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In the "Spirit of Investigation and Experiment": John Minson Galt II and Social Reform at the Eastern Asylum

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In the “Spirit of Investigation and Experiment”: John Minson Galt II and Social Reform at the Easter Asylum

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ABSTRACT

The Eastern State Asylum admitted its first patient in 1773, and was the only asylum to operate solely for the treatment of insanity before the widespread implementation of moral management, which became popular in the 1830s and 1840s. The Eastern State Asylum has continuously treated insane persons since 1773. However, it is often absent from accounts of nineteenth-century lunacy reform even though it closely followed moral management trends under the direction of superintendent John Minson Galt II (1841-1862). The documents included in the Galt Family Papers, as well as various articles published in the American Journal of Insanity, suggest that the Eastern State Asylum, in many respects, mirrored management trends and reforms implemented at the most prominent northern asylums. These documents suggest that the Eastern State Asylum, despite its southern locale, was fully integrated into the larger lunacy reform movement; the annual reports of the Eastern State Hospital, as well as the superintendent’s personal letters, illustrate that Dr. Galt was fully conversant and active in the latest psychiatric trends governing the management and treatment of insanity. Although antebellum reform was arguably stronger and more vigorous in the North than in the South, its effects were felt and embraced in many parts of the South.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>ii</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 1. Literature Review</td>
<td>3</td>
</tr>
<tr>
<td>Chapter 2. The Rise of Moral Treatment in Northern Asylums</td>
<td>15</td>
</tr>
<tr>
<td>Chapter 3. Lunacy Reform at Virginia’s Eastern Asylum</td>
<td>24</td>
</tr>
<tr>
<td>Conclusion. A Ferment of Southern Reform?</td>
<td>40</td>
</tr>
</tbody>
</table>
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I would also like to thank my family for their constant support and motivation.
INTRODUCTION

As early as the turn of the twentieth century, the psychiatric profession had noted that southern asylums and their respective superintendents received little recognition, a fact that seemed to imply that the South was psychiatrically distinct from the North during the nineteenth century. Dr. Theophilus Powell, medical superintendent at the State Lunatic Asylum in Milledgeville, Georgia, presented a paper before members of the American Medico-Psychological Association at their annual meeting in 1897. In suggesting a topic for his address, the convention committee noted that "due credit ha[d] never been given to the movement which brought about the erection of the buildings for the insane at the South."¹ Powell, accordingly, took up the task and detailed the history of southern asylums, and he noted, "many of them have left no record other than their good works."² While Powell provided a brief history of each southern asylum, his paper, unfortunately, garnered little attention from either psychiatrists or historians in following decades.

The Eastern State Asylum is somewhat exceptional, due largely to its connection to Colonial Williamsburg. The secondary material available on the Eastern State Asylum provides detailed insight into the daily working of the Williamsburg institution, as well as an exhaustive


chronology of its architectural history. These works largely fail, however, to locate the Eastern State Asylum within the broader nineteenth-century reform movement. Considered independently, the history of the Eastern State Asylum, while riveting, loses much of its meaning. To give it wider importance, it is necessary to connect the Williamsburg's asylum to the abundant and complex literature on the history of mental illness in the United States.

CHAPTER 1

LITERATURE REVIEW

Most of the academic literature that deals with mental illness in the United States falls into three broad categories: a traditionalist, or Whig, interpretation; a revisionist approach; and a counter revisionist analysis. Traditionalist scholars have tended to celebrate mental institutions as a mark of social progress and humanitarianism. For decades, most literature that dealt with the history of psychiatry replicated Victorian notions of asylums as benevolent institutions; most scholars tended to accept that mental health institutions followed a path of gradual progress and were continuing to do so. Prior to the 1960s, psychiatry and the care of the mentally ill was an area largely ignored by historians; psychiatrists produced most of the literature, and nearly all of it argued that the mental health care system that grew out of the nineteenth-century reform movement lived up to the ideals of those individuals who hoped to alleviate the mistreatment of the insane.4

4 Examples of Whig histories include Franz Alexander and S. Selesnick, The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present (New York: Harper & Row, 1966); Walter Bromber, Man Above Humanity: A History of Psychotherapy (Philadelphia: Lippincott, 1954); and Gregory Zilboorg, A History of Medical Psychology (New York: Norton, 1941). Gerald Grob, arguably today’s most prolific scholar on American insanity, continues to view the rise of the asylum as a triumph of enlightenment and humanitarianism while leaving out conventional belief of inescapable advancement. Although his work is widely read it is also highly contested, especially by David Rothman. For an extensive review of the
Albert Deutsch's *The Mentally Ill in America* (1937), written while he was under contract with the National Committee for Mental Hygiene, is a notable exception. While his work supported the practice of institutionalization, which he found to be inevitable, and the general aim of psychiatric care, he criticized the actual treatment that most mentally ill patients received while in professional care.

The effects of World War II on returning veterans, and the number of them requiring treatment, caused the psychiatric profession to reevaluate the existing mental health system. The professional community concluded that large, state-run psychiatric institutions were largely ineffective and a community mental health care system could revolutionize the current organization. Data collected during the war indicated that mental illness was more widespread than previously thought; therefore, federal intervention was necessary to provide adequate care, and legislative intervention increasingly gained momentum throughout the 1950s.

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Shortly after the end of the war, *Life* magazine published a lengthy article, "Bedlam 1946," which equated mental hospitals with concentration camps and called for reform.\(^7\) In response to the ensuing debate that surrounded the current mental health care system, on July 3, 1946, President Harry Truman approved $7.5 million to states for research, training, and technical assistance for the improvement of the mental health of Americans and created the National Institute for Mental Health (NIMH) to oversee the state-run programs. Additionally, Albert Deutsch’s *The Shame of the States* (1948), a powerful condemnation of the state care of the mentally ill, grabbed national attention when it was published in 1948.\(^8\)

Likely influenced by reports released by the NIMH, the Joint Commission on Mental Health, and an environment more conducive to government criticism, historians and cultural theorists intensely began to interrogate the concept of psychiatry as a benevolent institution during the 1960s. As head of the NIMH, Robert Felix was one of the driving forces behind the Community Mental Health Act of 1963, which advocated for the deinstitutionalization of mental health care. Felix strongly supported community mental health care, because he felt that warehousing patients in large hospitals was inhumane and that state


governments were incapable of effectively managing mental illness. Additionally, Felix, as well as most psychiatrists in the 1960s, believed that mental illness was not biological in nature but rather a product of environmental factors. The revived interest in mental health care reform coupled with the need to reduce budgets, the introduction of psychotropic drugs, and an environment more critical of government institutions subsequently inspired scholars to reevaluate the consequences of the institution of mental health care throughout its inception in the nineteenth century.

Influenced by the national move away from institutionalization, scholars' views toward mental health facilities and the usefulness of psychiatry changed. Following the publication and translation of Michel Foucault's enormously influential *Madness and Civilization* (1965), numerous scholarly works produced in the 1960s and 1970s problematized the concept of psychiatry as a benevolent institution. Historians and sociologists, such as Michel Foucault, George Rosen, and Andrew Scull, provided radical revisionist accounts of the rise of psychiatry, and they all affirmed that institutions designed to treat the mentally ill were inherently oppressive. According to these scholars,

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9 Gillion, "That's Not What We Meant to Do", 88.

asylums, operating under the power of the state, acted as repressive structures, because they helped to maintain an ideology that was conducive to the political climate.

The antipsychiatry school of scholarship emerged around the same time historians and sociologists were producing works that challenged traditional Whig histories of psychiatry. Antipsychiatrists, such as Thomas Szasz and Erving Goffman, questioned the biological basis for mental illnesses and argued that mental illness was a category constructed by the medical profession in order to rationalize the confinement of those individuals who exhibited deviant or socially unacceptable behavior, which ultimately allowed the institution of psychiatry to reinforce dominant cultural values. Although revisionist scholars did not form a monolithic school, as their arguments differ on critical issues, they all agreed that the institution of psychiatry ultimately acted as an agent of social control.

Writing in response to Grob's more moderate views, as well as his call for scholars to provide more in-depth works on particular institutions, regions, and issues, historians began to meticulously explore the inner world of individual asylums and their relationships with the outside world. These more recent works have both enriched and


complicated the history of mental illness and its care in America. One of the most important outcomes of these specialized studies has been a new appreciation for the ways the mentally ill their families, their communities, and their attendants were able to create, manipulate, and alter psychiatric environments.\textsuperscript{12}

Much of the recent scholarship dealing with insanity focuses on the United States; however, little of it concentrates on the South. Even works with a professed national perspective, such as those by Albert Deutsch, Gerald Grob, David Rothman, and Thomas Szasz, primarily draw their support from occurrences in the Northeast and Midwest.\textsuperscript{13}

Although many historians do not overlook the South entirely, they give very little consideration to southern institutions and tend to provide only brief, general commentary. This underrepresentation of southern


asylums in works that are national in scope is somewhat misleading. Many of the earliest American asylums were built on southern soil. Virginia opened its first asylum in 1773, followed by South Carolina and Georgia in 1842, Tennessee in 1847, Kentucky in 1848, Mississippi in 1855, North Carolina in 1856, and Alabama in 1861. Rothman's *The Discovery of the Asylum* sporadically mentions southern institutions, yet fails to provide a comparison of southern psychiatrics trends to those that occurred in the North.

Dain, Deutsch, and Grob all highlight, to varying degrees, differences between northern and southern asylums. Dain rightfully maintains that the presence of a slave population complicated the care and treatment of insane persons in the South. However, they all characterize the South as a psychological backwater, when compared to the North, which perhaps serves as their justification for paying so little attention to southern psychiatry. According to Dain, Deutsch, and Grob, the founders and physicians of the earliest southern asylums were uninformed about the recent psychiatric trends of the early nineteenth that emphasized moral treatment and discouraged the use of physical restraints and heavy narcotics. Most historians argue that early southern institutions lagged behind the psychiatric mainstream and

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were neither inventive nor prominent within the psychiatric community.16

Like most public-service institutions, public mental health care services underwent a dramatic transformation during the early nineteenth century. The South, however, has been problematic for historians of antebellum reform, and many historians continue to argue that the North and South formed two distinct societies. Unlike the northern United States, historians tend to contend that the southern part of the country did not seem to be particularly engaged in the ferment of reform. Most historians, as a result, describe the nineteenth-century American reform movement as a northern phenomenon. Lunacy reform is no exception.17

Most of the current literature regarding both insanity and reform concentrate on the improvements made in the North, and institutions such as Virginia’s Eastern State Asylum and Western State Asylum receive little, if any, attention. In nearly all the scholarly works that deal

16 Grob, Mental Institutions and Mental Illness and American Society, p. 95-96, 359-68, and Mental Illness and American Society, p. 25-26, 159-160, 218-20; Dain, Concepts of Insanity, p. 128, 177,

17 Glenn Harden, ‘Men and Women of Their Own Kind’: Historians and Antebellum Reform (Master of Arts Thesis, Department of History, George Mason University, 2000), 141-143. Harden traces the historiography of antebellum reform from its origins in Gilbert Barnes’s rebellion through the twentieth century. According to Harden, historians only began to incorporate the South into discussions of antebellum reform in the mid-1990s. Thus far it has been in a limited capacity, and most of the work involving southern reform has focused on abolition and evangelical-related causes such as temperance and Sabbatarianism.
with nineteenth-century insanity, large, urban, asylums, such as the Massachusetts’s Worchester State Hospital, New York’s Utica Asylum, and Philadelphia’s Pennsylvania Hospital, are consistently cited to illustrate the author’s argument. Because the South remains absent, these works seem to imply that southern institutions did not follow similar reform patterns.

John Quist’s *Restless Visionaries* (1998), in contrast, offers an innovative interpretation of sectional antebellum reform and disputes the widespread notion that slavery essentially obstructed all reform in the antebellum South. According to many historians, southern whites agonized over the possibility that social change would produce chaos followed by rebellion, and they, therefore, resisted the spirit of reform. While this theory certainly explains the lack of a strong southern abolitionist movement, Quist argues that it does not sufficiently address the supposed lack of southern involvement in temperance, benevolent, and evangelical organizations. By contrasting and comparing records from various antebellum organizations in both Washtenaw County, Michigan, and Tuscaloosa County, Alabama, Quist ultimately finds that a “similar climate of reform” existed in the North and the South unless the proposed reforms threatened to challenge the institution of slavery. Quist, in fact, contends that abolitionism had relatively little negative impact on other facets of antebellum reform in the South, such as evangelicalism and temperance. While Quist’s work has been criticized
for its homogenous treatment of evangelicalism and its limited analysis of women’s rights, Fourierism, and other reform strains, Quist’s central claim, that both abolitionists and slaveholders generally supported benevolent organizations and that southern reform was not cut off or far removed from progressive efforts in the North, is not hindered.18

Peter McCandless’s *Moonlight, Magnolias, and Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* (1996) examines the treatment of mental illness in South Carolina. In line with Quist he argues that antebellum asylum reformers were inspired by many of the same ideals as their northern counterparts. Race, however, complicated treatment, and he argues that black patients received inferior care.19

Lunacy reform is absent from *Restless Visionaries*; McCandless only surveys South Carolina. However, Williamsburg’s Eastern Asylum’s legacy of reform aligns well with Quist’s thesis. The Eastern State Asylum admitted its first patient in 1773, and was the only asylum to operate solely for the treatment of insanity before the widespread implementation of moral management, which became popular in the 1830s and 1840s. The Eastern State Asylum has continuously treated

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insane persons since 1773. However, it is often absent from accounts of nineteenth-century lunacy reform even though it closely followed moral management trends under the direction of superintendent John Minson Galt II (1841-1862). The documents included in the Galt Family Papers, as well as various articles published in the American Journal of Insanity, suggest that the Eastern State Asylum, in many respects, mirrored management trends and reforms implemented at the most prominent northern asylums. These documents suggest that the Eastern State Asylum, despite its southern locale, was fully integrated into the larger lunacy reform movement; the annual reports of the Eastern State Hospital, as well as the superintendent’s personal letters, illustrate that Dr. Galt was fully conversant and active in the latest psychiatric trends governing the management and treatment of insanity. Although antebellum reform was arguably stronger and more vigorous in the North than in the South, its effects were felt and embraced in many parts of the South.

By the 1850s, John Minson Galt emerged at the forefront of lunacy reform when he advocated for a radical revision of the system of treatment provided to insane patients. Drawing on an early form of deinstitutionalization practiced at Geel, Belgium, Galt’s new procedure, which he first wrote about in 1854, called for lunatics to “mingle with [their] more fortunate fellow-men” rather than “being cut off from
Unlike nineteenth-century America, Geel lacked public buildings, and "some hundreds of the insane" were "placed as borders," similar to the community-based care that emerged in the U.S. in the 1980s. While Galt was not the sole supporter of the Geel system among nineteenth-century American physicians, most of his contemporaries were quite skeptical of his plan and discredited his professional abilities. Several superintendents were quite upset over his article. They went so far as to say that he had "dishonored their fame" and "slandered" them and "misrepresented their institutions." 

It seems as though Galt's radicalism may have led historians to overstate the divide between the manner in which asylums were managed in the North and South. Similarly, southern institutions were unable to recover from the devastation brought on by the Civil War. Galt's expulsion from professional circles, coupled with Civil War related challenges, makes it easier to understand historians' erasure of the Eastern State Asylum, as well as Southern institutions generally, from the history of psychiatry and antebellum reform movements.

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21 JMGII, Annual Report of the Court of Directors of the Eastern Lunatic Asylum, for the Fiscal Years 1859-60 and 1860-61 (Richmond, 1862).

Prior to the eighteenth century, most Americans regarded insanity as part of a “sacred disease” that was, as Amariah Brigham, editor of the American Journal of Insanity and superintendent of the New York’s Utica State Hospital, put it in 1847, the result of “a consequence of the possession of a spirit or demon.” Accordingly, insane individuals, particularly those who exhibited violent behavior, were typically confined in prisons or detained in “cells and dungeons,” both in Virginia and in other colonies, such as Connecticut, New York, and Massachusetts. As early as 1727, Griffith Bowen, who suffered from “great insanity of the mind,” was confined to Williamsburg’s Public Gaol to prevent “the mischief he might otherwise have done.” While Bowen eventually regained his senses and was released from the Public Gaol, by the late 1760s at least four or five of Williamsburg’s insane were confined in the Public Gaol, which is representative of the colonial treatment of the insane.

Public concern for Virginia’s insane predates the Revolutionary War. Francis Fauquier, Virginia’s royal governor, member of the


24 H. R. McIlwaine, ed., Legislative Journals of the Council of Colonial Virginia, III (Richmond, 1918), 743.
scientifically-oriented Royal Society, and a director of London’s Foundling Hospitals for abandoned children, proposed the establishment of the Public Hospital to the House of Burgesses in 1766, because, as he described, “a poor unhappy set of People who are deprived of their senses wander about the Country, terrifying the Rest of their Fellow Creatures.”

Virginia legislators discussed the topic again in 1769 and order a bill be drafted; however, no provisions were made to purchase grounds or to construct the institution. On 4 June 1770, the House of Burgesses passed “An Act to make provision for the support and maintenance of ideots, lunatics, and other persons of unsound minds.” While the new law provided some legal provisions for the insane, it stemmed from a fear that persons of “disordered minds” had frequently been found “wandering in different parts of the colony” and they were potentially “dangerous to society.”

Because early Americans believed insanity originated from a demonic possession, they treated lunatics harshly. Perhaps accordingly, the Eastern State Asylum’s first keeper (later called superintendent), who was responsible for day-to-day administration, best qualification seems to be that he was the former keeper at Williamsburg’s Gaol. In other words, he had no experience in psychiatric care, but he did have


\[26\] William W. Hening, ed., *The Statutes at Large.* (Richmond, 1821), VIII, 378-381.
experience in running a prison. According to a mid-nineteenth-century psychiatric authority, Dr. Amariah Brigham lunatics were usually “cruelly whipped” and “treated like wild beasts” in seventeenth-century America. Unfortunately, “no other treatment was supposed practicable or useful” and “no one scorns to have thought of attempting to cure them,” as their fate was predetermined. Before the late eighteenth century, western theorists did not conceptualize insanity as a disease; lunatics were often characterized by violence, rather than medical symptoms, and the early management of the insane largely concentrated on controlling the aggressive behavior rather than treating the cause of the behavior.27

In contrast to the system of cruel handling paired with confinement that most asylums and public hospitals followed, Philippe Pinel -- who became chief physician at Paris’s Hospice de la Salpêtrière in 1795, and started publishing psychiatric texts shortly thereafter -- introduced a system of management that employed coercive tactics to persuade lunatics to engage in more acceptable, rational forms of behavior. His written work reflected the Enlightenment belief in an essential goodness in man; according to Pinel, “the insane far from being delinquents to be punished, are sick people whose distressing state deserves all the care and consideration due to suffering humanity.”28

During the last half of the eighteenth century, a small number of Europeans specializing in the care of the insane, chiefly Pinel and William Tuke, developed a highly controlled and structured form of psychiatric care: moral treatment (or moral management, as its early supporters often called it).

Designed in accordance with John Locke's definition of madness, which was highly influential and centered on the idea of flawed reasoning and faulty associations, moral treatment was based on the environmentalist supposition that the insane were not uncontrollable creatures destined to a life of pronounced psychosis. The insane, in contrast, maintained, to varying degrees, the ability to think clearly and logically, to perceive a sense of just treatment and adequate living conditions. Like children, the insane's intellect was like a tabula rasa, and they could be reeducated and retaught to exhibit self-control. By breaking the chain of false associations, psychiatric professionals could restore their patients' sanity. Psychiatric professionals who subscribed to moral treatment sought to redirect the patients' mind away from their irrational thoughts by filling their time with occupational therapy, amusements, and a structured, regimented agrarian life based on Protestant principles of hard work and self-discipline.  

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29 Taubes, 1002.
By the nineteenth century, moral treatment became synonymous with humane treatment in the minds of many people, even though Pinel's approach to the causation and treatment of insanity was "moral" in that it was emotional or psychological, as opposed to ethical. Moral treatment, however, entailed much more than simply treating patients with kindness and compassion. Practitioners of moral treatment certainly condemned the use of restraints and physical violence as a means of controlling patients. Yet, moral treatment in no way completely abandoned coercion as a means of forcing the insane into submission.

Tenets of moral treatment called for the superintendent, or other asylum staff, to gain complete control of the insane in order to cure them. Psychiatric professionals relied on a series of progressively stringent tactics in order to gain control over their patients. First, the practitioner relied on benevolent support and therapeutic conversations designed to dissuade patients from behaving improperly, and if his charisma failed to effectively alter the patient's actions, he initiated a system of granting and revoking privileges based on the patient's behavior. If the patient then continued to act irrationally, the practitioner turned to solitary confinement, physical intimidation, or mechanical restraints, such as straitjackets and muffs.

Perhaps most importantly, all moral treatment practitioners agreed that insane individuals must be removed from the environment in which their afflictions developed in order for the treatment to be successful.
This meant that psychiatric professionals highly recommended that the insane be separated from their family, friends, and home and, instead, be confined to an asylum. The effectiveness of moral treatment ultimately rested on the idea that institutionalization was necessary in order to cure the patient.\textsuperscript{30}

While moral treatment was developed in Europe during the eighteenth century, American psychiatric professionals did not begin practicing it to a notable degree until the early nineteenth century.\textsuperscript{31} “Owing to the spread of science,” wrote Dr. Brigham, the insane “ceased to be regarded as witches or sorcerers” during the eighteenth century.\textsuperscript{32} Whereas preindustrial Americans tended to believe that God preordained their destiny and they could do little to alter the lunatics’ fate, Enlightenment philosophers emphasized the application of logic and science to eliminating social ills, such as poverty, vice, and ignorance. Americans’ confidence in scientific, rational thinking and the ability of humans to alter their environment slowly began to influence both theories regarding insanity and the treatment of individuals labeled as insane. The prominence of moral treatment in the United States coincided with the Second Great Awakening, and reflected a shift in predestinarian ideology to the belief in free will, which questioned the

\textsuperscript{30} McCandless, 38.

\textsuperscript{31} McCandless, 38.

\textsuperscript{32} Brigham, 3.
Calvinist belief in man's innate wickedness and moral corruption. The movement emphasized humanitarianism and volunteerism as a way to ensure salvation; the movement moved beyond theological origins into a noticeable social force and reflects the pervasive belief in man's perfectibility.\(^{33}\)

Philippe Pinel's *Treatise on Insanity*, which described the success of moral treatment in two Parisian asylums, appeared in English in 1806. In 1813, Samuel Tuke, similarly, published *A Description of the Retreat*, a work that discussed the effectiveness of moral therapy at the Quaker asylum in York, England. While the psychiatric community quickly accepted these two works as classic accounts of moral treatment, Pinel and Tuke were not the only practitioners of this new therapy. Even before these works appeared, Dr. Benjamin Rush, superintendent of the Philadelphia Hospital, restricted visitors at the Hospital, ordered the managers to provide the patients with various amusements, classified and separated patients by sex and disorder, and supplied adequate accommodations. Rush also discussed moral treatments, although he did not use that phrase, in *Medical Inquiries and Observations, Upon the Diseases of the Mind*, originally published in 1812.\(^{34}\)


\(^{34}\) McCandless, 39.
Following precedents set in the late eighteenth and early nineteenth centuries by European psychiatrists, such as Philippe Pinel in France and William Tuke at the York Retreat in England, American physicians and reformers working in the North, such as Benjamin Rush and Horace Mann, successfully advocated for the implementation of the moral management system. In the first half of the nineteenth century, most insane individuals were “gradually removed [from jails, pens, etc.], disencumbered of their chains, and placed in comfortable apartments.”

Accompanying the rise in institutionalization, professionals entrusted with the care of the insane employed a new style of management inspired by the work of Pinel. In fact, Amariah Brigham, writing in the mid-nineteenth century, stated that there was not “any work on insanity superior” to Pinel’s treatise. Whereas a monotonous lack of activity marked the management of the insane prior to the nineteenth century, moral management offered patients daily activity that was intended to withdraw the insane person’s mind away from its delusions. Rather than being locked in a cell, patients were encouraged

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35 The following works outline the policies and procedures implemented at the York Retreat in England and the Pennsylvania Hospital in Philadelphia respectively: William Tuke, Description of the Retreat (London: Dawsons of Paul Mall, 1964; originally published in 1813); Benjamin Rush Medical Inquiries and Observations upon the Diseases of the Mind (New York: Hafner, 1962; originally published in 1812).

36 Dix, “Memorial of Miss Dix,” 25.

to engage in “well chosen, well directed employment,” which typically consisted of exercising in the yards, reading, laboring in various workshops, gardening, laundering, sewing, and praying.\textsuperscript{38}

Although Pinel’s modern treatment, in many ways, accounted for significant improvements in the treatment of insane individuals, especially when compared to the treatment lunatics endured in the prescientific era, late-eighteenth and early-nineteenth-century philanthropists acted as catalysts in promoting widespread changes in the treatment and institutionalized care of the insane in America. Dorothea Dix noted in 1847, “insanity is no longer regarded as the extinction of the mind; a disease hopeless and incurable.”\textsuperscript{39} As a result, she led the crusade to eradicate the “monstrous injustice of herding these maniacs in a building in a building filled with cages” and urged lawmakers to “fulfil [sic] absolute obligations” by passing legislation to build asylums and to ensure that the insane received humane treatment on they had been placed in an institution.\textsuperscript{40}

\textsuperscript{38} Dix, “Memorial of Miss Dix,” 25


\textsuperscript{40} Ibid., 20; 14.
CHAPTER 3
LUNACY REFORM AT VIRGINIA'S EASTERN ASYLUM

On Saturday, March 11th, 1843, twenty-four year-old John Minson Galt II, left his home on the grounds of the Eastern Asylum in Williamsburg, Virginia, and traveled first to Richmond and then to Washington, D.C, encountering weather that “was very disagreeable, as it was quite cold and sleet[ing]”. On Tuesday, March 14, he “started from Washington before sunrise” and arrived at Philadelphia’s Markoe House on Chestnut Street, where a “very comfortable room” awaited him.  

Although Galt graduated from the Medical College of the University of Pennsylvania in Philadelphia only two years prior, his visit was not for pleasure even though he likely had a number of acquaintances in the area. Rather, “the much esteemed and beloved superintendent” was “not content with his own success” and “desire[d] to visit northern and eastern asylums, so eminently known, and successful in the treatment of the insane.”  

In less than a month Galt visited no less than six

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41 Letter to JMGII from Philip Barziza, March 11, 1843, GFP I, Personal Papers, Folder 57, Special Collections, Earl Gregg Swem Library, The College of William & Mary; Letter to Elizabeth J. Galt from JMGII, March 15, 1843, GFP I, Personal Papers, Folder 57, Special Collections, Earl Gregg Swem Library, The College of William & Mary.

42 Letter to Dr. Luther Bell from Philip Barziza, March 10, 1843, GFP I, Personal Papers, Folder 57, Special Collections, Earl Gregg Swem Library, The College of William & Mary.
northern asylums. In a letter written to Dr. Luther Bell, superintendent of the McLean Asylum near Boston, Philip Barziza, keeper and then steward of the Eastern Asylum, described Galt as "a gentlemen eminent in his profession and a scholar; zealously affected on behalf of the insane." Under Galt’s superintendence the Eastern Asylum transformed from a provincial, custodial institution into a modern facility, modeled after the “eminently known” asylums in the North, and dedicated to treating individuals who suffered from a mental affliction.

In 1770, after nearly four years of legislative petitions, the House of Burgesses ratified a law that established a public hospital in Williamsburg. The Public Hospital for Persons of Insane and

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43 Letter to JMGII from Philip Barziza, March 11, 1843, GFP I, Personal Papers, Folder 57; Letter to Sally Galt from JMGII, March 18, 1843, GFP I, Personal Papers, Folder 57, Special Collections, Earl Gregg Swem Library, The College of William & Mary.

44 Prior to 1841 the Eastern Asylum operated under a bifurcated administration system. The keeper, or steward, was responsible for the general care of the patients as well as the overall management of the asylum, while the asylum directors contracted a local physician to make weekly visits to treat patients. After the 1841 law that combined the role of keeper and physician under the new title superintendent, the board of directors created the position of steward. The steward still oversaw the care of patients, but was ultimately under the control of the superintendent.

45 Letter to Dr. Luther Bell from Philip Barziza, March 10, 1843, GFP I, Personal Papers, Folder 57, Special Collections, Earl Gregg Swem Library, The College of William & Mary.

46 John Pendleton Kennedy, ed., Journal of the House of Burgesses of Virginia, XI (Richmond, 1906), 12; William Waller Hening, ed., the
Disordered Minds admitted its first patient in 1773. As outlined in an "Act to make provisions for the support and maintenance of ideots [sic], lunaticks [sic], and other persons of unsound minds," the House of Burgesses provided provisions for the hospital with that the belief that it would provide treatment to persons "who are so unhappy as to be deprived of their reason." Consequently, only patients deemed curable or dangerous were initially approved for admission. 47 However, early medical techniques that physicians employed to treat insanity were largely ineffective. They mainly relied on purgatives, blistering salves, bleeding lancets, and restraints. 48

Additionally, the asylum's management did not employ any occupational therapy, a term used to describe the use of regular periods of suitable activity as part of the treatment of an illness. During the eighteenth and early nineteenth century, there were no organized activities or amusements available to the patients at the Eastern Asylum

Statutes at Large; Being a Collection of All of the Lawes of Virginia, from the First Session of the Legislature, in the Year 1619, VIII (Richmond, 1821), 378-381.

47 Kennedy, Journal of Burgesses, XI, 33; The Statutes at Large, 379.

48 Information on early medical treatments performed at the asylum can be found in A.D. Galt, "Notes on Patients 1793-1795," GFP I, MsV 17, Special Collections, Earl Gregg Swem Library, The College of William & Mary; A.D. Galt, "Clinical Notes," GFP I, MsV 26, 27, Special Collections, Earl Gregg Swem Library, The College of William & Mary; JMGII, "Notes from the Record Book of the Hospital, 1771-1841," GFP II, Medical Papers, Box III, Folder 38, Special Collections, Earl Gregg Swem Library, The College of William & Mary.
and the patients spent most of their time alone, confined in a cell. Although they received adequate food and clothing, their stay at the hospital must have been anything but enjoyable. As a result, physicians at the Eastern Asylum cured only around twenty percent of their patients until the 1840s.49

Even though legislators intended that individuals “deprived of their reason” would be cured at the hospital, early psychological practitioners’ had a limited understanding of insanity and were not able to relieve most patients of their symptoms. Consequently, most patients were never discharged as cured and remained at the Asylum years after they had been admitted. As the 1829 annual report indicates, nearly half of the patients had been in the asylum for at least ten years. In addition, out of the 57 patients at the asylum, only one was discharged as cured during that year.50 Ultimately, the Eastern Asylum turned into more of a custodial care facility than a treatment center by the mid-1820s.51

The Eastern Asylum remained small, custodial, and largely unregulated by Virginia’s central government for nearly sixty years after

49 Statistics are available in the Report to the Court of Directors at the Lunatic Hospital at Williamsburg beginning in 1828.


its establishment. In fact, the state government did little to control asylum policies until 1822, when the Virginia General Assembly resolved that the asylum directors submit annual reports to the legislative body. However, all of the Eastern Asylum’s annual reports filed in the 1820s consist of little more than the institution’s ledger as recorded by treasurer, Roscow Cole. Although these reports indicated the use of straight jackets, they do not address the overall treatment of the patients. Moreover, the earliest reports did not even provide statistics regarding the number of patients who had been discharged as cured during the year. It seems as though the legislative body was most concerned that the superintendent successfully manage the institution on the allotted provision provided by the state rather than whether he was able to employ effective treatment.52

Even though the asylum was required to submit annual reports, the House of Delegates appointed a committee to investigate the Eastern Asylum and evaluate “the condition and wants of the Lunatic Hospital” in 1824.53 The committee found the conditions at the asylum acceptable; however, it is likely that the committee’s findings spoke more to adequate care than to progressive, effective treatment. Additionally, the committee’s report revealed no level of consciousness, among either


directors, committee members, physicians, or keepers, regarding moral
treatment, which was a new system of asylum management that became
increasingly popular in several northern asylums, such as the New York
Asylum at Bloomington, the McLean Asylum near Boston, and the
Pennsylvania Asylum in Frankfort, during the first quarter of the
nineteenth century.

The contents of Dr. Alexander D. Galt's medical library indicated
that he stayed abreast of current medical practices regarding insanity,
however; the official reports submitted to the General Assembly revealed
that the actual asylum practices were far from up to date.\(^5^4\) Prior to the
1840s, the physicians at the Eastern Asylum, confident in the somatic
basis of mental illness, continued to rely on strong narcotics, restraints,
modest bleeding, and blistering to control the disease.\(^5^5\) In contrast,
moral management, which had seen “but few improvements...since the
time of Pinel and Tuke,” emphasized “resorting to a great variety of
means to direct and engage the attention of patients” and stressed that
the “large majority” of insanity cases were not cured by medical
intervention.\(^5^6\)

\(^5^4\) A.D. Galt Papers, Special Collections, Earl Gregg Swem Library,
The College of William & Mary.

\(^5^5\) JMGII, “Notes from the Record Book of the Hospital,” A.D. Galt
Papers, Special Collections, Earl Gregg Swem Library, The College of
William & Mary.

\(^5^6\) Brigham, “The Moral Treatment of Insanity,” 9; Brigham, “The
Moral Treatment of Insanity,” 10.
The moral management course of therapy was realized very slowly at Williamsburg's Eastern Asylum, and the initiative for change originally lay outside the institution. It seems that by the 1830s the Virginia legislature began to pressure the directors and physicians at the Eastern Asylum to modernize their administration. However, even with substantial government pressure, the superintendent, physicians, and directors of the Eastern Asylum did not fully embrace moral management until the tenure of superintendent John Minson Galt II.

In 1835, the Virginia House of Delegates appointed a committee to "inquire into the condition and management in the hospitals, and in the country jails" and to determine "the expediency of amending the several laws relating to lunatics." The 1835 report submitted by the committee contained a detailed description of the asylum's operations as well as statements collected from both the directors and keeper of the Eastern Asylum. It also indicated a level of resistance to innovation among the management. Unlike the report submitted by the investigating committee ten years prior, the 1835 committee exhibited knowledge of current trends in asylum management and ultimately found that the administration of the asylum was inadequate at best. Under the current management system, the committee found that "the hospital exhibits too much the appearance of a well regulated prison, where the prisoners are well fed, well clothed, and excluded from all rational employment or amusement." Echoing the language employed by northern reformers, the
committee wrote, “in our efforts to lessen the degree of human [missing a noun] we should not relax,” and insisted that “something better might be done for this unfortunate class.” Additionally, the committee recommended that the directors and keeper of the asylum implement several management techniques that were hallmarks of moral treatment, such as occupational programs, recreational activities, and classification and separation of patients according to their affliction.57

Given the board of directors at the Eastern Asylum, it is not surprising that the institution was not particularly progressive. Unlike many of the leading asylums, especially those in the northeast whose boards usually were composed of reformers, intellectuals, and philanthropists, the Eastern Asylum’s board of directors consisted of prominent, local citizens who did not necessarily have a vested interest in alleviating mental illness. Dr. Alexander Dickie Galt served as board president at the time of the committee’s investigation. However, A.D. Galt also had a large private medical practice that occupied much of his time. In fact, his annual salary was 300 dollars less than the annual salary of the keeper, Dickie Galt, which suggests that his position at the asylum was an auxiliary role to the institution’s supervisor.58 Far


58 Alexander D. Galt, *Report of the Directors of the Lunatic Hospital at Williamsburg, January 1827* (Richmond, 1828). Dr. A.D. Galt received $500 annually until his salary was increased to $800 dollars annually in
removed from the new urban hospitals and engrossed in his private practice, A.D. Galt continued to be committed to medical treatment and a somatic approach to insanity, which did not easily align with the system of moral management practiced in the North. As a result, the Eastern Asylum did not stay abreast with current psychological trends. 59

Although the Eastern Asylum’s board of directors was resistant to change, the Virginia legislature was devoted to improving conditions at the institution. In 1838, the Prison Disciple Society of Boston, an organization invested in the insane as many of them, especially those deemed incurable, remained in prisons, reported that the state government gave each of the two Virginia asylums $30,000 for improvements. Additionally, that same report indicated that the superintendents of the two asylums, Dr. A.D. Galt of the Eastern and Dr. Francis Stribling of the Western Asylum in Staunton, had been visiting similar institutions so that they could modernize their own. 60 Likewise, the 1839 annual reported stated that Philip Barziza, the keeper of the Eastern Asylum, went on a tour of northern institutions in New York,

1836 as stated in annual report for that year; many members of the Galt family play important roles in the history of the Eastern Asylum. The Galt family had been involved in the management and treatment of patients at the Asylum since 1773, when James Galt was appointed keeper. Alexander Dickie Galt and Dickie Galt were contemporaries and relatives.

Massachusetts, Pennsylvania, and Connecticut in an effort to become informed on the current moral management techniques.\textsuperscript{61}

Four years later, the Prison Discipline Society listed the Western Asylum among institutions that had achieved a high degree of quality and were under the "superintendence of very superior men." By 1842, the Western Asylum had "good gardens" and "productive farms." In addition, it also provided its patients with "the employments, recreations, amusements, instructions, and influences, very various, and well fitted to soothe the excited, cheer the desponding, guide the erring, check the vicious, raise the fallen, and restore the insane." The report went on to applaud the Western Asylum for its minimal implementation of restraints.\textsuperscript{62}

Although the Eastern Asylum failed to submit a report to the Prison Discipline Society, the 1839 annual report indicated that the asylum's management was ready for change. The report stated that "the liberal spirit manifested by the general assembly" had made it a duty of the board to revise its regulations regarding the treatment of the insane so that the management of the asylum commensurate with the reasonable expectations of the public." Finally, in the late 1830s, the

\textsuperscript{61} Alexander D. Galt, \textit{Annual Report of the Board of Directors of the Lunatic Hospital, Williamsburg for 1838} (Richmond, 1839).

\textsuperscript{62} Seventeenth Annual Report of the Board of Managers of the Prison Discipline Society, Boston, May 1842 (Boston: Prison Discipline Society, 1842), 63.
Eastern Asylum began its transformation from a prison-like facility to a "benevolent institution." Consequently, the asylum attendants reduced the use of restraints and replaced them with a gentle reprimand or temporary confinement until the patient was able to overcome his fit and restore his sensibility. However, in order to implement further devices, such as musical therapy, recreational activities, and group outings to relieve "the monotony of confinement," the directors suggested that increased spending may be required, as these activities would necessitate additional staff.63

Even though the directors implied that the scope of moral management could be expanded with more funding, they indicated that the basic elements of the new style of management had been implemented at the asylum. The 1839 annual report, prepared by Alexander Galt, indicated a concern for curability statistics and displayed a consciousness among the asylum's management that they were behind other institutions in the number of patients restored to reason. Additionally, the directors boasted that "not even a mitten, much less a strait waistcoat, has been required," but instead "a gentle rebuke or a few hours of confinement to the room has always been sufficient to recall the power of self-control."64

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63 Alexander D. Galt, Annual Report for the Board of Directors of the Lunatic Hospital at Williamsburg for 1839 (Richmond, 1840).

64 Ibid.
By the early 1840s the Virginia legislature was clearly invested in overseeing improved care for the insane. In May 1840, Governor Thomas Gilmer visited the Eastern and Western Asylums. Gilmer reported back to the House of Delegates that he regretted that so many insane individuals were still kept in jails, but praised the directors and physicians “for the assiduous attention and improved method of treatment.”

Shortly before John Minson Galt was appointed as superintendent of the Eastern Asylum, the Virginia General Assembly revised existing laws concerning lunatic asylums. The precedent was a January 1832 order by the commissioners appointed to supervise the establishment of the Lunatic Hospital at Worcester, who recommended, “after much consideration,” that the superintendent of the institution should be “a physician, resident at the Hospital, devoting to its interests all his skill and energies.” Following precedents set by northern institutions, such as the Lunatic Hospital at Worcester, the Virginia General Assembly mandated on March 6, 1841 that both the Eastern and Western asylums “appoint a superintendent who shall in all cases be a physician.”

Previously, most institutions operated under a system of divided


management; the keeper and physician had separate responsibilities. On April 24, 1841, the directors at Williamsburg responded to the legislation and mandated that “the Present Surgeon Shall act as Supt. & the present keeper steward, &...all other officers Shall continue in office, at present Salaries, till same Shall be suspended.” 67 By reorganizing the asylums management, the board of directors placed the responsibility for both the care of the patients and the overall administration of the facility in one person. It was into this new environment that John Galt was appointed on June 1st of 1841.

Like all psychiatric professionals who subscribed to moral management, John Galt, at least at the beginning of his career, confidently articulated that the insane should be institutionalized. According to the superintendent, lunatics who were held in jails faced “constant neglect.” Likewise, Galt informed the public that “when a friend or relative becomes deranged” it was imperative that they be brought to an asylum immediately to increase the possibility that they could be cured. Additionally, he recognized that the public’s perception of asylums in the South was far from positive; he urged them not to be deterred by “absurd and imaginary ideas of harsh treatment in asylums.” Because nineteenth-century psychiatrists felt that it was necessary to implement both medical and moral treatment simultaneously, “there

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67 JMGII, Annual Report of the Court of Directors of the Eastern Lunatic Asylum, for the year 1841 (Richmond, 1842); Dain, Disordered Minds, 67.
[were] manifestly many advantages in asylums” with which medical intervention alone could not compete.68

Prior to the early nineteenth century, asylums functioned primarily “for the purposes of safe keeping.” However, as Galt noted, by the 1840s they were “designed especially for two other purposes; first, as curative institutions, and, secondly, as enabling insane persons to live in a greater degree of comfort, than any other situation would in general allow.”69 In 1843, only two years after Galt’s appointment, the Eastern Asylum had dramatically increased the rate of patients cured. Between July 1, 1841 and July 1, 1843, the asylum received 50 patients and reported that 24 of them recovered, which gave the institution a cure rate of 48.51 percent. According to Galt, the Massachusetts State Lunatic Hospital at Worcester reported a rate of only 43.41 percent. Even though he used only recently admitted patients to calculate the statistic, it was a dramatic improvement when compared with the rate of curability reported in the 1820s and 1830s. Additionally, by 1843 it was evident Galt felt his institution should be placed alongside the most well-known eastern institutions, and he boasted “that a patient stands as fair a


prospect of recovery when brought to this institution, as when carried to any other in the Union.” 70

Even if asylums offered the most promising treatment, diagnosing and curing insanity in the nineteenth century was not an easy task. As Galt explained, “[A]s to causation, there are so many cases in which it is difficult to find the nature of the cause, even with every means of investigating the patient’s previous history.” 71 However, as the century progressed, the psychiatric profession became increasingly professionalized and practitioners more methodical in the approach to healing. Following a recommendation made by the 1835 investigating committee, John Galt carefully categorized and separated his patients according to their affliction. The 1842 annual report illustrates that Galt separated his patients into four general categories: mania, monomania, oral insanity, and dementia. His method of classification directly aligned with the techniques outlined by Pinel and Dr. Prischard. 72 Following the model of Dr. Pliny Earle, superintendent at the Bloomingdale Asylum in New York, Galt implemented a more precise categorization of his patients, and went so far as to tally the supposed causes of insanity as

70 Ibid., 3.

71 Ibid., 3.

72 Annual Report of the Court of Directors of the Eastern Lunatic Asylum, for the year 1842 (Richmond, 1843).
well as the type of insanity, whether it be moral or physical. The Eastern Asylum’s annual reports reveal that Galt was both knowledgeable of the current psychological trends and devoted to keeping his institution in line with the most modern techniques in managing insanity.

Quoting Dr. Amariah Brigham, Galt noted in his 1843 report that “the New England institutions, and most of those in this country, are now conducted in much the same manner.” In contrast to his predecessors, Galt implemented a therapeutic program that aligned the Eastern Asylum much more closely with the most prominent northern institutions. Inspired by his colleagues in the North, Galt organized a carpentry shop, sewing, weaving, and spinning rooms, a shoemaking shop, a woodworking room, a garden, a game room, and a patient library. He resolved to engage patients in a wide spectrum of activities with the intention that “by the various means of occupation, the patient’s mind is withdrawn from its delusions, and it is at the same time exercised, and led into a train of correct thoughts.”

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CONCLUSION

A FERMENT OF SOUTHERN REFORM?

Even though Boston’s Prison Discipline Society had been critical of the Eastern Asylum as late as 1842, by 1844 they wrote that “Eastern Asylum, at Williamsburg,” was “excellent” now that it was “under the care of Dr. John M. Gault [sic], a most accomplished superintendent.” In fact, the Society felt that “no institution of the kind, in the country, affords evidence of more cheering progress.” 77 As the Eastern Asylum’s annual reports indicate, the nation’s earliest institution for the insane was reluctant to change its practices. While most lunatic hospitals utilized Pinel’s system of moral management in the early 1830s, Virginia’s Eastern Asylum did not make the transition until the early 1840s. However, it did eventually replicate the reforms initiated by northern philanthropists and physicians.

Undisputable differences existed between the antebellum North and South, and it remains unclear the extent to which the climate of reform penetrated the Southern states. In recent works on reform, scholars have more closely investigated the rank and file as well as those individuals whom reformers desired to improve; yet, they have tended to

focus exclusively on urban, northeastern communities. However, in
*Restless Visionaries*, John Quist analyzes records left by benevolent
organizations in both northern and southern communities and ultimately
finds that in both the North and the South reformers generally concluded
moral suasion was ineffective, as a result, turned toward political means
as a way to resolve social ills.

Lunacy reform in the South, especially at the Eastern Asylum, is
no exception. While the asylum superintendents and physicians prior to
the appointment of John Minson Galt II failed to take the initiative to
create change, the young, northern-educated superintendent was clearly
dedicated to providing his patients with the most advanced treatment
available. Although the management of the Williamsburg hospital did

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not invent new treatment like northern institutions, they reluctantly implemented reforms that mirrored those that spread throughout the North. In contrast to northern asylums, which implemented moral reforms that had succeeded in Europe, southern asylums reacted to treatments successful in the North. Even though the South, perhaps, remained more conservative than the North when it came to accepting social activism, Dr. John Minson Galt II embraced the "spirit of investigation and experiment which characterize[d] the time" and rapidly transformed the Eastern Asylum into a modern institution. 80

While revisionists, such as Foucault, Rosen, and Scull, emphasized the role of the state in promoting institutionalization of the mentally ill, they overstate their claim that the state desired to achieve a "normalizing judgment" through psychiatric institutions. 81 Rather, the evidence presented in this thesis suggests that in Virginia, and like elsewhere in the South, the state was generally embarrassed by the use of physical restraints to manage mentally ill patients and instead hoped that "something better might be done for this unfortunate class." 82 As discussed in Chapter 3, Galt was not motivated to make changes at the

80 Annual Report to the Board of Directors for the year 1839.


Eastern State Asylum because of a desire to control a class of social deviants. Rather, he was generally prodded by the Virginia state legislature to rehabilitate people and to reintegrate them into regular society.