these details meticulously as she did for previous sermons. Unlike her appearances at the First Baptist Church, the courthouse was a predominately white, public space. And unlike the hostile reception and eventual arrest that followed the former, she received an attentive audience at the latter. She even warranted the presence of unnamed reporter. Finally, despite the abnormality of her only quoted statement, there were no questions as to her sanity. Due to the scant coverage of her final recorded sermon, the exact topic remains unknown. It is possible

that Coy proselytized about the trials she and her fellow black prisoners experienced while confined or the woefully segregated and unequal lives of African Americans in Richmond, but in any case, her final recorded sermon deviated from earlier ones in striking ways that may have signaled a shift for the crusader.

Cases like Coy's are important because they reveal how individual community members sought to silence dissenters by making use of state asylums. It also provides a window into the very public dynamics surrounding the stigmatized topic of mental illness. Her story stands as one of the fullest examples of how a subject commonly whispered about in hushed tones quickly warranted opinion columns, arrest warrants and other rallying cries initiated by community members. Coy's resilience in the face of confinement also reveals one of the varied ways that southern Black women strategically used public space to voice their concerns. It exposes an unrecognized function of the *Richmond Planet*, an important avenue that black Richmonders used to silence rogue community members.

If Coy had any public supporters, they did not come to her aid in print, and not once did the coverage of her sermons describe a crowd of followers or an otherwise loyal community that encouraged her preaching. However, the absence of a recognized following does not mean that notable female church members, especially those like Alice Kemp, did not support the ideals that Coy represented. While women like Kemp opted to remain in the shadows of the church organizational structure, they clearly believed in women's abilities to interpret and teach religious texts. Any outward support would have alienated them from their church peers and left them in a position similar to that of Mrs. Coy.

## The Good Reverend Booze

Coleman Booze, a 61-year old African American minister from Buchanan County, was admitted to Central State Hospital with relatively little resistance, but with a level of fanfare rivaled only by Mrs. Coy. Rev. Booze was a man of means, who owned his home and church outright, and held a total of \$500 in assets. The incident that brought him to Central in 1905 resulted in thousands of dollars in property damage and received coverage from newspapers based as far as Detroit and New York City. He had a history of mental illness and had been confined at Central at least once before in 1882. When describing her husband's behavior, Mrs. Booze reported that his sporadic, often violent, attacks usually resulted in broken furniture and lasted for days at a time. She admitted that he had three or four attacks between 1881 and 1905, but was not hospitalized for each of them. An abnormal degree of privacy and extremely brief stays at Central distinguish Booze from the majority of patients at Central, who were often given dismal prognoses and labor-intensive "therapy" with little chance of ever leaving the Asylum.

On October 6, 1905, Mrs. Booze became concerned when her husband made "silly remarks" during the church's week-long revival. Shortly after, the pastor caused quite a spectacle when he set fire to multiple buildings and rampaged down the streets of Buchanan, battering down doors with a pilfered axe.<sup>61</sup> Booze's tirade began when he intentionally broke a lamp to start a fire in the basement of his home, and after allowing the flames to grow, he moved to his church where he did the same. Once the church began to smolder, he took a seat at the pulpit and awaited the results.<sup>62</sup> After the flames

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<sup>61</sup> "Frantic Parson Fires His Church. Rev. Coleman Booze of Virginia then Terrorizes the Community," *Detroit News*, October 8, 1905.

<sup>62</sup> "Pastor Booze on a Rampage," *The Sun*, October 8, 1905, 1.

grew to dangerous heights, he stole an axe and headed out to the street “dancing in glee.”<sup>63</sup> While doing so, he axed down the gates and doors of numerous homes and encountered more than a dozen men who were unable to subdue him for approximately three hours.<sup>64</sup> Due to a particularly strong wind, Booze’s flames quickly spread and damaged more than five other dwellings. Booze’s family, including a total of five adult children, lived in a fairly integrated neighborhood with black and white neighbors, meaning that there was equal likelihood that families of both races would have been affected.

On October 14, 1905, Rev. Booze, pastor of the Baptist Church of Buchanan was committed with the help of his wife of thirty-six years, Mrs. Martha Booze. It is likely that Mrs. Booze cooperated in her husband’s commitment both because of the danger that his actions posed to her and the family, but also due to the obstacles that his mental health posed to his professional life and role as primary provider for their family. After Rev. Booze incinerated the church and nearby houses, including their own, it is likely that Mrs. Booze as well as her five adult children would have been seeking out temporary housing, a process that would have certainly been complicated by the presence of an untreated and potentially dangerous Rev. Booze. African American women and families facing similar circumstances viewed the state asylum as a viable option for family members who seriously transgressed community norms. They may have viewed the state asylum as their last viable avenue for treatment for a loved one, but also to stabilize home life and family dynamics. It should not be assumed that Mrs. Booze fully cooperated willingly and without coercion, but she may have viewed the state asylum as her only viable option.

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<sup>63</sup> “Frantic Parson Fires His Church,” *Detroit News*, October 8, 1905, 5.

<sup>64</sup> “Mad Pastor Fires Church and Runs Amok with Ax,” *Muskegon Chronicle*, October 10, 1905

Once Rev. Booze was restrained, he was arrested and held at the town jailhouse until a commission of lunacy could be convened. Despite the public nature and wide coverage of the pastor's actions, there were no announcements of the commission convened on his behalf. Local black and white Virginia newspapers frequently included such mentions, including the commission's findings and what was to be done with the accused as commissions of lunacy typically resulted in committed. But even fuller accounts could be found in black newspapers, like the *Richmond Planet*, where it seems as though black patrons felt comfortable speaking freely. It is also worth noting that the *Planet* covered the Reverend Booze's previous sermon and travels in the area, and so he was surely on the weekly's radar but found the news of his commission unnoteworthy.<sup>65</sup> The silence from local journalists is suspicious in light of the public outcry associated with Mrs. Coy's relatively benign disturbances. In the short week between the revival and Booze's commitment, he was adjudged insane and transported to Central for treatment. While it was uncommon for a patient of any race to be transported to the asylum in such a short time, his position in the community as well as his family's financial stability may have played a role in his swift departure.

What was far more troubling than any preferential treatment Booze was given before arriving at Central were his short stints once confined at the Hospital given the violent nature of his attacks. Despite the violence associated with his latest attack, he left Central as "recovered" less than one year later, a relative reprieve compared to the alternative prison sentence or vigilante justice that he surely would have faced for his destructive behavior. Booze's financial security and community status likely had an

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<sup>65</sup> *Richmond Planet*, June 12, 1897, page 4.

impact of these aspects of his case. Coy and Booze's examples reveal that community-led efforts at commitment and eventual confinement were less about individual and community protection than about the maintenance of social order and norms.

### **Community, Insanity and the Politics of Punishment in Cases of Interracial Violence**

In most cases, black Virginians did not see themselves as collaborators within the state system used to commit others from their communities, at least not with the ease and privilege that white Virginians did. In some cases, like that of Charles Timberlake, a white man who stood trial at the Henrico County courthouse after being accused of raping a Black woman named Keziah Banks in 1902, there was no doubt as to whether the defendant committed the crime, but he was nonetheless found not guilty due to insanity at the time of crime.<sup>66</sup> On Saturday July 10, 1902, it was alleged that Timberlake waited for Banks to cross his path on the way to her home and attacked her. Banks recalled, "I was then in sight of my home. When he jumped at me, he put his hands around my neck. I said, 'go away from me, what do you want?' He said, 'I ain't going to let you alone. God damn you, I ain't going to let you alone'."<sup>67</sup> Aunt Kezzy, as she was called by her neighbors and friends, was approximately sixty years old and had been married to Wilson Banks for over forty years. Wilson had been a patient at Central 1895 and was still confined when his wife was attacked.<sup>68</sup> She provided a full statement and photograph to Mitchell of the *Richmond Planet*, who took great care in explaining the details of the case.

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<sup>66</sup> "The Acquittal of Timberlake," *Richmond Planet*, September 27, 1902, 1.

<sup>67</sup> "The Heinous Crime in Henrico," *Richmond Planet*, August 23, 1902, 1. "Horrible Crime in Henrico," *Richmond Planet*, August 16, 1902, 1.

<sup>68</sup> "The Heinous Crime in Henrico," 1.

Timberlake's guilt was assured by black and white witnesses, and so it was rumored that Jury Foreman E.W. Christian and other white jury members conspired to keep Timberlake from a more serious fate fitting of his crime. Even though he was found not guilty, it was clear that some course of action had to be taken to satisfy the city's collective outrage and Timberlake was sentenced to an undetermined term of confinement at the Eastern State Hospital. It is worth noting that there was no indication that the defendant entered a plea of insanity, in fact, it was reported that "he made no denial himself."<sup>69</sup> Even the presiding judge found fault with Timberlake, calling the proceedings a farce and ordering him to the county jail while he awaited transport to Eastern. In light of the verdict, the *Richmond Planet* surmised, "In other words, no white man who commits criminal assault upon a colored female can be sane at the time he commits the crime and therefore should not be punished."<sup>70</sup> The mental health aspect of this argument is a fairly new development, but the undergirding premise which positions white men as morally just and black women as promiscuously loose and sexually available is not. The reverse could surely be seen in cases where black men and boys were accused or convicted of sexually assaulting white girls and women. Conversely, the stereotypical black male brute fits as the perfect foil to the chaste and innocent white feminine trope. Just as in Timberlake's trial, the events surrounding interracial sexual assault cases in Virginia during 1902 took on a new dimension related to the mental health of the accused.

Black Virginians were placed in similar circumstances over the preceding months with three separate cases involving "demented" black male youth who were accused of

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<sup>69</sup> "A 'Jug Handle' Jury," 1.

<sup>70</sup> "The Acquittal of Timberlake," 1.

sexually assaulting white women. When faced with the situation, the *Richmond Planet* reported that black community members “joined in the chase that let to their undoing” without hesitation.<sup>71</sup> Moreover, the *Planet* read, “Like Timberlake, they were all crazy at the time the crime was committed, but they will be in their good senses, it is presumed, on the other side.”<sup>72</sup> Black community members had far less ability to publicly question the guilt or innocence of a Black person accused of crimes against white persons, especially white women. To do so put their lives as well as the lives of their family members in immediate danger. One of those youth was Joe Higginbotham, an allegedly “crazy” 20-year old janitor, who stood accused of raping and slitting the throat of Bertha Webber, a white woman from Lynchburg, in January of 1902. While Webber survived, the heinous nature of the crime caused outrage among communities of both races across the city.

Information about his arrest and interrogation are lost, but Higginbotham’s confession coupled with Webber’s positive identification made for a short trial that lasted no longer than an hour and a half.<sup>73</sup> In fact, Higginbotham’s presumably voluntary confession, may have been the only aspect of the case that confirmed his guilt for Black community members. The *Richmond Planet* implored its readers, “Let the colored people of Virginia stand mute at his end and hope that his fate may serve as a warning to all, both white and black, rich and poor.”<sup>74</sup> As was common in cases where African Americans faced white judiciaries, Higginbotham plead guilty without an attorney. The lawyer

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<sup>71</sup> “The Acquittal of Timberlake,” *Richmond Planet*, September 27, 1902, 4.

<sup>72</sup> “The Acquittal of Timberlake,” 4.

<sup>73</sup> “To be Hanged for Assault,” *The Daily Morning Journal and Courier*, January 24, 1902, 1; “Better Than A Lynching,” *The Daily Morning Journal and Courier*, January 25, 1902, 4.

<sup>74</sup> “Higginbotham’s Conviction,” *Richmond Planet*, February 1, 1902, 4.

assigned to the case declined to represent him and the presiding judge did not assign him another. Aside from this glaring issue of major concern, the *Richmond Planet* concluded, "Never in the history of the commonwealth have we observed a more determined effort to prevent a lynching and to save the grand old commonwealth from the odium of a ruthless disregard of its laws."<sup>75</sup> At the very least, there was a small contingent of local African Americans who believed him guilty of the crime, regardless of their awareness of the coercive and violent tactics used by law enforcement against black individuals suspected of crimes. Given his publication's brazen statements, John Mitchell Jr. would have been included in that count.

Due to the social mores surrounding interracial cases of sexual assault and the understanding that crazy black men, especially those who committed crimes against white citizens, were either hanged or sent to the penitentiary, Mitchell determined that Higginbotham must have been crazy during the commission of the crime and set out to tell the story as such. Higginbotham made no mention of insanity or mental illness during the trial, but this may be more indicative of an ignorance with regard to how the court worked and could have been mitigated by the aid of an attorney. Similar to the Timberlake case, Higginbotham's fate was sealed by his race. At 8:30 a.m. on Monday February 24, 1902, Higginbotham was hanged in the city jail in the presence of a full crowd, including his victim's husband.<sup>76</sup> Unlike Timberlake, Higginbotham was not aided by race, instead he was condemned to die for breaking the southern code that kept black men separate from white women at all costs. Efforts such as these were often unsuccessful, but Mitchell,

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<sup>75</sup> "Higginbotham's Conviction," 4.

<sup>76</sup> "Higginbotham Hanged Monday," *Staunton Spectator and Vindicator*, February 28, 1902, 2; "News Briefly Told," *The Suburban Citizen*, March 1, 1902, 1.

the avid story spinner, found a way to make use of Higginbotham's tragic end. Regardless of Mitchell's beliefs about Higginbotham's guilt, he took this opportunity to remind white Virginians to "be equally as indignant and positive in their demand for punishment" in cases where white men sexually assaulted black women.<sup>77</sup>

He specifically identified the case of William O'Boyle, a white male soldier convicted of murdering a black woman named Alma Hamilton and her unborn child in Newport News, Virginia, as one comparable to Higginbotham's due to the heinous nature of the crime. It was rumored that Hamilton was O'Boyle's mistress and that her pregnancy may have been one of the mitigating circumstances that impacted the Governor's decision on the case.<sup>78</sup> O'Boyle was reportedly convicted and sentenced to hang by two separate juries, but even those convictions did not assure Mitchell and other black Virginians that his fate was sealed. Rightfully so because after almost six months passed, Governor Andrew Montague commuted O'Boyle's sentence to life in prison at the state penitentiary.<sup>79</sup> Local papers describe the forceful pressure that O'Boyle's lawyer and family put on the Governor to secure a lighter sentence. The convict had a surprising groundswell of support, including influential local clerics, like Bishop Van de Vyver of the Catholic Church of Virginia and Reverend Father Donahoe of St. Vincent's Catholic Church.<sup>80</sup> His most beneficial ally was probably William McAleer, a former Pennsylvania congressman who was responsible for drafting a petition to reduce O'Boyle's sentence.<sup>81</sup>

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<sup>77</sup> "Higginbotham's Conviction," 4.

<sup>78</sup> "Summary of the Latest News," *Highland Recorder*, April 4, 1902, 1.

<sup>79</sup> "William O'Boyle Will Not Hang, Governor Montague Commutes Sentence to Life Imprisonment," *The Times*, March 28, 1902, 4; "Will Spend his Days in the Penitentiary," *Richmond Dispatch*, March 28, 1902, 3.

<sup>80</sup> "Wm. O. Boyle's Friends Active," *Richmond Dispatch*, February 5, 1902, 5; "Commutation of Sentence Desired – Farm Surgeon Appointed," *Richmond Dispatch*, February 4, 1902, 12.

<sup>81</sup> "The O'Boyle Case," *Richmond Dispatch*, February 14, 1902, 6; *The Times*, February 15, 1902, 4.

After announcing an initial stay of execution on February 24, 1902 so that he could review the particulars of the case, Governor Montague revealed his own misgivings about whether O'Boyle had committed the crime at all and eventually commuted his sentence, but not before providing an explanation.

After describing the unidentified inconsistencies amongst the three witness statements, Governor Montague concluded, "All of the witnesses to the homicide were intoxicated at the time, and are negro women of the most abandoned class. These considerations constrain me to believe that I would err should I permit the execution of this man."<sup>82</sup> His conclusions spoke volumes to the value placed on the lives of Hamilton and her unborn child, but they also highlight the overwhelming distrust that black witnesses faced when appearing before predominately white judiciaries. Timberlake, O'Boyle and other white criminals used various resources that were simply outside the reach of African Americans. They were unable to publicly question a black individual's guilt in a case against a white person, but they also unfamiliar with the policies and procedures of the courtroom. Regardless of their belief in a black individual's innocence, it was highly unlikely that they would receive a fair trial. And while they were able to activate networks of black people who would advocate for them, they simply did not have the necessary access afforded white citizens.

The increase in admissions of black patients to Central during the final years of the nineteenth century and the opening years of the twentieth century bears more explanation than those provided in the reports of psychiatric professionals. Chapter two revealed how African American Richmonders showed unprecedented participation in efforts to commit

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<sup>82</sup> "William O'Boyle Will Not Hang," *The Times*, March 28, 1902, 4.

and confine others from their communities. Often through public channels, like the *Richmond Planet*, they provided interesting commentary on those thought to suffer from mental illness and used these medium to silence dissenters. The raced and gendered dynamics of the cases presented within this chapter demonstrate a melding of antebellum beliefs about black barbarity and Progressive era notions of respectability and mental fitness. Finally, this chapter has revealed an unrecognized dimension of psychiatric professionals' fight for control over academic and popular mental health discourses. African American journalists, like Mitchell, seized the language of insanity and tried to use it in service of African Americans accused of crimes against white citizens. Even though he was unsuccessful, his efforts demonstrate innovative ways that African Americans sought to make use of previously inaccessible state systems.

### CHAPTER THREE: Curious Commitments, the Criminally Insane and Charles Carrington's Castration Lab

Less than two weeks after Central's move to Petersburg, the facility admitted its first youth patient. There was little recorded information about Wally Brown or the events that brought him to Central on April 1, 1885, but the Petersburg nine-year-old was first attacked with insanity approximately four months earlier.<sup>1</sup> The petitioner simply stated that he showed "apprehensions of being pressured" but failed to elaborate. His presence is evidence of just one of the lesser known groups of patients "treated" at Central during the final years of the nineteenth century. The number of child patients grew along with the numbers of aged, indigent and criminal persons who found themselves confined to the asylum during the final years of the nineteenth century.

In the years between Central's move to Petersburg in 1885 and the opening years of the twentieth century, the institution experienced unprecedented growth, including an exploding patient population and multiple planned expansions of its facilities. The increase was a daunting worry for the psychiatric professionals that were tasked with managing and curing the state's mentally ill African Americans. So much so that Asylum superintendent Randolph Barksdale offered this caveat in the Asylum's 1886-87 annual report one year after the facility's transition: "I fear, unless steps are taken to increase the capacity here, or build elsewhere, that two years hence will find 150 or 200 insane colored people unprovided for. The increase of *insanity* amongst this *race* is amazing."<sup>2</sup> He cautioned that unless swift action was taken, "in a few months there will be a *hue* and cry

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<sup>1</sup> Commitment Papers 1874 – 1906, Records of Central State Hospital. Accession 41741, State government records collection, The Library of Virginia, Richmond, Virginia.

<sup>2</sup> Randolph Barksdale, "Report of Physician and Superintendent," in *Annual Report of the Central Lunatic Asylum of Virginia for the Fiscal Year 1886 – 87* (Richmond: A. R. Micou, Superintendent of Public Printing, 1887), 8.

from the cities and counties for accommodations for their insane.”<sup>3</sup> Barksdale’s warning grew from the administrative staffs’ consistent concerns about the steady surge of “colored insane,” but it also foreshadowed the unforeseen participation of black Virginians in the commitment of the members of their own communities as discussed in chapter two. The massive influx of patients, including those appropriate for Central’s care in addition to those who may have been better served through one of the state’s other institutions, frames this chapter as it explains how the multi-pronged failures of Reconstruction and mounting pressure to professionalize the field of psychiatry came to a head at Petersburg’s asylum for African Americans.

Chapter three does two things, the first is to continue the Asylum’s history after the move to its permanent site in Petersburg in April 1885. It opens with a brief institutional history to demonstrate how the facility grew in the final years of the nineteenth century and why. It also describes psychiatric professionals’ beliefs about the rapidly increasing number of mentally ill African Americans as well as proposed solutions to this aspect of the “Negro problem.” Secondly, the chapter reveals Virginia’s earliest sterilization program, headed by Virginia State Penitentiary surgeon Charles Carrington. Tracking a number of procedures performed on black men who were transferred between Central and Virginia State Penitentiary during the first decade of the twentieth century, this chapter establishes the asylum as a site of unsanctioned experimentation that has gone largely unrecognized. It reveals how state authorities managed those they feared were too dangerous to be treated at the asylum but too far from sanity to be punished at the state penitentiary.

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<sup>3</sup> Barksdale, “Report of Physician and Superintendent,” 8.

## **Establishing the Permanent Asylum at Petersburg**

By March 22, 1885, all 373 patients were transferred to the new Petersburg campus along with their bedding, furniture and clothing, regardless of their crude condition. Despite their new location, little changed in the lives of Central's patient population once they were moved to Petersburg. The Asylum continued to use multiple forms of labor as treatment for its general patient population, but as the facility expanded, so did the Asylum's workforce. In fact, just a year after the transfer to Central, more than half of the patients were performing some form of labor to the benefit of the institution, and by the end of 1898, 75% of the patient population was fulfilling daily labor requirements.<sup>4</sup> The final fifteen years of the nineteenth century represented an economic boon for the Asylum both because of the decision to purchase the Petersburg site and due to patients' unpaid labor. As the patient population swelled, it was their labor that kept Central from falling into debt. While the Hospital was tasked with caring for each patient, the administration controlled their labor, and perhaps more sinisterly, determined that labor in service of the institution would be most therapeutic for mentally ill African Americans regardless of diagnosis. For sure, white patients at Southwestern State Asylum and the state's other asylums were also expected to work, however, the type and frequency of required labor amongst black and white patients was different because of the institution's reliance on their charges' labor. Additionally, the complete absence on paying patients removed any cash flow outside of monies appropriated by an already taxed state that was struggling under the burden of four asylums.

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<sup>4</sup> *Annual Report of the Central State Hospital of Virginia, (Petersburg, VA.) for the Fiscal Year Ending September 30, 1898*, (Richmond: J.H. O'Bannon, Superintendent of Public Printing, 1908), 10.

A gendered division of labor guided work assignments as female patients worked exclusively in the sewing-room, laundry, wards, executive building and dining-room while male patients were more likely to be “employed” in the garden, on the farm or in one of the workhouses. The largest number of patients were employed on the wards, including more than 90 patients per ward. Slightly smaller groups of patients were assigned to the coal-house, kitchen and dining room. While the least number of patients were expected to work in the laundry, executive building and bakery, they served important functions within the Hospital environment. What would have been most helpful to administrators was the policing party, a group of six to ten male patients that patrolled the facility. It is unclear how patients were chosen to serve in this position but they may have received extra privileges, including access to better living conditions and a degree of autonomy that eluded their peers.

Perhaps due to the permanence of their new location, Central administrators made a concerted effort to make patient life more comfortable, but this should not be read as a decrease in the work expectations placed on patients. About this period of transition, Drewry notes, “The patients were humanely treated, and the value of work and amusement emphasized; though locked rooms (for every patient was locked in at night), seclusion, some mechanical restraints and hypnotics (given quite freely), were in evidence.”<sup>5</sup> It should be noted that the work and amusement Drewry referred to were virtually indistinguishable, aside from the sponsored dances and other truly recreational activities provided to patients.<sup>6</sup> Cards, marbles, picture books and simple musical

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<sup>5</sup> Drewry, “Central State Hospital,” 758.

<sup>6</sup> Truly recreational is meant to be a distinction from the recreational activities that primarily provided a direct monetary benefit to the institution, and were only secondarily to the benefit of the patient.

instruments were also made available for patient use. Even the recreational activities, like knitting and sewing for female patients, should be considered activities that directly benefited of the institution. By 1886, unnamed African American ministers from Petersburg churches began to provide regularly scheduled patient services on the grounds. Given African Americans' perceived susceptibility to religious insanity and other forms of emotional excitement, it is likely that white administrators regularly monitored black-led religious services to ensure that these activities did not agitate the patients. Despite the fact that many of the state's institutions, including asylums for white patients employed a chaplain, Barksdale made clear that local African American ministers performed this "labor of love" on a voluntary basis and without pay.<sup>7</sup> Local churches would have viewed volunteer services at Central within the realm of necessary charity work, but there was no single organization or representative dedicated to serving African American patients.

Regardless of the change in physical space, many of the same ills continued to plague Central, and were given ample opportunity to expand. By October of 1889, the medical superintendent was receiving twenty applications per week on average, which made the April 1888 renovation seem like a drop in the bucket compared to the renovations that would be needed to sustain the facility.<sup>8</sup> By the end of the fiscal year, Barksdale had requested \$60,000, to which the Legislature responded by appropriating a mere third. With \$20,000 the facility commissioned local architect, B.J. Black to design and erect a building with the capacity to house 106 male patients.

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<sup>7</sup> Barksdale, "Report of the Superintendent and Physician," *Twenty-Seventh Annual Report of the Central State Hospital of the State of Virginia (Petersburg, VA.) for the Fiscal year Ending September 30, 1897*, (Richmond: J.H. O'Bannon, Superintendent of Public Printing, 1897), 9.

<sup>8</sup> Drewry, "Central Lunatic Asylum," 754-755.

In the final decade of the nineteenth century, Central's administrative staff and board of directors took important steps to establish the Hospital as a respectable site for research and development. Established as the nation's first facility designed to serve mentally ill African Americans, Central was well poised to become the hub of mental healthcare for African Americans. The medical superintendent requested a well-equipped surgical room, a laboratory, better nursing service and other improvements to the medical department. This request, and others like it, reveal the priorities of those who ran Central. In fact, the space typically used for religious worship was repurposed into patient chapel into a surgical studio and laboratory.<sup>9</sup> This move forced patients to hold religious services in a smaller room over the general kitchen, which surely could not have been as spacious as the former. Patient comfort was deemphasized in favor of the tools deemed necessary for professional advancement. As the nineteenth century asylum came to mean custodial care, rather than therapeutic treatment, the administrative staff highlighted Centrals' uniqueness, which was tied exclusively to its Black patient population. Chapter four describes how white medical professionals used their experience treating mentally ill African Americans to bolster their careers. It also considers the importance of regional relationships between Central's staff and those at hospitals, like St Elizabeths in Washington, D.C.

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<sup>9</sup> Drewry, "Central Lunatic Asylum," 760.

## Correcting the “Abuse” of the Hospital

Overcrowding was a major problem for Central administrative staff, and rather than looking to the patients themselves, they blamed those who had committed them, introducing an entirely new social dimension to the commitment process. The commitment process had long been criticized for the time and resources involved in the commitment and transportation of the mentally ill, but there were also some major concerns about how many individuals were being wrongly committed and sent to Central. These concerns reached an apogee in the decade between 1888 and 1898, when medical professionals and their state affiliates began lobbying for more stringent adherence to the state’s commitment laws and the asylum’s intended purpose to treat the mentally ill exclusively. Instead of properly transferring and discharging patients they determined to be wrongfully committed, they directed their energies toward lobbying state official for stricter policies. Efforts to reform the state’s commitment procedures were primarily led by psychiatric professionals who believed that laypersons, law enforcement officials and others had improperly identified candidates for commitment. Dr. Randolph Barksdale, medical superintendent of Central complained:

I desire to call your attention and, through you, the attention of the Governor, to the *loose* manner the law is carried out in regard to the examination and commitment of persons who are supposed to be insane. Very often no physician’s certificate is obtained, no competent witnesses are examined, and the person is adjudged by *hearsay*. Some times epileptics from early youth, and *oftener* persons in their dotage, 80 years and upwards, are adjudged insane ordered to the asylum...This current year four persons have died within 48 hours after they were admitted. They were in the state of the delirium of fever – not insane. I hope the Governor will recommend some means to prevent this glaring disregard of the law on the subject. I

suppose this looseness in respect to carrying out the law is more common in this institution than in the other asylums of the State.<sup>10</sup>

From Barksdale's perspective, this trend presented cost and population control concerns as they were made to house and "treat" each of those who would have been better suited for a different type of institution, like the county jail or almshouse. He closed his complaint with an assumption that Central's staff was more familiar with this issue than those at other asylums, intimating that race certainly had an impact on the overwhelming amount of inappropriate commitments. Their response should be viewed through the lens of psychiatric professionals' fight to control this discourse through science and expertise, rather than allowing it to continue to be guided by anecdotal evidence, or as Barksdale called it "hearsay".

A loose interpretation of the law prompted Central's administration to act, but this trend was far more worrisome for the black Virginians who were wrongly brought before commissions of lunacy, in fact, it was a matter of freedom. One of the most basic infractions reported by Barksdale raised serious concerns about how black Virginians had been committed to Central with neither the recommendation of a physician nor the testament of credible witnesses. In essence, one could be committed on hearsay alone. Whispered accusations could quickly be transformed into credible fact, especially if offered by a white person on behalf of a black employee whom refused to work or a neighbor whom they believed to be behaving strangely. The power dynamics of commitment were complex and accusations levied by someone, black or white, with relatively more power than the accused were likely to yield a commission of lunacy, at

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<sup>10</sup> Randolph Barksdale, "Report of the Superintendent," *Annual Report of the Central Lunatic Asylum of the State of Virginia for the Fiscal Year Ending September 30<sup>th</sup>, 1890*, (Richmond: J. H. O'Bannon, Superintendent of Public Printing, 1890), 11.

best and an undetermined length of confinement at worst. Reform efforts would eventually have a profound, albeit short-lived, impact on Virginia's commitment procedures for black and white Virginians over a decade later. After numerous recommendations from Central's superintendents and their local peers, the law was amended theoretically to prevent the commitment of "harmless senile dependents" in 1901, but this problem persisted and eventually took a new shape.<sup>11</sup>

The issue persisted nearly a decade after Barksdale's initial pleas appeared in the Hospital's 1890 annual report, and in 1897, newly-appointed medical superintendent William Drewry took an even stronger approach and suggested solutions to the growing problem.<sup>12</sup> Outlining the core aspects of this issue concerned the process of identifying appropriate patients and committing them through valid medical expertise, Drewry spared no words when describing the "abuse of the hospital."<sup>13</sup> It was not unusual for each superintendent to include a brief statement related to the increase in mentally ill African Americans since the end of the Civil War, but Drewry went to great lengths to demonstrate the pronounced difference between the admissions African Americans and white Americans. Relying on statistical data for the years since 1887, Drewry argued that the rate of African Americans committed in the state had increased at a rate of 96 percent compared to 54 percent in white Virginians.<sup>14</sup> He agreed with his colleagues' contention that the number of mentally ill African Americans had increased significantly since the Civil War, but what made his account unique was that he contextualized that increase

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<sup>11</sup> Drewry, "Central State Hospital," 755-756.

<sup>12</sup> Dr. Randolph Barksdale resigned on October 20, 1896 due to feeble physical health. After twenty-five years of service, he was appointed as a consulting physician position and Dr. William F. Drewry was his replacement.

<sup>13</sup> Barksdale, "Report of the Central State Hospital," (1897), 8.

<sup>14</sup> Barksdale, "Report of the Central State Hospital," (1897), 7.

alongside the hike in Central's admissions of the elderly, infirmed, indigent and otherwise inappropriate admissions. When the asylum initially moved to the Petersburg facility in 1885, there were 373 patients. By 1896, just over ten years later, Central had more than 800 patients in need of food, clothing and shelter.<sup>15</sup> As the patient population doubled, Central's administrative staff took steps to better classify, house and treat mentally ill African Americans.

In response to Barksdale's repeated complaints regarding the commitment of young and aged epileptics, it was determined necessary to erect a separate space for their treatment. It is unclear why black epileptics were initially considered outside of the Hospital's expertise, but they were eventually integrated into the institution. On February 1, 1897, Drewry announced the completion of a new building dedicated to the treatment of female epileptics. At a cost of \$16,000, the building was a major step for the small, southern hospital and it was allegedly the first in the county to be established at a hospital for the treatment of the mentally ill.<sup>16</sup> The two-story brick pavilion was furnished with items made exclusively in the Hospital's workshop, presumably made by patients. The expansion opened up much needed space for appropriate patients, it also established an important barrier between these incurable cases and the general patient population. Drewry's 1897 Report also included a request for \$16,000 to build a similar space for black male epileptic patients. Patients who were admitted solely due to epilepsy were perceived as incurable and inappropriate for admission to Central, but those who suffered from epilepsy in addition to other afflictions were fairly common amongst the general

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<sup>15</sup> Drewry, "Central State Hospital, 759.

<sup>16</sup> Drewry, "Central State Hospital," 758.

patient population.<sup>17</sup> Diagnostic inconsistencies and misdiagnoses were among some of the factors that have muddled how patients suffering from multiple maladies were understood. Regardless, it is clear that such patients were routinely admitted by staff, sometimes repeatedly.

Masie Bowlen, a 25-year old, unemployed black woman from Richmond City's Jackson Ward, was one such recidivist. Originally committed around 1891, Masie was treated at Central for four years and allegedly suffered from epilepsy and dysmenorrhea, or painful menstrual periods. She was discharged as recovered between 1894 and 1895, but her previous, as well as new and more pronounced, symptoms persisted. After having witnessed a series of Masie's convulsive attacks and at her wit's end, her mother initiated commitment proceedings in August 1900.<sup>18</sup> Per the deposition, Masie "talked disconnectedly", fought her mother, threw rocks at her brother and attempted numerous times to get out a second story window. To keep Masie from hurting herself or any of the other family members, her father tied her hands and feet at times. Her mother kept her under constant surveillance and prevented her from wandering farther than the family's yard. Between her stays at Central, Masie was attended by Dr. J.W. Henson, who identified epilepsy as the predisposing cause and menstrual irregularities as the exciting cause of the onset of her illness. Henson reported that only when he treated her with bromide did she experience any relief from her symptoms. Unable to control Masie, her

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<sup>17</sup> Statistics taken from the Asylum's Annual Reports verify that epileptics had been admitted from the facility's opening (see Table XI of the Annual Reports of Officers, Boards, and Institutions of the Commonwealth of Virginia for the Year Ending in September 30, 1871).

<sup>18</sup> Commitment Papers 1874 – 1906, Records of Central State Hospital. Accession 41741, State government records collection, The Library of Virginia, Richmond, Virginia.

parents may have called a commission of lunacy on her behalf as a last resort to stabilizing family dynamics in the home.

Outside of elderly, infirmed and indigent, individuals who were thought to be wrongly committed to Central constituted a relatively small portion of the patient population as did those Virginians whose applications were rejected. The rejected applications should be able to reveal an entirely separate class of ailments that Central's administrative staff viewed as outside of their purview. The remaining records actually disclose the numerous inconsistencies across medical staff members' beliefs about which cases were hopeless or without much chance for recovery. For example, Sabrina Mitchell, a 30-year old housekeeper from Nottoway County, was turned away from Central for undisclosed reasons. Showing symptoms of a general depression, but no signs of violence, her father brought Sabrina to Central in November of 1905. It is likely that the medical staff rejected Sabrina's application because of the relatively harmless nature of her perceived mental illness. When her father reported that she had only been looked after at home and had never been institutionalized, this may have confirmed the staff's suspicions that the coveted asylum space would be better used to house a more troublesome or dangerous applicant. The only apparent difference between Sabrina Mitchell and Masie Bowlen, who was admitted to Central multiple times starting in the 1890s, was their preponderance for violence. While Bowlen had allegedly acted in violence towards no less than three members of her family, Sabrina had not demonstrated any signs of violence or mistreatment towards family or friends and may have caused her application to be rejected.

The improper commitment of black Virginians surely weighed on the minds of Central's administrators as they witnessed a major swell in admissions. At this same time, much of the public, black and white, were questioning the efficacy of asylums as institutions to properly treat the mentally ill. These outside challenges placed in conjunction with the actions taken by black community members described in chapter two provides a solid foundation to understand dogged pursuit of nosological standardization in efforts to bolster professional authority.

### **Treating the Various Classes of Patients**

As Central's facilities expanded to accommodate the needs of the growing patient population as well as the administration's desire to increase their professional and political reputations, the need to identify and separate the various classes of patients became unavoidable. While Central's administrative staff had very little control over those who presided over commissions of lunacy, they were the final authority when it came to official diagnoses, ward placement, and prognoses. The development of a universal nosology was a grand task that would not be fully accomplished until the 1952 publication of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) I by the American Psychiatric Association more than a half a century later. Up until this point, psychiatric professionals were more concerned with how to properly and safely contain the patient population, than effectively curing them. This endeavor required that they transfer their energies from simply managing the mentally ill to ushering hospital patients back to normalcy. Doing so required that asylum doctors and their staff allow scientific experimentation and observation to guide their actions in the future. Rather than viewing

this as a step toward more focused and scientifically driven approaches to enhancing the treatability of patients, it should be seen as psychiatric professionals' attempt to simplify the treatment of the mentally ill.

After completing either a course of study or apprenticeship, a young physician would be appointed as assistant physician to a mental hospital without having ever attended a mentally ill patient.<sup>19</sup> Specific diagnoses meant little to the hospital administration and this was evinced in the ward organization and everyday management of patients. As it related to housing, behavioral characteristics were far more important, and they continued to have an impact even once diagnoses were assigned more carefully. It was widely accepted among psychiatric professionals of the late nineteenth century that mental illness was a disease of the mind, but there were competing opinions that challenged assumptions about their origins and development. To gain the scientific authority that they sought, psychiatric professionals would have to move from practical means of understanding mental illness through visible indicators to its etiological aspects.

Despite the scientifically driven vision that psychiatrists had for their field, they reified many of the same stereotypical beliefs about race and gender that their predecessors had. For example, while mental illness affected both black and white people, they believed that African-descended people were more susceptible to these ailments due to their highly emotional and passionate nature unlike their white counterparts.<sup>20</sup> Many held that enslavement and later paternalistic systems helped to guide African Americans much like children. There were similarly problematic

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<sup>19</sup> Gerald N. Grob, *Mental Illness and American Society, 1875 – 1940*, (Princeton: Princeton University Press, 1983), 31.

<sup>20</sup> Grob, *Mental Illness and American Society, 1875 – 1940*, 38.

assumptions made about black female and male patients, assumptions that significantly altered how their mental illness was interpreted, and whether they should have come under suspicion at all.

While waging an internal battle that was more about gaining professional authority than better serving their patients, the field continued to experience challenges by former patients and their advocates as well as state reformers and professionals from various medical fields, like neurology. Accusations of “scientific incompetence” were taken far more seriously than laypersons’ charges of patient mistreatment that preceded them.<sup>21</sup> Their focus on the brain and nervous system made them prime custodians of the mentally ill. Starting in the 1870s, they developed a sophisticated critique of asylum doctors as well as the institutions themselves. After an unsuccessful effort to merge the two specialties during the late 1870s and early 1880s with little success, neurologists left the treatment of psychiatric diseases to asylum doctors and focused their energies on the understanding the complexities of organic disorders. The real difference between the two specialists lied in the locales in which they practiced as asylum doctors came into direct contact with patients via the asylum, while neurologists were more concerned with theory than praxis.

As psychiatric professionals debated the proper approach to a common nosological approach, they were faced with two options, one model that was either symptomatological, or symptom-based, and another that was somatoetiological, or causation-based classification.<sup>22</sup> The somatoetiological was preferred because, unlike

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<sup>21</sup> Grob, *Mental Illness and American Society, 1875 – 1940*, 55.

<sup>22</sup> Edward Shorter, “The History of Nosology and the Rise of the Diagnostic and Statistical Manual of Mental Disorders,” *Dialogues in Clinical Neuroscience* 17, no. 1 (2015), 59 – 60.

the symptom-based model, it could potentially help to differentiate between diseases with similar symptoms but separate causes. The German psychiatric tradition was particularly influential during the final half of the nineteenth century. German psychiatrist Wilhelm Greisinger's 1861 textbook, which presented a biological approach to insanity and placed the brain at the center of the study of psychiatric illness, was one of the earliest examples.<sup>23</sup> In the years shortly thereafter, Richard von Krafft-Ebing published the first definitive distinction between two major types of diagnoses: simple psychotic depression and psychotic melancholia, which he considered a form of psychotic depression.<sup>24</sup> Krafft-Ebing provided a skeleton that completed more than a decade later by Latvian physician Theodor Tiling.

The most significant contributor to the development of a late nineteenth century American nosology was Emil Kraepelin, a German psychiatrist whose work gained international acclaim during the 1890s. Through a series of textbooks, Kraepelin presented a clinical model that organized disease entities by biological concepts.<sup>25</sup> In doing so, he excluded previously used diagnoses, like melancholia, and replaced them with more appropriate and descriptive classifications. After Kraepelin and beginning in the second decade of the twentieth century, the next major steps toward a common nosology would be spearheaded by professional organizations, rather than individuals. Originally founded in 1844 by thirteen asylum superintendents, the Association of Medical Superintendents of American Institutions for the Insane (later the American Psychiatric

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<sup>23</sup> Wilhelm Greisinger, *Die Pathologie und Therapie der Psychischen Krankheiten*. Stuttgart, Germany: Krabbe, 1861.

<sup>24</sup> Richard von Krafft-Ebing, *Beiträge zur Erkennnuug und Richtigen Forensischen Beurtheilung Krankhafter Gemüthszustände*. (Erlangen, Germany: Enke, 1867).

Edward Shorter, *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown* (New York: Oxford University Press, 2013), 98.

<sup>25</sup> Shorter, "The History of Nosology," 60.

Association) was be at the helm of this effort and would eventually be responsible for publishing the Diagnostic and Statistical Manual of Mental Disorders (DSM). In 1913, the Association convened a committee to examine statistics related to the observation and diagnosis of psychiatric illness. In collaboration with the National Committee for Mental Hygiene, the Association released a classification that covered the entire range of psychiatric phenomena.<sup>26</sup>

The architects of this emerging psychiatric discourse, much like their predecessors, embraced a classification model that was bloated by subjective assumptions and severely hindered by its strikingly nonspecific nature. Of the belief that the mind was like any other body part that could be mended, they argued that any one of an endless list of external circumstances could lead one to a mental break, many of which were regular occurrences in the lives of black Virginians. The list included domestic difficulties, grief, anxiety, adverse circumstances, business failure, pecuniary difficulties, sudden fright, worry and mental overwork.<sup>27</sup> Given black Virginians' second-class position within the political sphere, lack of protection under the law and severely restricted education, employment and housing opportunities, it was not unlikely that many would have struggled with ailments perceived to be mental illness at one time or another.

The stark incongruence between African Americans' theoretical emancipation and their bleak lived experiences could have been considered a major contributing factor to their alleged declining mental health, had psychiatric professionals been working with a nosology that recognized the compounding harms of white supremacy. Such a model would have been most helpful to a patient like Fletcher Boyd, who was admitted to Central

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<sup>26</sup> Shorter, "The History of Nosology," 61.

<sup>27</sup> Grob, *Mental Illness and American Society, 1875 – 1940*, 38.

in September 1905.<sup>28</sup> Fletcher's commitment file describes a history of mental attacks, but one stands out in contrast to the others, it reads, "First one got mad and was deranged a while. Second one got mad at being called burr head, jumped up and down time after time hollering and swearing." The race nor gender of Fletcher's tormentor were provided but it was clear that his second attack was in response to a racial slur. While racial discrimination could not account for the whole of Fletcher's mental illness, a serious consideration of the impact undue stress, anxiety and depression stemming from living under white supremacy would have surely aided efforts towards his recovery. Healing of racial trauma would require an acknowledgement that the trappings of white supremacy caused the alleged rise in mental illness among African Americans, which made far more sense than psychiatrists' theories about the burdens of emancipation. In any case, this was not an avenue that any white psychiatric doctor, southern or otherwise, would entertain.

As the nineteenth century came to a close, Central's administrative staff made numerous requests for funding to construct more buildings for patient and administrative use. The space to be used for patients was guided by a simple classification system that placed similar types of patients together to minimize violence, escape, or other practical concerns. While it was far more elementary than the model presented by Kraepelin in the following years, it provided an unprecedented level of order to the facility. Patients were reportedly organized based primarily on their external symptoms and the level of danger that they posed to themselves, their peers and the institution. Superintendent Drewry

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<sup>28</sup> Commitment Papers 1874 – 1906, Records of Central State Hospital. Accession 41741, State government records collection, The Library of Virginia, Richmond, Virginia.

described the basic categories as follows: the recent and acute cases, the chronic, the demented, the sick, the tubercular, the epileptic, the criminal and the suicidal.<sup>29</sup> Ideally each group would have had a separate building but as it were, many were forced to share newly-erected buildings due to growing need. For example, in 1902, Drewry boasted the plans for a new building that would house “epileptics and dements” on the first floor and “quiet outdoor patients” on the second, while leaving the third-floor open to male attendants.

Of particular interest of the groups included are the epileptic and criminal patients, but there are also some groups that are curiously absent, including the feeble-minded as well as the juvenile patients. Their absence from the record, despite the fact that they were present, leaves major gaps in our understanding of how Central’s administration dealt with these fairly common challenges. While they sought solutions to housing these patients on a daily basis, they also lobbied the state legislature to both provide funding to solve the immediate problem and establish spaces explicitly for their care in the future. They dealt as best they could until their pleas were answered. Individuals labelled feeble-minded fell outside of these crude classifications, but were regularly admitted since the Hospital’s establishment. After Superintendent Barksdale saw some success in housing the female epileptics separately from the general population in 1897, Drewry, his successor requested an additional \$16,000 from the legislature to establish a similar building for male patients the following year.<sup>30</sup> Due to the increase in epileptic patients, it was recommended that there be an epileptic colony established for their care shortly

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<sup>29</sup> Drewry, “Central State Hospital,” 759.

<sup>30</sup> *Annual Report of the Central State Hospital of Virginia, (Petersburg, VA.) for the Fiscal Year Ending September 30, 1898*, (Richmond: J.H. O’Bannon, Superintendent of Public Printing, 1908), 13.

thereafter. In 1910, the state moved forward with this recommendation and established the State Colony for Epileptics and Feeble-minded.

Unsurprisingly, there was no separate space set aside for the juvenile patients that were “treated” at Central given their relatively small numbers. The lives of African American children living within the carceral state, either due to the incarceration of a guardian or because of their own conviction, have been largely ignored by scholars as they have been virtually invisible within the historical record. Historian Talitha LeFlouria described the roles undertaken by juvenile prisoners who lived within the Georgia state prison system and the children held at Central were not altogether different. Similar to some of LeFlouria’s youth, those at Central were especially vulnerable and had been committed as adults in the eyes of a vicious carceral state.<sup>31</sup> It is likely that they were expected to complete work assignments that were similar to those assigned to adult patients. It is curious that the only record verifying their presence at the asylum can be found in a single statistical table. No information was recorded about their living conditions, work expectations, education or recreation opportunities or familial circumstances, which suggests that they faded in the masses of adult patients and were ultimately forgotten.

Despite Central’s effort to establish a separate space for violent patients who committed crimes, a need remained for more effective ways of managing this most unpredictable population. As the dialogue regarding the appropriateness of patients continued between psychiatric professionals and laypersons, a separate group of state-affiliated medical professionals sought their own remedies to control African Americans

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<sup>31</sup> Talitha LeFlouria, *Chained in Silence: Black Women and Convict Labor in the New South* (Chapel Hill: University of North Carolina Press, 2015), 165-7.

thought to be criminally insane or mentally ill African Americans who committed violent crimes. The next section describes how a group of criminally insane black men sat at the nexus of prevention, punishment and mental illness in this untold history of castration in Virginia.

### **Dr. Charles Carrington and Illegal Sterilization of Virginia's Criminally Insane**

Working-class, mentally ill African Americans who committed violent crimes were more likely to find themselves confined to the state penitentiary than admitted to Central. While multiple variables came into play when placing an individual at either, there was no clear determining factor that was used consistently. The proper placement of violent and criminally insane persons was a particularly frustrating aspect of the administration's responsibilities. If improperly placed, the individual could potentially wreak havoc on the institution and its charges. Some particularly pernicious criminals who demonstrated signs of mental illness would come to know the inside of both institutions intimately. They would also be among the state's first victims of an unprecedented program of extralegal sterilization headed by Dr. Charles Carrington of the Virginia State Penitentiary.

Prisoners who were also mentally ill were especially vulnerable to abusive and experimental procedures theorized by institutional physicians, especially because of the place they occupied on the fringes of society. Historian Ethan Blue described the paradox of penitentiary medical care, which gave prisoners regular access to modern medical professionals, but in turn, gave physicians unfettered access to them as experimental subjects. Blue described the experimental procedures that Dr. Leo Stanley performed on

prisoners at San Quentin State Prison during the Great Depression.<sup>32</sup> Like Carrington's victims, the San Quentin prisoners that piqued Stanley's interest were subject to punitive sterilization, but there were also reports that Stanley performed freakish experiments where he attached dead testicular tissue and goat genitalia to live patients. Like enslaved persons living during the antebellum era, medical care could be used as a form of disciplinary control and those who were being punished may be left untreated and left to die from injuries that would not have commonly been lethal. The paradoxical relationship meant that their health would likely be closely monitored, but they would also be forced to undergo numerous, unnecessary, often painful, experimental procedures without anesthetic.

Between 1902 and 1911, Carrington performed ten sterilizations on penitentiary inmates, nine of which were black and seven of which were eventually sent to Central.<sup>33</sup> Three of those inmates – Hiram Steele, Frank Baylor and Morris Scott – were black men who were convicted of violent crimes and also had a history of mental illness. While Carrington was allegedly acting on his own authority, he operated on his victims with impunity for more than a decade at the state's expense; and only once the surgeon fell out of favor was his employment terminated, a response and ensuing aftermath that demonstrate the Board of Director's investment in the reputation and health of the institution, rather than in the safety and wellbeing of its charges. Carrington's experiments are key to understanding how the state floundered when faced with black male prisoners that they found too dangerous to treat within an institutional psychiatric setting but also

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<sup>32</sup> Ethan Blue, *Doing Time in the Depression: Everyday Life in Texas and California Prisons* (New York: New York University Press, 2012), 194.

<sup>33</sup> Carrington reported that he performed twelve sterilizations but none of the records from his procedures were preserved. The Virginia State Penitentiary Hospital ledger lists only ten sterilizations.

too insane to punish alongside other inmates. While they constituted a small group, their stories verify that mentally ill African Americans were at the beginning of the state's first institutionalized program of sterilization. These unrecognized victims reveal the earliest iterations of ideologies that guided the 1924 Eugenical Sterilization Act, those that conflated mental illness, criminality and other perceived forms of deviance.

Charles Carrington was born and educated in Virginia, where he began his career as a residential physician at Richmond's St. Luke's Hospital in 1889. After serving as part-time physician to the Virginia State Penitentiary along with other medical positions for nearly a decade, he was appointed to the position of head surgeon on September 15, 1900.<sup>34</sup> His appointment would be a major turning point in his career, but more importantly, it represented a dark and unrealized portion of the state's history of sterilizing those they feared. Early in his tenure, Carrington became a staunch critic of the Penitentiary and regularly called attention to the squalid and dangerous living conditions, including the practice of housing criminally insane inmates along with the general population. However, these complaints were confined exclusively to the regular reports that he was required to submit as head surgeon. Of his few praises of the institution, Carrington was quite pleased with the surgical suite that the penitentiary provided for necessary onsite surgeries. As head surgeon, Carrington had a great deal of authority and wielded it vigilantly.

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<sup>34</sup> Dale M. Brumfield, *Virginia State Penitentiary: A Notorious History* (Charleston: The History Press, 2017), 102.

## **Hiram Steele, Notorious Negro Outlaw and Occasional Lunatic**

More than two decades before the state endorsed official sanctions regarding the sterilization of its “defective” citizens, Carrington instituted his own unprecedented program of institutionalized sterilization in 1902. Hiram Steele was one of Carrington’s first recorded operations and the Virginia State Penitentiary surgeon went to great lengths to justify the extreme measures. Carrington described Steele as the “wildest, most violent, and the most homicidal devil,” and was determined to transform him.

Steele had a long criminal record and history of mental illness before he reached Carrington’s surgical suite in 1902. Little is known about his childhood but it is rumored that he tried to kill his mother in his teens, which initially brought him to the attention of state authorities. He initially faced a commission of lunacy in January 1895, was adjudged insane in the same month, and admitted to Central in February 1895. In 1896, the Tazewell County resident was convicted of fatally shooting a black woman named Mary Nash.<sup>35</sup> After killing Nash, Steele evaded capture only briefly, and shortly afterward he was arrested and charged with second-degree murder. Some of the earliest coverage of Steele’s 1896 case from local, white newspapers characterized the murderer as “crazy,” but they also included a caveat that “many of his own race declare that he is only putting on to escape the penalty of his crime.”<sup>36</sup> Only after Steele was convicted was it confirmed that he suffered from some form of mental illness, but it is unlikely that this information would have significantly affected his plea, conviction or sentencing. After arriving at the

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<sup>35</sup> *Clinch Valley State News*, October 30, 1896, 3. Article also mentions that Steele may have killed another black woman as well as a young boy in years previous but does not provide any additional details.

<sup>36</sup> *Clinch Valley State News*, 3.

penitentiary in 1897, Steele immediately posed disciplinary problems and was eventually sent to Central because of his uncontrollable and unpredictable behavior. Unsure of the root of his malevolence and unable to safely house him with others, administrators at the Virginia State Penitentiary and Central State Hospital housed Steele on a revolving door basis, sending the troublesome inmate back and forth between the institutions and effectively shirking the state's responsibility.<sup>37</sup>

Throughout his time at the penitentiary and asylum, Steele posed both a security and flight risk for staff. He reportedly killed another patient with a mopping broom and had a history of successful escape attempts.<sup>38</sup> During his second escape on April 28, 1901, he evaded law enforcement for more than a year but was eventually arrested at his father's Tazewell county home after he reportedly had "gone on the war path by carrying a gun and threatening citizens in that neighborhood."<sup>39</sup> Arrested without incident or violence, Steele was held at the Tazewell County jail, it was presumed that he would be returned to the penitentiary to serve the remainder of his nine year sentence.<sup>40</sup> As a testament to the difficulty that Steele posed, it took Tazewell County authorities more than three weeks to get Central to readmit him as a patient.<sup>41</sup> After initially being rebuffed by the heads of the penitentiary and hospital, the Tazewell County sheriff appealed to the state's attorney general who decided Steele was to return to Central.<sup>42</sup> Despite this

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<sup>37</sup> Brumfield, *Virginia State Penitentiary*, 105.

<sup>38</sup> "Hy Steele Loose Again. For the Second Time he Eludes his Keepers," *Clinch Valley News*, May 3, 1901, 2.

<sup>39</sup> "Convict Hi Steele and His Ability to Go Crazy. Desperate Negro Murderer, Who Escaped from Prison, Captured in Tazewell," *Richmond Dispatch*, June 14, 1902, 7.

<sup>40</sup> Letter from H.G. Perry to Sherriff of Tazewell County, July 3, 1902; "Hy Steele Loose Again," *Clinch Valley News*, May 3, 1901, 2. *Tazewell Republican*, June 12, 1902, 4.

<sup>41</sup> H.G. Perry to Sherriff of Tazewell County, July 3, 1902; "Hi Steele Brought Back," *Richmond Dispatch*, July 6, 1902, 6.

<sup>42</sup> *Tazewell Republican*, July 10, 1902, 4.

decision, Steele was eventually returned to the penitentiary and it was during this remittance that Steele came under Carrington's curiosity.

His bandying between Central and the penitentiary along with his storied escapes made Steele well-known across the state and earned him particular notoriety in local newspapers. And this coverage revealed an interesting dimension to the black criminal discourse that was emerging at this time. Reporters for the *Richmond Times* and others wrote at length about each crime, escape and crazy deed related to Steele. They were also careful to include their own suspicions as well as those of unnamed members of Tazewell County's black community about whether Steele was feigning mental illness to avoid the penitentiary. Community members' comments about Steele's sanity bear a striking resemblance to those mentioned by white community members in chapter two's case of William O'Boyle, a white Virginian who was convicted of killing a black woman. Unlike O'Boyle, Steele was black, had a verified history of mental illness and neither of his victims were white. Regardless of some community members' assumptions that he was sane, Steele's behavior and unruliness prompted officials to question his sanity.

Carrington reported that in September of 1902, he performed a successful vasectomy on Steele and described the procedure in far less detail than he devoted to his feverish arguments in support of the practice. In a series of articles published in *The Virginia Medical Semi-Monthly*, Carrington used the sterilization of Steele and his peers to bolster his arguments in support of the use of sterilization as a successful deterrent to habitual criminality. He believed that the sterilization of habitual criminals would reduce crime rates overall and served a greater good more important than the individual rights of criminals. He wrote, "The criminal has by reason of his acts forfeited the rights of

citizenship, and as a further punishment he is sent to the penitentiary at hard labor, etc., and as a still further punishment, if he is a rapist, murderer, burglar, or guilty of arson or train-wrecking, he should be prevented from reproducing his species. That especial breed should be stopped.”<sup>43</sup> Carrington spared no detail when referring to the animal nature of his subject as well as the ever-present danger that he posed to distract from the extremity of his method. “He was also the fiercest masturbator I ever heard of; as strong as a bull, as cunning as a hyena, and more ferocious and quite as dangerous as a Bengal tiger.” In less than fifty words, Carrington summed up the procedure, leaving the majority of the article consigned to his arguments in favor of the sterilization of all habitual criminals.<sup>44</sup> Lauding his “work,” he boasted, “Nearly six years later, he is a slick, fat, docile prisoner, a trusty about the yard – cured by sterilization.”<sup>45</sup> Just over seven years later in October of 1909, Carrington performed the same operation on Moscow Savage, the only white male inmate who received the procedure. There was a lag in time between Carrington’s first and second recorded surgeries, but his experiments picked up momentum shortly thereafter.

In February of 1909, Frank Baylor was convicted of criminal assault and sentenced to eighteen years in the state penitentiary. Mrs. Eugene Howard, a white woman, accused him of attacking her in December of 1908.<sup>46</sup> Howard alleged that Baylor followed her home from the market, attacked her from behind and carried her into the bushes outside her home. She claimed that after calling out to her daughter, her would-be attacker was

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<sup>43</sup> Charles Carrington, “Sterilization of Habitual Criminals,” *The Virginia Medical Semi-Monthly* 14, (December 24, 1909): 422.

<sup>44</sup> Charles Carrington, “Sterilization of Habitual Criminals with Report of Cases,” *The Virginia Medical Semimonthly* 13, (December 11, 1908): 389.

<sup>45</sup> Carrington, “Sterilization of Habitual Criminals with Report of Cases,” 390.

<sup>46</sup> “Negro Attacks White Woman, Screams of Little Daughter Frightened Fiend Away Now in Jail,” *The Times Dispatch*, December 8, 1908, 3.

frightened off. Baylor was convicted of criminal assault and sentenced to Virginia State Penitentiary for 18 years. After serving less than once year in prison, Carrington performed an operation on Baylor on December 2, 1909.<sup>47</sup> It is unclear what brought him to Carrington's attention, but after the operation, the surgeon reported that Baylor was cured and added, most importantly, "when he completes his sentence and leaves he cannot reproduce his species."<sup>48</sup> He was later transferred to Central on May 16, 1910, where he was confined until his death eight years later.<sup>49</sup> If Baylor was in fact cured, it is unclear why he would have been transferred to Central less than one year after the experimental procedure. Just like Steele, less than six months after the procedure, he exhibited such disruptive behavior that they were again transferred to Central. These results, had they been properly recorded, may have dissuaded Carrington from continuing his experiments. Instead, Carrington ramped up the program.

On January 17, 1910, Richard Mills was sterilized along with two other black male inmates: Chris Hayes and Morris Scott.<sup>50</sup> Mills was convicted of murder in Pittsylvania County when he fatally shot his brother Columbus Mills after a craps game.<sup>51</sup> Chris Hayes was serving a sentence for attempted rape and Scott was the group's only nonviolent recidivist as he had only been jailed for larceny and housebreaking. The group represented a fairly diverse set of crimes, but their sexual proclivities and history of mental illness were of more importance for Carrington's purposes. Accusations of masturbation

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<sup>47</sup> Frank Baylor, Hospital Admittance Register, Volume 79, Records of the Virginia Penitentiary, Series II. Prisoner Records, Subseries A. Registers, Accession 41558, State Records Collection, Library of Virginia.

<sup>48</sup> Carrington, "Sterilization of Habitual Criminals," 422.

<sup>49</sup> Death Certificate of Frank Baylor, No. 34384, Virginia Bureau of Vital Statistics, State Records Collection, Library of Virginia, Richmond, Virginia.

<sup>50</sup> Hospital Admittance Register, Volume 79, Records of the Virginia Penitentiary, Series II. Prisoner Records, Subseries A. Registers, Accession 41558, State Records Collection, Library of Virginia.

<sup>51</sup> *Alexandria Gazette*, November 23, 1908, 2; "Fatal Crap Game," *The Times Dispatch*, November 23, 1908, 3.

and sodomy peppered his published observations and Carrington assured his readers as well as viewing audiences that his methods left the inmates *cured*.<sup>52</sup> It was no accident that black male inmates were the bulk of Carrington's experimental subjects. Their race, gender and position as penitentiary inmates most likely assured Carrington that, if revealed to the public, his quest to cure an especially pernicious criminal class far outweighed their individual rights.

There are numerous problems with Carrington's description of the operations as well as the conclusions drawn thereafter and presented to colleagues later at professional conferences, but Steele's case represents some of the largest concerns. The most suspicious aspect of the experiments was Carrington's failure to accurately record what had taken place. Even though there was some disagreement among his contemporaries as to whether sterilization actually impacted criminal and sexual impulses, Carrington moved forward with the understanding that inability to produce testosterone would conquer those compulsions entirely. He claimed that he transformed Steele, the contrary masturbator, into a docile "trusty," not to be confused with a trustee or model prisoner who earned his status through good behavior. Trusty prisoners were a regular fixture on state prison farms, like Mississippi's Parchman Farm, one of the region's oldest and most notorious American carceral institutions. Farms such as these were managed on a strict budget that received little, if any, funding from the state for staff, food and many other necessities. The burden of running the farm and managing daily inmate labor rested with trusty prisoners, who were often serving long terms for murder.<sup>53</sup> Their position was

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<sup>52</sup> Carrington, "Sterilization of Habitual Criminals," 422.

<sup>53</sup> David Oshinsky, *Worse than Slavery: Parchman Farm and the Ordeal of Jim Crow Justice* (New York: Simon & Shuster Inc., 1997), 140.

similar to that of an overseer, whose privileged status was only as secure as his ability to control his peers oftentimes through intimidation and violence. The characteristics necessary of a trusty inmate may have been docile and sleek in the face of white authority, but Steele would have been feared, and possibly hated, by the other inmates for his cruelty. This is important because it calls into question Carrington's stated objectives and their relationship to the outcomes. Perhaps Carrington's experimental procedure was less about curing Steele's compulsions and more about conditioning him to his penal environment, ridding him of the urge to escape as he had many times before and providing the penitentiary with yet another "trusty about the yard."<sup>54</sup>

Prison hospital ledgers are especially helpful in identifying which procedure may have been performed as they are the only existing record of the operations. Carrington recorded that he performed vasectomies, the label that replaced the scratched through but clearly written "testectomy" that was originally recorded.<sup>55</sup> Vasectomy was a relatively simple procedure that included severing the vessels connected to the testicles to prevent the delivery of sperm during ejaculation. But the testectomy required the removal of one or both testes, effectively ceasing testosterone production in addition to the objectives achieved by vasectomy. While it is possible that this was a clerical error, it is more likely that the record was modified afterward, which leads to questions about what the surgeon would have been trying to disguise given his relative autonomy as head surgeon. Carrington was well aware of the general opposition by his professional peers to complete castration as opposed to slight acceptance of the milder sterilization. There was an

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<sup>54</sup> Carrington, "Sterilization of Habitual Criminals," *The Virginia Medical Semimonthly* 13, (December 11, 1908), 390.

<sup>55</sup> Brumfield, *Virginia State Penitentiary*, 106.

acknowledgement of the public's right to protect itself from the regeneration of criminals and other social outcasts, but there was also great reluctance to cripple these most personal of organs.<sup>56</sup> The first recorded vasectomy was performed just three years before Carrington operated on Steele by Dr. Albert Ochsner in 1899 and was meant to mitigate some of the more phallocentric concerns associated with completed castration. It is possible that the modified ledgers were an effort to hide Carrington's attempts at a different, more invasive procedure than was accepted at the time.

Another area of concern lies in Carrington's intended objective when he began experimenting on penitentiary inmates. Regardless of the program's clearly eugenic underpinnings, his actions cannot be removed from the theatre in which they were performed, exposing a punitive aspect to the operations. In his 1908 article, Carrington prescribed sterilization as an enduring cure-all for habitual criminals and lumped the incorrigible "second termers" in with those who led a life of criminal activity. If not executed immediately, Carrington argued that sterilization was a proper deterrent for those who committed arson, rape, train wrecking or murder in the first degree.<sup>57</sup> While many of the penitentiary's inmates fit this category, the inmates that he chose had been convicted of a variety of crimes, including those listed above as well as other relatively minor crimes like housebreaking, it is likely that their mental health history was of more concern than their criminal charges.

The inmates' mental health history may have been the guiding factor in how Carrington went about identifying potential surgical candidates. Of the ten inmates, nine

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<sup>56</sup> Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore: The John Hopkins University Press, 2008), 23.

<sup>57</sup> Carrington, "Sterilization of Habitual Criminals," 389.

of them were transferred to a state asylum before or after surgery, including the sole white inmate Moscow Savage. This is particularly significant because Carrington downplayed their mental health history in favor of their perceived sexual perversions. For example, while he admits that Steele went back and forth between the penitentiary and asylum, he failed to mention that Steele was again declared insane in December of 1902, almost three months after he was sterilized. As one of his first cases, Carrington surely would have been aware of Steele's continued mental health concerns and definitely would have been informed of his transfer back to Central in December of 1902.<sup>58</sup> Steele's commitment and transfer does not bode well for Carrington's claim that he was rehabilitated, well-behaved and no longer of concern to the state. A preoccupation with the inmates' propensity for masturbation was also evident in Carrington's justifications, a position guided by fellow surgeon Harry C. Sharp's work at the Indiana Reformatory. Sharp's similar obsession with onanism or habitual masturbation provided a method for Carrington's madness. But even Sharp, a harsh butcher of a surgeon who did not use anesthesia, advocated a minimally invasive vasectomy instead of castration.<sup>59</sup> Moreover, Carrington's conflation of crime and sexual habits, like masturbation or sodomy, reveal the close proximity in which these things were viewed by medical professionals.

Carrington served as head surgeon from 1900 until scandal erupted in 1911, when he publicly accused the Prison Board of Directors, warden and governor of malfeasance, nepotism and other wrongdoing in an article published in the *Richmond Times-Dispatch*.<sup>60</sup>

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<sup>58</sup> Brumfield, *Virginia State Penitentiary*, 107-8.

<sup>59</sup> Lombardo, *Three Generations*, 24.

<sup>60</sup> "Says Governor Used His Power, Carrington Claims He Exerted Influence to Elect Nephew, Shoe Company Also Assailed," *Richmond Times Dispatch*, October 3, 1911, 1, 7; "Governor's Nephew Wins in Hot Fight for Office," *Staunton Spectator and Vindicator*, October 6, 1911, 1; "Repeats Charges Against Board," *The Times Dispatch*, October 6, 1911, 9. "Decides Against Prison Surgeon," *The Times Dispatch*, October 30, 1911, 1.

In July of 1911, Carrington allegedly reported inmate abuse that he witnessed at the Thacker Boot and Shoe Company, a contractor affiliated with the penitentiary, to a reporter at the *Times-Dispatch*. Just months later in September, Carrington was to be reappointed to his position as he had been many times before, when Governor Horace Mann nominated his nephew instead. Feeling as though he was treated unfairly, Carrington took to the same *Richmond Times-Dispatch* to air his grievances. Unbeknownst to Carrington, regardless of the problems that he brought to light, his services were no longer wanted at the state penitentiary. After bringing his case before the Richmond Circuit Court, Carrington was reappointed to his position on December 6, 1911. Despite the judge's ruling and much to his dismay, Carrington was denied entry when he returned to work.<sup>61</sup> He ended his career in private practice but continued to be a strong advocate a eugenics-guided policy of sterilization for the state of Virginia.

It is unclear whether Carrington's dismissal should be attributed to his public allegations in the *Times Dispatch*, a nepotistic appointment on the governor's part, the discovery of his suspicious experiments or a combination of all three. But there are also aspects of Carrington's fall from grace that cast doubt on his self-identification as a whistleblower for inmate abuse. At no point prior to 1911 had Carrington brought charges of inmate abuse before the Board, which leads to questions about why this was the opportune time to publicly accuse the penitentiary board, superintendent and state governor. It is possible that the details of Carrington's experiments were discovered, and he was pressured to offensively act in an unsuccessful, last-ditch effort to preserve his reputation.

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<sup>61</sup> Brumfield, *Virginia State Penitentiary*, 114.

Carrington's operations are important to understanding the treatment of mentally ill black Virginians because they reveal how medical professionals employed within similar carceral spaces worked in concert with their peers at Central to control mentally ill Virginians who committed crimes. While it is possible that Carrington actively kept the details of his work from board members and administrative staff at the penitentiary, it is highly unlikely that Dr. William Drewry, the superintendent at Central during this period, was unaware of those details. In fact, historian Gregory Michael Dorr goes as far as to suggest that Drewry gave Carrington permission to carry out his experiments, at least in Steele's case.<sup>62</sup> Carrington's desire to figure out the links between sexual impulses, criminal compulsions and mental illness could not have come at a more fortuitous time as Central had recently updated its facilities to accommodate a more robust research agenda. Drewry's desire to grow Central's profile as a research institution may have incentivized his decision to approve Carrington's experiments.

Even though castration was not adopted by the state as its primary means of sterilizing those deemed unfit, Carrington had a profound influence on the public and professional dialogues surrounding these topics. Even after he was unceremoniously turned away from the penitentiary, he lectured on the benefits of eugenic marriage before the State Medical Society in October of 1913 and continued to publish articles in Virginia newspapers about the inmate abuse that he witnessed during his tenure.<sup>63</sup> Considering that Carrington continued to be an outspoken critic of the penitentiary, it is unlikely that the administration and board of directors would have protected his experiments from the

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<sup>62</sup> Gregory Michael Dorr, "Defective or Disabled?: Race, Medicine, and Eugenics in Progressive Era Virginia and Alabama," *The Journal of the Gilded Age and Progressive Era* 5, no. 4 (October 2006): 379.

<sup>63</sup> Brumfield, *Virginia State Penitentiary*, 115.

public scrutiny that they surely would have garnered. It is also unlikely that the administration was unaware of the grotesque experiments that Carrington was performing. In fact, it may have been their knowledge of Carrington's failures that pushed them to deny his reappointment and sever all ties with the surgeon. Moreover, if Steele's operation was the success that Carrington claimed that he was, then the administration would have capitalized on it at some point between when it was conducted in 1902 and Carrington's dismissal in 1911.

Carrington's experimental procedures on predominately black, mentally ill prisoners cannot be divorced from earlier scientific experimentation on black bodies, like James Marion Sims' early gynecological procedures on enslaved women in Alabama during the 1840s. Deirdre Cooper Owens has described the ways that enslaved black women, specifically Lucy, Betsy and Anarcha, served as "mothers of modern gynecology" because of their unwilling contribution to the field of gynecological medicine.<sup>64</sup> This contribution has largely been sanitized to disguise the wrenching physical carnage and horrifying mental anguish that accompanied such experiments. Like enslaved women whose bodies were exploited, the unwilling contributions of Steele and his peers has been also been misframed by the advancements they brought about. While not as widely useful as the surgical technique required to repair vesico-vaginal fistula or development of the speculum, the data generated from Carrington's study was practically useful. If only to reveal that such invasive methods were unlikely to gain either professionally or publicly acceptable, their unwilling sacrifice likely kept others from experiencing the same fate.

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<sup>64</sup> Deirdre Cooper Owens, *Medical Bondage: Race, Gender and the Origins of American Gynecology* (Athens: University of Georgia Press, 2017), 25.

During the final decade of the nineteenth century and the opening decade of the twentieth century, Central encountered many obstacles that profoundly changed the daily experiences of its patients and employees. Overcrowding, illegal commissions of lunacy, the intermingling of violent and non-violent patients all weighed on Central's administration. As the number of mentally ill black Virginians increased, the state and its actors worked to manage them but each with their own objectives. While American psychiatric professionals and similar institutions were primarily concerned with eking out their own niche within the medical community, Central's medical staff was consumed with the daily tasks of asylum administrators. As they faced these obstacles, they developed more efficient ways of treating mentally ill African Americans. They recognized this as a prime opportunity for career advancement as the field was moving forward and identifying innovative approaches to the treatment and care.

During this same period, medical professionals, like Dr. Charles Carrington of the state penitentiary, saw far more sinister opportunities. Carrington used the public fear surrounding mental illness and the popularity of the eugenics movement to support his arguments in favor of sterilization. This chapter has demonstrated just some of the ways that the state and its actors, working in collaboration or not, managed the various classes of mentally ill black Virginians. The following chapter focuses more closely on the role of race and gender in the development of an American nosology, one that would shape the nation's psychiatric thrust for the coming century. In doing so, it highlights the collective strength that professional organizations held in validating psychiatric thought and fostering networks of similarly minded psychiatrists. Keeping Carrington's "work" in mind, the chapter also explores how black female patients were fit into a relatively white

discourse surrounding hysteria and other gendered forms of mental illness that were in vogue during and just before World War I.

## **Chapter Four: Classification, Gender and Resistance in the Modern Psychiatric Hospital**

Mary and Robert Goode were arrested on June 27, 1911 after it was reported that Robert had tried to “make away” with their four children “by forcing them under the cars” of the Seaboard Air Line Railway.<sup>1</sup> It was of no consequence that there was an absence of evidence tying Mary to her husband’s alleged scheme to harm the children – both parents were arrested and the children were placed in the care of friends. The couple had recently sold their home and farm in Dinwiddie County, and while their plans were unknown, Mary was arrested clutching a bank deposit slip for \$700 and just over \$100 in cash. Both parents faced commissions of lunacy by late afternoon of the same day and would await transport to Central at the county jail. There was no mention of Robert’s behavior, but during their internment, Mary reportedly tried to commit suicide by banging her head against her iron bedframe. Based on observations taken during these brief interactions, the following conclusions were drawn: “She [Mary] is apparently insane on religion, while the man’s [Robert] trouble is his money and the fear that he will be robbed of it.”<sup>2</sup> The case of the Goode commitments is unique because it includes the simultaneous commitment of two people, one female and the other male, accused of the same act, but guided to that action for two presumably different reasons. In part, this chapter seeks answers to the following questions: did gender influence how symptoms of insanity were interpreted during commitment? How did the alleged cause of psychosis, as reported at this stage, impact the lives of African American female patients once received at Central? how did race and gender bias impact how African

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<sup>1</sup> “Couple Violently Insane,” *The Times Dispatch*, June 27, 1911, 5.

<sup>2</sup> “Couple Violently Insane,” 5.

American female patients were understood within the modern American psychiatric hospital?

Chapter four opens with a continuation of Central's institutional history from 1910 up until 1924 with a focus on how the facility's administration managed the various groups of female patients. It chronicles the facility's shift toward institutional modernization and collective professionalization that typified the Progressive era. As Kraepelin's psychiatric theories crossed the Atlantic and shuffled toward Petersburg, the patient population became some of the nation's first modern black psychiatric subjects. The administration's adoption of Kraepelin's theories along with a uniquely southern understanding of race and gender played a critical role in how black women existed within the asylum, including where they slept, the type of work they were assigned and what degree of freedom they were allowed. While it is especially difficult to locate the voices of African American female patients within the medical archive, where possible, this chapter includes their words, which texture our understanding of how they experienced their confinement. The final portion of the chapter considers the most common alleged causes of psychoses and diagnoses attached to Central's female patient population. It explores how black women's positions as mothers factored into their commitment, including a brief description of the Hospital's maternity ward and protocols put into place for expecting patients.

### **Modernizing Central State Hospital**

The second decade of the twentieth century marked the beginning of a transformational period for the Hospital as the staff made major strides toward

professionalization and advanced levels of scientific inquiry. This included the reorganization of numerous departments, further investment in the onsite medical library and the development of a specialized nursing program. Each of these additions were steps towards a modern psychiatric hospital, strides that Drewry and his staff viewed as necessary to raising the Hospital's profile as well as their own. In 1910, Emil Kraepelin's classification model was formally adopted, a decision that helped to streamline the incredibly subjective diagnostic process. Utilizing Kraepelin's model allowed for clearer and more precise comparisons of African American mental health across states and regions, but remained open to varying degrees of individual interpretation. This section outlines how Central came to adopt this transatlantic discourse on race, gender and insanity. It is especially interested in how developments in psychiatry and eugenics overlapped and crossed into the Hospital via Central's medical superintendent William Drewry. Changes in patient demography also brought about important shifts that forced the Hospital into continued expansion. The preponderance of repeated admissions along with overcrowding moved Drewry to launch a campaign focused on preventative measures and an after-care model to lessen the burden placed on the state's only facility for African Americans.

Entering his fourteenth year at the helm, Drewry was the institution's fiercest advocate and ensured that the Hospital was as modern as the budget would allow. Meeting this objective meant expanding the Hospital's staff, including hiring a pathologist, more nurses as well as a four-person assistant medical staff. Many of Drewry's staff members rose to the occasion and met the superintendent's charge with great enthusiasm. Between August of 1909 and May of 1910, the resident pathologist,

James C. Bardin, quickly reorganized the relatively new department. Bardin instituted a new examination process for recently admitted patients and conducted regular laboratory work; he was also tasked with completing post-mortem examinations “when allowed.”<sup>3</sup> It is unclear whether or not the Hospital sought the approval of deceased patients’ families or gave them the option to refuse the post-mortem examination, but given that only twenty-nine of the 195 deceased patients underwent a post-mortem, it is likely that many family members objected. Yet, for patients without family members or friends, post-mortem examination, dissection and potential display were possible. There is a long and muddled history of white institutions, who either stole or otherwise acquired the remains of African American people through ill means, to learn from them through dissection and various forms of experimentation. The discriminatory treatment that African Americans experienced in life certainly followed them to the grave as graverobbers frequented African American cemeteries to procure their wares. Body snatchers, as they have been colloquially called, were typically medical men, or those who were hired by them, to procure cadavers for medical instruction. Like Bardin at Central, early twentieth century medical professionals felt entirely justified in butchering deceased African Americans in the name of science. They felt that whatever desecration to the body was easily superseded by the knowledge learned through autopsy.<sup>4</sup>

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<sup>3</sup> James C. Bardin, “Report of the Pathologist,” in *Fortieth Annual Report of the Central State Hospital of Virginia (Petersburg)*, (Richmond: Davis Bottom, Superintendent of Public Printing, 1910), 22.

<sup>4</sup> For more information about the theft and unlawful use of African American cadavers, please see “‘Resurrection Men’ in Dallas: The Illegal Use of Black Bodies as Medical Cadavers (1900 – 1907),” *International Journal of Historical Archaeology* 11 (2007): 193 – 220; Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006).

With newly hired staff members, Central was able to reduce the quota of nurses and attendants to patients down to 1:16, and thereby more effectively manage its patient population. Of the six total nurses, two were assigned to the men's ward while four were assigned to the women's ward. It was strange that a larger number of nurses were sent to the women's ward given that there was almost consistently a larger male patient population, but this could have to do with the belief that female patients required more supervision. Drewry also solicited the help of two local surgeons, who performed a handful of operations over the course of the year.<sup>5</sup>

In modernizing the Hospital, he made certain that the black asylum provided a fertile training ground for white, predominately male, medical professionals. Members of the small medical staff had access to the most prominent academic journals, and were also encouraged to secure membership in and be active with major associations, like the American Medico-Psychological Association – the leading medical association in the field, of which Superintendent Drewry had served as president. Staff members regularly traveled to various institutions across the nation to observe the newest and most innovative techniques, presumably at the cost of the institution. Members of the medical staff were also encouraged to enroll in post-graduate courses in psychiatry, in hopes of increasing both the original research and clinical work conducted at the Hospital. The opportunities for personal edification were endless, but that is to say nothing of the equally abundant number of chances to increase their professional capital. By virtue of the Hospital's patient population, they had the ability to market themselves as experts in

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<sup>5</sup> William Drewry, "Report of the Superintendent," *Fortieth Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year Ending September 30, 1910* (Richmond: Davis Bottom, Superintendent of Public Printing, 1910), 10.

the treatment of African American mental illness. Their quest for scientific legitimacy and professional acclaim was emboldened by varying levels of eugenic intervention that were also in vogue at the time. This overlap of events precipitated the state's first compulsory sterilization program instituted in 1924.

The prestige that Drewry sought would largely be earned through adherence to disciplinary standards, especially regarding matters of diagnosis and treatment, but cajoling professional peers was only one prong of the plan. As progressive reformers propagated stronger reliance on state-led solutions, Drewry's suggestion that the State Board of Charities develop a program to care for discharged and furloughed psychiatric patients was a perfect fit. Central's 20% return rate for discharged patients only helped to strengthen his advocacy for state-led intervention.<sup>6</sup> By framing this problem as a conversation about public health in crisis, he became a major contributor to the public dialogue surrounding social work, mental health and fitness. Drewry realized that to successfully continue his work at Central, he would have to appeal to many interests. Embracing the ideas of European scholars, like clinical psychologist Emil Kraepelin and English thinker Francis Galton, were the next steps on this road.

Kraepelin's quest to innovate clinical psychiatry was originally birthed from his own frustrations with the Heidelberg Clinic in Germany during the early 1890s. When called to head the University of Heidelberg's Psychiatry Department in 1891, he immediately began making substantive changes from day-to-day management to the Clinic's relationship with affiliated institutions.<sup>7</sup> Despite these changes, his focus

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<sup>6</sup> Drewry, "Report of the Superintendent," *Fortieth Annual Report*, 10.

<sup>7</sup> Eric J. Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice* (Ithaca: Cornell University Press, 2003), 138 – 139.

remained on the effective movement of patients, including proper identification, admission, classification, and eventual evacuation. The clinical research completed at the Heidelberg would become the basis for his text, *Clinical Psychiatry: A Textbook for Students and Physicians* (1893). By the sixth edition of *Clinical Psychiatry* (1899), the psychiatric clinician had divided all psychiatric illnesses into thirteen major groups. Of the thirteen, the two most common were dementia praecox and manic-depressive insanity, two categories that would become indispensable to international psychiatric professionals during the early twentieth century.<sup>8</sup>

Kraepelin distinguished the two classes of mental illness based on their affective symptoms. He argued that those suffering from an illness with mood components were likely to recover, while those suffering from psychoses that lacked affective changes were diagnosed with dementia praecox and it was unlikely that they would respond positively to treatment. He argued that those suffering from manic-depressive illnesses had circular disorders that would eventually improve, but those suffering from dementia praecox would continue to deteriorate.<sup>9</sup> Kraepelin's study of dementia praecox would change over the subsequent editions of his textbook, as would his objective. While he initially sought to understand the presumed cause of psychiatric illness, he found that classifying illness in a manner that helped medical professionals predict its outcome was a far richer educational enterprise. In doing so, he provided the foundation for the *Diagnostic and Statistical Manual of Mental Disorders*, endorsed by the American

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<sup>8</sup> Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America* (Princeton: Princeton University Press, 1994), 117.

<sup>9</sup> Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 107.

Psychiatric Association and still regarded as the guiding classification system for medical professionals contemporarily.<sup>10</sup>

English polymath Francis Galton initially introduced eugenics, or the “science of improving the stock,” in 1883 with his foundational *Inquiries into the Human Faculty and Its Development*.<sup>11</sup> European, and later white American, supremacy was a key component of the eugenics movement as it manifested in the American south. As such, visible standards of individual as well as collective normalcy were paramount when categorizing those who were defective against those who were not. As white medical men saw themselves as the standard, poor, African American women who suffered from mental and physical disabilities were quadruply vulnerable to misunderstanding and misdiagnosis. An apt conceptualization of othering, Galton’s model emerged during two American reform efforts, the Progressive Era and New South movement, both of which sought to improve the daily lives of various pockets of the American population. Galton’s eugenics fit perfectly into this trend and “promised to eliminate social problems by breeding a race of healthy, moral, and industrious individuals.”<sup>12</sup> At the same time that many Progressives were searching for ways to manage the growing number of “defectives,” hospital heads, like Drewry, were actively seeking increased scientific authority with which they could be more directly involved with emerging public policies. Eugenics provided these southern medical professionals with scientific justification for their long-held beliefs about the inferiority of African descendants. Moreover, it gave

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<sup>10</sup> Shorter, *A History of Psychiatry*, 106.

<sup>11</sup> Francis Galton, *Inquiries into the Human Faculty and Its Development* (JM Dent & Company, 1883), 17.

<sup>12</sup> Gregory Michael Dorr, “Defective or Disabled: Race, Medicine, and Eugenics in Progressive Era Virginia and Alabama,” *Journal of the Gilded Age and Progressive Era* 5, no. 4 (October 2006): 362.

them adequate space to develop more contemporary theories of difference, and pushed some to lobby for wider use of negative eugenic intervention.

These medical men and their ilk were not considered extremists, nor were they vilified for their eugenicist beliefs. They were often celebrated and provided multiple venues to further the eugenics movement. One such individual was Virginia physician and general store owner, Bernard Barrow, who boasted his experimental work with sterilization in his paper "Vasectomy for the Defective Negro with His Consent." In June of 1910, he presented his paper before the Southside Virginia Medical Association just a few miles from Central, and it is likely that one or more members of the Hospital's medical staff were in attendance. From Barrow's research, he drew some foreseeable conclusions that could be easily tied to the work of his predecessors, like Carrington's castration studies of the previous decade. He offered that while the procreation of degenerate African Americans posed public safety as well as financial problems for the state, he claimed that African American men's indiscriminate sexual habits were the root cause.<sup>13</sup> He argued that vasectomy "will go a long way towards solving the negro problem by eliminating the vicious, criminally inclined, disease-bearing portion of the race."<sup>14</sup>

At this same time, Drewry was also working feverishly to raise public awareness surrounding the public health crisis and demonstrate the true danger that mentally ill African Americans posed to civil white society. Doing so would allow institution heads to cast their nets wider to include more than just the criminally insane to be sterilized.

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<sup>13</sup> Bernard Barrow, "Vasectomy for the Defective Negro with His Consent," *Virginia Medical Semi-Monthly* 14 (August 1910): 226.

<sup>14</sup> Barrow, "Vasectomy for the Defective Negro with His Consent," 227.

Eugenics would help facilitate this transition by codifying the belief that African descendants were innately inferior to Europeans, and further that the mentally ill (regardless of race) lacked sexual restraint. From this perspective, the absence of sexual inhibition and refusal to conform to sexual mores meant that the unfit could procreate indiscriminately, eventually incurring more costs for the state. A great deal of the contemporary medical literature, like Carrington's as well as Barrow's studies, focused especially on African American men because of the presumed threat they posed to white women, and by extension, civil, white society. The threat of African American men engaging in sexual trysts with white women proved an effective strategy that pushed more and more white Virginians towards the eugenics movement. While African American women were seemingly left out of this equation, they were also considered, albeit in a different manner.

The protection of white womanhood and the white race were at the center of white Virginian's investment in the sterilization of African American men. The graces extended to even the poorest white women were lost on African American women, who lacked any protection by the state and were afforded limited means of community support. Much like during enslavement, African American women's reproductive function dominated how they were perceived, but eugenic intervention for African American women was not meant to protect their chastity. Instead it was meant to ensure they could continue to labor in service of white life, but especially that they would be "safe" as domestic workers in the employ of white families.<sup>15</sup> By this logic, if unfit African American women were unable to reproduce, the proliferation of mixed-race

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<sup>15</sup> Gregory Michael Dorr, *Segregation's Science: Eugenics and Society in Virginia*, (Charlottesville: University of Virginia Press, 2008), 186.

children could be stopped in its tracks. There are two particularly salient implications connected to this plan, the first is that there was a clear understanding that African American women regularly faced sexual assault within the homes of white families. It was clear acknowledgement of the danger that white men posed to African American girls and women. Failure to address this fact proved that the rape of African American women warranted no alarm, except in the cases of miscegenation. The second is that even four decades removed from enslavement, African American women were still viewed through their ability to labor in service of white men and their families. And African American women's wellbeing was only considered insofar as it could indicate their ability to continue working in the service of white comfort. Efforts to protect African American women and girls were waged by black clubwomen, but it was not until 1915 that the Virginia Industrial School for Colored Girls was established. The Industrial School served as one of the only institutions founded to protect young girls and women from the possible tragedies that urban life could bring about.

While Drewry and the Hospital staff worked to modernize the facilities, patient life went on as usual. Day after day, patients labored in the fields, the sewing room and kitchens. They existed at Central without ever fully understanding the value their experience represented to their keepers. Their reasons for commitment, diagnosis as well as their responses to treatment would have a profound impact on how modern black psychiatric subjects were understood in the decades to come. Observations made by Central's medical staff and various other Virginia medical professionals were shared through professional networks and codified through academic journals. These observations were eventually used to develop theoretical and practical justifications for

eugenic intervention, actions that would precede the *Buck v. Bell* Supreme Court case. The following section shifts focus from Central's administrators back to the patient population to uncover how these changes impacted their daily.

### **Shifts in Patient Life and Demography, 1910 – 1924**

In January of 1910, Central held 1375 patients and 451 additional patients were admitted before the close of the year, bringing the total patient population to 1826.<sup>16</sup> At this time, the population was nearly equal with 684 male patients and 764 female patients. Of the 451 patients admitted during the year, sixty had previously been confined to the Hospital. While the 13.3% recidivism rate was less than the Hospital's overall average of 17.9%, the administration was concerned of continued increase. Their steadfast belief that authority for the mentally ill lied solely with them continued their crusade to rid the jails of those who would be better served at Central. Understandably so, Drewry argued that the treatment suffered by patients while in custody at the local jails did irreparable harm that stifled their chances at recovery. In the Hospital's 1910 annual report, he proudly proclaimed that all patients had been received at the Hospital, leaving none in the state's jailhouses.<sup>17</sup> As the patient population increased, Drewry's plan may have inadvertently pushed the Hospital into dire straits. The patient hike forced the institution into a financial deficit, the first time for such an occurrence. Once again, superintendent Drewry attributed the financial lack to the overwhelming rise in insanity amongst African Americans. By the second decade of

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<sup>16</sup> Drewry, "Report of the Superintendent," *Fortieth Annual Report*, 9.

<sup>17</sup> Drewry, "Report of the Superintendent," *Fortieth Annual Report*, 9 – 10.

the twentieth century, his, as well as the collective psychiatric community's, understanding of why African American suffered from mental illness had evolved.

More than fifty years after emancipation, Drewry and his colleagues began to move past atavist claims of African American mental degeneracy or those that claimed emancipation and civilization prompted the increase in mentally ill African Americans. Nuanced understandings identified the root cause of African American mental illness as “bad heredity”, exacerbated by a number of environmental choices. He argued that those who inherited “mental incapacity and constitutional inferiority” were further weakened by venereal diseases, excessive indulgence in alcohol and other vices.<sup>18</sup> Coupled with “neglect, ignorance, dissipation, exposure, unwholesome food, bad hygienic living conditions,” he concluded that insanity was inevitable.<sup>19</sup> While Drewry's analysis demonstrated growth from the paternalistic explanations centered on the stabilizing force of enslavement, it carefully avoided the social and political forces that placed African Americans in such overwhelming peril. His assertion that those with hereditary conditions lost “their mental balance completely when subjected to unfavorable environment, or of stress, strain, or emotional disturbance of any kind,” surely could not capture the danger, discrimination and other indignities shouldered daily by African Americans.<sup>20</sup>

Always the avid opportunist, Drewry used the increase in African American admissions to lobby for more stringent preventative measures and after-care

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<sup>18</sup> William Drewry, “Report of the Superintendent,” *Forty-Second Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year Ending September 30, 1912* (Richmond: Davis Bottom, Superintendent of Public Printing, 1912), 8.

<sup>19</sup> Drewry, “Report of the Superintendent,” *Forty-Second Annual Report 1912*, 8.

<sup>20</sup> *Forty-Second Annual Report 1912*, 8.

procedures, including the systematic use of “eugenics, sterilization and segregation.”<sup>21</sup>

Confident that Central was ripe for scientific exploration, Drewry remarked, “With the enormous material at hand in a State hospital there is a fruitful field and a rare opportunity to work out something of inestimable value in the solution of the problems of the causes, the prevention and treatment of insanity and allied morbid conditions. The State should encourage such work.”<sup>22</sup> This was an idea that clearly was not lost on Dr. Charles Carrington, who had been developing a program of castration using mentally ill prisoners since 1902. It is unlikely that Drewry was unaware of Carrington’s work by this point. As Carrington continued to tout Hiram Steele and others as “cured,” Drewry sought to widen the lens through which they identified those appropriate for eugenic intervention.

There was little attention paid to the institution’s overall patient recovery rate, signaling that the Hospital was not unlike the other institutions that swiftly transitioned from therapeutic to custodial care during the Progressive era. With 183 patients discharged over the year, only 119 were classified as recovered while 56 had improved. The remaining eight patients were discharged as “not insane” after showing no sign of psychosis. For each of these eight cases, the patient was made to undergo a month-long observation. If they showed no symptoms of insanity during that time, they were released. In all, a total of 175 patients left Central after showing some, albeit undefined, signs of progress. In comparison, 195 patients drew their last breaths on the ward, and were either buried at the patient cemetery or collected by family members. Any given

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<sup>21</sup> *Forty-Second Annual Report 1912*, 8.

<sup>22</sup> William Drewry, “Report of the Superintendent,” *Thirty-Ninth Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year Ending September 30, 1909* (Richmond: Davis Bottom, Superintendent of Public Printing, 1909), 13.

patient was just as likely to die within the Hospital than be discharged. While many of the patient deaths were of diseases, such as tuberculosis, pellagra, nephritis and organic heart disease, at least one female patient died a violent death. In July 1910, patient Eliza House was killed after being stuck in the head with a bench by another female patient.<sup>23</sup> While important enough to garner mention in the Hospital's annual report, the circumstances surrounding House's death were missing. However, there was a fair amount of information describing an internal investigation that absolved the Hospital and its staff for any wrongdoing or negligence in the matter. Increases in admissions continued to create unsafe circumstances both for patients and employees, which led to the unchecked spread of diseases and violence.

Occupational therapy in service of the institution maintained a place of prominence at Central into the second decade of the twentieth century. As they had since the institution was established, patients performed essential tasks that would have otherwise been completed by paid employees. Only those deemed too ill were given special permission to remain on the ward while their peers went about their daily chores. The sizeable portion of criminal patients were restricted to work on their ward and were given far less freedom than their peers. There was an interesting division of labor that left female and male patients doing much of the same work. Female and male patients worked alongside one another in the dining room, offices of the executive building and in the fields gathering vegetables. However, there were also niches within the Hospital that were dominated exclusively by female patients. These positions included working in the clothes room and laundry, carpet weaving, sewing, repairing

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<sup>23</sup> *Shenandoah Herald*, July 8, 1910, 2.

clothes, and soap making. Approximately 200 female patients completed these tasks daily and made up almost 40 percent of the Hospital's female patient workforce. To put their labor in perspective, the massive scale on which patients were expected work must be considered. For example, in 1910, the sewing room produced 309 gowns, 1369 pairs of pants, 2116 sheets, 1987 men's shirts and 1821 cotton skirts.<sup>24</sup> This is not to mention the thousands of items repaired, including nurses' aprons and caps as well as patient chemises, dresses and coats. Counting positions within the sewing room alone, the female patient population made an extraordinary contribution to the institution.

Labor was not the sole constant in the lives of Central's patients. Weekly church services "of simple and unemotional" character were provided on Sundays as well as holidays by local African American preachers.<sup>25</sup> Superficially, the decision to only allow those determined to be "less emotive" preachers lead patient worship services was grounded in the administration's desire to keep patients calm. It also had to do with their belief in African Americans' susceptibility to religious excitement. In fact, by 1911, it was the second most common alleged cause of psychosis for African Americans living in Virginia and made up roughly 6.18% of all commitments since 1870.<sup>26</sup> Given African American's deep religious roots and penchant for improvisation, it is not unlikely that patients also held their own religious services, led by a patient who was either an informally-recognized preacher or, in some cases, an ordained minister. In 1924, Drewry recognized an unnamed male patient for his religious work and "wholesome influence on the criminal insane," but prior to this acknowledgement, the

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<sup>24</sup> *Fortieth Annual Report 1910*, 46.

<sup>25</sup> William Drewry, "Report of the Superintendent," *Fortieth Annual Report 1910*, 9.

<sup>26</sup> *Forty-First Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year ending in September 30, 1911* (Richmond: Davis Bottom, Superintendent of Public Printing, 1911), 26.

administration's praise was primarily reserved for the local religious leaders.<sup>27</sup> Since the Hospital's opening in 1870, twenty male patients were identified as ministers and may have provided spiritual guidance to those confined.<sup>28</sup> It should be safely assumed that patients engaged in religious practices and traditions that went undetected by Hospital staff.

Given the onslaught waged against Mrs. Ellen Coy and black Richmond's rigid gender stratification as described in chapter two, it is not surprising that out of the two hundred and sixty-six female patients committed under the suspicion of religious excitement, not one was formally identified as a minister. However, this should not be taken to mean that female patients did not shoulder responsibilities as spiritual leaders on the ward. While not necessarily at Central, black women who attempted to enter the pulpit had been successfully committed to the state's mental health system. In the early 1840's, Patsy Campbell, was committed to Eastern State Hospital after she attempted to preach during a late-night camp meeting.<sup>29</sup> It is unclear who initiated Campbell's commitment proceedings, but their belief that she had transgressed the parameters of proper femininity surely would have impacted their decision to do so. While gendered expectations may have kept Hospital administrators from recognizing female patients for their religious works within the Hospital, it is likely that they employed their spiritual gifts much as they did before confinement.

Patients were encouraged to participate in regularly scheduled recreational activities, like sports and dancing, in addition to the sewing and knitting that had long

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<sup>27</sup> *Fifty-third and Fifty-Fourth Annual Reports of the Central State Hospital of Virginia (Petersburg)* (Richmond: Davis Bottom, Superintendent Public Printing, 1925), 17.

<sup>28</sup> *Forty-First Annual Report 1911*, 26.

<sup>29</sup> Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry*, 125.

since been made available. They were also given the opportunity to perform with the Hospital's band, comprised of attendants and patients. The small community also boasted a chorus that held annual recitals on holidays as well as special occasions. Patients were provided with dominos, playing cards, marbles and croquet to entertain themselves. When the occasion allowed, attendants also chaperoned groups of patients into the city to see seasonal fairs or traveling circus. In 1910, the institution established field days, where patients played sports against teams from the Petersburg area. Baseball games as well as other field sports gained an abnormal degree of popularity, and while little information is available about these matches, it seems as though they may have been exclusively open to male patients. Images from the first field day reveal an entirely male team poised for action while female patients marked time along with the nurses on the sidelines. Local coverage of the Hospital's first public field day fails to mention opposing sports teams either from other state hospitals or made up of non-patients.<sup>30</sup>

By the end of Drewry's tenure, there were plans to establish a patient library and the administration issued a call soliciting donations of books and supplies from individuals and organizations. Among the donations were reading materials donated by African American churches and the Lions Club of Petersburg.<sup>31</sup> During holidays, like Thanksgiving and Christmas, there was special programming that may have made life at Central more habitable, but it is unlikely that Hospital administrators made efforts to

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<sup>30</sup> "Field Sports Held at Insane Asylum," *The Times Dispatch*, September 3, 1910, 2.

<sup>31</sup> Hugh C. Henry, "Report of the Superintendent," *Fifty-third and Fifty-Fourth Annual Reports of the Central State Hospital of Virginia (Petersburg)* (Richmond: Davis Bottom, Superintendent Public Printing, 1925), 18.

celebrate events that centered the African American experience, such as Juneteenth, or June 19, 1865, the day that word of their emancipation reached the enslaved African Americans of Galveston, Texas. On one level, amusement and diversion benefited the institution because of its remedial qualities, but on a deeper level, it served as a biting reminder of patients' absolute lack of control in comparison to the administrative staff.

As early as 1913, Superintendent Drewry recognized an increase in the admissions of youth patients with congenital mental disorders, those he described as misfits. Frustrated by the "shiftless youths," Drewry questioned whether the Hospital was the appropriate place for this category of patient. However, the young patients' disposition toward daily chores and institutional structure may also have impacted Drewry's attitude. Among his complaints of those he referred to as "shiftless youths," he believed that they lacked self-control, and even worse, they refused to "voluntarily and steadily" commit themselves to any work.<sup>32</sup> Perhaps unlike their adult peers, the youth patients regularly bucked the authority of the predominately white administrative staff and encouraged their older peers to do so as well.

Even though life at Central had dramatically improved from the wooden barracks of the 1870 campus, administrators recognized African Americans' continued unwillingness to voluntarily commit themselves, and shared their concerns with the Hospital's Board of Directors.<sup>33</sup> Drewry opined that early, voluntary commitment would prove more beneficial to the patient and the state, than involuntary commitment,

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<sup>32</sup> William Drewry, "Report of the Superintendent," *Forty-Third Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year Ending September 30, 1913*, (Richmond: Davis Bottom, Superintendent of Public Printing, 1913), 9.

<sup>33</sup> William Drewry, "Report of the Superintendent," *Forty-Fifth Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year Ending September 30, 1915* (Richmond: Davis Bottom: Superintendent of Public Printing, 1915), 8.

especially considering the cost of their ensuing jail stay and eventual transportation to the Hospital. Per usual, he failed to consider the many reasons why African Americans suffering from mental illness would have gone to great lengths to avoid commitment. Voluntarily committed patients also provided a potential pecuniary benefit to the institution as, unlike involuntarily committed patients, they would not have been supported by the state. The absence of paying patients made Central stand out amongst the state's other mental hospitals and may help to explain the institution's growing financial deficit. Despite their efforts, many found themselves at the mercy of white hospital administrators after being committed by family members, neighbors and other community members. Done in malice or benevolence, the segregated southern hospital presented unprecedented opportunities for the state to involuntarily confine black southerners. Black Virginians' resistance to confinement at Central is also evidenced through efforts to escape.

### **Escape by (M)any Means**

The potential for escape wore on the administrative staff and it can be safely assumed that patients regularly attempted to leave the Hospital through various means. It is impossible to know exactly how many patients considered escape as a viable option, but few managed to successfully escape the grounds and evade capture. There are numerous accounts recorded by administrators in the Hospital's annual reports as well as by laypersons in local newspapers that describe these attempts. At best, they weighed patients' varying degrees of agency within the Hospital, and consider if/how they may have been resisting the power dynamics at play through escape. At worst,

their desire to escape was assigned a pathological distinction, much like drapetomania, or the desire to free, of the antebellum era. Just as white southerners pathologized African Americans' desire for freedom during enslavement, asylum administrators problematized the African American patient's desire to escape the strict confinement of the Hospital.

Patients resisted at almost every point of the process, and some patients fought mightily even before being formally admitted to the Hospital. Like Mamie Smith of Front Royal, Virginia, who managed to get away from her chaperone while awaiting transport to Central in April 1913.<sup>34</sup> Shortly thereafter Smith attempted to disrobe in the street, was arrested and securely transported to Central the following day. While her decision to run away from the guard may have been symptomatic of her perceived psychosis, it is also possible that she viewed Central and its staff as an arm of the white supremacist state bent on control of its African American population. Evading the guard and attempting to change her clothes, perhaps so that she could not be as easily recognized, is an equally plausible explanation for her actions.

Patients escaped from Central individually, but they also absconded in pairs and groups. In October of 1915, a small group of four patients escaped together. The announcement captured in the *Times Dispatch* warned readers to be on the lookout for the escapees, who could be easily identified by their distinctive C.S.H. standard-issue uniform.<sup>35</sup> Later in 1922, a group of six male patients executed a daring escape plan that garnered the attention of local newspapers.<sup>36</sup> After two patients overpowered an

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<sup>34</sup> "Insane Negro Woman Escapes," *The Times Dispatch*, April 3, 1913, 11.

<sup>35</sup> "Escape from Central State Hospital," *The Times Dispatch*, October 23, 1915, 4.

<sup>36</sup> "Six Escape from State Hospital for Insane," *The Times Dispatch*, April 27, 1922, 7.

attendant and stole his keys, they released four additional men from their rooms. The small group then “made a dash for liberty and upon reaching the outside of the building, disappeared in the darkness.”<sup>37</sup> The *Times Dispatch* article carried a quote from Drewry assuring the public that those that had escaped were not “desperately insane,” in fact two of the six had recently been pronounced cured. It is unclear why they would have remained confined to the Hospital given their status, but it was these very circumstances that may have pushed them to decamp.

There was also great worry concerning the increase in suicides among female patients, and precautions were taken to stop them from harming themselves. Windows of this ward were screened, inside and out, to discourage “self-destruction.”<sup>38</sup> To be sure, some patients were suffering from varying forms of mental illness, which resulted in them attempting to take their own lives. But given the number of patients who were wrongly committed, and eventually confined, for reasons outside of the scope of mental illness, perhaps some of the female patients who committed suicide did so out of desperation. In 1915, a portion of the main women’s dormitory was converted into a unique space with this specific population in mind. The ward was arranged so that patients were constantly under the watchful eye of the staff, including their most private moments like using the bathroom and bathing. Similar to the patients in the Hospital’s other wards, employment and diversion were readily utilized – these patients were restricted to either working in the sewing room or cleaning their ward. Given the slavish circumstances of their confinement, these acts can also be viewed through the lens of

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<sup>37</sup> “Six Escape,” 7.

<sup>38</sup> William Drewry, “Report of the Superintendent,” *Forty-Fifth Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year Ending September 30, 1915* (Richmond: Davis Bottom, Superintendent of Public Printing, 1915), 9.

resistance. Much like enslaved African Americans who committed suicide, and enslaved African people before them, their belief that their current state was unnatural led them to act.<sup>39</sup> Take the case of Sarah N. Hobson of Roanoke, Virginia, for example. In October of 1914, Hobson was found hanging from the ceiling by an electrical cord.<sup>40</sup> Dumbstruck by the patient's death, the Hospital commented that "she had never had at any time shown any tendency to suicide." While a number of factors should have been considered, Sarah's desire to escape the confines of the Hospital is perhaps one of the single most important.

Many were unsuccessful and some were permanently maimed or handicapped after one or more attempts, nevertheless patients continued to escape. For example, in 1912, it was reported that an unnamed female patient broke her back after leaping from a window.<sup>41</sup> Upon discovery, she received medical care and was brought back to the Hospital. Another such female patient attempted escape in 1913 and made it miles further than her predecessor. After breaking the wire screen of the window in her room, she escaped the Hospital into the nearby woods. Despite efforts to find her, she was found dead four days later, presumably from exposure.<sup>42</sup> Some patients may have found the possibility of death less frightening than remaining confined at Central.

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<sup>39</sup> The myth of the "flying African" emerged from the 1803 mass suicide of an undetermined number of enslaved Africans (Igbo people originally from modern-day Nigeria) on St. Simmons Island, Virginia. It is rumored that after taking over the ship, the enslaved walked into the Dunbar River. The event has been used by African American authors to describe how metaphorically flew from a state of oppression to freedom. For more on representations of the "flying African," see Soyica Diggs Colbert, "Black Movement: Flying Africans in Spaceships," in *Black Performance Theory*, ed. Thomas DeFrantz and Anita Gonzalez (Durham: Duke University Press, 2014), 129.

<sup>40</sup> "Suicide of Insane Woman," *The Times Dispatch*, October 25, 1914, 7.

<sup>41</sup> "Annual Report of Dr. Drewry. Interesting Statistics Concerning Central State Hospital for the Colored Insane," *The Times Dispatch*, October 13, 1912, 3.

<sup>42</sup> William Drewry, "Report of the Superintendent," *Fortieth Annual Report 1910*, 9.

Many were captured and returned to the institution, but there were a number of escapees, albeit a small number, who were able to evade their captors. Numbers presented in the Hospital's annual reports make it doubly difficult to distinguish between patients who left on their own volition versus those who left the grounds under the term of a furlough agreement or similar circumstances as they are grouped together. While very few escape attempts were recorded during the second decade of the twentieth century, there is evidence of a major increase during the 1920s. During 1922 and 1923 alone, there were more than forty patients who escaped from the grounds with an unknown number remaining at large.<sup>43</sup> Drewry argued that this was a relatively small number given the large patient population and assured the Board that none of the escaped patients were dangerous or confined for criminal offenses. During the following biennial period, a staggering sixty-one patients escaped, and at year's end, only forty-one had been captured.<sup>44</sup> As the number of inappropriate admissions and supposedly cured patients held at the Hospital increased, so did the number of escapes and suicides. This behavior must be understood within the context of resistance to state control and refusal to be needlessly confined. Further, these acts demonstrate unrecognized degrees of agency exercised by African American patients. The following section describes some of the ways that southern black women entered were committed to Central and considers the role of gender in how their behavior was understood.

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<sup>43</sup> William Drewry, "Report of the Superintendent," *Fifty-Second and Fifty-Third Annual Reports of the Central State Hospital of Virginia (Petersburg) for the Fiscal years Ending September 30, 1922 and 1923*. (Richmond: Davis Bottom, Superintendent of Public Printing, 1923), 7.

<sup>44</sup> William Drewry, "Report of the Superintendent," *Fifty-Third and Fifty-Fourth Annual Reports of the Central State Hospital of Virginia (Petersburg) for the Nine Months Ending June 30, 1924 and Year Ending June 30, 1925* (Richmond: Davis Bottom, Superintendent Public Printing, 1925), 10.

## **Black Female Patients in the American Psychiatric Hospital**

The circumstances of commitment placed African American patients at risk of wrongful, and even vengeful, commitment, but black female patients were even more vulnerable because of the authority that (black and white) men held over their lives. Misunderstood and spoken for, black female patients ended up at Central under unique circumstances that have yet to be fully explored. When considering alleged causes of psychosis and diagnosis, there were some reserved only for this portion of the patient population. The alleged cause of psychosis, perhaps one of the most important pieces of information discussed during commitment proceedings, was intended to help Hospital staff pinpoint the particulars of any given patient's onset of psychosis. The cause was determined during the commission of lunacy, and taken from information provided by either by the accused, a family member or another witness whose interests may or may not have been aligned with the accused.

When determining how Central's staff viewed its steadily increasing female patient population, consideration must be given to the alleged causes of psychosis that they were assigned during their commission of lunacy. While patients' unfiltered voices are completely absent from these records, the testimonies given by friends, family members and others provide a window into the proceedings. This section examines how the gendered dynamics of commitment proceedings directly affected black women's admission to Central. Examining the involuntary commitment of southern black women demonstrates the precarious nature of black womanhood in ways that have not been previously explored. This section includes the stories of black female patients committed by friends, family members and neighbors against their will. Collectively, they

demonstrate the variety of ways that southern black women could be committed and reveal the gendered dynamics of the process from the initial point of suspicion to admission.

Black women's reproductive function opened them up to categories of causes for which their male counterparts were not even eligible, including abortion, childbirth, pregnancy, puerperal fever and uterine disease. In comparison, since 1870, there were only three causes for which black men exclusively had been committed, none of which were tied to their sex.<sup>45</sup> Using the "neuro-uterine model," a standard grounded in the belief that women's reproductive organs directly impacted their mental health, Central's staff sought to cure these unique types of psychosis. This is not to say that the physical and emotional stress of childbearing and other major gynecological events did not wear on the accused, simply that medical professionals may have relied on their belief that these events, related primarily to their reproductive function, were the onset of psychosis when in fact there may have been more critical contributing factors that went unexplored.

The interpretation of symptoms and their onset also directly impacted how each patient was understood. Antiquated beliefs about African American women's hypersexuality and inherent promiscuity followed them into the ward but was not necessarily legible within the historical record. African American women and girls also went misdiagnosed for other reasons. Historian Elizabeth Lunbeck has described how psychiatric symptomology was skewed by racial bias in cases of young African American girls committed to the Boston Psychopathic Hospital. When psychiatrists

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<sup>45</sup> *Forty-First Annual Report of the Central State Hospital of Virginia (Petersburg) for the Fiscal Year Ending September 30, 1911*, (Richmond: Davis Bottom, Superintendent of Public Printing), 26.

encountered the file of young black girl, they would likely record any promiscuous behavior as “the natural, expected expression of immorality of the race.”<sup>46</sup>

When Nancy Collier faced a commission of lunacy on December 11, 1915, she was notably disobliging. She refused to speak during the proceedings, and all background information was provided by her father, John Collier, and attending physician, R.S. Goodman.<sup>47</sup> The absence of Nancy’s voice exists in stark contrast to the ample descriptions provided by two authority figures that were prominent in her psychiatric journey: her father and attending physician – the only two witnesses present during the commitment proceedings. Uncooperative and unacknowledged, black female patients were among the hundreds involuntarily committed, and her literal silence within the medical record is not uncommon. Neither Nancy’s mother, Louise, nor either of her adult siblings gave testimony on the record, but John testified that the twenty-six-year-old, unmarried schoolteacher heard voices, had concerns about religious matters and thought she was being poisoned by unnamed persons. According to the report, her first attack of insanity occurred approximately ten years previous or as Goodman described it as “the beginning of womanhood” and she had not experienced another since.

Dr. Goodman testified that Nancy recently suffered from a loss of appetite, headaches and insomnia. She feared that she had been poisoned and believed the “European war would be extended to the U.S,” but provided no additional explanation. When questioned during the proceedings, Nancy “refused to talk; stares; rebels upon

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<sup>46</sup> Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America* (Princeton: Princeton University Press, 1994), 205.

<sup>47</sup> Commitment Papers for Nancy Collier, December 11, 1915, Fluvanna County Historical Society (Courtesy of the Fluvanna County Historical Society).

examination.” Nancy’s rebellious reaction to the commission’s interrogation demonstrated her unwillingness to share intimate details of her life. Deidre Cooper Owens has described how enslaved black women used “hush mout” in the face of questioning by white medical professionals.<sup>48</sup> If Nancy felt her testimony would yield little understanding or sympathy from the commission, she may have decided to remain silent. Black women commonly employed a politics of silence and other tools of dissemblance to protect the innermost aspects of their lives, especially from those whose interests were contrary to their own.<sup>49</sup> Further, if she had been poisoned or otherwise maltreated by her father, and he had already identified these accusations as delusions, further explanation would only confirm her father’s initial report. Goodman testified that Nancy was violent, destructive and slightly hysterical. He suggested that the predisposing cause of Nancy’s illness was an “inherited neurotic disposition” that had been passed down from her mother. After prescribing nerve sedatives and tonics to no avail, the doctor supported the decision to have Nancy committed.

Nancy’s commitment record does not provide a definitive diagnosis, and all information, including how Nancy experienced her symptoms, was told through the voice of her father. John’s position as a farm owner would have provided his schedule a degree of flexibility that his children did not enjoy as evinced by his presence at the commission and their absence. Her younger sister, 22-year-old Luna, was employed as a lumber maid in a private home and her younger brother, Wallace, worked as a steel worker. Even though work obligations may have kept her siblings away, Nancy’s mother

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<sup>48</sup>Cooper Owens, *Medical Bondage*, 56, 70.

<sup>49</sup> Darlene Clark Hine, *Hine Sight: Black Women and the Reconstruction of American History* (Bloomington: Indiana University Press, 1997), 41.

was also suspiciously absent from the proceedings. Listed as unemployed on the 1920 U.S. Census, she would have had far fewer obligations than the other members of the Collier household. Given the centrality of Louise's alleged "nervous" condition, she could have provided beneficial testimony either in support of her daughter or John; however, throwing her support behind either would have drawn scorn from the other. Perhaps Nancy's commitment can be best understood through the context of domestic disagreement between she and her father, especially given the political and religious aspects of John's accusations.

Those without family in the state could also fall under suspicion after being reported by friends or neighbors. An otherwise "happy and quiet" sixteen-year old African American girl, Georgia Franklin was committed after she reportedly "could no longer do her work."<sup>50</sup> The unmarried mother of one was unemployed and being supported by her neighbors at the time of her commitment in June of 1927. Franklin's single most emphasized *symptom* was her inability to complete her usual work, which troubles the idea that her commitment had anything to do with perceived mental illness. Because Franklin was described as unemployed, it is unclear what type of work she failed to complete, but it is fair to assume that it was probably labor completed in exchange for support provided by her neighbors.

Perhaps Georgia's neighbors convened a commission only to frighten Georgia into performing her normal chores. Cheryl Hicks has described how African American families living in New York during the opening decades of the twentieth century sometimes turned to the state legal system to regulate the behavior of young girls

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<sup>50</sup> Commitment Papers for Georgia Franklin, June 10, 1927, Fluvanna County Historical Society (Courtesy of the Fluvanna County Historical Society).

perceived to be unruly or disobedient.<sup>51</sup> Once granted entrance into the private sphere of African American family life, state authorities became the parental authority and easily overruled the wishes of parents as well as other caregivers. Like the families in Hick's study, attempts to intimidate African American girls and young women with the involvement of state authorities could backfire in devastating ways that resulted in long and undetermined asylum sentences.

Women and girls that were dependent on family members, neighbors and community members for support were even more vulnerable to wrongful commitment and confinement. Disruptive behavior or refusal to work was enough to warrant commitment for some; further, their reproductive function opened them up to potential commitment in ways that their male counterparts could not have imagined. This section has demonstrated how formal commitment proceeding normalized forms of gendered violence and control within the domestic sphere. The following section shifts focus to examine the role that psychiatric professionals played once patients were confined to the asylum. Despite the fact that black female patients demonstrated many of the same symptoms as their white counterparts, manifestations of black mental illness continued to be set apart by psychiatric professionals. Individually and collectively, asylum doctors from across the country kneaded pseudoscientific data to meet their heavily biased conclusions.

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<sup>51</sup> Cheryl Hicks, *Talk With You Like a Woman: African American Women, Justice, and Reform in New York, 1890 – 1935* (Chapel Hill: University of North Carolina Press, 2010), 192.

## Manic-Depressive Psychosis and Dementia Praecox

Over this period, the three most common diagnoses for black female patients were manic-depressive psychosis, dementia praecox and senile psychosis. Manic depressive psychosis and dementia praecox were the two most common of Kraepelin's diagnoses as described in the 1899 edition of the *Clinical Psychiatry*, but the clinical psychiatrist gave little in the way of definitive symptomology, which led to confusion across practitioners and institutions. If patients were melancholic, euphoric, cried often, tired without cause and displayed other outward signs of depression, it was likely that they would be diagnosed with manic-depressive psychosis.<sup>52</sup> The presence of psychosis without the types of affective, or mood related, components was classified as dementia praecox. For example, when Millie Umber was presented before a commission of lunacy on July 5, 1930, she was probably assumed to be suffering from manic-depressive psychosis rather than dementia praecox. Her symptoms included depression, irritability, insomnia, destructiveness, restlessness, wandering, indifference, suspiciousness, morbid fears, changes in attitude towards family and others, hallucinations and delusions.<sup>53</sup>

As the population expanded and Hospital administrators fully embraced Kraepelin's model, Hospital administrators continued to purchase and prepare new land for various classes of patients. In doing so, they helped to codify a transnational dialectic on race, gender and insanity. By this time there were a number of segregated and integrated hospitals that served African Americans and medical professionals at

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<sup>52</sup> Shorter, *A History of Psychiatry*, 107.

<sup>53</sup> Commitment Papers for Millie Umber, July 5, 1930, Fluvanna County Historical Society (Courtesy of the Fluvanna County Historical Society).

these hospitals were also circulating specific truths that they had come to believe were critical to treating this unique population. Of particular interest is Mary O'Malley of St. Elizabeths Hospital in Washington, D.C., who conducted a study comparing the psychosis of black female patients to that of white female patients confined to St. Elizabeths between October 1, 1909 and January 1, 1914. During this time, it is likely that Drewry and O'Malley were aware of each other's work if not actively following their one another's careers given the close physical proximity and budding professional relationship between their institutions.

O'Malley's comparative study included a sample of 800 women – 345 black and 455 white – and from it, O'Malley drew some interesting conclusions. St. Elizabeths and Central were similar in that the two most common forms of psychosis in black female patients were dementia praecox and manic-depressive psychosis.<sup>54</sup> As the federal mental hospital, it was required to treat African American soldiers, sailors and veterans, but black residents from Washington, D.C. were also admitted. The institution had admitted black patients for decades by the time of O'Malley's study. Recent interest in the federal hospital has highlighted the role that race played in the treatment of African American patients treated therein. As senior assistant physician, O'Malley would have had considerable authority in designing and conducting the study with minor oversight.<sup>55</sup> Based on her observations, she found that dementia praecox was the preponderant mental disease among black women. In describing her observations of some of the earliest symptoms, O'Malley found black female patients' ignorance and penchant for

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<sup>54</sup> Mary O'Malley, "Psychoses in the Colored Race: A Study in Comparative Psychiatry," *American Journal of Insanity* 71 (1914): 322.

<sup>55</sup> Martin Summers, *Madness in the City of Magnificent Intentions* (New York: Oxford University Press, 2019), 193.

superstition often concealed their disease and only contributed to their disordered thinking.<sup>56</sup> Further, their mental immaturity and weakness of judgement hastened degeneration. Among O'Malley's sample, she witnessed black female patients who had undergone a pathological transformation of personality and began to "entertain ideas of exalted position." For example, some patients contended that they were white, O'Malley wrote, "Each one will claim that she is the only white person among these patients and that all the others are 'niggers'."<sup>57</sup>

Despite the presence of 29 black patients diagnosed with manic-depressive psychosis, as compared to 49 white female patients, O'Malley concluded that manic-depressive psychosis was rare among black women. She argued that while the recurrent phases of excitement were clearly present in black patients, the depressive aspects were often misunderstood through superstition. She suggested that rather than seeking professional help for friends and family members suffering from depressive episodes, African Americans' beliefs in "voodooism, conjuration, or evil spirits" lead them to conceal the condition.<sup>58</sup> O'Malley's study is important because, unlike Drewry and Central's medical staff, it includes brief descriptions of how the researcher measured various symptoms of psychosis, and further how they were interpreted. The racial bias that O'Malley brought to this study shines through most clearly when considering how she discerned whether black female patients were depressed, suicidal or suffering from some other form of mental distress. She wrote, "Their sorrows and anxieties are not staying in quality and do not make a sufficiently lasting impression on

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<sup>56</sup> O'Malley, "Psychoses in the Colored Race," 324.

<sup>57</sup> O'Malley, "Psychoses in the Colored Race," 325.

<sup>58</sup> O'Malley, "Psychoses in the Colored Race," 326.

them to create a desire to end their life; they also lack the courage and steadiness of purpose to destroy themselves.”<sup>59</sup> While Kraepelin’s model left room for individual interpretation across professionals, institutions and regions, O’Malley’s example helps to better explain how choices related to identification and classification were made.

Based on her study, O’Malley concluded that while the mental mechanism in the given psychoses does not differ between black and white patients, the two groups experienced symptoms differently based on a variety of factors. For example, when O’Malley suggested that black women’s anxiety, guilt and/or suffering went unrecognized, she reasoned that it was because of their lack of “strict moral standard and no scrupulosity as to social conventions.” At no point does O’Malley consider flaws within her methodology, nor does she question how the initial assumptions with which she began the study bled into her conclusions. Even a superficial examination of either avenues would have yielded major concerns.

## **Black Motherhood**

Among the various categories of patients, this chapter is especially concerned with patients who became mothers either before or during their confinement and patients convicted of violent criminal offenses, especially those committed against their children. An analysis of such reveals a psychological aspect of a lengthy discourse about black women’s perceived otherness. Black mothers of various kinds found themselves committed to Central for numerous reasons. Some were committed after the loss of a child while others ended up at Central after being deemed unable to

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<sup>59</sup> O’Malley, “Psychoses in the Colored Race,” 327.

properly care for their children. What connected this group of disparate patients, and set them apart from their male counterparts, was the manner in which their roles as mothers were understood. For a region built on the belief that African women were born to breed, it was a direct contradiction to argue that frequent childbirth could cause psychosis; however, this was one of the most common explanations for black women's psychosis. These patients ranged from benign and harmless to dangerously homicidal.

One presumably harmless patient was Corrine Jeffries, a 45-year-old African American widow from Fluvanna County, who was committed in November 1903. After losing one of her three children in a house fire almost a decade previous, Jeffries was committed at her family's behest. Jeffries' family swore that the child's death marked the interruption of the patient's menstrual cycle and that her mind had continued to deteriorate since. It is noted more than once that she posed no physical danger, making clear that the petitioner's primary concern was Jeffries' inability to care for herself and her remaining children. Unlike Jeffries, Margaret Williams, a thirty-year-old African American woman from Palmyra County, Virginia, was categorized as dangerous. Williams was committed in March 1915, when she reportedly tried to "mash her child's head."<sup>60</sup> In January of the same year, Williams' mother and two local physicians testified that she suddenly began hearing voices and showed "a disposition to roam the neighborhood." Among other claims, Williams believed that unidentified persons were trying to overpower her and that she had "left her mind at her mother-in-law's house." She also suffered from uterine prolapse as a result of frequent childbirth. Prior to her

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<sup>60</sup> Commitment Papers for Margaret Williams, March 1, 1915, Fluvanna County Historical Society (Courtesy of the Fluvanna County Historical Society).

commitment, she was treated by Dr. R.S. Goodman, of Zion, Virginia, with laxatives and nerve sedatives to no avail, and to prevent her escape from the home, her husband, Otis, kept her tied up. It was the danger that Margaret posed to her child, and other family members, that pushed her family to initiate commitment proceedings, which leads us to question if Margaret's husband had been stricken with the same symptoms, would the same or different explanations be explored. Arguably it was Margaret's inability to fulfill her natural function as mother and caregiver that truly led her to the asylum. Black women's relationship to their children wore heavily on how their sanity was perceived. Once committed, female patients like Jeffries and Williams, would have been intentionally separated to ensure that Williams did not corrupt her peer.

Drewry repeatedly voiced his concerns about the safe and secure treatment of the criminally insane, but the disquiet reached a crescendo during the mid 1920s when increasing numbers of criminally insane women were admitted. Drewry feared the influence that criminally insane women would have on those he referred to as the "innocent insane," he was similarly concerned about the large numbers of delinquent girls recently committed by the state. Up until this point, delinquent African American girls as well as those who committed crimes were likely to be incarcerated with criminals despite their age. Concerted efforts to keep African American girls from the state's carceral spaces was hard fought and did not yield results until 1915 when the Virginia State Federation of Colored Women's Clubs established the Virginia Industrial School for Colored Girls (VISCg). The School's Black clubwomen founders insisted that "black girls could and should be able to experience state custody without state violence" and

established a reformatory to protect and advocate for black girls.<sup>61</sup> While the dozens of delinquent girls admitted to Central could not rival the numbers sent to the state's other institutions, they surely would have had a similarly hellish experience at Central given the meager, living conditions, regular work requirements, and strict institutional control. Drewry quickly realized that some of the younger and more rambunctious youth patients were less likely to recognize authority, follow directives, or most importantly, participate in the Hospital's regular work regiment. It is possible he feared that youth patients would corrupt the older patients, but he may have also feared that they may have had a negative impact on a group of the Hospital's most unexpected guests: infants, adolescents and teenagers.

Most, if not all, children present at Central during the opening decades of the twentieth century were committed as juveniles up until 1924, when oddly enough, eight newborns found a home on the Hospital ward.<sup>62</sup> While identifying information regarding neither the mothers, nor their children were provided, the report reveals that seven of the eight children were illegitimate. One infant was sent to live with a grandmother, possibly the sole "legitimate" child, while two others were adopted out to families recommended by the State Board of Public Welfare. Unfortunately, two of the newborns did not survive, and the remaining three were kept at the Hospital for an undetermined amount of time. There is no indication of where or how the infants were cared for within the Hospital, but there are photographs that suggest they were housed together in a single room crammed with cribs. Given the extremely small number of pregnant patients

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<sup>61</sup> Lindsey Elizabeth Jones, "The Most Unprotected of All Human Beings': Black Girls, State Violence, and the Limits of Protection in Jim Crow Virginia," *Souls* (2018), vol. 20, no.1, 16.

<sup>62</sup> Hugh C. Henry, "Report of the Superintendent," *Fifty-Third and Fifty-Fourth Annual Reports 1925*, 10.

and the administration's failure to indicate as much, it is unlikely that there was a designated ward for these patients to care for their children.

Like other carceral spaces, maternity within the psychiatric hospital would have posed unique physical and emotional challenges for black mothers. Because many of the female patients who gave birth at Central, arrived in such a condition, they needed more attention and support than other patients. Infants birthed to mothers confined at Central were expected to either be cared for by family or adopted out. Any newborns who did not have such arrangements simply languished at the Hospital, presumably living alongside their mothers. While it seems as though Central administrators would have preferred not to assume responsibility for the infants, their mothers may have had a hand in keeping them close by intentionally failing to make other arrangements.

As it would have outside the Hospital, pregnancy and maternity would have drastically altered the lives of Central's black female patient population. Even though they existed in small numbers in comparison to the larger demographics, information related to their confinement reveal clues about race, motherhood and incarceration. Pregnancy and childbirth at Central went largely undocumented but clues as to how expectant mothers fared at the Hospital exist in startling places within the Hospital archive. Evidence of childbirth can be found in the Hospital's list of surgical operations, but there are also clues in the review of deaths for the year. The first official group of births were recorded in 1924, and this was the singular instance where relatively detailed information was provided under a standalone heading titled, "Births". After 1924, no such section existed within the annual reports submitted to the Board of Directors. The sole mention of a pregnant patient was buried at the end of the list of

deaths and the brief notation read, "In January, 1925, one woman died as the result of puerperal sepsis."<sup>63</sup> Puerperal sepsis included a range of a postpartum infections occurring at some point between labor and up to 45 days after delivery. The absence of any further details makes it unclear when her infection was detected, if and how the infection was treated, or if her child survived.

In 1931, the medical staff treated 31 female patients for non-venereal diseases of the genito-urinary system and annexo-nephritis. It is highly unlikely that all of these were obstetric cases, it is possible that a portion of this group were. There are no indications that any children were born between 1931 and 1933. Records show that the next set of newborns arrived at Central the following year in 1932 when four female patients presented with obstetric cases at the Hospital's Medical Center. The following year, Central's surgical staff reported two obstetric cases, the same in 1934 and three deliveries in 1935. Given the consistent need both for obstetric surgeons, but also for medical staff familiar with newborn and infant care, the Hospital should have designated a space to record each instance. The administration's decision to bury these procedures as well as their failure to hire appropriate staff to care for expectant mothers reveals cold indifference. Up to their necks in eugenicist legislation, pressure to operate the Hospital's program at full throttle contributed to how the administration managed infants delivered at Central. After investing such effort and resources into statewide sterilization, it would have been counterproductive to create a welcoming space for newborns and their mothers.

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<sup>63</sup> *Fifty-Third and Fifty-Fourth Annual Reports 1924/1925*, 9.

While all of the infants present at Central were born on Hospital grounds, administrators were just as concerned with where the baby was conceived as they were with where the child would be delivered. Instances of sexual intercourse between patients represented breeches of their authority and likely resulted in punishment if discovered. Following descriptions of minor employee injuries, the fourth paragraph of the “Accidents and Injuries” report reads, “There were only three cases in which there was suspicion of sexual intercourse between a female patient and a male. The circumstances in each case were such as to lead us to believe that they were discovered in time to prevent the act.”<sup>64</sup> This inclusion of this note in the “Accidents and Injuries” section of the makes clear the lens through which it was seen by staff members. Surrendering themselves to the Hospital, voluntarily or otherwise, also required that they relinquish their ability to consent to intimate relationships.

Consensual sexual relationships were certainly on the administration’s radar, but the threat of sexual assault whether by white administrative staff or black support staff surprisingly did not warrant as much concern. This may have been due to a lack of reporting on the part of patient victims. Kali Gross discussed the difficulty of locating such intimate types of violence, especially within the institutional archive. Using the story of Susan Watson, a woman who mysteriously became pregnant at some point between her incarceration at Eastern State Penitentiary and transfer to the Pennsylvania State Asylum, Gross highlights how incarcerated black women navigated carceral systems in whichever ways they knew how.<sup>65</sup> While Watson admitted that she

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<sup>64</sup> Hugh C. Henry, “Report of the Superintendent,” *Fifty-Third and Fifty-Fourth Annual Reports 1925*, 9.

<sup>65</sup> Kali N. Gross, *Colored Amazons: Crime, Violence and Black Women in the City of Brotherly Love* (Durham: Duke University Press, 2006), 143 – 44.

had become pregnant while at the Asylum, she adamantly refused to share any specific information about the child's father or their relationship. Yet, she did drop one nugget of information that was just enough to raise the suspicions of Asylum administration: that the child would be mulatto. Fearing a scandal if she gave birth to a mulatto child at either institution, Watson was examined by numerous institutional physicians and determined not to be pregnant. After this determination, her case was no longer of importance and blended into the masses of other patients. As Gross points out, there is no way to determine whether Watson imagined her pregnancy or if she had become pregnant by a white man while incarcerated, but what is clear was the institution's fear of scandal surrounding the possible sexual assault and pregnancy of an Asylum patient. Similarly, instances of sexual assault and harassment at Central would have been difficult to locate and could have been potentially covered up to keep the Hospital's reputation intact. Despite the severity of the incident or associated injuries, Hospital administrators and staff closed ranks when facing scrutiny related to the safety and wellbeing of their charges.

Black women's experiences from the point of suspicion to commitment and eventual confinement at Central were racked with many of the same biases, discrimination and obstacles they faced outside the Hospital ward. They could be called to face a commission of lunacy for not completing their assigned work or failing to care for their children by community standards. Further, their reproductive function placed them in even further jeopardy and oftentimes served as a distraction for more serious or pertinent symptoms that ailed them. Biases such as these directly impacted how they

were understood, including how they were diagnosed and whether or not they were believed.

At the close of the fiscal year September 30, 1924, Central held 2043 patients. The facility was overcrowded and their fearless leader, Superintendent Drewry, resigned to join the state's Department of Mental Hygiene, a role that he would use to continue the work he started at Central. He continued to contribute to both the professional and popular discourses on race and mental health in Virginia. As an era came to a close, the Hospital and its patients could expect numerous changes both in how the Hospital was managed and the role that it would play in the state's compulsory sterilization program.

This chapter has described how Central fared in the second decade of the twentieth century with emphasis on how the administration understood and sought to manage its growing female patient population. In doing so, it revealed some critical aspects of black women's experiences within the modern American mental hospital. It has also unearthed an understudied aspect of the discourse centered on black women's psychological health. By unpacking common trends and diagnoses in the confinement of black female psychiatric patients, we can better understand the root causes and assumptions that accompanied them into the psychiatric hospital. Moreover, a fuller picture of how they were mischaracterized through professional psychiatric discourse is brought into focus. The following chapter examines the passage of the 1924 Sterilization Act, and considers the impact that *Buck v. Bell* (1927) had on mentally ill African Americans living in Virginia during this period.

## Chapter Five: Sterilization, Parole and Responsibility in the Era of *Buck v. Bell*

When Carrie Buck was ordered to the State Colony for Epileptics and Feeble-Minded after birthing an illegitimate daughter, she was likely unaware that her family would soon be at the center of the state's fight for control over the reproductive lives of perceived degenerates. Buck's daughter Vivian was the lynchpin in the state's argument that hereditary degeneracy had claimed three generations of Buck women, including Carrie's mother, Emma, who was also confined to the State Colony. The Buck family were perfect caricatures of the individuals Progressive reformers sought to correct and therefore became an apt case to successfully advocate for compulsory sterilization across the state's various carceral institutions, but especially so for spaces meant to confine those diagnosed with hereditary recurrent insanity, idiocy, imbecility, feeble-mindedness or epilepsy. While the Buck women posed glaring obstacles to Virginia's quest for white racial purity, in this chapter, I argue that African Americans who suffered from mental illness also posed a unique threat that took on new dimensions as the state expanded how to stop the spread of degenerate traits. Some have argued that the 1924 Eugenical Sterilization Act and subsequent 1927 *Buck v. Bell* decision targeted poor, white, unmarried mothers, like Buck, and paid little attention to the increasing number of African Americans who displayed similar degenerative qualities; but I argue that African Americans played an important role in the state's quest toward white racial purity, and that while there were far less African Americans than

white Virginians sterilized during this time, their inclusion had unique and resounding impacts.<sup>1</sup>

Chapter five continues Central's institutional history from 1924 to 1935 in light of a transition in leadership and the Hospital's development of sterilization procedures in accordance with the state's expanding eugenics legislation. It addresses how the new administration tackled problems with inappropriate admissions, overcrowding, and a crippling physician-to-patient ratio. In line with much of the eugenics debate during the second half of the 1920s, surrounding negative eugenics or manners through which authorities could reduce and control the reproductive lives of those who exhibited undesirable traits, this chapter considers how these objectives were met at the Hospital and accounts for those sterilized at Central during this period. This chapter contains two major case studies that feature the stories of two Central parolees who were remanded to Central after being found guilty of violent crimes against white women. Read alongside one another, they reveal one of the Hospital's more ineffectual solutions to overcrowding.

This period marked the beginning of a new era of eugenics policy in the United States, but it also signaled the end of the Drewry administration, led by the Hospital's longest standing and most politically influential leader. On January 27, 1924, Superintendent William F. Drewry submitted his letter of resignation to Central's Board of Directors. After thirty-eight years of employment, the agile administrator made a swift transition into his new position as city manager of Petersburg, but this was a mere steppingstone to his increasing involvement in the state's quest for mental fitness.

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<sup>1</sup> Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900 – 1940* (Chapel Hill: University of North Carolina Press, 1995), 92-93.

Drewry's experience at Central positioned him as a seasoned expert who, unlike his peers, had decades of experience working with mentally ill African Americans. Even though he resigned, Drewry remained a fixture both in public dialogues and professional discourses concerning the commitment, care, treatment and release of the state's mentally ill African American population. Drewry's replacement, Dr. Hugh Carter Henry frequently consulted him about some of the Hospital's most notable cases. And as shown below, his recommendations were often the deciding factor in a patient's course of treatment or lack thereof. Between his resignation in 1924 and his death in 1934, Drewry served as City Manager of Petersburg and head of the Mental Hygiene Department of the Public Welfare Division for the state, both of which offered him greater levels of authority and public prestige.<sup>2</sup>

Many of the issues Hospital administrators and patients faced during the second half of the 1920s mirrored the obstacles of previous decades. Overcrowding remained the most pressing threat and hindered the Hospital staff in carrying out their duties at every turn. Overcrowding created numerous opportunities for patients to escape the institution, and given that the staff was already overworked, they had little incentive to put great effort into recovering escaped patients. Overcrowding was not unique to Central, nor the period, but both the population that Central served and lens through which Central administrators and other state actors viewed the mental health dimension of the Negro problem, directly impacted how African American Virginians experienced confinement. The custodial nature of Progressive era mental hospitals, rather than the therapeutic nature of the late nineteenth century asylum, led to a larger turnover of

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<sup>2</sup> The City Manager position came with a salary of \$10,000 per year. *City Manager Magazine (International) Devoted Exclusively to Municipal Administration* (City Managers' Association, 1924), 45-47.

patients as more perceived defectives were committed in preparation for the state's sterilization law. Rather than serving feeble-minded patients long term, state actors sought to remove the threat of procreation through sterilization, and release them. This era was shaped by changing definitions of mental illness and perceived defectives as well as pushes from outside of the Hospital for the implementation of a sterilization program. Administrators managed this different, but familiar, crisis as best they could, but patients shouldered the brunt of this burden as they had before.

### **A Change in Leadership: Central State Hospital, 1924**

Central opened the 1924 fiscal year with 2010 total patients and an additional 371 patients, 56 of whom had previously been confined to Central, would be admitted before year's end. Per usual, the annual number of discharged patients could not compete with the growing number of annual admissions. The administration worked doubly hard during this period to ensure that all admissions were appropriate, but they functioned as the institution's sole gatekeepers. Following in Drewry's example, Henry admonished the inappropriate commitment of individuals, many of whom were determined not to be insane at all. Administrators had little recourse once a patient was adjudged insane by a commission of lunacy as the Hospital was obligated to receive all African American Virginians. Once admitted, if the medical staff found the patient to be inappropriate for treatment at Central, they would be placed under observation for a period of 30-45 days, after which time they could potentially be released. This process undoubtedly diverted resources that could have been more effectively used elsewhere. Each year without fail, the Hospital entertained numerous prospective patients over the

probationary period only to discharge them as “not insane” weeks later. There was slightly more leeway with patients determined to be criminally insane as administrators could petition to have them transferred to another institution, a lengthy and sometimes ineffective process despite the established relationship, both legally and personally, between administrators at the state’s mental hospital and the penitentiary. Each year numerous patients who were deemed criminally insane were taxied back and forth between the two as the state scrambled to figure out whether they should be punished or treated, despite the fact that there was little difference between the two.

There was no single root cause for the consistent rise in admissions, but one of the most surprising was certainly the rise in patients admitted on a voluntary basis. This rise in this especially unique class of patient represented a first at Central. While Drewry and earlier administrators chose not to fully understand African Americans’ clever distrust of white-led institutions, they at least recognized their overwhelming unwillingness to be confined by the state. Devoid from the context surrounding the daily affronts to their citizenship and dignity, meager opportunities at achieving success and utter inability to protect themselves and their families from the wretches of white supremacy, they understood this unwillingness to accept white benevolence as symptomatic of their perceived mental illness. The ways that Drewry and others characterized African Americans’ aversion to the Hospital and related behaviors can be better understood through resistance to the state’s efforts to restrict their personal autonomy.

In 1925, the Hospital admitted 36 voluntary patients, its largest cohort to date. The increase in these unique admissions to Central meant a previously unavailable

stream of revenue that could help the Hospital to sustain itself, but these unique admissions could have also represented a different class of patient than Central was familiar with. The dollar amount associated with care for pay patients is not explicitly stated, but it can be approximated based on the amount of revenue and number of voluntary patients. For example, at the close of the 1925 fiscal year, the institution reported \$12,290.00 in revenue from pay patients. Across the 36 voluntary patients, it seems as though treatment at Central could have cost as much as \$342.00 annually, a modest fortune at the time.<sup>3</sup> This amount surely incentivized the administration's recruitment of pay, versus state-sponsored, patients. Despite this increase, there are no indications that their "pay" status distinguished them in any way from their peers whose confinement was paid for by the state. Because voluntary patients covered expenses related to their room, board and care, it is unlikely that they were aware of the limited treatment options available. As occupational therapy in service of the institution was the primary option, those paying out of pocket may have been unwilling to do so given the circumstances. The number of voluntary patients consistently rose over this ten-year period and by 1935, the Hospital had admitted over 200 voluntary patients and taken in more than \$261,000.00. Curiously even when the Hospital was unable to receive patients from faraway counties, room remained for voluntarily committed patients. This may have been due to the expenses associated with appropriate pickup and transport to the Hospital, but it also took into account the large pecuniary benefit the patient represented.

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<sup>3</sup> *Fifty-third and Fifty-Fourth Annual Reports of the Central State Hospital of Virginia (Petersburg) 1924/1925*, (Richmond: Davis Bottom, Superintendent Public Printing, 1925), 59.

Unlike his predecessor, Henry was not seriously concerned with the immediate transport of newly committed patients. Even if he shared Drewry's philosophy about the negative impact of jails and almshouses on the mentally ill, it became increasingly difficult to keep up with the demand for appropriate transportation for each prospective patient. Throughout Henry's administration, he cautioned against admitting large numbers of aged patients, asserting that the fatigue and excitement from the journey to the Hospital could ruin their already fragile physical and mental health. In many cases of elderly, mentally ill patients, Henry requested that family members contribute to care of loved ones at home, rather than sending them to the Hospital.<sup>4</sup> He also advocated various forms of community care, including the collective help of family members and neighbors. Every little bit of space helped the administration to meet their objectives as laid out by the state, but the crisis reached new heights in 1932, when Henry penned an inflammatory letter to county officials across the state. He wrote, "The patient population at the hospital has increased so rapidly during the past two years that all wards are now seriously overcrowded. Our board has entered an order that no more patients be admitted except as vacancies occur."<sup>5</sup> Wearied by the large number of inappropriate admissions, Henry vowed to deny admission to any individual who lacked the proper documentation, however it is unlikely that implementation of the original standards took hold. Admissions for 1932 and the following year showed little change from years previous.

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<sup>4</sup> Henry, "Report of the Superintendent," *Fifty-Eighth Annual Report, 1927 – 1928*, 7.

<sup>5</sup> "Vacancies Must Occur Before More Admitted to Petersburg Hospital for Colored Insane," *The News Leader*, June 24, 1932, 2.

## **Patient Life: Work, Recreation and Religion**

Occupational therapy remained a regular and over this ten-year period, the Hospital's average patient workforce included approximately 1600 patients, capturing almost 80% of the total patient population. Male patients dominated within stereotypically masculine spaces, like the Hospital's brick making plant as well as excavating and ditching nearby roads, but they could also be found working as ward cleaners or tending crops grown on the Hospital's farms and gardens in large numbers. Most work associated with the maintenance of Hospital linens was relegated to the female population as they served in the laundry, but they also assisted with clothes repair and distribution. Aside from the main sewing room, there were an astounding 150 female patients assigned to help with sewing on each of the individual wards. The collective labor of those who worked on the Hospital's 423-acre farmland accounted for the entirety of their small community's diet, including fruit and vegetables for the whole patient population as well as the living onsite. Aside from this yield, the farm generated thousands of dollars that eventually ended up in the Hospital's overhead accounts minus the farmer's salary and tools. Given the growing patient population and meager resources for expansion, the continued use of a captive patient workforce was the Hospital's most profitable possession. For much of Central's history, the Hospital excused criminal patients from regular work expectations, but during this period, there were concerted efforts to create occupational therapy classes, where in they could labor in service of the institution. The specially designed occupational therapy courses were separated into smaller units that allowed for closer supervision. Classes for criminally

insane male patients were offered at East View, where the same industrial teacher regularly led primary and grammar classes for juveniles living on the grounds.<sup>6</sup>

As Progressives gained more control and bureaucratic space, they compartmentalized each Department's function within the Hospital. The spiritual wellbeing of the patient population fell outside of the established units, necessitating the establishment of new position. Religious services continued with stunning regularity, primarily at the urging of local organizations and individuals. In 1925, the interdenominational board for religious work in state institutions opened a permanent position for a recreational and religious director, preferably a "colored woman" for the Hospital.<sup>7</sup> The funds for the position were secured by the African American ministerial unions of Petersburg, Norfolk and Richmond. It is unclear whether or not the position was ever filled, but the organization for such an appointment demonstrated the administration's desire to delegate what they perceived to be lesser aspects of patient wellbeing to more qualified others.

While local ministers had long since provided church services for Central's patient population, their decision to abandon the older model and fund a position on-site may have to do with the growing eugenicist sentiments that meshed mental deficiency, sexual immorality and other undesirable traits. By controlling both the hiring and salary of the candidate, local African American ministers could directly monitor the patients' spiritual regimen, but they could also serve as a line of defense in correcting inappropriate behavior. The decision to seek out a black woman, rather than male religious leader, supports the idea that spiritual guidance was not to be the sole focus of

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<sup>6</sup> Henry, "Report of the Superintendent," *Fifty-Eighth Annual Report, 1927 – 1928*, 12.

<sup>7</sup> "Central State to Have Worker," *The Richmond Times-Dispatch*, July 2, 1925, 15.

the position, and that the monitoring of respectability may have also been a concern. As African Americans were largely shut out of administrative and other positions of authority at Central, this may have been one of the sole ways for African Americans to ensure the maintenance of certain respectability politics within the asylum.

Opportunities for recreation were most frequently offered on Saturdays of each week and included dances, visits to the swimming pool and motion picture showings. Each ward was also equipped with a radio, numerous Victrola players, a pool table and other inside games.<sup>8</sup> Patients of the Criminal Department organized a theatre troupe that became quite popular after giving numerous performances. While the administration offered a number of seemingly benign activities for patients to participate in, there were some activities that were marred by racist overtones. For example, the “watermelon feasts” surely relied on stereotypes that painted African Americans as happy, docile children positively entranced by the fruit.<sup>9</sup> In the antebellum south, the watermelon had cultural significance as a small watermelon patch could translate to a degree of financial freedom. Sale of the fruit typically included travel to town and announcement of one’s merchandise, which demanded visibility within the public sphere.<sup>10</sup> This symbol garnered little attention from whites during enslavement and the sentiment remained into the twentieth century. Aware of the racist underpinnings of the watermelon feasts, perhaps Central’s patient population sought to respond through subversion. Given patient’s utter lack of control over all aspects of their lives, they may

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<sup>8</sup> Henry, “Report of the Superintendent,” *Fifty-Eighth Annual Report, 1927 – 1928*, 12-13.

<sup>9</sup> Henry, “Report of the Superintendent,” *Fifty-Third and Fifty-Fourth Annual Reports, 1924/1925*, 17.

<sup>10</sup> William R. Black, “How Watermelons Became Black,” *Journal of Civil War Era* 8, no. 1 (March 2018): 67-68.

have focused more intently on their own positive associations with the fruit than the racist intentions of their keepers.

Many of the recreational activities seemed to have been free of charge and available to all patients as long as they were not classified as violent. However, for trips that required an additional cost, including outings to visit the local circus may have been restricted to those patients who could afford to do so. Any disposable income would have had to have been sent by family members or friends outside the Hospital, seeing as though their daily labor yielded no compensation. The 1924 Petersburg Fair represents an interesting exception to this general rule. As a result of an undisclosed deal with the Petersburg Fair Association, a large number of the “working patients” were able to attend the annual event at no cost.<sup>11</sup> Henry’s intentional wording should not be ignored and indicates that those who refused to work were ineligible for various types of recreation. Further, it reveals just one of the ways that class may have impacted the experiences of Central’s diverse patient population. While voluntary participation, such as participation in the troupe, may have positively impacted their physical and mental health, overall, it warranted little attention from administrators. Their narrow focus on the curative elements of occupational therapy for African Americans may have obscured the benefits, no matter how minute, of other activities.

### **Sterilization at Central**

Carrie Buck’s pregnancy, but also her perceived lack of sexual restraint and intelligence made her and her family an easy target for the state. Buck became aware

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<sup>11</sup> Henry, “Report of the Superintendent,” *Fifty-Third and Fifty-Fourth Annual Reports, 1924/1925*, 17.

that she was pregnant while living with her foster parents, Ann and Tom Dobbs, but her it was not the first sign of trouble. The Dobbs described Carrie as impossible to control and petitioned to have her committed to the Virginia Colony for the Epileptic and Feeble-minded in November 1924, alleging that she was epileptic, suffered from hallucinations, outbreaks of temper, dishonesty and moral delinquency.<sup>12</sup> As a minor, Carrie had little authority over the proceedings, and based on the testimonies of her foster parents and two physicians, she was ordered to the Colony by the Juvenile Court of Charlottesville. During this hearing, the Dobbs' failed to mention that their nephew sexually assaulted Carrie, which resulted in her pregnancy. Shortly thereafter, she joined her biological mother at the Colony, where she was eventually nominated for sterilization.

After enduring public trials within the Virginia Supreme Court and then the U.S. Supreme Court, the U.S. Supreme Court delivered its decision on May 2, 1927. Buck was sterilized shortly thereafter, and so began the state's formal sterilization program. Buck's case represented far more to those familiar with the facts, for example the Dobbs who were attempting to avoid scandal related to their foster daughter's rape by their nephew, but for white Virginians, her case represented a way forward, a path that eradicated feeble-mindedness, hereditary degeneracy and feminine promiscuity. Given Buck's family history, it was clear how she posed a direct threat to standards of white racial purity, but the threat posed by mentally ill African Americans was not as clear. Efforts to sterilize white Virginians primarily served to stop the spread of degenerate qualities and preserve white purity, but as Progressives meshed the degenerative

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<sup>12</sup> Gregory Michael Dorr, *Segregation's Science: Eugenics and Society in Virginia* (Charlottesville: University of Virginia Press, 2008), 130.

characteristics associated with race, feeble-mindedness, criminality and sexual perversion, they sought to eliminate the potential for miscegenation as well.

The Eugenic Sterilization Act allowed the superintendent of any of the state's custodial institutions to petition for patients to be sterilized if the "health of the individual patients and the welfare of society may be promoted." The General Assembly's passage of the Sterilization Act was met with great enthusiasm as many alienists, including Henry, were advocates for swift and decisive action towards those who were deemed defective. In celebration of the new piece of legislation, Henry was especially candid about his vision for the Hospital's sterilization program. He wrote:

"As soon as a favorable opinion can be had from all the courts deemed necessary by our legal advisor, it is our purpose to put the law into operation, and it is our opinion that there are a large number of patients here who could shortly thereafter be discharged. I have in mind particularly those of the moron type, mothers of illegitimate children, whose mental condition is such that they could adjust and maintain themselves with a reasonable degree of success outside of the institution were it not for the danger of reproducing their kind."<sup>13</sup>

During the *Buck v. Bell* proceedings, the Hospital Board of Directors advised Central's administration to cease plans for the sterilization program until the law's constitutionality had been decided upon. This mandate halted Henry's plans to institute the program in full force until 1927, when the Supreme Court upheld the constitutionality of the state's sterilization law. But even after Justice Oliver Wendell Holmes delivered the Court's decision on May 2, 1927, there was a lag in implementation and the first twelve operations were not completed for an additional two years.

In a tabulation presented in the 1927 Annual report, the Hospital patient population reached 2,300 with only two physicians on staff. With only a fraction of the

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<sup>13</sup> Henry, "Report of the Superintendent," *Fifty-Third and Fifty-Fourth Annual Reports, 1924/1925*, 13.

medical staff necessary to carry out the most basic examinations and procedures, it would have been very difficult to maintain the patient population's general health, but especially difficult to establish a new sterilization protocol. Due to this shortage, Henry opined that "only the most necessary medical work can be done and the proper study and care of the individual patients is bound to suffer."<sup>14</sup> Despite Superintendent Henry's sobering conclusions, he intended to move forward with the implementation of a robust sterilization program as soon as possible. By the end of the 1928 fiscal year (June 30), the twelve patients originally chosen in 1927 still had yet to be sterilized.

It is likely that the original cohort was not sterilized until 1929 along with twenty-four additional patients, all of whom were female.<sup>15</sup> To determine whether or not each patient was appropriate, administrators relied on a single criterion: "those who we think could go home after the operation and in whom there would be a likelihood of transmitting mental disease or defect to their offspring in case of pregnancy."<sup>16</sup>

Biologically female patients bore the brunt of this burdensome weight in ways that their male counterparts did not as the genetic relationship between mother and child was critical to their understanding of how negative hereditary traits were passed. At this early stage, the contribution of the biologically male partner's hereditary makeup was less important but would play a more important role as the Hospital's program developed. The 1929 inaugural group of patients underwent a *bilateral salpyngectomy* (bilateral salpingectomy) or the removal of one or both fallopian tubes, effectively eliminating the

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<sup>14</sup> *Fifty-Seventh Annual Report for Central State Hospital of Virginia (Petersburg), 1926-27*, (Richmond: Davis Bottom, Superintendent of Public Printing, 1927), 12.

<sup>15</sup> *Fifty-Ninth Annual Report Central State Hospital of Virginia (Petersburg) 1928 – 1929*, (Richmond: Division of Purchase and Printing, 1929), 15.

<sup>16</sup> *Fifty-Ninth Annual Report*, 16.

pathway for fertilized eggs to travel from the ovaries to the uterus. At the same time, surgical staff removed each patient's appendix as well as any diseased ovaries that were discovered. In reference to the first group of patients sterilized, Henry remarked, "We have experienced practically no objection to the measure on the part of patients or their guardians."<sup>17</sup> While administrative documents fail to elaborate, this note indicates that some patients and their families objected to sterilization. Given the relatively short thirty-day appeal period, it would have been extremely difficult for family members or other advocates to mount successful defenses against the sterilization of a loved one.

Many patients and their families may not have known that they could rebuff the state's efforts to sterilize them or a loved one. Others were not properly informed of the permanent effects of the procedure, instead they were promised that it was reversible. Johanna Scheon discusses the way that women, especially poor black and brown women supported in some way by the state, were coerced into undergoing surgeries meant to keep them from having additional children. Focusing on the bargaining that poor black women had to participate in to gain medical services in North Carolina, she describes how sterilization was framed as the sole contraceptive option.<sup>18</sup> Given that Scheon's subjects were not physically confined, like those at Central, it is reasonable to expect that they had far less room to negotiate or quibble with administrative staff.

By the following year, the number of patients sterilized at Central almost quadrupled as it topped out at 119 total, 95 female patients and 24 male patients.<sup>19</sup>

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<sup>17</sup> *Fifty-Ninth Annual Report*, 15.

<sup>18</sup> Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, (Chapel Hill: University of North Carolina Press, 2005), 78.

<sup>19</sup> *Sixtieth Annual Report Central State Hospital Virginia (Petersburg) 1929 – 1930*, (Richmond: Division of Purchase and Printing, 1930), 13.

Instead of the previously practiced bilateral salpingectomy, female patients underwent a double crushing and ligation of the fallopian tubes at the cornua of the uterus. The routine operation performed on male patients was a bilateral vasectomy, which included the removal of the vas deferens, which carries sperm from the testicles. The number of annual sterilizations continue to increase steadily and in 1931, 130 more patients were sterilized. Only 43% or 56 of the 130 procedures were performed on female patients in comparison to 79% of the 1929 procedures. 1931 marked the first year that more male than female patients were sterilized. During this short three-year period, a total of 285 patients were sterilized, 70% of whom were women.<sup>20</sup>

By Henry's account, the program was a success, he claimed that none of the discharged patients who were sterilized had reported pregnancies, but made no mention of the efficacy of the vasectomies. While this may have been the case, especially so due to the measures put into place to test of the efficacy of the procedure, it is highly unlikely that a former patient would have willingly reported her pregnancy to state authorities or Hospital staff. The choice to divulge little or no information to state authorities, particularly private details related to sexual partners and potential pregnancies, makes sense given the intimate intrusion they had already experienced. Reporting the pregnancy may have also resulted in their recommitment to the Hospital as well as possible coerced or forced abortion. Black women used such selective disclosure, or dissemblance, as a means of survival, especially so during a time when expert authority swiftly overrode the desires or comfort of the individual.

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<sup>20</sup> *Sixty-First Annual Report Central State Hospital Virginia (Petersburg) 1930 – 1931*, (Richmond: Division of Purchase and Printing, 1931), 13.

As the program matured, the criteria, which remained somewhat ambiguous, was expanded to capture a larger number of potentially appropriate patients. Of the latest group of sterilized patients, Henry commented in the Hospital's 1931 *Annual Report* that "Practically all of the patients were selected from the mental deficiency group and the selection was made with the view of the patient going home."<sup>21</sup> His comment indicates that those selected for sterilization were not exclusively patients who were classified as mentally deficient. Patients committed by order of the court after committing a crime were probably the next group of patients perceived to pose a threat if released. It is possible that after recognizing the overall effectiveness of the operations, they sought to sterilize even more patients. On a base level, this solution incrementally helped to alleviate the Hospital's overcrowding problems, but the decision to expand the program was also grounded in the maintenance of white racial purity in Virginia.

In 1932, eighty-six sterilizations were performed by Central's surgical staff, including 49 on female patients and 37 male patients. All but one of the female patients underwent a bilateral excision of wedge-shaped portion of uterine cornu. A single female patient was given a hysterectomy or removal of the uterus for undisclosed reasons.<sup>22</sup> The slightly lower number of sterilizations should not indicate a lesser interest in maintaining the program. In fact, Henry commented, "The physicians of the State realize the importance of sterilizing mental defectives and have committed a large number of these feeble-minded patients to this hospital for sterilization."<sup>23</sup> By his own admission, neither treatment, nor rehabilitation were a priority. The following year only

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<sup>21</sup> Henry, "Report of the Superintendent," *Sixty-First Annual Report 1930 – 1931*, 13.

<sup>22</sup> Henry, "Report of the Superintendent," *Sixty-Second Annual Report Central State Hospital Virginia (Petersburg) 1931 – 1932*, (Richmond: Division of Purchase and Public Printing, 1932), 9.

<sup>23</sup> Henry, "Report of the Superintendent," *Sixty-Second Annual Report 1931 – 1932*, 9.

six men were sterilized. By 1935, Central's medical staff has sterilized 470 patients total, 317 female and 153 male patients, but the Hospital's efforts could not keep up to hundreds that were admitted every year. They did, however, move the state closer to removing threats to white racial purity. While this sample of sterilizations did not even make up 20% of the state's total during this time, the majority of which were white women, it does not mean that the state did not recognize African Americans as a threat and treated them as such.

### **Community, Parole and the Costs of Overcrowding**

As overcrowding continued to present problems, Hospital administrations actively sought alternative solutions to the dangerous problem. The list of potential solutions existed on a spectrum and focused primarily on how the state could identify and treat the mentally ill before they reached the asylum, but they also invested a tremendous amount of energy into quelling the spread of mental illness through various forms of sterilization. As the institution had since its opening, Central allowed a number of patients to be paroled out to family members, who were charged with caring for them and ensuring that they remained out of trouble. Under the supervision of Sherriff W.H. Chapman of Isle of Wight County, Central State Hospital patient Shirley Winnegan was allowed out on parole from the Hospital shortly after being admitted in August 1927. It is unclear as to exactly why Winnegan had been furloughed, but it likely was the result of a combination of circumstances, including the chronic overcrowding at the Hospital, but also the belief that he was neither a danger to himself, nor to others. Parole petitions were managed in-house and issued at the discretion of the medical superintendent, who

considered the patient's diagnosis, behavior, time spent in the institution and whether or the patient would remain out of trouble while away from the institution. They could be initiated by patients, family members of the administration staff. It is possible that family members may have initiated parole petitions in efforts to check in on confined family members.<sup>24</sup> They may have used such vacations away from the institution to assess a family member's physical health but also to check for any signs of improvement in their mental condition. Once parole was granted and after consultation with friends or family members of the accused, parolees were typically placed in the custody of the local (white) sheriff, but were cared for by family members.

The 25-year old light-skinned man of medium build was a husband, father and public station employee, born and raised in Isle of Wight County, Virginia. He was one of thirteen children born to Rebecca and Charlie Winnegan, whom he and his siblings helped to eke out a meager lifestyle as laborers on a nearby farm. Winnegan married a local woman named Katie, and they had two children. It was rumored that Katie also suffered from "mental weakness," but even the most public of insinuations failed to identify the cause of the perceived mental illness.<sup>25</sup> While the newspaper coverage of Winnegan's case took care to include both his history of mental illness and period of confinement at Central State Hospital, none speculated as to the root cause or diagnosis; instead reporters relied on ominous phrases that provided all the context necessary to prove Winnegan's utter lack of control. Coverage in the *Richmond Planet* described Winnegan as "incurable" after reviewing testimony from local alienists, who

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<sup>24</sup> Summers, *Madness in the City of Magnificent Intentions*, 116.

<sup>25</sup> "Threatened Lynchers. Race Man Charged with Heinous Crime – Mentally Unbalanced. To Be Tried November 1 at Newport News," *Richmond Planet*, October 22, 1927, 1.

confirmed that the patient would suffer from an undisclosed form of insanity “from the cradle to the grave.”<sup>26</sup> During an exclusive interview with John Mitchell Jr., Winnegan offered the only explanation for his ailment, he recalled, “A rock fell about ten feet and struck me on the head some time ago.”<sup>27</sup> He continued, “I have spells every two or three weeks and get out of my head. Sometimes I know what is going on and sometimes I don’t.” It is unclear how Winnegan initially came under suspicion and faced a commission of lunacy, but he was known by state officials long before he was accused of murdering Hilda Barlow.

While living outside the Hospital, Winnegan was charged with the murder of Hilda Barlow, a 14-year old white girl, who was sent to Smithfield on a market errand for bread, in October 1927. When she failed to return home, searchers found Barlow murdered and sexually assaulted in a nearby cornfield. Shortly after Barlow’s body was discovered on Friday October 14, a local resident named James Martin Goodwin, an 18-year old African American peanut farmer, informed the authorities that he saw Winnegan in the area of the deceased’s body. Even though Godwin did not see Winnegan with Barlow, his accusation was enough to seal Winnegan’s fate. Katie was her husband’s only alibi. Winnegan insisted that a personal disagreement between he and Godwin led to the farmer’s false testimony against him, and there was little physical evidence.<sup>28</sup>

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<sup>26</sup> “The Strange Case of Shirley Winnegan,” *Richmond Planet*, December 17, 1927, 4.

<sup>27</sup> White Girl Murdered!! Victim of a Fiendish Attack – the Law Being Upheld – Suspect in Jail Here. Colored Man Caused His Arrest – Denies Crime – Once a Lunatic,” *Richmond Planet*, October 29, 1928, 1.

<sup>28</sup> “White Girl Murdered!!” *Richmond Planet*, 1.

On the same evening that Godwin reported this tip to local police, unnamed African American residents from Smithfield County quickly located, detained, and then surrendered Winnegan to white authorities.<sup>29</sup> It is likely that local residents acted out fear and protection for Winnegan and his family given the nature of the crime. African Americans accused of even the smallest slight against white authority were severely punished, oftentimes outside of the legal system. Reliance on unsanctioned Jim Crow justice pervaded southern county courts and this case would prove only slightly different. The swift actions of Smithfield's African American community, but also the subsequent actions of Sheriff Chapman and commonwealth attorney George Whitley, are what radically altered the course of Winnegan's case. After Winnegan was delivered into Chapman's custody, local law enforcement feared for his safety and secretly transported him to a neighboring jail in Portsmouth, then to Petersburg, and thankfully so, because on the following night, a mob made up of an estimated 1,000 white Smithfield citizens gathered outside of Chapman's home demanding that he reveal Winnegan's whereabouts.<sup>30</sup>

Eventually Chapman revealed that Winnegan had been safely carried to the Petersburg jailhouse, and the mob sent an "advance party" to Petersburg to assess security at the new location. The crowd only dispersed after hearing of the steps taken to prevent Winnegan's lynching. A report from the Danville *Bee* described the scene as follows: "There they are said to have found the jail-well (sic) guarded by police and by the fire department with hose connected and ready for action."<sup>31</sup> Surprisingly deterred

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<sup>29</sup> "White Girl's Negro Slayer Quickly Taken Thru Aid of Own Race," *The Bee*, October 17, 1927, 1.

<sup>30</sup> "Threatened Lynchers," *Richmond Planet*, October 22, 1927, 1.

<sup>31</sup> "White Girl's Negro Slayer Quickly Taken Thru Aid of Own Race," *The Bee*, October 17, 1927, 1; "Girl's Slayer May Be Tried at Richmond," *The Bee*, October 21, 1927, page 4.

by the state's efforts at protecting the accused, the mob left the jail and Winnegan lived to stand trial. In light of the gruesome circumstances surrounding Barlow's death, the threat of white vigilante violence was especially high, but shifts in how the state judiciary dealt with African Americans, who were suspected of both committing a crime and suffering from mental illness, may have heightened their overwhelming desire to punish Winnegan.

Just six months earlier in Henrico County, George Ruffian, an African American man, was convicted of wounding Officer F.H. Trippe during a street scuffle. After a commission of lunacy was held on Ruffian's behalf, he was adjudged insane and in an unprecedented move, Judge D.C. Richardson, ordered Ruffian to Central.<sup>32</sup> While Richardson's decision was supported by law concerning individuals in Ruffian's position, it would have been highly controversial for an African American to strike a white officer, in provocation or protection, without suffering severe punishment either at the hand of vigilantes, Trippe's fellow officers, the formal justice system or a crushing combination of the three. The close proximity of Ruffian's perceived escape from justice may have led Smithfield's white community to more protracted measures in Winnegan's case. An account of Ruffian's case, published in the *Richmond Planet*, marveled at the uniqueness of the judge's ruling, another signal that others may have recognized a multi-layered shift in how the state would deal with such cases moving forward.

Sherriff Chapman and Whitley's actions fit within Judge Richardson's precedent as Winnegan's case was the first time that white civil officials intervened with such vigor

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<sup>32</sup> "Adjudged Insane," *Richmond Planet*, April 26, 1924, 5.

to prevent an African American from being lynched in the state.<sup>33</sup> This was especially surprising given the white female victim as well as the circumstances of her death. While neither official professed an interest in the protection of African American communities, both defended their actions as righteous, but efforts toward their removal were already in motion. Before Winnegan's trial was even underway, an estimated 1,200 white Smithfield County citizens met for a community forum to initiate Chapman and Whitley's ousting.<sup>34</sup> Both elected officials easily took office based on votes tallied from the recently-past election, but their inability to see the real danger that Winnegan posed in ways that aligned with the white community's values eventually led to their dismissal.<sup>35</sup> White dissatisfaction surrounding how Winnegan's case reached a crescendo that was noticed as high as the judiciary. Given the mob's inability to punish Winnegan as they saw fit as well as the extreme measures taken to penalize the white officials involved, the presiding judge, Circuit Court Judge B.D. White, moved the proceedings to Richmond. Collectively, the actions of Chapman, Whitley and White should not be viewed within the context of African American protection, they should be seen as steps taken in favor of establishing the power of formal systems of white supremacy instead of more antiquated, informal modes of vigilante justice. Safely ushering Winnegan from place to place may have ensured that he would not fall victim to vigilante justice at the hands of Smithfield residents, but, as they knew, it also ensured that he would face a similarly inclined white jury in Richmond.

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<sup>33</sup> Lisa Linquist Dorr, *White Women, Rape, and the Power of Race in Virginia, 1900 – 1960* (Chapel Hill: University of North Carolina Press, 2004), 73.

<sup>34</sup> "Two Isle of Wight Men under Fire as a Result of Murder," *Virginian Pilot and Norfolk Landmark*, October 25, 1927, 1.

<sup>35</sup> J. Douglass Smith, *Managing White Supremacy: Race, Politics, and Citizenship in Jim Crow Virginia* (Chapel Hill: University of North Carolina Press, 2002), 173-74.

Local newspapers speculated that Winnegan was paroled because the Hospital “had no room there for him,” but Sherriff Chapman, his parole supervisor provided an additional series of event that help to contextualize his parole status.<sup>36</sup> Amongst the close coverage of the Winnegan’s arrest, trial and execution, the *Richmond Planet* also featured a series of three letters between Chapman and Superintendent Henry. In the first, dated August 8, 1927, Chapman warned Henry of the danger that Winnegan posed to himself and others, further he advised him to send a Hospital attendant for appropriate transport to the Hospital as soon as possible.<sup>37</sup> Henry quickly responded with arrangements for an agent to collect Winnegan on the following Saturday August 13, 1927. Chapman’s subsequent response indicated that when he arrived to transport Winnegan to meet the attendant, he found that Winnegan was working a job in Surry County. Perhaps to soften his failure to deliver on the very request he had initiated, Chapman went on to describe how Winnegan’s family did not see anything wrong with him at all and asked that he be left with them. Chapman wrote, “His family said...that he had a good job, and was holding it down, and that if he showed any further signs of going bad, that they would take him to the hospital, direct, so I thought it best to give him a trial, but it was too late then to notify you.”<sup>38</sup> A review of the case published in the *Daily Press* suggested that Winnegan’s family knew that his mental illness was triggered by alcohol, and “he had stopped drinking moonshine whiskey and since that time showed no evidence of insanity.”<sup>39</sup> The consistent mention of Winnegan’s gainful

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<sup>36</sup> Associated Press, “Girl’s Murderer Menaced by Mob. Spirited to Portsmouth, Va., Jail After Discovery of Crime in Isle of Wight County,” *Evening Star*, October 16, 1927, 23.

<sup>37</sup> John Mitchell Jr., “Winnegan Case,” *Richmond Planet*, December 3, 1927, 4.

<sup>38</sup> Mitchell, “Winnegan Case,” 4. Letter from Sherriff Chapman to Dr. Henry dated August 14, 1927.

<sup>39</sup> “Insanity Plea and the Color Line,” *Daily Press*, December 27, 1927, 4. Larry Green’s “Believe Lynching of Winnegan Would have Ended Strife. Finely Drawn Political Division Comes of Incidents Surrounding Murder of Young Girl. Battle is Waged upon the So-Called ‘Ring.’ Murder Believed Used as Excuse for

employment made also help to contextualize his family's desire for him to remain outside the Hospital. At the time of Winnegan's arrest, he, his wife, and two children were living in a single home with his parents, siblings and another family.<sup>40</sup> Chapman reported that both his family and the other family benefited from his income as it would have helped to cover any shared rental and living expenses. Regardless of the circumstances, Chapman failed to verify Winnegan's behavior and shirked his responsibility.

Chapman's letters did not provide an explanation for the period between August 14 and Barlow's murder, but the *Planet* offered Mitchell's conclusions. Immediately following the jailer's correspondence read the following solemn statement: "Under the law, a person admittedly insane at the time the crime committed cannot be tried for a crime. The person in whose charge he was paroled is responsible."<sup>41</sup> Whether or not Winnegan committed the crime was of little importance, instead African American Virginians, like Mitchell, attempted to shift the attention from Winnegan to Chapman in hopes of bettering Winnegan's chances of escaping execution. Mitchell's intentional evocation of "race man" imagery was an effort to map the community's loyalty onto the accused. A plea connected to the accused's sanity was the only option that could possibly result in an African American man being either sent back to the Hospital or to the Virginia State Penitentiary – either were favorable alternatives to execution.

Winnegan's case was assigned to well-known Norfolk attorney, James G. Martin, whose "skill, ability, oratorical powers were all thrown in the balances to stem

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Precipitating Bitter Political Struggle," in *The Daily Press*, 1 support the suggestion that Winnegan's mental illness was exacerbated by alcohol.

<sup>40</sup> "Fidelity in Office," *The Daily Press*, November 10, 1927, 4.

<sup>41</sup> Mitchell, "Winnegan Case," 4.

the tide which was sweeping Winnegan, a legally adjudged lunatic, to the electric chair.”<sup>42</sup> Martin’s first motion was to dismiss the charges given that legally Winnegan could not be held responsible for any crime given his documented history of mental illness. Judge Kirk Matthews wasted no time quickly overruling this motion, holding that the insanity issue was not one to be decided at the present trial.<sup>43</sup> To resolve these concerns for both the prosecutor and defense teams, an additional commission of lunacy was called on his behalf after his arrest.<sup>44</sup> The subsequent commission was made up of the state’s most respected white mental health professionals, including Dr. H.C. Henry of Central, Dr. G.W. Brown, medical superintendent of Eastern State Hospital at Williamsburg and Dr. J.S. DeJarnette, medical superintendent of Western State Hospital at Staunton.<sup>45</sup>

The team of experts found Winnegan sane, at least at the time when he had allegedly killed and sexually assaulted Barlow. The more recent finding would allow the judge and jury to ignore the original commission’s finding and sentence Winnegan to the death penalty. The decision to rely on the state’s most highly regarded mental health professionals was intentional and preemptively quelled any challenges to the subsequent commission’s findings, but Henry’s position presented a clear conflict of interest. Regardless of Winnegan’s mental state, he would not have been able to

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<sup>42</sup> John Mitchell Jr., “Shirley Winnegan Sentenced to Die in Electric Chair. Denies He Murdered Hilda Barlow – Colored Youth Identifies Him as Guilty Man – Was Inmate of Lunatic Asylum on Parole – Remarkable Scenes Here,” *Richmond Planet*, December 3, 1927, 1.

<sup>43</sup> “Richmond Negro Faces Trial for Assaulting Girl. Shirley Winnegan Charged with Attacking and Killing Young White Girl in Isle of Wight,” *Kingsport Times*, November 27, 1927, 1, 4.

<sup>44</sup> “Negro Slayer Held Sane,” *Evening Star*, November 4, 1927, 7.; Mitchell, “Shirley Winnegan Sentenced to Die in the Electric Chair. Denies He Murdered Hilda Barlow – Colored Youth Identified Him as Guilty Man – Was Inmate of Lunatic Asylum on Parole – Remarkable Scenes Here,” *Richmond Planet*, December 3, 1927, 1, 4.

<sup>45</sup> “Sanity Hearing for Negro Killer,” *The Bee*, November 3, 1927, 2.

commit the crime had he been held at Central as ordered by the initial commission. Supporting his colleagues' finding that Winnegan regained his sanity sometime between his parole and Barlow's death served as a convenient resolution both to the unwritten social rules that governed interactions between African American men and white women, but it also further codified Henry, Brown and DeJarnette's positions as experts with practically useful knowledge that could be used in service of white supremacy. While their expertise offered a degree of protection that eluded Chapman and Whitley, failure to find Winnegan sane at the time of the crime could have potentially resulted in similar consequences.

As Winnegan's trial proceeded, the white community's attention remained fixed on Chapman as the removed officer was rumored to be working with state prosecutors to hold the members of Winnegan's mob accountable for their actions. *The Daily Press* reported that "whole-sale prosecutions were planned against those who composed the assemblage," all of whom Chapman was familiar.<sup>46</sup> While this may have seemed like a major step towards eradicating white mob rule and intimidation at the local level, the state's threat had few teeth and failed to effectively prosecute a single member of the mob. Elbert Cockes was one of the first arrested, but he was eventually released after the prosecution failed to make an appearance. Similarly absent from the hearing were Chapman and Whitley, two witnesses that would have been necessary to building a successful case against the accused. The state's lackluster attempt at prosecuting white would-be lynchers was a unique, but empty, gesture that had little lasting effect.

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<sup>46</sup> "Trouble in Isle of Wight Looms Again as Youth is Called. Reports to Effect That Names of Winnegan Assemblage Will be Submitted to Grand Jury for Investigation," *Daily Press*, December 17, 1927, 2; "May Present Names of Mob," *Kingsport Times*, December 16, 1927, 5.

Winnegan maintained his innocence from the point of his arrest up until he was sentenced to death on November 30, 1927. Almost immediately after the Judge W. Kirk Matthews issued his ruling, Martin, Winnegan's attorney, successfully petitioned for additional time to mount an appeal to present before the Virginia Supreme Court and the date for Winnegan's execution was set for January 25 of the following year.<sup>47</sup> Reports from as far as Bristol, Tennessee, covered the case with surprisingly little attention to the crime. Instead the reports focused on the righteous actions taken by Chapman and Whitley when confronted with the fiendish behavior of the Southfield mob. Far and wide, Winnegan's case was used to demonstrate the benefits of moving away from mob, vigilante justice in favor of methods that were seemingly more civilized but ended in the same result. Coverage posted in *The Bristol Herald Courier* read, "He was tried and convicted and has been put to death in a legal and orderly manner. He is as dead as if a mob had killed him quickly and even brutally, and his blood is not on the hands of those who would have lynched him. Why can not (sic) people everywhere realize that this is much the better way?"<sup>48</sup>

The circumstances surrounding Winnegan's parole from Central, arrest for Barlow's murder and execution demonstrate the significant threat that a single mentally ill African American man posed to white Virginian's social order, and the furtherance of white supremacy through more established structures. It also illuminates African American Virginians' efforts at protecting mentally ill community members accused of crimes against white citizens as well as their unfortunate failures to do so. The pointed

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<sup>47</sup> "Winnegan Dies in the Electric Chair. Goes Unassisted to His Doom. Makes No Confession," *Richmond Planet*, January 28, 1928, 1; "Death Penalty is Given Winningham. Isle of Wight Negro Sentenced to die on January 25," *Richmond Times-Dispatch*, December 1, 1927, 1.

<sup>48</sup> "Winnegan Pays the Penalty," *The Bristol Herald Courier*, January 27, 1928, 4.

public campaign launched by Winnegan's attorney and John Mitchell Jr. completely bypassed the question on whether or not Winnegan committed the crime, and instead posed what they believed was a more important question: could someone be held accountable for crimes committed after being adjudged insane by a commission of lunacy? This distinct feature of the *Planet's* coverage was emphasized by the careful placement of various pieces of evidence that they thought would strengthen Winnegan's case.

To Smithfield's African American community, the belief that Winnegan was responsible for Barlow's death likely meant a shower of unprovoked violence, random beatings as well as the unchecked loss of African American life and property. This truth coupled with Godwin's testimony would have incentivized their decision to surrender Winnegan to the authorities. His history of mental illness offered the community's only viable option and by turning Winnegan over to Chapman, they took the surest steps toward a safe transition to the Hospital. While doing so may have very well delivered him to the individuals who meted out vigilante justice under the cloak of night, local law enforcement represented their only possibility of protection both for Winnegan and their community. His case is important because it demonstrates the ways that African Americans sought to protect community members from lynching through many means, including surrender, commitment, and eventual confinement.

To the white communities of Smithfield and the surrounding counties, there was no question of Winnegan's guilt as his case represented the most recent iteration of the familiar black male brute trope. Godwin's presumably unsolicited testimony against Winnegan would have only strengthened their belief in this explanation of events. From

their perspective, Chapman and Whitley's decision to protect Winnegan was an affront to their responsibility to the white public. Allowing Winnegan's alleged crime to go unaddressed or even lightly handled by law enforcement would not go unpunished. Further, the possibility that a paroled African American patient had sexually assaulted a young, white girl presented a potential crisis for law enforcement officers but also for Henry. While there were immediately whispers of Chapman's missteps not only in his initial handling of Winnegan's parole but also by hiding the accused from white lynchers, few asked about Henry or if the Hospital had failed in their duty to confine Winnegan. The idea that dangerous, mentally ill African American parolees could be wandering the state at any time poked substantial holes in the armor of absolute authority they were attempting to forge. The second commission of lunacy's finding removed any belief that Central's overcrowding crisis had breached the safety of white Virginian communities by unequivocally concluding that Winnegan was sane at the time of the crime.

Despite Winnegan's documented history of mental illness, he never reached the Hospital due to overcrowding, but the severity of his alleged crime could not have gone unpunished. I argue that collusion on the part of the prosecutor and those who represented the commission of lunacy sealed Winnegan's fate. If Winnegan had been found insane, and therefore unable to be held responsible for the crime, it would have meant lesser consequences for him and much weightier burdens for state officials, like Henry and Chapman. Not only would the Hospital and its staff's authority regarding diagnosis and commitment be woefully damaged, but also their abilities to provide a buffer between mentally ill African Americans and the white public. As the state and Hospital sought to more efficiently manage presumably dangerous criminals, like

Winnegan, they invested more resources in the sterilization program. Lou Rooster Jarvis was a perfect example of how the program functioned once it matured. Rooster's case also helps to unpack how mentally ill African Americans who were charged with violent crimes came under consideration for the state's sterilization program.

The youngest of five children, Lou "Rooster" Jarvis was born to Louise and Henry Jarvis of Warwick County on April 25, 1916. In 1931, he was ordered to the Hospital after he was accused of having a sexual relationship with a white woman. Even though it was rumored to be a consensual relationship, it broke one of the foundational rules of interracial decorum, which forbade intimate relationships between African American men and white women. Between 1931 and 1934, neither the Hospital's medical staff, nor Henry believed that he suffered from any form of mental illness. In fact, Henry described Rooster as a quiet, well-behaved member of the patient population that gave the staff no trouble. Aside from his mental health, there was speculation concerning the validity of his accuser's claims and it was rumored that his first conviction was the result of an ongoing consensual relationship.<sup>49</sup> If his accuser's claims were met with disbelief and Henry testified that he was not insane, it is unclear why he would have remained at the Hospital for any length of time. Especially given the Hospital's chronic overcrowding, it would have directly benefited the administration to contact the courts and resolve the situation rather than allowing him to remain at the Hospital. While confined, Jarvis escaped in April 1931, and despite the Hospital's responsibility, the administration opted to allow him to remain outside the Hospital on parole.<sup>50</sup> Perhaps, Henry and his staff thought their efforts would be better spent managing their remaining charges than

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<sup>49</sup> Dorr, *White Women, Rape, and the Power of Race in Virginia*, 123.

<sup>50</sup> "Jarvis May Face Circuit Tribunal," *Daily Press*, October 26, 1934, 1.

attempting to capture runaways, like Rooster. He was one of 226 patients, who were “paroled” that year, 119 male and 147 female patients.<sup>51</sup> While a portion of this group may have had a story similar to Rooster’s, it is highly likely that at least a small portion of them were appropriately admitted to the Hospital. In any case, the administration’s inability to properly transfer inappropriate admissions and safely confine their charges demonstrates how overcrowding led to unchecked dangers.

In October 1934, while still away from the Hospital on parole, Jarvis was arrested for sexually assaulting a white Warwick County schoolgirl. In a 1953 pardon report, Jarvis explained that as a teenager, he lived in an integrated Warwick County neighborhood and frequently played with white children. When he encountered a white boy and girl with whom he was not familiar, he said they called him a nigger and quickly ran away.<sup>52</sup> Jarvis was unable to catch the boy and instead caught the girl and sexually assaulted her on the side of the road. After conviction, Jarvis was surprisingly remanded back to Central. This time, he was sterilized by the Hospital’s medical staff, and they intended to release him shortly thereafter. However, correspondence between Henry and William Drewry’s office at the Bureau of Public Welfare demonstrate the institution’s doubtful position. Despite Drewry’s resignation, his expert opinion remained critical to decisions related to African American mental health. In an urgent letter to Drewry’s office, Henry asked the former Central medical superintendent whether or not it was safe to release Jarvis. Ella D. Ball, supervisor of the Bureau’s Reception Department,

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<sup>51</sup> *Sixty-Fourth Annual Report Central State Hospital Virginia (Petersburg) 1933 – 1934* (Richmond, VA, 1934), 19.

<sup>52</sup> Pardon Report for Loo Rooster Jarvis, No. 33723, March 11, 1953 in *Commonwealth v. Loo Rooster Jarvis*, Petition for Conditional Pardon, January 8 – January 12, 1962, Executive Papers, Library of Virginia, Richmond, Virginia.

wrote, "Upon receipt of your letter regarding Rooster Jarvis, I consulted Dr. Drewry, who thinks it I'll be all right for the boy to be tried in his home. Personally, I shall be glad for the boy to be tried with his parents."<sup>53</sup> Unphased by Jarvis' record, Drewry affirmed his release. Approximately one year later, Jarvis was arrested for sexually assaulting another white woman, and this time he was sentenced to life in prison.<sup>54</sup>

Like Winnegan, Jarvis was an African American man, convicted of committing a violent crime against a white woman while out on parole from Central due to overcrowding. One of the most important aspects of Jarvis and Winnegan's cases were the court's failures to hold either Hospital administrators or parole supervisors responsible for the actions of their charges. While the perceived danger that they posed to Virginia's social order as African American men was exacerbated by their undiagnosed mental illness, it was this same aspect of their cases that would have prohibited the state from holding them responsible for their actions. While influential community members, like John Mitchell Jr., threw tremendous amounts of public support behind individuals, like Winnegan, Jarvis' alleged history of inappropriate sexual contact with white girls and women may have caused Mitchell and other prominent African Americans to distance themselves from the case as well as the accused.

Winnegan and Jarvis' cases demonstrate the impact that Central's revised parole protocol had on the public discourse surrounding race and mental illness. Further, it highlights some of the ways that African American and white communities reacted to

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<sup>53</sup> Letter from Ella D. Ball, Reception Department of the Bureau of Public Health, to Dr. H.C. Henry, Medical Superintendent of Central State Hospital, November 23, 1934. see "Jarvis May Face Circuit Tribunal," *Daily Press*, October 26, 1934, 14.

<sup>54</sup> *Sixteenth Census of the United States, 1940*. Washington, D.C.: National Archives and Records Administration, 1940, page 3A; Dorr, *White Women, Rape and the Power of Race in Virginia*, 199.

violent assaults they thought were perpetrated by mentally ill parolees from Central. As African American community members swiftly took the offensive, white Smithfielders convened a lynching party in Winnegan's case, each using extreme means to protect their respective communities from one another. In line with this reaction, African Americans enacted similar protective strategies in Jarvis' case to distance themselves from the accused. Ultimately, both parolees succumbed to the efforts of the state and the threat was extinguished through sterilization, lifelong incarceration and execution. The final case study features the story of Pace Reid, a 42-year-old African American man from Danville County, Virginia, who admitted to murdering his wife, Maude Reid, on November 28, 1927.<sup>55</sup>

After beating his wife with a claw hammer and stabbing her more than 30 times with an ice pick, the reportedly mild-mannered drug store porter strolled into police headquarters and surrendered himself to Detective J.N. Campbell. Campbell reported that during their impromptu meeting, Reid "was twitching spasmodically when he surrendered and that he seemed to have difficulty swallowing," but eventually, the detective established that he was, in fact, sober.<sup>56</sup> During an initial interrogation, Reid confessed that he had murdered his wife and recalled the story in excruciating detail. Based on his account, at around 8:30 p.m., Maude greeted him at the door with taunts of infidelity. The argument became heated and he alleged that Maude attacked him with an ice pick, after which he disarmed her and stabbed her. Seemingly unaffected by the first series of wounds, Reid says that his wife then seized a claw hammer, and after wrestling it away from her, Reid turned the weapon on Maude. Reid's torn coat sleeve

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<sup>55</sup> "Negro Slays his Wife in Frenzied Fit," *The Bee*, November 29, 1927, 1, 3.

<sup>56</sup> "Reid Case is Sent to Grand Jury; He Fails to Testify," *The Bee*, December 13, 1927, 1.

was the only sign of struggle on his person, and while he had some light skin abrasions, he had no wounds or bruises.<sup>57</sup> After listening to his initial confession, officers went to ascertain the truthfulness of Reid's claims. At some point between Reid's initial confession and the discovery of Maude's body, Reid offered that he had actually killed her because she was trying to control him through conjuring. When asked to elaborate, Reid said that whenever she used sprinkled water across the broom and swept in the house, he felt a "queer spell and experienced a burning sensation," then he would eventually feel compelled to "seize a trivial domestic incident and work himself into a passion." When police arrived at the couple's home at 720 Monroe St., they found Maude "reduced to a shapeless mass and her corpse punctuated by the thrusts of the ice pick used as a stiletto."<sup>58</sup> Based on patterns of struggle, they concluded that the 26-year-old woman had been dragged from the bed into the front room and back again; further, they determined that she had probably died long before her attacker stopped beating her.

After numerous postponements, Reid faced a commission of lunacy more than four months later in March 1928, where he was adjudged insane by Dr. J.D. Bell of the Virginia State Colony and Henry of Central. After conducting a 3-hour examination of Reid and hearing witness testimony, the commission concluded that he suffered from dementia, which had produced his well-defined hallucinations.<sup>59</sup> The wholesale dismissal of African Americans' belief in the power of conjuring and other African-derived spiritual traditions was not uncommon and in decades previous, large numbers of African

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<sup>57</sup> "Negro Slays his Wife," 3.

<sup>58</sup> "Negro Slays his Wife," 1.

<sup>59</sup> "Pace Reid is Held Insane by Alienists," *The Bee*, February 28, 1928, 1; "Conjured Negro Insane." *The Richmond Times Dispatch*, March 1, 1928, 4.

American Virginians had been committed due to ambiguously defined religious insanity. To solidify the defense's argument that the accused suffered from insanity, Reid's attorney reportedly prepared a group of white witnesses, who could attest to Reid's "strange behavior" in the month before Maude's murder. While the police questioned the Reids' neighbors and identified more than one African American witness who described hearing an argument or some sort of struggle on the night of the crime, none were called to testify. The African American witnesses' cultural understanding of Maude Reid's murder and possible belief in the validity of conjuring may have invalidated their testimony in the eyes of a white jury. Instead, Reid's attorney thought it a better bet to rely on the testimony of white residents who would not even consider Reid's tale.

Unlike Winnegan and Jarvis, Reid had no history of mental illness, he voluntarily admitted to murdering his wife after a lover's quarrel and, above all, had surrendered himself to police. For many reasons, this case seemed open-and-shut, but Reid's behindhand accusations of conjuring rung familiar to mental health experts, like Henry. This basic explanation for the crime allowed law enforcement to close the case rather than investing more time and resources into investigating the matter. I argue that because Reid's victim was a 26-year-old African American tobacco farmer, rather than a young, white schoolgirl, he was remanded to Central, instead of being incarcerated at the state penitentiary, sterilized or executed. While it is unclear whether Reid actually believed that his wife was conjuring him or if he provided that as an explanation for his actions after the fact, but in any case, his defense attorney relied on white witness' understanding of African-derived spiritual practices to ensure that Reid would be found insane and thereby unable to be held responsible for his actions. Such an outcome

would have been unacceptable in either the Winnegan or Jarvis trials because of the racial implications of the crimes.

Between 1924 and 1935, Central underwent numerous changes as Henry's administration tried to find its footing after the passage of the 1924 Eugenic Sterilization Act. Once approved, Central's program operated at full throttle and sterilized almost 500 African American patients in just a decade. While familiar problems, like inappropriate admissions and overcrowding, plagued the Hospital since its opening, the new administration's loose approach led to scores of escapes that were later written off as patients who had been paroled. As demonstrated through the cases of Shirley Winnegan and Rooster Jarvis, neither a documented history of mental illness, nor an insanity plea would be considered in cases where African American men were accused of violent crimes against white women. Pace Reid offered an interesting contrast and revealed that the same did not hold true in cases of crimes committed against African American women. Despite the responsibility of the Hospital and other white officials, mentally ill African American men accused of crimes, especially against white Virginians, were held fully responsible for their actions and faced swift justice.

## CONCLUSION

This project initially emerged from a desire to tell the stories of black Virginians who were committed to Central during the nadir of African American history. But it quickly became apparent that despite the institution's rich historical value, there was little sustained interest in Central, and therefore, even less background information to contextualize those experiences. *Finding Asylum* has provided an institutional history of Central that demonstrates how the Hospital was governed under the guise of treatment but functioned as an unrecognized arm of the carceral state, especially through the eyes of African American patients. The focus on atavist explanations of African American mental illness, limited treatment options and reliance on patient labor throughout the institution's history reveal deeply entrenched beliefs regarding black mental illness that followed Central into the twentieth century.

This project has addressed three major themes that are central to understanding African American mental health in Virginia. The first is the role that race played in institutional asylum care, from the point of suspicion through confinement, to demonstrate how white medical professionals' beliefs about African Americans framed the institution's design and management. It has also contextualized the perceived increase of mentally ill African Americans during this time and revealed how raced and gendered understandings of black life led to misdiagnosis, commitment and confinement. Tracing the institution's history highlights both the top-down narrative that explains how administrators viewed their charges while also providing a window into patient life. *Finding Asylum* has also looked outside of the Hospital to demonstrate the multi-layered ways that black Virginians attempted to make use of the state's mental

healthcare system through commitment. The three themes represent many untold stories within African American history and the history of psychiatry.

Reading the rise of psychiatric thought and practice during the final decades of the nineteenth century alongside the increases in African American patients at Central makes clear how one interacted with the other. Administrators like William Drewry ensured that Central provided a fertile training ground for professional development and worked to make the institution a leader in the treatment of black mental illness. This included a shift toward scientific justification, adherence to transatlantic nosological standards and increased clinical practice. Unfortunately, none of these aspirations were related to the care or recovery of patients. Central and similar segregated facilities created a unique opportunity for psychiatric professionals to increase their social capital and prove their worth in the maintenance of white supremacy, a task they readily took up. By strategically ruling on commissions of lunacy, white psychiatric professionals placed themselves as the gatekeepers between mentally ill African Americans and sane, white communities.

Coercive labor framed a great deal of the African American patient experience throughout the nadir. *Finding Asylum* has provided a window into that experience by describing living quarters, opportunities for recreation, access to medical care and other aspects of patient life in ways that have not been done before. Resistance is perhaps one of the most interesting themes analyzed therein. Similar to African Americans who were confined within other carceral spaces, patients at Central displayed outward signs of dissemblance and subversion that fit into larger African American demands for respect during the period.

Central's history lays bare a legacy of limited treatment options, substandard facilities and lackluster care, but this narrative has also revealed information about African American communities the institution was meant to manage. Central was a contested space for African Americans, who rarely voluntarily committed themselves until the mid 1920s. Despite their outright distrust of white medical professionals, in the years following Reconstruction, African Americans found ways to exercise their newfound rights in surprising ways. As they sought to make use of state systems in many of the same ways that their white counterparts were able to, they allowed the state entrance into some of the most intimate corners of black life. While some African Americans successfully committed family members for safety reasons or as a last resort, there is evidence that powerful community leaders may have been motivated by more selfish reasons to confine naysayers and radicals. Cases such as Ellen Coy's reveal that illegal calls for commitment could be thwarted, but the absence of other examples demonstrate that few individuals had the time, financial resources, energy or savvy to mount a successful defense. As demonstrated by the Coy and Booze cases, altruistic protection was not always the primary goal. The politics of community, gender and power dominated both these cases and demonstrated some of the previously unexplored avenues that black Richmonders used to control those within their communities as well as family members.

Criminal cases involving African American men proved a fertile testing ground for this new level of participation. Journalists, church members and other community folks began developing an innovative, yet ineffective, discourse on race, mental health and criminal responsibility. Early on, well-known black Virginians attempted to use pleas of

insanity to rally public support for African Americans accused of various crimes. Even if their innocence could not be safely assured, networks of black Richmonders mobilized in efforts to secure relatively fair trials. African Americans' failure to appreciate how far asylum administrators would go to serve state imperatives likely led to the futility of their efforts. In most cases, black defendants met the same somber fate and were ordered to serve a lengthy sentence at either the state penitentiary or asylum. Despite the results, these previously unrecognized uses of agency are important to fully understanding the role of mental illness in black life during the nadir.

### **Continuing the History of Central State Hospital**

When the Central State Hospital Chapel and Amusement Hall began to collapse in 2014, the state fumbled to respond, unsure of whether or not repairs on the now-defunct building would be worth it. Despite the Chapel's state of disrepair, the structure itself is a powerful symbol given proper context. The structure was designed by medical superintendent William Drewry in 1904 and completed in 1905 to provide a designated space for regular Sunday church services and weekday Bible study as well as concerts, dances and commencement ceremonies. Unlike many of the Hospital's other buildings, the Chapel served numerous functions and was a general source of enjoyment and spiritual fulfillment for patients and employees alike. Surrounded by constant reminders of their confinement and lack of agency, African American patients may have found it to be a welcome respite to the otherwise monotonous asylum life. By the time I visited, the state's decision on repairing the structure was clear, it barely stood.

This is an especially exciting time to research the intersections of race and mental health, not only because of the nascent connections being made between the asylum and the carceral state, but also because of the ongoing conversation surrounding access, privacy and mental health records. Much of this conversation has been focused on protecting the privacy of patients and their families, but as numerous historians have mentioned, blanket regulations that restrict all access run the risk of further obscuring important institutional histories, especially narratives and events that may reflect poorly on the institution, state or affiliated parties. Despite federal regulations that safeguard private health information (PHI) for fifty years after death, some states have extended this protocol, further restricting access. These steps complicate if and how historians, family members and others are able to learn about those who were confined at state asylums during this foundational period in African American history.

Virginia has earned a prominent place in this conversation for numerous reasons, including major efforts to preserve the state's mental health records and recent regulations enacted to further restrict access to mental health records. Efforts to preserve documents related to the state's mental hospitals are necessary and important but records related to Central (and Howard's Grove) are undeniably the richest sources related to uncovering a comprehensive history of institutional mental healthcare for African Americans. The most robust of these efforts belong to the Central State Hospital Archives Project initiated by Central State Hospital director Charles Davis in 2007. Afraid that the records would deteriorate and unsure of whether or not the Library of Virginia would view Central's records as historically important because of the

contentious relationship between the Hospital and Library, the director contacted Dr. King Davis, who organized the project out of the College of Liberal Arts at The University of Texas at Austin. Generous funding to complete the project was secured from the National Association of State Mental Health Program Directors, the University of Texas at Austin and the Andrew W. Mellon Foundation. Still underway, the Archives Project staff sought to determine how the application of critical policy analysis, contemporary digital library technology and archival research and preservation methods could assist Central to update their traditional approaches to increasing access, maintenance of privacy standards and retention of historically significant mental health records, documents, photographs and legislation.

The Archives Project has been recognized by individuals, community groups and professional organizations interested in preserving the history of African American mental health. As the Archives Project continues, the end goal is to create an archival system that accounts for need-based access for various stakeholders while maintaining also compliance with federal guidelines, a tricky feat that states across the country are currently dealing with. It has generated a lot of interest, not just in Central, but also in the larger relationship between race, control and institutional psychiatry during the twentieth century. This interest has also revived conversations about responsible use and storage at the state level and perhaps prompting state archives, like the Library of Virginia, to further restrict access to their holdings.

Last year, the Library was faced with accepting an additional set of records from one of the state's mental hospitals, but before accepting them, they wanted to ensure that the Library would legally be able to serve them to patrons. This request and

renewed patron interest in such records revamped an energetic conversation that had been brewing for years, a conversation surrounding how to remain in compliance with federal guidelines but also provide access. Up until September 2019, the state served sensitive records such as these that were at least 75 years old, with the understanding that the onus of responsible use was held by researchers. Recent consultation with state council found this responsibility to be on the repository and the previous safeguard inadequate. To resolve these concerns, the state archivist and Virginia Attorney General's Offices opted to restrict all of the state's historical mental health records for 125 years, adding an additional 50 years to the standing federal rule. By the state council's estimation, this measure resolved privacy concerns, however, it did little to ameliorate the concerns of historians, community members and others who are interested in a fuller understanding of the institutions, people and ideas contained therein. Guided by an understanding of the connections between asylums, mental hospitals and the carceral state, an interdisciplinary group of scholars are working to better understand the specifics of this relationship as it has existed across time and space. Depending on challenges to Virginia's newest regulations and the results of enterprising projects, like The Archives Project, this work may not be possible for decades.

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