"Sort of Tragic and Serene:" Southern Women and Insanity from 1880 to 1920

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Introduction

In May of 1905, the South Carolina State Mental Hospital admitted a Charleston woman named Johannah F. Leonard. Though doctors never fully diagnosed Leonard, they described her as “talk[ing] of charms in possession of persons imagined to be in Charleston who are supposed to be plotting to her injury,” and claiming she would harm those persons.¹ According to the report, Leonard stated she would destroy hotel property belonging to her potential offenders, and “attempted to carry out the threat” on one occasion. Doctors also described Leonard as speaking with coarse language, something “contrary to her accustomed habits,” and having threatened both her mother and sister.² Finally, doctors noted that she had two aunts on her mother’s side who, too, were insane. In light of this, doctors recorded the “predisposing cause” for Leonard’s unidentified illness as hereditary.

At first glance, it is plausible to believe that Johanna Leonard was legitimately insane. Her homicidal tendencies and belief in a seemingly imaginative conspiracy theory only allude to this. Also, if Leonard had demonstrated some of the same traits as her mentally ill aunts, it would have been plausible that her illness was hereditary. Doctors, however, never gave any details for her relatives’ insanity, and therefore it is questionable whether Leonard actually inherited her insanity. Leonard’s diagnosed predisposing cause is not the only aspect of her case study that should be called into question. To begin with, Leonard was thirty-eight years old

¹ Johannah Leonard Case File, May 9, 1905, pg. 80, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
² Ibid.
and single. Before entering the Carolina Mental Hospital, she worked as a housekeeper, eventually becoming a beneficiary of the state through her admission into the mental hospital. Upon entry, doctors recorded that her “exciting cause” for mental illness was menopause, and, although she was quiet most of the time, she responded to questions in a “sarcastic and humorous vein.” The most interesting aspect of Leonard’s case file, however, was recorded on November 23, seven months after being institutionalized: “Patient has little to say, is very quiet & remains a good deal alone. Will not write home to her family, but gives no reason. When asked if she did not want to go home for Thanksgiving said ‘No, I always wanted to spend it away from home, now I can do so.’”

There are two stories to be told through Leonard’s case file: that of the hospital personnel and that of Leonard. The doctors’ story held Leonard as insane because of her distinct violent and paranoid tendencies, as well as her language and abrasive commentary on her family. For someone who was typically calm in demeanor, such a severe shift in personality could have indicated mental distress. Leonard’s story, however, told of an unmarried spinster who held a clear disdain for her family. In a time when marriage was such an important milestone in a southern woman’s life, Leonard’s status would have been seen as disgraceful. Furthermore, women who were unmarried became an obligatory burden on their families and

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3 Ibid.
4 Ibid.
Considering Leonard was a housekeeper, whose wages were most likely menial, she may have been dependent on her family. Thus, her family may have wished to relieve themselves of Leonard, creating grounds for her to be institutionalized. Were this the case, her resentment towards her relatives would be understandable.

Within Leonard's case file, there is a clear, moral judgment made by the South Carolina hospital personnel. Women during this period, especially in the South, were supposed to be dedicated to their families, something Johannah Leonard clearly was not. A Southern Lady would have loved to spend Thanksgiving with her family, and she certainly would not speak with sarcasm and "coarse language." Had she professed her love for her family rather than denoting them, the physicians would not have recorded the conversation. Leonard's remark, however, was "abnormal" for a woman of her time. For this reason, examiners recorded Leonard's cynicism into her permanent file. Her statement of disregard toward her family only further evidenced her supposed insanity in the minds of physicians.

Another interesting aspect of Leonard's case is her "excited cause" diagnosis. Like many other female mental health patients during this time, Leonard's mental illness was attributed to menopause. Issues with female reproductive organs, in

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6 Johannah Leonard Case File.

fact, were a common “cause” for women's mental illness at the turn of the century; miscarriages, “uterine disease” and failure to menstruate were among these reproductive “causes” of insanity. Mental illness among women, however, was not inherently linked to reproductivity. Prognoses of “religious excitement,” “disappointment in love,” and “business worry,” among others, fill the pages of female case files of South Carolina Mental Hospital patients from 1880-1920. Furthermore, many of these case files, like Leonard’s, lack a final diagnosis of the patients. The absence of a specific, recorded illness sheds light on the ambiguity behind women and mental illness. Given the fact doctors could diagnose the “causes” of insanity, they should have been able to establish the patients' illness. If doctors could not legitimately diagnose women like Leonard, the possibility exists that many of them were not truly insane.

Southern civilization placed white women upon a civil pedestal, expecting them to be “serene and compassionate” examples for society. Furthermore, women were to be the moral compass of their families, preserving and promoting

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8 McCandless, “A Female Malady?”; Elizabeth McCall Case File, April 25, 1901, pg. 93, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.

9 Sarah Wiley Case File, May 18, 1905, pg. 40, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Mat Pendergrass Case File, April 11, 1901, pg. 85, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Ann C. Windham Case File, April 9, 1888, pg. 4, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.

religious beliefs within their husbands and children. Though southerners exalted
the white woman, she was not permitted many of the rights possessed by white
men. Unlike their Northern counterparts, Southern women were slow to move
when it came to advocating their own rights.11 Southern women were taught to rely
upon the chivalrous, genteel Southern cavalier to “represent her interests in the
outside world;” these ideas within southern conservatism restricted women’s
mobility physically, socially, and politically.12 Southern women did eventually begin
to make strides towards social equality around the 1880s. The establishment of a
public school system required an increase in numbers of teachers, leading to new
opportunities for women to earn their own wages.13 Though these new
contingencies were seen by many southerners as an unfortunate repercussion of the
war, women continued to break the boundaries of Southern Womanhood.14

Southern women who did not fit these standards of the Southern lady were,
at times, ostracized from Southern society. From 1880 to 1920, American women
throughout the country expanded their intellectual opportunities, pursued new
social lives, and explored their own sexuality. The South, though not as quick to
begin this process, was no exception. From job searching to living on their own,
southern women continually “overstepped” their boundaries, and found they
enjoyed it. White women steadily gained their independence, chipping away at the
facade of the southern patriarchy as they entered the active public sphere. Southern

11 Spruill Wheeler, 7; Blee, 1-22.
12 Spruill Wheeler, 7.
13 Ibid, 9.
14 Ibid, 10.
conservatives dealt with these changing roles by many means, such as the
movement created to stop sexual delinquency among teenaged southern women. 
Women who strayed from the normalcy of southern culture had the potential to be excluded from their communities, and even come under the scrutiny of the law.¹⁵

Depending on the behavior, Southern society sometimes labeled these women as “insane.” Mostly, these “insane” women were able to exist in Southern society, but on occasion they were institutionalized. The first part of this thesis will analyze popular notions of Southern female insanity, focusing heavily upon social standards. Here, the standards of Southern Womanhood will be better analyzed and women regarded as “insane” did not fit this standard. The second section of this thesis will analyze the legality behind being an insane, Southern woman. More specifically, the legal system will be studied on a state-by-state basis, looking at how the legal system treated women differently than men. The last section will examine the experiences of women within the asylum. This study will be heavily based in case studies from the South Carolina State Mental Hospital in Charleston.¹⁶ These case files served as the initial forms used during a patient’s admission, as well as a file with which to keep track of patients during their stay.¹⁷

¹⁶ A photo of the South Carolina State Mental Hospital can be found on page nine.
¹⁷ The reliability of these case studies is something to be considered, for not only are the recorders of these documents entrenched in turn of the century ideals of femininity, but there is also a clear opportunity to over interpret these primary documents. Throughout my analyzing of these case files, I have tried to maintain the idea that just as many of these women were NOT insane, many of them,
The case files used from the South Carolina Mental Hospital have three stories to be told within their lines. The first story was that of the hospital administrators. The asylum form itself set a certain standard of criteria that administrators wanted recorded about these patients, such as name, race, diagnosis, "predisposing cause," "exciting cause" and "civil condition." The terms exciting and predisposing cause were inconsistently defined by the entrance physicians. However, the term "predisposing cause" can be mostly be defined as the foundation of an illness. The most common example of this was "hereditary," meaning cases of insanity ran within the patient's family. "Exciting cause," another required field, can be defined as the immediate cause of insanity. Bouts of insanity were often described by "attacks," meaning specific intervals in time in which the patient expressed symptoms of mental illness. Thus, an exciting cause described what brought on the most recent "attack." One such example is "childbirth." The last important term, "civil condition," simply means marital status. In this section, physicians recorded whether a patient was single, married, or widowed. These forms and the medical terms they used set the parameters of diagnosis in which physicians worked.

quite possibly, had legitimate mental illnesses. For this reason, I have done my best to interpret these documents, as well as the rhetoric used within them, as they best reflect my secondary source material.

18 A more complete list of these required notes can be found in photo one on page ten.
19 Ann Jane Carter Case File, May 18, 1900, pg. 389, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Sarah J. Stewart Case File, April 9, 1881, pg.3, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
The second story to be told is that of the physicians. Upon their entrance into the asylum, patients went through an extensive examination. Physicians were to fill out these forms, recording all symptoms of the patient’s insanity. These examiners had little freedom in their completion of these forms, save for in the diagnosis, exciting and predisposing causes, and the general remarks. The section reserved for general remarks are perhaps the most telling aspect of these files. Due to their openness, this section allowed the physicians to mark what they believed to be important about these patients, putting their own observations into writing. Often times, physicians own moral judgments and opinions were recorded in these remarks, commenting more so on the patients’ ethical behavior rather than their insanity.

The last, and perhaps most important, story to be told in these files is that of the insane women. On the occasion, physicians recorded direct quotes from these women, providing a momentary glimpse into the thoughts and feelings of these patients. Files inclusive of this information, Johanna Leonard being a shining example, are perhaps the most important of all these studies. Since any direct lines into these patient’s minds, such as diaries and letters, are often hard to come by, direct quotes, indeed, play an important role in analysis. In the end, it is my main goal to bring out these women’s voices from these documents, for so few of their perspectives exist in this field of study.

20 Though I held all required outlets of the case files with regard, the categories of general remarks, exciting cause and predisposing cause were the main aspects of the files of I analyzed, for they were the most telling of the subliminal influence of white, southern influence upon physicians and subject to biased opinion.
Overall, this study is meant not only to draw attention to the importance that protection of white southern womanhood still played in southern society, but also to look at the overbearing effects this cause provided. Not only were women wrongly accused of insanity, but their families often facilitated this. These case studies demonstrate that white southern womanhood still played a dominant role in southern society from 1880 to 1920. The asylum and other similar institutions helped, in part, to protect the larger structure of gender expectations in the South during this period. Those women admitted to the asylum were often wrongly accused of being "insane" simply because they did not fit this standard of womanhood in some way.
Figure 1. The South Carolina State Mental Hospital, compliments of the South Carolina Department of Mental Health.
22 Photo 1. Sarah J. Stewart Case File; This standard form from 1881 was used up until 1898. The new form, created in that year, expanded the required information, including more on physical health, such as heart rate, nutrition, and strength.
Part 1: Before the Asylum

On August 26, 1898, Sarah M. Allen entered the South Carolina Mental Hospital and was diagnosed with recurrent mania. The doctors recorded little about her, filling in only her necessary information such as age, civil condition, and religion. Additionally, examiners noted that Allen was both a housekeeper as well as a beneficiary patient of the hospital, suggesting her lower class status. Allen's admittance doctor also recorded an extremely brief description of her condition, saying no more than these effects: "Patient seems to be confused and wants to be going. She threw a caster at her husband. The interval between each attack is about 16 months. Said her husband worked her children harder than he worked." This was all that was ever recorded about Sarah Allen by the mental hospital.

Compared to many other case files of women from the South Carolina Hospital, Sarah Allen's, at first glance, looks seemingly empty. The doctors recorded neither a predisposing cause for her illness nor an exciting cause for her latest attack of mental illness. Within the minimal information recorded about her, Allen appeared normal. Her overall health was "good," and doctors recorded her as being habitually quiet, temperate, and cleanly. In fact, Allen's instance of throwing a caster at her husband was the only aspect of her worth considering as "insane." Even this, however, is somewhat dubious, as examiners gave no reason for her rage.

23 Sarah M. Allen Case File, August 26, 1898, pg. 38, South Carolina State Mental Hospital, Department Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.

24 Ibid.
By exempting this information, doctors implied that Allen's husband gave her no reason to throw a caster at him. They could have clearly stated something to the effects of "threw a caster at her husband for no reason," but they did not. Considering Allen's complaints about her husband's work ethic, it seems as if Allen and her husband suffered from a long standing domestic dispute. This may or may not have had an effect on her admission to the asylum.

Needless to say, the evidence provided would most likely not, by today's standards, be enough to commit someone to an insane asylum. What little information there is also seems to be strained. The doctor's record of Allen seeming "confused" was merely an opinion, and perhaps she "want[ed] to be going" because she did not want to live in the mental hospital. More importantly, southern women at this time were supposed to support their male protectors, not challenge them. Allen openly criticized her husband, something not fitting of a Southern Lady. By criticizing her husband's work ethic, Allen overstepped her boundary as a supportive housewife. Additionally, it exists within her record that Allen held the occupation of a housekeeper. This, along with her recorded status as a "beneficiary" rather than a paying patient, gives evidence of Allen and her family's low economic status. This could have played a role in her eventual commitment to the asylum, given that being poor was often linked to insanity during this time.

25 Ibid.
26 Peter McCandless, "A Female Malady?"
27 Sarah M. Allen Case File.
28 McCandless. Moonlight, Magnolias, and Madness.
Like Sarah Allen, many Southern women during the 1880s and 1890s met life-changing hardship. The lingering effects of the Civil War haunted the South on economic, social, and familial levels. The war destroyed land, devastated businesses, and completely uprooted the fundamental basis for southern civilization. The genteel society that white southerners had created, lived, and died for had virtually disappeared overnight, leaving them nearly destitute and unfit for the post-war economy. The slavery planters once depended on vanished as well, leaving many of them no choice but to hire labor, a cost many could not afford. The war left southerners in situations they never imagined themselves in, but essentially did what they had to in order to rebuild. Women especially dealt with these changes in ways that upset the former Southern patriarchy, steadily redefining what it meant to be a woman in the South.29

During the 1880s and 1890s, southern women questioned traditional gender roles. No longer content with the entrapment of domesticity, women explored new ways in which to spend their lives. This included forming women’s clubs, getting educated, and acquiring jobs.30 Women were also increasingly reluctant to marry. From looming separation anxiety from their immediate families to overall distaste for men, marriage rates steadily decreased in the South during the Reconstruction Era.31 Despite these changing roles for women, general expectations of Southern

29 Jane Turner Censer, *The Reconstruction of White Southern Womanhood*, 51
31 Turner Censer, 30-41.
Womanhood remained the same.\textsuperscript{32} The standard of the Southern Lady survived the war and Reconstruction, creating a double standard for women in the South. Thus, women were expected to embody "innocence, selflessness, piety, modesty, and gracious dependence on her male master protector," while dealing with their new situations.\textsuperscript{33}

In the eyes of many southerners, the Southern Lady was not merely an expectation to be upheld, but rather a role worth protecting. Many southerners believed that with the end of the Civil War came an end to their superior "Southern Civilization"; a "lost cause" of sorts.\textsuperscript{34} The persevering ideal of the Southern Lady, however, was a chance to preserve the genteel and moral ideologies of this civilization. According to historian Marjorie Spruill Wheeler, the Southern Lady thus became the "guardian and symbol of Southern virtue," protecting the South from the immoral culture of the North.\textsuperscript{35} Thus a severe, "conscious, quasi-religious drive" to protect the Southern Lady began within the South, causing a rather aggressive movement in the South to resist unwelcome change.\textsuperscript{36}

With this movement came an open resistance to women who diverged from the Southern ideal, as well as opportunities that would allow women to do such. For instance, the South met the suffrage movement with much opposition. Suffrage, actualized by Northerners, represented the invasive Northern culture the South so

\begin{itemize}
\item \textsuperscript{32}McCandless, "A Female Malady?" 549.
\item \textsuperscript{33}Ibid.
\item \textsuperscript{34}Spruill Wheeler, 4-5.
\item \textsuperscript{35}Ibid.
\item \textsuperscript{36}Ibid.
\end{itemize}
adamantly rejected. Additionally, participants of the blossoming industry in the New South believed women served better influence in the home rather than in their presumable vote against child labor laws. For these reasons, the South adamantly worked to prevent the growth of the suffrage moment, aggressively resisting its expansion when possible. By the time of the Nineteenth Amendment’s passing in 1920, the South still clung to its opposition. Nine of the ten states that failed to ratify the bill fell below the Mason-Dixon line.\footnote{Arkansas, Texas, and Kentucky were among the four Southern states to ratify the Nineteenth Amendment. Tennessee became the final state to ratify the bill in August of 1920, making it the last state necessary for a three-fourths majority.} Dismissal of the women’s suffrage movement served as a last, rallying effort to protect the ideals of the Old South, as well as the Southern Lady in her most important role as moral compass of family and domestic life. White women who challenged this role only contributed to the deterioration of the white-supremacist society by denying their role as submissive victims.\footnote{Glenda Gilmore, \textit{Gender and Jim Crow}, 92-99; Spruill Wheeler, 4-10.}

The end of Reconstruction emerged as a time for new occupational opportunities for women as well. Conservative southerners looked down upon women who held wage-earning jobs.\footnote{Spruill Wheeler, 10.} These women, seen as unfortunate products of the Civil War, did not fit the role of the submissive woman, and thus were not accepted by the majority.\footnote{Ibid.} Additionally, southerners viewed the work environment as an open door for promiscuous behavior. Historian Susan Cahn addresses this in her discussion of “the girl problem” that existed in the United States during this
time. The "problem" consisted of dealing with young women and their sexual behavior, as well as "defining the passage from girlhood to womanhood in legal practice and social theory."41 Beginning in the 1880s, reformers across the country sought to deal with this "problem," as young women began to see themselves in new economic situations in the urban industrial setting. Their solution lay in the campaign for statutory rape legislation, as well as the creation of female reformatories, meant both to reprimand and prevent female sex delinquency.42

In the state of Georgia, the city of Savannah took a different approach to protecting white women. Established in the 1830s, the Savannah Widows Society served as a haven for widowed women with children well into the twentieth century. This charity-based organization provided housing for single, widowed women who could not afford it for themselves and their children. The unfurnished flats were in fairly poor condition, with few amenities or comforts. By 1920, few renovations had been made, leaving tenants with old, failing plumbing and unsubstantial utilities. Although by no means ideal, these conditions were certainly better than the alternative-- homelessness. Women were able to work without the worry of paying rent in order to feed their families. One of the main problems with the Widows Society, however, was that children were often left unattended most of the day while their mothers were at work. Additionally, the "neighborhood gossip"

41 Susan Cahn, Sexual Reckonings, 45.
42 Ibid.
existed commenting on "the decency of... inhabitants." Towards 1920, however, there began a push for a female supervisor to abide in each building. This not only served to keep tabs on children while their mothers were away, but also to make sure women were not acting promiscuously.

Establishments like the Savannah Widows Society, as well as the reformatories for young women, served an important purpose within southern society. These institutions, essentially, took care of problematic women, and problematic in the sense that they were not married, pious, or conventional southern women. Furthermore, these establishments had the intent of protecting southern women. The reformatories served as correctional facilities for young girls to both alter their promiscuous behavior as well as protect them from rape. The Savannah Widows Society likewise served to protect women and their children from extreme poverty. Similar to these institutions, insane asylums provided a venue with which to protect white women as well, whether it was from the changing times or from themselves.

Generally speaking, morality played a large role in protecting southern womanhood between 1880 and 1920. This is essential in understanding southern concepts of female insanity during this time. As prescribed by Peter McCandless,

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43 Report: Mary Telfair Home, June 18, 1920. Savannah Widows Society 1651, Box 9, Folder 56, Georgia Historical Society, Savannah Georgia. The Savannah Widows society provided many services to their tenants, a psychiatrist being one of these. Occasionally, tenants made the transfer from the Society to the asylum, and vice versa. One such case, Sarah Douglas Adams, entered the society upon her discharge from a Georgia asylum. She died in the society's care in 1952. Thus, the Savannah Widow's society served, in some ways, as an asylum before the asylum.

44 Ibid.

45 Ibid; Cahn, 40-47.
the South "produced an elite culture that idealized women," holding them as pious and decent women on a pillar of societal perfection. Of course, not all women met these standards. As evidenced by case files from the South Carolina Lunatic Asylum, the clear, moral judgment that southern society placed upon women outside the confines of the asylum were brought behind its walls by examiners and physicians alike. The asylum, in fact, seemed to perpetuate the social expectations of the Southern Lady. Adhering to these norms, physicians often remarked on how improper or vulgar a female patient could be, whether it attributed to her insanity or not. From women who "dipped snuff" to women who openly criticized their husbands, asylum physicians continuously engaged in a moral judgment of their patients, identifying them as unfitting of Southern Womanhood when applicable.

The asylum played an important role in protecting Southern women. According to historian Peter McCandless, the asylum functioned as a recipient of the probate court in the state of South Carolina. When persons on trial could not be accepted into the asylum, they were thrown in probate jail. Administrators of the South Carolina Lunatic Asylum, however, rarely turned patients down. This was especially the case if the potentially admitted persons were white women. Even within the asylum, white women were the clear priority. Former superintendent James Babcock, who served from 1891 to 1914, once stated: "I honestly admit that I have paid more attention to the white women here than any other department, but

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46 McCandless. "A Female Malady?" 549.

47 Sarah A. Moody Case File, August 31, 1898, pg. 42, South Carolina State Mental Hospital, Department Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Sarah M. Allen Case File.
at the same time I do not apologize for it... they were entitled to the best we had.”
Beliefs such as this contributed to preferential treatment of women in the asylum, as well as the overcrowded atmosphere of the women's ward. White women were not to be turned away by any means.

One debate among historians is the belief of female madness as a “female malady.” Historian Elaine Showalter has written on madness within women as a specifically reproductive issue. It was common for psychiatrists to attribute menstruation, uterine disfunction, childbirth, and menopause to a woman’s insanity. Showalter claims, however, that psychiatrists often argued that these female dilemmas led to women’s nervousness of mind, particularly within women who did not fit the persona of domesticity. Showalter goes on to argue that women who consistently refused to accept their role in the domestic sphere were subjected to drastic measures such as “solitary confinement, heavy drugging, and

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48 Testimony Taken Before the Legislative Committee to Investigate the State Hospital for the Insane at Columbia, 1909 (Columbia, S.C.: Gonzales and Bryan, 1910), 405. Quoted in Peter McCandless’ “A Female Malady? Women at the South Carolina Lunatic Asylum,” 554.
49 McCandless, Moonlight, Magnolias, and Madness, 232.
50 Margaret Ann North Case File, June 11, 1881, pg. 52, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Elaine Showalter, The Female Malady: Women, Madness, and English Culture, 1830-1945 (New York Pantheon Books, 1985). Quoted in Peter McCandless’ article “A Female Malady? Women at the South Carolina Lunatic Asylum, 1828-1915,” p.546. In his article, McCandless adamantly attacks Showalter's thesis in his footnotes, stating she “misread statistical and cultural evidence in portraying madness as a female malady; mistakenly presented psychiatry as a monolithic and uniformly hostile toward women; underestimated the degree to which women as well as men, patients as well as doctors, have participated in medical discourse regarding female insanity.”
51 Ibid.
surgery." Conversely, historian Peter McCandless argues in his case study of the South Carolina Lunatic asylum that this particular asylum "did not inordinately focus on the reproductive systems" as a cause of insanity. However, they did reinforce social norms of domesticity, and resorted to physical treatments such as drugs and surgery to cure ailments of the mind. In short, McCandless assesses that "the real repression [of women] occurred outside" the walls of the asylum, not within. No matter the debate about the treatment of women within the asylum, it is clear that gender roles played a part in women's road to and from the asylum in the South.

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52 Ibid.
53 McCandless, "A Female Malady," 547.
54 Ibid, 547.
55 Ibid, 548.
Part 2: The Road to the Asylum

In March of 1901, a young woman was found on the side of the road just a few miles from the city of Greenville, South Carolina. She was about twenty-five years of age, and “seemed to understand very little” when spoken to.\(^{56}\) When discovered, she was in an epileptic fit, shouting nothing but “name, name,” and continuously clapping her hands. Doctors recorded that this woman was “said to have been in a house of prostitution,” though this could not be at all confirmed.\(^{57}\) She had neither relatives nor friends in the area, and thus doctors knew nothing of her past history with mental illness, nor her habitual tendencies.\(^{58}\) Doctors did, however, manage to guess at her name as either Mary Smith or Mary Taylor. After some time in the asylum, Mary’s condition did improve. As her verbal skills improved, she stated that “she ran away from her Aunt’s with her sweet heart who took a bottle of whiskey.”\(^{59}\) This remains the only detail that the South Carolina doctors ever recorded about Mary’s past.

Mary Smith’s entrance to the asylum, however, was not typical of normal patients; citizens were not simply dropped off after being found on the side of a road. Families or the state legal system usually committed most patients. Patients

\(^{56}\) Mary Smith [or Taylor] Case File, March 22nd, 1901, pg. 67, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.

\(^{57}\) Ibid.

\(^{58}\) Ibid.

\(^{59}\) Ibid.
were categorized in either one of two ways: paying or beneficiary. Families or friends typically committed paying patients. These patients mostly came from upper class families, as asylum fees proved to be expensive. Asylums welcomed patients who could pay for their residence because federal funding was already low and running the asylum was expensive. In the state of Tennessee, a patient’s estate was made liable for expense in order to pay off living expenses. Provisions such as this were most likely efforts to keep asylum expenses as far out of the state treasury as possible. Like Tennessee, South Carolina asylum commissioners often looked for ways to limit “pauper patient” intake, and increase paying patient occupancy. In 1884, for instance, the South Carolina state legislature altered the state commitment law, requiring inebriate or drug patients to pay for residency and care. The change was also a measure to prevent families who could pay for asylum residency from avoiding payment.

The Reconstruction Era brought extreme poverty to the South. South Carolina had been one of the richest states during the Antebellum Era. By the end of the nineteenth century, however, the state was one of the poorest in the nation. Families who once were able to afford asylum care before the Civil War became

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60 Peter McCandless, *Moonlight, Magnolias, and Madness*, 252. Peter McCandless is one of the few historians who has written on southern insane asylums. His article “A Female Malady? Women at the South Carolina Lunatic Asylum” is one of the few works written on Southern insane women.


63 Ibid, 267.

64 Ibid, 8
more willing to accept state financial assistance during Reconstruction.\textsuperscript{65} In an effort to be more sensitive to this situation, the asylum ceased referring to poorer patients as "pauper lunatics," or "insane paupers" as they were called in the state of Tennessee.\textsuperscript{66} Instead, physicians began calling them "beneficiaries" or "state patients."\textsuperscript{67} Terms like "pauper lunatic" had been used since colonial times to refer to patients admitted through the state system, but the 1870s saw a changing attitude in "accepting public assistance and additional inducement to such acceptance."\textsuperscript{68} This ultimately led to the abandonment of the relatively derogatory term.

South Carolinian taxpayers and politicians, however, were not as sympathetic. Viewed as an unnecessary, charitable retreat, citizens believed the poor abused the asylum's availability and funding.\textsuperscript{69} According to the South Carolina Lunatic Asylum superintendent, Peter Griffin, "many families... shifted upon the State a burden which they are able, but unwilling, to bear."\textsuperscript{70} So apparently some could pay for their family member's stay in the asylum, but were not willing to make the financial sacrifice. The growing number of beneficiaries only supported their claims. In 1865, the ratio of paying to "pauper" patients was sixty to sixty-eight. These numbers shifted as early as 1881, leaving paying patients outnumbered

\textsuperscript{65} Ibid, 9.
\textsuperscript{66} "Laws in Relation to the Lunatic Asylum, Passed by the General Assembly of the State of Tennessee," (Nashville: W.F. Bang & Co., Book and Job Printers 1851) Sec. 7, Pg. 7.
\textsuperscript{67} McCandless, \textit{Moonlight, Magnolias, and Madness}, 252.
\textsuperscript{68} Ibid, 253.
\textsuperscript{69} Ibid, 252.
\textsuperscript{70} Ibid, 253.
twenty to one.\textsuperscript{71} This incline enraged taxpayers and politicians, who continually worked to remedy this issue. Between the years 1881 and 1882, the South Carolina general assembly passed several consecutive acts that made it necessary for the county commissioners to assess patient financial status before commitment. Additionally, commissioners were to investigate the financial statuses of patients who already held residence in the asylum. These measures, however, did little to decline the influx of beneficiary patients.\textsuperscript{72}

Beneficiaries were committed to asylums, or similar institutions, in many different forms. These patients were most commonly committed through the state system, though the process varied from state to state. In Tennessee, for example, the state held county courts responsible for hearing cases on suspected insane persons.\textsuperscript{73} Multiple witnesses, along with two “reputable physicians,” gave testimony in these trials to a person’s sanity.\textsuperscript{74} If declared insane, the person was sent to the state hospital, unless a friend or relative would take them in to give them care.\textsuperscript{75} In the case a hospital held no vacancies, patients were transferred to one of Tennessee’s other institutions.\textsuperscript{76} If the patient was a “poor person,” the county from which the person came was charged for the transfer and care of the patient.\textsuperscript{77}

\textsuperscript{71} Ibid, 252.
\textsuperscript{72} Ibid, 252.
\textsuperscript{73} Annotated Code of Tennessee, 690.
\textsuperscript{74} Ibid, 691.
\textsuperscript{75} Ibid, 691.
\textsuperscript{76} Ibid, 699.
\textsuperscript{77} Ibid, 699.
South Carolina, however, charged probate judges with the authority of sending patients to the asylum.\textsuperscript{78} Not only were probate judges responsible for deciding a potential patient worthy of mental health care, but they were also given the responsibility, as of 1894, of producing reports on patients' financial states.\textsuperscript{79} These reports were simply another means of limiting patients into the already crowded asylum. A brimming asylum was a persistent issue for the state, and often asylum commissioners urged probate judges to lower the number of committed patients.\textsuperscript{80} Since its founding, the main goal of the asylum was to cure the insane, not to perpetuate chronic, helpless cases.\textsuperscript{81} Therefore, if a patient seemed a hopeless cause, reason for discharge was sought so as not to perpetuate an unneeded expense. In one case in the late 1890s, then Superintendent James Babcock requested denied admission of an eighty-year-old woman. In a correspondence with her probate judge, Babcock had this to say: "We are very crowded here and if we admit her we have to refuse a curable patient. At her age we can do nothing in the way of cure and the change to this institution may hasten her death."\textsuperscript{82} Exchanges such as this were not uncommon during this time.

The state of Georgia, however, took a different approach to the overcrowded asylum. By the mid-1880s, administrators of the Milledgeville asylum began to

\textsuperscript{78} McCandless, \textit{Moonlight, Magnolias, and Madness}, 226.
\textsuperscript{79} Ibid, 255.
\textsuperscript{80} Ibid, 268.
\textsuperscript{81} Ibid, 11.
\textsuperscript{82} South Carolina State Hospital, \textit{Commitment Papers}, no. 7742, South Carolina Department of Archives and History, Columbia. Quoted in Peter McCandless' \textit{Moonlight, Magnolias, and Madness}, 268. According to McCandless, the eighty-year-old woman mentioned above was eventually admitted despite Babcock's protests, presumably because she was a white woman.
acknowledge the increasing numbers of patients, drawing attention to a “rise in insanity” within the state.\textsuperscript{83} What they discovered, however, was the abuse of the asylum’s services. In 1877, the asylum was made free by the state, and, as a result, “counties took advantage... [and] sen[ding] anyone to Milledgeville who caused them the slightest expense.”\textsuperscript{84} Thus, the Georgia State legislature amended legislation in 1886 that permitted administrators to return “all patients who were incurable but harmless” to their original counties.\textsuperscript{85} This amendment saw the sending back of nearly one hundred and twenty-five patients, most of who were placed in county jails. The institution thus achieved its goal: creating more space for patients who were more hopeful for rehabilitation.\textsuperscript{86}

Though the South Carolina asylum was continually looking for ways to limit patient intake during the 1890s and early 1900s, Superintendent Babcock was fairly hesitant to deny white women patients.\textsuperscript{87} In most cases that potential patients were not admitted to the asylum, they were sent off and confined to county jails. Though the white women’s ward was sorely overcrowded, the image of these women in jail was too much for the superintendent; the protection of white Southern Womanhood was far more important than comfortable living for patients.\textsuperscript{88} In 1893, Babcock advised physicians against refusing women into the asylum, for they were “the very

\textsuperscript{83} Dr. Peter G. Cranford, \textit{But For the Grace of God, Milledgeville!: The Inside Story of the World’s Largest Insane Asylum}, (Georgia Consumer Council: 1998), 44.
\textsuperscript{84} Ibid.
\textsuperscript{85} Ibid.
\textsuperscript{86} Ibid.
\textsuperscript{87} McCandless, \textit{Moonlight, Magnolias, and Madness}, 269.
\textsuperscript{88} Ibid, 269.
class of patients that should be provided for."\textsuperscript{89} White women were not to be turned away, as long as there was room to "crowd another patient in."\textsuperscript{90}

This notion of protecting women, more specifically white women, was not exclusive to South Carolina. In one 1890 appeal in North Carolina that requested funding for all insane citizens, one clause declared a benefit of care to the insane was to protect the insane from the sane.\textsuperscript{91} This provision further stated that the protection of the female insane was of the utmost importance, for they were "unrestrained by the higher moral impulses which are the accompaniments of a sound intellect, often with erotic tendencies as a symptom of their mental disease, they are easily the victims of the most vicious of the community."\textsuperscript{92} Though this aspect of the appeal played upon the incorrect assumptions of women as sexually uncontrollable that existed during this time, the idea of protecting women and womanhood is discernible.

In the state of Tennessee, the legislature wrote special provisions within the state code of law to protect women and their dignity. According to Section 4471 in the chapter regarding Hospitals for the Insane in the Code of Tennessee, it stated that "a woman shall always accompany a female patient from the county to the

\textsuperscript{89} South Carolina State Hospital, \textit{Minutes of the Board of Regents}, July 13, 1893, February 11, 1897, South Carolina Department of Archives and History, Columbia. Quoted in Peter McCandless' \textit{Moonlight, Magnolias, and Madness}, 269.

\textsuperscript{90} House Journal, 1903, p. 51. Quoted in Peter McCandless' \textit{Moonlight, Magnolias, and Madness}, 269.

\textsuperscript{91} Isaac M. Taylor, M. D. \textit{An Appeal for State Care for All the Insane from an Economic Standpoint}. The Report of the Chairman of the Section on State Medicine and Medical Jurisprudence Made to the Medical Society of the State of North Carolina, May 28th, 1891, Documenting the South: http://docsouth.unc.edu/nc (Wilmington, N.C.: Jackson & Bell, Steam Power Presses, 1891) 7.

\textsuperscript{92} \textit{An Appeal for the Care of the Insane}, 7.
hospital unless she be accompanied by her mother, father, brother, husband, or son."93 Lawmakers likely created this provision in order to protect insane women from potentially untrustworthy asylum personnel; the threat of rape was all too real behind the asylum walls.94 Furthermore, having a familiar face to travel with to the asylum was most likely comforting to the patient in what must have been a frightening and uncertain time.

Along these lines, the Code of Tennessee held another provision to protect the dignity of married women while in the asylum. In section 4493, the state declared "intercourse with [a] female patient by one not her husband a felony;" the guilty party would then, as punishment, be "confined in the state penitentiary not less than five nor more than fifteen years."95 This provision also held a consideration for younger female patients confined to the asylum. Lawmakers made the punishment for the previous crime an imprisonment of "not less than ten nor more than twenty years" if the female patient be sixteen years of age or younger.96 The state of Tennessee clearly sought to make special protection for women and womanhood through these laws, for no laws similar to these existed to protect male patients.

Administrators and lawmakers had somewhat appropriate reason to create legislation and policy to protect women. During the 1890s, the Milledgeville

93 Annotated Code of Tennessee, 700.
95 Annotated Code of Tennessee, 706.
96 Ibid.
sanitarium had two separate "disasters" in which two women became pregnant. The most perplexing aspects of these cases were that, presumably, both women were in seclusion at the times of their impregnation. Embarrassed by the situation, the institution commenced an intense, but relatively futile investigation. After some time, the administration stationed a day and night watch on the building, which revealed that "a patient lover, on his way to the morning ploughing, could, by standing on his mule, greet his paramours through the cold asylum bars." Administrators solved this by nailing wired mesh over the cell windows to prevent any more embarrassing incidences. Pregnancies, seemingly, were unacceptable and gave the impression that institutions could not control their patients. More importantly, the implication of rape could be contrived, casting a shadow over the inner workings of the institution.

Therefore, the legal system in the South played an important role in the protection of white women. Each state had its own means of protection, from the road to the asylum to within, but the intent remained the same. The operation of these institutions was exceptionally expensive. Because of this, some institutions only accepted patients that had a hope of rehabilitation. When institutions became overcrowded, some moved to reduce their numbers, such as the Milledgeville asylum. For other institutions, such as at the South Carolina Asylum, administrators were fairly reluctant to release women to the county jails. Therefore, by making

97 Cranford, 47.
98 Ibid.
exceptions such as these for white women, they ultimately became the priority within the asylum, with little apology from administrators.
Part 3: The Asylum

In April of 1881, the South Carolina State Hospital admitted a patient by the name of Rosa Doyle. She was a thirty-one year old, married woman, who was unemployed. Since she was a state-funded patient, she was committed by the state probate court. Physicians recorded that this was her first admission into the hospital, and the duration of her first "attack" had been five months. Upon entry, physicians diagnosed her with "idiocy" and failed to give a substantial reason for this diagnosis. However, the physicians did say she "imagines herself cheated out of her home by her brother, that she has had no house since her fathers death except the Hospital." This was all the physicians recorded about her overall condition. Seven months later, in November of 1881, Rosa Doyle was "discharged" from the hospital, having died from "paralysis."

From what physicians recorded about Doyle, it seems as if little about her was actually "insane," or by their term, "idiotic." It is quite possible that her brother cheated her out of her father's property, considering southern women had fairly ambiguous property rights to begin with during the 1880s. There is no way, however, to know this for sure. Physicians wrote very little else about her general condition. They recorded nothing that appeared as "insane" as Beuhlah Cobb,

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99 Rosa Doyle Case File, April 25, 1881, pg. 18, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.

100 Ibid.

101 Ibid.
another patient who seemed to have "lost all recollection of children or friends." Similarly, Doyle had no extreme tendencies, like Sarah Ann Windham who doctors recorded as suicidal. Doctors merely portrayed Doyle as a woman who was concerned, and bitter, about the handling of her father's estate. What is most striking about Doyle's file, however, is her death from "paralysis" at such a young age. Doctors never recorded her as having any medical issues, or even commented on her physical health, as they did for Mary Johnson, whose "physical health [was] good." Physicians never addressed convincing aspects of Doyle's "insanity," which calls into question whether she was truly insane.

Files like Doyle's were not uncommon in the South Carolina State Mental Hospital. Physicians were not required to write a certain amount on each patient, leaving some women with extensive records, and others with little to nothing written about them at all. This, however, was not the biggest problem with the asylum's record system. Physician's inconsistent use of diagnostic definitions existed as a much bigger problem. The mental health field had been established for quite some time leading up to this era, establishing accepted definitions of different types of insanity throughout the years. The South Carolina Asylum, however,
seemed to take a liberal approach to these diagnoses, treating them more as guidelines rather than established terms. Philosopher Michel Foucault works to define these different diagnoses in his work *History of Madness*. Although Foucault's definitions are rooted in the seventeenth and eighteenth centuries, these concepts of madness would have been relevant at the turn of the twentieth century. Foucault's structural framework of madness clearly proves inconsistency of the South Carolina asylum's conceptual system of diagnoses. This inconsistency was due to the fact that some of these women were unfairly admitted into the asylum.

By the turn of the twentieth century, the field of mental health had produced many terms with which to diagnose insanity. Physicians used terminologies such as mania, melancholia, dementia, and epilepsy to diagnose patients with a variety of different symptoms. These terms limited doctors to a certain set of standards created within the definitions of these terms. Although not all patients fit these definitions perfectly, physicians applied these diagnoses the best they could, hoping to best address their patient's needs. The diagnosis of mania, for example, was a fairly common label applied to patients of the South Carolina Lunatic Asylum. Mania during this time could be defined as an illness where "fancy and imagination [were] taken by a constant flux of impetuous thoughts," distorting conceptual thoughts and ideas.¹⁰⁵ A person's thoughts, in a sense, lost their conformity "or their representative value," deviating from truth and reason.¹⁰⁶ Within the South

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¹⁰⁶ Ibid.
Carolina Asylum, the diagnosis of mania took many different forms. Patients were recorded as having chronic, acute, suicidal, and recurrent mania, depending on the severity of their illness. The main indication for these different variants of mania, however, remained the same: a falling out with truth and sanity.107

For patient Beulah Cobb, a twenty-three year old admitted to the asylum in 1881, her mania was manifested through memory loss. According to physicians, she not only became incapable of tending to her house and family, but she also lost any recollection of her children. Her insanity held no "known cause, except religious excitement," causing her to turn violent, refuse to eat, and lose sleep.108 In contrast to the extremity of Cobbs's symptoms, patient Sallie J. Pearson's symptoms consisted of irrational behavior: "Patient said it was God talking to us, not herself, she cursed, blackguard [illegible] sang hallowed, said she was going off and that her children were... in the well. She struck at examiners tried to tear off her clothing and to get out of the house, fights attendants and attempted to jump into the well."109 Physicians declared Pearson's exciting cause as related to "liver and

107 Ibid; Mrs. Sarah Waldup Case File, April 8, 1882, pg.252, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Harriet S. Hill, November 11, 1881, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Evelina Smith Case File, September 7, 1881, pg. 114, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Sarah M. Allen Case File.
108 Beulah Cobb Case File.
109 Sallie J. Pearson Case File, July 16, 1900, pg.426, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
uterine trouble." Maladies pertaining to reproductive organs were often attributed to female insanity during this time. In both cases, Cobb and Pearson fail to engage with reality, fitting to the diagnosis of mania.

Another type of mania that existed at the turn of the century was puerperal mania, an illness allegedly brought on by childbirth. The symptoms varied, much like those of other forms of mania. Patient Sarah J. Stewart began to demonstrate manic symptoms "immediately after childbirth." Thereafter, she became "very feeble," refused to take food, and grew fearful that people were trying to kill her. Unlike Stewart, patient Hattie Turnage did not exhibit paranoid tendencies in her puerperal mania. Examiners stated that she "said she felt badly and was sick, taking to bed and became unwilling to get up." Additionally, she "appeared to be nodding most of the time" upon her initial examination. About a month after her admission, doctors commented on how she "[did] not dress herself or attend to her own hair," and also noted she suffered from consistent insomnia. Perhaps most importantly, Turnage, who was only twenty-five years old, could not "tell the names

110 Ibid.
111 Peter McCandless, "A Female Malady? " 543-571.
112 Sarah J. Stewart Case File, April 9, 1881, pg.3, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
113 Ibid.
114 Hattie A. Turnage Case File, October 24, 1905, pg. 193, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
115 Ibid.
116 Ibid.
and ages of her children." Although Stewart and Turnage exhibited very different symptoms, they both began to exhibit signs of poor health and restlessness immediately following childbirth. This seems to have been the only trait separating puerperal mania from any other variation of mania.

Another frequent diagnosis employed at the South Carolina Asylum at this time was melancholy. Early definitions of melancholy, as depicted by Foucault, were defined by an “indifference to all things” and a preference for solitude. In this solidarity, melancholics “increase[d] their attachment to the object of their delirium or their dominant passion” while appearing recluse to all else. Although many cases of melancholy displayed symptoms of “immobility and silence,” there were also melancholics who appeared bitter, languid, and had a strong “taste for solitude.” These latter subjects tended to wander aimlessly, portraying an “overcast [of] Gloom, Horror, and Sadness.” In the South Carolina Asylum, melancholy was more commonly referred to as melancholia, and was also prescribed in different variants such as acute, chronic, and hypochondrial melancholia.

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117 Ibid.
119 James, Robert, *A Medicinal Dictionary, including Physic, Surgery, Anatomy, Chymistry, and Botany, and all their Branches relative to Medicine* (London, T. Osborne, 1745), vol. II, (unpaginated) entry on 'Melancholy'. Quoted in Foucault’s History of Madness, 263; Foucault, 262-269.
120 Charlotte S. Clarke Case File, April 20, 1881, pg. 13, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Ella Sheahan Case File, July 12, 1898, pg. 5, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Ida Warth Case File, April 14, 1881, pg. 9, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Sarah A. Moody Case File, August
Throughout the many cases of melancholia in South Carolina, the symptoms of suffered by women varied. Ida Warth, whose insanity was supposedly provoked by the death of her mother, displayed both violent and destructive tendencies.\textsuperscript{121} Patient Maryle Skerrilt suffered from hallucinations allegedly brought on by religious mania. Skerrilt believed she had "committed sins for which there is no forgiveness," and often stated that "her soul [was] lost."\textsuperscript{122} Similar to Skerrilt, patient Charlotte Clarke, admitted in 1881, demonstrated religious distress as well. Her examiner stated that her exciting cause was "leaving her church and joining another," and cited that Clarke believed her "salvation [had] been jeopardized by her recent change of faith."\textsuperscript{123} Clarke was also "disposed to wander at night," speaking often of suicide.\textsuperscript{124} Conclusively, melancholic patients as prescribed by the South Carolina State Asylum could display very similar actions as mania patients. The distinction, however, was that their actions were often characterized by depression or their distinct discontent with a personal situation. 

Dementia and imbecility existed as two other common diagnoses given to patients at the South Carolina Asylum. During the eighteenth century, the time of initial conceptualization of these terms, dementia included concepts of "stupidity,
imbecility, idiocy, and foolishness."\textsuperscript{125} By this standard, the term "imbecility" was made synonymous with dementia. Foucault mentions, however, that physicians began to see these terms in different lights, diverging their general definitions on the basis of overall precocity. Dementia, therefore, became more a "pure movement of the mind, devoid of any consistency, a perpetual flight that time cannot immobilise in the memory."\textsuperscript{126} Imbecility, by contrast, was characterized by paralysis and oblivion to "all the functions of understanding and moral affection', with the mind frozen in a sort of stupor." Imbecility, an infrequent diagnosis at the South Carolina Asylum, was seemingly synonymous with the diagnosis of idiocy.\textsuperscript{127} Notably, physicians consistently misunderstood the imbecility diagnosis. Two patients, admitted nearly weeks apart in the year 1900, greatly exhibited this discrepancy. Susie Graham, diagnosed with imbecility, was fairly quiet, but spoke irrationally when vocal. Despite this, physicians commented on how she "helps about the ward," giving her a quality of productivity.\textsuperscript{128} Minnie Reynolds, contrarily, had a "violent and destructive nature."\textsuperscript{129} Examiners also noted that, although she

\textsuperscript{125} Foucault, 252-255. Foucault notes that dementia and imbecility were used interchangeably in practice. The term "imbecility," in fact, was one used in the South Carolina Asylum, as well as the diagnosis "idiocy." Presumably, idiocy was synonymous with dementia as well.
\textsuperscript{126} Ibid, 260.
\textsuperscript{128} Susie Graham Case File, February 28, 1900, pg. 335, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina
\textsuperscript{129} Minnie Reynolds Case File, March 5, 1900, pg. 339, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
could not speak, she could "hum a tune" and "give... a cry." Thus, imbecility was fairly conflicting diagnosis at the Carolina Asylum, as evidenced by these seemingly opposite patients.

The general definition for dementia, as determined by Michel Foucault, revolved around a fluctuating sense of chance and determinism within the mind. Though the disorder lacked any specific symptoms, physicians viewed it as an illness open to "all the possible symptoms of madness." Dementia, essentially, was open to interpretation. This would explain the liberal use of the diagnosis at the South Carolina State Mental Hospital at the turn of the century. The classification of dementia came in several different forms. For example, physicians used the phrase "terminal dementia" to describe the conditions of twenty year old Syuskie Thames and fifty year old Martha J. Stanton, both admitted between within the first six years of the twentieth century. Doctors characterized Thames' dementia by her irrational, yet seldom, speech. Stanton on the other hand, who was thirty years older than Thames, spoke "at random about loss of property" and also suffered "a profuse hemorrhage from the uterus" nearly two weeks after her

130 Ibid.
131 Foucault, 252-255.
132 Syuskie Thames Case File, June 25, 1901, pg. 142, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Martha J. Stanton Case File, October 12, 1906, pg.464, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
admission. Clearly, even within the more specific terminology of "terminal" dementia, there was little discretion.

Another derivation of dementia was the diagnosis "dementia praecox," or premature dementia. Addie Griffin, a fourteen year old from Spartanburg, received this diagnosis upon her admission in January 1903. Physicians marked her physical health as generally unwell, citing her "rapid" heart rate, dilated pupils, fair nutrition, and constipation. To describe her general appearance and manner, physicians recorded her as seeming "stupid" and "quiet." In their general remarks, doctors said "patient lies, or sits as placed, with her eyes fixed upon whatever object they happen to fall, until her position is changed by her attendant." Griffin's overall appearance was very comparable to that of Mary Sitton, a young twenty-one year old diagnosed with the same type of dementia. Similar to Griffin, Sitton did not "appear to notice anything." She too suffered from bad health preceding her admission, and seldom answered questions. These cases demonstrate that although terminal dementia held fairly ambiguous components, dementia praecox was an illness characterized by relative silence, immobility, and distant behavior.

Furthermore, physicians could apply the dementia diagnosis liberally.

133 Martha J. Stanton Case File.
134 Addie Griffin Case File, January 16, 1903, pg. 521, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
135 Ibid.
136 Ibid.
137 Mary Sitton Case File, November 18, 1906, pg. 212, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
138 Ibid.
Despite the fact Carolina physicians had the amorphous term of “dementia” in their diagnostic vernacular, plenty of women still went undiagnosed following admission. Countless women, such as Johanna Leonard and Lucy B. Evans, never received a diagnosis. Leonard, as recorded by the physicians, portrayed open disregard towards her family, stating she preferred spending her Thanksgiving in the asylum than with her family. Physicians also recorded her lack of correspondence with her family, never giving reason for not wanting to write them. Leonard’s familial apathy was one of few reasons given for her insanity. The physicians’ mentioning of this in her file has clear implications of moral judgment. Southern women during this time were supposed to be family oriented. Mention of Leonard’s disconnect with her relatives clearly marked her as out of the ordinary. This statement, however, hardly commented on her sanity; it merely marked her unethical by the standards of southern womanhood.\textsuperscript{139}

Unlike Leonard, former patient Lucy Evans demonstrated characteristics commonly associated with insanity. Not only did she carry “her hands to one side of her body to keep from touching anything,” but she also “could not keep from washing her hands.”\textsuperscript{140} She was also marked as suicidal, having attempted to both drown and strangle herself on separate occasions. Physicians recorded her as constantly “want[ing] to be waited on and made much of,” and had a moment of

\textsuperscript{139} Johannah Leonard Case File, May 9, 1905, pg. 80, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina; Marjorie Spruill Wheeler, New Women of the South, 6.

\textsuperscript{140} Lucy B. Evans Case File, February 25th, 1905, pg. 19, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
rational conduct where she “admitted having called her daughter vulgar and ugly names.”\textsuperscript{141} These characteristics are only a few of the many written about Evans. Physicians wrote extensively about Evans, commenting on her recurring dreams of “hideous filthy people” and her obsessive need to be clean.\textsuperscript{142} Even with these extensive notes, however, she never received a diagnosis. The reason for the missing diagnosis was never given.\textsuperscript{143}

In both the cases of Johanna Leonard and Lucy Evans, the recording physicians took thorough notes on their patients. Among their descriptions of insanity, doctors provided a social commentary on these women and their actions that was, in a sense, unnecessary for all clinical purposes. The physician’s comments about Leonard as speaking in a “sarcastic and humorous vein” simply noted her marked sense of irony, not her insanity.\textsuperscript{144} In the case of Lucy Evans, however, physicians recorded clear habits of someone with a possible case of obsessive neurosis, a common diagnosis at the time for patients with compulsive habits.\textsuperscript{145} Among seemingly legitimate claims of insanity, however, were comments remarking on her ethical behavior. Her physician recorded her as needing much attention and wanting to be waited on. This comment, seemingly irrelevant, reflected more on Evans’ personality rather than her sanity. Similarly, her physician remarked on her “ugly” treatment of her daughter, which not only demonstrated the

\begin{footnotes}
\item[141] Ibid.
\item[142] Ibid.
\item[143] Ibid.
\item[144] Johanna Leonard Case File.
\item[145] Foucault, 133; Lucy B. Evans Case File.
\end{footnotes}
physician's disdain for Evans' vulgarity, but their recognition of her less than motherly attributes.\textsuperscript{146}

Though both Evans and Leonard represent different variations of the definition of insanity, their labels of insanity are incomplete without a diagnosis. The absence of a diagnosis could point to one of two things. First, it could simply point to careless administrative work; perhaps the examiner simply forgot to record a diagnosis. The more likely cause, however, points to the illegitimate causation for the admission of these women into the asylum. The asylum itself was merely a recipient of "lunatics," as they were called.\textsuperscript{147} The legal system made the majority of these women patients. The asylum did not actively seek them out. The asylum had the power to turn people away, but denials rarely happened, especially in the case of white women. Thus, physicians were presented with the task of diagnosing all patients, whether they were truly insane or not.\textsuperscript{148}

This principle, however, carried over to women who were diagnosed. With the expectation to diagnose all patients who stepped through the doors of the asylum, physicians certainly diagnosed women who were not actually insane. Patient Sarah A. Moody, for example, held questionable characteristics of insanity. Diagnosed with "hypochondrial mania," Moody had "several imaginary enemies which are following her."\textsuperscript{149} Upon her admission, she became "very angry when

\begin{itemize}
\item \textsuperscript{146} Lucy B. Evans Case File.
\item \textsuperscript{147} McCandless, \textit{Moonlight, Magnolias, and Madness}.
\item \textsuperscript{148} Ibid.
\item \textsuperscript{149} Sarah A. Moody Case File.
\end{itemize}
[c]ertain things were questioned and attempted to strike her attendant who was trying to restrain her."\textsuperscript{150} Although her violent tendencies are something to be considered, the physicians' omission of what questions she became upset about is important as well. It could be that the physicians' questions were leading or simply offensive in general. The most important aspect of Moody's file, however, was the note that she "use[d] tobacco and "dip[ped]" snuff."\textsuperscript{151} This remark, an obvious social commentary on her personal habits, noted clearly Moody's divergence from the standards of the Southern Lady. The comment itself was unnecessary to record, for smoking was not inherently linked with insanity, but rather bad behavior.

Though Moody was eventually discharged from the asylum, "more self controlled" than before, physicians noted that she was still "tearful and thinking something was the matter."\textsuperscript{152} It is possible that Moody was truly insane, but it is also possible that she was generally paranoid, out of tune with the expectations of southern womanhood, and perhaps overemotional.

Finally, V. Eloise Wilson serves as an interesting case of potentially bogus insanity. Twenty-seven year old Wilson, diagnosed with paranoia, claimed upon entry that "she had been persecuted by her family and intend[ed] to take a pistol and kill her father at the first opportunity."\textsuperscript{153} Physicians also noted Wilson's

\hspace{1cm}\textsuperscript{150} Ibid.

\hspace{1cm}\textsuperscript{151} Ibid.

\hspace{1cm}\textsuperscript{152} Ibid.

\hspace{1cm}\textsuperscript{153} V. Eloise Wilson Case File, March 3, 1900, pg. 337, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
disposition to "scold," having a generally excitable temperament. Irritability and disjuncture with her family seem to characterize the entirety of her file. Wilson claimed she tried to do right by her family, but they continuously rejected her. In this situation, Wilson could have been telling the truth. The asylum was, in many ways, the ultimate way to reject a human being. Patients literally were excluded from everyday life with their friends and family, putting them into seclusion and cheating them out of freedom. Wilson may have been the victim of just that. Though Wilson did threaten to shoot her father with a pistol, she could have been making an off the cuff comment in her frustration with her family. Thus, her aggressive tendencies could point to insanity, but more likely to amounting frustration with her then present situation.

Overall, the incomplete and temperamental nature of these medical case files makes it nearly impossible to determine the legitimacy of these diagnoses entirely. While physicians presumably did their best to make conclusions about these patients, they did so within the mindset of southern society. Evidence lies within the moral judgment interwoven within the lines of potentially appropriate analysis. The physicians, in part, tainted these records with a hue of illegitimacy. When considered within the larger context of southern women's position in society, the conclusion exists that gender expectations at least minimally conditioned these diagnoses. The asylum, however, only functioned as a reinforcement of these diagnoses.

154 Ibid.
155 Ibid.
societal measures, as well as a depository for "problematic" women.
Conclusion

On September 25, 1898, physicians admitted forty-one year old Georgiana Gates Caglan. These were their general remarks:

Patient's attack has been coming on gradually - for 3 or 4 years. Her husband deserted her which seemed to have distrusted her a great deal. She imagines that the family disliked her and wanted to get rid of her. She has been heard to say she wished she was dead. She threw a [illegible] at her sister.156

Although physicians marked her as "widow," it clearly stated in her remarks that her husband deserted her.157 The possibility exists that because of his desertion, she was labeled a widow. Not only did her husband abandon her, but she believed her family wanted nothing to do with her. Considering her placement in the asylum, her "imagining" could quite possibly have been a reality. Caglan may simply have been expressing the unfortunate truth behind her situation. By stating that she "imagined" her family's disregard, physicians took away her rationality and overall sanity. After nearly a year in the asylum, and next to "no improvement mentally" on her dementia, her father removed her from the asylum.158

Unfortunately, Caglan was not alone in her fate. Physicians marked patient Georgia Wiggins, also labeled a widow in her file, as deserted by her husband.

156 Mrs. Georgiana Gates Caglan Case File, September 25, 1898, pg. 51, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
157 Ibid.
158 Ibid.
previous to her admission. Wiggins, like Caglan, was diagnosed with dementia, though Wiggins' file gives more evidence of this illness. She "could or would not carry on any conversations" and appeared not to be of sound mind.\textsuperscript{159} Physicians noted her occasionally violent behavior, having once hit her mother "with a reap hook."\textsuperscript{160} Generally speaking, however, Wiggins was quiet and kept to her bed due to a bad cough. Unlike Caglan, Wiggins was seemingly never discharged from the asylum.\textsuperscript{161}

These two women exemplify the truly tragic situations once met by many women confined to the South Carolina Asylum. Throughout the Carolina files, countless cases appear with women having issue with their family, or being abandoned by their husbands. In many cases, the date of discharge was never filled out, presuming that these women were left to die alone within the confines of the asylum. Although many of these women were truly insane, many of them lack any convincing evidence to their insanity. These women, insane or not, were seemingly brought here with no intention of being retrieved by their families. While the purpose of the asylum was to cure rather than to house patients, countless women entered and never left. Little to no reason for this exists within the case files. It is also difficult to envision the lives of women who did leave the asylum, for no follow up records were ever marked, unless women reentered the asylum.

\textsuperscript{159} Georgia Wiggins Case File, January 15, 1900, pg. 314, South Carolina State Mental Hospital, Department of Mental Health, South Carolina State Hospital Case Histories (Female), South Carolina State Archives, Columbia, South Carolina.
\textsuperscript{160} Ibid.
\textsuperscript{161} Ibid.
Administrators, however, very much realized the public's subliminal expectation of the asylum. Just as counties and families abused the opportunities Milledgeville and the South Carolina Asylums provided, the same surely was the case in other institutions across the South. In South Carolina, counties had been transferring financially burdensome citizens to the asylum since its founding during the colonial period. In 1900, Superintendent James Babcock once protested against the large number of older, feeble patients that continued to flood the asylum's doors. He stated that these people were "in no sense dangerous or insane in the accepted sense. They were simply brought here to die."¹⁶² This idea that older patients were simply placed in the asylum to finish their days could easily be applied to the women abandoned by their families once admitted. One of the more unfortunate realizations about this is that many of these women were as young as twenty years old upon abandonment, meaning their lives outside of the asylum had hardly existed at all.

The asylum, therefore, served another, less visible, purpose: by taking on female patients deemed "insane," the asylum functioned to reinforce the larger structure of gender expectations in the post-war South. Families and local courts essentially used the asylum to regulate the standards of accepted female behavior. The asylum, having little power over this, admitted these women with few objections. This is not to say that administrators of the asylum realized their hidden purpose. It is to say, however, that families, counties, and courts that advocated for

¹⁶² South Carolina State Hospital, Minutes of the Board of Regents. Quoted in Peter McCandless, "A Female Malady?" 548.
the commitment of these women knew the asylum would accept white, female patients. By committing these “difficult” women, families and counties alleviated themselves not only from whatever anxieties these women brought them, but also from the societal and financial pressures associated with them. Therefore, the asylum served its ultimate purpose: to protect white women. Though it is unfortunate that inadequate, overcrowded living conditions were the only alternative for these women, the asylum was arguably better than jail.

These amounting pressures of Southern womanhood in dialogue with insanity did not go unnoticed. Interestingly, many southern authors during the 1930s and 40s reflected upon what it meant to be a Southern Lady at the turn of the century through portrayals of female insanity within literature. As one of the South’s most renowned authors, William Faulkner often reflected upon southern history and its place in literature, working to represent the true south in his works. In his 1931 short story, "A Rose for Emily," Faulkner spoke to the lingering ideals of spinsterhood, a male dominated society, and gentility in the post-war South through the fictional Emily Grierson.\(^{163}\) Essentially, Emily is portrayed at the beginning as being under the complete control of her domineering father, who interferes with her attracting a beau. After his death, Emily suffers from a bout with insanity, initially refusing to let the undertakers take the body from her because he was “not dead.”\(^{164}\) Though she eventually relents, she is never the same. Not soon after, Emily attracts


\(^{164}\) Ibid.
the attention of Northerner Homer Barron. The courtship is long, eventually ending with Homer’s sudden disappearance after he says he will not marry her. Emily is left alone the rest of her life, opening her door only to tell the town mayor that she will not pay her taxes. Following her death, people within the town went to clear out her house, finding the dead body of her former beau, Homer, in her bed.\textsuperscript{165}

Despite that Faulkner’s work was a fictional account, he presented several issues that existed for southern women during the 1880s. Similar to Emily’s complete devotion to her father, Southern women during Reconstruction were more and more willing to leave home.\textsuperscript{166} During the Civil War, women were left without husbands, fathers, brothers, and suitors, some of whom never returned to be with their families.\textsuperscript{167} This male absence, along with emancipation, left women with new responsibilities and jobs that they never dealt with before.\textsuperscript{168} Through their experiences, women became closer with what family they had left, making the prospect of marriage less desirable.\textsuperscript{169} Like Emily, many women became extremely devoted to their mothers and fathers, making them reluctant to develop new attachments. The thought of leaving their families greatly frightened women, as did the thought of childbirth and sexual activity. For these reasons, more and more, women were beginning to see marriage as a frightening, life-long entrapment.\textsuperscript{170}

\textsuperscript{165} Ibid.
\textsuperscript{166} Jane Turner Censer, \textit{The Reconstruction of White Southern Womanhood}, 51.
\textsuperscript{167} Ibid.
\textsuperscript{168} Ibid.
\textsuperscript{169} Ibid, 33.
\textsuperscript{170} Ibid, 30-41.
Another piece of Southern Literature that spoke more towards the plight of southern womanhood through insanity was Tennessee Williams 1947 play *A Streetcar Named Desire*. The story revolves around Blanche DuBois who deals with financial and emotional strife after her family and plantation home dissolve, leading her to the home of her remaining sister, Stella, and her husband Stanley who does not take kindly to Blanche. Blanche is also haunted by the death of her young husband, Allan, whose suicide she blames on herself. Throughout the play, Blanche is constantly on edge, trying to calm her nerves with warm baths. She is also portrayed as extremely sexual, having had countless “intimacies with strangers,” as well as having a fetish for young boys.¹⁷¹ This fetish, attributed to the loss of Allan, ultimately costs Blanche her teaching job in her home town. When Blanche begins a courtship with one of Stanley’s war friends, Mitch, Blanche is given one last chance for love in her seemingly dismal life, leading Mitch on with her supposed “old fashion” ideals of courtship. However, Stanley ruins her chances by exposing her promiscuous past and her affair with a student. Eventually, Stanley and Blanche have a final falling out, ending with his rape of Blanche. This, incidentally, sends her into permanent insanity. The play ends with Stella and Stanley sending Blanche to the insane asylum.

What made Williams’ portrayal of the insane woman interesting was his linking of sex with insanity. As seen in the South Carolina asylum cases, women’s insanity was sometimes related to their reproductive organs. Williams takes this a

step further in his work by making the connection between promiscuity and insanity. Though the case files show little evidence of this connection, the general idea was out there, as proven by the reformatories created to prevent sex delinquency in young women.\textsuperscript{172} The question, too, that Williams raises is what happened to the Southern belle? Blanche, in her youth, was the epitome of the southern belle, having many beaus in her time. She dwells upon this, constantly talking about her youth. Williams' depiction of Blanche showed her not only living but being trapped in the past, much like the general population of the South. Insanity, it seemed, was the result of this entrapment in the past of genteel ideals. Thus, the plight of the Southern Belle was to be trapped within the Antebellum South. The standards of white womanhood thrust upon her by southern civilization were simply too much to ask.

Despite literature's effort to ideologically configure and reflect upon post-war southern womanhood, the conflicting notions behind these standards persisted. Well into the 1930s and 40s, southern women were consistently met with the expectations of respectability and decency. Young women in particular came under scrutiny with the fear of sex delinquency coming to a peak. In fact, the idea of female sexuality in young women grew to be linked with mental instability, equating "simplemindedness" with promiscuity.\textsuperscript{173} The root of these anxieties, however, lay far in the past. 1880 to 1920 proved to be the beginning of a long struggle for women's civil liberties, coming at the cost of both subliminal and apparent

\textsuperscript{172} Susan Cahn, \textit{Sexual Reckonings}, 132.
\textsuperscript{173} Ibid, 196.
retaliations. In an effort to protect what little was left of the Old South, southern civilization fought to preserve southern womanhood, suppressing many aspects of change. The asylum thus became a venue with which to achieve this, causing the unwarranted commitment of countless women for improbable insanity.
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