Shades of Insanity: The Treatment of Ohio’s African American Mental Patients From 1838-1900

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Shades of Insanity: The Treatment of Ohio’s African-American Mental Patients from 1838-1900

A Thesis in the Field of History

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Abstract

The current disparities within Ohio’s mental healthcare system stem from a long history of barriers to access as well as racist diagnostic and treatment methods. Despite the impetus to provide care for Ohio’s mentally ill during the asylum movement of the early nineteenth century, discriminatory notions about who should receive care prevented African Americans from entering the asylums. Barred from Ohio’s public institutions, African Americans were forced to endure unsanitary conditions as well as abusive treatment within the local infirmaries and jailhouses. After a lengthy legislative battle, colored citizens in Ohio won the right to use the state-established mental institutions, although their access was limited to one facility within the state. Situated in Cincinnati, an area of diverse views regarding black rights, the Longview Insane Asylum paved the way for Ohio’s care of African-American mentally ill. Although the first asylum in the state to admit African-American patients in 1867, Longview’s Colored Department reinforced racist understandings of mental illness through their diagnostic and treatment patterns, in which they displayed a clear tendency to label colored patients as violent and boisterous. When Longview struggled for adequate state funding amidst postbellum political tensions, they limited the admission of African Americans and resorted to the use of antiquated manual restraint to deal with chronic overcrowding. Thus, Ohio’s African Americans who already suffered from mental “otherness,” were forced to bear the weight of social “otherness” while seeking healing throughout the nineteenth century.
Dedication

For the “colored” patients of the Longview Insane Asylum.

For Carol Miller (1946-2011)

who taught me to never give up.
Acknowledgements

First of all, I would like to dedicate many thanks to the gracious archive assistants at the Ohio Historical Society for their undying support and attention to detail. Even when dealing with complications caused by the recent construction, the staff went out of their way to aid my research needs whether it be fielding my numerous phone calls, or procuring a mask and gloves for some of the documents that were categorized as “level 3 mold.” Secondly, I would like to thank my Thesis Director, John Stauffer, for his excellent guidance on my research. He thoughtfully critiqued my work, which helped me to delve deeper into some of the many nuances of the subject matter. Additionally, I am exceedingly grateful for the wonderful feedback provided by Kyle Stout. Last, but not least, I would like to extend many thanks to my husband, James Berkley, who always supported me, despite the many long nights and weekends. He has been my rock throughout this process, without whom, none of this would have been possible.
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I

Introduction

On August 22, 1895, tragedy struck Clermont County, Ohio, when Franklin Fridman, the wealthy President of the First National Bank of New Richmond was attacked by Noah Anderson while walking in the fields adjoining one of his houses.¹ Using only his bare hands, Anderson reportedly “bore the aged banker to the earth, and then clutching his throat with the power of a demon, he literally choked his helpless victim to death.”² Anderson was considered to be “apparently insane” as “one of his hallucinations was that Fridman had deprived him of a large sum of money.”³ Anderson was never granted an official diagnosis of mental instability nor did he have a history of mental illness. This label of insanity was solely a result of his accusation that Fridman had taken advantage of him financially. Anderson was apprehended and taken to the New Richmond Jail, where an angry crowd gathered crying, “Lynch him, Hang the Coward.”⁴ Anderson pled for mercy from within his cell, but when removed by an attendant to be placed in a different jail, the mob seized Anderson and “bore him quickly to the nearest

² Ibid.
³ Ibid.
⁴ Ibid.
tree, and in a brief time he was dead.”

Anderson’s death was publicly justified in the Washington Post, which claimed, “the murdered man was endeared to every citizen, and his taking off was so sudden that his friends and neighbors seemed to have lost their reason.” The mob’s collective momentary insanity must have been considered justified, as no one was subsequently charged in the murder of Anderson. What provoked such unbridled public outrage that resulted in Anderson’s death? Why was nothing done about this unjust murder? These questions can be answered quite simply when taking into account that Anderson was an African American who was just one of the many unfortunate victims of Ohio’s postbellum mental healthcare system. Following years of active political pressure by numerous black rights advocates, Ohio’s African-American mentally ill were finally granted care through the provision of the Avenue House of the Longview Insane Asylum in the late 1860s. However, chronic problems of overcrowding, challenges with state-funding, ill-trained attendants, and inefficient oversight resulted in the continued racial subjugation of African Americans. In order to chart the development of Ohio’s mental healthcare practices from 1838 to 1900, it is necessary to examine the establishment of Ohio insane asylums, the developing understandings of “negro

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5 Ibid.

6 Ibid.

7 Popular Edition of the Laws of Ohio in force September, 1882: Revised Statutes of Ohio and Subsequent Volumes of Session Laws (Cincinnati: Robert Clarke, 1882), 854. According to Title II, Ohio’s “Convict Insane” Law 7345-7347 passed in 1882, if a convict who is sentenced to death is found to be insane, the judge “must suspend the execution” until a series of procedures are attended to. Accordingly, had Anderson been a Caucasian male, he could have expected, like numerous others, to have been treated to a trial before his commitment to an insane asylum.
insanity,” Ohio’s legislative decisions regarding the criminally insane, and, most importantly, the casefiles of the Colored Department of Longview Insane Asylum.
II
Definition of Terms

_African American_: The term “African American” has evolved throughout America’s history, but has typically been defined as an “American of African and especially of black African descent.” The question that many Americans struggle with today is whether or not the term should be used to identify any immigrant or descendant of an immigrant from Africa regardless of the time of immigration. Although this term was used as early as the eighteenth century, it did not gain popularity until the late twentieth century. Therefore, I will use this term when describing the current and past mental health disparities facing peoples of black African descent, regardless of their immigration history.

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Colored: I will use the 1828 Webster’s Dictionary definition of the term. Colored was a term used to denote “black people, Africans or their descendants, mixed or unmixed.”12 The way in which I will use this term in my thesis is according with the descriptions of individuals within the primary source documents of the time. Due to the limited descriptive information regarding patients’ backgrounds, I am forced to rely on how the individuals were described in Ohio in the nineteenth century.

Criminally Insane: With regards to my thesis, I will use the term only according to court judgments. If a person was labeled “criminally insane,” their crimes were judged to be the result of a psychological illness.13

Negro: The term was used in the nineteenth century to refer to the sub-Saharan African natives and their descendants. The word was not used to identify Africans from the northern coast who had tawny or olive colored skin.14 I will use this term only when


14 American Dictionary of the English Language: Webster’s Dictionary 1828, “Negro,” Accessed 24 August 2018: http://webstersdictionary1828.com/Dictionary/negro. It is important to note that this term has changed overtime. Although used as a negative classification of a race by white supremacists, the term “negro” was embraced by the Black Power movement to express racial pride in the 1960s. However, this term is now considered dated and offensive in the modern day.
directly quoting primary sources, such as the patient racial classifications within asylum admittance records.

*Racism*: I will use a modern understanding of the term “racism” within my thesis. Racism is a system of white supremacy that resulted in the oppression of non-white people. This term was derived from the concept of race, which was the method of classifying humans as a way of “giving power to white people and to legitimize the dominance of white people over non-white people.”

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Prior to what would become the imposing brick and stone structures of nineteenth-century mental institutions, America’s mentally ill were not herded into one common area for therapeutic treatment. For the most part, “lunatics” were supported by their families, local communities, almshouses, or, when troublesome, placed behind bars, with little to no attempt at mental restoration.¹⁷ The latter phenomenon was the worst.

According to physician William H. Taylor, the treatment of the insane in Cincinnati prior to the construction of the Longview asylum was quite atrocious. A medical journal of the time proclaimed:

A chain for maniacs, the links being composed of leather riveted together; this is of great strength but light, and makes no noise, so that one of the worst evils attendant on confining these unfortunates is obviated, as they may be freed from the heavy and clanking chained ordinarily used.¹⁸

Similar comments could be found throughout the expanding nation. In 1820, only one publicly-funded asylum for the care of the mentally ill existed in the United States; however, by the eve of the Civil War, virtually every state had established a lunatic asylum.


asylum. It was what L. D. Baldwin called the unbridled “reformism” of the 1830s that paved the way for the new “asylum” movement of the 1840s. Inspired by Dorothea Dix’s appeals for better keeping of the insane in their own facilities, instead of almshouses, several states adopted plans to separately accommodate this class of citizens. Dix’s moving testimony inspired fellow reformers to adopt Dr. Thomas Story Kirkbride’s architectural design, based on patient exposure to natural light and ventilation within a cost-effective structure. The new asylum was intended to be massive and far removed from the previous cramped prison-like atmosphere of the former madhouse. Ohio’s institutionalization of insanity mirrored the national trends, both in the manner of treatment and outcome.

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Along with the reform movement came the establishment of the Association of Medical Superintendents of American Institutions for the Insane, who largely operated under the notion that the insane could be cured in asylums constructed in rural areas outside of the bustling cities. The asylum buildings were designed to provide a “homelike” feel and the presiding physician acted as the paternalistic administrator, similar to the utopias of the nineteenth century.\(^{24}\) Although the new moral treatment model was a breath of fresh air, old patterns and methods were slowly revived when some insane asylums were forced to deal with patients in excess of their intended capacity.

Treatment in American insane asylums centered on the full restoration of the individual, so they could live productive lives outside the asylum walls. Patients were given a specific regimen of activities which included exercise, bodily hygiene, education and occupational tasks.\(^{25}\) Accordingly, American physicians favored moral treatment over physical restraint.\(^{26}\) Mechanical restraints, such as the previously used chains, straightjackets, and muffns, were frowned upon to such an extent that many states advocated for self-restraint, choosing to view patients as children who had temporarily lost control of themselves.\(^{27}\) As for the duration, most patients could expect to spend only


\(^{27}\) Ibid., 21.
a few months within the asylums. Only patients deemed “chronic” spent years behind the asylum walls. It is important to remember that insane asylums predated the care for those with developmental disabilities and, consequently, some “patients listed in the report of the first several decades as being ‘chronic’ still included some mentally retarded or handicapped individuals, and surely many elderly persons as well.” Once clear distinctions were drawn between the two, the Ohio legislature worked to establish separate facilities for those who suffered from genetic developmental differences. The Columbus Institution for the Feeble-Minded was established in 1857, and was the first of its kind in the nation. Furthermore, those who suffered from what is now known as dementia or Alzheimer’s disease may also have been labeled chronic. Unfortunately, it would take Ohio much longer to develop specific treatment centers for elderly individuals, and in the meantime, they were mainly cared for within local infirmarys.

When word spread of the successful cures from acute illnesses, it was not long before asylums became overwhelmed with chronic patients, or the incurable insane. The initial, retreat-like atmosphere gave way to the new impression of the asylum as an instrument of confinement. Many institutions were forced to accept numbers well above their bed capacity, often becoming quickly understaffed due to “long work hours, low

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30 Ibid., 71.

wages, and dreary work.” Accordingly, the success of moral reform suffered, as it became impossible to sufficiently attend to each patient according to their individual needs. Arguably, overburdened hospitals fared better, as treating an open wound was much easier than treating a mental illness. Conversely, Danilo Rojas-Velasquez claimed insanity “could not be pinned down to specific lesions in the brain, making characterization of disease difficult. Without a clear understanding of where mental illness came from on the basis of pathology, treatment also became difficult.” Even as doctors developed more and more specific classification methods for mental illness, minimal clarity was gleaned from such efforts.

By the close of the Civil War, numerous asylums were met with various allegations of maltreatment, from both former employees and patients, who complained of solitary confinement, inadequate food, the use of restraints, and beatings, among other forms of abuse. However, we must bear in mind that due to literacy rates, cost, and stigma surrounding insanity, very few patient accounts exist. Those that remain extant are primarily from educated, wealthy patients who had the means to support publications against asylums, thereby creating a biased overall impression of the patient experience.


34 Paulson and Sherman, Hilltop, 29.


Regardless, complaints of maltreatment were frequently corroborated by various oversight committees. National organizations, such as the American Public Health Association, criticized superintendents for inefficient organization and antiquated practices.\(^\text{37}\)

The late nineteenth century brought about a growing demand for pathologists, as psychiatrists sought to expand their medical understandings of the manifestations of insanity. In hopes of uncovering the biological effects of insanity, pathologists examined both living and dead patients.\(^\text{38}\) This development provided a convenient mode for the psychological and medical fields to merge, allowing psychiatrists to provide physical evidence to support their arguments. However, increased exposure of asylum practices only backfired on superintendents. The most obvious rift that developed was between asylum attendants and the larger medical community. For example, Edward Charles Spitzka and Edouard C. Seguin argued for an increase in access for neurologists to the insane, as the “humane treatment” had proven ineffective and should be replaced by more modern medicine.\(^\text{39}\) As asylums continually failed to provide the moral treatment they originally intended, they were attacked viciously by the medical field for their


ineffectiveness. The constant public criticism eventually led to the decline of the American asylum system.\(^{40}\)

Ohio was not the first to pave the way in the development of mental institutions, but the state did not lag far behind its neighbors to the east.\(^{41}\) Not long after the Ohio territory was granted statehood in 1803, the state enacted a provision for “dangerous lunatics,” whereby the mentally ill were to be cared for by the overseers of the poor.\(^{42}\) By 1815, Ohio developed legal standards for the governing of violent lunatics as a means to protect the public. The standard practice was to have an individual evaluated either by a jury or seven disinterested householders to determine whether they were sane. If they were classified as a danger to themselves or others, they were committed to jail, as there existed no other place outside of the home for the insane of Ohio.\(^{43}\) According to the President of the Board of Charities, Gen. R. Brinkerhoff, “the horrors attending this method of caring for the insane in county jails, and subsequently in county infirmaries were fearful almost beyond belief.”\(^{44}\) Despite this early provision, Ohio medical professionals grew dissatisfied with the “informal modes of care” and began to petition

\(^{40}\) Ibid., 483.

\(^{41}\) Paulson and Sherman, *Hilltop*, 32.


\(^{43}\) *Sixteenth Annual Report of the Board of State Charities, to the 70th General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1891* (Columbus, OH: Westbote, State Printers, 1892), 307.

\(^{44}\) Ibid.
for proper treatment in a publicly funded asylum.\textsuperscript{45} Dr. Daniel Drake (1785-1852)\textsuperscript{46} of Cincinnati was the first in Ohio to argue for the addition of an insane department to the Longview State Hospital in Cincinnati.\textsuperscript{47} In 1821, his proposal was approved and $10,000 was allotted for construction.\textsuperscript{48} Although this additional space was created, the hospital was not fully equipped to facilitate the number of the mentally insane of Ohio. Between 1800 and 1830, Ohio’s population had swelled from 50,000 to a million and with this increase came a spike in the number of insane.\textsuperscript{49} In the winter of 1835, a State Medical Convention was held in Columbus, during which the Ohio General Assembly was presented with the petition to erect public asylums for lunatics and the blind.\textsuperscript{50} By that point, Longview State Hospital had already become overwhelmed, while projecting a future increase of over 1,000 additional patients. Accordingly, Dr. William Maclay Awl (1799-1876) argued that one facility in Ohio was not enough and, against Daniel Drake’s

\textsuperscript{45} Grob, \textit{Mental Institutions in America: Social Policy to 1875}, 357.

\textsuperscript{46} Paulson and Sherman, \textit{Hilltop}, 32-33. Daniel Drake, founder of numerous hospitals and colleges, even consulted Abraham Lincoln when he felt melancholic.

\textsuperscript{47} “AV 61 Longview,” \textit{OHS Finding Aids Collection} (Columbus, Ohio), \textit{Ohio Historical Society Online Archives}, Accessed 8 July 2019: https://ohiomemory.org/digital/collection/aids/id/10399/rec/16. The Longview Insane Asylum was founded by the leaders and medical professionals of the Cincinnati Medical College.

\textsuperscript{48} Institutional Care of the Insane in the United States and Canada 3, Henry M. Hurd et al., ed. (Baltimore: Johns Hopkins Press, 1916).

\textsuperscript{49} Grob, \textit{Mental Institutions in America: Social Policy to 1875}, 357.

\textsuperscript{50} Messages and Reports Made to the General Assembly and Governor of the State of Ohio for the year 1856, Part 1 (Columbus: Statesman Steam Press, 1857), 264-265. Statistics were gathered throughout the year to gage the number of lunatics from fifty-five counties (Idiots – 508, Lunatics – 206, Blind – 202).
wishes, pushed for additional facilities in Columbus. After numerous discussions in the Ohio legislature, on March 9, 1838, the “Act to Provide for the Safe Keeping of Idiots, Lunatics, or Insane Persons, the Management of their Affairs, and for Other Purposes” was finally passed. That same year, Columbus’ Ohio Lunatic Asylum opened its doors to the public.

The Ohio Lunatic Asylum was erected on an eighty-acre plot, one mile from the State’s Capital building, on “one of the most beautiful streets in the city.” Constructed of brick and surrounded by beautiful shrubbery, the building presented a “pleasing contrast to the Penitentiary.” From the outset, the asylum was designed to accommodate both the male and female insane, but due to Ohio’s Black Laws, only facilitated people of Caucasian descent. Despite this inequality, Ohio formally acknowledged the necessity

51 Paulson and Sherman, Hilltop, 40.

52 Ibid., 265. Acts of a General Nature, Passed at the First Session of the Thirty Fourth General Assembly of the State of Ohio (Columbus, OH: James B. Gardiner, Printer of the State, 1836), 40-48. Dr. Awl opened the first public school for the blind on July 4, 1837, and The Ohio Lunatic Asylum opened the following year.


54 Ibid. According to the early visitors of the asylum, “some of the patients were walking rapidly to and fro; others were lying on the benches; some were looking with a vacant stare. – while the majority were anxious to say something, they knew not what. The vacant state, the largeness of the whites of the eye, showed conclusively that which distinguishes man from the brute had departed. . . that in many cases that spark which the Almighty had placed in beings created in His own image had gone out forever. If there are any beings in the world who are entitled to our sympathies, they are those who are bereft of reason.” Paulson and Sherman, Hilltop, 42-43. The Ohio Lunatic Asylum of Columbus was modeled after the Massachusetts Lunatic Asylum and its bricks were made by thirty convicts of the state.

55 Ibid.
of publicly funded institutions and even stated in their 1851 Constitution that all
“institutions for the benefit of the insane, blind, deaf, and dumb shall always be fostered
and supported by the state.”

As the third largest facility of its kind in the world, the Ohio Lunatic Asylum reported high success rates, claiming to have cured 93 of 166 patients in 1848. Ohio physicians followed the national trend and implemented moral therapy. This method was based on the general principle that an insane person could be made sane through “individualized care, often combined with physical activity,
amusements, and religious exercises, and all under the supervision of a ‘keeper.’”

In line with national trends, Ohio superintendents frequently advocated for early treatment, so that such temporary mental distress did not develop into irreversible neurological changes. The crux of this early intervention and moral therapy was to facilitate each patient’s return to “normal” social actions. In order to support this transformation, Ohio physicians scheduled normal activities such as dances, socials, and, on occasion,


57 “Ohio Lunatic Asylum,” Weekly Ohio State Journal (1841-1849), Aug 21, 1849. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/504889567?accountid=11311. According to the report, the occupations where insanity is more likely to take hold is that of teachers and clergymen as “Lawyers and Doctors have too little Fancy to have chance of Insanity.”

58 Paulson and Sherman, Hilltop, 26.

59 Ibid., 32.
excursions to county fairs or zoological gardens. These outings provided patients a sense of normalcy and was altogether believed to be beneficial to their mental wellbeing. As L. Bell noted, this ideal might have been based on middle-class understanding of society, and, consequently, patients from that class would have been easier to treat.

Dr. William Maclay Awl (1799-1876) served as both the founder and longest-standing Superintendent of the Ohio Lunatic Asylum from 1838 to 1850. In his early years as a doctor, Awl traveled to Kentucky where he witnessed an insane “man chained to the floor by the leg.” Awl argued for his release and found the mentally-ill man became happy. According to Awl, this event symbolized the “introduction of what we call the modern system of treatment – treatment of the insane by mild measures,” where the ill were cared for in hospitals, not in prisons. Awl advocated passionately for the destitute and, unlike some other hospitals, the “poor and rich alike were accepted at Columbus.” His enthusiasm for possible treatment, with early intervention, earned him

61 Paulson and Sherman, Hilltop, 27.
64 American Journal of Psychiatry 1876-1877 (Baltimore: American Psychiatric Association, 1876-1877), 226.
65 Ibid.
66 Paulson and Sherman, Hilltop, 35.
the nickname “Dr. Cure-Awl.” Such extravagant compliments were most likely due to Dr. Awl’s reported success rates since the opening of the asylum only three years prior. Reportedly, Awl had overseen the rehabilitation of 124 patients and an astounding 100 percent success rate was published nationwide. His accomplishments quickly thrust him onto the national stage of mental healthcare professionals. Awl’s prestige came partially as a result of the Ohio Senate’s 1841 resolution to annually print and disperse 6,000 copies of the Report of the Lunatic Asylum. These published reports allowed the inner workings of the asylum to become part of a larger discussion about the nationwide practice of mental healthcare. Copies of the report were disseminated to various


Paulson and Sherman, Hilltop, 36.

For the Ohio State Journal, “The Ohio Lunatic Asylum.” However, Dr. Awl’s commitment to the development of mental healthcare was shown both in his dedicated work within the asylum and his commitment to the national development of mental healthcare practices. In 1842, lavish praises were made of Dr. Awl in the Weekly Ohio State Journal: “In this Babel of disordered conceits, this epitome of all the world’s triumphs, misfortunes, joys and terrors, Dr. Awl is by every one acknowledged supreme – himself with kings a king, with commanders a hero: the leader in all their sects of new born philosophy; with prophets a mightier than they. With despairing damsels, he is knight errant ever ready to encounter dragons and defend beauty. With imprisoned queens and princesses he is one of the benignant genii, unbolting their prison doors and transporting them far away from thralldom upon the swift and sightless couriers of the air, placing each upon their own throne, and there doing her reverence. To the weak and desponding, he is a protector and friend; to the strong and brutal, a master; gathering with singular adroitness, all the threads of their ‘thick coming fantasies’ into his own hand, and giving to each a direction towards contentment and health [sic].”


publishers around the state and were printed for the public in newspapers such as the
*Ohio State Journal.*\(^{71}\) The publication of such documents would become standard throughout Ohio over the course of the nineteenth century.

In the meantime, Ohio was busy developing standardized practices for the treatment of the insane. At the very outset, the state supported Dr. Awl’s gentle methods and took a stand in advocating for the humane treatment of the mentally ill.\(^{72}\) According to the 1840 *By-laws, Rules and Regulations for the Government of the Ohio Lunatic Asylum*, attendants were expected to keep their composure at all times, regardless of any abusive language or treatment he or she received from the patients. Consequently, attendants were expected to:

> keep cool, forbear to recriminate, to scold or irritate, or dictate in language of authority, unless absolutely necessary; never lay violent hands on a patient, except in self-defence [sic]; AND UNDER NO CIRCUMSTANCES WHATEVER, INFLECT A BLOW ON A PATIENT. He must maintain his authority by dignity of deportment, and never cower or suffer himself to be looked out of countenance.\(^{73}\)

\(^{71}\) Ibid.

\(^{72}\) Paulson and Sherman, *Hilltop*, 46. Upon visiting Ohio in 1834, Dorothea Dix had a nervous collapse and sought treatment by Dr. Awl, who suggested bed rest. She visited Ohio again after the Civil War when she donated a few paintings to the Ohio Lunatic Asylum.

\(^{73}\) *By-laws, Rules and Regulations for the Government of the Ohio Lunatic Asylum, and the Admission of Patients: Also, the Several Acts of the General Assembly in relation to the Same* (Columbus, OH: Printed for the Institution by Cutler and Wright, 1840), 8.

Paulson and Sherman, *Hilltop*, 46. Dr. Awl’s “Duty of Patients” printed on April 18, 1839 stated that, “the attendants are to treat the inmates with respect and attention, greet them with ‘good morning’ and show such other attentions as will evince an interest in their welfare. Under all circumstances the patients must be treated kindly and affectionately, must be spoken to in a mild and gentle tone of voice, soothed and calmed when irritated, encouraged when melancholy or depressed. If the attendant be provoked by insult and abuse of language he must keep cool, forbear to recriminate to scold or irritate, or dictate in language of authority, unless absolutely necessary. Unless absolutely necessary never lay violent hands on a patient except in self defense or injury of others, and under no circumstance whatever inflict a blow on a patient [sic].”
Furthermore, attendants were even expected to “never ridicule the patients, nor mock, nor irritate them to wound their feelings.”\footnote{By-laws, Rules and Regulations for the Government of the Ohio Lunatic Asylum, 9. In addition to the general treatment of patients, the by-laws also included the Acts of the General Assembly which dedicated considerable amount of detail surrounding the admittance policies, aimed primarily at ensuring the proper payment for all patients (By-Laws, 18-35).} Due to the fact that mental institutions of the time demanded much of their employees, Ohio attendants of the insane asylums were given informal training to help them maintain professionalism. Training focused on humanitarian treatment, and by the 1890s, Ohio instituted schools for nurses of the insane.\footnote{Marinski, “Unfortunate Minds: Mental Insanity in Ohio, 1883–1909,” 128.} By the 1850s, Ohio had gained a reputation for its humane and progressive treatment of the mentally ill.\footnote{D.S. Welling, Information for the People, or, The Asylums of Ohio: with Miscellaneous Observations on Health, Diet and Morals, and the Causes, Symptoms and Proper Treatment of Nervous Diseases and Insanity (Pittsburgh: Geo. Parkin, 1851), 27; 248-249. D. S. Welling, who toured the mental facilities of both Europe and America, praised the progressive nature of American institutions. Welling contrasted his experiences in America with those of London, where he witnessed a “mad” man who had become known as a manic clown, chained to a stool, because of the overwhelming grief of losing his child. Welling depicted the guards of the London facility as cruel and belittling toward the poor man. In contrast, he praised Ohio’s mental institutions for their creation of separate religious facilities.} D. S. Welling, who toured the mental facilities of both Europe and America, praised the progressive nature of American institutions. Welling contrasted his experiences in America with those of London, he celebrated Ohio’s mental institutions for their creation of separate religious facilities.\footnote{Ibid.} However, the Ohio institutions soon found themselves in hot water, when several severe treatment methods were brought to light. Welling lamented the brutality he witnessed during a personal visitation of the Ohio Lunatic Asylum in 1851, and recorded:
It occurred in the Ohio Lunatic Asylum, which is so notable for the indulgent humanity of its treatment, where the greatest kindness is the rule, and severity the exception. An interesting young man, who had not been permitted to leave the hall much, on account of his anxious state of mind about home, &c. was allowed to go down one evening to prayers. When returning, at the foot of the stairs he refused to go up to the hall, alleging his desire to go home, as the reason. He was roughly seized by several of the hall tenders, and forced up the passage, pulled part of the way by the hair, and was kicked, his head violently knocked on the floor, and was severely beat with their hands…. Such brutal force was unnecessary, and ought to have been avoided. It is said such scenes occasionally occur, even in this asylum.”

It is clear that by the mid nineteenth century, Ohio had gained a reputation for their humane healthcare practices, and reports to the contrary were rare. So gentle were these new methods that made it very clear from the beginning that the establishment of the lunatic asylum was to keep patients separate from criminals, who were sent to local jails or the Ohio Penitentiary. In the last section of the by-laws of 1840, it was clearly stated that it was unlawful for patients who were transferred by the sheriff or an assistant to the asylum to be transported alongside convicts.

Overall, Ohio’s institutionalization of insanity was not unlike other states of the time. With the adoption of the moral treatment method, it was evident that Ohio set out in the early nineteenth century to improve conditions for its mentally ill. As we will see, it was not the complete lack of humane treatment, but barriers to access, which left African Americans at a great disadvantage for years to come.

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78 Ibid., 249-250. Welling did note that this kind of treatment was not the intention of the Ohio Lunatic Asylum’s Superintendent.

79 By-laws, Rules and Regulations for the Government of the Ohio Lunatic Asylum, 36.
Ohio and Her “Queen City” at the Heart of the Black Rights Debate

Ohio, situated in the free North, but bordering the slave-owning Kentucky, harbored a concoction of diverse beliefs in regards to black rights. The initial Ohio Constitution of 1803 prohibited slavery, but African-American freedom was nonetheless encumbered by the Ohio Black Laws of 1807.\(^{80}\) This legal racial discrimination, aimed at deterring black settlement, barred African Americans from voting, serving on juries and in the militia, testifying against whites, utilizing public amenities, such as schools, poor houses, and, eventually, insane asylums.\(^{81}\) John Malvin (1795-1880), son of a slave father and a free mother, Vice President of the Cincinnati Colored Convention,\(^{82}\) was fascinated by the Ohio Black Laws:

‘no negro or mulatto should be permitted to emigrate to this State, or settle, or acquire a domicile, without first entering into bonds of $500, with approved security, conditioned that he would never become a town charge, and that he would keep the ‘peace.’ I read on a little further: ‘That no negro or mulatto shall testify in a Court of Justice or Record, where a party in a cause there pending was white. No negro or mulatto child shall enter into any of the public schools of this State, or receive the benefit of the school fund. No negro or mulatto shall be permitted to enter any of the institutions of this State, viz:


Thus, not only did African Americans face legalized racism in Ohio, but advocates of black rights were in for an uphill battle for the institutionalized care of the colored insane. Due to its proximity to the slave state, Kentucky, Ohio became the land of numerous advocates of emancipation. Prominent Quakers, such as Charles Osborn of Mt. Pleasant, Ohio, paved the way for Ohio’s early abolitionist movement. In Osborn’s publication of the Philanthropist, the United States’ first anti-slavery newspaper, he called for immediate emancipation. His efforts were followed by many others such as Benjamin Lundy, the publisher of the Genius of Universal Emancipation. Some Ohio Quakers acted as conductors on the Underground Railroad which helped slaves gain ultimate freedom in Canada. Other Ohioans had been grappling with the moral implications of slavery for some time and, by 1835, the Ohio Anti-Slavery Society was established by prominent Ohio Abolitionists, such as John Rankin, Asa Mahan, Theodore Dwight Weld, and Charles Finney. By the end of 1836, the society boasted approximately

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83 Autobiography of John Malvin: A narrative, containing an authentic account of his fifty years’ struggle in the state of Ohio in behalf of the American slave, and the equal rights of all men before the law without reference to race or color; Forty-seven weeks of said time being expended in the City of Cleveland (Cleveland: Leader Printing, 1879), 12.


85 Ibid.

86 A Debate on Slavery: Held in the City of Cincinnati, on the First, Second, Third, and Sixth Days of October, 1845 (Cincinnati: Wm. H. Moore, 1846), 285.
10,000 members. Furthermore, Ohio abolitionist, Harriet Beecher Stowe, published *Uncle Tom’s Cabin (1852)*, a popular literary work that helped inform Northerners of the brutality of slavery. Alongside Ohio’s many whites who advocated for better treatment for African Americans, Ohio developed a rather aggressive movement of black citizens who met regularly over the course of 30 years. Their main platform was advocacy of black rights and they focused their efforts at the somewhat sympathetic Ohio Republican Party. The proceedings of the Ohio Colored Citizens’ conventions were published and distributed annually, as they argued for, among other topics, equality in schools and the workplace, and admittance to publicly funded institutions.

Despite the numerous voices advocating for an expansion of black rights in Ohio, the legislature often denied public funds and amenities to its African-American populace. For example, a long-fought battle was waged for the approval of colored schools. The first colored schools in Ohio were established in 1820 in Cincinnati by colored men, but required private financial support. Unfortunately, these colored schools were not well-kept and various churches accepted the task of establishing their own. The teachers faced

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persecution and frequently closed the schools due to “violence of the populace.” In 1849, the Ohio legislature approved the funding of colored schools. However, upon recognizing that its board members were colored citizens, who, due to their race, were not legally allowed to hold office, the school was denied funding by the Ohio Treasury. After three months, amidst financial hardship and public pressure, the colored schools were once again forced to close their doors. In 1851, when the colored schools reopened, the “rooms were small and wretchedly appointed” and whites pushed the colored trustees out of office. African Americans were angered that they were not permitted authority in their own schools and, in 1856, they won approval to vote for their own trustees. By 1859, the schools were, once again, reestablished. Due to the inadequate financial and public support, these schools continued to operate beneath the standards held in the white schools. Petitions continued into the late nineteenth century. The inadequate nature of the colored institutions forced some to seek admittance into white-only schools. For example, Moses McCullum, a colored man from Xenia, Ohio, pushed for the school district to admit his daughter, Ella, an exceptionally bright young student into the local high school. Unsurprisingly, McCullum’s daughter had been

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91 Ibid.

92 Ibid., 172.

93 Luci K. Petlack, “A Dilemma of Civil Liberties: Cincinnati’s Black Community, 1862-1863,” *Ohio History* 120 (2013): 50. Due to the refusal of Ohio to publicly fund the education of black children, abolitionist whites set up privately funded schools until Ohio’s African Americans won the right to public education.
refused a permit only “because of her color.”\footnote{The Somerset Herald (Somerset, PA), 23 November 1887. Chronicling America: Historic American Newspapers. Lib. of Congress. https://chroniclingamerica.loc.gov/lccn/sn84026409/1887-11-23/ed-1/seq-2/} However, unlike the resistance faced in Ohio’s primary and secondary schools, African Americans who sought admission to Oberlin College, established in 1833, were willingly accepted.\footnote{“Oberlin History: A Town of Firsts,” Oberlin College and Conservatory, Accessed 12 July 2019: https://www.oberlin.edu/about-oberlin/oberlin-history.} Once again, Ohio’s institutions and the turmoil surrounding them reflected the varying views on black rights.

Many times, Ohio’s racial discrimination boiled into violent uprisings against freed blacks who sought a normal life in the North. For example, when a cousin of Thomas Jefferson and former member of the Virginia legislature, John Randolph, called for the emancipation of all his slaves upon his death,\footnote{Jim Humphrey and Rich Wallace, “Randolph Slaves,” Traveling Through Time: Archived Articles of Shelby County People, Places and Events, Shelby County Historical Society, Accessed 24 June 2019: https://www.shelbycountyhistory.org/schs/archives/blackhistoryarchives/randolphbhisA.htm. His will stated, “I give and bequeath to all my slaves their freedom, heartily regretting that I have been the owner of one.”} their relocation was met with trouble as they attempted to settle in southern Ohio. Despite Randolph’s previous purchase of $30,000 worth of southern Ohio land, certificates of freedom from Charlotte County, and support for their education, the newly freed slaves were met by armed white settlers. The angered Ohioans read the following aloud, “Resolved, That we will not live among Negroes; as we have settled here first, we have fully determined that we will resist the settlement of blacks and mulattos in this county to the full extent of our means, the bayonet not excepted.”\footnote{Ibid.} According to Ross Frederick Bagby, by the time Randolph’s
former slaves arrived, “free blacks had fewer rights in Ohio than in such slave states as South Carolina and Georgia.” An Ohio congressman even argued, “if the test must come and they must resort to force to effect their object, the banks of the Ohio… would be lined with men with muskets on their shoulders to keep off the emancipated slaves.”

Whereas some white Ohioans fought beside persecuted blacks, others openly resisted resettlement, at times violently.

As we will see in later chapters, Cincinnati’s Longview Insane Asylum was the first Ohio facility to offer publicly funded treatment for the African-American insane. In order to better understand its selection, we must first examine the contentious climate of Cincinnati during the mid-nineteenth century. Cincinnati was at the heart of these conflicting beliefs and, accordingly, the focus for the Ohio abolitionist movement. By 1830, 2,200 of the 7,500 African Americans located in Ohio lived in Cincinnati, the majority of which were born into slavery, but purchased their freedom and crossed the shores to free land.

Abolitionist newspapers and tracts were sent southward from Cincinnati from publishers such as James Birney’s *The Philanthropist*, whose publishing house endured

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several mob attacks. The pro-slavery sentiment of numerous Cincinnatians was displayed through these acts of violence which left several dead. While some Cincinnati newspapers printed abolitionist ideas, others published rewards for runaway slaves.

Located one river away from slavery also meant that Ohio served as an ideal location for fugitive slaves, who hoped to blend in with the over 5,000 black residents. Free blacks of Cincinnati frequently even took in fugitive slaves, making that city a perfect haven for those seeking refuge from bondage. The Fugitive Slave Act of 1850 only added to the growing tension, as abolitionists from all over Ohio deemed the measure unconstitutional. Free blacks of Cincinnati were faced with the real fear of being seized as alleged runaways and without due process, ushered into bondage in the South. To ensure their safety, many fled northward to free provinces in Canada.

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102 Clark, Greater Cincinnati and Its People: A History, 628.


104 United States Census Bureau, “Census of Population and Housing,” Accessed 13 May 2019: https://www.census.gov/prod/www/decennial.html. This data was taken from the 1820 census.


107 Ibid., 22.
According to Reverend Charles F. Gloss in his “Cincinnati - The Queen City” publication, the race problem, an “irrepressible conflict,” was exasperated due to the “procession of runaway slaves” who continually passed through the “gateway to the North,” a nuisance for their masters who never stopped in pursuit.\(^\text{108}\)

As the number of abolitionists grew, so did the number of those gathered to denounce them and argue for the “colonization of the whole race in Africa.”\(^\text{109}\) Despite mounting racial tensions, African Americans in Cincinnati worked hard to establish churches and community institutions for themselves; the numerous successful ventures lured more and more black residents to the shores of Cincinnati.\(^\text{110}\) Notwithstanding these many successful advancements Cincinnati society, most blacks were confined to general labor with “the same types of jobs held by enslaved people in Kentucky.”\(^\text{111}\) According to Matthew Salafia’s *Slavery’s Borderland: Freedom and Bondage Along the Ohio River*, the border might not have been the ticket to ultimate freedom in Ohio. Salafia argued, “when the racial limitations of slavery crossed the border, these undermined the security that freedom supposedly guaranteed.”\(^\text{112}\) Accordingly, many black citizens of Cincinnati remained impoverished, barred from drastic social and economic mobility and:\(^\text{113}\)


\[\text{111}\] Salafia, *Slavery’s Borderland: Freedom and Bondage Along the Ohio River*, 120.

\[\text{112}\] Ibid., 154.

\[\text{113}\] Ibid.
Instead of a gradual transition to a more northern and antislavery identity, Ohioans had a schizophrenic response to social and economic changes. Ohioans participated in a violent riot to drive African Americans out of Cincinnati, but two years later, seemingly in direct contradiction with the intentions of the Cincinnati riot, the legislature passed a law protecting African Americans from kidnapping. The 1831 law prohibited the illegal abduction and transportation of free blacks or mulattoes out of the state. With this law Ohioans tried to establish a limit to their willingness to placate their southern neighbors.\textsuperscript{114}

Additionally, despite their freedom, “very few of them were able to obtain any employment except as common laborers as they were not permitted by public sentiment to follow a trade.”\textsuperscript{115} Thus, Cincinnati served as a microcosm for the larger State of Ohio’s diverse views on the topic of slavery.

As Cincinnati served as a crucial harbor for trade along the Ohio river, many white Ohioans feared the economic ramifications of the abolitionist movement. According to Christopher Phillips’s \textit{The Rivers Ran Backward: The Civil War and the Remaking of the American Middle Border}, many Midwesterners were more concerned with their business affairs than staking claims to either side of the abolitionist debate. Some Cincinnatians believed the Northerners should mind their own business because their economic advancement was connected to the future “railroad to Charleston.”\textsuperscript{116} These economic concerns manifested themselves in riots in 1829, when Irish immigrants vocalized their fear of the increasing competition from the growing African-American population.\textsuperscript{117} On “Black Friday,” January 21, 1830, all African Americans were driven

\textsuperscript{114} Ibid.

\textsuperscript{115} Clark, \textit{Greater Cincinnati and Its People: A History}, 597.

\textsuperscript{116} Cincinnati: A Guide to the Queen City and Its Neighbors, 33.

\textsuperscript{117} Clark, \textit{Greater Cincinnati and Its People: A History}, 596.
out of the Ohio River town of Portsmouth, Ohio, in partial enforcement of the Black Laws of Ohio which required all black or mulatto residents to provide a certificate of freedom from the Clerk of Courts. These events were followed by additional protests in 1836 and 1842, against densely-populated black neighborhoods. Moreover, Cincinnati was said to have experienced its fair share of violent outbursts due to “the excitement about slavery, which was forever smouldering in the breasts of Cincinnatians [sic].” Cornelius Burnett, and several others were arrested for harboring a fugitive slave, owned by constable Robert Black, in 1841. After their arrest, the Burnett home was attacked by a mob of citizens who were disgruntled by their actions. Later, in September of the same year, “antagonism which had always existed between the Irish and the negroes” broke out, as they handled with fists what could not be done with words on Sixth and Broadway in Cincinnati. The next month saw more problems when a riot with firearms and cannons formed, as a band of “river men and Kentucky toughs” gathered to destroy the house of a local African American. When the damage was done, a large group of African Americans armed themselves and were charged upon by the whites. The riot carried on for days and left more than 20 people seriously wounded or dead. The growing, mostly urban, population of African Americans in Ohio troubled


120 Clark, Greater Cincinnati and Its People: A History, 597.

121 Clark, Greater Cincinnati and Its People: A History, 598.
the Democratic Party, which led one of their presidential candidates, Samuel J. Tilden, to remark in 1876, that Ohio had become a “damned nigger state.”

Not everyone viewed the growing presence of racial diversity through such a negative lens. Violent outbursts were met with an equal pushback by numerous Ohioans, the most successful of which were the members of the Free Soil Party who argued for "free soil, free speech, free labor, and free men." The party fought for the repeal of the Ohio Black Laws in 1840 and somewhat succeeded in 1849, when Democrats supported the measure in order to gain political support for their state legislature candidates.

Accordingly, Cincinnatians were so divided on the topic of slavery that when the time came to take up arms, whites fought for both the Confederacy and the Union. The Black Brigade, the first Northern colored military organization, fully understood the dichotomy of Cincinnati’s stance on black rights and argued in 1864:

The city of Cincinnati always has been, and still is, pro-slavery. Nowhere has the prejudice against colored people been more cruelly manifested than here. Further north or further south the feeling is not so intense; but here it almost denies him the right of existence. For about thirty years the city has, at intervals, been disgraced by ferocious outbursts of mob violence against the colored people and their friends, resulting frequently in loss of life, and always in the destruction of property. It is true that anti-slavery speakers have at times been allowed free utterance; but Cincinnati is a commercial as well as a pro-slavery city. Abolition buyers from the North and slaveholding buyers from the South jostle each other in her streets; hence the influential

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classes maintained free speech to conciliate Abolition customers, while the rabble were permitted to mob colored people to placate slaveholders.\textsuperscript{126}

According to Frank Quillan in his article, “The Negro in Cincinnati,” the racial prejudice evident in Cincinnati was caused by eight main reasons: (1) economic competition with whites; (2) newspapers publishing crimes committed by colored individuals, which emphasized race; (3) mixing of the lower classes of both races, which has resulted in a feeling of resentment; (4) Cincinnati’s economic need to cater to the Southern sentiment; (5) a large number of white residents who came from the South; (6) a general feeling that colored people are not reliable; (7) the increase in political presence of Colored citizens who demand equal rights; (8) the prevalence of African-American arrests.\textsuperscript{127} Indeed, whatever the cause, blacks in Ohio were assuredly met with almost universal segregation, not to mention periodic threats of violence.

Racial discrimination was not limited to the areas that lay on Ohio’s Southern border, as, even farther north, whites resisted black encroachment into their towns. For example, in 1894, a Cleveland man, Seymour Newlin, “a negro with a bad reputation,” was accused of criminally assaulting an elderly woman. Upon his capture, a mob seized


\textsuperscript{127} Frank W. Quillan, “The Negro in Cincinnati,” \textit{The Independent} (New York) 68 (January-June 1910), 399-403.
him and “refused to give him up… determined that blood should flow.”\textsuperscript{128} According to the \textit{Detroit Free Press}, “a dozen willing hands grasped the rope… as his body rose above the mob the air was rent with the shouts of the men and women who had assembled to witness the lynching.”\textsuperscript{129} In this case and many others, alleged crimes were dealt with violently, outside of the confines of the law, which prevented some African-American offenders the right to a fair trial. For example, in 1900, the \textit{Courier-Journal} reported that a colored citizen of Delaware, Ohio, was “accused of exercising a hypnotic influence over a white girl” and was forced out of town by a mob of over 200 people who threatened to lynch him should he remain.\textsuperscript{130} Additionally, that same year in Akron, Ohio, a mob threatened to lynch a “negro charged with criminal assault.”\textsuperscript{131} According to \textit{The Sun}, Akron:

\begin{quote}

is inhabited by an industrious and ordinarily a law-respecting population; but with these people, no less than with their neighbors far to the southward, the thirst for quick reprisal upon a wretch too base to live proved stronger than traditional regard for the mandates of authority.\textsuperscript{132}
\end{quote}

\begin{footnotes}
\item[129] Ibid.
\item[132] Ibid.
\end{footnotes}
Unlike their white counterparts who received prison sentences for their crimes, this racist treatment led one author to argue, “The midnight rope is reserved for the negro...” as “his black skin aggravates his offense or condemns him altogether.”

Despite the obvious racism evident in Ohio in the mid-to-late nineteenth century, the South typically perceived of the North as racially progressive, generally sympathetic to the rights of African Americans. The numerous publications of staunch abolitionists of Ohio led some Southerners to believe that the state as a whole advocated for the rights of African Americans. Accordingly, Southern journalists seized upon every opportunity afforded to disprove this oversimplification. For example, an article in the *Atlanta Constitution* on January 13, 1894, detailed the murder of a “negro” boy by a mob of the “best citizens” in Cincinnati, with the startling headline “THIS WAS IN OHIO.”

According to the article, Rosco Parker, a sixteen-year-old colored boy was accused of the murderers of Mr. Rhine and his wife. Parker implicated a white man, Sam Johnson, who “easily proved his innocence,” and Parker was removed to a jail in Portsmouth for “safe keeping.” After learning that Parker was to be brought to the West Union Jail for his nearby hearing, a group of four hundred men gathered, “where they tried the ruse of

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135 Ibid.
pretending they had a prisoner, but Sheriff Dunlap, seeing a mask, shut the door and fastened it securely.\textsuperscript{136} According to the article:

\begin{quote}
The mob used force, and, despite the sheriff’s manly defense, soon had Parker and were on their way to Winchester. The colored boy still maintained that Johnson did the murder, and finally, when the place of execution was reached and the rope was around his neck, he said he was not at the place of the murder that night, and could tell nothing whatever about it. He refused to pray, and was hanged after one or two efforts by the somewhat unskillful executioners, who left him after firing bullets into his body.\textsuperscript{137}
\end{quote}

It is clear from this publication that the citizens of Atlanta, Georgia, were quite pleased to point out evidence of racism in Ohio. Lynching was no more confined by the arbitrary borders of Southern states as was racism. As we will see, Ohio’s mental healthcare facilities were not immune to the prevalence of institutional racism.

\textsuperscript{136} Ibid.

\textsuperscript{137} Ibid.
Developing Perspectives on Negro Insanity

In the meantime, Ohio’s mental healthcare professionals were surrounded by national publications and debates concerning the origins of insanity in African Americans. Although privy to many of the discussions, Ohio physicians remained rather silent on the issue. While it is unclear exactly what caused their reticence, in doing so they allowed racist understandings and practices to permeate, which may have unintentionally impacted their personal conceptions of negro insanity.

The most prominent argument concerning African-American insanity was the flawed discussions of Edward Jarvis, M.D., of Louisville, Kentucky. In his 1842 *Boston Medical and Surgical Journal* article, he postulated freedom in the North greatly impacted the frequency of African-American mental illness.\(^{138}\) According to his research, which consisted of statistical data from the 1840 national census, two major conclusions were drawn.\(^ {139}\) First, white insanity was roughly equivalent in both the North and the South.\(^ {140}\) Second, there was a great disproportion among the insane colored population in


\(^{140}\) Jarvis, “Statistics of Insanity in the United States,” 118. According to Jarvis, this “puts at rest the theory that lunacy prevails more in temperate regions than in the warmer climates; for in the northern States, ranging from the 37\(^{th}\) to the 45\(^{th}\) degree of latitude, we have 1 insane person
the North and the South. According to Jarvis, “in the free States there is one lunatic or idiot among every 162.4 of the colored population” whereas, in the South, there is one in every 1558. Consequently, Jarvis vehemently asserted:

Slavery has a wonderful influence upon the development of moral faculties and the intellectual powers; and refusing man many of the hopes and responsibilities which the free, self-thinking and self-acting enjoy and sustain, of course it saves him from some of the liabilities and dangers of self-direction. If the mental powers and the propensities are kept comparatively dormant, certainly they must suffer much less from misdirection or over-action. So far as this goes, it proves the common notion, that in the highest state of civilization and mental activity there is the greatest danger of mental derangement; for here, where there is the greatest mental torpor, we find the least insanity.\textsuperscript{141}

Additionally, Jarvis argued that the insane of the South were better cared for as it was the duty of the slave-owners to “maintain all his slaves in sickness and in old age,” whereas the “free-negroes are almost universally poor – they live from day to day, without accumulation, so that very few of these could be maintained by their own property or by their friends.”\textsuperscript{142} Accordingly, freedmen who went insane were “thrown upon charity or the public treasury for their maintenance.”\textsuperscript{143} Therefore, Jarvis concluded that African Americans were driven insane as a result of freedom, which is why:

The proportion of lunacy among the blacks at the north is five times as great as among the whites, who live side by side with them. Yet there are many circumstances connected with the unnatural civil position of the southern slave, that prevent the exercise of his moral and intellectual powers – and in the false social position of the northern negro, that disturb the balance of his character.\textsuperscript{144}

\textsuperscript{141} Ibid., 119.
\textsuperscript{142} Ibid., 120.
\textsuperscript{143} Ibid.
\textsuperscript{144} Ibid., 121.
Subsequently, Jarvis also directly connected the burden of civilization with the participation of African Americans within the educational field. He claimed that their insanity occurred when they sought to “educate themselves to a position they were not destined to hold.”\textsuperscript{145} Although these assertions seem particularly biased, the Convention of Medical Superintendents and Physicians of Insane Hospitals and Asylums in the United States, of which Dr. Awl, from the Columbus asylum, was the Vice President, invited Jarvis to speak at their tenth annual meeting.\textsuperscript{146}

Not only were Jarvis’ racist assertions given national credence by mental healthcare professionals, but the same very findings were used by John C. Calhoun in an effort to justify the annexation of Texas as a slave state.\textsuperscript{147} According to John Quincy Adams, Calhoun was questioned by the House and:

\begin{quote}
"The Ohio Lunatic Asylum," \textit{Columbus Gazette (1856-1865)}, Feb 24, 1865. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/504963647?accountid=11311. If freedom indeed, was viewed as a major cause of insanity in blacks, surely fighting for such a nonsensical cause would therefore certainly increase the number of insane whites. When the Superintendent of the Ohio Lunatic Asylum was questioned as to the relation of the war on the number of lunatics on February 24, 1865, he argued that the war had not increased insanity. According to his testimony, there were 115 less patients admitted after the war than beforehand, and “enlistments have not diminished the number, because all sent to the army who have become insane have been returned home and sent to the Asylum.” Additionally, it was concluded that before the American Civil War, “307 males and 321 females – total 628, and during the latter period 249 males and 264 females – total 513, or 115 less since before the war for the same time!”
\end{quote}

\textsuperscript{145} Marinski, “Unfortunate Minds: Mental Insanity in Ohio, 1883–1909,” 53-54.

\textsuperscript{146} History of the Association of Medical Superintendents of American Institutions for the Insane: From 1844 to 1874 (Stockton: John Curwen, 1875), 35. The meeting was held on May 22, 1855 in Boston, Massachusetts.

answered like a true slave monger. He writhed like a trodden rattlesnake on the exposure of his false report to the House that no material errors had been discovered in the printed census of 1840, and finally said that there were so many errors they balanced one another and led to the same conclusions as if they were all correct.\footnote{\textit{Ibid.}}

Accordingly, Calhoun argued that freedom was detrimental to the African as it translated to significantly higher rates of insanity, deafness, blindness, and dumbness.\footnote{\textit{Ibid.}} Benjamin Pasamanick, M.D., in his 1964 \textit{National Medical Association} article, “Myths Regarding Prevalence of Mental Disease in the American Negro,” argued, “it is inevitable that the occurrence of mental disease would be seized upon as evidence” to rationalize the exploitation and enslavement of a whole population.\footnote{\textit{Ibid.}} Unfortunately, although refuted, the arguments of Jarvis and Calhoun may have impacted the way mental healthcare professionals around the nation interpreted the treatment of African Americans. Ohio professionals and legislators were no exception, as we will see, the legislature will use statistical information to justify both periods of legislative exclusion and segregation in the years to come.

Jarvis was not the only one to make a strong connection between insanity and advancing civilizations. One of the prevailing theories of the era was the idea that maladjustment to increased urbanization was a major contributing factor in the rise of American insanity. Addington Bruce, in his 1908 “Insanity and the Nation” article, attributed the rapid increase in American insanity to “the conditions of American life”

\footnote{\textit{Ibid.}}
which were viewed as “conducive to an increase of insanity.” Bruce argued in a similar fashion to Jarvis, but incorporated the entirety of the American population. According to Bruce, the pressures of city life had taken a toll on the minds of urban Americans in the late nineteenth century. However, this conclusion might have had something to do with race or, at least, xenophobia, as it was readily admitted that more foreign-born whites were more likely to be diagnosed insane in comparison with their native counterparts. In part, the definition of insanity was to blame, as it was argued that “the increase of insanity is the expression of a lack of adaptation to the exigencies of civilization.” Jarvis was not the only one to use a similar reasoning to account for the increase in insanity within the urban negro. For example, on January 10, 1904, the *Los Angeles Times* published an article entitled, “Negro Insanity in the South and North,” by Dr. W.A. White of the Washington D.C. Government Hospital for the Insane. In this article, White argued that insanity levels were higher in more densely populated areas and concluded that the negro “remains sane despite his unhygienic surroundings so long as he remains in the country, his ‘natural home,’ but falls when, thrown upon his own physical and mental resources, he enters the strife for existence in northern cities.” Accordingly, White claimed that the industrialized states of the East experienced “very common” negro insanity, pointing out that 1 in 348 of Massachusetts negro population were


152 Ibid.


154 Ibid.
deemed insane whereas an average of only 1 in 1277 of the negro population were
considered insane in the Southern states. Therefore, the same argument used to
understand elevated insanity in whites was used to explain a similar, but more rapid
phenomenon, within the Northern colored population.

Although many agreed with Jarvis’ underlying connection between urbanization and
heightened rates of insanity, it was not long before his statistical evidence was called into
question. By 1843, an author of Pennsylvania’s North American and Daily Advertiser
openly contested the generalizations set forth by Jarvis concerning the high number of
insane African Americans from the census findings of 1840. According to this argument,
numerous outside factors, such as the limitations to their freedom needed to be
considered when ascertaining the status of mental healthcare in Northern states. For
example, the author argued, “the black population is more or less degraded by civil
disqualifications, and especially so by the social antipathies of the whites. Their quasi
liberty is just sufficient to keep them in the most painful position imaginable.”
Thus, although in an area designated as “free,” African Americans were nonetheless confined
by social, political, and economic barriers, which greatly impacted their ability to
experience this so-called “freedom.” As a result of such overt inequalities, African-
American freedom could not conclusively be blamed for the increase in insanity. On the

155 Ibid.

156 “Effects of Emancipation upon the Intellects of the African Race.” North American
infomark.do?source=gale&prodId=NCNP&userGroupName=camb55135&tabID=T003&docPa
gle=article&searchType=AdvancedSearchForm&docId=GT3007889854&type=multipage&conte
ntSet=LTO&version=1.0
other hand, Southern slaves were described as being in “positive mental darkness,”
devoid of any noticeable hopes or dreams.\textsuperscript{157} Their existence consists of:

one debased routine, so utterly different from that of their masters, that from the cradle to
the coffin they never dream of the possibility of rising in the political or domestic scale.
They feel not the proud man’s contumely, for they have never thought of his fellowship.
They have never experienced the hope deferred which maketh the heart sick, since a change
of condition was never presented to their minds as among human possibilities.\textsuperscript{158}

The pushback was not against the calculated number of insane, nor that freedom caused
insanity in the slave, but that true freedom had not been obtained. Consequently, the
conclusions drawn from the census were not accurately reflective of the social experience
of freed persons in the North. As such, freedom could not possibly be the only
contributing factor to the elevated rates of insanity. Additionally, the \textit{North American and
Daily Advertiser} questioned the impact of emancipation on the workers in Jamaica,
juxtaposing the insanity levels of St. Domingo, an area of relatively affluent colored
citizens, with the freed persons of Massachusetts, where civil liberties were limited. The
article ended with the following assertion:

\begin{quote}
\textit{All that the statistics cited by the writer can prove, is, that colored men having the
semblance of liberty, without its substance, and surrounded by a vast majority of whites,
cannot have the best qualities of their race elicited, and will suffer mentally as they do
morally and physically.}\textsuperscript{159}
\end{quote}

Thus, even if freedom was to blame, it is not because complete equality was obtained, but
exactly the opposite. The newly obtained awareness of the visible inequities
overburdened the mind of the freedman. Moreover, the data used from the census of 1840
was found to be so inaccurate that “according to the document, of all the colored people

\begin{itemize}
\item\textsuperscript{157} Ibid.
\item\textsuperscript{158} Ibid.
\item\textsuperscript{159} Ibid.
\end{itemize}
in Maine – including not only the adults and youth, such as are ordinarily subject to insanity, but all the children, and infants, and youngest babes – one in fourteen was stated to be insane.” In some areas, where no colored persons were recorded to have lived, several colored lunatics were reported. Inaccuracies in the census reporting became so apparent that Dr. Edward Jarvis was compelled to backpedal during an Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, held on July 22, 1862. He claimed he was provided with misinformation from numerous towns, which were guilty of “creating colored insanity without colored subjects for it to rest upon.” Despite his efforts to dismantle the assertion that statistically African Americans were prone to increased risk of insanity in the North, the damage had already been done, as the faulty report had already been republished in France, England, and

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F. Walker Wines, Francis Amasa, Julius Bien, United States. Census Office, David Rumsey Collection, & Cartography Associates (1874), Chart Showing the Aggregate Number of Insane and the Proportion of Males and Females, White or Colored, Native or Foreign at the Ninth Census 1870: Also the Increase since 1860. United States. Census Office, David Rumsey Collection, & Cartography Associates, 1874. According to a Chart Showing the Aggregate Number of Insane and the Proportion of Males and Females, White or Colored, Native or Foreign at the Ninth Census 1870, created by the US Census Office in 1870, New York led the country in number of insane followed closely behind by Pennsylvania and Ohio. The chart denoted that regardless of race, rates of insanity in females was roughly equivalent to the males in Ohio. Regardless of the state, the major difference between the races was that the majority of the pie graphs, indicated significantly higher levels of insanity in white Americans. No chart, even in the Southern States that reported higher number of African Americans, listed over twenty percent of their insane population as African American.

161 “Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, July 22, 1862,” 77.

162 Ibid.
Germany.\textsuperscript{163} With the public retraction of Jarvis’ statistical conclusions, the opposite view might have unintentionally been supported, that African Americans did not suffer in the same ways as whites, and were less likely to require institutionalized treatment. In the next chapter, we will examine how various Ohio politicians used this argument to justify African-American exclusion from asylums. In short, such inaccurate assumptions would become hurdles for publicly funded care in the years to come.

Shortly after the initial 1840 census analysis by Jarvis made waves, Dr. Awl formally contributed to a national discussion on negro insanity in 1844. By the 1840s, Awl’s successful reputation had earned him a prominent seat at the first Convention of Medical Superintendents and Physicians of Insane Hospitals and Asylums in the United States. Held in Philadelphia, Pennsylvania, the convention provided a common ground for asylum leaders to discuss important problems of practice. One of the main topics discussed during the meeting was “asylums for idiots and colored persons.”\textsuperscript{164} Interestingly, Dr. Awl, along with Dr. John Galt, of the Eastern Lunatic Asylum of

\textsuperscript{163} S. D. Gross, M.D., \textit{The North American Medico-Chirurgical Review} 4 (Philadelphia: J. B. Lippincott, 1860), 660-661. These inaccurate publications led to another prevailing theory, which was included in the \textit{North Medico-Chirurgical Review} in 1860, that both freedom-induced anxiety “from the fact that they [freedmen] have to contend at a disadvantage with the whites in many of their occupations and modes of earning a livelihood,” and climate were the main causes of the rise of negro insanity in the Northern States. According to the report, freedmen in the North were predisposed to “idiocy” as a result of the differences in climate. “Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, July 22, 1862,” 77. Mocking the notion that climate impacted mental reasoning, Jarvis, claimed, “if he [Dr. Boudin] had carried the principle further towards the north pole, he would have more insanity than persons, and made the disease an abstraction without subjects, as the marshals did in many of the northern States.” Jarvis preferred his conclusion: that negro insanity was the direct result of their freedom.

Virginia, and Dr. Francis T. Stribling, of the Western Lunatic Asylum of Virginia, were
assigned to investigate and file an official report on the topic.\textsuperscript{165} The report of Stribling,
Galt, and Awl proposed that it was the:

duty of each state to establish an asylum exclusively for the negro insane and suggested
the appointment of a commission to study the need for such an institution, and to report
to the Legislature, making whatever recommendations that might seem advisable.\textsuperscript{166}

Although this recommendation was made in 1844, 20 years would pass before any
exclusively African-American facilities were created in the nation. One of Dr. Awl’s
associates and fellow publisher on the topic of negro insanity, Dr. John M. Galt,
pressured the Virginia Legislature to pass an 1846 General Assembly Resolution, which
legally provided accommodations for the colored insane. This class was consequently
sent to the Eastern Lunatic Asylum in Williamsburg where “rooms in the basement were
set apart exclusively for them.”\textsuperscript{167} Regardless of his achievement in procuring a treatment
option outside of the common jail or infirmary, Galt was nonetheless racist in his
interpretation of mental illness. Galt contended:

The proportionate number of slaves who become deranged is less than that of free
colored persons and less than that of the whites. From many of the causes affecting the
other classes of our inhabitants they are somewhat exempt. For example, they are
removed from much of the mental excitement to which the free population of the Union

\textsuperscript{165} History of the Association of Medical Superintendents of American Institutions for the
Insane: From 1844 to 1874 (Stockton: John Curwen, 1875), 7. The major topics of discussion
included the construction of additional hospitals, medical and moral treatment of the insane,
statistics and jurisprudence of insanity, prevention of suicide, prevention of insanity, insanity in
prisons, and “asylums for idiots and colored persons.” Accordingly, the various subjects were
referred to appropriate committees “to report at the present or a future meeting of the
Convention.”

\textsuperscript{166} Annual Report of the Auditor of Public Accounts to the Governor and General
Assembly of Virginia for the Fiscal Year Ending September 30, 1904 (Richmond: J. H.
O’Bannon, Superintendent of Public Printing, 1904), 14.

\textsuperscript{167} Ibid., 14.
is necessarily exposed in the daily routine of life, not to mention the liability of the latter to the influence of the agitating novelities in religion, the intensity of political discussion, and other elements of the excessive mental action which is the result of our republican form of government. Again, they have not the anxious cares and anxieties relative to property, which tend to depress some of our free citizens. The future, which to some of our white population may seem dark and gloomy, to them presents no cloud upon its horizon. Moreover, not only are they less exposed to causative influences of moral character, but the mode of life which they lead tends to strengthen the constitution and enable it to resist physical agents calculated to induce insanity.\textsuperscript{168}

It is clear that Jarvis’ argument concerning negro insanity pervaded even the most experienced individuals in America’s mental healthcare system. The core of his reasoning stems from the general assumption of white superiority. Unfortunately, Ohio’s legislature would show no such leniency toward the “negro insane,” and chose to ignore the topic altogether for almost another thirty years.

As Ohio tabled the issue in the legislature, the public was exposed to various Southern publications on the topic of Colored insanity. Southern writers even used the rates of Northern African-American insanity as cannon fodder in the argument for the continuation of the “morally” beneficial peculiar institution.\textsuperscript{169} As early as 1852, Hammond’s “Letters on Slavery,” published in the \textit{Pro-Slavery Argument}, argued that the supposed hardships slaves endured were merely tools of Northern abolitionist propaganda, as evidenced by the minimal number of insane African Americans. Hammond mocked, “Can it be possible, then, that they exist in that state of abject misery, goaded by constant injuries, outraged in their affections, and worn down with hardships, which the abolitionists depict, and so many ignorant and thoughtless persons religiously


Hammond reasoned that if slavery was in fact a brutal institution, surely the rates of insanity among the negro would be higher than Caucasians in the South, which, according to the 1840 census, was not nearly the case. Correspondingly, Southern writers attacked the works of abolitionists, such as Miss Martineau who depicted the harsh realities of the mentally-ill slaves housed in the South Carolina State Asylum. According to the “Morals of Slavery,” Martineau had exaggerated the status of mentally-ill slaves by claiming that an asylum physician told her they were “kept in outhouses, chained to logs, to prevent their doing mischief.” Once again, the author used the census data to prove:

It is singular, indeed, that we should find so very few insane persons among the blacks. The absence of all care for the morrow, for the future, for their own support in age, and the support of their children, together with the restraints of labor, tending to the subjection of those intense passions of which Miss Martineau speaks, and which are not in consequence of active, I am inclined to think, in the negro, as in the white man, must greatly abridge the tendency to insanity; and it may be that the generally inferior activity of their minds, is one cause of their freedom from this dreadful malady.

Thus, in the minds of Southerners, African Americans were less likely to develop mental disorders due to their intellectual inferiority.

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170 “Hammons Letters on Slavery,” (pp. 99-152) in Harper, Chancellor et al., *The Pro-Slavery Argument; As Maintained by the Most Distinguished Writers of the Southern States* (Charleston: Walker, Richards, 1852), 231; 99-152: “As to insanity, I have seen but one permanent case of it, and that twenty years ago. It cannot be doubted that among three millions [sic] of people there must be some insane and some suicides; but I will venture to say that more cases of both occur annually among every hundred thousand of the population of Great Britain, than among all our slaves. Can it be possible, then, that they exist in that state of abject misery, goaded by constant injuries, outraged in their affections, and worn down with hardships, which the abolitionists depict, and so many ignorant and thoughtless persons religiously believe?”

171 “Hammons Letters on Slavery,” 231.

172 Ibid.

Several Ohio officials, convinced by the argument that emancipation was counterintuitive for the state, advocated in a very similar fashion to the Southern slave owners. For example, Democratic Congressman, Hon. Samuel S. Cox of Ohio, delivered a speech before the House of Representatives on June 6, 1862, in which he argued vehemently against the emancipation of slaves due to the numerous negative effects it would have on Ohio’s population. A fundamental portion of his argument was bolstered by the notion that slaves were undeniably different in “stature and strength… moral character, mental capacity, and worth of labor.” This racial argument bled into the theory that having a residence in Northern territories caused mental illness in freed African Americans. Accordingly, Cox contended:

It is neither philanthropic nor congenial to send the negro North, where he wilts, when at the congenial South he increases in numbers even in slavery! . . . But how long before the manly, warlike people of Ohio of fair hair and blue eyes, in a large preponderance, would become, in spite of Bibles and morals, degenerate under the wholesale emancipation and immigration favored by my colleague. . . Again, it is neither convenient nor advantageous to the State of Ohio to have this influx of blacks. . . If Ohio were to open, as my colleague advocates, we would have at least twice as many negroes flock into that state as to the rest of the North, and twice as many in central and southern Ohio as in Northern Ohio; or one negro for every three white persons in the State, and perhaps twice that ratio in southern and central Ohio.

These national notions of the violent nature of the “African” was not only the topic for political issues in Ohio, but it also manifested in mental healthcare discussions. For instance, several accounts of white epileptic episodes include detailed descriptions of what patients frequently experienced during their fits of insanity. For example, the 1893 *Handbook of Insanity for Practitioners and Students* recorded:

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175 Ibid.
These attacks [mentally ill episodes of whites] are often, although not always, accompanied by hallucinations. They possess a frightful character and thus intensify the affect. Shining objects, fire, bloody phantoms, terrible dangers, ghosts, more rarely distinct individuals, such as a black man or the devil, throng upon them.\textsuperscript{176}

Thus, cases of whites who were afflicted with delusions of frightening black men was frequent enough as to become a part of a general analysis of the mentally ill.

Alongside the 1840 census-based argument concerning the susceptibility of African Americans to insanity in the North developed a similar, more pervasive argument surrounding their proclivity to violence and criminality.\textsuperscript{177} An article in the \textit{Daily National Intelligencer} first established the shocking nature of heightened Northern insanity rates and then stated:

\textquote{the decay of the black population in the free States, and the enormous prevalence of crime among them in comparison with the whites of the same region, are equally striking… The whole picture is appalling, and must, wherever men will consent to look at the simple fact, afford a perfectly decisive argument as to the fitness of that unhappy race for freedom, and the benefits which its confers upon them and the communities in which they are found.}\textsuperscript{178}

This is not all that alarming given the types of coverage African Americans received in the news. Prevailing racist connotations of a “natural” African-American tendency toward violence most likely impacted how mental healthcare professionals treated and wrote about their patients. For example, in his argument concerning negro sexual crimes, Southerner, G. Frank Lydston argued, “during the days of slavery, insanity was very uncommon among the negro race. Now, our large asylums are not capacious enough to

\textsuperscript{176} Theodor Kirchoff, \textit{Handbook of Insanity for Practitioners and Students} (New York: W. Wood, 1893), 306.


\textsuperscript{178} Ibid.
hold the insane negroes of both sexes.”\textsuperscript{179} To support his argument about the growth of violent negro insanity, G. Frank Lydston provided the graphic description of a recent Ohio murderer who was diagnosed with a “sadistic form of sexual perversion.”\textsuperscript{180} The murderer confessed to killing five women, three of which were his previous wives.\textsuperscript{181} This story may have supported Lydston’s argument of the increase in violent negro insanity, however, there was one major problem: the “sadistic wife-murderer” was the wrong skin color. However, this did not dissuade Lydston, who printed a rendering of the man, from concluding that his sexually driven crimes were a result of a confusion of “sexuality with the parent instinct of hunger. . . this applies especially to the negro, in whom atavism develops cannibalistic impulses.”\textsuperscript{182} Failing to find another case of a colored man in America to support his argument, Lydston then shifted his focus to the case of Jack the Ripper, followed by an entire chapter which focused on “the race problem in its relation to sexual vice and crime.”\textsuperscript{183} The tendency to view African Americans as prone to violence was reinforced not only through academic writings, but through the publication of violent imagery. For example, in 1868, New York’s\textit{ Frank Leslie’s Illustrated Newspaper} published a graphic etching of a “Desperate Encounter

\textsuperscript{179} Hunter McGuire and G. Frank Lydston,\textit{ Sexual Crimes among the Southern Negroes} (Louisville: Renz and Henry, 1893), 3.

\textsuperscript{180} G. Frank Lydston,\textit{ The Diseases of Society: The Vice and Crime Problem} (Philadelphia: J. B. Lippincott, 1905), 383.

\textsuperscript{181} Ibid.

\textsuperscript{182} Ibid., 383-384.

\textsuperscript{183} Ibid., 393. Lydston argued, “when the black savage knocks down his prospective bride with a club and drags her off to his kraal, he illustrates the prototype of the criminal sexual acts of the negro in the United States.”
with an Insane Negro” who “assailed the officers when his cell was opened in the
morning, and with a heavy piece of plank, which he had torn from the floor, felled four of
them, and broke the hand of the fifth.”\textsuperscript{184} The man was reportedly subdued by “two negro
policemen” who wounded him severely with gunfire.\textsuperscript{185} Moreover, in “Race and
Insanity,” an article written by Jas. G. Kiernan, Superintendent of the Cook County
Hospital for the Insane in Illinois, Kiernan postulated that since the negro was so quickly
removed from barbarism to the highest form of civilized society:

When to this condition was added the contrast between the code of ethics theoretically
taught and the code of ethics practically enforced by the social conditions in which the
negro found himself placed, the instability of mental equilibrium must have been
increased, and to the instability thus engendered is evidently due the undeniable increase
of crime, pauperism, and insanity among negroes since the war.\textsuperscript{186}

Publications, such as these, led some to believe that African Americans who suffered
from mental illnesses were more prone to violent outbursts.

The discussion of a connection between blackness and violent forms of madness
became a topic of conversation at various meetings of the National Association of
Superintendents. On numerous occasions, the association heard testimony from
superintendents involving cases of violent negro patients. For example, during a 1892
meeting of the American Medico-Psychological Association, Dr. C.G. Hill claimed that,
“Even in this great capital of the nation, where he has enjoyed so many advantages and

\textsuperscript{184}“Home Incidents, Accidents, &c.” \textit{Frank Leslie's Illustrated Newspaper} (New York,
NCNP&userGroupName=camb55135&tabID=T003&docPage=article&searchType=AdvancedSe
archForm&docId=GT3012580441&type=multipage&contentSet=LTO&version=1.0

\textsuperscript{185} Ibid.

\textsuperscript{186} American Neurological Association, \textit{Journal of Nervous and Mental Disease} (New
York: G. P. Putnam’s Sons, 1885), 174.
incentives, the criminal statistics of the race present a sad and deplorable spectacle.”  

Thus, Hill drew a direct connection between race and criminality. Thankfully, this was not the consensus on every occasion. For instance, during an 1873 meeting, Dr. Green recounted a recent incident in which a violent negro patient killed a colored attendant. According to Green, the patient was accused of killing an attendant and afterwards confined himself to his room. When his cell was searched, no weapon was found and he wholeheartedly denied his involvement. Dr. Green reasoned the man suffered from epileptic fits and might not have even been aware of his actions. Prior to this event, the African-American patient had made an attempt at escape which was thwarted by the colored attendants. Consequently, he threatened violence toward them numerous times. Dr. Green admitted the “killing was the result of the most unaccountable carelessness I ever heard of,” as an axe, which was supposed to be locked away, was left on a woodpile, where it was found and used by the man in question. In hearing the case, the association did not immediately assert a connection between race and ferocity, but between epileptic fits and unprecedented acts of violence. Though a minor step, it did provide for African Americans to be regarded as patients by doctors who might not be privy to a racially diverse environment. Unfortunately, this just so happened to be on a case involving violence.


188 American Medico-Psychological Association, and New York (State), American Journal of Insanity (Baltimore: Utica State Hospital Press, 1844), 202-203.

189 Ibid., 202-204.
Despite resistance, the national arguments concerning the prevalence of African-American insanity in the North continued to be propagated well into the 20th century. For example, J. W. Babcock, Physician and Superintendent of the South Carolina Lunatic Asylum, solidified Jarvis’ assertions in his 1895 article published in the *Alienist and Neurologist Journal*, in which he addressed the topic of “The Colored Insane.”  

According to Babcock, “mental disease is almost unknown among the savage tribes of Africa” and that “among the slaves of the Southern states, also, insanity appears to have been conspicuously rare in the experience of individual observers.” However, he concluded that emancipation caused “brain diseases to become more common in the negro as compared with the whites.”  

Despite the well-known fallacies of the 1840 census, Babcock’s sentiments about “colored insanity” pervaded well into the 20th century and were mirrored by other leading doctors around the nation. Additionally, research into crania sizes conducted by the pathologist, Dr. Blackburn, during the late 1880s and early 1890s confirmed the research of other craniologists who “demonstrated that there is a material difference in the shape and dimension of the head of the Caucasian and colored race.” These national racist arguments were bolstered by the publication of research by scientists such as John Lubbock, who sought to widen the gap between the

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191 Ibid.

192 Ibid.

civilized westerner and uncivilized African. In his 1879 publication of *Origin of Civilization and the Primitive Condition of Man: Mental and Social Condition of Savages*\(^\text{194}\) Lubbock argued:

> the whole mental condition of a savage is so different from ours, that it is often very difficult to follow what is passing in his mind, or to understand the motives by which he is influenced. Many things appear natural and almost self-evident to him, which produce a very different impression on us. ‘What! Said a negro to Burton, ‘am I to starve, while my sister has children whom she can sell?’ Through savages always have a reason, such as it is, for what they do and what they believe, their reasons often are very absurd.\(^\text{195}\)

The proliferation of such racist theories undoubtedly reinforced notions of white superiority, and most likely impacted the budding American psychiatric field. Furthermore, the widespread provision for the African-American mentally ill did not occur without the general consensus from the American Medico-Psychological Association that emancipation had caused an increased burden for not only the former slaveholders, but local municipalities who were in the process of recovering from the “impoverishment of war.”\(^\text{196}\) In short, freedom created a burden on the American taxpayer that would otherwise not exist under the more fiscally responsible method for maintaining sanity among African Americans: slavery.

It comes as no surprise that the discussions regarding the higher rates of insanity reported among freed slaves in the North were used to justify anti-emancipation and migration-restriction arguments. In December 1846, the *Ohio State Journal* published an

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\(^\text{195}\) Ibid.

article, “The Settlement of Free Blacks in Ohio – Its Consequences and Remedy.” The author, seeking to draw a very strict divide between the Northern and Southern states, contended that the actions of the South directly impacted the Northern states. According to his argument, the Governor of Virginia recently examined the menacing population of freed blacks in his state and argued, “The free negroes and mulattoes, constituting about one sixteenth of our free population (excluding Virginians), contributed to over two-fifths of the convicts of our Penitentiary.” The governor then moved to forcibly expel the free negro population. Ohio, as a border state to many of the slave-holding states, faced the possibility of an influx of this unwanted and alleged criminal population. Resultantly, an Ohio resident reasoned:

Every black who becomes a resident of Ohio, necessarily becomes a competitor with the white laborers and mechanics; and every dollar which is paid to him is thus diverted from a class which is capable of improvement, and among whom are many of our most valuable and worthy citizens. Here is the most gifted black is and ever will be, beneath the vilest white. By encouraging or permitting the blacks (and particularly the class described by the Governor of Virginia) to come among us – the white laborers are brought in contact with their inferiors – their feelings are wounded – and their means of supporting and educating their families are materially diminished. It is therefore but an act of simple justice, that our white population should be protected against such deplorable consequences. . . We have now a large black population. They are of no benefit, but on the contrary, they are a serious injury to us. We cannot now remedy the evil but we can prevent the increase."

Ironically, the argument was signed JUSTICE. It is true that freed colored citizens were an economic threat to the lower-class whites in Ohio, but the connection of race with violence was simultaneously reinforced by such arguments.

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198 Ibid.

199 Ibid.
Many of the generalizations surrounding African-American insanity pervaded well into the late nineteenth century. A few of these oversimplifications were highlighted by A. H. Witmer in his 1891 article, “Insanity in the Colored Race in the United States.”\textsuperscript{200} Witmer argued the increase in mental illness in colored citizens could be summed up in their natural disposition and fragility in dealing with modern society outside of the confines of slavery, which he described in the following manner:

To explain: they [colored citizens] are naturally timid, suspicious and emotional, sensitive to the calamitous effects of war, excitement of politics, and the influences of religion, to the agitations of which they have been greatly exposed during the past twenty-five years. Previous to their emancipation, the health and morals of the slaved were carefully preserved, and inebriety, excessive venery, and venereal diseases were closely guarded against; since their liberation, through overindulgence, exposure and ignorance of the laws of health, many have suffered from the effects of these fruitful causes of insanity. Untutored in the knowledge of the world, and without a sound philosophy or a religion deeper seated than the emotions to sustain them in adversity, many minds have failed under the constant strain of their advancing civilization.\textsuperscript{201}

Similarly, Witmer argued, due to the influences of African culture, mental illness was often not seen for what it was. He claimed that instead of identifying the illness, African Americans would oftentimes “attribute the mental disturbance to the occult influences of ‘voodooism,’ ‘conjuration,’ or evil spirits, the effects of which have to be counteracted by some fetish, charm or ‘mystic spell.’”\textsuperscript{202} Due to this lack of treatment, Witmer theorized

\textsuperscript{200} Witmer, “Insanity in the Colored Race in the United States,” 19.

\textsuperscript{201} Ibid.

\textsuperscript{202} Ibid., According to Witmer, “Those forms included in the classified melancholias, often escape recognition and proper treatment, for the race superstitions lead the friends of persons suffering from this form of disease to conceal the true conditions, and to attribute the mental disturbance to the occult influences of ‘voodooism,’ ‘conjuration,’ or evil spirits, the effects of which have to be counteracted by some fetish, charm or ‘mystic spell.’ While being thus ‘doctored,’ the patient either dies of ination or sinks into the harmless fatuity of terminal dementia, in which state he can be cared for at home.”
that numerous cases of treatable African-American mental illness became terminal. Interestingly, he also concluded that colored cases of “delusions of grandeur” were less exalted than those of Caucasians, due most likely to their lowly position in the American social structure. Suicidal tendencies were likewise thought to be “unusual among people of color,” as Witmer argued, “it is too early in the history of their freedom for the degenerating effects of civilization to be manifest in the progeny of the recent slave.” Overall, Witmer concluded the West had done a wonderful work in bringing the advances of civilization to the people of the East, a mindset which presented whites as benevolent contributors to the advancement of other societies.

By 1893 some medical journals began to acknowledge there was “no special tendency of any race to insanity, and this is also true of the different nationalities.” Although this sounds like an improvement in medical understandings, racists notions surrounding the impact of slavery on the mental state of African Americans remained. According to the Handbook of Inanity for Practitioners and Students, it was agreed that


Ibid.

Ibid., Witmer claimed, “Behold the West to-day! The empire of intellect as exemplified in the nineteenth century, in its march has held its true course, until the civilization of the occident encroaches upon the barbaric customs and traditions of the orient, pushing them to the wall and dragging them from the temples.”

Theodor Kirchoff, Handbook of Inanity for Practitioners and Students (New York: W. Wood, 1893), 23.
“In the United States the negroes are now attacked by general paresis,\textsuperscript{207} from which they remained exempt during slavery.”\textsuperscript{208} Moreover, Southern psychiatrists continued to praise the benefits of slavery for the minds of African Americans well into the late nineteenth century. For example, Superintendent J.F. Miller of the Eastern Hospital of Goldsboro, North Carolina, claimed in 1986:

> It is an undisputed fact, known to our Southern people that no race of men ever lived under better hygienic restraints or had governing their lives rules and regulations more conducive to physical health and mental repose. Their habits of life were regular, their food and clothing were substantial and sufficient, as a rule, and the edict of the master kept indoors at night and restrained them from promiscuous sexual indulgence and the baneful influences of the liquor saloon. In sickness, he was promptly and properly cared for by physician and nurse. Freedom came to him and a change came over his entire life.\textsuperscript{209}

\textsuperscript{207} Jennifer Wallis, “Looking Back: This Fascinating and Fatal Disease,” \textit{The Psychologist}, The British Psychological Society, Accessed 3 June 2019: https://thepsychologist.bps.org.uk/volume-25/edition-10/looking-back-fascinating-and-fatal-disease. American Medico-Psychological Association, and New York (State), \textit{American Journal of Insanity}, 231-233. The first recorded American operation on a patient suffering from general paresis was carried out on a “burly negro, J. U. F.” According to the \textit{American Journal of Insanity}, the patient was subject to trephining, several times, which seemed to cure his paralysis, for a time. J. U. F. only survived for one week, before experiencing incontinence and seizures, followed closely by his untimely death.

\textsuperscript{208} Theodor Kirchoff, \textit{Handbook of Insanity for Practitioners and Students}, 23. According to Kirchoff, there was certainly a racial component to the diagnosis of insanity. He claimed, “For a time it was believed that the Scotch Highlanders, the Irish, and the negro, exhibited less tendency to insanity, because of certain forms, especially paralytic dementia, were not observed among them. This exceptional condition disappeared as soon as these people began to live in large cities. In the United States the negroes are now attacked by general paresis, from which they remained exempt during slavery. Perhaps the Jews exhibit a comparatively greater predisposition to insanity, but this may be explained by another peculiarity apart from race, viz., the fact that the Jews intermarry very often in close family circles; the crossing is insufficient, and heredity thus gives rise, by in-breeding, to a rapidly increasing predisposition. In general, however, statistics show no special tendency of any race to insanity, and this is also true of the different nationalities.”

Thus, in the minds of some physicians, it was freedom, not merely urbanization, that caused the rise in negro insanity, which remained remarkably lower than in whites.

In efforts to account for such an unprecedented increase of colored insanity, Dr. Bucke, Superintendent of the Asylum for the Insane in London, Ontario, authored the work, “The Origin of Insanity,” which was printed in the *American Journal of Insanity* in 1892. Striving to explain why insanity was more prevalent in whites, Bucke concluded:

I have said, as you know, that the large percentage of insanity in America and Europe depends directly upon the rapid evolution in late millennia of the mind of the Aryan people. I suppose very few would claim that the negro mind is advancing at anything like the same rate. As a consequence of these different rates of progression we have in the Aryan people of American people a much higher percentage than is found in the negro race.

Thus, according to Bucke, rapid evolutionary progress of the Aryan brain was accompanied by various mental side-effects. To support his thesis, Bucke incorporated the recent 1880 census which, once again, recorded higher rates of insanity among whites. He concluded, “if we had statistics of other backward and stationary people a similar state of matters would be found – all such facts as we have leading to the conclusion that among savages and semi-savages there exists comparatively little

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211 Ibid., 56.

212 Ibid. Bucke claimed that, “When the United States census of 1880 was taken it was found that among forty-three million white people there were eighty-six thousand insane – exactly one in five hundred – while among six and three-quarters million negroes only a little more than six thousand were insane, or a proportion of only about one to one thousand one hundred.”
Though forty years had passed since the 1840 census, similar arguments persisted regarding negro insanity.

Not everyone was enamored by Bucke’s conclusions. In fact, during a meeting of the American Medico-Psychological Association, Dr. Atwood, from New York, voiced a rather lengthy monologue against Bucke’s assertion that the recent evolutionary development of the negro brain was the cause of their insanity. Instead, Atwood insisted that the African-American race still suffered from “moral retrogression,” and animalistic behavior, both of which explained their tendency to mimic the vices of whites. Atwood argued further the habits of the negro to indulge in alcoholic and sexual excesses, “which latter characteristic manifesting itself in rape so frequently calls for administration of lynch law,” was the main cause of their rise in mental instability. Thus, their “extraordinary indulgences in the vices” deserved more of the blame than any sort of recent mental progression. In the mind of Atwood, and many who believed in the ethnological arguments of the time, the African remained biologically inferior to the Caucasian. Such conclusions were frequently reinforced by numerous Southern physicians, who were rather open about their medical conclusions surrounding the

213 Ibid.

214 “Proceedings of the American Medico-Psychological Association” (1892).

215 “Proceedings of the American Medico-Psychological Association” (1892). Thomas J. Mays, “Increase of Insanity and Consumption among the Negro Population of the South since the War,” Boston Medical and Surgical Journal 136, no. 22 (1897): 540. Dr. Powell associated high levels of alcoholism with negros by claiming, “there is a tendency to alcoholic intemperance, not only on the part of the men, but also on that of many women.”

216 Ibid.
colored population.217 One of the most outspoken superintendents was J.F. Miller of the Eastern Hospital of Goldsboro, North Carolina. In 1896, Miller claimed:

Remain ing in contact with the superior Caucasian race, with the uplifting influences of its high civilization, it is confidently believed the Afro-American will yet reach higher mental developments. But as a class, their mental caliber is small; the convolutions of their brain are few and superficial; their cranial measurement small and other anatomical facts demonstrate his inferiority. The color of his skin is a mark of inferiority, and not the result of climatic influence, as has been declared by some.218

Miller’s conclusions were reprinted and discussed in the Boston Medical Journal.219 Furthermore, Miller, along with many others, engaged in discussions surrounding another prevalent theory that African Americans were genetically predisposed to both alcoholism and syphilis. In Thomas J. Mays’ Boston Medical and Surgical Journal article, “Increase of Insanity and Consumption among the Negro Population of the South since the War,” he argued negroes had “a special predilection for destroying the integrity of the nervous system, and in this way to bring about insanity and phthisis.”220 Subsequently, doctors of the time not only examined statistical data, but general patterns evidenced throughout the nation.

As physicians concerned themselves with the general increase in negro insanity, they likewise paid particular attention to the location of those who suffered from mental illness and resultingy, mirrored some of the previous conclusions about the influence of

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219 Mays, “Increase of Insanity and Consumption among the Negro Population of the South since the War,” 537-540.

220 Ibid., 540.
urbanization. H. J. Berkley, M.D., of Baltimore published an article, “Paretic Dementia in the Negro,” which was read before the American Medico-Psychological Association in 1893. Due to his location in the metropolitan area of Baltimore, Berkley claimed to have witnessed a marked rise in dementia within his negro patients following emancipation. Several other physicians mirrored Berkley’s arguments, having observed the same increase of negro paresis within major metropolitan centers. However, Dr. Miller retorted that since his asylum cared mainly for negros from the country, he had not witnessed the same rise, and, in fact, he had noticed the absence of such illnesses among his colored population.221 Likewise, Dr. Hill of Maryland was critical of Berkley’s conclusions and questioned why he did not take into account the obvious influence of both alcohol and “proverbial sexual laxity” of the negro population.222 Hill was convinced that these two elements, which were known to cause mental instability in whites, were not taken into consideration by Berkley as a deciding factor in the increase in paresis.223 Finally, the association came to the general conclusion that paresis was intrinsically linked with metropolitan life, and once introduced to such environments, the negro and mulatto became just as susceptible to the disease.224 Despite their attendance at the meeting, no Ohio superintendent contributed anything to the debate.


223 Ibid.

224 Blumer, American Journal of Insanity, 259.
By the turn of the century, not much had changed in the understanding of colored insanity. In 1914, Mary O’Mally, M.D., completed a comprehensive sketch of “Psychosis in the Colored Race,” in which she reiterated many of the conclusions drawn years prior.\footnote{Mary O’Mally, “Psychoses in the Colored Race,” \textit{American Journal of Insanity} 71, no. 2 (1914). \textit{Nineteenth Century Collections Online}, http://tinyurl.galegroup.com/tinyurl/BER9CX. Accessed 10 July 2019. Mary O’Mally only referenced three sources within his publication.} According to O’Mally, colored citizens were more likely to suffer from dementia precox, as rates were reported in disproportion to whites.\footnote{Ibid.} She also concluded that they were less prone to illnesses such as “melancholia and depressions”, due to their lack of innate moral standards and understandings of social conventions.\footnote{Ibid. Furthermore, Mary O’Mally claimed, “That involutional melancholia and depressions of various forms are rare in the colored, as these individuals do not react to the graver emotions—grief, remorse, etc.—owing to the fact that they have no strict moral standard and no scrupulosity as to social conventions; the absence of self-depreciatory ideas of sin, etc., is most noticeable.”} Once again, O’Mally repeated the conclusions of others that colored citizens suffered in excess from syphilis, which reportedly caused high rates of general paresis. Likewise, she concluded the colored race displayed a heightened percentage of alcohol consumers, who could manage with ease large quantities of alcohol.\footnote{Ibid.}

Despite their frequent involvement in the numerous national meetings on the topic of negro insanity, Ohio physicians remained silent on the matter. For example, even when listening to the conclusions of Atwood in 1892, Longview Superintendent Harmon
refrained from comment. Although it is unclear what exactly caused their restraint, a few possibilities come to mind, the first of which is that by sheer numbers Ohio’s colored population was dwarfed by that of the Southern states. As Longview’s colored patients remained lower than 20 for many years, Ohio superintendents might not have felt they had an adequate sampling in order to meaningfully contribute to the larger discussion. Furthermore, as Longview struggled to maintain a sufficient number of staff members, priority may have been given to daily routine and not the additional task of research. Moreover, it is possible Ohio’s colored population may have become a bit of an afterthought, once their general provision what secured in 1869. As we will discover in the next chapters, Longview’s population swelled in the 1870s when several institutional fires forced displaced patients into its wards. Consequently, the Longview Asylum was thrust into crisis mode and colored patients most likely ended up receiving the short end of the stick in terms of attention. For all of these reasons, and perhaps others, Ohio physicians preoccupied themselves with other psychiatric issues and left the national debates to those better suited to facilitate the discussion at the time. Despite that possibility, the silence of these superintendents could be read in a number of ways. It could imply they agreed with the national conclusions of the time, which were infused with an underlying consensus of white genetic superiority. On the other hand, they might not have supported the arguments, but felt unequipped to combat them, given their minimal patient data. Or perhaps Ohio’s physicians might not have had a dog in the fight, conceding to the leaders of hospitals who had more experience on the matter. Regardless of the reason, this act of restraint could have had unintentional consequences within their

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229 “Proceedings of the American Medico-Psychological Association,” (1892).
personal practice. For example, by not contesting the tendency to link blackness with violence, Ohio professionals might have subconsciously reinforced this association when evaluating incoming patients. As we will see in later chapters, African Americans will disproportionately be labeled “violent” when admitted into the Longview Insane Asylum. Similarly, numerous Longview colored patients were classified as alcoholics and sexually promiscuous. As no journals or personal documents remain from prominent Ohio physicians, it is impossible to confirm what their reasoning was behind their silence. However, one thing is for sure: in the absence of protest lies compliance.
VI

Expansion of Care

Not long since, while enjoying a visit in the home of a hospital friend, a little girl, somewhat inquisitive, propounded several very knotty questions to her father. Not being able to answer all of them, he replied, ‘my child, little children should be seen, not heard. Take your seat in the corner and stay there.’ In almost every locality we find men who tell us it will not do for us to occupy a very prominent position in the combat between Liberty and Slavery. Black men may be seen, but not heard. We differ from such gentlemen as to the property of being thrust so far into the back-ground, that on the day of our Redemption, the triumph of justice could scarcely reach us. We deny the wisdom of such a policy. We should stand up like MEN for our Rights.  

Despite acknowledging the existence of mentally insane African Americans, the Ohio legislature initially displayed no interest in accommodating this section of the population. In fact, supporters of black rights faced numerous obstacles throughout the mid-nineteenth century that severely limited both access and quality of care available to the African-American mentally ill.

From the outset, the basic functions of asylum life were geared toward single race usage. The Ohio legislature ordered asylum admission records to reflect the patient’s name, county, and date of each application. Nothing was mentioned about identifying the race of the individual, which was due to the fact that only whites were permitted access to


the publicly funded asylums.\textsuperscript{232} Even with the frequent expansion of facilities, African Americans were kept at bay. To illustrate, on January 11, 1843, a concerned citizen wrote to the \textit{Ohio State Journal} regarding the sad reality that Ohio’s excellent Lunatic Asylum was forced to reject about half of the applications for admission due to lack of facility space.\textsuperscript{233} The citizen publicly implored the legislature to take necessary action to enlarge the accommodations of the asylum.\textsuperscript{234} The matter was brought before the legislature and on February 28, 1843, Ohio approved the construction of two additional buildings.\textsuperscript{235} With the construction of the new wings, the Columbus asylum was able to accommodate an additional 345 patients. As the entire patient number for the five years of the asylum’s existence only reached 473, these provisions were thought to “equal the wants of this class of our population for some years.”\textsuperscript{236} Even when the Ohio legislature passed an act on April 30, 1852, “to provide for the erection of two, additional Lunatic Asylums,” which later became known as the Northern and Southern Asylums, nothing was done to

\textsuperscript{232} Acts of a General Nature, Passed at the First Session of the Thirty Fourth General Assembly of the State of Ohio, 55.


\textsuperscript{234} Ibid.

\textsuperscript{235} The Public Statutes at Large, of the State of Ohio from the Close of Chase’s Statutes, February 1833, to the Present Time 2 (Cincinnati: Maskell E. Curwen Publishing, 1853), 947.

accommodate colored individuals of the state.\textsuperscript{237} It is clear that taxpayer money was not meant to aid the mentally ill African Americans of Ohio.\textsuperscript{238} According to Tony B. Lowe of the \textit{Journal of Sociology \& Social Welfare}, “there is no evidence that many administrators would have delivered services even if required by law.”\textsuperscript{239} Thus, not only was limited facility space a factor, but the general conceptions of white superiority may have been an underlying systemic hurdle.

When refused access to publicly funded institutions, African Americans banded together in dissent. Accordingly, one of the strongest arguments for the fair treatment of African Americans in Ohio’s early mental health facilities came in the form of an address to the Ohio State Convention of Colored Citizens in 1849. Records indicate that an impassioned speech was made on behalf of the colored mentally ill, which centered on the topic of unequal taxation and treatment:

\begin{quote}
You have built Asylums for the Blind, for the Deaf and Dumb, and for the Lunatic, together with Houses for the Poor, and you not only demand that we should help sustain them, equally with you, but deny us the benefits of them. Only last year Governor Bebb endeavored to place a colored child in the Asylum for the Deaf and Dumb, and the child was refused. Until within
\end{quote}

\textsuperscript{237} “Superior Court of Franklin County,” \textit{Columbus Gazette (1856-1865)}, July 9, 1858. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/504941998?accountid=11311. After the construction was completed on the facility erected in Dayton, Ohio, the construction company informed the state of their debt beyond the allotted $70,000 for the project. They received the sum of $40,500 to cover additional costs.


\textsuperscript{239} Lowe, “Nineteenth Century Review of Mental Health Care for African Americans,” 40.
a short time, colored persons have not been permitted to enter the Lunatic Asylum, even as
visitors, and yet colored persons are taxed for its support. We say then, these things are
violations of the fundamental principles you yourselves, of your own accord, have laid down.
Ohio law ought in this respect then to be a nullity.\textsuperscript{240}

Thus, the Colored Citizens of Ohio argued either for the right to send their mentally ill to
the same asylums or to have similar accommodations made for their deaf, dumb, lunatic,
blind, and poor.\textsuperscript{241} Since the Ohio constitution limited the privileges of state funds to a
specific race, the colored citizens fought for the removal of the word “white” from the
document. They argued that this act would allow all citizens of the state to become “one
people, bound together by one common tie, and sheltered by the same impartial law.”\textsuperscript{242}

In addition to this proclamation against institutional racism, the group of African-
American representatives denounced the claims that the increase in the negro population
of Ohio had led to the increase in evil. By employing the same literary devices as the
Declaration of Independence, they resisted the prevalence of racism and stood against the
endurance of slavery. The Colored Citizens of Ohio reasoned for the “right to be deemed
a man and a brother, and to claim a community of interest in all that appertains to
humanity – to say ‘Our God,’ and to beg permission to say ‘our Country.’”\textsuperscript{243}

\begin{flushright}
\textsuperscript{240} Minutes and Addresses of the State Convention (Ann Arbor: ProQuest I&L Research
harvard.edu/docview/88430172?accountid=11311. The colored citizens also advocated for the
repeal of the Black Laws of Ohio.

\textsuperscript{241} Ibid., 24.

\textsuperscript{242} Ibid.

\textsuperscript{243} Ibid., 25. The Colored Citizens of Ohio passionately argued that they were “coming
for our rights – coming through the Constitution of our common country – coming through the
law – and relying upon God and the justice of our cause, pledge ourselves never to cease our
resistance to tyranny, whether it be in the iron manacles of the slave, or in the unjust written
manacles for the free.”
\end{flushright}
of Ohio’s colored citizens reached the ears of others from neighboring states and J.W.C. Pennington, President of the State Convention of Coloured Citizens in Albany, New York, publicly praised their efforts toward equality. Pennington lamented that Ohio’s African Americans were denied the opportunity to sit on a jury, yet were subject to punishment by those same juries; that colored taxpayers were given medical reprieve in a jail cell, not a hospital.244 Thus, Pennington shamed the “free State of Ohio” and hoped that the recent convention would prove to be a “potent instrument in moulding the future policy of the colored citizens of Ohio.”245 Despite their logical appeal, African Americans would be sentenced to suffer insanity within the confines of the Ohio penal system for years to come.

Although a unified front was presented through annual Ohio Colored Conventions, African Americans still needed to appeal to the larger political community for legislative support. In navigating the turbulent political waters of antebellum Ohio, advocates of black rights found the most support within the Republican Party. Across the nation, pockets of Republicans stood at the forefront of similar agendas, even prior to the Civil War, arguing that it was the duty of the state to provide for all citizens. The strongest opposition to the Republican Party’s institutional reform platform came from Ohio’s Democratic Party, which used every tactic possible to dissuade the legislature from investing in a colored department. J.W.C. Pennington, President of the State Convention of Coloured Citizens, argued that resistance to such efforts was based primarily on unwanted economic competition. Pennington stated in 1852 that the

244 Watkins, “State Convention in Ohio.”

245 Ibid.
Democrats put up quite a bit of resistance, arguing that, “[colored] enfranchisement would seriously interfere with the employment of the laboring population. And, in the next, the dreadful murders committed by an insane man of colour, was made an effective weapon against us.”

Another point of contention was voiced in the *Cincinnati Daily Enquirer* on June 16, 1863 on the topic of citizenship. On the one hand, the Hamilton County Solicitor argued, “in the eyes of the law, they [colored Ohioans] were regarded as citizens and that the appropriation would, therefore, be perfectly legal.”

In response, the Democrats agreed, and further maintained that, “as far as we know, these benefits [use of public facilities] has never been refused.” On the other hand, Democrats sought to point out the hypocrisy of the Republican Party’s advocation for separate facilities, by arguing if the races truly were equal, separate buildings were unnecessary:

…the negro is inferior; yet we do not see why colored persons – being legally entitled to institutional privileges – can not be treated in the same establishment with whites. The two colors – if there are prejudices among the patients – can easily be kept in separate wards. There is no need of such intermixture as shall be uncomfortable or injurious to either. At any rate, so long as taxes remain at the present point, and with the financial prospects which we have before us, the mere fact that negroes are entitled to the benefits of hospital treatment, under the law, does not – the present establishment being equal to all the demands that are made upon it – of itself render it conclusive that the expense of a new hospital for colored persons should be incurred. We suspect that the plan for a new Asylum comes from those who, professing to believe that the negro is equal to the white man, want to do something to probe their faith in his superiority… Now if he is exactly the equal of the white mad, the true course to demonstrate and institutionalize that equality would be to treat him in the same manner, and in the same place – to insist that no difference be made between the African and his brother of European parentage. But this, to those who would make pets of the colored

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248 Ibid.
race, is evidently not sufficient. His rights are not only to be established upon legal investigation and fixed upon principle; but upon the basis of his equal rights is to be founded for him claims which imply an admission of his superiority. Now we insist that, it being shown that our colored fellow citizens, when lunatic, are entitled to treatment in the county institution, does not go a step toward proving that it is proper or right to erect for them another exclusively for their use and benefit.\(^{249}\)

Thus, politicians propagated the medical conclusion that intermingling the races would be to the detriment of both. In support of their argument that the “negro” was not to be fretted over financially, the Democrats equally criticized the notion that “the people of the United States, owe a large debt to the negro” that must be paid off as “rapidly as possible.”\(^{250}\) They reasoned that those in favor of the additional expenditure should voluntarily sponsor the construction, because according to the Democratic party, the colored facilities were “not needed” as “there are not many negro lunatics.”\(^{251}\) This conclusion may have stemmed from the lingering assumption that there were statistically less colored than white insane in the state.

Arguably one of the forefront proponents for the accommodation of African-American mentally ill was Dr. O.M. Langdon, Longview Insane Asylum Superintendent from 1860 to 1870.\(^{252}\) Reportedly, he was moved to action after witnessing firsthand the terrible treatment shown to Ohio’s African-American mentally ill. Thus, Langdon repeatedly petitioned the state for their accommodation within his facility. He appealed to

\(^{249}\) Ibid.

\(^{250}\) Ibid.

\(^{251}\) Ibid.

\(^{252}\) *History of Cincinnati and Hamilton County, Ohio* (Cincinnati: S. B. Nelson, 1894), 233.
the Ohio Legislature for the erection of an additional building for the “exclusive accommodation of colored lunatics,” but bemoaned:

Many of them [the colored population] pay heavy taxes, but their insane are compelled to herd with rogues and thieves and vagabonds in our county jails. This is an outrage upon justice, humanity, and common decency; but so little attention has heretofore been paid to our oft-repeated suggestions themselves… that we now almost despair of accomplishing anything in the future.

Notwithstanding the pleas of Dr. Langdon, the government met his requests with silence. In order to persuade the legislature, Dr. Langdon crafted an economic argument that he felt would satisfy both parties. Alongside Longview’s Board of Directors, Langdon argued on November 1, 1863, that “changes could be made at small expense of buildings now on the [adjoining poor] farm as would enable us to construct an asylum for colored insane, as an appendage to Longview.” The Board of Directors supported Langdon’s argument and even proposed in their *Fourth Annual Report* that Longview purchase a nearby 73-acre farm, the produce of which could be used to support their growing population. The Board argued that on this same plot of land, the state could erect a new facility for the colored insane. Though hopeful for the plan’s approval, the Board remained skeptical due to the legislature’s tendency to lack adequate funding.

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Three years later, in 1866, Langdon renewed his efforts to appeal to the financially-conscious legislature. He argued Longview already had the necessary room to facilitate African Americans and “justice and humanity called for some better treatment of this class of unfortunates than incarceration in the common jail.”\textsuperscript{257} The supposed downside was, if admitted, colored citizens would be symbolically elevated to the status of whites by their juxtaposition. This was a proposition that many in Ohio still struggled to stomach at the time. Accordingly, Langdon asserted that asylums should be granted the ability to confiscate African-American property upon their admittance into the asylum. This would allow blacks to pay for their keep until additional legislation called for their provision. Dr. Langdon, the same physician who so passionately advocated for the humane treatment of this class, even went as far as to argue against the state’s financial provision. He contended that the state should be granted their property so that the African Americans would “support this Institution instead of being supported by it [sic].”\textsuperscript{258} We must bear in mind, that these patients were citizens, who already supported the asylum through their taxes, but could be subject to forfeiture of property due to their illness.

Despite continued pushback, on April 5, 1866, the Ohio Legislature finally passed an act ordering that colored citizens be accommodated within the Cincinnati Longview

\textsuperscript{257} Seventh Annual Report of the Board of Directors and Officers of the Longview Asylum, to the Governor of the State of Ohio: For the Year 1866 (Columbus: B.D. Myers & Bro., State Printers, 1867), 10.

\textsuperscript{258} Ibid., 11. Annual Report of the Board of Directors and Officers of Longview Asylum, to the Governor of the State of Ohio for the Year 1862 (Columbus: Richard Nevins, State Printer, 1863), 17. Always money-conscious, Langdon argued during one of his initial proposals that the adjacent poor-farm be purchased, and the “buildings now on it could be easily and cheaply arranged so as to make a comfortable colored Asylum.” Langdon boasted that this could be done, “without material increase of cost or labor, only so far as is necessary to clothe and board the larger number of inmates.”
Asylum. This act, however, did not include any financial assistance to the asylum for the establishment of separate facilities, despite the recommendation from the Longview Board of Directors. In order to understand why the Longview Insane Asylum was chosen among numerous others in the state, we must first examine the history of that asylum. On January 22, 1821, an act appropriating funds to the construction of the Commercial Hospital and Lunatic Asylum of Ohio was passed and the insane of Hamilton County were placed in the back of the hospital in the “crazy wards.” As the population of Cincinnati grew, the hospital swelled in numbers and the county commissioners saw fit in 1854 to relocate the mentally ill to a building called “Woolen Mill.” When the second location was deemed “for many reasons unfit,” the Longview Asylum was created in


“House of Representatives,” Ohio Statesman (Columbus: 18 April 1872), Accessed 29 June 2019: https://ohiomemory.org/digital/collection/p16007coll26/id/4700/rec/13. According to an article in the Ohio Statesman, “The bill was then passed – yeas 79, nays none.” Babcock, “The Colored Insane,” 442-443. Marinski, “Unfortunate Minds: Mental Insanity in Ohio, 1883–1909,” 96. Longview became the only publicly-funded insane asylum of Cincinnati, Ohio in 1859. Witmer, “Insanity in the Colored Race in the United States,” 21. Witmer argued, “immediately after the war there was an increase in the colored population of some Northern or non-slave-holding States, particularly on the border, but the increase in the number of colored insane attracted no particular attention, except in the State of Ohio, which in 1866, through the efforts of the late Dr. O.M. Langdon, then superintendent of the well-organized hospital for Hamilton county, situated near Cincinnati, was the first State to make separate provisions for insane people of color in connection with the Hamilton county institution, known as Longview.” Announcement of the Opening of the Cincinnati Retreat for the Insane, American Antiquarian Society Historical Periodicals, 1853. Initially, when Longview opened in 1853, advertisements described the asylum as a “retreat” for the insane.

260 History of Cincinnati and Hamilton County, Ohio, 233.

261 Ibid.
1860, for the purpose of accommodating roughly 400 patients.\textsuperscript{262} The name “Long View” was suggested by C.G. Comegys and J.J. Quin served as its first superintendent.\textsuperscript{263}

Erected between 1860 and 1940, the Longview State Hospital occupied three hundred acres on Seymour Ave. and Paddock Rd. and was “one of the largest institutions for the mentally ill in the Middle West.”\textsuperscript{264} The massive Georgian red brick buildings with Corinthian columns spanned the length of several city blocks and loomed at an imposing three and four stories.\textsuperscript{265} The asylum was created for both beauty and functionality. Reportedly, the asylum was constructed to avoid a “prison-like” appearance and was almost entirely fire-proof with iron stairs and cement floors.\textsuperscript{266} Many of the surrounding acres were designated for agricultural purposes, for the support of the asylum.\textsuperscript{267} By 1894, 6,706 patients had been admitted, 1,562 of which died within its wards. Hamilton County admitted:

\begin{quote}
The asylum is well administered, though the medical staff is altogether too small for the number of patients under treatment, the superintendent having only two medical
\end{quote}

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\textsuperscript{262} Ibid.
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\textsuperscript{263} Clark, \textit{Greater Cincinnati and Its People: A History}, 240.
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\textsuperscript{265} \textit{Cincinnati: A Guide to the Queen City and Its Neighbors}, 410.
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\textsuperscript{266} D. J. Kenny, \textit{Illustrated Cincinnati: A Pictorial Hand-book of the Queen City} (Cincinnati: Robert Clarke, 1875), 50.
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\textsuperscript{267} \textit{Cincinnati: A Guide to the Queen City and Its Neighbors}, 411.
\end{flushright}
assistants; and because of such number of patients comparatively little can be done except to provide for their care and protection.\textsuperscript{268}

Thus, although an imposing structure, Longview struggled to maintain an adequate number of staff members, not to mention, consistent state funding.

Why, of all the lunatic asylums of Ohio, was the Longview Asylum specifically designated to house the colored population? There are several reasons for its selection, the first of which might have come down to the number of African Americans in Cincinnati. By 1880, Ohio’s census records calculated the total state population at 3,198,062 inhabitants. Due to its crucial location connected by fifteen railroads, Cincinnati had become the largest city in Ohio, with a population of over 255,000 people, 8,179 of which were African American.\textsuperscript{269} This robust minority population made Cincinnati the most logical location for the care of the colored mentally ill as it had the “single largest black community in the Old Northwest Territory.”\textsuperscript{270} Another reason for its selection may have stemmed from the very structure of the asylum, which, unlike the asylums of other counties, was called to care for both the acute and chronically insane:

\textsuperscript{268} History of Cincinnati and Hamilton County, Ohio, 233.


In the state system the theory is that only the curable or acute insane are to be kept in the asylums, while in Hamilton County the original intention was to provide in Longview for all the insane of the county. Neither of these plans has been realized in practice. It has been found impracticable to exclude the chronic insane from the state asylums, and the accommodations at Longview are not adequate for all the insane of the county.\textsuperscript{271}

Thus, in the area with one of the densest populations of African Americans in the state, all the insane were supposed to be cared for within the asylum, as no infirmary was established for the provision of the mentally ill. Barred from the use of this institution, the African Americans of Hamilton County, were undoubtedly sent to the local jailhouses. Selecting Longview for the care of the state’s African-American population, would not only mitigate the looming problem of provision, but would also help alleviate some of the burden for the local jail. Another reason for Longview’s selection may have been its size. By 1860, Longview was the largest Ohio asylum in operation, facilitating nearly 600 patients, an astounding 47\% of the total insane population of Ohio.\textsuperscript{272}

Although it may have appeared innocent enough, the selection of Longview might really have been because it was the most unlikely facility to be capable of handling the additional population. In fact, Senator Hollister, who originally introduced the bill to provide separate facilities, argued “the object he had in introducing the bill was to prevent the negroes and whites from mixing, and that he desired, by this law, to keep the

\textsuperscript{271} Henry M. Hurd et al., \textit{The Institutional Care of the Insane in the United States and Canada} 1-3 (Baltimore: Johns Hopkins Press, 1916), 339.

negroes out of the Asylum.”\textsuperscript{273} Knowing that Hamilton County lacked the facility space required, that it was forced to reject over 50 white patients every year and struggled for adequate funding, the passage of such a law essentially meant that there was no possibility that African Americans would ever receive proper provisions. This was a rather safe bet, as, in order to accommodate the colored insane within the pre-existing facility, it meant that two separate wards of approximately 40 white patients each would need to be vacated so that “five negroes… the maximum number of male or female lunatics in Hamilton County” could be provided for.\textsuperscript{274} Consequently, such an extravagant overhaul was considered illogical:

\begin{quote}
We can not believe any one would advocate the mingling of the races. The moral treatment of our institutions in a great measure depends upon the pleasantness and cheerful character of its surroundings, and the same antipathy which every sane man feels toward close communication with colored people is likewise felt, or intensified by the insane, and would result in incalculable harm to their recovery if aggravated by the presence of blacks in the wards in common with other patients. Under the new arrangement the colored lunatics will receive all necessary attention, and the same comfort awarded to the whites.\textsuperscript{275}
\end{quote}

Thus, in order to maintain institutional harmony, African Americans could not exist within the white wards. Furthermore, the establishment of an exclusive colored department was financially impractical and, consequently, the Longview Board of Directors were caught in the political crosshairs of Ohio’s developing public mental healthcare system.


\textsuperscript{274} Ibid.

\textsuperscript{275} Ibid.
It was not long before the temporary legal provision of care was put to the test. Shortly after Cincinnati’s Longview Asylum was opened to all citizens of the county, on May 24, 1866, Judge Woodruff of Hamilton County sent Longview their first colored patient, an unnamed woman. 276 Although within her legal right to earn admittance, upon the colored patient’s arrival, Superintendent Langdon “declined to receive the patient on the ground that there were no accommodations in the Asylum for negroes.” 277 Langdon claimed that despite the legislative act, “he had never received any instructions to receive such patients.” 278 The matter was debated by the Longview’s Board of Directors, which determined:

After a careful examination of the capacity and construction of the institution, and of the classification of the patients therein, the Board are unanimously of the opinion that they can not, at present, provide proper accommodation for the colored lunatics without a serious disadvantage and inconvenience to the present inmates [sic]. 279

This act allowed the legislature the ability to shift the blame onto the asylum officials, who were drawn into a political gridlock. In order to appease the public and ease the minds of white patients, Longview’s Board of Directors desperately needed to create separate facilities. The general practice of segregation should come as no surprise, as it

276 *Williams Cincinnati Directory: Fifteenth Annual Issue* (Cincinnati: Williams, 1865), 453. According to the Williams Cincinnati Directory, Woodruff’s term expired the following year.

277 “The Admission of Negroes into Longview Lunatic Asylum.”

278 Ibid.

279 Ibid.
was the general rule for state-funded facilities of the time, as separate buildings provided institutions with the ability to avoid public scrutiny and maintain state funding. This development would not come without its own controversy, as now the focus shifted to the facilitation of a new class of patients in an asylum already deemed “full to repletion.” To remedy the problem, Longview’s Board pushed the Ohio legislature, once again, for funding to support the act to provide care for African-American patients.

By June of 1866, the Ohio legislature heeded the Board’s advice and supplied funding for the purchase of the Avenue House for $6,059. The Avenue House was situated “within a reasonable distance” from the normal asylum and was “formerly

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281 Paulson and Sherman, Hilltop, 69.


occupied as a water-cure establishment.”

Ironically, the purchase of the new facility was announced on July 4, 1866, in the *North American and United States Gazette*, which simply stated, “An asylum for colored insane is to [be] built in Cincinnati.”

Subsequently, state funding for colored patients was secured in the amount of five dollars per week, per patient. Although the accommodations had been made, the Board requested the repeal of the law which stated that African Americans were to be housed in the same facilities as the whites, arguing that separate accommodations were more suitable. Dr. Langdon reiterated that placing colored patients next to the whites was something “we could not do, owing to the strong prejudice which exists in the minds of most whites, and in none more strongly than the inmates of the asylum.” Consequently, separate facilities were the only suitable alternative. Once the Avenue House was procured, Dr. Langdon, impressed with the addition of the colored hospital for the insane, stated:

> two of the greatest misfortunes that humanity is liable to – insanity and a colored skin – did not seem to me good and sufficient reason for classing the persons so afflicted, with malefactors, and it is therefore a matter of sincere rejoicing that a change in the disposition of these persons has been made, and especially that Hamilton County has taken the lead in the matter, and that now in our Asylum all insane persons, of whatever kind, class, color, or degree, are freely received.

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285 *Proceedings of the National Conference of Charities and Correction at the Twenty-Second Annual Session Held in New Haven, Conn. May 24-30, 1895* (Boston: Geo. H. Ellis, 1895), 179.


287 “Longview Asylum, Past and Present,” *Cincinnati Enquirer (1872-1922)*, Jan 5, 1883.


289 Ibid.
Indeed, this was a monumental step in the right direction as African Americans now had an alternative for their mentally ill outside of the local infirmaries and jailhouses. The directors of the asylum were so impressed with their achievement they boasted “this being the first asylum for the colored insane in the United States, we feel proud of our County and State.”

Their pride also contained a little bit of ignorance, as Longview, although the first of its kind in Ohio, was certainly not the first institution to provide care for colored patients in the United States.

Although colored citizens of Ohio were now offered an alternative means of care, several restrictions remained. The first of which became evident when medical professionals around the nation heard about the new Ohio facilities and subsequently voiced concern in the *American Journal of Insanity*. Their apprehensions about the number of colored patients Longview expected and the “grade of accommodations deemed proper for them” were quickly warranted as the institution was not initially set up to receive any colored mentally ill outside of Hamilton County, where Longview Asylum was situated. Consequently, the asylum only averaged between five and seven colored patients within its first five years. By 1869, conditions were so poor that an act

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291 “Proceedings of the Association of Medical Superintendents,” *American Journal of Insanity* 30 no. 2 (1873): 161-196. *Nineteenth Century Collections Online*, http://tinyurl.galegroup.com/tinyurl/BDs9u0. Accessed 10 July 2019. The misconception was pointed out during a national meeting of the Association of Medical Superintendents, where Dr. Green of Georgia argued that, “it was in the Southern States that this provision was first made. As far back as 1851, Gov. Cobb and myself has frequent interviews in regard to the necessity of providing for the colored insane in the State of Georgia at the time.”

was passed “to provide for the better care and support of insane colored persons of this State, at Longview Asylum.” Furthermore, the provision for African-American patients from other areas of Ohio was not obtained until 1872, when the Ohio House of Representatives voted unanimously to designate the Longview Colored Asylum as the only facility in Ohio that would receive colored patients. Unfortunately, despite the purchase of the Avenue House, the state-funded treatment of African Americans would come with numerous downsides evident in years to come.


VII

Policy Development for the Criminally Insane

Before the development of lunatic asylums, the mentally ill were sent to local prisons to suffer punishment alongside criminals. Initially, there was no distinction between those who were insane, criminally insane, or just plain criminals. In order to understand the treatment of Ohio’s mentally ill African Americans, it is important to examine the policy development for the insane, the placement of insane patients, as well as the evolution of the “criminal insanity” defense and treatment. In the mid-nineteenth century, mental institutions were viewed as therapeutic treatment centers; admission meant you were not only guaranteed compassionate treatment, but possibly a chance at a cure. Fittingly, Fredrick Douglass lamented the fact that African Americans were frequently denied admission into such facilities. While in Indianapolis in 1852, Douglass recounted a time when a mentally ill colored individual was refused treatment at the local institution for no other reason apart from race.\textsuperscript{295} Historian, Benjamin Reiss commented that:

Douglass’s apparent endorsement of a right to psychiatric treatment rather than a protection from involuntary incarceration points to the widespread legitimacy of the asylum in the mid-nineteenth century. Only in the following decades, as the moral treatment paradigm collapsed under the weight of its inflated claims, challenges from competing paradigms (most notably the new science of neurology), and the complaints of former patients who exposed the underside of the psychiatric utopia would asylum care in a progressive Northern institution come to seem to many observers like white slavery.\textsuperscript{296}


\textsuperscript{296} Ibid.
Thus, by the 1850s asylum-based care was espoused to be the best treatment option for those suffering from mental illness, and, accordingly, barring access to such facilities was viewed as an encroachment upon the freedoms granted to American citizens. Well into the late 1860s, Ohio’s African-American mentally ill were not permitted legal access to care. Accordingly, the “colored insane” were continually “confined in jail with thieves and vagrants” or were placed into local infirmaries, which in both cases resulted in a lack of adequate treatment, if not outright mistreatment.\(^{297}\)

Overall, the principal method for managing overcrowding within Ohio’s mental institutions was to place chronic patients into the county infirmaries. The asylum, for the purpose of treatment, was only designed to facilitate acute cases, as those patients stood a chance of mental restoration. The chronically insane, sometimes referred to as “desperate cases,” were often considered “troublesome and dangerous.”\(^{298}\) Accordingly, in their 1860s report, Ohio claimed they had a total of “859 incurable cases thus confined; 288 of whom are closely imprisoned; 55 shackled; 32 in county jails; 9 supported by friends; and 36 by townships.”\(^{299}\) Unfortunately, when the chronically insane were housed in the infirmaries, they were treated by physicians who lacked specific training in the field of psychology, and often resorted to the use of restraints, even if the patient was kept in


\(^{298}\) *Seventh Annual Report of the Board of State Charities, to the General Assembly of the State of Ohio, for the Fiscal Year Ending November 15, 1882* (Columbus: G. J., State Printers, 1883), 37

As a result, many of the former types of abuses were implemented as a way of managing unruly patients. The 1878 report conducted by the Ohio Board of Charities showed:

that 259 of these [chronically insane] had been kept, more or less, closely, and more or less, constantly confined. Some were hobbled, others hand-cuffed, and, saddest of all, many have for years been allowed to live in utter nakedness – some on account of a propensity to tear their clothing, but generally, because of filthy habits – year after year in close, dark, damp, filthy cells; abandoned, in many instances, all of care; in some instances, fearfully abused.  

The chronically-ill, often elderly patients with some form of dementia, epileptics, or frequent visitors to the main asylums, were regularly subjected to mechanical restraint. Of course, each infirmary differed, but the Ohio Board of Charities noted that the patients were often restrained in harsh manners: “straight-jackets, leather muffs, handcuffs, hobbles, chains and ropes, the latter forms of restraint applied variously to waist, wrists, ankles, or neck, as force seems to require or fancy might suggest.” Deplorable treatment within the infirmaries was one reason that well into the late nineteenth century, the asylums in Ohio were regarded as premier facilities for treatment; exclusion from which could prove hazardous or, worse, deadly.

Furthermore, because the incurable insane were largely destitute, as otherwise they would have been cared for in the private asylums, the state needed to find a way to house this group of unfortunates, whose numbers were growing. By 1860, the chronically insane were calculated at over 2,750. To remedy this problem, Ohio funneled money into

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300 Seventh Annual Report of the Board of State Charities, 37.

301 Second Annual Report of the Board of Charities to the General Assembly of Ohio for the Year 1877 (Columbus: Nevins & Myers, State Printers, 1878), 66.

302 Seventh Annual Report of the Board of State Charities, 37.
the construction of a facility specifically designed to house the incurable insane in the city of Athens.\textsuperscript{303} The legislature also decided to provide increased funding for similar care within their previously existing asylums, which were therefore coaxed into intermingling these two classes.\textsuperscript{304} Before long, Athens became overcrowded. In fact, concerns were raised before it even opened its doors that within one month the asylum would be over capacity.\textsuperscript{305} Once again, incurable patients were ushered into local infirmaries.\textsuperscript{306}

Outside a jail or prison, nothing was worse for the insane than to be sent to an infirmary in Ohio in the late nineteenth century. When the Ohio Board of Charities investigated the conditions of the local infirmaries, they found routine maltreatment of mentally ill patients. If sentenced to seclusion, a patient was placed in “narrow stalls or iron cribs in small outer buildings, usually dark, almost uniformly without drainage or ventilation, irregularly heated, and usually, building and inmates are unattended, save as meals are carried to them.”\textsuperscript{307} In the infirmaries, patients could be placed in seclusion for months or years until “they could not move, or from indisposition to do so, their joints,

\textsuperscript{303} Lee, “Report on Insanity,” 159.

\textsuperscript{304} Ibid.

\textsuperscript{305} “Proceedings of the Association of Medical Superintendents,” \textit{American Journal of Insanity} 30, 161-196. This concern came after the state was divided into separate districts. It was mentioned that in the division, “We shall transfer from other institutions probably a very large number of patients, the State having been divided into appropriate districts for that purpose, and other institutions having many from their district.”

\textsuperscript{306} Katherine Ziff, “Asylum and Community: Connections between the Athens Lunatic Asylum and the Village of Athens, 1867-1893” (Ph.D. diss., Ohio University, 2004), 71.

\textsuperscript{307} \textit{Fourth Annual Report of the Board of State Charities, to the General Assembly of Ohio for the Year 1879} (Columbus: Nevins & Myers State Printers, 1880), 87.
hip, knees, ankles, and sometimes, to appearance, the spine itself had become ankylosed.³⁰⁸ As mental asylums employed the use of sleeves, cribs, muffs, or wristlets, the infirmary, lacking these modern restraints, resorted to the use of chains. Likewise, when patients were considered incapable of caring for themselves, they were labeled “filthy and requiring constant care,” which typically meant that they were “thrown into the stalls and cribs, and in these they, too, are abandoned of care, and time after time I have looked upon these creatures lying utterly nude in their nests of straw, indescribably filthy and repulsive to the last degree.”³⁰⁹ Care of the insane was sometimes left not to trained physicians, but to the charge of other patients who exercised “heartless authority.”³¹⁰ Lamenting the current prison situation, an Ohio committee noted deplorable conditions, which included insufficient ventilation, “filthiness of person and apartments,” and inadequate medical care.³¹¹ The committee also commented that, “in some of the infirmaries and jails, in at least three counties, physical suffering is inflicted by a rawhide, rod, or shower-bath, etc.”³¹² Because the chronically insane were not permitted entrance to the asylums, many were ushered into the “county infirmaries and jails, where, neglected and abused, their cases, if not already hopeless, generally become so from the treatment they receive.”³¹³ Some infirmary physicians even commented that, “they have

³⁰⁸ Ibid.

³⁰⁹ Ibid., 88.

³¹⁰ Seventh Annual Report of the Board of State Charities, 36.


³¹² Ibid.
never thought it worth the effort to attempt any treatment for their insanity.” 314 Indeed, the care that local infirmaries offered was far short of ideal.

Regardless of their obvious shortcomings, by 1882, Ohio housed 1,086 insane within the infirmaries and more than eighty within jails. 315 A growing proportion of their population was African American, as they continued to struggle for admittance into the larger insane asylums. According to the 1868 “Report on the Incurable Insane,” Clermont, Clinton, Franklin, Meigs and Scioto County Infirmaries listed a total of ninety-seven chronically insane patients, of which fifteen were colored. Therefore, the colored insane made up approximately 15% of the total insane population held within these county infirmaries, while only composing approximately 1% of the state population. 316 Of the eighty-seven housed in jails, fifteen were identified as colored, a total of 17%. 317 Despite the disproportionate number of African Americans housed within the infirmaries,

313 Ibid., 159.


315 Seventh Annual Report of the Board of State Charities, 5.


Gibson and Jung, Historical Census Statistics on Population Totals by Race, 1790 to 1990, and By Hispanic Origin, 1970 to 1990, For Large Cities And Other Urban Places In The United States, Population Division Working Paper No. 76 U.S.

the directors argued they did not differentiate care methods based on race.\textsuperscript{318} However, no formal investigations were conducted to validate these statements.

In efforts to alleviate infirmary overcrowding, a law in Ohio established that by June of 1900, infirmaries were forbidden from accepting insane or epileptic patients. All such cases were to be transferred to the state care, specifically the Longview Asylum.\textsuperscript{319} This shift dramatically increased the number of African Americans at Longview from an annual average of 20-30 to a total of 55 by 1901. The dramatic increase in population suggests that a disproportionately higher number of insane African Americans were treated in infirmaries until that point, although technically they were permitted to enter state facilities in 1866.\textsuperscript{320} This new law undoubtedly benefitted those currently suffering under the care of ill-trained doctors, but would once again prove to be a burden to an already billowing state institutional system.

Another growing portion of the insane population was epileptics, who alone made up over one thousand of the county infirmary patients by 1888.\textsuperscript{321} To remedy this, Ohio Governor, William McKinley, later president of the United States, argued for the

\textsuperscript{318} Ibid.

\textsuperscript{319} Twenty-Fourth Annual Report of the Board of State Charities, For the Fiscal Year ending November 15, 1899 (Columbus, OH: Westbote, State Printers, 1900), 30.

\textsuperscript{320} Forty-Second Annual Report of the Board of Directors and Superintendent of Longview Hospital to the Governor of the State of Ohio for the Year 1901 (Cincinnati: The Commercial-Gazette Job Rooms Print, 1901), 17.

\textsuperscript{321} Thirteenth Annual Report of the Board of State Charities, to the 68th General Assembly of the State of Ohio, for the Fiscal Year ending November 15, 1888 (Columbus: Westbote, State Printers, 1889), 23.
establishment of an asylum for the care of epileptics. McKinley’s wife suffered from the disease, which prompted him to use his political status to erect the first colony of epileptics in the United States, which occurred in Gallipolis, Ohio.\(^\text{322}\) The Board of Charities supported McKinley, as they had argued for a long time that a distinct asylum would be an altogether better environment for epileptics, and would cost the public no more than it did to house epileptics in the infirmaries.\(^\text{323}\) Therefore, until the late-nineteenth century, the African-American mentally ill suffered the results of overcrowding both within the state asylums and infirmaries, which undoubtedly resulted in some of the aforementioned maltreatment and, of course, exclusion.

A rather unfortunate part of the Ohio criminal justice system in the early-nineteenth century, was the lack of definitive distinction between poor, mentally ill citizens, who could not afford private asylums, and criminals. As such, numerous insane persons were ushered into the jails. A visitor and public critic of the Ohio Asylums, D. S. Welling observed in 1851 numerous mentally ill Ohioans were subjected to unjust prison sentences as a result of their mental illness. Welling lamented the

barbarous custom of hurrying them off to the county prison, and confining them with chains and handcuffs. This is a cruelty. How degrading to their feelings when they know they are not criminals! How distressing to them, and how injurious to their already excited and tormented minds… I would call most earnestly on the relatives and neighbors of these individuals to avoid the horrid necessity of resorting to this cruel expedient, by


\(^{323}\) *Eighth Annual Report of the Board of State Charities to the General Assembly of the State of Ohio, for the Fiscal Year ending November 15, 1883* (Columbus, OH: G. J. Brand, State Printers, 1884), 56; 58. The Board argued that there was a pressing need for an additional asylum for epileptics, of which hundreds were housed in local infirmaries (56). “It would doubtless appear that with all its cheerlessness and more or less constant neglect and abuse, the keeping in county infirmaries actually costs as much, if not more, than the keeping of patients in our State asylums for the insane” (58).
kind attention and candid treatment, and never permit, much less demand, that any one should be dragged to a prison dungeon for the affliction – not crime – of insanity.\textsuperscript{324}

The unfortunate reality facing many African Americans in the mid-nineteenth century was, even if they could afford to pay for their time within a mental institution, payment was not even an option due to their race. Accordingly, as local infirmaries struggled with overcrowding, jails became the dumping grounds for numerous African Americans, who were systematically denied equal acceptance into Ohio’s state-funded institutions.

Although an extensive prison reform movement took Ohio by storm in the early nineteenth century, remnants of the previous confinement methods persisted. As early as 1815, Ohio restructured its standards of punishment by modifying the criminal code to issue sentences of hard labor in place of the whipping post.\textsuperscript{325} Experts of the time often drew a direct connection between idleness and the propensity for both mental instability and criminality. In 1896, it was argued: “Men in idleness rapidly deteriorate both physically and mentally; some go to the hospital for want of exercise.”\textsuperscript{326} Accordingly, forced labor was thought to be an obvious cure. Once the forced labor system was adopted, a visitor of the penitentiary commented, “no State can boast of a more rational and effective prison discipline than Ohio… cheerfulness seems to prevail in the


\textsuperscript{326} Executive Documents: \textit{Annual Reports for 1896 Made to the Seventy-Third General Assembly of the State of Ohio at the Regular Session, Commencing January 3, 1898. Part III.} (Norwalk: Laning, State Printers, 1897), 584.
workshops, and the lash needs to be used but rarely.""\(^{327}\)

Although the public whipping-post was no longer used, Ohio did not completely banish physical punishment from its institutions. B. F. Dyer (1834-1979),\(^ {328}\) Warden of the Ohio Penitentiary from 1879-1880, noted the cat-o’nine-tails, arguably “the most terrible and degrading instrument of human torture ever invented,” remained in frequent use for criminals convicted of petty larceny and other miscellaneous crimes. Dyer argued recipients of the “cat” rarely received more than thirty lashes, which due to its multiple strands, was the equivalent of one-hundred and eighty individual blows.\(^ {329}\) Dyer boasted, “punishment in the prison was limited to the dark cell, deprivation of tobacco and other privileges.”\(^ {330}\)

If mentally ill African Americans who did not commit a crime ended up in the Ohio Penitentiary, while Caucasians were provided care in the asylum, what happened to the criminally insane of both races? Unfortunately, it was not until the nineteenth century that America developed the distinction between criminals and those who were criminally insane.

\(^{327}\) Welling, *Information for the People*, 3.


\(^{329}\) Robert Hamilton, *The Duties of a Regimental Surgeon Considered, with Observations on his General Qualifications, and Hints Relative to a More Respectable Practice, and Better Regulation of that Department: Wherein are Interspersed Many Medical Anecdotes, and Subjects Discussed, Equally Interesting to Every Practitioner* (London: George Woodfall, 1794), 55. According to Robert Hamilton, the typical cat consisted of six bound cords. Due to the multiplied number, the recipient of the thirty lashes referred to by Dyer receive a multiple of six. Thus, the criminal would technically endure one hundred and eighty lashes condensed into the thirty strikes.

\(^{330}\) Dyer, *History of the Ohio Penitentiary, Annex and Prisoners*, 10. Warden B. F. Dyer boasted that, “while the whipping-post had been abolished by an act of assembly, the cat-o’nine-tails, or nine-tailed cat, the most terrible and degrading instrument of human torture ever invented, was reserved for those convicted of petty larceny and other crimes not punishable in the Penitentiary, the culprit rarely receiving more than thirty stripes on the bare back. Punishment in the prison was limited to the dark cell, deprivation of tobacco and other privileges.”
insane. American law during the nineteenth century was largely based on the European structure and, consequently, the criminal insanity defense developed out of the “right and wrong” test. According to the test, if a defendant possessed the ability to differentiate between right and wrong at the time of the incident, they were judged to be sane, and if they could not, they were assumed to be insane. Sentences differed based on the determination of insanity. Ironically, the first time in American history when the “criminal insanity” defense was used was during the 1847 case of People v. William Freeman, in which a man of mixed African-American and Native American descent was charged with the murders of an entire family. Years prior, Freeman was wrongfully convicted to serve five years in the Auburn Prison for stealing a horse in upstate New York. During his five-year sentence, Freeman suffered from a severe head injury when repeatedly beaten for protesting his innocence. Following his release, he complained of deafness, mental bewilderment, and frequent seizures, which occurred over the span of twelve years. In a state of confusion, he reportedly murdered an entire family. His lawyer, William Seward, pleaded not guilty by reason of insanity. The judge barred


332 Ibid.


expert testimony regarding Freeman’s condition; the court deemed him sane and, consequently, guilty. Freemen was swiftly issued the death penalty, but died in his cell in 1847. Following his death, an autopsy of his brain displayed evidence of advanced deterioration. Consequently, Freeman’s insanity may have been a result of the beatings that he had received years prior.

It is on the basis of the European “right v. wrong” test and the subsequent People v. William Freeman case which Ohio criminal lawyers developed their understandings of criminal insanity. According to the first and second sections of the Act to Provide for the Safe Keeping of Lunatic Convicts, Ohio’s criminally insane, regardless of race, were to be housed in the Ohio Penitentiary. Once determined “insane” by the warden and presiding penitentiary physician, insane convicts were sent to “a department prepared for that purpose.” It was not until several years later, that space was made to accommodate the criminally insane within the Ohio Lunatic Asylum. By 1856, it was evident that the white criminally insane were not forced to suffer treatment within the Ohio Penitentiary. For example, when a white man named Hull, of Delaware County, Ohio, was labeled insane after he stole three horses, he was taken to the Ohio Lunatic Asylum. Upon his

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336 The Public Statutes at Large, 1134.

337 Ibid.
release, he murdered a peddler in Missouri before returning to Ohio. Once again, Hull was arrested, pleaded insanity, and was returned to the Ohio Lunatic Asylum.  

Not only did the case of William Freeman bolster understandings about criminal insanity, but it more importantly reinforced the association of madness with the African-American race. Freeman’s image used in the newspapers of the time displayed an average black male, in an assertion of what Sander Gilman called the “indicative parallel between madness and blackness in the public’s imagination that his crimes were the subject of a traveling panorama which catalogued them in every detail.” Unfortunately, the association of blackness with insanity and, in particular, violent forms of insanity was reinforced by some of Ohio’s prominent media outlets. For example, in November of 1873, a colored man named Thomas Barrett was reportedly escorted to the Longview Asylum. Although that seems to be the most important information, the editor of the Daily Ohio State Journal felt the need to explicitly state that Berrett was escorted by Sheriff Thompson, a piece of information that is rather unnecessary. Overall, citations of the African-American mentally ill frequently included that the patient was either


transferred from a local jail or was accused of committing a crime in a fit of insanity, usually against a white person.\textsuperscript{341}

The unfortunate case of William Freeman echoed in the lives of mentally ill African Americans who faced punishment behind the bars of the Ohio Penitentiary. Unlike the mercy shown to mentally ill white convicts, who stood a chance of being transferred to a public asylum, African Americans were not given that liberty. In a report made to the General Assembly and the Governor of Ohio in 1856, the Ohio Penitentiary Warden prided himself in how swiftly Ohio punished negro insanity. For instance, the report detailed the treatment of an insane African American who supposedly:

feigned blindness for more than a year, to avoid work, he held out for seven days. The effect, however, was magical – he was restored to his sight, and now goes on with his work. The present mode of punishment I deem quite adequate to the requirements of the Institution.\textsuperscript{342}

The punishment referred to is that of solitary confinement. According to the warden of the Ohio Penitentiary:

Solitary confinement in a perfectly dark cell, and fed on bread and water only, is less violent [than cat and showering] and less painful to the officers to inflict, whilst its influence upon the offender is far more salutary. He goes in stubborn, and comes out humble and submissive, acknowledging his error, and promising reformation.\textsuperscript{343}


\textsuperscript{343} Messages and Reports Made to the General Assembly and Governor of the State of Ohio for the year 1856, 95.

\textsuperscript{343} Ibid., 94.
Despite the warden’s claim that certain punishment techniques had been entirely squelched, records from the Longview Insane Asylum starkly contradict his assertions in regards to African American inmates. For example, a colored patient of Longview, John Davis, who was transferred from the Ohio Penitentiary in 1872, complained of his torture of “cats,” also known as a multi-tailed whip or cat o’ nine tails, and showering, which was similar to modern-day waterboarding. According to his casefile, “It was while in the Penitentiary he first became troubled in this way. He says they had cats and stuff there which first annoyed him.” Thus, his mental state was the direct result of the physical abuse he allegedly received in the Ohio Penitentiary. It is clear that despite Ohio’s creation of “benevolent institutions,” African Americans who suffered from insanity were sentenced to further suffer at the hands of the Ohio Penitentiary staff members. This documentation is supported by the Report of the Committee on Prisons by

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344 “The Ohio Penitentiary and its Government,” Columbus Gazette (1856-1865), Mar 12, 1858. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/504933473?accountid=11311. In 1858, public praise was made for the abolition of corporal punishment within the Ohio penitentiary system. The Columbus Gazette boasted, “All men past middle age can remember when the only true policy with insanity was thought to be to chain its victims to a ring in the floor, or bar them in a narrow cell; and it is a much more recent innovation to treat a criminal as though he were a man, a reasonable creature, capable of feeling and being influenced by the power of kindness, and not to be governed by the club, the ‘cat,’ and the cold bath alone.” Although this appeared to be an improvement, several disgruntled prison workers argued for the repeal of the abolition of corporal punishment, and claimed that nothing but the use of the ‘cat’ would restore order and prevent a future rebellion.

345 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 34.

Documents, Including Messages and Other Communications Made to the Fiftieth General Assembly of the State of Ohio: Being the First Session Under the New Constitution 17-Part 2 (Columbus: Osgood and Blake Printers, 1853), 27.

346 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 33.
the Office of the Board of State Charities completed in 1893, which stated the standard method of punishment within Ohio’s prisons in the 1870s was “with very rare exceptions, the lash or some other form of physical torture.”

Ironically, the Tenth Annual Report of the Directors and Superintendent of the Ohio Lunatic Asylum included a great number of boasts concerning the successful work of the institution. For example:

> If, one hundred years ago, it has been told a European Physician, that the day was never, at hand, when lunatics, with very few exceptions, would no longer be treated and imprisoned, as criminals; that simply, by kind treatment and rational Medication, four-fifths of them would recover; that Lunacy was now a disease, whose causes were known, and whose cure, was as much within human means, as that of common fevers; if all this (which is now true) had then been told them, he would have treated it as an incredible and most startling proposition! Yet, such is the actual progress in the Medical treatment of the Diseased Mind.

The irony of such boasts was that compassionate treatment may have only been warranted by Caucasians, whereas the “colored insane” still suffered antiquated punishment methods behind bars.

According to Ohio Penitentiary records, high numbers of African Americans were kept behind bars, and were dealt with according to racial stereotypes. Ohio Governor David Tod, who served from 1862-1864, argued that by 1863, colored citizens kept in the prison numbered 111 of the 768 total incarcerated. This fact means they made up 14% of incarcerations, while only composing, on average, less than 1% of the reported urban

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347 Circular No. 4: Report of the Committee on Prisons by the Office of the Board of State Charities, Columbus, Ohio (Columbus: Joseph B. Byers, 1893), 5.


349 Message of the Governor of Ohio, to the Fifty-Fifth General Assembly, at the Adjourned Session, Commencing January 5, 1863 (Columbus: Richard Nevins, State Printers, 1863), 12.
By 1905, the growing number of African-American arrests had risen so high that their incarceration rate was five times that of whites in the city of Cincinnati.\(^\text{351}\)
The disproportionate number of incarcerated colored citizens of Ohio even faced an elevated chance of receiving punishment behind bars. In general, African Americans were perceived by Warden B. F. Dyer as a weaker race, who frequently broke prison rules and feigned illness in order to avoid work. In 1891, Dyer recorded:

Promptly at nine o’clock, those prisoners on the “sick list” repair to the Hospital, and in his turn received a careful examination. The daily average number of patients is about fifty: and here the negro again outnumbers the Caucasian, as he does in his visits to “the cellar” for infraction of the prison rules. The aches and pains he bemoans would astonish Job himself, could that much-afflicted patriarch be in hearing. In one particular examination of patients, out of a total of thirty-one, sixteen were negroes. No One had his ‘head all stopped up and pains in his anckle’; No. Two had sprained his back; No. Three couldn’t sleep. No. Seven, a big burly negro from Alabama, had ‘bone-ache’ so bad he could neither stay awake nor sleep; ‘an’ Doctah,’ he wailed, ‘Ides do expec’ Ise gwine to kick de bucket!’ The doctor tested the darky’s temperature with a thermometer, and finding his distress only feigned, sent him back to work. Others were afflicted in divers ways, and each received careful attention, whether his illness was genuine or assumed.\(^\text{352}\)

The forced labor of the Ohio Penitentiary was reportedly so hard that a negro sailor “willfully and maliciously poured a pot of molten iron in his shoe” and endured

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\(^{350}\) Campbell Gibson and Kay Jung, *Historical Census Statistics On Population Totals by Race, 1790 to 1990, and By Hispanic Origin, 1970 to 1990, For Large Cities And Other Urban Places In The United States*, Population Division Working Paper No. 76 U.S. Census Bureau Washington, D.C. 20233: https://www.census.gov/population/www/documentation/twps0076/twps0076.pdf. The data contained in this sample does not include the entire state population, but does indicate the race distribution of several large urban areas in Ohio, including Cincinnati, Columbus, Cleveland, Akron, Canton, Dayton, Toledo, and Youngstown. According to this data, the “colored population” of those urban areas did not exceed 1% of the total population, with Cincinnati and Columbus reporting the highest percentages of colored persons.

\(^{351}\) Dabney et al., *Cincinnati’s Colored Citizens: Historical, Sociological and Biographical*, 78.

amputation in order to avoid working.\textsuperscript{353} According to Dyer, this amazing occurrence was because the negro’s “lazy soul revolted at an honest day’s work.”\textsuperscript{354}

Although many of the Ohio doctors agreed that the penitentiary was not an ideal location for the criminally insane, they were equally unwilling to facilitate this growing need.\textsuperscript{355} Furthermore, due to the disproportionate number of “criminally insane” African Americans, Dr. R. Hills, Superintendent of the Ohio Lunatic Asylum from 1856 to 1864,\textsuperscript{356} opposed the transfer of the criminally insane to the asylum. Hills argued that if moved they should receive separate quarters because:\textsuperscript{357}

\begin{itemize}
  \item \textsuperscript{353} Dyer, \textit{History of the Ohio Penitentiary, Annex and Prisoners}, 49.
  \item \textsuperscript{354} Ibid.
  \item \textsuperscript{355} “Mind Doctors,” \textit{St. Louis Globe-Democrat} (St. Louis, Missouri) 30 May 1877. Dr. Landfear noted that it was “wrong to place these insane with the inmates of the other hospitals.” According to Landfear, a plan should be created to care for these patients outside of the penitentiary.
  \item \textsuperscript{356} \textit{History of the Association of Medical Superintendents of American Institutions for the Insane: From 1844 to 1874}, 110.
\end{itemize}
It is a well settled conviction, in the minds of all having the insane to treat, that placing this class in an Asylum, in contact and association with other insane, is very detrimental to their interests. There is at once a strengthening of their sentiments as to the prison-like character and object of the Asylum, and this is one of the daily difficulties we have to struggle to overcome, or there is an honest indignation at being compelled to associate with felons and convicts; their own reason being too much dethroned to perceive or understand each other’s misfortunes.\textsuperscript{358}

Dr. Hills’ assertions are rather misleading, as Ohio mental healthcare professionals frequently dealt with violent patients. In fact, numerous cases of violent patients of the Ohio Lunatic Asylum made local news in Columbus. For example, one “unmanageable” woman was placed in the asylum’s “strong cells” located in the rear of the complex, where she spent the majority of her four-year stay. According to the \textit{Columbus Gazette}, the woman went through lucid intervals once every several months which allowed her to join with the other patients, “but most of the time she is a raving maniac – tears to pieces her clothes, bedding and all within her reach… the lodges are strong, brick walls, closely ceiled [sic] with thick oak boards closely notched together, but they are no match for her.”\textsuperscript{359} While that woman received care in an insane asylum, on November 15, 1857, J.W. Hamilton’s Physician’s Report of the Ohio State Penitentiary Hamilton lamented the state of the colored insane behind bars. He claimed:

\begin{quote}
During the year, six insane convicts were transferred to the Lunatic Asylums. I regret to report to you that there is a colored insane convict in the Institution, for the best management of whose case we are not provided with adequate facilities. He is a raving, turbulent maniac, a serious disturbance to all near him. As he is a life convict, his case is worthy of your especial consideration.\textsuperscript{360}
\end{quote}

\textsuperscript{358} Ibid.

\textsuperscript{359} “Benevolent Institutions,” \textit{Columbus Gazette (1856-1865)}, Jan 30, 1857. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/504932445?accountid=11311. After praising the diligent work of Dr. Hills, the presiding Superintendent of the Ohio Lunatic Asylum, the article celebrated how the patients were “kindly treated” and that upon investigation the “place bore evident marks of good management.”

\textsuperscript{360} Messages and Reports Made to the General Assembly and Governor of the State of Ohio for the year 1856, Part 1 (Columbus: Statesman Steam Press, 1857), 264-265. Statistics
Therefore, it is clear that the physicians of the asylum were already accustomed to violent patients and had no problem tending for them, provided they were white.\footnote{361}

The Ohio legislature devised other ways of dealing with the criminally insane, and decided it prudent to construct separate facilities for them within their penitentiary system. According to Warden B. F. Dyer, in the \textit{History of the Ohio Penitentiary, Annex and Prisoners}, Ohio was even one of the leading states in the Union to create facilities specifically designated for the criminally insane.\footnote{362} These facilities came as a result of frequent complaints of co-mingling the criminally insane with the insane in the state institutions and the alternative, providing them no additional medical care within the

\begin{quote}
were gathered throughout the year to gauge the number of lunatics from fifty-five counties (Idiots – 508, Lunatics – 206, Blind – 202).
\end{quote}

\footnote{361} “History of the Public Mental Health System,” \textit{Ohio Mental Health and Addiction Services Online, Ohio Government}, Accessed 18 April 2018: http://mha.ohio.gov/Default.aspx?tabid=174. Nevertheless, Dr. R. Hills’ misgivings were heeded by the legislature, partially due to the tragic events of the evening of November 18, 1868, when a fire broke out in the female section of the asylum, killing six patients. The surviving patients were transferred to the Cleveland, Cincinnati, and Dayton Asylums, where they remained until a new facility was constructed on the hilltop in 1877.

\begin{quote}
“A Lunatic Kills His Overseer with a Pickax,” \textit{New York Times} (1857-1922), Jul 02, 1869. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/92501607?accountid=11311. Violent white offenders were housed within the Longview Asylum, regardless of the supposed threat they posed. For example, in 1869, Mr. Arthur Buehrer, a twenty-year-old attendant of the Longview Asylum was killed when a patient struck him over the head with a pickax. It is unclear whether or not the insane perpetrator was committed for criminal offenses.
\end{quote}

\footnote{362} David Rothman, \textit{Conscience and Convenience: The Asylum and Its Alternatives In Progressive America} (Boston: Little, Brown, 1980), 133. According to Rothman, Ohio was the first state of the union to create a hospital designated for the care of the criminally insane.

\begin{quote}
\end{quote}
prison system. Dyer argued that, in these separate buildings, insane inmates would receive similar treatment to that provided within the public insane asylums. However, these facilities were also said to rarely see any use. In 1882, the Ohio Board of Charities, charged with investigating various Ohio institutions, claimed that prison reform moved at a much slower pace than insane asylum reform:

Owing to this utter deadness of public sympathy, the improvement in our jails and their management, although in some respects perceptible, is unsatisfactory, and considering the progress made in other countries, and in parts of the United States, their condition is a disgrace to the state.

By 1913, Governor James Middleton Cox agreed with President of the State Board of Administration, Thomas E. Davy, that the erection of a large criminally insane hospital was a “monumental piece of foolishness.”

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363 Twenty-Fourth Annual Report of the Board of State Charities, 32. The Board of Charities in Ohio bemoaned the point for quite some time with little progress. They contended, “It only remains to present to the Legislature year after year the recommendation for their better care, to call attention to the outrage committed on the other inmates of our State hospitals in their enforced intimate association with insane criminals and criminal insane, and to await patiently the time when the weight of public sentiment shall arouse our legislators to action. The Board of State Charities has, annually, for more than a quarter of a century, endeavored to bring this matter to a fruitful issue. Hope is not dead, but it has been long enough deferred to tinge it with gray.”

364 Dyer, History of the Ohio Penitentiary, Annex and Prisoners, 51. In the case of one African American inmate who was repeatedly caught gazing at the sun, a sentence of confinement “without hard labor” was issued, signifying his transfer to the criminally insane facility (Dyer, 56).

365 Seventh Annual Report of the Board of State Charities, 7.

366 Special Dispatch to the Enquirer, “Shift,” Cincinnati Enquirer (1872-1922), June 25, 1913. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/866876210?accountid=11311. “It is understood that the Governor [James Middleton Cox] is ready to agree with President Thomas E. Davy, of the State Board of Administration, that the construction of a mammoth hospital for the criminal insane was a monumental piece of foolishness. . . from preliminary investigations that have been made it is thought that the Lima institution, together with a big prison farm, would be ample to accommodate all the prisoners, and in addition, the violently insane from other institutions.”
Barred from the therapeutic state asylums, Ohio’s African-American mentally ill were forced to find alternative means of care, which typically resulted in their confinement behind bars or in local infirmaries. Faced with problems of both negligence and abuse, advocates of black rights continued to push for their admission into the larger insane asylums, which continually minimized colored patient intake for want of room. Therefore, those admitted, did so under the notion that Longview Insane Asylum offered the best treatment that the state had to offer people of color. The question remains: how did the Avenue House of the Longview Insane Asylum differ in treatment from the care offered within local jails and infirmaries?
Despite the monumental step forward in the construction of the colored facilities of the Cincinnati Longview Insane Asylum, the care that African-American patients received might not have been as thorough as that of their white counterparts. This inequity confirms the argument of mental health historians, George Paulson and Marion Sherman, that state-funded mental healthcare facilities were, in theory, “beneficent medical facilities serving all groups. In practice, however, the quality of care was partially dependent upon class, ethnicity, and race, with the last of these playing a more significant role (at least quantitatively) than the other two.” Although the remaining data is limited, we can clearly deduce that African Americans housed within Longview Insane Asylum’s Colored Department were subjected to subpar living standards, racial stereotypes, and physical abuse, all of which were exacerbated by chronic overcrowding throughout the 1870s and 1880s.

In order to understand the scope of care, we must first take into account both the historical records and the quantitative data available. The only African-American patient casefiles that remain from Cincinnati’s Longview Insane Asylum are handwritten and

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only cover the 22-year period between 1867 and 1889.\textsuperscript{369} According to these records, only 58 African-American patients were recorded to have been cared for during that time. Though nicely preserved, the records are not fully congruent with the published annual reports of the asylum, often accounting for only a fraction of the patients listed within the publications. For example, according to Doctor Webb, the presiding Superintendent of Longview in 1872, “there are at the colored asylum 29 patients,”\textsuperscript{370} though only eight patients were listed in the casefiles.\textsuperscript{371} This discrepancy might be explained by the fact that although the Avenue House first admitted colored persons of Hamilton County in 1867, due to the April 30, 1869, act of assembly, the asylum was given the task of facilitating the “colored insane for the State at large.”\textsuperscript{372} If this notion is the case, state patients files might have been kept separate from those of Hamilton County. As there is no other documentation available, it is unclear if an alternative form of recordkeeping existed. On the other hand, the lack of documentation could have been the result of the minimal attention received within the asylum at the time, as they struggled for attention with a much larger white population. Or, the casefiles could have been a product of corruption, as less African Americans were admitted than they publicly reported. Doing so would provide the asylum managers with a surplus of unused funding. Irrespective of

\textsuperscript{369} Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887.

\textsuperscript{370} Proceedings of the National Conference of Charities and Correction at the Twenty-Second Annual Session Held in New Haven, Conn. May 24-30, 1895, 179.

\textsuperscript{371} Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887.

\textsuperscript{372} History of Hamilton County, Ohio, with Illustrations and Biographical Sketches (Cleveland: L. A. Williams, 1881), 203.
the minimal documentation, the available casefiles share several commonalities, such as a low admission rate, high death rate, and the tendency to describe African-American patients as both violent and boisterous. Furthermore, a general examination of the files has revealed that, of the African-American files recorded, the average age of patients upon admission was approximately 34, with a range between 15 and 70 years old.\(^\text{373}\) Longview records also indicate African-American patients were employed in roles of common laborers. Women typically held the occupation of “housewife” or “washer,” whereas men acted as general laborers, servants, or farmers.\(^\text{374}\)

Moreover, what is interesting about the Longview casefiles is African-American patients were identified by their nationality, which was not written as “African,” but their American State of origin. For example, the majority of African-American files indicated “nationalities,” such as Ohio, Kentucky, Virginia, and Tennessee; whereas a minority were recorded to originate from deep Southern states, such as Mississippi and Alabama.\(^\text{375}\) The process of eliminating country of origin, only for blacks, could have only served to reinforce their “other” status, at the same time serving as a subtle reminder that American origins are the only thing that matters for a freed slave. As far as can be ascertained, there is no written articulation behind the creation of this policy. It is possible the policy was just the habit of the attendants in charge, with little to no direct

\(^{373}\) Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 24-169.

\(^{374}\) Ibid., 56.

\(^{375}\) Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887.
impact on the patients. Even so, it may serve as a unique insight into the minds of the medical staff who were knowingly or unknowingly biased against African Americans.

Regardless of the missing patient information, several conclusions can be drawn from the records that remain, the first of which, is that a low number of colored patients were admitted. Even when accounting for the high number listed in the annual reports, colored patients never exceeded 25% of the total population,\textsuperscript{376} which primarily housed high numbers of Irish and German immigrants.\textsuperscript{377} David J. Rothman argued, in \textit{The Discovery of the Asylum: Social Order and Disorder in the New Republic}, that in the nineteenth century, it was common for a disproportionate number of immigrants to be confined within such institutions; and the Longview Asylum reported its immigrant population at 60% in 1872.\textsuperscript{378} Despite Longview’s high number of immigrants, by November of 1877, only 16 colored patients were recorded in the asylum.\textsuperscript{379} In addition to separate buildings, the casefiles of African Americans contained much less information than that of their Irish and German counterparts. If a patient of Irish heritage received a

\textsuperscript{376}“Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, July 22, 1862,” 194. The first annual report from the Longview Asylum, which housed 187 patients, denoted that more than two-thirds of the patients were of “foreign birth, and a large proportion are demented and chronic cases.”

\textsuperscript{377}Collection. \textit{Longview State Hospital: Case Book of Male and Female Patients. 1860-1887}.

\textsuperscript{378}David J. Rothman, \textit{The Discovery of the Asylum: Social Order and Disorder in the New Republic} (New Brunswick: Aldine Transaction, 2009), 283.

\textsuperscript{379}\textit{History of Hamilton County, Ohio, with Illustrations and Biographical Sketches}, 204.

\textit{Longview State Hospital Index to Register of Patients 1866-1868}, SAS 603, BV 4437, \textit{Ohio Historical Society}. From 1866-1868, the \textit{Longview State Hospital Index to Register of Patients} included no mention of race, and only listed patient names alongside their room number.
full page of information, an African American usually received about half. This reality indicates, despite their lengthy duration within the asylum, colored people were not given the same amount of attention as Caucasian patients.\textsuperscript{380}

Why were African Americans so frequently denied admittance into the only asylum that initially facilitated their race in the state? It is difficult to fully understand the overall conditions of the Longview Asylum without taking into account that, within its early years, the Colored Department was drastically impacted by several unforeseeable circumstances, which limited the success of the newly achieved segregated facilities. One year after African Americans were officially admitted into the institution in 1867, a devastating fire broke out in the Columbus Ohio Insane Asylum, in 1868, which changed the course of care for those within the Longview Asylum. Not long after the flames were extinguished, the state promptly agreed to construct a new building in central Ohio. Unfortunately, the lavish construction put undue strain on the other asylums of Ohio. Construction of the new facility in Franklinton lasted until 1877 and resulted in the “largest building under one roof in the United States.”\textsuperscript{381} The Columbus asylum tragedy was followed closely by the burning of the Northern Lunatic Asylum in 1873.\textsuperscript{382} During reconstruction, patients were transferred to other state hospitals, such as Longview,

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\textsuperscript{380} \textit{Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887.} The doctors of Longview seemed to take a heightened interest in the African American males, rather than females. The casefiles at Longview included a significant amount more information for males than females, detailing physical characteristics, which was not listed as a category on the casefiles of females.

\textsuperscript{381} Paulson and Sherman, \textit{Hilltop}, 58-63.

\textsuperscript{382} “Proceedings of the Association of Medical Superintendents,” \textit{American Journal of Insanity} 30, 161-196.
\end{flushright}
overwhelming already crowded hospitals. Of all the asylums of the state, Longview was required to receive 43 of the 507 displaced patients.\textsuperscript{383} This new strain on Longview most likely contributed to the low number of African-American patients admitted during the late 1860s and early 1870s, who were still forced to fight for admission. For example, in 1870, 19 state-funded colored patients were transferred to Longview, 13 of which were quickly discharged.\textsuperscript{384} Just when the Columbus patients were finally sent to their new facility on the Hilltop, relieving the overburdened facility, a joint resolution was passed on May 3, 1877, transferring the chronic insane, who typically were cared for in local infirmaries, to the state asylums.\textsuperscript{385} So, just when Longview’s population decreased, which could have allowed for the admission of more African-American patients, it was promptly overwhelmed by an influx of chronic patients from the infirmaries.

Though overcrowding directly impacted the number of African-American patients admitted, Longview superintendents consistently presented a good front to the public. For example, the same year as the Columbus fire, Doctor Langdon boasted, “the colored department has done very well during the past year, the results demonstrating plainly the

\textsuperscript{383} Second Annual Report of the Board of Charities to the General Assembly of Ohio for the Year 1877 (Columbus: Nevins & Myers, State Printers, 1878), 71. The majority, a total of 347, were housed within county infirmaries, ill-equipped to handle insane patients.

\textsuperscript{384} Eleventh Annual Report of the Board of Directors and Officers of the Longview Asylum to the Governor of the State of Ohio for the Year 1870 (Columbus: Nevins and Myers, State Printers, 1871), 5.

\textsuperscript{385} Second Annual Report of the Board of Charities to the General Assembly of Ohio for the Year 1877, 58-59.

Pearce and Brown, “Questions and Answers,” Transactions of the Ohio State Medical Society, 1866. Some infirmary patients were even subjected to routine physical abuse, such as whippings.
wisdom and humanity of establishing it.”

Langdon continued his praise of this facility throughout the duration of his time at Longview and bragged, in 1870, the Colored Department was “even more comfortable in some respects than the White,” as the building underwent “various improvements for the comfort and control of the patients.”

Likewise, Langdon claimed, “All the colored insane from every quarter of the State who have applied for admission, have been received and well and carefully provided for.”

Unfortunately, as noted previously, despite the new addition of the colored facilities to the Longview Asylum, by the mid-1870s not all applicants were actually granted admission. According to the *Shelby County Democrat:*

Solomon Lett, a colored man, was adjudged to be insane before Judge Wyman, on the first day of June, and application made for his admission into the colored hospital at Longview and refused for want of room. A subsequent application was made for his admission at the southwestern hospital for the insane at Dayton and refused for the same reason. On Wednesday he was taken to the infirmary to await room for his admission to the asylum.

In fact, of the total population of 613 patients in 1876, only 26 were identified as colored. This fact means African Americans accounted for roughly .04% of the total population of Longview. As mentioned previously, if they did not find themselves behind

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386 *Proceedings of the National Conference of Charities and Correction at the Twenty-Second Annual Session Held in New Haven, Conn. May 24-30, 1895,* 179.


388 Ibid.


bars, the colored mentally ill patients were sometimes subjected to care within the county infirmaries, whose treatment methods mirrored that of the common jails of Ohio. According to the annual meeting of the Medical Society of Ohio, in 1867, 55 mental patients (of unidentified race), housed within infirmaries, were categorized as “handcuffed or shackled” and, when asked whether physical punishment or whippings were used, a representative from one county responded, “a few drops of hickory oil, with the switch.” Likewise, another county representative answered “yes, with the rod;” and a third replied, “with the shower bath. All the rest say ‘no,’ or decline to answer.” In the same report, the county infirmaries, were reported to have become hotbeds for filth, improper ventilation, a lack of:

medical and hygienic treatment and moral and religious influences, which their disease requires; and, as if to add to their misery, and if possible to aggravate and confirm their insanity beyond hope of recovery, they are, in some County Infirmaries and Jails, punished with rawhides, rod, or shower-bath.

Thus, when African Americans were denied admission into the Longview asylum, they continued to suffer maltreatment within the local jails and infirmaries.

Unfortunately, the colored mentally ill who were fortunate enough to receive admission into the asylum, were nonetheless subjected to the ills of an overburdened mental healthcare system, which embraced racist ideologies and opted for archaic


392 Ibid.

393 Ibid.

394 Ibid.
management techniques throughout the 1870s and 1880s. Even though the Cincinnati
Longview Hospital was the only mental healthcare facility in Ohio to officially admit
African Americans in 1866, no records exist until their first patient was recorded a year
later.\textsuperscript{395} On March 29, 1867 15-year-old, Thomas Leslie arrived in newly established
Avenue House of the Longview Asylum. Upon his arrival, a brief history was recorded,
which helped provide physicians with a diagnostic starting point. In the 1863 annual
report of the Longview Insane Asylum, the following standardized questions were
outlined:

1. Patient’s name?
2. What age?
3. Where born?
4. Present place of residence?
5. What occupation? (If a female, her father or husband’s occupation.)
6. When did the symptoms of insanity first commence?
7. What number of attacks?
8. Is there any physical disease or derangement?
9. Had the patient attempted suicide? And if so, in what manner? Is there a disposition to
   injure others, or property or clothing?
10. Have any of the patient’s immediate relatives been insane? If so, who of them?
11. What is the supposed cause of this or previous attacks?
12. Is the patient addicted to the use of opium, tobacco, or spirituous liquors? Are they
    used moderately or intemperately?
13. Is the patient subject to epilepsy, or has he received any injury of the head?
14. What treatment has been used in the case?
15. Name any and all other circumstances that are supposed to have any bearing on the
case.\textsuperscript{396}

These questions would remain standard throughout the next few decades, but in some
casefiles of African Americans, only a portion of the information was included.

Nevertheless, there was quite a bit of information recorded about the first colored patient

\textsuperscript{395} \textit{Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-
1887}, 69.

\textsuperscript{396} \textit{Fourth Annual Report of the Board of Directors of Longview Asylum, of the Governor
of the State of Ohio: For the Year 1863} (Columbus: Richard Nevins, State Printer, 1864), 19.
of Longview’s Avenue House. According to his casefile, Leslie was court-ordered to the asylum due to his “violent” disposition. He came from a rather unfortunate background, as the attendant noted that when he was nine-years-old he was “picked off the streets of the city, He was there insane and has been so ever since and has been cared for at the Colored Asylum.” Although one of the youngest patients institutionalized in Longview, Leslie was characterized as possessing a “low degree of intellect and culture but can make known his physical wants. He is at times violent in conduct tearing his clothes and assailing others about him.” Furthermore, Leslie was known to injure not only himself, but others, and destroyed clothing and furniture. This description, which emphasized violent behavior and a minimal understanding of “culture,” became emblematic of both diagnoses and descriptions to come for the Colored Department. This supposed African-American tendency toward violence would certainly become a recurring theme in the annals of Longview’s records during this period.

Furthermore, as the casefiles of many African Americans were quite brief or entirely absent, so too were their diagnoses. The majority of the time, African Americans

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397 *Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887*, 23; 27. Thirty-year-old “melancholic” Joseph Evans, was transferred to the asylum after pleading insanity in a murder case. In his description, an attendant wrote that he, “is an animal relapsing back toward barbarism being treacherous and incurable. May strike and injure his best friend. His mind is so far gone that his efforts are without method and his worth with little purpose.” Evans spent sixteen years in the asylum before his death, during which time nothing new was recorded about his condition. Likewise, his death was simply recorded “Died-pneumonia” on July 31, 1885.

398 Ibid., This was most likely a reference to the local orphan asylum.

399 Ibid.

400 Ibid.
suffered from “unknown” causes of insanity.\textsuperscript{401} However, when recipients of actual diagnoses, they were overwhelmingly thought to suffer from acute or chronic mania, which was supported by J. W. Babcock’s theory regarding the prevalence of mania within the colored insane. Dr. J. W. Babcock, physician and Superintendent of the South Carolina Lunatic Asylum argued the “colored insane” experienced twenty percent higher rates of mania and relatively low rates of melancholia compared to that experienced in whites. In support of his theory, Babcock shared Dr. Greenlees’ conclusions that “if we consider the theories of those who maintain that, while mania represents a loss of the lower developed strata of the mental organism, melancholia indicates an absence of the higher and latest developed strata, then this prevalence of mania among natives of low developed brain functions goes far to prove this theory.”\textsuperscript{402} In line with this understanding, the Longview Asylum recorded low numbers of the other types of insanity in their colored population. Correspondingly, they only reported five cases of dementia, four of religious mania, three of melancholia, three from head injury or illness, and only one admitted due to masturbation.\textsuperscript{403}

Another commonality evident throughout the Longview Asylum casefiles is an overtone of white racial superiority. For example, blatant references to racial theories of the time were included in the file of James Coleman, a 26-year-old African American who was admitted to Longview in 1880. During his various attacks of mania, Coleman

\textsuperscript{401} Ibid., 24-169.


\textsuperscript{403} \textit{Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887}, 24-169.
was recorded to believe he could “perform the most wondrous feats of strength, that he can do anything, such as transform water into money.”\textsuperscript{404} The presiding doctor recorded Coleman was addicted to alcohol and described his outward appearance in a rather racist fashion. According to his casefile, Coleman was a “genuine nigger,” who possessed the “expression of the face of an animal reminding one of the Darwinian theory of the origin of the species.”\textsuperscript{405} Furthermore, the doctor noted of Coleman: “skin rough - but worse it is characteristic of the true nigger.”\textsuperscript{406} In order to tone down his “wickedness,” Coleman was forced to “work about the ward.”\textsuperscript{407} Moreover, Charles Williams, patient from 1879 until his death in 1881, was portrayed as having the “General appearance that of a man whose early days made a good white servant, was a good-looking nigger and one who had more than the ordinary intelligence of that race.”\textsuperscript{408} Skin color was certainly a point worth noting for the doctors of Longview. Harry Trotter, a patient in 1883, was described as a “tall well-developed mulatto – large nose – retreating forehead.”\textsuperscript{409} Edmund Cadwell’s physical appearance was portrayed in the following manner: “small and poorly developed. Small head. Very large mouth and thick lips.”\textsuperscript{410} Even skin defects, possibly

\textsuperscript{404} Ibid., 53. The casefiles also indicate that Coleman originated from Kentucky, where he was most likely born into slavery.

\textsuperscript{405} Ibid., 53.

\textsuperscript{406} Ibid.

\textsuperscript{407} Ibid.

\textsuperscript{408} Ibid., 46.

\textsuperscript{409} Ibid., 126.

\textsuperscript{410} Ibid., 140.
the result of whippings, were of note to Ohio physicians. Asa Colgate, a 60-year-old man, who was said to have “lived beyond his time,” had rough skin caused by “much lashing.”\footnote{Ibid., 109.} Colgate’s skin on his back was “considerably marked with numerous warts and pigmentation markings,” possibly the physical indications of slavery.\footnote{Ibid.} To see such markings may have subconsciously impacted physicians as it could imply that the recipient was a rebellious or lazy slave. Sally Jordan, a mulatto woman, was likewise described as “covered with scars obtained in numerous fights.”\footnote{Ibid., 118.} Rarely, comments about appearance were positive, such as the case of Martha A. Porter, who was noted to be a “medium sized mulatto woman – good looking – she has a very pleasant manner.”\footnote{Ibid., 127.} When men were described in a positive way physically, it was usually in reference to their ability to work. Henry Ford was noted to be “large and powerful – physical extremities excellent.”\footnote{Ibid., 149.} John Davis was described in the following manner:

He has been a large well-built muscular man. Broad shoulders and erect with a --- large prominent chest with well-developed muscles but they are becoming soft and flabby for want of proper exercise, especially with upper extremities. Bodily nourishment is good is in good condition. He has a slight enlargement under left ear, but no injuries or scars. He has rather a pleasing intelligent expression.\footnote{Ibid., 34.}
His physical strength undoubtedly helped him complete his “treatment” of “carrying the bread and grain from the main building to the colored Asylum.”

Clearly, African Americans were not only degraded in their physical descriptions, but were thought to only be good for physical labor about the asylum.

Physical labor was quite common not only for colored patients, but for whites as well. In order to spur a return to normalcy, doctors attempted to treat patients through ordinary practices or routines. Primarily, this “restorative” work included outside labor on asylum farms or in workshops. As mentioned previously, occupational therapy was not a unique feature to the Longview Asylum, as labor was valued by psychiatrists who praised its numerous benefits, such as “distraction of the mind, recovery of correct brain function, symptom relief, renewal of self-confidence and self-worth, and preparation to leave the asylum, which was necessary to return the insane individuals as active elements of society.” Occupational therapy was coupled with frequent entertainment-based distractions. For example, Longview scheduled frequent amusements such as outings, dances, holiday events, and lectures. According to Marinski, these activities presented patients with “sustained moral and humanitarian therapy through physical exertion, mind diversion, and symptom relief with the goal of healing their insanity and returning them

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417 Ibid.


to active membership in society."\textsuperscript{420} It is unclear what the participation rates for such activities were for African Americans within the Longview asylum.

Although both races were assigned the same treatment, the African-American casefiles specifically highlight patients’ ability to conduct manual labor around the ward.\textsuperscript{421} Charles Williams, previously labeled as a good-looking, intelligent colored patient of Longview, was also described thusly: “Muscular development has been good, but his muscles are becoming soft from want of exercise… he is exceptionally boring stupid and dull… he is very dark.”\textsuperscript{422} In efforts to cure Williams of his “recurrent mania,” he was assigned “Treatment: At the Workhouse.”\textsuperscript{423} Some records even drew a direct correlation between previous servitude and mental condition. Jessie Rue, a patient of Longview from 1874 until his death in 1885, was noted to have had a “life at hard labor pre-war.”\textsuperscript{424} Rue was committed for a head injury and was subsequently deemed “violent.”\textsuperscript{425} For his treatment, Rue’s labor was described as “scrubbing and sweeping,” though, unfortunately, he “requires watching but is slow.”\textsuperscript{426} Furthermore, Edward Palmer, who was classified as a dementia patient, was lauded for his sweeping of the

\textsuperscript{420} Ibid.

\textsuperscript{421} Ibid.

\textsuperscript{422} Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 46.

\textsuperscript{423} Ibid.

\textsuperscript{424} Ibid., 37.

\textsuperscript{425} Ibid.

\textsuperscript{426} Ibid.
wards. Although such descriptions were more commonly attached to males, female patients received similar descriptions. For example, Mani Jenkins was said to be “contented to stay here” as she was “generally happy” and was praised multiple times for being a “very good worker.”

On the other hand, the inability to perform manual labor was likewise noted. Amanda Fox, a 41-year-old sufferer of mania, constantly heard a ringing in her head which “unfits her to do any work.” Likewise, Jennie Sims, a 26-year-old widow and native of Virginia was described as “Patient cannot utter an articulate sound – She apparently understands everything said to her and attempts to answer but succeeds in nothing. Hears noises. Does not coordinate her muscles – has a fair grasp but cannot raise her hands to feed herself. Walks fairly – choleric movement of whole body.” It is notable that within a month of her admittance, Sims passed away.

When completing physical labor diligently, doctors noted this phenomenon as evidence of improvement of the mind. In the case of William Garder, admitted in 1876 for masturbation and again in 1878, where he remained until his death in 1885 for melancholia and dementia, he was praised for obeying “any orders.” An extra note was

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427 Ibid., 49.
428 Ibid., 132. Mani was also described as “very quiet and industrious for some weeks.”
429 Ibid., 68.
430 Ibid., 135.
431 Ibid.
432 Ibid., 41.
even added to his file, that he “has in the last week taken a fancy for work, without having been ushered… doing the work real well… he also serves more [indecipherable]… health appears good.”\(^{433}\) No other notes were made aside from the date of his passing.

Another commonality in the colored casefiles of Longview was that African Americans were frequently labeled as violent, which echoed the national inclination to associate blackness with a tendency toward violence in the late nineteenth century. Oftentimes, such labels were accompanied by the use of manual restraints. For example, the majority of African-American patients housed in the Cincinnati Longview Insane Asylum were sent either via court order or due to some sort of violent behavior. Consequently, the most common description given to African-American patients was “violent” or “destructive.” In fact, 89% of the patients housed from 1869 to 1888 were described in this manner, with the commonly used phrase: “has shown a disposition to injure others.”\(^{434}\) The majority of times, this description was not accompanied by an explanation. In rare cases, specific acts of violence were recorded. For example, Martha Ann Dillove, a 30-year-old patient housed from October 1880 until her death in June of 1885, was recorded to have shown a “disposition to fight – striking at the attendants and had to be strapped. She sings and is noisy, she is kept secluded.”\(^{435}\) During the course of

\(^{433}\) Ibid.

\(^{434}\) Ibid., 24, 27, 32, 34, 37, 53, 55, 72, 75, 76, 77, 82, 85, 87, 95, 96, 100, 109, 110, 156, 160, 166, 168.

\(^{435}\) Ibid., 110.
her stay in Longview, Dillove found herself frequently “sleeved” or “secluded.”\(^\text{436}\) The singular incident seemed to justify this treatment, as most times she was recorded to have been “occasionally belligerent… has occasional spells of singing – shouting.”\(^\text{437}\) The straitjacket and confinement to her cell was recorded to have made “no perceptible change mentally or physically,” yet these treatments were used until her untimely death.\(^\text{438}\) Therefore, the label of “violent” was even used to justify the frequent use of manual restraints. This treatment method was not new, however, as the camisole, previously known as a straight-jacket, was a carry-over from the time of the madhouse, the predecessor of the asylum. So, too, the hand muff, a similar form of restraint, was an archaic method of treatment which most American psychiatrists had supposedly abandoned. It is important to note that Ohio was not alone in the continued use of such restraints, as it had unfortunately become common, although a denounced practice in American asylums that struggled to manage overflowing populations.\(^\text{439}\) The Ohio Board of Charities, charged with overseeing public institutions, was well aware of Longview’s approval of various modes of restraint. For example, in the *Thirteenth Annual Report of Longview* published in 1872, the superintendent made it explicitly clear that attendants preferred manual over physical forms of management. The report stated:

> The use of restraint, in its present modified form, of camisole and muff, wristlets and covered bed is sustained by arguments and comparisons, which make manifest its

\(^{436}\) Ibid.

\(^{437}\) Ibid.

\(^{438}\) Ibid.

advantages over seclusion and the hands of attendants, as recommended and used, especially in foreign institutions.  

Thus, manual restraint was viewed as the lesser of two evils; consequently, as Longview struggled to cope with its booming population, numerous African-American patients were managed with such tools.  

John H. Jones, who previously served four years in the Ohio Penitentiary for burglary before his mandatory transfer to the Longview Asylum, was treated with “constant use of restraints.” According to his file, he had “hallucinations and delusions about various subjects,” which resulted in several violent outbursts. Jones was not alone in his subjugation to the straitjacket. In fact, colored patients of Longview were commonly recorded to have been committed to solitary confinement in their “cells” or kept in “restraints.” These treatments may last for months or years, as most records indicate that no change was made in the treatment of the patients.  

In an 1872 letter to the *Cincinnati Lancet and Observer*, G. Holdt, M.D.,

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441 Ibid.

442 *Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887*, 160. Jones was admitted on July 5, 1885 and was returned to the Ohio Penitentiary on February 2, 1886.

443 Ibid., John H. Jones was also listed as “violent – dangerous.”


445 Chancellor Harper, Governor Hammond, Dr. Simms, and Professor Dew, *The Pro-Slavery Argument: As Maintained by the Most Distinguished Writers of the Southern States* (Charleston: Walker, Richards, 1852), 228. https://archive.org/details/proslaveryargume00char. Ironically, the Northern States were supposedly outraged at the mistreatment of Southern colored lunatics. Accordingly, the Southern writer rebutted, “as for the chaining of the negro lunatic in outhouses, the notion is ridiculous. A case of temporary necessity like this may have occurred, but nothing more. A madman, chained in an outhouse, would be a sufficient source of disquiet to
questioned Longview’s problematic understaffing and the reliance on manual restraints. Holdt argued that due to the population of over five hundred patients, attended to by only three physicians, some patients may not have even been attended to properly for “days or weeks.” Likewise, he questioned how attendants would manage the institution apart from frequent unjustified use of restraints, which he found in full-use within the colored facilities. In his letter Holdt lamented what he saw during his visit to the Avenue House:

I have been at Longview but once, and saw a colored man who had been under restraint much longer than necessary; the heavy leather sleeves were fastened too tight, and the poor man’s hands were edematous. The recollection of this case and one circumstance, about which there is no commentary in the report, induce me to recommend Dr. Conolly’s practice [frequently checking on patients placed in restraints]. There are 26 colored insane at Longview, and 21 patients supported by friends… now the colored ward would absorb 2 male and 2 female attendants, and the private patients the same number.

Thus, patients could suffer tremendously, even from swollen appendages or fluid build-up when manual restraints were left on for an extended period of time. Another example of this comes from the casefile of 26-year-old James Coleman, a colored patient who was diagnosed with mania. Coleman was noted to be: “extremely restless is never easy unless when asleep and often noisy at night singing, dancing, talking, pulling the straw out of beds and throwing it around and if he could get his hands out of the muffs touching at the all the country round; and the neighborhood would soon rise, en masse, and compel his removal to a place of safe-keeping.” Regardless of how truthful this statement may have been, it is clear that the North was not on a much better standing than the South when it came to treatment of the colored insane.


447 Ibid., 175.

448 Ibid.
walls and is never tired of tricks.”  Coleman was even recorded to frequently urinate on himself when attempting to remove his clothing, because he was unable to do so “on account of him being muffed.”  It is obvious that when the problem of understaffing was coupled with the tendency to label African Americans as “violent,” manual restraints were used to maintain order, at times with devastating consequences.

The violent African-American stereotype was principally reinforced in March of 1872 when the Chicago Tribune ran a story in which they described in detail an incident involving a “powerfully-built” violent African-American patient of the Longview Asylum named Jones. The Tribune described Jones as possessing an ugly disposition “and his propensities of the most vicious character, prompting him not only to injure others, but to inflict physical damage upon himself.”  Suffering from the tendency to hurt himself during epileptic fits, Jones was not only confined to a room, but was also kept in a straightjacket. When Jones was seized by a particularly violent fit, attendant John Green attempted to manually restrain him. Upon his approach, Jones struck Green with a “powerful blow,” after which a scuffle ensued. The description of Jones that appeared in the media was rather contemptuous. The Chicago Tribune portrayed Jones’ violence in the following manner:

449 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 53.

450 Ibid.


452 Ibid.
… wild indignation flashed from his bloodshot eyes. His mouth fairly frothed with fury, and in his rage he struck out wildly and desperately… Green tried to make for the front door, but was partly stunned and confused by the blows. In the melee Jones caught up a chair and dashed it at his victim, who now ran in upon him and caught him around the waist, as the least likely way of being hurt, at the same time keeping his eye on the door, in the hope of reaching near enough to spring through and escape from the room. The maneuver did not succeed, however, for no sooner was the only chance of escape approached than an irresistible gyration of the madman’s body carrying with it the weight of the keeper’s, slammed the door, which, closed with a deadlatch, now made the room the prison of both. And here, for a few seconds, which to the keeper seemed protracted hours, the desperate struggle continued. The chair was broken, and, armed with one of the rounds, Jones rained his blows upon the head, arms, shoulders, and back of the almost exhausted man, whose cries for help so affected some of the patients outside that they kicked in the door and rushed to the rescue. Armstrong now arrived with assistance, Jones was secured, and Green was carried out bleeding. It was then observed that Jones was breathing heavily; that he was undergoing an epileptic paroxysm, but though he was properly cared for, he died that same evening.453

Although this incident was an isolated and rather extreme case, the newspaper provided no such contextualization. In fact, this incident was one of the only lengthy publications explicitly involving an African-American inmate of Longview. Typical publications regarding negro insanity were, at best, vague. Newspapers provided little outside of the generic notification that the sheriff had removed an insane negro from the streets454 and saw to their confinement either in a jail or an asylum.455 Consequently, such publications, either intentionally or unintentionally, exemplified the potential violence of colored citizens, and the larger role of the State in the confinement of such individuals.

453 Ibid.

454 “Local Notes,” Daily Ohio State Journal (Columbus: 5 November 1873), Ohio History Connection Online Archives, Accessed 7 July 2019: https://www.ohiomemory.org/digital/collection/p16007coll22/id/54636/rec/2. For example, according to the Daily Ohio State Journal, in which Thomas Barrett, a colored citizen of Hamilton County, was escorted by Sheriff Thompson to Longview Asylum

455 “Probate Court,” The Circleville Democrat and Watchman (Circleville, 15 August 1884). Ohio History Connection Online Archives, Accessed 17 September 2019: https://www.ohiomemory.org/digital/collection/p16007coll45/id/1326/rec/54. Another example comes from the Circleville Democrat and Watchman, Albert Green, a colored man of the county, was determined to be insane by the local court, and escorted to the asylum.
Despite reinforcing the tendency to associate people of color with violence, the medical community explicitly stated the fault lies not on the patient, but on the lack of effective institutional support. G. Holdt, M.D., argued, “Should not the experiences as made with the insane negro, Thomas Jones, prove the necessity of a greater number of attendants?” Prima facie, this statement might not appear very significant. However, G. Holdt, in reserving only one line of text to the matter, did not point to the innate nature of Jones’ violence, but drew the reader’s attention to the underlying problem of the existing institutional framework. Although he chose to point out an African-American patient rather than a violent white, Holdt spared Jones of the blame, but likewise did not seek to question the narrative against Jones. Publications, such as this Chicago Tribune article, highlight not only the public intrigue surrounding the mentally ill hidden behind asylum walls, but also their desire to comprehend how insanity distinctly manifests within each race. As medical professionals continued to define and redefine conceptions of insanity, the tendency of the media to equate blackness with violence undoubtedly may have either been a reflection of their conclusions, or were the only cases worth noting in an attempt to elicit public intrigue.

Longview was not alone in its problem with overcrowding, nor in its use of manual restraints. Despite the new design of the Columbus asylum, central Ohio still felt the burden of a booming population of the mentally ill well into the late 1880s. After the devastating fire, the new Hilltop Columbus asylum was finally completed in 1877.  

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457 Paulson and Sherman, Hilltop, 58-63.
Structured on the Kirkbride model, which facilitated easy separation of patients, males and females were placed in different wings. As a result of the state’s continual disputes with Hamilton County, funding for African-American care was opened up to other counties. Accordingly, when the Ohio Lunatic Asylum, located in Columbus, began to house African Americans in the 1870s, to avoid public scrutiny, they were “relegated to a totally separate area, if they were admitted at all.” Consequently, the general “therapeutic” treatment was assumed to be forced labor and, when first admitted, colored patients of the central asylum were housed in the basement and worked as servants on the above-ground floors. Additionally, African-American patients were forced to tend asylum fields and the produce supplied both the patients and attendants of the asylum. Despite the construction of a new massive insane asylum in Columbus, “Some of the early efforts at openness, intended to enhance the freedom of patients, lasted for years, but restraint and release fluctuated with the times; or reflected crowding,

458 “Weekly Legislative Summary,” *Daily Ohio Statesman* (26 April 1855), Columbus, Ohio, *Ohio Historical Society Online Archives*, Accessed 28 June 2019: https://www.ohiomemory.org/digital/collection/p16007coll26/id/356/rec/5. According to the April 26, 1869 publication of the *Daily Ohio Statesman*, the Ohio Senate finally approved the state funding for colored people to be admitted to the asylum.

459 Paulson and Sherman, *Hilltop*, 68.

460 *Daily Ohio State Journal* (9 July 1874), Accessed 27 June 2019: https://www.ohiomemory.org/digital/collection/p16007coll22/id/55606/rec/4. The Longview Insane Asylum was not the only Ohio psychiatric hospital to admit African Americans prior to the 1900s. In fact, according to the July 9, 1874, publication of the *Daily Ohio State Journal*, “The first colored insane person received into the Western Ohio Hospital for the Insane, at Dayton, came Monday, July 6, from Kenton, Hardin county. The law providing for the separate care of colored insane people having been repealed, the respective asylums must now receive both white and colored alike.”

Thus, regardless of placement, African Americans held a subjugated position within asylums that, due to chronic overcrowding, struggled to maintain ethical standards of treatment.

Problems that stemmed from frequent overcrowding were only exasperated by the habitual problem of inefficient staffing. Not only were hospitals shorthanded, but the attendants and superintendents lived within the same facilities and were expected to regularly attend to patients for almost 18 hours at a time.\textsuperscript{463} Overcrowding was such an issue for the understaffed asylums that it was nearly impossible for attendants to uphold the lofty ideas set forth by Dr. Awl almost a half century earlier. Even with judicious time management, superintendents could not possibly meet with all incoming patients, nor examine hundreds of patients each day.\textsuperscript{464} By the late nineteenth century, the lack of basic asylum management almost necessitated the use of manual restraints. Due to the lack of adequate support, even Doctor J. T. Webb, Superintendent of Longview from 1871 to 1875,\textsuperscript{465} argued for the discontinuation of the Colored Department in 1872:

\begin{quote}
At the time this colored asylum was founded it was, no doubt, the best disposition that could be made of the colored insane; but this necessity does not exist at this time, and its longer continuance is a drain on the funds of Longview. I respectfully suggest to your body that immediate steps be taken to do away with it as a colored asylum. There can be no objection to receiving the colored insane into the State institutions of their respective districts. Hamilton County can care for hers. In all the institutions I have visited there is no difference made on account of color. I made special inquiry on this subject, and failed
\end{quote}

\textsuperscript{462} Ibid., 70.
\textsuperscript{463} Ibid., 80.
\textsuperscript{464} Ibid., 79.
\textsuperscript{465} History of Cincinnati and Hamilton County, Ohio, 233.
to find where any difficulty had occurred on account of the mingling of the races. Surely, if our city hospitals can admit both races, our insane asylums can do the same.\textsuperscript{466}

This request would fall upon deaf ears, as the African Americans continued to inhabit the Avenue House for years to come. In spite of his request to disband the Colored Department, Webb was able to promote increased oversight. For several years, the Avenue House operated without its own designated administer, but in 1873, Webb appointed A. L. Stephens as the Superintendent of the Colored Department. Born in Montgomery, Ohio, in 1839, Stephens served for seven years at the Southern Ohio Lunatic Asylum,\textsuperscript{467} later known as the Dayton Asylum for the Insane before moving to Cincinnati.\textsuperscript{468} According to the \textit{History of Hamilton County, Ohio}, Stephens was called “the right man in the right place.”\textsuperscript{469} Even though he was considered a superintendent of that department, he was only given a salary of $937.50, which was roughly one-third of what Superintendent Harmon, who served throughout the 1890s, made and about $625.00 less than the assistant physicians. Stephens even made less than the bookkeeper well into the 1900s.\textsuperscript{470} Although his race was not mentioned, it is quite likely that Stephens was a

\begin{footnotes}
\item[466] Proceedings of the National Conference of Charities and Correction at the Twenty-Second Annual Session Held in New Haven, Conn. May 24-30, 1895, 179.
\item[467] History of Hamilton County, Ohio, with Illustrations and Biographical Sketches, 422.
\item[468] “Dayton State Hospital,” Out of the Box: Materials and News from Wright State University’s Special Collections and Archives, \textit{Wright State University Libraries Special Collections and Archives} (22 October 2013), Accessed 12 July 2019: https://www.libraries.wright.edu/community/outofthebox/2013/10/22/dayton-state-hospital/. According to Wright State University, the Southern Lunatic Asylum later became known as the Western Hospital for the Insane in 1875, the Dayton State Hospital for the Insane in 1877, the Dayton Asylum for the Insane in 1878, and finally the Dayton State Hospital in 1894.
\item[469] History of Hamilton County, Ohio, with Illustrations and Biographical Sketches, 422.
\item[470] Forty-Second Annual Report of the Board of Directors and Superintendent of Longview Hospital, Carthage, Ohio to the Governor of the State of Ohio for the Year 1901.
\end{footnotes}
white man. During the mid-to-late nineteenth century, Ohio barred African Americans from medical schools, including the Ohio Medical College and the University of Cincinnati. Even if a colored person were to come with previous educational training from another state, they were not permitted to work within Ohio’s state-funded facilities. People of color who were “received with reluctance into separate wards” of local hospitals were not permitted to have a physician of the same race.\footnote{Dabney et al., \textit{Cincinnati’s Colored Citizens: Historical, Sociological and Biographical}, 74.} This racial discrimination ensured the African-American community could look to no one else for mental restitution but the white man. However, this lack of colored attendants was not unique to Ohio. Superintendent J. F. Miller of the Eastern Hospital of Goldsboro, North Carolina, in his article, “The Effects of Emancipation Upon the Mental and Physical Health of the Negro of the South,” claimed:

> It is a notorious fact that but few colored attendants have the necessary influence over the colored insane that is so desirable in their care and treatment. The negro is usually indignant and rebels against the restraints exercised by another negro, and consequently force if often necessary when moral suasion and a stronger personal influence would have accomplished better results in management.\footnote{Jewett, “Etiology,” 294.}

As African Americans were limited in their access to education, and banned from many public medical colleges, it is not surprising that Longview would not hire African-American attendants en masse. However, one name that appears in the casefiles of the African-American patients is Dr. Freeman, typically under the description of “medical treatment.”\footnote{Ibid., \textit{Collection. Longview State Hospital}, 76; 126.} It is unclear whether Freeman is an attendant within Longview, as his name...
does not appear in the annual reports of those years. It is possible he was a local physician, not a psychiatrist, or he was a colored attendant, who did not make it onto the public payroll.

Despite the addition of Stephens, Longview superintendents faced constant criticism about the status of the institution. Their most notable opponent was German physician, George Holdt, M.D., who held nothing back, as he argued “sometimes the patients are left unavoidably along, without any supervision at all.” Additionally, he supposed that Longview contained numerous “unhappy patients who have gone down so deep as to neglect the calls of nature – we mean the wards of the unclean. It would be interesting to learn how many of these patients fall to the charge of one nurse.”

Nonetheless, Holdt agreed with Webb’s assertion for additional oversight requested in his annual report:

Dr. Webb is perfectly right, but why not say in what manner and by whom the frequent inspections of a lunatic asylum should be conducted? What the grand jury has to inspect at Longview, we are incapable to understand. Who are those who ought to take an interest in the welfare of the insane? Are physicians among the number? Does the doctor know how and by whom such inspections are carried on in England? Why not inform the influential citizens, and prevail upon them to bring about the adoption of an analogous plan of inspection? We feel perfectly confident that then the reports of Longview would become still more worth printing and reading than they are now.

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475 Ibid.

476 Ibid.
Thus, although Superintendent Webb argued for increased oversight, his success was rather minimal.\textsuperscript{477}

Under pressure from both the legislature and looming economic concerns, one of the most obvious methods for dealing with overcrowding was to discharge patients into the care of their local communities. The Superintendent of the Ohio Lunatic Asylum, Dr. Awl, strictly warned against this practice of early release, as he was even considered a major proponent of housing patients beyond when he thought they may have been cured. While serving as the President of the National Society of Psychiatrists, Awl argued he tended not to release patients without extreme consideration. According to Dr. Awl, “It is a very grave thing for a man to take upon himself to say that one man has changed from an unsound mind to a sound mind.”\textsuperscript{478} Unfortunately, several Longview superintendents did not heed his advice and the practice of housing patients outside of the asylum, although financially practicable, proved hazardous for some former patients and community members. For example, James Connolly and James Wier, “both as crazy as bedbugs,” were released in 1881 by Dr. C. A. Miller, Longview Superintendent from 1878 to 1890.\textsuperscript{479} Incapable of caring for themselves, Wier and Connolly were escorted to the local work-house, and upon petition, were denied readmittance to the asylum.

Without proper care, Wier walked to the city in the dead of winter, froze his foot so badly

\textsuperscript{477} \textit{Longview Casefiles}, 126; 137. In 1881, Harry Trotter, a violent mulatto, was treated by Dr. Freeman for his violent epilepsy. No information is given about this doctor, as they are not mentioned in any of the reports. Only one superintendent is listed in the colored patient files, Dr. Bunker, who supposedly treated Richard Gorden, a violent sufferer of frequent hallucinations.

\textsuperscript{478} \textit{American Psychiatric Association, American Journal of Psychiatry, 1876-1877}, 33 (Baltimore, 1877), 316.

\textsuperscript{479} \textit{History of Cincinnati and Hamilton County, Ohio}, 233.
that four of his toes required immediate amputation by Dr. Stanton.480 Additionally, when Emma S. Dill, former patient of Longview, escaped care and fled to the house of Wm. and Lizzie Cornell, Dr. Miller allowed her to stay at the residence. Within a few months, Dill poured a large quantity of boiling water on Lizzie and the Cornells subsequently brought a suit for $10,000 against Dr. Miller, for knowingly placing them in danger.481 Therefore, as ill-equipped as Longview was to deal with excessive overcrowding, burdening the greater public was by no means a clear-cut solution.

Unfortunately, as we have seen, denial of admittance was often the go-to solution for African Americans, as numerous patients applied unsuccessfully throughout the 1870s and 1880s.482 For example, when Miss Emma Bird, a colored girl, was determined to be insane by Judge Miller, she was cared for not by the asylum, but was to “be taken care of at home,” her condition being the result of “an attack of grip and the malady has taken a violent turn.”483 The refusal to treat patients could have serious repercussions. Such was the case for one colored woman, Belle Ricklan, of Cincinnati, who, during one bout of insanity, in May of 1895:


482 Eleventh Annual Report of the Board of Directors and Officers of the Longview Asylum to the Governor of the State of Ohio for the Year 1870, 5.

...hanged her ten months’ old child till dead and ran across the fields beating the ground with its dead body. She threw a six-year-old child in the well, jumped in after it, but climbed out again with the child, which is now dying. Alarmed neighbors pinioned the frantic women and jailed her.\textsuperscript{484}

It is unclear what exactly caused this outburst, but it is possible, with equal access to care and earlier intervention, the lives of her two children may have been spared.

Another frequent label given to the African-American patients of Longview was “noisy.” In the case of Mary Turner, who was committed for religious excitement in 1882, she was said to believe she was “commissioned by God. Attempts to preach – she talks wildly and incoherently all sorts of subjects – she sings, yells, and dances in the wildest manner.”\textsuperscript{485} Thirty-year-old, Annie Coffer, was said to be “very noisy and boisterous most of the time – talks in a loud manner”\textsuperscript{486} and, of 21-year-old, Cami Hill, it was said “she sings and dances in a wild fantastic manner.”\textsuperscript{487} In other examples, Carrie Thomas was described as “boisterous”\textsuperscript{488} and Mary Croiy was said to be “wild and noisy… noisy day and night.”\textsuperscript{489} Although “noisy” does not appear as commonly as the “violent” designation, the tendency to label African Americans in this manner may have partially stemmed from the cultural incompetency of presiding physicians. Southern


\textsuperscript{485} Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 130.

\textsuperscript{486} Ibid., 138.

\textsuperscript{487} Ibid., 142.

\textsuperscript{488} Ibid., 166.

\textsuperscript{489} Ibid., 169.
medical leaders, such as Superintendent J.F. Miller of the Eastern Hospital of Goldsboro, North Carolina, openly fortified racial stereotypes. Miller published an article on “The Effects of Emancipation Upon the Mental and Physical Health of the Negro of the South,” in which he argued:

> The negro laughs louder, sings louder, prays and preaches louder, than the Caucasian; and is more vulgar in speech and less cleanly in his person. He carries these characteristics into his insane condition and is therefore more noisy, more vulgar and beastly in his habits.  

It is unclear whether Ohio psychiatrists specifically agreed with Miller’s conclusions, but their records nonetheless contain an abnormally high prevalence of similar language.

Given some of the aforementioned stereotypes about African Americans, it should come as no shock that submissive patients were preferred at Longview. Correspondingly, African-American patients received praise when deemed to be quiet or obedient, as these words were typically accompanied by a general positive impression of the patient. For example, Silas Edmundson was classified as “good natured and obedient” and Martha A. Porter was likewise “so well contented” and “quiet and obedient.” Likewise, Mary Turner was said to be “quiet and industrious,” while Cami Hill was praised for being “at present quiet and well mannered.” After spending several days “sleeved,” doctors

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491 Collection. Longview State Hospital, 127.

492 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 129.

493 Ibid., 127.

494 Ibid., 130.

495 Ibid., 142.
noted the general improvement of Martha Dillove as “she is becoming more quiet each day.”

At times, insanity in African-American patients stemmed from their refusal to adhere to their subjugated position within society. As you may recall, the first African-American patient of Longview, Thomas Leslie, was described as having a “low degree of intellect and culture.” Arabella Parkour, a 25-year-old patient was described as assuming she “was always from this city” and was “covered in cheap jewelry.” Parkour’s skin color and lack of wealth must have led doctors to believe she was formerly a Southern slave. Another African-American patient, William Garder was ridiculed for his religious mania, as “he would dance and sing, pray and preach imagining the world was coming to an end and that the church sent him to save it. He wants to be a Baptist Preacher.” Thomas Jenkins, Longview patient from October 1882 until June 1883, had “hallucinations specifically as follows: he imagines himself to be in the military – service of the government.” The most overt example of insanity, which stemmed from a patient’s refusal to adhere to the social hierarchy, was the case of Silas Edmundson. His apparent delusion stemmed from an accurate conception of his citizenship status, as Edmundson reasoned in 1882, “he has the power and the duty of

\[496\] Ibid., 110.

\[497\] Ibid., 24.

\[498\] Ibid., 156.

\[499\] Ibid., 41.

\[500\] Ibid., 138.
elected a president of the U.S.,” a right that was already extended to African Americans in 1870.\textsuperscript{501} It is unclear why this note was written in his casefile, but it is important to remember when the United States Congress passed the Fifteenth Amendment in 1869, Ohio’s Democratic-controlled legislature refused to ratify the amendment. A year later, when Republicans took control of the General Assembly, Ohio adopted the amendment by a slim margin under the leadership of Governor Rutherford B. Hayes.\textsuperscript{502} Nevertheless, Edmundson’s political passion might have angered some of Ohio’s whites, particularly if they resented the notion that their votes would now have to compete with a growing portion of the population.

Regardless of the problems of overcapacity and the doctors’ reputation for successful “reformation,” colored patients remained within the facility and were rarely discharged.\textsuperscript{503} Of the 58 African-American patients cared for between 1867 and 1888, only 13 were discharged, four of which were removed by friends or family members. An astounding 44% of the colored patients housed within the Longview Asylum between 1867-1889 were recorded to have died within a few years of their admittance.\textsuperscript{504}

\begin{footnotes}
\footnotetext[501]{Ibid., 129.}
\footnotetext[502]{Ohio History Center, “Fifteenth Amendment,” \textit{Ohio Historical Society}, Accessed 20 September 2019: https://ohiohistorycentral.org/w/Fifteenth_Amendment.}
\footnotetext[503]{\textit{American Psychiatric Association, American Journal of Psychiatry, 1876-1877}, 33, 316.}
\footnotetext[504]{\textit{Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887}. The ultimate fate of seventeen African American patients of Longview is unknown, as they were still in the asylum when the records end in 1888. A note was made in several of the casefiles, which stated “1886- Removed to Upper House.” Although no detail is provided to explain what this meant, it is possible that with the dilapidated nature of the Asylum House, this meant that the patients were desegregated. Following their removal, they were most likely incorporated into the general population of the asylum in the “Upper House.”}
\end{footnotes}
comparison, the Ohio Lunatic Asylum reported, of its 12,354 patients, 1,845 total deaths occurred between 1835 and 1896.\textsuperscript{505} Shockingly, this Columbus-based asylum boasted of a death rate of 14%, which makes for a difference of 30% between the two.\textsuperscript{506}

Furthermore, when examining the causes of death, the African-American patient records are rather vague. Quite a few of the African-American deaths seem to have no recorded cause, as files are as brief as “died” or, sometimes, “died – paralysis.”\textsuperscript{507}

Throughout the nineteenth century, as psychiatrists began to theorize about the causes of insanity in African-American patients, Ohio’s medical leaders recorded what they thought to be the origins of their patients’ mental disorders. At times, their conclusions mirrored national publications from other superintendents, as seen previously in the frequency of “mania” diagnoses. At other times, their results harshly contrasted with the larger discussion. For example, in the 1874 \textit{Journal of Nervous and Mental Disease}, published by the American Neurological Association, New York native and later President of the American Neurological Society, Edward C. Spitzka, M.D., rationalized negro insanity in the same way as Jarvis and Babcock. Spitzka claimed mentally-induced paralysis was caused in African Americans due to their competition “with the higher races in vocations requiring a certain degree of mental exertion do so

\textsuperscript{505} Paulson and Sherman, \textit{Hilltop}, 88.

\textsuperscript{506} Ibid., 88.

\textsuperscript{507} Collection. \textit{Longview State Hospital: Case Book of Male and Female Patients. 1860-1887}. In some instances, a detailed account of their physical decline was recorded, but this is by far the exception. If the patient was noted to be declining in health, the notes change handwriting, which can be assumed to be a physician of the hospital.
with an inferior brain, and consequently break down in the contest for existence.”

Thus, it is evident that one of the prevailing theories of African-American mentally induced paralysis came as a result of the inability to cope with freedom. However, upon examining the Longview casefiles, the prevailing theory that freedom caused insanity is flipped on its head as some African Americans exhibited signs of mental illness that were a direct result of their treatment while enslaved. There are three cases that best exemplify this thought. The first of which is the case of Matilda Blackburn, a 60-year-old patient of Longview Asylum, who reportedly suffered from “chronic mania.” In her file, as is the case for the majority of African-American patients, the cause of her condition was listed as “unknown.” However, the presiding physician noted Blackburn was apparently fixated on the horrors of her slavery and reported the “patient talks incoherently about slavery. . . when approached by anyone she runs off.” Similarly, Asa Colgate, a 60-year-old male, was court-ordered to the asylum due to his complaints he could hear “people calling him, sees people following him, he is at times very violent, sleepless.” Colgate was reported to have numerous welts and markings on his back, as well as signs of several head wounds. When asked where he came from, Colgate would respond, “from


509 *Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887,* 56. Blackburn was from Kentucky and died in the asylum not long after her admittance in 1875.

510 Ibid.

511 Ibid., 56.

512 Ibid., 109.
John Got,” which could have been his previous owner. Edward Palmer, a 55-year-old dementia patient, who was sent to the asylum for hallucinations of being pursued by “people with intentions to kill him” said he was “a faithful servant and will wait for his master to come for him.” From these examples, it is clear that trauma of slavery, not freedom, negatively impacted the mental stability of several African Americans who had made their way into the free North.

Although little progress had been made in the area of specific mental diagnosis, medical professionals began to examine how various diseases impacted the rates of insanity among African Americans. Chief among these was tuberculosis. Many medical professionals had developed a theory by the late nineteenth century, that the rise in tuberculosis correlated with the rise of mental disorders. Alabama’s Doctor Bondurant concluded:

The Mortality from tuberculosis is greater among the negro race than among the white. The disease runs a more rapid course in the negro. Cases of cure or arrest are comparatively infrequent in the negro. The disease becomes much more widely diffused throughout the bodily tissues and organs in the negro, more than a third of the fatal cases showing a general infection.

513 Ibid., 109. Colgate also spent many of his previous years within a local infirmary. Nothing was recorded of the treatment he had received previously.

514 Ibid., 49.


This proclivity toward tuberculosis in colored patients was mirrored in the Longview casefiles. Accordingly, roughly 28% of African Americans either died as a result of acute tuberculosis or pulmonary tuberculosis, which at the time was referred to as “phthisis.”

Alongside tuberculosis, syphilis was thought to disproportionately affect the minds of African Americans. Dr. Powell, of Georgia, claimed syphilis was “one of the leading factors in the causation of insanity in the colored race.” Similarly, New York asylum superintendent Spitzka argued African Americans, more than any other race, were more likely to suffer from syphilis-induced paralysis. As a result of his research Spitzka found “syphilis to be quite universal among the mongrel negro population.”

Prominent Northern Superintendent, Dr. Hill, of Maryland, echoed the conclusions of Spitzka, by asserting:

It strikes me with surprise that Dr. Berkley places such a low estimate on the influence of alcohol and syphilis in causing paresis in the negro. With his well known tendency to copy the vices of civilization, his fondness for alcohol, and the proverbial sexual laxity of his race, one would suppose that these two great disturbing elements that play such an important role in the production of paresis in the Caucasian would be a decided factor also with the negro.

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517 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887.


518 Mays, “Increase of Insanity and Consumption among the Negro Population of the South since the War,” 540.

519 Ibid., 624.

520 “The Association Was Called to Order by the President, Dr. Andrews, at 3 P. M.,” American Journal of Insanity 50, no. 2 (1893): 252-255.
Despite general assumptions held by prominent leaders of other states concerning the prevalence of syphilis in the colored race, the Ohio Longview Insane Asylum indicated only one member of the African-American population suffered from syphilis-induced insanity. According to his file, William Garder, “whore – masturbator,” was the only patient to display signs of the disease.  

Regardless of the cause of insanity, treatment may also have varied based on skin color, as mulattos were afforded various social advantages across Ohio in the nineteenth century. According to Wendell Dabney in *Cincinnati’s Colored Citizens*, mulattos received better opportunities, with even the possibility of attending Cincinnati’s white schools and voting before darker-skinned Africans. For instance, George Robinson, a 30-year-old admitted in July of 1870, who was recorded to have influenza-induced mania, suffered from perpetual high fevers. In his casefile, the attendant recorded a rather positive description:

> Hair curly and wooly has mustache whiskers and goatee, in Expression he has a pleasant smiling countenance and evidently in his latter days even the objective friend of many… around the shoulders there smooth and long is a neigh mulatto. He has 1 or 2 slight patches of eruption on the legs…His shoulders is somewhat pigmented [sic].

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521 *Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887*, 41. William Garder, previously of Virginia, was admitted on July 28, 1872 and passed away on June 19, 1885. 

522 Dabney et al., *Cincinnati’s Colored Citizens: Historical, Sociological and Biographical*, 145. 

523 *Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887*, 29. 

524 Ibid.
Despite this favorable record of Robinson, nothing else was recorded for years, until his death in 1919, in which his file received much more attention than his full-blooded African-American fellow patients. In recounting his death, the attendant recorded:

Was working in Diet Kitchen and about 10 or 11 mo. ago necessitated removal to ward because of attack of heart trouble. Legs became [indecipherable] and was confined to bed for some time. and Digitalis administered. Ascites later developed. Evening Jan 12 - 1918, fell from bed during night receiving a severe abrasion and bumps on forehead. Was aided back to bed by two fellow patients. Bed made a floor to prevent his rolling from bed [sic].

Robinson died the next evening at 10:15pm and his autopsy displayed “Chronic myocarditis. Chronic Diffusion Nephritis – Ascites,” which indicated that his death was caused by an inflamed heart and kidneys, as well as fluid build-up in the abdomen. This was significantly more detail than the full-blooded African-American patients received.

One common, yet preventable, cause of death in the colored facilities of Longview was marasmus, or malnutrition. Patients, such as Silas Edmundson, were reported to be “for some time emaciating. Appetite poor.” Improper diet was the second most common type of death, as it was even reported to have accelerated the deaths of those who suffered from other illnesses. Annie Coffer, who eventually died of

525 Ibid., 30.

526 Ibid., 30.


528 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 129.
phthisis, was said to have been “failing for some nutrition;” Matilda Blackburn was reportedly “failing for four days past – poor appetite… very weak,” and Lucy McAllister’s rapid decline was attributed to “appetite - poor.” The high death rate of Longview was rationalized by Dr. W. H. Bunker, who contended patients had “no outlet but death or recovery” and, in consequence, the asylum had a “very large percentage of chronic and incurable cases.”

Regardless of the cause of death, African-American patients who perished at the Ohio Lunatic Asylum received a “C” marking on their gravesite to indicate that they were “colored.” This “C” designation remained consistent into the 1920s, as the Longview Asylum death records from 1923-1933 contain this distinction or, sometimes, “Col” written in red ink next to their name. Consequently, this ensured that even in death, colored patients were set apart from their white counterparts.

529 Ibid., 138.
530 Ibid., 56.
531 Ibid., 144.
532 American Journal of Psychiatry 1876-1877, 193.
533 Paulson and Sherman, Hilltop, 111.
534 Death Record: Longview State Hospital, Series 641, Ohio Historical Society, 201. It is unclear when the red markings were made, but some “C” and “Col” are present in the same ink color and handwriting as what appears to be the original.
535 Paulson and Sherman, Hilltop, 111. The gravesite was established in 1890.

“Cincinnati Birth and Death Records, 1865-1912,” University of Cincinnati Digital Resource Commons, Accessed 19 June 2019: https://drc.libraries.uc.edu/handle/2374.UC/2032. Until this day, the records of the Longview African American patient deaths remain unreported in the University of Cincinnati’s public online Birth and Death Records from this time.
IX

Political Entanglements and Formal Oversight

Throughout the mid-to-late-nineteenth century, the Longview Insane Asylum acted as a partially state-funded institution, caring for a combination of Hamilton County residents and paupers of the state-at-large. As such, the Longview Board of Directors desperately needed to appeal to political leaders for continual and adequate support. As a general rule, Ohio superintendents focused on keeping expenditures at a minimum, reported cures in excess, and had the tendency to list readmitted patients as new. Although these actions were intended to shield the institutions from criticism, they often backfired, as asylum attendants became increasingly interconnected in political affairs.

From the very outset, the Longview Asylum was drawn into the larger political tensions between Ohio’s Democrats and Republicans, who sought to use institutional funding as a part of their partisan political platforms. As noted earlier, Ohio’s geographic location gave way to diverse views on the topic of black rights. Accordingly, the two major parties situated themselves in varying degrees of separation on this controversial topic. By the mid-nineteenth century, Ohio Democrats had become well known for their opposition to emancipation and later, to black suffrage. On the other hand, Ohio Republicans, for the most part, supported the Thirteenth Amendment, but did not necessarily advocate for equal rights of African-American citizens. Furthermore, once the Thirteenth, Fourteenth, and Fifteenth Amendments were passed, the Radical Republican Party of Ohio, strong advocates of emancipation, declined in membership as they felt
satisfied with their accomplishments.\textsuperscript{536} African Americans of Ohio were consequently caught in a strange postbellum world, where their freedom was won, but the party who had once fought alongside them for the cause of freedom, began to slowly drop their arms when met with frequent requests to advocate for equal rights. Democrats wasted no time pointing out this discrepancy in regards to the treatment of the colored insane:

With all their professed love for the colored race, the party opposed to the Democracy, have been strangely neglectful of justice to the Negro. For the last ten or fifteen years, they have held the power of the State, and, yet, until the last, Legislature of Ohio, Democratic in both branches, met, a man of the ‘visible mixture’ persuasion, although taxed to support the Insane Asylum of the State, had no right to demand that his insane relative or friend, be cared for within its walls, scared alone to the white race, except in one Asylum, Longview, only partly owned by the State, where, if the friend of the unfortunate colored was rich enough, he could be received as a pay patient.\textsuperscript{537}

This “rank injustice” was brought to light when the son of a colored widow, was classified as insane, and his friends advocated for his admission into the Longview Asylum. Despite the widow’s best efforts, not to mention her entire life-savings, her son saw no improvement. Destitute, the son was set to be “discharged, and sent to the poor-house” when the Democratic-controlled Ohio legislature passed a resolution which ordered the “Governor to contract with the Trustees of Longview Asylum, for the reception and support of Negro lunatics as State patients.”\textsuperscript{538} Supposedly, the legislature also ordered the widow repaid, and:

Governor HAYES (par excellence the Negro’s friend) so delayed the execution of the latter order, that, it was not until one of the Democratic members from this county took


\textsuperscript{538} Ibid.
the matter in hand, and insisted that the Governor spare time enough from his
electioneering duties, to attend to that of his office, that the money was refunded. To
suppose that the negro voters will forget these things and vote for the Radical party, and
against the Democracy merely because the Rev. Hames Poindexter and David Jenkins, of
this city, have pledged their votes, as an entirety, believe that, which will not in the end
turn out to be true.\textsuperscript{539}

Through this action, the Ohio Democrats attempted to display that they harbored no
“hatred to the blacks,” and conversely, were “the friend of the unfortunate,”\textsuperscript{540} despite
their absolute refusal to promote African-American suffrage.\textsuperscript{541} Former Governor Cox
likewise argued that, “there was an irreconcilable hostility between the two races, which
made it necessary to remove the weaker from the vicinity of the stronger race, yet we
doubt not in real benevolence, and in zeal for the negroes good.”\textsuperscript{542} The Colored Citizens
of Ohio weighed in on the matter during a meeting in 1873. Although they were gratified
with the work of the Republican Party in securing their freedom and suffrage, they felt as
though the party who once advocated for their freedom only did so for military and
political benefit. Since the conclusion of the war, the colored citizens felt as though they
had been abandoned by the Ohio Republican Party in their advocacy for “fuller
recognition of our rights as American Citizens.”\textsuperscript{543} As they pressed for civil rights and the

\textsuperscript{539} “The Fifteenth Amendment – How the New Made Voters Will Cas Their Suffrage,”
\textit{Daily Ohio Statesman}, Columbus, Ohio. 1855 (29 March 1870), Accessed 7 August 2019:

\textsuperscript{540} Ibid.

\textsuperscript{541} “Columbus, Ohio: Thursday Morning, June 3: News Items,” \textit{Columbus Statesman}.

\textsuperscript{542} Ibid.

\textsuperscript{543} \textit{To the colored citizens of the State of Ohio, Friends:} - \textit{The undersigned were
appointed, at a meeting held in the city of Columbus, July 30\textsuperscript{th} ult to call a Convention of Colored
citizens of the State of Ohio, to meet at Chillicothe, on 22. 1873, Pdf. https://www.loc.gov/item/
rbpe.13800700/.
privilege to use tax-supported institutions, such as mental institutions and schools, they were “either denied admittance or compelled to accept an inferior substitute.” Thus, Ohio’s colored population was caught in-between two political parties who sought to use their subjugated social position as a way to maintain political clout.

In order to better understand why the Avenue House Colored Department operated well below standards of the time, it is necessary to examine Longview’s turbulent financial relationship with the state, which resulted in both inadequate funding and oversight. In 1869, when the state began to transfer colored patients from other counties to the asylum, various updates were completed to the Colored Department including the addition of a cellar, a smokestack, a boiler system and a cistern, among others. Thus, from 1866 to 1869, Longview housed colored patients in a building that did not have an adequate water supply, ventilation, or heating. This reality, however, should come as no surprise, as Superintendent Langdon’s main platform for the approval of a Colored Department was the state would essentially not even notice the difference financially. For example, during one of his initial proposals, Langdon argued the adjacent poor-farm be purchased and the “buildings now on it could be easily and cheaply arranged so as to make a comfortable colored Asylum.” Langdon boasted this could be

544 Ibid.

545 Tenth Annual Report of the Board of Directors and Officers of the Longview Asylum, to the Governor of the State of Ohio, for the Year 1869 (Cincinnati: Robert Clarke, Printers, 1870), 11. According to the Longview annual report of 1869, “under a recent law of the legislature, colored insane from any part of the state are received, and we have now abundant room and convenient appliances for their treatment.” Prior to this, only patients of Hamilton County were admitted.

546 Annual Report of the Board of Directors and Officers of Longview Asylum, to the Governor of the State of Ohio for the Year 1862, 17.
done “without material increase of cost or labor, only so far as is necessary to clothe and board the larger number of inmates.” Consequently, as long as the patients were provided with appropriate clothing, food, and shelter, nothing else was necessary.

Accordingly, the state appropriated $10,000 for the care of the colored insane in 1869, of which only $960.88 had been used. Longview’s administration boasted they retained a “balance of $9039.12, and it is not probable that any further appropriation will be necessary.” At the time, Longview was responsible for 12 patients from the state-at-large and one from Hamilton County. This surplus in funding was most likely due to the longstanding controversy between the state and county. Upon the initial establishment of Longview, Hamilton county “had undertaken, at large expense to itself, and without cost to the state, to provide and did provide an asylum for the support of its own insane, in consideration of which it was to be relieved in the future from contributing to the erection of asylums in other parts of the state, or to the cost of maintaining the insane outside of the county.” Supposedly, an agreement had been reached between the county and state, which stirred much contention for years to come, as the State Auditor neglected to appropriately reimburse Longview. Although it is unclear what became of the surplus amount credited to the Colored Insane, this excess was most likely a partial

547 Ibid.

548 Tenth Annual Report of the Board of Directors and Officers of the Longview Asylum, 15.

549 Ibid., 7.

550 Hurd, The Institutional Care of the Insane in the United States and Canada, 337.
reimbursement for withheld funds from previous years.\textsuperscript{551} Regardless of this surplus, shortly thereafter, the state’s debt to Hamilton County begin to mount. By 1870, the state owed over $10,000 to Longview for the care of the temporarily-relocated Columbus patients. Moreover, the state had specifically fallen behind on its support of the colored at Longview and had already accrued a balance of over $2,000.\textsuperscript{552} It was estimated in 1870 that $25,000 was needed to support those from the Central District and an annual increase from $5,000 to $8,000 for the care of colored patients.\textsuperscript{553} According to the Seventeenth Annual Report of the Board of Directors and Officers of the Longview Asylum in 1876, 19 of the 26 state-supported patients were colored.\textsuperscript{554} However, the state only allocated $5,366 for their care out of a total of $63,192 in state funding.\textsuperscript{555}

Furthermore, the appointed 1875 Board of Directors\textsuperscript{556} of the Longview Insane Asylum were not impressed by the status of the colored facilities and noted, “the house occupied as a colored asylum (never suitable for this purpose) has, notwithstanding

\textsuperscript{551} Ibid., 337-339.

\textsuperscript{552} Eleventh Annual Report of the Board of Directors and Officers of the Longview Asylum to the Governor of the State of Ohio for the Year 1870, 12.

\textsuperscript{553} Ibid.

\textsuperscript{554} Seventeenth Annual Report of the Board of Directors and Officers of the Longview Asylum, to the Governor of the State of Ohio, for the Year 1876, 13.

\textsuperscript{555} Ibid., 13; 31.

\textsuperscript{556} Hurd, The Institutional Care of the Insane in the United States and Canada, 339. According to Henry Hurd, Longview's Board of Directors was composed of five members, which are appointed by the Court of Common Pleas, Commissioners and Probate Judge, with the oversight of the Ohio Governor. Board members held “office for five years and are not removable except for cause, which gives the board a fixed tenure and makes it free from sudden political changes.”
constant repairing, become so dilapidated as to be really unfit for occupation as an insane asylum.”

This was said after its first patient graced the doorway in 1867, only eight years prior. On the whole, Longview was so overwhelmed that E.T. Wilkins claimed in 1870 the facility operated at a staff-to-patient ratio of 1:25, compared to Connecticut’s 1:3. By 1881, it was argued, “the building precludes the idea of general comfort, while it suggests many fears for the safety of the inmates.”

Upset with the present condition of the colored facilities, Longview’s Board of Directors moved to have the state fund the establishment of additional buildings. In elaboration of this point, the Superintendent’s Report of 1873 stated:

That you may the more fully appreciate the overcrowded condition of Longview, permit me just here to enter somewhat in detail. The ordinary sleeping apartments, 8x12 feet, intended for one patient, have, with few exceptions, two, and some three occupants. Dormitories, with accommodations for six patients, have twelve and fourteen; and, in addition to all this, from eighty to one hundred beds are nightly spread on the floor.

Unfortunately, their appeal fell on deaf ears and, in 1876, Dr. W. H. Bunker, Superintendent of the Ohio Longview Asylum from 1874 to 1877, reported the

557 *Proceedings of the National Conference of Charities and Correction* 22 (Boston: Geo H. Ellis, 1895), 179-180.

558 Paulson and Sherman, *Hilltop*, 80. To provide some perspective, Paulson and Sherman argued, “In 1870 E.T. Wilkins reviewed 149 institutions and noted the ratio of attendants to patients in a private center in Connecticut was 1:3, but at Longview in Cincinnati was only 1:25.”

559 *History of Hamilton County, Ohio, with Illustrations and Biographical Sketches*, 203.

560 *Proceedings of the National Conference of Charities and Correction* 22, 179-180.


562 *History of Cincinnati and Hamilton County, Ohio*, 233.
institution was 200 patients over its capacity. Although a recommendation for the erection of additional facilities had been filed, Bunker possessed no “cheering prospects of an immediate provision.” According to Bunker, the staff had no control over cases selected for admittance to the asylum, and resultantly, the asylum became a dumping ground for not only Ohio’s insane, but also their idiots and epileptics. Problems stemming from the facility’s overload of patients became such an issue that it was the only point worth noting for the Longview Asylum at the national convention of psychiatrists in 1877. As reported in the Longview Annual Report from that same year, the colored facilities had become so “dilapidated” that the superintendent recommended that they be “disposed of, or abandoned soon.” Regardless, the deplorable conditions were quickly rationalized with the argument that only a range between 14 to 16 colored patients were housed within the facility at a time. The cost-efficient alternative of

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563 American Journal of Psychiatry 1876-1877, 565.

564 Ibid.

565 Ibid., 193.

Paulson and Sherman, Hilltop, 71. By this point, Columbus, Ohio had already established an Institution for the Feeble-Minded in 1857, which was the first of its kind in the nation. However, it was not until the 1890s that Ohio would erect facilities for epileptics at Gallipolis State Hospital.

566 American Journal of Psychiatry 1876-1877, 565.

567 Eighteenth Annual Report of the Board of Directors and Officers of the Longview Asylum, to the Governor of the State of Ohio for the Year 1877 (Cincinnati, OH: House of Refuge Printing Works, 1877), 11.

568 History of Hamilton County, Ohio, with Illustrations and Biographical Sketches, 203.
denying admittance to many patients was viewed as financially preferable and, by 1879, Hamilton County officials boasted they retained only a small number of colored insane. Despite reporting figures in the teens, the Hamilton County representatives exasperated its small budget and, by August, the county retained “nothing for the payment of the expenses of colored insane from the State at large until the end of the year.”

Notwithstanding the lack of funding they claimed, “There need be no fear as to the welfare of the small number of patients, however, as they can be maintained all the same until the Legislature meets again and provides for the small deficiency that will thus be created.” Unfortunately, for the patients, the fear would become very real, very quickly. The dilapidated condition of the Avenue House persisted and, in 1881, it was admitted the building posed an obvious danger to inhabitants. Due to the vague nature of the patient files, it remains unclear what some of the causes were, but 19 African Americans died at Longview between 1881 and 1885, which was a staggering increase from years past when only one death was recorded between 1869 and 1880.

“Census in Hamilton County, Ohio, 1840,” New-York Spectator [New York, New York] 7 Nov. 1840: n.p. 19th Century U.S. Newspapers. Web. 25 March 2019. The census of the 1940s reported that 2,225 colored citizens resided in Hamilton County, Ohio, and were outnumbered by the 44,127 white citizens. Of these, 51 whites and only two colored people were identified as insane.


Ibid.

History of Hamilton County, Ohio, with Illustrations and Biographical Sketches, 202.

Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887. Bear in mind, this date only accounts for the casefiles, not the annual reports. Also, some deaths recorded in the Longview casefiles do not include an exact date, only a year.
Unfortunately, what would appear to have a simple solution of requesting additional funding from the state of Ohio was actually complicated by numerous unseen political strings.

Frequent disputes surrounding the joint ownership between Hamilton County and the State of Ohio left the requests for additional funding consistently unanswered. To solve the issue, a Joint Committee from the Ohio Senate and House met in Hamilton County on November 24, 1880, to discuss the state’s purchase of the Longview Asylum. The committee, full of “hot Scotch” and “narcotics,” were joined by the representatives of the asylum and county commissioners, and promptly inspected the buildings.\footnote{“Longview for Sale,” \textit{Cincinnati Enquirer} (1872-1922), Nov 25, 1880. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/886556116?accountid=11311.} Upon completion of their investigation, the committee met to review the history of the asylum, the disproportionate funding from the county for state patients, and to discuss an appropriate price for the purchase. Despite acknowledging that the present condition of the asylum was a result of the county’s control and the facility would be better kept under state authority, the sale did not go through.\footnote{Ibid.} Consequently, the controversy surrounding the purchase of the Longview Asylum only served to exemplify finger-pointing in regards to the inadequate funding and corresponding poor care offered to patients. Hamilton County officials continued to blame the state, and the state representatives continued to blame the county.

Due to the ongoing financial dispute, Longview operated as both an institution for the insane of Hamilton County and the state-at-large. As a partially state-funded
institution, Longview generally could not attract the same caliber medical personnel as other private facilities. According to Abraham Luchins, patients of public asylums generally came from low socioeconomic classes and were comprised of more diverse ethnic backgrounds, which commonly resulted in “differences in value orientation between the professional staff and many of the patients.”

Accordingly, superintendents of public institutions were more lax in their observation of medical standards, arguing “state hospitals need not be as elegant and luxurious as the private ones; they believed that the chronically ill did not require the impressive looking buildings or the constant observation that Kirkbride advocated for the acutely ill.” As long as publicly funded institutions avoided the abuse that persisted in the jails and almshouses, they were viewed as a much more preferable treatment location for the pauper insane. As Longview officials struggled to navigate both worlds, the Board of Directors debated the consequences of becoming an entirely state-supported facility.

After several years of grueling negotiations, the Ohio State Legislature resolved to purchase the asylum in January 1883 for $800,000. Despite its recent purchase, the

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576 Ibid., 478.

577 Ibid.


Special Dispatch to, the Enquirer, “Settled” The Long-standing Longview Fight, The Supreme Court of Ohio, Acting as the Umpire, Declares it a Public but not a State Institution, and Reverses the Decision of the Hamilton County Court. The Bounced Trustees Reinstated –
Republican administration argued during a General Assembly in 1884 that one of the ramifications of these frequent disagreements was the institution consistently lacked adequate funding, most notably the colored facilities, which ran up a deficit of over $20,000. Although the state was made fully aware of the dilapidated condition of the Longview Asylum, these problems unfortunately persisted into the early 1900s, as evidenced by the Cincinnati Lancet and Clinic’s admission that the asylum had become known for having nothing but “bare walls and iron cots, with sparse coverings” as well as “course food.”

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“Charles Foster 1884 State of the State Address,” The Governors Collection (Columbus: 1884), 10. Historical Society Online Archives, Accessed 7 May 2019: https://ohiomemory.org/digital/collection/addresses/id/2571/rec/5. In 1884, the Governor of Ohio from 1880-1884, Charles Foster (1808-1904), even petitioned for the reimbursement of the Longview Asylum in his State of the State Address. A former U.S. House of Representatives Congressman, and a Republican opposed to Radical Reconstruction, Foster urged the legislature to attend to this matter and argued, “under a contract of the State with Longview Asylum for keeping colored insane, it is claimed that there is due that institution some twenty thousand dollars. Your attention is respectfully invited to this claim.”

Prior to Longview’s purchase, Ohio established the Ohio Board of State Charities in 1866, in efforts to ensure public institutions were operating at appropriate levels. The Board was composed of three women and three men, who personally inspected the conditions of the infirmaries, jails, and asylums of Ohio. President Rutherford B. Hayes explained the Board’s duty was to ensure, “air and light, and all wholesome influences, are poured into those hitherto neglected and hopeless abodes, and life and health and real reform naturally and of necessity follow.” Annually, the Board released a summary of their findings which typically included a brief synopsis of each asylum, statistical reports and funding information, suggestions for improvement, and occasionally pertinent discussions held during their meetings. Their findings were directly reported to the General Assembly of Ohio, which had a say in whether they wanted to implement changes or increased regulations. The Board had no power to establish law, was not supposed to aim to find faults, and was limited to reporting to the legislature only pressing facts. Unfortunately, it was quite standard for the Board of Charities to make the same recommendations year after year, typically advocating for additional room in the overcrowded asylums or increased standards for state employees. Their authority, however, was limited to their success in persuading money-conscious politicians who feared public reproach in the general elections. Therefore, the Board was forced to rely


582 Circular No. 2, 1892, Office of the Board of State Charities, Columbus, Ohio (Columbus: Ohio Historical Society, 1892), 1.

583 Circular No. 1, 1891: The Prevention of Crime, and the Arrest, Detention and Reformation of Criminals from the Board of State Charities, Columbus, Ohio (Columbus: Westbote, State Printers, 1891), 1.
on public sentiment to spur change, as they were otherwise powerless. Understanding the limitations of the Board’s power and Longview’s tumultuous relationship with the state government, asylum superintendents sought to form solid bonds with sympathetic legislators in order to elicit additional funding or legislative reform.

No other Longview superintendent had more political connections than Dr. Joseph Webb, brother-in-law of Rutherford B. Hayes, two-time Ohio Governor (1868-1872, 1875-1876) and, later, President of the United States (1877-1881). During his Governorship, Hayes continually concerned himself with the state of the Longview Insane Asylum, particularly, Webb’s predecessor, O. M. Langdon, of whom he was not impressed. Hayes even penned in a confidential letter to General T. L. Young concerning his misgivings. Hayes stated in 1871, “I think he [Judge Burgoyne] has been wrong in sustaining the administration of the asylum these last few years.” However, Hayes was pleasantly surprised when his brother-in-law, Dr. Joseph Webb, was appointed as the superintendent. Hayes wrote to his uncle on June 11, 1871:

I am glad of it. It is altogether the best position for a physician in Ohio. It is a county and city affair, with a partial control in the State. The place is more permanent and better paid than anything else of the sort we have. Being under a board of city men they are liberal in all respects. The pay is thirty-five hundred dollars, and the officer is allowed absolutely everything but his clothing – servants, carriage, and horses, house rent, and living all complete. The only drawback is health, and the doctor thinks he can make that what it

584 Eleventh Annual Report of the Board of Directors and Officers of the Longview Asylum to the Governor of the State of Ohio for the Year 1870, 13. https://ohiomemory.org/digital/collection/p267401cdi/id/11/rec/9. In 1870, Dr. O. M. Langdon had argued for the government to add the office of Commissioner of Lunacy who would draw together the experience of each institution in order to establish the best general operation and treatment strategies. Despite his rationale surrounding the need for such a position, Langdon was swiftly denied, as a Board had already been established to conduct annual investigations of asylums.

should be. He got it [the appointment] without pushing, and without either Matthews or I [me] interfering. I did not know of it.\textsuperscript{586}

Regardless of whether Hayes knew of his appointment beforehand, the two would remain intimately connected throughout the next few years. Their relationship would prove beneficial to Webb, who endured his fair share of criticism as superintendent. When Dr. Webb’s actions were called into question in 1872, Rutherford B. Hayes lovingly wrote:

My Dear Joe, … The law creating the Board of State Charities was passed April 17, 1866… Supposing you feel aggrieved by their censure, I wish to say quite earnestly: ‘Keep your own counsels until you are all ready to act. Don’t talk to anybody, and don’t act until I can advise you.’ It is the simple truth that the Board of State Charities have done more good in the matter of the treatment of criminals, the unfortunate, and the poor, than any other agency we have ever had in Ohio. They may and doubtless do make mistakes, but on the whole their work is most important and valuable. I know you never acted harshly or cruelly, willingly much less intentionally, but there are two sides to the question of your grievance. But what I wish to say is, Do not act until your friends have a chance to be heard by you.\textsuperscript{587}

Webb landed in hot water again in 1874, when the \textit{Western and Southern Medical Recorder} ran a scathing review of the Longview Asylum. Bearing in mind that Longview during the 1870s facilitated a higher number of patients due to the fire at the Columbus Asylum, the author, H., complained the asylum was undoubtedly overcrowded, lodging almost 300 patients beyond its capacity.\textsuperscript{588} Such overcrowding had already been determined detrimental to the welfare of patients, as Webb claimed:

\begin{quote}
It is a question, settled long ago by the most experienced psychiatrists, that a lunatic asylum, sheltering more than 300 patients, is being deprived more and more of the
\end{quote}

\textsuperscript{586} \textit{Ibid.}, 147.

\textsuperscript{587} \textit{Ibid.}, 186.

character of a medical institution, assuming that of a cavern or some other monstrous receptacle for the concealment and confinement of the insane.  

Although fully aware of the disorganization, Webb refused to call a meeting with the directors to “discuss the means of stopping such a horrible, nay, criminal condition of things.” Webb may not entirely be to blame for this situation. Historically, a meeting with the directors was typically fruitless, as they remained “deaf to the demands for ‘more room,’” which was the only remedy called for by Dr. Webb. H. felt Webb should have explained what steps were to be put into place in the meantime and recommended the state establish a method of removing paying patients, who might be able to procure alternative treatment at home by local clergymen or physicians. Likewise, H. questioned why Webb had not reached out to enlist the support of outside authorities as a means to provide regular alternative care and thereby reduce the burden on the facility. Conversely, Webb praised the beautiful structure and work done within the asylum and neglected to inform the public about what H. described as:

… a lunatic asylum allowed to have twice the number of patients it should have, without the possibility of classification, without wards for the epileptics, with but two assistant physicians, and a number of nurses entirely inadequate to the number of patients – that such an asylum should be felt as a disgrace to the community rather than as a source of pride, however grandiose the building may appear to the traveler, glaring at it from the window of a sleeping-car.

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589 Ibid., This excerpt was taken from the Longview Asylum Annual Report of 1872.

590 Ibid.

591 Ibid.

592 Ibid.

593 Ibid.
To make matters worse, when Webb argued for the addition of a pathologist to his staff, H. bemoaned that Webb did not feel competent enough to perform his own post-mortem autopsies. To top this off, when Webb traveled South “on a leave of absence for the purpose of restoring his health, seriously impaired,” by the malaria of Longview, a Colonel, A.M. Robinson, acted as his replacement for several months. This fact, H. concluded, was indicative of Webb’s obvious inefficiency as a superintendent. H. might have been right on the last matter. While occupying the seat of presidency, Rutherford B. Hayes received several letters concerning the declining health of his brother-in-law, Dr. Webb, in 1880. Hayes knew Longview, situated near the canal, was prone to malaria-ridden mosquitoes and Webb was “never rid of chills and fever after he left Longview,” following four years of service (1871-1875). What said more about Webb’s character as a physician was he, too, experienced “melancholy spells,” which led Hayes to pen:

I sometimes feared that he would become insane. There were occasional symptoms of it. He distrusted at times his nearest friends. Dr. Comegreys, a friend and connection, feared that he might glide into insanity. Judge Matthews [his brother-in-law] felt the same apprehension. Some months ago he wrote of his general good health but spoke of severe shooting pains in his head.

594 Ibid.

595 D. J. Kenny, Illustrated Cincinnati: A Pictorial Handbook of the Queen City (Cincinnati: Robert Clarke, 1875), 14. The asylum was constructed in Carthage, Ohio, and the grounds were divided by the Miami and Erie Canal which ran between the railroad track and the building.

596 History of Cincinnati and Hamilton County, Ohio, 233.

Diary and Letters of Rutherford Birchard Hayes 3, 1865-1881, 598.

597 Ibid., 598-599.
Despite the political scrutiny, Webb remained intimately connected with Hayes throughout his stint as superintendent. The same year Rutherford B. Hayes was elected President of the United States, he made it a point to visit all of the insane asylums of Ohio. As the acting President, Hayes even sought Webb’s advice when tasked with the formation of his presidential cabinet. He wrote to Webb on February 15, 1877, “I want your views fully and specifically. If possible a personal interview would be extremely desirable,” as Hayes struggled with his concerns surrounding the “Southern question.” Their relationship remained strong until the end, when Hayes, while still occupying the seat of presidency, traveled to Spring Grove in Cincinnati to attend Webb’s funeral. Having died childless, his name lived on through Webb Hayes, son of Rutherford.

Although Dr. Webb was criticized for his political stance on alcohol, Hayes took up his late brother-in-law’s mantle after his passing. Webb had argued in his 1872 report there was a clear connection between intemperance and insanity and pushed for legislation on the matter. Critics pointed to Webb’s lack of critical analysis, as he was


599 Diary and Letters of Rutherford Birchard Hayes 3, 1865-1881, 415.

600 Ibid.

601 Ibid., 244.

602 Ibid., 512.

603 “Reviews and Notices,” Western and Southern Medical Recorder 17, no. 4 (1874).
easily swayed by those who had a tendency to exaggerate the influence of alcohol. Moreover, Webb did not take into consideration that alcohol, in some cases, might have simply exaggerated preexisting conditions.604 Despite these criticisms and after his stint as president, Hayes continued to advocate for mental health care reform, by supporting Webb’s medical conclusions concerning the vice of intemperance. In January of 1882, Rutherford B. Hayes argued for the establishment of an Inebriate Asylum, which did not gain adequate support.605 However, the relationship between Webb and Hayes served as a clear example of how strategic political connections could benefit asylum officials and, likewise, threatened the authority of the external Board of Charities.

Despite the outward success gained through political associations of various asylum members, the Ohio Board of Charities vehemently warned against political entanglements of benevolent institutions. “Nothing could be more subversive of this spirit of public benevolence; nothing more incompatible with the wholesome exercise of these civil functions than mere partisan patronage in the administration of such institutions.”606 As a result of the growing political connections of various superintendents of Ohio, the Board pushed for a law to be enacted which barred one political party from holding the dominant power in this section of the public. Therefore, insane asylums would be

604 Ibid.


605 *Diary and Letters of Rutherford Birchard Hayes* 3, 1865-1881, 188.

606 *Fourth Annual Report of the Board of State Charities, to the General Assembly of Ohio for the Year 1879* (Columbus: Nevins & Myers State Printers, 1880), 19.
safeguarded against the “encroachment and machinations of professional politicians” and ensure “both parties are equally interested in their protection.” 607 Most likely aware that he may have overstepped, in his “State of the State Address,” Hayes applauded the appointment of individuals of different political parties to be “conducive to their best interests.” 608 In April of 1880, Ohio established a law set at tearing down the political influences within the current asylum management. Section 655 dictated the governor was responsible for appointing six people to serve on the Ohio Board of Charities, no more than three of which could be from the same political party. 609

While urging bipartisan control within the public institutions, the Ohio Board of Charities also gently reminded its members they were not to concern themselves with the qualifications of the physicians in charge of the asylums. Investigative Board Members were accordingly urged to keep their noses out of political affairs and were told during their seventh annual meeting:

Remember in the first place, that the officers who are appointed and in charge of these various institutions are there by legal appointment. It is not our special business to criticize the methods by which they got there. We all understand that politics makes bad work in many of our institutions. 610

607 Ibid., 20.


610 Seventeenth Annual Report of the Board of State Charities, to the 70th General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1892 (Columbus, OH: Westbote, State Printers, 1893), 297.
Despite their efforts, in 1886, the Ohio State Board of Charities concluded, “the main difficulties with which all our State institutions have to contend, are the influence of party politics and the interferences of politicians. Some of the institutions have suffered severely from these causes in the past.”\textsuperscript{611} Indeed, the Board ascertained fluctuating partisan control of the asylums was responsible for a multitude of unnecessary complaints and the employment of unqualified personnel.\textsuperscript{612}

Aside from the overt political connections of Longview, the Ohio Board of Charities examined the basic function of the asylum in order to assess the level of care provided. Accordingly, the Board of Charities visited Longview numerous times, but it is only in their 1877 report that they mention the Colored Department. As a whole, the investigative team was impressed that Longview maintained a “most satisfactory condition in all its affairs.”\textsuperscript{613} In contrast, the Colored Department was not viewed as favorably:

> The colored ward, rather the separate building used heretofore for colored patients, now having a visible admixture of white patients (the better class of colored being accommodated in the main building), is little, if any, above the average condition of county infirmaries. The building is old – unavoidably going to decay; the patients are chiefly imbeciles, of exceedingly filthy and uncontrollable habits, and, in the midst of the most devoted and experienced care, anything like comfort seems utterly impracticable. The building is not, nor can it be made, available for the decent care of the class of persons committed to it. It is due the administration, to say that, doubtless, the mortification of such conditions is felt, upon their part, as deeply as it would be possible for others to feel.\textsuperscript{614}

\textsuperscript{611} Eleventh Annual Report of the Board of State Charities, to the Sixty-Seventh General Assembly, for the Fiscal Year ending November 15, 1886 (Columbus: Westbote, State Printers, 1887), 5.

\textsuperscript{612} Ibid., 25.

\textsuperscript{613} Second Annual Report of the Board of Charities to the General Assembly of Ohio for the Year 1877 (Columbus: Nevins & Myers, State Printers, 1878), 34.

\textsuperscript{614} Ibid.
It is evident Longview, seeking to make room for additional white patients from Columbus, used the designated Colored Department as an overflow for their most hopeless cases. This practice not only permitted asylum personnel to ignore the mandated segregation requirement, but legitimized their practice of limiting African-American acceptance into the asylum. Regardless, the Board remained powerless, aside from their role of general reporting. The limited nature of this institutional oversight allowed for these questionable practices to continue throughout the 1870s.

By 1879, the Board of Charities sought to expand their authority to include the power to investigate specific complaints. Up until that point, they denied requests to examine specific claims of abuse, stating their role was limited to the investigation of the public system as a whole. Accordingly, cases of abuse were sent directly to legislative committees or the General Assembly “and not always with satisfactory results, owing chiefly to official relations, local prejudices, or political influences.”\textsuperscript{615} As such, the Board strongly requested the legislature expand their responsibilities to encompass the investigation of complaints, thereby relieving lawmakers from the financial burden and embarrassment of their recent endeavors, which have been fruitless.\textsuperscript{616} In addition, several counties created their own versions of the Board. For example, Cincinnati created

\textsuperscript{615} \textit{Fourth Annual Report of the Board of State Charities, to the General Assembly of Ohio for the Year 1879}, 18.

\textsuperscript{616} Ibid.
a Board of Charities in 1881 and appointed a former Ohio Congressman, Hon. J. D. Cox, as the President.\textsuperscript{617}

In 1886, a complaint had been filed to the Ohio Governor concerning ill-treatment at Longview. Upon investigation, the Ohio Board representative was taken directly to the strong-room in which the patient was kept. The representative recorded the patient, although in the strong-room, was also kept in a muff which was strapped to his waist.\textsuperscript{618} The patient refused to speak, even to a relative who was at the same time visiting the asylum. Upon the patient’s removal from the room, the investigating Board member gave the man a box of fruit, which he quickly dashed to the floor. The board member recorded, “having witnessed this violent repulse of a loving hand I was informed that this violence of temper rendered it quite unsafe to give this patient the freedom of the ward, and that the muff was the mildest means at command to prevent him from tearing his clothes and bedding.”\textsuperscript{619} The board member deemed this particular incident an unreasonable complaint, claiming the relatives harbored a “false impression of cruelty.”\textsuperscript{620} In the concluding remarks, the Board of Charities stated Dr. Miller, Longview Superintendent

\begin{itemize}
  \item \textsuperscript{617} First Annual Report of the Provisional Central Board of The Associated Charities of Cincinnati (Cincinnati: Walden and Stowe, 1881).
  \item \textsuperscript{618} Eleventh Annual Report of the Board of State Charities, to the Sixty-Seventh General Assembly, for the Fiscal Year ending November 15, 1886, 34. The manual restraints were the reason the complaint was made in the first place.
  \item \textsuperscript{619} Ibid.
  \item \textsuperscript{620} Ibid.
\end{itemize}
from 1878 to 1890, was exemplary in his management, despite operating an overcrowded asylum with an insufficient number of attendants.

Although the Board of Charities attempted rather unsuccessfully to combat the interference of political parties, they did pride themselves on their success in holding superintendents to their claims of non-restraint. One board member reflected upon his time by stating:

… with all our shortcomings in the care of the insane, the progress made in recent years is very wonderful, and especially in our State asylums. When I began to inspect them, as a member of the Board of State Charities, a dozen years ago, patients in straight jackets, and cribs, and camisoles, and muffs, and various other forms of restraint, was a very common sight, but now it is one of the rarest.

The Board was correct in their boasts, as Ohio’s Athens and Columbus Asylums both reported to the Board of Charities in 1883 that they had completely abolished the use of mechanical restraints and adopted a daily recordkeeping in order to better track the improvement of patients over time. Although Longview superintendents made no such claims, in 1882, they only listed four patients as “destructive” and sixteen as “sleeved.”

The reports of the Board prompted a larger discussion on the use of restraints and, by the late nineteenth century, several Ohio physicians had already begun to discuss the future

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621 History of Cincinnati and Hamilton County, Ohio, 233.

622 Eleventh Annual Report of the Board of State Charities, to the Sixty-Seventh General Assembly, for the Fiscal Year ending November 15, 1886, 34-35.

623 Sixteenth Annual Report of the Board of State Charities, to the 70th General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1891, 308.

624 Eighth Annual Report of the Board of State Charities to the General Assembly of the State of Ohio, for the Fiscal Year ending November 15, 1883, 12.

625 Seventh Annual Report of the Board of State Charities, to the General Assembly of the State of Ohio, for the Fiscal Year Ending November 15, 1882, 17.
use of “calmative drugs.” Longview’s doctors had begun experimenting with the use of various medications in the cure of the patients. In 1877 the *Journal of Materia Medica* reported that “Hycoscyamin,” an anti-tremor medication was used on patients by Dr. DeWitt, acting Superintendent of Longview. According to the article, Dewitt spoke “highly of its value” which he claimed had a hypnotic and curative effect for those suffering from melancholia, mania, and depression. Although medication was rarely mentioned in the African-American casefiles, one deaf African-American patient, 25-year-old Sam Ella Cousins, was “given narcotic and Emmenagogue” to help cure her “Menstrual Derangement – Dementia.” By 1882, physicians of Longview listed seven patients who received “night medicine,” as opposed to physical restraint. Although Longview superintendents lagged behind their neighboring asylums in the adoption of new treatment methods, they nonetheless gradually implemented them by the turn of the century. One Longview Superintendent, F. W. Harmon, was outwardly cautious about adopting fleeting theories on insanity. He argued, “So-called ‘new startling discoveries’ are generally but short-lived, and are soon forgotten in the blaze of the next brilliant

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626 Ibid.


628 Ibid.

629 *Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887*, 64.

630 *Seventh Annual Report of the Board of State Charities, to the General Assembly of the State of Ohio, for the Fiscal Year Ending November 15, 1882*, 17.
meteor which flashes across the scientific horizon.” Consequently, Harmon maintained, “until more practical suggestions for the treatment and care of the insane come from those who devote their entire time and energies to original investigation in pathological and other fields of scientific inquiry, we must be content to labor along well-known lines, approved by experience.” Thus, new medical practices were adopted, at times, with much caution.

By 1889, the Board of Charities ran into financial trouble and, consequently, admitted, “the State institutions have not been visited as often, or by as many of our members as they otherwise would have been.” Moreover, as their investigations became more routine, the managers of the public institutions quickly caught-on to the standard strategies and were sometimes suspected of attempting to manipulate what inspectors witnessed. Suspecting deceptive techniques were at play, Board Member, Mr. H. Hart, wrote:

I have been visiting and inspecting institutions for nine years, and I want to make a few suggestions in regard to visiting institutions without warning. Don’t make them at a certain time in the year or in the month, and don’t let people know when you are coming. It will make a great difference in the value which the public will put upon the reports of your visits to these institutions.

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631 Thirty-Eighth Annual Report of the Board of Directors and Superintendent of Longview Asylum, Carthage, Ohio to the Governor of the State of Ohio, for the Year Ending 1897 (Cincinnati: Commercial Gazette Job Rooms Print, 1897), 10.

632 Ibid., 10-11.

633 Fourteenth Annual Report of the Board of State Charities, to the 69th General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1889 (Columbus: The Westbote, State Printers, 1890), 9.

634 Seventeenth Annual Report of the Board of State Charities, to the 70th General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1892, 295.
Hart likewise cautioned against the tendency to suspect asylums of mismanagement or abuse. He claimed investigators, when talking with inmates, must “take what they tell you, with a grain of allowance; it is a great mistake to take in everything that they tell you…. The presumption in my mind is always in favor of the institution.”

Hart asserted superintendents were selected for a purpose and one must bear this purpose in mind as they critically examine their actions.

Furthermore, the Board of Charities was forced periodically to contend with the influence of local politicians. For example, then-former President, Hayes played a major role in reinforcing the limits to the external Board’s authority by stating, “It has no power to dictate, but only to examine and report to the Legislature such facts as it may deem important.” Consequently, it was the Board’s responsibility to seek the support of the public in advocating for change within each institution. According to Hayes, “The Board relies upon this public sentiment, enlightened by a knowledge of the facts, for success in its work.”

These arbitrary political exertions of power, however, would not prove effective in entirely squelching the authority of the Board of Charities.

Regardless of the external political pressure to view the asylums in a favorable light, the Board of Charities was, at times, forced to conclude mismanagement was at play. Due to the fact the Board of Charities had very little power beyond written

635 Ibid.

636 Ibid.

637 Circular No. 1, 1891: The Prevention of Crime, and the Arrest, Detention and Reformation of Criminals from the Board of State Charities, Columbus, Ohio, 1.

638 Ibid.
suggestions to the legislature, they brought cases of mistreatment, abuse, and chronic underfunding before the citizenry, hoping public outcry would bolster their pleas for reformation, sometimes more successfully than others. When this was the case, the Board decided to remain as brief as possible within their reports, sparing the public from the gruesome details. In 1892, the Board recorded the female ward of Longview had not undergone renovations in 30 years. Moreover, overcrowding had become so profuse that over 80 patients were forced to sleep on the floor. To make matters worse:

Injuries to patients and to attendants have been sustained, and one death has occurred from unexpected developments. Two instances of alleged ill treatment have come under our observation. They were both severe cases and demanded at times heroic treatment. Reflecting upon these and general observation, our opinion is that an increase of medical staff and supervising and attendant force is not inappropriate.

The reports do not mention specific patient names, the dates of inspections, nor the duration of their visits. It was up to the public to trust the Board’s conclusions were accurate and, that once given the report, the legislature would act in the best interest of the patients.

Unsurprisingly, the foremost complaint the Board of Charities made about Ohio facilities concerned their overcrowded conditions. Longview ranked the highest on the

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639 Seventeenth Annual Report of the Board of State Charities, to the 70th General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1892, 26.

640 Seventh Annual Report of the Board of State Charities, to the General Assembly of the State of Ohio, for the Fiscal Year Ending November 15, 1882, 16.

641 Seventeenth Annual Report of the Board of State Charities, to the 70th General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1892, 26.

642 Eleventh Annual Report of the Board of State Charities, to the Sixty-Seventh General Assembly, for the Fiscal Year ending November 15, 1886, 34. For many years, the Board of Charities observed the overcrowded condition of Longview. They argued, “The asylum is greatly crowded, and yet order is maintained and in air of general comfort prevails throughout the household.”
list, prompting the Board to argue in 1888 that the insane asylums of Athens, Toledo, Columbus, and Dayton had over 340 vacancies, while Longview remained overcrowded.\footnote{177 Thirteenth Annual Report of the Board of State Charities, to the 68\textsuperscript{th} General Assembly of the State of Ohio, for the Fiscal Year ending November 15, 1888, 23.} In 1891, the Board stated, “The total capacity of Longview is 680; present population, 843. The capacity of the male ward is 200; the male population is 405. These figures speak for themselves as to the crowded condition.”\footnote{178 Sixteenth Annual Report of the Board of State Charities, to the 70\textsuperscript{th} General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1891, 60.} Luckily, their numerous complaints prompted the legislature to construct additional facilities which were expected to be completed by 1892.\footnote{179 Ibid.}

When not focused on adjusting institutional policies to address the booming insane population, the Ohio Board of Charities dabbled in more theoretical discussions concerning insanity. As their role was as limited as a basic advisory panel, the Board sought to provide insight into what they believed was causing the stark rise in insanity in Ohio. The Board concluded as civilization advanced, so did insanity, particularly in the lower socio-economic classes. They maintained as the business and bustle of the day wore on the lowly, a broad, liberal education was thought to help the weak-minded cope with the day-to-day life in the city. People experienced mental abnormalities, such as bouts of depression, when they failed to cope when the mad rush of society.\footnote{180 Seventeenth Annual Report of the Board of State Charities, to the 70\textsuperscript{th} General Assembly of the State of Ohio, For the Fiscal Year ending November 15, 1892, 318.} The Board argued, “the truth of this statement is proved by consulting asylum records, where you
will find that from 65 to 80 per cent. of patients are from the illiterate classes.\footnote{Ibid.}

Furthermore, Dr. J. W. Scott contended there were many more causes of insanity, such as, “bad practices; bad surroundings and bad associations,” which he never quite delineated.\footnote{Ibid., 426.} The Board of Charities altogether avoided the topic of race, preferring to place blame on the lower socio-economic classes for the increase in insanity. Those who examined the Longview Asylum records even noticed a tendency to admit a higher number of patients from the lower classes of society.\footnote{“Longview Hospital for the Insane,” \textit{Western and Southern Medical Recorder} \textbf{49}, no. 21 (1902): 543. \textit{Nineteenth Century Collections Online}, http://tinyurl.galegroup.com/tinyurl/BEedq1. Accessed 10 July 2019. “This is the Hamilton County institution for a housing of the mentally defective classes, and is largely representative of the off or under side of humanity, as it exists in a singly county.”}

Furthermore, when the Board of Charities sought to provide a comprehensive analysis of care in Ohio, they once again blamed the apparent mistreatment of the insane on the lower socio-economic personnel. This was most evident when the Board sought to elucidate why, when superintendents outlined superior expectations for proper care, there arose such a multitude of complaints. Dr. A. B. Richardson, Superintendent of the Columbus Asylum, argued he had pinpointed the exact cause for such inconsistencies:

\begin{quote}
It is an unquestionable truth, which we cannot evade, and which no advocacy of any theory of reform in architecture, in medical treatment, in methods of physical control by the use or the disuse of chemical or mechanical means, can obscure, that in the end, come what will, try whatsoever method we may choose, we must rely for the actual application of our theories, and the real working out of the problem, upon the nurses to whom we entrust the patients in our care.\footnote{The Ohio Bulletin of Charities and Correction for the Quarter Ending December 31, 1897 (Columbus: Ohio Board of State Charities, 1897), 109.}
\end{quote}
Despite acknowledging the vital role of the nurse, Richardson sadly complained they are most oftentimes the “intellectual companion for the domestic and the common laborer,” which “displays itself in bigotry, narrowness, petty jealousy, unreasoning suspicion and often downright stupidity in interpreting the indications, that cannot be gauged by the degree of schooling.” Richardson added it is their previous experience that brings about a substandard of morals and brutality, which is the sad reality with which all asylum superintendents have to contend. Due to low wages, which compare with common laborers of the cities, quality was difficult to find. Richardson explained sometimes politics were the only reason for the employment of unqualified individuals, who could not find employment elsewhere. To combat these issues with nursing in Ohio, Richardson suggested instituting an increase in pay and educational qualifications, a mandatory civil service examination, alongside a probationary period during which training is offered to the potential nurse. Richardson also contended, “no political or personal consideration should work for or against any one.” As we have seen, this idea was certainly not always the case for the Longview Insane Asylum.

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651 Ibid., 109-110.

652 Ibid., 111.

653 Ibid., 110-111.

654 Ibid., 111. Dr. H. C. Eyman stated plainly, “We have progressed from madman, to lunatic, to insane, to sick; and from guard, to attendant, to nurse. The nurse of to-day instead of jingling a bunch of keys and terrorizing his patient by harshness and cruelty, must of a necessity be a close friend and sympathizing companion, carefully removing the asperities, soothing the irritable and comforting and cheering the depressed” (114).
The most significant pushback the Board of Charities felt was by the medical community of Cincinnati, who did not consider the Board competent to conduct medical investigations. They argued:

First of all, the average Grand Jury has not got a man on it that knows how to inspect a public institution, or that knows whether the house is well kept and clean; and that the officers are doing their duty to the patients. They absolutely don’t know a thing about the management of such a place, or the duties of its officers. The Superintendent sets them down to a feast of the fat things of the County, but how can they know whether the patients have one meal, or three a day; whether they have proper professional attention or not. Again we say: They don’t know one whit more when they leave than when they enter, except it may be the Superintendent shall design to tell the Honorable Members of the Grand Jury that one of the boilers leaks, another fresh cow is needed, a new wash tub, and that more than one hundred patients sleep on the floor for lack of beds and rooms to put them in. 655

Accordingly, the medical community argued, rather than the “periodical enactment of this most farcical of farces,” the medical staff of the Cincinnati Hospital should conduct the investigations. 656 This attitude was indicative of the significant rift that had grown between the psychiatrists of Longview and the larger medical community of Cincinnati.

For the most part, the medical society of Cincinnati remained rather disconnected from the psychiatric group of Longview. Superintendents did little to remedy the problem, as they were not quick to add much to their annual reports beyond the basics and did not regularly publish scholarly works on the topic of insanity. The Clinic cynically stated, “The scientific work of the medical officer has been limited to the preparation of an annual report showing the number of entries, discharges, residents, and deaths, with a little padding of flowers, music and dancing in contrast to the chains and


656 Ibid.
dungeons of medieval times.” Even when the American Medical Association and the Mississippi Valley Medical Association hosted some of their annual meetings in Cincinnati, Longview physicians did not reach out to provide unique medical insight in their field. As the Longview superintendents refused to attend the medical society’s meetings, Cincinnati physicians publicly urged the Board of Directors to make it “mandatory on every physician in Longview, to become active members of our local medical societies, and show an attendance at its meetings, at least once a month, before they can draw their salaries.”

The disconnection between the medical community and the psychiatrists may have all stemmed from Longview’s chronic problems of overcrowding and understaffing.

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“Medical Societies: American Medical Association.--Eighteenth Annual Session, Proceedings of the Association,” *Cincinnati Lancet & Observer (1858-1878)*, June 01, 1867, 333. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/128457622?accountid=11311. On one occasion, there was such distaste between the medical society and that of the insane asylums that they refused to partake in discussions on the matter.

Regardless of the cause, the medical community publicly denounced the cold-shoulder treatment. Silas Weir Mitchell, M.D., during a national meeting of psychiatrists, criticized the lack of scientific research conducted at asylums. He proclaimed:

Personally, and from observation, the medical profession of Cincinnati know very little or nothing of modes of treatment of patients in Longview Asylum, and so far as we know, the management of that institution is desirous that this condition of segregation and ignorance of each other should be as complete as possible. In a period of more than twenty-five years we have never known of an invitation being extended to the medical profession to visit Longview. What Cincinnati physician can tell whether chemical or mechanical restraint is in vogue, or of the amount of liberty allowed and employments of patients?660

Likewise, Longview was vilified for being “useless so far as clinical advantages are concerned.”661 It is true that superintendents did not regularly broadcast information regarding successful treatment methods or neurological studies. In their annual reports, Longview superintendents focused primarily on statistical information and budget requests. This caused the medical community of Cincinnati to argue, “no scientific communications ever emanate from the sacred recesses of these buildings.”662 According to the Western and Southern Medical Recorder:

A distinguished professor once remarked in the inaugural address that the only scientific communication he ever heard of originating from one of these institutions was that ‘old persons do not suffer much from headaches.’ The medical gentlemen in charge of these institutions are men of learning and culture, and we have a right to demand a reasonable share of the benefit accruing to them from so large an amount of clinical material.663


662 Ibid.

663 Ibid.
Dr. Webb was harshly criticized for not providing the public, particularly physicians, with more helpful information regarding insanity, so they would know how to act when asked to care for a friend or relative suffering from a mental disorder. Furthermore, taxpayers were eager to learn what was being done with the insane “beyond that of bringing him out of sight and hearing.” Some Cincinnati physicians argued Longview had done so little that:

This is a peculiarly lamentable state of affairs, because there is no other insane asylum, not even a private one, in the vicinity of this great city to which a scientific physician can conscientiously direct such a patient or his friends. The victims of brain disease must actually be sent East from this city to obtain proper medical skill. Let us have with the new Legislature, a new board of directors and new medical officers, that Longview Asylum may furnish something worthy of its wealth of the munificent city which has spared nothing in money to make it a credit instead of a disgrace.

Indeed, many blamed the administration of the asylum for the lack of clinical research, concluding that the managerial structure undoubtedly had elevated the superintendents to a position of unchecked authority. The *Cincinnati Lancet and Clinic* even claimed the frequent scandals surrounding asylums were a direct result of the fact “the superintendent is the veriest autocrat over his little domain, and, like the captain of a vessel at sea, there are none to dispute his authority.” Accordingly, some argued Longview should capitalize on the educational opportunities supplied by a surplus of patients and allow medical students to use the asylum as a “clinic fields for the instruction of medical

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664 “Reviews and Notices,” *Western and Southern Medical Recorder* 17, no. 4 (1874).


students."\textsuperscript{667} Unfortunately, due to the "autocratic closure to such purposes," Longview was considered "wholly unworthy of the last decade of the nineteenth century."\textsuperscript{668} The medical community complained, "We want something more than Grand Jury reports, that the house is clean and well kept, and the officers are doing their duty, with an appendix stating that over a hundred patients are obliged to sleep on the floor."\textsuperscript{669} As true as some of these statements are, Longview physicians did occasionally publish their findings, such as when an unusual string of deaths occurred, but nothing much was said as to the psychiatric care of patients, particularly that of African Americans.\textsuperscript{670}

It is true, however, despite its position as one of the leading medical centers in the Midwest, Cincinnati physicians, both inside and outside of the psychiatric field, struggled to attend several of the Ohio State Medical Society meetings. For example, when the society gathered in Cleveland, Ohio on June 15, 1880, the \textit{Cincinnati Lancet and Clinic} recorded:

\begin{quote}
Not over one hundred and fifty physicians were present at any one session of the society. Three only were present from Cincinnati, two from Columbus, two from Toledo, two from Dayton. Think of it, only three physicians present at a session of the State Medical Society from a city the size of Cincinnati, containing several hundred, many of them men eminent in the profession.\textsuperscript{671}
\end{quote}

\textsuperscript{667} Ibid.

\textsuperscript{668} Ibid.

\textsuperscript{669} "The Week: Longview Asylum," \textit{Cincinnati Lancet and Clinic (1878-1904)} 26, no. 6 (7 February 1891): 184.


Although this was alarming, given the prominence of the medical community in Cincinnati, it was largely due to the timing of the societal meetings. Prior to Ohio’s statewide conference, the American Medical Association met in May of that same year. As the meetings ran very close together, medical leaders opted to visit the better-attended national gathering, not wanting to leave their positions for such an extended period. Thus, some attendance issues may have been the result of scheduling conflicts and not due to a lack of interest.

In sum, as Longview superintendents struggled to navigate the political implications of their partial-state-funded position, they quickly realized they had little to gain from mingling with the critical local medical community. In consequence, numerous superintendents opted to form strong bonds with local politicians, as little could be done apart from governmental approval. Furthermore, no effective system for institutional oversight had been established, as the Ohio Board of Charities held minimal political influence. This chronic lack of external regulation, coupled with untried political affiliations, would inevitably lead Longview into a flurry of media criticism that served to expose the inefficient inner workings of the asylum by the end of the nineteenth century.

672 Ibid.
Longview under Water: The Frightening Case of Miss Sally Easly

Wasn’t it Christ who rebuked and cast out the devils which afflicted the man who, fresh from the tombs, was gnashing his teeth and tearing his flesh? The man himself was kindly cared for. History is wonderfully silent on the individual, or tribe, or nation of past ages that has not manifested a tender solicitude for the man or woman whose reason had been dethroned. And among savages the madman is regarded with reverential awe. In this enlightened age he is come to be looked upon by many not with reverence or sympathy, but as an object to be rid of, to be put out of sight, and, if the reports which we are about to lay before the reader are true, in Longview Asylum he is regarded as an object whose wants are to be ignored – an object to be kicked and spurned by a company of unfeeling attendants.673

During the late nineteenth century, the media played a vital role in exposing issues the Ohio State Board of Charities could or, possibly, would not. Due to their sensational journalistic tactics, the public was exposed to life behind asylum walls. Frightening to read, these reports detail the systemic abuse, inadequate scientific research, and unethical medical experimentation, where care and long-suffering were thought to exist.

Not long after African Americans were accepted into the Longview Asylum, so many reports of mismanagement had been made that an investigation was ordered in 1879 by the Ohio State Legislature.674 The findings of the report were so shocking that they were published in the New York Times:


...it was found that the patients had been subjected to severe punishments, such as ducking in cold water. The sick had been forced to work in rooms where the temperature was 100 degrees, and upon their refusal to do so, the unfortunate patients had been stripped of all their clothing and wet towels used as whips. This punishment is described as very painful, but leaves no marks on the person. This mode, it appears, was principally used in the female wards. The men were subjected to an unparalleled brutality. The offender was knocked down, and a gag was inserted in the mouth and kept there until the victim became weak, exhausted, and the face turned purple. The report further adds that kicking, knocking down, and other acts of cruelty were found to have been carried on.675

This account seems too outrageous to be true, but was it? In order to better understand this sensational New York Times’ column, it is important to examine the testimony fielded by the Ohio State legislature in the spring of 1879. According to reports, multiple former attendants and patients gathered to expose the frequent maltreatment by the Longview Asylum attendants, particularly the ducking allegedly performed by Miss Sally Easly.676 The witnesses agreed that severe measures were taken against patients who aggravated attendants by something as little as talking “too much.”677 According to a laundress of Longview, Miss Mary A. Taffe:

Miss Sally Easly’s treatment of the patients was very cruel, have seen Miss Easly take down patients; this “taking down” consists in hurling the patient to the floor, holding her down with the knee on the chest while another employee gags the patient; another employee holds the patient’s hands. The patient is held down until she is quite weak and exhausted. The patient becomes quite purple in the face, and the breath is almost gone before she is allowed to get up [sic].678

Another witness described the “take downs” as rather horrific to watch. According to Mrs. Ella Smith, take downs consisted of “tripping them [the patients] and throwing them

675 Ibid.


677 Ibid.

678 Ibid.
on their back, and getting on their chest and taking a wet towel and choking them until
they are black. A previous patient of the asylum, John H. Sullivan, postulated, “these
blows and kicks was their method of keeping order.” Sullivan elaborated:

I have seen patients struck and kicked. They ducked me in the water. I have seen them
strip patients, and I have heard them hallowing in the bath-room. I have seen them take
an old man with one leg and throw him in the strong-room. He would strike them, and
they would strike him. I have often seen men struck for being noisy and singing. I have
heard been halloowing from the abuse they were getting.

Regardless of the specifics, the common theme was the only provocation for such abuse
was talking too much or refusing to work. Another patient, Scanlan, who was guilty of
being “glib with her tongue,” was similarly:

…hustled off to the bath-room, stripped of all her clothing, seized by four attendants, and
again and again for fifteen minutes plunged into a tub of ice-cold water, each time her
head being held under the water by Sally Easly until she was well nigh strangled. Then,
by this same Easly, Scalcan was yanked out of the tub, and, though exhausted from the
terrible ordeal, was, in the presence of these witnesses, beaten savagely with a slipper
until, in her madness, she begged for mercy. She was then hurried off to the strong hall,
where, in a cell, she was again beaten and left without supper to shiver through the night.
This punishment was inflicted twice in the same week upon this same helpless victim,
and all because she obeyed the dictates of her instinct (she has no reason) and talked.

This reported ducking of patients, whose only crime was struggling to manage their
mental faculties, appeared particularly barbarous to the public. So, why was Sally

679 Ibid.

680 Ibid.

681 Ibid.

682 Ibid.

683 “Ducking at Longview,” *Cincinnati Enquirer* (1872-1922), Feb 12, 1879.

684 Ibid.
Easily permitted to act in such a way? According to several witnesses, the answer was due to the fact she was a “special pet of Dr. Miller,” Longview’s Superintendent from 1878 to 1890. Likewise, Easly’s subordinates were warned, “any protest against these barbarities would be followed by instant discharge.” Thus, this unchecked authority had allegedly resulted in the brutal treatment of numerous patients.

The “take downs” were not the only form of violence Longview attendants used to control patients. During the proceedings, witnesses also testified patients sometimes had their ears boxed, were beaten on the head, and were given “freezing cold” baths. Likewise, patients suffered from inadequate food portions or were given “dry pieces of bread,” which they “devoured ferociously.” At one point, six mackerel were sent to feed an entire ward of nearly 40 patients. Some patients even received abuse for refusing “therapeutic” forced labor in hazardous conditions. For example, Mr. John Doyle, a machinist of the facility claimed that inmates assigned to the laundry were

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686 History of Cincinnati and Hamilton County, Ohio, 233.

687 “Ducking at Longview,” Cincinnati Enquirer (1872-1922), Feb 12, 1879.


689 Ibid.


forced to work 10-hour shifts in a room, in which he measured the temperature 120 degrees. Numerous patients reportedly feinted from the heat, as refusal to work was known to result in being “taken down.”\textsuperscript{692} It seemed work was required even of those who were unfit. One witness claimed, “I consider that the patients were overworked… Mrs. Crane was a very old woman – may-be sixty-five years old. She was unable to work, but she worked all day long.”\textsuperscript{693} Therefore, according to witness testimony, attendants utilized a combination of both physical and psychological abuse to maintain order.

Cruelty was even evident in the rooming situation. Some patients of Longview were forced to spend time locked in a crib, or coffin-sized cage. According to the Ohio Historical Society, these cages, used for “unruly patients,” were made in Cincinnati and had dimensions roughly of 78 inches by 29 inches by 34 inches.\textsuperscript{694} When a mother questioned a physician at Longview about the use of the crib, he claimed, “it is a very comfortable place.”\textsuperscript{695} When her daughter was not removed from the crib, the woman confronted Dr. Miller, who indignantly commented, “Well, did you see a crib?”\textsuperscript{696} Those

\textsuperscript{692} Ibid.

\textsuperscript{693} Ibid.

\textsuperscript{694} “Cage,” (1875-1900), Catalog No. H 43280, Accession No 98514. \textit{The Ohio Historical Society}, Accessed 18 August 2019: http://catalog.ohiohistory.org/Presto/content/Detail.aspx?bG9uZ3ZpZXcgc3RhdGU=&ctID=N2IzOTczM2EtNmQ5Yy00MDc3LjYmItZjcwZTI3N2ZlYmNl&rID=NDIyOTE=&qcf=&ph=VHJ1ZQ==&bckToL=VHJ1ZQ==&. The wooden cage kept at the Ohio Historical Society Archives was given to the institution by the Longview State Mental Hospital.


\textsuperscript{696} Ibid.
who were not kept in cribs might find themselves locked in strong-rooms. For example, Daniel S. Bolser, an epileptic patient of Longview Asylum for 22 months between 1877-1888, was disciplined after begging for tobacco, to calm his restlessness. Bolser was caged in a strong-room for nine days, “furnished only with a straw mattress thrown on the floor with two or three comforts, and often so cold that the patients are compelled to lie down and cover themselves up to keep from freezing.”697 The allegations of strong confinement were coupled with concerns of unsanitary conditions. Further testimony proclaimed some wards were “overrun with bed-bugs”698 and the New York Times corroborated that statement: “the conditions of the asylum was found to be most horrible… rooms were infested with loathsome vermin, the bedding of patients being covered with them.”699 When the strong-rooms and cribs were not enough, patients could also find themselves physically restrained in straitjackets. In the testimony of an attendant, Elizabeth Goldcamp, she followed orders to use such equipment:

Q. Did you ever inflict any other punishment besides that of giving a cold bath and holding the hand over the mouth?
A. Nothing but putting on the sleeves and locking them up in the lodge-room.
Q. What is the sleeve?
A. It is called a canvasol [sic]. It is made out of thick ducking. I do not know exactly what good it is.700

It is evident that bedding arrangements and physical restraints were used not for healing purposes, but as a way of managing rebellious inmates.

697 “Madman’s Medicine,” Cincinnati Enquirer (1872-1922), Nov 27, 1878.
698 “Other 14 -- no Title,” Cincinnati Enquirer (1872-1922), Mar 24, 1879.
700 “Other 14 -- no Title,” Cincinnati Enquirer (1872-1922), Mar 24, 1879.
Unfortunately, another horrifying story broke in the late nineteenth century, concerning a newspaper man who was forcibly committed to an asylum in Ohio.\textsuperscript{701}

During his stay, he recorded numerous occasions during which patients were ill-treated. His account included the following:

Among other things he saw insane men cruelly ‘beaten up’ and after these beatings-up, secluded for days from the doctors by the nurses, who held that discipline in the ward was paramount to all other considerations. He saw a woman nurse twist the arm and shoulder joint of a recalcitrant female patient until she fell to the floor in agony. He noted many other atrocities which came out in the metropolitan press as a part of his lugubrious diary. This reporter was not insane; his legal commitment was not justice; the State hospital to which he was committed was not a hospital; the nurses were not nurses; the investigation was not undertaken to better the condition of the insane or remove a scandal from public service, but it was done to divert patronage of the institution into other channels and secure the spoils for another political gang. No sooner did the diary begin to appear in the newspaper than the nurses began to disappear from the hospital like rats jumping from a sinking ship. The board of trustees was horrified! The medical staff was investigated and re-organized, but the same sort of nursing continues. The same ‘beating up’ discipline prevails.\textsuperscript{702}

This term “beating up” was not in popular fashion at the time, and Bayard Holmes, author of \textit{The Insanity of Youth: And Other Essays}, made a note to describe what this term referred to. According to Holmes, “beating up” was:

\ldots a technical term not found in the sense in any dictionary, and used only among the nurses and attendants of the insane. It consists of an attack upon the patient by two or more nurses; over extension of the patient’s head, knocking down the patient with the fist.

\textsuperscript{701} “The Nursing of the Insane and Research in Psychiatry,” in Bayard Holmes, \textit{The Insanity of Youth: And Other Essays} (Cincinnati: Lancet-Clinic Publishing, 1915), 133; 137. Due to similar reports, public perception of the asylum began to shift from ideas of wholesome treatment to harsh confinement. According to an article in Bayard Holmes’ \textit{The Insanity of Youth: And Other Essays}, “This is a lamentable condition and it is maintained not alone by the overwhelming majority of the attendants, but by the far more lamentable fact that the physicians themselves are appointed not for the serious object of cure, but to hoodwink the public and the friends of the insane into the belief that the spirit of the State Hospital is not for confinement and custody but for research and cure.”

\textsuperscript{702} Ibid., 133-134. In what he calls a “plea for research,” Bayard Holmes published a series of professional essays from the \textit{Lancet-Clinic} without noting the original date of publication nor some of the original authors.
on the lower jaw, kicking the abdomen, stamping the chest and treading violently the chest and abdomen with the knees.\textsuperscript{703}

According to Bayard, Ohio’s mistreatment of the mentally ill had become so commonplace that they needed to create a new term to describe it.

If mistreatment was so commonplace, who was responsible for its continuation? Some blamed the blatant mismanagement on the Democratic control of the legislature, which was charged with the oversight of the benevolent institutions.\textsuperscript{704} Others placed the blame squarely on Dr. Miller, the Superintendent of the Longview Asylum, as some of the most egregious actions were said to have taken place under his nose. This notion was particularly upsetting, as Dr. Miller’s appointment only came after the summary dismissal of previous superintendents, Dr. Bunker and Dr. Langdon.\textsuperscript{705} Both were charged with “malfeasance in office,” due to substantiated accusations of “venality,” more commonly known as bribery.\textsuperscript{706} These charges were not shocking, having previously examined the funding discrepancies which occurred in the Colored Department. Undoubtedly, the Ohio legislature was not thrilled to hear their replacement faced more serious allegations. According to the \textit{Cincinnati Enquirer}, a patient named

\begin{footnotesize}
\begin{enumerate}
\item\textsuperscript{703} Ibid., 134. This description is included in the footnote of the essay.
\item\textsuperscript{705} “Superior Court--before Judge O’Connor: The Suit Against the Late Superintendent of Longview Asylum,” \textit{Cincinnati Enquirer (1872-1922)}, Feb 18, 1875, http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/877560350?accountid=11311.
\item\textsuperscript{706} “Topics of the Week,” \textit{The Clinic (1871-1878)} 14, no. 4 (26 January 1878): 48.
\end{enumerate}
\end{footnotesize}
Pat Amely, endured the most terrible treatment under Dr. Miller after forgetting his clothing before going for bath time.\textsuperscript{707} When Amely returned to his room to retrieve his clothes, he was:

\ldots met by one of the three attendants of the ward and told to do just what he was about to do, viz: pick up his clothes. He obeyed, but carelessly left behind his slippers. He returned to get them, and in the act of stooping down to pick them up one of the attendants sprang upon his naked body and began pummeling him with his fists. Pat very naturally resisted, when the other two attendants of the ward reinforced the first, and then the three gave full vent to their rage. The poor naked and quite exhausted manic was beaten and kicked until nature could no longer be controlled and, befouling himself, he was again hurried on to the bath-tub.\textsuperscript{708}

The \textit{Cincinnati Enquirer} claimed such punishments were common and former patient, Daniel S. Bolser, stated Dr. Miller may not have even known about such occurrences, as he only visited the wards a few times each week.\textsuperscript{709} Numerous witnesses testified to the lack of supervision, commenting particularly on Dr. Miller’s inattentiveness by claiming, “the trouble is, the doctor doesn’t go around enough.”\textsuperscript{710} Even if he made more of an effort to frequent the wards, some testified this change would not be enough, as Dr. Miller’s negligence was a direct result of his frequent drunkenness.\textsuperscript{711} Not all who testified agreed Miller was blissfully unaware. In fact, some witnesses claimed Dr. Miller not only knew about the abuse, but “ordered it.”\textsuperscript{712}

\textsuperscript{707} “Madman’s Medicine,” \textit{Cincinnati Enquirer (1872-1922)}, Nov 27, 1878.

\textsuperscript{708} Ibid.

\textsuperscript{709} Ibid.

\textsuperscript{710} “Longview Asylum,” \textit{Cincinnati Enquirer (1872-1922)}, Mar 22, 1879.


When considering the reports of mistreatment, there arises an obvious reason Dr. Miller was regularly seen accompanying visitors as they made their way through the asylum: to control what was seen and, more importantly, what was not seen.\(^{713}\) Correspondingly, the Longview Insane Asylum visitation records from 1876-1879 are full of responses, such as “well pleased,” “splendid,” or “magnificent.”\(^{714}\) Along with general praises,\(^{715}\) some responses included the arduous nature of mental healthcare, by commenting: “exquisitely sad;”\(^{716}\) “humane;”\(^{717}\) and “a beautiful Home for the Poor Inmates [\textit{sic}].”\(^{718}\) The visitation logs do not include reasons for visits, nor do they record what area of the asylum the visitors were permitted to see. Thus, it is unclear whether any visitors were permitted to view the designated colored building. In one case, several visitors were left unattended and their response was likewise out of the ordinary. This lack of formal restricted guidance resulted in probably one of the most honest

\(^{713}\) Ibid.

\(^{714}\) Record of Visitors, 1876-1879, Ohio State Archives Series 247 (Cincinnati: Longview State Hospital, 1879), 2.

\(^{715}\) Ibid., 31-32. Some responses included statements such as “a noble institution,” “All well regulated,” and “God bless the Benevolent.”

\(^{716}\) Ibid., 23.

\(^{717}\) Ibid., 31.

\(^{718}\) Ibid., 27. At this time, patients were not called patients, but inmates, which symbolized the larger role of the institution in keeping the mentally ill separate from functioning society.
observances of Longview, as they recorded, “First visit, Got lost. Badly scared. First & last visit.”

Though these reports do not mention color and were, therefore, most likely about the white patients of Longview, it is possible colored patients received the same, if not worse, treatment. Nonetheless, due to the racism still prevalent in Ohio, reports of targeted African-American abuse would not have gained as much traction. However, some accounts made specific mention of how African Americans were disproportionately used for medical experimentation in Hamilton County’s infirmary. According to an 1889 article in the Cincinnati Enquirer, Dr. W. F. Harper experimented with five patients, two of which were African American, “who were kept in complete ignorance of what was intended.”

The paralyzed men, 34 and 74-years-old, were injected with an elixir gathered from the juices of old carcasses of a nearby slaughterhouse. The patients had been diagnosed with irreversible paralysis and medicine was thought to only hasten death. However, once injected, one of the colored patients experienced a “veritable miracle. Scores of people have called at his house on Court street to see if the reported cure was true. Weir, in demonstration of his recovery, would dance about the room and kick up his heels to show his ability.”

Medical experimentation did not end with

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719 Ibid., 27. Unfortunately, these responses were too brief to derive much more than simple understanding of the visitor’s impressions of the asylum. Accordingly, it is unclear what was the direct cause of this visitor’s fear.


721 Ibid.

722 Ibid.
random injections. During the 1889 trial of several Longview attendants, evidence concerning scientific experiments emerged. The most disturbing testimony came from Mr. John Doyle, an electrician, who was asked in private to fit up a “dissecting room” in the basement of the female ward. After its completion, he was instructed to conceal his expenses from the Board of Directors. Doyle complied and added a gas-light and a 4-by-12-foot table. The room supposedly “caused considerable trouble among the ladies above” and the son of Dr. Dogherty described his experience in the “dead room” as follows: “I held the fellow’s head by the name of Shafer while they took his brains out.” 723 The brains were replaced with cotton, and two other dissections followed. 724 According to other reports, 725 “unfortunate victims furnished material for the practice of amateur surgeons.” 726 Although the color of the patients was not mentioned, it is possible that colored patients could have been forced to undergo similar experiences. In one case, Eliza Johnson, admitted to Longview due to “religious mania” from 1870 until her death in 1886, had her ring finger of her left hand removed, without any mention as to why the procedure was necessary. 727 Unfortunately, after her surgery, doctors recorded her wound, “not entirely closed,” caused her to lose control of her faculties and she became exceedingly indolent. Johnson “never improved under treatment” and died shortly


724 Ibid.


726 Ibid.

727 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 75.
thereafter. Thus, it is apparent that some African Americans may have been the recipients of medical experimentation. After Longview’s dissecting room was met with public backlash, the Ohio legislature sought to stamp out any current or future use of grave robbing to obtain specimens for medical experimentation. This course of action, while much more preferable to “body-carvers” who conducted “experiments as surgeons on living victims,” forced doctors to procure corpses illicitly. Titled the “Doctor’s Bill,” medical physicians were given specific parameters under which they could obtain bodies for dissection. Although the law was intended to quench the thirst of doctors for cadavers, it may have resulted in the unintended increase of pre- and post-mortem experimentation on mental patients, who, as a result of their confinement, were out of reach of close family and friends.

Years before Sally Easly’s treatment made headlines, several African-American casefiles from the 1870s and 1880s mirrored the same sort of scandalous treatment. The first case is that of Laura Taylor, 20-year-old servant originally from Nashville, Tennessee, who was diagnosed with acute mania. Taylor, a patient of Longview from 1979 until 1883, was described as “disposed to injure both persons and property.”

728 Ibid.
730 Ibid.
731 Ibid.
732 Collection. Longview State Hospital: Case Book of Male and Female Patients. 1860-1887, 95.
Accordingly, Taylor was frequently “confined to a room.”\textsuperscript{733} One night, “about an hour after bathing,” her heart stopped. A post-mortem autopsy displayed “numerous hemorrhages” on her left side with lungs that were only in the beginning stages of pneumonia.\textsuperscript{734} Unfortunately, no specific mention is made as to what caused the lethal hemorrhaging, but it is possible Taylor could have experienced the same sort of physical abuse as the white patients of Longview.\textsuperscript{735} However, the most conspicuous case of abuse was that of Pauline Smith, a 51-year-old mulatto woman who was admitted on September 30, 1882. According to her file, Smith was sent to the asylum from a county infirmary after she expressed delusions of “being pursued.”\textsuperscript{736} Upon her admittance, Smith verbally accused the attendants of abuse. This type of allegation had never before been recorded in Longview’s files of African Americans. Smith brazenly stated, “she was hurt here because the doctors were especially skilled in nothing.”\textsuperscript{737} Likely disgruntled by her assertions, Smith was characterized by doctors as “troublesome” and “oft-times stupid and dull and does not seem capable of taking care of herself.”\textsuperscript{738} To top that off, Smith’s memory was described as “impaired.”\textsuperscript{739} Of the 58 African-American patients, Smith is the only one to have experienced “fainting spells” where she “fell out frequently and

\textsuperscript{733} Ibid.

\textsuperscript{734} Ibid.

\textsuperscript{735} Ibid.

\textsuperscript{736} Ibid., 136.

\textsuperscript{737} Ibid.

\textsuperscript{738} Ibid.

\textsuperscript{739} Ibid.
bruises her face."\textsuperscript{740} Continuing their description of Smith, attendants claimed she was "stupid most of the time."\textsuperscript{741} Pauline Smith mysteriously died during the night on December 21, 1882, after only being in the asylum for roughly two months.\textsuperscript{742}

By 1880, Longview had accumulated its fair share of complaints and, according to the Ohio Board of Charities, it had "passed into the chronic stage of investigation…its history for the past two years would be monotonous with the repetition of complaints, investigations, libel suits, injunctions, and adjustments."\textsuperscript{743} Dr. Miller was surrounded by accusations of both his unfailing incompetency and conversely, his superior conduct. When investigations were conducted, committees reached widely varying conclusions and most of the blame was placed on the institutions’ political entanglements. The Senate committee concluded their 1879 report of Longview by stating, "The sooner such institutions are completely and thoroughly divorced from politics, the better it will be for all interested, and we believe that the full measure of efficiency cannot be attained until this is accomplished."\textsuperscript{744} The House committee pointed to Longview’s unnecessary treatment methods by claiming:

\begin{quote}
…if the condition of inmates of an asylum thus subjected to various and needless punishments of revolting severity, are to become the victims of inexcusable neglect, and in many cases left in their last moments with no hand to administer to their dying wants,
\end{quote}

\textsuperscript{740} Ibid.

\textsuperscript{741} Ibid.

\textsuperscript{742} Ibid.

\textsuperscript{743} Fourth Annual Report of the Board of State Charities, to the General Assembly of Ohio for the Year 1879 (Columbus: Nevins & Myers State Printers, 1880), 27.

\textsuperscript{744} Ibid., 27.
and these facts come to the knowledge of the State, it is the State that is thereafter guilty of this inhuman and cruel treatment, should it occur.745

The House committee also noted inadequate food, by stating, “ill patients have not been properly fed and cared for” as a result of the joint-ownership of the asylum.746 The annual per capita cost in 1877 was $163.58, which due to political reasons was reduced in 1878 to $137.12, a “reduction [which] could not occur without being felt.”747 The average cost was $165.00 per year and, due to Longview’s efforts to slash the budget, “the reduction of such cost below a fair minimum, established by experience, must be made to the discomfort of the inmates and to the detriment of the general character of an asylum” [sic].748 Regardless, the Ohio Board of Charities did not delay in recommending the legislature foot the bill for necessary improvements. Within the next year, Longview completed several repairs and the Board dismissed all complaints of cruelty against the asylum.749

Although Dr. Miller was found to be “incapable, inefficient, and every way unfitted for such position, and who had been instrumental in bringing about the various and multitudinous investigations,” nevertheless, the Trustees of Longview voted to

745 Ibid., 27-28.

746 Ibid., 28.

747 Ibid.

748 Ibid.

749 American Medico-Psychological Association, and New York (State), American Journal of Insanity, 540. As reported to the American Medico-Psychological Association, “At the Longview Asylum the buildings and extraordinary repairs commenced last year have been completed. Newspaper charges of cruelty to patients have been dismissed as without foundation by thorough investigation of two boards of officials.” It seems as though both Longview officials and the medical community were anxious to dismiss the matter as soon as possible.
reinstate him.\textsuperscript{750} The Ohio Board of Charities echoed the conclusion of the House committee and called for further investigation of the asylum that had been the subject of media onslaught for the past few years.\textsuperscript{751} However, the Board later praised Dr. Miller, and claimed, “Under the efficient superintendence of Dr. Miller, supported by a board of trustees thoroughly interested in their work, it certainly ranks among the best asylums in the whole country, and is a credit to our State.”\textsuperscript{752} Later in 1883, the Board of Charities continued to praise the work of Dr. Miller:

Dr. C.A. Miller has been for six years Superintendent, and in the administration of its business affairs, in the details of domestic management, and as a medical officer, has shown marked ability and peculiar adaptation to the multiform duties of his position. The institution is a model of systematic order in its management. Complete harmony seems to characterize its present administration, and, while the medical staff is quite devoted to the treatment of patients, the board of trustees leave no effort untried to promote the comfort of the entire household.\textsuperscript{753}

Longview’s administration made quite significant efforts to repaint the picture of the facility in the minds of the public, to varying degrees of success.

Longview was not alone in its reported “ducking” scandal. As similar stories arose from other asylums around the nation, a group of medical professionals gathered to combat such blatant abuse of power. By 1880, the National Association for the Protection and Prevention of Insanity was formed and met in Cleveland with the stated purpose of

\textsuperscript{750} Fourth Annual Report of the Board of State Charities, to the General Assembly of Ohio for the Year 1879, 29.

\textsuperscript{751} Ibid.

\textsuperscript{752} Seventh Annual Report of the Board of State Charities, to the General Assembly of the State of Ohio, for the Fiscal Year Ending November 15, 1882 (Columbus: G. J. & Co, State Printers, 1883), 16.

\textsuperscript{753} Eighth Annual Report of the Board of State Charities to the General Assembly of the State of Ohio, for the Fiscal Year ending November 15, 1883, 67.
tending to the “misery and suffering” endured by the nation’s insane.\textsuperscript{754} Aimed at improving general conditions, the society had to grapple with the various state practices in order to develop some sort of unified understanding of the best organization and treatment methods across the United States.\textsuperscript{755} In 1883, the association unanimously voted for the extirpation of both seclusion and mechanical restraints, as well as increased supervision of superintendents.\textsuperscript{756} Several Ohio physicians joined the cause, such as M.D. Follitt, from Marietta, and Joseph Perkins of Cleveland; however, no Longview doctors believed it prudent to join.\textsuperscript{757}

By the late nineteenth century, psychological professionals began to demand an increased transparency within their field. In an effort to improve treatment methods, certain medical practices were expected to be publicly shared, such as the findings from post-mortem autopsies. Up until that point, the annual reports of the Longview Asylum note little other than the number of patients and running expenses. Consequently, Longview was continually put under the microscope by German physician, G. Holdt, M.D. In 1872, displeased with the lack of information provided in the annual reports, Holdt noted, “the report, unfortunately, does not contain the relation of one single


\textsuperscript{755} Ibid.


\textsuperscript{757} Ibid.
interesting case, and if, during the whole year there has been none worth recording, the
medical gentlemen of Longview deserve our deepest commiseration.” Moreover, Holdt
pointed specifically to the lack of post-mortem autopsies and claimed, “sixty-one deaths
of insane people in one year! What an enviable mass of investigating matter!” Despite
the relatively low number of post-mortem autopsies conducted, several African
Americans are included in the number, but little of their findings were recorded. Mary
Sales, a 55-year-old African-American patient of Longview from 1879-1882, who was an
avid tobacco smoker, was given a post-mortem autopsy that determined she had lungs
that were so pressed “against the spinal column till scarce any air could enter them.” In
other casefiles, such as that of Jennie Sims, a simple “Died (PM)” was recorded, with no
written evidence of the findings.

In the late nineteenth century, as public scandals loomed over the halls of
Longview, some were led to the conclusion it was “evident that our Insane Asylums
are becoming rather manufactories of insane people than hospitals for the cure of patients

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758 E. B. Stevens M.D., “Correspondence: Longview Asylum,” 176.
759 Ibid, 173.
761 Ibid., 135.
of that description.” Though one of Longview’s many rules of governance stated, “attendants must treat all patients kindly,” as the facility expanded, so did its abuses. Consequently, many called for additional oversight of the asylum and argued “the only way to prevent such a result is to have the asylums constantly visited by a commission of experts, and to appoint as officers and attendants in such institutions only persons of recognized experience in the care of the insane.” Moreover, Ohio physicians continued to advocate for similar progressive reforms. For example, by 1906, Ohio’s medical leaders became renowned for their advocacy against the use of mechanical restraints and solitary confinement as appropriate methods of treatment. According to Dr. Slusser of the Ohio Hospital for the Insane, restraints were not to be used except for in the most extreme cases for those who persistently refuse to sit down, or those who stand or walk “until their extremities become swollen, and they give evident signs of physical prostration.” Slusser could not find a less objectionable method and claimed physical restraints were sadly the only way to control such behaviors. Such progressive actions


765 “Barbarities to the Insane,” Courier-Journal (1869-1922), Apr 02, 1879.


767 American Psychiatric Association, American Journal of Psychiatry, 1876-1877, 33 (Baltimore, 1877), 152.

768 Ibid., 152. Slusser commented, “I have no way of controlling such, but by tying them down on a seat. If there is any less objectionable mode, I should like to know it. Then we have a
were not followed by all attendants and, consequently, Ohio’s asylums continued to face harsh public criticism:

The medical attendance in the Ohio State hospitals is inadequate. In one State hospital of 1,800 lunatics, for example, there are two physicians. The superintendents have too much ‘business’ and politics to attend to visit the wards. The nursing, like that in other States, is unprofessional and unskilled, and the atrocities perpetrated by attendants on the patients are very numerous. In this respect Ohio can not outdo Illinois, where a nurse was convicted in March, 1914, of murdering a patient under his care, which patient, an old paretic, had been Kankakee State Hospital only four days. This murderer of an old Jew was sentenced to jail by the judge at Kankakee to serve sixty days in jail [sic].

Indeed, attendants of the asylum were largely untrained. According to a 1916 publication about Longview’s history, “there is no training school, chiefly for the reason that the service rendered by the majority of the attendants and nurses is too transient to permit of any permanent or profitable organization.” As we have seen, the results of an ill-equipped staff could prove disastrous. Consequently, although the harshest critics of Ohio asylums, the medical community exercised little control outside of their own hospitals and were forced to watch as outdated practices reared their head time and time again, as a result of Ohio’s ballooning insane population.

Overall, the media played a vital role in exposing the practices hidden behind Longview’s formidable walls. Although the case of Sally Easly was dismissed, Longview’s chronic struggle with overcrowding was finally dealt with in 1915, when $250,000 was appropriated for the expansion of the facilities. By that point, Longview class of noisy patients, harmless in every other respect, but so loquacious and boisterous that they disturb the whole ward.”


housed 400 patients beyond its stated capacity. As nearly 40 years passed before significant institutional adjustments were made to deal with the overcrowded condition, it is unclear if the impassioned media coverage of the 1879 event had any significant legislative impact. However, the Sally Easly proceedings were, at a minimum, a tipping point for the numerous pleas for increased investigations that followed. With a largely powerless investigative body and a managerial staff that was overly involved in politics, the treatment of Longview’s patients fell somewhere between the cracks. Hence, just because care was offered does not mean best practices were assured, as “‘Classification’ without care and kindness will never be a helper in the restoration of reason [sic].” Therefore, already faced with societal “otherness,” Ohio’s African Americans were further “othered” by mental illness, with devastating effects both inside and outside of asylum walls.

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771 “News Notes,” Western and Southern Medical Recorder 114, no. 10 (1915): 202+. Nineteenth Century Collections Online, http://tinyurl.galegroup.com/tinyurl/BAXLG9. Accessed 9 July 2019. Western and Southern Medical Recorder were quite upset with how long it took for Longview to procure the necessary financial support it so desperately needed, as “it would be interesting to know the real reason that has kept the county officials from giving Superintendent Harmon the equipment he asked for many years ago, and that the people authorized in the now rather remote past.”

772 “Madman’s Medicine,” Cincinnati Enquirer (1872-1922), Nov 27, 1878.
For many in the African American community, our story is one of perseverance and resilience. After all, we survived slavery; surely, we can survive “sadness” or “anxiety.” In this mindset, anything less would be considered spiritual or moral weakness. The problem, in part, is that we often fail to recognize that mental illness is much more than feeling melancholy or anxious, it is not a sign of weakness, and it does not discriminate based on skin color. We fail to recognize mental illness as an “illness,” as we would cancer, diabetes, or high blood pressure… Communities of color are no different than any other community in that everyone wants to live a healthy life: physically, mentally, spiritually, and emotionally. The challenge for communities of color and healthcare providers alike is defining what a healthy community looks like through the prisms of stigma and historical adversity, which includes race-based exclusion from health, educational, social, and economic resources. It is only by working together collaboratively as fully engaged partners that we can overcome this challenge.  

As a result of chronic understaffing, inefficient financial support, and minimal external oversight, Longview was simply incapable of providing ideal care for their mental patients by the end of the nineteenth century. Even though Ohio’s psychiatric founders had outlined methods for proper treatment, political pressures and persistent overcrowding forced even the most ideal superintendents to overlook the improper use of manual restraints and the employment of ill-trained or abusive attendants. There is no

doubt, as African Americans were forced into the asylum’s Avenue House, minimal financial support resulted in a blatant lack of adequate supervision. As financial concerns remained at the forefront of institutional policies, the Board of Directors and local politicians valued cost-saving strategies over publications of treatment methods, let alone scientific research. The colored citizens of Ohio who were admitted into the Longview Insane Asylum from 1860-1900 were subjected to various prevailing national stereotypes surrounding the treatment of the negro insane. These pervasive oversimplifications often led attendants to view African Americans as more boisterous and prone to violence. Resultantly, colored patients suffered significantly due to the various methods of manual restraint, including the use of close-confinement, muffs, and straight-jackets. By itself, the abnormally high colored death rate of Longview is indicative of the poor treatment they received in comparison to their white counterparts. Notwithstanding, the African-American mentally ill not fortunate enough to gain admittance into the asylum were forced to suffer confinement within local jails and infirmaries, in which even more deplorable conditions were noted. Though much time has passed, unfortunately, the cultural trauma established during America’s pre- and post-antebellum era persists today. Research suggests there has been a chronic problem of stigma that prevents African Americans from trusting the mental healthcare system. In Ohio, this lack of care is especially concerning as the majority of untreated mentally ill have found themselves behind bars. According to a 2016 article by the Columbus Dispatch, Terry Russell, the Executive Director of the National Alliance on Mental Illness Ohio, argued Ohio houses an equal number of mentally ill in prisons as they do in mental institutions. Given the disproportionate number of African Americans who remain untreated, it is obvious the
current system punishes those who lack access to mental healthcare. Consequently, as recent as 2019, Ohio has noted significant mental healthcare disparities, which have yet to be resolved.

An article published in 1988 in the *Philadelphia Tribune* noted the weakness in the mental healthcare system in Ohio. “More Blacks are needed in Ohio’s mental health system to correct ‘chronic inequalities’ in the system toward Black patients, a new study says.” According to the article, when African-Americans received care they were “more likely than whites to be diagnosed with severe mental disorders.” Mirroring the claims of the 1849 Colored Citizens Convention, the Director of Dayton’s Project Cure, Abdue Zafr, commented, “the real crime is allocating money to service a total population and never providing services to address needs for a segment of the population.” This disproportionate care was reasoned to be the result of Black citizens’

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776 Ibid.


perception of a system that was insensitive to their needs. According to the report, out of the 33 mental health boards in Ohio, none were headed by a black citizen or citizen of another minority group. What solution do these boards offer? An increase in sensitivity training for employees coupled with an “increase in community relations and public education among Blacks.”  

Unfortunately, although the problem was identified some 30 years ago, corrective measures did little to solve Ohio’s modern disparities, as African Americans continue to suffer from numerous barriers to access. For example, according to a 2018 publication by the Ohio Psychological Association, “only 2% of psychiatrists, 2% of psychologists and 4% of social workers in the U.S. are African American.” Hence, much like the late nineteenth century, Ohio continues to face a problem of underrepresentation within its mental healthcare physicians. Consequently, African Americans are forced to seek care from doctors who may misunderstand their particular cultural norms. Furthermore, socioeconomic factors directly relate to the accessibility of quality healthcare, as nearly 40% of all African Americans living in Ohio are reportedly living in poverty. In conjunction with this, in 2017, the Call & Post reported the findings of the U.S. HHS on Minority Health that impoverished African Americans were “three times more likely to report serious psychological distress than those living above poverty” and “African American adults are more likely to have feelings of sadness, hopelessness and

779 Ibid.

worthlessness than adult whites.”

Already burdened with the high stress that comes with poverty, Ohio’s African Americans continue to lack the necessary tools for mental healthcare access. According to the National Alliance on Mental Illness, 11% of African Americans are uninsured and, in Ohio, the figure is even higher at 15%. Furthermore, only 49% of non-elderly African Americans were covered by employer-sponsored health insurance compared to 74% of whites. By the numbers alone, mental healthcare continues to be an exclusive privilege of the middle and upper class. The 2006 Ohio Black Caucus pointed beyond disparities in health insurance to the fact “hospital investments are not as prevalent in Ohio's urban African-American neighborhoods.” It is evident that even if a higher amount of African Americans received healthcare insurance, they would continue to face geographic problems of access.

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783 Ibid., “Health Disparities in Ohio.”


785 Ibid. The Ohio Legislative Black Caucus met in 2006 to shed light on the continued racial disparities in Ohio’s healthcare programs. The most shocking reports came from their examination of medical insurance coverage. From 2003-2004, an estimated 11% of Ohio’s non-elderly white population reported no health insurance, compared to the staggering 18% of African-Americans. Rhonda Crowder, “Mental Health Community Reaches Out to African Americans,” Call & Post, Oct, 2006. http://search.proquest.com.ezp-prod1.hul.harvard.edu/docview/238470867?accountid=11311. William Denihan, CEO of Cuyahoga County Medical Health Board, claimed, “African Americans are significantly underserved by the mental health community and, at the same time, overly diagnosed.”
One of the most devastating consequences of the continued lack of access is teen suicide rates in the African-American community are on the rise. In a recent study completed by Ball State University Professor, Jagdish Khubchandani, “suicide rates among black adolescents (13-19 years of age) increased by 60 percent for males and for females by 182 percent between 2001-2017,” which has resulted in suicide rising to the “second leading cause of death” within the African-American community. Furthermore, Ohio ranked as one of the top 10 states for black teen suicide between 2015 and 2017.

Access to appropriate mental health care is essential in preventing unnecessary tragedies. Recently, on October 20, 2018, an African-American central Ohio resident, Geoffrey Helms, urged fellow citizens across Ohio to “seek assistance for their loved ones living with mental illness.” His plea came as the result of his cousin, Donald Bugg, committing murder-suicide, in which Helms lost his mother. In an interview with 10 TV News, Helms stated Ohioans should “take mental illness seriously and get help, get them help don’t be ashamed to call your local health agency and get those resources in

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788 Ibid.

action so these people can get the help that they need.”

Had Bugg received the appropriate mental healthcare, Helms might have been spared the loss of his close family members. On the topic of similar tragedies, the Call & Post reported the University of Connecticut's Center for Mental Health Disparities findings: "many ethnoracial minorities experience cumulative experiences of racism as traumatic, with perhaps a minor event acting as 'the last straw' in triggering trauma reactions.”

Furthermore, provider bias has caused a trend of misdiagnosis. Much like the tendency to label patients as “violent” in the 1860s, today, there is evidence that many African-American males who suffer from PTSD are mistakenly diagnosed with schizophrenia. This issue stems from a significant lack of cultural competency, as some doctors do not have a full understanding of the various norms, beliefs, language, and values distinct communities share. Due to the historical propensity to be misunderstood and misdiagnosed, many African Americans will either delay treatment or seek care within their community through religious officials. While family and faith can prove beneficial support systems, sometimes professional care is necessary. Consequently, outreach measures are thought to be the next step in solving Ohio’s problem. N.E.S.T., a program started by Tracee L. Black in Columbus, established a goal of educating clergy and community members about mental health through free workshops, which focus on

790 Ibid.


792 “African American Mental Health,” National Alliance on Mental Illness.

793 Ibid.
“awareness, stigma, recovery and resources.” Black works to help Ohioans understand what mental illness looks like in the African-American community, the professional ethics, and the need for more African-American mental health professionals.” These efforts display the first of many steps in the healing-process of this generational trauma.

Already forced to endure the pain of race-based stereotypes, African Americans are consequently hesitant to willingly subject themselves to the additional stigma of mental illness. In 2006, Rhonda Crowder of Cleveland’s African-American weekly newspaper, Call & Post, argued mental illness has become stigmatized among the African-American community due to cultural reasons. The Voice of Black Cincinnati mirrored this same sentiment and argued: “Research shows African-Americans do not want to identify with mental health because of the cultural stigmas of being mentally broken, crazy or sick.” According to Rewire.News:

Because of the history of institutions mistreating Black patients, there is a prevailing, generational distrust of the health-care system at large in Black communities. This legacy, combined with the cultural stigma of having mental health disorders, makes Black patients reluctant to seek psychiatric care.

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794 Crowder, “Mental Health Community Reaches Out to African Americans.”

795 Ibid.

796 Ibid.

797 “Mental Health in Black Cincinnati is Done Flying Under the Radar. It is time to educate ourselves and take action,” The Voice of Black Cincinnati, Accessed 5 July 2019: https://thevoiceofblackcincinnati.com/mental-health-in-black-cincinnati/.

Therefore, when combining cultural incompetency with societal sigma, the barriers to appropriate mental healthcare pervade well beyond simple economic inequalities.

One recent example of the persistent racial discrimination within Ohio’s current healthcare system was the recent involuntary hospitalization of black Cincinnati resident, Nisa Muhammad, described by Liz Brazille in her April 5, 2018, article in *Rewire.News.*799 According to Brazile, Muhammad was forcefully institutionalized for 14 days in January 2018 where she “suffered allergic reactions, was falsely accused of being disorderly, and was over-medicated and psychologically gaslighted,” which she argues, “reflects the broader obstacles Black patients face when they seek psychological care.”800 In addition to the medical negligence stemming from her complaints of allergic reaction to the medication, Muhammad argued clinicians purposefully interpreted her artistic tendencies and Muslim faith as “delusions.”801 There are no federal laws which mandate cultural competency training for medical professionals, which unfortunately results in misinterpretation of many patients’ cultural actions as “aggressive behavior.”802

According to a 2017 article in the *Call & Post*, the American Psychological Association has argued that generational racial discrimination, continual cultural blind spots, and the

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799 Ibid.

800 Ibid.

801 Ibid. In an interview with *Rewire.News*, the Executive Director of the Black Mental Health Alliance (BMHA), Jan Desper Peters, “If you go to a Pentecostal or Baptist church and you see people gyrating around, jumping up and down, passing out, and catching the spirit, that could look strange if that’s not your experience.” Additionally, “The fifth and most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) exempts religious and spiritual beliefs from being classified as or deemed symptomatic of a mental illness. The last edition, the DSM-4, was the first to do so.”

802 Ibid.
systemic barriers including difficulties of access has led to a lack of adequate mental health care for African-American communities.\textsuperscript{803} Despite these conclusions, physicians have the tendency to “overlook the cumulative effect of ongoing racial discrimination.”\textsuperscript{804} This tendency was certainly true in Nisa Muhammad’s experience. Kristen Rogers argued these cultural misunderstandings have led to the overdiagnosis of Ohio students and, consequently, allowed hospitalization to serve as a disciplinary tool. Rogers claimed, “Instead of the school-to-prison pipeline, it’s becoming a school-to-mental institution pipeline.”\textsuperscript{805}

It is evident that the mental healthcare disparities facing Ohio’s modern African Americans stem from a long history of inequality and cultural trauma caused by institutional racism.\textsuperscript{806} It is obvious that further research should be conducted to help provide a more comprehensive view of Ohio’s unjust mental healthcare practices and to better facilitate the healing process for the African-American citizens. It is not until we


\textsuperscript{804} Ibid.

\textsuperscript{805} Brazile, “An Ohio Woman Demands Better Care for Black Patients After Her Involuntary Hospitalization.”

acknowledge the generational impact of Ohio’s maltreatment of African Americans that they can truly begin the healing process.
AFRICAN-AMERICAN PATIENTS OF LONGVIEW ASYLUM FROM 1867-1889

<table>
<thead>
<tr>
<th>Category Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright's Disease</td>
<td>4%</td>
</tr>
<tr>
<td>General Paralysis</td>
<td>4%</td>
</tr>
<tr>
<td>Nephritis</td>
<td>4%</td>
</tr>
<tr>
<td>Acute Tuberculosis</td>
<td>4%</td>
</tr>
<tr>
<td>Abscess/Hemorrhage</td>
<td>12%</td>
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<tr>
<td>Pneumonia</td>
<td>12%</td>
</tr>
<tr>
<td>Marasmus</td>
<td>16%</td>
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<tr>
<td>Unknown</td>
<td>20%</td>
</tr>
<tr>
<td>Phthisis</td>
<td>24%</td>
</tr>
</tbody>
</table>

AFRICAN-AMERICAN CAUSES OF DEATH AT THE LONGVIEW ASYLUM FROM 1867-1889

- Bright's Disease: 4%
- General Paralysis: 4%
- Nephritis: 4%
- Acute Tuberculosis: 4%
- Abscess/Hemorrhage: 12%
- Pneumonia: 12%
- Marasmus: 16%
- Unknown: 20%
- Phthisis: 24%
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To the colored citizens of the State of Ohio. Friends: – The undersigned were appointed, at a meeting held in the city of Columbus, July 30th ult to call a Convention of Colored citizens of the State of Ohio, to meet at Chillicothe, on 22. 1873. Pdf. https://www.loc.gov/item/rbpe.13800700/.


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