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LUNATICS AND IDIOTS: TREATMENT OF THE MENTALLY ILL  
AND MENTALLY DISABLED POPULATION IN  
THE RIO GRANDE VALLEY, 1860-1962

A Thesis  
by  
EMILY GRAY

Submitted to the Graduate College of  
The University of Texas Rio Grande Valley  
In partial fulfillment of the requirements for the degree of

MASTER OF ARTS

August 2018

Major Subject: History



LUNATICS AND IDIOTS: TREATMENT OF THE MENTALLY ILL  
AND MENTALLY DISABLED POPULATION IN  
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EMILY GRAY

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August 2018



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## ABSTRACT

Gray, Emily, Lunatics and Idiots: Treatment of the Mentally Ill and Mentally Disabled Population in the Rio Grande Valley, 1860-1962. Master of Arts (MA), August, 2018, 202 pp., references, 153 titles.

This thesis analyzes the conditions the mentally ill and mentally disabled population in the Rio Grande Valley faced during the era of the asylum in the United States, from 1860 until 1962. The treatment options for the citizens of the Rio Grande Valley are compared with the treatment of the mentally ill in the nation as a whole, as well as in the state of Texas. The Rio Grande Valley has been geographically distant from large population centers, and the state of Texas neglected to place any state-funded health care centers in the region until the 1960's. The intermarriage of cultures and faiths at the border allowed for the practice of *curanderismo* (faith healing) to thrive in the region. Evidence points to the fact that ethnic Mexicans in the region felt excluded from professional medical treatment, and preferred spiritual treatment for mental illness, which they believed was a spiritual condition.





## DEDICATION

The completion of my graduate studies would not have been possible without the love and support of my husband, David. Thank you for your patience and understanding when I was tired and less than lovable.



## ACKNOWLEDGEMENTS

Many thanks to my committee chair and graduate advisor, Dr. Megan Birk. When I was out of ideas and ready to give up, you gave me fresh insight. I greatly appreciate your sharp eye for detail, and the time you sacrificed to help me complete this thesis. I am also so grateful to my thesis committee members: Dr. Amy Hay, and Dr. George Diaz. Thank you for your valuable advice and input. You guys are the best!

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## TABLE OF CONTENTS

	Page
ABSTRACT.....	iii
DEDICATION.....	iv
ACKNOWLEDGMENTS.....	v
TABLE OF CONTENTS.....	vi
CHAPTER I. INTRODUCTION AND HISTORIOGRAPHY.....	1
HISTORIOGRAPHY .....	8
CHAPTER II. THE ASYLUM ERA IN UNITED STATES.....	46
CHAPTER III. THE ASYLUM ERA IN TEXAS (1850-1955).....	78
CHAPTER IV. THE ASYLUM ERA IN THE RIO GRANDE VALLEY.....	118
CHAPTER V. THE PRIEST AND THE <i>CURANDERO</i> .....	156
REFERENCES .....	191
BIOGRAPHICAL SKETCH.....	202



## CHAPTER I

### INTRODUCTION

In 2015, the National Alliance on Mental Health determined that one in five American adults experienced mental illness in a given year. One in twenty-five Americans, or 9.8 million citizens, suffered a mental illness so grave that their life activities were substantially affected.<sup>1</sup> The National Council on Disability identified mentally ill patients' living conditions as the largest single barrier to effective treatment and quality of life. The council proposed housing these Americans in "non-congregate settings" so that they could more readily be included in everyday social interactions.<sup>2</sup> This recommendation demonstrates a radical departure from the views held in nineteenth and early twentieth century America. In the nineteenth century, medical professionals encouraged families to institutionalize their loved ones. As institutional confinement became the norm, states struggled to keep up with the demand for bed space in state hospitals.

During the Era of Reform (1820-1860), the mentally ill, previously confined to jails and almshouses, were increasingly placed in asylums. This trend continued in later

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<sup>1</sup> National Alliance on Mental Illness, "Mental Health By the Numbers." (October 23, 2015) <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

<sup>2</sup> National Council on Disability, "Inclusive Livable Communities for People With Psychological Disabilities." (March 17, 2008): 6. Accessed through J-Stor.



years, as institutions were built for other groups of ill and disabled citizens, including schools for the blind, deaf, and those suffering from tuberculosis. This paradigm shift of institutionalizing the ill and disabled can be traced to social changes within the United States, as its citizens grappled with the issues of urbanization, migration, and industrialization.

At this time, little differentiation was made between the mentally ill, termed “lunatics” and the mentally disabled, termed “idiots”. Lunacy also included conditions such as alcoholism, dementia, tertiary-stage syphilis, and epilepsy. The question of how to deal with the nation’s dependant population led to the rise of the asylum. The first institution built exclusively for the insane was The Public Hospital in Williamsburg, Virginia.<sup>3</sup> Opened in 1773, the governor of Virginia proclaimed it a place to aid “ a poor unhappy set of People who are deprived of their Senses, and wander about the Country, terrifying the Rest of their Fellow Creatures”.<sup>4</sup> It would be several more decades until the asylum movement would catch hold in the United States. No more asylums were constructed until the 1820’s, and then very few. Only three states provided care for the indigent insane at this time: Kentucky, South Carolina, and Ohio. The asylum movement really gained momentum in the period before the Civil War. At this time, social reformers such as Dorothea Dix and Horace Mann lobbied for the humane treatment of the indigent insane, and pressed state legislatures to provide funding for public asylum care. The reformers promoted the asylum as the most compassionate way to reform the insane through daily routine and re-education. Upon release, the formerly

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<sup>3</sup> Pennsylvania Hospital accepted mental patients as early as 1752, but it was a general hospital, not an asylum. The lunatics were housed in cells in the basement.

<sup>4</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), 69.

deviant citizen would be able to assume their rightful place in society. For many patients the asylum provided a needed respite from the outside world, and they were able to emerge as “cured”. Unfortunately, so many others, the “incurables” and “chronic insane”, lived out their lives behind the asylum walls.

The rise of the asylum in Jacksonian America heralded a new age of benevolent humanitarianism. Many state governors readily answered the call to build these extremely costly institutions in the name of progress and Christian morality. In 1856, Texas governor, Elisha M. Pease, signed a funding bill to establish the Texas State Lunatic Asylum in Austin. The asylum opened its doors in 1861 with a patient population of twelve.<sup>5</sup> Texas followed national asylum-building trends, patterning its first asylum after Thomas Kirkbride’s model. Many other Southern and Midwestern states began building institutions at this time as well. The years following the Civil War marked a surge in asylum building nationwide. By the 1890’s, every state had an institution built exclusively for its indigent insane. In response to increasing demand, the Texas legislature approved funding for several more asylums, each located near large population centers. The North Texas Hospital for the Insane, serving the Dallas area, opened in 1885. In 1892, the Southwest Lunatic Asylum began serving San Antonio and all the southern Texas counties, including the area known as the Rio Grande Valley. The era of the Texas asylum endured for nearly a century before public pressures for reform led to large-scale deinstitutionalization.

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<sup>5</sup> Sarah Sitton, *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), 10.

The terms “lunatic” and “insane” were the common parlance of the day. These labels carried stigma then, as they do now. In 1925, the Texas legislature officially changed the names of their lunatic asylums to state hospitals.<sup>6</sup> While this outwardly signaled a change in attitudes toward the treatment of the mentally ill, it was a change in name only. Life on the wards continued in much the same way as it always had. The terms “idiot” and “feebleminded” were also commonly used to describe those who were mentally disabled or had learning disabilities. Even the United States Census used these labels when referring to these groups until the 1940’s. In this work I use these terms, not to cause offense, but to stay true to the spirit of the day.

The railroad came to the Rio Grande Valley in 1904. This area along the Texas-Tamaulipas border was still sparsely populated, with the majority of residents living on ranches. Its residents had few general physicians, and no services for its mentally ill population. This work will attempt to analyze the conditions the mentally ill and mentally disabled populations faced in the Rio Grande Valley. How did families, and the community at large deal with their mentally ill members in this geographically distant and culturally distinct region? Many residents may have first sought treatment from the church or a *curandero* (Mexican faith healer) before resorting to medical or state intervention.

The Texas-Tamaulipas border has long been the site of tremendous, often painful transitions. With each passing decade, residents have had to adjust and readjust to changing political ideals, economic restructuring, and the clashing of cultures. For many

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<sup>6</sup> Ivan Belknap. *Human Problems of a State Mental Hospital*. (New York: McGraw-Hill Book Co., 1956.), 22.

scholars, the current animosities along the border can be traced to economic and political changes that occurred between the 1880's and 1930's.<sup>7</sup> Issues of class and ethnicity determined access to citizenship and land ownership, as well as medical care. In fact, prior to the 1960's, the American federal government most often viewed the ethnic Mexican as a medical *threat*. Several borderlands scholars have noted this association of Mexican immigrants with disease.<sup>8</sup> The rise of the eugenics movement in the early decades of the twentieth century provided a "scientific" basis for racial prejudice, and affected the medical treatment, or lack of treatment, that this population received. According to the tenets of eugenic thought, the ethnic Mexican was believed to be morally deviant and mentally flawed. Based upon this scholarship and local accounts, I will attempt to show that the Rio Grande Valley was a site of medical discrimination in the early twentieth century.

It was not until 1962 that the first mental health clinic opened in the Rio Grande Valley, a full century after the opening of Texas' first state hospital. By this time, the mental health reform movement was already well underway. In 1961, the Joint Commission on Mental Illness and Mental Health published its findings, leading to an era of deinstitutionalization that continues to the present day. In many ways, the

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<sup>7</sup> Sonia Hernández. *Working Women Into the Borderlands*. (College Station, TX: Texas A&M University Press, 2013); Benjamin Heber Johnson. *Revolution in Texas: How a Forgotten Rebellion and Its Bloody Suppression Turned Mexicans Into Americans*. (New Haven, CT: Yale University Press, 2003); William D. Carrigan and Clive Webb. *Forgotten Dead: Mob Violence Against Mexicans in the United States, 1848-1928*. (Oxford: Oxford University Press, 2013).

<sup>8</sup> Miguel Levorio. *Militarizing the Border: When Mexicans Became the Enemy*. (College Station, TX: Texas A&M University Press, 2012); John McKiernan-González. *Fevered Measures: Public Health and Race at the Texas-Mexican Border, 1848-1942*. (Durham, NC: Duke University Press, 2012); Alexandra Minna Stern. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. (Berkeley: University of California Press, 2005).

Commission reported what mental health care providers already knew. State hospitals were overcrowded, underfunded, and fundamentally disconnected from the community at large. New psychotropic drug treatments, such as lithium, Thorazine, and Librium allowed for the release of some mentally ill patients suffering from bipolar disorder, schizophrenia, and anxiety. Advances in addiction treatment meant that many long-term patients could be seen on an outpatient basis. In response, many states began cutting funding and available bed space in their state hospitals, in favor of mental health care treatment at the local level. The Community Mental Health Act (1963) allowed for at least partial federal funding for these community mental health care centers. The passage of the Social Security Acts in 1965, in particular the Medicaid Act, meant that low income citizens could seek out mental health care treatment. Suddenly, local ethnic populations became interesting subjects of study for academics and federal agencies associated with mental health.<sup>9</sup> These federal measures are responsible, in large part, for bringing mental health care to the residents of the Rio Grande Valley.

To my knowledge, there are no published accounts of the history of mental health care in the Rio Grande Valley. In fact, only one history has ever been published on any Texas asylum, *Life at the Texas State Lunatic Asylum, 1857-1997* (1999), which Dr. Sarah Sitton wrote at the behest of the institution. I have combined the available scholarship on mental institutions, *curanderos*, and general borderlands history to form the academic basis for this work. I have also utilized local secondary and primary sources, such as newspaper articles, census data, commissioners' court reports, autobiographies and correspondence, as well as statistics from state institutions. By

<sup>9</sup> See William S. Bush, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth-Century Texas*. (College Station, TX: Texas A&M University Press, 2016.).

comparing national and state data with local accounts, a picture of the state of the mentally ill population in the Rio Grande Valley will emerge. Chapter One of this thesis will examine and compare the relevant historical research on the asylum movement in America, and in the state of Texas in particular. In Chapter Two, I will provide an overview of the history of the national asylum movement from the 1870's until after the Second World War. At the national level, certain paradigm shifts in the perception of mental illness are more readily apparent. The move toward moral treatment in the late 1800's was extremely promising. However, overcrowding and underfunding of asylums led many physicians to embrace the tenets of eugenics as a means to explain what seemed to be an explosion in the numbers of the insane and feeble-minded. The mental hygiene movement of the early twentieth century promised early intervention and prevention of mental illness, although some proponents were also influenced by eugenics. Chapter Three will take a closer look at the Texas asylum movement from the 1860's until the 1950's. I will compare conditions in the Texas state hospitals to those across the nation, as well as examine the ways in which politics and race affected the treatment of the insane and feeble-minded. In Chapter Four, I will attempt to describe the medical options for the mentally ill and mentally disabled population of the Rio Grande Valley. I will focus on the counties of Cameron and Hidalgo, and to a lesser extent, Starr County. In the nineteenth century, Cameron County had the largest population, and the most organized political structure. Therefore, this county also possesses the most complete records for the time period. I will look at census data and commitment rates to illustrate the movement of the insane population. The Rio Grande Valley lacked any medical treatment centers for mental illness until the 1960's, and so Chapter Five will be a history

of the Catholic Church and *curanderismo* in the region. These served as alternative treatment options for the local population. In fact, it is quite likely that many considered the church and the *curandero* to be preferable to general physicians. Medical professionals became very interested in the mental health of minority populations in the 1960's, during the era of deinstitutionalization. The first mental health clinics were opened in the region at this time. South Texas became a laboratory of sorts in the 1950's and 1960's for psychiatrists, social workers, and anthropologists. They became fascinated with the alternative treatments prescribed by faith healers. To social scientists, the geographically isolated Rio Grande Valley must have seemed like a region that time forgot, in which many local residents valued spiritual healing over the prescriptions of medical professionals. Assigning spiritual and supernatural causes to mental illness had not been a popular practice in America since colonial times. As will be evidenced here, the Rio Grande Valley was a region that the state forgot, severely limiting treatment options for the mentally ill and mentally disabled.

Like any scholar of medical history, I am frustrated by national HIPAA privacy regulations, but I believe that my arguments can be made without using specific patients' names and diagnoses. Where I have been able to include names, I have used the first initial and last name only. Even though the information in census records and county commissioners reports is open to the public, I have attempted to ensure some measure of privacy in this work. It is my hope that my analysis of this most disenfranchised of populations can be a benefit to the growing scholarship of borderland studies and the history of mental illness in America.

## **Historiography**

Sociologist Andrew Scull wrote that Americans viewed the asylum “with a mixture of pride and complacency”.<sup>10</sup> The asylum represented the best that this country had to offer, a unification of science and publicly funded philanthropy. Even the architectural grandeur of the early asylums attested to the faith that reformers, and the public at large placed in these institutions. As early as the 1870’s, however, a disenchantment had grown with what the asylum and psychiatry had to offer. Overcrowding of wards, and underfunding of state institutions often led the poorer classes to view the asylum as “the Bluebeard’s cupboard of the neighbourhood”.<sup>11</sup> The asylum was seen as a closed, often secretive community. Rumors of abuses against patients were occasionally corroborated in horrifying journalistic exposés. Many patients never emerged as cured, but instead remained behind the asylum walls until their death. Commitment procedures also troubled American citizens, as the mental patient was often confined and received treatment against their will. A diagnosis of insanity might be viewed as an arbitrary judgment call made by a physician, or even a family member. This issue of involuntary confinement was disquieting in a nation with democratic ideals.

The most influential social reformer of the asylum movement, Dorothea Dix, has proven a difficult character for her biographers to define. Miss Dix had always scorned inquiries into her private life, and more than once had bluntly refused to cooperate with potential biographers. In a letter to editor Sarah J. Hale, attempting to write *Lives and Characters of Distinguished Women* (1851), Dix expressed extreme annoyance at the

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<sup>10</sup> Andrew Scull, ed. *Madhouses, Mad-Doctors, and Madmen*. (Philadelphia: University of Pennsylvania Press, 1981), 1

<sup>11</sup> Andrew Scull, ed. *Madhouses, Mad-Doctors, and Madmen*. (Philadelphia: University of Pennsylvania Press, 1981), 2



request for personal data. She wrote that fame would only interfere with her mission, and that giving women publicity for their works seemed “at variance with the delicacy and modesty which are the most attractive ornaments of their sex.”<sup>12</sup> Dix consciously promoted this Victorian ideal of femininity, purity and self-denial, and it would ultimately shape how the world would come to define her, both in life and in death. Historians of the life of Dorothea Dix have had to deconstruct the “angelic caricature” left behind by those who idealized the woman and her mission.<sup>13</sup> . In *Voice For the Mad: The Life of Dorothea Dix* (1995), David Gollaher attempted to flesh out the real woman and the motivations behind her crusade for the indigent insane. Gollaher, who specializes in the history of science and medicine, believed Dix to be “the most productive woman in nineteenth century American politics.”<sup>14</sup> He pointed out that Dix did not invent the asylum movement, but that she was most responsible for making the issue front and center in American politics. The author asserted that even if the asylum movement did not cure mental illness, and the homelessness that often results from it, no subsequent program has either. In her campaign for the indigent insane, Dix also held the modern state responsible for the care of its dependent population. This met with considerable success at the state level, even if her land grant bill was vetoed at the national level. This persuasion took great political finesse in a laissez-faire capitalistic world.

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<sup>12</sup> Francis Tiffany. *Life of Dorothea Lynde Dix*. (Boston: Houghton Mifflin, 1890), v.

<sup>13</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 446.

<sup>14</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), vii.

Gollaher was the first biographer to examine the truthfulness of Dix's "memorials". Her first testimonial before a legislative body was entitled, *Memorial to the Legislature of Massachusetts* (1843). Dix's reports were graphic descriptions of human captivity, in which the insane were kept nearly naked, filthy and subjected to extreme cold and heat. Dix did receive angry rebuttals from towns objecting to her portrayals of negligence. Gollaher believed that Dix "was interested in truth, but more in effect."<sup>15</sup> Investigative journalism in the nineteenth century was not held to the standards it is today, and so Dix felt no remorse in exaggerating a few details for a noble cause. Her use of literary devices and imagery lent a sinister air to her accounts. It was as if some terror were lurking just beneath the surface of tranquil Massachusetts society.<sup>16</sup> Her writings were also suffused with moral imagery, much like a sermon. The moral debasement of the insane was made all the more dramatic when proclaimed from the mouth of a proper Victorian lady. Victorian culture placed women on a pedestal. Dix represented all that was righteous and civilized to legislators, therefore her moral message was extremely effective. She spoke before many state legislatures throughout her career, including the states of New Jersey, New Hampshire, Illinois, Louisiana, and North Carolina. Gollaher examined several of her memorials, pointing out the evolution of her delivery, and the tailoring of her arguments to each state. For example, she might warn of high incidents of insanity among immigrants in the eastern states, or play up the fiscal savings asylums afforded in the south. As her crusade went on, she became more

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<sup>15</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 159.

<sup>16</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 140, 150-159.

aware of the legal arguments surrounding lunacy reform, as well as the current advancements in treatment.

It seems that Gollaher also believed that Dix consciously manipulated her own public image. Aware that a middle-class lady associating with lunatics, and traveling alone might seem improper, she was careful to always maintain lady-like attire and comportment. Her aversion to publicity was part of this effort to appear more credible. Yet in her memorials, the author wrote that Dix began to envision herself as a modern day Philippe Pinel, the legendary French alienist and proponent of non-restraint. She was the redeemer of the insane, striking off their chains, just as Pinel had done.<sup>17</sup> She was featured as the intrepid heroine in her descriptions of her visits to poorhouses and prisons. This pride would not have been acceptable, except that a calling from God justified her taking on this role.

Unfortunately, it appears that Gollaher used some of this dramatic license when describing Dix's early life. The author asserted that Dix was abused as a child, which led to pent-up rage and depression. This emotional scarring would cause her to turn her back on her family. She would also spend her life trying to become everything her father was not: reserved, abstemious, and controlled.<sup>18</sup> The author made statements about her motivations and inner life that he could not possibly know, and are not backed up in the historical record. This smacks of psychohistory, yet, Gollaher did not consult a psychiatrist in his analysis of Dix. In his introduction to *Dorothea Dix: New England*

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<sup>17</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 178-181.

<sup>18</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 13-20.

*Reformer* (1998), historian Thomas Brown argued that just because the historical record is silent on a matter, does not mean this hole should be filled with lurid imaginings.<sup>19</sup>

In Gollaher's account, Dorothea Dix is portrayed as a woman who cannot easily be defined. She stood as the representative of the indigent insane, and tirelessly worked to ensure moral treatment for this population. She was extremely successful at convincing state governments to take responsibility for their dependant mentally ill population, even though the author argues that this goes against the grain of American policy. The redistribution of wealth for social welfare programs has never been universally popular in the United States. Dix might seem to be quite the fashionable topic for liberal scholars, *except* as Gollaher pointed out, she does not fit the contemporary ideal of what a social reformer should represent. Unlike the Progressive Era social reformers who came to prominence in the late nineteenth and early twentieth centuries, Dix was solidly middle-class, not an abolitionist, nor a feminist. Her nativist and anti-Catholic sentiments are also problematic for those looking for a heroic humanitarian. These personal imperfections in Gollaher's analysis do make for a much more interesting read. He has succeeded in deconstructing the "angelic caricature" of Dix, so that the reader can glimpse the flesh and blood woman behind it.<sup>20</sup>

Albert Deutsch wrote the first survey of the treatment of the mentally ill in America in 1937. Deutsch was not trained as an historian, nor was he college-educated. Deutsch honed his skill working as an archivist and researcher for the New York State

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<sup>19</sup> Thomas J. Brown. *Dorothea Dix: New England Reformer* (Cambridge, MA: Harvard University Press, 1998), xiii.

<sup>20</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), vii.

Department of Welfare. He approached the American Foundation for Mental Hygiene (AFMH) with his proposal to write a history of the evolution of the mental health movement. Deutsch was originally to share author's credits with Clifford Beers, the founder of the AFMH, but the two men had a difficult working relationship. Deutsch eventually published the work under his own name, with the proceeds of the work to be donated to the AFMH. Regardless of its somewhat partisan origins, this work is well researched and is widely regarded as the seminal history of American psychiatry.

Deutsch stated in his preface that he writes not only to inform, but also to stimulate his readers to “constructive action”.<sup>21</sup> He carried this ideal of social activism throughout his work. Deutsch did not think that the asylum as an institution is infallible. He wrote skeptically of the “cult of curability” that asylum superintendents used to promote their institutions, by claiming a cure rate nearing one hundred percent. By digging deep into the historical record, Deutsch traced these fictional statistics to one Captain Basil Hall, who wrote an account of The Retreat in Hartford, Connecticut. Hall wrote that The Retreat boasted a cure rate of “91 3/10 per cent”.<sup>22</sup> Deutsch asserted that this touched off the series of competitive (and fraudulent) claims of curability rates by other institutions in America. This ultimately had a negative effect on the asylum movement, in Deutsch's view, because while it led to more asylums being built, those were often of poor construction. When curability rates proved false, states neglected to allot enough money to pay for satisfactory treatment for its patients. He also points out that asylums and their superintendants were isolated from the outside world, a point that

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<sup>21</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), v.

<sup>22</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), 135.

other historians will pick up later to illustrate the lack of medical progress being made within the field of psychiatry.

In Deutsch's time, the psychiatrist had left the isolation of the asylum, now renamed the "state hospital", and was engaged more directly with the community. Social workers had become the intermediaries between doctors and their patients. Social workers were among the first to use the methods of the mental hygiene movement, of which Deutsch was a paid spokesman. Mental hygiene was a preventative movement to educate the public about the dangers of alcohol and drug use, and promiscuity. Proponents of mental hygiene did not base their admonitions on moral judgments, but instead on commonsensical advice. For example, alcohol use and indiscriminate sex could lead to addiction and venereal disease. The prevention of mental illness was believed to be a community-wide effort, and with the goal that every child could develop a "healthy personality".<sup>23</sup> While Deutsch wrote of this movement as social reform, other historians would term it social control. In the 1949 revised edition of his book, Deutsch touched on another form of social control - eugenics. Deutsch wrote frankly about this subject, examining the difficulty in defining "feeble-mindedness", and critiquing mental tests for inaccuracy. He stated that the theory that "feeble-mindedness is a simple Mendelian recessive, is held to be utterly untenable."<sup>24</sup> However, he did not dismiss eugenics out of hand, as a contemporary historian would. Deutsch wrote at a time that had seen the United States Supreme Court uphold sterilization in the *Buck v Bell* case of 1927. He had also lived through the Second World War, in which the world was shown

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<sup>23</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), 320.

<sup>24</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), 364.

the extremes of such a method of social control. Deutsch determined that more research must be done on the subject before a determination of its efficacy can be made. He realized that the real question should be “*who* is to determine the standards of social fitness and desirability?”.<sup>25</sup>

In his first work, Deutsch wrote a Whiggish history of the mental health movement in the United States in which he contended that the treatment of the mentally ill continued to improve over time. Deutsch recommended the mental hygiene movement as one way to promote a world in which “children may lead healthy, happy lives and grow into useful, well adjusted citizens...” Deutsch reminded the reader that though “we have traveled a long road upward from the ideal of repression to the ideal of prevention,” there is still more progress to be made.<sup>26</sup> However, Deutsch became disabused of the notion of progress after World War II. In his travels, Deutsch toured many state hospitals from 1945 to 1947. The war years had left many of them abysmally underfunded and understaffed. In response to the horrid conditions he found in American state hospitals, Deutsch wrote a scathing exposé of the mental health care system, *The Shame of the States* (1948).

The topic of mental illness and its treatment did not become a popular subject for historical research until the 1960's. New Left and Social historians had begun to study the history of the working class, thus expanding the interests of the researcher beyond the social elite. However, few historians chose to study social deviance or mental illness until the publication of Michel Foucault's *Madness and Civilization* in 1961. Foucault's work

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<sup>25</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), 374.

<sup>26</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), 518-519.

examined the culturally created “discourse” as a system of power and discipline within society. Those who did not adhere to the discourse were excluded from the social body. According to Foucault, the asylum served as a corrective disciplinary measure in order to protect society and ensure “normality”. The institution became society’s way of re-educating its deviants. This idea was further examined in his work *Discipline and Punish* (1975). In this volume, Foucault explained the benefits of hiding away the bodies of those who have been judged as deviants. Behind the walls of the institution, the madman no longer had the power to elicit pity or guilt from the public. The madman became “part of an abstract consciousness”, and the public turned over responsibility for his care to the doctor and the warden.<sup>27</sup> By setting every inmate’s life to a strict timetable, subjecting him to psycho-pharmaceutical drugs, and constant surveillance, the institution constituted a total “deprivation of liberty.”<sup>28</sup> Therefore, according to Foucault, what was promoted as a social reform measure must actually be understood as a method of social control. American historians from this point forward have largely written in response to Foucault’s work. They have also fallen largely into two camps: those who see the mental institution as a social reform, and those who damn it as social control. Since the 1990’s some historians have attempted to look past this argument. Post-structuralist scholars believe that this narrative of reform versus control has limited the questions we have asked concerning mental health in this country. Historians like Nancy Tomes and Elizabeth Lunbeck do not find power in the *institution*, but rather in the personal

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<sup>27</sup> Michel Foucault. *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1977), 9-11.

<sup>28</sup> Michel Foucault. *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1977), 232-233.



relationships between doctor and patient.<sup>29</sup> Even as the institution of the asylum has all but passed away, we cannot escape the idea that there is enormous power in the discourse of mental illness. Our faith in the field of psychiatry has become so absolute that we find ourselves in a constant state of self-diagnosis. In the words of Foucault, “in the normalization of the power of normalization, in the arrangement of a power-knowledge over individuals,” psychiatry has won.<sup>30</sup>

In 1971, historian David J. Rothman completed his work, *The Discovery of the Asylum*. Like many of his contemporaries, Rothman had been deeply influenced by Michel Foucault and his theories of social control. In his introduction, he critiqued Foucault’s argument by stating that though his ideas are fascinating, they are not correlated with actual historical events, making his argument merely ideological. Rothman said Foucault’s thesis was too abstract, making almost no analysis of real class struggle, or any real historical actors. Instead, “Reason acts as an independent force, seeking victory for its own purposes.” It was Rothman’s intent to situate America’s “discovery of the asylum” in actual social context.<sup>31</sup> Rothman asked the question, “Why did Americans in the Jacksonian period begin building institutions for the deviant and dependent?” He did not see the institution as the inevitable result of centuries of “progress.” Rothman believed that the asylum was one possible solution to the problem

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<sup>29</sup> Elizabeth Lunbeck. *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America*. (Princeton, NJ: Princeton University Press, 1994), and Nancy Tomes. *The Art of Asylum-Keeping: Thomas Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994.).

<sup>30</sup> Elizabeth Lunbeck. *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America*. (Princeton, NJ: Princeton University Press, 1994), and Nancy Tomes. *The Art of Asylum-Keeping: Thomas Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994.), 296.

<sup>31</sup> David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), xviii.

of the indigent insane, and wished to analyze why it was chosen. In his work, the author examined not only asylums, but also prisons, almshouses, orphanages, and reformatories as part of the same revolution in social practice. He compared the care of dependent citizens in colonial and Jacksonian era America in order to determine how and why this change occurred. Rothman also challenged the idea of the asylum as a “reform.” He believed it naïve to accept this value-laden judgment without analyzing the movement and the motivating forces behind it.

Rothman began his study by reflecting on the ways in which colonial Americans thought of the indigent insane, and dependents in general. Using courthouse and almshouse records, as well as ministers’ sermons, Rothman believed that colonials accepted the support of the poor as their Christian duty. (At that time, there was no distinction drawn between the needy.) They did not fear the poor and insane, but saw them as a “God-given opportunity to do good.”<sup>32</sup> The insane were cared for by their family, or within the community. To Rothman, the family, church, and community were the spheres of social control. To “reform” in that era meant punishment, and colonials could be very cruel, utilizing whippings, stocks, and even execution.<sup>33</sup>

The Jacksonian era was a time of great social change. The 1830’s saw the growth of urban centers, a rise in immigration, and the beginnings of an industrial revolution. As Rothman stated, the old ideals of Calvinism were being swept away on a tide of modernity. Americans feared chaos and the poor immigrant stranger in their midst. They began to look for the origins of deviance and found them in the family and the

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<sup>32</sup> David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), 7.

<sup>33</sup> David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), 16-22.

community. In Rothman's view, the institution answered society's call for control. Man could be "reformed" in a special setting away from "family and away from vices to a controlled 'corruption-free' environment."<sup>34</sup> Rothman described the Jacksonian reformers as optimistic, believing that man was not a criminal or deviant by nature. At this time, they saw the individual "as under siege surrounded by pernicious conditions." The individual must be removed from society in order to be re-educated.<sup>35</sup> The asylum was promoted as the ideal environment for rehabilitation. The social control exercised in the Era of Reform was over individuals.

Rothman believed that by the 1870's all forms of the institution had fallen into disfavor. Lack of funds, and lack of properly trained personnel, as well as the national stresses of the Civil War had left asylums overcrowded, merely providing custodial care to a growing population of chronically insane. Perhaps more realistically, however, American institutions were subject to cycles of reform and decay. Decades of improvements were offset by decades of deterioration. Journalistic exposés and public demands for change sparked a new cycle of improvement and decay. Yet, according to Rothman, the bar had been set so high for these "reforms" that they could not help but disappoint. He viewed the Jacksonian institutions as failures on an uninterrupted slide to ruin. He is left with the question, "why did these institutions persist?". Rothman stated that he did not pass moral judgments on Jacksonian reformers, preferring to believe that

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<sup>34</sup> David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), 71.

<sup>35</sup> This model of individual rehabilitation is also the founding principal for juvenile reformatories and prisons of the time period. David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), 126.f.

they had good intentions, yet he still projected a deep distrust regarding all “social panaceas.” He asserted that grandiose plans often have the most horrendous results.

Rothman has been criticized for a lack of specificity when he speaks of “the Americans”. Rothman posited that “Americans” wanted a “well-ordered community”, and viewed mobility and immigration with “pessimism and fear.”<sup>36</sup> He believed that the rise of the institution was a result of the dominant social group trying to return to an older colonial value system. The institution was a place for social outliers to be rehabilitated. William Muraskin contradicted this assertion that Americans were a unified, homogenous group. According to Muraskin, such a consensus did not exist amongst Americans at large. Rather, social reforms served the interests of specific groups within a larger society. Reformers were their own group with specific ideals and goals. Muraskin does not argue with Rothman’s historical research, but instead finds fault with his underlying hypothesis.<sup>37</sup>

Rothman picks up again where he left off in *Conscience and Convenience* published nine years later. By this time, historians of mental illness had renamed Rothman’s analysis the “revisionist school”. In this book, he continued the story of progressive reforms and reformers. He saw the same pattern in this next era of reform. Good intentions were turned into bad consequences. Again he stated his issue with the word “reform”. “Reform is the designation that each generation gives to its favorite

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<sup>36</sup> David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), 69-71.

<sup>37</sup> William A. Muraskin. “The Social-Control Theory in American History: A Critique” *Journal of Social History*. Vol. 9, No. 4 (Summer 1976), pp. 559-569.

programs,” without challenging whether they are actually effective.<sup>38</sup> He argued that Progressive reformers saw institutions as stifling and a hindrance. Instead, they wanted to open their programs to the community at large. They promoted many of the programs we still use today: foster care, outpatient clinics, and probation.

Rothman saw a clash here between the reformers’ idealistic “conscience” and the “convenience” of the state. Progressives had welcomed state action, naively believing that it would work in the best interests of its dependant population.<sup>39</sup> The end result of this tug-of-war would be a bastardized version of the programs that no one wanted or had foreseen. Actual change was negligible. Names and labels were changed: Insanity became mental disease, and asylums became hospitals.<sup>40</sup> In most cases, Rothman believes this to be a matter of semantics, not substance. He sees these “reforms” as perpetuating the asylum, as well as adding another layer of clients and institutions.

It seems that Rothman had a personal bias and preference for de-institutionalization. Even Progressive reforms fall short of Rothman’s ideal that appeared to spring from a contemporary political agenda. Rothman wrote of social control in the colonial era, completely ignoring the fact that those restrictions and punishments (whipping, stocks, social exclusion, and even execution) were much more punitive and malevolent than commitment to an institution. Rothman’s preference for locally based, outdoor relief shines through here with his attack centered *exclusively* on the institution. Locally based,

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<sup>38</sup> David J. Rothman. *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America*. (New York: Aldine de Gruyter, 2002.), 4.

<sup>39</sup> David J. Rothman. *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America*. (New York: Aldine de Gruyter, 2002.), 49.

<sup>40</sup> David J. Rothman. *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America*. (New York: Aldine de Gruyter, 2002.), 335.

outdoor relief did not reach the entire population of indigent insane, a fact that Rothman did not discuss.

Guyora Binder criticized Rothman for lack of specificity in identifying Progressive ideals. He pointed out that Rothman views Progressive ideology as more varied than Jacksonian ideology, but offers very little analysis of this. The Progressive reformers were unabashedly paternalistic in their treatment of the indigent and immigrant populations, however Rothman did not properly parse this out. According to Binder, Rothman struggled to understand the cultural and intellectual undercurrents of Progressive ideology, and thus his account is not convincingly argued.<sup>41</sup>

Gerald Grob, a medical historian, has hotly debated David Rothman. Grob also asserted that Rothman's critique was not useful because he generalized social trends. To critique all Jacksonian institutions and reforms under one umbrella of social control is too reductionist. He also accused Rothman of pasting contemporary issues and concerns over the social programs of the past. According to Grob, this leads to an ahistorical reading of the record.<sup>42</sup>

Historian Lawrence Frederick Kohl wrote of the ill-defined concept of social control in his article "The Concept of Social Control and the History of Jacksonian America". In this work, published in 1985, Kohl expressed exasperation at the varied uses of the term "social control". The vagueness of the term had rendered it nearly useless. He stated, "The means of the control may be as formal as the legal system or as informal as peer

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<sup>41</sup> Guyora Binder. "Penal Reform and Progressive Ideology" *Reviews in American History*. Vol. 9, No. 2 (June 1981), pp. 224-232.

<sup>42</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton, NJ: Princeton University Press, 1983), ix-x.

pressure of the subtlest kind.”<sup>43</sup> According to Kohl, the historian must define this term in his research, as well as designate who orchestrates this control and who benefits.

Rothman, Foucault, and other scholars are often very vague about who is the orchestrator behind these struggles for control. By using the term “social control”, a moral judgment is also implied against the controlling party.

Kohl gave his own interpretation of the Jacksonian Era of Reform. He believed that social control is a constant across societies. Control varies according to degree, the manner in which it is deployed, and the ends it achieves. Kohl saw the 1830’s as a period of “voluntarism and consent, which implied the equal dignity of reformers and reformed.”<sup>44</sup> By this, Kohl meant that social control has to be a mutual process, in which the object of the reform submits to the power and control of the reformer. A total institution does not exist. The “controlled” always have the opportunity to resist. Historian Nancy Tomes echoed this sentiment in her work, *The Art of Asylum-Keeping* (1994). Reducing the Jacksonian era to a struggle for social control has become detrimental, in that it limits the field of historical inquiry.

Gerald Grob concurred with Kohl’s analysis when he suggested that historians cannot assume that social reformers had social control as their ultimate goal. He argued that, in most cases, we should accept the reformer’s agendas at face value. This does not mean that the end product was a perfect one, but as reformers were not omniscient, they could

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<sup>43</sup> Lawrence Frederick Kohl. “The Concept of Social Control and the History of Jacksonian America.” (*Journal of the Early Republic* 94, no. 1 (Spring 1985)) 23. Accessed through J-Stor.

<sup>44</sup> Lawrence Frederick Kohl. “The Concept of Social Control and the History of Jacksonian America.” (*Journal of the Early Republic* 94, no. 1 (Spring 1985)) 31. Accessed through J-Stor.

not have foreseen this. In 1973, Gerald Grob published *Mental Institutions in America: Social Policy to 1875*. Ten years later, he published a sequel to this work covering the period from 1875 to 1940. In these works, Grob examined the effectiveness of the asylum as a reform measure. Grob denied setting his research within any system of meaning or theory. In this way, he rejected the revisionist school of thought. He believed that the revisionist school, while they had used some new and interesting historical sources, had still failed to provide a specific analysis grounded in a wide empirical base.<sup>45</sup> Unlike Rothman, Grob limited his research to the mental institution, rather than incorporating prisons, reformatories and orphanages under his analysis. This concentration allowed for a more specific hypothesis, and greater attention to the effectiveness of the asylum in particular. Grob utilized census reports, as well as institutional records, and reports from state boards of charities. His sources did not vary widely from Rothman and others of the revisionist school, but Grob did provide more exact information in the form of population statistics, and comparisons of state funding for mental patients.

Grob was one of the first historians to examine the mental institution in terms of race and ethnicity. He considered the issue of diagnoses based on cultural conceptions of race, as in the case of southern blacks, whose mental illness was often blamed on emancipation. It was believed that “freedom brought debauchery and disease”.<sup>46</sup> The most reliable statistics are available after 1920, when blacks were admitted with higher

<sup>45</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton, NJ: Princeton University Press, 1983), x-xi.

<sup>46</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton, NJ: Princeton University Press, 1983), 38.



rates of syphilis, alcoholism and pellagra, a disease caused by a vitamin deficiency. A lack of primary medical care, and a deficient diet were likely causes for these higher than average infection rates. Blacks were also stereotypically recognized as having higher rates of “feeble-mindedness” than whites, although statistics do not bear this out.<sup>47</sup>

Recent immigrants also made up a significant percentage of asylum admissions. Many nativists blamed this on immigrants’ inferior genetic heritage. Grob scrutinized the statistics available for this population, and found that by 1880, more than 15,000 of the 41,000 mental patients in the U.S. were foreign-born. These statistics are high because, as Grob found, these immigrants were admitted at older ages, many suffering from dementia. They became the chronically insane population, which would never leave the hospital. As many of these immigrants came to this country without family members to care for them, the asylum became their old age home.<sup>48</sup> In fact, Grob pointed to the aging American population as one of the causes for the large numbers of chronically insane that were overcrowding asylum wards. Historians of the revisionist school often recognize the increasing number of chronic cases as a failure in the treatment methods of asylum physicians. Grob pointed out that public policy had not created a solution to house the elderly American population. The asylum and the poorhouse were the only available options.

Grob readily admitted that the ideal of the asylum as a therapeutic institution was far from the reality. By the 1870’s, state hospitals had largely become custodial facilities

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<sup>47</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton, NJ: Princeton University Press, 1983), 192 (see footnote).

<sup>48</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton, NJ: Princeton University Press, 1983), 182-183.

caring for the chronically insane. Only privately funded hospitals, which could exercise more discretion over the choice of patients, could boast modest curability rates. The reputation of the mental institution suffered greatly because the “disjuncture between image and reality” called into question “their very legitimacy.”<sup>49</sup> Regardless of this “disjuncture”, Grob saw the asylum as a necessary measure, for there was an obvious need to care for these patients, even if they could not be cured by the psychiatric methods available in the early twentieth century. In this instance, Grob agreed with Rothman, in that he saw outside forces coming to bear on the reformers’ original ideals. Public policy and state funding had the largest affect, in his mind. Forces within the institution met with state and local policy to create a hybrid system that differed significantly from what social reformers had envisioned.<sup>50</sup>

Grob did not share the revisionist school’s belief that social reformers had a sinister motive behind their support of the asylum. Most reformers were “primarily concerned with uplifting the mass of suffering humanity and were not particularly aware of political or economic considerations.”<sup>51</sup> The social control school of thought, therefore, confused the end result with the primary intention. In his analysis, revisionists are guilty of laying present day concerns and political agendas over the historical record, thus skewing their analysis toward a moralistic, and ahistorical reading of the past. Grob concluded that the

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<sup>49</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton, NJ: Princeton University Press, 1983), 200.

<sup>50</sup> Gerald N. Grob. *Mental Institutions In America: Social Policy to 1875*. (New York: Free Press, 1973), 86-87.

<sup>51</sup> Gerald N. Grob. *Mental Institutions In America: Social Policy to 1875*. (New York: Free Press, 1973), 109.

asylum did provide a service for individuals who could not care for themselves, even if a minimal level of therapeutic care was offered.

Lois W. Banner echoed Gerald Grob's belief that the majority of social reformers were acting from sincere religious and moral convictions. In her essay, "Religious Benevolence as Social Control: A Critique of an Interpretation", she pointed out that the revisionist school of thought particularly vilifies religious reformers of the early nineteenth century. These reformers founded Bible societies, aided the urban poor, and promoted temperance. Yet the critics of religious reform insist that they were only working to preserve their "declining status as moral arbiters of American society."<sup>52</sup> Banner believed that this is an extremely narrow view of these humanitarians, based upon the statements of only one Presbyterian minister, Lyman Beecher. In 1818, Beecher proclaimed that after church disestablishment, the clergy felt the need to exert indirect political control through humanitarian societies.<sup>53</sup> According to Banner, Beecher's statement represented the exception, not the rule. Revisionist scholars fail to take into account the diversity of denominational opinions. In fact, Banner suggested that they are largely ignorant of the history of denominational development in America. Religious reformers did not have a Machiavellian lust for political power. Rather, the majority of religious denominations showed a real distaste for the corruption of the political arena.

As denominations grew and became more structurally complex, they endeavored to turn their piety into action. Converting new members to their faith was the most obvious

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<sup>52</sup> Lois W. Banner. "Religious Benevolence as Social Control: A Critique of an Interpretation" *The Journal of American History* 60, No. 1 (Jun 1973): 23. Interestingly, Banner believes that abolitionist reformers are not scrutinized in this way.

<sup>53</sup> Lois W. Banner. "Religious Benevolence as Social Control: A Critique of an Interpretation" *The Journal of American History* 60, No. 1 (Jun 1973): 27-28.

motivator behind their community outreach. Banner also examined the effects that millennialism and nationalism had on these movements. She believes that these ideological factors are largely ignored, but were central to the humanitarian's concept of their role in society.<sup>54</sup> Millennialism was the widespread belief that Christians should prepare the earth for the Lord's coming. Jesus was predicted to return and reign on earth for a thousand years, before taking the redeemed home to heaven. Most Christians were also deeply nationalistic. They subscribed to what is now referred to as "Christian republicanism". These Christians advocated the education of American citizens in order to ensure the survival of the republic. All citizens should be responsible, thrifty, charitable, and humble, in order to create a stronger nation. According to Banner, these deeply held moral beliefs were the real motivating factor behind religious benevolence, not sinister motives of social control.

While Banner did not speak to the asylum movement specifically, there is no doubt that the reformers Dorothea Dix and Horace Mann emerged from this tradition of religious benevolence. Dix, in particular, came from the Unitarian tradition of "disinterested benevolence", and was deeply nationalistic. Banner criticized those scholars who suggest that the reformers were only acting out of selfish desires for social position and control. This reduces the revisionist analysis to "only one strand in a complex of attitudes toward politics and society."<sup>55</sup>

In 1994, Nancy Tomes published a social history of the medical practice of psychiatry: *The Art of Asylum Keeping: Thomas Story Kirkbride and the Origins of*

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<sup>54</sup> Lois W. Banner. "Religious Benevolence as Social Control: A Critique of an Interpretation" *The Journal of American History* 60, No. 1 (Jun 1973): 36-37.

<sup>55</sup> Lois W. Banner. "Religious Benevolence as Social Control: A Critique of an Interpretation" *The Journal of American History* 60, No. 1 (Jun 1973): 24.

*American Psychiatry*. In it Tomes pondered the question of social reform versus social control by examining the psychiatric methods of Thomas Kirkbride, the asylum superintendent for the Pennsylvania Hospital for the Insane. Kirkbride had become nationally renowned for his “Kirkbride plan”, an architectural and administrative plan for organizing asylums to provide the best “moral treatment”. Kirkbride’s plan insisted on the superintendent’s control over all details of the asylum, from daily routines and diet, to the actual architectural design of each ward. Moral treatment was intended to provide structure and order in the patient’s life, and reward patients for good behavior. Yet, in her study, Tomes found that the dynamics of control and power were not exclusive to the institution or the psychiatrist. Other forces played a role in shaping the asylum experience, such as the concerns of patient’s families, the asylum staff, hospital boards, and the patients themselves. Tomes asserted that “because of his professional status, Kirkbride had the dominant role in determining the medical and social rationale of the asylum.”<sup>56</sup> On the other hand, if patients and their families were not convinced of the efficacy of moral treatment therapies, Kirkbride’s labors would have been for naught. In fact, Tomes originally published her manuscript under the title, *A Generous Confidence* (1984), in reference to the necessity that patients *believe* in the treatment they were receiving. Kirkbride did assert a measure of control over his patients, but only with their permission (or at least the permission of the patient’s family). One must not forget that many patients were submitted to treatment against their will.

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<sup>56</sup> Nancy Tomes. *The Art of Asylum-Keeping: Thomas Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994.), xxx.

Tomes spoke against Andrew Scull's description of the asylum as "a convenient place to get rid of inconvenient people".<sup>57</sup> As Tomes pointed out, it was not "society" that placed insane citizens in asylums. Policemen or agents of the state did not generally commit patients. Rather, it was their own families who sought treatment for them, usually as a last resort when care at home failed. The asylum was not a "convenient" dumping place, as Scull asserts, but rather the last resort for families who had exhausted their options. When viewed from this angle, the social control theory loses some of its legitimacy. According to Tomes, the mental asylum was providing a service, not attempting to hide social deviants. Commitment procedures and patients' rights were troublesome issues for asylum superintendents. Patient complaints and lawsuits were brought against the Pennsylvania Hospital and others claiming that they had been wrongfully committed. By the end of Kirkbride's tenure in the 1870's, there was a general social anxiety over centralized power and its abuses. Tomes attributed much of this anxiety to over-zealous attorneys and the sensationalist news stories of the day, which "found a ready audience for stories of municipal corruption."<sup>58</sup> Some patients did win settlements against hospitals and their families. Tomes pointed out that mental patient's complaints may be viewed as suspect. While the historian wants to honor the patient's testimony in letters and court documents, the fact remains that they may be

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<sup>57</sup> Nancy Tomes. *The Art of Asylum-Keeping: Thomas Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994.), xix.

<sup>58</sup> Nancy Tomes. *The Art of Asylum-Keeping: Thomas Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994.), 261.

delusional accounts. The historian must decide if they believe the patients' account fully, partly, or not at all.<sup>59</sup>

Tomes wrote a post-structuralist interpretation of the mental institution, in that she had largely rejected the master narrative of social reform versus social control. Tomes did not only see power in institutions, or society as an amorphous whole, but rather in the everyday negotiations between doctor and patient. Yet, the case of the Pennsylvania Hospital for the Insane cannot be applied to asylums across the country. This particular hospital was a private institution that did not rely on state and local funding for its day-to-day operations. While Kirkbride did take in charity cases, the vast majority of his patients paid for their services, and at least a quarter of them were considered wealthy. Kirkbride had to court his patrons, and treat them like customers, more than the superintendants of state institutions did. Yet Tomes gives a detailed and well-reasoned account of what moral treatment therapy was designed to accomplish, as well as how much it depended on the charisma and intelligence of its superintendent. Kirkbride's hospital was the shining example of this treatment, and the one all asylums across the country hoped to emulate. Unfortunately, conditions in state institutions were often much different than in the Pennsylvania Hospital. For instance, according to Texas lunacy law, the insane were most often forcibly admitted to asylums by law officers. While it may be true that, like Tomes asserted, family members wished to have them admitted, indigent patients had to be tried by a jury of their peers in order to receive an indefinite commitment to a state institution. Politicians controlled the budgets of state institutions, and pushed for certain groups to be admitted, even if they were not mentally ill.

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<sup>59</sup> Nancy Tomes. *The Art of Asylum-Keeping: Thomas Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994.), 244.

Eugenicists did exert some measure of social control by advocating for the institutionalization, and sometimes sterilization, of the mentally ill and mentally disabled, a fact that Tomes leaves out. The mentally disabled and the elderly began to crowd the wards of state institutions, while private hospitals were able to keep their inmate numbers manageable.

Elizabeth Lunbeck picked up the discussion of social control and discipline in *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (1994). Lunbeck admitted to being greatly influenced by Foucault's theory of social discipline, and used his theoretical framework to guide her analysis. She wrote a post-modern account of the gradual acceptance of the "psychiatric" into our social discourse. Lunbeck focused her study on the early decades of the twentieth century in which psychiatry began to emerge from isolation in the asylum to become part of the cultural mainstream. Lunbeck limited her study to the Boston Psychopathic Hospital, examining specific case studies, diagnoses and treatments. By using specific case files, Lunbeck was giving voice to Foucault's notion of "the everyday individual of everyday".<sup>60</sup>

Lunbeck described the Boston Psychopathic Hospital as the first of its kind in the U.S. Part hospital, part laboratory, it was designed to lead psychiatry into the twentieth century. The author described this as a conscious design, to align "themselves with science and forces of progress".<sup>61</sup> In order to remake their discipline, and leave behind the stigma of the asylum, psychiatrists had to study more than the "abnormal". If they wanted to study the problem of social deviance, they also had to understand what it meant

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<sup>60</sup> Elizabeth Lunbeck. *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America*. (Princeton, NJ: Princeton University Press, 1994), 4.

<sup>61</sup> Elizabeth Lunbeck. *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America*. (Princeton, NJ: Princeton University Press, 1994), 3.



to be “normal.” Psychiatry then began a century’s long process of creating behavioral spectrums ranging from abnormal/deviant to normal. In the process, however, this medical field assumed a powerful relationship with the public. By claiming they must examine all of life’s routines, from work habits, to sexuality, to familial relationships, psychiatrists began to pass judgments on what was acceptable social behavior. More specifically, they determined what was acceptable social behavior based on white, middle class norms. In her analysis, Lunbeck joined the anti-psychiatry school of thought. She did not attribute sinister motives to psychiatrists per se, but did see their reinvention as motivated by professional interests.

With the help of social workers, psychiatrists situated themselves in the new liminal space between the asylum and the neighborhood. They began to prize the “higher type” of patient, who was nearer to normal.<sup>62</sup> They even promoted temporary commitment laws in order to be able to assess borderline cases. In their sessions with these individuals, doctors promoted the ethics of disclosure, promising not to make moral judgments of what their patients told them, as it was all in the interests of science. In this way, psychiatry was allowed into the workplaces, the homes, and even the bedrooms of twentieth century Americans.<sup>63</sup>

While Lunbeck’s study was limited to one east coast hospital, a part of her analysis rings true. The influence of modern psychiatry is all around us, embedded in the social discourse. This medical field is consulted in all manner of social interactions: in our schools, in our military, and in our families. By and large, this field has shaped our

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<sup>62</sup> Elizabeth Lunbeck. *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America*. (Princeton, NJ: Princeton University Press, 1994), 112.

<sup>63</sup> Elizabeth Lunbeck. *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America*. (Princeton, NJ: Princeton University Press, 1994), 51-52.

conceptions of what it means to be normal, adjusted, and even happy. Many Americans are so self-regulating when it comes to mental health that they will readily consult a mental health professional, or commit themselves for treatment. By allowing their lives to be examined by psychiatrists, are Americans subjecting themselves to “disciplinary surveillance?”<sup>64</sup> The real social control, according to Lunbeck, is in psychiatry, not the institution. The language of mental health has become part of our everyday discourse. However, in his work, *Circuit Riders for Mental Health: The Hogg Foundation in Twentieth Century Texas* (2016), William Bush assigned a much more positive role to psychiatry. In Texas, where mental health services were scarce, many residents had never heard of “mental hygiene” or spoken to a counselor about mental issues. In traveling the state, the psychiatrists and social workers of the Hogg Foundation found that that Texans expressed a great interest in personal therapy and family counseling. Texans began to demand these services from their local and state government. Rather than indoctrinating and controlling Texans, the “circuit riders” of the Hogg Foundation brought word of a useful and much needed service – mental health care. Of course, not every American wishes to be psychoanalyzed, or puts their trust in mental health professionals. Yet, it seems short sighted to label psychiatry as a social control when so many Americans express a need for mental health services.

In more recent years, historians have examined the history of psychiatry as it relates to race. In his book, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996*, Daryl M. Scott examined the ways in which health professionals, social scientists, and politicians used the language of mental health to

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<sup>64</sup> Elizabeth Lunbeck. *The Psychiatric Persuasion: Knowledge, Gender and Power in Modern America*. (Princeton, NJ: Princeton University Press, 1994), 131.

control the African-American population in the United States. In the decades following the Civil War, physicians attributed mental health and social behaviors to the biology of race. As Scott pointed out, these doctors believed blacks to be genetically predisposed to cheerfulness. This “happy innocence” was how they were able to withstand the pressures of slavery, but also meant that they were not morally responsible. African-Americans were considered hypersexual, and prone to alcoholism.<sup>65</sup> At the turn of the century, middle-class Americans had embraced a “therapeutic ethos” of self-fulfillment through consumption and leisure. Middle-class whites placed their confidence in the scientific methods of psychiatry, and in turn, psychiatrists used middle-class values as the yardstick upon which to measure “normality.” According to Scott, disenfranchised blacks had no place in this culture of self-fulfillment, and were designated “abnormal”, or “damaged”.<sup>66</sup>

Scott also analyzed the ways in which the “tragic mulatto” was used to support arguments both for and against segregation. For biological determinists, the mulatto was doomed to be unhappy because of the genetic mixture of inferior and superior races. On the other hand, white Progressives who favored inclusion of blacks, also felt that the mulatto’s psyche was damaged by a lack of self-esteem.<sup>67</sup> This perception of psychological damage did not mean that blacks or mulattos received greater access to mental health care. Rather, African-Americans were largely excluded from even the most basic of medical care for much of the twentieth century.

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<sup>65</sup> Daryl Michael Scott. *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996*. (Chapel Hill, NC: The University of North Carolina Press, 1997), 10-14.

<sup>66</sup> Daryl Michael Scott. *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996*. (Chapel Hill, NC: The University of North Carolina Press, 1997), 8-12.

<sup>67</sup> *Ibid*, 15-16.

Writing in 2005, Anne C. Rose examined psychiatry's partnership with the social sciences in the early twentieth century. Prior to the 1920's, psychiatrists relied upon biological and evolutionary assumptions when diagnosing a person of color. On the progressive scale of races, those of African descent ranked at the bottom. Therefore, it was commonly held that blacks as a race were psychologically weaker than whites. It was believed that the stresses of emancipation had increased the numbers of institutionalized blacks because they had little capacity for self-control.<sup>68</sup> In fact, the line between the "normal" and the "abnormal" black was held to be so blurred that they afforded psychiatrists valuable insight into the primitive origins of man. The American followers of Freud studied the black insane in order to validate Freud's theories about the human unconscious. While this made them interesting subjects, Rose wrote that the notion of blacks as primitives limited the treatment they received. They received little care outside of custodial facilities. Prior to the 1920's, psychiatry as a healing art held no relevance for the black community.<sup>69</sup>

Scientific theories of racial determinism were convenient, and yet, these theories left the psychiatrist detached from society. In an effort to increase their social relevance, psychiatrists adopted the anthropological concept of "culture" to explain deviant behaviors. In this way, psychology began to examine the "personality" as created by social interaction. In order to understand these subjective interpretations of cultural mores, the psychiatrist must join the social scientist in the field. The notion of the South

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<sup>68</sup> Anne C. Rose. "Putting the South on the Psychological Map: The Impact of Region and Race on the Human Sciences During the 1930s" *The Journal of Southern History* LXXI, No. 2 (May 2005): 326.

<sup>69</sup> Anne C. Rose. "Putting the South on the Psychological Map: The Impact of Region and Race on the Human Sciences During the 1930s" *The Journal of Southern History* LXXI, No. 2 (May 2005): 327-329.

as an inherently racist region attracted northern scholars. Ultimately, they found a complex web of racial interactions that would be hard to define and categorize.<sup>70</sup> White and black intellectuals worked together in the South, and Rose called this cooperation “a brave experiment”. However, she pointed out that black scholars were more likely to call for actual social improvements, rather than merely diagnosing the problem. They also found it hard to rebut the white discourse on black insanity, as they made up such a small percentage of the profession.<sup>71</sup> This newfound interest in the South benefitted the field of psychiatry. New research on the effects of social organization on the mind would prove revolutionary. Unfortunately, Rose asserted that these studies defined the South as pathological, and turned the region into a laboratory.<sup>72</sup>

In fact, the black body had been a site of medical experimentation since the colonial era. In *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (2006), Harriet Washington chronicled the myriad ways in which blacks were shut out of health care networks completely, or used as guinea pigs to perfect procedures and techniques. Washington stated that physicians of the past viewed their black patients as “disease-ridden, unintelligent, fearful, distrustful,

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<sup>70</sup> Anne C. Rose. “Putting the South on the Psychological Map: The Impact of Region and Race on the Human Sciences During the 1930s” *The Journal of Southern History* LXXI, No. 2 (May 2005): 323-324.

<sup>71</sup> Anne C. Rose. “Putting the South on the Psychological Map: The Impact of Region and Race on the Human Sciences During the 1930s” *The Journal of Southern History* LXXI, No. 2 (May 2005): 330. Rose says only three percent of black physicians were specialized by the 1940’s.

<sup>72</sup> Anne C. Rose. “Putting the South on the Psychological Map: The Impact of Region and Race on the Human Sciences During the 1930s” *The Journal of Southern History* LXXI, No. 2 (May 2005): 341.

and, above all, ‘non-compliant’”.<sup>73</sup> For their part, she noted that black patients were aware of this history of exploitation, and often avoided seeking medical care as long as possible. Washington believed this exclusion and exploitation also applied to mental health treatment. In southern states especially, little accommodation existed for mental health treatment for blacks. They were largely excluded from state asylums, and instead sent to almshouses and jails when they were too ill to work. Physicians considered blacks to be particularly susceptible to feeble-mindedness and syphilis, especially free persons of color. Washington referred to the 1840 census in which free blacks were counted as having high rates of insanity and idiocy. In fact, 1 out of every 144 Northern blacks was reported as insane or an idiot in 1840. Washington cites two specific audits of this census proving these numbers were exaggerated. Nonetheless, this document would serve as “proof” that blacks were genetically weak, and required guidance from whites.<sup>74</sup>

The published scholarship on the history of the mentally ill population in Texas is quite sparse. There exist several state-issued reports, and a few surveys of the treatment of the mentally ill, most notably C.S. Yoakum’s *Care of the Feeble-minded and Insane in Texas* (1914). However, the only published historical account of any Texas asylum remains Sarah Sitton’s *Life at the Texas State Lunatic Asylum, 1857-1997* (1999). A psychologist by trade, Sitton was engaged in writing a history of her Austin neighborhood, Hyde Park, when she was approached to write a history of the Austin State Hospital. Sitton was lucky enough to be granted access to all the hospital’s records from

<sup>73</sup> Harriet Washington. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2006), 14-16.

<sup>74</sup> Harriet Washington. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Anchor Books, 2006), 146-151.

the previous century, including patient records, interviews with staff, and superintendents' reports. Unfortunately, as is so often the case, many hospital records had been lost or destroyed by 1997. Sitton believed that the State Lunatic Asylum, as it was known until 1925, began with noble, humanitarian intentions. Texan politicians and physicians believed in the "cult of curability" – that the vast majority of mental patients could be cured. Yet, the asylum was destined to the same fate as so many others across the nation. After the first twenty years, the asylum became "overloaded with patients and heavily custodial."<sup>75</sup>

Sitton claimed that life on the wards continued much the same for over a century, until deinstitutionalization emptied the hospital. She described the asylum as "our little town", a complex society in which patients were a part. Physicians and staff lived on campus with their families, and interacted regularly with patients. Indeed, in the first century of the asylum, neighborhood residents would stroll around the asylum grounds and speak with patients.<sup>76</sup> Many patients were able to take advantage of recreational therapy and vocational rehabilitation, which prepared them for their return to society.<sup>77</sup> This is not to say that Sitton paints a rosy picture of daily life on the wards. Lack of funding led to understaffing. In turn, many attendants overmedicated their charges to keep order. "Good" patients had to be sprinkled in with the "bad" so that they could aid

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<sup>75</sup> Sarah Sitton. *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), x,4.

<sup>76</sup> Sarah Sitton. *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), x,19, 63.

<sup>77</sup> Sarah Sitton, *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), 104-107.

the attendants. Therefore, rather than receiving therapy, they were put to work.<sup>78</sup>

Perhaps worst of all, many patients on the back wards were idle much of the time. Superintendant F.S. White called this stifling boredom a “living death”, regretting that he had neither the staff nor the funds to correct the situation.<sup>79</sup> Patients were most often segregated by gender and race first, and then by diagnosis. Sitton mentions Jim Crow segregation in the Austin State Hospital, but it is not readily apparent how much black wards differed from those of whites. Kitchen services were segregated as well, ostensibly in order to avoid fights between black and white patients. Mexican-Americans made up less than five percent of the patient population at Austin State Hospital and were not segregated. The wards would not be fully racially integrated until 1965.<sup>80</sup>

Rather than blame the institution, Sitton found fault with the political machinations in the state of Texas. County officials and well-connected families exerted political pressure upon the superintendants of Texas asylums so that they would admit the “feeble-minded” and the elderly senile. The asylum was not equipped to treat these individuals, and they became the “incurable insane” that would live their entire lives within the institution.<sup>81</sup> Inadequate state funding had always been an issue for the State Lunatic Asylum, and plagued the institution into the 1960’s. Yet, Sitton was skeptical of those who would paint the asylum experience as “universally negative.” She even goes so

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<sup>78</sup> Sarah Sitton, *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), 93, 59.

<sup>79</sup> Sarah Sitton, *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), 34-35.

<sup>80</sup> Sarah Sitton, *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), 88.

<sup>81</sup> Sarah Sitton, *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), 29.



far as to call some of the most horrific accounts of asylum life “distorted.”<sup>82</sup> She believed that asylums were constrained by the necessity of accommodating those who were not insane, and therefore cannot be called wholly ineffective. Like Gerald Grob, she saw the asylum for what it was meant to be, not what it was forced to become.

In 2016, William S. Bush published his work, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth-Century Texas*. Bush chronicled the efforts of Texan philanthropist, Ima Hogg. Ms. Hogg and her foundation partnered with the University of Texas at Austin, with the mission to provide “mental health for the normal man.”<sup>83</sup> Having suffered her own bouts of depression, Ima Hogg sought out members of the mental hygiene movement on her travels to the East Coast. The Hogg Foundation would adopt much of the mental hygiene agenda, focusing on mental illness prevention in Texas. Bush described the foundation as “the lead actor in the drama of mental health reform in Texas from 1940 in the mid-1970’s.”<sup>84</sup>

Unlike Sitton, Bush did not disregard the horrific accounts of asylum life. He described the mental hospitals in 1940’s Texas as “dilapidated” and “prison-like.”<sup>85</sup> Bush is well aware of the grim history of Texas institutions. In his earlier work, *Who Gets a Childhood?: Race and Juvenile Justice in Twentieth Century Texas* (2010), he found that Texas’ juvenile training schools were horrific places in which children were physically and mentally abused. Moreover, black and Mexican-American youth were

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<sup>82</sup> Sarah Sitton, *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A&M University Press, 1999), 5-6.

<sup>83</sup> William S. Bush, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A&M University Press, 2016), 9.

<sup>84</sup> William S. Bush, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A&M University Press, 2016), 6.

<sup>85</sup> William S. Bush, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A&M University Press, 2016), 6.

disproportionally “criminalized” and received little to no education.<sup>86</sup> However, while Bush found fault with Texas eleemosynary institutions, he had nothing but praise for the work of the Hogg Foundation.

Under the guidance of director Robert Lee Sutherland, the Hogg Foundation sent its “circuit riders” to spread the “gospel of mental health.” These mental health professionals traveled the state of Texas, speaking to students, parent groups, and at town hall meetings about such topics as puberty, sexual education, and proper communication within the family. Nearly everywhere they went, the circuit riders found an incredible statewide demand for these counseling services.<sup>87</sup> Refreshingly, the Hogg Foundation had no regard for race, and spoke to black and Mexican-American groups as well as to Anglos. Texans who had never before heard of “mental hygiene” were suddenly demanding that the state of Texas provide more mental health services. Perhaps the most important work of the foundation has been in its efforts to lobby the state legislature for reform of the mental health codes. They successfully lobbied for the amendment to the Texas constitution in 1956, which prohibited compulsory jury trials to declare a citizen “insane”. They also supported the 1957 Mental Health Code, which modernized Texan mental health statutes, ensuring a speedy discharge to those patients who had been cured.<sup>88</sup>

<sup>86</sup> See William S. Bush. *Who Gets a Childhood: Race and Juvenile Justice in Twentieth Century Texas*. (Athens, GA: University of Georgia Press, 2010)

<sup>87</sup> William S. Bush, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A&M University Press, 2016), 30-32.

<sup>88</sup> William S. Bush, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A&M University Press, 2016), 114.

Bush echoed Rothman in his skepticism of the asylum. Like Rothman, Bush argued that the most grandiose social reforms often yield the most horrendous results. While Bush remained critical of the state's response to its mentally ill population, citing lack of oversight and out-of-date legislative guidelines, he did find a ray of hope. Bush sees an important transformation in how modern professionals speak of mental illness. A century ago, Texans with mental illness were described as "lunatics", or "mad", and physicians believed in curing mental illness. In the twenty-first century, the mentally ill are described as "consumers" of mental health services, implying individual agency. Rather than curing their illness, individuals learn to manage their illness while living in mainstream society. According to Bush, "this transformation is remarkable when considered against the broader history of mental health and mental illness."<sup>89</sup>

The historical discussion of mental health in America has, by and large, focused on the institution of the asylum. When historians began to square off between the camps of "asylum as social reform" versus "asylum as social control", the analysis lost some of its historical veracity. In fact, choosing one camp over another limited the questions historians asked and the information they sought. There are certainly elements of both reform and control inherent in the discussion of the American asylum, and the Texas asylum in particular. It is unfortunate that the published scholarship on the mentally ill in Texas is so sparse. From the available material, it is clear that Texas state hospitals are a study in well-meaning reforms gone wrong. Because of overcrowding and underfunding, the staff at Texas institutions were not able to provide therapeutic care to the truly mentally ill. Texas lagged far behind most of the other states when it came to providing

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<sup>89</sup> William S. Bush, *Circuit Riders For Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A&M University Press, 2016), 4.

for its indigent and ill population. Truly, much of the blame can be placed on Texan politicians who failed to budget the appropriate funds for state hospitals, and were slow to approve construction projects for new institutions. Texas is an immense state, and state hospitals were few and far between. This paper attempts to flesh out the circumstances of one group of Americans who did not have ready access to professional mental health care during the age of the asylum – the residents of the Rio Grande Valley. The asylum was not the only place Americans sought treatment for mental health issues. It must not be overlooked that many mentally ill and mentally disabled Americans were never institutionalized. In the absence of locally available, government-sponsored health care, the residents of the Rio Grande Valley utilized many of the welfare strategies that colonial Americans used in the eighteenth century. The family unit was responsible for the welfare of the mentally ill and mentally disabled. Moreover, many of the residents of the Rio Grande Valley considered mental illness to be a spiritual condition, and entrusted their health to priests and *curanderos*. This work will examine the conditions in Texas asylums, but also investigate the treatment options of those who were never committed to an institution.

## CHAPTER II

### THE ASYLUM ERA IN THE UNITED STATES

In 1856, Governor Elisha M. Pease signed a bill providing for the establishment of the Texas State Lunatic Asylum in Austin, Texas. In 1857, construction crews broke ground on the institution, and the first patients were admitted in 1861. Thus began the asylum era in Texas. However, the nation as a whole had been struggling with the question of how to care for its indigent insane since colonial times. State-sponsored institutions for the insane date back to the eighteenth century in this country, although asylum building did not reach its peak until the mid-nineteenth century. Texas followed national trends in asylum building, even though it lagged behind many other states when it came to providing for its ill and destitute residents. The immensity of the state, coupled with its relatively small number of institutions left many counties without much access to mental health care services. The Rio Grande Valley on the Texas-Mexican border was one such area. Examining the asylum era in the United States as a whole will illustrate how the state of Texas, and the Rio Grande Valley in particular, fit into this larger national movement.

Colonial Americans did not perceive the need for an institution to care for their insane population. Most communities were small and closely-knit. The care of the insane population was considered to be first and foremost a familial responsibility. If no

immediate family were available, then some form of outdoor relief might be made available to them. An example of a local New Jersey statute from 1709 reads: “it is necessary that the poor should be relieved by the public where they cannot relieve themselves, and are not able to work for their support.”<sup>90</sup> The insane and destitute could also be boarded out as labor to any local family who promised to provide for them. It is important to note that no distinction was drawn between the poor, insane and disabled. Citizens who could not support themselves were labeled “poor” and received the same treatment. Most often, the lunatic drew attention to himself, not because he was ill, but because he was destitute. Until the insane citizen became a public menace, he was not confined or punished. Insanity was not treated as an illness in colonial America, but as a spiritual failing. In fact, in the seventeenth and early eighteenth centuries, mental illness was thought to be caused by the Devil and his demons.<sup>91</sup> Those afflicted were not often brought to a physician to cure. There were no specific medical treatments available for the mentally ill at this time, although the herb St. John’s Wart was thought to protect against “invasions of the devil.”<sup>92</sup> Instead, a citizen’s insanity was determined by political or religious leaders such as church wardens, governors, or selectmen.<sup>93</sup> Insanity was also regarded as an unfortunate economic and social condition. Many colonists

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<sup>90</sup> David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), 4.

<sup>91</sup> For example, the Puritan minister, Cotton Mather, kept some “possessed” individuals at his home so that he might study them and pray for them. He details the possession of servant Mercy Short in his work *A Brand Pluck’d From the Burning* (1693). See Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times*. (New York: Columbia University Press, 1949), 36.

<sup>92</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times*. (New York: Columbia University Press, 1949), 30-31.

<sup>93</sup> Walter L. Trattner. *From Poor Law to Welfare State: A History of Social Welfare in America*. (New York: The Free Press, 1994), 25-27.

believed that it was God's providential plan that some individuals were destined for wealth and success, and some were not. Colonial pastors often quoted the book of Matthew, "For ye have the poor always with you," and exhorted their congregations to show benevolence and charity to those less fortunate.<sup>94</sup>

By the mid-eighteenth century, physicians in America and abroad began to treat insanity as a physical disease, and started to search for the cure. The Pennsylvania Hospital was the first American hospital to admit mentally ill patients in 1752. Six insane patients were initially admitted and housed in special basement rooms, complete with shackles attached to the walls. In these early years, doctors felt it was most important to subdue and tame the insane.<sup>95</sup> In 1773, the state of Virginia allocated funds to build a small asylum in Williamsburg to detain local insane who had become a public nuisance. The New York Hospital began accepting "curable" insane patients in 1792. These forerunners of the asylum movement signaled significant changes in the way Americans viewed the insane. Instead of a moral failing, many community leaders began to view insanity as an illness that could be cured. By the mid-1800's, institutions would boast "curability" rates of sixty percent or higher.<sup>96</sup> The medical fields of neurology and psychiatry were born in these early institutions.

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<sup>94</sup> *The King James Bible*. Matthew 26:11.

<sup>95</sup> For a few years, the Pennsylvania Hospital allowed visitors to view the lunatics for a small fee, much like a zoo. See Nancy Tomes. *The Art of Asylum-Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994), 3-4.

<sup>96</sup> These statistics would come under fire by the late nineteenth century as being greatly exaggerated. David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 434.

Increasing migration and immigration also led to the rise of the institution in nineteenth century America. Colonial communities were incredibly insular. While they considered community members worthy of charitable relief, outsiders were treated with suspicion and hostility. Beggars who might wander in from other counties were returned to “the county from whence they came.”<sup>97</sup> However, as cities grew and immigration increased, local officials were no longer able to keep these individuals out. The almshouse, poor farm, and asylum became the preferred means by which communities kept order. Frontier communities west of the Mississippi were by their very nature, full of “outsiders”, and many of these communities were able to utilize local outdoor relief measures into the mid-nineteenth century. However, by the 1890’s every state had built one or more publicly funded asylums for their mentally ill. The insane were most often remanded to the state asylum, or a private hospital if their family could pay. A smaller number could be found languishing in local jails, or residing at the county poor farm.

In the early 1800’s, the medical profession was at a loss on how to treat mental illness. While the general public often consulted physicians, the use of the “heroic treatment” of illness was rapidly falling out of favor. In the past, a lunatic was subjected to bleeding and purging in order to rid his or her body of “too much blood on the brain” or toxicity of the internal organs. Leeches might be applied to the temples to draw blood. The application of heated glass cups, or “cupping” caused blistering on the body, which was thought to draw out poisons. Substances such as calomel and croton oil were used as

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<sup>97</sup> David J. Rothman. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. (Boston: Little, Brown and Co., 1971), 21.



diuretics and purgatives.<sup>98</sup> When these treatments failed, the unfortunate patients could be dunked in cold water to “shock” them to their senses. Shackles, straitjackets, and lock cribs were commonly used to control troublesome and violent patients.

Disheartened by their lack of success, asylum superintendants turned to a new philosophy of care: moral treatment. Moral treatment did not teach morality, per se, but was part of a new movement to impart discipline without resorting to violence. Patients were freed from restraints, and were treated with more dignity. Moral treatment also required that hospitals be comfortable for patients, satisfying their dietary needs, and providing them with appropriate attire. Prominent asylum superintendents, like Thomas Kirkbride of the Pennsylvania Hospital for the Insane, promoted a strict daily schedule for patients. Routine, as well as daily exercise and entertainment were found to be extremely beneficial and calming to the insane.<sup>99</sup> Kirkbride became famous for the “Kirkbride Plan”, an architectural plan for mental hospitals that featured steam heat instead of fireplaces, indoor plumbing facilities, and wide hallways with high ceilings. His plan called for a central administrative building with separate wings attached in order to house patients with the same diagnosis together. Many states, including Texas, adopted his administrative and architectural styles. Kirkbride’s plan was expensive to construct, however, and many states were unable or unwilling to fund such a venture. Instead, many early asylums were repurposed family dwellings or municipal buildings

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<sup>98</sup> Nancy Tomes. *The Art of Asylum Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994), 104.

<sup>99</sup> Nancy Tomes. *The Art of Asylum Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994), 21-23.

chosen because they could provide accommodations for as many patients as possible at the lowest possible cost.<sup>100</sup>

Jacksonian era politics gave voice to the common man, and allowed for a new wave of social reformers to rise. The treatment of the insane became an important social issue during this time, in large part because of the work of Horace Mann and Dorothea Dix. Both reformers were prolific writers and lobbyists for the asylum movement, however, because of her distinctive writing style and approach, Dix is most often recognized as the leader of the movement. In 1841, Dix visited the Middlesex County Jail in East Cambridge, Massachusetts and found some thirty insane prisoners dressed in rags and locked in filthy cells. She began organizing Sunday services for them and determined to remedy their situation. Upon speaking to local officials, she found that these horrible conditions were most likely the same for every pauper lunatic in the state. Dix began traveling and writing about the conditions she found. Dix's memorials were graphic depictions of human captivity. In 1843, Dix read her first testimonial before the Massachusetts legislature. Her writings were suffused with moral imagery, much like a sermon.<sup>101</sup> Dix was a Unitarian, and believed in a loving God. Unitarians urged their members to strive to the highest morality in order to reflect God's light on Earth. More importantly, they preached a dynamic faith, in which believers should spread God's love to the less fortunate. Dix spread her message to nearly every state in the union, as well as several foreign countries. In some cases, state legislatures published her memorials, and

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<sup>100</sup> Albert Deutsch. *The Mentally Ill in America: A History of Their Care and Treatment From Colonial Times*. (New York: Columbia University Press, 1949), 208.

<sup>101</sup> See Dorothea Dix. *Memorial to the Legislature of Massachusetts, 1843*. (Forgotten Books, 2016), and David L. Lightner. *Asylum, Prison, and Poorhouse: The Writings and Reform Work of Dorothea Dix in Illinois*. (Carbondale, IL: Southern Illinois University Press, 1999).

reports of her mission to provide for the insane were published in newspapers nationwide.<sup>102</sup> Dix was also in constant correspondence with influential politicians, social reformers, and asylum superintendents in order to promote asylum-building efforts. Everywhere she went, she petitioned state legislatures and governors to build asylums for their insane population.

In 1859, Dix visited Texas. She met with Governor Hardin Runnels and state politicians in Austin. She must have been gratified to see that Texas had already allocated funds for its first asylum, the Texas State Lunatic Asylum, which would open in 1861. Dix was pleasantly surprised by her first impressions of Texas and Texans. She wrote, “Texas is not the Australia of the United States as it once was but a great and soon to be influential state.”<sup>103</sup> Dix describes how she was welcomed with open arms by every Texan she met. One man described her as a “moral autocrat”, which Dix took as a great compliment. Indeed, Dix’s influence was especially apparent in the southern states. She embodied an old-fashioned femininity, even as she remained extremely politically active.

Southerners also appreciated her reticence to speak out on the issue of slavery in the years leading up to the Civil War. Dix was a middle-class Northerner, and as such, did not identify with slaves and their struggle. She thought of them as inferior human beings. When pressed on the issue, she would generally abstain from comment, saying that slavery was a political issue that merely served to increase sectional hatred in the

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<sup>102</sup> David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 240-241.

<sup>103</sup> It is not readily apparent if Dix is referring to the wildness of the Texas frontier, or its inhabitants, but she seems to be offering up a somewhat backhanded compliment. David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 384-5.

United States. In this case, her gender saved her from declaring her position on slavery. Male politicians would eventually have to take a stand on this issue by 1850. This could signal the end of one's political career. Dix realized this and refused to jeopardize her relationship with southern politicians. On the national stage, she began to resent the attention that slavery drew away from her land grant bill, and angrily denounced both slaveholders and abolitionists as "political wranglers".<sup>104</sup> Ironically, Dix's arguments for mental health reform mirrored those of the abolitionists. She spoke passionately against the brutal treatment the insane received, and maintained that they were victimized by their environment and were in need of moral instruction. She also decried the sale of the insane on the auction block for labor, and described how insanity broke up families. All of these arguments paralleled abolitionists' descriptions of slavery. Both causes called for immediate action on moral grounds. That Dix did not recognize the basic humanity of blacks seems apparent, when one reads of the disdain she held for the topic. While slaves were to be pitied, Dix believed them to be inferior to whites writing, "These beings, I repeat, *cannot* be Christians, they cannot act as moral beings, they cannot live as souls destined to immortality."<sup>105</sup> According to Dix, the insane were capable of redemption, while slaves were not.

By the 1850's, most states recognized the need to make provisions for their insane population. However, only one attempt was made to provide for the insane on a national level. Dix and her allies S.G. Howe, Charles Sumner, Horace Mann, and to a lesser extent, President Millard Fillmore would wage a six-year battle to pass a land grant bill to

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<sup>104</sup>David Gollaher. *Voice For the Mad: The Life of Dorothea Dix*. (New York: The Free Press, 1995), 270-273.

<sup>105</sup>Gollaher, 76.

provide for the nation's insane. It had become apparent that state asylums were becoming overcrowded and underfunded, and so two months after the Senate ratified the Treaty of Guadalupe-Hidalgo, Dix proposed the initial draft of her bill. Dix eventually requested over twelve million acres to be granted in order to fund treatment for the indigent insane, as well as a smaller portion for the deaf and blind. The money from the proceeds of the land would be split equally among the states. Dix patterned her idea after the land grants awarded to colleges, a practice in which the federal government donated land to support educational institutions. The college could then lease or sell the land, or use it as a place on which to build. Considering the Mexican War had added 947,000 square miles to an already vast country, Dix did not consider her request to be extravagant. In fact, she reasoned that it would ultimately cost the country nothing to support the indigent insane. More importantly, Dix believed that the insane were "wards of the nation". Dix was convinced that the numbers of the insane were rising every year, and that this must be blamed on the political and social climate. Increased urbanization, immigration and industrialization were creating an agitated populace, and it was the duty of this great nation to care for its citizens. Dix's bill appeared at a confusing time in America, as politicians wrangled over the issues of state's rights and slavery. To concede that the insane were a national responsibility would have weakened the arguments of those who supported the rights of states to make their own policies, most importantly, in respect to slavery. President Pierce's veto of Dix's bill is considered a symbol of his support for the southerners, in particular Jefferson Davis.<sup>106</sup> His veto was viewed as a victory for states' rights.

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<sup>106</sup> Thomas J. Brown. *Dorothea Dix: New England Reformer*. (Cambridge, MA:

The Civil War would prove a difficult time for the nation's asylums. More and more insane and disabled citizens became dependent upon state care. Loss of the head of household, either by absence or death, drastically affected a family's financial footing. Of course, the war also created anxiety and nervous conditions among the citizenry. During the war years, patients were admitted for reasons such as, "fright from soldiers", "marauding soldiers", or simply "the war"<sup>107</sup> Most importantly, when funds and personnel were needed the most, both went to the war effort. After the abolition of slavery, many physicians and academics warned of an increase in the number of insane former slaves. Physicians in the South were especially convinced that "the passions and animal instincts" of the slave would lead to his ruin without a master's will to control him.<sup>108</sup> Most physicians assumed that there were major physical differences between blacks and whites. According to census data, this spike in freed slaves never came, however. In fact, blacks are underrepresented in the numbers of insane. This underrepresentation is most likely because separate facilities were required in most states for whites and blacks. When funds were allocated along racial lines, whites always received better facilities at the same institution. Sometimes no provision was made for blacks at all. After the war, southern states, where the majority of blacks lived, were financially destitute. In 1875, Alabama, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee had only one facility. These states also spent the least on their

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Harvard University Press, 1998), 153-154, 210.

<sup>107</sup> Sarah C. Sitton. *Life at the Texas State Lunatic Asylum, 1857-1997* (College Station, TX: University of Texas Press, 1999), 24.

<sup>108</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983), 38. See also Harriet A. Washington. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (New York: Anchor Books, 2006), 144-151.

inmates.<sup>109</sup> By the turn of the century, most southern states also built rest homes to care for their disabled and elderly (white) Confederate veterans.<sup>110</sup>

By 1870, it seemed apparent that the asylum reformers' agenda had been realized. More and more families believed in the efficacy of the institution. If the asylum could not cure their relative, at least they would be cared for appropriately. Family members were encouraged to institutionalize the mentally ill rather than care for them at home. Unfortunately, the functionality of the state asylum had changed drastically by the end of the nineteenth century. Far from being a restive, tranquil environment, state institutions had become overcrowded with the "chronic" and "incurable" insane. Under pressure from local politicians, asylum superintendents of public institutions were forced to accept large numbers of the senile elderly, as well as those citizens termed "idiotic" or "feeble-minded". None of these groups were considered curable, and many would spend decades behind the walls of the asylum. Staff became stretched to the breaking point, and state legislatures lost interest in funding these institutions. Those agencies responsible for these institutions were at a loss over how to remedy this situation.

In 1874, a small consortium of representatives from charitable organizations and state boards of charity met in New York City to discuss the issues surrounding care of the insane and pauper relief. Only four states were represented at this first meeting:

Massachusetts, Connecticut, New York, and Wisconsin. However, this newly formed

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<sup>109</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983), 25-26.

<sup>110</sup> States with Confederate rest homes included Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri (Union state), North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia. Most states had one, but a few had two rest homes.

National Conference of Charities and Corrections grew in strength and numbers over the next few years to include philanthropists, superintendents of institutions, sympathetic politicians, as well as the first social workers.<sup>111</sup> By 1881, hotly debated topics included the curability of the insane, vagrancy and pauper relief, delinquency in children, as well as the rising numbers of immigrants becoming dependent on charitable relief. In its minutes from the 1881 conference, the secretary, Dr. Charles A. Hoyt stated:

“The Committee, at this meeting, reached the conclusion that, owing to the large number of immigrants now arriving in this country, urgent necessity existed for Federal action to regulate immigration, supervise and protect immigrants, and to guard against the shipment to this country of criminals, and of lunatic, idiotic, crippled, and other infirm alien paupers.”<sup>112</sup>

The immigrant was seen as an unwelcomed burden upon overtaxed state institutions. State Boards of Charities, led by the state of New York, urged the United States government to do something to curb the numbers of mentally ill, which appeared to be rising dramatically year by year. Congress focused their attention on new immigrants. The Immigration Act of 1882 prohibited the mentally ill from entering the United States. Immigration personnel judged the mental fitness of the incoming immigrants at the port

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<sup>111</sup> John E Hansan. “National Conference of Charities and Corrections (1874-1917): Forerunner of the National Conference of Social Welfare.” Virginia Commonwealth Libraries. <https://socialwelfare.library.vcu.edu/organizations/national-conference-of-charities-and-correction-the-beginning/>. Accessed 4/24/18.

<sup>112</sup> Texas did not have a state board at this time, and was not represented at this meeting. F.B. Sanborn. *Proceedings of the Eighth Annual Conference of Charities and Correction, held at Boston, July 25-30, 1881*. (Boston: A. Williams and Co., 1881), 217. Accessed through Google Books.



of entry.<sup>113</sup> However, the southern border was still fairly porous in the 1880's. The population of border towns in Texas continued to rise over the next few decades, both from Mexican immigration and Anglo migration.<sup>114</sup> Mexican immigrants who traveled through ports of entry were subject to the fifty-cent "head tax" included in the Immigration Act of 1882. This was designed to keep the poorest immigrants, who were liable to become dependant on welfare relief, from entering the United States. Those judged to be criminals, mentally ill, or indigent were not allowed entry into the country.

By the 1880's, the reputation of the asylum had been shaken from widely publicized reports of horrible, overcrowded wards, as well as the physical abuse of patients. Rather than a place of healing, many now saw the asylum as a punishment, where citizens were locked away and never seen again. In her journalistic exposé, "Ten Days in a Mad-House"(1887), Nellie Bly reveals the fate that the indigent insane faced in Bellevue Hospital on Blackwell Island, New York. Bly was eager to begin her assignment, having always been curious about the asylum's "inside workings, which are always, so efficiently hidden by white-capped nurses, as well as bolts and bars, from the knowledge of the public."<sup>115</sup> Bly soon learns why the public was not privy to the inner workings of the asylum. The inmates were served horrid food, had few blankets to keep

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<sup>113</sup> Walter L. Trattner. *From Poor Law to Welfare State: A History of Social Welfare in America*. (New York: The Free Press, 1994), 194-195, and Deirdre Moloney. *National Insecurities: Immigration and U.S. Deportation Policy Since 1882*. (Chapel Hill: University of North Carolina Press, 2012.), 31.

<sup>114</sup> For example, the population of Laredo increased by 10,000 residents, both Mexican and Anglo, between 1890 and 1900. See John McKiernan-Gonzalez. *Fevered Measures: Public Health and Race at the Texas-Mexican Border, 1848-1942*. (Duke University Press, 2012), 127.

<sup>115</sup> Nellie Bly. *Ten Days in a Mad-House*. (Nouveau Classics, 2017), Chapter 1, paragraph 2, Kindle edition.

warm, and abused by attendants. Because the care at Blackwell Island hospital was paid for out of the public coffers, it was the prevailing attitude among hospital staff that “people on charity should not expect anything and should not complain.”<sup>116</sup> Yet, Bly was most horrified by the fact that many of the female inmates did not seem to be insane at all. On her ward, Bly befriended several women who were poor immigrants with little English, invalids recovering from physical illness, or women who were merely exhausted from overwork. Most had families too poor to care for them. Bly’s exposé successfully disabused the New York public of any notion that the public asylums were healing hospitals. In fact, public outcry led the New York legislature to increase asylum funding by one million dollars. From this point onward, journalists in nearly every state in the nation, including Texas, began investigating the conditions in state-run institutions. Each punishing newspaper exposé would lead to outrage, increased budgets, and a few years of institutional reform. Unfortunately, this optimism was often followed by a decade of apathy and erosion of services and funding, until the cycle repeated itself yet again.

The numbers of inmates in state asylums had risen dramatically from the 1850’s. In 1850, census enumerators found 15, 610 insane persons in the United States, out of a population of 21 million. By 1890, that number had risen to 105, 485 inmates out of a population of 63 million.<sup>117</sup> While the percentage of patients under the age of 45 remained the same, the numbers of aged senile patients had skyrocketed. The state asylum had become, in essence, a convalescent home. Many counties sent their elderly

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<sup>116</sup> Bly. Chapter 6, paragraph 2, Kindle edition.

<sup>117</sup> In comparing the 1880 census with the 1890 census, it would seem that the numbers of the insane had dropped. However, there were many physicians’ reports that were not collected in 1890, so the numbers are probably higher than reported. Department of Commerce. *Eleventh Census, Report on the Insane, Feeble-minded, Deaf and Dumb, and Blind in the United States*. (Washington, D.C.: United States Printing Office, 1890.)

paupers who had previously been housed at poor farms and almshouses. Once the state began assuming responsibility for these citizens, counties no longer wished to foot the bill. The North Atlantic states had the lion's share of the insane, with over 41,000. New York alone had nearly 18,000 insane citizens in their hospitals, and would continue to spend the most money on its insane until after World War Two.<sup>118</sup> The diagnoses of these patients varied, with the majority suffering from mania and dementia, but smaller percentages from epilepsy (9 percent) and paresis, also known as third-stage syphilis (2 percent). In fact, there were several other medical conditions present in the asylum which modern medicine would not recognize as insanity. For example, pellagra, caused by a niacin deficiency, leads to dementia if left untreated. Alcoholics were also remanded to state hospitals during this time.

In 1890, white inmates made up 86 percent of the asylum population, while black inmates were 6 percent. The most distressing statistic to the American populace was the fact that roughly half of the insane in the United States were identified as "foreign-born". Nearly 17,000 of that number were Irish. High numbers of Polish and Russian immigrants were also counted among the insane.<sup>119</sup> Periodic economic depressions, and a perceived rise in crime and degeneracy created feelings of resentment and anger toward new immigrants during these final decades of the nineteenth century. Academics and political leaders began to cast about for an answer to the immigrant "problem". They found their solution in the study of eugenics.

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<sup>118</sup> In 1947-1948, New York spent 59 million dollars, nearly a third of its operating budget, on its mental institutions. Albert Deutsch. *The Shame of the States*. (New York: Harcourt, Brace, and Co.. 1948), 136.

<sup>119</sup> Department of Commerce. *Eleventh Census, Report on the Insane, Feeble-minded, Deaf and Dumb, and Blind in the United States*. (Washington, D.C.: United States Printing Office, 1890.) See also Lunbeck, 311-313.

Eugenics, the drive to improve the genetics of the human race, would influence many aspects of American life over the next fifty years. Immigration policies, racial segregation, gender roles, and public health policies would all be impacted by eugenic theory. Far from a conservative fringe movement, eugenics received nation-wide support from physicians, biologists, politicians and philanthropists. “Eugenics”, derived from the Greek meaning “well born” is based on the assumption that man’s natural abilities are genetically inherited. Its creator, Francis Galton, reasoned that behavioral traits, both desirable and undesirable, derived from one’s pedigree. To social reformers in the 1890’s, eugenics provided the perfect explanation for the existence of the new economic underclass of foreign-born in the United States. They attributed societal ills to this class, including alcoholism, sexual deviance, and criminality. To prove their theories, proponents of eugenics most often cited *The Jukes: A Study in Crime, Pauperism, Disease, and Heredity*, a sociological study written by Robert Dugdale in 1877. Dugdale chose to study the bloodline of one young woman, who he dubbed “Margaret, the mother of criminals”.<sup>120</sup> Margaret, a single, pregnant woman was denied public assistance, and thereafter, Dugdale surmised, her descendants were thrown into lives of immorality and poverty. Dugdale used county, medical, and prison records, as well as personal interviews in order to determine the cause of social degeneracy. Dugdale himself did not believe that heredity was the sole cause of pauperism and criminality. In fact, he proposed that environment was a large factor in determining the fate of an individual. It was his supposition that had Margaret received welfare relief, her family tree could have

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<sup>120</sup> Robert Dugdale. *The Jukes: A Study in Crime, Pauperism, Disease, and Heredity*. (New York: The Knickerbocker Press, 1910),15.

turned out much differently.<sup>121</sup> Nevertheless, eugenicists adopted Dugdale's study as irrefutable proof that degeneracy was a genetic disorder. At around the same time, social scientist Herbert Spencer began to apply Charles Darwin's theory of natural selection to human social interaction. According to Spencer, physically weak and mentally defective humans were not able to effectively compete, either economically or socially. He coined the phrase "survival of the fittest" to sum up this argument. The Western elite used the theory of Social Darwinism to support their contention that the poor could be blamed for their own misfortune. The fault resided within the individual. *Degeneration* became the catch phrase of the era. Institutions of all sorts, asylums, orphanages, and prisons, were filled to the brim. Fears over miscegenation wrought new legislation, excluding both Asians and blacks from realizing their rights as American citizens. In fact, the dawn of the twentieth century would be the height of scientific racism.<sup>122</sup>

Eugenicists have been active in many social reform movements, including, but not limited to: temperance, immunization drives, sanitation projects, marriage counseling, and the advocacy of birth control devices. However, the push to legalize sterilization of the "unfit" is the one reform they are best known for. This crusade was remarkably successful. The superintendents of mental institutions, prisons, and reformatories were the first to use these "treatments", specifically vasectomies and tubal ligations, prior to legislative approval. In 1901, Doctor Harry C. Sharp of the Jeffersonville Reformatory in Indiana recommended these surgeries to calm alcoholism, insanity, and hysteria. Like

<sup>121</sup> Robert Dugdale. *The Jukes: A Study in Crime, Pauperism, Disease, and Heredity*. (New York: The Knickerbocker Press, 1910), 11-21, and Paul A. Lombardo. "Return of the Jukes: Eugenic Mythologies and Internet Evangelism" *Journal of Legal Medicine*. (vol. 33, no. 2, June 2012), 207-209.

<sup>122</sup> Alexandra Minna Stern. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. Berkeley: University of California Press, 2005), 13-14.

other physicians of his time, Sharp saw himself as a protector of the public, and attempted to cure society of its ills through surgery. Sharp had already sterilized numerous young men before Indiana passed the first compulsory sterilization law in 1907.<sup>123</sup> By 1937, 31 states passed sterilization laws, backed by the support of eugenicists, biologists, mental health professionals, and charity organizations.

Far from being sadists, these advocates truly believed they were performing a valuable service to the nation by preventing the births of citizens who would be unable to support themselves. These laws targeted the indigent and institutionalized - criminals, the mentally ill, and the mentally disabled. The mentally disabled, termed “feeble-minded”, included “idiots” who displayed an IQ of less than 25, “imbeciles” with IQ scores between 25 and 49, and “morons” with IQ scores between 50 and 74.<sup>124</sup> Eugenacists were concerned, first and foremost, with improving the white race, and most citizens targeted for sterilization were considered white. However, many politicians, prison wardens and asylum superintendents also argued for the castration of black men, whom they considered rapists and perverts.<sup>125</sup> The historical record reveals that over 63,000 individuals lost their reproductive rights during this period. Yet in some states, namely Illinois, Pennsylvania, Kansas and Texas, physicians sterilized on their own authority without waiting for legislative approval.<sup>126</sup> In this case, it is difficult to tally the actual number of sterilizations performed. Eugenics was a complex movement, and as

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<sup>123</sup> Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States*. (New Brunswick, NJ: Rutgers University Press, 2008) 28-30.

<sup>124</sup> United States Department of Commerce. *Mental Defectives and Epileptics in Institutions, 1935*. (Washington, D.C.: U.S. Government Printing Office, 1937)

<sup>125</sup> Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States*. (New Brunswick, NJ: Rutgers University Press, 2008), 68, 82.

<sup>126</sup> Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States*. (New Brunswick, NJ: Rutgers University Press, 2008), 1, 7-8.

such, each state would vary in the eugenic reasoning behind its legislation, and the frequency of its usage. For instance, California, the third state to pass a sterilization law in 1909, would produce nearly one-quarter of the total sterilizations for the nation. On the other hand, its neighbor Nevada would never sterilize one person.<sup>127</sup> Some states, like California and New York had strong Progressive movements that favored scientific solutions to social problems.<sup>128</sup> Other states such as Wisconsin and North Carolina employed sterilization laws against women in order to control the fertility of the “feeble-minded” weaker sex.<sup>129</sup> Still others, like Indiana, viewed sterilization as a cost-cutting measure, to alleviate over-crowding in reformatories and mental institutions. Sterilization was a prerequisite for release.<sup>130</sup>

Scientist Harry Laughlin became the national spokesman for the eugenics movement. Laughlin began soliciting mental institutions, prisons and reformatories for the pedigrees of their inmates. He was alarmed that the “fit” among the American population were producing at a low rate. He feared the hyper-fecundity of the degenerate

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<sup>127</sup> The Revised Statutes of Nevada, Section 6293 (1911) approved sterilization for those guilty of “carnal abuse of a female person under the age of ten years, or of rape, or shall be judged an habitual criminal.” However, in 1918, a Nevada court found compulsory sterilization to be cruel and unusual punishment. Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States*. (New Brunswick, NJ: Rutgers University Press, 2008), 72,77.

<sup>128</sup> Randall Hanson and Desmond King. *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America*. (New York: Cambridge University Press, 2013), 15.

<sup>129</sup> See Schoen (2005), and Phyllis E Reske. “Policing the ‘Wayward Woman.’” *Wisconsin Magazine of History*, vol. 97, issue 1 (Autumn 2013): 14-27.

<sup>130</sup> Elof Axel Carlson in Paul A. Lombardo, ed. *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*. (Bloomington, IN: Indiana University Press, 2011.), 11.

classes, and believed American society was teetering on the verge of “racial suicide”<sup>131</sup> Laughlin, and other eugenicists became preoccupied with racial classification, pedigree charting and census data in an effort to find the best solutions to this problem. They admired Robert Dugdale’s work in *The Jukes* (1877), and attempted to replicate his findings in order to support their theories. Laughlin surrounded himself with a small army of social workers, who traveled the nation in search of degenerate pedigrees. Several publications and books would result from this pedigree research, including *The Hill Folk: Report on a Rural Community of Defectives*, and *The Nam Family, A Study in Cacogenics* (1912).

In 1919, Henry H. Goddard, the director of the Vineland Training School for Feeble-minded Girls and Boys, published *The Kallikak Family: A Study in the Heredity of Feeble-mindedness*. A fellow eugenicist, Goddard set out to map the pedigree of his student, “Deborah”, in order to prove that feeble-mindedness was an inherited trait. Goddard traced the progenitor of the Kallikak family back to the Revolutionary War era. At this time, Martin Kallikak impregnated a feeble-minded tavern girl. According to Goddard, the descendants of their illegitimate son, Martin, Jr., spawned hundreds of feeble-minded offspring. The Kallikak family tree was rife with degeneracy of every type, including prostitution, alcoholism, epilepsy, and criminal behavior. Out of a total of 480 descendants, Goddard only counted 46 as “normal”.<sup>132</sup> He used this work to promote the segregation of the mentally disabled in institutions. He warned that should Deborah

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<sup>131</sup> Alexandra Minna Stern. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. Berkeley: University of California Press, 2005), 165. The term “racial suicide” was coined by eugenicist Madison Grant in *The Passing of the Great Race* (1916).

<sup>132</sup> Henry H. Goddard. *The Kallikak Family: A Study in the Heredity of Feeble-mindedness*. (New York: The Macmillan Company, 1919), 18-20.



ever leave the training school, she would become ‘prey to the designs of evil men or evil women and would lead a life that would be vicious, immoral, and criminal.’<sup>133</sup> She would not be able to help herself, as her natural “instincts and appetite” would lead her astray. By sequestering Deborah and other feeble-minded women in institutions, eugenicists hoped to prevent them from reproducing. Goddard and his research team did not interview all of the Kallikak descendants, and instead made generalizations about their intelligence and morality. Rather than offering measurable data, *The Kallikak Family* was filled with the subjective impressions of the author.<sup>134</sup>

Eugenicists used their platform to control the reproduction of those who could not easily defend themselves. This included women, and most especially impoverished women. Prior to the 1920’s, sterilization programs had largely focused on men. After this period, women were much more likely to become the targets of compulsory sterilization, even though their surgeries were more invasive and took more time to heal. Laughlin himself promoted this greater focus on the feeble-minded female. It was a fallacy to believe that these women were demure and passive, when in fact “their progeny are often excessive in numbers, and of worthless, mongrel sort.”<sup>135</sup> The feeble-minded female was portrayed as hypersexual, extremely fertile, and licentious. In this way, eugenicists promoted existing gender expectations, while punishing those women who

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<sup>133</sup> Henry H. Goddard. *The Kallikak Family: A Study in the Heredity of Feeble-mindedness*. (New York: The Macmillan Company, 1919), 12.

<sup>134</sup> The problem of degeneracy and dependency was much discussed at the Conference of Charities and Correction in 1907. Texas was represented at this conference. Alexander Johnson. *Proceedings of the National Conference of Charities and Correction, June 12<sup>th</sup> to 19<sup>th</sup>, 1907*, (n.p.), 334-346, and Harry Brunius. *Better For All the World: The Secret History of Forced Sterilization and America’s Quest for Racial Purity*. (New York: Alfred A. Knopf, 2006), 197-201.

<sup>135</sup> Harry Brunius. *Better For All the World: The Secret History of Forced Sterilization and America’s Quest for Racial Purity*. (New York: Alfred A. Knopf, 2006), 213.

exhibited sexually delinquent tendencies.<sup>136</sup> Women, as a gender, were considered solely responsible for procreation and raising children. Through eugenics programs, the state assumed the role of moral policeman, punishing women who had illegitimate children, practiced prostitution, had a family history of feeble-mindedness, or received charity or welfare. Often teenage girls who were suspected of having sexual relations before marriage were sent to the reformatory, where in many states, sterilization was a condition of release.<sup>137</sup>

The story of Carrie Buck provides an excellent example of eugenic moral policing, and the focus on impoverished women. Carrie was typical of many young women who had been committed to the Virginia Colony for Epileptics and the Feeble-minded. Carrie's mother, Emma, had been committed to the Colony in 1920, after a long history of prostitution and drug use. She was a widow, whose IQ test score of fifty qualified her as a "moron".<sup>138</sup> Carrie had been living with a foster family, but when it was discovered she was pregnant, her foster mother, Alice Dobbs, committed her to the Colony as well. When tested, Carrie's IQ was listed as fifty-six, even though she had spent five years in school, and repeated no grades. After the birth of her daughter, Albert Priddy, the colony's superintendent considered Carrie a perfect candidate to prove a test case. By including her infant, the Buck family could be shown to have produced three generations of imbeciles – proof that the eugenic theory of heredity held true.

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<sup>136</sup> For more on psychiatry and the hypersexual female, see Lunbeck, 185-208.

<sup>137</sup> In Texas, delinquent girls were sent to the Texas State Training School for Girls in Gainesville. The facility opened in 1913. Sterilization was not practiced in this institution. Also, see Reske, 18-21.

<sup>138</sup> Paul A. Lombardo. *Three Generations, No Imbeciles: Eugenics, the Supreme Court and Buck v Bell*. (Baltimore: The Johns Hopkins University Press, 2008.), 106.

After her initial hearing, in which sterilization was recommended, Carrie was provided with a lawyer, Irving Whitehead. Whitehead's ineptitude as a lawyer was purposeful. In fact, Whitehead had sat on the Colony's board for fourteen years, and was a supporter of eugenic sterilization.<sup>139</sup> Buck's case was appealed over and over until it reached the Supreme Court. The Supreme Court decision in the case of *Buck v Bell* (1927) came back quickly and ran just under three pages. It was a near unanimous decision with only one justice, Pierce Butler, dissenting. Chief Justice William Howard Taft, passed the writing of the decision to Oliver Wendell Holmes. In typical pithy style, Holmes wrote: "It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their own kind...Three generations of imbeciles is enough."<sup>140</sup> Upon her arrival at the Colony, Buck was prepped for her sterilization surgery. Her mother Emma would also be sterilized, as would her sister Doris a few years later. *Buck v. Bell* has never been overturned. Following this victory, many states ramped up their sterilization programs. However, this decision would also provide the catalyst for organized resistance against eugenic programs. The Catholic Church would lead the charge against sterilization in the 1930's.<sup>141</sup>

Eugenicists believed that innate intelligence was hereditary. In 1905, French psychologist Alfred Binet created the first intelligence quotient test for educational use. His test was originally developed in order to determine which students might need help in

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<sup>139</sup> Paul A. Lombardo. *Three Generations, No Imbeciles: Eugenics, the Supreme Court and Buck v Bell*. (Baltimore: The Johns Hopkins University Press, 2008.), 147-148.

<sup>140</sup> Harry Brunius. *Better For All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity*. (New York: Alfred A. Knopf, 2006), 7.

<sup>141</sup> Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States*. (New Brunswick, NJ: Rutgers University Press, 2008), 96-97.

the classroom. Prior to his death, Binet warned against the dangers of labeling children as mentally deficient.<sup>142</sup> However, this is precisely why eugenicist H.H. Goddard translated Binet's tests into English and applied them at the Vineland Training School for Feeble-minded Girls and Boys in New Jersey in 1906. Goddard was looking for a linear measure of intelligence, and the IQ test provided an intellectual hierarchy, from geniuses to morons. He and other eugenicists and psychologists believed intelligence could be distilled into a single number.<sup>143</sup> Unfortunately, it was relatively easy to label any one person as "feeble-minded" or an "imbecile". The test made no allowance for level of education received, non-English speakers, or the bias of the administrator. As the case of Carrie Buck illustrates, even when a child performed satisfactorily at school, it was still possible to be labeled an "imbecile". Her infant daughter was also labeled an imbecile, based on a cursory examination by institutional staff. The fallibility of IQ testing should have become apparent when psychologist Robert Yerkes administered the exam to 1.75 million army recruits during World War I. Ostensibly, Yerkes offered his test in order to classify recruits according to job skill. However he was also interested in proving the viability of IQ testing, and making a name for himself within the discipline. When the results came back, it was found that the average mental age of the white soldier was thirteen, just above the threshold for morosity.<sup>144</sup>

Another movement at the turn of the century promised a reduction in mental illness through prevention, education, and reform. The mental hygiene movement, led by

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<sup>142</sup> Stephan Jay Gould. *The Mismeasure of Man*. (New York: W.W. Norton & Company, 1981), 176-181.

<sup>143</sup> Stephan Jay Gould. *The Mismeasure of Man*. (New York: W.W. Norton & Company, 1981), 188-189.

<sup>144</sup> Stephan Jay Gould. *The Mismeasure of Man*. (New York: W.W. Norton & Company, 1981), 223-227.

former mental patient and businessman, Clifford Beers, was instrumental in exposing the average American to the field of psychiatry. In his memoir, *A Mind That Found Itself* (1908), Beers details his spiral into mental illness, and his subsequent commitment to a private mental facility by his family. Beers would eventually be transferred to two other institutions, one a state hospital. He describes his time on the violent ward, where he was left to sleep on a cold floor with no blanket, and beaten by guards for insubordination. Beers never demanded an end to the asylum as an institution, but called for system reform, and begged his readers to sympathize with the plight of the mental patient. In 1909, with help from financial backers, Beers formed the National Committee for Mental Hygiene. The mission of the mental hygiene movement was prevention of mental illness. While there were some who favored sterilization, most members were more interested in child guidance programs, marriage counseling, and aiding soldiers returning from the front lines. The NCMH conducted surveys of mental hospitals all over the country. The first, in 1915, were in the southern states of South Carolina, Tennessee, and Texas.<sup>145</sup> The NCMH worked with the Texas State Board of Control and the Hogg Foundation on other occasions, surveying state hospitals and prisons. Concern over the IQ scores of soldiers prompted the Rockefeller Foundation to grant funds to the NCMH to investigate the extent of the “hidden menace” of mental retardation.<sup>146</sup> The NCMH never recommended that the feeble-minded population be sterilized, however, they did suggest that the segregation of this group was the best option to keep their numbers from rising.

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<sup>145</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983), 159-161.

<sup>146</sup> David Rothman, *Conscience and Convenience: The Asylum and Its Alternatives in Progressive America*. (New York: Aldine de Gruyter, 2002), 302-323.

Psychiatrist-in-chief of Johns Hopkins Hospital, Adolf Meyer, partnered with Beers to expand the mental hygiene movement. It was his belief that psychiatrists needed to expand beyond the institution to practice what he termed “civic medicine”. He believed that psychiatric services for the common man would prove to be the best preventative, and was easier than curing the disease later. Meyer also favored following up on patients after their release, and employed social workers to call upon them in their homes. This type of transitioning for mental patients was rare in the early twentieth century, but has since been adopted by mental facilities all over the nation as an indispensable service.<sup>147</sup>

By the 1920’s, new advancements in treatment lent greater legitimacy to psychiatry’s claim as a true medical field. Moral treatment alone had not delivered enough results to satisfy psychiatry’s detractors. It must be noted that the overcrowding of institutions made strict adherence to moral treatment guidelines nearly impossible. Physicians continued to use sedatives, as well as hydrotherapy and occupational therapy to calm agitated patients. New treatments for syphilitic patients had also begun to gain attention. Physicians had learned that by inoculating paretic (tertiary-stage syphilis) patients with malaria, the resulting fever would kill the infection. Fever therapy was practiced for the next few decades in mental institutions, even though the evidence to support its legitimacy was not conclusive.

Two types of shock treatment also became popular. Insulin shock treatment was used on schizophrenic patients with some modest success. Schizophrenics were

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<sup>147</sup> See *Proceedings of the National Conference of Social Work Formerly, National Conference of Charities and Corrections, June 13-19, 1922*. (The National Conference of Social Work, 1923.) Accessed through Google Books.

considered chronic cases, and some had spent decades in mental wards. This treatment was used into the 1940's, but the risk of death from diabetic shock caused it to fall out of favor. Electroshock therapy, or ECT held out the greatest hope for success. While it caused the patient to contort in what appeared to be painful ways, it seemed to induce a calm demeanor in agitated and delusional patients. While frightening to watch, patients who undergo ECT have no memory of it afterward. It is still considered a viable therapy.

In the years leading up to World War Two, psychosurgery had a resurgence in popularity. Prefrontal lobotomies became very popular in some institutions. For example, medical staff at State Hospital Number 4 in Farmington, Missouri performed over 200 lobotomies from 1940 to 1943.<sup>148</sup> The removal of the frontal lobe appeared to cure violent patients, although they also lost “some spontaneity, some sparkle...some flavor of the personality.”<sup>149</sup> Many physicians warned of the indiscriminate use of the lobotomy, and the procedure was rarely used after the war. Psychotherapy and other forms of counseling were not readily available to residents of state institutions. The patient to doctor ratio was extremely high. It was not unusual for each doctor to be responsible for two to three hundred patients. Most therapies were administered by nurses and attendants, while doctors made quick, cursory examinations.<sup>150</sup>

The 1920's saw an upswing in state spending on mental institutions. Historian Gerald Grob estimates that overall state spending rose by 60 percent in the 1920's, with

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<sup>148</sup> Peggy O'Farrell. “Reflections: View of the Past – A Look to the Future.” Supplement to *The Daily Journal*, Flat River, MO, April 24, 1987. Accessed 3/16/18.  
<http://www.asylumprojects.org>

<sup>149</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983), 305.

<sup>150</sup> United States Public Health Service. “A Study of Public Mental Hospitals of the United States, 1937-1939.” (Washington, D.C.: Government Printing Office, 1941).

the mental hospitals receiving modest increases in funding. Of course, the Depression years of the 1930's led to belt-tightening all over the nation, but Grob believes that mental hospitals experienced relatively steady funding during this period. In fact, the Depression may have actually benefitted the asylum in one crucial way. Normally high turnover rates for attendants dropped during this time, allowing for greater stability within the hospital.<sup>151</sup> Attendants' pay had never been high, but Americans were not about to leave a steady paying job in the early 1930's. Some increase in the number of elderly patients is apparent, but numbers are not significantly higher. Families may have lacked the resources to care for elderly relatives during the lean years, and had to resort to the state to care for them.

The 1930's and 1940's saw a marked decline in the hospital buildings themselves. New construction projects were put on hold, and physical plants were old and in need of repair. Deteriorated structures combined with overcrowded wards, led to very dismal conditions indeed. Patients milled around common rooms, often with nowhere to sit. Beds in wards were squeezed together so tightly that patients had to crawl over one another to get out of bed. A study of public mental hospitals conducted by the Public Health Service for the years 1937 to 1939 showed a mental health system badly in need of change. These investigators saw mental illness as a growing health crisis. They found that "more than half of those who occupy hospital beds in this country each day are patients in mental hospitals."<sup>152</sup> Public mental institutions were responsible for 97

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<sup>151</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983), 289-290.

<sup>152</sup> United States Public Health Service. "A Study of Public Mental Hospitals of the United States, 1937-1939." (Washington, D.C.: Government Printing Office, 1941), 13.



percent of those patients. Lack of funding meant that many hospitals were expected to operate on less than one dollar a day per patient. Medical staff to patient ratios varied widely, from one doctor to every ninety-five patients, to one doctor for every one thousand and ninety patients. Therefore, while some patient clinical histories were very detailed, others were merely notes scribbled on scraps of paper. While the report found that over two hundred million dollars was spent yearly on the mentally ill, that amount fell dismally short of what was required.

Overcrowding was estimated at 10.6 percent overall. This was measured by comparing the number of inmates to the number of actual beds. Staff in overcrowded institutions had to resort to placing mattresses on the floor in hallways, recreational areas, and covered porches. Investigators found that seven states actually had open beds, but believed this was a failure to provide treatment rather than an actual surplus. The facilities for the black insane and feeble-minded were also found to be lacking. Virginia was the only state in the nation that maintained a facility for its feeble-minded black population. In other states, they would have to be remanded to the insane asylum, permitting there was an available bed. In two states, Missouri and Texas, black patients were only received at specific institutions, which made the chances of securing an available bed even smaller.<sup>153</sup> The report also found that the turnover rate of hospital attendants was “lamentable”. The authors wrote, “A hospital has its greatest success and

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<sup>153</sup> United States Public Health Service. “A Study of Public Mental Hospitals of the United States, 1937-1939.” (Washington, D.C.: Government Printing Office, 1941), 21, 51.

its most lamentable failures because of the character and organization of these employees.”<sup>154</sup>

This, and related government reports, pushed the national legislature to action. On July 3, 1946, President Truman signed the National Mental Health Act. While it was not incredibly specific in its agenda, the act promised to improve the mental health of the American people by funding research, training mental health personnel and “assisting the States in the use of the most effective methods of prevention, diagnosis, and treatment of psychiatric disorders.” The act also created the National Institute of Mental Health (NIMH), which would function as an agency of the Public Health Service. Robert H. Felix would head up NIMH, and was very influential in shaping subsequent mental health legislation. The national focus on mental health could not have come at a better time. Its state hospitals were in trouble.

Conditions had not improved during World War Two. A group of hospital attendants during these years would become the most important whistle blowers for the cause of hospital reform. The United States government assigned many conscientious objectors to work as attendants in state hospitals during the war years. Many were dismayed at what they found. In his investigative exposé, *The Shame of the States* (1948), Albert Deutsch enlisted the help of these conscientious objectors. Deutsch asks the question, are we treating our insane as ill, or as prisoners? Is the state hospital truly a hospital, or merely a custodial institution? This was a question that mental health professionals had been asking for years, but the states had been slow to answer. Deutsch

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<sup>154</sup> United States Public Health Service. “A Study of Public Mental Hospitals of the United States, 1937-1939.” (Washington, D.C.: Government Printing Office, 1941), 41.

found that most hospital administrators welcomed him. They wanted state legislatures to take action to improve their facilities.<sup>155</sup> Deutsch called for the public to speak out and petition their representatives for change.

The real impact of Deutsch's work lies in the horrific images he was able to capture on film. The photos show patients strapped to benches in dayrooms blankly staring into space, as they had nothing to do all day. The conditions in black wards were atrocious, with leaking ceilings, and sleeping quarters in bug-infested basements. Other photos show emaciated patients in dining halls, some with no utensils with which to eat. The most disturbing photos are of the incontinent patients, who were left naked. Some hospitals did not have the laundry capabilities, or the staff to keep these patients in clean garments. Whole wards of nude, male incontinent patients were left in their own filth. One young lady is photographed in a dining hall, crouching nude on the floor with her tray of food. While some accused Deutsch and others of exaggerating their accounts, it is difficult to refute this photographic evidence. The asylum was no longer a place of healing, but instead exhibited the same horrid conditions that Dorothea Dix had decried in the nineteenth century. Deutsch believed that the way our nation was keeping its insane showed a real "contempt for human dignity." Patients suffered from "a lack of privacy, the monotony of daily life, depersonalization... and the herding of people with all kinds of mental sickness in the same wards."<sup>156</sup>

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<sup>155</sup> Albert Deutsch. *The Shame of the States*. (New York: Harcourt, Brace, and Co.. 1948), 12.

<sup>156</sup> Albert Deutsch. *The Shame of the States*. (New York: Harcourt, Brace, and Co.. 1948), 28.

The state hospital had changed very little in its day-to-day operations since its inception one hundred years prior. Deutsch was not the only American calling for a radical departure from what was viewed as a closed system, isolated from the rest of the medical field and the community at large. The institution that had arisen from such confidence had not delivered on its promise. The combination of a lack of funding and overcrowding had stifled any therapeutic value the asylum had to offer. The next two decades would usher in an era of deinstitutionalization, the first substantial reform in over a century of asylum building.

## CHAPTER III

### THE ASYLUM ERA IN TEXAS (1850-1955)

In 1845, the Republic of Texas joined the United States as its twenty-eighth state. The southern border of the state was still in dispute, however, until the end of the Mexican-American War. In 1848, the Treaty of Guadalupe-Hidalgo declared the Rio Grande River as its border with Mexico. Texas was still very much the frontier, and was home to a diverse population. Native American tribes still traveled the land. Anglo-American farmers and ranchers had settled in Texas, many with their slaves. Mexican citizens and Tejanos also settled throughout the state, although the majority of these lived in the southern and westernmost counties. While these groups were culturally distinct, they all suffered the epidemics common to the frontier. Outbreaks of small pox, typhoid, yellow fever, and cholera were devastating to Texan communities. City and county officials were called upon to supply food, medicines, and often quarantine guards in order to control the spread of disease. Unfortunately, Texas had very few trained physicians to care for its population. The Texas Medical Association was founded in 1853, but until 1873 no formal training or certification was required to proclaim oneself a doctor in

Texas.<sup>157</sup> A private medical school, the Galveston Medical College, opened in 1865 but was poorly equipped. The state did not allocate funds for a medical school until 1890, when construction began on the University of Texas Medical Branch in Galveston.<sup>158</sup> The few skilled physicians that resided in Texas were most often stationed at military forts. Others were immigrants from Germany or Scotland.<sup>159</sup> After the Civil War, some military physicians remained and settled in Texas.

Texas was not the only state to face a physician shortage. Most of the western states and territories had few medical professionals. In frontier communities, women took on the role of healer and midwife.<sup>160</sup> Many pioneer families took medical self-help books with them, and women treated their families from the recipes. This “kitchen physic”, part herbal remedy, part superstition, was administered by family members, barbers, midwives, and traveling salesmen. Traveling medicinal salesmen, often referred to as “quacks”, proclaimed to cure any illness, including mental disturbances such as nervous conditions, melancholy and “hypocondriacal disease”.<sup>161</sup> In Texas, there existed a great public distrust of doctors in general until the late nineteenth century. The “heroic

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<sup>157</sup> Cayetano Barrera III. “LRGV Histories: The History of Medicine in the Lower Rio Grande Valley” Speech delivered to Hidalgo –Starr Medical Society, April 4, 1988. Box RGDOC 194 B:29, Folder 19. Museum of South Texas Archive, Edinburg, TX.

<sup>158</sup> D. Clayton Brown. “Medical Education” *Handbook of Texas Online*. accessed June 7, 2018. <http://www.tshaonline.org/handbook/online/articles/sfm02>.

<sup>159</sup> The 1850 U.S. Census listed nine doctors in the tri-county area of Cameron, Starr and Webb. 1850 U.S. Census. Cameron, Starr and Webb Counties, Texas, 1-203. <https://www.ancestryheritagequest.com>, and Mike Cox. “Frontier Medicine: Texas Doctors Overcome Disease and Despair.” *Texas Medicine*. (January 2003), 19-26. [www.texmed.org](http://www.texmed.org)

<sup>160</sup> In frontier societies, women were seen as having the power to heal, while men generally took a more passive role in regard to health care. John Mack Faragher. *Women and Men on the Overland Trail*. (New Haven, CT: Yale University Press, 1979), 125-126, 139-143.

<sup>161</sup> David Dary. *Frontier Medicine from the Atlantic to the Pacific, 1492-1941*. (New York: Alfred A. Knopf, 2008), 31, 117, 245-246.

treatment” of bleeding, cupping, and the application of leeches to draw out impurities had not proven to be effective. The doctors who prescribed this treatment were considered “more dangerous than the hostile Indians”.<sup>162</sup> Ironically, Native American remedies were often used to combat both physical and mental illnesses. Anglo-Americans believed that Native Americans “had a deep and secret knowledge of medicine”.<sup>163</sup> Mexicans and Tejanos also healed both their physical and mental ailments with treatments stemming from Native American remedies. *Curanderos*, or faith healers, combined herbal medicines with spiritual guidance to provide treatment to ethnic Mexicans, although some Anglos sought treatment from them as well.

In 1850, the state of Texas reported only 37 insane citizens in the national census. At the time, Texas was home to approximately 154,000 whites and 58,000 slaves.<sup>164</sup> There were no facilities to treat mentally ill persons, and so these citizens were provided for at home, wandered the countryside, or were incarcerated in county jails if they proved to be a public nuisance. Texas had few almshouses and only the counties of Cass, Anderson, Liberty, Cherokee and Fayette reported providing monetary support for paupers at this time.<sup>165</sup> The 1850 census was the second census in which enumerators

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<sup>162</sup> Mike Cox. “Frontier Medicine: Texas Doctors Overcome Disease and Despair.” *Texas Medicine*. (January 2003), 20. <http://www.texmed.org>

<sup>163</sup> David Dary. *Frontier Medicine from the Atlantic to the Pacific, 1492-1941*. (New York: Alfred A. Knopf, 2008), 7-8, 260.

<sup>164</sup> The 1850 Census only listed citizens’ race as “white”, “black”, or “mulatto”. Ethnic Mexicans were listed as “white”. U.S. Census Bureau. *Eleventh Census – Volume 2 Report on the Insane, Feeble-minded, Deaf & Dumb, and Blind in the United States*. (Washington D.C.: Government Printing Office, 1890), and Texas State Historical Association Handbook Online. <http://www.tshaonline.org/handbook/online/articles/ulc01>. Assessed on 3/12/18.

<sup>165</sup> Martha Doty Freeman. “Indigent Care in Texas: A Study of Poor Farms and Outdoor Relief,” *Index of Texas Archaeology: Open Access Gray Literature from the Lone Star State*. (Vol. 2008, Article 20), p.32-33.

were asked to take down the “moral condition” of American citizens, including whether they were deaf, dumb, blind, insane, or “idiots”. Census takers relied on family members and county officials to determine the sanity or mental fitness of Texans. Slave owners reported on the fitness of their slaves, but based their judgment on a slave’s ability to work rather than the slave’s mental health.<sup>166</sup> Even though the numbers of insane reported were very small, Texan lawmakers authorized the establishment of the first Texas institution for the insane in 1856. Many states built asylums at this time, due, in no small part to the work of social reformer Dorothea Dix. It is also quite likely that county officials exerted some pressure on state legislators to relieve them of the burden of caring for the insane in local jails. Governor Elisha M. Pease signed this bill into law on August 28, 1856, and preparations were made to build the Texas State Lunatic Asylum in Austin. Since 1850, the population of Texas had exploded. By 1860, the number of Texans had quadrupled to 604,000. Built in order to keep up with a rapidly growing populace, as well as national trends in asylum building, this first institution received widespread support.

Dr. John C. Perry, an Austin physician, was appointed by the governor to be the first superintendent of the asylum, with a salary of 2,000 dollars a year.<sup>167</sup> Perry recommended that Texas utilize the popular “linear” or “Kirkbride” plan for their first asylum. One central administrative building would be built with wings extending from both sides. Perry was the first of many superintendents of the State Lunatic Asylum.

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<sup>166</sup> Harriet A. Washington. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (New York: Anchor Books, 2006), 149.

<sup>167</sup> James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis- University of Texas, 1964) 17.



Because the position was considered a political appointment, two other physicians also served as superintendent before construction was completed in 1861. Superintendents were appointed by the governor, and served for the length of their term. The turbulent political atmosphere in Texas from statehood to Reconstruction caused great turnover in both governors and their political appointees. These frequent changes in management would plague Texas state hospitals into the twentieth century.<sup>168</sup>

The 380 acres chosen for the asylum also happened to be the camping grounds for local bands of Tonkawa, Lipan Apache, and Comanche. No violence is recorded, and it appears that the tribes moved peaceably. Some Native Americans were even employed in digging the great steam tunnels that the Kirkbride blueprints required to provide steam heat to the asylum.<sup>169</sup> Construction was completed in 1861, and the first patients were admitted in March of that year. The grounds of the asylum were quite lovely, and were situated “in a beautiful grove of wild oaks.”<sup>170</sup> Under the new moral treatment for insanity, it was believed that experiencing scenic beauty calmed the minds of patients, and aided their recovery. All subsequent Texas asylums would be judged on the landscaped beauty of their grounds. Although the physicians of the State Lunatic Asylum ascribed to many of the tenants of moral treatment, they still resorted to some older, more barbaric methods of restraint and punishment. Until 1871, uncontrollable patients were

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<sup>168</sup> It was not until 1943 that the Texas legislature approved indefinite terms for superintendents of mental hospitals. Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 36.

<sup>169</sup> Fireplaces were not recommended as they put patients at risk. Because of the building materials used at the time, it was not unusual to lose a building to fire. Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 12. See also Nancy Tomes. *The Art of Asylum Keeping: Thomas Kirkbride and the Origins of American Psychiatry*. (Philadelphia: University of Pennsylvania Press, 1994).

<sup>170</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 10.

subjected to “restraint chairs, iron handcuffs, locked boxes, cold showers, plunge baths, and other holdovers from the days of belief in demonic possession,”<sup>171</sup> In 1871, Superintendent T. F. Weiselberg abolished those outdated methods, and ordered a padded room to be constructed for violent patients. He also created “the Cross Place”, a jail-like building that could house the most violent inmates. This would be renovated and expanded in later years to accommodate as many as 70 patients.<sup>172</sup>

The first patients to enter the State Lunatic Asylum were supposed to be considered “curable” cases. However, Frederica Schmidt, the first female admitted in 1861, suffered from chronic dementia. She remained in the asylum for the next twenty-five years until her death in 1886.<sup>173</sup> Unfortunately, this was not an uncommon occurrence, and the chronic and incurably insane began to overcrowd the wards as early as 1866. Moral treatment, in the psychiatric sense of the term, may have worked well for depressed or anxious patients; however, there was no real treatment for those suffering from severe mental illness. Those suffering from dementia or schizophrenia, for example, would not show enough improvement to be released. Moreover, no treatments existed for patients suffering from organic brain diseases such as paresis, hydrocephalus, Huntington disease, or epilepsy. In his annual report in 1866, Superintendent W.P. Bell stated “The asylum at present seems crowded to its limit of accommodation.”<sup>174</sup> There were only 54 patients at this time. Asylum superintendents, in Texas and across the

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<sup>171</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 14.

<sup>172</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 21.

<sup>173</sup> Kenneth D. Gaver. “Mental Illness and Mental Retardation: The History of State Care in Texas.” *Impact* (July/August 1975), 4.

<sup>174</sup> James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis- University of Texas, 1964), 17.

nation, responded to the growing numbers of the chronically insane by calling for the construction of larger institutions.

The Civil War did cause an uptick in admissions. Listed causes of insanity included: “marauding soldiers”, or simply “the war”. The end of the Civil War also meant that slave labor could no longer be used in the asylum. Superintendent Beriah Graham wrote, “The change in our labor system which has so affected the industrial interests of the South, has fallen with peculiar weight upon our Institution. I have found it very hard to obtain reliable labor, either black or white.”<sup>175</sup> Early superintendents had refused to admit insane African-Americans, but after the war, the hospital was pressured to accept a few. In 1867, only three black patients had been admitted. They were segregated from the white patients by housing them in the basement of the administrative building.<sup>176</sup> Dr. Graham explained the black patients’ accommodations as an unfortunate necessity. A lack of funds slowed construction, and the original plan had not been completed. In fact, seven years after opening, only one quarter of the buildings in the blueprints had been built. In later years, special wards were constructed for black male and female patients.<sup>177</sup>

The admission of idiots, or the mentally disabled, was also frowned upon. These patients were not “curable”, and superintendents realized that they would likely live out

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<sup>175</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 26.

<sup>176</sup> James Evans counts four black patients – two male, and two female. James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis- University of Texas, 1964), 18. Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 19-20.

<sup>177</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 19.

their lives behind the asylum walls. However, political pressure from county officials or influential families often persuaded superintendents to accept their admission. There were no state facilities specifically designated for the “feeble-minded” at this time. The Texas State Colony for the Feeble-minded, later renamed the Austin State School, did not open until 1917. Texas was severely behind the curve when it came to providing for its mentally disabled. Eastern and Mid-Atlantic states had begun to accommodate the “idiotic” and “feeble-minded” by the mid-nineteenth century.<sup>178</sup> If they were able, these patients were often put to work. The State Lunatic Asylum had several vegetable gardens, which helped supply their kitchens. Every Texas asylum would also have its own farm with a herd of milk cows. According to the tenets of moral treatment, physical labor was considered beneficial to the insane and feeble-minded, and the most trustworthy of the patients were given jobs. It was also commonplace to sprinkle “good” and helpful patients amongst the “bad” within the wards. Well-behaved patients assisted in housekeeping, and dressing and bathing other patients. In 1881, asylum records show that one female African-American patient was hired as a charge attendant for the black ward. She seemed to flourish in this position, but a broken leg forced her to stop working, and ultimately to relapse into delusions.<sup>179</sup> This early form of vocational therapy was perhaps misused in some institutions, but this historian has found no evidence of overwork in Texas institutions. In fact, idleness and boredom were considered far worse

<sup>178</sup> Samuel Gridley Howe opened the first private training school in Massachusetts in 1848. New York opened the first state-run institution for the mentally disabled, the Syracuse State Institution for Feeble-minded Children in 1854. Henry Mills Hurd, William Drewry, et al. *The Institutional Care of the Insane in the United States and Canada*. Vol. 3. (Baltimore, MD: The Johns Hopkins Press, 1916), 248-249. Google Books.

<sup>179</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 27-28.

for patients. Without diversion, the disturbed patient's condition would deteriorate, and according to Superintendent F.S. White, these patients would become "dead to themselves, dead to the world, and dead to their friends and loved ones."<sup>180</sup>

By 1883, it had become apparent that the State Lunatic Asylum in Austin would not be sufficient to house all of the state's insane. The governor approved funding for a new asylum, the North Texas Lunatic Asylum, to be built near Dallas in Terrell, Texas. This institution was also constructed according to the Kirkbride plan. As soon as construction was completed, the asylum was filled to capacity with 330 inmates from 46 counties.<sup>181</sup> The hospital at Terrell was assigned the "recently insane" who were considered highly curable, as well as the violently insane. Many of the violent inmates were transferred from the asylum in Austin.<sup>182</sup> Counties all over the state that had been holding their insane in jail cells and poor farms petitioned for their admission at once. According to Texas law, it was the responsibility of each county to "provide for the support of paupers, and such idiots and lunatics as cannot be admitted into the Lunatic Asylum..." By 1870, several counties had also levied a tax to provide for the care of paupers and lunatics, as well as the transport of lunatics to the state asylums.<sup>183</sup> These

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<sup>180</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 35.

<sup>181</sup> *Handbook of Texas Online*, Brian Hart, "Terrell State Hospital," accessed March 14, 2018, <http://www.tshaonline.org/handbook/online/articles/sbt01>.

<sup>182</sup> Superintendent D. Wallace boasted of the high "curability" rate at Terrell. He estimated that 64 percent of yearly admissions were cured. This was only 27 percent of all the patients treated during the year, however. *Fourth Annual Report of the Managers and Superintendent of the North Texas Hospital for the Insane at Terrell, for the year ending October 31, 1888*. (Austin: State Printing Office, 1888), 7-8, 15.

<sup>183</sup> Martha Doty Freeman. "Indigent Care in Texas: A Study of Poor Farms and Outdoor Relief," *Index of Texas Archaeology: Open Access Gray Literature from the Lone Star*

counties were anxious to off load their indigent insane, as the state institutions would accept them free of charge. However, counties were responsible for providing each lunatic with three sets of clothes. The sheriff or his deputy must also transport the inmate to the asylum, sometimes at considerable cost to the county. Lack of railroads, and the sheer distance to the northern part of the state might require several days of travel time. If no vacancy existed at either of the state asylums, the family of the lunatic might pay a bond and agree to restrain and care for them until space became available. The bond amount could be used by the county to pay for any injury caused by the insane person. This helped defray cost to the county, and absolved them of any responsibility until a vacancy opened up.<sup>184</sup> The insane without family to care for them were relegated to the county jail or the poor farm (if one existed) until a vacancy opened for them. Only 25 Texas counties reported having a poor farm or poorhouse in the census of 1880.<sup>185</sup> Texas had relatively few poorhouses and poor farms compared to the Eastern and Midwestern states. For example, in 1872, Michigan reported serving over 3,300 paupers in 45 poorhouses.<sup>186</sup> In fact, the first almshouses had been established on the East Coast during colonial times. By the turn of the century, New York, Pennsylvania, and Massachusetts served nearly 20,000 paupers each in poorhouses and poor farms. At that time, Texas

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*State*. (Vol. 2008, Article 20), 36-38. See also: *Constitution of the State of Texas, 1876*. Article XVI. <https://tarltonapps.law.utexas.edu/constitutions/texas1876>.

<sup>184</sup> See *Revised Statutes of Texas, 1879*. Title VIII, Articles 95-120. <http://www.sll.texas.gov>.

<sup>185</sup> Martha Doty Freeman. "Indigent Care in Texas: A Study of Poor Farms and Outdoor Relief," *Index of Texas Archaeology: Open Access Gray Literature from the Lone Star State*. (Vol. 2008, Article 20), 37.

<sup>186</sup> Gerald Grob. *Mental Illness and American Society, 1875-1940*. (Princeton, NJ: Princeton University Press, 1983), 76.

reported only 1,814 residents on poor farms.<sup>187</sup> Not all counties were sufficiently organized to properly care for their mentally ill and mentally disabled. Great disparities in welfare aid existed between Texas counties – even in the same region. In the Rio Grande Valley, for example, Cameron County was much more responsive to its ill and indigent population than the neighboring counties of Hidalgo and Starr. However, proximity to a state facility appeared to be the most important factor when it came to committing a resident to an institution. In his research, historian James Evans found that even sparsely populated Texas counties near state hospitals were many times more likely to institutionalize residents than those counties further away.<sup>188</sup> Counties in the western and southernmost portions of the state, like those in the Rio Grande Valley, were the furthest away from any state facility.

Again, overcrowded conditions and the demands of county officials pushed the state legislature to appropriate funds for a third asylum. In 1892, the Southwestern Lunatic Asylum opened its doors in San Antonio, Texas. There was no grand opening ceremony on April 6, 1892. The *San Antonio Daily Express* mentioned the asylum only twice in its morning edition. The first headline “Southwestern Lunatic Asylum Site Not Paid For” lamented the lack of funding available for the new institution. A small story at the bottom of page five detailed the misfortune of Mrs. Ballaria. Entitled “An Insane Woman”, the story reads:

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<sup>187</sup> Department of Commerce and Labor, Bureau of the Census. *Paupers in Almshouses, 1904*. (Washington, D.C.: Government Printing Office, 1906) Google Books.

<sup>188</sup> Evans notes that this trend continued into the 1960’s, despite the advent of modern forms of transportation. James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis- University of Texas, 1964), 141-145.

“Mrs. Ballaria, an aged Mexican woman, was examined yesterday by Judge McAllister upon her sanity and was committed to the county jail to await the opening of the new asylum. A daughter of the unfortunate woman is also believed to be mentally deranged and her sanity will be inquired into today.”<sup>189</sup>

Today, this story might seem an inexcusable invasion of privacy. Yet, in 1892, according to Texas “lunacy law”, Mrs. Ballaria must stand trial to determine her sanity. Voluntary commitment to a Texas state hospital was rare before the 1950’s. Instead, a complaint was filed against Mrs. Ballaria with the county sheriff, who then arrested the “lunatic” and transported her to the jailhouse. A jury of her peers was called and the court passed a ruling on Mrs. Ballaria’s mental state. It is possible that a physician might have been called as a witness, but it was not necessary in order to sentence this unfortunate woman to an indefinite term in the asylum.<sup>190</sup> Texas was not the only state that required a jury trial at the turn of the century, but the practice had steadily been falling out of favor. The lunacy trial was originally adopted as a safeguard to prevent sane persons from being committed by scheming relatives or business associates. Lunacy trial procedure will be discussed in greater detail in Chapter Four.

In the 1860’s the story of Elizabeth Packard shocked the nation. In 1860, Mrs. Packard was committed to the Illinois State Hospital for the Insane by her husband. At the time, Illinois statutes allowed for women and children to be institutionalized by

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<sup>189</sup> *San Antonio Daily Express*. “An Insane Woman”, (April 6, 1892), 5 microfilm, UTRGV.

<sup>190</sup> See *Revised Statutes of Texas, 1879*. Title VIII, Articles 95-120.  
<http://www.sll.texas.gov>



family members without any real evidence of insanity. Reverend Theophilus Packard, a Presbyterian minister, and his wife had argued publically over matters of biblical doctrine. He contended that his wife's woefully misguided beliefs must be the "vagaries of a crazed mind".<sup>191</sup> Mrs. Packard remained in the asylum for three years, until her eldest son came of age and could assume legal responsibility for her. Her subsequent campaign for the legal rights of women led many states, including Texas, to adopt her jury trial reform.<sup>192</sup> Unfortunately, this measure really only succeeded in casting the insane as criminals, rather than treating them as ill. Good intentions, if misdirected, often end up doing more harm than good.

In 1905, Dr. M. L. Graves, the superintendent of the Southwestern Lunatic Asylum in San Antonio, delivered an address to medical students at the University of Texas. He addressed the issue of lunacy trials with disdain and anger. He lamented the backward state of the Texas mental codes, calling them "ancient and obsolete". By comparing mental illness to typhoid and pneumonia, he described how ridiculous it seemed to require a jury to render a verdict of guilty on the insane. "What justification can be made for such a recourse?", he exclaimed. He argued for the examination of the patient to be made by medical men and for them to be escorted quietly to the institution, not by "a sheriff who goes armed with a six-shooter and handcuffs."<sup>193</sup> Many of the eastern states had abolished the jury trial in favor of examination by two physicians and a

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<sup>191</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 86-87.

<sup>192</sup> Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983), 47-49.

<sup>193</sup> M.L. Graves. *The Care of the Insane: A Lecture Delivered before the Medical Department of the University of Texas at Galveston, March 24, 1905*. Bulletin of the University of Texas, No. 63. (Austin: University of Texas, 1905), 6-7.

judge's signature. By 1903, Texas law had been amended so that the lunacy trial could take place in the patient's home, however, the trial was still mandatory. Interestingly, the trial was never required for entry into a private asylum. It appears that if the patient was able to pay, he or she would not have to face the indignity of publicly proving their insanity. Entry into the state institution was a form of indoor relief, and the indigent often had to suffer great indignities in order to receive it.

Dr. Graves made several suggestions to the young physicians in Galveston that day. He also put forth the supposition that insanity and idiocy were hereditary. Graves was perhaps ahead of other Texan physicians in targeting the "menace of insanity", but he was not alone in his beliefs.<sup>194</sup> The gospel of eugenics had gathered a national following, and would only gain more converts over the next two decades. He bemoaned the fact that Texans would rather spend more time and money breeding livestock than controlling the breeding habits of their fellow citizens. Graves suggested the segregation of the criminal, insane, and idiotic so that they would not marry and procreate. He found these bad pedigrees responsible for "epilepsy, chorea, hysteria...criminal tendencies, eccentricities of character, drunkenness, etc...." which filled the asylums, jails and poorhouses of the time.<sup>195</sup> In other words, citizens like poor Mrs. Balleria's daughter had been flawed from birth, and without legal restraints, would pass her degeneracy to the next generation. In later years, Graves suggested sterilization of these citizens in order to

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<sup>194</sup> Dr. F.E. Daniel, the editor of *Texas Medical Journal: A Monthly Journal of Medicine and Surgery*, was an admirer of Graves, and also advocated for the "sanitary science" of sterilization. F.E. Daniel. "A Startling Showing" *Texas Medical Journal: A Monthly Journal of Medicine and Surgery*, 9, no. 1 (July, 1903): 210, and "Sterilization of Male Insane" *Texas State Journal of Medicine*, 5, no. 3 (July, 1909): 122.

<sup>195</sup> M.L. Graves. *The Care of the Insane: A Lecture Delivered before the Medical Department of the University of Texas at Galveston, March 24, 1905*. Bulletin of the University of Texas, No. 63. (Austin: University of Texas, 1905), 12-13.

stem what he and others saw as a rising tide of degenerates.<sup>196</sup> It seemed that every time a new institution opened, it was immediately filled to the brim. Physicians and legislators of the time took this to mean that society was breeding faster from the “bottom” than from the “top”. However, it is more logical to conclude that Texas families were simply taking advantage of a service that had been sorely lacking. Moreover, Texas counties, which had shouldered the financial burden for the mentally ill and mentally disabled, were more than happy to pass these citizens into the hands of the state.

Graves also believed the African race to be a medical threat to whites, and he, like the superintendent before him, denied admittance to any black patients. In fact, the Southwestern Insane Asylum never accepted any black patients until the passage of the Civil Rights Act in 1964. In an article published in the *Southern Medical Journal*, he took a rather curious approach to the problem of the “Negro menace”. He warned that blacks were an unhealthy race, with lower life expectancy and higher infant mortality rates than whites. In the South, where black domestic help was ever-present, he stated that measures must be taken to protect the white race from exposure to disease. To a modern reader, some of his suggestions seem quite progressive in nature, while others are horrific. In the same breath that he called for more institutions of higher learning for blacks, he also called for the castration of the “vagrant Negro” who “inflamed by appetite and alcohol, are the perpetrators of nameless crimes.” Graves believes that if these “Negroes” were castrated, “the acts of lawless [lynch] mobs” could be avoided.<sup>197</sup>

Unfortunately, Texan courts and vigilante groups had been sentencing suspected rapists

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<sup>196</sup> Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 126.

<sup>197</sup> Marvin L. Graves. “The Negro a Menace to the Health of the White Race.” *Southern Medical Journal*. Journal 9 (May 1916), 407-413.

to castration for decades. From the 1860's to the 1880's, newspapers reported the castration of these men, most of whom were African-American.<sup>198</sup> Castration advocates cited the innate sexual perversion of blacks, and promoted it as an alternative to lynching. These attitudes toward black Texans were commonplace. Every eleemosynary institution in Texas practiced Jim Crow segregation, and in some cases no provision was made for black Texans at all. In many cases, black Texans ended up in prison, rather than the asylum, poor farm, or reformatory.<sup>199</sup>

In 1914, C.S. Yoakum echoed much of Graves' eugenic philosophy in "Care of the Feeble-Minded and Insane in Texas". In his introduction, he declared the insane and the feeble-minded Texan to be "socially unfit through deprivation of desirable qualities and by inheritance of undesirable ones, from defective strains, and diseases."<sup>200</sup> Texas had not yet provided any special education or state schools for its feeble-minded population, and Yoakum warned that without oversight, their numbers would continue to grow. According to Yoakum, the feeble-minded made up the majority of the pauper class. He estimated the taxation burden of the police courts, jails, and poor farms at 20 million dollars per year, and argued that if provision were made for the segregation of the

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<sup>198</sup> Mark A. Largent. *Breeding Contempt: The History of Forced Sterilization in the United States*. (New Brunswick, NJ: Rutgers University Press, 2008), 11-12, 25-27.

<sup>199</sup> For example, in 1924, blacks represented 15 percent of the total Texas population, but made up 45 percent of its prison population. The Texas Committee on Prisons and Prison Labor. *A Summary of The Texas Prison Survey Vol. 1 The Texas Committee on Prisons and Prison Labor*. (Austin: n.p., 1924)

<sup>200</sup> C.S. Yoakum. "Care of the Feeble-minded and Insane in Texas" *Bulletin of the University of Texas*. (Austin, TX: University of Texas Press. No. 369, November 5, 1914), 11. accessed by <https://books.google.com>

feeble-minded this cost could be greatly reduced.<sup>201</sup> He recommended training schools, where the feeble-minded could be studied in order to learn how to prevent this defect. Yoakum was not without a heart, however, and wished for these schools to be places where the defective Texan could receive “training, protection, care, and enjoyment.”<sup>202</sup> In particular, the feeble-minded female was seen as the group needing the most protection. Many scholars and superintendents viewed them as weak-willed, licentious, and unfortunately extremely fertile. Yoakum warned that many feeble-minded girls became prostitutes and that the homes for wayward girls were filled with the feeble-minded. He did not fully endorse sterilization, although he referred to House Bill No. 376 and Senate Bills No. 187 and 188 which did attempt to pass sterilization legislation in 1913.

This was not the first time that sterilization legislation had been presented on the floor of the Texan statehouse. Doctor Gideon Lincecum is credited as the first among his colleagues to advocate for sterilization legislation. Lincecum’s bill was introduced in the Texas legislature in 1855 and again in 1856. Decades before the rise of the eugenics movement, he advocated for castration both as a punitive measure, and as population control. Citing the common phrase “like begets like”, he attempted to prove that the criminal population could be significantly reduced if the lowest classes were kept from reproducing. Unfortunately for Lincecum, his bill received much ridicule on the floor of

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<sup>201</sup> C.S. Yoakum. “Care of the Feeble-minded and Insane in Texas” *Bulletin of the University of Texas*. (Austin, TX: University of Texas Press. No. 369, November 5, 1914), 12. accessed by <https://books.google.com>

<sup>202</sup> C.S. Yoakum. “Care of the Feeble-minded and Insane in Texas” *Bulletin of the University of Texas*. (Austin, TX: University of Texas Press. No. 369, November 5, 1914), 13. accessed by <https://books.google.com>

the legislature and in the press.<sup>203</sup> In the early years of the twentieth century, these ideas were laughable no longer. Sterilization for criminals, the insane, and the feeble-minded had become a reality in several states. Thankfully, sterilization legislation was never made into law in Texas.

In order to gather data on the feeble-minded and insane in Texas, Yoakum mailed questionnaires to every county judge in Texas. He based his findings on their recorded answers, and on his own visits to seven counties' poor farms and jails. These institutions were located in Bell, Bexar, Collin, Dallas, Ellis, Grayson and Hill Counties. At the Grayson County Farm, where conditions for the ten insane and twelve idiots were "very bad", he found dirty cells where one epileptic boy was continually kept.<sup>204</sup> One teenaged idiot spent his days with his hand tied behind his back because he constantly ripped his clothing. In Bell County Jail, one insane black woman had been kept for over a year. Yoakum found her lying on her back in a basement cell with no clothing or blanket. The Bexar County Jail had very poor sanitary conditions, and cells so dark that a flash light was required in order for Yoakum to take photographs.<sup>205</sup> Nine insane inmates were found there, even though the Southwestern Lunatic Asylum was located in Bexar County.

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<sup>203</sup> Mark A. Largent. *Breeding Contempt: The History of Forced Sterilization in the United States*. (New Brunswick, NJ: Rutgers University Press, 2008), 11-12, 25-27

<sup>204</sup> The epileptic colony at Abilene, Texas housed 474 inmates at the time. Other epileptics lived at the asylums as well.

<sup>205</sup> Texas' representative at the National Conference of Charities and Corrections in 1886 complained that most Texas jails were "offensive to the eye and to the olfactories." It appears that conditions had not improved since the nineteenth century. Isabel Barrows (ed.) *Proceedings of the National Conference of Charities and Corrections at the 13<sup>th</sup> Annual Session, July 15-22, 1886*. (Boston: Press of Geo. H. Ellis, 1886), 339. Google Books

Every Texas asylum was filled to capacity in 1912, and Yoakum estimates that 471 insane waited in jails, on poor farms, and at home for a vacancy to open.<sup>206</sup>

It was time, according to Yoakum, for an agency to be formed to oversee Texas' custodial institutions. Texas needed more state hospitals with better facilities, and an institutional colony for its feeble-minded population. Moreover, no insane or feeble-minded Texan "should ever be free to wander in our streets or left to the filth and neglect of our jails and poor farms."<sup>207</sup> Yoakum was disturbed by the conditions in which he found the insane and feeble-minded, however his remedy for this situation was firmly rooted in eugenic thought. The next few decades would be a period of indictment of the mentally ill and mentally disabled. Blamed not only for their own poverty, but criminal behavior as well, it was feared that these groups would lead to the degeneration of the white race.

Heredity is listed as the most common cause of insanity in every asylum report for the next two decades. For example, at the North Texas Hospital for the Insane, of the 116 patients admitted and examined in 1913, heredity was cited as the cause for insanity in 56 cases. Seven of these cases were termed "imbeciles", meaning an individual with a

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<sup>206</sup> Yoakum based his findings on the responses of county judges to his questionnaire, as well as the numbers of the insane and feeble-minded he encountered on his travels. C.S. Yoakum. "Care of the Feeble-minded and Insane in Texas" *Bulletin of the University of Texas*. (Austin, TX: University of Texas Press. No. 369, November 5, 1914), 107. accessed by <https://books.google.com>

<sup>207</sup> C.S. Yoakum. "Care of the Feeble-minded and Insane in Texas" *Bulletin of the University of Texas*. (Austin, TX: University of Texas Press. No. 369, November 5, 1914), 145. accessed by <https://books.google.com>

mental age between three to seven years.<sup>208</sup> The superintendent, Dr. George Powell, complained of the apparent increase in insanity and believed conditions would only worsen in the coming years. He projected that there could be no “decrease of insanity as long as the unfit marry the unfit and the cured return to their homes to continue the production of their kind.”<sup>209</sup> Although the state asylum in Terrell housed over 1900 inmates, Dr. Powell did not complain of overcrowding in his wards in 1913. However, by the war years of 1916 and 1917, superintendents from every state asylum complained of crowded wards, depleted funds, crumbling buildings, and lack of staff. The building at the Terrell asylum used for movie nights and recreation of patients had to be condemned during this time, leaving inmates with few amusements. Dr. Powell continued to blame the fecundity of the unfit for the surge in numbers, but he also laid the blame at the feet of politicians who break their promises of additional funding as soon as they were elected.<sup>210</sup> North Texas Hospital for the Insane was only able to accept one patient from each county in those years, when Powell conceded that the larger counties could fill all the vacancies by themselves. Dr. Beverly Young of the Southwestern Insane Asylum also expressed concern over “extreme overcrowding”. While the asylum was able to take

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<sup>208</sup> Other causes listed included senility (10), alcohol (6), and Ill-health (12). *Twenty-ninth Annual Report of the North Texas Hospital for the Insane for the Period Ending September 1, 1912 to August 31, 1913* (Austin: Von Boeckmann-Jones Co., 1914)

<sup>209</sup> *Twenty-ninth Annual Report of the North Texas Hospital for the Insane for the Period Ending September 1, 1912 to August 31, 1913* (Austin: Von Boeckmann-Jones Co., 1914), 28.

<sup>210</sup> *Thirty-Third Annual Report of the North Texas Hospital for the Insane for the Period Ending September 1, 1916 to August 31, 1917* (Austin: Von Boeckmann-Jones Co., 1918), 5-6.



all female applicants for admission, only the most acute male cases were accepted.<sup>211</sup> By 1918, the female wards had become overcrowded as well. It should be noted that there were no designated hospital districts in Texas at this time. County officials most often applied to all three asylums at once, and waited for the first vacancy to open.<sup>212</sup> Dr. Young also anticipated a high death rate in the coming year, as many of the recent admissions were “chronic and many extremely feeble, some having been brought in on stretchers.”<sup>213</sup> The hospital was extremely short-staffed because of the war, but also, as Young explains, because the attendants were underpaid and overworked. Many hospital positions were left vacant.

Southwestern Insane Asylum accepted 581 new patients in 1917. A look at the demographics of this group illustrates the trends in commitment in Texas during the early part of the twentieth century. Of the 581 patients, 108 were of Mexican heritage, and the rest identified themselves as white. The San Antonio asylum had the largest percentage of ethnic Mexican patients because of its proximity to the areas of the state in which they lived. In other hospitals, the numbers of ethnic Mexican patients were barely in the double-digits. As previously stated, the San Antonio asylum took no black patients. The asylum at Terrell reported 255 Negro patients, out of a population of over 1900. African-

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<sup>211</sup> *Twenty-Sixth and Twenty-Seventh Report of the Superintendent of the Southwestern Insane Asylum at San Antonio, Texas for the year ending August 31, 1917 and August 31, 1918.* (Austin: Von Boeckmann-Jones Co., 1918).

<sup>212</sup> After 1925, each state hospital was assigned a certain number of counties, constituting a hospital district. County officials were instructed to apply to the institution within their district.

<sup>213</sup> *Twenty-Sixth and Twenty-Seventh Report of the Superintendent of the Southwestern Insane Asylum at San Antonio, Texas for the year ending August 31, 1917 and August 31, 1918.* (Austin: Von Boeckmann-Jones Co., 1918), 45.

Americans represented a small percentage of the patient population overall – 13.4 percent.

Of the 581 patients admitted in San Antonio, many would not have been considered insane by today's standards. The largest group (75) were designated as "senile", a descriptor used for the aged. Fifty-six were mentally disabled, described as idiots and imbeciles. Twenty patients were epileptics. The Abilene Colony for Epileptics, which opened in 1904, only admitted white patients. The state did provide old-age care for Confederate veterans and their spouses at the Texas Confederate Home in Austin.<sup>214</sup> Some counties operated charity homes for the aged, but most did not. The asylum functioned as a "catch-all" for groups of Texans who were considered a financial burden on society. Most counties were anxious to allow the state to shoulder the cost for these citizens. Crowded together in wards with insufficient staff to care for them, few could hope for a better life or a chance at recovery. Texas asylums had become custodial institutions. Tucked away out of sight, and out of mind, it was easy for politicians to ignore pleas for more funding.

In 1919, the Texas legislature finally approved the creation of the Texas State Board of Control. Legislators and the State Board of Charities and Corrections had been lobbying for this change for several years.<sup>215</sup> They wished to follow the lead of the

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<sup>214</sup> The Confederate Woman's Home opened in 1908 near Austin. After 1939, veterans of the Spanish American War and World War I were also admitted. The last Confederate veteran (male) in residence died in 1954, at the age of 108. Cynthia J. Beeman. "Texas Confederate Home" *Handbook of Texas Online*, accessed June 20, 2018. <http://www.tshaonline.org/handbook/online/articles/vnt05>

<sup>215</sup> At the 1911 National Conference for Charities and Corrections, representatives from Texas acknowledged the need for a "bureau of supervision". Texas was one of 16 states without an eleemosynary board. Alexander Johnson (ed.) *Proceedings of the National*

Eastern and Midwestern states, most of which had established state boards of charity between 1863 and 1880.<sup>216</sup> It was their hope that the Board of Control would be able to clear the insane from jails around the state. The Board of Control consisted of only three members, appointed by the governor for six-year terms. The duties of the board were not only to the state's eleemosynary institutions, but also to maintain its state parks and monuments. As an oversight committee, this board was not overly concerned with the treatment patients received. Rather, its purpose was financial in nature. In the first report submitted to the governor in 1920, the board declares its mission:

“The object sought primarily in the creation of the State Board of Control, was the development of more efficient business methods in the management of the various State institutions and the realizing of a great **saving** by competitive buying in large quantities in the open market. This is founded upon the notion that many separate State institutions cannot be run as **cheaply** under separate financial managements as if their business control were under the direction of a single central board.”<sup>217</sup> (emphasis added)

Therefore, instead of improving the care of the state's indigent insane, the Board of Control was formed to prevent the state from wasting money on them. As a matter of

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*Conference of Charities and Corrections at the 38<sup>th</sup> Annual Session, June 7-14, 1911.* (Fort Wayne, IN: Fort Wayne Printing Co., 1911) Google Books

<sup>216</sup> Massachusetts was the first state to create a board of charities in 1863. Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983), 79-80.

<sup>217</sup> *First Annual Report of the State Board of Control to the Governor and Legislature of the State of Texas, Fiscal Year Ending August 31, 1920*. (Austin: Von Boeckman-Jones Co., 1921), 8. Accessed through Google books.

convenience, the board initially released one report annually to the governor and legislature. This report was a compilation of all the annual reports of each eleemosynary institution. After a few years, these documents were released every two years, and the length of each report grew shorter and shorter over time.

Its initial report includes the first accounting of the new state asylum opened in 1919 in Rusk, Texas. A former prison, The East Texas Hospital for the Insane was originally intended to be an institution exclusively for those of “African blood and African descent”. All black patients from all over the state were to be transferred there. However, prior to its opening, it was decided that the numbers of insane in Texas jails were too high to ignore. Therefore, the hospital would accept both black and white patients, with a preference given to those in jail or on poor farms.<sup>218</sup> The superintendent at the time, Dr. W. J. Johnson, was horrified at the deteriorated physical state of many of the patients brought in from jails and poor farms. Many of the new admissions were “feeble and helpless”, “weak and emaciated” from their time spent in prison. He noted that one black woman had been held in jail for twelve years.<sup>219</sup> A new state hospital had been approved for the western portion of the state, at Wichita Falls. Dr. Johnson warned that if the hospital at Wichita Falls was not opened soon, the insane would again crowd county jails.

In 1924, a group of concerned Texans formed The Texas Committee on Prisons and Prison Labor. The governor gave them permission to conduct a statewide survey of

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<sup>218</sup> James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis- University of Texas, 1964), 26.

<sup>219</sup> *First Annual Report of the State Board of Control to the Governor and Legislature of the State of Texas, Fiscal Year Ending August 31, 1920*. (Austin: Von Boeckman-Jones Co., 1921), 253. Accessed through Google books

the Texas prison system in order to determine how prisoners might best be rehabilitated. Nearly 3,500 prisoners were given mental and physical examinations by local physicians. The committee found that 5% of the prison population was mentally defective, 12% were borderline defective, and 24% were psychopathic. Nearly 900 prisoners suffered from syphilis, which left untreated leads to insanity and death. The committee asked The National Committee for Mental Hygiene for recommendations on how to treat these prisoners. The NCMH suggested that Texas build a separate facility for its criminally insane, and add a psychiatric clinic “clearing house” for new prisoners.<sup>220</sup> The state did not implement these recommendations; rather the majority of the criminally insane in asylums were transferred to the Rusk facility, by virtue of it being a former prison. All individual asylums maintained their own violent wards as well.

Black Texans accounted for a small percentage of patients in the asylum system, but they were vastly overrepresented in the prison system. The authors of the prison study wondered why African-Americans were only 15.4% of the total Texas population, but 45.3% of its prisoners. The Department of Anthropology from the University of Texas was called in to measure the facial features of all inmates for signs of degeneracy. Early criminologist Cesare Lombroso created this method of recognizing “born criminals” in the late nineteenth century. The scholars noted prognathism, simian features, and a receding forehead and chin on nearly all black inmates, but on only 2% of whites. The authors of the study took this to mean that black Texans were genetically

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<sup>220</sup> The Texas Committee on Prisons and Prison Labor. *A Summary of The Texas Prison Survey Vol. 1 The Texas Committee on Prisons and Prison Labor*. (Austin: n.p.,1924), 9-48.

predispositioned to commit more crimes than whites.<sup>221</sup> The Texas Committee on Prisons and Prison Labor were able to justify the high number of black inmates by utilizing the methodology of scientific racism. It was certainly easier to blame the inherent degeneracy of the black “race”, than to examine the real underlying causes of poverty and racism. It is also quite likely that many of the black inmates were actually mentally ill or mentally disabled. There were not very many beds for African-Americans in Texas asylums. It is reasonable to assume that instead of receiving medical treatment, they came to the attention of county authorities when they became a nuisance or a danger to the community. In Texas, many African-American prisoners were used for labor on public works projects. Railroad companies and other private corporations also leased convict labor. Working conditions for these prisoners was very poor. In fact, a report presented to the National Conference of Charities and Corrections in 1911 noted instances of Texas prisoners being beaten to death by overseers. Prisoners dreaded working on these labor gangs, and many considered it worse than slavery.<sup>222</sup>

In 1925, the statutes governing Texas mental institutions were amended. The names of all asylums were officially changed to “state hospital”. The newly formed Colony for the Feeble-minded in Austin was renamed the Austin State School. Other

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<sup>221</sup> The committee was also surprised to find that a higher percentage of Mexicans were serving sentences for rape than blacks. The Texas Committee on Prisons and Prison Labor. *A Summary of The Texas Prison Survey Vol. 1 The Texas Committee on Prisons and Prison Labor*. (Austin: n.p., 1924), 59.

<sup>222</sup> Alexander Johnson (ed.) *Proceedings of the National Conference of Charities and Corrections at the 38<sup>th</sup> Annual Session, June 7-14, 1911*. (Fort Wayne, IN: Fort Wayne Printing Co., 1911), 46-47. Google Books. See also, David M. Oshinsky. *“Worse Than Slavery”: Parchman Farm and the Ordeal of Jim Crow Justice*. (New York: Free Press, 1997) Google Books.

states had begun to change the names of their institutions as well, beginning in the 1880's. American psychiatry endeavored to reinvent itself as "scientific medicine". Asylum superintendants and psychiatrists wished to discard the old notion of the asylum as a custodial institution. Renaming the asylums as "hospitals" was intended to give potential patients, and financial backers, faith in the legitimacy of the institution.<sup>223</sup> Ironically, this change in name was not accompanied by any real change in treatment. The care of the insane and mentally disabled continued much the same as it had for the past 60 years. These new statutes also created hospital districts within the state. County officials must therefore request admission from their designated hospital. White patients had access to six hospital districts, however there were only three hospitals that accepted black patients: Rusk State Hospital, Austin State Hospital, and Terrell State Hospital. Mexican-American patients were accepted at every institution. In some reports they are referred to as "Spanish-speaking whites", and in others as "Mexicans". An individual must also have been a resident of the state for at least six months prior to commitment. If they were not considered a resident, the patient was returned to their home state.<sup>224</sup>

In addition, it was now possible for a Texan to be committed for a period not to exceed thirty days if two physicians certified their insanity. An indefinite sentence to the state hospital still required a jury trial. The insane person was not supposed to be confined to a jail for more than 30 days, "except when the county health officer can find

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<sup>223</sup> For the transformation of American psychiatry, see Gerald N. Grob. *Mental Illness and American Society, 1875-1940*. (Princeton: Princeton University Press, 1983)

<sup>224</sup> This extradition often happened in reverse as well. Texans in other states were sent home via train. Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 83 and Revised Statutes of Texas – 1925. Title 15 *Eleemosynary Institutions* Chapter 2, p. 883-894. [www.sll.texas.gov](http://www.sll.texas.gov) 4/5/17.

no other alternative.”<sup>225</sup> However, the state hospitals were so often overcrowded that the insane were incarcerated for much longer periods. Finally, state law prohibited the restraint of patients “in the form of muffs, waist straps, wristlets, anklets, camisoles, lock chairs, lock cribs, protection sheets or other devices” unless the superintendent or physician in attendance gave the order.<sup>226</sup> Subsequent inspections of Texas state hospitals confirmed that this law was generally complied with. In his 1943 investigation, Samuel Hamilton did find that attendants routinely belted patients to benches, but they did not feel that this violated the law.<sup>227</sup>

In 1925, funding was also approved for the Galveston Psychopathic Hospital. This hospital promised to give legitimate psychopathic treatment to its patients, and to serve as a training hospital for medical students as well. Because of a delay in funding, this hospital was not completed until 1931. Control of the hospital was given to the University of Texas Board of Regents and it functioned as a training facility for its medical school. Patients at the Galveston Psychopathic Hospital were more frequently admitted in the company of their families, rather than by the sheriff. This hospital also boasted a much larger percentage of voluntary admissions. Higher voluntary admission rates were important for two reasons: it showed a public confidence in the treatment at

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<sup>225</sup> Revised Statutes of Texas – 1925. Title 15 *Eleemosynary Institutions* Chapter 2, p. 889. [www.sll.texas.gov](http://www.sll.texas.gov) 4/5/17.

<sup>226</sup> Revised Statutes of Texas – 1925. Title 15 *Eleemosynary Institutions* Chapter 2, p. 883-894. [www.sll.texas.gov](http://www.sll.texas.gov) 4/5/17.

<sup>227</sup> Hamilton, Samuel W. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service. (Austin, TX: State Board of Control, 1943)



the hospital, and it also made it easier for patients to be discharged. A voluntary patient only needed to give three days written notice prior to their release.<sup>228</sup>

The early 1930's were lean years for the nation, but did not greatly affect the Texas state hospitals. The turnover rate amongst hospital attendants had been high prior to the Great Depression. Attendants worked long hours, were required to live on site, and were not compensated very well. However, when jobs became scarce, attendants came to appreciate the room, board, and medical care that the hospital provided. At the Austin State Hospital, attendants made thirty dollars a month, which was a respectable wage in those years. Texas was running at a deficit in the early 1930's, so employees often received pay warrants instead of the gold coins they had been used to. However, it was common for attendants to exchange their warrants for cash with a local broker, who kept a percentage.<sup>229</sup>

Since the 1870's, therapeutic treatment for the insane had consisted of sedatives, hydrotherapy and bed rest. Psychotherapy and talk therapies were rarely, if ever practiced in state institutions. High patient to doctor ratios prevented all but the most cursory examinations. Patients generally received a physician's attention only if they suffered from physical ailments. In the 1930's, however, new and exciting therapies were introduced into the Texas state hospitals. Dr. Giles W. Day first introduced both insulin and metrazol shock therapies in 1935 at the Galveston Psychopathic Hospital.

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<sup>228</sup>James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis- University of Texas, 1964), 30 and Hamilton, Samuel W. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service. (Austin, TX: State Board of Control, 1943).

<sup>229</sup>Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 61-62.

Initially, insulin therapy showed great promise for curing schizophrenia. Patients were repeatedly injected with high doses of insulin over a period of several weeks. However, since the patient would enter into a coma state, and needed to be monitored closely, most state hospitals did not have the trained staff to utilize this treatment. Rusk State Hospital did continue to use insulin therapy extensively into the 1950's with generally good results. Metrazol shock therapy was used to cure depression, but it was found to induce a fearful reaction in patients. The convulsions caused by metrazol, a stimulant drug, were hard to control, and sometimes resulted in skeletal fractures and dislocations.

Electroshock therapy, or ECT, seemed to show the most promise for general use.

Personnel did not require extensive training to administer ECT, and, unlike metrazol, the patient had no recollection of their treatment. ECT became the treatment of choice at many Texas state hospitals. Often attendants administered ECT in the wards, relying on patients to hold each other down.<sup>230</sup> A controversial treatment for syphilis, malarial therapy, was also being practiced at several Texan state hospitals. During this treatment, also called "fever therapy", patients were inoculated with malarial infected blood. The resulting fevers killed the syphilis bacteria in the blood, but sometimes killed the patient as well. By the 1930's, a machine was developed that heated the patient's body temperature up to a sustained 106 degrees. Unfortunately, it seems that black patients did not receive any treatment for syphilis in Texas state hospitals.<sup>231</sup>

<sup>230</sup> James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis- University of Texas, 1964), 120-124 and Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 93-96.

<sup>231</sup> In Texas, this lack of treatment was the result of apathy and racism. However, The Study of Syphilis in the Untreated Negro Male, more commonly known as the Tuskegee Syphilis Study, is the most infamous case of medical experimentation on black Americans. See Harriet A. Washington. *Medical Apartheid: The Dark History of Medical*

In 1935, Texas legislators passed the Texas Old Age Assistance Law, which, combined with the national Social Security Act, might have eased the financial burden on the elderly in the state. It is possible that these two reforms kept more aged in their homes, and out of the state hospitals and poor farms. Disabled persons of all ages were eligible for Social Security benefits, however, this did not extend to residents of state institutions. According to historian Gerald Grob, this resulted in a “lateral shift” in which elderly patients in state hospitals were transferred to private nursing homes that could receive Social Security payments.<sup>232</sup> The poor farm would not fade from existence altogether in Texas because farm laborers and domestic workers did not qualify for Social Security benefits. These groups would continue to rely on county assistance.<sup>233</sup>

In 1936, the State Board of Control reported on 20 custodial and educational institutions, including the new Colored Orphans Home in Gilmer, Texas.<sup>234</sup> The board was encouraged that all state hospitals had added wards or new dormitories, however, they reported that “bathing and other sanitary facilities have not been adequate or

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*Experimentation on Black Americans from Colonial Times to the Present.* (New York: Anchor Books, 2006), 157-185. Also, Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997.* (College Station: Texas A&M Press, 1999), 97, and Samuel W. Hamilton. *Excerpts from a Survey of the State Mental Institutions of Texas.* United States Public Health Service. (Austin, TX: State Board of Control, 1943), 25.

<sup>232</sup> The shift from public to private institutions is even more apparent by the 1960’s. Gerald Grob. *From Asylum to Community: Mental Health Policy in Modern America.* (Princeton, NJ: Princeton University Press, 1991), 264-272.

<sup>233</sup> Martha Doty Freeman. “Indigent Care in Texas: A Study of Poor Farms and Outdoor Relief,” *Index of Texas Archaeology: Open Access Gray Literature from the Lone Star State.* (Vol. 2008, Article 20), 52.

<sup>234</sup> Besides the state hospitals, other institutions included The Texas State School for the Deaf, The Deaf, Dumb, and Blind Institute for Colored Youth, Anti-Tuberculosis Colony No. 1, Texas State Training School for Girls (reformatory), and Gatesville State School for Boys (reformatory).

satisfactory” at any of them.<sup>235</sup> Moreover, buildings at three of the state hospitals - Rusk, San Antonio, and Terrell, were considered fire hazards. The greatest need was for physicians. The board reported that physicians were overworked and underpaid, and thus did not stay in their positions very long. They also requested funding for mental hygiene programs for public school students, as well as adults, in order to prevent a further increase in mental illness. Mental hygiene programs were used in order to prevent the onset of mental illness, and included counseling for children and married couples, sexual education, and symposiums on family dynamics and child rearing. As the ultimate preventative method, however, the board proposed that the legislature legalize sterilization procedures for its insane, imbeciles, and idiots. They pointed to the fact that California had already sterilized 10,163 of its citizens, and that the *Buck v. Bell* decision of 1927 upheld state sterilization law. The board would again request sterilization legislation in their 1938 report.

In 1941, the United States Public Health Service issued *A Study of Public Mental Hospitals of the United States, 1937-1939*. Investigators found a nationwide lack of funding for the mentally ill. The authors bemoaned the fact that many state hospitals were expected to operate on less than one dollar per patient per day. In fact, the Wichita Falls State Hospital only spent 49 cents per patient per day in 1935. San Antonio State Hospital spent 50 cents.<sup>236</sup> Texas was not the worst provider for their mentally ill, but they were consistently ranked in the bottom third in terms of spending, along with most

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<sup>235</sup> State Board of Control. *Eighth Biennial Report of the Texas State Board of Control for the Biennium Ended August 31, 1936*. (Austin, TX: n.p., 1936), 62.

<sup>236</sup> State Board of Control. *Eighth Biennial Report of the Texas State Board of Control for the Biennium Ended August 31, 1936*. (Austin, TX: n.p., 1936), 94 and United States Public Health Service. *A Study of the Public Mental Hospitals of the United States 1937-1939*. (Washington D.C.: Government Printing Office, 1941), 13.

of the other southern states. 10,156 Texans were patients in state hospitals in 1938, but overcrowding only stood at 1.7 percent that year. Nationwide, a 10.6 percent overcrowding rate was reported. Overcrowding was measured by comparing the number of actual beds to the number of inmates. In many overcrowded hospitals, mattresses were set up in hallways and in recreational areas. The doctor to patient ratio in Texas stood at 1:317.4, higher than the national average of 1:248. A higher doctor to patient ratio also correlated to higher death rates. Fifty-five patients per every thousand were expected to die every year in Texas institutions. These numbers were not stellar, however, Texas far outperformed Kentucky, which only had one doctor for every 696 patients, and an annual death rate of 94 per 1000.<sup>237</sup> Texas institutions were praised for their patient libraries, as well as the high percentage of patients that were permitted grounds privileges. Yet, in other ways, Texas lagged far behind. While other states boasted high percentages of voluntary admissions, Texas only showed 6.1 percent voluntary commitments. Most of the inmates in state hospitals were committed by jury trial and delivered in handcuffs by the county sheriff. Only Texas and Mississippi still required a jury trial at this time. Texas and Missouri had the least amount of services for their African-American population. In both states, black patients were only received at specific institutions. Texas also had only one state hospital approved to train medical residents- the Psychopathic Hospital at Galveston. New York and Massachusetts had twelve training hospitals. San Antonio State Hospital still ran a graduate nurse training program at this

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<sup>237</sup> United States Public Health Service. *A Study of the Public Mental Hospitals of the United States 1937-1939*. (Washington D.C.: Government Printing Office, 1941), 22-37.

time, but the program was discontinued in the 1940's.<sup>238</sup> Graduate nurses were an invaluable resource in these institutions. They were able to perform important medical procedures when a doctor was not available. State hospital attendants were not sufficiently trained to provide this care.

In 1942, the Public Health Service asked Dr. Samuel W. Hamilton to investigate every Texas state hospital and state school. Hamilton served as the mental hospital advisor in the Mental Hygiene Division of the PHS. His thorough report came up with much discouraging data. Yet, from his report it can be seen that while some hospitals were quite deficient in one area, they excelled in other areas. For example, Austin State Hospital showed good separation and excellent care for their tubercular patients, but they had no voluntary commitments at all for the year. At San Antonio State Hospital “care afforded the tuberculosis patients...particularly men, is deplorable”, but the hospital also employed the most graduate nurses and boasted 88 voluntary admissions for the year.<sup>239</sup> At Terrell State Hospital, many of the new buildings already showed great cracks in the foundations and complaints of rats were common, yet the female patients on the disturbed ward were some of the happiest Hamilton had seen. He was quite impressed with the animation and “cheerful and carefree” attitude he observed among these women.<sup>240</sup>

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<sup>238</sup> United States Public Health Service. *A Study of the Public Mental Hospitals of the United States 1937-1939*. (Washington D.C.: Government Printing Office, 1941), 50-51, 77-78.

<sup>239</sup> Samuel W. Hamilton. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service. (Austin, TX: State Board of Control, 1943), 7.

<sup>240</sup> It seems that the female wards at Terrell were not racially segregated. No ward existed for black females, and they were placed “wherever there is a vacancy.” Hamilton, Samuel W. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service. (Austin, TX: State Board of Control, 1943), 8-9.

Doctor to patient ratios were higher at every institution than in the previous decade. Many physicians had joined the military. At San Antonio State Hospital, three superintendents had served within the year. The first was asked not to return, and the next joined the Army. This hospital had only one physician for every 476 patients, the worst case of understaffing recorded in the report. Most other hospitals reported one doctor to approximately 300 patients. Galveston Psychopathic Hospital seemed to be the one bright spot in an otherwise dismal accounting. They boasted one doctor to every 127 patients, and a voluntary commitment rate of 73.4%. All Texans were eligible for admission at the Galveston facility, and the waiting list was very long.<sup>241</sup>

Finding qualified staff was extremely difficult during the war years. Staff members were still required to live on site, and some still occupied rooms that opened off the wards. This practice was common during the Civil War years, but was not considered a healthy arrangement for the staff. Attendants had no real training program, having to learn by trial and error. They were overworked as well. Some male employees put in as many as 116 hours in a week. For this reason, Hamilton believed that staff often resorted to the lowest standard of care, rather than striving for the best. He was dismayed to hear patients referred to as “drips”, “drags” and “criminals”. A drip is a ranching term, referring to a cow who has diarrhea and will be shot if they do not get well. A drag also refers to cattle, meaning one who cannot keep up with the herd and must be put down. Hamilton believed that better training and stronger administrative policies would curb the

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<sup>241</sup> Hamilton, Samuel W. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service. (Austin, TX: State Board of Control, 1943), 11-13.

dismissive attitudes that attendants displayed toward patients.<sup>242</sup> Hamilton did not believe that the Texas state hospitals were providing therapeutic treatment. He laid the blame on the same conditions that had plagued asylums since the Civil War: lack of funds, overcrowding, and understaffing. He was willing to allow that the war had made conditions worse, but recognized that the state of Texas needed to take greater steps in order to treat its insane and mentally disabled with dignity.

Many journalistic exposés were published in Texas periodicals during the late 1940's and 1950's. After two decades of neglect, the campuses of Texas state hospitals were more wretched than they had ever been. In a nod to Albert Deutsch's *Shame of the States* (1948), journalist John P. Porter wrote an eight-part series entitled, "The Shame of Texas". All eight parts were run by the *Austin American*, and other Texas newspapers in March of 1949. Porter strongly believed that the public needed to stand up and take action on the issue of mental health. He also worked closely with The Hogg Foundation, which advocated for more mental health services for Texans, as well as changes to Texas' antiquated mental health codes. In his series, Porter exposed the prison-like atmosphere of Texas state hospitals. He quoted one doctor as sarcastically saying, "We may not be able to treat patients because of lack of equipment and time. But you can assure the readers that we have at least one lock and key per patient."<sup>243</sup> Porter also reported extremely overcrowded conditions in which patients were forced to sleep on mattresses on the floor in basements, porches, hallways, and bathrooms. He called state

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<sup>242</sup> Hamilton, Samuel W. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service. (Austin, TX: State Board of Control, 1943), 20-21.

<sup>243</sup> J.P. Porter. "State Has No Brag Coming on Mental Institutions." *Austin American Statesman* March 20, 1949, Sunday edition.



hospitals “concentration camps “ for the elderly, stating that one in every three patients in state care were senile, not insane. Porter called on the public to demand state nursing home facilities for these citizens.<sup>244</sup> He saved special disdain for the conditions in Austin State Hospital, where patients received ECT treatments in the hallways on mattresses, not unlike an assembly line. The electrical system for the hospital was so old and overtaxed that attendants had to turn off lights in order to run a vacuum cleaner. Kitchen staff had to stretch resources in order to feed patients on 41 cents per day.<sup>245</sup>

When in November of 1949, the PHS again surveyed Texas institutions, they found that “no state meets all the standards of the American Psychiatric Association, but none falls so far below it as Texas.”<sup>246</sup> Not only did Texas provide too few beds for patients, the state also spent far less money on each patient. Unfortunately, in 1950, Texas was running at a 26 million dollar deficit. State facilities would be lucky to keep the pitiful funding they already had. Governor Allan Shivers led the charge to increase state funding of Texas’ eleemosynary institutions. He called for a special legislative session to secure the current level of funding, and proposed an increase in the state tax on oil and gas. He asked Texans to write to him with their suggestions for improving the state hospitals and special schools. The response he received was astounding. Governor Shivers read many of these letters on air in February of 1950. Shivers was joined in his efforts by the Texas Jaycees, the Hogg Foundation, and other community groups who adopted the cause. In his address to the legislature, Shivers gave a powerful speech in

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<sup>244</sup> J.P. Porter, “Senile Patients Jammed Into State Hospitals.” *The Austin American* March 21, 1949.

<sup>245</sup> J.P. Porter. “Mentally Ill Now Must Watch Others Get Shock Therapy” *Austin American* March 22, 1949.

<sup>246</sup> “Texas Mental Hospitals Held Far Below U.S. Standards” *Harlingen Valley Morning Star* January 15, 1950, Sunday Edition.

which he chastised legislators: “Texas, the proud Lone Star State – first in oil- forty-eighth in mental hospitals. First in raising goats-last in caring for its state wards.”<sup>247</sup> The tax measure would pass both houses by large margins.

Texas institutions received more funding to be sure, but overcrowded conditions persisted at most hospitals. In another round of journalistic exposés, Bill Brammer discusses the underlying problems of overcrowding. Because senile Texans were not considered wards of the state, it was more convenient to declare them insane so that they could be institutionalized. No programs to treat alcoholism or drug addiction had been developed in Texas, and so these citizens were also declared insane. Texas still required a jury trial to institutionalize its citizens. All were thrown together into wards with the mentally disabled and the truly mentally ill. More wards were being built, but hospital administration had a hard time staffing the new wards. Training programs for attendants were beginning to be implemented, but salaries were still low. In many cases, these jobs only appealed to those seeking temporary employment. Staff shortages also meant little therapy or amusements were available to the patients. Many wards were filled with idle patients.<sup>248</sup>

Lack of staffing and overcrowding likely allowed the riot at Rusk State Hospital on April 17, 1955. However, Jim Crow segregation and the treatment of black inmates were the underlying causes. A group of ten criminally insane black patients were led in

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<sup>247</sup> William S. Bush. *Circuit Riders for Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A & M Press, 2016), 69-73.

<sup>248</sup> Bill Brammer. “Mental Hospital Shortages Crowd Patients Like Cattle” *Austin American* February 11, 1955, A-13 and “Hospital Time Harms Patients” *Austin American* February 12, 1955.

the rioting by Ben Riley, a giant of a man who suffered from delusions and often called himself “the Son of God”. The rioting lasted five hours before Texas Ranger Captain Bob Crowder was able to negotiate the release of the hostages. The inmates, armed with ice picks, scissors, sickles and screwdrivers, held several attendants and two doctors hostage. Superintendent Charles Castner was proclaimed a hero by the *Austin American-Statesman* for offering himself up in exchange for another doctor who had been wounded. After the standoff had been resolved, Riley and other inmates were able to speak to the superintendent and the editor of the Rusk newspaper, *The Cherokeean*. They complained about terrible food, and that they had no recreational yard like the white patients. Riley is pictured pointing to scarring on a fellow inmate’s back, and many black inmates complained of beatings they received at the hospital. Riley, who had also been a patient at a Kansas institution, stated: “This is not any state hospital. This is a hellhole.”<sup>249</sup> Because the rioters had been legally declared insane, they could not be held criminally responsible for their actions. They were returned to the wards. It is not known if any of their demands were met. The following week, however, several members of the Texas prison board met with Governor Allan Shivers to discuss better methods for caring for the criminally insane. They estimated that Texas prisons held over 1500 psychotic inmates in need of treatment.<sup>250</sup>

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<sup>249</sup> O.B. Loyd. “Insane Negroes Wound Hostages” *Austin American-Statesman*. April 17, 1955. Sunday Edition.

<sup>250</sup> On April 14, 1955, prisoners at the Huntsville State Prison staged a 30-hour hunger strike demanding three meals a day. At the time, prisoners who did not work on labor gangs only received two meals a day. Two demonstrations in a single month pushed prison board officials to reevaluate their treatment of Texas inmates. “Solon Asks for Study on Prisons.” *The Austin American* (April 22, 1955), 5 and “Prisoners End Hunger Strike.” *The News-Review*, Roseburg, OR (April 15, 1955), 1.

In 1956, an amendment to the Texas Constitution was finally passed eliminating the mandatory jury trial to determine insanity. A patient was still allowed to demand one, but now medical or psychiatric testimony was required in order to be committed. Texas was the last state to abolish this measure. No longer would the mentally ill be “convicted” of insanity and have to face the public shame of a trial by their peers. Soon after, in 1957, the Texas Mental Health Code was also adopted. The new law referred to patients as “mentally ill” rather than “insane”, and excluded those with senility, epilepsy, mental retardation, and alcoholism from this group. The law made discharge from the hospital easier, and encouraged voluntary commitments over involuntary. For the first time, mental patients were given rights to visitation, religious expression, privacy of medical records, and the right to be discharged. Private institutions, which had no oversight and had never been investigated, were now required to be licensed. Every institution must now be led by a psychiatrist certified by the American Psychiatric Association. The Hogg Foundation and other mental health advocates around the state rejoiced at the passage of this “jewel of a law”.<sup>251</sup> The state hospitals and special schools continued to have their share of problems in the next decade, but this legislation was instrumental in pushing Texas “lunacy law” out of the dark ages.

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<sup>251</sup> William S. Bush. *Circuit Riders for Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A & M Press, 2016), 83-84.

## CHAPTER IV

### THE ASYLUM ERA IN THE RIO GRANDE VALLEY

The Texas-Tamaulipas border has long been the site of tremendous, often painful transitions. With each passing decade, residents have had to adjust and readjust to changing political ideals, economic restructuring, and the clashing of cultures. Moreover, as the Mexican north came under the ownership of the United States in 1848, former Mexican citizens became Americans overnight. The incorporation of these new citizens proved to be a complicated process for all concerned. As more and more Anglos arrived in Texas, ethnic Mexicans often found themselves treated as second-class citizens in their own homeland. The counties of Cameron, Hidalgo, and Starr in the lower Rio Grande Valley region of Texas share a border with Mexico, and have always been on the frontlines of tensions between the two nations. Moreover, violent internal struggles within Mexico often crossed into the South Texas region, making Anglo inhabitants wary and distrustful of their Tejano neighbors. The fear, real or imagined, of Mexican revolutionaries and bandit gangs led many Anglos to strike out against Mexicans and Tejanos. In their work, *Forgotten Dead: Mob Violence Against Mexicans in the United States, 1848-1928*, William Carrigan and Clive Webb document a rise in violence against ethnic Mexicans after the Mexican-American War, again in the 1870's when raiders from

both sides terrorized the border, as well as during the years of the Mexican Revolution.<sup>252</sup>

Frequently, this mob mentality took the form of physical violence, but more often Tejanos found themselves excluded from political offices, business and educational opportunities, and even access to health care.

Exclusion on the basis of ethnicity was not practiced uniformly across the region. Ethnic Mexicans of the economic upper crust were not affected by racism in the same way as those of the middle and poorer classes. It became common practice for wealthy Anglo men to marry into Tejano landowning families. This arrangement was certainly beneficial to the Anglo spouse. Anglo husbands were able to increase their land holdings, while gaining cultural capital in a largely Hispanic region. In certain areas, such as Brownsville and Roma, Tejano communities were sufficiently powerful to protect their interests. However, in the central cities of Edinburg, McAllen, and Harlingen, Anglos often discriminated against Mexicans and Tejanos by living in separate communities, and restricting their access to education and health care. After the installation of the railroad in 1904, Anglo farmers poured in from America's heartland to take advantage of the Rio Grande Valley's long growing seasons and bountiful harvests. The new residents soon began to assume leadership positions in these small towns, and in the process, changed the governance of the region for generations to come. Unused to living in such close proximity with those of another culture, many Anglos preferred to segregate themselves from Tejanos, just as they had separated themselves from African-

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<sup>252</sup> William Carrigan and Clive Webb. *Forgotten Dead: Mob Violence Against Mexicans in the United States, 1848-1928*. (Oxford: Oxford University Press, 2013) Kindle edition. Introduction, paragraph 7.

Americans in their former communities. Tejanos would continue to struggle against Anglo domination until well after the Second World War.<sup>253</sup> .

The history of the Rio Grande Valley is certainly unique because of its location on the Texas-Tamaulipas border. Moreover, this region has been geographically isolated from the economic and political centers of both nations. This geographic isolation made it easy for politicians to ignore the needs of residents of deep South Texas. The state of Texas, which had never spent much money or effort caring for its indigent citizens, neglected to place any state-funded health care institution in the region for over a century. This chapter will examine what access the residents of the Rio Grande Valley had to health care, and most specifically, mental health care. Cameron County was the most populous region, and had the most organized county health care apparatus. Comparisons must be drawn between Cameron, Hidalgo, and Starr Counties to determine what affect population size had on access to health care. This chapter will also consider how the factors of race, age, and economic status determined what treatment options were available.

In 1849, the Cameron County seat of Brownsville boasted a population of nearly 1,000, the largest in the region. Its diverse population included ethnic Mexicans, Native Americans, European immigrants from Germany and France, and American “forty-niners” seeking passage to the gold fields of California. Centered around Fort Brown and

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<sup>253</sup> See Benjamin Johnson. *Revolution in Texas: How a Forgotten Rebellion and its Bloody Suppression Turned Mexicans Into Americans*. (New Haven, CT: Yale University Press, 2003), William Carrigan and Clive Webb. *Forgotten Dead: Mob Violence Against Mexicans in the United States, 1848-1928*. (Oxford: Oxford University Press, 2013), and Arthur J. Rubel. *Across the Tracks: Mexican-Americans in a Texas City*. (Austin: University of Texas Press, 1966).

the port of Brownsville, the town was the first in the region to have trained physicians, although U.S. military doctors did not concern themselves with the general population except in the case of an epidemic. One such epidemic hit the town in the spring of 1849. Within a few weeks, cholera swept through Brownsville, killing nearly half of its population.<sup>254</sup> Yellow fever hit the region in 1853, and again in 1858 killing one-third of the population.<sup>255</sup> Epidemics like these were common for the time, and despite these setbacks, the town continued to grow. The Civil War years were an especially profitable time for Brownsville. Union blockades of southern ports left Brownsville as one of the only routes for the Confederacy to import goods like cotton, salt and ammunition. Despite the economic benefits, the inhabitants of the region were anxious and unsettled by the violence surrounding them. In fact, civil wars raged on both sides of the border. Father Pierre Fourier Parisot of the Oblate of Mary Immaculate described the citizens of the Rio Grande Valley as living “between two fires”. In his memoirs, the priest characterized the local citizens as law-abiding. Yet, their lives were constantly disrupted by adventure-seeking outsiders and refugees from justice. Unfortunately, he lamented “the law of might prevailed widely over that of right.”<sup>256</sup>

In such an uncertain political climate, local government was not equipped to assist its citizens in matters of health care. Even in the event of epidemic, the county response

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<sup>254</sup>The 1850 census showed a population of 519. Alicia A. Garza and Christopher Long, “Brownsville, TX,” *Handbook of Texas Online*. Accessed April 07, 2018, <http://www.tshaonline.org/handbook/online/articles/hdb04>.

<sup>255</sup> Fort Ringgold in Rio Grande City, Texas also had army physicians at this time. Cayetano Barrera III. “LRGV Histories: The History of Medicine in the Lower Rio Grande Valley” Speech delivered to Hidalgo –Starr Medical Society, April 4, 1988. Box RGDOC 194 B:29, Folder 19. Museum of South Texas Archive, Edinburg, TX.

<sup>256</sup>P.F. Parisot. *The Reminiscences of a Texas Missionary*. (San Antonio: Johnson Bros. Printing Co., 1899), 55, 84.



was minimal in the 1860's. It is certain that the residents of South Texas were as susceptible to mental illness as those Texans in the northern part of the state. However, lack of county coordination, insufficient medical resources and the sheer distance to the state asylum severely hampered residents' access to professional mental health care. No county residents were transported to the asylum in Austin at this time. In the absence of health care resources, residents resorted to "kitchen physic" methods of treatment and consulted with local priests and *curanderos* (faith healers). Cameron County Commissioner Court minutes for the 1860's do not show any evidence of county welfare relief for its indigent population in any form.<sup>257</sup>

Hidalgo and Starr Counties had much smaller population centers. The vast majority of residents had Hispanic surnames, according to census data. Most residents resided on ranches, and had even less access to medically trained professionals. One notable exception, Dr. Alexander Headley, was perhaps more active in local politics than practicing medicine. A former surgeon for the Confederacy, Headley originally resided in Veracruz, but was forced to evacuate to the Hidalgo/Starr County region during Mexico's French Cortina War. Known locally as a "soldier of fortune", Headley was also a staunch Republican, as were his close allies John McAllen, Jesse Dennett, and Judge H.J. McCabe. Republicans were in the minority in this area, as most of the ranchers were Democrats. This was a dark, nearly lawless period in the history of the Rio Grande Valley. It was not uncommon for political foes to murder one another. Writing in 1922, Mrs. Alice Closner, the widow of the Hidalgo County sheriff, John Closner, recalled that

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<sup>257</sup> Cameron County, Texas. (August 29, 1848-August 3, 1891) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas.

in 1884 and 1885, “human life was the cheapest commodity in the county at that time.”<sup>258</sup>

In 1890, Headley contended that the Republicans had won a county election and led an armed attack on the courthouse in Edinburg (now named Hidalgo). The Democrats fled across the river to Reynosa, Mexico after locking all the county documents in an iron vault. Texas Rangers were eventually able to gain control of the county, and subdue the rebellion. In June of 1890, Headley, Dennett and McCabe were suspended by the District Judge of the 28<sup>th</sup> District and replaced by the Democrats.<sup>259</sup> It is not certain how much time Headley actually spent practicing medicine. He is recorded as a physician of record in 1882 during the yellow fever epidemic in Starr County. He also paid himself from county funds in March of 1890 for “professional services to prisoners”.<sup>260</sup> After his ouster, Headley practiced medicine *and* politics in Rio Grande City until his death in 1912. While Headley undoubtedly aided many local citizens as a physician, he was also partly responsible for the great civil unrest in the region during the 1880’s and 1890’s. This political turmoil would have made it difficult for county officials to properly perform their jobs, and distracted from the ultimate goal of providing for county residents. As late as March of 1902, no Hidalgo County health officer had been appointed. In 1902, three cases of smallpox had been identified in the county, as well as many other cases across the river in Mexico. Because the county lacked any real medical response apparatus, when facing an impending smallpox epidemic, county officials had

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<sup>258</sup> Mrs. Alice Closner. Letter. Box RDOC 30 C:22, Folder 11 “LRGV Histories: Dr. A.M. Headley of Hidalgo and Starr Counties” MOST Archive, Edinburg, TX.

<sup>259</sup> Hidalgo County, Texas. (August 1889 – February 1902) Commissioner Court Minutes. Vol. C pp.1-320, Hidalgo County Courthouse, Edinburg, Texas.

<sup>260</sup> Hidalgo County, Texas. (August 1889 – February 1902) Commissioner Court Minutes. Vol. C pp.1-320, Hidalgo County Courthouse, Edinburg, Texas.

to request aid from Cameron County and the State of Texas.<sup>261</sup> This is the first recorded expenditure in Hidalgo County for quarantine supplies for the affected families, as well as payments made to quarantine guards. The lack of county medical resources to combat even *physical* illness underscores the true paucity of mental health resources in Hidalgo County. Hidalgo County records show only one resident was transported to any state asylum prior to 1902.<sup>262</sup>

Could it be possible that a sparsely populated area like Hidalgo County simply did not have any mentally ill or mentally disabled residents needing assistance? According to the 1870 U.S. Census, only two residents of Hidalgo County were identified by their family members as “idiotic”, or mentally disabled. One young boy, age 11, lived at home with his parents. Another female “idiot”, age 29, was cared for by two aunts.<sup>263</sup> Ten years later, in the 1880 census, no mention is found of these individuals, but five different residents are named as “idiots” and cared for by family members. Most were listed as “at home”, meaning they had no occupation. However, one young man, age 20, was employed as a laborer at the Agua Negra Ranch.<sup>264</sup> Hidalgo County consisted largely of

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<sup>261</sup> In 1894, a quarantine is noted, but no funds were shown to be allocated for medical relief. Hidalgo County, Texas. (August 1889 – February 1902) Commissioner Court Minutes. Vol. C pp.1-320, Hidalgo County Courthouse, Edinburg, Texas.

<sup>262</sup> In November, 1892 Sheriff John Closner was reimbursed \$158.75 for conveying a lunatic (Mr. J. O’Dell) to the asylum in San Antonio. Hidalgo County, Texas. (August 1889 – February 1902) Commissioner Court Minutes. Vol. C pp.1-320, Hidalgo County Courthouse, Edinburg, Texas. Independently confirmed by Mary Castillo, Public Information Coordinator, DSHS. Mary Castillo. Email from Castillo to Emily Gray. August 11, 2017.

<sup>263</sup> 1870 U.S. Census, Hidalgo County, Texas (Washington D.C.: United States Printing Office). Accessed 8/20/17 <http://www.ancestryheritagequest.com>

<sup>264</sup> 1880 U.S. Census, Hidalgo County, Texas (Washington D.C.: United States Printing Office). Accessed 8/25/17 <http://www.ancestryheritagequest.com>

ranches, and the national census for this time period is broken into ranches, rather than townships. Each ranch functioned as a community, and were rather isolated from each other by virtue of rough terrain and lack of quality roadways.<sup>265</sup> Because of their isolation and lack of county resources, it appears quite possible that these ranch communities dispensed poor relief in much the same way as the early colonists did over a century before. Just as in colonial times, the care of the insane and mentally disabled was first and foremost a familial responsibility. If no immediate family were available, then the afflicted member might be put to work, as they were able.<sup>266</sup> Even funeral services and burial were provided at the ranch. The county only stepped in if a person became a burden or a nuisance to the ranch community. The Hidalgo County Commissioners Court minutes do record a few instances in which the county boarded out the insane, which will be discussed later.

The working class population of the Rio Grande Valley was a transitory one. For ethnic Mexicans, the actual borderline between the United States and Mexico was largely arbitrary, and had long been traversed without penalty. Most laborers and ranch hands had family on both sides of the border, and set up residence in whatever region had the best employment opportunities.<sup>267</sup> It is unlikely that a census taker would have been able

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<sup>265</sup> The county commissioners expended much time and money during the 1880's in the effort to construct passable county roads. Hidalgo County, Texas. (August 1889 – February 1902) Commissioner Court Minutes. Vol. C pp.1-320, Hidalgo County Courthouse, Edinburg, Texas.

<sup>266</sup> See William A. Trattner. *From Poor Law to Welfare State: A History of Social Welfare in America*. (New York: The Free Press, 1994), 16-19.

<sup>267</sup> See Sonia Hernández. *Working Women Into the Borderlands* (College Station, TX: Texas A&M University Press, 2013) and Benjamin Johnson. *Revolution in Texas: How a*

to get an accurate count of the population, and it is rare that the same residents are found from one census to another. Census takers also relied on family members to report on the mental fitness of their relations. This meant that census enumerators often recorded a family's best guess at a diagnosis. For example, the Peña family in Starr County reported having two insane children in 1870. A son, age 22, and a daughter, age 10, lived at home with two other siblings.<sup>268</sup> While it is certainly possible that the Peña siblings were actually mentally ill, it seems unlikely. It was unusual in those days for children to be declared "insane". Insanity implied a debilitating condition brought on by depression, anxiety, dementia, mania, or alcoholism. These symptoms were not usually attributed to children. Mentally ill children were sent to Texas asylums, but in such small numbers that no asylum had a separate ward for children until the late twentieth century. It is more likely that the Peñas were mentally disabled. In the nineteenth and early twentieth centuries, the mentally disabled were commonly referred to as "idiotic" or "feeble-minded". To be an "idiot" meant that one's mental capacity would always be that of a child. For example, children who were born with Down Syndrome fell into this category, as well as those with other forms of genetic and intellectual disabilities. Many "feeble-minded" Texans were sent to state asylums if they had no family to care for them. However, it must also be noted that at the time, insanity was not considered by many in the Rio Grande Valley to be a physical illness requiring medical treatment, but rather a

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*Forgotten Rebellion and its Bloody Suppression Turned Mexicans Into Americans.* (New Haven, CT: Yale University Press, 2003)

<sup>268</sup> 1870 U.S. Census, Starr County, Texas (Washington D.C.: United States Printing Office). Accessed 9/15/17 <http://www.ancestryheritagequest.com>

spiritual condition.<sup>269</sup> In some cases, local residents believed insanity to be the result of a curse, or perhaps *mal de ojo* (evil eye). Children were considered the most likely targets for *mal de ojo*, and perhaps the Peñas believed their children were suffering from it. Rather than seek professional medical assistance, residents often sought treatment from a priest or *curandero*, a topic that will be examined in Chapter Five.

It would have been rare for local residents to be examined by any medical professional during the 1870's and 1880's. This is not to say that physicians were not needed in the area, however. The "moral condition" section of the census at this time also tabulated those who were sick or disabled when the poll was taken. According to the 1880 census, it can be estimated that at *least* one quarter of the residents at each ranch were ill at any one time. At Granjeño Rancho, 16 out of 50 people (32 percent) were sick with an unnamed illness. At Zacatecas Rancho, 11 out of 35 (31 percent) were ill. At Havanna Rancho, 26 percent of residents were listed as sick or disabled with rheumatism, worms, sore eyes, hemorrhages, syphilis, or general "fever"- possibly malaria.<sup>270</sup> In place of physicians, women were the keepers of the herbal and spiritual remedies. They

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<sup>269</sup> See . Jennifer Koshatka Seman. "The Politics of Curanderismo: Santa Teresa Urrea, Don Pedrito Jaramillo, and Faith Healing in the U.S.-Mexico Borderlands at the Turn of the Twentieth Century" (Doctoral thesis, Southern Methodist University, 2015). Also, Paul Vanderwood. *The Power of God Against the Guns of Government: Religious Upheaval in Mexico at the Turn of the Nineteenth Century*. (Stanford, CA: Stanford University Press, 1998)

<sup>270</sup> 1880 U.S. Census, Hidalgo County, Texas (Washington D.C.: United States Printing Office). Accessed 9/17/17 <http://www.ancestryheritagequest.com> See also, Joe S. Graham. "Folk Medicine and Intracultural Diversity Among West Texas Mexican Americans." *Western Folklore* 44, no. 3 (July 1985): 168-193.

were also the custodians of the domestic sphere, and were responsible for the cleanliness and health of their families.<sup>271</sup>

Unlike the sparsely populated western counties, Cameron County enumerators did record several insane residents in 1870 and 1880. As opposed to Hidalgo County, Cameron had only one “idiot” listed in 1870, but seven insane. Again, these lay diagnoses were largely determined by family members, not medical professionals. It would appear that the insane were an accepted part of everyday life in Cameron County, and a few were able to hold jobs as well. For instance, V. Alvarez, age 50, was listed as insane, but employed as a farm laborer by E. Salas. He also lived alone in his own home. H. Kent, age 52, was also listed as insane, but worked as a baker. Kent lived with three other men employed at the same bakery. Most of the other mentally ill residents were cared for by family members. Brownsville resident, M. Garcia, lived with his insane mother. He must have been a man of some means, as he employed a domestic servant, Mary Clark, to care for her.<sup>272</sup> Although she is not listed by name in the county commissioners’ reports, it is likely that another Brownsville resident, A. Belden, received some sort of outdoor or charitable relief. Belden, age 50, was described as being “at home”, meaning she had no occupation, and she lived with her teenaged daughter. Her

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<sup>271</sup> John McKiernan-Gonzalez. *Fevered Measures: Public Health and Race at the Texas-Mexican Border, 1848-1942*. (Duke University Press, 2012.), 64-66, and Adeline Short Dinger. *Folk Life and Folklore of the Mexican Border*. (Edinburg, TX: New Santander Press, 1972). For a gendered analysis of women and health care in post – revolutionary Mexico, see Anne-Emmanuelle Birn. *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*. (Rochester, NY: University of Rochester Press, 2006), 151-153.

<sup>272</sup> Mary Clark, age 25, was listed as “white”, and was not an immigrant. According to the census, she was born in South Carolina. 1870 U.S. Census, Cameron County, Texas (Washington D.C.: United States Printing Office) Accessed 9/15/17  
<http://www.ancestryheritagequest.com>

daughter was listed as “attending school”, and had no occupation either. In this case, it is reasonable to assume that the county made some sort of arrangement to provide for these women.<sup>273</sup>

C. Tellers, age 30, is an interesting case, as he was the only insane prisoner listed in the Cameron County jail in the 1870 census. Tellers was black, and employed as a domestic servant. No record exists of any criminal wrongdoing by Tellers, so it is reasonable to assume that he was jailed by virtue of his insanity. It is not certain how long Tellers remained in jail; however, he was not transported to the asylum in Austin. In the 1870's, the black population of the State Lunatic Asylum was in the single digits, and Tellers was not among them. In this case, there are two likely outcomes for Tellers. His birthplace is listed as Mississippi, and if he could not prove his Texas residency, it is possible that he was placed on a ship headed back to that state. More believable, however, is that he was eventually released on his own recognizance, probably at the edge of town. Texan counties on the western frontier operated much the same way as the early American colonists did in regards to their indigent insane. Only those citizens who could prove their residency and need were considered for aid.<sup>274</sup> Tellers did not appear again in the 1880 Cameron County census, so it is likely that he moved out of the county or passed away.

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<sup>273</sup> 1870 U.S. Census, Cameron County, Texas (Washington D.C.: United States Printing Office). Accessed 9/15/17 <http://www.ancestryheritagequest.com>

<sup>274</sup>Walter Trattner shows the tendency to deny aid to “strangers” and the young in *From Poor Law to Welfare State*. Walter I.Trattner. *From Poor Law to Welfare State: A History of Social Welfare in America*. (New York: The Free Press, 1994), 16-28, and 1870 U.S. Census, Cameron County, Texas (Washington D.C.: United States Printing Office). Accessed 9/15/17 <http://www.ancestryheritagequest.com>, and Sarah Sitton. *Life at the State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M Press, 1999), 19-20.



By 1880, few insane residents were recorded in Cameron County. By this time, the county had begun to send the insane to the asylum in Austin. The State Lunatic Asylum was still the only state institution available. The North Texas Hospital for the Insane in Terrell would not open until 1885. There are also very few mentally disabled listed, and it is possible that some of that population had also been sent to the asylum. Not much differentiation was made between the insane and feeble-minded at this time. In 1880, the first evidence of “boarding out” can be seen in Cameron County. “Boarding out” in America dates back to the seventeenth century, and enabled early colonists to care for their indigent neighbors. The town or county paid a local family to take in a needy person, such as an elderly widow, an invalid, or a “lunatic”. Citizens who were boarded out were thought to be incapable of ever supporting themselves financially. Public funds were often used to pay for their clothing and medical care as well. In the absence of an institution, the family unit provided for the welfare of the elderly, mentally ill, and disabled.<sup>275</sup> According to the census of 1880, it appears that the Werbeski household took in an mentally ill boarder at the behest of Cameron County. A. Werbeski was a Polish stock raiser, who lived with quite a mixed household. His wife was born in Mexico, as were their two domestic servants, a husband and wife team. One natural daughter, and one adopted daughter also lived with them. M. Quinn, age 53, from Ireland, is listed as “boarder”. Because of the fact that she is also listed as insane and unemployed, it is reasonable to assume that the county was providing Werbeski and

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<sup>275</sup> Walter I. Trattner. *From Poor Law to Welfare State: A History of Social Welfare in America*. (New York: The Free Press, 1994), 19-20.

family with payments for her room and board.<sup>276</sup> As an immigrant, Quinn must not have had any relatives available to care for her. There were no rail lines connecting Brownsville to the north, and so because of the expense and inconvenience involved in escorting her to Austin, the county must have looked for a family to act as guardian for her. It is also possible that Cameron County petitioned the asylum to take Ms. Quinn, but she was put on a waiting list. In another example, from February until August of 1899, Cameron County paid B. Garcia 20 cents a day to care for an unnamed “crazy woman”. After August, this woman is no longer mentioned in the county records. Cameron County commissioners were usually very careful to note travel expenses to the asylum, but none were recorded for this woman. In this case, it can be assumed that she died while in Señora Garcia’s care. Two pauper burials were recorded in November of 1899, one of them a female. It is possible that the “crazy woman” was this pauper.<sup>277</sup>

Hidalgo County records also show evidence of boarding out. In 1885, M. Longoria de Ochoa was found to be of “unsound mind”, and the court ordered that a guardian be found for her. Ochoa must have had some estate, as the guardian was to be put in charge of that as well.<sup>278</sup> In the Hidalgo County Commissioner Court Minutes, another resident, A. Mercado, was released to a guardian after being declared *non compos*

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<sup>276</sup> 1870 U.S. Census, Cameron County, Texas (Washington D.C.: United States Printing Office). Assessed 9/15/17 <http://www.ancestryheritagequest.com>

<sup>277</sup> P. Canales’ burial cost the county \$2.50 in November, 1899. Cameron County, Texas. (Aug 10, 1891-Aug 22, 1914) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas.

<sup>278</sup> Five years later, upon her death, Sra Longoria de Ochoa is again mentioned in the probate record when her estate was claimed by I. Longoria. Hidalgo County Probate Case. No. 41, July 8, 1890. Accessed 10/13/17 <http://www.hidalgocountyclerk.us> and Hidalgo County Clerk Civil Court Cases. No. 3-165, 1885-1910. Box TSL-3-87. Folder County Civil Case No. 3. LRGV Collection, University of Texas- Rio Grande Valley.

*mentis* by the court in April of 1894. On May 14, 1894, the commissioners “ordered that S. Garza be paid the sum of fifteen dollars per month for taking care of and feeding the lunatic A. Mercado and that she be paid monthly out of any funds that are on hand.”<sup>279</sup> Fifteen dollars a month was a considerable stipend for the time period, and would have certainly been welcomed.<sup>280</sup> Hidalgo County had no fund set up for the care of their indigent or insane, as is referenced by the commissioners in their statement that Garza was to be paid “out of any funds that are on hand.” It was not until the early 1900’s that the county set up a “sanitary fund” with which they paid for pauper burials, quarantine guards, and medical treatment for the ill and indigent.<sup>281</sup> Garza cared for Mercado for over a year. It is unknown if Mercado was sent to an asylum after that, but no further record exists for her. It is likely that even the Southwest Lunatic Asylum in San Antonio, which had opened two years prior, had become overcrowded. Mercado could have been on a waiting list, although there is no record of a payment made for her transportation to the asylum.

Other Texas counties began levying taxes to provide for their lunatics and paupers as early as the 1870’s. Cameron County began to collect a “lunatic tax” in 1880. As previously stated, the expense to transport the mentally ill was considerable, and the trip

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<sup>279</sup> Hidalgo County, Texas. (August 1889 – February 1902) Commissioner Court Minutes. Vol. C pp.1-320, Hidalgo County Courthouse, Edinburg, Texas, p. 130.

<sup>280</sup> Not much is known for certain about S. Garza. She does not appear in the 1890 Hidalgo County census. A woman with the same name appears in the 1900 Cameron County census. She was 50 years of age in 1900. She was also married with twelve children, eleven of which lived in her household. If it is the same S. Garza, she would likely have been very glad to receive an extra fifteen dollars a month from Hidalgo County. 1900 U.S. Census, Cameron County, Texas (Washington D.C.: United States Printing Office). Accessed 5/30/18 <http://www.ancestryheritagequest.com>

<sup>281</sup> Hidalgo County, Texas. (1912-1915) Commissioner Court Minutes. Vol. D pp. 323-640, Hidalgo County Courthouse, Edinburg, Texas.

could take several days in the years before the railroad came to South Texas. In his memoirs, Dr. Octavio Garcia recalled that the stagecoaches traveled slowly because of bad roadways, and often stopped every ten miles in order to acquire a fresh team of horses or mules.<sup>282</sup> Travel to Austin, and in later years, to Terrell or San Antonio cost the county between 150 and 250 dollars per trip. The sheriff or his deputy must also be reimbursed for their time and travel expenses. If a female patient was to be transferred, a prison matron might be employed to act as escort. In the 1890's, the Cameron County sheriff or his deputy made the journey several times per year.<sup>283</sup> In 1893 alone, the trip to the asylum at San Antonio was made five times.<sup>284</sup> The county was also expected to provide the "lunatic" with three sets of proper clothing before they handed them over to the state. Cameron County Commissioner Court minutes clearly show that the tax was collected at least until 1894. After this time, these expenses were paid from the General Expenses or Court House and Jail Fund.

Not all the insane and feeble-minded could be housed in the asylums.

Periodically, every asylum in the state had a waiting list for entry, and so the mentally ill

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<sup>282</sup> Octavio Garcia. *Otros Dias: Memories of "Other Days" ...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 12-13.

<sup>283</sup> Cameron County, Texas. (August 29, 1848-August 3, 1891 and Aug 10, 1891-Aug 22, 1914) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas and Mary Castillo. Email from Castillo to Emily Gray. August 11, 2107.

<sup>284</sup> 1893 was a terrible year for South Texas. Not only was the nation in the midst of an economic depression, but a severe drought had hit the region. This drought destroyed the livelihood of many cattle ranchers, and indigent residents had difficulty obtaining food. It is not surprising that the mental health of residents would have been negatively affected by this. Jennifer Koshatka Seman, "The Politics of Curanderismo: Santa Teresa Urrea, Don Pedrito Jaramillo, and Faith Healing in the U.S.-Mexico Borderlands at the Turn of the Twentieth Century" (Doctoral thesis, Southern Methodist University, 2015), 94-99.

and mentally disabled were often relegated to the jailhouse or the poor farm. In 1899, the Cameron County jailhouse was in poor shape. Sheriff C. Garza laments the fact that “the roof is in a leaky condition and otherwise the building requires a general overhauling and painting.” He also complained that the county had been delinquent in paying his salary and for the support of its prisoners.<sup>285</sup> Also in 1899, however, it would seem that a temporary pauper camp or poorhouse had been set up in Point Isobel. Since May of 1898, small payments had been made to M.B. Kingsbury, the Brownsville treasurer, as “advances to county paupers”, or “money advanced to paupers at Point Isobel”. Strangely, these payments seem to end by August of 1899. No further information on a county poorhouse appears to be available, so it is unknown what happened to these individuals, or if any of them were considered mentally ill or disabled.<sup>286</sup> Census records for the year 1900 do not indicate a poor farm or almshouse in the area. Cameron County records do not show any regular funds allocated for pauper relief, aside from burial, for another twenty years.

As discussed in Chapter Three, insanity was not only an unfortunate medical condition, but carried a legal stigma as well. In order to classify a person as insane a jury of six of his or her peers must be called, and the defendant’s behavior scrutinized for signs of mental illness. Jury trials were also called for other conditions which allowed for

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<sup>285</sup> Cameron County, Texas. (Aug 10, 1891-Aug 22, 1914) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas, p. 76.

<sup>286</sup> “Point Isobel” appears often in the county court minutes, and seems to be an old spelling/name for what is now Port Isabel. Cameron County, Texas. (Aug 10, 1891-Aug 22, 1914) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas,

commitment to a state institution, including senility, “feeble-mindedness”, and epilepsy.<sup>287</sup>

Texas was the last state to require a jury trial for commitment to an asylum. The constitution was officially amended in 1956 to allow a judge to determine sanity based on the testimony of physicians and psychiatrists. The records of these “lunacy trials” are no longer public record, although they were certainly conducted publically at the time.

However, because of a few misplaced files, this historian was able to view several documents from two lunacy trials. Only one signed affidavit from one witness was included in the files, but the basic documents illuminate a few facts about these trials. In 1885, the insanity of Señora Longoria de Ochoa, previously mentioned, was determined by six Hidalgo County residents. The jury was all male, of course, and the surnames of the jurists were equally split between Anglo and Hispanic.<sup>288</sup> The jury foreman wrote the verdict on a slip of paper to be read by the judge. The foreman, Mr. Wilson, wrote, “We the jury find the defendant M. Longoria de Ochoa *guilty and* of an unsound mind as charged in the complaint.”<sup>289</sup> (emphasis added) The words “guilty and” were subsequently scratched out, yet the intent is clear. Trying a mentally ill or disabled person in a court of law meant that the insane, feeble-minded, and epileptic were treated and stigmatized as criminals. In Texas, the unfortunate citizen was handcuffed and escorted to the county courthouse by the sheriff. Moreover, their future freedom rested in

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<sup>287</sup> The Abilene Epileptic Colony opened in 1903, and the State Colony for the Feeble-minded (Austin) was established in 1917. Prior to that, these groups were sent to the state asylums.

<sup>288</sup> By 1916, only Anglos were called as jurists in Hidalgo County. Hidalgo County, Texas. (1915-1916) Commissioner Court Minutes. Vol. E pp. 1-320, Hidalgo County Courthouse, Edinburg, Texas.

<sup>289</sup> Hidalgo County Clerk Civil Court Cases. No. 3-165, 1885-1910. Box TSL-3-87. Folder County Civil Case No. 3. LRGV Collection, University of Texas- Rio Grande Valley.

the hands of laypersons with no medical background or understanding of their illness. A “conviction” of lunacy meant that an individual became a ward of the state, and they could be incarcerated in the asylum for an indefinite period of time. Some mentally ill and mentally disabled Texans spent the rest of their lives behind the walls of the asylum—a sentence much more stringent than many criminals received.

It appears that county judges prepared the juries as best they could for the particular nature of the lunacy trial. In Civil Case #493, a lunacy trial in December 1910, a Cameron County judge issued special written instructions to the jury. There were six questions the jury must answer before declaring the defendant, S. Hernandez, of unsound mind:

- “1. Do they seem of (un)sound mind?
2. If yes – is it necessary that he be placed under restraint?
3. How many attacks of insanity has he had, and how long has the present state of insanity existed?
4. Is insanity hereditary in the family of the defendant, or not?
5. Is the defendant possessed of any estate?
6. If yes, are there any persons legally liable for his support?”<sup>290</sup>

Question number four is indicative of the popular wisdom of the time. As discussed in previous chapters, in the first half of the twentieth century, insanity and

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<sup>290</sup> Cameron County Civil Court Case. No. 493. December 8, 1910. Cameron County Storage Facility. San Benito, TX.

feeble-mindedness were believed to be hereditary. If the defendant, S. Hernandez, had a “defective” family lineage, it was considered highly likely that he would also exhibit those characteristics. Questions five and six were also important, in that they determined whether the defendant’s estate could be charged for his care, or if it was possible for family members to take charge of him. State-run asylums provided free care to the indigent insane, but if a patient could pay, they were charged according to their means. Better yet, if a family member agreed to pay the bond for Hernandez, neither the county nor the state would be financially responsible for him. The documents found for this case number were incomplete, so the outcome of this particular trial is not known. The historian happened upon the misfiled records as a lucky accident. Texas mental health codes have sealed the court proceedings from the lunacy trials of the past. Scholars may only view these records with a court order from a judge.

Hidalgo County did not send many residents to state facilities during the late 1800’s and early 1900’s. However, they did hold several trials for the insane, feeble-minded, and epileptic in those years. It is difficult to tell how many residents were tried for insanity prior to 1915. Seven trials can be counted in the county records, and there may have been several more which were not explicitly labeled as such. These trials are listed with the defendant’s name versus “State of Texas”, but with no description added. Twelve Hidalgo County residents were tried and found to be “feeble-minded” between the years of 1895 and 1915. Another seven were determined to be epileptic. Considering the low numbers transported to state institutions from Hidalgo County, it must be the case that family members or guardians were found to care for most of these



individuals.<sup>291</sup> The state required the court to determine if family members could take on the responsibility of caring for the insane. Considering the length of time most patients spent in state asylums – some for the remainder of their lives- it was a huge savings to the state if they could remain at home. A legal declaration of insanity also allowed family members control over the estate and well being of their relative, whether for good or ill.

Cameron County was more densely populated than Hidalgo or Starr Counties, and thus it stands to reason that they would have more mentally ill and mentally disabled residents. Cameron County officials were also much more organized, and kept careful records of lunacy trials. Nearly every session of the Cameron County Commissioners Court from 1880 on recorded expenditures for lunacy trials, such as, “fees for lunacy trials”, “clothing for lunatics”, or travel expenses for “conveying lunatic to asylum.”<sup>292</sup> From 1892 until 1896, Cameron County sent eleven patients to the newly opened Southwest Lunatic Asylum in San Antonio alone. Other patients were sent to Terrell and Austin as well. Prior to 1925, when the state hospital districts were drawn, counties applied to every asylum at once and waited for notification of a vacancy.<sup>293</sup>

In November of 1917, Cameron County began to partially fund the Charity Home in Brownsville to care for the “poor, indigent, aged and injured persons of the county.” The Charity Home Association petitioned the county to pay for the lease of the building –

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<sup>291</sup> Hidalgo County, Texas. Index of Hidalgo County Court (1895-1915) Vol. 2. Microfilm. LRGV Archive, University of Texas-Rio Grande Valley, Edinburg, Texas.

<sup>292</sup> Cameron County, Texas. (August 29, 1848-August 3, 1891, Aug 10, 1891-Aug 22, 1914 and Sept 1, 1914 – June 11 1923) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas,

<sup>293</sup> Revised Statutes of Texas – 1925. Title 15 *Eleemosynary Institutions* Chapter 2, p. 883-894. [www.sll.texas.gov](http://www.sll.texas.gov) 4/5/17.

a sum of \$1,200.00 a year. The county commissioners agreed to this as long as it was understood that “the expense to said County of Cameron is limited.”<sup>294</sup> The Charity Home, later known as Our Mother of Perpetual Help Rest Home, received a \$100.00 monthly stipend from the county for the care of paupers. One year later, in September of 1918, the commissioners announced the construction of a new hospital jointly funded with the Sisters of Mercy, a group of Catholic nuns from Laredo. The Sisters of Mercy were to officially own and manage the hospital. The county supported this hospital in order to “provide for pauper sick patients of Cameron County” and began to pay the hospital a monthly stipend of \$100.00 as well.<sup>295</sup> Operating in tandem, these two institutions greatly reduced the number of elderly indigent that would otherwise have been sent to state hospitals.<sup>296</sup> The history of these institutions actually began in 1901, when Miss Nora Kelly, age 20, along with her mother and younger sister, began to care for eight elderly blind individuals in a small home at the corner of Eighth and Washington Street in Brownsville. She petitioned her father, William Kelly, a local banker and steamboat captain, to buy the building so that the needy poor could be cared for under one roof. For the next fifteen years, Miss Kelly continued to care for the

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<sup>294</sup> Cameron County, Texas. (Sept 1, 1914 – June 11 1923) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas.

<sup>295</sup> Mercy Hospital is now known as Valley Baptist Medical Center – Brownsville. Cameron County, Texas. (Sept 1, 1914 – June 11 1923) Commissioners Court Minutes. Microfilm, Lower Rio Grande Valley Collection, University of Texas – Rio Grande Valley. Edinburg, Texas. 218, 226-227, and “Brownsville Hospital Dates Back to Turn of the Century.” *Brownsville Herald*. (November 15, 1953), p. 1-2.

<sup>296</sup> Texas had only two state-run facilities for the care of the aged – the Texas Confederate Home, and the Confederate Woman’s Home. Neither rest home had room for more than a few hundred patients, and were limited to Confederate veterans and their spouses. See Barbara Stocklin-Steely. “Confederate Woman’s Home” *Handbook of Texas Online*, Accessed June 30, 2018.

<http://www.tshaonline.org/handbook/online/articles/vnc06>

county's poor and aged, as well as "hungry babies from needy families, and homeless young girls."<sup>297</sup> The Charity Home also ran a day nursery for the young children of working mothers. A few medical procedures were performed there, with medical services provided free of charge by the army doctors at Fort Brown. During the Mexican Revolution, the charity home became a receiving hospital for wounded soldiers evacuated from the Battle of Matamoros in 1914. In 1915, Mrs. Florence Jaffrey Harriman, of the Harriman railroad family, visited the Mexican border to assess the conditions of the area. She was so impressed with the care that Miss Kelly provided for wounded Mexicans, that she petitioned her charitable contacts to raise money for the cause. Mrs. Harriman collected nearly \$15,000 dollars for the Charity Home, which was used to break ground on the Divine Providence Hospital.<sup>298</sup> After such national attention, Cameron County officials must have realized that they themselves had been lax in providing care for local residents. Moreover, public perceptions of hospitals had changed in recent years. No longer was the hospital only considered the place for wanderers, the homeless, or soldiers to receive medical care. By and large, most local doctors continued to make house calls, but surgeries and procedures in hospitals were generally considered to be safer than in the past.<sup>299</sup> Hidalgo County eventually built its own hospitals. McAllen Municipal Hospital

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<sup>297</sup> Louise Beard Moore. "After 28 Years Charity Home Founder Comes Back; Return to City is Quiet and Modest." *Brownsville Herald* (n.d., 1949), p. 8. Provided via email from Aubrey M. Nielsen (Brownsville Historical Association) to Emily Gray, December 27, 2017.

<sup>298</sup> Divine Providence Hospital would soon become inadequate, leading to the construction of Mercy Hospital in 1923. "Brownsville Hospital Dates Back to Turn of the Century." *Brownsville Herald*. (November 15, 1953), p. 1-2.

<sup>299</sup> Doctors on record as making house calls in the early 1900's were: Dr. Jose Garcia in San Diego, Dr. Cayetano Barrera, Sr. in Mission, and Dr. H.O. Schalaben in Edinburg. In the 1920's, Dr. Mary Ann Edgerton, daughter of Dr. A. Headley became the first female doctor to practice in the Rio Grande Valley. Also in 1920, Dr. Carlos Ballí, one of the

opened its doors in 1925, with beds for 25 patients. Grandview Hospital in Edinburg opened in 1927, and was where the indigent residents of Hidalgo County received emergency medical care.<sup>300</sup> There is no evidence that mental health care was provided at McAllen Municipal or Grandview Hospital.

The Mexican Revolution (1910-1917) had a devastating effect on the health care ethnic Mexicans received in South Texas. The Mexican population in the area tripled between 1910 and 1920. South Texas became a place of refuge for political dissidents, as well as those fleeing the violence in Mexico. Tejanos in the region were in a precarious situation. Many who stayed were disarmed, and faced the wrath of the Texas Rangers and vigilante groups. Those who fled to Mexico were met with famine, epidemics, and war. Tejanos were of divided loyalties during this conflict. Many still professed deep Mexican nationalist sentiment, while others wanted to partake of the rights of American citizens.<sup>301</sup>

Perceptions of the Mexican body as dirty and diseased were not new to the region. Scientific racism, or eugenic thought, could be found lurking behind racist policies, nativist debates over immigration, as well as the public health policies governing the

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first Hispanic doctors in Hidalgo County, made house calls on horseback, Cayetano Barrera III. "LRGV Histories: The History of Medicine in the Lower Rio Grande Valley" Speech delivered to Hidalgo –Starr Medical Society, April 4, 1988. Box RGDOC 194 B:29, Folder 19. Museum of South Texas Archive, Edinburg, TX., 11, and David Dary. *Frontier Medicine From the Atlantic to the Pacific, 1492-1941*. (New York: Alfred A Knopf, 2008.), 315.

<sup>300</sup> "Grandview Hospital Remodeled." *The McAllen Monitor*. (November 15, 1952) Box "Health – Organizations and People" (1 of 2), Folder "Grandview Hospital". LRGV Collection, University of Texas- Rio Grande Valley, Edinburg, Texas.

<sup>301</sup> Benjamin Johnson. *Revolution in Texas: How a Forgotten Rebellion and its Bloody Suppression Turned Mexicans Into Americans*. (New Haven, CT: Yale University Press, 2003), 10-12, 59-61.

borderlands since the 1880's. Yellow fever and typhus epidemics were blamed on exposure to immigrants from Latin America. The National Board of Health considered the Texas border an excellent site for research, where "sanitary science would triumph over the diseases of the tropics."<sup>302</sup> As faith in the government's ability to contain disease grew, ports and railroad hubs along the border became inspection sites. According to the United States government, the Mexican body presented a clear and present danger to the health of the American public. Mexican migrant laborers were suspected of carrying disease across the border into Texas. For example, poor Mexicans were blamed for the smallpox epidemic that hit Laredo in 1899. City officials ordered compulsory vaccinations, and mandatory physical and home inspections. If a home was declared "diseased", city officials were ordered to burn it to the ground, as well as any belongings within it. The vast majority of homes burned were the *jacals* of poor Mexican laborers.<sup>303</sup> Medical professionals also linked physical attributes to behavioral traits. In their eyes, the simple dress and overcrowded, primitive housing of the Mexican working class denoted disease, criminality, mental deficiency and racial degeneracy. Ironically, ethnic Mexicans had recently won their "whiteness" in a Texas court, in the case of *In re Rodriguez* (1897). In practice, however, only the wealthiest of Tejanos were accorded the same respect as Anglo-Americans.<sup>304</sup> At the turn of the century, the national eugenics

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<sup>302</sup> John McKiernan-González. *Fevered Measures: Public Health and Race at the Texas-Mexican Border, 1848-1942*. (Durham,NC: Duke University Press, 2012), 30-34.

<sup>303</sup> John McKiernan-González. *Fevered Measures: Public Health and Race at the Texas-Mexican Border, 1848-1942*. (Durham,NC: Duke University Press, 2012), 132-135.

<sup>304</sup> Ethnic Mexicans were counted as "white" on every census until 1930, when they were labeled "Mex" for Mexican. They regained their "white" status in the 1940's. Matthew Frye Jacobson. *Whiteness of a Different Color: European Immigrants and the Alchemy of Race*. (Cambridge, MA: Harvard University Press, 1998), Chapter 7, paragraphs 15-17, Kindle Edition.

movement “legitimized” these notions of Mexican racial inferiority under the banner of science. At the border, the politics of eugenics led to increased militarization and the medicalization of the Mexican body.<sup>305</sup>

At the fumigation center in Brownsville, Mexican immigrants entering Texas were required to disrobe and bathe in a mixture of kerosene and water in order to kill typhus-carrying lice. However, this quarantine did not affect all ethnic Mexicans equally. Passengers riding in the first-class carriages were not subjected to fumigation. A literacy test was also administered, and a head tax of eight dollars instituted in 1916. According to *The Survey*, a rather socially liberal periodical of the day, the new restrictions were

“expected to decrease the admission of Mexican immigrants through the regular channels along the border by 90 per cent. Very few will be able to pay the head tax of eight dollars, and only a small percentage will be able to read and write. The new immigration law, too, will be more effective than the housing code in preventing overcrowding.”<sup>306</sup>

Many Americans, even some of the most liberal thinkers, assumed that poverty and “otherness” were indicators of disease. This border quarantine was enforced from 1916 through the 1940’s, much longer than quarantine measures at Ellis or Angel Islands.

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<sup>305</sup> See Miguel Levorio. *Militarizing the Border: When Mexicans Became the Enemy*. (College Station, TX: Texas A&M University Press, 2012).

<sup>306</sup> The “housing code” refers to the destruction of many *jacals* (huts) within the city limits of El Paso and Brownsville. It was believed this form of housing was unhygienic. “The Literacy Test a Bar to Typhus.” *The Survey: A Journal of Constructive Philanthropy*. Vol 37, (New York: Survey Associates, Inc, April 1917-Sept. 1917), 71-72.

The power over the Mexican body was enforced by both medical and military personnel, a phenomenon historian Alexandra Minna Stern labels, “eugenic gatekeeping”.<sup>307</sup>

The exclusion and deportation of immigrants most often involved use of the “liable to become a public charge” clause of the revised Immigration Act of 1882. This clause was initially a feminized charge leveled at women traveling alone. Nineteenth century gender roles and morality codes allowed for discrimination against single pregnant women, or those who seemed likely to become prostitutes. It was assumed women were dependant upon male wage labor.<sup>308</sup> Overcrowded state hospitals used this clause to their advantage as well. In the Texas State Board of Control Report for the years 1924 to 1926, the superintendant for the newly renamed San Antonio State Hospital boasted of the number of insane that he had deported. He quotes the regulation, stating that “if a person becomes a public charge within five years of his entry into the U.S., he is deportable under the laws of the United States Government.” San Antonio State Hospital had 158 mentally ill Mexicans deported over the two-year period.<sup>309</sup> It is certain that the superintendent was praised for this, as it meant a large savings to the state. During the depression years of the 1930’s, Mexican males in the general population became the targets of this clause. While ethnic Mexicans had been nominally acknowledged as “white” for nearly a century, many Anglos never really recognized them as such. In the

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<sup>307</sup> Alexandra Minna Stern. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. (Berkeley: University of California Press, 2005), 58, 71, and Howard Markel and Alexandra Minna Stern. “The Foreignness of Germs: The Persistent Association of Immigration and Disease in American Society.” *The Milbank Quarterly*, Vol. 80, no. 4 (2002): 757-788.

<sup>308</sup> Deirdre Moloney. *National Insecurities: Immigration and U.S. Deportation Policy Since 1882*. (Chapel Hill: University of North Carolina Press, 2012), 31.

<sup>309</sup> *Third Report of the State Board of Control “Report of the State Board of Control to the Governor and the Legislature of Texas covering period from Sept. 1, 1924 to Aug 31, 1926*. (Austin, TX: Von Boeckmann- Jones Co., 1926), 223.

early decades of the twentieth century, ethnic Mexicans had been accepted into the United States, not as potential citizens, but as temporary workers. As the economy plummeted, Mexicans lost their “whiteness” on the 1930 census.<sup>310</sup> In Texas, New Deal work relief programs administered by local Anglos excluded Mexican-Americans and blacks from participation.<sup>311</sup> The 1930’s witnessed the massive effort to deport and repatriate ethnic Mexicans. When they were no longer protected by the need for their labor, Mexicans became subject to the underlying eugenic arguments that they represented degenerate racial stock. Cast as poverty stricken, petty criminals and dependant upon state charity, Mexican men were singled out for deportation. They were viewed to be less worthy than whites, even though many were actually American citizens.<sup>312</sup>

Even Hispanic physicians faced discrimination in the Rio Grande Valley at this time. The memoirs of McAllen physician and surgeon, Dr. Octavio Garcia, chronicle not only the discrimination he faced, but also the lack of proper medical care in the Rio Grande Valley, especially for its poor Tejano population. Dr. Garcia and his wife Cecile, moved to the Rio Grande Valley from St. Louis, Missouri in 1929. Garcia was a Mexican citizen, but his well-connected father had secured his admission to Saint Louis University’s medical college in 1916. The Mexican Revolution disrupted many things,

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<sup>310</sup> Deirdre Moloney. *National Insecurities: Immigration and U.S. Deportation Policy Since 1882*. (Chapel Hill: University of North Carolina Press, 2012), 22-23, and Neil Foley. *The White Scourge: Mexicans, Blacks, and Poor Whites in Texas Cotton Culture*. (Berkeley, CA: University of California Press, 1997), 52, 210.

<sup>311</sup> Neil Foley. *The White Scourge: Mexicans, Blacks, and Poor Whites in Texas Cotton Culture*. (Berkeley, CA: University of California Press, 1997), 178.

<sup>312</sup> Deirdre Moloney. *National Insecurities: Immigration and U.S. Deportation Policy Since 1882*. (Chapel Hill: University of North Carolina Press, 2012), 88-92.



including educational opportunities for Mexican youth. When the depression hit in 1929, he returned to help his family, who had since relocated to Rio Grande City, Texas.

Dr. Garcia requested a meeting with the mayor of McAllen, Dr. Frank E. Osborn, in order to introduce himself. The mayor abruptly told Garcia that he was not needed in McAllen. However, if he wanted to stay, he should move to Mexiquito, the poor Mexican neighborhood south of the railroad tracks, and deliver babies. Dr. Osborn related that this was a practice that he was eager to pass on to someone else. Garcia toured McAllen Municipal Hospital that same day, and found that the “Mexican Ward” was a large room in the basement. An x-ray machine and laboratory were also housed in the basement, but no one on the faculty had been qualified to use them. On this first tour of the available medical facilities, he found “the prejudice against the Mexicans and the medical ignorance” disheartening.<sup>313</sup>

Initially, Dr. Garcia was barred from practicing in McAllen Municipal Hospital. After one such rebuff, Garcia and a city commissioner friend approached the mayor and demanded admission of Garcia’s patient. He was allowed to operate on this Mexican ranch hand, but was furnished no anesthesia, and no surgical instruments. He borrowed these from Dr. Carlos Ballí, a fellow Mexican doctor, also barred from the hospital. Garcia was eventually allowed hospital privileges when it was found that he and his wife, a laboratory technician, were the only local residents qualified to properly operate the x-ray machine and laboratory equipment. In 1930, Garcia was also forced to deliver his

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<sup>313</sup> The location of McAllen Municipal Hospital on South Main Street is now the site of McAllen City Hall. Octavio Garcia. *Otros Días: Memories of “Other Days”...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 228-229.

own wife's baby. The Anglo obstetrician declined to help, saying "I'm tired of delivering Latin and Jew babies." Cecile Garcia was Jewish.<sup>314</sup> It appeared that Anglo physicians considered delivering Mexican babies to be a demeaning task.

The Klu Klux Klan was very active in Texas in the 1920's, achieving a following of approximately 100,000 members by 1922. By the end of the decade, membership had declined considerably, especially after Miriam Amanda "Ma" Ferguson defeated the Klan gubernatorial candidate in 1924.<sup>315</sup> However, Dr. Garcia was upset by several KKK statues that he saw displayed in residents' homes, and for sale in shop windows in 1930's McAllen. He and his wife both received threatening letters from Klan members in the early 1930's. In one particular letter, Garcia was threatened that if he crossed the bridge into Mexico that day, he would not be allowed to return. He left instructions with his wife that if he were not back in four hours, to contact the Labor Department in Washington, D.C., the Mexican Embassy, and his own personal lawyer in St. Louis, Missouri. With some trepidation, Garcia did return home from Reynosa, thankfully without incident.<sup>316</sup>

Although he preferred not to, Dr. Garcia found himself traveling to perform "itinerant surgery" throughout the Rio Grande Valley. Poor roads, some little more than trails, and lack of communication made emergency trips to local ranches necessary at times. He traveled with one surgical nurse, and another assistant nurse, as well as several

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<sup>314</sup> Octavio Garcia. *Otros Días: Memories of "Other Days" ...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 234-240.

<sup>315</sup> *Handbook of Texas Online*, Christopher Long, "Ku Klux Klan," accessed April 15, 2018, <http://www.tshaonline.org/handbook/online/articles/vek02>.

<sup>316</sup> Octavio Garcia. *Otros Días: Memories of "Other Days" ...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 236, 247-248.

packs of sterilized surgical instruments. Garcia found that Starr County was the area with the lowest level of proper medical care, and he traveled to La Grulla, Rio Grande City, and Roma quite often. Even in the 1930's, the political season in these towns often turned violent. Amazingly, Garcia reported, many of the individuals shot or stabbed belonged to the same party. He found these feuds ridiculous, and the party system in Starr County to be controlled by political "mob" bosses, instead of actual party platforms.<sup>317</sup>

Some of the physicians that practiced in the Rio Grande Valley were poorly trained, according to Garcia. He described several instances of gross malpractice in his memoirs. In one particular case, Garcia was called in as a second opinion on an insanity case. In the 1930's, the affidavit of two physicians allowed for a patient to be committed for a period not to exceed ninety days.<sup>318</sup> When he arrived, he found an emaciated young woman restrained to the bed frame, and writhing in pain. He wrote that "the attending physician insisted that I immediately sign the commitment papers, [but] I demurred and insisted upon examining the patient."<sup>319</sup> In reality, this woman was not mentally ill, but reacting to a botched colostomy and under heavy doses of morphine. The other physician reacted angrily to Garcia's refusal to go along with his cover-up, and never called him to consult on cases again. The family, however, engaged Garcia's help, and after several weeks the woman made a full recovery. Garcia also related many instances of families, both rich and poor, seeking the care of *curanderos and sobadors* (massage healers)

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<sup>317</sup> Octavio Garcia. *Otros Días: Memories of "Other Days" ...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 279-282.

<sup>318</sup> After 90 days, a jury trial was mandated. James Evans. "The Care of the Mentally Ill in Texas." (Masters thesis – University of Texas, Austin, Texas, 1964.), 55.

<sup>319</sup> Octavio Garcia. *Otros Días: Memories of "Other Days" ...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 267-269.

before enlisting the aid of physicians. In cases of mental illness, little harm was done. However, he found numerous cases of deformities and limitation of movement in those who had sought treatment for bone fractures of the arm or leg. Garcia recognized the cultural importance of these healers, but was sometimes annoyed when “proper treatment” was delayed too long. He learned to approach the eldest member of the family first, as the *abuelas/abuelos* often objected to a family member receiving surgical treatment.

There were no psychiatrists or psychologists practicing in the Rio Grande Valley in the 1930’s and 1940’s. Mental health treatment was obtained at the San Antonio State Hospital, or not at all. The 1925 statute that established state hospital districts included Cameron, Hidalgo and Starr Counties in Hospital District Number Three. From that point on, all mental patients in this zone must apply to their designated hospital. San Antonio State Hospital was therefore responsible for the mental health treatment of residents from 82 counties!<sup>320</sup> Cameron and Hidalgo Counties began to send greater numbers of patients to state institutions. According the State Board of Control, Cameron County sent 200 residents to state institutions from 1925 until 1936. Hidalgo County sent 129 residents to state institutions during those years. The years with the highest numbers of commitments were 1932 and 1933, during the Great Depression. Starr County lagged far behind the others, only sending seven residents to institutions for treatment.<sup>321</sup> The

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<sup>320</sup> *Third Report of the State Board of Control “Report of the State Board of Control to the Governor and the Legislature of Texas covering period from Sept. 1, 1924 to Aug 31, 1926.* (Austin, TX: Von Boeckmann- Jones Co., 1926), 285.

<sup>321</sup> State institutions also included the juvenile reformatories at Gatesville, Texas and Gainesville, Texas, as well as the Austin State School for the mentally disabled. *Eighth Biennial Report of the Texas State Board of Control for the Biennium Ended August 31, 1936.* (Austin TX: n.p., 1936.), 102-104.

decades of the Great Depression and World War Two were dark times for the Texas state hospitals. Every hospital, including San Antonio State, was overcrowded and underfunded. Attending physicians were often past the point of retirement, or had been forced to leave unsuccessful private practices to work at state institutions. In fact, some state hospitals were so desperate for personnel that they hired physicians who had been former mental patients themselves.<sup>322</sup> For example, Mexican officials in Coahuila accused Dr. Don Carlos Martin of “running naked through an Indian village and shooting at the inhabitants with a .22 caliber gun.”<sup>323</sup> He had to be returned to the United States in a straitjacket. He was employed by the Wichita Falls State Hospital following this incident, from 1960 until 1963, when he became a mental patient himself in a different institution. The San Antonio State Hospital hired a woman as a “laboratory technician” in 1957, who had a criminal record, and possible mental issues. In 1951, she had abducted a baby and held it for ransom in Santa Fe, New Mexico. This woman was promoted to “psychiatrist”, even though her credentials were suspect at best. She worked for San Antonio State Hospital until 1962, when word of her past came to the attention of the Board for Texas State Hospitals and Special Schools. The press attention following these two incidents certainly gave a black eye to the state administration, who promised to “beef up” their background checks of potential hires.<sup>324</sup>

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<sup>322</sup> Evans alleges that several “doctors” hired by institutions were not licensed to practice medicine. . James Evans. “The Care of the Mentally Ill in Texas.” (Masters thesis – University of Texas, Austin, Texas, 1964.), 88-94, and Sarah Sitton. *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M University Press, 1999), 53-57.

<sup>323</sup> Dr. Martin was one of three Wichita Falls doctors to be institutionalized in 1963. James Evans. “The Care of the Mentally Ill in Texas.” (Masters thesis – University of Texas, Austin, Texas, 1964.), 91.

<sup>324</sup> Evans, 93-94.

The most complete and unbiased report of the San Antonio State Hospital was compiled by Dr. Samuel Hamilton of the United States Public Health Service in 1943. He found that while the hospital was surrounded by beautiful scenery, the upkeep of the buildings was poor on the whole. Many buildings were wooden framed, which made them fire hazards, however, the staff conducted no fire drills. The staff had three physician vacancies, which meant that the doctor to patient ratio stood at 1:476. Fourteen graduate nurses worked at the hospital, a high number, however they were not much interested in psychopathic treatment. Instead, they treated patients for physical ailments exclusively. The hospital wards were at full capacity with a patient population of 2800.<sup>325</sup>

At admissions, patients were most often accompanied by a county sheriff. However, the hospital did receive 88 voluntary admissions that year - a high number for the time. At the time of admission, patients were questioned and a physical examination determined if they were infected with tuberculosis or syphilis. At this point, hospital staff decided which ward each patient would be assigned to. Anglo patients were separated by gender, as well as by severity of mental illness. The most uncontrollable cases were sent to the respective disturbed wards. No black patients were accepted at San Antonio State Hospital. While Mexican patients were not officially segregated from Anglos, Hamilton noted that “all Mexicans are admitted to the disturbed ward.”<sup>326</sup> This

<sup>325</sup> Two physicians on staff were women. Samuel W. Hamilton. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service, (Austin, TX: State Board of Control, 1943), 6-7.

<sup>326</sup> Samuel W. Hamilton. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service, (Austin, TX: State Board of Control, 1943), 7.

discrimination on the basis of ethnicity illustrates the dominant opinion of the medical community that ethnic Mexicans were genetically inferior and mentally defective. The disturbed ward was largely custodial. Treatment and recreational opportunities were severely limited for the disturbed patients. Unofficially segregating ethnic Mexican patients to the disturbed ward meant that the Anglo patients were able to take advantage of the best that the hospital had to offer. It is not known if this discriminatory classification was long-standing procedure, or a relatively new policy.

Hamilton praised the occupational therapy staff at San Antonio State. He found that 870 patients were employed at the hospital in one way or another. Some patients worked in the laundry, others worked at carpentry, on the hospital farm, or in the kitchens. Patients on the disturbed ward were not employed, and in fact, Hamilton found that not much was done for them, recreationally or therapeutically. They were not allowed on the grounds of the hospital. Many lacked the proper footwear for outdoor exercise. To ease her terrible boredom, Hamilton noticed that one Mexican woman had begun to sew beautiful embroidery using a pin and thread from her own clothing. These idle patients on the disturbed ward had little hope of recovery or release.<sup>327</sup> Visitors were not encouraged at this institution. In fact, Hamilton found that visitation numbers were low all over the state. He attributed this to the great distances between the hospitals and patient's homes. Some patients never received any visitors at all, a fact Hamilton laments. Historian James Evans concurred with this, adding that prior to the 1960's, many patients' families were discouraged from visiting and told to forget about their

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<sup>327</sup> Samuel W. Hamilton. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service, (Austin, TX: State Board of Control, 1943), 27.

loved ones.<sup>328</sup> In those days, travel from the Rio Grande Valley to San Antonio by train took 12 hours. Travelers left in the evening, and arrived in San Antonio the next morning.<sup>329</sup> This would have made visitation of loved ones difficult and inconvenient, although not impossible. The cost of a train ticket would have been prohibitive for many families, however, especially in the poverty-stricken Rio Grande Valley.

In its final report to the governor in 1946, the State Board of Control recommended that Fort Brown in Brownsville, and Fort Ringgold in Rio Grande City be used as hospital space for the state's insane patients.<sup>330</sup> These army bases had recently closed when the soldiers left for the frontlines of World War Two. Unfortunately for Valley residents, this plan never came to fruition. Because of budget concerns, a construction freeze was placed on new state projects, and the proposal for two Rio Grande Valley mental hospitals was never revisited. It would be seventeen long years before the first mental health clinic was built exclusively for Valley residents. In 1962, the Harlingen Adult Mental Health Clinic opened to provide follow-up care to residents

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<sup>328</sup> Samuel W. Hamilton. *Excerpts from a Survey of the State Mental Institutions of Texas*. United States Public Health Service, (Austin, TX: State Board of Control, 1943), 31, and James Evans. "The Care of the Mentally Ill in Texas." (Masters thesis – University of Texas, Austin, Texas, 1964.), 88-94, and Sarah Sitton. *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station: Texas A&M University Press, 1999), 146.

<sup>329</sup> Octavio Garcia. *Otros Días: Memories of "Other Days" ...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 277.

<sup>330</sup> Fort Ringgold was decommissioned in 1944, and Fort Brown in 1946. The Board of Control also recommended that Fort Clark (Brackettville, TX) or Fort Ringgold be used for a tuberculosis hospital, as they estimated that there were large numbers of Hispanics infected with this disease. The Board believed that this population did not seek treatment because the tuberculosis hospital in Carlsbad, TX was too far away. The State Board of Control. *Thirteenth Biennial Appropriation Budget, State of Texas for Biennium Beginning September 1, 1945, Ending August 31, 1947*. ( Austin: Van Boeckmann-Jones, Co., 1947), viii., and James Evans. "The Care of the Mentally Ill in Texas." (Masters thesis – University of Texas, Austin, Texas, 1964.), 36.



who had been released from San Antonio State Hospital. A year later, the center moved into the empty hospital at the shuttered Harlingen airbase, and in 1965, the name was changed to the Harlingen State Mental Health Clinic. Rio Grande Valley residents finally had local access to mental health services, a full century after the first state asylum was opened in Texas. By this time, the era of deinstitutionalization had begun in earnest across the nation.

## CHAPTER V

### THE PRIEST AND THE *CURANDERO*

In the second half of the nineteenth century, residents of the Rio Grande Valley often sought treatment for physical and mental illness from their local priest or *curandero* (folk healer). As previously discussed, few professionally trained physicians practiced in the area. The newly formed state of Texas had yet to provide medical institutions of any kind for the South Texas region. However, it would be an over-simplification to assume that the priest and the *curandero* were consulted only as a last resort. Rather, it is important to recognize that many local residents held strong cultural beliefs that the causes of illness, especially mental illness, were spiritual in nature. Therefore, the remedies for these afflictions could only be found by those with direct access to the spiritual realm. The *curanderos*, with their mixture of Catholicism, mysticism, and herbal remedies, were particularly effective in addressing the psychological and spiritual needs of the local population. In many ways, *curanderos* were more culturally relevant to the residents of the Rio Grande Valley than formally trained physicians. They spoke Spanish, and did not demean family members when they attributed illness to spiritual causes. The most respected healers did not charge set fees, allowing patients to pay or

trade what they were able – a blessing to an economically disadvantaged people.<sup>331</sup> In fact, this tradition of consulting with folk healers continues into the twenty-first century. Many Rio Grande Valley residents still use a combination of modern medical treatments, *curanderismo*, and prayer in order to treat illness.

The word *curanderismo* is derived from the Spanish verb *curar*, meaning “to cure”. This system of healing combines Native American herbalism with Judeo-Christian beliefs, and can be found in the Americas wherever communities of ethnic Mexicans have settled. *Curanderos* take a holistic approach to healing, treating mind, body, and soul through the power of God. Three *curanderos/curanderas* are celebrated in the Texas borderlands as folk saints: Santa Teresa Urrea (1873-1906), Don Pedrito Jaramillo (1829-1907), and El Niño Fidencio (1898-1938). All three healers were routinely asked to cure both physical and mental illnesses, and were admired for their selflessness and devotion to God. Modern-day *curanderos* pray to these folk saints for guidance and healing.<sup>332</sup>

*Curanderos* have never been officially recognized by the Catholic Church. While some priests have been known to tolerate these healers, other clerics have held them in

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<sup>331</sup> For example, *curandero* Don Pedrito Jaramillo accepted food and postage stamps as payment. “Stories That Must Not Die: Don Pedrito Jaramillo”, *Edinburg Daily Review*. (Edinburg, TX, July 6, 1975), 10, and Ruth Dodson. *Don Pedrito Jaramillo, “Curandero.”* (Henrietta Newbury- publisher, 2<sup>nd</sup> Edition, 1994), 7-9. LRGV Collection, University of Texas- Rio Grande Valley, Edinburg, TX.

<sup>332</sup> See Jennifer Koshatka Seman. “The Politics of Curanderismo: Santa Teresa Urrea, Don Pedrito Jaramillo, and Faith Healing in the U.S.-Mexico Borderlands at the Turn of the Twentieth Century” (Doctoral thesis, Southern Methodist University, 2015), and Ruth Dodson. *Don Pedrito Jaramillo, “Curandero.”* (Henrietta Newbury- publisher, 2<sup>nd</sup> Edition, 1994) LRGV Collection, University of Texas- Rio Grande Valley, Edinburg, TX, Liz Chavira, Robert T Trotter, et al. *Curandismo – An Optional Health Care System*. (Edinburg, TX: Pan American University, 1975), and Joe S. Graham. “Folk Medicine and Intracultural Diversity Among West Texas Mexican Americans.” *Western Folklore* 44, no. 3 (July 1985): 168-193.

contempt, and warned parishioners of the dangers of believing in “witchcraft”.<sup>333</sup>

Physicians, too, have had an uneasy relationship with *curanderismo*, often dismissing faith healers as quacks. Some doctors even go so far as to call *curanderismo* a danger to the health of the local population.<sup>334</sup> Bones that were set improperly resulted in lifelong deformities and limited range of movement. Some *curanderos* prevented an early call to a physician, and the delay cost the patient their life. However, the methods of the faith healer continued to resonate deeply within the cultural consciousness of the borderlands. Rich and poor alike consulted them, but historically, the *curandero* has been a hero to the poor and oppressed in uncertain and violent times.

In February of 1853, Father Pierre Parisot disembarked in Galveston. At the time, the Catholic population of Texas numbered about 20,000, and the French priest was one of nine assigned to this vast, largely unsettled region. Father Parisot, and his fellow clergymen, ventured forth alone on borrowed horses and donkeys to administer the sacraments of baptism, communion, confession, or last rites to any Catholic they met along the way. The motto of the missionary Oblates of Mary Immaculate was, “To preach the gospel to the poor, He hath sent me.” They considered the residents of the Texas borderlands to be some of the “poorest and most abandoned of God’s children.”<sup>335</sup>

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<sup>333</sup> The Catholic Church tried “false mystics” in the Mexican Tribunal del Santo Oficio from the late sixteenth century until the early nineteenth century. False mystics were either considered to be insane or possessed by demons. See Nora E Jaffary. *False Mystics: Deviant Orthodoxy in Colonial Mexico*. (Lincoln, NE: University of Nebraska Press, 2004), 3-15, 139-164, and P.F. Parisot. *The Reminiscences of a Texas Missionary*. (San Antonio, TX: Johnson Bros. Printing Co., 1899), 43-47.

<sup>334</sup> Octavio Garcia. *Otros Días: Memories of “Other Days”...from Mexico in Revolution to a Life of Medicine in Texas*. (Westford, MA: Grey Home Press, 1984), 286, 295.

<sup>335</sup> “Centenary Souvenir of the Arrival of the Missionary Oblates of Mary Immaculate, 1849-1949: A Century of Progress.” (Pro-Oblates Committee of the Rio Grande Valley, 1949) MHM Box 2009.4.1, Mission Historical Museum Archive, Mission, TX, and

Many farms and ranches were immense, spanning up to a quarter of a million acres, but small settlements of laborers were scattered about the countryside. Some of these communities had not seen a priest for many years, and Father Parisot was kept busy with dozens of baptisms and confessions. At one settlement, Parisot recalls performing over fifty baptisms. The residents had not seen a priest in ten years, and traveled up to twenty miles in order to hear mass performed and receive the sacraments.<sup>336</sup> Such social isolation also meant that Texans were ready to confess to a multitude of sins, and priests were seen as sympathetic counselors. Another priest, Father Gaye, recalls that “those were the times when everybody, men and well as women, used to go to confession.”<sup>337</sup> Father Parisot found that the male head of the household would often wait to confess last, and sometimes “half a mile from the house behind a bush”, but the act of confession relieved much guilt and mental anguish.<sup>338</sup> Priests served as psychologists, spiritual advisors, and even arbitrated disputes among neighbors.

They also ministered to the sick, and several priests succumbed to illness themselves. In the yellow fever epidemic of 1853, six of Father Parisot’s company lost their lives.<sup>339</sup> As discussed in Chapters Three and Four, the mentally ill and mentally disabled were considered part of the community in the mid-nineteenth century. Most

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Bernard Doyon, O.M.I. *The Cavalry of Christ on the Rio Grande 1849-1883*. (Milwaukee, WI: Bruce Press, 1956), 127.

<sup>336</sup> P.F. Parisot. *The Reminiscences of a Texas Missionary*. (San Antonio, TX: Johnson Bros. Printing Co., 1899), 6-9, 12.

<sup>337</sup> “Report to Father Soullier, Canonical Visitor, 1877” (n.p.) File folder- Religion- Catholics in the Valley, Mission Historical Museum Archive, Mission, TX.

<sup>338</sup> P.F. Parisot. *The Reminiscences of a Texas Missionary*. (San Antonio, TX: Johnson Bros. Printing Co., 1899), 7.

<sup>339</sup> P.F. Parisot. *The Reminiscences of a Texas Missionary*. (San Antonio, TX: Johnson Bros. Printing Co., 1899), 8.

were cared for by family members, and some were able to live independently and hold jobs. The blessings and prayers of a priest over these individuals would have been greatly appreciated. It is quite possible that the *severely* mentally ill, as well as epileptics, would have received the Roman Ritual of Exorcism, patterned after the biblical exorcisms performed by Jesus and the apostles. The New Testament scriptures detail Jesus' encounter with an individual who called himself Legion, and was purported to be possessed by demons. The villagers had chained him, but he had escaped and lived in the hills among the tombs. Jesus called to the demons to leave the man and inhabit a herd of pigs. The pigs then ran into the sea and drowned. The villagers were astounded at the sudden transformation in the character of this man. This was not the first, nor the last mention of Jesus and his apostles casting out demons.<sup>340</sup>

Catholic priests had been using some form of exorcism since the early days of the Church. In 1614, the Catholic Church officially adopted the Ritual of Exorcism to cure those afflicted with spiritual disease. Scholars of exorcism and spiritual possession point to the rise of these phenomenon in times of social unrest and religious schism. The seventeenth century was a high time for demonic possessions, even among the Holy Orders.<sup>341</sup> The combination of the Protestant Reformation and an obsession with the spiritual threat of witchcraft meant that priests were on high alert against the minions of Satan. Clerics in Mexico were also very concerned that the influences of Native

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<sup>340</sup> Mark 5:1-20, see also Mark 1:21-28, 1:32-34, 9:14-32 (epilepsy), and Matt. 17:14-20 (seizures/epilepsy). (New International Version).

<sup>341</sup> The most famous instance occurred from 1633-1640 in Loudun, France, when a whole convent of Ursuline nuns experienced demonic possession. While both men and women can be the victims of possession, only women seem to have been afflicted en masse. See Moshe Sluhovsky. "Devil in the Convent" *The American Historical Review*. Vol. 107, No. 5 (December 2002), 1379-1411. <http://www.jstor.org/stable/10.1086/532851>

American and African cultures would corrupt Catholic practices.<sup>342</sup> Another spike in exorcisms began in the late nineteenth century, when Pope Leo XIII warned of a satanic conspiracy led by the Freemasons.<sup>343</sup> It is certain that the Oblates in the Rio Grande Valley were versed in this ritual, as Father Parisot reported using exorcism to drive a plague of grasshoppers out of Brownsville in 1858.<sup>344</sup>

In order to diagnose spiritual illness, the priest must identify certain symptoms: seizures, visions of demons, speaking in tongues, divulging future or hidden events, displays of unnatural strength, or aversion to holy objects.<sup>345</sup> To a physician, an individual displaying one or more of these characteristics would probably be considered mentally ill or epileptic. To a believer, however, these traits suggest a supernatural cause. Interestingly, revered *curanderos* often displayed some of these traits as well. Santa Teresa Urrea, in particular, was known to experience visions and seizures.<sup>346</sup> Holy communion, holy relics, and prayer are considered “medicine” for the spiritually sick.

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<sup>342</sup> Nora E Jaffary. *False Mystics: Deviant Orthodoxy in Colonial Mexico*. (Lincoln, NE: University of Nebraska Press, 2004), 3-6.

<sup>343</sup> During this time, Masons were excommunicated and denied burial in Catholic cemeteries. In Rio Grande City Cemetery and Old City Cemetery in Brownsville, Texas, Masons are buried in a separate section. Also see Francis Young. *A History of Exorcism in Catholic Christianity*. (Cambridge: Palgrave MacMillan, 2016), 3.

<sup>344</sup> P.F. Parisot. *The Reminiscences of a Texas Missionary*. (San Antonio, TX: Johnson Bros. Printing Co., 1899), 40-41.

<sup>345</sup> The Ritual of Exorcism continues to be practiced by the Catholic Church today. However, the ritual was amended in 1999 to require that priests also consult with medical and psychiatric professionals before proceeding. Timothy Egan. “Informed Consent and the Roman Rite of Exorcism.” *National Catholic Bioethics Quarterly* 15.3 (Autumn 2015): 531-546.

<sup>346</sup> Jennifer Koshatka Seman. “The Politics of Curanderismo: Santa Teresa Urrea, Don Pedrito Jaramillo, and Faith Healing in the U.S.-Mexico Borderlands at the Turn of the Twentieth Century” (Doctoral thesis, Southern Methodist University, 2015), 34-40.

The rite of exorcism might take one day, or stretch over periods of weeks or months.<sup>347</sup> For centuries, true believers have turned to the power of God for healing when medical treatments have failed to produce results. The Catholic Church attempts to preserve the privacy of those who undergo the Rite of Exorcism, however, every few decades a sensational case makes national headlines.<sup>348</sup>

Beginning in 1853, the Oblate missionaries established a horseback ministry that extended throughout Cameron, Hidalgo, Zapata, and Starr Counties. Known locally as the “Cavalry of Christ”, these priests would spend the majority of their lives in the saddle traveling from ranch to ranch over rough and dangerous terrain. The Cavalry priests began to meet at a central point in Hidalgo County nicknamed “La Lomita” (the little hill). In 1888, the owner of this land bequeathed it to the Oblate priests, and in 1899 a small mission was built so that the missionaries might have a place to rest on their journey. When the railroad came to the area in 1904, the town was named Mission in

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<sup>347</sup> For example, in Earling, Iowa, in 1928, the exorcism of Emma Schmidt took twenty-three days. The rite was physically exhausting, both to Ms. Schmidt and the attending priest. Schmidt admitted to being molested by her father and hearing the voices of demons. The exorcism of Anneliese Michel in 1976 took months, eventually resulting in her death from dehydration and malnutrition. Michel had been previously diagnosed with epileptic psychosis. See Carl Vogl. *Begone Satan!: A True Account of an Exorcism in Earling, Iowa in 1928*. (Rev. Celestine Kapsner, O.S.B., 1935) Kindle Edition and “Girl Dies During Exorcism Rites.” *San Antonio Express* (August 15, 1976), 20A.

<sup>348</sup> The most famous American exorcism to date occurred in St. Louis in 1949. Roland Doe’s exorcism lasted 12 weeks, and was observed by several Jesuit priests. According to Reverend William Van Roo, who assisted with the rite, the real tragedy was the fact that the story was leaked to the press. In 1988, he told the *St. Louis Post-Dispatch*, “The young man has had to suffer so much; it caused severe pain and resentment, because the confidentiality was violated.” Roland Doe reportedly went on to live a normal life after his exorcism. His story would inspire the book, and subsequent movie, *The Exorcist* (1973). See John McGuire. “The St. Louis Exorcism of 1949: The Real Life Inspiration for ‘The Exorcist’” *St. Louis Post Dispatch* (April 17, 1988) <http://www.stltoday.com>



reference to the landmark.<sup>349</sup> As local churches were built, some priests hung up their saddles, but the Cavalry of Christ was still actively ministering into the 1920's. In his memoirs, Dr. Octavio Garcia recalled Father Janvier, the last of the Cavalry, visiting his ranch in Brooks County.<sup>350</sup>

In the absence of organized religion, *curanderismo* had gained a following among the local residents, as well as those across the border. In 1860, Father Parisot chronicled his first meeting with a *curandero* in Nuevo León, Mexico. There had been rumors of a “saint” appearing in the mountains who could perform “astounding miracles, healing all kinds of diseases which man is heir to, and foretelling future events.”<sup>351</sup> The priest wrote of multitudes of men, women, and children traveling to see this saint, known as “Tatita” (grandfather). Father Parisot set out to investigate his claims of sainthood. Upon arriving in Mier, the priest found the plaza filled with supplicants on their knees reciting the rosary with Tatita. Parisot describes Tatita as an unkempt man of sixty, wearing a long Franciscan style robe and sandals. When he walked about the plaza, he carried a five-foot wooden cross over his shoulder. His cures consisted of water, mescal, local herbs and prayers. Tatita proclaimed to the crowd that he brought a new religion to Mexico; one in which confession, mass, and other religious practices were abolished.<sup>352</sup> At this,

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<sup>349</sup> Bernard Doyon, O.M.I. *The Cavalry of Christ on the Rio Grande 1849-1883*. (Milwaukee, WI: Bruce Press, 1956.) and Robert Hickl, O.M.I. “The Oblate Chapel of Rancho La Lomita”, (masters thesis, 1974) Mission Historical Museum, Mission, Texas.

<sup>350</sup> E.B. Ledvina. “‘Cavalry of Christ’ A Band of Missionaries on Horses.” *Extension Magazine* (April, 1911.), and Octavio Garcia. *Otros Días: Memories of Other Days...* (Westford, MA: Grey Home Press, 1984), 159-161.

<sup>351</sup> P.F. Parisot. *The Reminiscences of a Texas Missionary*. (San Antonio, TX: Johnson Bros. Printing Co., 1899), 43.

<sup>352</sup> Santa Teresa Urrea would claim that these ceremonies were unnecessary as well in the late 1800's. She also had a great disdain for priests. See Paul Vanderwood. *The Power of*

Parisot determined to denounce Tatita as a heretic and a fraud. Taking his life into his hands, Parisot confronted the *curandero* on his dais in the plaza. Tatita's entourage consisted of armed guards who called themselves Hermanos (brothers), and shared in Tatita's profits. Moreover, as Parisot denounced the healer, the crowd became angry and threatened to riot. However, the next day, the priest received word that Tatita had been killed on the road by a mob from a neighboring village.<sup>353</sup>

The 1860's were a confusing and turbulent time in Mexico, in which long held traditions and beliefs were called into question. "The Reform" program instituted in the 1860's required intense soul searching on the part of Mexican citizens. These reforms were all encompassing, pinning national hopes on liberal economic policies, standardized education programs and republicanism. President Benito Juarez's promise to pull Mexico into the "modern" world was not met with universal approval. His anti-clerical stance and nationalization of church property made him the enemy of the Catholic Church. The Catholic Church's great wealth and landholdings seemed to fly in the face of the Christian message of charity. Among the citizenry, the reputation of the priesthood had also become tarnished. Priests were often viewed as materialistic and dishonest.

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*God Against the Guns of Government: Religious Upheaval in Mexico at the Turn of the Nineteenth Century.* (Stanford, CA: Stanford University Press, 1998), 161-187.

<sup>353</sup> A story in the *Corpus Christi Ranchero* also mentioned "a new saint in Mexico" who was performing miracles and had a long gray beard. However, it seems that the newspaper was a little late in reporting about Tatita, as he had most likely already been killed. Most of the story consisted of local gossip, and stated, "He [the saint] says he will be killed in Mexico, and requests that his murderer not be punished." "A New Saint in Mexico" *Corpus Christi Ranchero* (Saturday, January 12, 1861).

Many believed they betrayed their vows of chastity and charity at every opportunity.<sup>354</sup>

While extremely devoted to particular saints, the people of northern Mexico practiced a localized form of Catholicism. Much of the doctrine of the Catholic Church was not useful to the residents of this region. In the spirit of practicality, they incorporated the parts that were most applicable to their everyday lives. Religious dogma was mixed liberally with the supernatural. Many believed that witches, ghosts, and devils walked the Earth. It was the work of these beings that caused physical and mental illness, bad luck, and even criminal behavior among the people.<sup>355</sup> The Church regarded local religious practices with suspicion, as they subverted the power of official doctrines. However, most priests learned to find a position of compromise in order to avoid rejection.<sup>356</sup> This was the quandary Father Parisot found himself in when confronting Tatita. He could not be certain of how the crowd would react, or if the local governmental officials would protect him. While the Catholic Church did not receive the same official scrutiny on the Texas side of the border, it is probable that Tejanos shared many of the same beliefs as those in northern Mexico.

In 1889, in the Mexican province of Sonora, a young mestiza named Teresa Urrea began to have fearful convulsions, and visions of the Virgin Mary. During these seizures, Teresa would become incredibly strong, requiring six adult males to hold her down. For

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<sup>354</sup> In fact, it may be that Tatita's murder was actually precipitated by the fact that he healed for profit. The most revered *curanderos* live very simply and are not interested in profit.

<sup>355</sup> Paul Vanderwood. *The Power of God Against the Guns of Government: Religious Upheaval in Mexico at the Turn of the Nineteenth Century*. (Stanford, CA: Stanford University Press, 1998), 56-60.

<sup>356</sup> Paul Vanderwood. *The Power of God Against the Guns of Government: Religious Upheaval in Mexico at the Turn of the Nineteenth Century*. (Stanford, CA: Stanford University Press, 1998), 56-59, 188.

the first thirteen days of her illness, Teresa experienced intense pains in her back and head, and fell into trances so deep that her family thought she had died. During that time, Teresa requested that she be provided with cups of soil, which she would eat.<sup>357</sup> Teresa told her family that Mary and the angel Gabriel had commissioned her to heal the sick and provide moral counsel to the Mexican people. She began healing those in the surrounding countryside with the laying on of hands and prayer. Sometimes, she would mix her saliva with dirt and rub this mixture on the part of the body that was injured. Teresa's reputation grew, and soon pilgrims from far and wide began to gather at the Cabora ranch. According to historical accounts, Teresa, or "la Niña de Cabora" as she became known, healed the crippled, deaf, and blind. She also cured those with nervous disorders, and the severely insane. She often cured the mentally ill by merely holding their hands and looking deeply into their eyes. She was known to say "When sick people come to me, I can see where they are sick, just as if I were looking through a window."<sup>358</sup> Those who came for treatment often dipped cloths into the water she used for healing, saying it smelled sweet. Water is used as a purifying element in both Catholic rituals and folk healing. Teresa had knowledge of healing herbs, and used those in her rituals as well.

The Cabora ranch became host to hundreds, sometimes thousands, of pilgrims. At this *romeria*, (religious revival/fair) vendors sold small religious items, like straw

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<sup>357</sup> Indigenous healers believed that eating dirt absorbed evil substances and toxins in the body. Jennifer Koshatka Seman. "The Politics of Curanderismo: Santa Teresa Urrea, Don Pedrito Jaramillo, and Faith Healing in the U.S.-Mexico Borderlands at the Turn of the Twentieth Century" (Doctoral thesis, Southern Methodist University, 2015), 38. Also, Paul Vanderwood. *The Power of God Against the Guns of Government: Religious Upheaval in Mexico at the Turn of the Nineteenth Century*. (Stanford, CA: Stanford University Press, 1998), 167-168.

<sup>358</sup> Vanderwood, 169.

crucifixes or pictures of Teresa. Teresa's mission compelled her to speak out against materialism, the priesthood, and modern medicine. Priests, in particular, received scathing commentary from Teresa. They were merely "parrots" of the Pope. Moreover, they were not necessary, as each believer was capable of baptizing and marrying themselves. She warned of the apocalypse that was to come if the nation continued to choose modernity over spirituality. The crowd at Cabora was made up of Yaqui and Mayo Indians, Mexicans, and North Americans, all eager to receive healing and spiritual communion. Each cultural group who heard her message came away with a unique and practical way to apply it to their struggle against modernity. The indigenous people of Mexico found in Teresa inspiration to rise up against an oppressive society. The Mayos' attack on Navajoa in 1892 showed the anger that these people felt toward Porfirian Mexico. When questioned after the attack, the Native American prisoners said that they had been driven by their belief in La Santa de Cabora. Four days later, the governor of Sonora gave the order to banish Teresa Urrea from the province. Teresa and her family moved to Tucson, Arizona, but her healing ministry continued. The Yaquis invoked La Santa's name as well when they attacked Mexican Nogales in 1896. Pictures of La Santa were found on the bodies of the fallen Yaqui.<sup>359</sup> Teresa continually denied any involvement with these revolutionary acts, but professed her love for the indigenous peoples of Mexico, and her sorrow over their mistreatment by the government. Teresa Urrea was more than a healer to the people of Mexico and the Southwestern United

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<sup>359</sup> Paul Vanderwood. *The Power of God Against the Guns of Government: Religious Upheaval in Mexico at the Turn of the Nineteenth Century*. (Stanford, CA: Stanford University Press, 1998), 159-161, 224-226, 299-301. Also, Jennifer Koshatka Seman. "The Politics of Curanderismo: Santa Teresa Urrea, Don Pedrito Jaramillo, and Faith Healing in the U.S.-Mexico Borderlands at the Turn of the Twentieth Century" (Doctoral thesis, Southern Methodist University, 2015), 14-21.

States. Faith in La Santa became a spiritual refuge for the poor and oppressed of the borderlands region.

In 1881, a few years prior to Teresa Urrea's ministry, Pedro Jaramillo received the "*don de Dios*", or healing power from God. As the story goes, he was a shepherd living in the Texas-Mexico borderlands. Riding through the brush one day, he was struck by a branch in the nose, which broke it and tore his flesh to the bone. Jaramillo spent the next day or so in the brush, feverish and wracked with pain. On the third day, he treated his injury with mud from a nearby lagoon. Immediately, the pain was gone, and he heard the voice of God calling him, saying, "From now on, you will cure IN MY NAME. Always give as a prescription the first thing that comes to your mind. It will always be the right one."<sup>360</sup> The first person Jaramillo treated was his employer, the owner of the ranch. He prescribed the first thing that came to his mind – lukewarm baths for three days – and his employer recovered. His fame as a *curandero* began to spread. At the invitation of the Barrera family, Don Pedrito settled at the Los Olmos Ranch, near Falfurrias, Texas.<sup>361</sup> The only physician within 50 miles, Dr. J.S. Strickland of San Diego, Texas, was tolerant of the *curandero's* methods. Don Pedrito's *recetas* (prescriptions) were very simple, and knowing this, perhaps the doctor believed they were harmless. Many involved bathing, eating tomatoes or eggs, or drinking bitter coffee or whiskey. Often the remedies involved doing these things three or nine times –

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<sup>360</sup> A scar across Don Pedrito's nose is clearly visible in photographs. Juan Sauvageau. "Stories That Must Not Die: Don Pedrito Jaramillo", *Edinburg Daily Review*. (Edinburg, TX, July 6, 1975), 10.

<sup>361</sup> Ruth Dodson. *Don Pedrito Jaramillo, "Curandero."* (Henrietta Newbury- publisher, 2<sup>nd</sup> Edition, 1994), 7-9. LRGV Collection, University of Texas- Rio Grande Valley, Edinburg, TX.

numbers that *curanderos* believed to be particularly powerful. He always advised his patients to remember to do these things in the name of God. Jaramillo never claimed his healing power was innate, rather that he healed through the grace of God.<sup>362</sup>

Jaramillo never charged for his prescriptions. His patients paid what they were able. Don Pedrito's altruism served to increase his reputation as a holy man. The majority of his patients were of Mexican descent, however many Anglos also sought healing from Don Jaramillo.<sup>363</sup> He traveled by horseback as far as Corpus Christi, San Antonio, and Laredo to cure the sick, and would often return to find hundreds of the sick and poor waiting. He began to buy food and supplies for these travelers, and would leave instructions for his hired help to parcel out rations while he was away. The early 1890's were a particularly hard time for residents of the Rio Grande Valley. Cattle prices had been declining for years, beginning in the mid-1880's. The year 1893 brought not only a national economic depression, but also a severe drought to South Texas. The price of cattle had dropped to a mere six dollars per head, from a high of twenty-five dollars in the 1880's. Many cattle died from starvation as the drought dried up their food source. During this time, known locally as "The Great Die-Up", Don Pedrito not only continued to heal, but also reportedly used his "*don*" to help local cowboys find water sources to dig

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<sup>362</sup> Ruth Dodson. *Don Pedrito Jaramillo, "Curandero."* (Henrietta Newbury- publisher, 2<sup>nd</sup> Edition, 1994) LRGV Collection, University of Texas- Rio Grande Valley, Edinburg, TX, and Bill Porterfield. "A Pilgrimage to a Tomb." *Houston Chronicle* (Sunday, October 17, 1965.), Section 7, page 3. Box RGDOC 48B, Folder 75.13.91 "Newspaper Articles Don Pedrito", MOST Archive, Edinburg, TX.

<sup>363</sup> For an interesting oral history of an Anglo *curandera*, see Pat Ellis Taylor. *Border Healing Woman: The Story of Jewel Babb*. (Austin, TX: University of Texas Press, 1981)

wells.<sup>364</sup> Moreover, he continued to provide food to the sick and needy that came to see him from the proceeds he received for healing. Jaramillo extended this “informal welfare” free of charge, and never took advantage of his neighbors. Unfortunately, wealthy Anglo ranchers used this difficult economic time to their advantage, buying land and cattle from desperate Tejanos for pennies on the dollar.<sup>365</sup>

Such desperation must have taken a toll on the mental health of the inhabitants of the Rio Grande Valley.<sup>366</sup> Amateur historian and local resident, Ruth Dodson, recorded several instances of Jaramillo curing mental illnesses in her book, *Don Pedrito Jaramillo: “Curandero”* (1934). These mental illness ranged in severity from *susto*, a culturally specific “sickness from fright” which causes depression and anxiety, to the violently insane. In one example, Colonel Toribio Regalo of Torreon, Mexico was brought to the Los Olmos Ranch bound in ropes. He was so insane that his friends were afraid to set him free. Don Pedrito told him to eat one can of tomatoes every morning for nine days. On the ninth day, Regalo was calm and sane, and set off for Mexico.<sup>367</sup> In another instance, two young boys were cured of insanity by drinking mint tea for nine days.

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<sup>364</sup> Jennifer Koshatka Seman. “The Politics of Curanderismo: Santa Teresa Urrea, Don Pedrito Jaramillo, and Faith Healing in the U.S.-Mexico Borderlands at the Turn of the Twentieth Century” (Doctoral thesis, Southern Methodist University, 2015), 94-99.

<sup>365</sup> Rancher Edward Lasater bought large amounts of cattle and land in the Falfurrias area during the 1890’s. The Kenedy and King Ranches also grew during this time. *Handbook of Texas Online*. “Lasater, Edward Cunningham,” accessed May 26, 2018, <http://www.tshaonline.org/handbook/online/articles/fla42>. Also see Seman, pp. 98-99 for the “informal welfare system” of Don Pedrito.

<sup>366</sup> Farmers made up a large percentage of asylum inmates during the middle to late nineteenth centuries. Statistically, farmers also made up a large portion of the general population in those days. However, the isolation and economic instability of the farming life was also blamed for their large numbers. “Insanity Among Farmers”, *New York Observer and Chronicle* (Oct. 14, 1852), 30,42, and “Insanity Among Farmers”, *Prairie Farmer* (Jan. 18, 1873), 44. J-Stor.

<sup>367</sup> Dodson, 145.



Dodson also recorded stories of Jaramillo curing residents suffering from seizures.<sup>368</sup>

Epilepsy was considered a mental illness in those days, and many epileptics in other parts of the state were sent to institutions. Don Pedrito often stressed that it was imperative that patients follow his *recetas* to the letter. Any deviation, and the cure would not work. In one instance, the family of Doña Ramona Garza consulted with Jaramillo on how to cure her insanity. He told the whole family to bathe in the river with Doña Garza. One son could not be found, so the rest of the family did as he told them. Garza's reason returned, but she was never completely cured, ostensibly because the *receta* was not carefully followed.<sup>369</sup>

By the 1900's, Jaramillo was curing patients by mail, and accepted stamps as payment. The San Antonio postmaster knew this, and when he ran out of stamps, sent a messenger to borrow from Jaramillo. By his account, Jaramillo had over 900 dollars worth of stamps in one barrel, and three large barrels of unopened mail. He received so many requests for healing that he was not able to keep up.<sup>370</sup> When the railroad came to Falfurrias in 1903, hundreds of invalids rode the train to receive a cure. Jaramillo was not the polarizing political figure that Teresa Urrea was. He did not speak against the government, or the church. In fact, when the Catholic church was built in Falfurrias, Don Pedro donated the money for the large bell used to call people to mass. Dodson describes both Don Pedrito and the local priest, also named Pedro, as having a "simple and forthright character. Each one went on his way without getting involved in what was not

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<sup>368</sup> Dodson, 17.

<sup>369</sup> Dodson, 111.115.

<sup>370</sup> Bill Porterfield. "A Pilgrimage to a Tomb." *Houston Chronicle* (Sunday, October 17, 1965.), Section 7, page 3. Box RGDOC 48B, Folder 75.13.91 "Newspaper Articles Don Pedrito", MOST Archive, Edinburg, TX.

his concern. Each one had the respect of all regardless of race or religion.”<sup>371</sup> What is certain, however, is that Don Pedrito, like La Santa, provided the same sort of spiritual healing for the people of the borderlands during uncertain and violent times. “The Healer of Los Olmos” continued to prescribe cures at his *jacal* on the ranch until his death in 1907. His tombstone reads, “Here lie the remains of Pedro Jaramillo the Benefactor of Humanity.” A shrine to Jaramillo still stands near Falfurrias, Texas.

Teresa Urrea and Pedro Jaramillo were not the only *curanderos/curanderas* practicing in the borderlands region at the close of the nineteenth century. They were the most famous and revered of their time, however. The success of any faith healer was dependant on their ability to provide spiritual guidance and comfort to the sick. Epidemics such as small pox, yellow fever, and typhus were common on the frontier and professional medical aid was limited. The small pox vaccine was available, and there are records in the early 1900’s of Hidalgo County officials administering it to the poor.<sup>372</sup> However, the professional medical treatment for diseases like yellow fever and typhus would not have differed much from that of the *curanderos*. Physicians prescribed mustard plasters, chamomile, castor oil, lemon juice, orange juice, and flax seed tea.<sup>373</sup> Patent medicines were also popular at the time, and were sold by apothecaries, physicians, grocers, and postal riders. These tonics and tinctures were usually concocted by individuals with little to no medicinal knowledge. Many contained addictive

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<sup>371</sup> Dodson, 69.

<sup>372</sup> Hidalgo County, Texas. (1912-1915) Commissioner Court Minutes. Vol. D pp. 323-640, Hidalgo County Courthouse, Edinburg, Texas.

<sup>373</sup> Cayetano Barrera III. “LRGV Histories: The History of Medicine in the Lower Rio Grande Valley” Speech delivered to Hidalgo –Starr Medical Society, April 4, 1988. Box RGDOC 194 B:29, Folder 19. Museum of South Texas Archive, Edinburg, TX., 11, and David Dary. *Frontier Medicine From the Atlantic to the Pacific, 1492-1941*. (New York: Alfred A Knopf, 2008.)

substances like alcohol, cocaine, morphine, and heroin. It was not required for manufacturers to list the ingredients of patent medicines until the passage of the Pure Food and Drug Act of 1906, and even then dosage amounts were not listed. Patent medicines claimed not only to cure physical illness, but mental ailments as well. Newspaper testimonials and advertisements for these concoctions offered cures for nervous conditions, “languishing and melancholy”, and hypocondriacal disease. Very few patent medicines were effective at curing disease.<sup>374</sup> Prior to the widespread use of antibiotics in the 1940’s, the medical community could not offer much more than the herbal remedies prescribed by the faith healers.

In the first decade of the twentieth century, the population of the Rio Grande Valley exploded. New Anglo farming families arrived, anxious to make their fortunes. By 1910, Mexican citizens began to cross the border in droves, in an attempt to escape the violence of the Mexican Revolution. It was during the years of the revolution (1910-1920), that the ethnic Mexican population in the region began to be purposefully excluded from civic life, educational opportunities, and health care. Anglo physicians did not treat illness in the same manner as the *curanderos*, and it is likely that they would have disdained any suggestion that an illness had a spiritual origin. Moreover, by the 1920’s, the threat of deportation was very real for any Mexican who had been in the

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<sup>374</sup> One exception seems to be Turlington’s Balsam of Life. This mixture contained benzoin, which acts as a disinfectant, diuretic, and expectorant. See David Dary. *Frontier Medicine From the Atlantic to the Pacific, 1492-1941*. (New York: Alfred A Knopf, 2008), 245-268, and Mike Cox. “Frontier Medicine: Texas Doctors Overcome Disease and Despair.” *Texas Medicine* (January 2003), 19-26 [www.texmed.org](http://www.texmed.org).

country less than five years and was “liable to become a public charge.”<sup>375</sup> It is no wonder, then, that many ethnic Mexicans in the region preferred the care of the *curandero* and the priest to the physician. The relatively low numbers of commitments to mental institutions in those years, especially in Hidalgo and Starr Counties where the numbers of ethnic Mexicans were high, suggests that these families kept their mentally ill at home as long as possible. Those committed were most likely without family to care for them, or considered *loco de remate* (incurably insane and usually violent).<sup>376</sup>

In the 1920’s, a new *curandero* emerged in the region of Nuevo León, Mexico. José de Jesús Fidencio Sintora, known to all as Niño Fidencio, began healing in 1921. In his youth, El Niño had spent much time in the company of an herbalist and healer. After he served in the Mexican Revolution, he returned to his home of Espinazo, and it was there that his “*don*” became apparent. Not only did he heal with herbs, but he was known to operate on tumors without the use of anesthesia, and without causing pain to his patients. Interestingly, he was also known as a *partero* (midwife), a position usually only held by women.<sup>377</sup> El Niño has been described as effeminate, and even asexual – he did not appear to grow facial hair, showed no interest in sexual activity, and he spoke in a

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<sup>375</sup> Deirdre Moloney. *National Insecurities: Immigration and U.S. Deportation Policy Since 1882*. (Chapel Hill: University of North Carolina Press, 2012), 31, and *Third Report of the State Board of Control “Report of the State Board of Control to the Governor and the Legislature of Texas covering period from Sept. 1, 1924 to Aug 31, 1926*. (Austin, TX: Von Boeckmann- Jones Co., 1926), 223.

<sup>376</sup> In this study, published in 1961, Dr. William Madsen found that these behaviors had not changed. William Madsen. *Society and Health in the Lower Rio Grande Valley*. (Austin: University of Texas, 1961), 21-21.

<sup>377</sup> Antonio Zavaleta and Alberto Salinas, Jr. *Curandero Conversations: El Niño Fidencio, Shamanism and Healing Traditions of the Borderlands*. Bloomington, IN: Author House, 2009, 1-22.

soft voice. Perhaps these characteristics enabled him to be accepted into the private sphere of women's health. Like all other *curanderos* before him, El Niño also counseled those with mental illness, suicidal thoughts, and those who believed they were the targets of *brujas* (witches) or *mal de ojo* (evil eye).

The height of his power also coincided with upheaval in the nation of Mexico. Even after the revolution, the poor citizens of Mexico faced debt peonage, and called for land reform measures. The threat of military coup was ever eminent. The people sought refuge in the spiritual, and perhaps this explains much of El Niño's popularity. He never asked for payment for his services, and used what he did receive to buy gifts for the poor. In February of 1928, the president of Mexico himself came to seek healing from El Niño Fidencio. President Plutarco Calles met with the healer, and as a reward for his services, he provided a pipeline for water for the region.<sup>378</sup> Residents of South Texas were aware of El Niño Fidencio's reputation, and some did travel to receive healing from him.<sup>379</sup> The distance to Nuevo Leon is approximately the distance to San Antonio, Texas – what would have been a twelve-hour train ride in those days. *Curanderos/curanderas* in this region continue to pray for guidance from El Niño. He is believed to heal from beyond

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<sup>378</sup> It is believed that President Calles may have suffered from a form of leprosy. Antonio Zavaleta and Alberto Salinas, Jr. *Curandero Conversations: El Niño Fidencio, Shamanism and Healing Traditions of the Borderlands*. Bloomington, IN: Author House, 2009, 12-13.

<sup>379</sup> Arthur J. Rubel. *Across the Tracks: Mexican-Americans in a Texas City*. (Austin: University of Texas Press, 1966), 185.

the grave. *Curanderos* have erected shrines to El Niño in Edinburg and Brownsville, Texas.<sup>380</sup>

In the 1920's and 1930's, the Pentecostal Church began to grow in numbers in the Rio Grande Valley. Pentecostals practice a charismatic Protestant faith. They believe that those baptized with the Holy Spirit may receive the same spiritual gifts that the biblical Apostles received. These include speaking in tongues, the gift of prophecy, and the ability to heal. Because the Pentecostal Church has no hierarchical structure, it was quick and easy to plant new churches on both sides of the border. Many ethnic Mexicans were drawn to the dynamic services and emphasis on musical worship.<sup>381</sup> Like the Catholic Church, the Pentecostal faith has a ritual for driving out the demons of disease and mental illness. Unlike the Catholics, however, Pentecostals believe that any member of the church is qualified to drive out demons.

Pentecostals believe that demons are attracted to impure thoughts and actions, as well those who have experienced trauma and abuse. Demons can cause physical illness, infertility, and addictive behaviors, as well as a host of mental disorders. The ceremony for purging the demons starts with “pleading the Blood” of Jesus for deliverance. The sufferer is encouraged to recall the moment when a demon might have entered their body, perhaps a moment in their childhood. Those gathered for the ceremony begin to pray,

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<sup>380</sup> Jared Taylor. “Edinburg Fiesta to Channel the Spirit of Mexican Healer El Niño Fidencio.” *The Monitor* (October 14, 2008) [http://www.themonitor.com/news/local/article\\_c919f41b-26e4-530b-8c7a-d96b61d9a51d.html](http://www.themonitor.com/news/local/article_c919f41b-26e4-530b-8c7a-d96b61d9a51d.html)

<sup>381</sup> Interview of Mauro Sierra III by Emily Gray (June 29, 2017), and Jean Mercer. “Deliverance, Demonic Possession and Mental Illness: Some Considerations for Mental Health Professionals.” *Mental Health, Religion & Culture*. Vol. 16, No. 6, 595-611. J-Stor.

sing, and speak in tongues until the sufferer starts to cough or yawn to signal the exhalation of the demon. At this point, they will often be restrained by a church member of the same gender. Those who are possessed often vomit, spit, or thrash about until the demon has left their body. This ceremony is not thought to be a shameful ordeal. Rather, the purging of demons is a cause for celebration and congratulations within the congregation. However, if the ceremony is unsuccessful, the fault lies with the sufferer. It is thought that he/she had doubts or unconfessed sins which did not allow the demon to escape.<sup>382</sup> In *Across the Tracks* (1966), an anthropological study of Mexiquito – the side of McAllen, Texas reserved for ethnic Mexicans, Arthur Rubel noted more than one Pentecostal congregation. Pentecostals remain very active in the Rio Grande Valley in the present day as well.

When the first mental health clinic opened in Harlingen, Texas in 1962, it was found that a large percentage of ethnic Mexicans did not avail themselves of its services. The Hogg Foundation for Mental Health, an organization endowed by Texan philanthropist Ima Hogg, attempted to understand why. The foundation had actually been working in the Rio Grande Valley since 1957, and had funded several studies in order to ascertain the best method for delivering mental health services to its inhabitants.<sup>383</sup> Anthropologist Dr. William Madsen, and his associates Antonieta Espejo, and Arthur Rubel published several studies on folk medicine and perceptions of illness

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<sup>382</sup> Jean Mercer. “Deliverance, Demonic Possession and Mental Illness: Some Considerations for Mental Health Professionals.” *Mental Health, Religion & Culture*. Vol. 16, No. 6, 595-611. J-Stor.

<sup>383</sup> For a complete history of the Hogg Foundation for Mental Health, see William S. Bush. *Circuit Riders for Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A & M Press, 2016)

among the ethnic Mexican population. They found that among the poorest residents of the Rio Grande Valley, perceptions of mental illness and its treatment had not changed in nearly a century. The priest and the *curandero* continued to be the first called in cases of mental distress. Moreover, it was not just the poor who continued to consult folk healers, but many of the wealthier residents as well. Rubel, in particular, found that residents had a deep distrust of doctors. Many believed that doctors were overly materialistic, and not interested in actually helping people. One elderly gentleman told Rubel, “I don’t have any faith in doctors. They’re interested only in curing the pockets, and only afterwards are they interested in curing you. They ask you whether you have any money before they cure you, and they ask how much you have.”<sup>384</sup> Others doubted whether an Anglo physician would even recognize certain culturally specific spiritual diseases. One young man, who had experienced “soul loss” as a result of an attack of *susto* explained that, “Doctors can’t cure a person of *mollera* [fallen Fontanel], or *empacho* [digestive distress caused by food], or *susto*, because they don’t believe in them.”<sup>385</sup>

Madsen and his team came up with several reasons why ethnic Mexicans did not frequent mental health clinics. First, and foremost, he found that lower income residents attributed all mental illness and abnormal behavior to supernatural causes. Furthermore, they felt alienated from the medical community because of linguistic and cultural barriers. Madsen believed that the prospect of hospitalization frightened ethnic Mexicans

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<sup>384</sup> Arthur J. Rubel. *Across the Tracks: Mexican-Americans in a Texas City*. (Austin: University of Texas Press, 1966), 175.

<sup>385</sup> Translations added. Rubel, 163. Writing in 1985, Joe S. Graham found that some Mexican-Americans continued to consult priests and *curanderos/as* on matters of health care, but this number was in decline. See Joe S. Graham. “Folk Medicine and Intracultural Diversity Among West Texas Mexican Americans.” *Western Folklore* 44, no. 3 (July 1985): 168-193.



of the Rio Grande Valley. In a hospital, they would be forced to follow strict schedules, eat strange and unappetizing food, and be treated by strangers. According to Madsen, lower income Tejanos still believed that a hospital was a place to “go to die”, and many resisted seeking treatment as long as they could.<sup>386</sup> Treatment decisions were made within the family unit, and the advice of outsiders was considered highly suspect. Madsen’s teammate, Arthur Rubel, concurred with this sentiment. He also believed that these ethnic Mexicans experienced “anxiety and disaffection associated with interpersonal relationships outside the family.”<sup>387</sup> It was this attitude that prevented them from seeking mental health treatment from professional counselors and psychiatrists.

It became apparent to these researchers that the psychiatrists and counselors treating the residents of the Rio Grande Valley must be made aware of their attitudes toward mental health treatment. Madsen and his team made several suggestions as to how these mental health professionals should properly treat ethnic Mexicans. Madsen impressed upon mental health workers the importance of learning to speak Spanish and respecting resident’s cultural beliefs. He also suggested that physicians work with local *curanderos* so that they might reach the greatest number of people. Most importantly, Madsen stressed the advantages of allowing the patient to remain at home with his family, rather than in an institution. Madsen felt that the transition to an institution was especially difficult for Hispanic patients, who he believed had stronger family ties than Anglos.<sup>388</sup> The nation was moving toward the de-institutionalization of its mental

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<sup>386</sup> William Madsen. *Society and Health in the Lower Rio Grande Valley*. (Austin: University of Texas, 1961), 4, 20-21.

<sup>387</sup> Madsen, 17-19, and Rubel, xxiii.

<sup>388</sup> William Madsen. *Society and Health in the Lower Rio Grande Valley*. (Austin: University of Texas, 1961), 30-35.

hospitals, and so Madsen's suggestion that patients remain at home was not particularly radical for the time period.

Not all academics appreciated Madsen's work. In fact, some have expressed outrage over his study, claiming that it perpetuated some harmful stereotypes. In his dissertation, "Characteristics of Clients Utilizing Mental Health Centers in the Lower Rio Grande Valley," (1979), Wayne Hooker rejected Madsen's portrayal of Mexican-American families as toxically paternalistic. He dismissed the notion that all Mexican women are weak, and dominated by their male family members. In his view, this depiction does more harm than good.<sup>389</sup> Hooker believed that fewer ethnic Mexicans sought mental health treatment because many were extremely poor and uneducated. Moreover, poverty in the Rio Grande Valley was largely a Mexican-American problem, and did not seem to affect all ethnic groups equally. The Rio Grande Valley was, and still is, one of the poorest regions of the United States. Lack of economic opportunities meant that local residents who left the area to learn a profession rarely returned. The few mental health care providers in the area were overworked, had limited budgets, and few opportunities for continuing education.<sup>390</sup> Hooker found that the mental health treatment practiced in community clinics was structured for the middle-class patient, and was not culturally relevant to local Mexican-Americans. Like Madsen, he also believed that poor Mexican-Americans sought treatment from *curanderos* because mental health professionals were culturally insensitive to their needs.

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<sup>389</sup> Wayne David Hooker. "Characteristics of Clients Utilizing Mental Health Centers in the Lower Rio Grande Valley: Implications for Programs and for Continuing Education for Mental Health Workers" (Doctoral thesis, St. Louis University, 1979), 26-28.

<sup>390</sup> Hooker, 12-14, 22.

Some local citizens also felt that Madsen painted all Valley residents with the same broad brush. Those who did not ascribe to *curanderismo* did not appreciate being thought of as superstitious or uneducated. However, it must be noted that Madsen and his colleagues took an interest in an area of the country that had been overlooked by mental health professionals and state officials for more than a century. Because of the work of academics like William Madsen, Arthur Rubel, and Wayne Hooker, certain culturally specific ethnic Mexican syndromes have been added to the Diagnostic and Statistical Manual of Mental Disorders – IV including *mal de ojo*, *susto*, *bilis* (constipation and a bitter taste in the mouth caused by anger/fear), *muinas* (nervous/angry), and *locura* (psychosis).<sup>391</sup> Cultural beliefs define how health care is perceived, what is considered to be a problem, and who should administer treatment. The state of Texas may have ignored the mental health of the Rio Grande Valley for over a century, but its people were still able to develop their own culturally relevant methods of treatment.

## Conclusion

In 1963, it appeared that Dorothea Dix’s dream of a national response to the American mental health crisis would be realized. However, the Mental Retardation and Community Mental Health Centers Construction Act that President John F. Kennedy signed into law was passed with the hope that the state mental hospital would become obsolete. The asylum, which Dix had championed, was now blamed for the “negative

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<sup>391</sup> Antonio Zavaleta and Alberto Salinas, Jr. *Curandero Conversations: El Niño Fidencio, Shamanism and Healing Traditions of the Borderlands*. Bloomington, IN: Author House, 2009, 145.

attitudes toward psychiatric treatment”.<sup>392</sup> A century of over-crowding, understaffing, and isolation from the community led to the search for a new delivery system for mental health care treatment. Kennedy, himself, had a bias toward the care of the mentally disabled. His sister, Rosemary, had been diagnosed with mental retardation, and had suffered from an ill-advised frontal lobotomy. Soon after, the Kennedy family created the Joseph P. Kennedy, Jr. Foundation which funded research into mental retardation. Kennedy’s other sister, Eunice Shriver, became a champion of the rights of the mentally disabled, and the president deferred to her expertise on the subject.<sup>393</sup> Congress voiced strong support for the mentally ill, however, so experts from both camps had to work together to create legislation. Kennedy’s Construction Act provided a three-year window (1965-1967) in which communities would be able to apply for construction grants. The federal government would assume between one-third and two-thirds of the construction budget. The new community centers were to provide preventative care and early detection of mental illness, outpatient care for the mentally ill and mentally disabled, and help newly discharged patients transition back into society. The Construction Act required states to set up an advisory board to oversee the construction and maintenance of the clinics, but otherwise was very vague on the implementation of treatment plans.

However, it was the legislation passed between 1964 and 1966 that really spelled the end of the asylum era. President Lyndon Johnson’s Great Society programs meant

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<sup>392</sup> Gerald N. Grob and Howard H. Goldman. *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?* (New Brunswick, NJ: Rutgers University Press, 2006.) 33-39.

<sup>393</sup> Gerald Grob. *From Asylum to Community: Mental Health Policy in Modern America.* (Princeton, NJ: Princeton University Press, 1991.), 219, and Gerald N. Grob and Howard H. Goldman. *The Dilemma of Federal Mental Health Policy: Radical Reform or Incremental Change?* (New Brunswick, NJ: Rutgers University Press, 2006.) 32-39.

that more minority and lower-income Americans had access to health care. The passage of Medicare and Medicaid also led to the transfer of elderly patients to private nursing home care. Those admitted to state hospitals benefitted from more effective drug therapies as well, and their stays were shorter than in the past. The civil rights activists of the 1960's called for the deinstitutionalization of those inmates who had spent decades behind the walls of the hospital. Long-term commitment was seen as a violation of these patients' personal freedoms. All of this meant that the number of patients in state mental hospitals would be cut by half in the coming decade. Unfortunately, this also meant that many of the chronically mentally ill were discharged into communities that were not prepared to care for them.

In 1965, the Texas legislature passed House Bill 3 signaling the state's support for more federally funded community care. Many of the Texas state hospitals had patient populations exceeding 2,000 inmates, but over the next decade that number would significantly decrease due to deinstitutionalization efforts. Yet, according to Sarah Sitton, author of *Life at the Texas State Lunatic Asylum, 1857-1997*, many patients did not wish to return to the outside world. After years spent in an institution, they were afraid and unwilling to assume the responsibilities that the outside world required – finding employment, paying bills, and interacting with neighbors. Some patients were released to the care of their families, many of whom had never thought to have contact with them again. Patients had to be eased back into society in special semi-independent living wards, or in halfway houses. The Austin State Hospital staff spent time teaching

patients basic job skills, took them on outings, and even had a “grocery store” where patients could practice buying food.<sup>394</sup>

Ironically, the era of deinstitutionalization began just as the Rio Grande Valley received its first state mental health center. Opened in 1962, the facility was originally called the Harlingen Adult Mental Health Clinic, and provided services for local residents who had recently been released from San Antonio State Hospital. In 1968, the clinic opened a small 20-bed ward for in-patient mental health care, and its name was changed to the Rio Grande State Center. Although it has never been labeled a state “hospital”, the Rio Grande State Center is responsible for the mentally ill and mentally disabled residents of eight counties in deep south Texas. Care for the mentally retarded has long been its primary concern. In 1972, two dormitories with 130 beds were added so that the mentally disabled could learn independent living skills. The mentally ill and mentally disabled are kept in separate units, however treating them in the same hospital is certainly reminiscent of the asylum era in which all patients were thrown in together regardless of diagnosis. Beginning in the 1960’s, the Volunteer Services Council provided entertainment, housekeeping services, and secretarial assistance to the clinic. Volunteers were even employed in medical records, although they were warned to keep information about patients strictly confidential. Records show that between thirty and sixty local residents volunteered their time to the clinic in any one year. The Volunteer Services

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<sup>394</sup> Sarah Sitton. *Life at the Texas State Lunatic Asylum, 1857-1997*. (College Station, TX: Texas A & M University Press, 1999), 146-151.

Council was active in all Texas state hospitals, including the Rio Grande State Center, from the 1960's through the 1980's.<sup>395</sup>

After the passage of House Bill 3, another clinic opened in Edinburg, Texas in 1967. It does not appear that Hidalgo County applied for any federal construction funding, as the clinic opened in the basement of the old Grandview Hospital. No longer used as a general hospital, the facility had been the county morgue before the Hidalgo County Mental Health and Mental Retardation Center began operations. The clinic worked with local school districts, and offered outpatient services for the mentally ill and mentally disabled, as well as addiction counseling. Renamed the Tropical Texas Center for Mental Health and Mental Retardation, its services and outreach area continued to grow.<sup>396</sup> However, the clinic remained in Grandview Hospital long after the building fell into disrepair. By the time new facilities were constructed in the early nineties, the building had water in the basement, electrical safety issues, and old pipes that could leak methane gas.<sup>397</sup> It was not unusual for the state of Texas to spend as little as possible by reusing old hospital buildings or military installations instead of building new mental facilities. For example, the Rio Grande State Center began operations in the abandoned hospital at the Harlingen Air Force Base. In 1974, the Texas Department of Mental Health and Mental Retardation leased a building from the Oblate fathers in Mission,

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<sup>395</sup> Alma Cocke "Voice of the Volunteers" (Vol. 2, No. 1, 1976) newsletter in box "Rio Grande State Center for Mental Health and Mental Retardation". LRGV Archive, University of Texas, Rio Grande Valley, Edinburg, Texas. Also, James Evans. *The Care of the Mentally Ill in Texas*. (Masters thesis, Austin, TX: University of Texas, 1964.), 107-111.

<sup>396</sup> "History of Tropical Texas Behavioral Health" <http://www.ttbh.org/en/about-tropical-texas-behavioral-health>.

<sup>397</sup> Eve Wernicky. "Grandview Goblins?" *McAllen Monitor* (Monday, October 26, 1992), 1A, 8A.

Texas for one dollar a year to serve as living quarters for 24 mentally retarded men.

According to the long-time director of the program, Marion Shirah, “the place was sitting out there, kind of rotting” before Texas MHMR took it over.<sup>398</sup> Residents were trained in farming techniques and general life skills at the site of the La Lomita Mission. Prior to moving to La Lomita, many of the residents had spent their whole lives in institutions with little diversion except for watching television. La Lomita Farms continued to house, employ and graduate mentally retarded men into the community until state funding dried up in 1992.

The Veterans Administration opened a small outpatient clinic in McAllen in 1972 which provided mental services to veterans. The clinic had humble beginnings, initially operating from a trailer home, but now has a 27,000 square foot facility. Another veterans’ outpatient clinic operates out of Harlingen, but has been criticized for wait times for treatment exceeding 145 days. The Veterans Administration Texas Valley Coastal Bend Health System covers deep south Texas from Laredo to Corpus Christi and serves over 40,000 veterans.<sup>399</sup> For in-patient psychiatric care, however, veterans must still travel to the Audie L Murphy Veterans’ Hospital in San Antonio.

The San Antonio State Hospital observed its one hundred year anniversary in 1992. By this time, deinstitutionalizing trends had reduced the patient population from 2,700 in 1967 to only 489 at the time of the centennial celebration. The institution, which

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<sup>398</sup> Avrel Seale. “City on a Hill” *The Monitor* McAllen, Texas (Sunday, July 19, 1992), 1D, 5D.

<sup>399</sup> Department of Veteran Affairs “VA Texas Valley Coastal Bend Health System”, accessed 6/30/18. <https://www.texasvalley.va.gov/about/history.asp> and Valeria Aponte. “Veterans Plea for a VA Hospital in the Rio Grande Valley.” (June 17, 2014) accessed on June 30, 2018. <http://valleycentral.com/news/local/veterans-plea-for-a-va-hospital-in-the-rio-grande-valley> .



had opened with little fanfare in 1892, celebrated by hosting a meeting of the American Board of Psychiatry and Neurology, as well as administering board examinations to over 90 psychiatrists.<sup>400</sup> There is no doubt that mental health care in Texas had come a long way in the one hundred years since the Southwest Lunatic Asylum opened its doors. However, many of the chronically mentally ill in south Texas have been allowed to slip through the cracks of a fragmented care network. It was assumed in the 1960's that the severely mentally ill would be treated in the community, utilizing drug therapies and perhaps, brief hospital stays. Unfortunately, most community clinics are not equipped to deal with serious, persistent mental illness. Instead they specialize in addiction behaviors and the mentally disabled. These clinics are not networked with state hospital facilities or aftercare programs, and thus, the severely mentally ill often become homeless or incarcerated. Fewer beds in Texas state hospitals puts immense strain on family members in the Rio Grande Valley, who are forced to keep loved ones at home until they can be committed. Prior to 2013, Texas ranked last of all the states in per capita spending on mental health services. Only after several mass shootings, in which mental illness was believed to be the cause, did the Texas legislature allocate an increase of 300 million dollars to its annual mental health budget. Even with this increase, Texas remains below the national average for per capita expenditures.<sup>401</sup>

San Antonio State Hospital continues to be the place where many Valley residents are forced to seek long-term mental health care. At the present time, Rio Grande State

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<sup>400</sup> William R. Geise and James W. Markham. "San Antonio Hospital" *Handbook of Texas Online*. accessed April 26, 2017, <http://www.tshaonline.org/handbook/online/articles/sbs04>.

<sup>401</sup> William S. Bush. *Circuit Riders for Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A & M University Press, 2016.), 2-3.

Center only holds 50 beds for the mentally ill residents in an eight-county area – an insufficient number. However, the new Palms Behavioral Health psychiatric hospital, which opened in Harlingen in August of 2016, now offers an additional 94 beds for inpatient care.<sup>402</sup> This new facility is certainly a step in the right direction, effectively tripling the available bed space for the mentally ill in the region. Cameron, Hidalgo, and Starr Counties share thirty-three psychiatrists, but only one has office hours in Starr County. Several of these psychiatrists are also listed as faculty for the University of Texas, Rio Grande Valley Medical School’s new psychiatry residency program. The medical school, which opened in 2016, will no doubt be a great benefit to Rio Grande Valley residents, attracting medical professionals of all sorts to the area. It is also hoped that Valley students will receive medical training locally and remain here. In the past, many promising young physicians had to leave for medical school, and never returned to the Rio Grande Valley. An infusion of new physicians is sorely needed, as the region has been medically underserved for over a century, particularly when it comes to mental health services. In 2017, Texas Tropical Health Behavioral Center reported treating over 28,000 individuals in the Rio Grande Valley for mental health issues such as bipolar disorder, depression and schizophrenia.<sup>403</sup> The director of the mental health center lamented the lack of funding available for those residents who are indigent or without insurance.

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<sup>402</sup> “Palms Behavioral Health-New Opening in Harlingen Texas.” Palms Behavioral Health. <http://palmsbh.com/palms-behavioral-health-new-opening-in-harlingen-texas/> Accessed 8/3/18.

<sup>403</sup> Michael Scott. “Coping with Mental Health Disorders.” (Weslaco, TX: KRGV, April, 2017).

The cycle of change in the American mental health care system has ever been one of inches: a surge of interest in mental health is regularly followed by a long period of apathy and disillusionment. Time after time, it requires a journalistic exposé or a tragedy to occur before state officials call for solutions and allocate funding. This is frustrating for mental health professionals who clearly see the problems inherent in our cumbersome, fragmented mental health care system. Hogg Foundation director, Robert Sutherland lamented, “Must we always go through the crude cycle of a ‘traumatic experience’ ...to bring an awakening to obvious problems?”<sup>404</sup> Unfortunately, in the state of Texas, the answer seems to be yes.

The Rio Grande Valley, long forgotten by state officials, missed the asylum era altogether. Its geographic isolation was not the only reason that legislators neglected to provide any readily available mental health care. More importantly, the region was largely populated with poor, politically disenfranchised ethnic Mexicans. Providing health care to the mentally ill and mentally disabled of an already marginalized population was not high on the political agenda. County governments did organize, on occasion, to send an individual to the asylum, state school, or epileptic colony. However, Cameron County was the only county with a consistent record of institutionalizing its residents. In the counties of Hidalgo and Starr, the mentally ill and mentally disabled often remained in the care of family members, or were boarded out. In the absence of professional medical care, however, the residents of the Rio Grande Valley created another mental health care network – utilizing the spiritual healing power of local priests

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<sup>404</sup> William S. Bush. *Circuit Riders for Mental Health: The Hogg Foundation in Twentieth Century Texas*. (College Station, TX: Texas A & M University Press, 2016.), 135.

and *curanderos*. When psychiatrists and social scientists began to study this region in the 1950's and 1960's, they found that the beliefs surrounding mental illness and the treatment provided had not changed in over a century. In the twenty-first century, the region's residents have begun to rely on mental health professionals. Unfortunately, many of the same problems that plagued the early asylums still hinder effective treatment today. Rio Grande Valley residents continue to be underserved when it comes to mental health care because of budget concerns, staff shortages, and a lack of beds for in-patient care. The care of the severely mentally ill continues to fall through the cracks in the Rio Grande Valley, and elsewhere in the state of Texas, just as it did over a century ago.

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Edinburg, Texas.

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Mission Historical Museum Collection, Mission Historical Museum. Mission, Texas.

San Antonio State Hospital, San Antonio, Texas (via email) contact: Mary Castillo, Public Information Coordinator and Robert Patterson, Open Records Coordinator.

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